York Teaching Hospital NHS
NHS Foundation Trust

The programme for the next meeting of the Trust's Board of Directors day, which will take place:

on: **Wednesday 26th March 2014**
in: **The Boardroom, The York Hospital**

Time	Meeting	Location	Attendees
8.30am - 9.10am	Non-Executive Director Meeting with Chairman	Classroom 4, Postgraduate Centre	Non-executive Directors
9.15am – 12.20pm	**Board of Directors meeting held in public**	**Boardroom, York Hospital**	**Board of Directors and observers**
12.25pm – 1.25pm	Board of Directors to consider confidential information held in private	Boardroom, York Hospital	Board of Directors
1.25pm - 2.15pm	Lunch		
2.15pm – 3.25pm	IT Strategy discussion	Boardroom, York Hospital	Board of Directors
3.30pm – 5.00pm	Remuneration Committee	Boardroom, York Hospital	Non-executive Directors

The core values of the Trust are:

- **Improve quality and safety**
- **Create a culture of continuous improvement**
- **Develop and enable strong partnerships**
- **Improve our facilities and protect the environment**

These will be reflected during all discussions in the meeting

York Teaching Hospital NHS
NHS Foundation Trust

Restricted – Management in confidence

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

On: **Wednesday 26th March 2014**

At: **9.15am – 12.20pm**

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

A G E N D A					
No	**Item**	**Lead**	**Comment**	**Paper**	**Page**
Part One: General **9.15am – 9.35am**					
1.	**Welcome from the Chairman** The Chairman will welcome observers to the Board meeting.	Chairman			
2.	**Apologies for Absence**	Chairman			
3.	**Declaration of Interests** To receive any changes to the register of directors' declarations of interest, pursuant to section 6 of Standing Orders.	Chairman		A	7
4.	**Minutes of the Board of Directors meeting** To review and approve the minutes of the meeting held on 26th February 2014.	Chairman		B	11
5.	**Matters arising from the minutes** To discuss any matters arising from the minutes.	Chairman			
5.1	Discussion on the "Open and Honest Care" Pilot To discuss and agree if the Trust should become a member of the pilot.	Chief Nurse		C	25

No	Item	Lead	Comment	Paper	Page
5.2	Challenges to Scarborough ED To update the Board on the current challenges being faced by Scarborough ED.	Chief Nurse		Verbal	
6.	**Patient Experience**	Director of Nursing		Verbal	
Part Two: Quality and Safety 9.35am – 10.25am					
7.	**Quality and Safety Performance issues** To be advised by the Chairman of the Committee of any specific issues to be discussed. • Patient Safety Dashboard • Medical Director Report • Chief Nurse Report • National Inpatient Survey • Pressure Ulcer reduction programme 12 month review	Chairman of the Committee		D D1 D2 D3 D4 D5	31 39 65 75 95 101
8.	**Presentation on the End of Life Care pathway** To receive a short presentation from the Palliative Care Team on the system that replaced the Liverpool Care Pathway.	Medical Director			
Part Three: Finance and Performance 10.25am – 11.00am					
9.	**Finance and Performance issues** To be advised by the Chairman of the Committee of any specific issues to be discussed. • Operational Performance Report • Finance Report • Trust Efficiency Report	Chairman of the Committee		E E1 E2 E3	113 121 135 147

No	Item	Lead	Comment	Paper	Page
10.	**Senior Information Risk Officer's Report** To provide an annual overview of the work undertaken in the Information Governance arena across the organisation during 2013/14.	Director of Finance		F	157
Part Four: Workforce 11.00am – 11.15pm					
11.	**Workforce Committee** To receive the summarised Workforce Committee minutes from 10th March 2014 meeting.	HR Director		G	169
12.	**Independent assessment of educational quality** To receive and note the report.	Director of Corporate Development	Dianne Willcocks	H	173
13.	**CLRN Research Metrics** To receive and note the report.	Director of Corporate Development	Mike Keaney	I	177
Part Five: Strategy Work 11.15am – 11.30am					
14.	**Acute Strategy update** To receive an update following the presentation given at the last Board meeting and the project plan.	Chief Executive		Verbal	
15.	**Community Hub update** To receive an update following the discussion at the last Board meeting.	Chief Operating Officer		Verbal	
Part Six: Governance 11.30am - 12.00 noon					
16.	**Report of the Chairman** To receive an update from the Chairman.	Chairman		J	187

No	Item	Lead	Comment	Paper	Page
17.	**Report of the Chief Executive** To receive an update on matters relating to general management in the Trust.	Chief Executive		K	191
18.	**Operational Plan 2014-16** To approve the draft operational plan in advance of its submission to Monitor.	Director of Corporate Development		L	195
Part Seven: Business Cases 12.00 noon – 12.20pm					
19.	**Business Cases** The Board is asked to approve the following business cases: • 2013-14/127: Bridlington Orthopaedic Elective Surgery • 2013-14/150: Replacement of a Surgical Ward (Haldane) on Scarborough site • 2013-14/84: Integrated Model for York, Scarborough and Harrogate in Clinical Neurophysiology	Director of Finance Director of Finance Director of Finance	Mike Keaney Mike Sweet Philip Ashton	M N O	229 273 289
Any other business					
20.	**Next meeting of the Board of Directors** The next Board of Directors meeting held in public will be on 30th April 2014 in the Blue Room, Scarborough Hospital.				
21.	**Any other business** To consider any other matters of business.				

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 Chairman 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.

Items which will be discussed and considered for approval in private due to their confidential nature are:

Sale of Groves Chapel
Assurance Framework and Corporate Risk Register

Register of directors' interests
March 2014

York Teaching Hospital NHS
NHS Foundation Trust

Additions: No additions

A

Changes: No changes

Deletions: No deletions

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS founda-
Mr Alan Rose (Chairman)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Jennifer Adams *Non-executive Director*	**Non-executive Director** Finance Yorkshire PLC	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Spouse is ;clinical Director for Anaesthetics, Theatres, Critical Care,
Mr Philip Ashton (Non– Executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity **Member of the Board of Directors—** Diocese of York Education Trust	Nil	Nil
Ms Libby Raper (Non-Executive Director)	**Director—**Yellowmead Ltd	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	**Governor and Vice Chair**—Leeds City College **Chairman and Director -** Leeds College of Music	Nil
Michael Keaney Non-executive Directors	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Mr Michael Sweet (Non-Executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Professor Dianne Willcocks (Non-Executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity **Trustee and Vice Chair—**of the Joseph Rowntree Foundation and Joseph Rowntree Housing Trust **Chair—**Advisory Board, Centre for Lifelong Learning University of York **Member—**Executive Committee YOPA **Patron—**OCAY **Chairman** - City of York Fairness and Equalities Board **Member –**Without Walls Board	**Director—**London Metropolitan University **Vice Chairman—**Rose Bruford College of HE	Nil
Mr Patrick Crowley (Chief Executive)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultan-cies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or com-missioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Ms Peta Hayward ***(Executive Director Director of Human Resources)***	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	**Vice -Chairman** HPMA	Nil
Mrs Sue Holden ***Executive Director of Corporate Develop-ment***		**Director –** SSHCoaching Ltd		**Member -**Conduct and Standards Committee – York University Health Sciences **Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Dr Alastair Turnbull ***(Executive Director Medical Director)***	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr Andrew Bertram ***(Executive Director Director of Finance)***	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	**Member** of the NHS Elect Board as a member representa-tive	Nil
Mr Mike Proctor ***(Executive Director Deputy Chief Executive, COO and Chief Nurse***	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Spouse a senior member of staff in Community Services	Nil

B

York Teaching Hospital NHS
NHS Foundation Trust

Minutes of the meeting of the Board of Directors of York Teaching Hospital Foundation Trust, held in public in the Boardroom, The York Hospital, on 26 February 2014.

Present: **Non-executive Directors**

Mr A Rose	Chairman
Mrs J Adams	Non-executive Director
Mr P Ashton	Non-executive Director
Mr M Keaney	Non-executive Director
Ms L Raper	Non-executive Director
Mr M Sweet	Non-executive Director
Professor D Willcocks	Non-executive Director

Executive Directors

Mr P Crowley	Chief Executive
Mr M Proctor	Deputy Chief Executive/Chief Operating Officer/ Chief Nurse
Mr A Bertram	Executive Director of Finance
Ms P Hayward	Executive Director of Human Resources
Dr A Turnbull	Medical Director

Attendance: **Corporate Directors**

Mrs B Geary	Director of Nursing
Mrs A Pridmore	Foundation Trust Secretary
Ms E Day	Matron for item 14/022

Observers: 3 Governors

14/018 Apologies for absence

Apologies for absence were received from, Mrs S Holden, Executive Director of Corporate Development & Research, Mrs S Rushbrook, Director of Systems and Networks and Mr B Golding, Director of Estates and Facilities

14/019 Declarations of Interests

The Board of Directors **noted** the changes to the current list of interests declared. The Board were reminded that if there were any changes to the interests declared they should advise Mrs Pridmore.

14/020 Minutes of the meeting held on the 29 January 2014

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

14/021 Matters arising from the minutes

14/014 Francis report – Open and Honest Care Pilot

Mr Proctor advised that he had received a letter from Ms Coombes, Chief Nurse NHS England Northern Area. He reported that in the letter she had commented that lots of organisations are joining the pilot and she was encouraging the Trust to. Mr Proctor advised that he has explained in his response that the decision to join the pilot is a Board decision.

It was **agreed** that there would be a full debate on the issue at the next Board meeting.

Action: Mr Proctor to bring some further detail to the meeting next month to support the debate.

14/022 Patient Experience – "Hello my name is ……..."

Mr Rose welcomed Ms Day (Matron) to the meeting and invited her to present the 'Hello my name is…' initiative.

Ms Day explained the background to the initiative. She explained that, currently, some staff do introduce themselves to patients, but it does not always happen. She explained how the initiative would be rolled-out across the organisation and that it was really an extension of the existing work being undertaken. The Board were very supportive of the approach and agreed that it should be extended across the whole organisation. It was **agreed** that it would be included in the team briefings that are currently being prepared. It was also recognised that it was consistent with the values of the organisation around caring. It was suggested and **agreed** by the Board that the branding was extended to say "Hello my name is…. , how are you?"

The Board thanked Ms Day and it was suggested that the presentation should be made to the Council of Governors in the near future.

14/023 Quality and Safety Committee

Ms Raper reminded the members of the Board that there was an open invitation to attend the Quality and Safety Committee. She advised that Mr Sweet had attended the latest meeting.

Ms Raper went on to highlight the following items from the Quality and Safety Committee:

Serious Incidents (SI) – the number of SIs related to in-patient falls has risen because the Trust is now recording all falls resulting in significant harm as SIs. The reports show 7 this month. The Quality and Safety Committee are continuing to review this on a monthly basis.

Dr Turnbull added that this policy has not been adopted by all Trusts and some Trusts use a different definition, this makes benchmarking against other organisations very difficult. He added that the Trust has received a number of queries from the Clinical

Commissioning Groups (CCGs). Mrs Adams added that the figure is likely to become higher, because the Trust is also now including any grade 3 or 4 pressure ulcers as SIs.

Clostridium Difficile (C Diff) - Ms Raper asked Dr Turnbull to comment on this item. Dr Turnbull tabled a paper with additional information about the national and regional picture of C Diff. He explained that the rate of C Diff improvement has slowed over recent years and that delivery of the trajectories for providers and CCGs has become more difficult and is becoming a cause of concern for all. Nationally there were 10,344 C Diff infections reported year to date (12.3% above the national trajectory) of which 3,429 cases were recorded for the North Region (14.5% above trajectory). The suggestions from infection prevention and control experts from the NHS and Public Health England are that this is likely to be due to a combination of factors including biology and epidemiology of the C Diff organism.

Dr Turnbull explained that the sanctions put in place historically were useful to reduce the epidemic strain that emerged around 2002-2003, but a more flexible approach is now needed. Currently each C Diff case in excess of trajectory attracts a penalty of £50,000. It is being proposed nationally that this be reduced to £10,000.

The Board asked Dr Turnbull to comment on what he expected the Trust's trajectory to be for 2014/15. Dr Turnbull advised that he felt for 2014/15 the trajectory would be set at approximately the same level as it has been for this current financial year.

Dr Turnbull added that he has circulated to all Consultants information about antimicrobial prescribing which shows the level of compliance against the formulary. In January the information showed there was 68% compliance; in February this has risen to 75% compliance, an excellent improvement.

Dr Turnbull explained that if the Trust gets the basics right on basic hygiene and infection prevention controls then this will make a big difference. He added that 80% of antimicrobial prescribing is carried-out in primary care, but the hospital sees 80% of the C Diff cases. He added that there are further initiatives that can be introduced, including the use of probiotics and reviewing the isolation facilities available.

Dr Turnbull advised that the Trust was now reporting 60 cases of C Diff including a further case in Malton. He added that community cases had never been factored into the trajectory calculation for the Trust.

The Board asked if other initiatives were working. Dr Turnbull advised that the use of door locks between the wards had received a mixed response. A number of staff appreciated the introduction of the locks, but there had also been some criticism, as people had to walk further. He added that he and Mr Crowley had sent a joint letter to all staff reminding them that breaking the locks was a breach of compliance and was not acceptable. It has also been agreed that alarms will be fitted to the glass bolts to ensure that Ward Sisters become aware when a bolt has been broken.

Pressure ulcers – Ms Raper highlighted the concern about the achievement of the Commissioning for Quality and Innovation (CQUIN) target for pressure ulcers. It was noted that significant work is underway to ensure the Trust did achieve the target.

Patient Safety Walk Rounds – Ms Raper asked for executive director colleagues to prioritise the walkrounds. It had been noted by the Committee that a number had been cancelled.

Ms Raper also referred to the night walkrounds and asked the Board to note that any quality or safety issue identified at night was reported back, so that it could be addressed.

Maternity – Ms Raper commented that on a recent walkround in the maternity area it had been noted that in a staff area the maternity dashboard was displayed for all staff to see. She felt this was an example of excellent practice and suggested that others should be encouraged to do the same or similar.

Mortality indicators – Ms Raper referred to the recent publicity there had been on Summary Hospital-level Mortality Indicator (SHMI). Dr Turnbull explained that the publicity had been the result of Professor Nick Black's comments. Professor Black suggested the established methods of measuring mortality appeared to have "no value". The Trust disagrees with this rather unhelpful comment. Dr Turnbull advised that Professor Black has been commissioned to produce a report into the validity of the Hospital Standardised Mortality Ratio (HSMR) and SHMI as an indicator of poor care. The report will be published at the end of the year. Dr Turnbull commented that the reviews undertaken by Professor Sir Bruce Keogh also looked at mortality as an indictor. Dr Turnbull explained that the Trust looks at SHMI, HSMR and Risk Adjusted Mortality Index (RAMI), because each provides information from a slightly different perspective. He commented that the Trust's SHMI, HSMR and RAMI have fallen, but none of these measuring methods picks up patient co-morbidities.

The Board **noted** the comments made.

Chief Nurse Supplementary Report – Ms Raper asked Mrs Geary to comment on the 10 core expectations included in her report. Mrs Geary explained that this followed on from a number of national reports. The questions are designed to ensure the right staff with the right skills were in the right place at the right time. She explained that from April 2014 all organisations will be expected to meet the requirements. Currently there is no single ratio or formula to ensure the correct staffing levels are in place at all times across the organisation, because of the complex variation in the acuity and number of the patients in different wards. Mrs Geary explained that these questions and this work is consistent with the work already being undertaken around staffing levels.

Professor Willcocks commented that it would be useful to bring these questions together with some of the work being completed by the Workforce Strategy Committee.

Mr Bertram added that he was pleased to see this requirement. It potentially would have an impact on the Cost Improvement Programme (CIP), but the quality and safety demands are correct and it puts some healthy tension in the system around the balance between quality and safety expectations and the expectation that Trusts will identify savings.

Mr Rose enquired if the night time shifts had agreed staffing levels. Mrs Geary confirmed that the establishments and budgets for wards are agreed. She explained that during the day there are two staffing meetings, these meetings review where staff are and where

they are needed. As the demands and needs to patients change during the day, so the staffing arrangements across the Trust also change. Although there are no staffing meetings at night, the same expectations are maintained.

Mr Crowley commented that this was initiative-driven and the Trust should consider an informed way of ensuring what degree this can help to mitigate the risk to staffing levels. He was cautious, in that it could result in reduced flexibility around staffing. Mr Ashton added that he felt there should be some audit trail around why staff have been moved from one area to another. Professor Willcocks suggested that there could be an end of shift document that explained the movement. Mrs Geary explained that it is very difficult to keep an exact record; staff are moved quickly to respond to the needs of patients and sometimes that can happen two or three times during a shift.

Ms Hayward added that e-rostering should be able to help keep a track of the movement of staff.

The Board **noted** the importance and challenges around the requirements and were supportive of the expectations.

Draft Quality Governance Framework – Ms Raper asked Mrs Pridmore to comment on the Quality Governance Framework. Mrs Pridmore explained that the document was introduced by Monitor about three years ago. The Trust had completed a first version of the document as part of the acquisition of Scarborough and North East Yorkshire Healthcare NHS Trust and this new draft version was reviewing the position and updating the framework. Mrs Pridmore explained that the framework is designed to be owned by the Board. It was proposed that at the April Board of Directors meeting there should be a session as part of the afternoon to discuss and review the document in detail.

The Board **agreed** with the proposal.

The Board thanked Ms Raper for her presentation.

14/024 Quality Effectiveness and Safety Trigger Tool (QUESTT) & Nursing Dashboard

Mrs Geary presented the paper and explained how the QUESTT and Nursing Dashboard would work. She explained that in the past the Trust had used Nursing Care Indicators (NCIs) as the main measure of quality. QUESTT was a replacement for the NCIs and followed on from comments made during the Francis enquiry and the work the National Quality Board have undertaken.

Mrs Adams added that the QUESTT framework has been developed by NHS South West as an early warning system for acute ward areas. The system includes 16 questions, which all have a true or false response and each question is weighted. Mrs Geary added where a score of 12 or more is recorded, there would be some immediate remedial action and discussion with the ward.

Mrs Geary added that the nursing dashboard would cover all ward areas and would form the basis of nursing PMMs, at which Matrons and Ward Sisters would be required to respond to any concerns and develop action plans as needed.

Mrs Adams added that she felt this was an excellent development and would provide information about the safety of a ward and should give advance notice of where a ward is deteriorating.

Mrs Geary explained that at present there had been a pilot paper-based system on trial in a couple of wards. This trial had gone very well. The expectation, though, is to have the information electronically available, but at present there were some issues with the development of the web-based system. Ms Raper added that there was some discussion at the Quality and Safety Committee about how this information should be provided to the Board. The Committee agreed that it would be advisable to include the information in the performance booklet discussed at the Committee.

Mr Proctor added that this is an important development and the advantages to the wards being aware of where they should focus their efforts will be an excellent development for them. He took on board the points about the electronic system and the need to develop that quickly. Ms Hayward agreed and added that it was important that everyone was clear about the descriptions sitting behind the questions, so that the measurements across the wards were using the same basis.

The Board enquired who would compile the information. Mrs Geary explained that the resources were being identified to support the system.

Mr Crowley enquired how sensitive the scoring was around the indicators; Mrs Geary advised that the scoring was quite sensitive, but that the results would be looked at as an entirety. Mr Bertram sounded a note of caution that the information provided by the system does not suggest unnecessary levels of concern.

The Board were supportive of the introduction of the system and noted the challenges that were to be overcome to get the system in place.

14/025 Finance and Performance Committee

Mr Sweet highlighted the following points from the discussions at the Finance and Performance Committee:

Operational Report

Emergency Department (ED) and Ambulance Turn Round Times (ATRT) – Mr Sweet commented that there has been improvements at the EDs, but that challenges remain in Scarborough, with a shortage of beds and a second outbreak of Norovirus. The target for February remains a concern, but it is expected that the quarterly target will be achieved. There were times during February when patients have been transferred to York from Scarborough, to ensure patients receive a service of quality. Mr Proctor explained that all the sites are working together and so there is support from one site when another site has issues impacting on its delivery.

The Board discussed the challenges at Scarborough ED and agree that some further information would be included for the Board meeting next month. Mr Proctor noted that CCG recognise and understand the issues being addressed and are working with the

Trust in a supportive manner. Mr Proctor added that there is a tender out at present for the urgent care work in the Scarborough & Ryedale area, which covers the out-of-hours GP service and is linked to the walk-in centre and other elements.

Action: Mr Proctor to provide some further detail around the challenges at Scarborough ED for discussion at the next Board meeting.

In relation to the ATRT, there is still significant work to complete, but progress is being made. Currently there is a new ambulance area being built at the York ED. He added that fines could have been levied, but it was agreed that any money that might have been paid as fines should be reinvested into the service and facilities.

Access targets – 18 weeks – Mr Sweet commented that the target for January was achieved. There however, and outstanding issue with patients waiting for 36 weeks. The Trust was expecting to have no patients waiting for 36 weeks at the end of quarter 3, but that has not been achieved and work is now underway to meet the target by the end of quarter 4. A plan has been agreed with the CCG and discussions have been held with Monitor around the need to plan to fail the 18 week target for quarter 4. Mr Bertram added that the discussion with Monitor reflected the quality concerns for patients and Monitor were satisfied with the comments and the action being taken and there is no intention from Monitor to raise a governance concern about 18 weeks.

Mr Sweet added that the Trust was requesting some support from the Department of Health Specialist Intensive Support Team to review the plans for the management of 18 weeks and has commissioned a piece of work to map the Trust's management of 18 weeks and development plans to ensure that usage of the theatre area is maximised.

Mr Proctor commented that there is a cohort of patients that require some routine surgery for which the patients are happy to wait. The patients have been offered alternative locations to have their surgery, but they are very clear they do not want to take up the option; the Trust will, however, still incur a fine for the patients waiting longer.

Ms Raper enquired if it was possible to understand the split of patients who are "happy to wait" and those that are unhappy. Mr Proctor explained that it would be very hard to do, as happiness is so subjective!

Mr Sweet commented that, to prevent those within the 18 week period from breaching, work would also be done during the quarter to understand which patients were nearing the 18 weeks – these would be identified and taken in to account.

Cancer 6 week breast target – Mr Sweet explained that there are some challenges in achieving the target at present, particularly at Scarborough. There is a key member of staff who is on long-term sick and there is a reluctance of patients to transfer to York Hospital from Scarborough Hospital. A business case is being developed that will address the issues.

Professor Willcocks asked if the service was a single service. Mr Proctor confirmed that it was a single service. He explained the challenge is that Scarborough needs two days a week for breast radiology; at present only 1 day can be provided. Dr Turnbull added that

as the NHS introduces more specialist centres patients will find that they need to travel further to get treatment; at present patients are not willing to undertake those journeys.

Commissioning for Quality and Innovation (CQUIN) – Mr Sweet advised the Board that the Trust achieved the quarter 3 requirements and expects to be paid for all targets. He did highlight that there was a concern around the achievement of the review of patients by consultants within 12 hours of admission, particularly at Scarborough.

Dr Turnbull confirmed there was a concern and advised that he expected a similar target to be included in the next agreed CQUIN targets. Dr Turnbull explained that it will require changes to Consultant job plans and some investment. The challenging time is in the evening and it is expected that patients will be seen in order of acuity, so the more acutely ill a patient the quicker they will be seen by a consultant. Acute physicians are generally the first people to undertake an assessment and there is a need to invest in more acute physicians.

Mr Sweet advised that for 14/15 the CQUIN targets have not as yet been set, but the understanding is that there will be a reduction in the number of plans, but this will mean that each plan is worth more money and so there maybe a greater risk financially if those plans are not achieved, as CQUIN in aggregate is set on a fixed percentage of revenue.

Efficiency – Mr Sweet advised that the targets have been met for this month, but it should be noted that 54% of the savings are non-recurrent. Mr Sweet explained that there was a concern about the directorates who were not performing well against their targets, but the Finance and Performance Committee were continuing to review the position. Mr Sweet added that Monitor would be visiting the Trust in March to undertake a review of CIP plans in the Trust.

Workforce – Mr Sweet commented that the Trust spent roughly 70% of its operating budget on staff and staff vacancies are a significant contributing factor to the savings. Mr Sweet invited Mr Bertram to comment. Mr Bertram explained that the vacancy factor in the directorates is to be tested in terms of the rules applied by the Directorates to ensure quality is maintained. A report will be provided to the Finance and Performance Committee providing further assurance in the system. It was also agreed that a further piece of work would be undertaken to consider the possible implications of prescribed staffing levels on the ability of the Trust to generate savings; this again will be discussed by the Finance and Performance Committee.

Finance – Mr Sweet advised that the Trust is showing a £1m I &E surplus at the end of month 10. This is, however, £2.7m behind the Trust's operational plan. The variance to plan can mostly be explained by the triggering of contract penalties. Overall income is assessed to be £2.6m ahead of plan and there are considerable variances to the contracts underlying this position.

Mr Bertram explained that specialist commissioning is in excess of £5m over contract; NHS England, however, have no current outstanding challenges against the data. This is part of a regional and national picture in which there is excess spend on specialist services. In terms of local commissioners, there are a number of challenges that have been put forward. The Trust has received a challenge from Scarborough and Ryedale CCG following the introduction of the Clinical Patient Database (CPD) in Scarborough.

The challenge is that there has been an improvement in the recording and identifying work, which has resulted in an increase in the liability for the CCG. The Trust is aware of the code of conduct and is following the requirements. There is also a debate around new patients being held along with the ongoing challenge around 1st to follow-up. There have been two meetings to review the conditions register, specifically in two specialities. The meetings concluded that the Trust had drawn the "safety line" correctly and there is no further challenge in those two specialities. Further meetings are being held over the next few weeks.

Mr Bertram confirmed that he did not believe there was a risk to the year-end and the Trust will not be declaring a deficit.

The Board thanked Mr Sweet for his presentation.

14/026 Quarterly Human Resources Report

Ms Hayward presented the report and highlighted that there had been a reduction in the agency spend from 5.2% to 4%; the department continues to identify ways of continuing to reduce spend. Ms Hayward added that some of the reduction is as a result of the conversion of some temporary members of staff to permanent posts.

Dr Turnbull added that, in terms of the medical workforce, the cost and quality issues have been improved as a result of the work the Rota Coordinators have done.

Mr Ashton noted the increase in the long-term sickness level. Ms Hayward explained that this is linked with Occupational Health. They have seen an increase in the number of staff with mental health issues, again which was identified in the staff survey. Ms Hayward went on to explain that some of the stress was around the complex nature of people's lives; some of the stresses are more personal then related to work.

The vacancy factor referred to earlier in the meeting is part of the process where 90% are approved before they are agreed as the CIP. It was also noted that there was a dip in appraisal activity nationally and that over the last four months there has been a dip in the Trust; it is understood that this has not been a priority for directorates during the last few months. Ms Hayward explained that the appraisals were on a 12-month rolling process.

Ms Hayward added that she had held a meeting with NHS England and requested better benchmarking information; she was advised that it might be available in the near future.

The Board **noted** the paper and comments.

14/027 Workforce Strategy Committee

Professor Willcocks confirmed there was nothing specific she wished to draw to the Board's attention. She advanced that the Committee was actively responding to challenges and looking at nursing establishments. The next meeting will be 10 March 2014.

14/028 Acute Strategy update

Mr Crowley reminded the Board that it had received a presentation from David Alexander and Sarah Lovell at the last meeting which explained the work that was currently underway. Mr Crowley added that the doctor-to-bed ratio in the organisation in the 2013 report showed that Scarborough had the lowest ratio in the Country and York was only slightly higher. This strategy is about how the Trust manages acute patients, including assessment and clerking times. The Trust is reliant on the whole consultant body to manage patients effectively. The strategy includes 7-day working. The work also includes reflections on SIs and complaints and highlights the pressure the system is currently under.
Mr Crowley explained that the presentation given to the Board provided an analysis of the work. This was discussed at the Strategic Integration Group (SIG) and the membership of this group includes Corporate Directors and Clinical Strategic Leads. The conclusion of that SIG was that there were a small number of recommendations that should be taken forward, including the doctor-to-bed ratio, stress and long-term sickness increasing the pressure on the system. For York specifically, there were two recommendations: one related to the short stay ward (SSW) and Acute Medical Unit (AMU) and the larger acute admission area. Mr Crowley explained that the AMU would expect to keep a patient for 12 hours and the SSW would keep patients up to three days. He added that there was an option for a high observation area so the Trust would be able to support more challenging patients. The SIG also discussed the role of on-call within the acute take; the judgement is that the system will need to change more to a shift system.

The Executive Board are actively supportive of the proposals and project plans are being constructed. Mr Crowley confirmed that he would bring the project plan to the next Board meeting.

Action: Mr Crowley to bring the project plan to the next Board meeting.

Mr Crowley added that the investment in acute physicians and nursing means that the Trust has sufficient resources to deliver the standards this summer, but the ratio of doctors to bed means the Trust would need a “further 50 doctors across the board”, which would require an investment of about £3.5m over time. An investment in the elective service would be seen as the first part of the investment.

14/029 Community Hub update

Mr Proctor explained that the concept of community hubs has been picked up by the CCGs. They are looking at how care could be delivered using different models, including the additional services that are wrapped around primary care, so that patients are better served. The main CCGs have slightly differing approaches to the application of the idea. York CCG are proposing 3 pilots - 2 with GP surgeries and 1 with Selby Hospital.

Mr Proctor explained that the Trust is demanding that the Trust has full managerial control over the pilot the Trust is responsible for.

Scarborough/Ryedale CCG have two pilots, one in Scarborough and one in Malton.

Selby and Malton communities are proper communities that look out for other people. That could be an untapped resource.

In terms of funding, the intention would be to put some non-recurrent money into the projects.

Mr Proctor advised that the projects were beginning to take shape and he expected that the hubs would be established within 12 months. He added that all the pilots would have to work together and be supportive of each other. He added his hope is that the model developed by the Trust would be the model used by others, in due course.

The Board asked about the assessment criteria. Mr Proctor explained that the criteria were still being discussed with the Area Team.

Professor Willcocks commented that there was a difference in the description given by Mr Proctor to that heard at the Board-to-Board with Vale of York CCG (VOYCCG). Mr Crowley explained that VOYCCG were approaching it from the health route, where as Mr Proctor was looking at it from a community perspective.

The Board felt it was a very complex system that was being developed and there needed to be full buy-in from all parties. Mr Bertram commented that he thought it was simpler than suggested, in that it would reduce the use of EDs, reduce the use of inappropriate pathways and waste.

North Yorkshire County Council (NYCC) met with Mr Proctor and Mr Crowley and confirmed that they were concerned about the impact of the Better Care Fund. The NYCC have made two new appointments of individuals with good track record in effecting change.

Mr Rose asked for a focus on the Selby and Malton projects, with an appendix on what would be asked for by others from us.

It was agreed that Mr Proctor would give a month update to the Board of Directors on progress.

Action: Mr Proctor to give a monthly update to the Board of Directors on progress on the development of the community hubs.

14/030 Report of the Chairman

The report from the Chairman was received by the Board.

14/031 Report of the Chief Executive

Mr Crowley referred to the antenatal classes and asked Mr Proctor to update the Board on the meeting he had had in London. Mr Proctor advised that Mr Hugh Bayley (MP) had raised the issue of the antenatal classes with Dr Dan Poulter, a Conservative Junior Health Minister. As a result, Mr Proctor had been requested to attend a meeting to discuss the issue. Mr Proctor and Ms Chris Foster (Chief of Midwifery) had attended and explained in detail about the change. Dr Poulter had concluded that it should be for local determinations and was not appropriate for a full scale research programme, but it was suggested that a local audit undertaken by a student was perhaps appropriate.

Mr Crowley advised that more detail around the staff survey would be included in the Board agenda for March.

Action: detail about the staff survey to be included in the March meeting.

The Board **noted** the report.

14/032 Impact and implications of the Tour de France 2014

The paper was presented to the Board for information. He advised that there is expected to be a huge influx of people to the area, which might have an effect on services. The Trust also needed to plan carefully to ensure that staff can get to and from the Trust (July 6). The city will be cut in half as a result of the road closures from 5am in the morning to midday. Plans are being developed and staff are being consulted on how shift times could be changed to ensure staff can get into work and get home again.

The Board **noted** the report.

14/033 Annual Fire Safety Report

The Board received the report; Mr Crowley asked that if any members of the Board had questions about the report that they should direct them to Mr Golding.

14/034 Business Case 2013 -14/16: Procurement of a Picture Archiving Communication System (PACS) and Vendor Neutral Archive (VNA)

Mr Bertram presented the business case and explained its purpose. He advised that there was a material financial investment to be made as part of the business case. The Trust has secured £1m from a specific bid; the final £500k would be part of the Trust's capital programme.

Dr Turnbull explained the clinical benefits of the case and the advantages it would give to patients in terms of reviewing x-rays.

Mr Keaney enquired if other systems had been evaluated. Mr Bertram confirmed they had been. The Trust used the collaborative framework and evaluated each of the systems through the clinical teams and one system had been selected.

Ms Raper asked about the timeline for the introduction of the system and asked if it was too extensive. Mr Bertram explained that the timeline was appropriate, as it took into account the extensive reviewing of systems that needed to take place before the final system was chosen.

The Board approved the business case.

14/035 Next meeting of the Board of Directors

The next meeting of the Board of Directors will be held in the Boardroom at York Hospital on 26th March 2014.

14/036 Any other business

Mr Ashton commented that the review of the Chief Nurse was underway. He advised that he and Mr Crowley had met to agree a plan and take comments from interested parties. He added that any member of staff that would like to speak to Mr Ashton should get in touch with him.

Outstanding actions from previous minutes

Minute number and month	Action	Responsible office	Due date
13/134 Dementia Strategy	To include an update on the dementia strategy in his board report on a quarterly basis.	Dr Turnbull	February 2014
13/119 Scheme of Delegation (September)	To consider increasing the authority of the Capital Programme Committee to be undertake during the next stage review	Mr Bertram/ Mrs Pridmore	April 2014
13/120 Quarterly HR Report (September)	To circulate the annual report from the Workforce Strategy Committee	Ms Hayward	By December 2013

Action list from the minutes of the 26th February 2013

Minute number	Action	Responsible office	Due date
14/021 Matters arising 14/014 Francis report – Open and Honest Care Pilot	To bring some further detail to the meeting next month to support the debate.	Mr Proctor	March 14
14/025 Finance and Performance Committee	To provide some further detail around the challenges at Scarborough ED for discussion at the next Board meeting.	Mr Proctor	March 14
14/028 Acute Strategy	To bring the project plan to the next Board meeting	Mr Crowley	March 14
14/029 Community Hub	To give a monthly update to the Board of Directors on progress on the development of the community hubs.	Mr Proctor	Each month
14/031 Chief	Detail about the staff survey to be	Ms Hayward	March 14

Executive Report	included in the March meeting.		

C

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 March 2014

Open and Honest Care: Driving Improvement Programme

Action requested/recommendation

The Board of Directors are asked to discuss the Open and Honest Care: Driving Improvement programme and agree next steps.

Summary

A gap analysis has identified that a number of internal processes need to be modified in order to ensure a state of readiness, should the Board wish to proceed with the programme.

A task and finish group has been established with key stakeholders to address the gaps:

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

Outcome 16

Progress of report	Initially discussed at Corporate Directors
Risk	Potential risk to reputation on publication of data Risk of heightened media interest
Resource implications	To be assessed
Owner	Beverley Geary, Director of Nursing
Author	Becky Hoskins, Assistant Director of Nursing
Date of paper	March 2014
Version number	Version 2

Board of Directors – 26 March 2014

Open and Honest Care: Driving Improvement programme

1. Introduction and background

Open and Honest Care: Driving Improvement Programme (previously known as Transparency in Care) aims to support organisations to become more transparent and consistent in publishing safety, experience and improvement data; with the overall aim of improving care, practice and culture.

The Francis Inquiry (2010 & 2013) reported a number of failings for which YTHNHSFT have a duty to learn from. These include:

1. Lack of openness and an acceptance of poor standards
2. Lack of internal and external transparency regarding problems that existed at the Trust.

The National Quality Board (2013) undertook a review of which the findings include:

1. The NHS must embrace a culture of openness and honesty about the quality of care being delivered to address any concerns and raise standards.
2. Leadership must foster a culture of transparency

2. The programme so far

Open and Honest Care: Driving Improvement was piloted in the North West in 2010 with eight trusts publishing information on their websites on falls and pressure ulcers reported in their trusts, alongside commentary describing the improvements being made to care delivery. It is part of the key actions of the Nursing Strategy: Compassion in Practice that sets out to support organisations to become more transparent and consistent in publishing safety, effectiveness and experience data; with the overall aim of driving improvements in practice and culture.

From 26 November 2013, 16 Acute Trusts Boards in the North of England published similar information, with 10-15 publishing by the end of December 2013. These reports on key areas of healthcare quality will be refreshed on a monthly basis.

Currently there are 26 Trusts nationally who publish the data with a number piloting the process with a view to joining the initiative in the future.

Plans to develop regional peer support groups in order to further refine the process are underway with a view to beginning in May 2014.

3. Data to be published

Open and Honest Care requires organisations to publish the following data each month:

- Safety Thermometer
- Friends and Family Test

- Health Care Associated Infections (MRSA & C Diff)
- Pressure ulcers grade 2 and above (pre and post 72 hour)
- Falls with moderate harm or above
- Patient experience – 7 questions asked as routine
- Staff experience – minimum of 5 staff asked 3 questions at time harm occurred
- Staffing – publish data on staffing numbers at time of harm and the preceding 24 hours (planned Vs actual)
- Patient story – ideally from a patient who has suffered harm.
- Improvement story – what has the Trust learnt from the data and what improvements are being made.
- Any additional information at Trust's discretion.

4. Process for publication of data

Following a meeting of the Chief Nurse Team with the regional project lead the process for publication of data has been clarified. The information is submitted to the Open and Honest Care central project team and the monthly report is returned to the Trust for ratification and publication, this will ensure that we approve all reports before they are in the public domain. A pilot of the process has been offered in order that we can test the system and view the publication before we go live.

In order to progress with the project a number of internal processes need to be modified in order to ensure a state of readiness, should the Board wish to proceed with the programme.

A task and finish group has been established with key stakeholders to address the gaps, these are as follows:

1. Process for gathering 7 routine patient experience questions needs to be established.
2. Process for asking 3 questions, from 5 staff at the time harm occurs. This needs to include how this will be achieved out of hours.
3. Root Cause Analysis tools need to be modified to include staffing questions in terms of planned and actual staffing levels for the 24 hour period preceding the point that harm was identified. The processes for ensuring wards have this information available will need to be embedded.
4. There needs to be agreement on internal processes for validating data, which will also require a review of Trust timelines in order to meet both the Trust's and the Open and Honest programme's deadlines each month.
5. Process for identifying and agreeing an improvement story each month.
6. Board of Directors' compact will require approval before the Trust can publish data.
7. Agree Communication plan; internal and external.

5. Conclusion

The Open and Honest programme aims to place information regarding harms and also improvement in health care and quality in the public domain. The publication for the first wave began in January 2014.

A number of organisations within the region have signed up to the project.
The proposed data for publication is already in the public domain however, the Trust does not routinely publish improvement stories.

A Task and Finish group has been established and has identified a number of gaps which will need to be addressed before we are able to fully engage with the project.

6. Recommendation

The Board of Directors are asked to discuss the Open and Honest Care: Driving Improvement programme and agree next steps.

Should the Board agree that we are to engage with the programme it is recommended that a pilot of the process be undertaken and the report brought back to board for approval before final sign up.

7. References and further reading

Department of health (2013). Patients First and Foremost.
National Quality Board (2013) Quality in the New Health System
Robert Francis (2010 & 2013) Report of the Mid Staffordshire NHS Foundation Trust Public inquiry.

Author	**Becky Hoskins, Assistant Director of Nursing**
Owner	**Beverley Geary, Director of Nursing**
Date	**March 2014**

Blank page

York Teaching Hospital NHS Foundation Trust

Quality & Safety Committee – 18th March 2014, Classroom 4, Post Graduate Centre, York Hospital

Attendance: Libby Raper, Jennie Adams, Philip Ashton, Alastair Turnbull, Beverley Geary, Dawn Prangnell (minute taker)

Apologies: Anna Pridmore, Diane Palmer,

	Agenda Item	AFW	Comments	Assurance	Attention to Board
1	**Last meeting notes 21st January 2014**		Accepted as a true record.		
2	**Matters arising**		The Committee enquired about the postponement of the previously agreed Quality Report Priorities 2014/15. AJT observed that the work to develop the Patient Safety Policy was due to be concluded in the coming week, and that it was sensible to align that with the Quality Report Priorities. He offered to circulate the draft Patient Safety Policy. The Committee agreed to roll this item forward to the next meeting. **CNST Review –** the Trust received an excellent result in achieving Level 2, which the Committee welcomed. BG advised on changes to CNST from April 2014.		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
	Matters arising continued		The Committee enquired about progress regarding the use of dating to record directorate risk registers, and in particular any pertaining to nursing levels. BG described the benefits at both directorate and trust levels from the use of this system. AJT advised that such risks should be discussed at both PIM and PMMs.	The Committee noted the work underway and took assurance from the information provided.	
3	**Integrated Dashboard**	AFW 1.1, 1.4, 1.9,1.10, 1.11, 1.13, 1.15 CRR 7,19,4,20, 44, 45	The Committee reviewed the executive summary of the dashboard. **Serious Incidents -** There have been 4 SIs during February; 2 of which were falls. AJT and BG described ongoing work in this area. The Committee asked about the gap in SI reporting between the sites. BG and AJT discussed the different cultures across the sites historically and the work being done to align these. The Committee expressed strong support for this area of work. BG advised on the refreshed role of Matrons with specific regard to Patient Safety. She advised that working with their teams on feedback from SIs and AIRs would be an important part of their role.	The Committee noted the ongoing work both to record and then to learn from Falls data. The committee took assurance from the refreshed role and priority focus.	

	Agenda Item	AFW	Comments	Assurance	Attention to Board
	Integrated Dashboard continued		**Clostridium Difficile -** the Committee shared the disappointment expressed by AJT and BG around the recent increase in cases. AJT advised re ongoing work as previously discussed here, as well as with regard to the amended trajectory and associated fine regime going forward. The Committee expressed concern that any perceived loosening in this system does not result in an inappropriate loss of focus within the Trust. The Committee welcomed the HCAI quarterly report which provides very useful benchmarking data. AJT advised regarding ongoing discussions to ensure that the correct data is applied, particularly re community hospitals. **HSMR -** The Committee discussed the most recent data. AJT suggested that, following recent discussion with Dr Foster, we could expect a further improvement in this ratio as a result of ongoing actions AJT briefed the Committee on his recent enquiries regarding crash call rates at Scarborough. He advised that no link exists with the introduction of CPD. **Patient Safety Walkrounds** - The Committee welcomed the improving reporting following Walkrounds and noted the absence of cancelled	The Committee noted the comments and the assurance provided	AJT to report to the Board on Clostridium Difficile

	Agenda Item	AFW	Comments	Assurance	Attention to Board
	Integrated Dashboard Continued		Walkrounds this month. It noted the mis-formatting of the particular page of the report. **Drug Administration -** The Committee raised concerns over Scarborough omitted critical medecine results. AJT and BG advised on a planned new piece of work to report of missed medications. **Scarborough Maternity Dashboard** - The Committee enquired abut the level of tears. BG described work currently being led by the Matron to look in depth at this as well as all other SIs. **Clinical Standards Group** - The Committee enquired over the status of NICE guidelines noted as 'pending'. AJT agreed to follow this up with the CS Group before responding more fully to the Committee. **Proms** - The Committee noted the Proms data provided. AJT described the developing use of personalised data and its future role in both appraisal and Revalidation. **Friends and Family -** the Committee welcomed the tabled more timely data. It expressed concern both over the scores when benchmarked with	The Committee noted the planned work on missed medications. The Committee noted this piece of work.	BG to brief the Board on Friends and

	Agenda Item	AFW	Comments	Assurance	Attention to Board
	Integrated Dashboard Continued		other Trusts and over the less encouraging trend in levels of response - particularly in ED.		Family
4	**Medical Director supplementary report**		**Learning from Clinical Claims –** AJT advised there is not a consistent route to learn from claims. DP is working with the Solicitors to look at a teaching and training staff. **Antibiotic Prescribing –** AJT advised the audit results are a reasonable reflection of the current prescribing and it is helpful having them broke down by Directorate.		
5	**Chief Nurse supplementary report**		**Nursing and Midwifery Strategy** - the Committee welcomed the development of this Strategy. It asked that a more data based approach be developed to the provision of assurance re progress. This would move away from a description of process towards an evidence based report of improvements achieved. The Committee expressed real concern over the amendment in the wording describing our commitment to safe staffing of wards. It asked that this be presented in a way more consistent with last years version of the Strategy, which presented a sharper and visible commitment to the priority. **Senior Nursing Restructure -** The Committee enquired about the new structure. BG explained its makeup, and noted remaining areas to be finalised.		BG to brief the Board on the Senior Nursing Restructure.

	Agenda Item	AFW	Comments	Assurance	Attention to Board
	Chief Nurse supplementary report continued		The Committee welcomed the management development and support plans described, and requested that attention continue to be paid to the provision of steady and consistent leadership for the group, particularly over the coming months. AJT described the particular benefits to be brought from the appointment of a dedicated End of Life Matron. **Nurse Staffing -** The Committee expressed concerns over perceived delays in implementing the acuity based work. BG described progress on this. The Committee discussed options available to make rapid progress on this issue. **Midwifery -** BG highlighted the details provided regarding work to reduce stillbirths. The Committee welcomed these.	The committee took assurance from this	
6	**Pressure Ulcer Reduction Plan**		The Committee welcomed the detailed report and confirmed support for this priority area of work.	The committee took assurance from the report	
7	**National Inpatient Survey**		The Committee reviewed the results and noted the opportunity to learn, as well as take encouragement from some positive findings.		
8	**Quarterly Compliance report**		The Committee welcomed this report, which brings together a number of key strands of activity. Reference was made to it at a number of points through the meeting.		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
	Quarterly Compliance report continued		The Committee asked about the DNA CPR finding. AJT described recent improvements to practice. BG briefed on work ongoing to better resource leadership of Safeguarding for Adults and Children. The Committee welcomed this development. AJT advised on ongoing work to resource liaison psychiatry. The committee welcomed this. Then Committee asked that in future quarterly reports, any new information or finding be specifically highlighted.		
9.	**Any other business**		AJT circulated a letter from the National Peer Review Programme, which the Committee discussed and noted.		
10.	**Other Work programme Key issues to highlight to the Board**		The Committee agreed the keys issues to highlight to Board are: C.diff Friends and Family Senior Nursing Dashboard Level 2 NLU Debate Safe Guarding update.		
11.	**Date and time of next meeting**		The next meeting will be held on 22 April 2014 at 13.30 in Classroom 4, Post Graduate Centre, York Hospital		

Blank page

York Teaching Hospital NHS Foundation Trust

D1

Patient Safety and Quality Report

March 2014

Our ultimate objective To be trusted to deliver safe, effective healthcare to our community.

Index

Executive summary

- There were no 'Never Events' identified in the Trust during February.

- Four Serious Incidents (SIs) were declared.

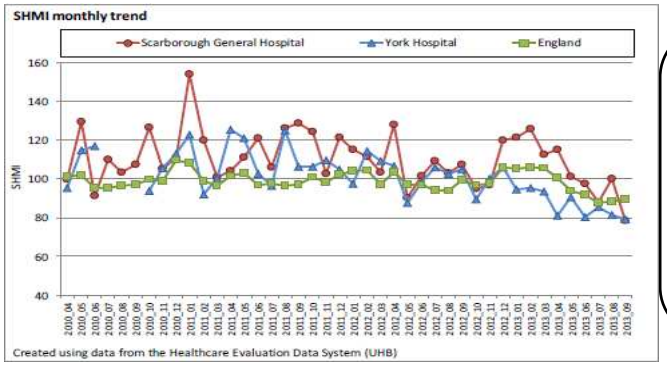
- Eight cases of c. diff were identified in February.

- Hospital Standardised Mortality Ratio (HSMR) for July 2012 - June 2013 as reported by Dr Foster intelligence indicates that the Trust is within the 'as expected' range but below the average.

- The Patient Reported Outcome Measures (PROMs) for 2012/13 have been updated and reported by the Health and Social Care Information Centre.

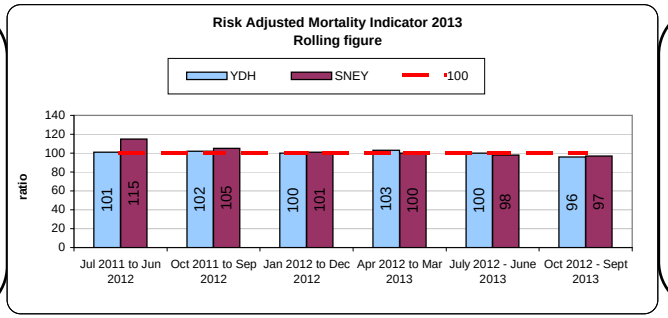
Patient Safety

Mortality



The monthly trend for SHMI indicates a slight decrease at Scarborough Hospital in the 12 months up to September 2013, whilst York Hospital has decreased considerably.

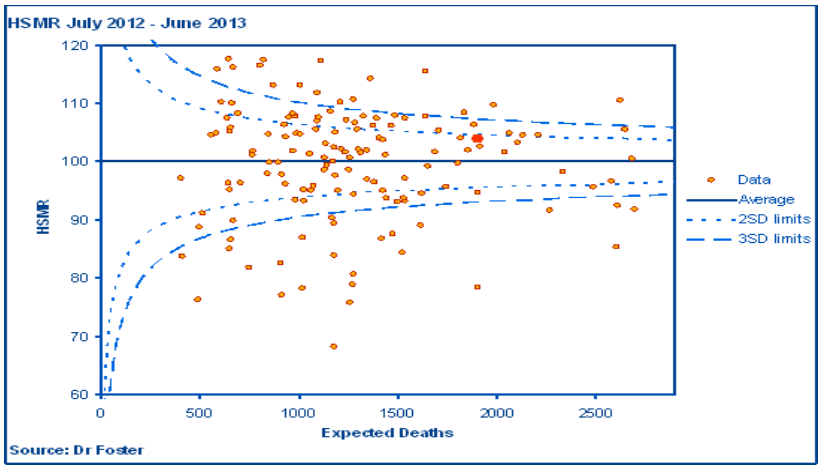
Data source: Healthcare Evaluation Data System

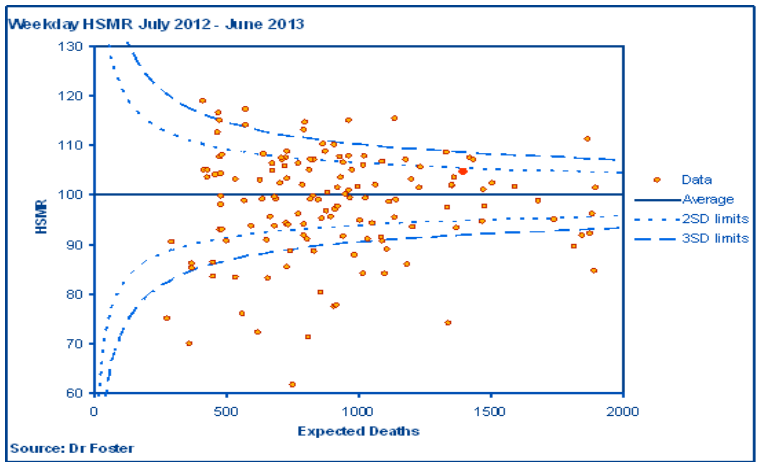


The Risk Adjusted Mortality Indicator (RAMI) for the reporting period October 2012-September 2013 continues to demonstrate a small but consistent reduction.

Data source: CHKS - does not include deaths up to 30 days from discharge.

New Dr Foster Mortality Data Release for July 2012 to June 2013:

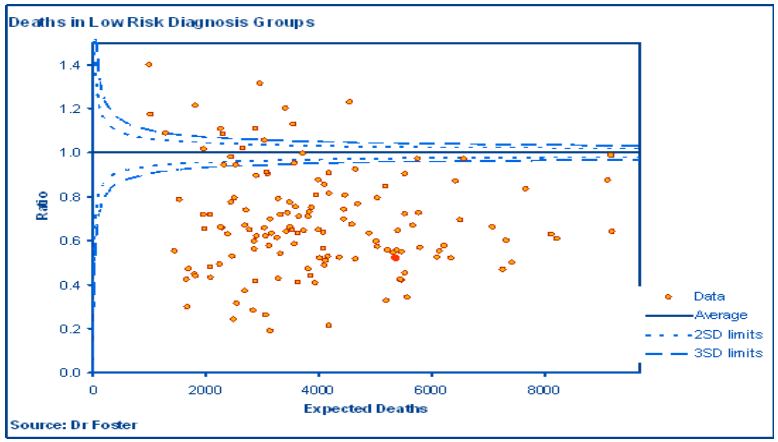


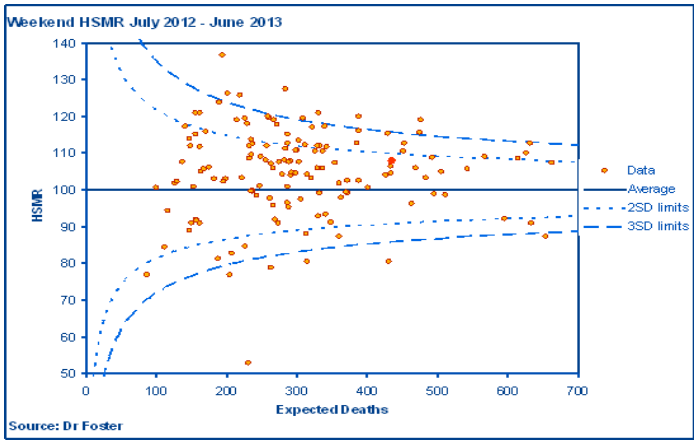


The Hospital Standardised Mortality Ratio (HSMR) for July 2012 - June 2013 identifes the Trust ration to be within the 'as expected' range, although above the national average.

The weekday HSMR for July 2012 -June 2013 identifes the Trust to be within the 'as expected' range, although above the national average.

Data source: Dr Foster intelligence





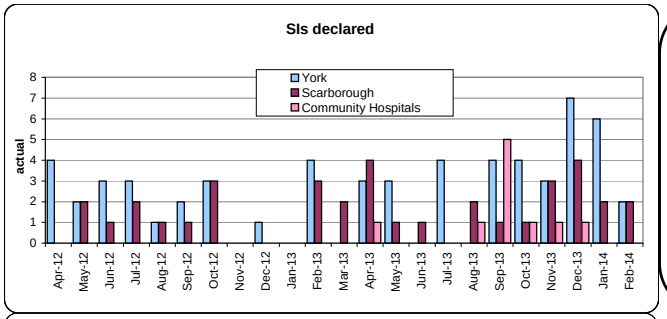
York Teaching Hospital NHS
NHS Foundation Trust

The Trust is reported to be significantly below average for deaths in low risk diagnostic groups.

The weekend HSMR for July 2012 -June 2013 identifes the Trust to be within the 'as expected' range, although above the national average.

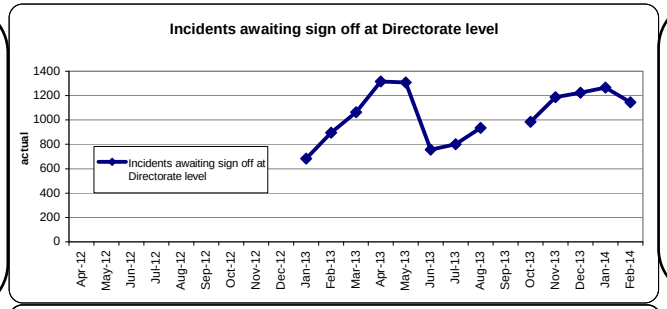
Data source: Dr Foster intelligence

Measures of Harm



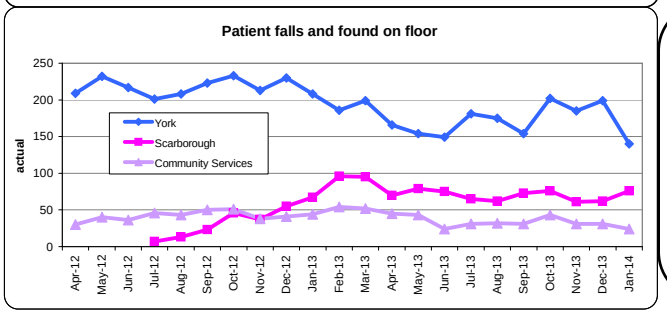
There were four serious incidents (SIs) reported in February, two from York Hospital, two from Scarborough Hospital and none from the Community Hospitals. Two of these SIs related to patient falls which resulted in fractured neck of femur, one related to a misinterpreted blood result, and another to a missed diagnosis in ED.

Data Source: Datix



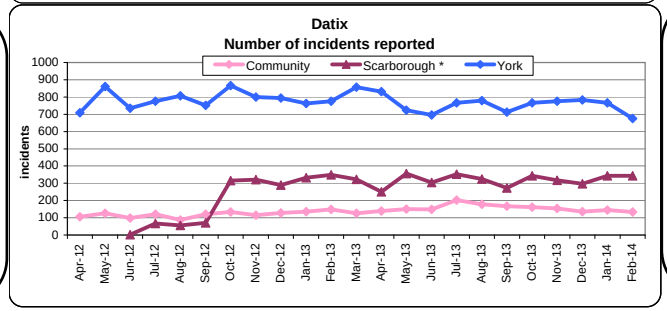
There has been a slight decrease in the number of incidents awaiting final approval. At the time of reporting there were 1145 incidents awaiting sign-off by the directorate managers.

Data Source: Datix



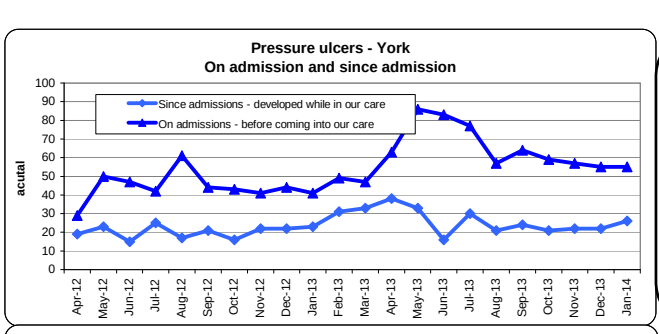
Reduction in the number of patients who incur a fall while in hospital remains a priority for the Trust. 140 patients fell and were found on the floor at the York site, 76 patients at Scarborough and 24 patients within the Community Hospitals in January.

Data Source: Datix



The total number of incidents reported in the Trust during January was 1151. 675 incidents were reported on the York site, 343 on the Scarborough site and 133 at the Community Hospitals.

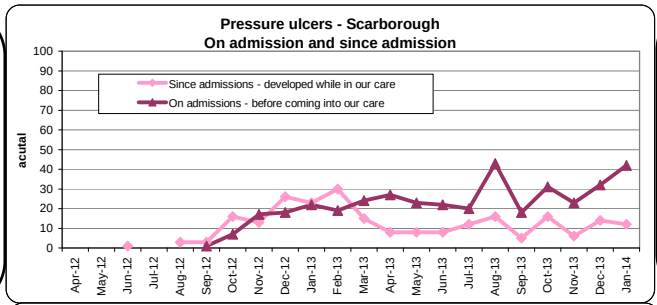
Data Source: Datix



During January a total of 26 pressure ulcers were reported to have developed on patients in York Hospital.

These figures should be considered as approximations as not all investigations have been completed.

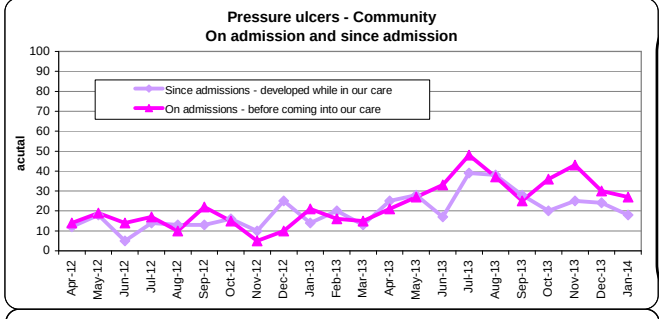
Data Source: Datix



During January a total of 12 pressure ulcers were reported to have developed on patients in Scarborough Hospital.

These figures should be considered as approximations as not all investigations have been completed.

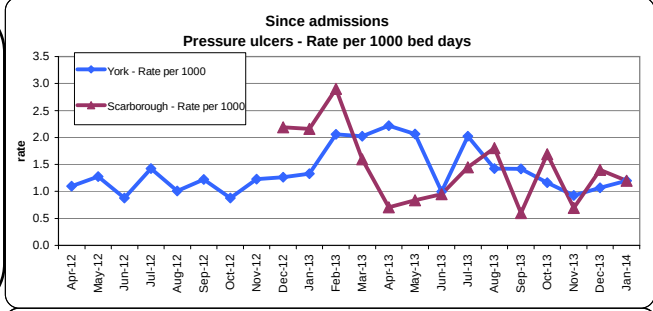
Data Source: Datix



During January a total of 18 pressure ulcers were reported to have developed on patients in our community hospitals or community care.

These figures should be considered as approximations as not all investigations have been completed.

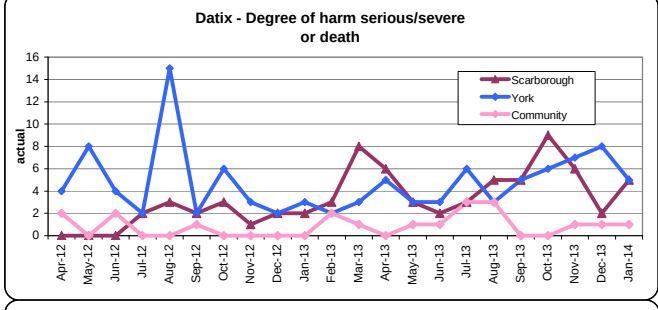
Data Source: Datix



The rate of pressure ulcer development in York Hospital in January was 1.2/1000 bed days.

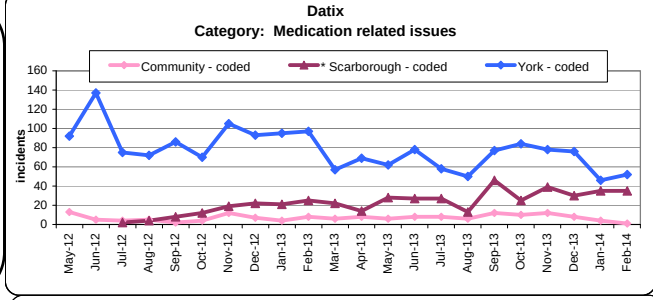
The rate of pressure ulcer development in Scarborough Hospital was 1.2/1000 bed days.

These figures should be considered as approximations as not all investigations have been completed.
Data Source: Datix



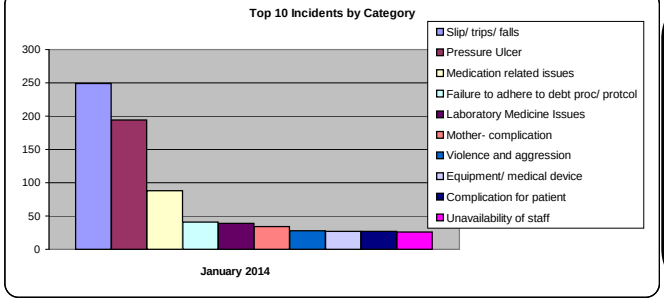
During January a total of 11 patients incidents were reported which resulted in serious or severe harm.

Data Source: Datix



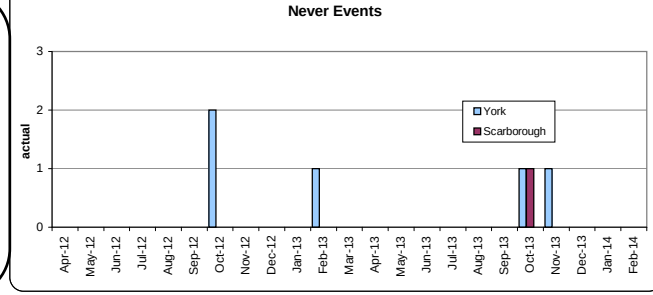
During February a total of 88 medication related incidents were reported.

Data Source: Datix



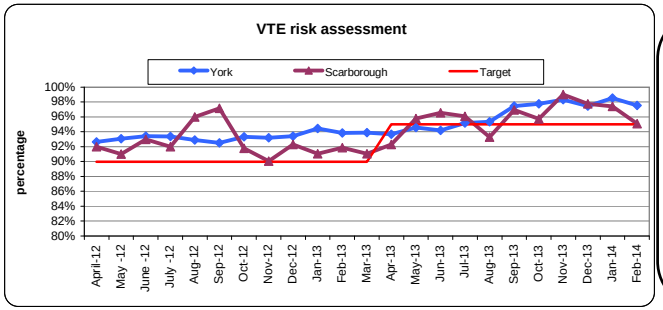
During January, 249 incidents were reported as a slip/ trip/ fall, 194 pressure ulcers and 88 medication related incidents.

Data Source: Datix



There have been no Never Events identified in February.

Data Source: Datix



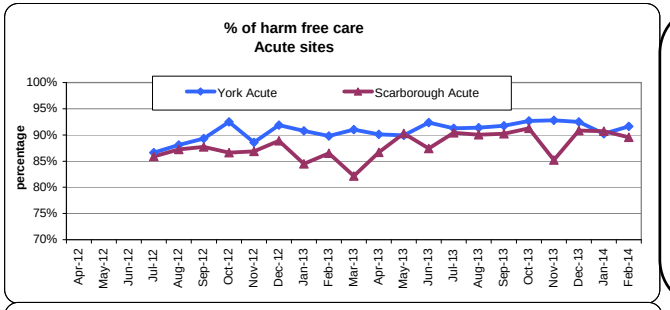
The target of 95% of patients receiving a VTE risk assessment has been maintained during February, although there has been a reduction on both acute sites.

Data Source: Systems & Network Services

Safety Thermometer

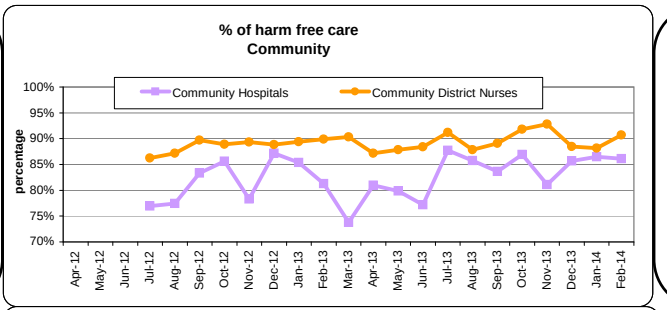
Safety Thermometer

The NHS Safety Thermometer provides a 'temperature check' on harm, by measuring the percentage of patients who are harm free from pressure ulcers, catheter associated urinary tract infections, venous thromboembolism and fall whilst in our care. Collection of robust data on harm free care is linked to the national CQUIN scheme. The Trust has agreed an improvement incentive on delivery of harm free care related to pressure ulcers.



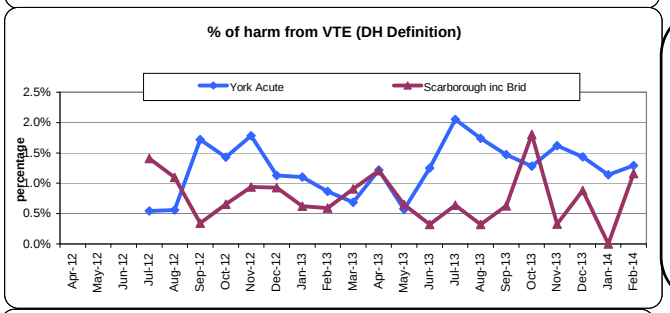
The percentage of patients harm free from pressure ulcers, catheter associated urinary tract infection (CAUTI), falls and VTE is measured as a monthly prevalence score. In February 91.64% of patients at York and 89.57% at Scarborough were audited as care 'free from harm' on the acute hospital sites.

Data source: Safety Thermometer



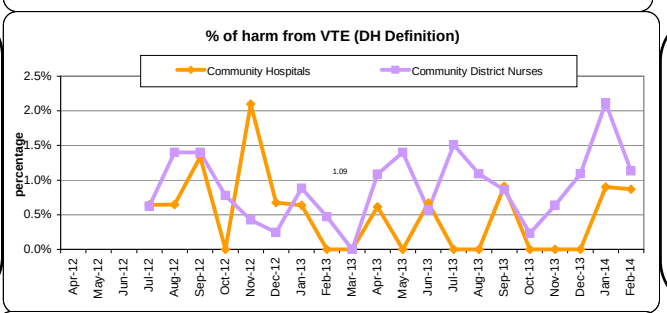
The percentage of patients harm free from pressure ulcers, catheter associated urinary tract infection (CAUTI), falls and VTE is measured as a monthly prevalence score. In February 86.09% of patients in our community hospitals and 90.72% of patients in our care in the community received care 'free from harm'.

Data source: Safety Thermometer



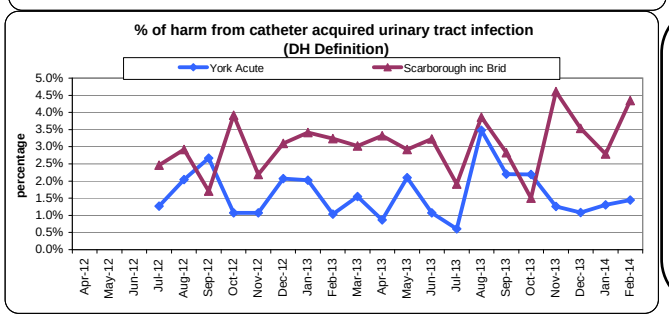
The percentage of patients affected by VTE as measured by the Department of Health (DH) definition, monthly measurement of prevalence, was 1.29% in York and 1.16 in Scarborough acute hospitals in February.

Data source: Safety Thermometer



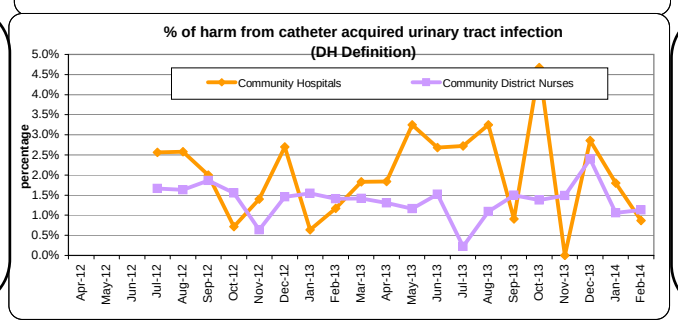
The percentage of patients affected by VTE as measured by the DH definition, monthly measurement of prevalence was 0.87% in community hospitals and 1.13% in community care in February.

Data source: Safety Thermometer



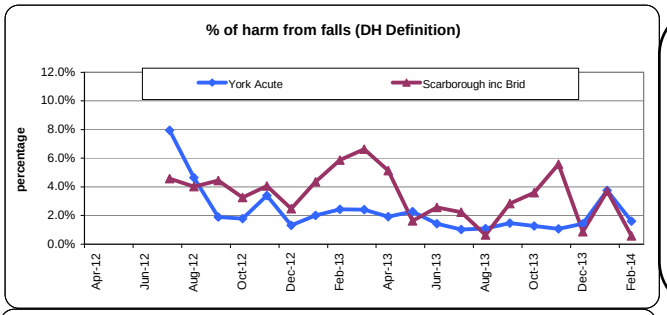
The percentage of patients affected by CAUTI as measured by the Department of Health data definition, monthly measurement of prevalence, was 1.45% in York and 4.35% in Scarborough acute hospitals in February.

Data source: Safety Thermometer



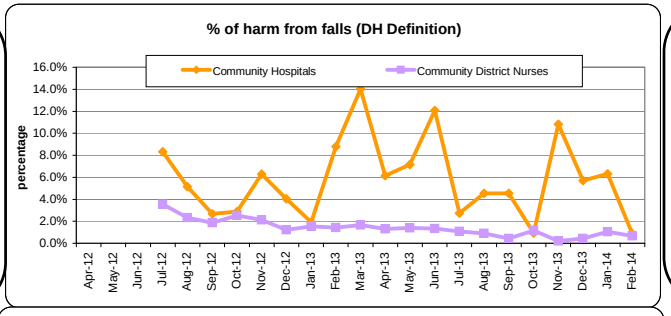
The percentage of patients affected by CAUTI as measured by the Department of Health data definition, monthly measurement of prevalence, was 0.87% in community hospitals and 1.13% in community care in February.

Data source: Safety Thermometer



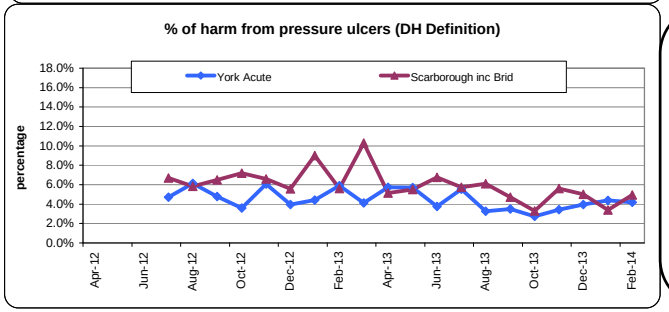
The percentage of patients affected by falls as measured by the Department of Health data definition monthly measurement of prevalence was 1.61% for York and 0.58% for Scarborough acute hospitals in February.

Data source: Safety Thermometer



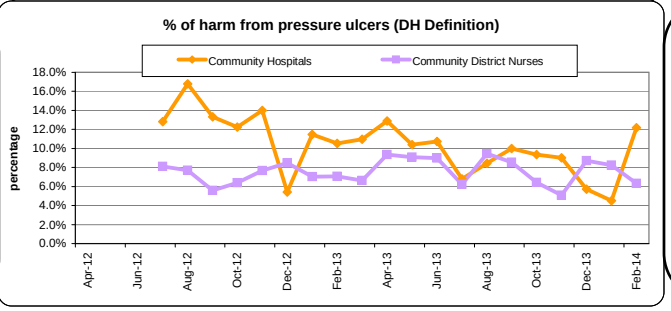
The percentage of patients affected by falls as measured by the Department of Health data definition monthly measurement of prevalence was 0.87% in community hospitals and 0.68% in community care in February.

Data source: Safety Thermometer



The percentage of patients affected by pressure ulcers as measured by the Department of Health data definition monthly measurement of prevalence was 4.18% for York and 4.93% for Scarborough acute hospitals in February.

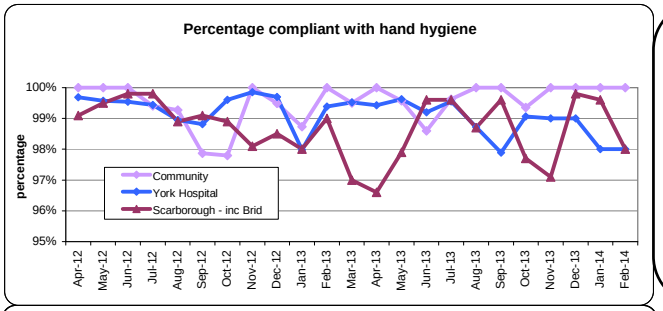
Data source: Safety Thermometer



The percentage of patients affected by pressure ulcers as measured by the Department of Health data definition monthly measurement of prevalence was 12.17% in community hospitals and 6.33% in community care in February.

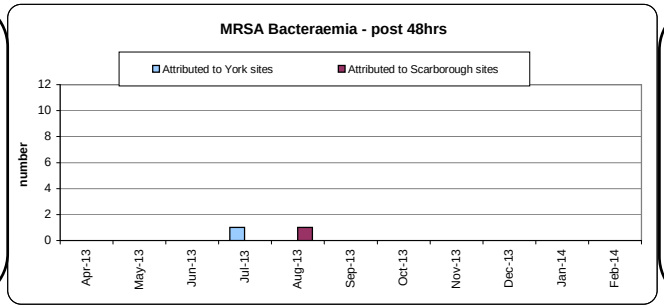
Data source: Safety Thermometer

Infection Control

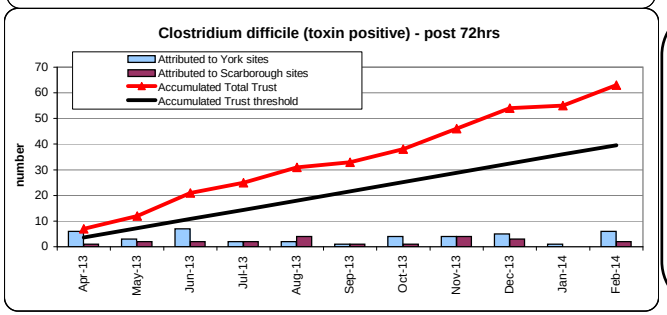


York and Scarborough Hospitals hand hygiene compliance was 98% in February and the Community Hospitals 100%.

Please note, scale starts at 95% to show detail.

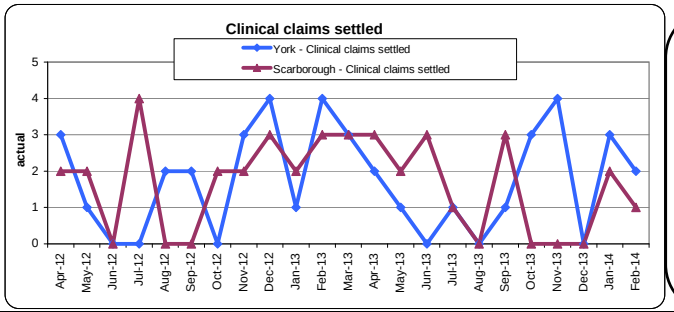


There were no patients in the Trust identifed with healthcare associated bacteraemia during February.



Eight cases of c. diff were identifed in the Trust during February, taking the accumulated Trust total to sixty three.

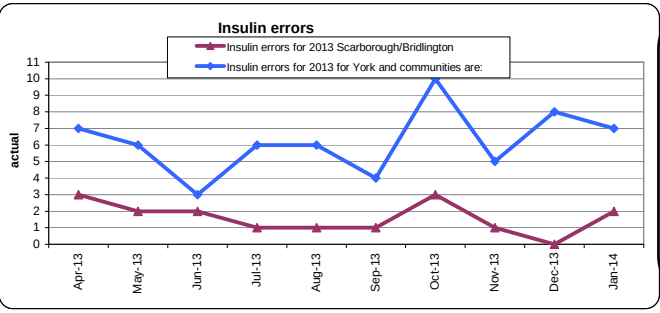
Litigation



In total, three clinical claims were settled in February.

Data Source: Risk and Legal Services

Drug Administration

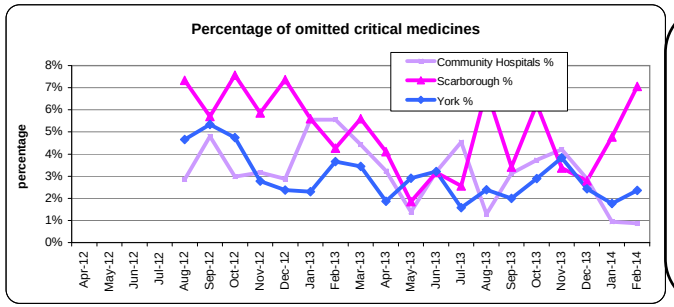


There were seven insulin related errors reported at York and two at Scarborough in February.

Data Source: Datix

Patient Safety Walkrounds

Date	Location	Participants	Actions & Recommendations
Thursday 6th February 2014	Wards 23 & 26 (York Hospital)	Sue Holden- Director Dr John Coyle- CD Steve Reed- DM Jane Farley- Matron NED- Mike Sweet Jean Dawson – Sister Louise Seed - Sister	**Ward 23** • Lack of charged electric equipment which can compromise patient care. Due to insufficient electrical sockets by patient beds on ward 23 staff have to unplug electric beds to be able to plug in air mattresses or fans or medical equipment. On directorate risk register Steve Reed to review and amend detail to escalate to corporate risk register. Sue Holden will raise with directors • Delay in obtaining medical equipment due to restricted access to adjoining elderly wards. Sister checked four wards on her level for an item none available. Walked down corridor to J7 up to second floor to her adjacent ward 25 who had the item available. Swipe card access would reduce this delay. Consideration to be given as to how a more sustainable solution regarding restricting access and thoroughfare. Steve Reed / Sue Holden. **Ward 26** • Risk of spreading infection to orthopaedic wards when ward 26 is closed. Lack of office space for elderly consultant team on home ward leading to excess time wasted. Lack of storage space on the ward. Orthopaedic consultant and secretary based in offices on ward 26. Review of ward based office space in line with specialty provided. Brian Golding / Steve Reed • People stand outside the labour ward, next to medical gases and smoke – discuss with Estates. Labour ward corridor is patched – discuss with Estates. Shortage of midwives on York site – Midwifery Strategy paper to Chief Nurse. Not enough medical trainees to support the service – other options for support to be considered.
	(York Hospital)	Matron Philip Ashton- NED	No spare capacity for scanning – discuss with Corporate Directors. **Outpatients/ Day Care:** • At times of peaks there is no spare capacity for screening and scanning. - Business case to Corporate Directors. • No emergency call bell in the day assessment suite. - For the Directorate Management Team to arrange for emergency call provision. • Frequently the wards above the outpatients unit block the sluice and toilets with wipes and waste. - Needs Matron to Matron discussion. **G2 Postnatal:** • Staffing A business case for midwife staffing on the late shift has just been approved.
Thursday 13th February 2014	Ward 25 (York Hospital)	Peta Hayward-Director Steve Reed- DM Beth Horwell- Matron Philip Ashton- NED Many Ward – Sister	• Near misses as a result of delirium as a result of patient group and medication. This will be mitigated to some degree as a recent nurse vacancy has been filled by appointing a mental health nurse. The need for 1:1 care can create some risk if the ward is unable to secure someone to provide this role. Where possible this is considered alongside other elderly wards and the priority for resources. - Assess the impact of having a mental health nurse on the ward. • A recent incident on the ward arose as a result of a discharge checklist error. Learning from this has already been incorporated into the wards practices. • There is a need to further consider some of the consequences of having locked doors between wards: - Estates to review whether the hammer could be lowered and ensure the shattered locks are not creating a hazard.



The number of critical medicines which are ommited remains a concern.

Data source: monthly prevalence

Patient Safety Walkrounds continued

			- Review of location of resus equipments - Trust wide review of ward locations to ensure that with locked doors we are minimising any downsides created as a result. - Look at whether a protocol for IV fluids can be developed and agreed. • Storage space was felt to be a potential risk due to the ward being smaller than most and therefore more equipment having to be in corridors or impacting on patient walkways. In addition, there was discussion on the following: Recognition of good progress and practices in relation to friends and family test (100%) rate, and pressure sores. The movement of staff from the ward to help out other wards with lower staffing was difficult, although the need for this was understood and recognised. The benefits of a nutrition/beverage service were recognised, and the potential gain from having a role on the ward for this. A volunteer dining companion has just been taken on, so this may provide some improvement.

Community Hospital Dashboards

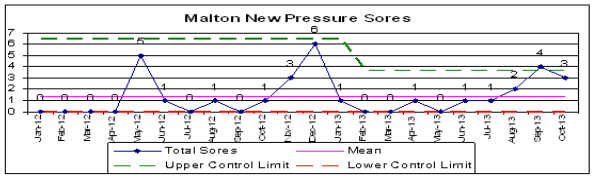
Malton Community Hospital
Patient Safety Dashboard – 16th January 2014

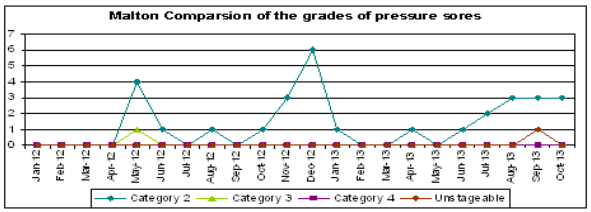
York Teaching Hospital NHS
NHS Foundation Trust

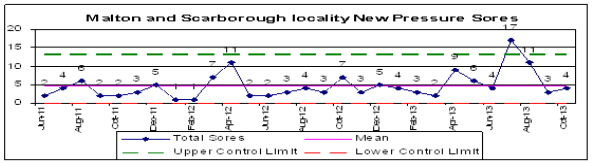
Datix Incident Reporting	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Number of incidents reported on - Datix web	17	24	22	25	32	27	20**	20	22			
Number of medication related incidents	1	3	1	1	0	1*	1***	1*	0			
Number of new clinical litigation cases	0	0	0	0	0	0	1	0	0			
Number of settled clinical litigation cases	0	0	0	0	0	0	0	0	0			
Number of formal complaints	1	0	0	1	1	1	0	0	0			
Number of Serious Incidents (SIs)	0	0	0	0	1	0	3	0	1			
Number of Critical Incidents (CIs)	0	0	0	0	0	0	0	0	0			

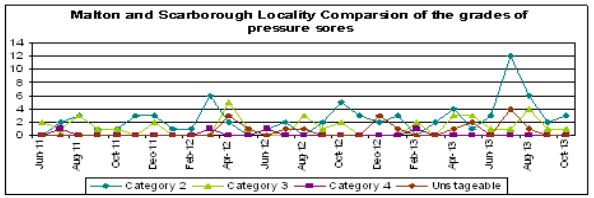
** Datix Transferred from Scarborough with no medication and not available at Malton hospital

Pressure Ulcers

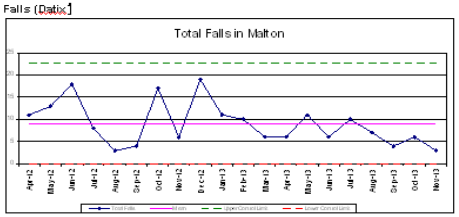


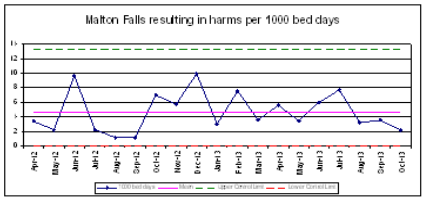






Falls (Datix)





Target of 20 % reduction in falls over 13/14	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sept-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Mean falls with harm per 1000 bed days (Trajectory <3.8 per month)	5.6	3.4	5.9	7.7	3.2	3.5	2.2					

Deaths & Mortality reviews	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Number of in-hospital deaths	2 (5.4%)	4 (10.3%)	5 (6.6%)	3 (2.5%)	2 (2%)	5 (5.2)	6 (13.3)	5 (12.5)	5 (13.9)			
Number of morality reviews	0	0	3	0	0	0	0*	1	1			

*as of 11/11/2013

Activity	Apr 13		May 13		Jun 13		Jul 13		Aug 13		Sept 13		Oct 13		Nov 13		Dec 13		Jan 14		Feb 14		Mar14	
	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye
Admissions	21	34	19	16	32	49	43	76	19	72	19	69	21	13	20	10	9	21						
Discharges	23	14	21	19	30	46	40	77	25	75	22	74	26	20	25	15	11	25						
Length of hosp stay – mean *previous yr	26.5 *27	30.3 *NR	24.0 *20.1	24.8 *NR	17.3 *9.1	22.3 *NR	17.5 *NR	20.0 *NR	24.2 *NR	26.1 *NR	19.9 *NR	42.5 *8.8	31.8 *11.8	33.1 *14.8	24.3 *15.1	36.8 *22.3	23.9 *15.3	29 *15.5	*30.5	*16.5	*24.5	*26.8	*19.9	*22.5

NR=No Record on Signal

IPC	Apr 13		May 13		Jun 13		Jul 13		Aug 13		Sept 13		Oct 13		Nov 13		Dec 13		Jan 14		Feb 14		Mar14	
Ward	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye
% compliance with hand hygiene	100	100	100	100	75	100	100	100	100	100	100	100	100	100	100	100								
% compliance with glove use	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100								
% compliance with bare below the elbow	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100								
CDIFF >72hrs (Acc year to date)	0	0	0	0	0	0	0	0	0	0	1		0	0	0	0	0	0						

Harm Free Care - Safety Thermometer Prevalence data	Apr 13		May 13		Jun 13		Jul 13		Aug 13		Sept 13		Oct 13		Nov 13		Dec 13	
Ward	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye
VTE (% of patients with a VTE)	0%	0%	7% (1 old)	0%	7% (1 old)	0%	7% (1 old)	7% (1 old)	0%	8% (1 old)	0%	0%	0%	0%	0%	0%	20% (3 old)	0%
Falls (% of patients who fell)	17% (3 low harm)	46% (1 low, 3 mod, 3 sev harm)	0%	13% (2 low harm)	23% (3 low harm)	18% (2 mod harm)	14% (1 mod, 1 low harm)	15% (1 no, 1 low harm)	6% (1 low harm)	8% (1 low harm)	42% (1 NH, 3 LH, 2 MH)	0%	14% (2 no harm)	8% (1 no harm)	33% (4 low harm 1 no harm	0%	40% (4 low harm 2 mod harm	0%
Pressure Ulcers (% of patients with a **new** PU- CQUIN)	5% (1 cat 2)	6% (1 cat 3)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	14% (1 cat 2)	0%	0%	7% (1 cat 2)	0%	7% (1 cat 3)
Pressure Ulcers (% of patients with an **old** PU - CQUIN)	5% (1 cat 2)	13% (2 cat 2)	0%	20% (1 cat 2, 2 cat 3)	23% (3 cat 2)	27% (2 cat 2, 1 cat 4)	0%	7% (1 cat 4)	6% (1 cat 2)	16% (1 cat2, 1 cat3)	0%	28% (3 cat2, 1 cat4)	14% (1 cat 2, 1 U)	23% (2 cat2, 1 U)	6% (2 cat 2)	7% (1 cat 2)	0%	0%
UTI (% of patients)	23% (3 new, 1 old)	20% (3 old)	50% (5 new, 2 old)	6% (1 new)	30% (3 new, 1 old)	0%	14% (2 old)	22% (2 new, 1 old)	22% (2 new, 2 old)	8% (1 new)	21% (3 old)	7% (1 new)	7% (1 new)	15% (2 old)	26% (3 old 1 new)	7% (1 old)	6% (1 new)	7% (1 new)
Empty Admin Boxes	41%	20%	28%	6%	7%	63%	28%	69%	28%	33%	7%	43%	7%	23%	6%	21%	26%	7%
Omission code 4	41%	20%	0%	20%	30%	72%	28%	7%	22%	25%	14%	14%	7%	23%	0%	28%	20%	7%
Omitted Critical Medicines	0%	0%	0%	0%	0%	18%	0%	23%	0%	0%	7%	0%	0%	8%	13%	0%	0%	7%

RCA feedback and action planning	RCA for a pressure ulcer highlighted poor documentation standards, staff to undergo training and audit of nursing documentation to take place.

Risk Register

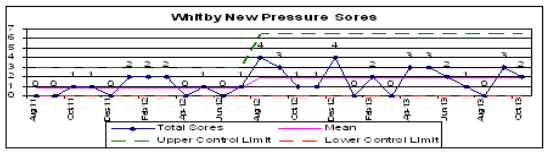
Top 3 Risks on Risk Register	
1.	Community nurses in Scarborough and Ryedale are GP Practice based and have never had access to York Trust IT systems including emails and Horizon, this has been flagged at senior meetings.
2.	Reduced portering cover at Malton hospital resulting in security concerns. – "update from last meeting" work is underway to resolve the issue, now have cover until 8.30pm to review risk concerns over next month.
3.	Incomplete stat. and mandatory training package for community staff specific to their work areas leading to non compliance.

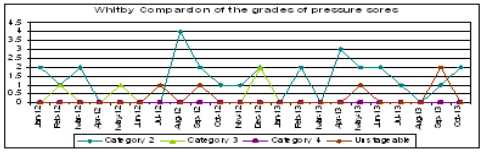
WHITBY Community Hospital
Patient Safety Dashboard – 6th March 2014

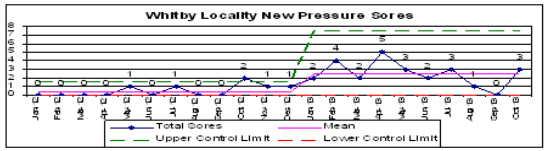
Datix Incident Reporting Whitby Hospital	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan14	Feb 14	Mar 14
Number of incidents reported on Datix web	26	22	19	18	17	14	33	18	11			
Number of medication related incidents	0	1	3	0	0	0	2	1*	0			
Number of settled clinical litigation cases	0	0	0	0	0	0	0	0				
Number of formal complaints	0	0	0	0	0	0		0				
Number of Serious Incidents (SI's)	0	0	0	0	1	1**	0	0				
Number of Critical Incidents (CI's)	0	0	0	0	1	0	0	0				

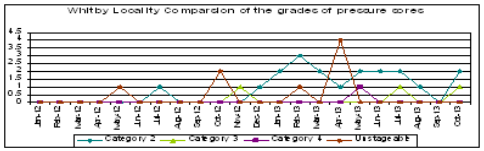
*Zoromorph not signed for

Pressure Ulcers

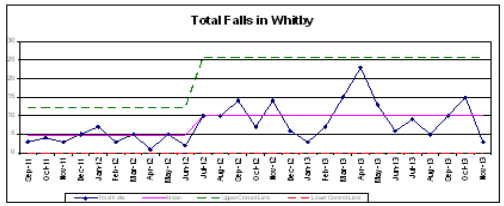


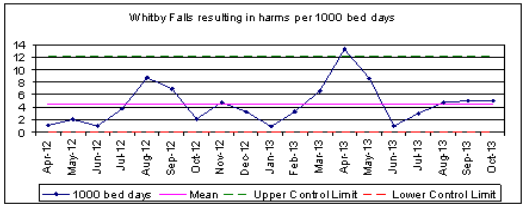






Falls (Datix)





Target 20% reduction in falls 13/14: Mean number of Falls with harm per 1000 beds days to not exceed 3.6 per month.

Mean falls with harm per 1000 bed days	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14
	13	8.6	1	3	4.8	4.5	4.4	4.5		

Meeting on update on progress on the falls action plan – planned for January 2014 with Kathy D

Activity	Apr 13		May 13		Jun 13		Jul 13		Aug 13		Sept 13		Oct 13		Nov 13		Dec 13		Jan 14		Feb 14		Mar14	
	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM
Admissions	19	18	17	35	11	24	18	27	10	16	7	11	9	14	11	15	9	15						
Discharges	21	19	18	30	10	22	17	26	18	29	10	14	15	30	15	17	19	23						
Mean Length of stay *previous yr	20.6 *0	20.8 *0	28.9 *0	16.0 *0	17.2 *0	15.7 *0	36.5 *0	21.6 *0	33.3 *14.7	23.3 *0	41.8 *0	23.5 *0	42.1 *0	29.1 *16.3	43.9 *15.0	21.3 *13.0	29.3 *21.0	44.6 *16.1	*24.6	*18.9	*14.4	*27.5	*37.4	*15.6
Delayed Transfer of Care	2 - as of 2nd Jan 14																							

IPC	Apr 13		May 13		Jun 13		Jul 13		Aug 13		Sept 13		Oct 13		Nov 13		Dec 13		Jan 14	
	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM
% compliance with hand hygiene	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100		
% compliance with glove use	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100		
% compliance with bare below the elbow	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100		
CDIFF >72hrs (accumulative Whitby year to date)	1		1		1		0		0		0		0		0		0			

Deaths & Mortality reviews	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan14
Number of in-hospital deaths (discharge as died)	6 (12.5%)	2 (3.6%)	3 (7.7%)	9 (16%)	9 (16%)	6 (18%)	4 (6.9%)	5 (11.6%)	1 (1.9%)	
Number of morality reviews	2	0	0	0	0	1	0		1	

Harm Free Care - Safety Thermometer Prevalence data	Apr 13		May 13		Jun 13		Jul 13		Aug 13		Sept 13		Oct 13		Nov 13		Dec 13		Jan 14	
	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM
VTE (% of patients with a VTE)	0%	5% (1 new)	0%	11% (2 old)	7% (1 old)	6% (1 old)	0%	0%	7% (1 old)	0%	0%	5% (1 new)	7% (1 old)	5% (1 old)	9% (1 old)	0%	7% (1 old	20% (3 old)		
Falls (% of patients who fell)	13% (2 no harm)	10% (2 no harm)	14% (2 low harm)	11% (2 low harm)	57% (1 sev, 3 mod, 4 low)*	12% (2 low harm)	6% (1 no harm)	0%	6% (1 no harm)	0%	0%	6% (1 no harm)	7% (1 mod harm)	0%	0%	7% (1 no harm)	0%	0%		
Pressure Ulcers (% of patients with a new PU- CQUIN)	7% (1 cat 2)	0%	0%	0%	0%	6% (2 cat 2)	13% (2 cat 2)	0%	0%	10% (2 cat 2)	0%	0%	7% (1 U)	5% (1 cat 2)	9% (1 cat 2)	0%	7% (1 cat 2)	0%		
Pressure Ulcers (% of patients with an old PU - CQUIN)	0%	10% (2 cat 3)	7% (1 cat 2)	16% (1 cat 3, 2 cat 2)	7% (1 cat 2)	6% (1 cat 4)	6% (1 cat 2)	5% (1 cat 2)	0%	5% (1 cat 2)	7% (1 cat2)	12% (2 cat 2)	7% (1 cat2)	10% (1cat2, 1 cat 3)	0%	5% (1 cat 2)	0%	0%		
UTI (% of patients)	26% (4 old)	10% (1 new, 1 old)	14% (2 new)	27% (5 new)	7% (1 new)	12% (2 old)	13% (1 new, 1 old)	21% (4 old)	13% (1 new, 1 old)	5% (1 new)	21% (2 new, 1 old)	6% (1 new)	13% (2 new)	40% (6 new 2 old)	9% (1 old)	10% (1 old 1 new)	7% (1 new)	0%		

Safety thermometer – Local measures	Apr 13		May 13		Jun 13		Jul 13		Aug 13		Sept 13		Oct 13		Nov 13		Dec 13		Jan 14	
	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM
Empty Admin Boxes (% missed doses)	20%	5%	35%	0%	50%	56%	0%	0%	0%	10%	0%	0%	0%	20%	45%	0%	10%	7%		
Omission code 4 (% drug not available)	46%	5%	42%	0%	21%	31%	0%	5%	0%	5%	0%	0%	13%	10%	0%	10%	0%	47%		
% Omitted Critical Medicines	0%	0%	7%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	7%		

RCA feedback and action planning	No RCAs for Whitby site since last meeting

Risk Register

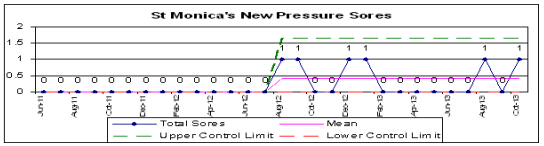
Top 3 Risks on Risk Register	
1.	Failure to meet CQUIN pressure ulcer target
2.	Clinical Governance around MIU.
3.	North York Fire Service work to be carried out following recent review of site.

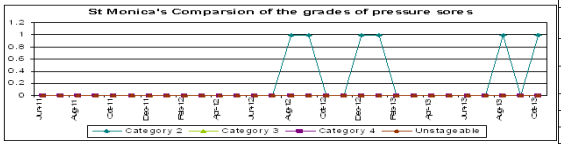
ST MONICA'S Community Hospital
Patient Safety Dashboard – January 9th 2014

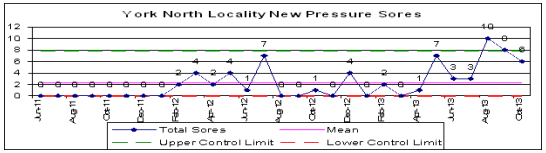
Datix Incident Reporting	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
Number of incidents reported on - Datix web	2	5	6	4	7	2	3	6	2
Number of medication related incidents	0	0	0	3	0	0	0	2*	0
Number of settled clinical litigation cases	0	0	0	0	0	0	0	0	0
Number of formal complaints	0	0	0	0	0	0	0	0	0
Number of Serious Incidents (SI's)	0	0	0	0	0	0	0	0	0
Number of Critical Incidents (CI's)	0	0	0	0	0	0	0	0	0

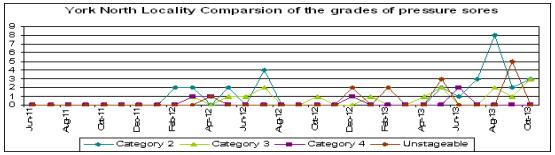
* *amoxicillin prescribed to patient with a penicillin allergy (not given), controlled drugs not sent in sealed bag (all accounted for)*

Pressure Ulcers

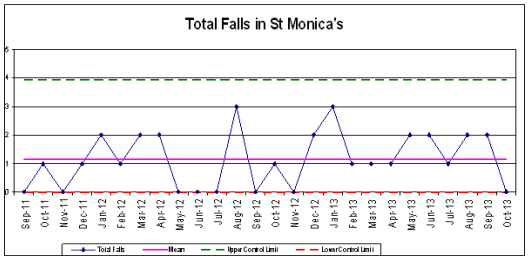


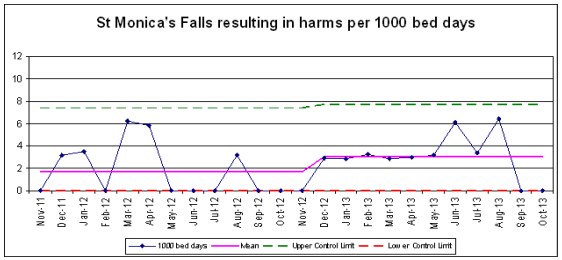






Falls





Target of 20 % reduction in falls over 13/14	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sept-13	Oct-13	Nov-13	Dec-13
Mean falls with harm per 1000 bed days (Trajectory **<1.7** per month)	3.0	3.2	6.1	3.4	3.4	0	0		

Deaths & Mortality reviews	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
Number of in-hospital deaths (%)	4 (19%)	1 (5.6%)	5 (41%)	0	1 (7%)	3 (17%)	2(18%)	2(11%)	2(11%)
Number of morality reviews	0	0	1	0	0	3	1	1*	0*

*as of 23/12/13

Activity	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
Admissions	17	14	12	15	14	19	8	14	18
Discharges	18	14	12	15	14	17	11	17	12
Delayed Transfer of Care	No Information available								
Length of hospital stay – mean *(previous yr)*	24 (40)	13.1 (23)	30 (21)	13.9 (50)	24.3	18.7	20.8	19.4	18.2

York Teaching Hospital NHS
NHS Foundation Trust

IPC	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
% compliance with hand hygiene	100%	95%	95%	94.3%	100%	100%	100%	100%	100%
% compliance with glove use	100%	100%	100%	100%	100%	100%	100%	100%	100%
% compliance with bare below the elbow	88%	95%	95%	89%*	100%	100%	100%	100%	100%
CDIFF >72hrs (accumulative Whitby year to date)	0	0	0	0	0	0	0	0	0

*Dr 67%

Harm Free Care - Safety Thermometer Prevalence data	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
VTE *(% of patients with a VTE)*	0%	0%	0%	0%	0%	0%	0%	0%	0%
Falls *(% of patients who fell)*	9% (1 no harm)	33% (3 low harm)	10% (1 low harm)	23% (1 no harm, 1 low harm)	0%	0%	0%	0%	16% (1 no harm)
Pressure Ulcers *(% of patients with a new PU)*	0%	0%	0%	0%	10%	0%	0%	11%	0%
Pressure Ulcers *(% of patients with an old PU)*	0%	0%	0%	0%	0	11%	0%	0%	16% (1 cat 3)
UTI *(% of patients)*	19% (1 old, 1 new)	12% (1 old)	20% (1 old, 1 new)	23% (1 old, 1 new)	30% (3 new)	0%	0%	0%	0%
Empty Admin Boxes	0	10%	0%	20%	20%	22%	9%	11%	50%
Omission code 4	0%	12%	0%	23%	20%	44%	0%	11%	16%
Omitted Critical Medicines	0%	0%	0%	0%	0%	0%	0%	0%	0%

RCA feedback and action planning	No RCA's taken place since the last meeting.

Risk Register

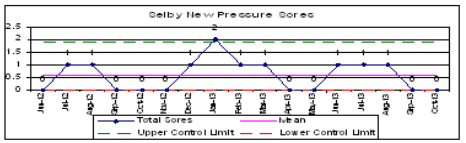
Top 3 Risks on Risk Register	
1.	Lack of storage space for equipment in St Monica's hospital
2.	Body store at St Monica's not fit for purpose
3.	Staffing at St Monica's below national recommendations for establishment.

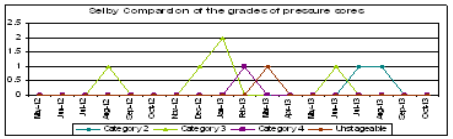
SELBY Community Hospital
Patient Safety Dashboard – 19th February 2014

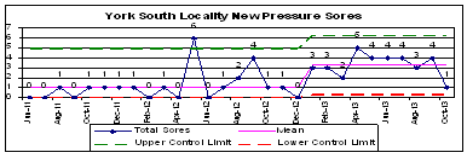
Datix Incident Reporting	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Number of incidents reported on - Datix web	15	13	12	20	10	14	17	16	16			
Number of medication related incidents	1	0	1	3	0	2	4*	0	0			
Number of settled clinical litigation cases	0	0	0	0	0	0	0	0				
Number of formal complaints	0	0	0	0	0	0	0	0				
Number of Serious Incidents (SI's)	0	0	0	0	0	0	0	0				
Number of Critical Incidents (SI's)	0	0	0	0	0	0	0	0				

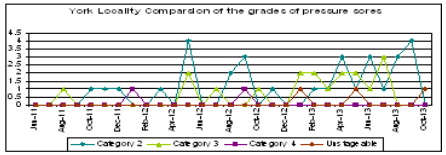
*incorrect dose of diamorphine, methotrexate prescription related, 2x TTO's missing

Pressure Ulcers

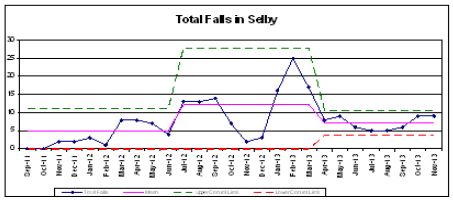


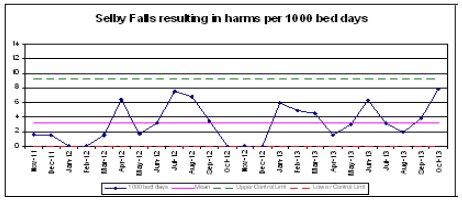






Falls





Target of 20 % reduction in falls over 13/14	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sept-13	Oct-13	Nov-13	Dec-13	Jan-14
Mean falls with harm per 1000 bed days (Trajectory <2.32 per month)	1.5	3.0	6.3	3.0	0	4	8			

Deaths & Mortality reviews	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14
Number of in-hospital deaths (%)	1 (2.6)	3 (5.7)	3 (5.9)	6 (10)	8 (17)	5 (11)	4 (7.4)	6 (11.3)	2 (5.7)	
Number of morality reviews	1	3	3	4	8	4	4	3	0	

Activity	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14
Admissions	39	55	48	61	43	45	62	51	37	
Discharges	39	53	51	60	47	45	54	53	35	
Delayed Transfer of Care	Info not available yet									
Length of hospital stay – mean *(previous yr)*	32 (27)	29 (19)	21 (18)	22.4 (25)	14.3 (20.1)	21.1 (18.9)	15.3	14.7	24.5	

IPC	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14
% compliance with hand hygiene	100%	100%	100%	100%	100%	100%	100%			
% compliance with glove use	100%	100%	100%	100%	100%	100%	100%			
% compliance with bare below the elbow	100%	100%	100%	100%	100%	100%	100%			
CDIFF >72hrs (accumulative Selby year to date)	0	0	0	0	0	0	0	0	1	

York Teaching Hospital NHS
NHS Foundation Trust

Harm Free Care - Safety Thermometer Prevalence data	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14
Overall Ward Harm free	90%	100%	100%	95%	100%	100%	100%	100%	100%	
VTE *(% of patients with a VTE)*	0%	0%	0%	0%	10% (2 old)	5% (1 old)	0%	0%	4% (1 old)	
Falls *(% of patients who fell)*	4% (1 no harm)	10% (1 no harm,1 moderate harm)	5% (1 no harm)	4% (1 no harm)	0%	0%	0%	0%	9% (2 no harm)	
Pressure Ulcers *(% of patients with a new PU)*	4%	0%	0%	10%	0%	0%	7%	0%	0%	
Pressure Ulcers *(% of patients with an old PU)*	13%	14%	8%	10%	25%	15%	14%	0%	13%	
UTI *(% of patients)*	18% (3 new, 1 old)	23% (3 new, 2 old)	4% (1 new)	10% (1 old, 1 new)	15% (2 old, 1 new)	10% (2 new)	14% (2 new)	9% (2 new)	9% (2 new)	
Empty Admin Boxes	13%	23%	17%	14%	30%	20%	14%	19%	13%	
Omission code 4	0%	4%	0%	0%	10%	0%	7%	0%	0%	
Omitted Critical Medicines	4%	4%	0%	4%	5%	5%	14%	5%	9%	

RCA feedback and action planning	No RCA completed since last meeting

No of risks on Risk Register	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14
						18	18		18	

	Top 3 Risks on Risk Register
1.	Access to temporary staffing for Community Nursing and the IPU to cover sickness, vacancies
2.	Incorrect skill mix identified for IPU
3.	Community Equipment issues- hire costs unfunded

ARCHWAYS Community Hospital
Patient Safety Dashboard – January 25th 2014

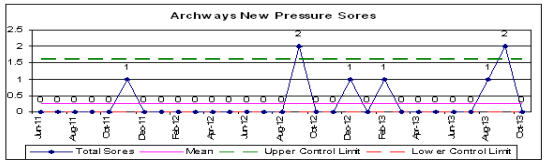
York Teaching Hospital NHS
NHS Foundation Trust

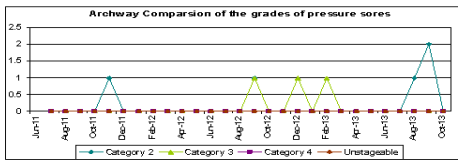
York Teaching Hospital NHS
NHS Foundation Trust

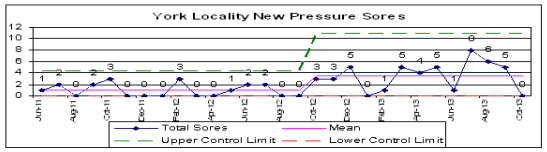
Datix Incident Reporting	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
Number of incidents reported on - Datix web	12	10	8	12	10	10	11	14	12
Number of medication related incidents	0	0	0	0	0	0	0	3*	1*
Number of settled clinical litigation cases	0	0	0	0	0	0	0	0	0
Number of formal complaints	0	0	0	0	0	0	0	0	0
Number of Serious Incidents (SI's)	0	0	0	0	0	0	0	0	0
Number of Critical Incidents (CI's)	0	0	0	0	0	0	0	0	0

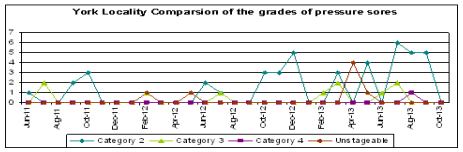
*Bisoporl prescribed at 18.00 but given at 8.00, patient self administered own paracetamol (Nov) * Discrepancy of 6.5mls Oramorph checked register for discrepancy in calc but none found (Dec) *Pt only had one Pramipex he requires 2 tds (Nov) – No harm resulted form any of these errors.*

Pressure Ulcers

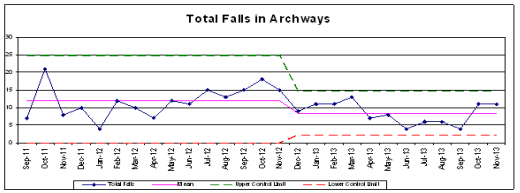


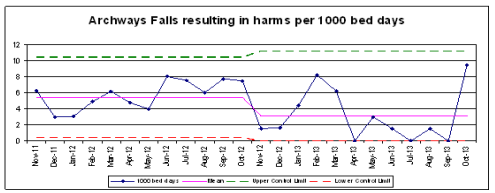






Falls





Target of 20 % reduction in falls over 13/14	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sept-13	Oct-13	Nov-13	Dec-13
Mean falls with harm per 1000 bed days (Trajectory <4.28 per month)	0	2.56	1.5	0	1.5	0	9.5		

Deaths & Mortality reviews	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
Number of in-hospital deaths	1 (3.4%)	0	0	2 (5.6%)	0	1 (4%)	0	1 (3.3%)	0
Number of morality reviews	0	N/A	N/A	1*	N/A	1	N/A	1	N/A

2 mortality reviews received with no hospital name on – could be these?1 allocated

Activity	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Admissions	30	22	22	36	33	24	30	34	25			
Discharges	29	29	22	36	33	25	33	30	25			
Length of hospital stay – mean *(previous yr)*	28 (26)	21 (22)	26 (16)	19.7 (22)	18.7 (27.7)	24.7 (21.4)	24.5 (29.3)	15.2 (23.8)	22.4 (15.8)	(27.6)	(32.7)	(19.6)
DToC										2		

IPC	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
% compliance with hand hygiene	100%	100%	100%	100%	100%	100%	82%*	100%	100%
% compliance with glove use	80%	80%	100%	100%	100%	100%	80%	100%	100%
% compliance with bare below the elbow	100%	100%	100%	100%	100%	100%	87%**	100%	100%
CDIFF >72hrs (accumulative Archways year to date)	0	0	0	0	0	0	0	0	0

*Nurse 80%, support staff 50%, **Dr 50%*

Harm Free Care – Safety Thermometer Prevalence data	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
VTE *(% of patients with a VTE)*	0%	0%	5% (1 old VTE)	0%	0%	0%	0%	0%	0%
Falls *(% of patients who fell)*	9% (2 no harm)	9%(1 no harm, 1 low harm	0%	0%	10% (2 low harm)	0%	0%	4.7% (1 low harm)	0%
Pressure Ulcers *(% of patients with a new PU- CQUIN)*	0%	0%	0%	0%	0%	4.5%	0%	0%	0%
Pressure Ulcers *(% of patients with an old PU - CQUIN)*	4%	4%	5%	0%	0%	0%	4.5%	14%	5.26%
CaUTI *(% of patients)*	0%	0%	0%	0%	0%	0%	0%	0%	0%
Empty Admin Boxes	28%	55%	15%	6%	10%	18%	0%	4.7%	0%
Omission code 4	9%	22%	0%	12%	5%	4.5%	0%	0%	0%
Omitted Critical Medicines	9%	0%	5%	0%	0%	4.5%	0%	4.7%	0%

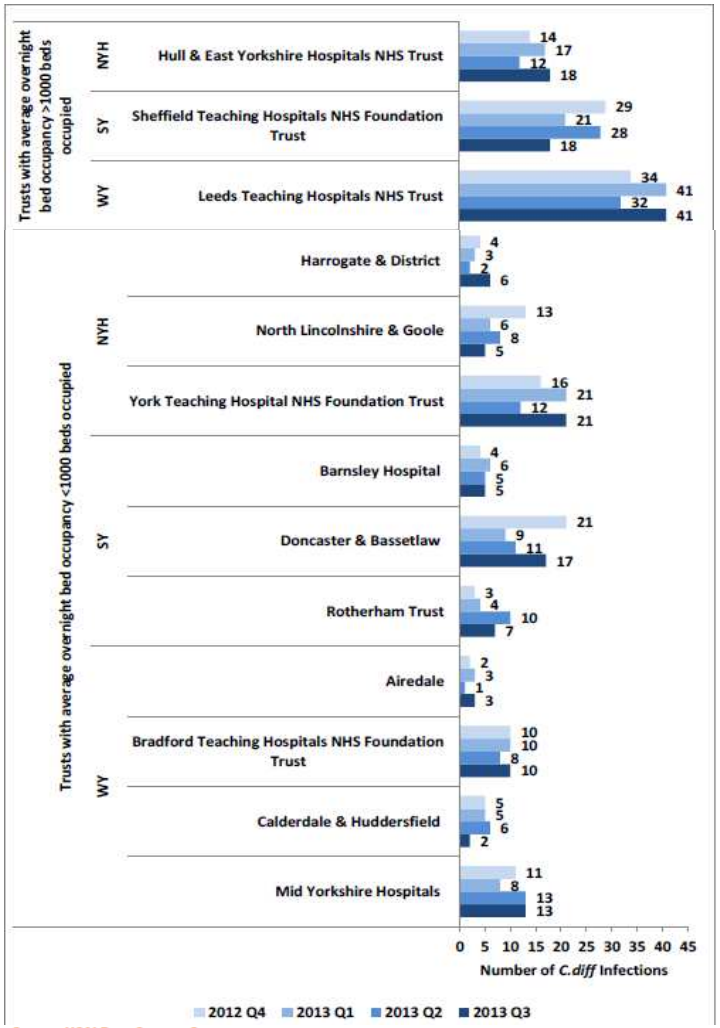
RCA feedback and action planning	No RCA's since last meeting

Risk Register

Top 3 Risks on Risk Register		
	Archways Community Hospital:	Community District Nursing Teams:
1.	EDN not available at Archways	Lack of timely access to palliative carer's from agencies
2.	Environment at Archways is a risk for not being able to easily observe patients.	Lack of timely response to social services requests.
3.	Curtains are Archways are a fire hazard not compliant with fire regulations	

1. Clostridium difficile

Figure 1: Trust Apportioned CDI Cases, Yorkshire & the Humber, for the four quarters between January – December 2013



Source: HCAI Data Capture System

Sheffield Children's Hospital has had 5 *C.diff* infections (2 years old +) in the last year.

Table 1: Rates per 100,000 of Trust Apportioned CDI Infections by Trust, Yorkshire & the Humber, January – December 2013

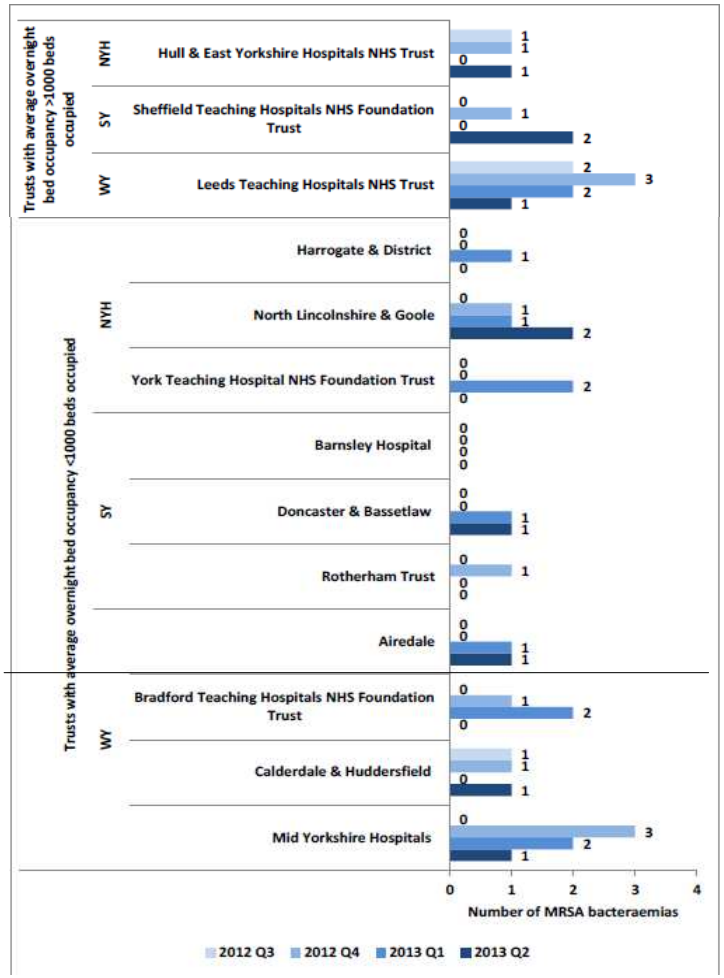
Trust Type	Team	Trust Name	2012 Q4	2013 Q1	2013 Q2	2013 Q3	Trend	Q3 compared to Q2
Trusts with average overnight bed occupancy >1000 beds occupied	WY	Leeds Teaching Hospitals NHS Trust	23.66	29.83	22.73	28.88		▲
	NYH	Hull & East Yorkshire Hospitals NHS Trust	15.31	19.10	13.64	20.28		▲
	SY	Sheffield Teaching Hospitals NHS Foundation Trust	19.25	14.01	19.64	12.34		▼
Trusts with average overnight bed occupancy <1000 beds occupied	WY	Airedale Foundation Trust	6.43	10.51	3.88	10.85		▲
		Bradford Teaching Hospitals NHS Foundation Trust	19.48	20.50	17.63	20.92		▲
		Calderdale & Huddersfield Trust	7.80	7.95	10.25	3.31		▼
		Mid Yorkshire Hospitals Trust	13.00	9.92	15.85	15.88		▲
	NYH	Harrogate & District Trust	15.09	12.03	7.85	23.13		▲
		North Lincolnshire & Goole Trust	23.14	9.99	13.63	8.04		▼
		York Teaching Hospital NHS Foundation Trust	17.15	25.43	14.92	25.05		▲
	SY	Barnsley Hospital Trust	10.01	15.88	14.00	13.44		▼
		Doncaster & Bassetlaw Trust	27.62	12.68	15.46	23.08		▲
		Rotherham Trust	6.86	8.09	22.02	13.64		▼
Regional/National	Regional	Yorkshire & the Humber	17.43	16.68	16.45	17.88		▲
	National	England	13.79	12.50	11.98	11.57		▼

Source: HCAI Data Capture System

▲ Increase
▼ Decrease
— No Change

2. Methicillin-Resistant Staphylococcus aureus

Figure 2: Trust Apportioned MRSA Bacteraemia, Yorkshire & the Humber, January – December 2013



Source: HCAI Data Capture System/PHE MRSA Post Infection Review

Note: Sheffield Children's Hospital has had 0 MRSA bacteraemia in the last year.

Table 2: Rates per 100,000 of Trust Apportioned MRSA Bacteraemia by Trust, Yorkshire & the Humber, January – December 2013

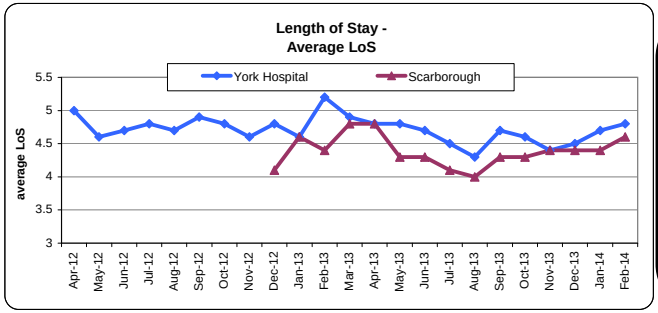
Trust Type	Team	Trust Name	2012 Q4	2013 Q1	2013 Q2	2013 Q3	Trend	Q3 compared to Q2
Trusts with average overnight bed occupancy >1000 beds occupied	WY	Leeds Teaching Hospitals NHS Trust	1.39	2.18	1.42	0.70		▼
	NYH	Hull & East Yorkshire Hospitals NHS Trust	1.09	1.12	0.00	1.13		▲
	SY	Sheffield Teaching Hospitals NHS Foundation Trust	0.00	0.67	0.00	1.37		▲
Trusts with average overnight bed occupancy <1000 beds occupied	WY	Airedale Foundation Trust	0.00	0.00	3.88	3.62		▼
		Bradford Teaching Hospitals NHS Foundation Trust	0.00	2.05	4.41	0.00		▼
		Calderdale & Huddersfield Trust	1.56	1.59	0.00	1.65		▲
		Mid Yorkshire Hospitals Trust	0.00	3.72	2.44	1.22		▼
	NYH	Harrogate & District Trust	0.00	0.00	3.92	0.00		▼
		North Lincolnshire & Goole Trust	0.00	1.66	1.70	3.22		▲
		York Teaching Hospital NHS Foundation Trust	0.00	0.00	2.49	0.00		▼
	SY	Barnsley Hospital Trust	0.00	0.00	0.00	0.00		-
		Doncaster & Bassetlaw Trust	0.00	0.00	1.41	1.36		▼
		Rotherham Trust	0.00	2.02	0.00	0.00		-
Regional/National	Regional	Yorkshire & the Humber	0.42	1.30	1.33	1.08		▼
	National	England	1.06	1.00	0.86	0.97		▲

Source: HCAI Data Capture System/PHE MRSA Post Infection Review

▲ Increase
▼ Decrease
- No Change

Clinical Effectiveness Dashboard

Clinical Effectiveness



The Length of Stay (LOS) for in-patients (excluding day cases and babies) was 4.8 days for York Hospital and 4.6 days for Scarborough Hospital during February.

Data source: Signal

Corporate Risk Register (Quality and Safety issues)
February 2014

- No new risks have been added to the register this quarter.

Risk description	Risk Rating	Start date
Capacity Issues	20	Feb-13
A risk to patients of harm through Drug Errors both within acute and community services E.g. Never event that occurred at Whitby Hospital	20	Oct-03
Risk of harm to patients due to lack of patient ID and failure to follow policy. (updated November 2010) Variation in compliance with patient ID policy	16	Jun-09
Risk to patient safety from the lack of a commissioned service to specialist advice regarding paediatric mental health as there is no 'out of hours' service provision by the mental health specialist services.	15	Feb-11
Exceeding trajectories for C. diff	15	Feb-11
Secondary care patients at risk of sub-optimal care due to lack of psychiatry liaison.	12	Jan-06
Inability to fulfil the Training requirements of the PREVENT Strategy to the standards as laid out in the Department of Health Document; "Building Partnerships, Staying Safe, the health sector contribution to HM Governments Prevent strategy.	12	Jun-12
Public/Stakeholder/Political reputation/media turbulence as reconfiguring proposals begin to be in the public domain	10	Feb-11
Delay in treatment due to failure to act on abnormal test results	5	Sep-07
Risk to compliance with Children's safeguarding standards due to levels of staff trained at levels 2 and 3	6	Sep-12

Report: Patient Safety > Patient Safety Scorecard
Hierarchy: Trust overview

Site time period: Feb 2013 to Jan 2014
Peer time period: Feb 2013 to Jan 2014

Description	Change	Value Current Period	Value Previous Period	Site Numerator	Site Denominator	Peer 25th Percentile	Peer 75th Percentile	Peer Average	Rating
Data Quality Index (HRGv4 based)	Current period is 2% worse than previous period.	93.9	95.5	158,859	169,232	95.4	96.8	95.8	Red
% FCEs with palliative care code	Current period is 6% better than previous period.	0.68%	0.73%	1,126	164,629	1.00%	0.59%	0.75%	Amber
% Deaths with Palliative care code	Current period is 7% worse than previous period.	15.81%	14.79%	318	2,011	23.36%	13.89%	18.76%	Amber
% Sign or symptom as a primary diagnosis	Current period is 10% better than previous period.	10.83%	11.99%	17,828	164,629	11.93%	9.09%	10.10%	Amber
Outpatient DNA Rate	Current period is 10% better than previous period.	5.90%	6.60%	35,560	604,248	10.00%	7.10%	9.00%	Green
Readmissions 7 days	Current period is 7% better than previous period.	2.90%	3.10%	3,978	138,606	3.60%	2.80%	3.10%	Amber
Readmissions 30 Days	Current period is 7% better than previous period.	6.40%	6.90%	8,616	134,760	7.50%	5.80%	6.50%	Amber
Mortality	Current period is 4% better than previous period.	1.50%	1.57%	2,026	134,760	1.57%	1.22%	1.28%	Amber
Rates of deaths in hospital within 30 days of Non-elective surgery	Current period is 8% worse than previous period.	1.80%	1.70%	155	8,690	1.70%	1.20%	1.40%	Red
Rates of deaths in hospital within 30 days of Elective surgery	Current period is 31% worse than previous period.	0.03%	0.02%	7	27,421	0.04%	0.02%	0.03%	Amber
Discharge to usual place of residence within 28 days of emergency admission from there with a hip fracture	Current period is 14% better than previous period.	55.40%	48.70%	322	581	41.50%	54.90%	48.60%	Green

Maternity Dashboard - York and Scarborough

York Maternity Dashboard:

			Measure	Data source	No Concerns (green)	Of Concern (Amber)	Concerns (Red)	Flag Source	April	May	June	July	August	September	October	November	December	January	February	Av. Monthly YtD
Activity	Births	Bookings	1st m/w visit	CMIS from Jan CPD	≤302	302-329	≥330	prev. stats	352	312	291	301	317	275	261	277	274	374	346	305
		Bookings <13 weeks	No. of mothers	CMIS from Jan CPD	≥90%	76%-89%	≤75%	CQUIN	87%	89%	91%	91%	89%	88%	87%	89%	88%	86%		89%
		Bookings ≥13 weeks (exc transfers	No. of mothers		≥90%	76%-89%	≤75%	CQUIN												
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	Mat Rec	≥90%	76%-89%	≤75%	CQUIN												
		Births	No. of babies	CMIS	≤295	296-309	≥310	prev. stats	295	274	241	299	282	296	293	279	285	295	234	275
		No. of women delivered	No. of mothers	CMIS					290	269	233	294	271	289	283	274	276	288	230	268
	Closures	Homebirth service suspended	No. of closures	Comm. Manager	0-3	4-6	7 or more		1	2	2	0	1	1	6	6	4			3
		Homebirth service suspended	No. of women	Comm. Manager	0	1	2 or more		1	0	0	0	0	0	2	0	0			0
		Escalation Policy implemented	No. of times	Comm. Manager	3	4-5	6 or more		3	1	0	1	0	5	3	3	2			2
		Maternity Unit Closure	No. of closures	Matron	0		1 or more		0	0	0	0	0	0	0	0	0	0	0	0
		SCBU closed to admissions	In utero transfers	Transfer folder	0	1	2 or more		1	1	0	0	2	4	3	0	3	0	0	1
Workforce	Staffing	M/W per 1000 births	Ratio	Matron	≥35.0	34.9-31.1	≤31.0	DH	29.5	30.0	30.5	30.5	30.1	29.7	28.4	28.4	29.8			29.8
		HCA's	WTE	Matron				staffing paper	19.82	18.62	20.62	20.62	19.82	20.02	20.02	20.02	21.01			19.77
		1 to 1 care in Labour		Risk Team																
		L/W Co-ordinator supernumary %		Risk Team					46	75	86	65	48	55	48	47	45	51	80	58
		Consultant cover on L/W	av. hours/week	Rota	40		≤40	Safer Childbirth	76	76	76	76	76	76	76	76	76	76	76	76
		Anaesthetic cover on L/W	av.sessions/week	Rota	10		≤10		10	10	10	10	10	10	10	10	10	10	10	10
		Supervisor : M/w ratio 1:	Ratio	Rota	15	16-19	20	SHA	13	13	13	13	15	15	13	13	13	12		13
Clinical Indicators	Neonatal/Maternal	Spontaneous Vaginal Births	No. of svd	CMIS	≥65%	64%	≤63%		59.6	56.9	56.8	67.2	62.7	63.5	68.3	64.8	62.1	61.7	61.5	62.1
	Morbidity	Operative Vaginal Births	No. of instr. births	CMIS	≤15%	16-19%	≥20%	prev. stats	14.9	11.7	17.8	11.7	12.4	8.4	10.9	10.7	12.9	9.5	15.8	12.7
		C/S Deliveries	Em & elect	CMIS	≤24%	24.1-25.9	≥26%	prev. stats	25.4	31.4	25.3	21.1	24.8	27.7	20.8	24.0	24.5	28.8	22.6	25.0
		Eclampsia	No. of women	CMIS	0		1 or more		0	0	0	0	0	0	0	0	0	1	0	0
		Undiagnosed Breech in Labour	No. of women	CMIS	2 or less	3-4	5 or more	prev. stats	2	1	1	1	4	1	3	3	1	1	0	1
		ICU transfers	No. of women	Risk Team - Datix	0	1	2 or more	prev. stats	0	0	1	2	1	0	1	0	1	2	0	1
		HDU on L/W	No. of days	Handover Sheet					28	24	12	21	15	15	25	15	14	18	17	20
		P/N Hysterectomies < 7days p/n	No. of women	Risk Team - Datix	0	1	2 or more	prev. stats	0	0	0	0	1	0	0	0	1	0	0	0
		BBA	No. of women	Risk Team - Datix	1	2-3	4 or more	prev. stats	3	1	1	3	7	2	6	4	1	4	2	3
		Meconium Aspirate	No. of babies	SCBU sister	0	1	2 or more	prev. stats	0	0	0	0	1	0	0	0	0	0	1	0
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	prev. stats	0	1	0	2	1	1	0	0	0	0	0	1
	Risk Management	SI's	Total	Risk Team	0	1	2 or more		0	0	0	1	0	0	0	0	0	0	0	0
		PPH > 2L	No. of women	Risk Team - Datix	2 or less	3-4	5 or more		2	0	2	2	5	4	7	7	1	1	2	3
		Shoulder Dystocia - True	No. of women	Risk Team - Datix	2 or less	3-4	5 or more	RCOG	2	0	2	3	1	3	6	6	3	0	0	2
		3rd/4th Degree Tear	% of tears (vaginal bi	CMIS	≤1.5%	1.6-6.1%	≥6.2%	RCOG	8.2	4.8	6.1	5.9	4.2	3.7	3.4	6.1	2.8	4.7	4.4	5.1
	Training Attendance	YMET - Midwives	% of staff trained	Risk Team	≥75%	61%-74%	≤60%		80	73	80	90	90	90	90	89	99	94	96	87
		YMET - Doctors	% of staff trained	Risk Team	≥75%	61%-74%	≤60%		37	64	69	69	39	48	55	50	69	78	81	54
		Training cancelled	No. of staff affected	Risk Team	0		≥1		0	9	8	44	0	7	1	0	1	1	0	0
	New Complaints	Informal	Total	Matron	0	1-4	5 or more		0	2	2	1	1	0	0	1	0	3	0	1
		Formal	Total	Matron	0	1-4	5 or more		1	3	1	3	3	1	2	1	2	2	1	2
	New Claims		Total	Directorate Manager	0	1	2 or more		0	0	0	1	0	1	0	0	0			0

Scarborough Maternity Dashboard:

York Teaching Hospital NHS
NHS Foundation Trust

			Measure	Data source	No Concern (green)	Of Concern (Amber)	Concerns (Red)	Flag Source	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan-14	Feb-14	Av. Monthly YtD
Activity	Births	Bookings	1st m/w visit	IS - Evolution	≤200	201-249	≥250	prev. stats	159	102	118	176	112	171	171	188	165	165	141	157
		Bookings <13 weeks	No. of mothers	IS - Evolution	≥90%	76%-89%	≤75%	CQUIN	89%	79%	81%	87%	83%	82%	81%	96%	100%	100%		87%
		Bookings <13 weeks (exc transfers etc)	No. of mothers	IS - Evolution	≥90%	76%-89%	≤75%	CQUIN	94%	83%	97%	88%	99%	86%	TBC	96%	n/a	n/a	n/a	94%
		Bookings ≥ 13wks seen within 2 wks	No. of mothers		≥90%	76%-89%	≤75%	CQUIN	CPD commencment											
		Births	No. of babies	IS - Evolution	≤170	171-189	≥190	prev. stats	121	147	108	140	154	135	145	131	123	145	127	130
		No. of women delivered	No. of mothers	IS - Evolution	≤170	171-189	≥190	prev. stats	120	146	107	140	153	133	142	129	122	143	126	129
	Closures	Homebirth service suspended	No. of closures	Comm Team Leader	0-3	4-6	7 or more			0	0	0	0	0	0	0	0	0	0	0
		Homebirth service suspended	No. of women	Comm Team Leader	0	1	2 or more			0	0	0	0	0	0	0	0	0	0	0
		Escalation Policy implemented	No. of times	Matron	3	4-5	6 or more			0	0	0	0	0	0	0	0	0	0	1
		Maternity Unit Closure	No. of closures	Matron	0		1 or more			0	0	0	0	0	0	0	0	0	0	0
		MLU Closure	No. of closures	Matron	0	1-2	3 or more			1	0	0	1	2						1
		MLU Closure	No. of women	Matron	0	1-2	3 or more				0	0	0	1						0
		SCBU closed to admissions	In utero transfers	Risk Team	0	1	2 or more		0	0	0	0	0	0	1	1	2	1		0
Workforce	Staffing	MAW per 1000 births	Ratio	Matron	≥35.0	34.9-31.1	≤31.0	DH	44.0	44.0	44.0	44.0	44.0	44.0	44.0	44.0	44.0	44.0	44.0	44.0
		HCA's	WTE	Matron				staffing paper	18.55	18.55	18.55	18.55	18.79	18.79	19.59	19.59	19.59	18.32	18.32	17.36
		1:1 care in labour		IS - Evolution					94%	95%	95%	94%	96%	96%	96%	98%	99%	96%	98%	95%
		LAW Co-ordinator Supernumary %		LAW Manager											56%	56%	n/a	41.93%	n/a	56%
		Consultant cover on LAW	av. hours/week	Rota	40		≤40	Safer Childbirth	40	40	40	40	40	40	40	40	40	40	40	40
		Anaesthetic cover on LAW	av.sessions/week	Rota	10		≤10	Safer Childbirth	3	3	3	3	3	3	3	3	3	3	3	3
		Supervisor : M/w ratio 1 :	Ratio	Matron	15	16-19	20	NMC	15	13	13	13	15	15	13	13	13	14	14	14
Clinical Indicators	Neonatal/Maternal Morbidity	Spontaneous Vaginal Births	No. of svd	IS - Evolution	≥65%	64%	≤63%		75.2%	75.5%	76.9%	76.4%	77.9%	70.4%	64.8%	65.6%	69.5%	69.9%	92.0%	74.3%
		Operative Vaginal Births	No. of instr. births	IS - Evolution	≤15%	16-19%	≥20%	prev. stats	3.3%	4.8%	4.6%	5.0%	4.5%	8.1%	8.3%	6.1%	4.0%	3.5%	6.0%	3.6%
		C/S Deliveries	Em & elect	IS - Evolution	≤24%	24.1-25.9	≥26%	prev. stats	19.8%	19.0%	17.6%	17.9%	16.2%	20.0%	24.8%	26.0%	27.0%	26.6%	22.2%	19.3%
		Eclampsia	No. of women	IS - Evolution	0		1 or more		0	0	0	0	0	0	0	0	0	1	0	0
		Undiagnosed Breech in Labour	No. of women	Risk Team	2 or less	3-4	5 or more	prev. stats		0			1	0	1	1	0	0	0	0
		ICU transfers	No. of women	IS - Evolution	0	1	2 or more	prev. stats	1	0	1	0	0	1	0	0	0	0	0	0
		HDU on LAW	No. of days	Risk Team									0	2	2	5	4	2		1
		P/N Hysterectomies < 7days p/n	No. of women	IS - Evolution	0	1	2 or more	prev. stats	1	0	0	0	0	0	0	0	0	0	0	0
		BBA	No. of women	IS - Evolution	1	2-3	4 or more	prev. stats	2	1	1	1	4	0	1	0	1	1	1	1
		Meconium Aspirate	No. of babies	IS - Evolution	0	1	2 or more	prev. stats	0	0	0	0	0	0	0	0	0	0	0	0
		Diagnosis of HIE	No. of babies	IS - Evolution	0	1	2 or more	prev. stats	0	0	0	0	0	0	0	0	0	0	0	0
	Risk Management	SI's	Total	Risk Team	0	1	2 or more			0	0	0	0	0	0	0	0	0	1	0
		PPH > 2L	No. of women	IS - Evolution	1 or less	2-3	3 or more		2	0	0	0	0	1	0	1	2	0	1	1
		Shoulder Dystocia - True	No. of women	IS - Evolution	1 or less	2-3	3 or more	RCOG	2	2	1	1	1	0	4	0	0	0	0	1
		3rd/4th Degree Tear	% of tears (vaginal	IS - Evolution	≤1.5%	1.6-6.1%	≥6.2%	RCOG	0.8%	2.1%	0.9%	1.4%	2.6%	0.0%	1.4%	0.8%	2.5%	7.3%	6.3%	1.3%
	Training Attendance	YMET - Midwives	% of staff trained	Risk Team	≥75%	61%-74%	≤60%					67	67	77	85	92	98	91	93	84
		YMET - Doctors	% of staff trained	Risk Team	≥75%	61%-74%	≤60%					57	57	53	79	82	90	37	92	68
		Training cancelled	No. of staff affected	Risk Team	0		≥1					0	0	0	0	0	1	0	0	0
	New Complaints	Informal	Total	Matron	0	1-4	5 or more		0	1	1	1	0	0	1	3	1	1	3	1
		Formal	Total	Matron	0	1-4	5 or more		2	0	1	1	1	0	1	1	1	1	1	2
	New Claims		Total	Risk Team	0	1	2 or more		0	2	0	1	0	0	0	0	0	0	2	0

Clinical Standards Group – March 2014

This paper provides an update on current status and risk issues with NICE Guidelines at the Trust on the 1st March 2014.

Site	Guidance	Compliant with evidence	Compliant	Partial			Not compliant		Pending	Total
				With action plan	No action plan required	No action plan	No action plan	With action plan		
York	Clinical Guidelines	23	30	38	8	3	0	0	21	123
Scarborough	Clinical Guidelines	21	9	4	1	8	0	0	68	111*
York	Non-drug Technology Appraisal	3	10	0	2	0	0	0	2	17
Scarborough	Non-drug Technology Appraisal	2	4	0	0	0	0	0	9	15**
York	Quality Standards	4	2	7	2	0	0	0	37	52
Scarborough	Quality Standards	2	4	1	0	2	0	0	43	52
York	Cancer Guidelines	3	1	2	3	0	0	0	0	9
Scarborough	Cancer Guidelines	1	0	0	7	0	0	0	1	9

*Scarborough - 12 Clinical Guidelines that are not relevant
**Scarborough - 2 Non Drug Technology Appraisals that are not relevant

York - Partial no action plan

Clinical Guidelines
Action plan but no timescales
CG110 Pregnancy and complex social factors
Current position: Emailed waiting for response

No Action plan
CG147 Lower limb peripheral arterial disease - Recommendation: Offer a supervised exercise programme to all people with intermittent claudication. **Response:** Not currently provided in York but available in Scarborough
Action required: To discuss at Clinical Standards Group

CG170 Autism - management and support of children and young people on the autism spectrum
Action required: Emailed 24/02/2014 for action to be taken and timescales

Scarborough - Partial no action plan

Clinical Guidelines
Action plan but no timescales

CG035 Parkinson's disease
Action taken: Requested timescales for actions from Dr Jones

CG064 Prophylaxis against infective endocarditis
CG094 Unstable angina and NSTEMI
CG095 Chest pain/discomfort of recent onset
CG134 Anaphylaxis
Action required: Email to request timescales

CG147 Lower limb peripheral arterial disease
Action required: To discuss at Clinical Standards Group

No Action plan

CG117 Tuberculosis
Action required: Emailed requesting action plan and timescales

CG140 Opioids in palliative care
03/03/2014 Action plan now in place

Quality Standards
Action plan but no timescales
QS002 Stroke
Action required: To discuss at Clinical Standards Group

QS011 Alcohol Dependence
Action required: Email requesting timescales

The Clinical Audit & Effectiveness will be contacting the Clinical Leads to ensure we have action plans and timescales.

York Teaching Hospital NHS
NHS Foundation Trust

Do Not Do's

Site	Number of Do Not Do's					
	Compliant	Non Compliant	CSC Agreed to remain non compliant	Not Applicable	Pending	Total
York	613	11	6	28	109	767
Scarborough	307	17	0	53	390	767

Medical Technologies and Diagnostic Guidance

Site	Guidance	Performed	Pending	Total
York	Medical Technologies	4	6	10
Scarborough	Medical Technologies	0	10	10
York	Diagnostic Guidance	1	4	5
Scarborough	Diagnostic Guidance	0	5	5

Interventional Procedures

Site	Guidance	Not Performed	Pending	Performed
York	Interventional Procedures	353	26	50
Scarborough	Interventional Procedures	388	36	5

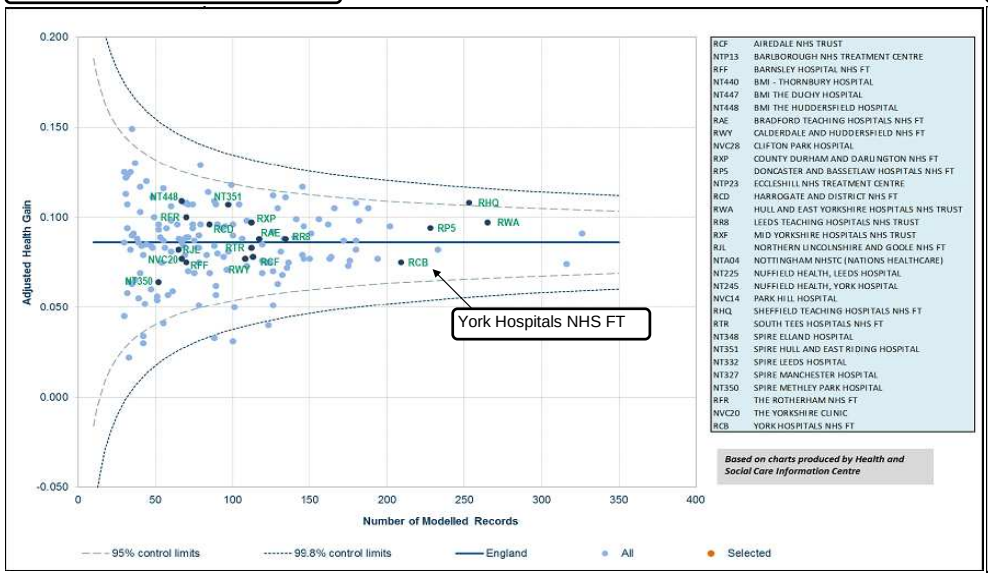
PROMs

The graphs below summarise the latest (for the period 2012-1013) Patient Reported Outcomes Measures (PROMs) published by the Health and Social Care Information Centre. Questionnaires are completed by patients before and after surgery, and from these, pre- and post- operative scores and then health gains are calculated.

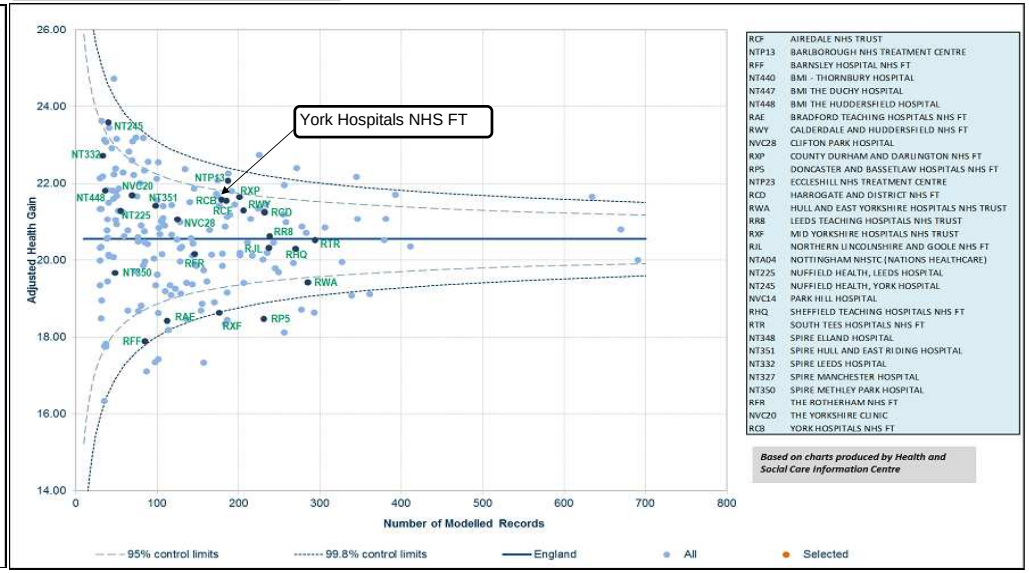
Data has been collected since April 2009 on four procedures: groin hernia, hip and knee replacements and varicose vein surgery. Three measurement tools are used: EQ5D, EQ-VAS for all procedures, and condition-specific measures for all but groin hernia.

York Teaching Hospital NHS
NHS Foundation Trust

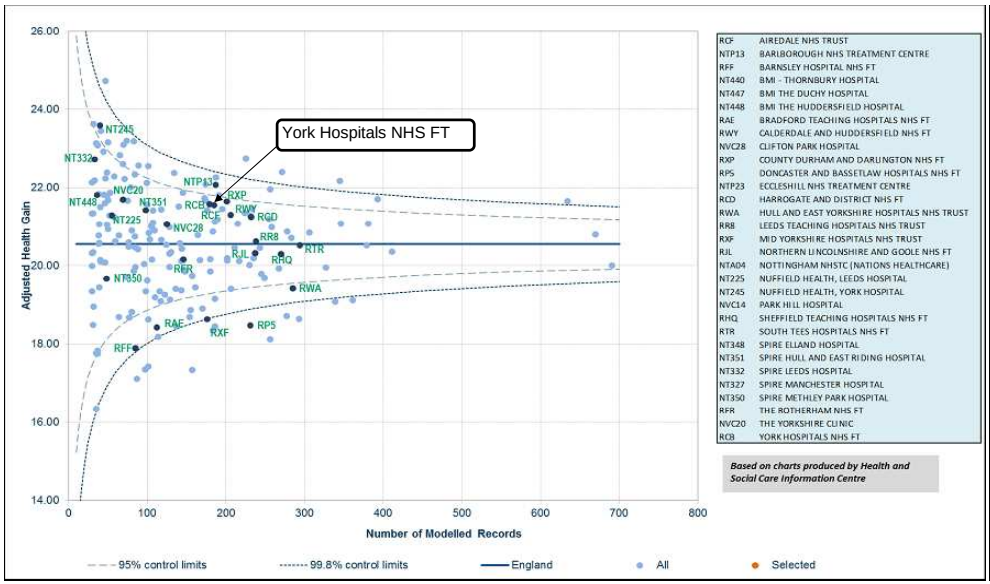
Groin hernia - EQ5D:



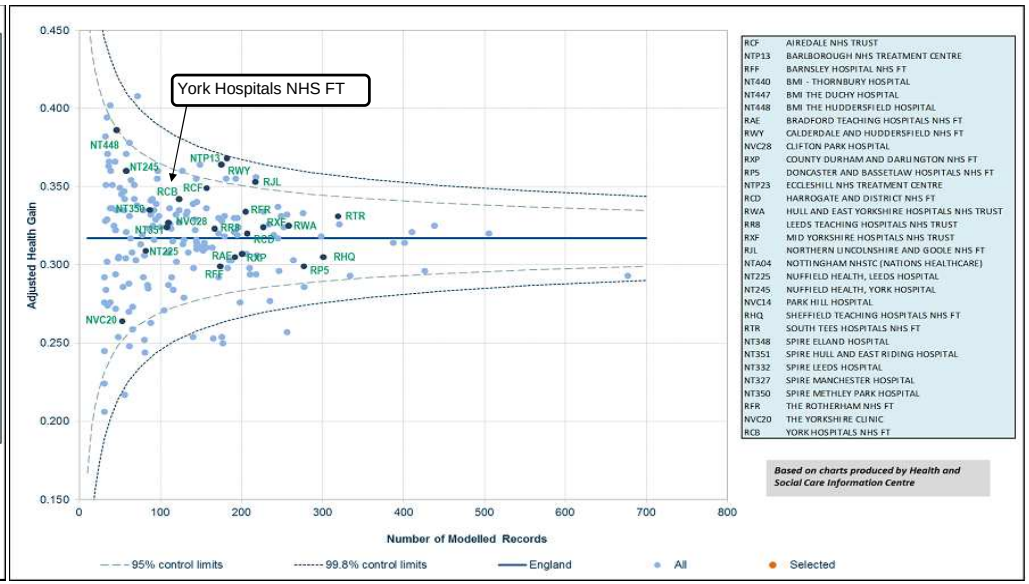
Hip Replacement - EQ5D:



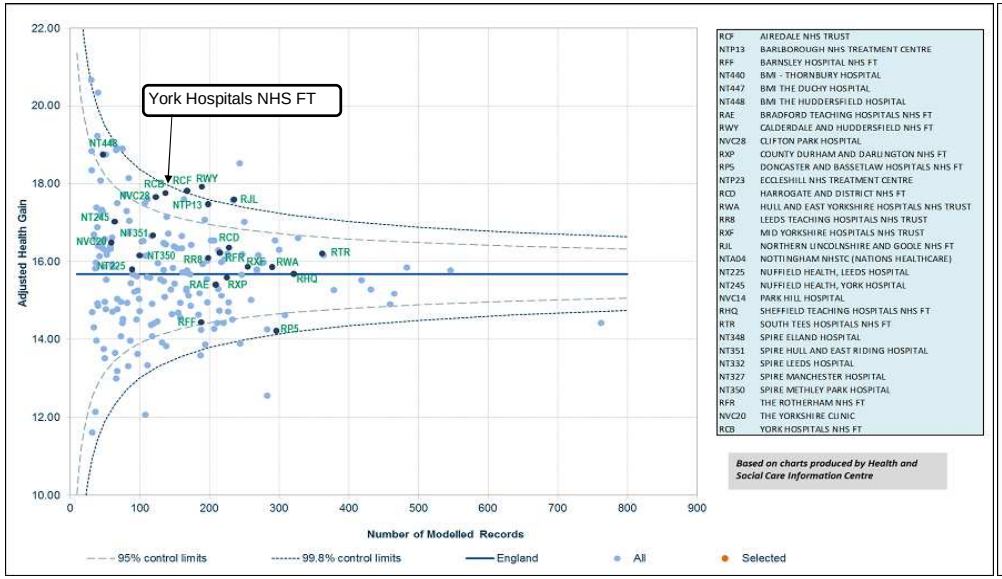
Hip replacement – Oxford hip score:



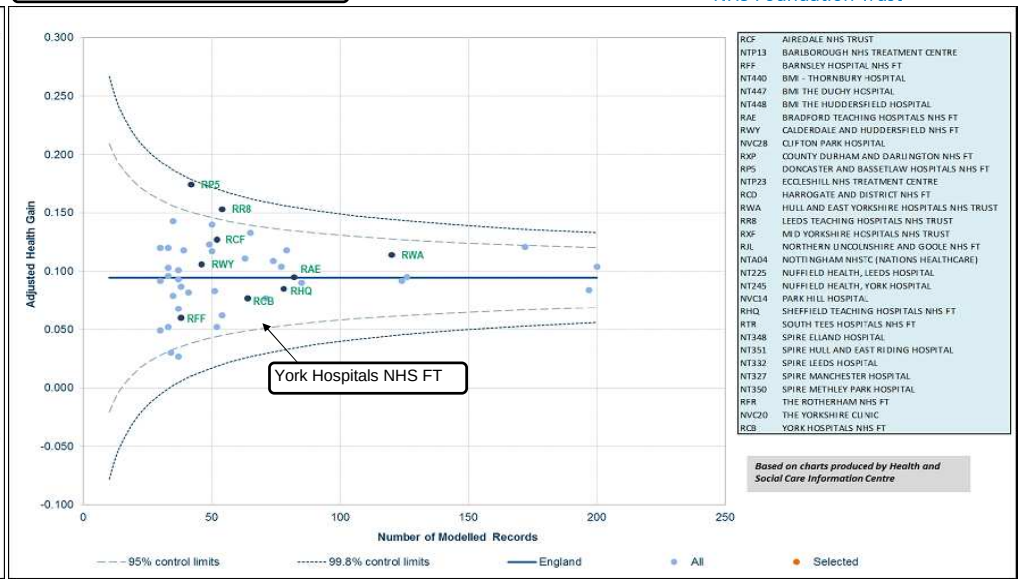
Knee replacement – EQ5D:



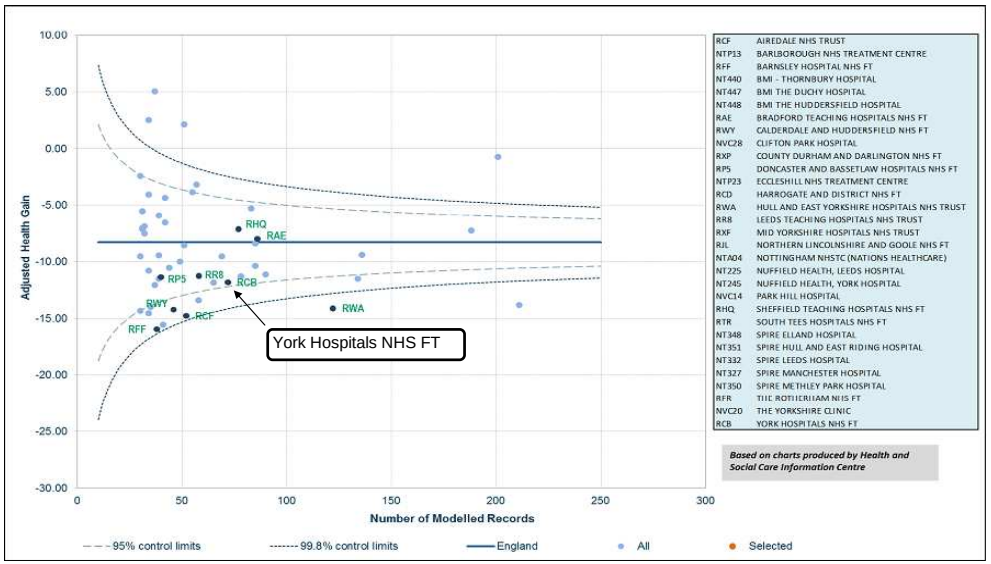
Knee replacement – Oxford knee score:



Varicose veins – EQ5D:



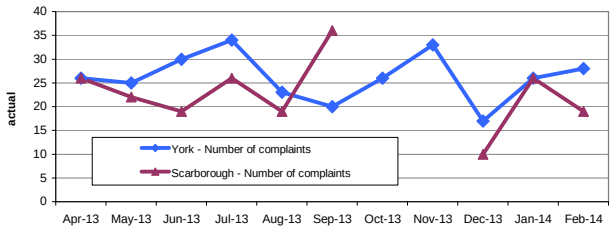
Varicose veins – Aberdeen Varicose Vein Score:



Patient Experience Dashboard

Patient Experience

Number of complaints

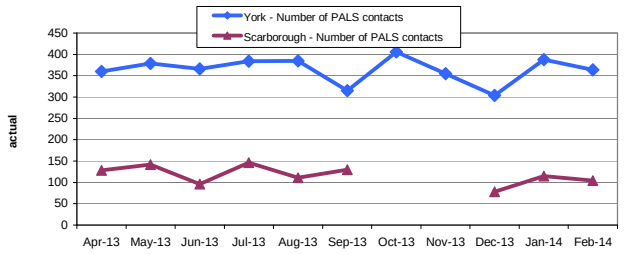


Complaints registered in York relate to York Hospital and Community Services.

Complaints registered in Scarborough relate to Scarborough Hospital and Bridlington Hospital.

The gap in the graph is due to outstanding data from Scarborough awaiting validation.

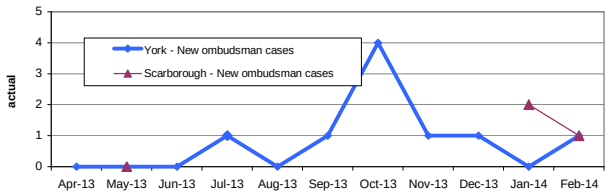
Number of PALS contacts



PALS contacts include face to face contact or contact by telephone or e-mail. Completed comment cards are also included in these figures.

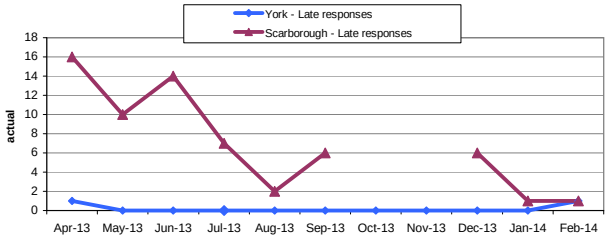
The gap in the graph is due to outstanding data from Scarboroguh awaiting validation.

New ombudsman cases



There were two new ombudsman cases at the Scarborough site in January and one in February. At the York site, there were none in January and one in February.

Complaints - Late responses



Late responses are defined as those complaints which do not meet the agreed response time. Complaint investigations that have been extended and agreed with the complainant are not included unless the extended deadline is not achieved.

The gap in the graph is due to outstanding data from Scarborough awaiting validation.

York Complaints by Directorate February 2014	
General Surgery & Urology	7
Emergency Medicine	3
Elderly Medicine	3
Specialist Medicine	3
Obstetrics and Gynaecology	3
Head & Neck & Ophthalmology	3
Medicine (General & Acute)	2
Pharmacy	1
Radiology	1
Community Services (Whitby Hosp)	1
Theatres Anaesthetics & CC	1
Total	28

York Complaints by subject February 2014	
All aspects of clinical treatment	19
Admissions, discharge and transfer arrangements	4
Appointments, delay/cancellation (out-patient)	2
Attitude of staff	2
Communication/information to patients (written and oral)	1
Total	28

Scarborough's Top three complaint issues from DATIX February 2014	
- All aspects of clinical treatment	16
- Attitude	4
- Privacy and dignity	2

Friends & Family Test Results

York Teaching Hospital NHS
NHS Foundation Trust

01 Nov 2013 - 30 Nov 2013

Your Friends & Family Test Score is....	58	Last month your score was....	65

Top 3 most improved wards this month

Highest score
Lowest score
Negative score

Ward	6 Month Average	This Month	Improvement	Trend
Oak	53	100	47	
Ward 37	45	67	22	
Ward 26	48	69	21	

Top 5 consistently high performing wards

Ward	6 Month Average	This Month	Improvement	Trend
HDU	100	100	0	
CCU York	95	90	-5	
Ash	94	93	-1	
Bridlington Community Team - postnatal	94	100	6	
Whitby Community Team - postnatal	94	88	-6	

Top 5 consistently low performing wards

Ward	6 Month Average	This Month	Improvement	Trend
Ward 37	45	67	22	
Chestnut	47	58	11	
A&E York	48	40	-8	
Ward 26	48	69	21	
Oak	53	100	47	

Who responded?

Response Rate

Eligible Patients
8936

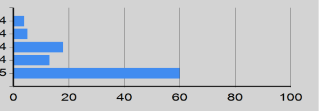
Patient Responses
3802

43%

Male or Female

33% 67%

Age Profiles %



Please note that the graph above does not show data from the maternity FFT surveys as the age bandings are different.

Patients extremely likely to recommend our Trust said:

"Very good nursing staff and excellent doctors. "

"Could not have been looked after by more caring people. Thank you all. "

Patients unlikely or extremely unlikely to recommend our Trust said:

"Lack of hygeine resulting in bed sores. "

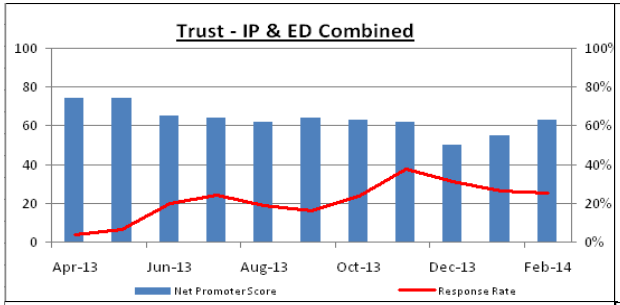
"Waiting, waiting, waiting. After getting in quite quick"

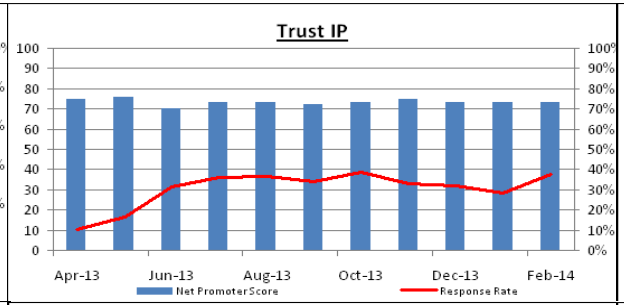
Produced by: picker Institute Europe
Making patients' views count

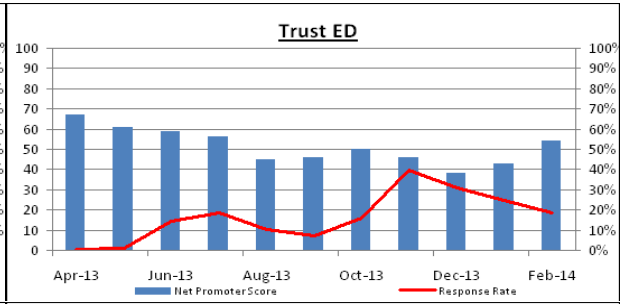
The Friends and Family score is calculated using the proportion of patients who would strongly recommend minus those who would not recommend, or who are indifferent

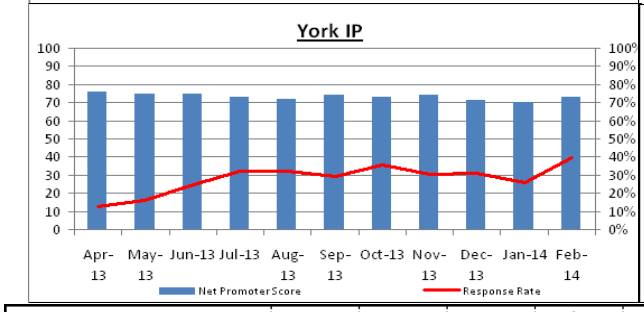
The Friends and Family Test
Inpatients/Maternity and the Emergency Department

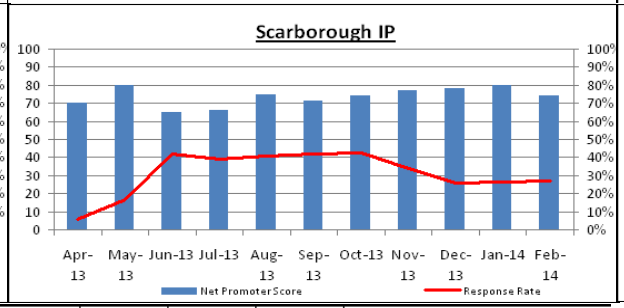
The Friends and Family Test (FFT) has now been rolled out across the Trust, with all adult inpatients, those attending ED and women accessing maternity services being asked the question "would you recommend this ward/ED/antenatal/labour and postnatal service to your family and friends".

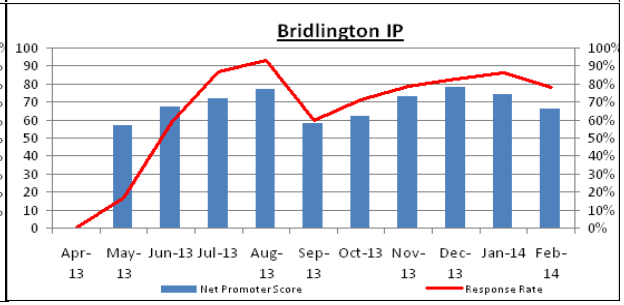








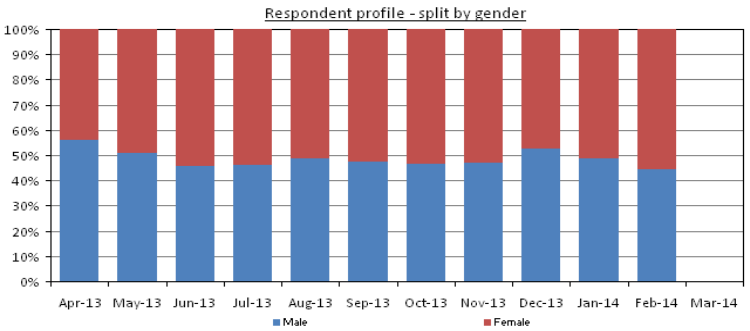


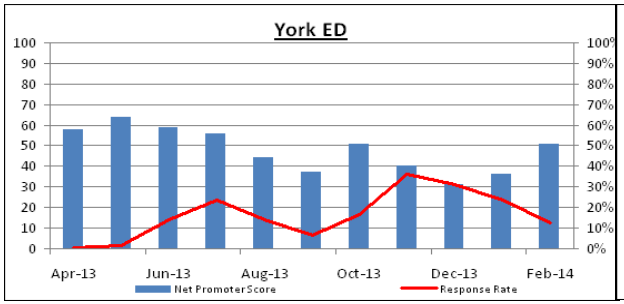


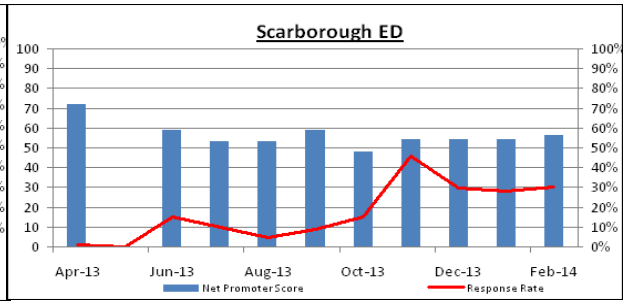
		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14
Trust	Response Rate	3.63%	6.18%	19.81%	24.30%	18.74%	16.17%	23.60%	37.40%	31.08%	26.23%	25.06%
	Net Promoter Score	74	74	65	64	62	64	63	62	50	55	63

		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14
York IP	Response Rate	12.47%	16.28%	24.84%	32.20%	31.92%	29.56%	35.42%	30.44%	31.29%	26.06%	39.45%
	Net Promoter Score	76	75	75	73	72	74	73	74	71	70	73
Sboro IP	Response Rate	5.52%	16.51%	41.77%	39.14%	40.66%	41.76%	42.69%	33.69%	25.91%	26.44%	26.83%
	Net Promoter Score	70	80	65	66	75	71	74	77	78	80	74
Brid IP	Response Rate	0.00%	16.48%	58.65%	86.92%	93.14%	59.80%	71.43%	78.81%	82.61%	86.15%	78.38%
	Net Promoter Score		57	67	72	77	58	62	73	78	74	66
Combined	Response Rate	10.06%	16.36%	31.22%	36.06%	36.38%	33.88%	38.66%	33.18%	31.71%	28.49%	37.59%
	Net Promoter Score	75	76	70	73	73	72	73	75	73	73	73

	Q1	Q2	Q3	Q4
Response Rate	9.80%	19.91%	30.43%	





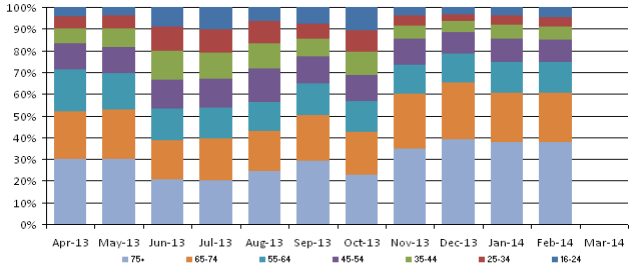


		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14
York ED	Response Rate	0.30%	1.40%	14.00%	23.42%	14.26%	6.44%	16.38%	36.10%	31.23%	23.39%	12.58%
	Response Rate	58	64	59	56	44	37	51	40	31	36	51
Sboro ED	Net Promoter Score	0.80%	0.04%	14.90%	10.15%	4.70%	8.87%	15.18%	46.02%	29.81%	27.93%	30.44%
	Response Rate	72	-100	59	53	53	59	48	54	54	54	56
Combined	Response Rate	0.44%	0.96%	14.31%	18.59%	10.56%	7.33%	15.94%	39.61%	30.76%	24.93%	18.67%
	Net Promoter Score	67	61	59	56	45	46	50	46	38	43	54

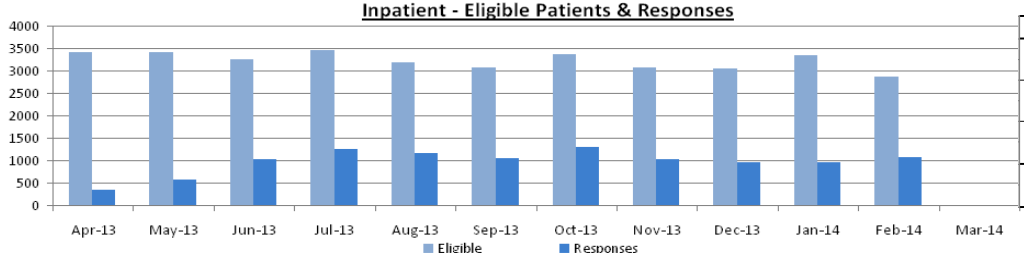
ED Response Rate by Site - February 2014

Hospital	Eligible Patients	Total Responses	Response Rate	Net Promoter Score
York ED	3697	465	12.58%	51
Scarborough ED	1915	583	30.44%	56
Overall	**5612**	**1048**	**18.67%**	**54**

Respondent profile - split by age

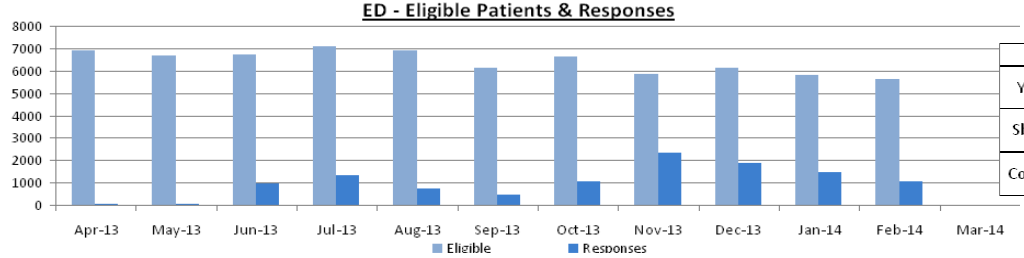


Inpatient - Eligible Patients & Responses



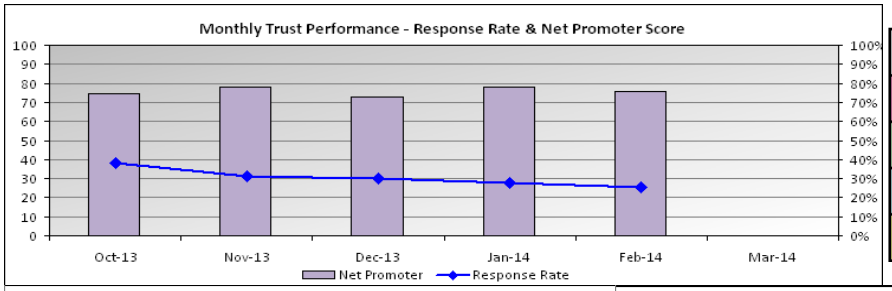
		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14
York IP	Eligible	2301	2236	2126	2267	2177	2128	2312	2122	2074	2318	1985
	Responses	287	364	528	730	695	629	819	646	649	604	783
Sboro IP	Eligible	1033	1090	1015	1073	910	831	944	834	853	904	764
	Responses	57	180	424	420	370	347	403	281	221	239	205
Brid IP	Eligible	86	91	104	107	102	102	112	118	115	130	111
	Responses	0	15	61	93	95	61	80	93	95	112	87
Combined	Eligible	3420	3417	3245	3447	3189	3061	3368	3074	3042	3352	2860
	Responses	344	559	1013	1243	1160	1037	1302	1020	965	955	1075

ED - Eligible Patients & Responses

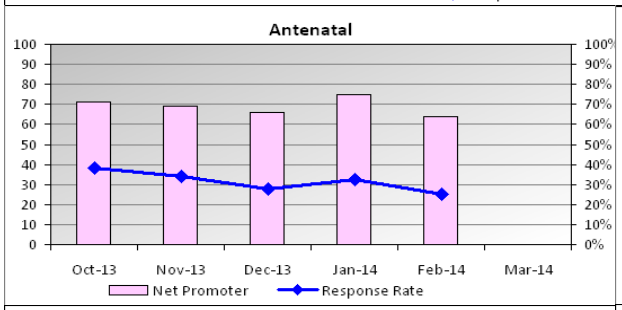


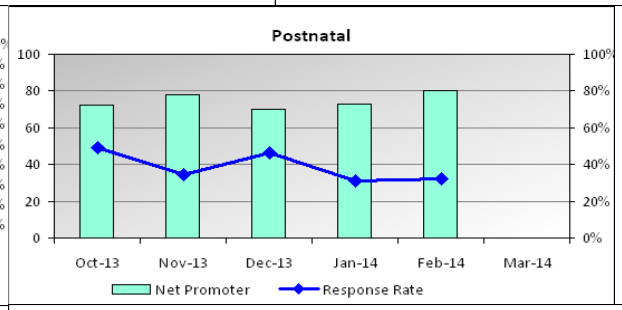
		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14
York ED	Eligible	4567	4381	4413	4505	4223	3885	4218	3787	4066	3843	3697
	Responses	12	63	618	1055	602	250	691	1367	1270	899	465
Sboro ED	Eligible	2320	2277	2329	2581	2660	2244	2405	2075	2063	1962	1915
	Responses	18	1	347	262	125	199	365	955	615	548	583
Combined	Eligible	6887	6658	6742	7086	6883	6129	6623	5862	6129	5805	5612
	Responses	30	64	965	1317	727	449	1056	2322	1885	1447	1048

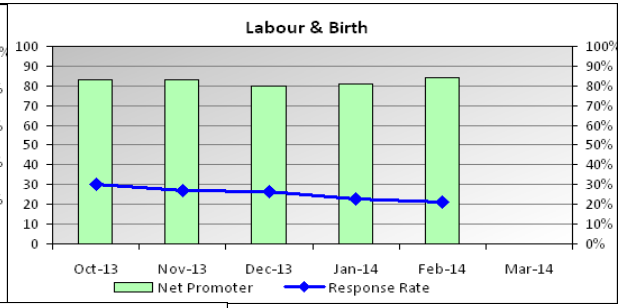
Maternity FFT
The maternity FFT achieved 27.93% in January 2014. The Labour and Birth FFT question will be changed to be asked at the same time following discharge from the postnatal ward. Feedback from women and staff showed that asking the FFT question to a mother following birth was not the most appropriate time. From 1st March, the two questions will be combined on to one FFT card.

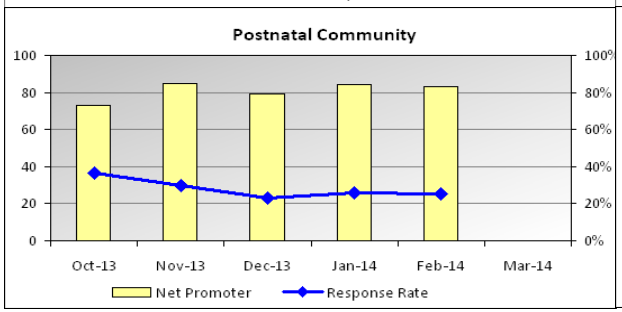


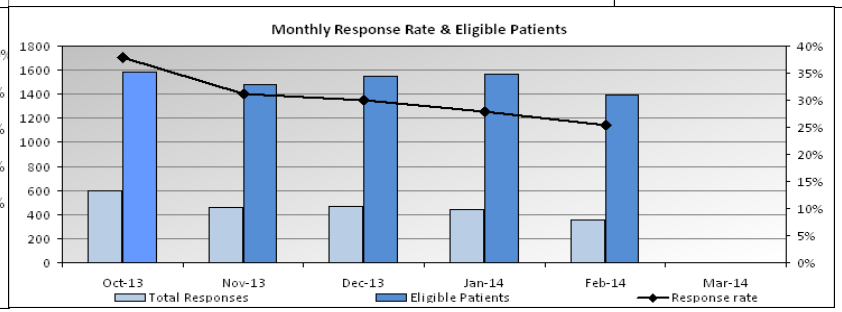
		Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Q3	Q4
Total	Response Rate	37.92%	31.14%	30.01%	27.93%	25.47%		33.09%	
	Net Promoter	74	78	73	78	76			
Antenatal	Response Rate	38.20%	34.06%	27.79%	32.46%	25.33%		33.33%	
	Net Promoter	71	69	66	75	64			
Labour & Birth	Response Rate	30.35%	26.76%	26.43%	22.90%	20.92%		27.89%	
	Net Promoter	83	83	80	81	84			
Postnatal	Response Rate	49.21%	34.48%	46.10%	31.27%	32.01%		43.21%	
	Net Promoter	72	78	70	73	80			
Postnatal Community	Response Rate	36.61%	29.73%	23.20%	25.75%	25.17%		29.88%	
	Net Promoter	73	85	79	84	83			











Trust Performance:

Report Month	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know	Total Responses	Eligible Patients	Response rate	FFT Score
Oct-13	77.37%	19.13%	2.16%	0.83%	0.17%	0.33%	601	1585	37.92%	74
Nov-13	80.00%	17.39%	1.74%	0.43%	0.22%	0.22%	460	1477	31.14%	78
Dec-13	75.43%	21.98%	1.72%	0.65%	0.22%	0.00%	464	1546	30.01%	73
Jan-14	80.37%	17.12%	2.28%	0.23%	0.00%	0.00%	438	1568	27.93%	78
Feb-14	78.81%	18.64%	1.98%	0.00%	0.56%	0.00%	354	1390	25.47%	76
Mar-14										

Blank page

D2

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 March 2014

Medical Director's Report

Action/Recommendation

Board of Directors are requested to:

- Note the changes to the NHSLA assessment process and CNST contributions and to consider how learning from incidents, complaints and claims can be considered locally
- Disseminate the learning from the presented Sis
- Note to audit of antibiotic prescribing and ensure that 100% compliance is achieved and maintained.

Summary

This report provides an update from the Medical Director on current patient safety issues.

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

Implications for equality and diversity

No implications for equality and diversity.

Reference to CQC outcomes

There are no direct references to CQC outcomes, although most indicators in this report are monitored as part of CQC regulation compliance.

Progress of report	This report is only written for the Board of Directors.
Risk	No additional risks indicated other than those reported on the 'Risk Register' item.
Resource implications	None identified
Owner	Dr Alastair Turnbull, Medical Director

Author	Diane Palmer, Deputy Director of Patient Safety
Date of paper	19th March 2014
Version number	1

Board of Directors – 26 March 2014

Medical Directors Report

1. Introduction

In the report this month:

- Changes to the NHSLA assessment process and CNST calculations
- Consultant Appointments
- Antibiotic Prescribing Audit Results February 2014

1. 1. Changes to the NHSLA assessment process and CNST calculations

Learning from clinical claims

NHSLA standards and assessments are ceasing from March 2014. The new focus by the NHSLA will be on reducing harm by learning from claims. Rather than assessments the NHSLA are developing a Safety and Learning Service.

The Safety and Learning Service will provide:

- Information: real time data related to claims
- Knowledge: best practice guidance including those developed by the new Safety and Learning Advisory Groups
- Targeted activity: working in partnership with clinicians, risk managers, claims managers, Royal Colleges and other key stakeholders, initially to target a reduction in harm in maternity and surgery
- Mechanisms for Sharing: sharing knowledge, ideas and local activity via webinars, local events and targeted collaborative networks
- A focus on improving outcomes, learning from claims, reducing harm and improving patient and staff safety.

What will we be expected to do?

- The Safety and Learning Service shifts the emphasis from an approach which focuses on assessments of risk management processes to an outcome based approach.
- We will be supported to learn from claims and to make changes to practice in order to reduce claims and the harm associated with those claims.
- We will be encouraged to effectively implement good practice in the high risk, high volume claim areas (maternity and surgery).
- We will be expected to demonstrate Board accountability for learning from claims.

Clinical Negligence Scheme for Trusts

- The Clinical Negligence Scheme for Trusts (CNST), is a risk pooling scheme whereby members pay a contribution each year and the NHSLA manage and pay out against any claims made against members of this pool. Currently all organisations providing NHS

funded care are members of the scheme.

- Organisations with fewer and less costly claims therefore pay less for their CNST contributions. The contributions are calculated by taking account of the claims experience of the members and also the current risk profile of the services provided.

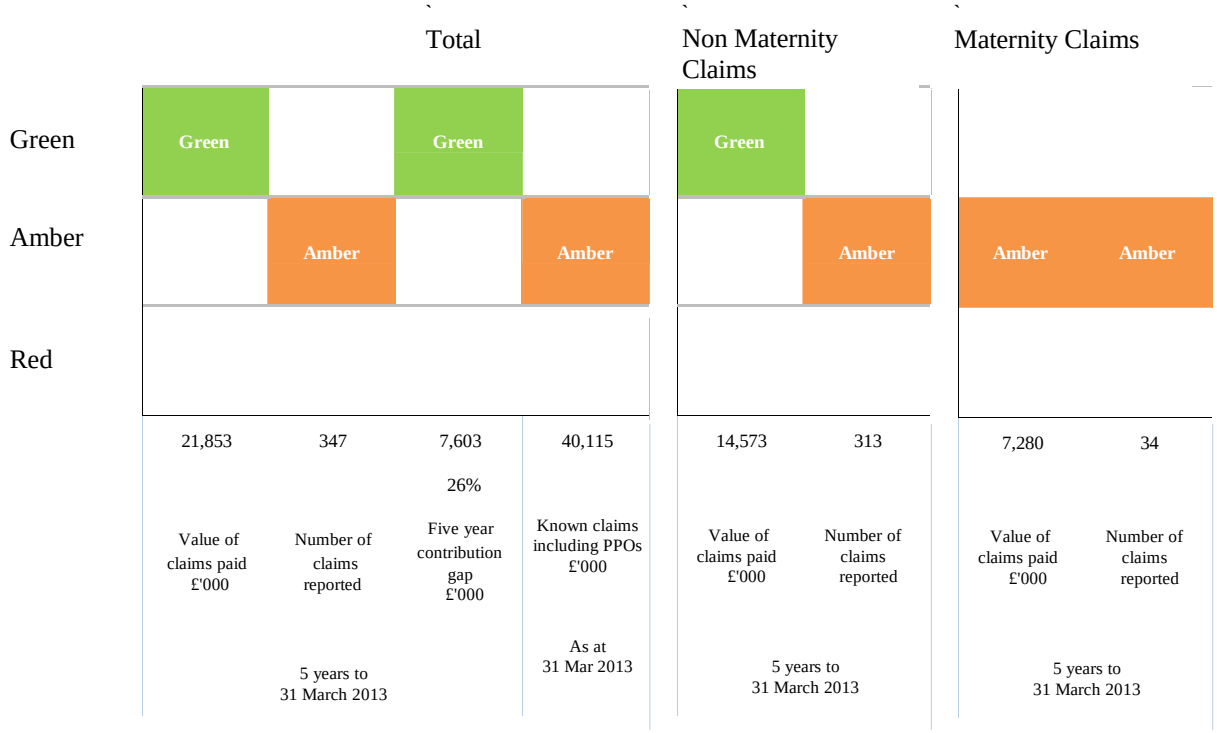
CNST RAG ratings

In line with the NHSLA's objective of supporting the NHS to learn from claims thereby promoting patient and staff safety, red amber or green (RAG) ratings from the NHSLA are a new initiative to help us better understand our CNST claims experience. The ratings can also provide an indication of how our recent history of claims may potentially affect future contributions.

The RAG ratings compare our CNST claims experience against other members providing similar care. The comparisons are risk-weighted to allow for the size and activity levels of each member of the NHSLA.

Comparing your claims experience to other CNST members with member type 'General acute'

The RAG ratings have been assigned based on the value of claims recently paid, the number of claims recently reported, the total value of known claims including Periodic Payment Orders (PPOs) and our five year contribution gap



ie the difference between the amount paid into the scheme and the amount paid out over five years.

The table above indicates the current Trust position. The "Value of claims paid" shows the value of claims paid during the five financial years 2008/09 to 2012/13, irrespective of when an incident occurred. This is consistent with the pay as you go funding basis of CNST and recent claims paid experience will affect contributions over the near term.

The "Number of claims reported" shows the number of claims reported to the NHSLA, also during the five financial years 2008/09 to 2012/13. This measure helps to identify experience in terms of number of claims, rather than their value.

"Known claims including PPOs" shows the value of reported outstanding claims as at 31 March 2013.

The top 20% of members with the lowest value/volumes of claims are rated green, the middle 60% are rated amber and the bottom 20% are rated red ie those with the highest value/volumes of claims. The comparisons are risk- weighted to allow for the size and activity levels of each member.

The "Five year contribution gap" shows the total contributions less claims paid over the 5 years to 31 March 2013 in £'000s and expressed as a % of contributions. This is calculated as follows:

Contributions:	29,456	Contribution gap:	7,603
Claims paid:	21,853	% Gap:	26%

A negative contribution gap means that contributions have been lower than claims paid over the 5 years. A rating of amber means the gap is within the members average yearly contribution (corresponding to a gap between -20% and +20%). A rating of green or red means the gap is outside its range.

Future reports to Executive Board will focus on learning from our claims history.

2. Consultant appointments

Dr Muthuraj Kanakaraj
Consultant Anaesthetist
Commences: 5/02/2014

Dr James Walkington
Consultant Anaesthetist
Commences: 5/02/2014

Dr Jamie Biddulph
Consultant Anaesthetist
Commences: 5/02/2014

Directorate: Anaesthetics and Theatres
Directorate Manager: Richard Morris

3. Antibiotic Prescribing Audit Results February 2014

Orthopaedics and Trauma

York: Results by ward

ward	% antibiotic prescriptions with INDICATION recorded		% antibiotics prescriptions with DURATION / review date recorded	
	Jan-14	Feb-14	Jan-14	Feb-14
28	**38%**	**80%**	**31%**	**100%**
29	**67%**	**100%**	**67%**	**100%**
Hospital average	**58%**	**72%**	**58%**	**75%**
Trust average	**68%**	**76%**	**68%**	**74%**

Scarborough: Results by ward

ward	% antibiotic prescriptions with INDICATION recorded		% antibiotics prescriptions with DURATION / review date recorded	
	Jan-14	Feb-14	Jan-14	Feb-14
Aspen	**n/a**	**n/a**	**n/a**	**n/a**

Holly	33%	82%	33%	82%
Hospital average	78%	82%	77%	72%
Trust average	68%	76%	68%	74%

Medicine, Acute Medicine and Specialist Medicine Directorates

York: Results by ward

ward	% antibiotic prescriptions with INDICATION recorded		% antibiotics prescriptions with DURATION / review date recorded	
	Jan-14	Feb-14	Jan-14	Feb-14
32	57%	100%	71%	100%
33	17%	92%	50%	85%
34	33%	50%	53%	50%
AMU	70%	83%	50%	33%
CCU	n/a	n/a	n/a	n/a
SSW (21)	92%	91%	92%	82%
31	29%	75%	43%	63%
Hospital average	58%	72%	58%	75%
Trust average	68%	76%	68%	74%

Scarborough: Results by ward

ward	% antibiotic prescriptions with INDICATION recorded		% antibiotics prescriptions with DURATION / review date recorded	
	Jan-14	Feb-14	Jan-14	Feb-14
AMU	87%	100%	80%	100%
Beech	71%	95%	71%	73%
CCU	80%	100%	60%	33%
Chestnut	79%	100%	57%	0%
Graham	100%	86%	100%	71%
Willow	67%	100%	100%	25%
Hospital average	78%	82%	77%	72%
Trust average	68%	76%	68%	74%

Head and Neck

York: Results by ward

ward	% antibiotic prescriptions with INDICATION recorded		% antibiotics prescriptions with DURATION / review date recorded	
	Jan-14	Feb-14	Jan-14	Feb-14
15	44%	40%	56%	67%
Hospital average	58%	72%	58%	75%
Trust average	68%	76%	68%	74%

General Surgery and Urology and Obstetrics and Gynaecology

York: Results by ward

ward	% antibiotic prescriptions with	% antibiotics prescriptions with

			recorded	
	Jan-14	Feb-14	Jan-14	Feb-14
11	**83%**	**90%**	**100%**	**90%**
14	**0%**	**45%**	**67%**	**86%**
16	**33%**	**75%**	**33%**	**75%**
G1	0%	80%	67%	60%
Hospital average	**58%**	**72%**	**58%**	**75%**
Trust average	**68%**	**76%**	**68%**	**74%**

Scarborough: Results by ward

ward	% antibiotic prescriptions with INDICATION recorded		% antibiotics prescriptions with DURATION / review date recorded	
	Jan-14	Feb-14	Jan-14	Feb-14
Ash	**n/a**	**50%**	**n/a**	**0%**
Haldane	**75%**	**75%**	**71%**	**88%**
Maple	**54%**	**47%**	**38%**	**53%**
Hospital average	**78%**	**82%**	**77%**	**72%**
Trust average	**68%**	**76%**	**38%**	**74%**

Elderly Medicine

York: Results by ward

ward	% antibiotic prescriptions with INDICATION recorded		% antibiotics prescriptions with DURATION / review date recorded	
	Jan-14	Feb-14	Jan-14	Feb-14
23	56%	75%	67%	75%
24	80%	75%	80%	75%
25	100%	100%	0%	67%
26	80%	100%	60%	100%
35	n/a	75%	n/a	100%
37	100%	100%	100%	100%
39	25%	n/a	25%	n/a
ASU	100%	n/a	100%	n/a
Hospital average	58%	72%	58%	75%
Trust average	68%	76%	68%	74%

Scarborough: Results by ward

ward	% antibiotic prescriptions with INDICATION recorded		% antibiotics prescriptions with DURATION / review date recorded	
	Jan-14	Feb-14	Jan-14	Feb-14
Ann Wright	**100%**	**100%**	**100%**	**100%**
Oak	**91%**	**100%**	**100%**	**100%**
Stroke	**100%**	**33%**	**100%**	**100%**
Hospital average	**78%**	**82%**	**77%**	**72%**
Trust average	**68%**	**76%**	**68%**	**74%**

Anaesthetics

York

ward	% antibiotic prescriptions with INDICATION recorded		% antibiotics prescriptions with DURATION / review date recorded	
	Jan-14	Feb-14	Jan-14	Feb-14
HDU	100%	50%	50%	0%
ICU	75%	100%	25%	50%
Hospital average	58%	72%	58%	75%
Trust average	68%	76%	68%	74%

Scarborough

ward	% antibiotic prescriptions with INDICATION recorded		% antibiotics prescriptions with DURATION / review date recorded	
	Jan-14	Feb-14	Jan-14	Feb-14
ICU	67%	100%	67%	100%
Hospital average	78%	82%	77%	72%
Trust average	68%	76%	68%	74%

Medicine

York: Results by ward

ward	% antibiotic prescriptions with INDICATION recorded		% antibiotics prescriptions with DURATION / review date recorded	
	Jan-14	Feb-14	Jan-14	Feb-14
32	57%	100%	71%	100%
33	17%	92%	50%	85%
34	33%	50%	53%	50%
AMU	70%	83%	50%	33%
CCU	n/a	n/a	n/a	n/a
SSW (21)	92%	91%	92%	82%
31	29%	75%	43%	63%
Hospital average	58%	72%	58%	75%
Trust average	68%	76%	68%	74%

Scarborough: Results by ward

ward	% antibiotic prescriptions with INDICATION recorded		% antibiotics prescriptions with DURATION / review date recorded	
	Jan-14	Feb-14	Jan-14	Feb-14
AMU	87%	100%	80%	100%
Beech	71%	95%	71%	73%
CCU	80%	100%	60%	33%
Chestnut	79%	100%	57%	0%
Graham	100%	86%	100%	71%
Willow	67%	100%	100%	25%
Hospital average	78%	82%	77%	72%
Trust average	68%	76%	68%	74%

Orthopaedics & Trauma

York: Results by ward

ward	% antibiotic prescriptions with INDICATION recorded		% antibiotics prescriptions with DURATION / review date recorded	
	Jan-14	Feb-14	Jan-14	Feb-14
28	**38%**	**80%**	**31%**	**100%**
29	**67%**	**100%**	**67%**	**100%**
Hospital average	**58%**	**72%**	**58%**	**75%**
Trust average	**68%**	**76%**	**68%**	**74%**

Scarborough: Results by ward

ward	% antibiotic prescriptions with INDICATION recorded		% antibiotics prescriptions with DURATION / review date recorded	
	Jan-14	Feb-14	Jan-14	Feb-14
Aspen	**n/a**	**n/a**	**n/a**	**n/a**
Holly	**33%**	**82%**	**33%**	**82%**
Hospital average	**78%**	**82%**	**77%**	**72%**
Trust average	**68%**	**76%**	**68%**	**74%**

4. Recommendations

Board of Directors are requested to:

- Note the changes to the NHSLA assessment process and CNST contributions and to consider how learning from incidents, complaints and claims can be considered locally
- Disseminate the learning from the presented SIs
- Note to audit of antibiotic prescribing and ensure that 100% compliance is achieved and maintained.

Author	**Diane Palmer, Deputy Director of Patient Safety**
Owner	**Dr Alastair Turnbull, Medical Director**
Date	**19th March 2014**

Blank page

D3

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 March 2014

Chief Nurse Report – Quality of Care

Action requested/recommendation

The Board is asked to accept this report as assurance of standards of care for patients and note areas of both risk or significant progress.

Summary

The Chief Nurse report provides assurance against the implementation of the Nursing & Midwifery Strategy and evidence in support of our Quality Account. It outlines key priorities and progress.

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

Implications for equality and diversity

Consideration is given to the equality and diversity issues during the development of the report including the impact of the care given to patients.

Reference to CQC outcomes

Outcomes 4, 5, 8, 9, 16 & 17.

Progress of report	Executive Board.
Risk	Associated risks have been assessed.
Resource implications	None identified.
Owner	Mike Proctor, Chief Nurse
Author	Beverley Geary, Director of Nursing
Date of paper	March 2014
Version number	Version 1

Board of Directors – 26 March 2014

Chief Nurse Report – Quality of Care

1. Key priorities

Nursing and Midwifery Strategy

The Nursing and Midwifery identifies priorities' for the years 2013-2016 and is aligned to national recommendations and the Chief Nursing Officers strategy for nursing (the '6C's') and has four focus areas:

- Patient Experience
- Delivering High Quality Safe Patient Care
- Measuring the impact of care delivery
- Staff Experience

The priorities for the second year have been identified and will build upon the work already undertaken in year 1.

Priorities for year 2 include:

- Development of a PPI strategy
- Introduction of 'Hello My Name Is'
- Greater inclusion of Matrons in the delivery of the IPC agenda
- Introduce an on-going dependency and acuity audit to inform safe staffing levels
- Replace NCI's with an Early Warning Trigger Tool and Nursing Quality Dashboard
- Review all Statutory and Mandatory training for Nurses & Midwives

Action plan is included at appendix 1.

2. Senior Nursing Restructure

In order to focus senior nursing roles in the delivery of quality care for patients a significant restructure of Matron and Lead Nurse roles late last year. Matron patches were restructured and the new structure was consulted upon.

All Matrons and Lead Nurses were put at risk and underwent a competitive process, this is now completed and the newly appointed Matrons are as follows:

York Hospital

Elderly	Katie Holgate
Elderly	Hilary Woodward
Acute	Lee Fry
Gen Med	Chris Morris
Surgery & CC	Wendy Brown

Scarborough Hospital

Elderly	Emma Day
Acute	Tracy Wright
Gen Med	David Thorpe
Surgery & CC	Vacant
Maternity	Freya Oliver

Joint

T&O	Liz Charters
Theatres	Karen Cowley
Medicine Mgt	Jennie Booth
End of Life	Layla Al-Ani

The new team will undergo a training programme to commence in early April, the structure will be subject to ongoing evaluation with a summative review in 12months.

Some vacancies remain and other outstanding positions require substantive appointments. The work to ensure a fully established team is ongoing but may take a further 3 months to achieve

2. Nurse staffing
***How to Ensure the right people, with the right skills, are in the right place at the right time*.**

In the last Chief Nurse report the guidance from the National Quality Board which sets out 10 core expectations in respect of getting nursing and midwifery care staffing right was detailed.

Work in progressing to assess the organisations compliance with each of the 10 expectations. Many of the judgements on compliance will be subjective and cannot be supported by quantitative evidence. It is proposed therefore that further detailed discussion of this should take place in the next Workforce Strategy Committee to ensure that Board members have the opportunity to contribute to a gap analysis before any declarations are made.

In terms of progressing information on staffing levels and putting this in the public domain, further information is attached to this report in appendix 2. This identifies budgeted staffing levels and RN:bed ratios on a shift by shift basis based upon the in depth acuity and dependency and skill mix review work carried out last year.

3. Dementia - update

Patients with dementia account for a quarter of acute hospital beds in the NHS. This group access services throughout the organisation and community services play a significant role in admission avoidance and chronic disease management.

The dementia strategy for the Trust is high profile and a significant amount of work has already been undertaken however, this has been mostly site specific and not Trust wide.
Two groups have led on the delivery of the strategy, the Dementia Implementation Group (DIG) and the Dementia Operations Group (DOG).

To date the Dementia Operational Group has undertaken significant improvements in standards of care for patients with dementia and their families, but this has not been delivered equitably trust wide. The Dementia Implementation Group has supported the DOG with the

implementation plan, this group has existed for some time, with the focus on one specific acute site, although more recently there has been a trust wide focus with plans to standardise dementia care.

To support the development of the Trust wide strategy it proposed to revise the purpose and membership of both groups to ensure a Trust wide approach. A new Dementia Delivery Group (DDG) has been developed, this will be supported by the Dementia Strategy Group who will in turn advise the board on key national developments and recommendations and will monitor compliance against national dementia CQUIN. This group will also monitor Trust compliance against the National Audit of Dementia's key recommendations.

The newly formed groups will meet in the coming weeks to agree priorities and revise the work plan. Progress will be updated in future reports.

4. CNST Maternity Risk Standards:

We have confirmation that the organisation has been successful in achieving Level 2 of the CNST Maternity Risk Management Standards on 27th and 28th February 2014.

The maternity service was assessed against five standards each containing ten criteria giving a total of 50 criteria. In order to gain compliance at level 2 it is required to pass 40 of these criteria.

Overall compliance was 48/50. This is a huge achievement for maternity services who are to be congratulated on this success.

We received some very good feedback was from the assessors including:

- Provision of evidence was well presented for the assessment (both sites). This has been an enormous undertaking for a Trust who within the last 12-18 months has undergone a significant merger of two hospitals, both of which had different clinical guidelines and governance arrangements.

- Review of health records revealed that the 'fresh eyes' approach to CTG interpretation is occurring cross site and recording of this is of a high standard.

- Documentation of support offered to parents when there is a suspected or poor outcome was of a very high standard by midwives and describes the support and care received during this difficult time.

Verbal feedback included:

- Well documented 1:1 meetings to discuss issues in Maternity between Head of Midwifery and Director of Nursing.

- Process for escalating Maternity risk to corporate risk register - good evidence

The two criteria Maternity did not achieve full compliance with were;

- completing full documentation on continuous electronic fetal monitoring when any intrapartum event has occurred
- providing evidence for the process of reviewing maternal antenatal screening tests (documentation of when women were given their screening results and by whom)

The two criteria above are known to be challenging to achieve nationally and a full report has been sent to the Chief Executive and an action plan will follow to be developed by Maternity services.

5. Midwifery

Reducing stillbirths

Sadly, in the UK over 6,500 babies die just before, during or soon after birth every year - that's 17 babies each day. Tragically 1 in 200 births end in stillbirth. The rates have not changed since the late 1990's.

There is research and national work being undertaken to reduce this rate. Awareness into the public health issues in relation to stillbirth are a priority (Obesity, substance misuse, smoking)

York Maternity service involvement in national and regional work and research and also local involvement is as follows;

- A Supervisor of Midwives is a member of the 'improving neonatal outcomes' group at the Yorkshire and Humber Local Supervising Authority
- Midwives cross site have completed training on fundal height measurement following recommendation from the LSA Midwifery Officer (to help identify growth restricted babies who are at a higher risk of stillbirth and neonatal death)
- Introduction of customised growth charts on Scarborough site following two stillbirths who were identified as growth restricted, with the aim to identify more growth restricted babies who are at increased risk and so develop individual management plans to reduce risks to the baby
- Commenced carbon monoxide monitoring cross site with an aim to reduce smoking in pregnancy (which doubles the risk of stillbirth)
- Midwives have been trained to ask women about their smoking habits and smoking in the household and to support women and their partners to stop smoking and make an early referral to the smoking cessation specialist (training provided by the stop smoking service on Maternity mandatory training)
- Supervisors of Midwives planning to form a local group to look at ways to reduce stillbirths following attendance at a National conference on reducing stillbirths
- Supervisors of Midwives review all records of care of every stillbirth case with a Consultant Obstetrician to identify any practise issues and themes from cases using a national patient safety tool
- Perinatal mortality meetings present, review and discuss all stillbirth cases at the monthly multidisciplinary meetings – both sites
- Each stillbirth case is reviewed and discussed at the daily morning multidisciplinary handover on Labour Ward – both sites
- Jim Dwyer, Consultant Obstetrician and Gynaecologist chairs a local group who are looking at customised growth charts (as currently in use on Scarborough site and not York site)
- Plan to be part of new research into sleeping positions in pregnancy (in relation to stillbirths)
- Part of the new Strategic Clinical network group for Yorkshire and the Humber.

Stillbirth rates at York and Scarborough will be confirmed at the end of March, however it is not anticipated that we will be above regional average rates. These will be reported with other maternity statistics for year 2013/14 in a future Chief Nurse report.

Maternity theatre upgrade project

There is a delay of 6 weeks to the completion of the project due to unforeseen electrical issues. The Midwifery Led Unit will remain closed until the theatre project has been completed. Midwives have been asked to inform women booked for the MLU of this and apologise for the delay.

Virtual parent education (York site)
A trial of on line classes commenced in December 2013.

On 25th February 2014 a meeting took place with Dan Poulter shadow Minister for Health, Mike Proctor York Chief Nurse/Deputy Chief Executive, Chris Foster Matron for Maternity leading on this project and MP Hugh Bayley regarding the Virtual Parent Education package we are offering currently at York.

Dan Poulter was interested to listen to the current project and concerns raised by MP Hugh Bayley. He was impressed with the provision currently offered in relation to face to face classes for teenagers, multiple birth, physiotherapy classes and classes for vulnerable women at Children's centres and now on line classes.

He agreed with our plan to evaluate the on line-classes in 6 months and suggested this should be undertaken by someone independent of Maternity services.

6. Risk Register – Child Protection Training

As previously reported the aim is to achieve 95% training of all relevant staff at all levels of Child Protection training. This is an ambitious target for an organisation working hard to merge a number of health service providers, supported by a complex safeguarding children service arrangement that is currently supplied by two health providers.

In 2009 the collation of training figures was moved centrally to the Corporate Learning and Development Team (CLaD). The safeguarding children team ensured that there were enough child protection training sessions provided to cover the number of Staff requiring training on a 3 yearly cycle fro all the levels. The responsibility for staff to acquire the appropriate child protection training has always been with the managers of each area and the individual staff.

There have been ongoing problems with the accuracy of the figures for staff having completed training however, in April 2014, a new online learning management tool the 'Learning Hub' will be rolled out across the whole organisation. This management system with enable improved accuracy and the collation of data concerning which staff have completed training. It will also be able to identify which directorates have not facilitated their staff to attend training, which will enable the safeguarding children service to work to improve uptake within these areas.

Update
Level 2 had been improving but there seems to have been a drop in figures more recently. The new e-learning has been developed in order to try and address the issue of difficulty in releasing staff from pressured wards. To be introduce April 1st 2014.

Level 3 is very well attended at both sites and has already improved and exceeded our target. There are staff whose work is predominantly with children and their families and have been our key targeted area.

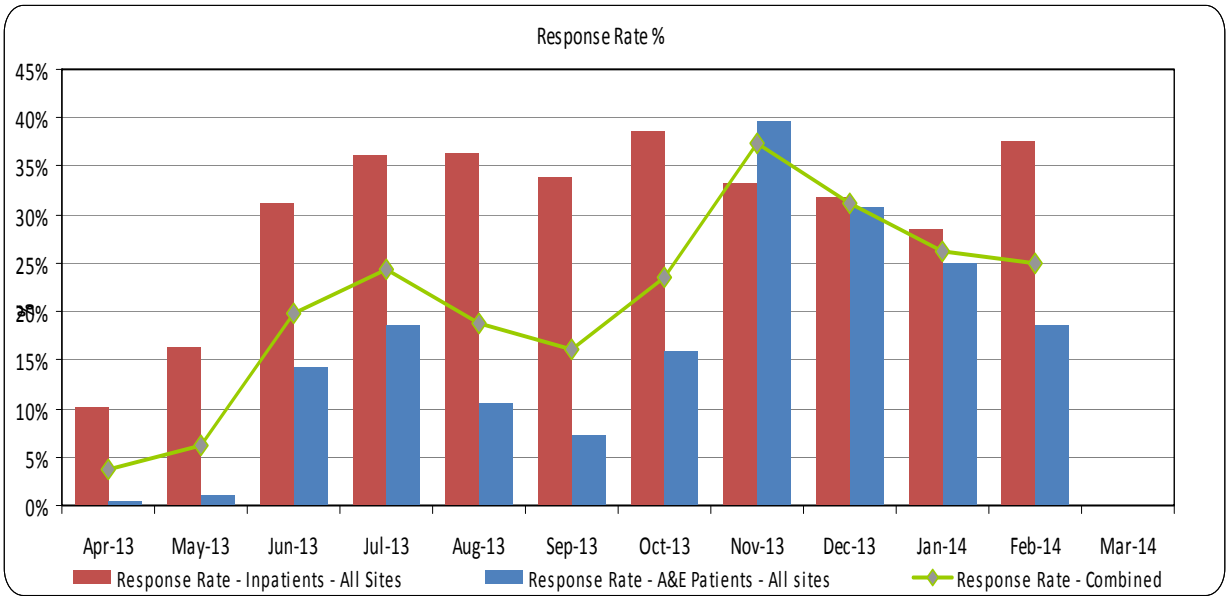
A detailed update which illustrates uptake of training by level and site is attached at appendix 3.

The new 'hub' system will come on line in April of this year, it is anticipate that this will improve both Manager's and Staff's ability to determine the training requirements and improve compliance.

7. Patient Experience

The Friends and Family Test

Inpatients and Emergency Departments



The February response rate for The Friends and Family Test is 25%. However, it is important that acute Inpatient wards and both EDs review how the Friends and Family Test (FFT) is integrated as part of their daily routine to ensure that the reduction in number of responses does not reduce further.

Wards, who have low or no responses, have actions plans in place to improve.

Maternity FFT

		Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Q3	Q4
Total	Response Rate	37.92%	31.14%	30.01%	27.93%	25.47%		33.09%	
	Net Promoter	74	78	73	78	76			
Antenatal	Response Rate	38.20%	34.06%	27.79%	32.46%	25.33%		33.33%	
	Net Promoter	71	69	66	75	64			
Labour & Birth	Response Rate	30.35%	26.76%	26.43%	22.90%	20.92%		27.89%	
	Net Promoter	83	83	80	81	84			
Postnatal	Response Rate	49.21%	34.48%	46.10%	31.27%	32.01%		43.21%	
	Net Promoter	72	78	70	73	80			
Postnatal Community	Response Rate	36.61%	29.73%	23.20%	25.75%	25.17%		29.88%	
	Net Promoter	73	85	79	84	83			

Four questions are asked during the maternity pathway, commencing at 36 weeks, following labour, discharge from the postnatal labour ward and discharge from community midwife to the HV/GP. The Trust has just moved (March 2014) to a single card for the two hospital questions following labour and discharge. The card will be given to women on discharge from hospital instead of immediately following birth.

FFT Steering Group

The steering group continues to meet with wide representation across the Trust. A number of FFT work-streams report into the steering group including

- Communications/PPI work-stream
- Maternity Services work-stream
- Outpatient/Day Case work-stream
- Community Hospital inpatient work-stream
- Staff work-stream

The main focus for the steering group has been on ensuring that FFT CQUIn requirements are achieved which for 2013/14 related to implementation across Inpatients, ED and Maternity services and achievement of response rate. The 2014/15 CQUIn requirements are for full implementation across the Trust of FFT which includes all Outpatients, Day Case's, Community Services (hospitals, outpatients and domiciliary settings).

Assistant Director of Nursing, PPI Specialist and Head of Communications attended the Community Services Business meeting during March 2014 to discuss with the Locality Manager's and Ward Managers rolling out the FFT to all community inpatients mid to late April 2014; to also include White Cross Court and St Helen's following their transfer from the Elderly directorate to Community Services. Lyeanda Berry, Quality & Safety will lead this work-stream.

A further meeting was set-up to discuss with all Outpatient areas/Day Case's across the Trust, how roll-out will be implemented ahead of the CQUIN requirement of October 2014. Over forty attendees from across the Trust attended the meeting to discuss the roll out and identify early pilot areas. David Pullen, Deputy Directorate Manager agreed to lead this work-stream. The first Outpatient/Day Case Project meeting is planned for 12th March. It is planned that pilots will commence mid to late April 2014 with the pilots being evaluated June with further implementation planned from July 2014.

The Steering group agreed that, whilst the focus for the FFT has been on implementation and achieving a pre-determined response rate, it would now consider how the Trust pro-actively uses the feedback gained from the FFT, to improve services. The group will also prioritise how we use the feedback to tell patients how their feedback is being used. The Trust is linking in with colleagues from Hull & East Yorkshire Hospitals NHS Trust who have agreed to share their experience of feeding back to staff and patients.

8. Recommendation

The board is asked to receive the update report and current work-streams of the Chief Nurse Team for information.

Author	**Beverley Geary, Director of Nursing**
Owner	**Michael Proctor, Chief Nurse**
Date	**March 2014**

Appendix 1

Nursing and Midwifery Strategy Implementation Plan: Year 2 ,2014

The Nursing and Midwifery strategy sets out priorities to achieve high quality nursing care over the next 3 years and was approved at Board in May 2013.The implementation plan outlines current work streams and priorities and demonstrates progress to date.
The strategy has been aligned to the Chief Nursing Officers 6 C's in order to ensure compassion in care and to embed these values and behaviours in all Nursing and Midwifery practice.
C1 -Care
C2 -Compassion
C3 -Competence
C4 -Communication
C5 -Courage
C6 -Commitment

Priority 1	**Improve Patient Experience**

Number	**6C's**	**Action**	**Target Date**	**Update / Evidence**	**Lead**
1 a)	C1 C4	Develop PPI strategy.	Revised May 2014	Work plan agreed in Patient Experience Committee. Delay in the development of a strategy due to the in-depth review of PPI activity in order to inform the new strategy.	Lead Nurse Patient Experience/ Director of Nursing
1b)	C2 C4	Undertake a review of the Patient Experience service, function and capacity and make recommendations to the Nursing Board.	June 2014	Questionnaires re: training circulated, results to be presented at the next Patient Experience Committee. Review of processes commenced.	Chief Nurse Team
1c)	C4 C5	Strengthen the role of ward sister in the management of and learning from complaints in their areas	.	Afternoon of discussion and presentations planned on Patient experience and complaints management for PNLF. NHS Elect training commenced.	Matrons, PPI team
1d)	C1 C4	Continue to develop the patient experience steering group to include further work around PPI.	December 2014	Integral to PPI strategy	Chief Nurse Team / PPI team

		Undertake a benchmarking exercise as to what groups are the Trust involved in and what are we doing in house, (ie older peoples forum on York site)			
1e)	C5 C6	Explore and agree the priorities of the new Matron group in the delivery of the PPI agenda	September 2014	Development programme planned for April 2014, priorities' to be determined	Matrons/ Chief Nurse Team
1f)	C2 C4	Review of trust visiting policy in order to meet the needs of patients and relatives.	December 2014 Revised)	New Matron group to review and revise policy in conjunction with the protected meal time policy and present recommendations to Matrons meeting / Nursing Board	Matrons
1g)	C6	Introduce Friends and Family Test for OPD, Community services and community inpatient areas.	October 2014	Consultation events undertaken and plans in place.	Lead Nurse for Patient Experience

Priority 2	Delivering High Quality Safe Patient Care

Number	6C's	Action	Target Date	Update / Evidence	Lead
2a)	C5 C6	Strengthen nursing leadership by empowering ward sisters and charge nurses to ensure all care is of a high standard and meets values of the organisation	Ongoing	Continued delivery of the It's My Ward Programme with skills days on-going. Ward Sisters meeting commenced, Director of Nursing Q&A session at each. Increased attendance and input at PNLF Consultation with Ward Sister planned re: reporting structures. Plan to work with ODIL to review and evaluate the IMW programme.	ODIL Chief Nurse Team
2b)	C1 C6	Ensure the right staff are in the right place at the right time.	Ongoing (planned April & October)	Safer Staffing Project commenced Meeting with Keith Hurst planned for April 2014, Matrons to be trained in the awareness of the AUKUH tool, presentation to Ward Sisters planned Conduct bi-annual dependency and acuity audits and advise on actions	Chief Nurse Team
2c)	C1 C2 C6	Work with patient safety and compliance teams to ensure delivery of patient safety strategy. Evidence	April 2014 and ongoing	Pressure Ulcer Reduction Plan updated and action plan for 2014/15 developed Work to reduce missed medications continues.	Patient Safety Team Chief Nurse Team
2d)	C5 C6	Continue to review nursing documentation in order to reduce paperwork and to have consistent records across the organisation	ongoing	3 work streams full established that focus upon: 1:pathways 2:single record of care 3:Discharge	Chief Nurse Team

				A significant amount of paperwork has been reduced with assessments electronic	
2e)	C1 C3	Lead the work on falls reduction across the organisation, review the documentation and assessment process in order to streamline and ensure a consistent approach across the organisation	September 2014	Falls Steering Group set up, membership agreed. Terms of reference to be approved at next meeting. Delivery groups at both main sites. Strategy to be revised.	Chief Nurse Team
2f)	C1 C2	Introduce Advanced Clinical Practitioner's to facilitate early decision making and timely access to treatment.	Ongoing May 2014	Second cohort of trainees recruited to development of the ACP role continues in collaboration with clinical and educational teams	CLAD, Chief Nurse Team
2g)	C1	Make a significant contribution to the CDI reduction strategy Infection Prevention (IP): Improve and sustain competency in clinical practice and invasive device management that ensures the prevention of avoidable harm from Healthcare Associated Infection (HCAI) through: Implementation and audit of IP policies and guidelines that reflect the requirements of the legislative Hygiene Code. Effective use of IP performance data and the Trust performance framework to ensure accountability and responsibility for the prevention and control of HCAI and patient safety from Ward to Board.	Ongoing	Walkrounds commenced in January 2014 capturing patients visiting times and speaking with staff about their experience and concerns. Use of data to change and improve practice to reduce HCAI incidence varied and not consistently integral to Directorate performance meetings. To develop and agree with Chief Nurse Team a process for improved use and action in response to IP outcome data. April 2014 New Matron team to devise an approach to prioritise this agenda and raise awareness in their clinical areas Use of Directorate risk registers to record and escalate IP and associated patient safety risks.	IP&C, Chief Nurse Team Matrons

Priority 3	Measuring the impact of care

Number	6C's	Action	Target Date	Update / Evidence	Lead
3a)	C5 C6	Introduce Early Warning Trigger Tool to highlight potential problem areas and to ensure nurses and midwives have meaningful data to influence the delivery of care.	September 2014	Testing phase ongoing, pilot sites identified	Chief Nurse Team
3b)	C3 C5	Introduce Nursing Dashboard to give an overview of key quality indicators for all areas	May 2014	Draft Dashboard developed, project team identified to work in conjunction with the EWTT	Chief Nurse Team
3c)	C1 C3	Explore feasibility of IT solutions to documentation	April 2014 and ongoing	Assessment documents now electronic	Chief Nurse Team /IT
3d)	C1 C6	Develop a Nursing Policy and procedures' Group in order to ensure all polices are up to date and reflect current best practice	June 2014	Initial meeting to plan TOR, wider meeting to involve all key stake holders planned for April 2014	Chief Nurse Team
3e)	C3 C6	Evaluate the Productive Ward programme and agree next steps	April 2014	Evaluation of impact of targeted work at Scarborough site very positive for most areas. Meeting planned to consider future approach.	Chief Nurse Team
3f)	C2 C3 C4	Work with the compliance unit to review delivery of actions from visits to clinical areas in order to provide assurance to the Nursing Board re: quality of care	December 2014		Chief Nurse Team / Compliance Unit

Priority 4	Staff experience

Number	6C's	Action	Target Date	Update / Evidence	Lead
4a)	C2 C4	Utilise staff survey feedback to understand key themes and identify priorities.	April 2014		Chief Nurse Team with HR Workforce team
4b)	C4 C6	Ensure all Nurses and Midwives receive a valid appraisal which includes an agreed development plan	April 2014	Ongoing work in all Directorates' to achieve annual appraisal. Chief Nurse Team meeting with external partners to explore electronic solutions to include revalidation	Matrons, Ward Sisters
4c)	C3	Explore and consider the training requirements of nurses and midwives and identify alternative methods of delivery.	April 2014	Review of Statutory & Mandatory training requirements for Nursing & Midwifery staff commenced, task and finish group set up to conduct this work and report to nursing Board	Chief Nurse Team/ ODIL
4d)	C4 C6	Develop the knowing how we are doing boards to reflect what patients and relatives and staff want to see and include positive patient feedback and also work that we have done to reflect patient feedback and measure the effectiveness of this change	September 2014	Sisters and Matrons discussion and suggestions have begun, recommendations due back May 2014	Chief Nurse Team with HR Workforce team
4e)	C5 C6	Consider centrally supported recruitment process to reduce duplication, ensure recruitment in a timely fashion.	April 2014 and ongoing	Work continues with an aim to reduce vacancies	Chief Nurse Team with HR Workforce team
4f)	C4 C6	Continue to work with HR to utilise e-rostering to make the most efficient use of resources. Introduce e-rostering at Scarborough site	September 2014		Chief Nurse Team with HR Workforce team

4g)	C4 C6	Conduct an evaluation of the local induction arrangements for Nurses and Midwives	December 2014	New Matrons group to work with Ward Sisters to introduce a robust system across the organisation that represents local priorities.	Matrons

Assurance Processes

- Nursing Board for approval, monitoring, identifying risks and progress
- Exceptions discussed at Matrons 1:1's and NMT
- Quarterly update to Board of Directors via Chief Nurse report

Beverley Geary
Director of Nursing
March 2014

Appendix 2

Ward	Speciality	Beds	Budgeted Establishment	Registered Nurses	Unregistered nurses	Skill mix	Ratio per bed	Bed / RN	RN / Patient		
York									Early	Late	Night
11	**Surgery - Vascular**	30	30.41	17.97	12.44	59/41	1.01	1.67	8	8	15
14	**Surgery - Assessment**	30	35.47	21.64	13.83	61/39	1.18	1.39	8	6	10
15	**Surgical specialities**	30	32.03	20.01	12.02	62/38	1.06	1.50	8	8	10
16	**Surgery and NEU**	28	39.6	26.93	12.67	69/31	1.30	1.04	5	6	7
21	**Short Stay**	30	32.03	17.74	14.29	55/45	1.06	1.69	8	8	15
22	**AMU**	30	61.96	34.31	27.65	55/45	1.90	0.87	5	5	6
23	**Elderly**	30	30.41	17.74	12.67	58/42	1.01	1.69	8	6	15
25	**Elderly #NOF**	25	30.41	17.74	12.67	58/42	1.21	1.41	6	6	13
26	**Elderly**	25	30.41	17.74	12.67	58/42	1.01	1.41	8	8	15
35	**Elderly**	30	30.41	17.74	12.67	58/42	1.01	1.69	8	8	15
36	**ASU**	19	31.21	20.67	11.04	66/34	1.64	0.92	5	5	6
37	**Shared Care Elderly MH**	21	30.41	14.49	15.92	47/53	1.44	1.45	7	7	11
39	**Stroke Rehab**	19	24.88	14.49	10.39	58/42	1.30	1.31	6	6	9
28	**Trauma**	30	32.03	19.36	12.67	60/40	1.06	1.55	8	8	15
29	**Elective Orthopaedic**	23	26.51	17.74	8.77	66/34	1.15	1.30	6	6	12
31	**Onc/Haem**	18	28.31	19.36	8.77	68/32	1.56	0.93	4	5	9
32	**Medicine**	26	32.03	17.74	14.29	55/45	1.06	1.47	6	6	13
33	**Medicine**	30	32.03	17.74	14.29	55/45	1.06	1.69	8	8	15
34	**Medicine**	30	32.03	17.74	14.29	55/45	1.06	1.69	8	8	15
CCU		8	23.91	22.29	1.62	93/7	2.90	0.36	2	2	2
ICU/HDU		12	67.02	61.5	5.52	90/10	5.50	0.20	1	1	1
Scarborough											
Cherry/AMU	**AMU**	28	49.9	27.81	22.09	55/45	1.75	1.01	6	6	6
CCU		20	35.26	29.74	5.52	82/18	1.80	0.67	3	4	5
Maple	**General surgery**	28	39.83	27.16	12.67	68/32	1.40	1.03	5	6	7
ICU		6	34.3	31.06	3.25	90/10	5.70	0.19	1	1	1
Waters	**Stroke Rehab**	24	23.29	12.9	10.39	55/45	0.97	1.86	8	12	12
Johnson	**Rehab**	28	26.51	12.87	13.64	48/52	0.94	2.18	9	14	14
Ann Wright	**Male elderly**	18	24.94	14.55	10.39	58/42	1.38	1.24	6	6	9
Oak	**Female elderly**	28	44.93	23.49	21.44	52/48	1.32	1.19	6	6	9
Chestnut	**Medicine**	28	32.03	17.74	14.29	55/45	1.44	1.58	7	7	14

Ash	**Orthopaedics**	15	20.52	13.56	6.96	66/34	1.36	1.11	5	8	8
Stroke		15	28.78	20.01	8.77	69/31	1.91	0.75	4	4	5
Haldane	**Female surgery**	21	24.42	14.49	9.93	59/41	1.16	1.45	7	7	11
Graham escalation		19	21.66	12.89	8.77	59/41	1.14	1.47	6	10	10
Community Hospitals											
White Cross Court	**Community Rehab**	23	19.36	8.97	10.39	46/54	0.84	2.56	12	12	23
StHelens	**Community Rehab**	20	19.36	8.97	10.39	46/54	0.96	2.23	10	10	20

Appendix 3

Dates	Level	Site	%	Merged %	Comments	Progress
01:04:2010 – 30:04:2013 York Site	L2		42%	-	L1 has been provided by e-learning and face to face at induction. There is a face to face package for Staff whose first language is not English – not recently called upon.	
	L3		80%	-		
31:03:2013 – 30:06:2013 York Site	L2		44%	-	1. L1 has been provided by e-learning and face to face at induction 2. CLAD are working to help acquire figure per directorate to gain insight into which areas are not enabling Staff to access the training. 3. Scarborough, Whitby and Ryedale area figures to be merged with York's. The training programme is being merged to mirror the York programme and will move the Level 2. 4. Development of an e-learning level 2 package for Staff to access.	
	L3		83%	-		
30.6.2013 – 30.10.2013	L1 New starters	York (2203) Scarb (941)	48% 46%	48%	L1 at induction is now provided by the York CP Team. This was previously provided by another health provider.	
	L1	York (2203) Scarb (941)	68% 53%	63%	The new hub system should identify where staff need to be targeted.	
	L2	York (3484)	28%	33%	1. L2 for Scarborough Site Staff has historically been provided by another	

		Scarb (1554)	45%			
	L3 core	York (243)	97%	99%	1. L3 for Scarborough Site Staff has historically been provided by another health provider. This will be provided by York Trust CP Team from April 2014. 2. CLAD had not separated L3 core and specialist in the percentage figure as yet. 3. The recording system has not been sophisticated enough to do this at this time. See 3 for L2.	2. Should appear in the next three monthly figures
		Scarb (55)	105%			
	L3 Spec	York (299)	-	- Not yet collated		
		Scarb (112)	-			
30.10.2013 – 14-02.2014	L1 update and New starters			45%	L1 at induction is now provided by the York CP Team.	
	L2	York (1086)	31%		1. L2 e learning is well on in	

		Scarb (465)	30%			
	L3 core	York (351) Scarborough (136)	61% 68%	63%	1. L3 for Scarborough Site Staff has historically been provided by another health provider. This will be provided by York Trust CP Team from April 2014. 2. CLAD had not separated L3 core and specialist in the percentage figure as yet. Update – this has proven to be too complicated as yet.	There have been enough sessions to ensure all those who require L3 can access L3. L3 specialist to complete the up to 16 hours over 3 years is the responsibility of practitioners via external providers such as the LSCB's, conferences and personal reflective study. The new Hub system should identify this and enable a record of Staff completing this. The guidance sent to managers and Staff explains this.

D4

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 March 2014

National Inpatient Survey results 2013

Action requested/recommendation

The Board is asked to consider and discuss the findings and recommendations of this report. The CQC have not released the findings of the National Inpatient Survey 2013.

Summary

This report summarises the key findings of the National Inpatient Survey 2013, carried out by The Picker Institute, on behalf of York Teaching Hospital NHS Foundation Trust. The Picker Institute was commissioned by 76 trusts to undertake the Inpatient Survey 2013 which asks the views of adult inpatients having at least one overnight stay in York Hospital and Scarborough Hospital during August 2013. The survey covers the issues that patients consider important in their care and offers an insight into their experience of our Trust.

The response rate was 52%, compared with an average response rate of 46%, with 850 patients being sent a postal questionnaire, with two follow-up letters.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

1, 4, 9, 16

Progress of report	Board of Directors – 26th March 2014 Council of Governors – date tbc All Directorates – March 2014 Healthwatch Organisations x 3 – April 2014 (after CQC release officially) Patient Experience Steering Group – date tbc
Risk	Potential Trust reputation
Resource implications	No resource implications identified
Owner	Beverley Geary, Director of Nursing
Author	Kay Gamble, Patient and Public Involvement Specialist
Date of paper	March 2014
Version number	Version 1

Board of Directors – 26 March 2014

National Inpatient Survey results 2013

1. Introduction and background

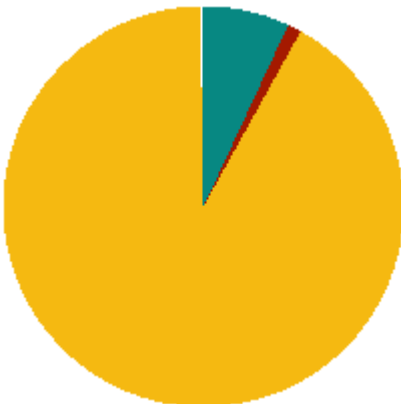
This report summarises the key findings of the National Inpatient Survey 2013, carried out by The Picker Institute, on behalf of York Teaching Hospital NHS Foundation Trust. The Picker Institute was commissioned by 76 trusts to undertake the Inpatient Survey 2013 which asks the views of adult inpatients having at least one overnight stay in York Hospital and Scarborough Hospital during August 2013. The survey covers the issues that patients consider important in their care and offers an insight into their experience of our Trust.

The response rate was 52%, compared with an average response rate of 46%, with 850 patients being sent a postal questionnaire, with two follow-up letters.

2. Findings

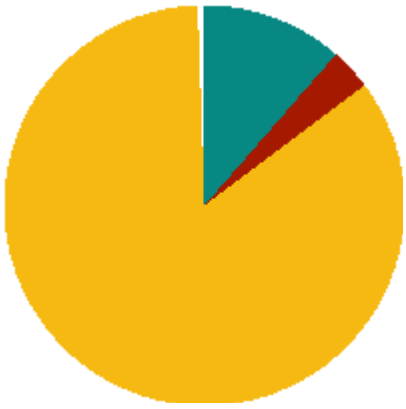
Have we improved since the 2012 survey?
Compared to the 2012 survey, our Trust is:

- Significantly **BETTER** on 6 questions
- Significantly **WORSE** on 1 question
- The scores show no significant difference on 78 questions



How do we compare to other trusts?
Compared to the 2012 survey, our Trust is:

- Significantly **BETTER** on 10 questions
- Significantly **WORSE** on 3 question
- The scores show no significant difference on 73 questions



The ten questions where the Trust is **BETTER** are in relation to: (low scores in patients reporting of):

Planned admission:

- should have been admitted sooner
- admission date changed by hospital

Hospital:

- shared sleeping area with opposite sex
- patients in more than one ward, shared sleeping area with opposite sex
- room or ward not very or not at all clean

- toilets not very or not at all clean
- nowhere to keep personal belongings safely

Doctors:

- talked in front of patients as if they were not there

Discharge:

- letters between hospital doctors and GP not written in a way that could be understood

Overall:

- wanted to complain about care received

The three questions where the Trust is significantly **WORSE** than the Picker average are in relation to:

Planned admission:

- not offered a choice of hospitals

Discharge:

- did not receive copies of letters sent between hospital doctors and GP

Overall:

- did not receive any information explaining how to complain

The above three question areas should not give the trust significant concerns or immediate areas for action. Geographical location of our hospitals means that the majority of patients will choose to come to either Scarborough or York Hospital due to it being the patient's nearest hospital without the requirement to travel. GP practices are required to offer patients the choice of hospital.

The Trust's policy on providing patients with copies of letters is that patients do not routinely receive these letters but may 'opt in' if they wish to receive letters. The Trust receives a low score in all national surveys in relation to this question and will continue to do so because of practice across the Trust.

The latter point in relation to patients not receiving information explaining how to complain; the Patient Experience Team will consider, along with the Directorates, how we ensure that patients understand how they can make a complaint if wishing to. However, we should also be mindful that the Trust has significantly improved on the question 'Did you want to complain about the care you received in hospital'? 5% of respondents in 2013 reporting that they wanted to complain about their care, compared to 8% in 2012. This could be a reason why patients report that they did not receive any information explaining how to complain; because they did not wish to complain about their experience.

2.1 Key Positive findings:

81% of respondents reported they were treated with respect and dignity
81% of respondents reported they always had confidence and trust in the Doctors
98% of respondents reported that the room or ward was very/fairly clean
89% of respondents reported that they always had enough privacy when being examined or treated

The Board of Directors paper in April 2013 reported that: *"we are one of the worst performing Trusts nationally on asking patients to give their views on the quality of their care. With the implementation of the Friends and Family Test from this month, the Trust must build on this and ensure that we address this as a key priority".*

The Trust is extremely pleased to report that patients reporting that they were not asked to give their views on 'the quality of their care', has significantly improved. Since the

introduction of this question in 2004, the Trust has consistently been in the bottom % of trusts. The Trust is extremely pleased to see that the number of respondents reporting that they were asked to give their views has increased and the Trust is now in the average category of trusts with respect to this question.

Whilst The Friends and Family Test (FFT) will have certainly had an impact on this question area, this will be the same for all trusts, as the FFT was rolled out nationally in April 2013. Therefore, the increase on this question does evidence the work that has been going on across the trust to ensure that our patients and their relatives are being asked their views and listened to in line with our Trust's values.

2.2 Key Negative findings:

40% of respondents reported that the hospital food was fair or poor.
63% of respondents reported that they did not receive any information explaining how to complain
34% of respondents reported that not all staff introduced themselves *
67% of respondents reported that they did not get enough information about ward routines *
21% of respondents reported that they were bothered by noise at night from staff *
87% of respondents reported that their discharge was delayed by 1 hour or more
73% of respondents reported that they were not told how long the delay in discharge would be

* improvements have not been made in these areas from being reported in the 2013 Board of Directors paper.

3. Conclusion

As a second National Inpatient Survey since the integration, the Trust can now see and understand the improvements that have been made since the 2012 survey and additionally identify the areas in which we need to focus and prioritise improvements, particularly those identified previously.

It is encouraging to see patients reporting that their views are being asked; improving our position nationally in the survey.

This is not the first national survey that shows that patients report high satisfaction with the cleanliness of our hospital. This was also evidence in the recent National Maternity Services survey (2013) and the Accident and Emergency survey (2012).

4. Recommendation

It is recommended that the National Inpatient Survey 2013 results are shared across the whole organisation. By utilising feedback from The Friends and Family Test, PALS feedback, Complaints and other directorate and Trust patient feedback, staff, with patients should now develop directorate action plans in response to the findings.

The Picker Institute will, once again, present across both Scarborough and York hospitals where staff will be invited to attend.

The Patient Experience Team, working with key staff from Directorates will facilitate the action planning process on behalf of the Trust.

5. References and further reading	
The full Trust report, individual hospital site reports can be accessed through the Patient Experience Team. Directorate Speciality reports will be available shortly through the Patient Experience Team.	
Author	**Kay Gamble, Patient and Public Involvement Specialist**
Owner	**Beverley Geary, Director of Nursing**
Date	**March 2014**

D5

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 March 2014

Chief Nurses Report – 12 month review – Progress against the Pressure Ulcer Reduction Plan (PURP)

Action requested/recommendation

The Board is asked to accept this report as assurance of overall quality standards of care for patients and note areas of both risk and significant progress. The Board is asked to discuss the report and the recommendations to reduce pressure ulcers.

Summary

This report gives an overview of progress to date on the PURP since February 2013 and makes recommendations for further improvement.

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

Implications for equality and diversity

Consideration is given to the equality and diversity issues during the development of the report including the impact of the care given to patients.

Reference to CQC outcomes

Outcomes 4, 5, 8, 9, 16 & 17.

Progress of report	Quality and Safety Committee
Risk	Associated risks have been assessed
Resource implications	Associated equipment
Owner	Beverley Geary – Director of Nursing
Author	Michelle Carrington, Head of Patient Safety
Date of paper	March 2014

Version number	Version 1

Board of Directors – 26 March 2014

Chief Nurses Report – 12 month review – Progress against the Pressure Ulcer Reduction Plan (PURP)

1. Background and context

Nationally and locally the focus to reduce the incidence of pressure ulcers has seen a significant work-stream, this was implemented locally with focussed training and support alongside implementation of standardised assessment and risk management. In addition, an independent peer review of clinical actions being taken was commissioned.
The purpose of this review was to:

- Determine if the overall actions the trust was currently taking were sufficiently robust to achieve agreed standards.
- Know if there were additional actions needed to be taken to increase confidence that the current position could be quickly improved upon, sharing examples of known good practice and details of any organisations that could help.
- Ensure governance and assurance processes underpinning this work were operating in an effective and efficient manner.

The review was conducted in York during December 2012 by Professor Janice Stevens and an external Tissue Viability Specialist Nurse from another NHS organisation.
The review consisted of reviewing policies, procedures and other relevant documentation. She also interviewed teams and key individuals and also conducted a walk round of clinical areas. At that time the methodology used to conduct the review had been undertaken in another 18 organisations who then went on to achieve a reduction in occurrence of pressure ulcers.

2. External review recommendations

The comments and recommendations made in the report recognised the significant amount of work that had been undertaken.

The recommendations included:

1. Review and reset our ambition for the level of improvement we seek to achieve greater reductions and promote a zero tolerance to ‘since admission’ pressure ulcers.
2. Urgently review and improve the provision, management and use of pressure relieving equipment (in the first instance provision in the community) and progress our ambition to put in place an equipment library, storage tracking and tracing system.
3. Refocus the current provision of pressure ulcer training to be assured that staff are competent in the actions required to **prevent** pressure ulcers occurring.
4. Build on our strategy and approach to implement care rounds and utilise the mobilisation

techniques used by the Trust in earlier work.

5. Review the role function and contribution of the Tissue Viability Team including the leadership function and tangible deliverables.
6. Review and strengthen the current Root Cause Analysis process.
7. Review best practice in protected mealtimes and be assured it is embedded across all wards. Seek ways to "triangulate" the information available to provide greater assurance that patients receive adequate nutrition.

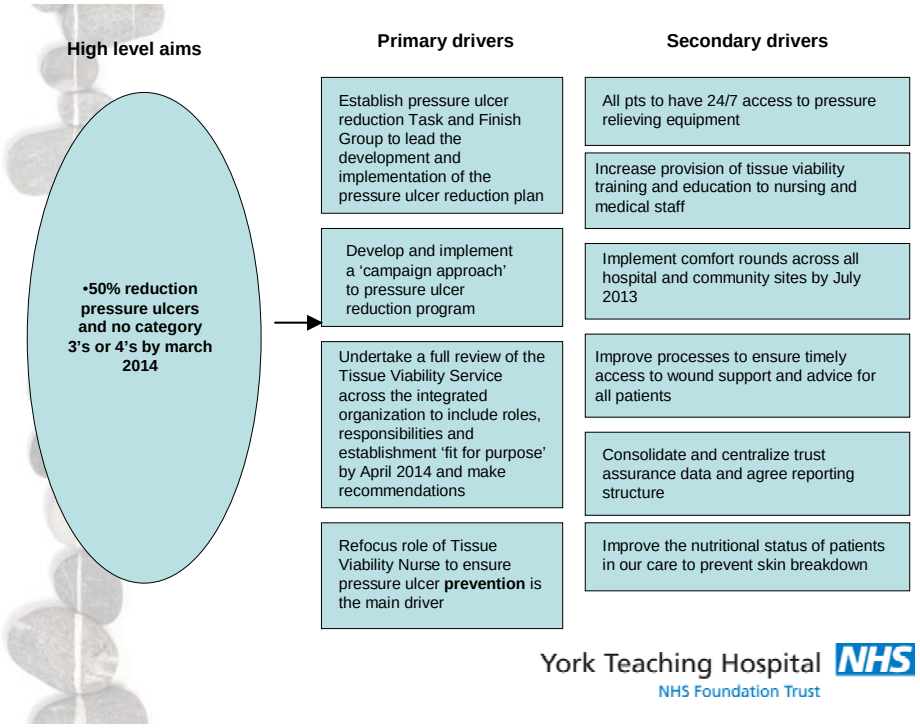
These recommendations formed the basis for our PURP which was approved at Board in February 2013.

3. Aim of this report

This report provides an overview of findings and details progress to date with further suggested recommendations and priorities.

It was identified at the time that a programme of work this size and complexity that it will take 18 months to 2 years before we are likely to see sustained improvements. It is also worth noting that a rise in reporting of incidents was anticipated given the renewed focus.

4. High level aims of the PURP



5. Governance arrangements

The Executive Sponsor for the PURP is the Chief Nurse.

The PURP is overseen strategically by the PURP Project Board. This Board is multi-professional and is chaired by the Head of Patient Safety.

Subgroups were established for each of the key elements of the plan which reported back into the PURP Project Board. Each of the groups met monthly to begin with.
Day to day project management of the PURP sat with the Patient Safety Team primarily with the Head of Patient Safety supported by the Lead Nurse for Patient Safety who was a Tissue Viability Specialist in a recent post.

Progress against the PURP is updated in the Chief Nurse report to Executive and Board of Directors on a regular basis. The PURP also features at the quarterly Patient Safety Group.

6. Progress in detail:

Aim 1 - All patients to have 24/7 access to pressure relieving equipment:

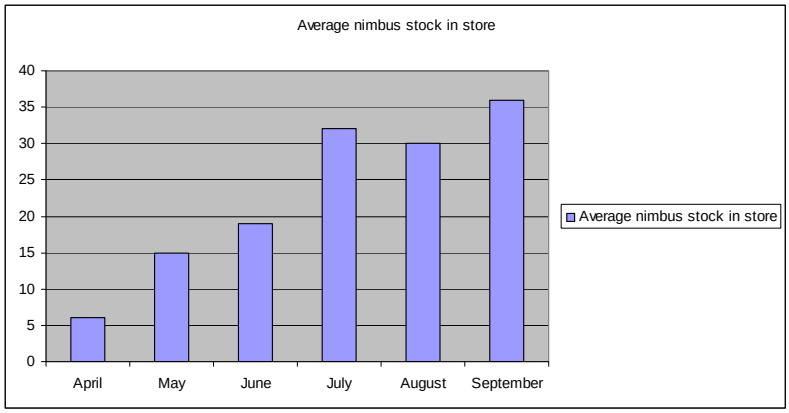
Progress to date:
An audit of the full process for requesting and delivering equipment was undertaken in acute services to identify the gaps.

An audit of all pressure relieving cushions and chairs undertaken in acute services.
A Trust standard for future purchasing of chairs has been agreed.
Escalated discussions regarding the contractual arrangements and discussion has commenced at Contract Management Board.

Process to hire pressure relieving equipment in urgent and appropriate situations agreed for community services.

Mapped bariatric equipment provision and agreed standard for purchasing.

Appointed a Tissue Viability Nurse Assistant for Equipment (TVNa) in York Hospital who had dramatically increased provision of mattresses in particular and reduced calls to Medical Engineering Department. A similar appointment has just been made in community services.



** Please note before the TVNa was in post there were only 4 or 5 mattresses in the store or in any one place. We can see from the graph there has been a steady increase in stock over the months since the role was established and numbers have increased to 36 in September as an average.

The success of the post led to an agreement for extension to contract for a further 6 months (ending April 2014) with the plan for a business case for a permanent position.

Recommendation:

- To undertake a focussed piece of improvement work on processes in community for managing equipment.
- Agree timeline for the establishment of a central equipment library for York.
- Secure permanent TVNa post to continue to manage pressure relieving equipment.

Aim 2 - Increase provision of tissue viability training and education to nursing, AHP, midwifery and medical staff:

Progress to date:
Standardised content of statutory and mandatory training for all clinical staff, now being delivered.

All medical students now receive training.

Undertook a series of 4 full days training ('Every Contact Counts') for registered nurses, allied health professionals (AHPs) and HCAs – all areas across the trust were able to release at least one member of staff.

All TVNs providing more flexible and formal training.

Competency assessment tool developed for registered nurses with agreement to be part of yearly appraisal from April 2014.

Guidance for patients who refuse to comply with pressure reduction strategies developed and agreed by TVNs.

Policy and guidance with supporting resources standardised across the acute sites and partly across community services.

AHPs delivering pressure ulcer prevention education to colleagues.

Recommendation:

- Roll out competency tool in order to identify knowledge / theory gap and address.
- Launch all revised supporting documentation (i.e. policies, guidance, decision making tools, care plans, referral criteria etc) in October 2013.
- Address knowledge provision in undergraduate nurse training.
- With commissioners and social care agree strategy for addressing knowledge gap in nursing homes and with carers.
- Harness the ability and enthusiasm of the unregistered workforce to raise standards and provide training.

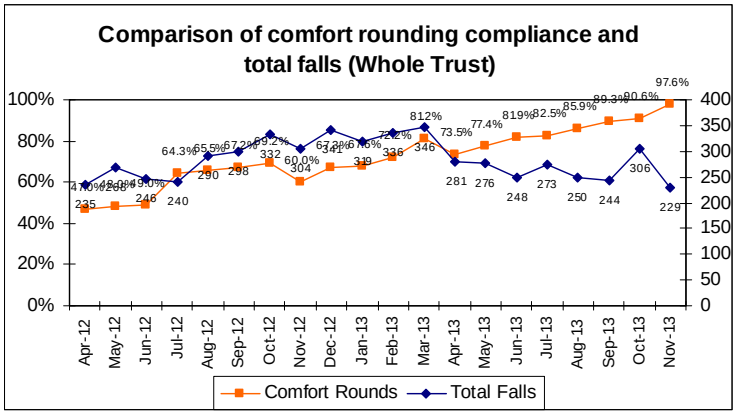
Aim 3 - Implement comfort rounds across all sites by July 2013:

What we found:

Variability in use of comfort rounds and rounding completed to the correct frequency.

Progress to date:

Network of 'skin champions' developed for peer support and to share good practice linked to national tissue viability champion network.
Increase in the use of comfort rounding and emerging data demonstrating a reduction in falls resulting in harm.



Comfort rounding adapted and now taking place in paediatrics, maternity, PACU, theatre and ED.

Developed specific actions required of Matrons in order to ensure focus on *prevention* within their clinical teams and improved assurance back to the Chief Nurse Team.

AHPs complete comfort rounding tool when providing therapy to patients.

Rounding in development for outpatient areas where the risk of skin damage can be high for some patients.

Started development work with Yorkshire Ambulance Service to ensure adequate pressure relieving interventions continue when patients are transferred between care settings.

Recommendation:

- To undertake a focussed piece of work to ensure capability and confidence to reorganise care delivery in ward areas to achieve improvements in comfort rounding and compliance with patient observations.
- Further develop concept of comfort rounding in community services.
- Strengthen further the assurance feedback to the Chief Nurse Team by Matrons in line with the proposed reorganisation.

Aim 4 - Improve processes to ensure timely access to wound support and advice for all patients:

Progress date:

Review of TVN service (and the interface with other skin services) underway.

New RCA process agreed with supportive resource provided for clinical team.

New RCA tool developed to improve compliance and assurance.

Aide memoir checklist developed and implemented for all category 2, 3 and unstageable ulcer to prevent deterioration.

Agreed referral criteria for TV service incorporating signposting to safeguarding and other services.

Electronic pressure ulcer risk assessment across acute sites allowing TVN team to proactively screen high risk patients.

Recommendation:

- Formalising service level agreements with mental health, GPs and Practice Nurses for tissue viability provision.
- Review to also determine how TVNs may develop the service further to focus more on prevention of pressure ulcers.
- Focussed work on improving communication between care settings when transferring and discharging patients with pressure ulcers.
- Implement a training programme for investigating serious pressure ulcers and completion of RCA.
- Expedite review of TVN service.

Aim 5 - Consolidate and centralise trust assurance data & agree reporting structure:

What we found:
Lack of comparable data between organisations due to differing data definitions.

Incorrect attribution of pressure ulcers to the correct care setting.

Some variability in application of safety briefing and the use of the safety cross to highlight risks and monitor progress.

No process to apply the definition of 'avoidable / unavoidable' pressure ulcers. Significant issue of attribution in community services when other agencies are providing the majority of care to the patient – evidence we are counting many more ulcers as 'developed while in our care' than we should.

Example: District Nurses visiting the patient every 3 months to administer vitamin B12 injection and the patient receives care daily from social services. Patient develops a pressure ulcer. Counted as 'developed while in our care.'

Progress to date:
A monthly 'Pressure Ulcer Panel' chaired by Chief Nurse Team was established in June 2013 to gain assurance, extract and share learning and apply the definition of 'avoidable / unavoidable' consistently.

Learning from panels widely disseminated and discussed monthly with Matrons.

One pressure ulcer log held centrally now used to track and monitor progress.

Annual prevalence undertaken across the whole organisation for the first time.

Established weekly reporting by Matrons of all ulcers which developed in 'our care'.

Validation of all safety thermometer data on a monthly basis.

Agreed improved definitions for use in datix of those ulcers which developed in 'our care' and resources to support staff in the reporting process.

Commenced work on review of plaster cast products, application and monitoring of patients as investigations show a trend for pressure ulcer development in these patients.

Implementation of electronic nursing assessments has begun in acute services.

Agreement reached for standard and tool used for skin assessments in community services. Wards actively engaged and sharing good practice e.g. pressure ulcer packs and stations.

Recommendation:

- Training and support for staff to undertake timely and accurate RCAs.
- Establish a timeline to report compliance with electronic nursing assessments in acute hospitals to provide better assurance and drive up standards.
- Agree process for measurement of compliance of skin assessment standard in community.

Aim 6 - Improve the nutritional status of patients in our care to prevent skin breakdown:

Progress to date:

Agreement from the trust Nutritional Operation Group to taken on the work plan which includes raising the standard of nutritional assessment and improving compliance with protected mealtimes.

Electronic nutritional risk assessment across acute sites allowing dieticians to proactively screen for at risk patients.

7. Progress with our strategic aim to reduce pressure ulcers by 50% and no category 4 ulcers by March 2013:

Category 4 ulcers:

Since February 2013 to end of December 2013 we have had 9 category 4 ulcers. 5 in community services and 4 in acute services. All of these have been declared as serious incidents.

Whilst it is difficult to accurately validate the data for the same time period last year it appears we had 12-15 category 4 ulcers.

The application of the term avoidable / unavoidable (Department of Health Tissue Viability Consensus Panel definitions described below) has only been applied by Panel since September 2013.

Avoidable Pressure Ulcer

"Avoidable" means that the person receiving care developed a pressure ulcer and the provider of care did not do one of the following: evaluate the person's clinical condition and pressure ulcer risk factors; plan and implement interventions that are consistent with the persons needs and goals, and recognised standards of practice; monitor and evaluate the impact of the interventions; or revise the interventions as appropriate."

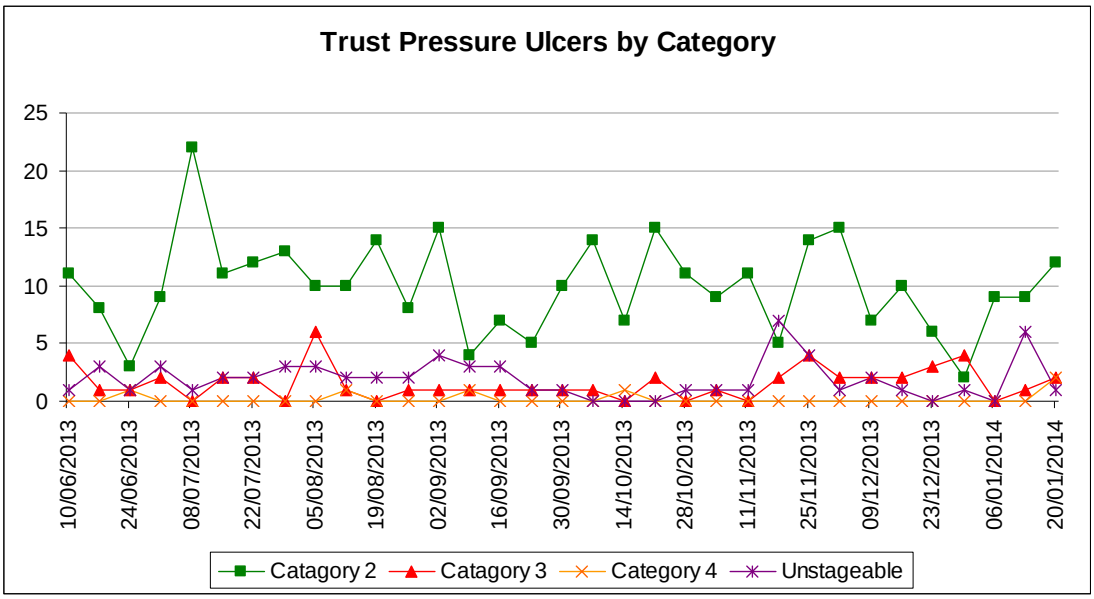
Unavoidable Pressure Ulcer

"Unavoidable" means that the person receiving care developed a pressure ulcer even though the provider of the care had evaluated the person's clinical condition and pressure ulcer risk factors; planned and implemented interventions that are consistent with the persons needs and goals; and recognised standards of practice; monitored and evaluated the impact of the interventions; and revised the approaches as appropriate; or the individual person refused to adhere to prevention strategies in spite of education of the consequences of non-adherence"

A retrospective review of all 9 patients with a category 4 ulcers since the PURP started determined that 3 were unavoidable.
The main learning from the remaining 6 avoidable ulcers is:

Clinical area	Site of ulcer	Main learning:
Community services	Back of calf	Ulcer developed due to placing of the limb with a leg ulcer on a stool but not checking the area
Community services	Sacrum	Earlier safeguarding trigger, poor communication to carer, lack of reassessment and monitoring
Acute services (elderly medicine)	Under plaster cast	Plaster cast on wrist had become loose and rubbing. Delay in removal of cast and lack of awareness of how to care for a patient with a plaster cast in situ.
Acute services (elderly medicine)	Under plaster cast	Found when cast removed from patient's leg. Lack of awareness of how to care for a patient with a plaster cast in situ.
Acute services (General surgery)	Sacrum	Significant co-morbidities but ulcer categorised incorrectly, not referred for specialist advice and dressing inappropriate
Acute services (trauma and orthopaedics)	Under plaster cast	RCA still being undertaken but suggests that an incorrect cast was applied.

The new NICE guidance on pressure ulcers, currently out for consultation is suggesting that 'device related' pressure ulcers (i.e. under oxygen tubing, under casts etc) will not be categorised as pressure ulcers. If this is agreed then 3 of our category 4 ulcers would fit this new criteria and therefore 2 of our patients developed avoidable pressure ulcers while in our care during the first 8 months of the PURP.
The definitions of avoidable / unavoidable are further defined by some organisations and which is worthy of consideration in order to be sure that recommendations for action are appropriate and more comparable data developed.



The above graph demonstrates that the vast majority of our pressures ulcers are category 2 and that deterioration to more serious ulcers is being largely prevented.

Recommendation:

- Further define the term avoidable / unavoidable.
- Amend the high level aim to 'no *avoidable* category 4 pressure ulcers'.
- Undertake a review of plastering services to ensure service provision and standards of care are appropriate.

8. Conclusion

This report details positive and significant progress has been made against the PURP. It demonstrates that staff awareness and engagement has increased. Pressure ulcers have become and remain a high priority and assurance has improved. Gaps in process and knowledge have been exposed and plans to address this put in place. Staff report that they feel more confident to make changes and as a result improve care.

The TVNs report increased referrals and delivery of education and feel that a programme of work of this size has been difficult alongside integration, they welcome a review of their service.

Recommendations have been made throughout this report and additional suggestions would be:

- Strengthen the role of the Matron in driving up standards of care in order to prevent and reduce deterioration of pressure ulcers and have tighter performance management of the issue.
- Expedite an early review of the TVN service
- For community services to focus on the key aspects of the plan which can make the most difference and as such develop a community PURP with an identified clinical lead, actions and timescales - equipment remains a priority.

9. Recommendations

Board are asked to note the significant progress of the PURP and accept the recommendations throughout the report in order to continue this priority workstream.

Author	**Michelle Carrington, Head of Patient Safety**

Owner	**Beverley Geary, Director of Nursing**
Date	**March, 2014**

Finance and Performance Committee – 18th March 2014, LARC Conference Room YTH

Attendance: Mike Sweet, Chairman
Mike Keaney
Debbie Hollings-Tennant
Lucy Turner
Andrew Bertram
Graham Lamb

Apologies: Liz Booth
Anna Pridmore

	Agenda Item	AFW	Comments	Assurance	Attention to Board
1	**Last Meeting Notes Minutes Dated 18th February 2014**		The notes were approved as a true record of the meeting.		
2	**Matters arising**		There have been no direct developments with the CCG around the non-elective 70% marginal rate. This is being used in conjunction with the negotiations around the community contracts. AB advised that in recent FTN discussions no FTs have successfully taken this forward with their commissioners. MS asked for a progress update regarding the potential 6-		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			week diagnostic target fail. LT confirmed performance was now back on track. MS requested an update on ED 4-hour performance. LT advised that Q4 delivery of the target was expected following continued good recent performance. Success is strong on the York site and performance has been steadily improving on the Scarborough site with the reduction in Norovirus cases. The committee noted the non-recurrent winter funding was due to cease at the end of the month but also noted progress with the improvement schemes (obs ward and handover bays) to secure long term delivery on the York site. At the Scarborough site long term improvements in relation to improved bed capacity from Maple 2 and the transfer of orthopaedics to Bridlington were noted. The committee discussed the importance of sustainability of delivery. AB advised that the latest national data showed the Trust ranked in the top quartile for performance. Going forward the Trust will be focussing on its Type 1 performance. In relation to Ambulance handover performance LT advised of continued improvement. There remain some data issues that continue to be worked through with YAS. It was also noted that the "fines regime" will be implemented in full by the CCGs in 2014/15.	The committee took assurance from the current reported performance and the infrastructure improvement work physically underway at York and at an advanced stage of planning at Scarborough. Poor performance, as indicated by the level of indicative penalty, has markedly reduced in recent months.	
3	**Short Term Acute Strategy**		LT provided an overview to the committee of current work. Performance in relation to ED and ambulance handovers was discussed under matters arising. Given previous updates on work in this area there were no further developments for the committee to discuss.		MP to brief the Board on how the improvement has been achieved.

	Agenda Item	AFW	Comments	Assurance	Attention to Board
4	**Efficiency Report**	3.1 3.9	The Committee noted the excellent progress made in month to secure overall delivery of the CIP for the 2013/14 financial year and offered its congratulations to the team. DHT provided an overview of the work done with Directorates during the month of February to secure delivery. The full programme of £23.4m has been secured and, in fact, has been over delivered by £1.5m. The committee noted the recurrent / non-recurrent split and DHT provided an overview of the position in previous years which confirmed that, at this stage in the year, the percentage of recurrent delivery was typical to that in past years. The committee debated the work underway with Directorates and the CET to ensure the maximum recurrent value was extracted before moving into the new financial year. The committee noted the adverse pay expenditure position and debated the pressure the CIP programme placed on operational budgets, whilst also balancing the need for delivery of efficiency. DHT outlined that the worst case 2014/15 CIP position (assuming full non-recurrent carry over) will be £29m. DHT confirmed that following the final budget rollover position and evaluation of non-recurrent to recurrent opportunities it was expected that the target would fall to £24m (comparable to the 2013/14 target). The committee discussed the opening position for 2014/15 and noted the similarities to 2013/14, namely the comparable target, the strength of plans, which will include		AB to provide an update to the Board on the

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			a number of major recurrent schemes and the embedded nature of the programme. The committee discussed the risk to delivery from the small number of directorates failing to hit target (separate report to come to the committee next time) and from the increasing difficulty of delivery given the compound nature of next year's target being the fifth year of a 4% tariff deflator forced into the system. The committee discussed the issue of assessing the quality and safety impact of generic vacancy factors. DHT advised the committee that this had been discussed with the CET and the Q&S assessment lead clinician. The initial view was that the transient and short term nature of savings generated through natural and managed delays in recruitment presented very low risk to quality and safety. In holding a post, Directorates received immediate feedback from clinical departments as to any pressures or issues and the extent to which these compromised safety could be immediately remedied by re-deploying staff to areas of need or by accelerating recruitment. The committee accepted this point but wanted further assurance around the principles that Directorates use when deciding whether to hold a vacancy or not towards the vacancy factor CIP. DHT to prepare a paper for the next F&P Committee meeting. The committee welcomed the proposal to provide a quarterly report on the high risk directorates that are failing to achieve their plans.	Further assurance to be explored for the next F&P Committee meeting regarding the potential impact of generic vacancy factor staff savings impacting on the safety of services.	2014/15 programme, non-recurrent impact and risks to delivery.
5	**Operational Report**	2.12 2.13	18 weeks – LT confirmed no patients had waited in excess of 52 weeks. The planned fail of 18 weeks delivery for Q4 was well underway with significant work being delivered to reduce 36+ week waiters. It was recognised that there was a need to ensure that the non-admitted pathway received		MP to update the Board as to the latest 18-week position and impact into

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			the same attention as the admitted. Recording EDD – the committee received an update on the work to secure this contractual requirement. Progress is still behind the required 95% trajectory although this is still on an improving trajectory. Reduction in the number of hospital cancelled outpatient attendances for non-clinical reasons – this is an area of continued improvement although a small dip is evident in performance on the York site. This is currently being investigated. Cancer 62-days – target missed for January although some improvement is now evident. Work is underway to ensure delivery for the quarter. Symptomatic Breast – on going concern regarding this target due to patient choice and reduced Scarborough site capacity. Target not met in Q3 and unlikely to be met in Q4. Recruitment plans are underway and return to performance is expected in Q2. 14-day fast track – target not met in January due mainly to lack of Gynaecology capacity. This problem has been rectified and LT was optimistic of delivery for the quarter. 62-day Screening – target missed in January due to 3 bowel screening patients. It is anticipated that the target will be met in Q4. CQUINS – issues remain with pressure ulcers, Dementia, care of the deteriorating patient, NEWS and Elderly length of stay. LT updated the committee as to progress in each area:		2014/15. MP to update the Board as to the

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			• Pressure ulcers- the target is to be rebased and will be met • Dementia – problems relate to poor screening question compliance at Scarborough. Work underway to address this. • Care of the deteriorating patient – problems relate to delivery of 12 hour post take review at Scarborough. This is being discussed with the clinical teams and with the commissioners. • NEWS – excellent progress on the York site and some of the Scarborough site. Work now underway to bring poor performing areas up to speed on the Scarborough site. • Elderly length of stay – final work being undertaken as we now approach the end of the quarter to attempt to secure delivery. LT confirmed some financial risk exists from non-delivery of all schemes. This has been reflected in the reported financial position. The committee reviewed the full performance report and debated a number of performance issues identified in the report. The level of contract penalties identified in the report were noted by the committee and reconciled back to the finance report. It is hoped that details of the 2014/15 CQUIN targets will be available in draft form for the April meeting.		latest CQUIN delivery position and actions being taken.

	Agenda Item	AFW	Comments	Assurance	Attention to Board
6	**Finance Report**	2.15 3.1 3.11	GL provided a summary of the finance report for the period to February 2014. At month 11 a reported surplus of £1.4m was noted, some £1.1m behind the planned surplus level, but an improvement over last month. GL advised the position includes expected contract penalties and appropriate adjustments for risk income issues through commissioner discussions. The committee were aware of the detail of these from past discussions. GL commented that it remains the case that the main variance from plan relates to the contract penalties. AB advised that a year-end settlement figure has been reached with S&R CCG. This is in full and final settlement for all contract issues for the year and is reflected in the reported income position. The CCG have imposed the majority of the appropriate fines on the Trust but have recognised fair payment for follow up work done in line with the conditions register. AB commented that similar discussions are underway with VOY CCG and although these are advanced they have not yet concluded. MK asked about the position in relation to Specialised Commissioning. AB confirmed that discussions continue with NHSE and that there is no challenge to the work provided by the Trust; the issue is affordability on the part of NHSE. GL confirmed that the Trust's performance remained on plan with an FRR of 3 (old regime) and with a CoSRR of 4 (new regime).		AB to update on the position in relation to the contract settlements.

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			MS asked for an update on the latest position in relation to 2014/15 contracts. GL confirmed no contracts have yet been signed but a massive work programme is underway to complete this work. AB confirmed that an S&R CCG contract was imminent, as was that for specialised services (providing some high level funding technicalities can be sorted by NHS England). In relation to the VoY CCG contract there was still considerable work to do.		
7	**Presentation on the financial position of FTs across the country**		AB had prepared a presentation for the committee on the wider national context on financial and operation performance of the FT sector. AB took the committee through the presentation and the committee debated the content. MS agreed to share the presentation with the wider NED group.		MS to share presentation with NEDs.
8	**Any other business**		There was no further business to discuss.		
9	**April Business**		In addition to the routine business the April meeting will also receive papers on - directorates that are performing poorly against their CIP target; the principles underlying vacancy factor decisions; the impact on CIP targets if prescribed staffing levels for nurses were imposed; the Grant Thornton report ; SLR and Capital Planning information.		
10	**Next meeting**		The next meeting will be on Tuesday 22 April at 9.30am in Class Room 4 Post Grad Centre, York Hospital.		

York Teaching Hospital NHS
NHS Foundation Trust

E1

Monthly Performance Report

January 2014

York Teaching Hospital NHS
NHS Foundation Trust

Performance Headlines 2013/14 – January

Access

18 weeks: Zero patients waited over 52 weeks for treatment in December.

The Trust has achieved all 18 week targets on aggregate in December.

Continued reduction in patients waiting over 36 weeks for their treatment. The trust has not hit the contractual requirement of zero patients waiting more than 36 weeks by the end of Q3. In order to ensure this target is hit by the end of Q4, patients will continue to be offered treatment in the private sector and the Trust plans to fail the admitted target for Feb & Mar in order to treat long waiters from the backlog.

6wks Diagnostic: The Trust has not met this target in January. There are ongoing issues with sonography staffing at the Bridlington site and issues with urological cystoscopies at the York site due to a shortfall in capacity and increase in fast-track cancer referrals.

Recording of Expected Discharge Date (elective): the Trust continues to fall behind the 95% trajectory for this indicator by Q4,.

Reduction in number of hospital cancelled first and follow up OPAs for non clinical reasons (Scarborough): slight improvement on the Scarborough site. Plans in place to aim for 10.7% target by Q4.

ED: 95.6% achieved for all types in January (target 95%).

Cancer: Ongoing concern regarding Symptomatic Breast target due to patient choice and reduced radiology cover at Scarborough site. Target not achieved for Q3 and unlikely to be met in Q4.

CQUINS

Dementia: the Trust has again failed the case finding question target in January. Urgent action required to ensure that this target is hit in Q4. This indicator remains a national CQUIN in 2014/15.

Care of the deteriorating patient: Both sites failed clerking in 4hrs 80% target in January, after considerable improvement in previous months. There is a significant risk that the 12 hour post take review target will not be achieved by the end of Quarter 4 due to issues on the Scarborough site (financial value of £360k if 12hr Q4 target not met)

NEWS: Obs within 1 hr - reduction of Q4 target to 85% from the current 90% is currently under review with CCGs. (Financial value of £175k if Q4 not met).

Elderly length of stay: Currently above trajectory York site, however, target will be based on whole of Q4. Continued reduction beyond required target Los at rehab beds should be noted.

Quality and Safety

Cdiff: Cumulative YTD position of 55 against a YTD trajectory of 36 and a total yearly target of 43. Note only 1 case in January.

Stroke patients scanned with 24 hrs of hospital arrival: The Trust continues to be unable to achieve the 100% target for this indicator.

Women who see midwife in 12wk 6 days of pregnancy: target of 90% was not met in January

Finance Penalties

Key Performance Indicators
April - January 2013/14 (approximate value)

18 weeks: £337,834
52 weeks: £105,000
Cdiff: £950,000
MRSA: £9,860
EMSA: £6,750
ED 12 hour trolley wait: £1,000
ED 4 hour target: £136,071

Total: **£1,546,515**

Monitor Issues

Quarter 3:
Actual

ED: 95% target:
18 weeks: 92% incomplete pathway – 1 month fail in quarter
Cdiff: over YTD trajectory
14 day Breast Symptomatic – 85.6% delivery against target of 93%

Performance Report January 2014 - INDEX

York Teaching Hospital NHS
NHS Foundation Trust

Performance Report January 2014 - INDEX

York Teaching Hospital NHS
NHS Foundation Trust

Performance Report January 2014 - INDEX

York Teaching Hospital NHS
NHS Foundation Trust

Contracted Performance Requirements 2013/14: Access Targets

Indicator	Consequence of Breach	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Jan	Feb	Mar
18 Weeks								
Percentage of admitted patients starting treatment within a maximum of 18 weeks from referral	**Monthly:** **Specialty fail:** 37.5% of Contract Month Elective Care 18 Weeks Revenue for specialty Performance Notice **Quarterly:** 1 Monitor point	**90%**	90.2%	90.4%	90.8%	90.3%		
Percentage of non-admitted patients starting treatment within a maximum of 18 weeks from referral	**Monthly:** Specialty fail: 12.5% of Contract Month Elective Care 18 Weeks Revenue for specialty Performance Notice **Quarterly:** 1 Monitor point	**95%**	95.0%	95.3%	95.7%	95.9%		
Percentage of patients on incomplete non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	**Monthly:** Specialty fail: 50% of Contract Month Elective Care 18 Weeks Revenue for specialty Performance Notice **Quarterly:** 1 Monitor point	**92%**	92.0%	92.0%	92.0%	92.0%		
Zero tolerance RTT waits over 52 weeks	£5000 per patient waiting over 52 weeks	**0**	1	0	0	0		
Zero tolerance RTT waits over 36 weeks by Q3	Performance Notice (VoY)	**0**	277	226	173	148		
% of patients seen within 18 weeks for direct access audiology	Performance Notice	**95%**	99.9%	99.9%	100.0%	99.9%		
Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	2% of revenue from provision of service line	**99%**	99.0%	99.3%	99.0%	98.8%		
Inpatients								
Sleeping Accommodation Breach	£250 per patient per day	**0**	0	24	3	0		
All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice	Non payment of costs associated with cancellation and non payment or reimbursement of re-scheduled episode of care	**0**	1	0	0	0		
No urgent operation should be cancelled for a second time	Non payment of costs associated with cancellation and non payment or reimbursement of re-scheduled episode of care	**0**	0	0	0	0		
All patients to have an Expected Discharge Date (EDD) recorded in the patient case notes or patient management system on admission within 48 hours at York hospital and Scarborough hospital	Exception Report to be provided where the target failed in any one month (ER)	**95% by Q4 (Elective)**	81.5%	82.2%	83.2%	84.2%		
Delayed transfers of care: number of bed days	Performance Notice	**None - indicator to inform 14/15**	799	1053	1444	517		
Hospital admissions where the patients' ethnic group was recorded in electronic patient records	Performance Notice (VoY)	**End Q3 >88%** **End Q4 >90%**	89.6%	88.8%	90.3%	91.6%		

Contracted Performance Requirements 2013/14: Access Targets

Indicator	Consequence of Breach	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Jan	Feb	Mar
Outpatients								
Trust waiting time for Rapid Access Chest Pain Clinic	Performance Notice (ER)	**98%**	100.0%	100.0%	100.0%	100.0%		
Reduction in number of hospital cancelled first and follow up outpatient appointments for non clinical reasons - YORK	Performance Notice (ER)	**York Baseline 11.1% to achieve 10.74% By Q4**	12.6%	11.6%	10.0%	10.3%		
Reduction in number of hospital cancelled first and follow up outpatient appointments for non clinical reasons- SCARBOROUGH	Performance Notice (ER)	**Scarborough baseline 11.2% to achieve 10.7% by Q4**	18.0%	16.8%	15.6%	14.8%		
North Yorkshire Commssioners Only - First: Follow Ratios will be capped at 1:2.1 for Q1, 1:1.5 for Q2. This is subject to the Speciality Review which once complete if a revision is required to the ratio it will be applied prospectively	£	**1:1.5 (Q2 on)**	2.06	1.85	1.86	1.91		
Outpatient clinics cancelled with less than 14 days notice	Performance Notice (VoY)	**Baseline 258 End Q2 <258 End Q3 <254 End Q4 <250**	744	667	491	140		
Provider failure to ensure that 'sufficient appointment slots' are available on Choose & Book	Performance Notice ER and VOY	**>4% slot unavailability if utilisation >90% >6% unavailability if utilisation <90%**	4.18%	6.8%	5.0%	2.7%		
Emergency Department								
Percentage of A & E attendances where the patient was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	**Monthly:** 2% of revenue from provision of service line **Quarterly**: 1 Monitor point	**95%**	96.3%	94.1%	93.4%	95.6%		
A&E: % attendances at Type 1 units where the patient spent four hours or less in A & E from arrival to transfer, admission or discharge	Performance Notice	**Q1 90%; Q2 90%; Q3 95%**	York: 95.0% Scar: 95.1% Total: 95.1%	York: 93.2% Scar: 88.6% Total: 91.5%	York: 90.9% Scar: 91.0% Total: 90.9%	York: 95.2% Scar: 92.0% Total: 94.1%		
Recording of **compliance** with patient handover arrangements in A&E	£5 per patient from Q3 onwards	**Q1 90% Q2 90% Q3 95%**	82.3%	83.7%	92.3%	90.1%		
All handovers between ambulance and A & E must take place within 15 minutes	£200 per patient waiting over 30 minutes from Q3	**> 30min**	595	762	699	134		
All handovers between ambulance and A & E must take place within 15 minutes	£1000 per patient waiting over 60 minutes from Q3	**> 60min**	135	284	280	31		
Trolley waits in A&E	£1000 per breach	**> 12 hrs**	0	1	0	0		
A&E: % attendances for cellulitis and DVT that end in admission	Quarter: Performance Notice	**> 12/13 Avg**	17.0%	17.3%	23.7%			
A&E: % re-attending (unplanned)	Quarter: Performance Notice	**> 5%**	3.0%	3.2%	3.1%	2.7%		
A&E: % left department without being seen	Quarter: Performance Notice	**> 5%**	3.0%	4.7%	4.3%	2.6%		
A&E: 95th percentile for time to initial assessment	Quarter: Performance Notice	**>15mins by end Q2**	61	89	80	76		
Service experience - any worsening in the aggregate score of national patient survey	Annual: Performance Notice							
Monthly report to show patient satisfaction score for A&E department	Performance notice	**none**	62	49	45	43		

Contracted Performance Requirements 2013/14: Access Targets

Indicator	Consequence of Breach	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Jan	Feb	Mar
Cancer (one month behind due to national reporting timetable)								
Percentage of patients waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer	**Monthly:** 2% of revenue from provision of service line **Quarterly**: 1 Monitor point	**85%**	92.1%	91.4%	89.1%	not available yet		
Percentage of patients waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers	**Monthly:** 2% of revenue from provision of service line **Quarterly**: 1 Monitor point	**90%**	98.2%	91.4%	92.4%	not available yet		
Percentage of patients waiting no more than 62 days for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	**Monthly:** 2% of revenue from provision of service line	**85%**	100.0%	100.0%	100.0%	not available yet		
Percentage of patients waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers	**Monthly:** 2% of revenue from provision of service line **Quarterly**: 1 Monitor point	**96%**	99.3%	99.3%	99.3%	not available yet		
Percentage of patients waiting no more than 31 days for subsequent treatment where that treatment is surgery	**Monthly:** 2% of revenue from provision of service line **Quarterly**: 1 Monitor point	**94%**	95.5%	97.8%	97.1%	not available yet		
Percentage of patients waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regime	**Monthly:** 2% of revenue from provision of service line **Quarterly**: 1 Monitor point	**98%**	100.0%	99.5%	99.6%	not available yet		
Percentage of patients referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment	**Monthly:** 2% of revenue from provision of service line **Quarterly**: 0.5 Monitor point	**93%**	95.6%	94.2%	95.9%	not available yet		
Percentage of patients referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment	**Monthly:** 2% of revenue from provision of service line **Quarterly**: 0.5 Monitor point	**93%**	94.7%	93.1%	85.6%	not available yet		

Indicator	Target	Weighting	Financial Value	Q1 Actual	Q2 Actual	Q3 Actual	Jan	Feb	Mar	Q4 Actual	Comments
N1: Friends and Family Test [To improve the experience of patients in line with the domain 4 of the NHS Outcomes Framework]											
1.1 Friends & Family Test Phased Expansion - Delivery of Friends and Family rollout for maternity services		0.0375%	£135,000								
1.2 Friends and Family Test - Increased Response Rate Provider achieving an increase in response rate that improves on Q1 and is 20% or over	Q1: 15% Q4: 20%	0.0500%	£180,000	9.8%	19.9%	30.3%	26.2%				
1.3 Friends and Family Test - Improved performance on the Staff Friends and Family Test Provider having a better result in 2013/14 compared with 2012/13 (70.4), or remaining in the top quartile		0.0375%	£135,000								
N2: Safety Thermometer											
2 NHS Safety Thermometer - Improvement Reduction in prevalence of the number of patients recorded as having a category 2-4 pressure ulcer (old or new)	2.9%	0.0625%	£225,000	5.4%	4.6%	3.8%	4.2%				Acute
	7.46%	0.0625%	£225,000	9.9%	8.6%	7.3%	8.1%				Community
N3: Dementia											
3.1a Dementia - Number of patients >75 admitted as an emergency who are reported as having known diagnosis of dementia or clinical diagnosis of delirium, or who have been asked the dementia case finding question	90%	0.0750%	£270,000	94.0%	92.5%	90.4%	88.6%				
3.1b Dementia - Number of above patients reported as having had a diagnosis assessment including investigations	90%			97.6%	99.2%	99.1%	98.8%				
3.1c Dementia - Number of above patients referred for further diagnostic advice in line with local pathways agreed with commissioners	90%			99.0%	100.0%	98.9%	98.5%				
3.2 Dementia - Clinical Leadership10/09/2013 named lead clinician and submit training plan to be delivered by March 2014		0.0125%	£45,000								
3.3 Dementia - Supporting Carers of People with Dementia - monthly audit 6 monthly - Report on feedback from Carers to Commissioners		0.0375%	£135,000								

Indicator	Target	Weighting	Financial Value	Q1 Actual	Q2 Actual	Q3 Actual	Jan	Feb	Mar	Q4 Actual	Comments
N4: VTE											
4.1 VTE Risk Assessment	95%	0.1250%	£450,000	95.0%	96.1%	97.8%	98.2%				
4.2 VTE Root Cause Analysis				96.2%	94.4%	90.5%	100%				Q3 provisional
N5: Care of the Deteriorating Patient											
5.11 Care of the Deteriorating Patient on Acute Medical Assessment Units at York and Scarborough Hospitals - Admissions - 80% of admissions through AMU and Cherry will be reviewed within 4 hours of admission	Q4: 80%	0.4000%	£1,440,000	80.3%	88.4%	81.7%	77.7%				York
	Q4: 80%				74.1%	80.0%	78.8%				Scarborough
5.12 Care of the Deteriorating Patient on Acute Medical Assessment Units at York and Scarborough Hospitals - Admissions - 80% of all acute medical, elderly medical and orthogeriatic patients to have a Consultant post take ward round consultation within 12 hours of arrival.	Q4: 80%			68.5%	71.5%	74.1%	81.7%				York
	Q4: 80%				52.9%	60.6%	61.9%				Scarborough
5.2 Care of the Deteriorating Patient at York and Scarborough Hospitals - Identification, Response & Management - Adults (excluding Obstetrics, ICU/HDU, SCBU, Day Cases, Children and Paediatrics). - Number of patients who have observations recorded producing NEWS score within 1 hour of prescribed time - No of patients with NEWS score trip with escalation of care within 15 minutes to appropriate clinician. - Quality of escalation response - Trust to produce a quaterly report on actions taken and improvements made to care pathways	Q2 70% Y&S; Q3 80% Y&S; Q4 90% Y&S			64.7%	65.5%	80.0%	79.6%				1hr Obs
	Q2-4	0.4000%	£1,440,000				Quarterly audit				Quality of escalation response
5.3 Full implementation of NEWS and PAWS across both York and Scarborough Hospitals by Q4, excluding Paediatrics, SCBU, Obstetrics, ICU/HDU and Day Cases.		0.1000%	£360,000								

Indicator	Target	Weighting	Financial Value	Q1 Actual	Q2 Actual	Q3 Actual	Jan	Feb	Mar	Q4 Actual	Comments
N6: Reduce Length of Stay on Elderly Medicine Bed Base											
6a: A reduction in the average length of stay in the acute elderly medicine bed base of York	100% 9 days; 75% 9.2 days; 50% 9.5 days	0.0500%	£180,000	9.62	10.84	10.10	11.95				
6b: A reduction in the average length of stay in the acute elderly medicine bed base of Scarborough Hospitals	100% 10 days; 75% 10.16 days; 50% 10.32 days	0.0500%	£180,000	11.17	10.71	11.89	10.44				
6c: A reduction in the average length of stay in the acute elderly medicine bed base of the rehab beds at White Cross Court and St Helen's.	100% 50 days; 75% 51.17 days; 50% 52.3 days	0.1000%	£360,000	53.14	48.79	43.53	44.47				
N7: Effective Discharge											
7.1 Effective Discharge - Self-Management Care Plans on Discharge Q1 Clinical Engagement, Q2 Implementation, Q3 & Q4 Rollout	Q4: 60%	0.2500%	£900,000				to follow				
7.2 Effective Discharge - Nursing Assessments - 80% of patients to have a combined nursing risk assessment on emergency admission with a LoS greater than 24 hrs - 100% of these assessments should be made available to the NCT via access to CPD		0.0500%	£180,000	Implementation plan agreed by Q2							
N8: Respiratory											
8.1 Respiratory - Asthma - bi-annual audit of patients attending ED with asthma discharged home with completed care bundle	75%	0.0500%	£180,000								Under 19
	75%										Over 19
N9: Stroke Accreditation											
9 Level 2 Accreditation to be achieved at Scarborough Hospital by end of Q3		0.5000%	£1,800,000								

Contracted Performance Requirements 2013/14: Quality and Safety

Indicator	Consequence of Breach	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Jan	Feb	Mar
Infection Prevention								
Rates of Clostridium difficile	*Schedule 4 part H (confirm calc)* **Quarterly:** 1 Monitor point	**> 43 annual**	21	12	21	1		
Zero tolerance MRSA - **NO LONGER A MONITOR TARGET FROM OCT 2013**	Non payment of inpatient episode **Quarterly:** 1 Monitor point	**0**	0	2	0	0		
Number of Methicillin Sensitive Staphylococcus Aureus (MSSA) cases	Non payment of inpatient episode (VoY)	**30 annual**	10	9	5	2		
Mortality								
Mortality - HSMR - to maintain or improve against the 12/13 outturn position	Performance Notice (ER) with the exception of any imposed financial penalty (VOY)	**>= 12/13**						
Mortality - SHMI - to maintain or improve against the 12/13 outturn position	Performance Notice (ER) with the exception of any imposed financial penalty (VOY)	**>= 12/13**	1.04	1.02	1.01			
Number of Inpatient Deaths	none - monitoring only	**none**	511	473	506	205		
Inpatients								
Percentage of emergency admissions where A&E attendance in previous 24 hours and patient discharged from A&E	Performance Notice - (VoY) with the exception of any imposed financial penalty for breaches at Scarborough Hospital	**Baseline 3.8%** **End Q2 <3.8%** **End Q3 <3.4%** **End Q4 <3%**	3.0%	3.2%	2.9%	3.0%		
% Compliance with WHO safer surgery check list	Non-compliance of any areas will require RCA and Remedial Action Plan £500 penalty if not achieved within 3 consecutive months (ER)	**95%**	Written assurance					
Readmissions within 30 days – Elective	The CCG will apply a % penalty following Flex and Freeze validation. (ER)	**08/09 outturn awaiting figure from CCG**	394	310	to follow	to follow		
Readmissions within 30 days – Non-elective	The CCG will apply a % penalty following Flex and Freeze validation. (ER)	**08/09 outturn awaiting figure from CCG**	1267	1076	to follow	to follow		
Number of medication errors affecting CYP (under 19yrs old)	Performance Notice (ER)	**none**						
Number of medication errors causing serious harm affecting CYP (under 19yrs old)	Performance Notice (ER)	**none**						
Stroke/TIA								
Proportion of stroke patients who spend >90% of their time on a stroke unit	Performance Notice (ER)	**80% (York)**	86.0%	89.1%	93.6%	to follow		
Proportion of people at high risk of stroke who experience a TIA are assessed and treated within 24 hours of first contact with a health professional	Performance Notice (ER) with the exception of any imposed financial penalty for breaches at Scarborough (VoY)	**60% (VoY)** **75% York (ER)**	74.5%	78.8%	76.3%	to follow		
Percentage of patients presenting with stroke with new or previously diagnosed AF who are anti-coagulated on discharge or have a plan in the notes or discharge letter for anti-coagulation	Performance Notice (ER) with the exception of any imposed financial penalty for breaches at Scarborough (VoY)	**60%**	70.8%	81.8%	79.3%	to follow		
Percentage of patients and carers with joint care plans on discharge from hospital. Percentage of patients with confirmed stroke who have a copy of their joint care plan on discharge from hospital subject to exceptions included in guidance (except patients RIP or who refuse a health/social care assessment/intervention)	Performance Notice (ER) with the exception of any imposed financial penalty for breaches at Scarborough (VoY)	**85% by Q4 for York site only (ER)**						
% of stroke patients scanned within 24 hours of hospital arrival	Performance Notice	**100%**	86.9%	82.0%	85.9%	to follow		

Contracted Performance Requirements 2013/14: Quality and Safety

Indicator	Consequence of Breach	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Jan	Feb	Mar
Maternity								
Women who see a midwife or maternity healthcare professional by 12 weeks and 6 days of pregnancy	Performance Notice	**90%**	91.6%	93.3%	90.4%	83.3%		
Number/percentage of maternity patients recorded as smoking by 12 weeks and 6 days that are referred to a smoking cessation service – subject to patient consent	Performance Notice	**100% (VoY) 95% (ER)**	100.0%	100.0%	100.0%	100.0%		
Percentage of maternity patients recorded as smoking at delivery that are referred to a smoking cessation service– subject to patient consent	Performance Notice (VoY)	**90% offered a referral, 100% of those consenting referred VoY and ER**	100.0%	100.0%	100.0%	100.0%		
% of women initiating breast feeding.	Performance Notice	**60%**	68.3%	71.5%	69.6%	67.0%		
Number of term babies admitted to NICU or SCBU	Performance Notice	**none**	29	40	29	6		
Number of adverse midwifery/obstetric related incidents	Performance Notice	**none**	0	0	0	0		
Number/percentage of women recorded as smoking by 12 weeks and 6 days	Performance Notice	**none**	202	225	128	46		
Number of babies born between 32 and 36 weeks	Performance Notice	**none**	65	63	75	21		
Number of babies born between 28 and 31 weeks	Performance Notice	**none**	4	10	8	0		
Number of babies born between 24 and 27 weeks	Performance Notice	**none**	4	5	3	0		
Number of babies born under 24 weeks	Performance Notice	**none**	0	0	0	0		
Number of babies put to the breast within 1 hour of birth (Breast feeding initiation report)	Performance Notice	**none**	641	932	870	294		
Discharge Notifications								
Immediate Discharge letters – 24 hour standard: York Hospital	Quarterly: Performance Notice (VoY) £3k per quarter (ER)	**90% - Q2 92% - Q3 93% - Q4**		65.3%	69.1%	72.9%		
Immediate Discharge letters – 24 hour standard: Scar/Brid hospitals	Quarterly: Performance Notice (VoY) £3k per quarter (ER)	**30% - Q2 60% - Q3 90% - Q4**		32.5%	36.7%	36.6%		
Immediate Discharge Letters (IDLs) handed to patients on Discharge	Quarterly: Performance Notice (VoY)	**98%**	Written assurance					
Percentage of IDLs that meet the minimum quality for IDLs (SIGN standard)	Quarterly: Performance Notice (VoY) £7k per quarter (ER)	**90% Q4**						
Quality of ED IDLs - York	Quarterly: £6k per quarter (ER)	**Q1: 80% Q2: 83% Q3: 85% Q4: 90%**	Quarterly audit of 60 Pts		Quarterly audit of 60 Pts	Quarterly audit of 60 Pts		
Quality of ED IDLs - Scarborough	Quarterly: £6k per quarter (ER)	**Q2 - 30% Q3 - 60% Q4 - 90%**	Quarterly audit of 60 Pts		Quarterly audit of 60 Pts	Quarterly audit of 60 Pts		

E2

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 March 2014

Finance Report

Action requested/recommendation

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

Summary

This report details the financial position for York Teaching Hospital NHS Foundation Trust for the period ended 28 February 2014.

At the end of February, there is an Income and Expenditure surplus of £1.4m (after restructuring costs of £0.8m) against a planned surplus for the period of £2.5m, and an actual cash balance of £25.7m. The Income and Expenditure position places the Trust behind its Operational plan.

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

Implications for equality and diversity

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

This report is for noting only and contains no recommendations. It is therefore not expected to have any particular impact upon the requirements of, or on the protected groups identified by the Equality Act.

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Prepared for presentation to the Board of Directors.
Risk	There are financial risk implications identified in the report.
Resource implications	There are financial resource implications identified in the report.
Owner	Andrew Bertram, Finance Director
Author	Graham Lamb, Deputy Finance Director
Date of paper	March, 2014
Version number	Version 1

York Teaching Hospital NHS
NHS Foundation Trust

Briefing Note for the Finance & Performance Committee Meeting 18 March 2014
Briefing Note for the Board of Directors Meeting 26 March 2014

Subject: February 2014 Financial Position (Month 11)

From: Andrew Bertram, Finance Director

Summary Reported Position for February 2014

The attached income and expenditure account shows an actual £1.4m surplus of income over expenditure. This is £1.1m behind the Trust's operational plan of an expected surplus of income over expenditure of £2.5m.

The actual surplus position has increased slightly from last month but the variance from plan has reduced markedly, notably due to in-month performance being better than the expected in-month overspend (from the reduced number of days and expected low income levels).

In summary terms the variance to plan can be mostly explained by our triggering of contract penalties. The finance report describes penalties of £0.6m for access and quality issues and a further adjustment has been made for c diff. Of note is that current c diff performance is markedly improved on that reported in Q1 and Q2 with the resulting effect of a significantly reduced forecast penalty for the full year.

Of note is that the position includes restructuring costs of £0.8m relating to redundancy and MARS and donated income of £0.6m. Both are excluded in Monitor's assessment of our position.

Income Analysis

The income position is based on coded and costed April to January activity and an estimate has been used for February (based on reported activity levels but using average specialty costs). At this stage overall income is assessed to be £3.9m ahead of plan but there are significant variances to contract underlying this position. As a reminder to the Board the planned income level comprises agreed contracts, expectations around non-contract activity, minor planning variances between commissioner contracts and service plans and other income expectations associated with non-commissioner income.

At commissioner contract level there have been material levels of additional activity provided for Vale of York CCG and NHS England (Specialised Commissioning). The position is openly discussed in the various Contract Management Board meetings and the associated Contract Finance and Performance Subgroup meetings. This position is of concern to the commissioners.

I am pleased to report that a financial settlement for the year end with S&R CCG has been agreed. This is reflected in the position reported to the Board and is in full and final

settlement for all contract issues for 2013/14. The settlement has imposed a proportion of the contract penalties incurred by the Trust, has recognised fair payment for follow up work done in line with the conditions registers and has dealt with all data queries, CQUIN and contract challenges.

Discussions continue with other commissioners as we approach the year end. Of note are advanced discussions with VOY CCG around a similar settlement to that reached with S&R CCG.

At the time of writing this report I am increasingly concerned over the position with NHS England in relation to specialised commissioning. The forecast year-end position suggests additional activity of over £6m will have been provided. Discussions with NHSE have not identified any data challenges but, to date, only £1m of this additional activity has been paid for. I am in contact with NHSE and am attempting to manage the year-end position but, given there are no challenges to our data and given our current financial position, it is clearly not possible for the Trust to make any concession. I am pursuing full payment.

Expenditure Analysis

Pay is reported as £2.3m overspent. Of note is that this represents a deterioration from the position last month. This is the net position after release of reserves for escalation areas and other agreed developments. Given recent activity levels and infection control issues on both main sites there is notable additional pressure on temporary escalation expenditure. Other pressures relate to premium costs associated with the continued and necessary use of temporary staff plus costs associated with higher than planned levels of extra contractual work necessary to meet access targets. Additional pressure from higher than planned cleaning expenditure continues to cause an in-year pressure.

Drug costs are over spent by £3.5m with this almost exclusively relating to pass through drug costs excluded from tariff (particularly high cost rheumatology and oncology drugs). There is corresponding additional income in this regard. There are no operational drug pressures to report in terms of regular tariff funded drug expenditure. Pressure in this budget area is causing Specialist Commissioners significant concern and this is also reflected in a material growth pressure nationally.

Clinical supplies and services are overspent by £0.6m. This is primarily due to pressure on excluded from tariff devices for which there is a direct income charge. There is evidence of some activity related pressures on budgets but there are no material issues I would wish to bring to the Board's attention.

The report shows over delivery on the CIP position with the full year target of £23.4m now surpassed. This is discussed in more detail in the Efficiency Report.

Contracting Matters

In terms of 2014/15 contracting the national planning expectation was for contracts to be signed by 28 February 2014. This date has passed and we have not yet signed any new year contracts. Significant effort is currently being directed to this task and I will update the Board as to the latest position. Nationally this target date has, in the main, not been met.

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
Financial Report for the Period 1 April 2013 to 28 February 2014

High Level Overview

* A net I&E surplus for the period of £1.4m means the Trust is £1.1m behind plan.

* CIPs achieved at the end of February total £24.9m. The CIP position is running £1.9m ahead of plan.

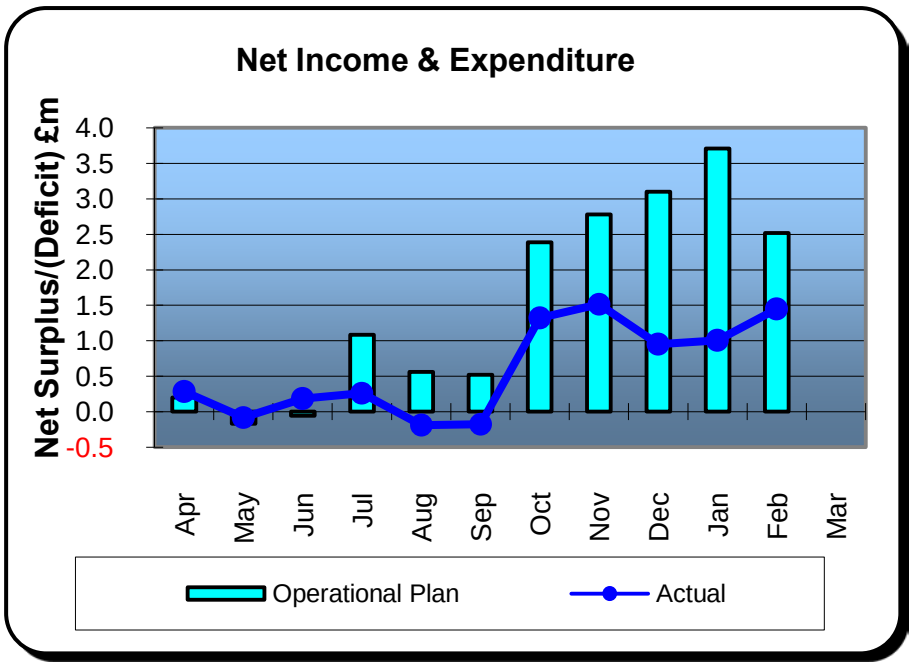
* Income from all contracts is assessed to be ahead of plan by £15.5m, before any application for potential contract penalties linked to Cdiff, and the Outpatient follow up ratio.

* Cash balance is £25.7m, and is £3.9m behind plan.

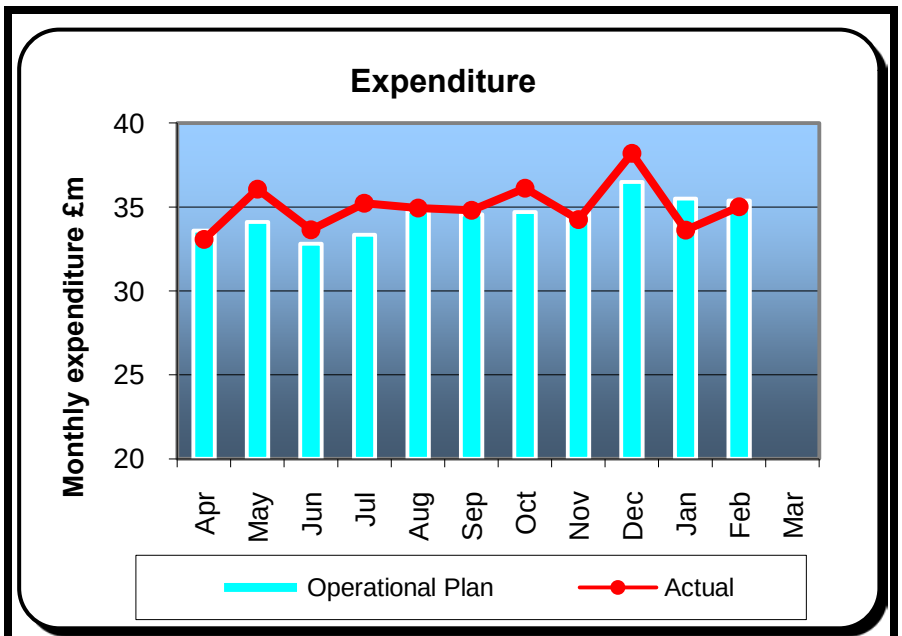
* Capital spend totalled £12.2m, and is £0.8m behind the plan.

* The provisional Monitor Financial Risk Rating is 3, which is on plan.

* The Continuity of Service Risk Rating is 4.



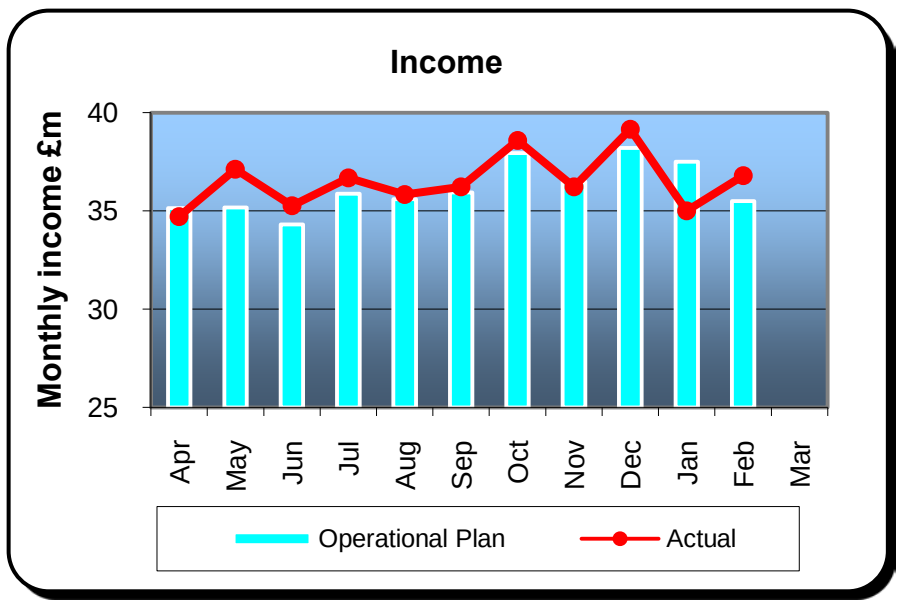
Key Period Operational Variances			
	Plan £m	Act.£m	Var. £m
Clin.Inc.(excl. Lucentis)	337.9	341.2	3.3
Clin.Inc.(Lucentis)	9.4	8.1	-1.3
Other Income	50.4	52.3	1.9
Pay	-262.4	-264.7	-2.3
Drugs	-32.0	-35.6	-3.5
Consumables	-37.4	-38.0	-0.6
Other Expenditure	-48.2	-46.8	1.4
	17.75	**16.7**	**-1.1**



At the end of February there is an adverse variance against operational expenditure budgets of £5.0m. This comprises:-

- Operational pay being £2.3m overspent.
- Drugs £3.5m overspent, mainly due to pass through costs linked to drugs excluded from tariff.

- Clinical supplies £0.6m overspent.
- Other costs are £0.3m underspent, primarily due slippage on planned investments
- Restructuring costs are £0.8m overspent
- CIPs are £1.9m ahead of plan

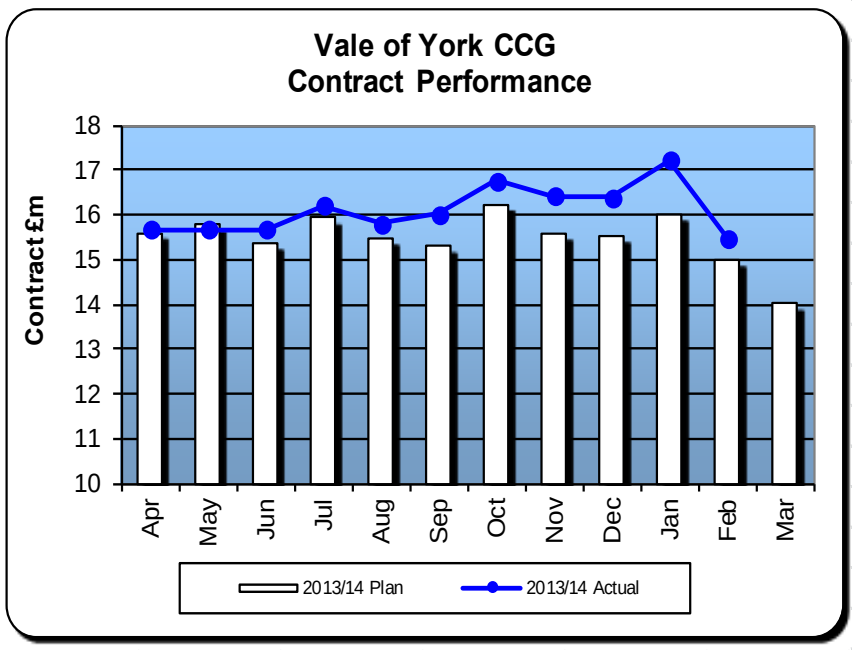


At the end of February income is ahead of plan by an estimated £3.9m. This comprises:

- Elective and day case income are ahead of plan by £1.3m.
- Non elective income is £1.1m below plan.
- Community income is marginally ahead of plan by £0.5m.
- Out patient income is behind plan by £3.0m
- A&E is ahead of plan £0.2m.

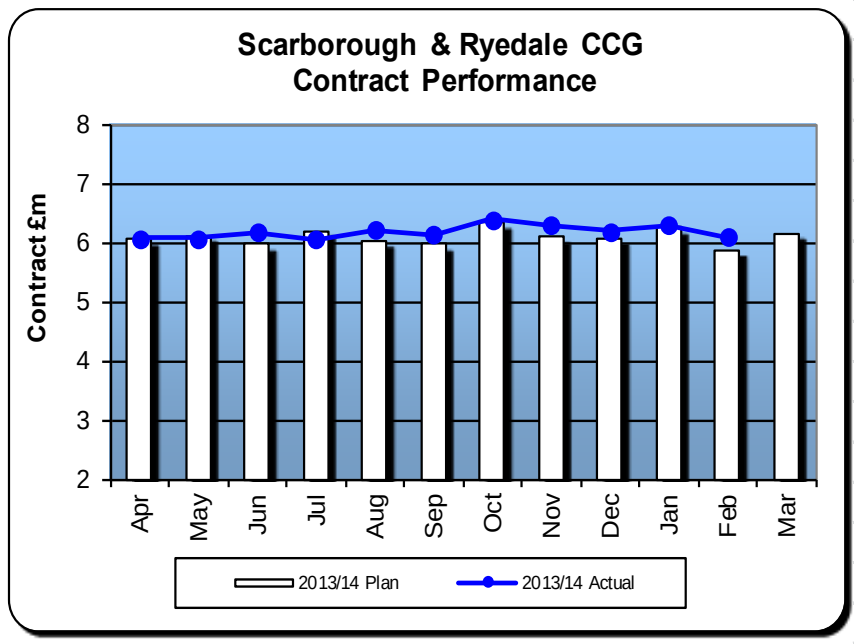
- Other clinical income is ahead of plan by £4.7m.
- Other income is £1.9m ahead of plan
- Contract penalties and the effect of CCG QIPP schemes are estimated at £0.6m.

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
Financial Report for the Period 1 April 2013 to 28 February 2014



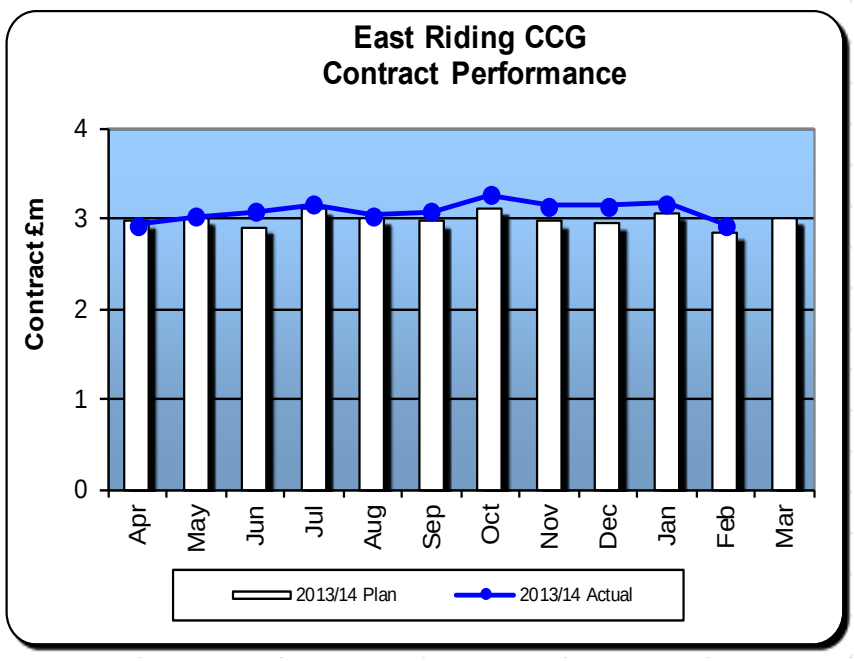
The contract value is £185.7m.

The contract is ahead of plan by £5.8m ahead of plan and includes estimates for the month of February



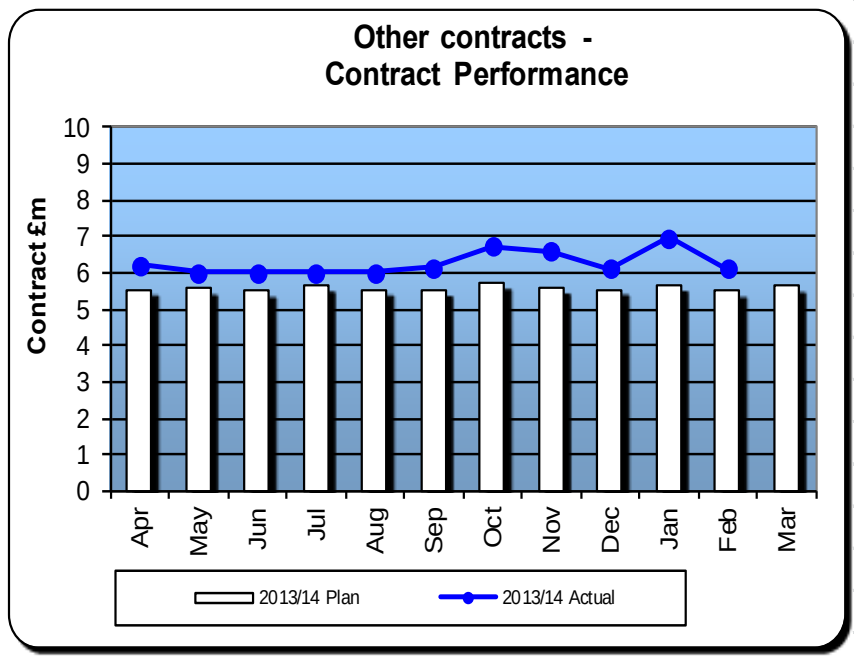
The contract value is £73.1m.

The contract is ahead of plan by £1.0 and includes estimates for February



The contract value is £35.8m

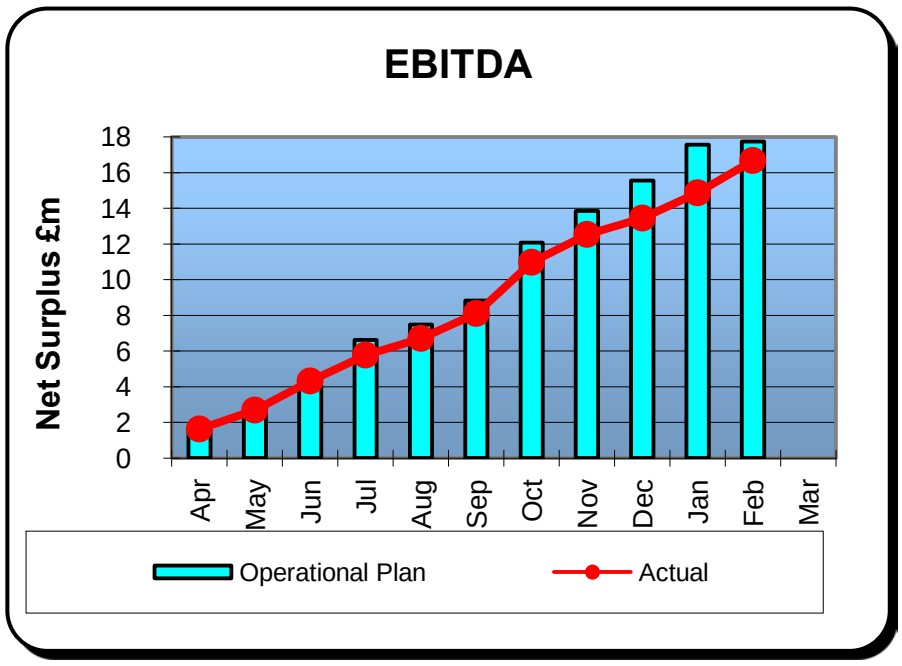
The contract is ahead of plan by £1.1m, and includes estimates for February

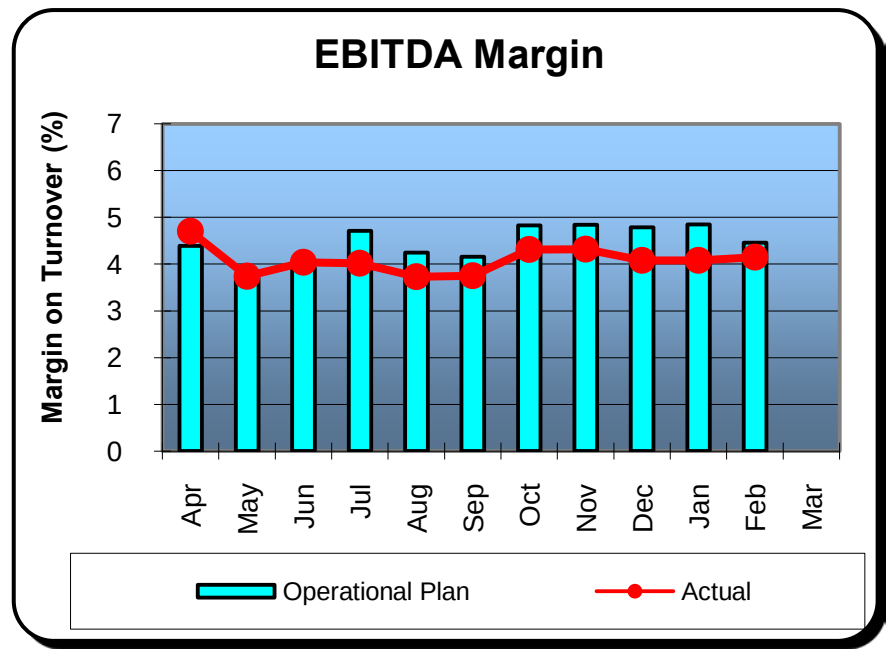


The total contract value is £67.0m

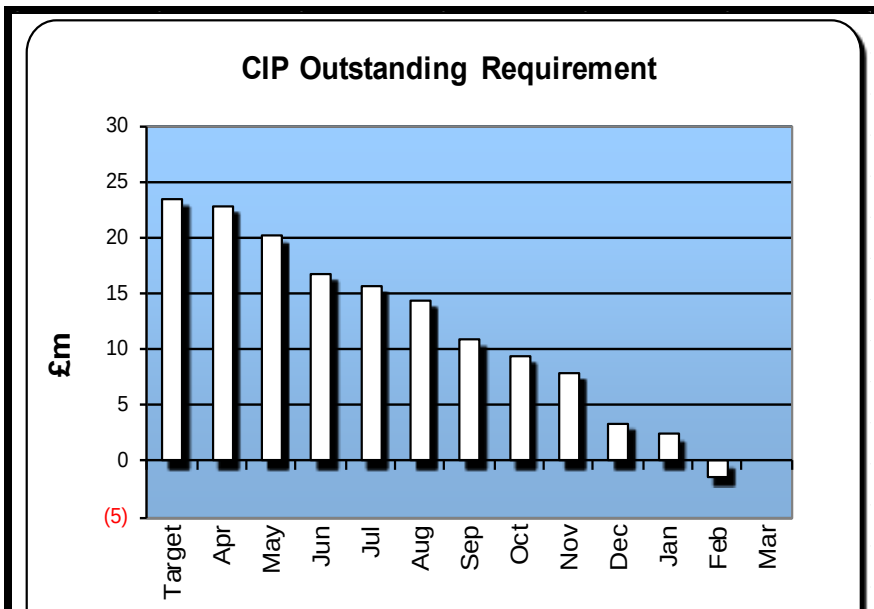
These include the smaller CCG contracts, NHS England (both public health services and prescribed specialist services), and Local Authority contracts. Overall contracts are ahead of plan by an estimated £7.6m. Prescribed specialist services are £5.7m ahead of plan, and Hambleton, Whitby and Richmondshire CCG is £0.8 ahead of plan. These positions include estimates for February.

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
Financial Report for the Period 1 April 2013 to 28 February 2014

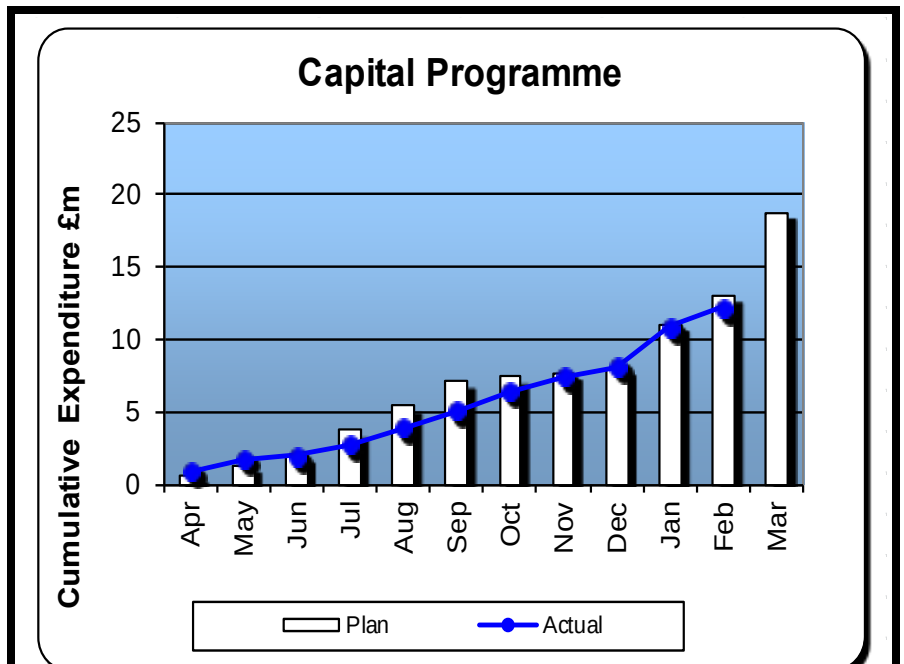




Actual EBITDA at the end of February is £16.7m (4.15%), compared to operational plan of £17.8m (4.46%), and is reflective of the overall I&E performance.



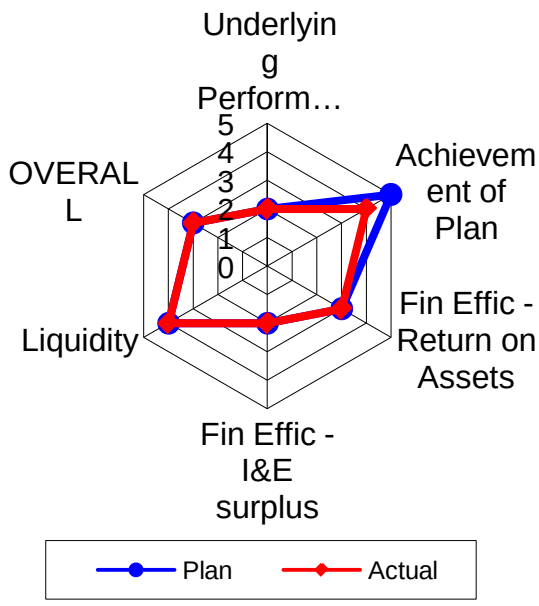
The full year efficiency requirement is £23.4m. At the end of February £24.9m has been cleared.



Capital expenditure to the end of February totalled £12.2m and is £0.8m behind plan.

Capital schemes with significant in year spend to date include the completed upgrade of ward kitchens in York, the on going upgrade of the Mallard restarurant and kitchens, Endoscopy decontamination expansion and the carbon & energy scheme. In Scarborough the nearly completed new carpark, maternity theatres upgrade and the Bridlington standby generator.

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
Financial Report for the Period 1 April 2013 to 28 February 2014

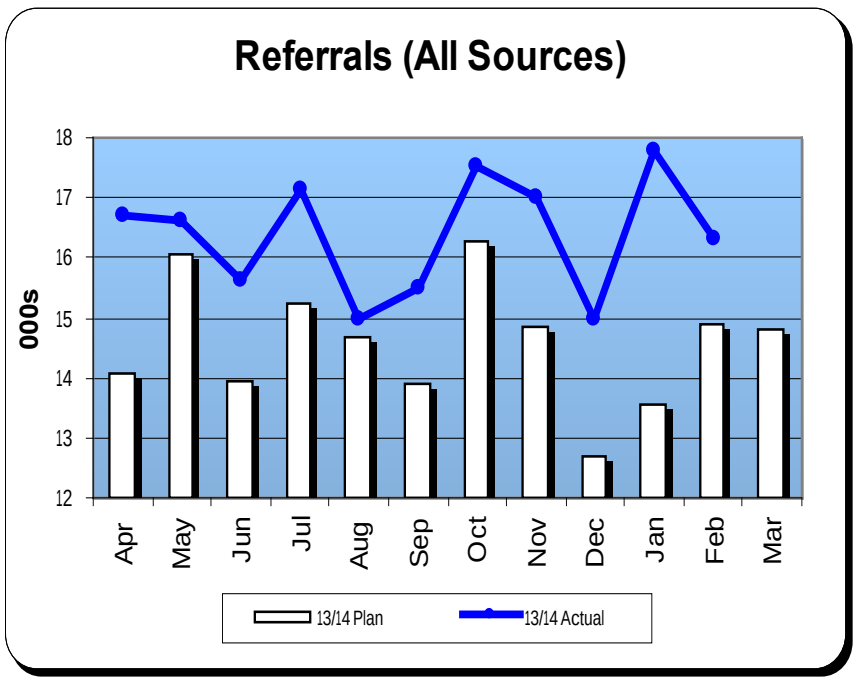


The Trust's provisional overall FRR for the year to date is 3, which is in line with the plan submitted to Monitor.

The 'Achievement of Plan' is behind the plan submitted to Monitor and is reflective of the I&E position being behind plan.

Continuity of Service Risk Rating (CoSSR):

Debt Service Cover rating	4
Liquidity rating	4
Overall CoSSR	**4**



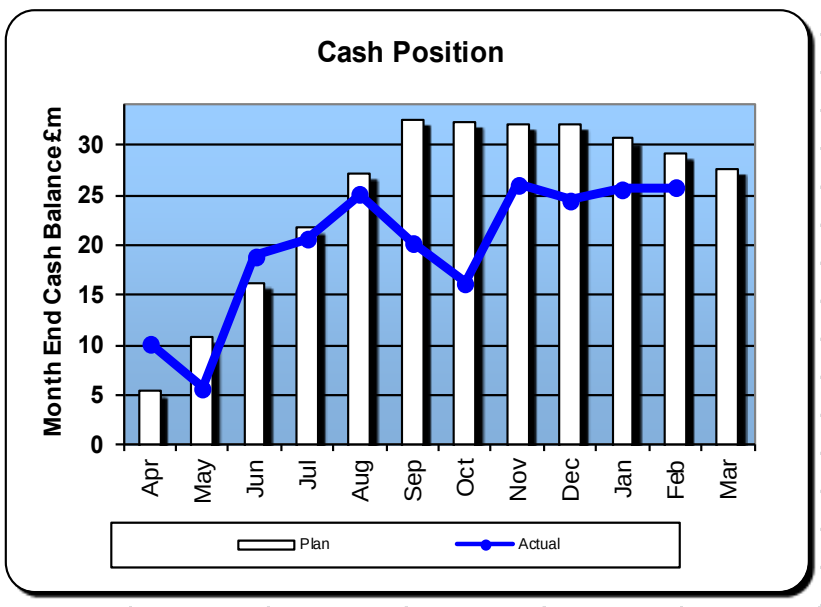
Annual plan 174,884 referrals (based on full year equivalent of 2012/13 outturn)

Variance at end of February: +20,068 referrals (+13%)

GP referrals +14,063 (+15%)

Cons to Cons referrals -263 (-1%)

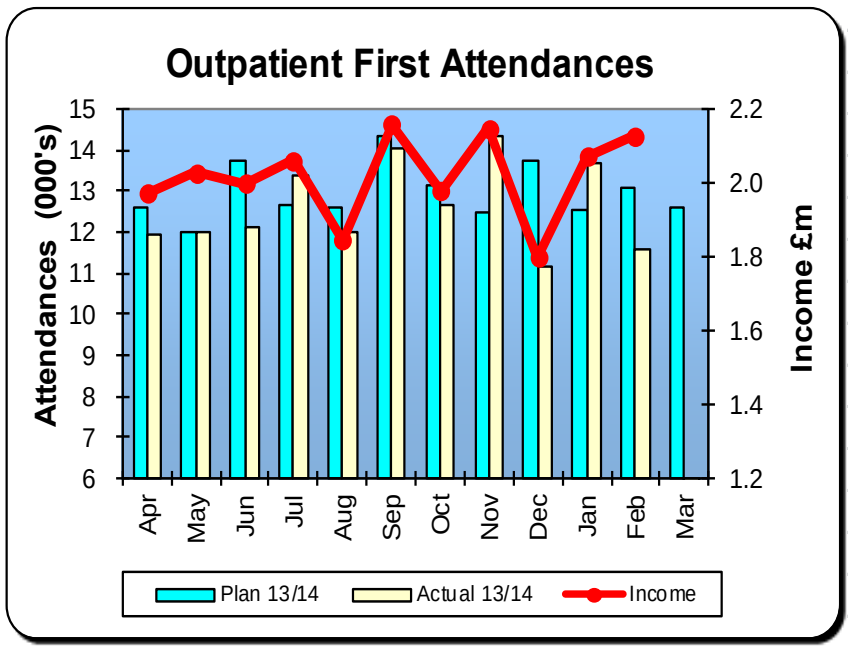
Other referrals +6,268 (+15%)



The cash balances at the end of February totalled £25.7m, and is £3.9m behind plan due to overtrade on clinical income.

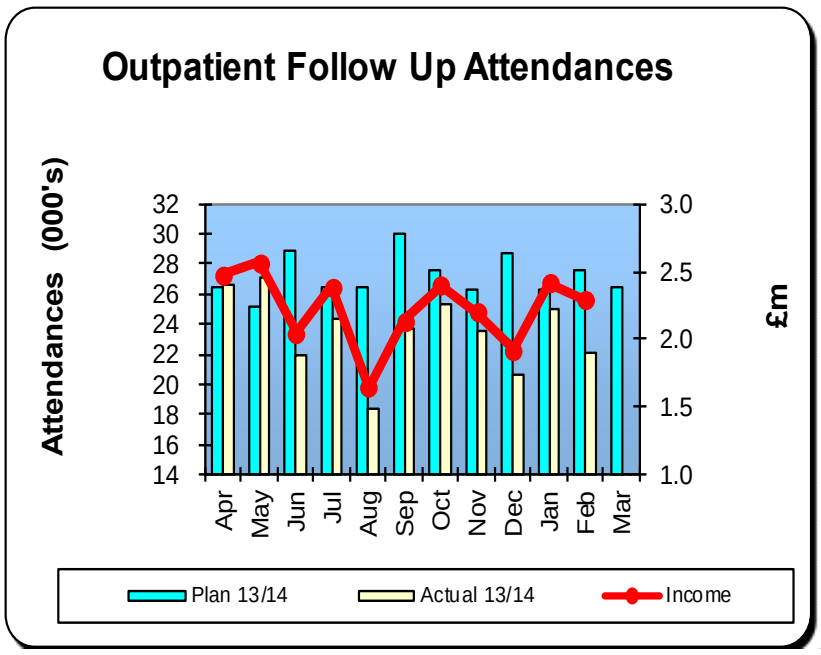
Monitor Liquidity Ratio					
Risk Rating	5	4	3	2	1
Days Cover	60	25	15	10	<10
Trust Actual Days		40			

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
Financial Report for the Period 1 April 2013 to 28 February 2014



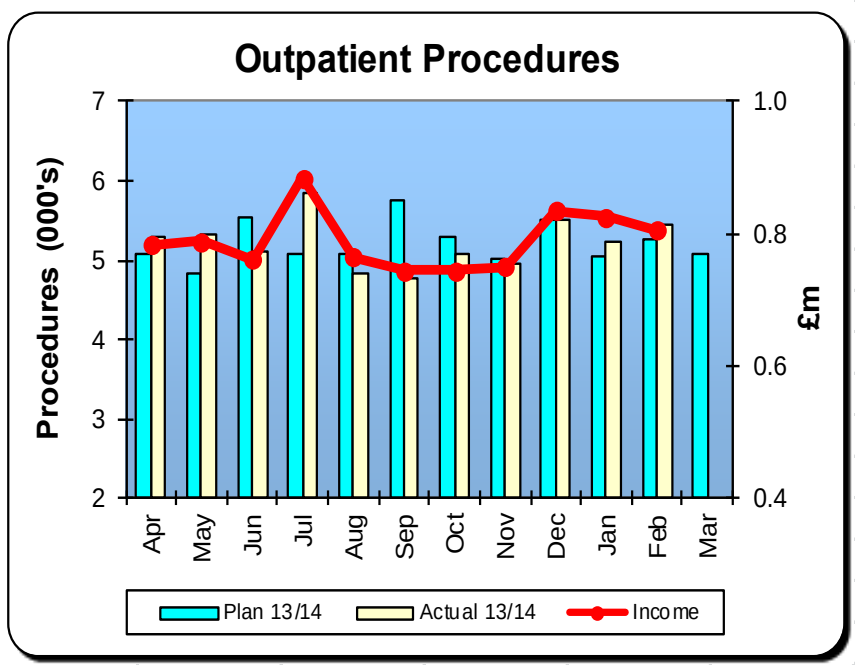
Annual Plan (Attendances) 155,566
Variance at end of February: -4,060 attendances (-3%).

Main variances: Opthalmology -3,497 (-19%), ENT -886 (-10%), Gastroenterology -682 (-13%), Cardiology -3,351 (-25%)



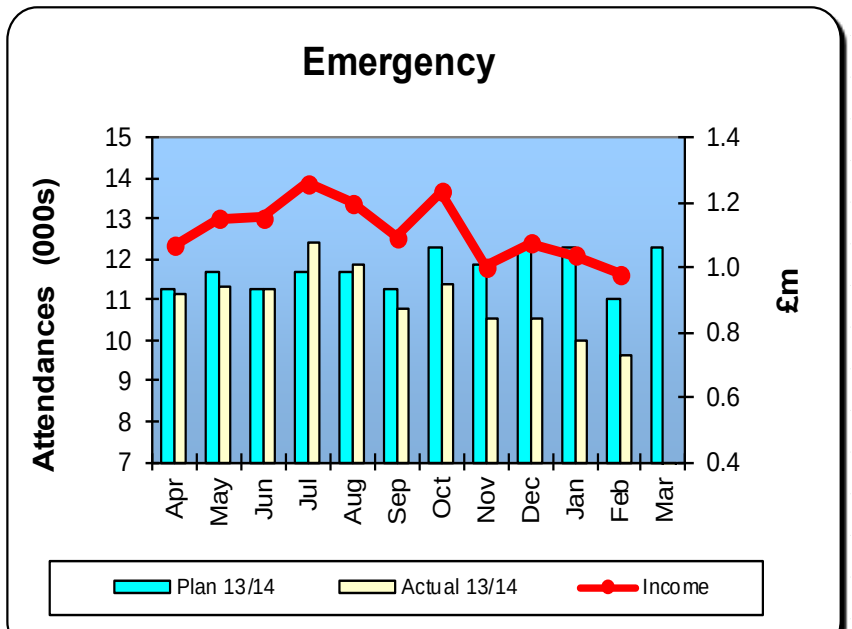
Annual Plan (Attendances) 326,649
Variance at end of February: -41,243 attendances (-14%).

Main variances: General Surgery -3,410 (-15%), Urology -2,628 (-23%), Opthalmology -23,193 (-32%), Anaesthetics -3,900 (-51%), and Medical Oncology +6,909 (+53%)



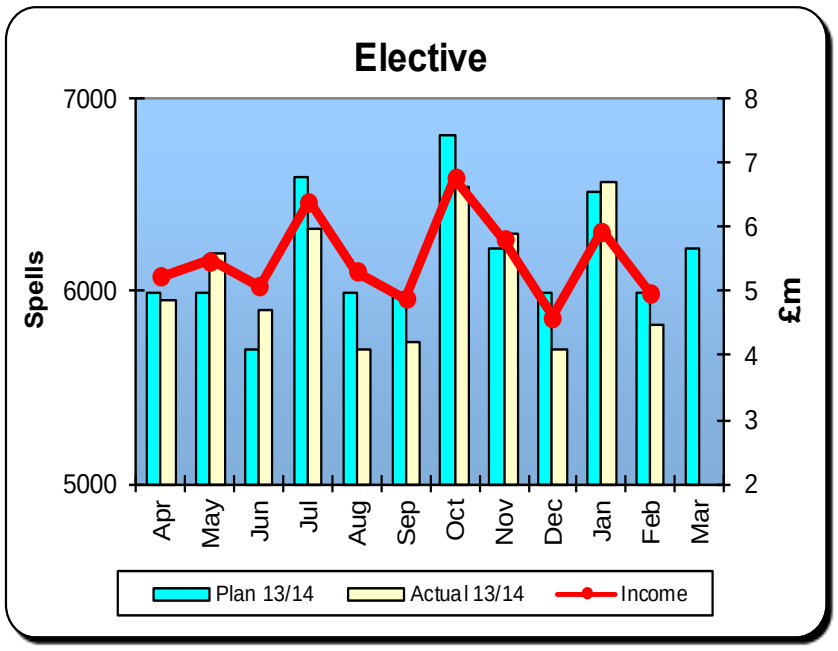
Annual Plan (Procedures) 62,554
Variance at end of February: -139 procedures (-0.2%).

Main variances: ENT +725 (+10%), Orthodontics +1,956 (+30%), Trauma and Orthopaedics +249 (+118%), Cardiology +140 (+3%), and Gynaecology -1,327 (-26%).



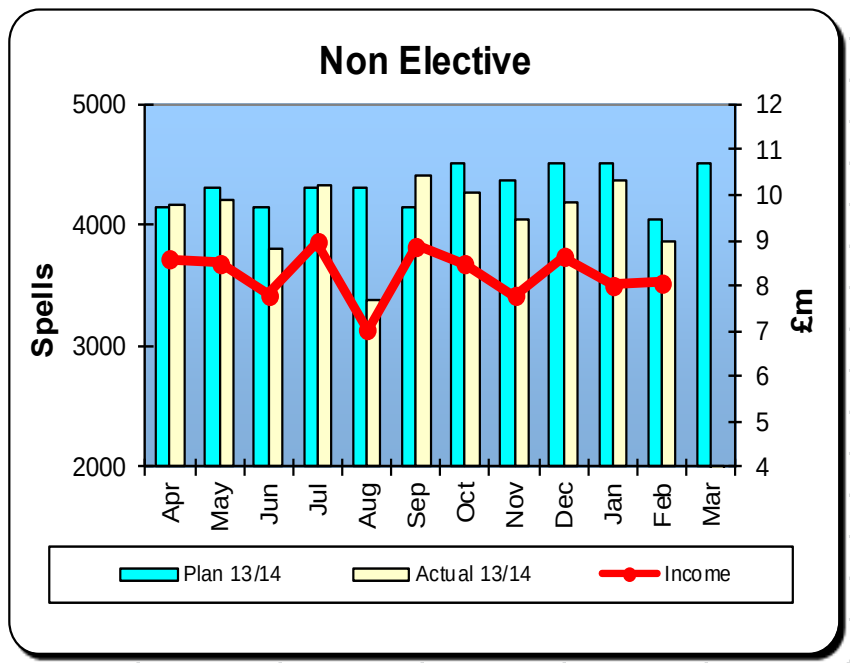
Annual Plan (Attendances) 140,970
Variance at end of February: -7,749 attendances (-6.0%).

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
Financial Report for the Period 1 April 2013 to 28 February 2014



Annual Plan (Spells) 74,033
Variance at end of February: -1,277 spells (-1.9%): inpatient -528; daycase -749

Main variances: General surgery -749 (-8%), Urology +433 (+4%), Gastroenterology -1,811 (-15%), and Haematology +770 (+22%).



Annual Plan (Spells) 51,871
Variance at end of February: -2,675 spells (-6%).

Main variances: Cardiology +1,000 (+74%), Thoracic Medicine +1,212 (+50%), and Trauma & Orthopaedics +364 (+15%). Medical Oncology -85 (-35%) Paediatrics -783 (-11%)

Contract Penalties

Other Penalties	YTD Actual	Penalty £000	Comments
52 week breaches	21	105	£5k penalty per breach per month. 12 GenSur (York); 3 GenSur (Scar); 2 Ophthal (Scar); 2 Gynae (York). 1 Urology (York), 1 Urology (Scar).
18 week breaches:			Figures are estimates and awaiting confirmation.
- Admitted (90% target, weighting 37.5%)	n/a	141	GenSur £25k; Gynae £36k; Anaes £8k: Rheum. £3k, Urology £9k.Haematology £4k, T&O £30k, Max Fac £10k, ENT £3k.
- Non-admitted (95% target, weighting 12.5%)	n/a	136	Gen Sur £39k; Urology £26k Anaesthetics £12k, Gastro £22k, T&O £6k, Rheumatology £13k cardilogy £3k.
- Incomplete pathways (92% target, w'ting 50%)	n/a	65	GenSur £24k; Gynae £6k; Urology £13k; T&O £13k; Opthalmology £2k,
- Estimate	n/a	31	An estimate for the month of February has been included.
MRSA	2	10	Penalty is the HRG income.
EMSA/Trolly wait	27	8	EMSA breaches in VIU (19 = £6k); Trolley wait (1 = £1k)
A&E Performance	n/a	136	Faliure to admit, transfer or discharge patients within 4 hours of arrival. Target 95%, actual at quarter 3 93.2%. Target achieved in January. Penalty relates to 2% of cost in quarter 3.
Diagnostics		17	6 weeks target 99%. December and January 98.5%, estimated pass at expect to pass February, relates to specific radiology, NPU and cardiology tests
		649	

APPENDIX A

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
SUMMARY INCOME & EXPENDITURE POSITION
FOR THE PERIOD 1st APRIL 2013 to 28th FEBRUARY 2014

	ANNUAL PLAN	PLAN FOR PERIOD	ACTUAL FOR PERIOD	PERIOD VARIANCE
	£000	£000	£000	£000
INCOME				
NHS Clinical Income				
Elective Income				
Tariff income	25,909	23,846	23,894	48
Non-tariff income	578	529	124	-405
Planned same day (Day cases)				
Tariff income	37,576	34,343	35,708	1,365
Non-tariff income	525	481	728	247
Non-Elective Income				
Tariff income	98,995	90,456	89,414	-1,042
Non-tariff income	1,537	1,404	1,350	-54
Outpatients				
Tariff income	61,550	56,295	52,659	-3,636
Non-tariff income	5,611	5,138	5,793	655
A&E				
Tariff income	12,397	11,482	12,632	1,150
Non-tariff income	612	559	-385	-944
Community				
Tariff income	1,024	936	980	44
Non-tariff income	33,459	30,671	31,139	468
Other				
Tariff income	0	0		0
Non-tariff income	99,855	91,189	95,934	4,745
Fines and Contract Penalties		0	-648	-648
	379,627	**347,329**	**349,322**	**1,993**
				0
	379,627	**347,329**	**349,322**	**1,993**
Non-NHS Clinical Income				
Private Patient Income	1,088	998	938	-60
Other Non-protected Clinical Income	1,879	1,723	1,619	-104
	2,967	**2,721**	**2,557**	**-164**
Other Income				
Education & Training	14,150	13,000	13,900	900
Research & Development	8,027	7,358	7,700	342
Donations & Grants received of PPE & Intangible Assets	0	0	0	0
Donations & Grants received of cash to buy PPE & Intangible Assets	240	220	578	358
Other Income	17,661	16,122	16,597	475
Transition support	11,985	10,986	10,986	0
	52,063	**47,686**	**49,760**	**2,075**
Total Income	**434,657**	**397,735**	**401,639**	**3,904**
EXPENDITURE				
Pay costs	-287,068	-262,368	-264,651	-2,283
Drug costs	-34,925	-32,001	-35,550	-3,549
Clinical Supplies & Services	-40,924	-37,424	-38,005	-581
Other costs (excluding Depreciation)	-50,890	-46,284	-45,938	346
Restructuring Costs	0	0	-813	-813
CIP	-1,505	-1,905	0	1,905
Total Expenditure	**-415,312**	**-379,982**	**-384,957**	**-4,975**
EBITDA (see note)	**19,345**	**17,753**	**16,682**	**-1,072**
Profit/ Loss on Asset Disposals	0	0	4	4
Fixed Asset Impairments	-300	0	0	0
Depreciation	-10,854	-9,949	-9,949	0
Interest Receivable/ Payable	65	60	101	41
Interest Expense on Overdrafts and Working Capital Facilities	0	0	0	0
Interest Expense on Bridging loans	0	0	0	0
Interest Expense on Non-commercial borrowings	-270	-247	-208	39
Interest Expense on Commercial borrowings	0	0	0	0
Interest Expense on Finance leases (non-PFI)	0	0	0	0
Other Finance costs	0	0	-81	-81
PDC Dividend	-5,566	-5,102	-5,102	0
Taxation Payable	0	0	0	0
NET SURPLUS/ DEFICIT	**2,420**	**2,515**	**1,446**	**-1,069**

Blank page

E3

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 March 2014

Efficiency Programme Update – February 2014

Action requested/recommendation

The Board is asked to note the February 2014 position with its future potential risks to delivery. Significant and sustained action is required to close these gaps.

Summary

This report provides a detailed overview of progress to date regarding delivery of the Trust's Efficiency Programme. The target is now over delivered by £1.5m, which is a significant achievement. There remains £0.4m of low risk plans to be delivered in March which should see a year end surplus of £1.9m over plan.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	This report is presented to the Board of Directors, Finance & Performance Committee and Efficiency Group.
Risk	The Efficiency Programme presents a significant financial risk to the organisation.
Resource implications	The aim of this work stream is to ensure the most effective use of the Trust resources.
Owner	Andrew Bertram, Director of Finance
Author	Steve Kitching, Deputy Head of Corporate Efficiency
Date of paper	March 2014
Version number	Version 1

Board of Directors – 26 March 2014

Efficiency Position Update at February 2014

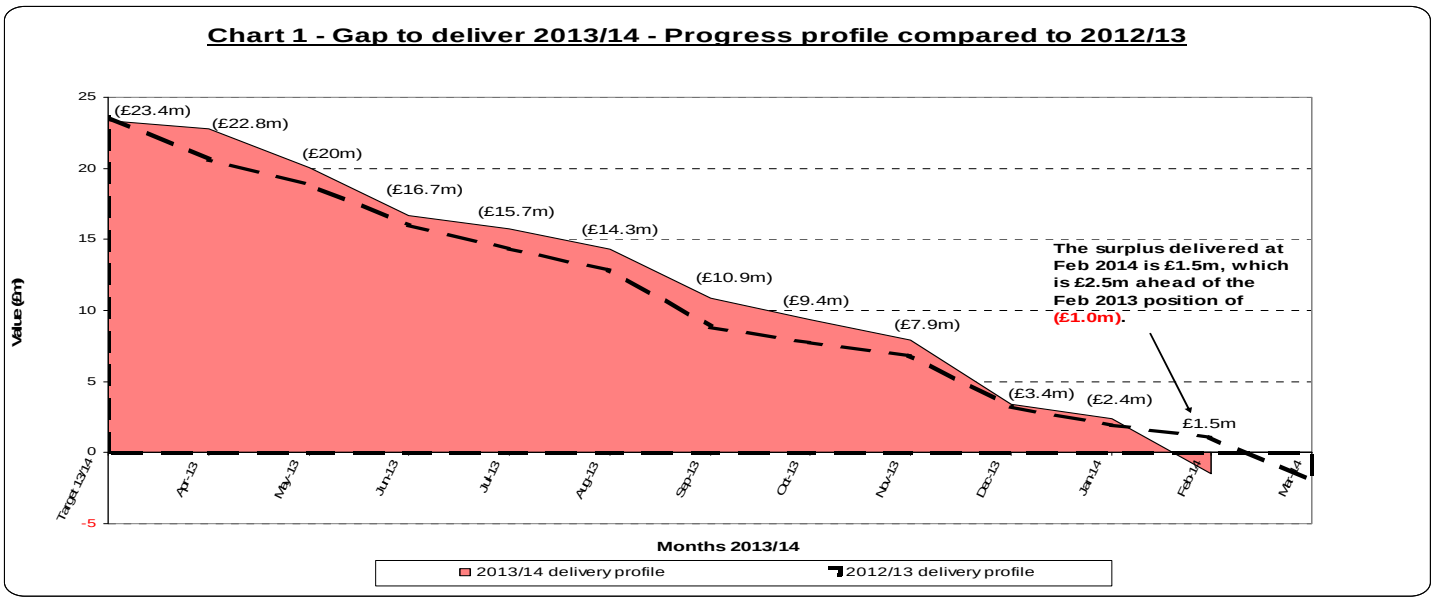
1. Executive Summary

This report provides a detailed overview of the Trust's Efficiency Programme.

See table 1 and chart 1 below.

Table 1 – Executive Summary – February 2014	Total
	£'m
TARGET	
In year target	**23.4**
DELIVERY	
In year delivery	**24.9**
In year delivery surplus	**1.5**
Part year delivery surplus - Monitor variance	**1.9**
PLANNING	
In year planning surplus/(gap)	**1.9**
FINANCIAL RISK SCORE	
Overall Trust financial risk score	**4 (Amber/Green)**

Position – current year vs. 2012/13



Governance	Risk to delivery
Current month Of the 32 Directorates and Corporate HQ functions 32 areas have completed their governance assessments as at February 2014.	**Current month** The current planning surplus is £1.9m; high and medium risk plans have been removed. The assessed risk has improved by £0.4m in the month.
Last Month In January 2014, 31 areas had completed their governance assessments.	**Last Month** In January 2014, the planning surplus was £1.5m, if high risk plans were removed.

2. Introduction and background

This report provides a detailed overview of progress to date regarding delivery of the Trust's Efficiency Programme for February 2014. This includes;

3.1 Progress against the Monitor Plan
3.2 Analysis of full year delivery
3.3 Further plans and in year risk
3.4 Four year planning.
3.5 Financial risk rating
3.6 Governance risk assessment.

Directorate level detail is provided in the attached appendices 1&2.

3.1 Trust plan to Monitor

The combined position is £1.9m ahead of the Trust plan to Monitor as at February 2014; see Tables 2 & 3 and chart 2 below.

Table 2	YTD January	February 2014	**Total YTD**
	£m	**£m**	**£m**
Trust plan	**19.5**	1.9	**21.4**
Achieved	**18.6**	4.7	**23.3**
Variance	**(0.9)**	**2.8**	**1.9**

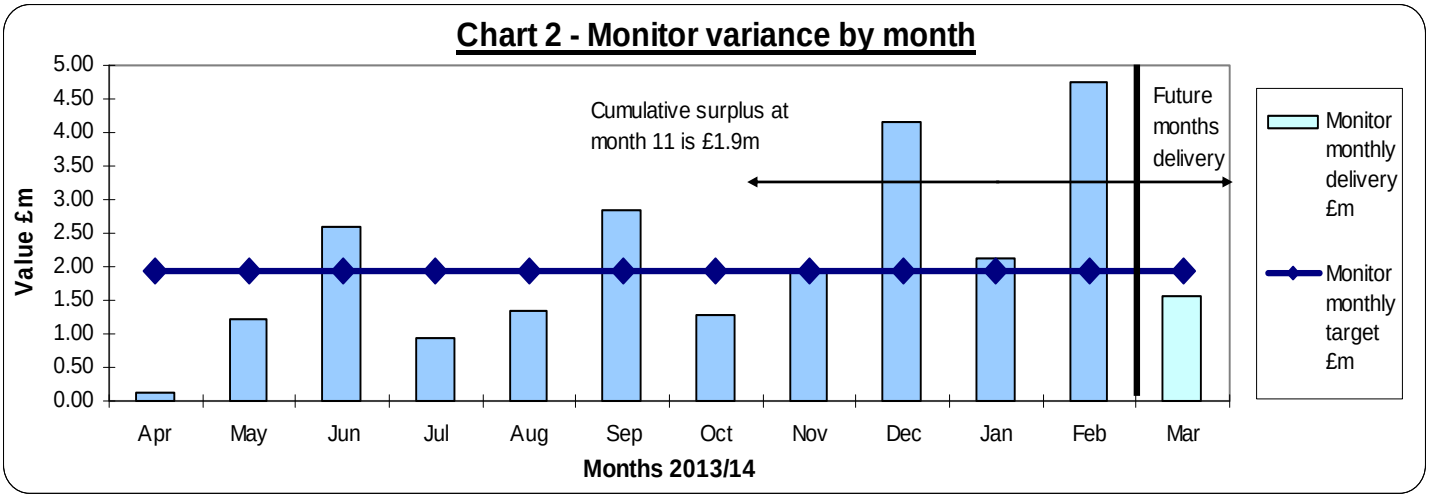


Table 3 – Monitor variance by month and cumulative variance

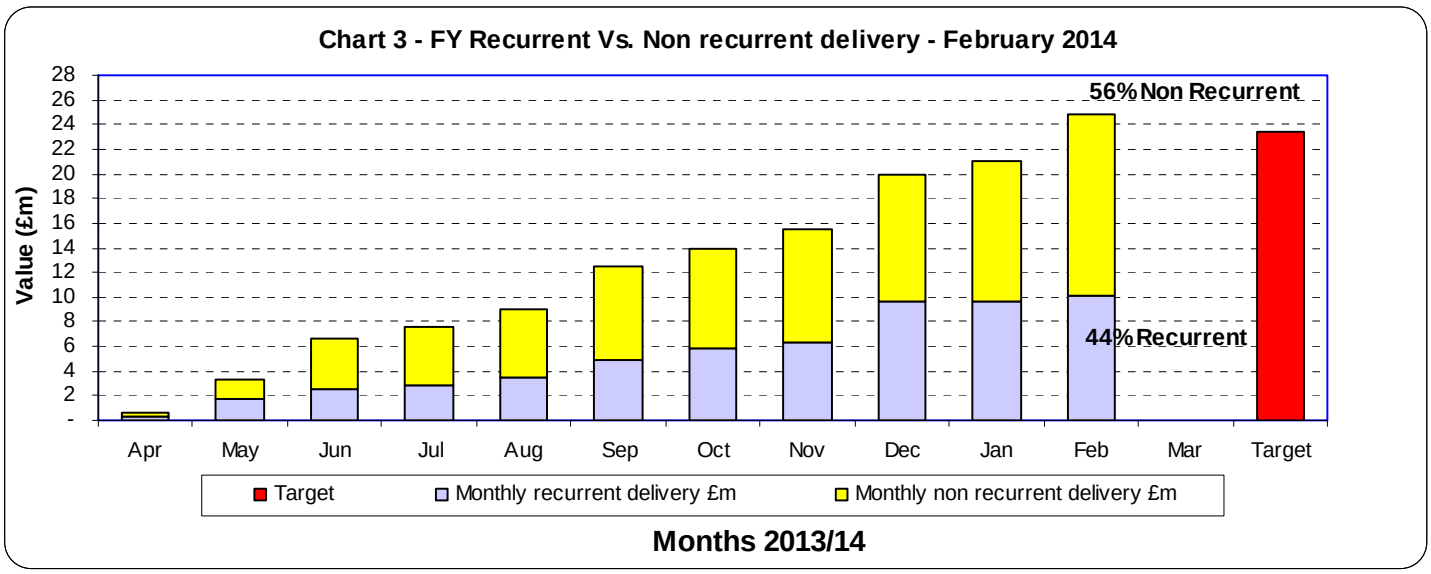
Months	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Total 13/14**
Monthly delivery £m	0.14	1.22	2.59	0.94	1.34	2.86	1.29	1.93	4.15	**2.11**	4.76	1.55	**24.87**
Monthly target £m	1.95	1.95	1.95	1.95	1.95	1.95	1.95	1.95	1.95	**1.95**	1.95	1.95	**23.36**
Variance £m	-1.81	-0.73	0.65	-1.01	-0.60	0.91	-0.66	-0.02	2.20	**0.17**	2.81	-0.40	1.50
Cumulative variance	-1.81	-2.54	-1.89	-2.90	-3.50	-2.60	-3.25	-3.27	-1.07	**-0.91**	1.90	1.50	

3.2 Full year position summary

As at February 2014, **£24.9m** has been achieved in full year terms against the plan of £23.4m (see Table 4 below).

Table 4	Jan 2014	Feb 2014	Change
	£m	£m	£m
Expenditure plan – 13/14	23.4	23.4	0
Target – 2013/14	**23.4**	**23.4**	**0**
Achieved - recurrently	9.7	10.2	0.5
Achieved - non-recurrently	11.3	14.7	3.4
Total achieved	**21.0**	**24.9**	**3.9**
Surplus achieved	(2.4)	1.5	3.9
Further plans	3.9	0.4	(3.5)
(Gap)/Surplus in plans	**1.5**	**1.9**	**0.4**

The February 2014 position is made up of £10.2m (44%) of recurrent and £14.7m (56%) non-recurrent schemes. This compares with £10.2m (45%) recurrent and £12.4m (55%) non-recurrent at February 2013 - see chart 3 below. The recurrent position has improved by £0.5m in February 2014.



3.3 Further planning and assessed risk to delivery

Further plans have been formulated amounting to £0.4m, which gives a surplus planning position of £1.9m. Plans are summarised in Table 5 below. All High and medium risk plans have been removed.

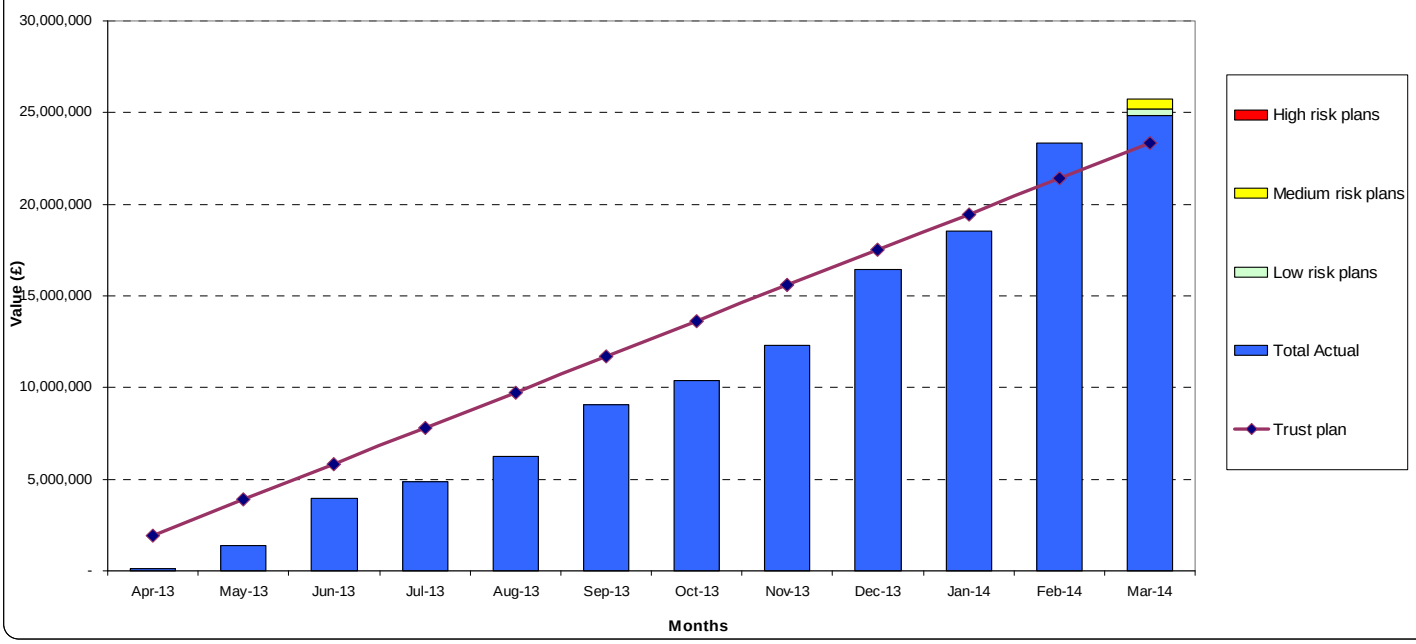
Table 5 – Further plans 2013/14

Risk	Surplus Full Year	Plans - Recurrent	Plans - Non Recurrent	**Plans Total**	Surplus in plans
	£m	**£m**	**£m**	**£m**	**£m**
Low		0.3	0.1	**0.4**	
Medium		-	-	**-**	
High		-	-	**-**	
Total	**1.5**	**0.3**	**0.1**	**0.4**	**1.9**

Directorate plans are each assigned a risk rating.

The overall February 2014 position is summarised in Chart 4 below. The bottom section has been used to represent savings achieved; with low, medium and high risk plans shown ascending, as detailed on the legend.

Chart 4 - February 2014 - Actual delivery and further plans to achieve by risk



Significant work is continually carried out to re-assess, remove or re-profile plans to ensure an up to date position. The over planned position is **£1.9m**.

3.4 Four year planning

Directorates are required to develop four year plans and Table 6 below summarises this position. There is currently a shortfall of (£2.2m) over 4 years on the base target, this has been an area of focus over the last 2 months and has significantly improved.

Significant work is on going to reduce the impact of the non recurrent carry forward and schemes continue to be developed and assessed. The shortfall in plans offers a high risk to delivery.

Table 6 - 4 Year efficiency plan summary – February 2014

Year	2013/14	2014/15	2015/16	2016/17	Total
	£m	£m	£m	£m	£m
Base target	23.4	16.4	15.9	15.9	**71.5**
Plans	25.2	23.5	11.6	8.9	**69.2**
Variance	**1.9**	**7.2**	**(4.3)**	**(7.0)**	**(2.2)**

It should be noted that if the current level of rollover is added to the base target, the 2014/15 efficiency target will increase to circa £27m. However, work is currently ongoing to reduce this figure as far as possible.

3.5 Finance risk rating

In year delivery is ahead of the same point last year with £24.9m (106%) delivered in February 2014 against £22.6m (95%) in February 2013.

A new risk scoring process has been developed and is attached as Appendix 1 and 2. It should be noted Directorates scoring a 1 or 2 on finance are considered high risk; directorates scoring a 4 or 5 are low risk.

The overall trust risk rating is 4 which is an amber/green risk.

3.6 Governance risk rating

The governance rating, detailed in Appendix 1, is a relatively new process and we are in the process of implementation. All areas have now self assessed their schemes, and a full review with the Clinical Efficiency Lead is now almost completed.

To enable a green rating to be achieved, the Directorate must have assessed 100% of their in year efficiency plans against the Trust Risk Assessment System. A red rating represents <80% of plans assessed. This process should be carried out quarterly.

Plans which are identified as high risk through this process following review with the Clinical Efficiency Lead will be presented to the Finance and Performance Committee quarterly.

In addition high risk schemes will be presented to a sub-committee of the Patient Safety Group, Chaired by the Trust Medical Director, for information.

3. Conclusion

Delivery in February 2014 has over achieved the plan with £24.9m (106%) of full year schemes being delivered against the Trust plan of £23.4m; this compares with £22.6m (95%) in February 2013. This progress is ahead of our Monitor profile by £1.9m in month 11. Recurrent delivery has improved by £0.5m in the month.

We currently have a planning surplus in year of £1.9m, which has improved slightly from the previous month's position. All further high and medium risk plans have been removed from the summary.

The 4 year planning position highlights a shortfall in base plans of (£2.2m); which have significantly improved from the January 2014 position of (£3.8m) shortfall. This has been an area of focus over the last 2 months.

4. Recommendation

The Board is asked to note the February 2014 position with its future potential risks to delivery. Significant and sustained action is required to close these gaps.

Author	**Steve Kitching, Deputy Head of Corporate Efficiency**
Owner	**Andrew Bertram, Director of Finance**
Date	**March 2014**

RISK SCORES - FEBRUARY 2013 - APPENDIX 1

DIRECTORATE	FINANCE					GOVERNANCE			
	R	RA	A	AG	G	R	RA	AG	G
COMMUNITY	1	2	3	4	5				
TACC YORK	1	2	3	4	5				
WOMENS HEALTH	1	2	3	4	5				
OPHTHALMOLOGY	1	2	3	4	5				
MEDICINE FOR THE ELDERLY SCARBOROUGH	1	2	3	4	5				
GEN MED SCARBOROUGH	1	2	3	4	5				
CHILD HEALTH	1	2	3	4	5				
ED YORK	1	2	3	4	5				
GS&U	1	2	3	4	5				
SPECIALIST MEDICINE	1	2	3	4	5				
LAB MED	1	2	3	4	5				
THERAPIES	1	2	3	4	5				
TACC SCARBOROUGH	1	2	3	4	5				
RADIOLOGY	1	2	3	4	5				
SEXUAL HEALTH	1	2	3	4	5				
ED SCARBOROUGH	1	2	3	4	5				
GEN MED YORK	1	2	3	4	5				
T&O YORK	1	2	3	4	5				
T&O SCARBOROUGH	1	2	3	4	5				
HEAD AND NECK	1	2	3	4	5				
MEDICINE FOR THE ELDERLY	1	2	3	4	5				
PHARMACY	1	2	3	4	5				
CORPORATE									
OPS MANAGEMENT YORK	1	2	3	4	5				
CORPORATE NURSING	1	2	3	4	5				
HR	1	2	3	4	5				
ESTATES AND FACILITIES	1	2	3	4	5				
OPS MANAGEMENT SCARBOROUGH	1	2	3	4	5				
MEDICAL GOVERNANCE	1	2	3	4	5				
SNS	1	2	3	4	5				
AL&R	1	2	3	4	5				
FINANCE	1	2	3	4	5				
CHIEF EXEC	1	2	3	4	5				
TRUST SCORE	1	2	3	4	5				

RISK SCORES - FEBRUARY 2013 - APPENDIX 2

DIRECTORATE	Yr 1 Plan v Target		Yr 1 Delivery v Target		Y1 Recurrent Delivery v target		4 Yr Plan v Target		Risk Score	
	%	Score	%	Score	%	Score	%	Score	Total Score	Monitor Rating
COMMUNITY	36%	1	35%	1	17%	1	47%	1	4	1
TACC YORK	58%	1	57%	1	44%	1	57%	1	4	1
WOMENS HEALTH	31%	1	31%	1	19%	1	68%	2	5	1
OPHTHALMOLOGY	55%	1	55%	1	35%	1	61%	2	5	1
MEDICINE FOR THE ELDERLY SCARBOROUGH	53%	1	50%	1	9%	1	108%	5	8	2
GEN MED SCARBOROUGH	93%	3	90%	2	28%	1	84%	4	10	2
CHILD HEALTH	90%	3	86%	2	28%	1	105%	5	11	2
ED YORK	90%	2	87%	2	63%	2	108%	5	11	2
GS&U	92%	3	91%	3	56%	2	84%	4	12	3
SPECIALIST MEDICINE	100%	5	100%	5	48%	1	52%	1	12	3
LAB MED	96%	4	96%	4	45%	1	119%	5	14	3
THERAPIES	99%	4	96%	4	58%	2	97%	5	15	3
TACC SCARBOROUGH	115%	5	115%	5	57%	2	73%	3	15	3
RADIOLOGY	109%	5	106%	5	10%	1	87%	4	15	3
SEXUAL HEALTH	113%	5	112%	5	16%	1	90%	4	15	3
ED SCARBOROUGH	100%	4	99%	4	88%	3	126%	5	16	4
GEN MED YORK	107%	5	101%	5	64%	2	123%	5	17	4
T&O YORK	100%	5	100%	5	63%	2	143%	5	17	4
T&O SCARBOROUGH	114%	5	114%	5	72%	3	123%	5	18	4
HEAD AND NECK	191%	5	191%	5	95%	4	117%	5	19	5
MEDICINE FOR THE ELDERLY	188%	5	186%	5	137%	5	153%	5	20	5
PHARMACY	110%	5	110%	5	110%	5	245%	5	20	5
CORPORATE										
OPS MANAGEMENT YORK	19%	1	19%	1	12%	1	48%	1	4	1
CORPORATE NURSING	58%	1	58%	1	39%	1	76%	3	6	1
HR	89%	2	89%	2	32%	1	74%	3	8	2
ESTATES AND FACILITIES	76%	2	72%	2	38%	1	98%	5	10	2
OPS MANAGEMENT SCARBOROUGH	86%	2	83%	2	18%	1	97%	5	10	2
MEDICAL GOVERNANCE	143%	5	143%	5	0%	1	64%	2	13	3
SNS	103%	5	100%	5	36%	1	94%	5	16	4
AL&R	127%	5	127%	5	35%	1	94%	5	16	4
FINANCE	189%	5	184%	5	99%	4	108%	5	19	5
CHIEF EXEC	180%	5	180%	5	103%	5	96%	5	20	5
TRUST SCORE	**108%**	**5**	**106%**	**5**	**44%**	**1**	**98%**	**5**	**16**	**4**

Blank page

F

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 March 2014

Senior Information Risk Officer's Report

Action requested/recommendation

The Board is asked to note the report.

Summary

This paper seeks to provide an annual overview of the work undertaken in the Information Governance arena across the organisation during 2013/14.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

Each relevant risk area is identified within the report with action plans in place, or in the process of being put in place.

Progress of report	The Report will be forwarded to the Board of Directors

Risk	All relevant risks have been assessed
Resource implications	Resources implication detailed in the report.
Owner	Andrew Bertram, Finance Director
Author	Fiona Jamieson, Deputy Director of Healthcare Governance
Date of paper	07/03/2014
Version number	Version 1

Board of Directors – 26 March 2014

Senior Information Risk Officer's Report 2013/14

1. Executive Summary

Improving Information Governance has been a priority since 2008/9 directed in letters from the Chief Executive of the NHS concerning data security and reflected in national standards set out in the information governance toolkit. In response to these challenges, the Information Governance Group which reports to the Corporate Risk Management Group, continue to oversee the annual work programme of the Information Governance Team to ensure that appropriate action is taken within set timeframes.

This report summarises the main themes of the programme and work undertaken by the Information Governance Team over the past year.

2. Leadership

In January 2009 the Board appointed the Director of Finance as Senior Information Risk Officer to implement and lead the information governance risk management processes within the organisation, and advise the board on the effectiveness of information risk management across the organisation. Dr Alastair Turnbull has also been appointed as the Trust Caldicott Guardian. In addition the Trust has appointed a Clinical Safety Officer (Dr Ian Jackson) who has completed the appropriate training and received accreditation. A Privacy Officer has also been appointed.

Information Governance issues as they arise are considered by the Board. During 2013/14 there have been discussions around the quality of data that is used to calculate the Trust HSMR and SHMI and as a result improvements have been made through focussing on both clinical coding data and the care pathway of the deteriorating patient.

3. Information Governance Group

The Information Governance Group is chaired by the Deputy Director of Healthcare Governance, both the SIRO and Caldicott Guardian are part of its membership. The Membership of the group was reviewed during 2013/14 with the addition of the Clinical Information Officer joining and colleagues from community services. The Group currently has representation from the Community, as well as clinical, nursing, allied medical professions, risk and legal, estates and IT representation. It meets four times a year.

4. Strategy

Following the introduction of the latest version of the NHS Information Governance Toolkit in June 2013, the Trust's Information Governance Strategy has been reviewed and approved by the Information Governance Committee in September 2013. It includes the key working priorities for 2013/14. From the strategy an annual work plan has been developed, which is overseen by the Information Governance Group. This year has seen a focus on working with colleagues in Systems and Network Services to review their portfolio of standards and refreshing the evidence base.

A number of key policies have also been reviewed over the year in the light of the acquisition of Scarborough and North East Yorkshire Trust in July 2012. One of the key policies to be reviewed

has been the Information Security Policy. The Information Governance Staff Guides have been kept under review.

5. Data Security

All laptops with access to the network continue to be encrypted. Specified USB sticks are mandatory for use for any member of staff who needs to transport business confidential or person identifiable data. The use of non trust owned laptops for person identifiable data is not allowed. Systems and Network Services have established a risk register that seeks to ensure all systems issues including that of data security are addressed.

The following information is held in Systems and Network Services:

- Owners of encrypted lap tops
- Owners of USBs that have been issued.
- Individuals who have remote access to Trust systems

Encryption of outgoing person identifiable data is undertaken in System and Network Services.

The Trust has had no incidents relating to the loss of non encrypted laptops.

6. Incident Management

In the release of the Information Governance Toolkit in June 2013, the Information Centre introduced an incident classification scheme, which provides a tool to enable the grading of information governance incidents. This potentially enables an IG incident to be treated in the same way as other 'serious incidents' within the organisation.

As a result the IG Team review every incident flagged via datix as an IG event. Reporters and reviewers are contacted with confirmation and any advice appropriate to the nature of the incident.

Incidents are then graded in terms of levels of severity, so that the most serious events can be escalated for consideration as SI/CIs, and to fulfil our external reporting responsibilities.
The severity of the incident is determined by the scale (numbers of data subjects affected) and sensitivity factors selected. If the outcome is IG SIRI level 2, the incident is externally reportable to the HSCIC External IG Delivery Team, DH, ICO and escalated to other regulators, as appropriate, via the IG Toolkit. If the outcome is IG SIRI level 0 or 1 no notifications will be sent, although Trust Annual Reports are also required to contain a summary of all incidents at level 1. The initial use of the grading tool suggests there is wide scope for interpretation and a large measure of subjectivity in identifying the appropriate score. During the course of one IG Group Meeting the group considered three incidents and how the scoring matrix might be applied.

Serious IG incidents are always brought to the attention of the SIRO and Caldicott Guardian The IG Group does review such incidents and consider whether they are reportable via the IG Toolkit.

During the year to 10th March, 492 IG incidents of level 0 or 1 were reported in Datix. The majority of these related to misidentification of patient records, misfiles and lost paperwork. At the time of writing, no data losses had been identified as sufficiently serious to require external notification.

7. Information Risk Assessments

A complete review of the Systems and Network Services Risk Register has been undertaken and have been reviewed by the Information Governance Group. They identify a number of high,

medium and low level risks and describes how these risks are being managed within the organisation.

The Risk Register for Records Management within the organisation identifies continuing issues with storage, particularly on the Scarborough site. One of the issues posing a risk is the number of records that one patient can have. For example, it has been custom and practice at Scarborough to have a patient record per site (where a patient attended a Bridlington, a set was raised at Bridlington, and the same for Malton, Scarborough and Whitby). This poses a risk not only in the volume of records held, but also that individual records are unlikely to contain the full patient history. This has been recognised as an issue to which the only solution is the continued development of the Electronic Patient Record and is noted on the Patient Paper Record Risk Register.

Another issue pertinent to paper records is the physical size of the volumes which are now too numerous to split as part of a routine programme. Guidance has been provided to staff re the handling of large volumes of notes from a health and safety perspective.

The retention of Records Services Staff is also proving to be a pressure with an increased use of agency staff to cover vacancies that are proving difficult to fill longer term.

8. Training

Information Governance training is a core element of the statutory and mandatory and induction training programmes.

The agreed approach to Information Governance has involved input to the organisation wide Training Needs Analysis, and a multi disciplinary approach to ensuring knowledge of information governance issues within the organisation. This is because the training provided within the IG Training Tool is not considered fit for purpose. The Trust has latterly adopted the use of the training video 'Danny's Day' which is used at staff induction and is now built into the Core Access module for new IT users. To maximise coverage, the IG Group has asked for this to be used as part of a future team brief and this will be scheduled for the early part of 2014/15.
The approach consisted of the following methods:

Method	**Intended Audience**	**Schedule**
Training Needs Analysis	All staff	Completed
E-learning	Staff identified via TNA	Ongoing
Face to Face Delivery	i) New Starters ii) TNA driven	Ongoing
Horizon/Staff Room	All Staff	Ongoing
BIG News	All Staff	Quarterly
Team Brief	All Staff	As appropriate
Roadshows / visits	Scarborough, Bridlington, York	Completed
IG Resource Packs	Do. + Community	Provided to Community

	Hospitals	Hospitals
Compliance Reviews	As per programme	Ongoing throughout the year
Review of IG related Incidents	All Staff	Ongoing

The SIRO and Caldicott Guardian have undertaken the relevant mandatory training required of the roles. The Information Governance Lead has attended up date courses and is a member of the regional IG Forum.

9. Information Sharing and Confidentiality

In 2012, the Government commissioned Dame Fiona Caldicott to conduct a second review, 'to ensure that there is an appropriate balance between the protection of patient information and the use and sharing of information to improve patient care.'

The purpose was to address dual criticisms of information governance in the NHS:

a. that increased use of technology in the NHS presents risks to the security of patient information and results in breaches of confidentiality.
b. on the other hand, that a culture of anxiety among healthcare professionals has stifled information sharing, even when sharing is necessary for the delivery of safe and effective care.

The paradox is set out on p26 of the report:
"There is a perception that too much information is being disclosed inadvertently, as well as too little being shared deliberately. Furthermore there is uncertainty among many patients and users of services, who are unaware of how personal confidential data about them is collected and shared."

The review panel published its report in April 2013, including 26 recommendations for improvements to information governance in the NHS.

The second major guidance document came in September 2013, in the form of the Government's response to the review. In its response, the DoH accepts all the recommendations in principle and suggests practical solutions to implementation. The document sets out the expectations on commissioners and providers of services, and on specified NHS bodies, that they will commit to taking the necessary action.

A third major development was the publication, in the same month, of the Health and Social Care Information Centre's 'Guide to confidentiality in health and social care". The stated purpose of the guide is to support health and social care organisations in implementing the recommendations of Caldicott 2, in particular by de-mystifying the complex web of "laws, principles and obligations that have sometimes got in the way of good decision-making in the past" (p7)

The next step will be to develop a way forward for York Teaching Hospital to achieve compliance. The Information Governance Group has been asked to consider the implications of the guidance and identify priorities for the draft action plan.

The Trust developed a number of information sharing protocols over the past year with external organisations. These have been with Leeds Teaching Hospitals, the Leeds/York Partnership and others.

10. Contractors

The Trust has agreed Information Governance clauses for use in contracts with system suppliers and support organisations. Compliance with the Trust's Procurement Policy ensures that standard NHS terms and conditions apply. Use of an Information Governance checklist is encouraged to ensure that all requirements are met when dealing with personal confidential data.

11. Business Continuity Planning

The directorates have been involved in refreshing hospital disaster recovery plans and this includes issues pertaining to Information Governance, (i.e. loss of the Core Patient Data Base).

12. Compliance Reviews

A key way of ensuring that the learning from Information Governance Training has been operationalised is through a review of specific departments on a rolling programme.

The Governance Facilitators as part of their programme of compliance inspections include a basic review of IG standards. A random selection of records are selected for review to ensure that they are complete , completed correctly and where an assessment suggests a care plan should be in place that the appropriate care plan is evident and being followed. The results of this review are fed back to ward sisters /charge nurses immediately post inspection and are followed up in the inspection report. The key issues with clinical documentation have been:

- Food and fluids, inconsistent recording on a daily basis
- Failure to always record total fluid intake
- Failure to always complete the nutritional assessment on a timely basis
- Failure to complete all nursing documentation correctly
- Controlled drugs registers: issues with countersigning for drugs, issues with the recording of Matron's checks of the drugs registers

Documentation reviews on the recording within and management of controlled drugs registers has also been completed for every ward and community unit within the enlarged Trust. Feedback and recommendations have been made at ward level, with actions being reported to Corporate Directors.

In addition the team have undertaken thematic reviews on specific areas on the accuracy and completion of record keeping and documentation relating to the processes of

- consent to treatment
- DNAR/CPR

The results of these thematic reviews will be reported to the Information Governance Group and the Executive Board.

The Information Governance annual programme of compliance review visits at both clinical and non clinical directorate level has this year covered:

The annual review of clinical record keeping standards has been completed and will be reported to the Information Governance Group and Executive Board.

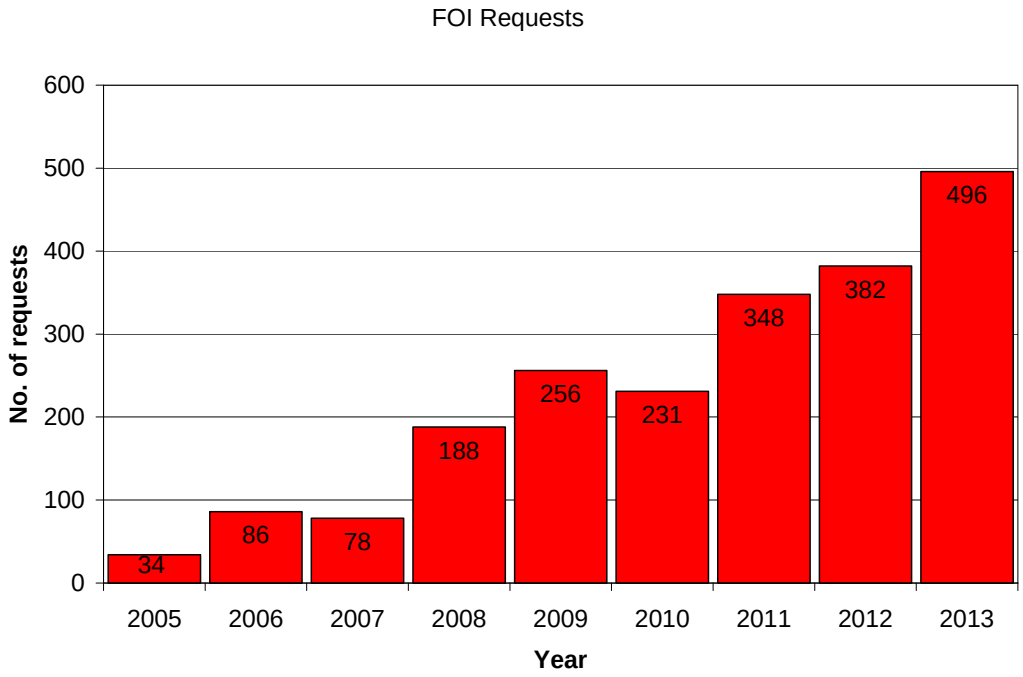
Action has also been taken to develop the liaison with the Clinical Effectiveness Team to identify any record keeping issues being identified through local clinical audit. The Mortality Workstreams also have a focus on clinical record keeping and its relationship to the delivery of patient care and

clinical coding.

13. Freedom of Information

Volume

During 2013, the Information Governance Team processed 496 Freedom of Information Requests. This compares with 382 requests in 2012, an increase of 29% in one year 15 times the number received in 2005, when the general right of access under the FOI Act came into force.



There is little evidence that requests relating to the former Scarborough and North East Yorkshire Healthcare Trust have added significantly to the count. Rather, in common with other Trusts, we are simply experiencing ever-increasing volumes of requests as the Act becomes more widely known and established as a way of gathering data on the NHS.

Compliance

Mounting volumes of requests have placed an increasing burden not only on IG staff but on the wider organisation.

The Trust provided the requested information in full on 55% of occasions. Nil returns accounted for 11% of responses and exemptions either in part or full were 34%. The main exemption used was section 12 which can be claimed when the estimated time required to respond exceeds the 'appropriate time limit' of 18 hours.

Appeals & Enforcement

There were 11 occasions during the year where applicants asked for an internal review of their responses. These were mainly to contest our decision to use section 12 in our original response. In the majority of cases we responded standing by our original decision to withhold information. However effort was made to explain our reasons for doing so in more detail.

During 2013-4, 2 applicants remained dissatisfied with the outcome of their review, and took their appeals to the ICO. Both were resolved without the need for enforcement action. In one case the Trust's decision to withhold witness statements was upheld. In the second, on escalation to Director level the decision was taken that a complaint file should be released in full.

Publication Scheme

In addition to its responsibilities to answer FOI requests, the Trust is also legally obliged to release

certain corporate information proactively as part of a published scheme. Work is currently under way to identify key Trust Policies and make them available to the public via the Trust website.

14. IG Toolkit

NHS organisations are required to complete an annual assessment of their compliance with the Information Governance standards. The projected score for York Hospitals NHS Foundation Trust in 2013/14, is 83%, rated 'green'. Confirmation and final submission due by 31st March. A summary of the last five years' results is given below for information.

Year/ Overall Score Initiative	2009/10 89%	2010/11 88%	2011/12 87%	2012/13 81%	2013/14 84%
Information Governance Management	95%	93%	93%	93%	93%
Confidentiality and Data Protection Assurance	91%	96%	92%	88%	88%
Information Security Assurance	91%	86%	84%	71%	74%
Clinical Information Assurance	91%	86%	86%	80%	83%
Secondary Use Assurance	81%	83%	83%	83%	85%
Corporate Information Assurance	79%	88%	88%	88%	88%

The overall score
The Trust still continues to perform well, but there is a significant amount of work involved in maintaining a status quo.

The current IG Assurance Statement, for submission to the HSCIC, is attached at Appendix A

15. Internal Audit

The Internal Audit Review of the Information Governance assessment of compliance against standards is currently being finalised.

16. Patient Survey

The Information Governance Team continue to undertake regular spot check patient surveys with a view to ascertaining the level of confidence that the public have in our ability to manage information safely and securely. Feedback has been mostly positive and next year will see a more comprehensive exercise in accordance with the recommendations of the latest national Caldicott review.

17. NHS Number and Data Quality

The Trust has been committed to ensuring that the NHS number is adopted as the primary identifier. All records submitted to SUS contain the NHS number, with the small exception of non UK residents. The Trust regularly updates its core patient database by batch tracing patients to ensure both demographics and NHS number are available.

Currently the Trust can report the following performance:

	% Performance of patients with an NHS Number								
	Apr Frz	May Frz	Jun Frz	Jul Frz	Aug Frz	Sep Frz	Oct Frz	Nov Frz	Dec Frz
OP	99.82%	99.81%	99.77%	99.77%	99.76%	99.78%	99.70%	99.68%	99.69%
ED	97.27%	96.81%	96.84%	94.88%	94.84%	96.11%	95.16%	95.60%	96.30%
IP	99.73%	99.72%	99.64%	99.42%	99.36%	99.61%	99.54%	99.53%	99.61%

National averages:

SUS DQ Dashboard	
Provider % from SUS DQ Dashboard Apr-Dec at Flex	SUS DQ Dashboard National Avg at Flex
99.50%	99.10%
95.80%	95.80%
99.80%	99.30%

Data Quality is an issue that the Trust takes extremely seriously. It has a robust programme of data quality review that aims to ensure that data created within it is accurate, timely and fit for purpose. Our latest data submitted to the Secondary User Service shows

Gender:

	% Performance of patients with a valid Gender Code								
	Apr Frz	May Frz	Jun Frz	Jul Frz	Aug Frz	Sep Frz	Oct Frz	Nov Frz	Dec Frz
OP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
ED	100.00%	100.00%	99.98%	100.00%	99.99%	100.00%	99.99%	99.99%	100.00%
IP	99.99%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Date of Birth:

	% Performance of patients with a DOB								
	Apr Frz	May Frz	Jun Frz	Jul Frz	Aug Frz	Sep Frz	Oct Frz	Nov Frz	Dec Frz
OP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
ED	99.99%	99.98%	99.96%	99.98%	99.98%	99.97%	99.97%	99.97%	99.98%
IP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

The Internal Audit Team have also undertaken various audits of data quality over the year. For example an Audit of the data supporting compliance with the 18 week target.

The Trust continues to undertake work in the validation of SHMI and HSMR data, engaging clinicians with a review of data where appropriate. As a result the trust continues to actively review clinical data and clinical practice for every death within the organisation.

In addition, the Chief Clinical Information Officer continues to work with clinicians to raise the importance of the accurate recording of clinical activity and diagnosis in order to support clinical coding that reflects the patient's treatment. This will facilitate improvements in clinical data quality within the Trust.

18. Recommendation	
The Board is asked to note the report.	
Author	**Fiona Jamieson, Deputy Director of Healthcare Governance**
Owner	**Andrew Bertram, Finance Director**
Date	**March 2014**

Present:
Professor Dianne Willcocks, Non Executive Director (Chair)
Patrick Crowley, Chief Executive
Lucy Connolly, Head of Workforce (Nursing)
Peta Hayward, Director of Human Resources
Sue Holden, Director of Corporate Development
Libby Raper, Non Executive Director
Beverley Geary, Director of Nursing
Melanie Liley, Directorate Manager for Orthopaedics & Therapies
Vicki Mallows, HR Manager
Alistair Turnbull, Consultant Medical Director (In attendance to present his paper)
Rachel Kristiansen, Human Resources Advisor (for minutes)

Apologies:
Dr J Thow, Clinical Strategy Lead
Natalie McMillan, Assistant Director Resourcing

	Agenda Item	Comments	Assurances	Attention to the Board
1	Apologies for Absence	These were received from Dr Thow, Clinical Strategy Lead, Mrs McMillan, Assistant Director Resourcing.		
2	Matters arising from the last minutes	<u>Nursing Establishment Review/ Update and Review of other staffing models</u> Ms Connolly confirmed the work had been concluded in October 2014 and the staffing model had been agreed. There had been some delay with the provision of costings; however these had now been finalised and forwarded to Mr Mike Proctor, Chief Nurse. Mrs Geary confirmed that the staffing models had then been communicated to Directorate Managers. Some had met with Mr Proctor and the Matrons and Ward sisters to discuss these and establish a budget by ward, nurse staff levels and inter patient ratios. A full establishment review was required in June 2014. A list of what should be included in this review should be brought to the next committee. Ms Hayward confirmed that the nursing review in the Community was being led by Ms Wendy Scott and was not HR led. Good progress was being made on benchmarking. It was agreed that this would be added as an agenda item		

		at the next committee. **Action: Ms Hayward to ensure that an update on the nursing review was added as an agenda item at the next committee.** <u>Managing Talent</u> Mrs Holden confirmed that there were a number of strands which would need to be considered as part of any talent management strategy, and described how this would be taken forward Mrs Holden committed to presenting a paper at the next meeting on how she envisaged Talent Management would look within the organisation. Mrs Holden agreed to provide Professor Willcocks and Mrs Raper with a copy of the draft paper. **Action: Mrs Holden to provide Professor Willcocks and Mrs Raper with a copy of the draft paper on Managing Talent.**		
3	HR Directors Overview	It was agreed that the committee would take the HR Director's overview as read. Ms Hayward emphasised that currently there were 23 change management consultations running that were affecting 580 staff. The question of how organisational change could be managed more effectively in terms of the process, those affected and in partnership with staff side had been discussed within her team. The HR team had agreed that further work needed to be carried out on reflective practice and learning, as well making closer links with OD from the outset. This may mean that we need to challenge the use of our resources more effectively to enable time to undertake meaningful reflective practice. Ms Hayward confirmed that Miss Longhorne had been developing robust workforce plans for directorates that aligned with the efficiency agenda and had begun with two directorates to date (Elderly and Anaesthetics). These two areas would continue to be the pilot areas and would be evaluated over the next few months. It was agreed that Ms Hayward would provide an update on this at the next meeting. **Action: Ms Hayward to provide an update on Elderly and Anaesthetics to the committee.** Mrs Holden stated that £23k of funding had been secured to train staff on the Calderdale Framework tool and a provider needed to be commissioned before		HR directorate overview for 2013 included for information

		the end of the month. Ms Hayward outlined two documents had been included with the papers, a one page overview of the HR Directorate Activity in 2013 and a summary of the 2013 National Staff Survey results. Ms Hayward explained the Directorate activity was created as an internal departmental document, but may be used selectively in other forums such as in recruitment information for prospective HR applicants. Ms Hayward confirmed that the quarterly Staff Friends and Family Test which is to be introduced from 1st April 2014 was initially going to survey all staff. However, the final guidance form NHS England has been confirmed that we only need to survey a proportion of staff every quarter on the proviso that all staff were surveyed at least once a year.		
4	Director of Learning and Research Overview	Due to changes in the Education tariff a paper and implementation plan had been produced that looked at how investment in education goes forward. There were three strands for consideration how to target investment, make it cost effective and how it impacts across the organisation. Mrs Geary outlined that she and Mrs Holden had thought about how this would look and had a sense of an overview but had not agreed the detail as yet. She outlined that the principle over the next two years was an integrated provision of training for all staff groups as the skills and the levels to which they were being trained was the same. **Action All: Professor Willcock asked that any comments were to be passed back to Mrs Geary or Mrs Holden.**		
5	Draft Volunteer Strategy	Ms Hayward outlined that a draft Volunteer Service strategy had been brought for discussion as there was the opportunity to make some choices about the purpose and direction of how volunteering is viewed and used within the Trust. It was agreed that a further paper is brought to the next meeting with proposals around focused projects that the committee would be asked to give support to**.** **Action: Miss Mallows to bring an update paper to the next committee meeting.**		Any comments on the Trusts focus for a volunteer strategy to be forwarded to Vicki Mallows
6	Medical Staff Workforce Considerations	Dr Turnbull introduced a paper setting out comparator data for Trusts highlighting the number of medical staff and also mortality data. This broadly		

		demonstrated that the Trust has fewer doctors (non consultant doctors) than other organisations, including the Keogh review hospitals. There was discussion on potential ways to address this and consider alternative models. **Action: The Workforce Strategy Committee will draw on Mrs Holden, Dr Turnbull and Ms Hayward to monitor future developments in the wider context of reshaping a future workforce.**		
7	Workforce Monitoring Mechanisms	Ms Hayward explained that Mrs McMillan and Miss Longhorne had worked on this, and whilst this was clear from the HR perspective in respect of workforce information, we need to identify which forums this could be debated in and where it could be used. Ms Hayward confirmed that the paper had been included for the committee to consider this. Ms Hayward outlined that this was used in addition to the dashboard that was agreed by the board. **Action: Ms Hayward to take this forward for further discussion.**		
8	HR Quarterly Performance Report	Ms Hayward presented this report. Professor Willcocks asked that a report was produced which emphasised that people aren't holding vacancies, especially with the link between temporary workforce spend. Ms Hayward agreed that we needed to be clearer around how we define these figures. **Action: Ms Hayward** Mrs Holden explained that they were actively addressing the issue of compliance for junior doctors with regards to induction.		Future HR Performance Report
9	Living Wage	There was further discussion on the desire to implement the living wage. It was agreed to take some of the detailed considerations through corporate directors for discussion, and that a final decision should be taken by the Board at the March meeting.	Committee supported the principle of adopting the Living Wage.	Board to discuss and agree its approach to the living wage
10	Any Other Business	Nothing was raised under any other business.		Minutes and meeting schedule attached
	Date of next meeting	Wednesday 4 June 2014 – 2-4pm		

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 March 2014

Independent assessment of educational quality

Action requested/recommendation

The Board are asked to note the contents of the paper.

Summary

As part of the function of the Yorkshire and Humber Health Education Board they independently review quality data related to all educational provision within the Trust. The attached report was presented at the recent YHHE Board in March and outlines the assessment of the Trust in complying with quality standards for education provision outlined within the Learning and Development Agreement.

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

Implications for equality and diversity

This report highlights an inclusive approach tot eh provision of health care education and reflects good practice across all staff groupings.

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Y & H HE Board Education Review Group
Risk	No risk
Resource implications	Resources will be identified to develop the action plan required to address undergraduate doctor issues as part of the Directorate objectives.
Owner	Sue Holden – Director Corporate Development

Author	Sue Holden – Director Corporate Development
Date of paper	March 2014
Version number	1

Board of Directors – 26 March 2014

Independent assessment of educational quality

1. Introduction and background

The attached matrix benchmarks York Teaching Hospital Trust against other educational providers across Yorkshire and Humber. This data is produced by Yorkshire and Humber Health Education Board and is triangulated from a number of sources including deanery visits, PPQF data and SIFT monitoring visits.

2. Process and Discussion

The first round of data capture of quality-related information took place across all functions of HEYH on the 31 December 2013. The intelligence gained from this exercise was reviewed at the HEYH Quality Steering Group in February 2014, where a risk review of all organisations took place.

The wealth of information provided feeds into the quality improvement indicators document, where draft ratings have been given for each partner organisation. The draft quality improvement indicators document is attached and whilst further refinement and additional fields of information will be added the board are asked to discuss the format of this complex information.

3. Conclusion

York Teaching Hospital Trust has performed well across a number of metrics and continues to demonstrate high quality educational experience and provision for staff across all grades and professions.

4. Recommendation

To receive this report.

Author	**Sue Holden – Director – Corporate Development**
Owner	**Sue Holden- Director – Corporate Development**
Date	**March 2014**

Summary of Quality Improvement Indicators as at February 2014

Organisation	Feedback				Education Commissioning (5)	PGMDE (6)	Finance (Total Funding Provided) (7)	Lifelong Learning (8)	LQAF (9)	Subject To additional Scruitiny by the QSG (10)
	GMC Overall Sat (1)	Students Would Recommend (2)	Overall Pat safety rate (3)	Overall B and H rate (4)						
Airedale NHS Foundation Trust	76.06	94.1%	11.3%	4.0%	3	3	£3,115,927	2.1	97%	
Barnsley Hospital NHS Foundation Trust	76.68	97.5%	8.6%	3.6%	2	2	£3,773,863	2.4	86%	
Bradford District Care Trust	85.45	95.5%	0.0%	0.0%	3	3	£1,643,908	2.4	99%	
Bradford Teaching Hospitals NHS Foundation Trust	81.76	93.2%	3.6%	3.0%	2	3	£12,261,106	2.3	94%	Y
Calderdale and Huddersfield NHS Foundation Trust	78.37	97.2%	5.7%	5.2%	3	3	£6,938,544	2.5	100%	
Care Plus Group	-	-	-	-	3	-	£62,627	2.4	-	
Chesterfield Royal Hospital NHS Foundation Trust	81.13	-	0.0%	0.0%	-	3	£566,468	-	-	
City Healthcare Partnership Hull	-	-	0.0%	0.0%	3	-	£381,667	2.4	-	
Doncaster & Bassetlaw Hospitals NHS Foundation Trust	76.69	-	5.0%	3.5%	2	2	£5,778,219	2.5	98%	
Harrogate and District NHS Foundation Trust	76.58	100.0%	9.6%	3.0%	3	3	£2,886,580	2.5	78%	
Hull and East Yorkshire Hospitals NHS Trust	78.39	97.3%	8.1%	6.2%	2	2	£18,361,077	2.2	93%	
Humber NHS Foundation Trust	77.5	95.2%	0.0%	0.0%	3	3	£2,693,535	2.3	-	
Leeds and York Partnership NHS Foundation Trust	84.24	96.9%	0.0%	0.0%	3	3	£3,706,792	2.2	97%	
Leeds Community NHS Trust	-	-	0.0%	0.0%	3	3	£1,029,805	2.2	97%	
Leeds Teaching Hospitals NHS Trust	78.51	93.5%	4.9%	3.2%	2	1	£71,424,459	2.5	90%	
Locala	-	-	0.0%	0.0%	3	-	£446,267	1.0	-	
Mid Yorkshire Hospitals NHS Trust	76.56	95.1%	10.0%	5.7%	2	2	£10,737,603	2.3	99%	Y
NAViGO	-	-	-	-	3	-	£85,802	2.3	-	
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	79.17	97.9%	4.0%	3.6%	2	2	£7,712,769	2.3	100%	Y
Rotherham Doncaster and South Humber Healthcare NHS Trust	90.33	91.8%	0.0%	0.0%	2	3	£1,068,609	2.3	-	
Rotherham NHS Foundation Trust	79.82	95.8%	5.3%	7.3%	2	3	£4,402,135	2.3	100%	
Sheffield Children's NHS Foundation Trust	85.24	-	5.0%	5.0%	2	3	£6,260,657	2.3	94%	
Sheffield Health & Social Care NHS Foundation Trust	81.33	100.0%	0.0%	0.0%	3	3	£5,531,105	2.3	-	
Sheffield Teaching Hospitals NHS Foundation Trust	80.79	94.9%	2.3%	4.0%	3	3	£57,560,750	2.5	96%	
South Tees Hospitals NHS Trust	81.94	-	-	-	-	-	£61,415	-	-	
South West Yorks Partnership NHS Foundation Trust	84.88	-	-	-	3	3	£2,298,029	2.4	98%	
Tees, Esk and Wear Valley NHS Foundation Trust	86.13	-	-	-	3	3	£637,328	-	-	
York Teaching Hospitals NHS Foundation Trust	77.17	-	5.4%	3.9%	3	3	£12,111,519	2.3	99%	
Yorkshire Ambulance Service	-	-	-	-	-	-	£321,535	2.3	-	

Indicator	Source
1	GMC Survey 2013. Representing the composite score
2	PPQA Jan - Dec 2013
3	GMC Survey 2013. Red = above the national average
4	GMC Survey 2013. Red = above the national average
5	PPQA and Contract review meetings
6	LEP visits and outcomes, survey data
7	HEYH Finance
8	Average score of nine indicators
9	Library Quality Assurance Framework Standards
10	QSGs

Rating	Description
1	Serious concerns / at risk
2	Giving some concern, but plans are in place for improvements
3	Meets/Achieves expections or standards
4	Exceeds expections or standards

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 March 2014

Research Metrics

Action requested/recommendation

The Board are asked to receive the report.

Summary

This data is produced by the Comprehensive Local research Network and outlines activity within York Teaching Hospital in relation to recruitment of patients into portfolio adopted research trials across the whole organisation.

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

Implications for equality and diversity

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

This data representing research recruitment demonstrates access and spread of opportunity across a number of specialties supporting an equal and diverse approach.

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report Education Review Board

Risk No risk

Resource implications	Not applicable
Owner	Sue Holden- Director Corporate Development
Author	Sue Holden- Director Corporate Development CLRN core management team
Date of paper	March 2014
Version number	Version 1

Board of Directors – 26th March 2014

Efficiency Position Update at February 2014

1.0 Executive Summary

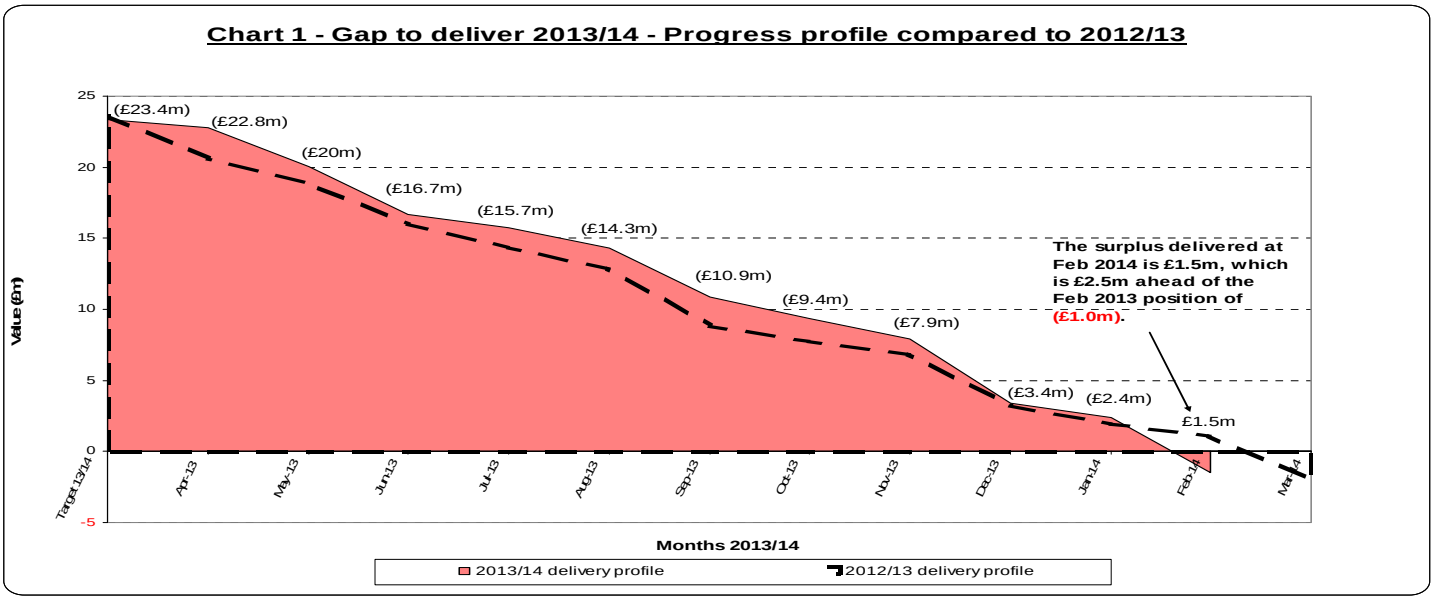
This report provides a detailed overview of the Trust's Efficiency Programme.

See table 1 and chart 1 below.

Table 1 – Executive Summary – February 2014	Total
	£'m
TARGET	
In year target	**23.4**
DELIVERY	
In year delivery	**24.9**
In year delivery surplus	**1.5**
Part year delivery surplus - Monitor variance	**1.9**
PLANNING	
In year planning surplus/(gap)	**1.9**
FINANCIAL RISK SCORE	
Overall Trust financial risk score	**4 (Amber/Green)**

Position – current year vs. 2012/13

Chart 1 - Gap to deliver 2013/14 - Progress profile compared to 2012/13



Governance	Risk to delivery
Current month Of the 32 Directorates and Corporate HQ functions 32 areas have completed their governance assessments as at February 2014.	**Current month** The current planning surplus is £1.9m; high and medium risk plans have been removed. The assessed risk has improved by £0.4m in the month.
Last Month In January 2014, 31 areas had completed their governance assessments.	**Last Month** In January 2014, the planning surplus was £1.5m, if high risk plans were removed.

2.0 Introduction and background

This report provides a detailed overview of progress to date regarding delivery of the Trust's Efficiency Programme for February 2014. This includes;

3.1 Progress against the Monitor Plan
3.2 Analysis of full year delivery
3.3 Further plans and in year risk
3.4 Four year planning.
3.5 Financial risk rating
3.6 Governance risk assessment.

Directorate level detail is provided in the attached appendices 1&2.

3.1 Trust plan to Monitor

The combined position is £1.9m ahead of the Trust plan to Monitor as at February 2014; see Tables 2 & 3 and chart 2 below.

Table 2	YTD January	February 2014	**Total YTD**
	£m	**£m**	**£m**
Trust plan	**19.5**	1.9	**21.4**
Achieved	**18.6**	4.7	**23.3**
Variance	**(0.9)**	**2.8**	**1.9**

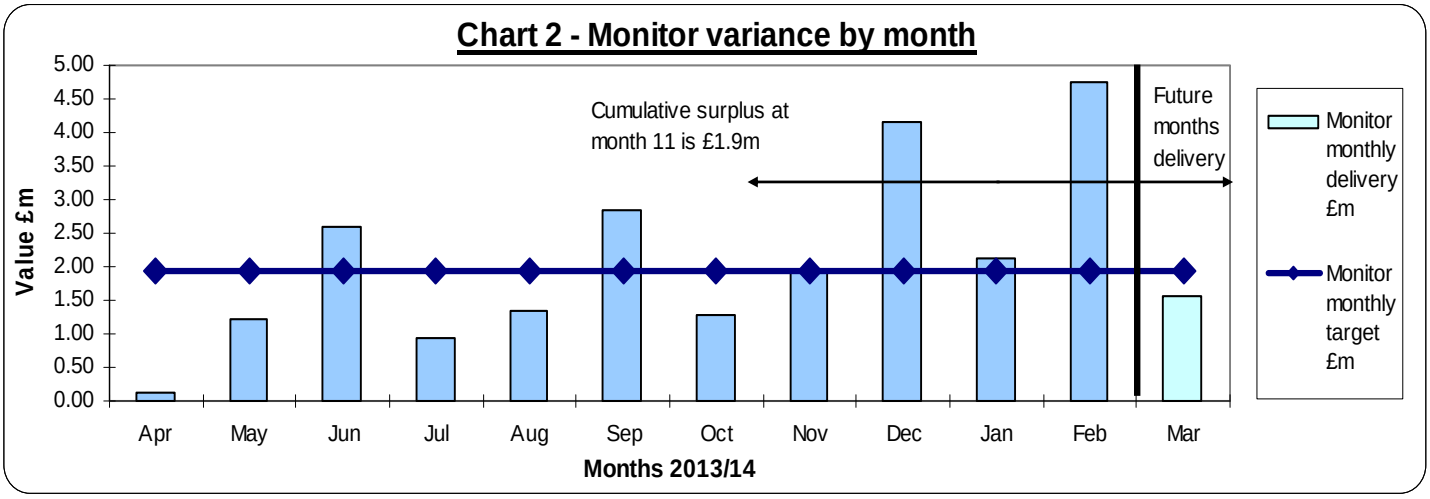


Table 3 – Monitor variance by month and cumulative variance

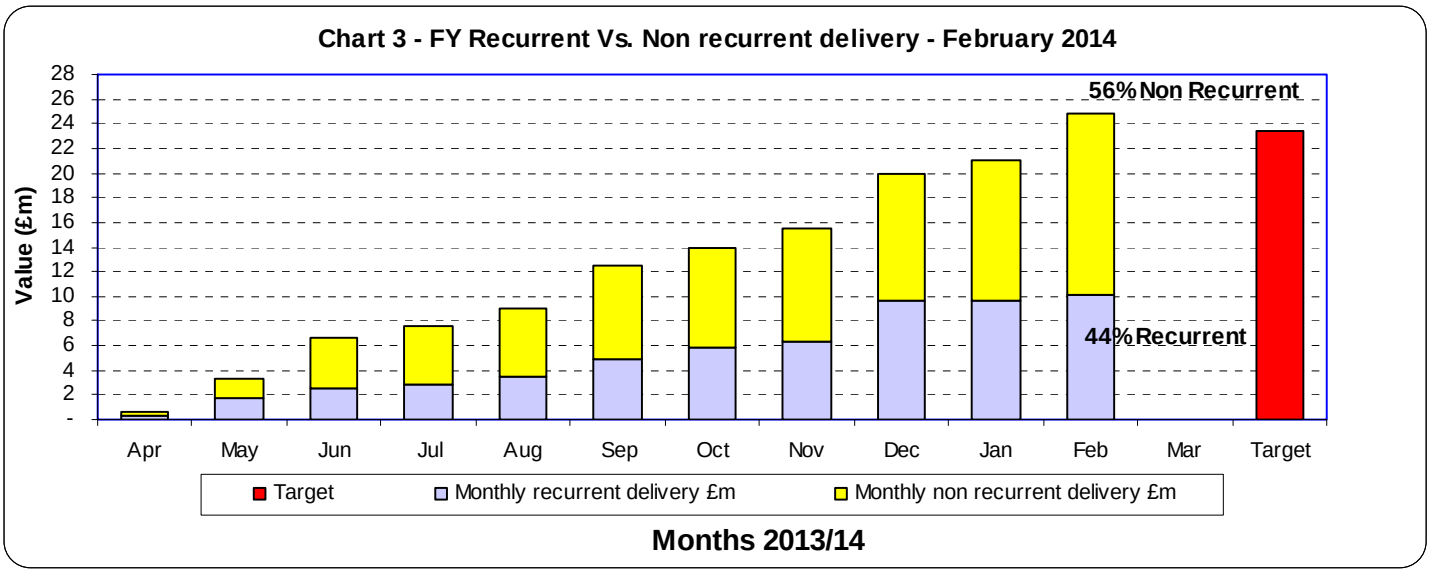
Months	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total 13/14
Monthly delivery £m	0.14	1.22	2.59	0.94	1.34	2.86	1.29	1.93	4.15	**2.11**	4.76	1.55	**24.87**
Monthly target £m	1.95	1.95	1.95	1.95	1.95	1.95	1.95	1.95	1.95	**1.95**	1.95	1.95	**23.36**
Variance £m	-1.81	-0.73	0.65	-1.01	-0.60	0.91	-0.66	-0.02	2.20	**0.17**	2.81	-0.40	1.50
Cumulative variance	-1.81	-2.54	-1.89	-2.90	-3.50	-2.60	-3.25	-3.27	-1.07	**-0.91**	1.90	1.50	

3.2 Full year position summary

As at February 2014, **£24.9m** has been achieved in full year terms against the plan of £23.4m (see Table 4 below).

Table 4	Jan 2014	Feb 2014	Change
	£m	£m	£m
Expenditure plan – 13/14	23.4	23.4	0
Target – 2013/14	**23.4**	**23.4**	**0**
Achieved - recurrently	9.7	10.2	0.5
Achieved - non-recurrently	11.3	14.7	3.4
Total achieved	**21.0**	**24.9**	**3.9**
Surplus achieved	(2.4)	1.5	3.9
Further plans	3.9	0.4	(3.5)
(Gap)/Surplus in plans	**1.5**	**1.9**	**0.4**

The February 2014 position is made up of £10.2m (44%) of recurrent and £14.7m (56%) non-recurrent schemes. This compares with £10.2m (45%) recurrent and £12.4m (55%) non-recurrent at February 2013 - see chart 3 below. The recurrent position has improved by £0.5m in February 2014.



3.3 Further planning and assessed risk to delivery

Further plans have been formulated amounting to £0.4m, which gives a surplus planning position of £1.9m. Plans are summarised in Table 5 below. All High and medium risk plans have been removed.

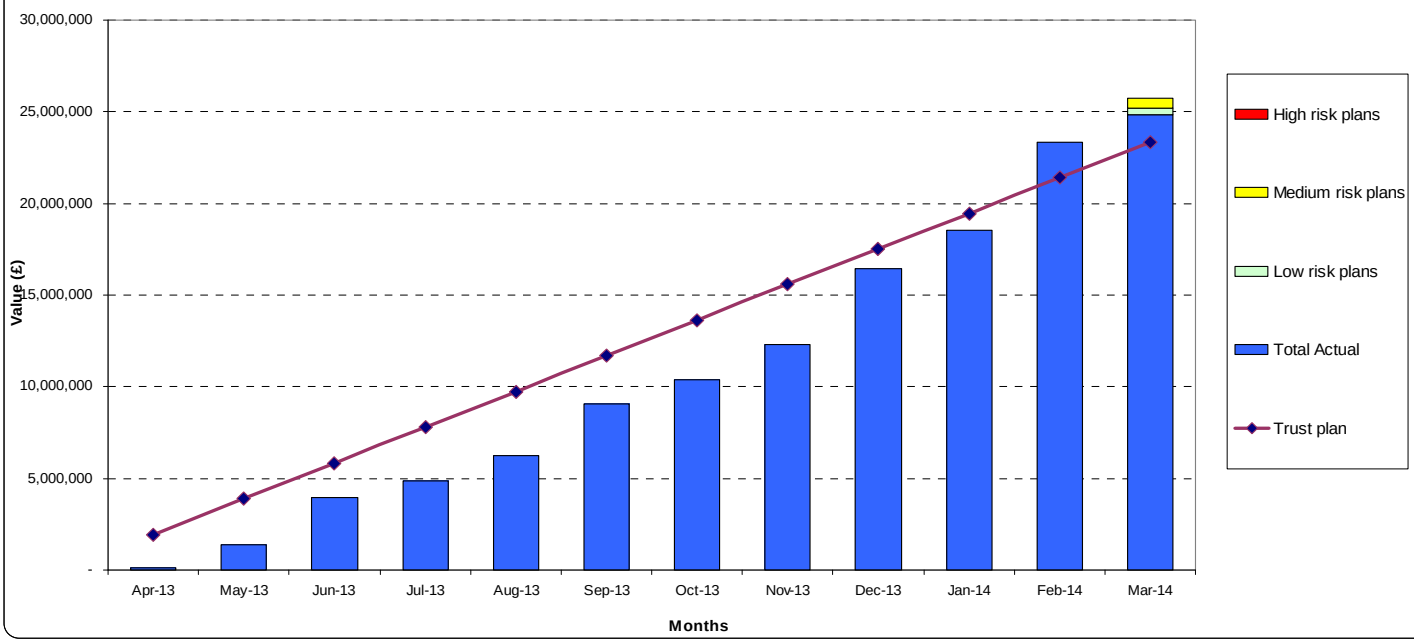
Table 5 – Further plans 2013/14

Risk	Surplus Full Year	Plans - Recurrent	Plans - Non Recurrent	**Plans Total**	Surplus in plans
	£m	**£m**	**£m**	**£m**	**£m**
Low		0.3	0.1	**0.4**	
Medium		-	-	**-**	
High		-	-	**-**	
Total	**1.5**	**0.3**	**0.1**	**0.4**	**1.9**

Directorate plans are each assigned a risk rating.

The overall February 2014 position is summarised in Chart 4 below. The bottom section has been used to represent savings achieved; with low, medium and high risk plans shown ascending, as detailed on the legend.

Chart 4 - February 2014 - Actual delivery and further plans to achieve by risk



Significant work is continually carried out to re-assess, remove or re-profile plans to ensure an up to date position. The over planned position is **£1.9m**.

3.4 Four year planning

Directorates are required to develop four year plans and Table 6 below summarises this position. There is currently a shortfall of (£2.2m) over 4 years on the base target, this has been an area of focus over the last 2 months and has significantly improved.

Significant work is on going to reduce the impact of the non recurrent carry forward and schemes continue to be developed and assessed. The shortfall in plans offers a high risk to delivery.

Table 6 - 4 Year efficiency plan summary – February 2014

Year	2013/14	2014/15	2015/16	2016/17	Total
	£m	£m	£m	£m	£m
Base target	23.4	16.4	15.9	15.9	**71.5**
Plans	25.2	23.5	11.6	8.9	**69.2**
Variance	**1.9**	**7.2**	**(4.3)**	**(7.0)**	**(2.2)**

It should be noted that if the current level of rollover is added to the base target, the 2014/15 efficiency target will increase to circa £27m. However, work is currently ongoing to reduce this figure as far as possible.

3.5 Finance risk rating

In year delivery is ahead of the same point last year with £24.9m (106%) delivered in February 2014 against £22.6m (95%) in February 2013.

A new risk scoring process has been developed and is attached as Appendix 1 and 2. It should be noted Directorates scoring a 1 or 2 on finance are considered high risk; directorates scoring a 4 or 5 are low risk.

The overall trust risk rating is 4 which is an amber/green risk.

3.6 Governance risk rating

The governance rating, detailed in Appendix 1, is a relatively new process and we are in the process of implementation. All areas have now self assessed their schemes, and a full review with the Clinical Efficiency Lead is now almost completed.

To enable a green rating to be achieved, the Directorate must have assessed 100% of their in year efficiency plans against the Trust Risk Assessment System. A red rating represents <80% of plans assessed. This process should be carried out quarterly.

Plans which are identified as high risk through this process following review with the Clinical Efficiency Lead will be presented to the Finance and Performance Committee quarterly.

In addition high risk schemes will be presented to a sub-committee of the Patient Safety Group, Chaired by the Trust Medical Director, for information.

4.0 Conclusion

Delivery in February 2014 has over achieved the plan with £24.9m (106%) of full year schemes being delivered against the Trust plan of £23.4m; this compares with £22.6m (95%) in February 2013. This progress is ahead of our Monitor profile by £1.9m in month 11. Recurrent delivery has improved by £0.5m in the month.

We currently have a planning surplus in year of £1.9m, which has improved slightly from the previous month's position. All further high and medium risk plans have been removed from the summary.

The 4 year planning position highlights a shortfall in base plans of (£2.2m); which have significantly improved from the January 2014 position of (£3.8m) shortfall. This has been an area of focus over the last 2 months.

5.0 Recommendation

The Board is asked to note the February 2014 position with its future potential risks to delivery. Significant and sustained action is required to close these gaps.

Author	**Steve Kitching, Deputy Head of Corporate Efficiency**
Owner	**Andrew Bertram, Director of Finance**
Date	**March 2014**

National Institute for Health Research

Clinical Research Network

NEYNL CLRN—Monthly Director Metrics Report for York Teaching Hospital NHS Foundation Trust

Introduction

This report describes your organisation's Research Activity relating to NIHR Portfolio Research studies. These studies are supported by NEYNL CLRN in your organisation. The CLRN supports a number of Trusts and CCGs (Member Organisations) in the North East Yorkshire and North Lincolnshire region. Research in the Network is scrutinised against six High Level Objectives:

1. Increasing the proportion of Portfolio studies that deliver in line with the study's planned delivery time and patient recruitment targets
2. Doubling the number of participants recruited into studies on our Portfolio
3. Reducing the time it takes to get NHS permission for a study to start
4. Reducing the length of time it takes to recruit the first participant onto Portfolio studies
5. Increasing the number of life-sciences studies on our Portfolio
6. Increase the percentage of NHS Trusts that are involved in delivering our Portfolio

This report relates to HLOs 2, 3 and 5. Information relating to HLOs 1 and 4 will be incorporated in future reports.

PLEASE NOTE – NIHR RECRUITMENT DATA IS EXTRACTED FROM A NATIONAL DATABASE, WHICH INCURS A SIX WEEK TIME LAG.

This means that data presented on a specific date actually describes the situation six weeks previous to the date of the report. So, a report date April 1st will describe the situation as at February 18th (based on 2013 Calendar). This is due to delays created by data processing and cleansing in the NIHR.

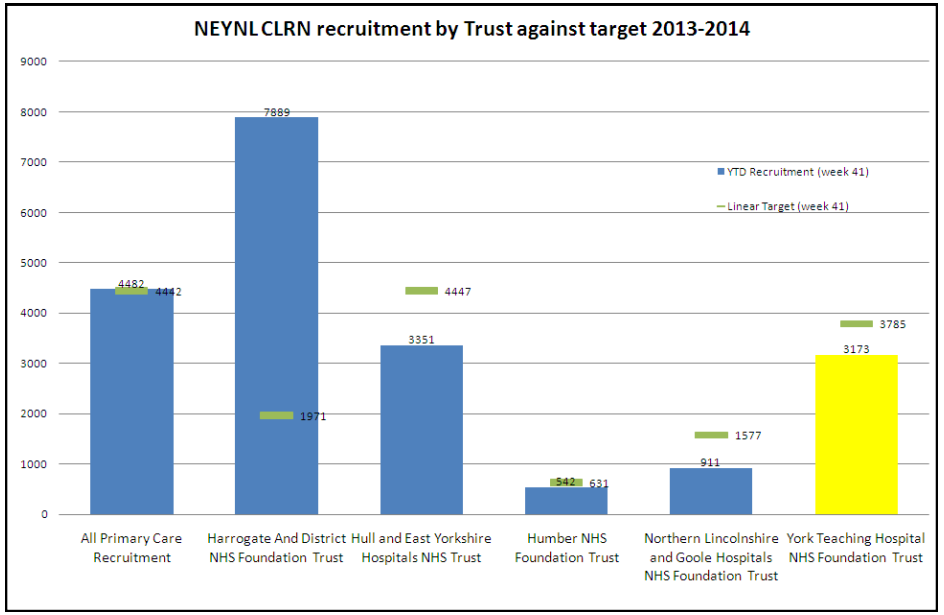
Recruitment data taken from CLRN Recruitment Summary 24/02/2014

CSP data taken from CSP Module Local Extract 28/02/2014

York Teaching Hospital NHS Foundation Trust - Research Metrics

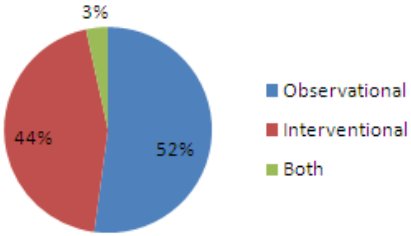
1 April 2013 - 24 February 2014

	Commercial	Non Commercial	Total			
Studies:	19	98	117	Research Nurses:	30.19	WTE
Recruits:	93	3080	3173	Admin:	11.94	WTE
				Support Services:	7.9	WTE
				Consultants:	15.6	PA



Recruitment and Network Funded Establishment

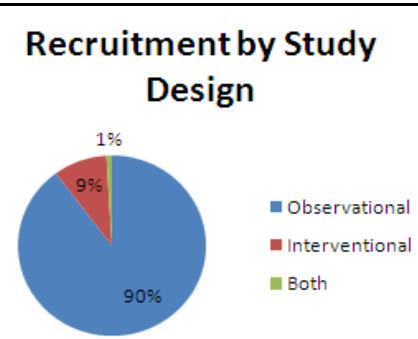
The Table (above) and chart (right) indicate the numbers of Network Funded posts within your organisation, and performance against recruitment targets in both commercial and non-commercial studies. The table on the next page gives a further breakdown of recruitment in different clinical specialties.



Study Design and Recruitment by Design

Research is categorised by the NIHR into two principal types – interventional and observational. At the time of this report, the split between the two and those studies with a combined methodology are shown in the Study Design Type chart (left).

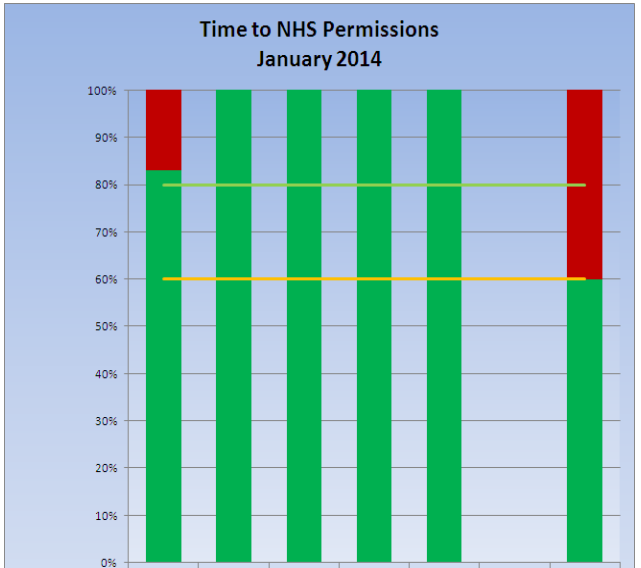
For the period of this report, your organisation is principally recruiting to Observational Studies, which form just over half of your portfolio (90% recruitment from 52% studies [observational]).



Time to NHS Permission

The NIHR HLO 3 is concerned with rapid set-up of studies. Local time to NHS Permission is a proportional measure of the numbers of studies processed for permission within 30 days. Performance measures: Green – exceed 80%; Amber – exceed 60%.

The chart (right) shows performance for all NEYNL MOs for this reporting period. Your organisation has achieved Amber performance, this however has not altered the overall Green performance for the network for January.



	Network	Community	Harrogate	HEY	Humber	NLaG	York
%> 30 Days	17%	0%	0%	0%	0%	0%	40%
% <= 30 Days	83%	100%	100%	100%	100%	0%	60%
Min	4	22	6	4	13	0%	17
Median	19.5	22	17	8	13	0%	29
Max	208	22	28	9	13	0%	208
PIM	12	1	2	3	1	0	5
Green	80%	80%	80%	80%	80%	80%	80%
Amber	60%	60%	60%	60%	60%	60%	60%

Specialty overview of Research Involvement

Specialty	No Commercial Studies	No Non-Commercial Studies	Total No Studies	Commercial Recruitment	Non-Commercial Recruitment	Total Recruitent
Anaesthesia, Peri-Operative Medicine and Pain	---	4	4	---	70	70
Cancer	6	28	34	19	297	316
Cardiovascular	2	4	6	5	79	84
Critical Care	---	1	1	---	4	4
Dementias and Neurodegenerative Diseases	---	2	2	---	56	56
Dermatology	---	4	4	---	82	82
Diabetes	---	2	2	---	23	23
Gastroenterology	---	5	5	---	74	74
Genetics	---	1	1	---	1	1
Hepatology	---	2	2	---	5	5
Immunology and inflammation	---	1	1	---	4	4
Infectious diseases and microbiology	---	4	4	---	77	77
Injuries and Emergencies	---	1	1	---	2	2
Meds for Children	---	1	1	---	18	18
Mental Health	---	1	1	---	2	2
Metabolic and Endocrine	1	---	1	4	---	4
Musculoskeletal	4	10	14	11	214	225
Nervous system disorders	---	1	1	---	2	2
Non-malignant haematology	---	1	1	---	4	4
Ophthalmology	5	2	7	52	13	65
Paediatrics	---	1	1	---	1	1
Primary Care	---	1	1	---	13	13
Renal	1	3	4	2	19	21
Reproductive Health and Childbirth	---	5	5	---	1925	1925
Stroke	---	11	11	---	54	54
Surgery	---	2	2	---	41	41

Specialty Overview of Research Involvement

The chart (left) gives a detailed breakdown of recruitment in the various clinical specialties undertaking research in your organisation at the time of this report.

The chart indicates:

1. Actual numbers of commercial and non-commercial studies
2. Total number of studies
3. Commercial and non-commercial recruitment
4. Total recruitment

This information should be considered in the context of the Research Study and Recruitment by Design information presented on the previous page.

Your organisation is recruiting principally to a broad portfolio of non-commercial NIHR Portfolio adopted studies, which are supported by Network Infrastructure (see previous page).

Issues for Escalation

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 March 2014

Chairman's Items

Action requested/recommendation

The Board of Directors is asked to note the report.

Summary

This paper provides an overview from the Chairman.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

There is no reference to CQC outcomes.

Progress of report	This paper is only written for the Board of Directors
Risk	No risks
Resource implications	No resource implications

Owner	Alan Rose, Chairman
Author	Alan Rose, Chairman
Date of paper	March 2014
Version number	Version 1

Board of Directors – 26 March 2014

Chairman's Items

1. Strategy and Context

We approach the end of the year in the strong position of having our care metrics and financial performance broadly in line with the plan – no mean feat in these straightened times – and, as a recent Monitor and FTN report indicated, a position barely half the Trusts in the country can speak of. A recent FTN conference emphasised the challenges providers face. The stresses we are experiencing here are very typical across the country. Most notable is the system-wide frustration with trying to make horizontal and vertical integrations "work". These reconfigurations cause enormous upheaval, and few are achieving the holy grail of improved patient experience, better outcomes and a cost efficiency improvement. As we all know, we continue to juggle the twin challenges of the acute integration and the local integration(s) – the dilemma of balancing resources and management effort that we have identified for two years. Attention has swung recently a little, I sense, towards the latter and there are some signs of progress across the patch. However, my personal concern is of the creation by commissioners of a patchwork of some 4-8 models of delivery, each of which is unique, and which will be very hard to govern, evaluate and compare. They will hardly be up and running when several may be under pressure to regroup again, to align towards the more "favoured" models. Still, none of us took on these roles for a quiet or predictable life.

At the same conference, the esteemed leader of the economic regulator emphasised several times their change in focus towards "the best interests of patients" when discussing their view of Trusts in general, the FT pipeline, the prospect of mergers or acquisitions, etc.. Let's see if they live out this mantra.

2. Governance & Governors

The Council of Governors met this month for its quarterly meeting in public. Governors continue to be involved across the Trust in many projects and other forms of engagement, which is a good way of positively involving them and giving them assurance that the Trust is being run well. This month we heard about PLACE (environmental) reviews, Governor support for the Bridlington elective care changes and their formal role in appointment of the Trust's external auditors. Patrick gave them a clear update on the fast-moving world of local integration – something the Governors are particularly interested in. Libby Raper -- Non-Executive lead for Quality & Safety -- gave a clear summary of the role NEDs play in assuring the Trust is performing well in this key area. This is one of a series of talks to help Governors in the task they have of holding NEDs to account. We updated them on the matron changes and congratulated our Lead Governor, Helen Mackman, on her four years in the role – the baton now about to be handed to Margaret Jackson.

A number of us from the Trust attended a public session led by the City of York Council (CoYC) Health & Wellbeing Board (HWB) - introducing their approach to the Better Care Fund monies. The most interesting was the presentation by one of the large GP groups on how they intend to take control of a piece of the "market" for community services in the York area and build a network of resources and care activity around them. Such initiatives, as mentioned in the section above, are being tested nationwide and we intend to be one of the providers/hosts for multiple examples of this in our communities – alongside the ambitious GP groups who will

attempt the same. A nationwide frustration is that the various HWBs tend to lack statutory teeth to drive change, are very variable in quality, style and tenacity and in general are not driving the local healthcare systems – in the face of more powerful component stakeholders.

We bid thank you and farewell to our HR Director, Peta Hayward, who has been a Board member here for some 10 years – during which the function she leads has received much praise and recognition by external agencies. Thankyou, Peta, for the quiet discipline and rigour you have brought to the operations of HR at our Trust, including being one of the key early activities that supported the Scarborough integration. Good luck in your next professional role. The Trust Board will adjust its portfolios to handle the discontinuity that a Board member leaving creates.

3. Recommendation

The Board of Directors is asked to note the report.

Author	**Alan Rose, Chairman**
Owner	**Alan Rose, Chairman**
Date	**March 2014**

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 March 2014

Chief Executive Report

Action requested/recommendation

The Board is asked to note the content of the report.

Summary

This report is designed to provide a summary of the operational issues the Chief Executive would like to draw to the attention of the Board of Directors.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

There are no references to CQC outcomes

Progress of report	Report developed for the Board of Directors
Risk	No specific risks have been identified in this document.

Resource implications	The paper does not identify resources implication
Owner	Patrick Crowley, Chief Executive
Author	Patrick Crowley, Chief Executive
Date of paper	March 2014
Version number	Version 1

Board of Directors – 26 March 2014

Chief Executive Report

Introduction

In his report to the Board the Chairman has quite nicely sets out much of the context we are currently working and the impact this is having on the acute sector in particular. With this is mind it is particularly pleasing that we have managed to maintain a good level of performance in both clinical and operational terms despite the significant pressures this community has faced in recent months.

We are increasingly confident that we will be able to report the achievement of the 4 hour target in ED at the end of Q4 and are seeing a reduction in our 18 weeks backlog as previously discussed. There continues to be a longer term concern about the balance of the demands being placed on us and our capacity to respond, particularly on 18 weeks, and I look forward to the outcome of the intensive support team review that will help inform our plans, and those of our commissioners, to address this. The ongoing work on managing acute demand in both our main hospitals is of course key to our clinical strategy overall as is the delivery of the Bridlington project. With regard to our clinical performance our efforts of beginning to be rewarded with (significantly) a continued reduction in standardised mortality rates and a steady improvement in many of our CQUINs. Lastly, but not least, we are also confident that we will at least balance our “books” this year and despite some of the inherent risks associated with this, such as the non-recurrent element of our CIP delivery, I would again suggest we take satisfaction in this position before we re-enter the fray in the coming year!

As we are meeting in the final days of the year I firmly believe the Board as a whole has made a genuine contribution to both the leadership and delivery of our performance on all fronts and I would ask that we all accept with satisfaction of a job (pretty) well done.

It is with regret that I recently announced that Peta has decided to leave the Trust and explore pastures new. Peta has worked in the Trust for 10 years and during that time has made a huge contribution to the organisations development leading the development and introduction of many innovative processes that have justifiably attracted attention at both a local and national level which resulted in the accolade of HR Director of the Year in 2012. Peta knows how much I have personally appreciated her leadership of HR and unwavering support to me over the years and I am sure you will all join me in wishing Peta all the best for the future.

Safe Effective Quality Occupational Health Services (SEQOHS)

I would like the Board to join me in thanking and congratulations the whole Occupational Health team, under Peta’s leadership, for successfully achieving SEQOHS accreditation following the recent assessment. The whole team has worked extremely hard to achieve this but a mention in dispatches must be made for Amanda Knibbs and Sue Brooks who both had a particularly key role in pulling all the assessment material together and of course Lizzie Wood in overseeing the whole process.

It was great to hear from the assessors that they felt the quality of preparation and materials that they saw were the best they had come across. Not only does this accreditation give the Trust internal assurance, but it means the Trust is able to continue to be competitive when tendering for external work.

CNST Maternity Service

AS you know our maternity service has been preparing to be assess against the Level 2 of the CNST Maternity Risk Management Standards for some time. This was not without risk and as such I am pleased to confirm that the team passed with flying colours recording a score of 48 out of a possible 50. This achievement not only endorses the work that has been done and the governance now underpinning the service but alos results in a significant discount in our premium. It should alos be recognised that this has been chieved in less than two years post integration and the challenge to do this should not be underestimated. My congratulations to the whole team.

The perfect week

WE are planning a “perfect week” in Scarborough Hospital, a methodology that seesk to rapidly improve patient flow to produce a step-change in safety, patient experience and performance overall. The initiative will be run over 1 week during which time the whole hospital, together with all our partners, focus on improving the emergency care and discharge pathways. In other words the whole system (health and social care) goes that extra mile to ensure any delays to patients are eliminated. In other organisations that have used this approach, clinicians have reported how struck they are by how directly both safety and quality are link to good patient flow.

We will agree exact roles nearer the time but generally it is about responding to issues escalated from silver command to ensure zero tolerance to any delays for patients' and having a visible presence on site to support staff through this process.

The details are currently being planned, led by Mandy McGale, and I will of course keep you appraised of progress as we lead up to this.

Author	**Patrick Crowley, Chief Executive**
Owner	**Patrick Crowley Chief Executive**
Date	**March 2014**

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 March 2014

Operational Plan 2014-16

Action requested/recommendation

The Board of Directors are asked to discuss the style and format of the document and plans for submission to Monitor. The content is still in the process of being finalised due to the ongoing work in relation to agreeing commissioning intentions, contracts and the Trust's Quality Goals.

Summary

Monitor's Guidance for the Annual Planning Review 2014/15 requests that Trusts comply with a two phase approach to planning:

- Phase 1: 4 April 2014 – Submission of 2 year Operational Plan together with financial information
- Phase 2: 30 June 2014 – Submission of 5 year Strategic Plan together with financial information

The first draft of the Operational Plan 2014-16 is attached for discussion of the style and format before finalisation and submission to Monitor on the 4 April 2014.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

The Operational Plan 2014-16 highlights that currently the Care Quality Commission Quality Risk Profile does not indicate any quality concerns with the Trust.

Progress of report	Corporate Directors
Risk	Risks are details in the report
Resource implications	Resources implication detailed in the report
Owner	Sue Holden, Director for Corporate Development Andrew Bertram, Director of Finance
Author	Lynda Provins, Head of the Business Intelligence Unit Neil Wilson, Ast. Director of Strategy and Planning
Date of paper	March 2014
Version number	1

DRAFT

York Teaching Hospital NHS
NHS Foundation Trust

Operational Plan Document for 2014-16

York Teaching Hospital NHS Foundation Trust

Operational Plan Guidance – Annual Plan Review 2014-15

The cover sheet and following pages constitute operational plan submission which forms part of Monitor's 2014/15 Annual Plan Review

The operational plan commentary must cover the two year period for 2014/15 and 2015/16. Guidance and detailed requirements on the completion of this section of the template are outlined in section 4 of the APR guidance.

Annual plan review 2014/15 guidance is available here.

Timescales for the two-stage APR process are set out below. These timescales are aligned to those of NHS England and the NHS Trust Development Authority which will enable strategic and operational plans to be aligned within each unit of planning before they are submitted.

Monitor expects that a good two year operational plan commentary should cover (but not necessarily be limited to) the following areas, in separate sections:

1. Executive summary
2. Operational plan
    a. The short term challenge
    b. Quality plans
    c. Operational requirements and capacity
    d. Productivity, efficiency and CIPs
    e. Financial plan
3. Appendices (including commercial or other confidential matters)

As a guide, we expect plans to be a maximum of thirty pages in length. Please note that this guidance is not prescriptive and foundation trusts should make their own judgement about the content of each section.

The expected delivery timetable is as follows:

Expected that contracts signed by this date	28 February 2014
Submission of operational plans to Monitor	4 April 2014
Monitor review of operational plans	April- May 2014
Operational plan feedback date	May 2014
Submission of strategic plans to Monitor (Years one and two of the five year financial plan will be fixed per the final plan submitted on 4 April 2014)	30 June 2014
Monitor review of strategic plans	July-September 2014
Strategic plan feedback date	October 2014

1.1Operational Plan for y/e 31 March 2015 and 2016

This document completed by (and Monitor queries to be directed to):

Name	
Job Title	
e-mail address	
Tel. no. for contact	
Date	

The attached Operational Plan is intended to reflect the Trust's business plan over the next two years. Information included herein should accurately reflect the strategic and operational plans agreed by the Trust Board.

In signing below, the Trust is confirming that:

- **The Operational Plan is an accurate reflection of the current shared vision of the Trust Board having had regard to the views of the Council of Governors and is underpinned by the strategic plan;**
- **The Operational Plan has been subject to at least the same level of Trust Board scrutiny as any of the Trust's other internal business and strategy plans;**
- **The Operational Plan is consistent with the Trust's internal operational plans and provides a comprehensive overview of all key factors relevant to the delivery of these plans; and**
- **All plans discussed and any numbers quoted in the Operational Plan directly relate to the Trust's financial template submission.**

Approved on behalf of the Board of Directors by:

Name *(Chair)*	**Alan Rose**

Signature

Approved on behalf of the Board of Directors by:

Name *(Chief Executive)*	**Patrick Crowley**

Signature

Approved on behalf of the Board of Directors by:

Name *(Finance Director)*	**Andrew Bertram**

Signature

1.2Executive Summary

The Trust provides services from three district hospitals, three community hospitals, four rehabilitation hospitals, along with community services and covers a geographical area of some 3,400sq miles. The general health of the population is better than the England average, with the exception of mortality from accidents. Life expectancy is also higher than the England average. The population of North Yorkshire is increasing with a disproportionate increase in the over 65 residents. This growth is expected to represent 25% of the whole population by 2020. As a result of this it is forecast the region is likely to see a rise in cases of dementia. There are pockets of significant deprivation in the area which provide additional challenge to the Trust in ensuring the delivery of services. It was identified in 2007 that there were 8 small areas in York that were in the most deprived 20% in the country, along with 13 areas in Scarborough and 15 in North Yorkshire.

The ethos of the Trust is to put the patient at the centre of everything we do. The care patients receive must always be safe and meet the expectations of patients, their families and friends. The Trust seeks comments from patients and uses them to improve the service and where we receive praise for our services, we ensure we maintain that standard. Surveys such as the inpatient survey and Friends and Family test are vital to the planning of the services. The Trust engages with the Council of Governors as part of the development of the plan. Staff feedback through the staff survey and other mediums also supports the planning and development of future services. Our staff, together with patients are the key components to the Trust in ensuring we are providing the right service at the right time to the right people at the right quality.

Our workforce is at the centre of our success in delivering top quality services. To maintain that success the Trust engages with staff at all levels. There are some senior clinicians in the organisation that work across the whole organisation supporting the strategies and engaging in the debates around the provision of services.

YTHFT aspires to be the main provider of acute hospital services and community services to its local community and has developed a portfolio of services with some opportunities for growth over the next few years. The Trust remains committed to working in collaboration with healthcare organisations including both commissioners and providers. The Trust has mature clinical service alliance arrangements in place with Harrogate and District NHS FT and Hull and East Yorkshire Hospitals NHS Trust and is developing its range of specialised services in its own right and as part of an inter-Trust network aligned to NHS England specification requirements. The Trust is actively seeking to work in a collaborative way with other sectors such as social care to ensure a holistic approach to healthcare is able to be provided for the community. The Trust's responsibility for community services is significant as it provides the mandate for the Trust to develop an integrated service with partners across the local health economy.

The Trust has been able to identify a number of threats that could impact on services, but these threats are also seen as opportunities for the Trust to confirm its planning and its approach to working with the CCGs and other stakeholders in providing the desired service. The Trust sees quality and safety as a priority in the organisation and this is a theme that runs through all the services the Trust provides.

The Trust has developed a robust clinical strategy, which has its foundations in the Five Year Strategy, (formerly the Integrated Business Plan) developed as part of the Scarborough acquisition and which is revised annually. A number of strategic frames were confirmed at a Board time out session involving executive and senior clinical leaders. Informing the Five Year Strategy are a number of other key strategies including the human resources strategy and the approach the Trust takes to recruitment, workforce design and utilisation along with health and wellbeing. These strategies complement each other and support the efficiency agenda and the Trust's expectation that it will provide services that are required by the commissioners and the community it serves.

The vision of the Trust is to be a healthcare organisation that is recognised locally and nationally as delivering outstanding clinical services that meet the needs of its varied population and supports services that matter to patients. The vision is underpinned by three key goals:

- To be an effective and sustainable provider of general acute, community and appropriate

tertiary services.

- To remove uncertainty in relation to healthcare services particularly for the population of the East Coast of Yorkshire.
- To extend genuine public involvement opportunities from being part of an FT, giving the population of the East Coast the opportunity to be heard more formally through membership.

The Trust reviewed the mission and objectives during the year and confirmed the mission as: *To be trusted to deliver safe, effective and sustainable healthcare within our communities.*

The Trust has an excellent track record of delivering productivity and efficiency savings and the last financial year has been no exception. The Trust continues to operate within the context of the difficult national economic situation and its impact on the NHS. In addition, although the commissioning landscape changed with effect from 1st April 2013 the CCGs (particularly the Vale of York CCG) that composed the Trust's former main commissioner (North Yorkshire & York PCT) continue to be severely financially challenged, which has wider implications for the whole of the local health economy.

The plan for the next two years is challenging, but achievable and will be heavily focused on collaborative working. It will require the Trust to continue to be innovative and creative about identifying savings and ensure that the Trust is using the resources in ways that delivers high quality care standards, so the Trust is providing the best possible care within the available resources for the patient.

1.3Operational Plan

Since the acquisition of Scarborough & North East Yorkshire Healthcare NHS Trust (SNEY), YTHFT has had two main commissioners, Vale of York Clinical Commissioning Group (CCG) and Scarborough & Ryedale CCG, but also deals with East Riding of Yorkshire CCG and Hambleton and Richmondshire CCG who sit on the periphery. The Trust has regular patterns of engagement with the CCGs, Health & Wellbeing Boards and City of York Council and North Yorkshire County Council in developing a service planning approach which is sustainable and beneficial to the wider community.

Partnership working with Acute Trusts in the region is also paramount to developing a range of services, which are both cost effective and also provide greater choice to patients. There is continuing engagement with NHS England around the planning and delivery of specialist "secondary care plus" services which involves in some cases network/alliance arrangements with neighbouring acute Trusts eg: Hull and Harrogate. However, there will also need to be a consistent approach in working with CCGs and Local Authorities to encourage standardisation and transformation of services across the locality.

Working across organisational boundaries is one of the Trust's strategic frames ensuring co-operation and partnership working. The Trust's intention is to drive forward quality, safe and sustainable services through collaboration with others to provide choice together with locally based services wherever practicable. The Better Care Fund (formerly the Integration and Transformation Fund) has been created to facilitate integrated planning between Health and Social Care. The Trust is a standing member of York's Health & Wellbeing Board, which also includes representation from City of York Council, Vale of York CCG, Leeds York Partnership Foundation Trust, Adult Social Services and various voluntary organisations. The Trust is also represented at the North Yorkshire Health and Wellbeing Board.

The Trust's has four strategic frames which provide a framework and consistency approach for developments.

The key organisational strategic frames are:

- Improve quality and safety - To provide the safest care we can, at the same time as improving patients' experience of their care. To measure our provision against national indicators and to track our provision with those who experience it.
- Develop and enable strong partnerships - To be seen as a good proactive partner in our communities - demonstrating leadership and engagement in all localities.
- Create a culture of continuous improvement - To seek every opportunity to use our resources more effectively to improve quality, safety and productivity. Where continuous improvement is our way of doing business.
- Improve our facilities and protect the environment - To provide a safe environment for staff, patients and visitors, ensuring that all resources are used as efficiently as possible.

Aligned to these strategic frames are a number of continuing priorities and key developments for future sustainability of the organisation.

- Continuation / enhancement of integrated clinical team working across the York/Scarborough Hospital sites/communities
- Developing separation of acute and elective capacity
- Redefinition of role/purpose of Community services/hospitals
- Co-operation/Partnership Working with other organisations

Integration - the Transforming Community Service agenda and the acquisition of SNEY has led to the phased integration of clinical and corporate directorates, together with a programme of estate works to ensure Scarborough and Bridlington Hospitals are fit for purpose. This involves

- single directorate clinical and management structures,
- standardised governance and clinical protocol arrangements,
- the sharing of expertise and capacity,
- developing access to sub-specialised services across the patch,
- redesigned service pathways generating improvements in care,
- economies of scale and streamlined recruitment processes to attract and retain skilled staff.

Integration of the clinical and corporate services areas is progressing well and the new organisation continues to evolve and develop as services and departments align. The Trust is committed to the continuation of this integration work across sites and the communities in order to enhance the services provided.

The integration has provided an opportunity to separate out acute and elective care at Scarborough with the intention of developing Bridlington Hospital as an elective care centre. The vanguard of this work will be the movement of orthopaedic elective work to Bridlington during 2014/15 supported by a programme to develop a service which provides outpatients, treatment and rehabilitation all co-located for ease of access. A mobile laminar flow theatre will be procured as a precursor to another theatre being built to further develop the capacity required. This work will need wide public engagement to ensure that travelling distance becomes a minor issue heavily outweighed by quality and patient safety. There will also be opportunities to work with GPs and neighbouring acute trusts to facilitate maximum utilisation of the facilities and site.

Acute and Elective Care Separation - the focus on acute/elective care separation on the York Hospital site will revolve around the development of a revised acute care and assessment triage model including the amalgamation of the Short Stay Unit and the Acute Medical Unit.
An Acute Board Strategy is driving through the preparatory work to establish an Acute Assessment Unit. Review/reconfiguration of the bed base is taking place including reduction of surgical bed stock and more use of day case twenty three hour and extended care beds and an increase in elderly bed stock.

The Acute Board Strategy underpins work which has been started to explore 7 day working initiatives that will enable the Trust to function at a higher level on evenings and weekends to facilitate faster diagnosis and discharge. The Acute Board has been replicated at the Scarborough end of the patch to ensure lessons from the work at York are learnt and developed for use at this site.

Community Services/Hospitals - redefinition of the role and purpose of community hospitals and services is a key priority for both the Trust and CCGs and is being driven forward by the Community Hub model which will be trialled at Malton and Selby in the first instance. The Trust needs to work in partnership with CCGs to identify those patients who can be safely managed in the community, promote self-care initiatives including patient education and self management, exercise and rehabilitation. This work will help to ensure that the focus remains on acute and elective care and patients are not admitted inappropriately and that discharge arrangements are co-ordinated and provide a seamless service from secondary to primary care.

A number of initiatives are being piloted and implemented as an opportunity to design new and innovative care including early supported discharge for stroke patients and improving the early diagnosis of dementia by ensuring staff are trained to assess patients and able to refer onto the most appropriate clinician. The Trust is seeking to develop high quality integrated end of life care by working in partnership with others to support patients and their families and providing more choice.

Learning from the integration of York and Scarborough has identified opportunities to work more flexibly in the community in such specialties as Diabetes to ensure that patients get the expertise, care and education they need to ensure that hospital treatment and outpatient care is not the first option.

Alliance and Partnership Working - there is a corporate commitment to pursue Alliance and Partnership working with other organisations. In respect of neighbouring acute/community trust organisations (e.g. Harrogate and Hull Trusts) there are potential benefits in terms of mutual service sustainability (through pooling of population numbers and shared expertise and manpower) economies of scale and improved patient pathways.

Examples of services that are being looked at include Oncology, aspects of General Surgery, Ophthalmology, Renal Medicine and Sexual Health. Partnership/Alliance Boards involving senior managers and clinicians from the respective organisations are overseeing developing work programmes. Similarly, partnership working with CCG colleagues via Care Collaborative meetings is being pursued to promote integrated Hospital/Community care working and more effective deployment of resources across the patient pathway.

a.The short term challenge

It is recognised in the Local Health Economy that fundamental change to working practices is required to maintain services in a difficult financial climate whilst driving up quality and focusing on patient safety. The Trust provides a comprehensive range of acute, specialist and community services to approximately 530,000 people living in and around York, North Yorkshire, North East Yorkshire and Ryedale. This presents a challenge especially in terms of consistency of provision and is compounded by the number of CCGs and Local Authorities and other organisations involved in the planning.

Achieving a balanced budget and organisational sustainability in the coming years, with the continued focus on further efficiencies and funding pressures will be challenging and require committed focus and engagement with all partners across the locality.

Expectations on providers from CCGs to provide greater efficiencies whilst transforming care and maintaining quality and safety, are significant. The financial challenge is set within a context of increasing demand across all sectors including an elderly population whose needs are changing together with higher patient expectations across the board. Health and social care integration has been identified as an area which could provide opportunities for joined up pathways for patients whilst reducing duplication and the risks of patients falling between separate services.

The Better Care Fund has been set up to acknowledge the two main factors facing health and social care; an ageing population and an increasing number of people with long term conditions. The fund provides a financial incentive to Councils and NHS organisations to make joint plans to deliver integrated care. Community models will play a significant part of the short term financial and service sustainability solution for the Local Health Economy and these feature heavily on the agenda for the Trust and both leading CCGs and are the cornerstone of the use of the Better Care Fund.

Development of community hub models to deliver improved health and wellbeing linked to long term condition support will be the first step to managing long term condition patients proactively and closer to home. This will reduce admissions and lengths of stay and free up capacity within the Trust to concentrate on acutely ill and elective patients. However, initiatives like this will take time to scope, pilot and fully implement leading to increased operational costs in the short term before benefits can be built on and fully realised.

Increasing demand will also be a significant challenge. Developments are planned on a number of areas to tackle the balance between demand and capacity, but resources are finite and will require continual prioritisation to ensure the maximum benefit is realised from the workforce, finances, estate options and skill enhancements.

b. Quality Plans

Commissioning Priorities

NHS England sets out a number of essential elements for a sustainable health economy in ‘Everyone Counts: Planning for Patients 2014/15 to 2018/19’:

- Quality
- Access
- Innovation
- Value for money

Quality and safety underpin the Trust's ultimate objective 'to be trusted to deliver safe, effective healthcare to our community'. The Trust continues to develop an open, honest and responsive approach to patient experience and feedback evidencing its commitment to learn from internal factors and external reports such as Francis, Keogh and Berwick.

The Trust places great emphasis on infection, prevention and control by working with other agencies in order to continually improve practice and measures of hygiene. Governance systems within the Trust ensure that infection prevention is given a high priority at senior committee and board level and evidences a senior team who are committed to raising standards and empowering both patients and staff to provide safe, quality care.

Safeguarding – the Trust has a structure in place for both safeguarding adults and children with the Chief Executive being the children's lead and the Director of Nursing leading on the adult safeguarding agenda. The framework is supported by named leads for nursing, midwifery and paediatrics at York and Scarborough. Following the acquisition of SNEY, a whole system review will take place to simplify policies and procedures, making them easier for staff to use and this will be underpinned by a programme of training. The Trust is currently collaborating with a number of agencies to look at the provision of a North Yorkshire Sexual Assault Resource Centre to further improve child protection in the area.

Staff satisfaction plays a key part in the Trust's strategy going forward, ensuring that staff have the appropriate skills and training to provide a quality service and are recognised for outstanding performance and delivering a service that goes beyond that which is expected.

The separation of acute and elective care will allow appropriate focus to be given to each flow ensuring that optimal care is provided whether the case is routine or complex. This approach will be facilitated by provision of 7 day services which is also a key element of local commissioning strategies to provide Community Hubs to enhance patient safety and experience. A number of clinical directorates are exploring options to extend working hours and improve skill mix to enable a move towards the provision of 7 day services. The aim to separate services along with the increased critical mass that is due to the acquisition of Scarborough will enable the Trust to look at providing a range of specialised services or to be part of an inter-Trust network in order to meet NHS England's specification requirements.

Access – The Trust is spread over a large geographical area especially since the acquisition of SNEY. The acquisition was predicated on providing enhanced patient choice and access across North Yorkshire and is being built on with partnership working that extends across the region and looks at securing access and choice for patients in the long term.

Research and innovation have always played a major role in the provision of the Trust's services. A well developed and structured research focus continues to evolve which capitalises on partnerships with other organisations in and around the region. Innovation is encouraged and can be evidenced in new approaches such as the Community Hubs which will be piloted in two areas.

Value for money, effectiveness, efficiency and procurement – The Trust has a proven record of implementing resource management cost improvement programmes aimed at delivering efficiencies, to support the Trust in making outstanding use of its available money, staff, equipment and premises. Good resource management provides clarity of focus and is usually linked to improved patient care. The work involves linking across the Trust to identify and promote efficient practices.

Local Commissioning Priorities have these been finalised yet?

The Trust recognises the need to work collaboratively with local partner organisations in order to ensure a whole system approach to transforming and integrating services. A number of elements are common to partner organisations are being developed collaboratively based on local commissioning priorities.

Reduced New to Follow up Appointment Ratios - this work was initiated in 2013/14 and will continue to develop. The Trust has undertaken a significant amount of work to scope and implement a reduction

in follow up appointments across specialties. This has culminated in a number of 'condition registers' that have been developed by Trust clinicians, in essence to provide a safety marker, which the Trust can use as a default position. These condition registers have been opened up to scrutiny and clinical discussions to ensure the right safety lines have been drawn. The next steps will enable commissioners to make decisions on what specialty follow up appointments are commissioned and which can be devolved into primary care for GP follow up.

Community Hubs - Community hubs will provide the model to integrate health and social care enabling funding and skills to be shared and prioritised, providing rapid assessment and diagnosis. This will strengthen community services and provide a more consistent approach to the implementation of model care pathways and management of elderly patients and those patients with long term conditions. Community hubs will provide an opportunity to work collaboratively on information systems to enable information and records to be shared to support joint care delivery between primary and secondary care. These models need to be set up and worked through to enable full implementation over the next two years.

Vale of York CCG have developed a five year plan which will drive their approach to local hubs and providing a central point of access. The Trust is working with the CCG to develop a pilot which will be sited at Selby Community Hospital which will provide urgent multidisciplinary team assessment, initial treatment and a care plan to support any ongoing care. There will also be proactive identification of patients with the intention of working with patients to develop and implement individual care plans. This pilot will explore ways to 'wrap' services around primary care creating an effective interface between primary and secondary services enabling patients to be supported in the locality.

A major project area for Scarborough and Ryedale CCG is also the provision of a community hub enabling support to be provided in the community including rapid assessment and diagnosis of frail elderly patients. The aim is to strengthen the support in the community around elderly care, those patients with dementia and develop services that care for patients at the end of life in the most appropriate setting. The community hub development at both hospitals could also include planning for a rehabilitation facility for major trauma, stroke and neurosurgical patients.

7 Day Working – 7 day working has been highlighted as a priority both nationally and locally to improve patient safety and offer greater patient choice. The Trust is already in the process of exploring options for providing services on a 7 day basis to improve diagnostics and aid clinical decision making. This will enable better discharge planning, shorten length of stay and reduce unnecessary admissions. There is recognition that diagnostics are crucial to secondary care and a significant proportion of primary care and a business case has been submitted by Radiology to start the process to achieve enhanced services. The intention is to fully utilise staff and equipment at weekends and evenings to ensure optimal patient management. 7 day working will also help to facilitate the community hub implementation enabling greater access to diagnostics and subsequent planning of care and treatment closer to the patient's home.

Community Diabetes – The Trust is working with Vale of York CCG to explore pathway redesign and the development of a Community Diabetes Team. The new model will reflect changing expectations of patients and the current Department of Health ethos of offering care closer to the patient's home. This will allow the Trust to align services provided at York and Scarborough and transfer routine follow up care into community based services.

Local Orthopaedic Triage Service (LOTTS) – Following a Scarborough and Ryedale CCG consultation exercise, it is proposed to change the current musculo-skeletal pathway into a Local Orthopaedic Triage and Treatment Service (LOTTS). The LOTTS service would be provided by the Trust's Consultant Orthopaedic Surgeons and Extended Scope Practitioners (ESP). There is an expectation from Scarborough and Ryedale CCG that the new service will deliver more efficient patient pathways and reduce the number of patient attendances in secondary care.

Threats and Opportunities from local commissioning intentions (edited from Strategic Plan 13-14)

The Trust contracts with several Clinical Commissioning Groups (CCGs) in North, East and West Yorkshire, NHS England and two Local Authorities. This presents the Trust with both Opportunities and Threats as follows:

Threats	Opportunities
• The different commissioners may take varied approaches to commissioning and contracting for services with different outcome requirements being required of the Trust for the same service. • Commissioners are taking differing approaches to the application of CQUIN to the different contracts. • There are many financial penalties built into the standard contract for Never Events and National Quality Requirements and these present an increasing financial risk to the Trust. Local Commissioning Strategy • The Trust's two main commissioning CCGs (Vale of York and Scarborough/Ryedale) have inherited significant deficits from the North Yorkshire and York PCT and have a significant QIPP programme to achieve and then remain in balance over the next 3 years. In particular the CCGs will continue to focus on outpatient follow up ratios as a means to achieving cost efficiencies. • Vale of York CCG has signalled its intention to competitively tender some services currently delivered in an acute setting with the intention of moving these to community setting and making cost efficiencies. • Vale of York and Scarborough CCGs are trying to introduce local financial penalties for local quality initiatives. • Vale of York CCG has signalled its intention to commission an integrated health and social care service during 2014. This will include some services provided by the Trust.	• The introduction of the CCGs allows the Trust to think differently about commissioning and provide opportunities to identify savings and change how services can be designed to more closely to reflect the commissioner's desires. • The Trust will be working with different commissioners and a greater number of stakeholders. This will provide the Trust with an opportunity to be imaginative about the provision of services. • The local NHS treatment centre currently run by Ramsay healthcare is due for re-tendering before October 2014. • The inherited deficit remains a challenge, but is a driving opportunity for the health and social care providers in the area to work together and find collaborative solutions to the challenges. • Vale of York CCG has signalled its intention to commission an integrated health and social care service during 2014/5. This will include some services not currently provided by the Trust. • The Trust welcomes the opportunity to be involved in market testing exercises. This will allow the Trust to consider how a service is delivered and how it can be improved and be more efficient. • The introduction of financial penalties will sharpen the expectations of the Trust and enhance the opportunity to work closely with the commissioners. • There are opportunities as a result of competition to win business from other providers and this is welcomed by the Trust.

The Threats and Opportunities presented by CCGs competitively tendering services highlighted above will have little or no impact in 2013/14 as the CCGs have not yet given the appropriate notice to the Trust of the intention to change the contract. In addition the tendering process will take at least 9 months from tender issue to service commencement and, at the date of the annual plan, no tendering processes have started. The Trust has assumed that the overall impact of the threats and opportunities highlighted above will be neutral on the income and expenditure position for the 3-year planning period.

Quality

Currently the Care Quality Commission Quality Risk Profile does not indicate any quality concerns with the Trust.

The Trust has a number of quality goals:

Patient Safety – any new ones being agreed?

Improving care of acutely ill and deteriorating patients

- 80% of all acute medical, elderly medical and orthogeriatric patients admitted through the Acute Medical Unit (AMU) be seen by a senior clinician within 4 hours of admission.
- 80% of all acute medical, elderly medical and orthogeriatric patients will be reviewed by a consultant within 12 hours of admission
- The National Early Warning System (NEWS) for early identification and escalation of the deteriorating patient is implemented on all general adult acute wards. This will include community hospitals.

Reductions in mortality rates

- We will have established a system for review of all in-patient deaths in the acute and community hospitals.
- We will continue to work towards achieving an overall SHMI of 100 with an achievement of a reduction in the SHMI to no more than 105 by March 2014.
- We will continue to work towards achieving an overall HSMR of 95 with achievement of a reduction in the HSMR to 100 by March 2014.

Improving care for patients with dementia

- Over 90% of patients acutely admitted with delirium or dementia aged 75 years or over have a dementia specific assessment and are referred for further diagnostic advice and specialist treatments.

Improving the use of the WHO surgical safety checklist

- We will achieve 100% compliance with the use of the WHO surgical safety checklist.

Clinical Effectiveness and Outcomes

Reduction in the development of pressure ulcers

- The number of patients recorded as having a category 2-4 pressure ulcer (old or new) as measured using the Safety Thermometer on the day of each monthly survey for York Hospital, Scarborough Hospital, and Community Services has reduced by 50% when compared with the 2012/13 incidence.

Improving the management of patients presenting to the Emergency Department with asthma
By the end of March 2014, we will ensure that 75% of patients receive care in accordance with The College of Emergency Medicine bundle of care recommendations: This means that patients:

- Will have peak flow, oxygen saturation, pulse and respiratory rate measured and recorded on arrival in the Emergency Department.
- Will receive bronchodilator and steroid drugs within 30 minutes of arrival.
- Will have peak flow, oxygen saturation, pulse and respiratory rate measured and recorded prior to discharge from the Emergency Department.
- Will have their inhaler technique checked and receive an explanation of management including written symptom based and peak flow based management plan.
- Will receive a discharge prescription of oral steroids.
- Will be advised of follow up arrangements with primary care.

Patient Experience

Expanding systems for patients to provide feedback on care and treatment received (using the Family and Friends Test)

- Systems for delivery of the Family and Friends Test in nationally designated areas have been established throughout the Trust (excluding Paediatrics).

- Response rates for the Family and Friends Test (launched nationally in April 2013) have increased to at least 20% from a baseline response rate established between April and June 2013.
- We will have maintained the position of being in the upper quartile for the Family and Friends Test in the National Staff Survey.

Enhancing supported discharge for patients following a stroke

- 90% of patients discharged from our hospitals following a stroke will have a new developed enhanced supported discharge pathway.

Integrating nursing risk assessments for patients with chronic conditions

- 90% of patients with long term conditions of diabetes, chronic obstructive pulmonary disease (COPD), asthma or ischaemic heart disease will have their discharge plans/risk assessments integrated with community services to ensure they experience a seamless care pathway.

The Trust's Nursing and Midwifery Strategy has a vision aligned to national recommendations and centred on six values: care, compassion, courage, communication, competence and commitment. Known as the six Cs, the aim is to embed these values in all settings to improve patient care. The strategy focuses on four areas of priority:

- Patient experience
- Delivery high quality safe patient care
- Measuring the impact of care delivery
- Staff experience

In order to deliver the strategy a three year work plan has been developed which sets out the priorities year on year. The implementation of the strategy is regularly monitored by the Board of Directors to ensure progress.

Board Assurance

The triangulation of key performance data is paramount to an organisation developing a cohesive understanding of its risks. In reality this means that the identification of risk is a multi faceted process, involving the physical inspection of services and localities, reviewing of key performance indicators (complaints, datix web reports, claims, nursing care indicators etc), and establishing improvement plans where necessary. This work is undertaken by a small team of Governance Facilitators who work directly with the Risk and Legal and Patient Safety teams as well as clinical and non clinical directorates to review and improve performance. This will include the development of Governance Dashboards for each service area and these will be regularly reviewed at Directorate and Performance Management Meetings.

The Trust drives quality and safety through the organisation by ensuring that it is linked to all objectives and activities. The Board of Directors is responsible for ensuring that the organisation complies with all national, legal and regulatory requirements. This includes compliance with the CQC regulations and outcomes.

Assurance is maintained by a number of groups reporting through to the Board of Directors. The Quality and Safety Committee is a formal Board Committee chaired by a Non Executive Director with delegated authority from the Board to seek assurance around quality and safety. This committee examines Serious Incidents, Mortality, Hospital acquired infections, Clinical Effectiveness and Patient Experience as part of its core business. Performance data is monitored and reviewed to identify risks and early warning of potential areas of concern. Patient safety leads the Board agenda and is supported through the Trust by other dedicated groups which focus on patient safety, risk, quality and performance.

The Medical Director has lead responsibility at Board level for Clinical Audit and Effectiveness within the organisation. Operationally he is supported by the Assistant Director of Healthcare Governance and the Clinical Effectiveness Team. The Trust requires all Clinical Directorates to participate in local and national clinical audit, and for this to be reported in the Trust's Quality Report. The Medical Director reports on clinical audit and effectiveness issues directly to the Board of Directors.

The Trust assesses compliance against Monitor's Quality Governance Framework and to ensure gaps or risks are identified, monitored and reduced. The Trust also collates and shares a Quality Report annually which reviews performance and priorities over the preceding year enabling new priorities and adjustments to be made for the year ahead.

Following the acquisition of SNEY and subsequent ongoing work to integrate the two trusts, a review of the governance structures and reporting mechanisms will be undertaken. This work with ensure that the Trust continues to evolve a sound system of assurance that captures and data, performance and intelligence which can be used by the committee structure and ultimately the Board to make informed decisions on the future delivery of safe, quality services.

Staffing is the Trust's biggest financial commitment and challenges in terms of recruitment and retention. There will need to be a drive towards flexible and different ways of working, employing staff to work differently to maximise skills and assets.

The Trust will continue to recruit in line with its values, ensuring not only consideration of individuals skills and experience, but also consideration values and behaviours. Ongoing review of the make up of the workforce across the integrated organisation will continue, in order to ensure consistent models where appropriate. The role of advanced clinical practitioner has been introduced, both as a training role and as an established position in order to ensure approach skills are available. The Trust continues to focus on improving rostering, reducing the need for temporary and locum staff, maximising attendance at work and regular benchmarking against national models. Focus remains on progressing our reward and recognition agenda as well as other factors that impact on how employees feel about coming to work.

The Trust has responded to a number of key reports published with discussions being held at various levels in the Trust and action being taken to strengthen commitment to an existing programme of work which demonstrates ongoing assessment of performance, identification of gaps and continuous improvement. Quality and Patient Safety receive prominence on the Board of Directors agenda together with the examination of numerous strands of data to allow open and transparent discussion and detection of any rising issues. This is supported by the use of patient experience and promotion of learning from serious incidents, complaints and incidents. This work continues to evidence a drop in the organisation's mortality rate.

The Nursing and Midwifery Strategy and Patient Experience Strategy will continue to deliver the focus on the Francis, Berwick and Keogh reports to ensure that actions are achieved. Significant emphasis has been placed on nursing including restructuring of the senior team to enable the following:

- A clear focus upon the nursing and patient care agenda as an organisation
- Clear focus on quality and standards of care
- Put challenge into the clinical directorates to ensure patient experience and safety is aligned with finance and activity
- Allow consistent delivery of the PPI agenda
- Allow clear professional accountability
- Support nursing leadership at all levels of the organisation (in the next phase post Chief Nurse Team re-structure)
- Give an organisational overview and remove the speciality focussed silos
- Allow a full review of roles and areas in order to achieve best fit for the benefit of the organisation
- Ensure lessons are learnt across the whole organisation following complaints, adverse incidents and SIs.

Risks

- Impact of financial penalties
- Failure to meet cost improvements
- Recurrent and non recurrent funding implications
- Pension funding

- Termination of Community Contracts
- Potential for CCGs to give notice on contracts for other services
- Number of CCGs and the potential for variation
- Challenging community hub timelines
- Acute bed pressures impacting on elective care
- Integration of safeguarding
- Shortage of Junior doctors
- Locum and temporary staffing spend

The Trust has identified a number of risks sources including financial, CCG intentions, bed pressures and workforce. A financial plan is incorporated in this document which sets out the Trust's financial assessment of the next two years with built in contingencies and a robust cost improvement programme which continues to deliver year on year. The Trust also has a workforce strategy which is focused on ways to increase recruitment and reduce locum and temporary staffing spend. The Trust is looking at innovation in relation to staffing in order to be able to respond to shortages. Junior doctor shortages will be supplemented by a programme to build on the successful first cohort of Advanced Clinical Practitioners which are just about to start in their second year. A second cohort of 12 has been identified and will feature 6 community posts to align with the Trust's focus on treating patients in the community. The Trust continues to explore best practice initiatives to ensure that staffing is flexible to respond to the needs of patients, but is soundly supported by a framework incorporating support and training underpinned by reward and recognition.

The CCGs are continuing to mature and relationships with our partners continue to develop to ensure open and honest dialogue together with a collaborative approach enables all parties to share the benefits and risks.

A number of initiatives have already been mentioned including an acute strategy which will drive the split between acute and elective provision to ensure both elements can be delivered with a planned and measured approach. Further work on the acute strategy includes increase of the Emergency Department footprint by adding an Ambulance Assessment Unit and an Acute Assessment Unit. In the meantime a move has been made to amalgamate the Short Stay Unit and Acute Medical Unit to create a more cohesive unit whilst cutting down on duplication of paperwork giving staff more time to care.

c. Operational requirements and capacity

Business planning has been undertaken in the clinical directorates together with the drafting of strategies looking at the next three to five years and cost improvement planning. The directorates have looked at elective, non elective and outpatient activity in relation to forecast outturn, commissioning intentions and growth implications to assess capacity together with potential gaps. On of the biggest impacts and adjustments has been the work done in relation to new to follow up outpatient activity which the Trust has driven in collaboration with the CCGs. Pressures on capacity and planning have been captured and any extra capacity which is required has then been identified and added into the planning phase.

The clinical directorate strategies which are being drafted feature the directorates current position, aspirations and priorities. The strategies reflect the themes underpinning the strategic frames and focus heavily on:

- further/full integration of services between Scarborough and York
- partnership working with Hull and Harrogate
- work to treat patients out in the community
- work focussed on the acute strategy

These strategies will be built on further to reinforce the links between organisational and directorate strategies and will be monitored through the creation of implementation plans.

Workforce will play a major role in the next few years and is led by a Workforce Strategy Committee

which is a direct reporting committee to the Board and chaired by a Non Executive Director. The workforce strategy will continue to build on work already being undertaken whilst scoping new opportunities to innovative and transform staffing. This will include expanding the Trust's values based recruitment and continuing to focus on recruiting volunteers, sickness and health and wellbeing to enhance and support the workforce.

Shortages of some staff groups is an ongoing concern especially in terms of nursing and medical workforce. Initiatives are being led to provide one stop shops, return to practice and targeted city recruitment for nursing staff. Also underway is scoping the possibility of international recruitment and continuing to design new enhanced roles such as the Advanced Clinical Practitioners and appropriate use of bands 1 to 4 whilst growing band 5's through more effective use and training of HCAs.

The medical workforce will continue to expand especially in light of initiatives such as 7 day working, but this will be in an environment where training is focused on producing more GPs, resulting in a shortfall of hospital doctors. The Trust will be looking at how non consultant training grade posts can become more attractive career choices as well as targeting consultant vacancies. Since the acquisition of SNEY the process for recruitment of consultants has been streamlined with more effective timelines and is proving successful in the recruitment of some specialties.

d. Productivity, efficiency and CIPs

The aim of the Trust is to deliver appropriate, high quality and cost effective services for its patients on a sustainable basis. This requires that the Efficiency target is achieved without compromise to patient care. The CIP target for 2014/15 is £27.5m and the target for 2015/16 is £16.8m. Plans are being identified to meet this.

Sustainable Efficiency planning requires skills beyond financial management. Leadership of this programme must recognise the purchasing and QIPP intentions of the CCG's, likely changes in local health trends, demographics and the sustainability of key services.

Incremental savings, although important, need to be made along side transformational schemes. These will be linked to delivering services out in the community, integration opportunities and a clear understanding of cost saving opportunities identified from benchmarking.

The size of the target, and the need to consider the wider health economy, presents a significant and complex planning challenge. The strategies in place to address this are outlined below.

The current target and efficiency schemes to deliver this, are presented below as Table 1.

Table 1 – Efficiency Target and Themes for 2014/16.

	14/15	15/16
Target	**£m**	**£m**
In Year Target	27.5	16.8
Target Delivery Schemes		
Back office Review	2.2	1.2
Integration Savings	2.4	0.7
Operational Efficiency	14.7	7.0
Workforce Review	3.7	2.2
Total Schemes	**23.0**	**11.1**
Agreed Directorate non-recurrent delivery programme	**4.5**	**5.7**

The main Efficiency Themes identified are back office review, integration savings, operational efficiency and workforce changes. These broad headings cover a large number of projects that are managed at Directorate level, with appropriate corporate support.

Historical delivery -The Efficiency programme for York has a history of delivery with the results since 2009/10 presented in Table 2 below:

Table 2 – Historic Delivery of CIP Savings

	2009/10	2010/11	2011/12	2012/13	2013/14
	£000	£000	£000	£000	£000
Efficiency Target	8,879	12,186	14,187	23,638	23,363
Total Achieved	9,283	12,517	15,205	25,609	23,617
Variance	404	331	1,018	1,971	254

The Trust has exceeded against an ever increasing target for the last four years, with an over recovery of £0.3m predicted for 2013/14. This reflects a culture of continuous improvement; with the organisation constantly working to further support the Efficiency agenda.

Ensuring future delivery - During 2012/13, the Corporate Efficiency Team was strengthened, in recognition of the increasing future challenge. The team now incorporates Service Line Reporting as well as operational and data management expertise; working along side finance professionals. The team also has a Clinical Lead for Efficiency on each of the York and Scarborough sites.

Projects undertaken by the team will be determined by benchmarking and referrals from Directorates. The trust is now an active member of NHS Benchmarking which is beginning to highlight opportunities. Progress will be managed through The Efficiency Group where projects will be commissioned, challenged and supported. The Team aims to provide a particular focus on supporting failing Directorates. This will involve seeking out examples of best practice from other sites, through links with NHS Benchmarking, NHS Elect and Better Care, Better Value. The Efficiency Programme at York has been based around the Monitor publication Delivering Sustainable Cost Improvement Programmes.

The Trust merged with Scarborough Hospital In July 2012. This, and emerging links with Hull and East Yorkshire Hospital, present a significant opportunity to reconfigure clinical services. The Head of Corporate Efficiency will work along side the Integration Team to ensure that Efficiencies made are recognised against Directorate Plans. The Strategic Integration Group will provide leadership for this agenda.

Operational productivity gains are being driven through acute and surgical board. Acute Board is supported by the Programme Director for Service Development and Improvement. This role is coordinating existing improvement projects aimed at transforming our provision of Non elective care.

Workforce Efficiencies are an essential strand of delivering our 6 year plan. Projects based within Directorates will be reviewed to ensure that the cumulative impact of small projects does not compromise patient care. The Head of Corporate Efficiency has established links to the Directors of Nursing and HR and is a member of the Strategic Workforce Committee. This ensures that projects to reduce skill mix or head count have appropriate financial support and are recognised within the Efficiency plan.

Leadership - The efficiency programme at York Teaching Hospital NHS FT is led by the Head of Corporate Efficiency with significant support from the Director of Finance. Progress and quality assurance is monitored through a range of meetings, to include

- Directorate Management Meetings (Monthly) led by clinical directors, directorate managers and senior clinical staff to discuss operational business. This is where ideas are generated discussed and developed.

- CIP Meetings (Monthly) with directorates led by the Head of Corporate Efficiency, to develop, plan, challenge progress and refer team support. This is where benchmarking, ideas from other areas and best practice examples are discussed.

- Efficiency Group Meetings (Monthly), chaired by the Chief Executive, to challenge delivery and support individual corporate projects.

- Finance and Performance Committee (Monthly), chaired by a Non-executive Director, to provide detailed challenge to the efficiency programme and provide subsequent assurance to the Board.

- Efficiency Panels (Annual), chaired by the Chief Executive, to monitor the impact of plans on quality and safety; as well as to drive delivery and support six year planning.

- Quality review meetings to Audit the Directorate's Assessment of the impact of schemes on quality and safety

The involvement of directors, non-executive directors and senior clinicians, working along side the Corporate Efficiency Team, ensures that this agenda is well supported at all levels within the organisation.

CIP Profile - The main themes for delivering Efficiencies have been presented in Table 1 above. These are then sub divided into a large number of individual projects. Due to the anatomy of the programme these 4 themes, rather than top 5 schemes by value, have been presented. Organisational enablers to support the delivery of the Efficiency programme are outlined below

CIP enablers - Clinical Leadership is an essential component to the delivery of Efficiencies. Clinical Directorates are represented at the Executive Board and have an understanding of Corporate Financial challenges and opportunities. These senior Health care professionals also support the identification of Efficiency plans within their Directorates.

The Corporate Efficiency team has two clinical lead sessions, one for York, which is well established and a newly established role for Scarborough. This is aimed at providing clinical leadership, support and appropriate challenge to Clinical Directors.

Enabling efficiencies - The role of infrastructure to support efficiency delivery is well recognised at the Trust and the rollout of the Patient Data base system is also expected to realise significant operational efficiency savings.

Targeted capital investment can be used to release revenue savings. This link has been recognised and the current Capital spend programme has been reviewed for potentially enabling schemes. This work is expected to have some impact on the prioritisation of work. Examples include proposals to merge some elements of Laboratory Services.

Links with the wider health economy are essential to transformational change. Good relationships have been developed at Director level, enabling appropriate support for cross boundary schemes as appropriate. This is particularly pertinent to work with CCG's, Community services and Local authorities.

York has a history of commissioning external expertise where appropriate and made excellent use of Ernst and Young to support the acquisition process with Scarborough. Consultancy firms may be considered to support future projects; and some initial scoping work has been undertaken with EY to look at Theatre Efficiency models in Holland.

Quality impact of CIP - The link between quality and Efficiency has been the topic of a number of papers to the Efficiency Group. A new system, introduced in 2013/14, has been developed by the

Clinical Efficiency Lead and incorporates a governance risk scoring system. .

The new process is based on the current Trust Risk Assessment schedule and has now been applied to all schemes. The monthly Efficiency report has been revised to incorporate this information. The results of the review and details of the process have been shared with our main CCG purchasers.

In summary, the efficiency programme at York is well established and successful. It does however continue to evolve to meet the challenging external environment.

e. Financial Plan

The Trust continues to operate within the context of the difficult national economic situation and its impact on the NHS. In addition, although the commissioning landscape changed with effect from 1st April 2013 the CCGs (particularly the Vale of York CCG) that composed the Trust's former main commissioner (North Yorkshire & York PCT) continue to be severely financially challenged, which has wider implications for the whole of the local health economy.

The Trust's provisional outturn financial performance for 2013/14 is an I&E surplus of £0.72m, and a Continuity of Service Risk Rating (CoSRR) of 4.

Of note is that within this position the Trust met and slightly exceeded its CIP target of £23.4m. The Trust's liquidity position remained robust at £27.2m.

Moving forward into 2014/15 the Trust's financial strategy for the next two years continues to be primarily influenced by the acquisition of SNEY and the further development and integration of services across the York and Scarborough hospitals. The Trust will receive financial support from NHS England for a further 3 years (5 years in total) during which time the prime financial objective will be to manage the risks and successfully integrate SNEY into the enlarged York Trust so that the organisation is financially viable in its own right by the time the support terminates. To achieve this, the extensive efficiency improvement programme developed as part of the Integrated Business Plan continues to be executed including taking advantage of the synergies offered as a result of bringing the two organisations together.

The 'affordability' challenge identified by Monitor has been recognised and provided for within the plans for 2014/15 and 2015/16, including the anticipated increased in pensions costs commencing in 2015/16. This will add £8m to the Trust's cost base when fully implemented by 2016/17. At this stage, in the absence of further guidance the Trust is assuming additional income will be made available centrally to cover these additional costs.

The financial strategy will deliver an operational surplus of £3.1m in 2014/15; and a deficit of £3.2 in 2015/16 (0.3%) after a technical loss of £4.6m on the anticipated transfer of Whitby Hospital to NHS Property Services following notice from Hambleton, Whitby and Ryedale CCG to termination its contract with the Trust for the provision of Community services.

As part of the acquisition of SNEY, the Trust secured £20m additional capital resource to enable it to address key environmental and other risks on the SNEY site. To the end of 2013/14 £17m of this capital had been received with the final £3m expected in 2014/15.

The Trust's cash position remains robust with a closing balance of £27.2m at the end of 2013/14, following the receipt of most of the strategic capital promised by the DoH. The final instalment of £3m strategic capital is expected in 2014/15. Cash levels are forecast to reduce gradually from £27m at the beginning of 2014/15 to £18m at the end of 2015/16 as capital funding is invested over the next two years.

For 2014/15, the Trust will continue contract with a diverse range of commissioners following the change in the commissioning landscape in 2013/14. For all commissioners contracts have been negotiated within the context of the full PbR framework.

The key assumptions made in developing the financial plan over the two years:

- Activity plans are underpinned by PbR principles, and include the impact of assessed growth. It is assumed that activity will be delivered as planned.
- PbR tariff will be subject to further deflation of 1.5% per annum for HRG services subject to CNST, and 1.8% for other clinical services including those subject to local tariff agreement. Other income is assumed to inflate at 1% per annum.
- The Trust has set itself a challenging CIP target of £27.5m in 2014/15 (6.6%) and £16.8m in 2015/16 (4%).
- CQUIN is valued at £9m in each year and is assumed to be earned in full
- A provision for contract penalties and challenges has been created.
- Capital programme spend will be financed by a mixture of Strategic Capital, loan funding and retained depreciation and focussed on upgrade and replacement of existing assets on both the main hospital sites, plus new build works at Scarborough.

The key risks to achieving the financial strategy are:

- Failure to fully deliver the cost improvement programme on a recurrent basis, which is an essential cornerstone of the IBP in delivering a sustainable organisation post acquisition of SNEY, once the transitional support expires.
- Activity is lower than planned, including the prospect of the loss of business.
- Non-pay cost inflation is higher than predicted.

If any, or a combination of these was to materialise the Trust will use a combination of strategies to mitigate against their impact:

- Stop and/or defer planned investments.
- Increase the level of cost improvements being targeted in 2015/16.
- Reduce expenditure supported by the transition funding.
- Increase activity and income through seeking new business from new markets.

Blank page

Blank page

Blank page

Blank page

Blank page

Blank page

Blank page

Blank page

Blank page

Blank page

Blank page

York Teaching Hospital NHS Foundation Trust

Board of Directors - 26 March 2014

Business Case 2013-14/127: Transfer of Elective Orthopaedic Services to Bridlington

Action requested/recommendation

The Board is asked to approve the business case.

Summary

The ability to provide elective Orthopaedic services at Scarborough General Hospital has continually been challenged through acute bed pressures. This reached crisis point in November 2013 with the closure of the elective orthopaedic 15 bedded ward, Ash which will remain closed to facilitate the admission of elective surgical patients. The impact on elective income is significant with an estimated £1.5m of elective activity at risk in the last 5 months of the 2014/15. The full year effect when prosthesis stock has been factored in is a net lost to the Trust of approximately £2.6m.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Phase 1 - a full day arthroplasty list at Bridlington (Business case number 2013/14-79) was approved by the Executive Board in November 2014.
Risk	Within the business case
Resource implications	£2.229M Revenue Expenditure £4.848M Capital Expenditure
Owner	Michael Proctor, Deputy Chief Executive
Author	Paul Rafferty, Directorate Manager Orthopaedics
Date of paper	March, 2014
Version number	Version 2

APPENDIX Bi

York Teaching Hospital NHS
NHS Foundation Trust

BUSINESS CASE SUMMARY

1. Business Case Number

2013/14 - 127

2. Business Case Title

Transfer of Elective Orthopaedic Services to Bridlington District Hospital

3. Management Responsibilities & Key Contact Point

The business case 'Owner' should be the appropriate Clinical or non-clinical Director, or where appropriate the lead Clinician nominated by the respective Clinical Director. The 'Author' will be the named manager supporting the Owner of the business case, who will have responsibility for the development and writing of the business case, and will be the key contact point for enquiries.

Business Case Owner:	**Pat Crowley**

Business Case Author:	**Paul Rafferty**
Contact Number:	**6137**

4. Issue(s) to be addressed by the Business Case

Describe the background and relevant factors giving rise to the need for change. Relevant data (e.g. BCBV data, etc.) *must be included to support the background described.*

The ability to provide elective Orthopaedic services at Scarborough General Hospital has continually been challenged through acute bed pressures. This reached crisis point in November 2013 with the closure of the elective orthopaedic 15 bedded ward, Ash which will remain closed to facilitate the admission of elective surgical patients. The impact on elective income is significant with an estimated £1.5m of elective activity at risk in the last 5 months of the 2014/15. The full year effect when prosthesis stock has been factored in is a net lost to the Trust of approximately £2.6m.

Elective orthopaedic surgery was reinstated through the use of Aspen ward, a 6 bedded unit, which has enabled the unit to run at 50% of normal capacity.

This business case addresses the immediate problems in providing an elective Orthopaedic service on the East Coast of Yorkshire through the transfer of the service to Bridlington District Hospital with initial use of a modular theatre unit. It restores the elective Orthopaedic income to the proposed 2014/15 plans for the Trust. The transfer

of the service fits with the long term strategic vision in developing an elective Orthopaedic centre at Bridlington and the repatriation of activity from Hull.

5. Options Considered

List below the alternative options considered to resolve the issue(s) presented in section 4 above. This should include consideration of alternative workforce and clinical models.

Description of Options Considered
Option 1 – Do Nothing
Option 2 – Purpose built ward on the Scarborough site
Option 3 - Transfer elective Orthopaedic services to Bridlington District Hospital

6. The Preferred Option

6.1 Preferred Option

Detail the preferred the option together with the reasons for its selection. This must be supported with appropriate data in demonstrating how it will address the issue(s) described in section 4 above.

Option 3 – The transfer of elective Orthopaedic services to Bridlington Hospital is the preferred option.

This option will re-provide planned capacity for 2014/15 previously undertaken on the Scarborough site by May 2014, and thereby enable the directorate to deliver the 2014/15 planned levels of activity. This option fits with the strategic direction in the provision of elective Orthopaedic services from the Bridlington site.

The reliance on 'premium rate' additional theatre lists will diminish as the planned activity will no longer be displaced due to the closure of the elective ward, caused by acute bed pressures. This will reduce the cost of providing elective Orthopaedic surgery by £200K per annum for both the Anaesthetic and Orthopaedic teams from the 13/14 planned level of premium rate expenditure totalling £298K.

The cost of moving the elective Orthopaedic service is described below in table 6.1 along with the projected income growth over the next six years due to the repatriation of Orthopaedic activity.

The entire project will cost £2,229,000 in revenue expenditure and £4,848,000 in capital expenditure. It is projected that at the end of 6 years the income generated will cover the revenue cost and will generate a £502,000 surplus per annum. There will be an initial cost to the organisation over the first 3 years of £888,000, but a surplus will be generated by Year 4.

Appendix 1 describes the detail of the proposed move to Bridlington, which is broken down into the following categories:

- Capacity planning

- Trauma
- Estates
- Theatre
- Equipment
- Sterile services
- Staffing
- Support services
- Administrative support
- Pre assessment
- Stores
- IT
- Operational policy

The elective Orthopaedic ward will be reinstated on the vacant Kent ward at Bridlington. This area has recently been refurbished to make it fit for purpose for the transfer of an all day arthroplasty list from Scarborough, which went live on 11th March 2014. However further refurbishment will be required to accommodate the full elective Orthopaedic service. In particular provision will need to be made for physiotherapy and occupational therapy. In order to enhance the management of patients post operatively two high observation beds are to be included.

A mobile theatre will be deployed on the Bridlington site for an initial six months to provide the required theatre capacity. Further build work is required in order to provide a secure and appropriate area for the storage of theatre equipment and consumables, along with appropriate staff changing facilities. This will cost £471,120 plus VAT per year, with an initial contract for 6 months.

Less than 1% of current activity will transfer to the York site, which represents the complex joint surgery for those patients that are medically compromised.

A further capital business case will be submitted detailing the development of a fixed theatre complex, dedicated elective ward and outpatient facilities to enable the service to grow and to facilitate the realisation of creating an elective Orthopaedic centre on the East Coast of Yorkshire. The estimated cost of this development is £3.5 million and is included in the capital cost of this business case.

This growth is a combination of repatriated activity, which is currently undertaken in Hull, and the transfer of activity from York to Bridlington. Table 6.1 below demonstrates the potential growth in activity and income for the service through the repatriation of activity from the East Riding.

Year	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	Total
% growth	2%	6%	8%	12%	12%	10%	50%
Activity	18	53	71	107	107	103	459
Value	£64,000	£192,000	£256,000	£384,000	£384,000	£370,000	£1,650,000
Cumulative Income	£64,000	£256,000	£512,000	£896,000	£1,280,000	£1,650,000	
Estimated Costs	£44,800	£134,400	£179,200	£268,800	£268,800	£224,000	£1,120,000
Cumulative Costs	£44,800	£179,200	£358,400	£627,200	£896,000	£1,120,000	
Contribution %	30%	30%	30%	30%	30%	32%	

Table 6.1: Profile of repatriated activity from Hull

6.2 Other Options

Detail the reasons for rejecting the remaining options listed under section 5, together with supporting detail.

Option 1 – Do nothing

This option has been rejected as the Orthopaedic Services on the East Coast will no longer be viable both financially and in the provision of an elective service as:

- It will only deliver 50% of the required capacity on the Scarborough site. This will result in the transfer of patients to other providers and the subsequent significant loss of income to the organisation. Elective Orthopaedics would continue to operate with the threat of closure due to acute bed pressures, with no ability to pull back displaced activity.
- Poor patient experience due to large numbers being transferred to out of area private providers.
- Inability to sustain 18 week compliant position.

Option 2 – Purpose built facility on the Scarborough site

This option has been rejected as Option 1 would be the fall back position during the period of time it would take to provide the necessary accommodation, which could take 2-3 years to realise. It is recognised that the Scarborough site has a shortage of acute beds and therefore the opening of new elective Orthopaedic accommodation could not carry any guarantee of maintaining a ring fenced service unaffected by non elective demand. This option does not fit with the strategic direction of the service in developing an elective centre of excellence on the Bridlington site and repatriating activity that has migrated to other providers and ensuring a workable base for acute patients in Scarborough.

7. Trust's Strategic Objectives

7.1 Alignment with the Trust's Strategic Objectives

The Trust has identified four strategic 'frames' that ensure there is a focus for its emerging priorities and objectives and assists in the communication to staff, patients and other stakeholders. The four strategic 'frames' are:

1 Quality and Safety
2 Effectiveness, Capacity and Capability
3 Partners and the Broader Community
4 Facilities and Environment

In this context listed below are four principle objectives that fit to the strategic frames. Indicate using the table below to what extent the preferred option is aligned with <u>at least one</u> of these principle objectives.

Strategic Objective	Aligned? Yes/No	If Yes, how is it Aligned?
To provide safe and quality services to all patients underpinned by the specific steps set out in the driver diagram as part of the Quality and Safety Strategy. This includes	Yes	The delivery of a ring fenced elective Orthopaedic service at Bridlington Hospital will enable the Trust to build on the success achieved within elective

developing and learning from performance indicators (e.g. PROMs, NCI, etc). Ensuring compliance with national requirements - NPSA, NICE and implementation of results of clinical audit strategies and ensuring consultation and engagement of patients, visitors and staff.		Orthopaedics and ensure the ongoing provision of elective Orthopaedic service on the East Coast of Yorkshire.
To provide excellent healthcare with appropriate resources, strong productivity measures and strong top quartile performance being indicative of this. The service will be based on 'needs based care' and staff understand how they contribute to the Trust's successes.	Yes	The movement of elective Orthopaedic Services from Scarborough to Bridlington will deliver a ring fenced elective Orthopaedic service. This service will no longer experience closure due to acute bed pressures and as such will ensure resources are used effectively in delivering planned levels of activity.
To be an exemplar organisation that is responsive to the local and broader community needs and is recognised and trusted. To engage fully in all aspects of community discussion relating to health and provide expert advice and leadership as required. To work with other groups to support the adoption of a consistent approach in the community and demonstrate that the Trust is a community orientated organisation able to achieve and deliver all local and national outcomes.	Yes	The movement of elective Orthopaedic services from Scarborough to Bridlington will maintain access to this service for the local population.
To provide a safe environment for staff, patients and visitors, ensuring that all resources are used as efficiently as possible	Yes	In moving the elective Orthopaedic service from Scarborough to Bridlington the appropriate infrastructure will be deployed to ensure a safe environment is maintained 24/7 for staff, patients and relatives. A transfer policy will be in operation to ensure the prompt and safe transfer of patients to Scarborough and / or York should the need arise.

7.2 Business Intelligence Unit Review

The Business Intelligence Unit must review all business cases for 'Strategic fit' to the Trust's 5 year plan. The date that the business case was reviewed by the BIU together with any comments which were made must be provided below.

Date of Review	Business Case submitted to BIU 22/01/14
Comments by BIU	Add in alliance working with Hull in Section 15

8. Benefit(s) of the Business Case

8.1 Benefit(s)

The identification at the outset of the benefit(s) that arise from the business case is crucial to ensuring that a robust evaluating of the progress and delivery of the business case objectives is possible during the post implementation reviews.

*Clearly detail and **quantify** the expected benefits that will accrue to the Trust from the preferred option in each of the three domains of service improvement. The benefits identified must be tangible, and capable of being evidenced ideally through some form of measurement.*

Description of Benefit	Metric	Quantity Before	Quantity After
Quality & Safety			
Lost activity due to insufficient bed base on the Scarborough site	Reduction in activity	71 per month	0
Reduce cancelled operations due to peaks in trauma demand by 95%	Reduction in trauma cases in elective lists	265 trauma cases undertaken in elective lists per annum	13 trauma cases undertaken in elective lists per annum
Improve patient experience as their date for surgery will not be cancelled due to acute bed pressure	No of cancelled operations	25 per month	0
How will information be collected to demonstrate that the benefit has been achieved? This is collected and reported in the monthly performance reports.			
Access & Flow			
Improve compliance and sustainability with 18 weeks as there will no longer be a need to react to bed closures and the subsequent accommodation of displaced activity.	18 week	250 pt backlog	< 30 pt backlog once permanent theatre commissioned. No patients waiting more than 36 weeks after April 2015.
How will information be collected to demonstrate that the benefit has been achieved? This is collected and reported in the monthly performance reports.			
Finance & Efficiency			
Reduce the reliance on premium rate sessions to accommodate displaced activity.	Spend on Premium Session payments	£298K additional session spend	£98K additional session spend
Facilitate repatriation of elective Orthopaedic activity from Hull	No of patients	Value of possible	Value of repatriate

	seen from Hull market share	market share in East Riding £3.75m	d work £1.6m
Make effective use of the Trusts estate at Bridlington that currently lies empty.	Bed occupancy (Kent ward)	0%	80%
How will information be collected to demonstrate that the benefit has been achieved? This is collected and reported in the monthly performance reports.			

8.2 Corporate Improvement Team Review

The Corporate Improvement Team must review all business cases across the three quality domains. The date that the business case was reviewed by the IT together with any comments which were made must be provided below.

Date of Review	Business case submitted to Corporate team 22/1/14
Comments by CIT	Appointed project lead for the implementation of this business case

9. Summary Project Plan

Detail below the specific actions, individuals responsible for their delivery, and timescales that must be done in order to realise the intended benefits of the preferred option of this business case. For example, these may include acquisition of key space requirements, or equipment, IT software/ hardware; the recruitment of key personnel, training, implementation of systems, change in business and/or clinical processes, etc. ***All fields must be completed****.*

		GOVERNANCE & REPORTING					
		Authority, Approach, Roles & Controls					
		Outline Business Case	P Rafferty		Green		Completed
		Establish Project Board membership & meeting schedule		G Cooney	Green		Completed
		Business Case	P Rafferty		Red	tbc	10-Feb-14
		Project Initiation Documentation	P Bowker		Red	20-Jan-14	17-Feb-14
		Establish reporting route & accountability (via CSDG -		G Cooney	Green		Completed
		(via Orthopaedic Programme Steering Group -		G Cooney	Green	20-Jan-14	Completed
		(via Orthopaedic Operational Group - weekly)	P Bowker		Green	20-Jan-14	Completed
		Measures, data collection, analysis & reporting					
		Agree measures (including balancing measures) - Process Mapping					tbc
		Establish data collection mechanisms & reporting schedule					tbc
1		**Capital (James Hayward)**					
	1.1	Agree feasibility drop in theatre	J Hayward		Green	11-Nov-13	Completed
	1.2	Agree specifications	A Lamb		Green	11-Nov-13	Completed
	1.3	Draw up and issue tender documents	P Horsfield		Green	11-Nov-13	Completed
	1.4	Agree and sign off specs with ortho team including storage requirements	P Rafferty		Green	25-Nov-13	Completed
	1.5	Identify preferred bidder	J Hayward		Green		Completed
	1.6	Award business	J Hayward		Green		Completed
	1.7	Estates Pre work - 1st Milestone (Mobile Theatre)	J Hayward		Green	25-Nov-13	Completed
		Estates Pre work - 2nd Milestone (Mobile Theatre)	J Hayward		Amber	25-Nov-13	14-Apr-14
	1.8	Site new theatre	J Hayward			17-Mar-14	31-Mar-14
	1.9	Commission Theatre	J Hayward			17-Mar-14	31-Mar-14
	1.10	Site Visit - assess suitability for arthroplasty activity	P Bowker		Green	03-Feb-14	Completed
2		**Estates (Andy Betts)**					
	2.1	Additional remedial work Kent Ward 1st Milestone	A Betts		Green	25-Nov-13	Completed
		Additional remedial work Kent Ward 2nd Milestone	A Betts		Amber	25-Nov-13	14-Apr-14
	2.2	Identify increased number porters required	A Sanderson		Green	25-Nov-13	Completed
	2.3	Recruit additional Porters	A Sanderson		Amber	25-Nov-13	14-Apr-14
	2.4	Identify additional linen required + source	A Sanderson		Green	25-Nov-13	Completed
	2.5	Identify additional catering requirements	A Sanderson		Green	25-Nov-13	Completed
	2.6	Determine expected footfall levels	A Tomkins/PR		Red	25-Nov-13	24-Feb-14
	2.7	Identify impact on car parking	A Tomkins		Red	25-Nov-13	24-Feb-14
	2.8	Agree additional parking plan	A Tomkins		Red	25-Nov-13	24-Feb-14
	2.9	Upgrade MainTheatre Bridlington	A Betts			31-Mar-14	28-Apr-14
	2.10	Review and Update Signage	A Betts		Amber	24-Feb-14	14-Apr-14
3		**Equipment Requirements (Paul Rafferty)**					
	3.1	Identify Equipment Theatres	A Lamb		Green	25-Nov-13	Completed
	3.2	Secure Equipment (Theatres) through procurement	A Lamb		Amber	27-Jan-14	7-Apr-14
	3.3	Identify Equipment Wards	L Riby		Green	25-Nov-13	Completed
	3.4	Secure Equipment (Ward) through procurement - Mark Andrew's List	L Riby		Green	27-Jan-14	Completed
	3.5	Agree and Secure beds	L Riby		Green	25-Nov-13	Completed
	3.6	Identify Equipment Lab Med - Blood Transfusion Bank	C Smith		Green	6-Jan-14	Completed
	3.7	Identify Equipment Labe Med - Near Patient Testing	C Smith		Green	6-Jan-14	Completed
	3.8	Order Equipment Lab Med	C Smith		Amber	27-Jan-14	14-Apr-14
	3.9	Identify Equipment Physio & OT	S Van Der Kooij		Green	30-Dec-13	Completed
	3.10	Order Equipment Physio & OT	S Van Der Kooij		Amber	27-Jan-14	14-Apr-14
	3.11	Secure Equipment (Ward) through procurement - Full Sevice	L Riby		Amber	17-Feb-14	14-Apr-14
4		**Capacity and Demand (Paul Rafferty)**					
	4.1	Beds required Phase 1	P Rafferty		Green	25-Nov-13	Completed
	4.2	Generate Bed Model Capacity Plan	P Rafferty		Green	25-Nov-13	Completed
	4.3	Beds required for Mark Andrews' List	P Rafferty		Amber	3-Feb-14	24-Feb-14
	4.4	Beds required for Full Service List	P Rafferty		Amber	3-Feb-14	24-Feb-14
	4.5	Generate Capacity Plan for 2014/15 - Inpatients/Day Cases	P Rafferty		Green	7-Oct-13	Completed
	4.6	Generate Capacity Plan for 2014/15 - Outpatients	P Rafferty		Red	7-Oct-13	14-Feb-14
5		**CSSD (Vince North)**					
	5.1	Meet with HOD	P Rafferty		Green	25-Nov-13	Completed
	5.2	Identify requirements re resources staffing/equipment - 1st Milestone	V North		Green	25-Nov-13	Completed
		Identify requirements re resources staffing/equipment - 2nd Milestone	V North		Green	25-Nov-13	Completed
	5.3	Develop Standing Operating Procedures for each area - 1st Milestone	V North		Green	25-Nov-13	Completed
		Develop Standing Operating Procedures for each area - 2nd Milestone	V North		Amber	25-Nov-13	31-Mar-14
	5.4	Identify transportation method	V North		Green	27-Jan-14	Completed
	5.5	Procure tranportation method	V North		Amber	3-Feb-14	14-Apr-14
	5.6	Identify and secure equipment transport boxes	V North		Green	3-Feb-14	Completed
6		**Communications Strategy (Lucy Brown)**					
	6.1	Meet/Brief with Internal Stakeholders related to Mark Andrews' List	P Bowker		Green	2-Dec-13	Completed
	6.2	Meet/Brief with External Stakeholders related to Mark Andrews' List	L Brown		Amber	2-Dec-13	10-Mar-14
	6.3	Identify Key Stakeholders	P Bowker		Green	2-Dec-13	Completed
	6.4	Agree methods of communication - Internal Stakeholders	L Brown		Green	2-Dec-13	Completed
	6.5	Agree methods of communication - External Stakeholders	L Brown		Green	2-Dec-13	Completed
	6.6	Commence Briefings to Internal Stakeholders		G Cooney	Green	2-Dec-13	Completed
	6.7	Commence and establish ongoing Briefings to External Stakeholders	L Brown		Amber	2-Dec-13	12-May-14
7		**IT Requirements (Ian Jackson)**					
	7.1	Scope requirements for Development	I Jackson		Green	25-Nov-13	Completed
	7.2	Identify resources required	I Jackson		Green	25-Nov-13	Completed
	7.3	Align work with theatre delivery/commissioning - Mark Andrews' List	I Jackson		Green	25-Nov-13	Completed
	7.4	Align work with theatre delivery/commissioning - Full List	I Jackson		Amber	25-Nov-13	31-Mar-14
	7.5	Identify computer hardware requirements (Wards and Theatres)	I Jackson		Green	30-Dec-13	Completed
	7.6	Telemedicine - install telemedicine links	I Jackson		Amber	27-Jan-14	14-Apr-14
	7.7	Digital dictation - ordering and installing	I Jackson		Amber	27-Jan-14	14-Apr-14
	7.8	IT requirements for 'HUB' with Mobile Theatre	I Jackson		Green	27-Jan-14	Completed
8		**Support Services (Peter Bowker)**					
	8.1	Meet with HOD, Pharmacy,radiology,therapies, blood bank, labs	P Rafferty		Green	25-Nov-13	Completed
	8.2	Identify requirements re resources staffing/equipment	P Rafferty		Green	25-Nov-13	Completed
	8.3	Develop Standard Operating Procedures each area	P Bowker		Green	25-Nov-13	Completed
9		**Medical Staffing (Nat McMillan)**					
	9.1	Out of Hours Support	P Rafferty		Green	16-Dec-13	Completed
	9.2	Post operative support Brid	P Rafferty		Green	25-Nov-13	Completed
	9.3	Consultant teams/job planning	P Rafferty		Green	25-Nov-13	Completed
	9.4	HR consultation re working terms	N McMillan		Green	25-Nov-13	Completed
10		**Staffing (Nat McMillan)**					
	10.1	Discuss proposal with all staffing groups	A Meads		Green	02-Dec-13	Completed
	10.2	Agree start date for consultation	A Meads		Green	16-Dec-13	Completed
	10.3	Commence consultation	A Meads		Green	06-Jan-14	Completed
	10.4	Complete consultation and serve notice	A Meads		Green	06-Jan-14	Completed
	10.5	Commence Recruitment of :					
	a	Nursing Staff - Kent Ward	L Riby		Amber	27-Jan-14	21-Apr-14
	b	ODPs - Bridlington and York	R Morris		Amber	27-Jan-14	21-Apr-14
	c	Orthopaedic Theatre Staff - Bridlington	A Lamb		Amber	27-Jan-14	21-Apr-14
	d	OT and Physio - Bridlington	S Van der Kooij		Amber	27-Jan-14	21-Apr-14
	e	Radiographer - Scarborough/Bridlington	Ken Kay		Amber	27-Jan-14	21-Apr-14
	f	Orthopaedic Consultant - Scarborough	P Rafferty		Amber	27-Jan-14	21-Apr-14
	g	Drivers - Scarborough/Bridlington	A Sanderson		Amber	27-Jan-14	21-Apr-14
	h	Domestics - Bridlington	A Sanderson		Amber	27-Jan-14	21-Apr-14
	i	RMO - Bridlington	P Rafferty		Amber	27-Jan-14	21-Apr-14
	j	Orthopaedic Theatre Team - York	W Hartley		Amber	27-Jan-14	21-Apr-14
	k	Anaesthetics - York	R Morris		Amber	27-Jan-14	21-Apr-14
	l	Materials Manager (Stores)	I Willis		Amber	27-Jan-14	21-Apr-14
	m	Porters - Bridlington	A Sanderson		Amber	27-Jan-14	21-Apr-14
	n	Pharmacy Technician - York	D Pitkin		Amber	27-Jan-14	21-Apr-14
	o	Lab Technician - Scarborough	P Sudworth		Amber	27-Jan-14	21-Apr-14
	p	Ward Clerk - Scarborough	H Thompson		Amber	27-Jan-14	21-Apr-14
	q	Sterile Services Staff - Scarborough	V North		Amber	27-Jan-14	21-Apr-14
	r	Theatre Practitioner - Bridlington	A Lamb		Amber	27-Jan-14	21-Apr-14
11		**Trauma Work Complex ASA L3 and L4 (P Rafferty)**					
	11.1	Scope true demand trauma work	S Peate		Green	02-Dec-13	Completed
	11.2	Implement new On-Call system	P Rafferty		Amber	27-Jan-14	21-Apr-14
	11.3	Identify appropriate arrangements with theatres on Scarborough site	P Rafferty		Green	02-Dec-13	Completed
	11.4	Identify appropriate arrangements with theatres on Bridlington site	P Rafferty		Green	02-Dec-13	Completed
	11.5	Confirm location for undertaking ASA L2 and L4	P Rafferty		Red	27-Jan-14	17-Feb-14
12		**Pre-Assessment (Ken Mannan)**					
	12.1	Review pre-assessment location	K Mannan		Green	30-Dec-13	Completed
	12.2	Process Map the Pre-op Assessment Pathway	K Mannan	E Hayward/ P Graham	Green	10-Feb-14	Completed
	12.3	Develop Standing Operating Procedures	K Mannan	E Hayward	Amber	03-Mar-14	17-Mar-14
13		**Infection Control (Neil Todd)**					
	13.1	Assess environment with respect to Infection Control standards - Kent Ward	N Todd		Green	10-Feb-14	Completed
	13.2	Assess environment with respect to Infection Control standards - Drop in Theatre	N Todd		Red	03-Feb-14	24-Feb-14
	13.3	Compliance Visit in advance of commissioning	P Bowker/ F Jamieson		Red	04-Mar-14	04-Mar-14
14		**Transport (Andy Sanderson)**					
	14.1	Assess transport requirements for CSSD	A Sanderson		Green	27-Jan-14	Completed
	14.2	Assess and evaluation Blue Light response	A Sanderson		Green	27-Jan-14	Completed
	14.3	Initiate and review, in conjunction with YAS patient transportation	J Sykes		Green	06-Jan-14	Completed
15		**Admissions (Liz Riby)**					
	15.1	Review current admissions process at Scarborough	L Riby		Amber	03-Mar-14	24-Mar-14
	15.2	Map potential admissions pathway, Bridlington	L Riby		Amber	03-Mar-14	24-Mar-14
	15.3	Develop Standard Operating Procedures	L Riby			24-Mar-14	21-Apr-14
16		**Post project evaluation**					
	16.1	Generate assessment criteria for long term viability of service provision at BDH	P Rafferty			31-Mar-14	28-Apr-14
	16.2	Assess delivery of Orthopaedic service against cirteria	P Rafferty			01-Nov-14	31/11
	16.3	Submit paper outlining capital spend for development of permanent accomodatior	J Hayward			01-Jan-15	31-Jan-15

10. Risk Analysis:

Identify the key risks to the Trust of proceeding with the preferred option, and what actions can be taken to mitigate them should they arise.

Identified Risk	Proposed Mitigation
Go live date will slip	Continue to run Orthopaedics at the Scarborough site at 50% which would delay Maple II build.
Not able to repatriate projected activity	Stop development of Bridlington for elective Orthopaedics. Build dedicated elective Orthopaedic unit on the York site and centralise services.
Staff accepting the changes	Relocate staff to Scarborough and recruit replacements
Unable to recruit necessary staff	Use bank / agency until vacancies filled
Anaesthetics unable to support out of hour medical cover	Use agency staff Change model to use RMO cover out of hours
Bad weather will stop staff travelling through to Bridlington or leave staff stranded in Bridlington	Pull staff in from Bridlington area for ward cover / close theatre Provide on site accommodation or B&B to staff stranded in Bridlington.

11. Risk of Not Proceeding:

Identify the key risks/ potential impact of not proceeding with the preferred option.

Loss of income
Inability to meet service demand
Destabilise Elective and Non Elective Orthopaedic services on the East Coast

12. Consultant, and other Non-Training Grade Doctor Impact

(Only to be completed where the preferred option increases the level of Consultant/ non-Training Grade input)

12.1 Impact on Consultant/ Non-Training Grade Doctor Workload:

The Trust is committed to reduce the number of Programmed Activities (PAs) being worked by any Consultant/ Non-Training Grade Doctor to a maximum of 11. This section should illustrate the impact that the additional Consultant/ Non-Training Grade input created will have on the average number of PAs worked in the specialty, the frequency of the on-call rota, and the PA profile across the whole specialty team. Information is also required of each Consultant's/ Non-Training Grade Doctor's actual annual working weeks against the 41 week requirement.

The information below must be accompanied by the Trust's Capacity Planning Tool, and the Job Plan, which should be appended to, and submitted with the business case.

	Before	After
Average number of PAs		
On-call frequency (1 in)		

Consultant/ Non-Training Grade Doctor Team Work Profile				
Name of Consultant/ Non-Training Grade Doctor	Working Weeks v 41 Week Requirement		PA Commitment	
	Before	After	Before	After

12.2 Advisory Committee Review:

The Consultant Job Planning Advisory Committee must review all proposed job plans for new consultant posts, as well as any job plans for existing consultants where the proposed new post would have an impact on current working practices. The date that the job plans were approved by the Committee and any comments which were made must be provided below.

Date of Approval	
Comments by the Committee	

13. Stakeholder Consultation and Involvement:

Identify the key stakeholders (both internal and external to the Trust) essential to the successful implementation of the business case; the extent to which each support the proposal, and where appropriate, ownership for the delivery of the benefits identified above. Where external stakeholder support is vital to the success of the business case (e.g. commitment to commission a service), append documentation (letter, e-mail, etc.) evidencing their commitment.

Examples of stakeholders include Lead Clinicians, support services (e.g. Systems & Network Services, Capital Planning re: accommodation), commissioners (e.g. Vale of York CCG, Scarborough CCG), patients & public, etc. ***Please bear in mind that most business cases do have an impact on Facilities & Estates services.***

Stakeholder	Details of consultation, support, etc.
Mandatory Consultation	
Business Intelligence Unit	
Corporate Improvement Team	
Workforce Team	
Other Consultation	
Andy Betts – Estates **Anne Lamb Richardson – Orthopaedics Theatre Team Sister** **Pat Bell – Catering Manager** **Chris G Smith – Laboratory Medicine** **David Thorpe – Matron - Theatre** **Carol Ward – Domestics Manager** **Glen Johnson – Sterile Supplies** **Richard Morris – Directorate Manager Theatres and Anaesthetics Scarborough** **James Hayward – Capital** **Lilian Watson – Medical Admin** **Liz Riby – Ash Ward Sister/ Aspen Ward Sister / Kent ward Sister** **Dave Pitkin - Pharmacy** **Paul Sudworth / Chris G Smith – Laboratory Services**	

	Therapies – Mel Lilley / Sandra Van Der Kooij **Steve Mackell - Radiology** **Anaesthetic Team - Tim Adams / Sleeba Jacobs / Chris Rymill** **Waste & Portering – Andy Sanderson** **Utilities Impact – Brian Golding** **Driver – Mick Simpson** **Ambulance Service impact – Jill Sykes** **Orthopaedic Consultant team** **Hull FT & Local CCGs – Neil Hunt /Tim Watts**	

14. Sustainability

The Trust is committed to development of sustainable solutions in the delivery of its services, including minimising its carbon footprint. The following questions should be answered in the context of the impact of this business case has on the areas listed.

If assistance is required in assessing the sustainability impact of this business case, help is available from Brian Golding, Trust Energy Manager on (72)6498.

Will this Business Case:	Yes/No	If Yes, Explain How
Reduce or minimise the use of energy, especially from fossil fuels?	No	
Reduce or minimise Carbon Dioxide equivalent emissions from NHS activity?	No	
Reduce business miles?	No	
Reduce or minimise the production of waste, and/or increase the re-use and recycling of materials?	No	
Encourage the careful use of natural resources, such as water?	No	

15. Alliance Working

How does this business case support the Trust's stated objective of developing and enhancing the clinical alliance arrangements with Harrogate & District NHS Foundation Trust, and Hull and East Yorkshire Trust?

The provision of an elective Orthopaedic centre at Bridlington will facilitate the realisation of joint working opportunities with Hull and East Yorkshire Trust. Initial discussions highlighted the requirement to build in capacity for minor trauma procedures which Hull struggled to accommodate.

16. Integration

Integration of clinical and non-clinical services following the acquisition of the Scarborough & North East Yorkshire NHS Trust is a key priority for the Trust. How does this business case link into the Directorate's Integration plan? Have current non-integrated services discussed new appointments?

The transfer of complex hip and knee cases to the York site will facilitate the integration of these sub-speciality services and potentially provide a model for the further integration of other sub-speciality services.

17. Impact on Community Services

Will this business case have an impact on Community Services and/or provide an opportunity to better integrate Acute and Community Services? How will this impact?

None

18. Impact on the Ambulance Service:

	Yes	No
Are there any implications for the ambulance service in terms of changes to patient flow?	Yes	

If yes, please provide details including Ambulance Service feedback on the proposed changes:

The closure of elective Orthopaedic Surgery in Scarborough will result in the transfer of approximately 1300 patients to Bridlington. In consultation with the Ambulance service, it has been proposed that a three month pilot is run to assess the impact on the Ambulance service and quantify any additional resource that may be required to support the transfer of elective Orthopaedic activity to Bridlington / York. However an initial estimate of £20K additional resource per annum will be required from Scarborough and Ryedale Clinical Commissioning Group to support the transfer of activity which may increase/decrease following the pilot.

19. Market Analysis:

Where the business case is predicated on securing new and/or increased business (and income), detail the evidence supporting the income projections.

The establishment of elective Orthopaedics at Bridlington will enable to Orthopaedic Directorate to commence the process of repatriating patients from Hull from both the Bridlington & Driffield GP practices and surrounding areas. This market opportunity totals 720 inpatient and day case procedures, with a gross income of £3.75 million. The GP practices within this area are located in Bridlington, Driffield, Leven, Beeford and Beverly. The current market share is described in table 19.1 below.

Area	YTH Market Share	Other providers market share	Total Gross Market Value of Orthopaedic inpatient & day case procedures (£ millions)
Bridlington	75%	25%	1.8
Driffield	55%	45%	This figure is given in association with Beverley data
Leven / Beeford	0%	100%	0.6
Beverly	0%	100%	2.7

Table 19.1: Market share value and distribution

The target increase over the next six years would be to repatriate 50% of the activity that currently flows into Hull, representing new income of £1.65 million per annum. The profiling of the target increase in market share is described below in table 19.2. The profiling of the repatriation reflects the opening of the dedicated theatre and ward complex in 2016/17. In order to service this demand the Consultant team would need to be expanded by at least 2

Consultants, with associated costs that represents an investment of £600,000. With the further direct costs of support staff and equipment, it is estimated that the net contribution to the Trust would be approximately 30% of the repatriated income - £480,000.

Year	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	Total
% growth	2%	6%	8%	12%	12%	10%	50%
Activity	18	53	71	107	107	103	459
Value	£64,000	£192,000	£256,000	£384,000	£384,000	£370,000	£1,650,000
Cumulative Income	£64,000	£256,000	£512,000	£896,000	£1,280,000	£1,650,000	
Estimated Costs	£44,800	£134,400	£179,200	£268,800	£268,800	£224,000	£1,120,000
Cumulative Costs	£44,800	£179,200	£358,400	£627,200	£896,000	£1,120,000	
Contribution %	30%	30%	30%	30%	30%	32%	

Table 19.2: Profile of repatriated activity from Hull

20. Estimated Full Year Impact on Income & Expenditure:

Summarise the full year impact on income & expenditure for the specialty as a result of this business case. The figures should cross reference to the more detailed analysis on the accompanying 'Financial Pro Forma'.

	Baseline	Revised	Change
	£000	£000	£000
Capital Expenditure		4,848	4,848
Income	10,313	13,063	2,751
Direct Operational Expenditure	6,823	9,052	2,229
EBITDA	3,490	4,011	522
Other Expenditure			0
I&E Surplus/ (Deficit)	3,490	4,011	522
Existing Provisions	n/a		0
Net I&E Surplus/ (Deficit)	3,490	4,011	522
Contribution (%)	33.8%	30.7%	19.0%
Non-recurring Expenditure	n/a	656	656

Supporting financial commentary:

The table above shows Baseline column (forecast outturn for 2013/14) and revised column (projected income and cost at the end of Year 6). The Change column represents the increase in revenue and cost by the end of Year 6.

The entire project will cost £2,229,000 in Direct Operational expenditure and £4,848,000 in capital expenditure.

It is projected that at the end of 6 years the income generated will cover the revenue cost and will generate a £522,000 surplus per annum.

There will be an initial cost to the organisation over the first 3 years of £888,000, but a surplus will be generated by Year 4 building to £522,000 per annum by the end of Year 6.

Further details are shown in the Financial proforma with an analysis of the profile of change.

The following table shows the total Capital costs included for this project.

Capital	Cost	Profile of Capital Expenditure			
		2014/15	2015/16	2016/17	Later Years
Building work					
Full cost of new theatre build	£3,500,000			£3,000,000	
Increase in Car Parking spaces	£50,000	£50,000			
Remedial work on current theatre	£90,000	£90,000			
Preparation for mobile theatre	£100,000	£100,000			
Changes to Ward space	£300,000	£300,000			
Sub total Building work	**£4,040,000**	**£540,000**	**£0**	**£3,000,000**	**£0**
Equipment list	£807,737	£807,737			
Total Capital Expenditure	**£4,847,737**	**£1,347,737**	**£0**	**£3,000,000**	**£0**

Table: Capital Expenditure profile

The revenue capital charges relating to the above spend are shown in the table below. They are accounted for in the overall Trust Capital plan and therefore do not add to the cost of this business case.

Revenue cost of Capital	Cost	Profile of revenue cost of capital			
		2014/15	2015/16	2016/17	Later Years
Building work - New build	146,388			146,388	146,388
Building work - Other	89,183	89,183	89,183	89,183	89,183
Equipment 5 years	120,872	120,872	120,872	120,872	120,872
Total Recurrent cost of Capital	**356,443**	**210,055**	**210,055**	**356,443**	**356,443**

Table: Revenue cost of capital

21. Recommendation for Post Implementation Review

	Yes	No
Is this business case being recommended for post implementation review?	Yes	

Reason(s) for the decision:

Assess long term viability of providing Orthopaedic Services out of Bridlington prior to committing the full capital spend for the Orthopaedic theatres and ward.

This is the first test of Bridlington as an Elective Orthopaedic Centre. Repatriation in activity from other providers must be evaluated and checks on cost base must be undertaken.

22. Date:

12/3/14

Appendix 1

1. Capacity Plan

The current theatre capacity plan delivers 15.5 elective Orthopaedic theatre sessions per week between Scarborough and Bridlington, as described in table 1.1 below. It should be noted that 1.5 funded theatre sessions at Bridlington are currently vacant.

	Theatre	Monday	Tuesday	Wednesday	Thursday	Friday
AM	SGH	Pace	Livesey	Marsh	Andrews alt wks Mannan alt wks	Andrews
AM	SGH		Mannan	Evans		
AM	BDH		Evans alt wks Andrews alt wks	Livesey alt wks		Marsh
PM	SGH	Pace	Livesey	Marsh	Andrews	Andrews
PM	BDH		Ortho (Vacant)	Ortho alt weeks (Vacant)	Mannan	

Table 1.1: Current Orthopaedic timetable

The proposed theatre timetable following the move to Bridlington is given below in table 1.2, which delivers 13.5 elective Orthopaedic theatre sessions at Bridlington.

One of the theatre sessions at Bridlington is to be converted to a semi elective / minor trauma theatre list which forms part of the additional trauma theatre capacity required in separating out trauma and elective service provision.

The planned level of activity will be delivered through the 12.5 remaining theatre sessions through the backfilling of all dropped lists. Thereby ensuring all theatre sessions run 52 weeks per year. This efficiency is factored into the finances of the business case.

	Theatre	Monday	Tuesday	Wednesday	Thursday	Friday
AM	BDH	Pace	Livesey	Marsh alt weeks Andrews alt weeks	Mannan	Andrews
AM	BDH		Mannan alt weeks Evans alt weeks	Livesey alt wks		Evans
PM	BDH	Pace	Livesey	Marsh alt weeks Andrews alt weeks	Mannan	Minor Trauma
PM	BDH		Andrews	Ortho alt wks (vacant)	Marsh	

Table 1.2: Proposed Orthopaedic theatre timetable

The additional resource required to backfill the theatre lists for the full year is described in table 1.3 below:

Member of Staff	Grade	WTE	Cost
ODP	5	0.373	£11,134
Recovery	5	0.373	£11,134
Consultant		0.350	£42,013
Sub total		**1.096**	**£64,281**
Consumables			£9,000
Total cost of backfill			**£73,281**

Table1.3 Resource for 9 weeks backfill

2. Trauma

The co-location of elective and non-elective Orthopaedic activity provides the benefit of being able to increase non-elective capacity during the peaks in demand. This additional capacity is delivered through utilising dropped elective Orthopaedic theatre lists or, occasionally, from the cancellation of elective activity. The dropped lists utilised for trauma are a combination of those lists that are vacant due to acute bed pressures or through Consultant annual leave.

In relocating elective Orthopaedic services to Bridlington the trauma service will lose the flexibility of being able to access elective capacity at Scarborough, in order to respond to the peaks in non-elective demand. Unless this issue is addressed the provision of the trauma service will be affected as patients could have to wait longer for their operations, thereby increasing length of stay, and it could also reduce our ability to achieve best practice tariff for the fracture neck of femur patients.

This flexibility has enabled the directorate to both respond to peaks in demand and the overall increase in non-elective Orthopaedic activity. 2013/14 has witnessed a 5% increase in non-elective activity, compared to 2012/13 outturn – an 11% increase on the 2008/09 non–elective threshold baseline figure. The Directorate has forecast a further 5% growth for 2014/15.

Over the last twelve months 265 trauma cases have been operated on via elective theatre lists. This gives an average of 5.1 trauma cases per week that utilise elective theatre capacity, which is equivalent to 2.3 theatre lists per week (based on an average of 2.2 trauma patients per theatre list).

Rather than cancel elective activity at Bridlington and move the theatre team to Scarborough to service the non-elective demand, additional theatre capacity at Scarborough will be required. This additional theatre capacity will be delivered through the establishment of two additional theatre lists at Scarborough and the conversion of a vacant Orthopaedic theatre session at Bridlington. The additional two theatre sessions at Scarborough will take place on a Monday morning and Wednesday morning.

The third theatre list at Bridlington will create capacity for the semi elective (those patients that require metal work to be removed and ambulant trauma (in particular those patients with upper limb trauma that are required to stay at home until we are able to accommodate them). This will safeguard the provision of elective Orthopaedic surgery as the need to cancel elective activity to accommodate trauma will be greatly reduced.

The additional staff resource required to support the trauma activity is described below in table 1.3. There is also additional consumable resource of £1,000. The Orthopaedic theatre staff recruited to support this expansion will be recruited to

Bridlington and will as a consequence reduce the amount of staff required to travel from Scarborough to Bridlington to support the elective lists.

Member of Staff	Grade	WTE	Cost
Scrub nurse x 2	5	0.52	£15,522
Recovery	5	0.26	£7,761
Runner	2	0.26	£4,875
Total			**£28,158**

Table 1.3: Additional Staff required to support trauma lists

The Orthopaedic Consultant and Middle grade team currently work an on call system that has one of them on call for a day at a time, during weekdays and one covering the weekend. Whereas the weekdays are fixed the weekend on call is based on a 1 in 6 rotation. The transfer of elective activity to Bridlington will make this system unsustainable as due to their requirement to be on the Scarborough site whilst on call. It is planned to replace this with a 7 day on call system, however in order to achieve this the vacant consultant post will be appointed

3. Estates

Ward

In order to accommodate the transfer of elective Orthopaedic activity to Kent ward the following work is required:

- Provision of occupational therapy assessment area
- Provision of physiotherapy assessment area
- Provision of pre-assessment accommodation
- Refurbishment of the remainder of the ward
- Provision of office accommodation for ward sister
- Conversion of two side rooms and a bay to private accommodation
- Provision of additional car parking spaces

The estimated capital cost of this work is £350,000 with no recurrent revenue.

Theatres

To accommodate Orthopaedic activity into the main theatre at Bridlington remedial work is required, which will result in this area being closed for 3 weeks. The estimated capital cost of this work totals £90,000. As this work will require the main theatre to be closed for at least three weeks. To safeguard the activity at Bridlington the mobile theatre is to deployed and be operational four weeks prior to the movement of elective Orthopaedics to Bridlington.

To prepare the surface area and link the mobile theatre with the Hospital building, estates and building work is required, which will include storage room and changing facilities. The estimated capital cost of this work is £100,000. A nominal one off cost has been included to cover the move of resources and stock from Scarborough to Bridlington.

4. Theatre

In order to provide the necessary theatre capacity it is proposed to deploy a modular laminar flow theatre at Bridlington, until such a time that a purpose built theatre suite can be commissioned.

The preferred supplier of the modular theatre is Vanguard Healthcare, details of the proposal can be found in Appendix 2.

The unit will be required for 18 months. Costs for an un-equipped theatre are £6,597 per week plus VAT.
Based on an 18 month contract, the annual cost of deploying an un-equipped theatre unit is £411,653.

5. Equipment

A full list of the equipment required for the theatre and the ward (including specified additional support services equipment to facilitate dual site working) is given in appendix 3. The full cost of this equipment totals £807,737. This equipment will be transferred to the permanent theatre when it has been commissioned.

The annual maintenance cost of the applicable equipment is estimated to be £80,774.

6. SSU and Transportation

The transfer of elective Orthopaedic services to Bridlington will require investment within the sterile service unit to ensure equipment is turned around within 48 hours and thereby avoid the acquisition of further instrument sets.

Transportation is currently limited due to the weight restrictions of the current delivery van. This limitation would result in a just single knee set having to be split between two runs.

To overcome this limitation a 6 month trial has been agreed with a complete transport service provider covering both transportation of CSSD instrumentation and the required rapid response service (i.e. for blood transportation) at a cost of £76,800 per annum, covering Monday to Friday for 3 return journeys per day for the CSSD instruments and an out-of-hours rapid response service that will provide urgent transportation of bloods or other commodities between SGH and BDH which requires the Provider will respond to urgent requests within 30 minutes.

To avoid contaminated instruments from drying out, and therefore presenting a risk in terms of decontamination, the instruments are to be pre-washed and sprayed with a deactivation agent to keep them moist. NICE Intervention Procedure Guidance 196, CFPP01-01 Management and Decontamination of Surgical Instruments acknowledge the importance of maintaining moisture on instruments.
CFPP 01-01 states “Keeping the environment around soiled instruments at, or near, saturation humidity (moist) prevents full attachment of hydrophobic proteins such that they are more efficiently removed by cleaning." The fact that this is now identified as a national standard gives us clear direction to adopt this for all contaminated instruments sets and must be applied immediately post use.
This will initially be used on orthopaedic instruments to identify the best method and the findings reported to the Decontamination Steering Group.

The estimated annual cost of the deactivation agent is £8.35 per 750ml bottle. Trials in the use of the deactivation agent have demonstrated that approximately 17 bottles

per week will be required at an annual cost of £7,600. The process is very labour intensive and therefore cannot be incorporated into the role of the existing theatre staff. To provide the required support across all the Orthopaedic theatre list 2.00 WTE HCA will be required at £35,672. However, rather than create a standalone role it is proposed that this role also incorporates portering duties.

In order to reduce the risk of sets being damaged and contaminated during transit, it is proposed that they are transported in wheeled, sealable units. The total number of units required is 6 costing £10,000. All sets are to be containerised, which will require a further 25 containers to be purchased at £12,671 each including VAT.

To ensure that the equipment is decontaminated within the required time frames the opening hours of SSU will be increased. This will enable SSU to process the equipment when it is dropped off in the early evening, following the afternoon theatre list and to safeguard the processing of other equipment. The opening hours are to be extended from 21:00 to 22:00 Monday – Friday. The additional resource required to support this is 20 hours of band 2 per week with unsocial supplement creating an annual cost of £17,811.

Table 1.4 describes the investment required in SSU to support the transfer of elective orthopaedic activity from Scarborough to Bridlington.

Resource required	Area	Capital cost	Revenue cost
Deactivation agent	Theatres		£7,600
2.0 WTE band 2 HCA for the pre washing of equipment	Theatres		£35,672
Blood fast transportation	Transport		£76,800
Wheeled sealable transportation cabinets	CSSD	£10,060	
Containers for transporting	CSSD	£12,671	
20 hours band 2 (additional OOH)	CSSD		£17,811
Total		**£22,731**	**£137,883**

Table 1.4: SSU/Transport resource requirements

The use of Blood fast transportation for additional weekend work will cost £292 per day at approximately £30,368 per annum. This will be factored into the cost of any premium payment weekend theatre lists.

7. Staffing

(i) Ward Staff

The nursing resource that is to be deployed on Kent ward at Bridlington to support the Mr Andrews all day arthroplasty theatre list totals 5.86 WTE. 3.10 WTE is to be transferred from Lloyd ward with the remaining 2.76 WTE being recruited into post.

The full establishment required for Kent ward as a 16 bedded unit open 24 hours 7 days a week is 21.02 WTE as per the Corporate nursing formula. The Ash Ward Establishment. Total ward resource is 21.02 WTE.

The Establishment approved for the all day Arthroplasty list (5.86 WTE) will reduce the number of staff that is required to transfer from Scarborough to Kent Ward, to 15.32 WTE. Therefore no further ward nursing resource is required and there will be a saving of 5.86 WTE, which is included in the financial assessment of this case.

There will be no further resource requirements for resourcing to High Observation

beds in Kent Ward. This is being delivered in a different way with mobile monitoring equipment to be able to move.

A further 0.50 WTE Band 5 plaster technician will be required for the Fracture Clinic to support the increased outpatient clinics; this will cost £15,158.

In order to maximise the number of ward staff that will transfer to Bridlington they will be offered a 12 month temporary move. As such they will be entitled to travel allowance at 67p per mile, and travel time of 30 minutes per journey. The estimated cost at worse case is £111,176 per annum, assuming 9 required staff transfer and travel individually as entitled under the current organisational change policy. Following this assuming 7 staff is willing to permanently change their base to Bridlington they will be entitled to travel allowance of 33p per mile for the first four years. The estimated cost at worse case is £31,111 per annum, please see table 1.5 below.

	Travel expenses	Travel Time	Total
Year 1	£81,212	£29,964	£111,176
Year 2	£31,111		£31,111

Table 1.5: Ward staff cost of travel

(ii) Theatre Staff – Bridlington

The ten theatre sessions in Bridlington will be supported by the Orthopaedic theatre team currently based in Scarborough. The separation of trauma and elective Orthopaedic theatres will loose efficiencies of having a centralised service and with the need to continue to support the general out of hour's service provision the theatre team would only be able to support 10 theatre sessions being transferred out.

Due to the ongoing support required for the trauma theatre sessions and the provision of out of hours acute theatres the orthopaedic theatre team are to remain based in Scarborough.

The rotation of theatre staff to Bridlington will fall under the draft travel policy as a temporary change to base / occasional working at a different site. As such staff that are band 7 and below is entitled to be paid for the travel time and mileage. The mileage is business mileage and therefore paid at the standard rate of 67p per mile. Based on four people travelling 5 times per week and assuming 30 minutes travel time per journey the total cost per annum is £41,951, as shown in table 1.6 below.

	Travel expenses	Travel Time	Total
Ortho Staff	£25,782	£16,169	£41,951

Table 1.6: Theatre team staff cost of travel

Through natural wastage a percentage of the team will be replaced with staff based on the Bridlington site.

There is a requirement for a 1.00 WTE B2 Theatre Storekeeper at £19,571 to manage all stock within Bridlington Theatres. Currently this is undertaken by the Theatre sister, and is not appropriate or sustainable.

(iii) Medical Staff

In transferring the elective Orthopaedic activity to Bridlington the amount of

additional travel time the Consultant and middle grade team will accrue is described below in table 1.7 below. As the Consultant and middle grade team will remain based in Scarborough the standard rate of 67p per mile will apply. The total increase in cost due to travel is £48,192.

	Additional journeys to BDH	Travel time to BDH (mins)	Total travel time (mins)	PA value
Consultant	6.5	30	390	1.625
Middle Grade	5.5	30	330	1.375

Table 1.7: Additional travel time for consultant and middle grade team.

Initially the Consultant team will also have to travel to Bridlington to undertake the day 1 post operative ward round. The additional journeys incurred are detailed below in table 1.8 below As the Consultant and middle grade team will remain based in Scarborough the standard rate of 67p per mile will apply. The total increase in cost due to travel is £26,322 per annum. However investment is to be made in telemedicine technology which will facilitate remote ward rounds. A robust period of time will be required to bed in the new technology following which the requirement to travel to Bridlington to undertake a ward round will be significantly reduced to an estimated 40% of the time. This will cost £23,782 per annum.

Consultant	Additional journeys to BDH (normal time)	Additional journeys to BDH (unsocial hours)	Travel time to BDH (mins)	Total travel time (mins)	PA value
Pace	1	0	30	60	0.25
Livesey	1	0	30	60	0.25
Marsh	0.5	0	30	30	0.125
Andrews	0.5	1	30	108	0.45
Mannan	1	0	30	60	0.25
Evans	0	1	30	78	0.325
Total					**1.65**

Table 1.8: Additional travel time for consultant ward rounds.

This information in table 1.9 below summaries all the cost of travel for the Orthopaedic Medical Staff.

	Travel expenses	Travel Time	Total
Travel to Brid	£20,779	£27,413	£48,192
Travel for ward round	£5,195	£18,587	£23,782
Total	**£25,974**	**£46,000**	**£71,974**

Table 1.9: Orthopaedic Medical staff cost of travel

The anaesthetic team will increase their support to Bridlington in line with the Orthopaedic sessions. The amount of additional journeys the Consultant team will make will be 7 per week – based on the current proposed timetable. Based on a 30 minute journey time this will require an additional 2.4 PA's of Consultant time. As they will remain based in Scarborough there will be an increase in mileage claimed based on the standard rate of 67p per mile. The total additional cost will be £45,083 as shown in table 1.10 below.

	Travel expenses	Travel Time	Total
Travel to Brid	£18,047	£27,036	£45,083

Table 1.10: Anaesthetic Medical staff cost of travel

There is insufficient junior doctor resource on the Scarborough site and therefore additional resource will be required to support Kent ward in its day to day functioning. It is proposed that an RMO (Receiving Medical Officer) _ is deployed 24/7 on to Kent Ward. This will provide the required junior doctors support during the day and provide emergency out of hours cover. The cost of employing a RMO is £191,000 per annum.

(iv) Physiotherapy /Occupational Therapy

There will be no savings in Scarborough for activity no longer undertaken there; all the resources described below are additional costs.

To ensure the same level of service is delivered to both the elective patients in Bridlington and the trauma patients in Scarborough an additional 1.00 WTE band 5 physiotherapist is required, based on the Bridlington site at a cost of £30,516. In addition, there is a requirement for a senior physiotherapist to rotate to Bridlington in order to support the ward the delivery of enhanced recovery. It is estimated that the senior physiotherapist will travel to Bridlington once per week at an additional cost of £6,063 for a standard day and a further £2,458 per annum for travel time and travel expenses.

0.50 WTE, band 5 Occupational Therapist will be required to work each morning to provide the necessary OT support on Kent ward, at an annual cost of £15,158. This post will be based at Bridlington. In order to provide senior Occupational therapist support and provide cover for periods of annual leave an average of one visit per week will be necessary. The additional cost of one day for the senior physiotherapist will be £6,063 for a standard day and a further £2,458 per annum for travel time and travel expenses. Consumables are required of £2,700 per annum.

The investment required for these services is summarised below in table 1.12

	Additional Hours	Travel expense	Travel Time	Total cost of travel
1.00 WTE B5 Physiotherapist	£30,316			
0.50 WTE B5 Occ Therapy	£15,158			
Snr Physio	£6,063	£1,289	£1,169	£2,458
Snr Occ Therapist	£6,063	£1,289	£1,169	£2,458
Consumables	£2,700			
Total	**£60,300**	**£2,578**	**£2,338**	**£4,917**

Table 1.12: Therapies investment cost

(v) ODP & Recovery staff

A total of three members of staff (2 ODP's and 1 recovery nurse) will be required to ensure that two staff are always present within the PACU area when patients are present. In order to achieve this, an additional WTE band 5 ODP will be required at an annual cost of £30,316. This member of staff will be based at Bridlington and will therefore not incur any travel expenditure. The remaining two staff will rotate from the Scarborough site. With travel time of 30 minutes and based on the standard rate of 67p per mile the increased travel costs will be £20,975 per annum as seen in table

1.13 below. A further 2 hours are required of Management time for supervision bringing the total cost of staffing to £30,632.

	Travel expenses	Travel Time	Total
Recovery Staff/ODP	£12,891	£8,084	£20,975

Table 1.13: ODP and recovery staff cost of travel

8. Support Services

The impact on the following support services is:

a) Radiology

Eight hours of band 6 radiographer resource has been identified to support the two additional trauma lists. This additional trauma work will cost £9,361 annually. However no additional radiographer support has been identified to support the transfer of elective activity to Bridlington as a mobile mini C arm which will reduce the need for radiographer support within theatres for elective cases, is included within the requirements for theatre equipment.

b) Catering

Additional catering resource was identified in moving the all day arthroplasty list to Bridlington. With the elective Orthopaedic ward operating 24/7 the following additional resource is required at £75,698 per annum. This includes a stepped addition in resource of supervisory staff on the Bridlington site over weekends.

It has been assumed that savings from transferring from Ash ward will be £48,180k per annum.

c) Domestics

Additional domestic resource was identified in moving the all day arthroplasty list to Bridlington. With the elective Orthopaedic ward operating 24/7 and the deployment of the mobile theatre unit 7.06 WTE band 2 domestic resource is required for the whole service. Less the resource approved through the Arthoplasty business case the incremental annual cost will be £89,708.

It has been assumed that savings from transferring from Ash ward will be in the region of £53,825 per annum.

d) Pharmacy

The dispensing of medicines for elective Orthopaedics will be centralised on the York site. The incremental resource required to support the business case is 1 hour of band 3 times per week, at an annual cost of £1,044.

e) Laboratory Services

To support elective Orthopaedic service at Bridlington, there will be a satellite laboratory service established. In order to deliver this service the following revenue resources are required:

Member of Staff	Grade	WTE	Cost
Laboratory resource	6	0.40	£14,626
OOH work	6	0.32	£15,661
Laboratory support	4	0.50	£12,536
Sub total		**1.22**	**£42,823**
Consumables			£7,000
Total		**1.22**	**£49,823**

Table 1.14: Laboratory services resource requirement

The Blood analysers, Blood bank and Blood dispensing and transfusion equipment to be purchased will cost £186,240 of capital expenditure, which is included in the equipment list under item 5 in the appendix. This additional equipment will result in £7,000 recurrent consumable costs and the servicing/maintenance costs are estimated at 10% of the capital expenditure per annum – see item 5 above. Equipment will be based on Kent Ward and will enable basic haemoglobin and bio chemistry tests to be undertaken by the ward staff.

f) Portering

The resource required to porter the patients between the ward and theatre has been included within the uplift for the theatre staff.

1.00 WTE Band 2 HCA is required to support the patient transfers between departments at a cost of £19,042 per annum.

g) Phlebotomy

As an RMO is to be deployed onto Kent ward phlebotomy provision will not be required.

h) Linen and Bedding

It is estimated that there will a limited incremental cost of transferring this service from Ash Ward to Kent Ward. The Theatre team will also be operating for the same number of sessions, so the cost of linen and bedding at Bridlington will be £12,264 per annum and it is assumed that savings of £11,976 are applicable from the withdrawal of Orthopaedics from Ash Ward.

i) Waste Disposal

It is estimated that there will a small incremental cost of transferring the elective service from Scarborough to Bridlington of £5,824.

9. Administrative support

The ward clerk currently assigned to Ash ward is to remain in post there. Therefore 1.00 WTE band 2 ward clerk is required to support Kent ward, at a total cost of £17,836 per annum.

There will be no requirement for further administrative resource in supporting the relocation of elective Orthopaedic surgery. However, in order to streamline the process of moving dictation tapes across sites, and the associated risk of there subsequent loss, the roll out of digital dictation is to be rolled out for Orthopaedics.

This roll out will require the purchase of speech microphone pieces and transcribers packs. The total cost of rolling out digital dictation will be £4,599.

9. Pre Assessment

One of the four dedicated weekly Orthopaedic pre assessment clinics will transfer to Bridlington initially. This will reduce the amount of travel for the patients from the Bridlington and provide a localised service. In deploying this session at Bridlington it will provide a platform to grow the service as patients are repatriated from the Bridlington and Driffield area. There will be travel costs for the therapists within this multi disciplinary team (as below) for the weekly session.

2 x B5 nurses
1 x Physiotherapist
1 x Occupational Therapist

The annual cost of this travel is £9,111 for the therapists as shown in table 1.15 below. The nursing staff have been included in the ward travel costs.

	Travel expenses	Travel Time	Total
Pre-Assessment team	£5,156	£3,955	£9,111

Table 1.15: Pre-assessment (therapists) cost of travel

10. Stores

There is no resource on the Bridlington site to manage stores. With the transfer of elective Orthopaedics resource will need to be deployed to manage the ordering and receipt of such high value stock. A recent CQC visit to the Trust highlighted the inadequacies of stock control by clinical theatre staff at York in Orthopaedics, so this further supports the requirement of 1.00 WTE band 3 material management post, at an annual cost of £19,571.

11. IT

With the transfer of activity to Bridlington and York there is a need to enable the Scarborough based consultants to review there patients without having to travel to Bridlington or York on a regular basis. A telemedicine solution, that will deliver a high quality audiovisual link, will be installed at York, Scarborough and Bridlington at cost of £33,000.

12. Savings

There are considerable savings across the Directorates from the transfer of activity to Bridlington.

The following information details £717,420 worth of savings identified so far, which have been factored into the finances of this business case. There are 2 categories of savings:

- Residual Resources left in Scarborough

Table 1.16 summarises the resources no longer used by the Orthopaedic service on the Scarborough site.

		Profile of savings				
Area	**Total Savings**	**2014/15**	**2015/16**	**2016/17**		**Later Years**
Nurses	£161,834	£161,834				
Ward Clerk	£19,042	£19,042				
Domestic	£53,825	£53,825				
Catering	£48,180	£48,180				
Bedding and Linen	£11,976	£11,976				
1.5 WTE Porter	£28,563	£28,563				
TOTAL Residual resources left in Scarb'	**£323,420**	**£323,420**	**£0**	**£0**	**£0**	**£0**

Table 1.16: Residual resources left in Scarborough

- Efficiency Savings realised through this business case

Table 1.17 summarises the savings achievable through the implementation of this business case

Area	**Total Savings**	**2014/15**	**2015/16**	**2016/17**		**Later Years**
Income schemes - in Eff plan - 6 years						
WLI	£200,000			£100,000		£100,000
Increase List sizes:						
MA & RM - 1 joint	£126,000			£84,000	42000	
JL - 1 shoulder	£30,000			£30,000		
Improvement in coding	£20,000	£10,000	£10,000			
General efficiency in Brid Orth theatres	£18,000			£18,000		
TOTAL SAVINGS	**£394,000**	**£10,000**	**£10,000**	**£232,000**	**£42,000**	**£100,000**

Table 1.17: Efficiency savings identified

13. Operational Policy

The operational policy for Bridlington theatres is to be revised to reflect the transfer of elective Orthopaedic activity from Scarborough to Bridlington.

14. Marketing

Recurrent resource of £35k, reducing to £20K in year 4, has been identified to support the ongoing promotion of the Orthopaedic Service at Bridlington. The promotion of both the NHS and Private Orthopaedic Service is essential in order to attract and retain the identified increase in market share.

The initial market strategy is as follows:

- Regular meeting with GP groups, within and outside the area to commissioner requirements
- Development and maintenance of orthopaedic internet site (NHS & Private)
- Development and deployment of promotional material within GP practices / Health Centres (brochures, posters, leaflets etc)
- Promotion of the Bridlington Orthopaedic Centre through local radio stations
- Promotion of the Bridlington Orthopaedic Centre on public transport

15. Physical move of stock and equipment to Bridlington

The cost of the physical move is shown under the non recurring costs in Year 1 and is estimated at £25K.

Appendix 2 – Vanguard Mobile Theatre Unit

Appendix 3 – Equipment Requirements

	Description	Qty	Total Cost
	Theatre Equipment		
	Yuno Operating table	1	£114,000
	Goepal knee crutch	1	£419
	Arm posturing device	1	£854
	Side rail extension	3	£2,736
	Radial setting clamp	4	£3,712
	Lateral support	1	£181
	Fixture for Body Supports (Height Adjustable)	2	£5,000
	Hand operating table	1	£1,851
	Operating table accessory trolley	1	£1,600
	Torniquet machine	1	£2,690
	Torniquet cuffs	4	£1,272
	Rhys Davies Exsanguinator	1	£205
	Closed headring adult	1	£63
	Closed headring adollescent	1	£36
	Camera stacking system	1	£49,806
	Radio Lucent Table end (Foot & Ankle work)	1	£11,886
	Mini C Arm Imaging	1	£58,075
	Patient trolleys	2	£9,043
	Warming blankets	2000	£24,000
	Micro picks	1	£400
	Resus trolley (for Kent ward & mobile theatre)	2	£16,800
	Miscellaneous	1	£15,000
	Theatre clog washer	1	£10,660
	Theatre clogs	45	£1,620
	PC's (2 with cows) for Mobile Theatre	3	£2,250
	Tug mover	1	£19,920
	Network infrastructure to link Modular Theatre	3	£27,000
	Plaster Trolley	1	£1,690
	Ward/ Outpatient Equipment & Theatre office equipment		
Ward	Rollstands (Drager) - For mobile HOB facility	2	£3,132
Ward	Bedside monitors & nurses station (Drager) - For mobile HOB Facility	2	£32,890
Ward	PC's	5	£3,000
Ward	Raised toilet seat. (Patterson medical)	4	£240
Ward	Office desks (1400x 800) (Complete Office)	3	£600
Ward	Chairs - (standard PS4032)	3	£330
Ward	Whiteboards	4	£200
Ward	Printers	5	£1,400
Ward	Scanner - for Notes onto CPD	3	£1,560
Ward	Phones	7	£2,100
Ward	Burlodge regeneration trolley (catering)	1	£9,600
Ward	Mobile Storate units (Craven trolleys)	4	£3,243
Ward	Domestic cleaning equipment	1	£8,000
	Mattresses	7	£1,680
	Above Bed Drug Cupboards	7	£2,444
	Bedside Lockers	7	£3,200
	Overbed table	7	£2,142
	Private Patients Room and Equipment set up costs		£10,000
	Visitors Chairs	7	£632
	Bed Curtains	20	£8,585
	Patient chairs	7	£1,092
	Portable Suction Machine - Laeder (D Biggins - Room 2) - Plug in Por	4	£4,800
	Physio / OT Equipment		
Physio / OT	Parallel Bars	2	£2,489
Physio / OT	ECG machine	1	£6,600
Physio / OT	Practice steps with x 2 handrails	2	£2,132
Physio / OT	Set of pedals	2	£368
Physio / OT	Full length mirror	2	£627
Physio / OT	Wheeled stool	2	£133
Physio / OT	Theraband x 3 strengths - red	2	£17
Physio / OT	Theraband x 3 strengths - green	2	£18
Physio / OT	Theraband x 3 strengths - blue	2	£0
Physio / OT	22" RED THERABAND EXERCISE BALL	2	£21
Physio / OT	26" GREEN THERABAND EXERCISE BALL	2	£25
Physio / OT	30" BLUE THERABAND EXERCISE BALL	2	£38
Physio / OT	LIFE-SIZE KNEE JOINT	2	£41
Physio / OT	LIFE-SIZE HIP JOINT	2	£41
Physio / OT	LIFE-SIZE SHOULDER JOINT	2	£41
Physio / OT	LIFE-SIZE FOOT JOINT WITH LIGAMENTS	2	£49
Physio / OT	Ice machine	1	£2,003
Physio / OT	Dressing aids	2	£3
Physio / OT	Sock aids	2	£4
Physio / OT	long handled sponges	2	£21
Physio / OT	LIGHTWEIGHT REACHERS	2	£23
Physio / OT	leg lifters	2	£25
Physio / OT	Kettle, (steam)	1	£45
Physio / OT	cups, (box of 6 - wards of york)	1	£18
Physio / OT	cutlery, (Knife, Fork & Spoon) - Nisbets	1	£6
Physio / OT	fridge, (ward fridge glen dimplex)	1	£350
Physio / OT	ordinary divan bed, (patterson medical)	1	£490
Physio / OT	microwave, (Nisbets)	1	£364
Physio / OT	toaster. (nisbets)	1	£240
Physio / OT	Bathboard, (Patterson Medical)	1	£55
Physio / OT	shower stool, (Patterson Medical)	1	£65
Physio / OT	raised toilet seat. (Patterson medical)	1	£60
Physio / OT	Sets of chair raisers (Patterson Medical)	4	£100
Physio / OT	wheelcharis and cushions	1	£392
	Pre-assessment offices (Equipment & Furniture)	1	£9,622
	TV & DVD - for Physio education & patients on ward	1	£960
	Mobile Theatre Equipment (needed permanently for new theatre build too)		
Mobile Theatre Equipment	O2 Flowmeters	2	£298
Mobile Theatre Equipment	O2 Flowmeters	2	£158
Mobile Theatre Equipment	Wall Suction Units (direct)	2	£566
Mobile Theatre Equipment	65 lt Rubbish Bin - White Plastic	5	£1,077
Mobile Theatre Equipment	Printer	1	£300
Mobile Theatre Equipment	Single Gratnall Trolley	1	£576
Mobile Theatre Equipment	Res-Q-Vac - Adult	1	£13
Mobile Theatre Equipment	Adult Bag Valve Mask - Complete	1	£45
Mobile Theatre Equipment	Magill Forceps Adult	1	£21
Mobile Theatre Equipment	Surgical Scissors	2	£60
Mobile Theatre Equipment	Laryngoscope Set - McCoy Fibrelight	1	£689
Mobile Theatre Equipment	Non Rebreathing Mask - Adult	1	£46
Mobile Theatre Equipment	Stethoscope - Adult	1	£12
Mobile Theatre Equipment	Pressure Bag - 1 Ltr	3	£136
Mobile Theatre Equipment	Elasticated Velcro Tourniquet - Adult	1	£7
Mobile Theatre Equipment	Wheeled sealed transportable unit	6	£10,000
Mobile Theatre Equipment	Containers for transporting	125	£63,375
Mobile Theatre Equipment	IT - Telemedience	1	£33,000
	Laboratory Services Equipment		
Lab Equip	Remote issue Blood bank kiosk	1	£102,000
Lab Equip	Remote access to telepath & interface of blood bank s/ware	1	£14,400
Lab Equip	IT workstation - to include all Trust software and Networked to telepath system	1	£720
Lab Equip	Pathology Miscellaneous Equipment	1	£69,120
		Total	**£807,737**

York Teaching Hospital NHS
NHS Foundation Trust

REFERENCE NUMBER:	**2013/14 - 127**
TITLE:	**Transfer of Elective Orthopaedic Services to Bridlington District Hospital**
OWNER:	**Pat Crowley**
AUTHOR:	**Paul Rafferty**

Commentary on Financial Summary

The total cost of this business case is £2,229,000 of revenue expenditure and £4,848,000 of capital expenditure.

This covers the cost of the move of Elective Orthopaedic services to Bridlington, and the Repatriated Activity from East Riding Locality with associated savings.

It is projected the that at the end of 6 years the planned income will cover these costs and provide a £522,000 surplus contribution per annum

There will be an initial cost to the Trust over the 1st 3 years of £888,000, and by year 4 a surplus contribution will be generated.

Following the Revenue summary table, there is an explanation of the content of each column.

Capital Summary

Capital	Total	Profile of Capital Expenditure					
		2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	£'000	£'000	£'000	£'000			
Building work							
Full cost of new theatre build	3,500	1,750	1,750				
Increase in Car Parking spaces	50	50					
Remedial work on current theatre	90	90					
Preparation for mobile theatre	100	100					
Changes to Ward space	300	300					
Sub total Building work	**4,040**	**2,290**	**1,750**	**0**			
Equipment list	808	693	115				
Total Capital Expenditure	**4,848**	**2,983**	**1,865**	**0**			

	Owner	Finance Manager	Director of Finance
Signed	**Mike Proctor**	**Gail Cheesbrough**	
Dated	**12th March 2014**		

Section 1 - Revenue Summary	Total Change										Planned Profile of Change					
	Current - 2013/14 Forecast outturn	Additional 2014/15 planned income	Future years income changes	Repatriated Activity	Cost of move	Efficiencies	Residual resources	Revised Total	Change		2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	WTE	£'000	£'000	£'000			
NOTES	A	B.1	B.2	C	D	E	F	G	H		I					
(a) Non-recurring (mobile theatre & move costs)									**656**		**437**	**219**				
(b) Recurring																
Income																
NHS Elective Clinical Income	5,446	1,549	-890	1,650	0	194	0	7,948	2,502		1,623	934	1,322	1,748	2,132	2,503
NHS all other Clinical Income	4,867	248	0	0	0	0	0	5,115	248		248	248	248	248	248	248
Other Income	0							0	0		0	0	0			
Total Income	**10,313**	**1,797**	**-890**	**1,650**	**0**	**194**	**0**	**13,063**	**2,751**		**1,871**	**1,182**	**1,570**	**1,997**	**2,381**	**2,751**
Expenditure																
Pay																
Medical	1,920	233		306	42	-200		2,301	381	3.35	287	324	273	346	320	381
Nursing	2,148			366	31		-162	2,383	235	7.16	-116	-73	-14	74	162	235
Other (please list):																
Executive Board & Senior Managers	60			0	0	0	0	60	0		0	0	0	0	0	0
Support Staff	46				217		-118	145	99	8.35	99	99	99	99	99	99
Travel time	0				73		0	73	73	0.54	145	96	96	96	73	73
Prof/ Tech	55				174			229	174	5.48	174	174	174	174	174	174
	4,229	**233**	**0**	**672**	**537**	**-200**	**-280**	**5,191**	**962**	**24.88**	**589**	**620**	**627**	**789**	**828**	**962**
Non-Pay																
Drugs	95	47		0	0	0		142	47		47	47	47	47	47	47
Clinical Supplies & Services	2,428	314	-74	448	208	0		3,324	896		540	519	591	699	806	896
General Supplies & Services	149			0	230	0	-43	336	187		202	192	192	187	187	187
Other:																
Travel Expenses	0			0	56	0		56	56		166	116	116	116	56	56
Maintenance/ Servicing	0			0	81	0		81	81		81	81	81	81	81	81
Non clinical income	-78			0	0	0		-78	0		0	0	0	0	0	0
	2,593	**361**	**-74**	**448**	**575**	**0**	**-43**	**3,861**	**1,267**		**1,036**	**955**	**1,027**	**1,130**	**1,177**	**1,267**
Total Operational Expenditure	**6,823**	**594**	**-74**	**1,120**	**1,112**	**-200**	**-323**	**9,052**	**2,229**		**1,625**	**1,576**	**1,654**	**1,919**	**2,005**	**2,229**
Impact on EBITDA	**3,490**	**1,203**	**-816**	**530**	**-1,112**	**394**	**323**	**4,012**	**522**	**24.88**	**245**	**-393**	**-84**	**78**	**376**	**523**
Cost of capital				146	210			356	356		283	356	356	356	356	356
Overall impact on I&E	**3,490**	**1,203**	**-816**	**384**	**-1,322**	**394**	**323**	**3,656**	**166**	**24.88**	**-38**	**-749**	**-440**	**-278**	**20**	**167**
Less: Existing Provisions	**0**			**-146**	**-210**			**-356**	-356		**-283**	**-356**	**-356**	**-356**	**-356**	**-356**
Net impact on I&E	**3,490**	**1,203**	**-816**	**530**	**-1,112**	**394**	**323**	**4,012**	**522**		**245**	**-393**	**-84**	**78**	**376**	**523**

Please note there is an explanation of each column on the next page

Explanation of Revenue Summary table in Section 1

Non recurring costs (a): £656K for the 2 year hire of the modular theatre unit and the upfront physical move of stock from Scarborough to Bridlington

Please find below an explanation of each column:

Column A: Current - 2013/14 Forecast Outturn - £3.490M surplus contribution This represents the forecast outturn income for 2013/14 as detailed in the 2014/15 planning process and the 2013/14 forecast outturn on direct expenditure budgets. It does not include any support services/ overheads.

Column B.1 : Additional 2014/15 planned income - £1.203M surplus represents the contribution increase for 2014/15 planned activity over the 2013/14 forecast outturn.

Column B.2: Future Years Income Changes - £0.816M decrease represents the removal of backlog activity from 2014/15 plans with the relevant marginal costs.

Column C: Repatriated activity - £0.530M positive contribution for Repatriated Activity from the East Riding locality. The average contribution for elective Orthopaedic income has been assumed. There are 15.00 WTE identified for nursing and medical staff, however no further detail for support service staff has been planned.

Column D: Cost of Move - £1.112M cost to the organisation for transfer of Elective Orthopaedic services from Scarborough to Bridlington by Year 6 . The profile of the move is shown in the detailed profile of Change table below.

Column E: Efficiencies - £0.394M positive contribution- representing the efficiency gains from transfer of Elective Orthopaedic services from Scarborough to Bridlington.

Column F: Residual resources - £0.323K positive contribution for resources no longer used by the Orthopaedic service on the Scarborough site.

Column G: Revised Total - £4.012M contribution to the Trust. This represents the 6 year position totalling all the elements of this business case - Columns A to F

Column H: Change - £.0.522M positive contribution plus 24.54 WTE. This column shows the change at the end of 6 years from the current position (Column A).

Columns I: The Profile of Change over the next 6 years. The Net Impact on the I&E must be off set by the Non recurring costs shown at the top of the sheet in the table above.

Further detail on the profile of change by individual element is shown in section 3 - Analysis of Element with profile of change, which is in the final (3rd) section of this financial information.

More detail on the clinical income can be seen in the section 2 - Activity and Income immediately below.

There is a further schedule of supporting financial tables available.

Section 2 - Activity & Income

	Total Change									Planned Profile of Change					
	Current - 2013/14 Forecast outturn	Additional 2014/15 planned income	Future years income changes	Repatriated Activity	Cost of move	Efficiencies	Residual resources	Revised Total	Change	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
NOTE	A	B.1	B.2	C	D	E	F	G	H	I					
Activity															
Elective (Spells)	1,604	294	-169	445		49		2,223	619	315	202	305	423	530	619
Non-Elective (Spells)										#					
Long Stay	964	48						1,012	48	48	48	48	48	48	48
Short Stay	72							72	0	0	0	0	0	0	0
Outpatient (Attendances)										#					
First Attendances	8,802	160						8,962	160	160	160	160	160	160	160
Follow-up Attendances	11,178	-1,712						9,466	-1,712	-1,712	-1,712	-1,712	-1,712	-1,712	-1,712
A&E (Attendances)								0	0	0	0	0			
Other (Please List):										#					
Outpatient Procedures	118	1,704						1,822	1,704	1,704	1,704	1,704	1,704	1,704	1,704
								0	0						
Income															
NHS Clinical Income															
Elective income															
Tariff income	5,446	1,549	-890	1,650		194		7,948	2,502	1,623	934	1,322	1,748	2,132	2,503
Non-Tariff income								0	0						
Non-Elective income															
Tariff income	2,815	138						2,953	138	138	138	138	138	139	139
Non-Tariff income (BPT)	192							192	0						
Outpatient															
Tariff income	1,860	110						1,970	110	110	110	110	110	110	110
Non-Tariff income								0	0						
A&E															
Tariff income									0						
Non-Tariff income									0						
Other															
Tariff income									0						
Non-Tariff income									0						
	10,313	**1,797**	**-890**	**1,650**	**0**	**194**	**0**	**13,063**	**2,751**	**1,871**	**1,182**	**1,570**	**1,997**	**2,381**	**2,752**
Non NHS Clinical Income															
Private patient income									0						
Other non-protected clinical income									0						
	0							**0**	**0**	**0**	**0**	**0**			
Other income															
Research and Development									0						
Education and Training									0						
Other income									0						
	0							**0**	**0**	**0**	**0**	**0**			

Section 3 - Analysis by Element with profile of change

	Current 2013/14 Forecast outturn	Additional 2014/15 planned income	Future years income changes	Repatriated Activity	Cost of move	Efficiencies	Residual resources	Revised Total	Change		2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	WTE	£'000	£'000	£'000			
NOTES	A	B.1	B.2	C	D	E	F	G	H		I					
Repatriated Activity	0			3,500				3,500	3,500		1,750	1,750				
	0				1,348			1,348	1,348		1,233	115				
Capital Expenditure	**0**	**0**	**0**	**3,500**	**1,348**	**0**	**0**	**4,848**	**4,848**		**2,983**	**1,865**	**0**	**0**	**0**	**0**
Income																
Income plans	10,313	1,797	-890					11,219	907		1,797	906	906	907	907	907
Repatriated Activity	0			1,650				1,650	1,650		64	256	512	896	1,280	1,650
Efficiencies						194		194	194		10	20	152	194	194	194
Income	**10,313**	**1,797**		**1,650**	**0**	**194**	**0**	**13,063**	**2,751**		**1,871**	**1,182**	**1,570**	**1,997**	**2,380**	**2,751**
Direct Operational Expenditure																
Budgetted Expenditure 13/14 14/15	6,822	594	-74					7,342	520		594	520	520	520	520	520
Repatriated Activity				1,120				1,120	1,120	15.00	45	179	358	627	896	1,120
Cost of move					1,112			1,112	1,112	21.24	1,309	1,200	1,200	1,195	1,112	1,112
Efficiencies						-200		-200	-200				-100	-100	-200	-200
Residual resources							-323	-323	-323	-11.36	-323	-323	-323	-323	-323	-323
Direct Operational Expenditure	**6,822**	**594**	**-74**	**1,120**	**1,112**	**-200**	**-323**	**9,050**	**2,228**	**24.88**	**1,625**	**1,576**	**1,655**	**1,919**	**2,005**	**2,229**
EBITDA																
Income plans	3,491	1,203	-816					3,877	387		1,203	386	386	387	387	387
Repatriated Activity				531				531	531		19	77	154	269	384	531
Cost of move					-1,112			-1,112	-1,112		-1,309	-1,200	-1,200	-1,195	-1,112	-1,112
Efficiencies						394		394	394		10	20	252	294	394	394
Residual resources							323	323	323		323	323	323	323	323	323
EBITDA	**3,491**	**1,203**	**-816**	**531**	**-1,112**	**394**	**323**	**4,013**	**522**		**246**	**-394**	**-85**	**78**	**375**	**522**
I&E Surplus/ (Deficit)																
Income plans	3,491	1,203	-816					3,877	387		1,203	386	386	387	387	387
Repatriated Activity	0			531	0			531	531		19	77	154	269	384	531
Cost of move					-1,112			-1,112	-1,112		-1,309	-1,200	-1,200	-1,195	-1,112	-1,112
Efficiencies						394		394	394		10	20	252	294	394	394
Residual resources							323	323	323		323	323	323	323	323	323
I&E Surplus/ (Deficit)	**3,491**	**1,203**	**-816**	**531**	**-1,112**	**394**	**323**	**4,013**	**522**		**246**	**-394**	**-85**	**78**	**375**	**522**
Cost of move (Mobile theatre & moving)	0				642			642	642		437	219				
(a) Non-recurring	**0**	**0**	**0**	**0**	**642**	**0**	**0**	**642**	**642**		**437**	**219**	**0**	**0**	**0**	**0**
Impact of the Business case											**-191**	**-612**	**-85**	**78**	**375**	**522**

Project Proposal for

James Hayward
York Teaching Hospitals NHS Foundation Trust

Project Proposal

The Objective

The Trust requires additional Theatre capacity to be situated at Bridlington Hospital for a period of 6 to 12 months.

Proposed Solution

Vanguard Healthcare proposes to meet the Trust's requirements through the use of a Modular Laminar Flow Theatre which will be delivered via low loader.

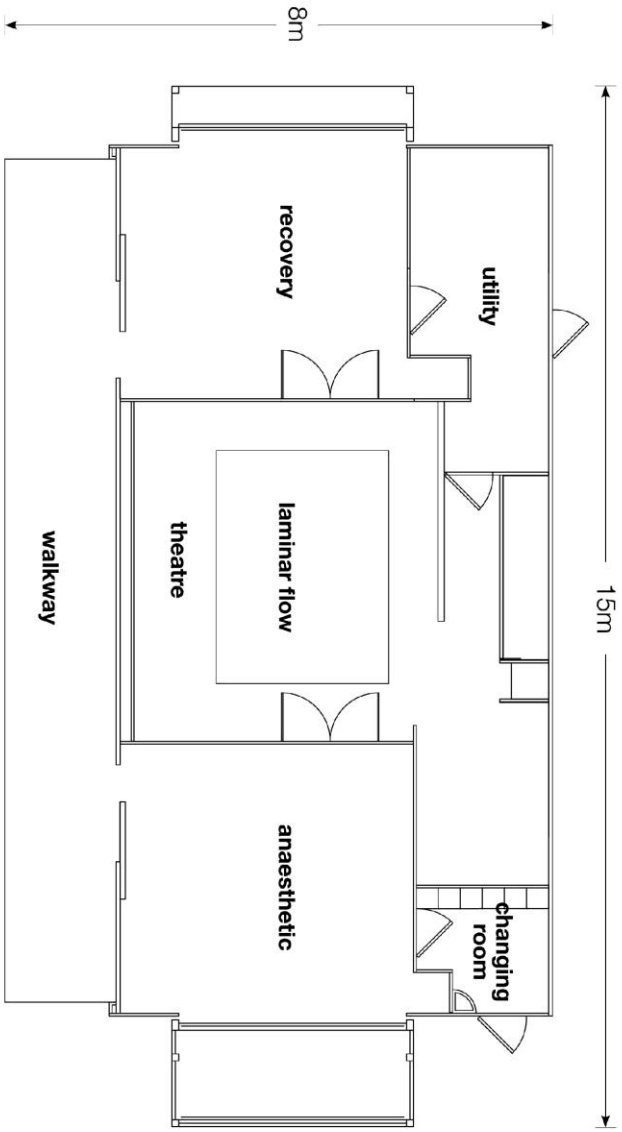


The Modular Laminar Flow Theatre comprises the following accommodation:

- Operating room with laminar flow with scrub recess area
- Anaesthetic room
- Utility
- Staff changing area
- 2 recovery beds (stage 1)

Layout Plan of a Modular Laminar Flow Theatre

Please note the details below are for illustration purposes only



Key Advantages of a Vanguard Solution

- Very high standard of clinical accommodation
- Units immediately available
- Planning permission may not be required
- Can be supplied with staff
- Can be supplied with equipment
- Contract supported by Vanguard's experience of delivering over 177,900 operations across the NHS

Utility requirements are as follows:

- A relatively flat concrete pad/car park/area of hard standing
- Water supply – 15mm pipe from water supply at 3 bar, brass screw tap connection
- Drainage – flexible pipes into foul sewer drain
- Electricity – 125 Amp 3 phase electricity. The theatre includes emergency power backup. If a local power supply at this standard is not available Vanguard can advise on the provision of a generator.

Staffing

Vanguard is registered with the Care Quality Commission to deliver Acute and Diagnostic services. Consequently Vanguard can supply staff to the Trust to support the additional activity.

Nursing staff and operating department practitioners can be supplied as well as health care assistants, if available. We recommend that a minimum of one member of Vanguard personnel is hired in each theatre. This will have two benefits to the Trust.

Firstly there will be an on-site presence of someone who knows intimately how the Unit works to resolve any questions quickly.

Secondly if a staffed service is purchased by the Trust, it is our experience that the VAT payable on the contract can be reclaimed, which is a significant financial advantage.

Equipment

The Modular Laminar Flow Theatre can be supplied equipped or unequipped.

Equipment List supplied on request.

Transport & Logistics

Vanguard Healthcare has a dedicated team of drivers and engineers who will support the Trust throughout the contract.

In the planning stages, we will survey the site with the Trust's Estates Team, identifying areas where it will be possible to site the Unit. A full site survey will then be prepared and used in discussion with the Trust to identify any enabling works which might need to be carried out prior to the Unit being delivered.

Typically the Unit is delivered overnight by our transport team. From delivery on site to the Unit being operational is only a matter of hours.

The Unit comes on a low-loader and is hydraulically lowered into place onto spreader plates.

Vanguard's team of engineers will support the Trust, being available at all times to respond to any call-outs. Emergency call-outs are rare, but our highest priority would be to ensure no clinical activity were lost.

Planning Considerations

Given that these Units are fully mobile, planning permission may not be required.

Our experience has been that most Trusts seek retrospective planning permission when the Units are in situ.

Timescales

From contract sign-off to installation of the Unit can be as little as a week.

We would like to invite clinical and managerial colleagues to visit a hospital where Vanguard's facilities are currently being used. This will give you the best opportunity to see and experience how our services are provided, and allow us to answer any questions which you may have.

Our usual practice is to organise a planning meeting with the Trust prior to installation to go through a range of operational issues to ensure that the contract start is as smooth as possible.

Financial Considerations

For a contract of 6 months duration the total cost per week for a fully equipped theatre would be £11,776 plus VAT.

For the same period, the cost for an unequipped theatre would be £9,060 per week plus VAT.

A 10% discount has been applied to these prices as you are members of the North of England NHS Purchasing Collaborative.

As far as staffing is concerned the first member of the clinical staff (team leader - Nurse/ODP) is charged at £410 for a working day of 8am to 6pm Monday to Friday, other qualified staff are charged at £395 per day and a healthcare assistant, if available, is £280 per day. Again all prices are plus VAT.

The provision of clinical staff results in the VAT being refundable as the contract is classed as a managed service. This also means that the Vanguard members of staff will be responsible for the day to day functioning of the theatres; for example, the ordering of medical gases.

Please note that the Laminar Flow theatre is required to be in situ for approximately 12/14 days prior to patient activity to allow for the water to be treated and independently tested. There is no charge during this period.

The figures in this document are valid for a period of 30 days.

All units are subject to availability.

Contact Details

To discuss this proposal in more detail, please contact:

Natalie Wilson
Territory Manager
Vanguard Healthcare Solutions

m: +44 (0)7919 576591
e: nataliewilson@vanguardhealthcare.co.uk

(OR)

Ian Monaghan
Sales Director
Vanguard Healthcare Solutions

m: + 44 (0)7901 716507
e: ianmonaghan@vanguardhealthcare.co.uk

Blank page

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 March 2014

Business Case 2013-14/150: Replacement of a Surgical Ward (Haldane) on Scarborough site

Action requested/recommendation

The Board is asked to approve the business case.

Summary

This Business case is looking to address the following issues:

1) Inadequate bed capacity for acute and elective surgery on the Scarborough site which can often lead to patients being placed in the wrong environment
2) Poor ward layout leading to lack of privacy and dignity for patients, Haldane Ward has a 'nightingale' layout and fails to meet current standards.
3) Improved elective surgical activity – surgical cancellations in Scarborough have been historically high often due to the high level of medical and elderly medical outlier.
4) Lack of assessment and treatment facilities for gynaecology in patients
5) Allows a designated bed base for Urology
6) Addresses infection control issues regarding separation of surgical sub-specialities.

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

Implications for equality and diversity

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

belief, gender and sexual orientation).

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

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Corporate Directors, Executive Board
Risk	Risks identified in the report.
Resource implications	Resources implication detailed in the report.
Owner	Glenn Miller, Clinical Director – General Surgery and Urology
Author	Amanda Stanford, Directorate Manger – General Surgery and Urology
Date of paper	March 2014
Version number	Version 3

APPENDIX Bi

York Teaching Hospital NHS
NHS Foundation Trust

BUSINESS CASE SUMMARY

1. Business Case Number

2013-14 / 150

2. Business Case Title

Replacement of a Surgical Ward (Haldane) on Scarborough site

3. Management Responsibilities & Key Contact Point

The business case 'Owner' should be the appropriate Clinical or non-clinical Director, or where appropriate the lead Clinician nominated by the respective Clinical Director. The 'Author' will be the named manager supporting the Owner of the business case, who will have responsibility for the development and writing of the business case, and <u>will</u> be the key contact point for enquiries.

Business Case Owner:	**Glenn Miller**

Business Case Author:	**Amanda Stanford**
Contact Number:	

4. Issue(s) to be addressed by the Business Case

Describe the background and relevant factors giving rise to the need for change. Relevant data (e.g. BCBV data, etc.) *<u>must</u> be included to support the background described.*

Haldane Ward is a 21 bedded 'nightingale' female surgical ward which is remotely located in terms of theatres, Pre-Theatre Unit and Maple Ward (Surgical Ward and High Observation Bay). The Business Case sets out the costs both recurrent and capital, risks and benefits associated with the proposed new ward build (referred to in this business case as Maple 2) to reprovide Haldane Ward on top of Maple Ward footprint. It also sets out the decant plans whilst the build progresses and identifies any additional costs associated with this build.

This Business case is looking to address the following issues:

1) Inadequate bed capacity for acute and elective surgery on the Scarborough site which can often lead to patients being placed in the wrong environment
2) Poor ward layout leading to lack of privacy and dignity for patients, Haldane Ward has a 'nightingale' layout and fails to meet current standards.

3) Improved elective surgical activity – surgical cancellations in Scarborough have been historically high often due to the high level of medical and elderly medical outlier.
4) Lack of assessment and treatment facilities for gynaecology in patients
5) Allows a designated bed base for Urology
6) Addresses infection control issues regarding separation of surgical sub-specialities.

5. Options Considered

List below the alternative options considered to resolve the issue(s) presented in section 4 above. This should include consideration of alternative workforce and clinical models.

Description of Options Considered
1) Do nothing.
2) Build Maple 2 without Surgical Assessment Unit – this would provide 2 additional surgery inpatient beds (ie. current bed base on Haldane Ward 21 beds – new bed base with Maple 2 – 23 beds). This would mean that there would be a 4 bedded bay and 4 side rooms unused on the new ward for future development.

6. The Preferred Option

6.1 Preferred Option

Detail the preferred the option together with the reasons for its selection. This must be supported with appropriate data in demonstrating how it will address the issue(s) described in section 4 above.

The Directorate would like to proceed with Option 2 with the Maple 2 build providing 23 surgical beds and the remaining bed spaces to be reviewed and a further business case developed by the Directorate once discussions have been had regarding the strategy for ward development on the Scarborough site.

This would address the environmental and patient experience issues as set out above. It allowas for a designated base for urology and improved facilities for gynaecology.

There would be a reduction in the number of surgical outliers with the right patients being cared for in the right environment with appropriately skilled nurses. This should enable the delivery of high quality nursing care evidenced by the scope of Nursing Care quality indicators.

Reduction in cancellation of elective surgery, although the data is not available from the hospital system prior to integration with regard to elective surgical cancellations it is well known that this has been high due to demand on the bed base in Scarborough. This development linked with the development of an

Extended Stay Area (Ash Ward) would aim to ensure that cancellation of elective surgery is minimised.

The new ward layout will significantly improve the environment leading to improvements in patient experience, privacy and dignity.

Improvements in patient safety through better infection control due to the significant increase in side rooms with en-suite facilities.

6.2 Other Options

Detail the reasons for rejecting the remaining options listed under section 5, together with supporting detail.

1) Do nothing – this option would fail to address any of the capacity issues faced by General Surgery, Medicine and Medicine for Elderly and the issues outlined would remain. The expected standards associated with dignity & privacy would not be met. Performance related penalties would continue to increase.

7. Trust's Strategic Objectives

7.1 Alignment with the Trust's Strategic Objectives

The Trust has identified four strategic 'frames' that ensure there is a focus for its emerging priorities and objectives and assists in the communication to staff, patients and other stakeholders. The four strategic 'frames' are:

1 Quality and Safety
2 Effectiveness, Capacity and Capability
3 Partners and the Broader Community
4 Facilities and Environment

In this context listed below are four principle objectives that fit to the strategic frames. Indicate using the table below to what extent the preferred option is aligned with <u>at least one</u> of these principle objectives.

Strategic Objective	Aligned? Yes/No	If Yes, how is it Aligned?
To provide safe and quality services to all patients underpinned by the specific steps set out in the driver diagram as part of the Quality and Safety Strategy. This includes developing and learning from performance indicators (e.g. PROMs, NCI, etc). Ensuring compliance with national requirements - NPSA, NICE and implementation of results of clinical audit strategies and ensuring	Yes	Patients would be cared for in the right environment and by rightly skilled staff. This would reduce the need for outlying surgical patients due to pressure on the in patient bed base.

consultation and engagement of patients, visitors and staff.		
To provide excellent healthcare with appropriate resources, strong productivity measures and strong top quartile performance being indicative of this. The service will be based on 'needs based care' and staff understand how they contribute to the Trust's successes.	Yes	Improved performance regarding: • elective cancellation rates • Infection control key performance indicators • Patient Experience feedback through complaints and friends and family test
To be an exemplar organisation that is responsive to the local and broader community needs and is recognised and trusted. To engage fully in all aspects of community discussion relating to health and provide expert advice and leadership as required. To work with other groups to support the adoption of a consistent approach in the community and demonstrate that the Trust is a community orientated organisation able to achieve and deliver all local and national outcomes.	No	
To provide a safe environment for staff, patients and visitors, ensuring that all resources are used as efficiently as possible	Yes	This would ensure that the right groups of patients are managed and cared for in the most appropriate environment with the most appropriate skilled staff

7.2 Business Intelligence Unit Review

The Business Intelligence Unit must review all business cases for 'Strategic fit' to the Trust's 5 year plan. The date that the business case was reviewed by the BIU together with any comments which were made must be provided below.

Date of Review	19 March 2014
Comments by BIU	No additional comments

8. Benefit(s) of the Business Case

8.1 Benefit(s)

The identification at the outset of the benefit(s) that arise from the business case is crucial to ensuring that a robust evaluating of the progress and delivery of the business case objectives is possible during the post implementation reviews.

*Clearly detail and **quantify** the expected benefits that will accrue to the Trust from the preferred option in each of the three domains of service improvement. The benefits identified must be tangible, and capable of being evidenced ideally through some form of measurement.*

Description of Benefit	Metric	Quantity Before	Quantity After
Quality & Safety			
Reduction in the number of surgical outliers into medical and elderly medical wards	Awaiting data from SNS		
Improved Infection control Measures	• CDiff incidence • Ward closures		
Patient Experience	• Friends & Family • Complaints • Nursing Care Indicators • NEWS		
Key performance indicators already captured through SIGNAL			
Access & Flow			
Reduction in the number of surgical cancellations due to bed pressures thus improving delivery of access targets	18 week admitted target Numbers of on day cancellations		
Data to be collected through CPD and SIGNAL			
Finance & Efficiency			
Reduction in the cancellation of elective surgical patients throughout the year	Numbers of patients cancelled due to lack of beds		
Length of stay of both acute and elective patients	LOS Data		
Reduction in financial penalties for both General Surgery & ED	Costs of financial penalties		
Improvements in theatre efficiency due to improved theatre start times as a result of	Theatre start times		

improved surgical bed base			
How will information be collected to demonstrate that the benefit has been achieved?			

8.2 Corporate Improvement Team Review

The Corporate Improvement Team must review all business cases across the three quality domains. The date that the business case was reviewed by the IT together with any comments which were made must be provided below.

Date of Review	
Comments by CIT	

9. Summary Project Plan

Detail below the specific actions, individuals responsible for their delivery, and timescales that must be done in order to realise the intended benefits of the preferred option of this business case. For example, these may include acquisition of key space requirements, or equipment, IT software/ hardware; the recruitment of key personnel, training, implementation of systems, change in business and/or clinical processes, etc. ***All fields must be completed****.*

Description of Action	Timescale	By Who?
Maple decant meetings arranged weekly	1 March 2014 to 28 April 2014	Amanda Stanford
Maple decant destination to be agreed	5 March 2014	Mandy McGale/ Amanda Stanford
Staff meetings regarding decant	March / April 2014	David Thorpe / Debra Mears
Maple Ward to decant	28 April 2014	Amanda Stanford /Matron / Debra Mears
Maple Ward to be repatriated	October 2014	Amanda Stanford / Matron / Debra Mears
Surgical Assessment Unit to continue on Maple Ward in a 3 bedded bay	October 2014	Amanda Stanford / Debra Mears

10. Risk Analysis:

Identify the key risks to the Trust of proceeding with the preferred option, and what actions can be taken to mitigate them should they arise.

Identified Risk	Proposed Mitigation
Lack of income (particularly as acute activity paid at 30% threshold) to support the costs associated with the increase of surgical bed base by 2 inpatient beds and	Potential to repatriate General Surgery lists from Bridlington and utilise staff from Lloyd Ward Close Ash (Extended Stay Area) and manage elective surgery activity through

	Maple 2

11. Risk of Not Proceeding:

Identify the key risks/ potential impact of not proceeding with the preferred option.

The risk of not proceeding with this business case is continuation of all of the risks identified at the beginning of this business case:

- Cancellation of elective surgery and impact on key performance access targets
- Ward environment and patient experience issues would not be addressed
- Infection control issues would not be addressed
- Performance related penalties would increase rather than decrease.

12. Consultant, and other Non-Training Grade Doctor Impact

(Only to be completed where the preferred option increases the level of Consultant/ non-Training Grade input)

12.1 Impact on Consultant/ Non-Training Grade Doctor Workload:

The Trust is committed to reduce the number of Programmed Activities (PAs) being worked by any Consultant/ Non-Training Grade Doctor to a maximum of 11. This section should illustrate the impact that the additional Consultant/ Non-Training Grade input created will have on the average number of PAs worked in the specialty, the frequency of the on-call rota, and the PA profile across the whole specialty team. Information is also required of each Consultant's/ Non-Training Grade Doctor's actual annual working weeks against the 41 week requirement.

The information below must be accompanied by the Trust's Capacity Planning Tool, and the Job Plan, which should be appended to, and submitted with the business case.

	Before	After
Average number of PAs		
On-call frequency (1 in) **York team only – weekends less frequent as 4 Harrogate Consultants also take part in rota.**		

Consultant/ Non-Training Grade Doctor Team Work Profile				
Name of Consultant/ Non-Training Grade Doctor	**Working Weeks v 41 Week Requirement**		**PA Commitment**	
	Before	**After**	**Before**	**After**

12.2 Advisory Committee Review:

The Consultant Job Planning Advisory Committee must review all proposed job plans for new consultant posts, as well as any job plans for existing consultants where the proposed new post would have an impact on current working practices. The date that the job plans were approved by the Committee and any comments which were made must be provided below.

Date of Approval	Not applicable
Comments by the Committee	Not applicable

13. Stakeholder Consultation and Involvement:

Identify the key stakeholders (both internal and external to the Trust) essential to the successful implementation of the business case; the extent to which each support the proposal, and where appropriate, ownership for the delivery of the benefits identified above. Where external stakeholder support is vital to the success of the business case (e.g. commitment to commission a service), append documentation (letter, e-mail, etc.) evidencing their commitment.

Examples of stakeholders include Lead Clinicians, support services (e.g. Systems & Network Services, Capital Planning re: accommodation), commissioners (e.g. Vale of York CCG, Scarborough CCG), patients & public, etc. ***Please bear in mind that most business cases do have an impact on Facilities & Estates services.***

Stakeholder	Details of consultation, support, etc.
Mandatory Consultation	
Business Intelligence Unit	Through review of Business Case and discussion
Corporate Improvement Team	Through review of Business Case and discussion
Workforce Team	Discussion
Other Consultation	
General Surgeons	Through Directorate meetings
Maple Ward and Haldane Ward Staff	Regular ward meetings to be set up with Matron and Ward Sisters
Capital Planning team	Regular meetings regarding build progress in place
Phramacy	Discussion with Lead Pharmacist and FM
Facilities & Estates services	Discussion with Head of Facilities and FM for domestic and portering services
Sheila Wilson, Corporate Finance	Discussion between DM, FM and Sheila Wilson regarding Capital costs of build
Energy Manager	Discussion

14. Sustainability

The Trust is committed to development of sustainable solutions in the delivery of its services, including minimising its carbon footprint. The following questions should be answered in the context of the impact of this business case has on the areas listed.

If assistance is required in assessing the sustainability impact of this business case, help is available from Brian Golding, Trust Energy Manager on (72)6498.

Will this Business Case:	Yes/No	If Yes, Explain How
Reduce or minimise the use of energy, especially from fossil fuels?	Yes	Through design and build materials
Reduce or minimise Carbon Dioxide equivalent emissions from NHS activity?	Yes	
Reduce business miles?	N/A	
Reduce or minimise the production of waste, and/or increase the re-use and recycling of materials?	Yes	
Encourage the careful use of natural resources, such as water?	Yes	

15. Alliance Working

How does this business case support the Trust's stated objective of developing and enhancing the clinical alliance arrangements with Harrogate & District NHS Foundation Trust, and Hull and East Yorkshire Trust?

None

16. Integration

Integration of clinical and non-clinical services following the acquisition of the Scarborough & North East Yorkshire NHS Trust is a key priority for the Trust. How does this business case link into the Directorate's Integration plan? Have current non-integrated services discussed new appointments?

None

17. Impact on Community Services

Will this business case have an impact on Community Services and/or provide an opportunity to better integrate Acute and Community Services? How will this impact?

None

18. Impact on the Ambulance Service:

	Yes	No
Are there any implications for the ambulance service in terms of changes to patient flow?		No

If yes, please provide details including Ambulance Service feedback on the proposed changes:

19. Market Analysis:

Where the business case is predicated on securing new and/or increased business (and income), detail the evidence supporting the income projections.

Non Elective surgical activity on the Scarb site is expected to grow at 5% year on year from 14/15 onwards. This growth is based on the growth in acute cases for York site in the last 4 years (7% for 10/11, 11/12 & 12/13 and the 4% growth for 13/14). No growth for acute activity for Scarborough site has been included in 2014/15 Activity / Income Plan.

20. Estimated Full Year Impact on Income & Expenditure:

Summarise the full year impact on income & expenditure for the specialty as a result of this business case. The figures should cross reference to the more detailed analysis on the accompanying 'Financial Pro Forma'.

	Baseline	Revised	Change
	£000	£000	£000
Capital Expenditure		5400	5400
Income	41,580	41,858	278
Direct Operational Expenditure	18,299	18,603	304
EBITDA	23,281	23,255	-26
Other Expenditure		233	233
I&E Surplus/ (Deficit)	23,281	23,022	-259
Existing Provisions	n/a	233	233
Net I&E Surplus/ (Deficit)	23,281	23,255	-26
Contribution (%)	56.0%	55.6%	-9.2%
Non-recurring Expenditure	n/a	25	25

Supporting financial commentary:

The Income/Activity baseline figures reflected in this BC are based on GS&U Directorate

Income/Activity Plan 13/14. The additional activity/income reflects 5% growth in acute cases (based on historical av. growth for acute cases for York). This brings additional income of £64k (in FYE or £16k in PYT in 14/15), rising to £133k; £204k & 279K in the later years - incl. 30% threshold). This BC is seeking to gain approval for additional Capital & Revenue budget required for a build of a replacement surgical ward (Haldane), increasing the surgical bed capacity from 21 to 23 beds. Total Capital cost is £5.4mil with capital charges of £233k (both provided for). Non-recurrent (also provided for) of £25k relates to 'decant' costs (monitors for HOB patients + decorating) of moving Maple 1 into a Beech Ward (April to Oct '14). In addition, there will be a non-recurrent pay cost of £92k (6.38 WTEs Band 5) for Medicine Directorate due to moving from Beach Ward to Graham & PPU ward for the period of 6 months. Haldane Ward is currently funded for 26.18 WTEs and requires additional 1.92 WTEs (-0.28 WTE Band 5 & 2.20 WTE Band 2) - resulting in additional cost of £38k. There is a further cost of £119k for Surgery non-pay & £147k for support services, utility, maint and rates. In 14/15 there's an overall shortfall of £119k , reducing to £83k in 15/16, £55k in 16/17 & £26k in later yers). The profile assumes start date 1st January 2015. The Directorate aims to have 4 additional SAU beds from April to Jan 15 using the staff & pay budgets currently existing for Willow Ward, hence there's no extra cost associated with this. This BC includes additional staff costs associated with Medical Ward vacating the Beech ward temporarily (Maple decant May-Oct 14) and moving into Graham & PPU.

21. Recommendation for Post Implementation Review

	Yes	No
Is this business case being recommended for post implementation review?	Yes	

Reason(s) for the decision:

Due to the improvements set out in the Business Case

22. Date:

19th March 2014

GAL/22August2013

York Teaching Hospital NHS
NHS Foundation Trust

BUSINESS CASE FINANCIAL SUMMARY

REFERENCE NUMBER:	2013-14 / 150
TITLE:	Replacement of a Surgical Ward (Haldane) on Scarborough site
OWNER:	Mr Glenn Miller, Clinical Director General Surgery & Urology
AUTHOR:	Amanda Stanford, Directorate Manager, General Surgery & Urology

Capital

	Total	Planned Profile of Change			
		2013/14	2014/15	2015/16	Later Years
	£'000	£'000	£'000	£'000	£'000
Expenditure	5,400	500	4,900	0	0

Capital Notes *(including reference to the funding source)* :
Total capital expenditure associated with this Business Case is £5.4 mil which is within Capital Funding Programme (£500k in 2013/14 & £4.9mil in 2014/15) . It relates to a build of replacement Ward for Haldane.

Revenue

	Total Change				Planned Profile of Change			
	Current	Revised	Change		2014/15	2015/16	2016/17	Later Years
	£'000	£'000	£'000	WTE	£'000	£'000	£'000	£'000
(a) Non-recurring			25		0	25	0	0
(b) Recurring								
Income								
NHS Clinical Income	41,288	41,566	278		16	133	204	278
Non-NHS Clinical Income	101	101	0		0	0	0	0
Other Income	191	191	0		0	0	0	0
Total Income	**41,580**	**41,858**	**278**		**16**	**133**	**204**	**278**
Expenditure								
Pay								
Medical (incl Jnr Doctors)	5,197	5,197	0		0	0	0	0
Nursing	7,474	7,512	38	1.92	101	38	38	38
Other (please list):								
Admin (incl Sen Mngrs)	831	831	0		0	0	0	0
Waiting List	186	186	0		0	0	0	0
Vacancy Factor	-199	-199	0		0	0	0	0
	13,489	**13,527**	**38**	**1.92**	**101**	**38**	**38**	**38**
Non-Pay								
Drugs	1,263	1,287	24		1	11	17	24
M&S Purchases & Maintenance	3,019	3,114	95		6	45	69	95
Other Non-Pay	1,856	1,856	0		0	0	0	0
Other (please list):								
CIP	-1,328	-1,328	0		0	0	0	0
Support Services		44	67		7	41	54	67
Utility, Maintenance & Rates		70	70		18	70	70	70
Contingency		10	10		3	10	10	10
			0		0	0	0	0
			0		0	0	0	0
	4,810	**5,052**	**266**		**34**	**177**	**220**	**266**
Total Operational Expenditure	**18,299**	**18,579**	**304**		**135**	**215**	**258**	**304**
Impact on EBITDA	**23,281**	**23,279**	**-26**	**1.92**	**-119**	**-83**	**-55**	**-26**
Depreciation		143	143		0	0	143	143
Rate of Return		90	90		0	0	90	90
Overall impact on I&E	**23,281**	**23,046**	**-259**	**1.92**	**-119**	**-83**	**-288**	**-259**
								+ favourable (-) adverse
Less: Existing Provisions	**n/a**		**233**				**233**	**233**
Net impact on I&E	**23,281**	**23,046**	**-26**		**-119**	**-83**	**-55**	**-26**

Revenue Notes *(including reference to the funding source)* :
The Income/Activity baseline figures reflected in this BC are based on GS&U Directorate Income/Activity Plan 13/14. The additional activity/income reflects 5% growth in acute cases (based on historical av. growth for acute cases for York). This brings additional income of £64k (in FYE or £16k in PYT in 14/15), rising to £133k; £204k & 279K in the later years - incl. 30% threshold). This BC is seeking to gain approval for additional Capital & Revenue budget required for a build of a replacement surgical ward (Haldane), increasing the surgical bed capacity from 21 to 23 beds. Total Capital cost is £5.4mil with capital charges of £233k (both provided for). Non-recurrent (also provided for) of £25k relates to 'decant' costs (monitors for HOB patients + decorating) of moving Maple 1 into a Beech Ward (April to Oct '14). In addition, there will be a non-recurrent pay cost of £92k (6.38 WTEs Band 5) for Medicine Directorate due to moving from Beach Ward to Graham & PPU ward for the period of 6 months. Haldane Ward is currently funded for 26.18 WTEs and requires additional 1.92 WTEs (-0.28 WTE Band 5 & 2.20 WTE Band 2) - resulting in additional cost of £38k. There is a further cost of £119k for Surgery non-pay & £147k for support services, utility, maint and rates. In 14/15 there's an overall shortfall of £119k , redu

			Board of Directors Only
	Owner	Finance Manager	Director of Finance
Signed		Sanya Basich	
Dated		19th March 2014	

York Teaching Hospital NHS
NHS Foundation Trust

Activity

	Total Change			Planned Profile of Change			
	Current	Revised	Change	2014/15	2015/16	2016/17	Later Years
Elective (Spells)	21,236	21,236	0	0	0	0	0
Non-Elective (Spells)							
Long Stay	7,645	8,119	474	28	226	347	474
Short Stay	111	111	0	0	0	0	0
Outpatient (Attendances)							
First Attendances	19,206	19,206	0	0	0	0	0
Follow-up Attendances	35,727	35,727	0	0	0	0	0
A&E (Attendances)			0	0	0	0	0
Other (Please List):							
Outpatient Procedures	4,173	4,173	0	0	0	0	0
telephone follow ups	385	385	0	0	0	0	0

Income

	Total Change			Planned Profile of Change			
	Current £'000	Revised £'000	Change £'000	2014/15 £'000	2015/16 £'000	2016/17 £'000	Later Years £'000
NHS Clinical Income							
Elective income							
Tariff income	17,721	17,721	0	0	0	0	0
Non-Tariff income			0				
Non-Elective income							
Tariff income	16,558	16,836	278	16	133	204	278
Non-Tariff income			0				
Outpatient (incl tel follow ups)							
Tariff income	5,478	5,478	0	0	0	0	0
Non-Tariff income			0				
A&E							
Tariff income			0				
Non-Tariff income			0				
Other							
Tariff income	464	464	0	0	0	0	0
Non-Tariff income	1,067	1,067	0	0	0	0	0
	41,288	**41,566**	**278**	**16**	**133**	**204**	**278**
Non NHS Clinical Income							
Private patient income	101	101	0	0	0	0	0
Other non-protected clinical income			0				
	101	**101**	**0**	**0**	**0**	**0**	**0**
Other income							
Research and Development			0				
Education and Training			0				
Other income (Direct Credit)	191	191	0	0	0	0	0
	191	**191**	**0**	**0**	**0**	**0**	**0**

Blank page

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 March 2014

Business Case 2013-14/84: Integrated Model for York, Scarborough and Harrogate in Clinical Neurophysiology

Action requested/recommendation

The Board is asked to approve the business case.

Summary

The business case is required to address the capacity shortfall at Harrogate and Scarborough hospitals which currently exists in Clinical Neurophysiology to provide services across the North Yorkshire and Scarborough and the Coast.

The York Neurophysiology service is currently part of the Clinical Alliance with Harrogate and District NHS Foundation Trust and provides diagnostic services primarily to Neurology, Orthopaedic, Paediatric Rheumatology and Ophthalmology specialities.

Currently service is provided by a single handed (11PA) Consultant Clinical Neurophysiologist supported by a team of 5.38 WTE Clinical Physiologists (CPs). Depending on complexity; the investigations are undertaken by the Consultant or Clinical Physiologists.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Corporate Directors, Executive Board
Risk	Risks identified within the report.
Resource implications	Resources implication detailed in the report.
Owner	Dr M Quinn, Clinical Director – Specialist Medicine Karen Cowley, Directorate Manager – Specilaist Medicine
Author	Joanne Horrocks, Senior Chief Clinical Physiologist (Neuro)
Date of paper	March, 2014
Version number	Version 2

APPENDIX Bi

York Teaching Hospital NHS
NHS Foundation Trust

BUSINESS CASE SUMMARY

1. Business Case Number

2013-14/84

2. Business Case Title

Integrated Model for York, Scarborough and Harrogate in Clinical Neurophysiology

3. Management Responsibilities & Key Contact Point

The business case 'Owner' should be the appropriate Clinical or non-clinical Director, or where appropriate the lead Clinician nominated by the respective Clinical Director. The 'Author' will be the named manager supporting the Owner of the business case, who will have responsibility for the development and writing of the business case, and <u>will</u> be the key contact point for enquiries.

Business Case Owner:	**Dr M Quinn/Karen Cowley**

Business Case Author:	**Joanne Horrocks**
Contact Number:	**X5663**

4. Issue(s) to be addressed by the Business Case

Describe the background and relevant factors giving rise to the need for change. Relevant data (e.g. BCBV data, etc.) *<u>must</u> be included to support the background described.*

The business case is required to address the capacity shortfall at Harrogate and Scarborough hospitals which currently exists in Clinical Neurophysiology to provide services across the North Yorkshire and Scarborough and the Coast.

The York Neurophysiology service is currently part of the Clinical Alliance with Harrogate and District NHS Foundation Trust and provides diagnostic services primarily to Neurology, Orthopaedic, Paediatric Rheumatology and Ophthalmology specialities.
Currently service is provided by a single handed (11PA) Consultant Clinical Neurophysiologist supported by a team of 5.38 WTE Clinical Physiologists (CPs). Depending on complexity; the investigations are undertaken by the Consultant or Clinical Physiologists.

There is currently a contract with Hull to provide neurophysiology services for

Scarborough on a cost per case basis. Patients are required to travel to Hull to undergo testing. These funds could be used more cost effectively towards funding a 2nd Consultant Neurophysiologist.

In 2013 Harrogate had a capacity gap for EMG/NCSs of 291 which was met by undertaking frequent WLIs. This gap is increasing so there is strong support from Harrogate to fund a joint post.

In 2011 referrals from York GPs for EMG/NCS were suspended in order to reduce York's capacity gap, but hospital referrals have since increased;, and we have continued to need adhoc WLI clinics to meet the short fall particularly at times of Consultant annual leave.

In addition, the service struggles to provide timely reports. Investigations are predominantly reported by the Consultant although independent reporting of normal EEGs by Clinical Physiologists has been developed and currently accounts for 20% of EEG reports. Despite this, there continues to be delays in reporting which also impacts on 18weeks RTT

The service is single handed which means there is no cross cover for the service during periods of annual and study leave and other reasons for absence. Both York and Harrogate Hospitals have had to purchase time from Consultant Neurophysiologists in other hospitals to provide extra capacity and cover annual leave.

5. Options Considered

List below the alternative options considered to resolve the issue(s) presented in section 4 above. This should include consideration of alternative workforce and clinical models.

Description of Options Considered
1. Do nothing and continue to meet the demand using WLIs
2. Appointment of part time 2nd Consultant Neurophysiologist to work across York and Scarborough sites
3. Appoint F/T 2nd Consultant neurophysiologist and supporting physiologist/admin staff in order to provide services across York Scarborough and Harrogate sites.

6. The Preferred Option

Preferred Option – Option 3.

Option 1 – Providing the current service on a WLI basis is not sustainable financially and puts an enormous stress and pressure on the single handed consultant in post. Despite reducing demand in 2011 by suspending direct referral for EMGs, a capacity gap still remains which must be met as part of the 6 week diagnostic target.

Option 2 – This option does not solve the capacity gap at our Clinical Alliance partners – Harrogate (continuing to use WLIs to meet demand at Harrogate will

continue to put pressure on existing York staff). It may also be more difficult to recruit a part time consultant in this limited specialty.

Option 3 - Appointing a 2nd Consultant to work across the York and Scarborough sites whilst increasing the Clinical Alliance time at Harrogate is preferred. This is the option that fulfils all three key reasons for the business case.
Benefits:-

- Consistency in Neurophysiology service provision across Harrogate, York and Scarborough Trusts
- Ability to provide some services locally
- More efficient use of funds currently been diverted to Hull
- Helps Harrogate Hospital meet demand.
- Increase reporting capacity – reduced reporting times and less impact on RTT
- More secure service providing appropriate cover for annual leave, study leave etc

6.1 Other Options

Detail the reasons for rejecting the remaining options listed under section 5, together with supporting detail.

7. Trust's Strategic Objectives

7.1 Alignment with the Trust's Strategic Objectives

The Trust has identified four strategic 'frames' that ensure there is a focus for its emerging priorities and objectives and assists in the communication to staff, patients and other stakeholders. The four strategic 'frames' are:

1 Quality and Safety
2 Effectiveness, Capacity and Capability
3 Partners and the Broader Community
4 Facilities and Environment

In this context listed below are four principle objectives that fit to the strategic frames. Indicate using the table below to what extent the preferred option is aligned with at least one of these principle objectives.

Strategic Objective	Aligned? Yes/No	If Yes, how is it Aligned?
To provide safe and quality services	Yes	Improve compliance with NICE

to all patients underpinned by the specific steps set out in the driver diagram as part of the Quality and Safety Strategy. This includes developing and learning from performance indicators (e.g. PROMs, NCI, etc). Ensuring compliance with national requirements - NPSA, NICE and implementation of results of clinical audit strategies and ensuring consultation and engagement of patients, visitors and staff.		guidelines for Long Term Neurological Condition – QR 2, early recognition and diagnosis, and NICE guidelines for Epilepsy – 1.6.2, EEG undertaken within 4 weeks. Improved access to services.
To provide excellent healthcare with appropriate resources, strong productivity measures and strong top quartile performance being indicative of this. The service will be based on 'needs based care' and staff understand how they contribute to the Trust's successes.	Yes	Increased productively through recruitment of highly skilled staff. Improved reporting times enabling RTT compliance. Increased capacity and capability to provide services across a wider population
To be an exemplar organisation that is responsive to the local and broader community needs and is recognised and trusted. To engage fully in all aspects of community discussion relating to health and provide expert advice and leadership as required. To work with other groups to support the adoption of a consistent approach in the community and demonstrate that the Trust is a community orientated organisation able to achieve and deliver all local and national outcomes.	Yes	Consistency in service provision over a wider community. Services are provided more locally meeting patient's expectations. Building on strong clinical alliance relationships.
To provide a safe environment for staff, patients and visitors, ensuring that all resources are used as efficiently as possible	Yes	Utilising existing equipment more efficiently.

7.2 Business Intelligence Unit Review

The Business Intelligence Unit must review all business cases for 'Strategic fit' to the Trust's 5 year plan. The date that the business case was reviewed by the BIU together with any comments which were made must be provided below.

Date of Review	
Comments by BIU	

8. Benefit(s) of the Business Case

8.1 Benefit(s)

The identification at the outset of the benefit(s) that arise from the business case is crucial to ensuring that a robust evaluating of the progress and delivery of the business case objectives is possible during the post implementation reviews.

*Clearly detail and **quantify** the expected benefits that will accrue to the Trust from the preferred option in each of the three domains of service improvement. The benefits identified must be tangible, and capable of being evidenced ideally through some form of measurement.*

Description of Benefit	Metric	Quantity Before	Quantity After
Quality & Safety			
In-house cross cover for annual leave and study leave		1 cons	2 cons potential increase in number of tests/clinics conducted dependant upon recruited consultant experience
Improved reporting times		EEG Average reporting time was 21days. Min reporting time = 2 days Max reporting time 62 days EMG Average reporting time was 25 days Min reporting time = 5 days (OP) Max reporting time 67 days	2 weeks 2 weeks
Improved patient experience		PALs data on complaints re: delayed reporting	Use same measure post recruitment/ commencement in post
Details of cash releasing/ income improving CIPs and/or non cash releasing 'notional' CIPs must be included above.			

Access & Flow			
Reduce length of time test conducted from time of referral		EEG 3 weeks EMG 3-4 weeks	1-2 weeks 1-2 weeks
Improved patient pathway flow due to timely reporting prior to OPD FU or Neurologist writing to GP if discharged to inform of result		5-6 weeks	1-2 weeks
How will information be collected to demonstrate that the benefit has been achieved? Currently collate this data. Will continue to measure this so we can demonstrate pre-post waiting times for tests and clinic activity.			
Finance & Efficiency			
Reduction in WLI clinics		21 over 6 months	nil
How will information be collected to demonstrate that the benefit has been achieved? Directorate WLI spreadsheet to demonstrate number of clinics pre implementation of business case and post recruitment and commencement of second post holder			

8.2 Corporate Improvement Team Review

The Corporate Improvement Team must review all business cases across the three quality domains. The date that the business case was reviewed by the IT together with any comments which were made must be provided below.

Date of Review	
Comments by CIT	

9. Summary Project Plan

Detail below the specific actions, individuals responsible for their delivery, and timescales that must be done in order to realise the intended benefits of the preferred option of this business case. For example, these may include acquisition of key space requirements, or equipment, IT software/ hardware; the recruitment of key personnel, training, implementation of systems, change in business and/or clinical processes, etc. ***All fields must be completed****.*

Description of Action	Timescale	By Who?
Recruitment of 1.0 WTE Consultant Clinical Neurophysiologist	To start asap	DM
Recruitment of clinical support staff	6 months	JH
Identify space at either SGH or Malton for clinics	6 months	DM
Identify addition office space at York – may require some separation of existing office space	6 months	DM
Identify space at HDH for extra clinics		DM Harrogate/ JH
Acquisition of EEG review station, PC, furniture for new consultant		DM/JH/IT

10. Risk Analysis:

Identify the key risks to the Trust of proceeding with the preferred option, and what actions can be taken to mitigate them should they arise.

Identified Risk	Proposed Mitigation
Failure to recruit 2nd consultant due to shortage within the profession	Recruit locum to cover Scarborough work, or continue with premium rate arrangement with Hull. Continue with WLIs to cover capacity gap at York and HDH.

11. Risk of Not Proceeding:

Identify the key risks/ potential impact of not proceeding with the preferred option.

Continued high spend on waiting list initiatives at unsustainable levels across the entire site (York, Scarborough and Harrogate). Eventually this will lead to a department that is unable to deliver 6 weeks. Reporting time will increase which will impact on 18 weeks RTT. The single handed nature of the department puts excessive pressure on existing staff leaving it extremely vulnerable.

12. Consultant, and other Non-Training Grade Doctor Impact

(Only to be completed where the preferred option increases the level of Consultant/ non-Training Grade input)

12.1 Impact on Consultant/ Non-Training Grade Doctor Workload:

The Trust is committed to reduce the number of Programmed Activities (PAs) being worked by any Consultant/ Non-Training Grade Doctor to a maximum of 11. This section should illustrate the impact that the additional Consultant/ Non-Training Grade input created will have on the average number of PAs worked in the specialty, the frequency of the on-call rota, and the PA profile across the whole specialty team. Information is also required of each Consultant's/ Non-Training Grade Doctor's actual annual working weeks against the 41 week requirement.

The information below must be accompanied by the Trust's Capacity Planning Tool, and the Job Plan, which should be appended to, and submitted with the business case.

	Before	After
Average number of PAs	11	20
On-call frequency (1 in)	n/a	

Consultant/ Non-Training Grade Doctor Team Work Profile		
Name of Consultant/ Non-	**Working Weeks v 41**	**PA Commitment**

Training Grade Doctor	Week Requirement			
	Before	After	Before	After
Dr Sibte Hasan			11	10
2nd post			0	10

12.2 Advisory Committee Review:

The Consultant Job Planning Advisory Committee must review all proposed job plans for new consultant posts, as well as any job plans for existing consultants where the proposed new post would have an impact on current working practices. The date that the job plans were approved by the Committee and any comments which were made must be provided below.

Date of Approval	
Comments by the Committee	

13. Stakeholder Consultation and Involvement:

Identify the key stakeholders (both internal and external to the Trust) essential to the successful implementation of the business case; the extent to which each support the proposal, and where appropriate, ownership for the delivery of the benefits identified above. Where external stakeholder support is vital to the success of the business case (e.g. commitment to commission a service), append documentation (letter, e-mail, etc.) evidencing their commitment.

Examples of stakeholders include Lead Clinicians, support services (e.g. Systems & Network Services, Capital Planning re: accommodation), commissioners (e.g. Vale of York CCG, Scarborough CCG), patients & public, etc. ***Please bear in mind that most business cases do have an impact on Facilities & Estates services.***

Stakeholder	Details of consultation, support, etc.
Mandatory Consultation	
Business Intelligence Unit	Through directorate updates
Corporate Improvement Team	
Workforce Team	
Other Consultation	
Scarborough clinicians	Strong support for business case
Harrogate Trust	Strong support to increase clinical alliance contribution
Neurosciences Dept at York	Strong support to increase clinical alliance contribution

14. Sustainability

The Trust is committed to development of sustainable solutions in the delivery of its services, including minimising its carbon footprint. The following questions should be answered in the context of the impact of this business case has on the areas listed.

If assistance is required in assessing the sustainability impact of this business case, help is available from Brian Golding, Trust Energy Manager on (72)6498.

Will this Business Case:	Yes/No	If Yes, Explain How
Reduce or minimise the use of energy, especially from fossil fuels?	Yes	Existing equipment and facilities at York will be used more efficiently
Reduce or minimise Carbon Dioxide equivalent emissions from NHS activity?	No	
Reduce business miles?	No	
Reduce or minimise the production of waste, and/or increase the re-use and recycling of materials?	No	
Encourage the careful use of natural resources, such as water?	No	

15. Alliance Working

How does this business case support the Trust's stated objective of developing and enhancing the clinical alliance arrangements with Harrogate & District NHS Foundation Trust, and Hull and East Yorkshire Trust?

This proposal has been developed in conjunction with Angela Gillett at Harrogate Hospital to increase our shared clinical alliance working for Neurophysiology.

16. Integration

Integration of clinical and non-clinical services following the acquisition of the Scarborough & North East Yorkshire NHS Trust is a key priority for the Trust. How does this business case link into the Directorate's Integration plan? Have current non-integrated services discussed new appointments?

The main purpose of this business case is to integrate neurophysiology services across both York and Scarborough sites, to ensure consistency of services available to patients across the wider population, in a cost effective manner.

17. Impact on Community Services

Will this business case have an impact on Community Services and/or provide an opportunity to better integrate Acute and Community Services? How will this impact?

18. Impact on the Ambulance Service:

	Yes	No
Are there any implications for the ambulance service in terms of changes to patient flow?		√

If yes, please provide details including Ambulance Service feedback on the proposed changes:

19. Market Analysis:

Where the business case is predicated on securing new and/or increased business (and income), detail the evidence supporting the income projections.

This case is based on providing existing services in a different way. It does not seek additional business.

20. Estimated Full Year Impact on Income & Expenditure:

Summarise the full year impact on income & expenditure for the specialty as a result of this business case. The figures should cross reference to the more detailed analysis on the accompanying 'Financial Pro Forma'.

	Baseline	Revised	Change
	£000	£000	£000
Capital Expenditure		5	5
Income	477	627	150
Direct Operational Expenditure	490	573	83
EBITDA	-13	54	66
Other Expenditure			0
I&E Surplus/ (Deficit)	-13	54	66
Existing Provisions	n/a		0
Net I&E Surplus/ (Deficit)	-13	54	66
Contribution (%)	-2.6%	8.6%	44.3%
Non-recurring Expenditure	n/a		0

Supporting financial commentary:

This business case seeks to invest in an additional 10pa consultant and 2.10 WTE other staffing to address the capacity shortfall within Harrogate Foundation Trust, with which York Trust has an alliance, and to repatriate Scarborough activity from Hull Foundation Trust. The additional clinical income identified above is Scarborough activity (approximately 344 cases at a tariff of £350 per attendance) as included in the September letter. In addition to the repatriation of Scarborough activity and addressing the shortfall in Harrogate, this additional consultant will also enable cover for the current single handed consultant during times of absence. This is currently carried out by a locum consultant at waiting list rates. The additional professional and technical staffing required, over and above the 10pa consultant, are: 0.40 WTE additional B7 Clinical Physiologist and 0.6 WTE Band 6 Specialist Clinical Physiologist to cover additional complex investigations and EEG reports and 0.41 WTE increase in Band 2 Healthcare assistant as a development role to assist with a wide range of investigations. Medical secretary investment will include 0.19 WTE Band 4 to increase the current post to 1 WTE and 0.50 Band 3 to cover the additional EEG / EMG appointments and reports.

The 10PA consultant contract will be funded through the reduction from 11pa to 10pa of the current incumbent consultant, the additional Scarborough income and by Harrogate Foundation Trust. Harrogate will fund 4 Pas of this contract, including 2 Clinical sessions, 1 PA for admin and 1 PA for travel, plus 1 day of band 6 Physiologist time. Of the remaining 5Pas, 2 PA's will be direct clinical care to cover Scarborough activity, 1PA admin time and 2PAs to cover the current consultants reduced contract and annual leave / absence

York Trust currently have an SLA agreement with Hull Foundation Trust to carry out Scarborough activity, this will cease upon appointment of the additional consultant. The value of the contract is £60k per annum, this will also support the investment in additional staffing.

The net contribution to the Trust will be a recurrent CIP.

21. Recommendation for Post Implementation Review

	Yes	No
Is this business case being recommended for post implementation review?		

Reason(s) for the decision:

22. Date:

York Teaching Hospital NHS
NHS Foundation Trust

BUSINESS CASE FINANCIAL SUMMARY

REFERENCE NUMBER:	2013-14/84
TITLE:	Integrated Model for York, Scarborough and Harrogate in Clinical Neurophysiology
OWNER:	Dr M Quinn
AUTHOR:	Joanne Horrocks

Capital

	Total	Planned Profile of Change			
		2013/14	2014/15	2015/16	Later Years
	£'000	£'000	£'000	£'000	£'000
Expenditure	5	5	0	0	0

Capital Notes *(including reference to the funding source)* :
Purchase of desk / IT Equipment and dedicated review station - potential partitioning of current office space

Revenue

	Total Change				Planned Profile of Change			
	Current	Revised	Change		2013/14	2014/15	2015/16	Later Years
	£'000	£'000	£'000	WTE	£'000	£'000	£'000	£'000
(a) Non-recurring								
(b) Recurring								
Income								
NHS Clinical Income	430	550	120		0	120	0	0
Non-NHS Clinical Income	0	0	0		0	0	0	0
Other Income	48	77	29		5	24	0	0
Total Income	**477**	**627**	**150**		**5**	**145**	**0**	**0**
Expenditure								
Pay								
Medical	132	233	102	0.90		102		
Nursing			0					
Other (please list):								
B8A PROF & TECHNICAL	54	54	0	0.00		0		
B7 PROF & TECHNICAL	44	61	18	0.40		18		
B6 PROF & TECHNICAL	131	153	22	0.60		22		
B2 OTHER SCI & PROF	8	16	8	0.41		8		
B2 A & C	9	9	0	0.00		0		
B4 Medical Secretary	20	25	5	0.19		5		
B3 Asst Secretary		11	11	0.50		11		
Harrogate Saturday WLI	16		-16			-16		
WLI	5		-5			-5		
	420	**563**	**143**	**3.00**	**0**	**143**	**0**	**0**
Non-Pay								
Drugs	1	1	0					
Clinical Supplies & Services	9	9	0					
General Supplies & Services	1	1	0					
Other (please list):								
Establishment Expenses			0					
Internal recharges & Misc			0					
Scarborough SLA	60		-60			-60		
	70	**10**	**-60**		**0**	**-60**	**0**	**0**
Total Operational Expenditure	**490**	**573**	**83**		**0**	**83**	**0**	**0**
Impact on EBITDA	**-13**	**54**	**66**	**3.00**	**5**	**61**	**0**	**0**
Depreciation			0					
Rate of Return			0					
			0					
Overall impact on I&E	**-13**	**54**	**66**	**3.00**	**5**	**61**	**0**	**0**
								+ favourable (-) adverse
Less: Existing Provisions	**n/a**		**0**					
Net impact on I&E	**-13**	**54**	**66**		**5**	**61**	**0**	**0**

Revenue Notes *(including reference to the funding source)* :
This business case seeks to invest in an additional 10pa consultant and 2.10 WTE other staffing to address the capacitiy shortfall within Harrogate Foundation Trust, with which York Trust has an alliance, and to repatriate Scarborough activity from Hull Foundation Trust. The additional clinical income identified above is Scarborough activity (approximately 344 cases at a tariff of £350 per attendance) as included in the September letter. In addition to the repatriation of Scarborough activity and addressing the shortfall in Harrogate, this additional consultant will also enable cover for the current single handed consultant during times of absence. This is currently carried out by a locum consultant at waiting list rates. The additional professional and technical staffing required, over and above the 10pa consultant, are: 0.40 WTE additional B7 Clinical Physiologist and 0.6 WTE Band 6 Specialist Clinical Physiologist to cover additional complex investiagetions and EEG reports and 0.41 WTE increase in Band 2 Healthcare assistant as a development role to assist with a wide range of investigations. Medical secretary investment will include 0.19 WTE Band 4 to increase the current post to 1 WTE and 0.50 Band 3 to cover the additional EEG / EMG appointments and reports.

The 10PA consultant contract will be funded through the reduction from 11pa to 10pa of the current incumbent consultant, the additional Scarborough income and by Harrogate Foundation Trust. Harrogate will fund 4 Pas of this contract, including 2 Clinical sessions, 1 PA for admin and 1 PA for travel, plus 1 day of band 6 Physiologist time. Of the remaining 5Pas, 2 PA's will be direct clinical care to cover Scarborough activity, 1PA admin time and 2PAs to cover the current consultants reduced contract and annual leave / absence

York Trust currently have an SLA agreement with Hull Foundation Trust to carry out Scarborough activity, this will cease upon appointment of the additional consultant. The value of the contract is £60k per annum, this will also support the investment in additional staffing.

The net contribution to the Trust will be a recurrent CIP.

			Board of Directors Only
	Owner	Finance Manager	Director of Finance
Signed		SJBarrow	

Dated		17th December 2013	

York Teaching Hospital NHS
NHS Foundation Trust

BUSINESS CASE - ACTIVITY & INCOME

Activity

	Total Change			Planned Profile of Change			
	Current	Revised	Change	2012/13	2013/14	2014/15	Later Years
Elective (Spells)			0				
Non-Elective (Spells)							
Long Stay			0				
Short Stay			0				
Outpatient (Attendances)							
First Attendances	1,228	1,572	344		344		
Follow-up Attendances			0				
OP Procedures							
A&E (Attendances)							
Other (Please List):							
			0				
			0				
			0				

Income

	Total Change			Planned Profile of Change			
	Current £'000	Revised £'000	Change £'000	2012/13 £'000	2013/14 £'000	2014/15 £'000	Later Years £'000
NHS Clinical Income							
Elective income							
Tariff income			0				
Non-Tariff income			0				
Non-Elective income							
Tariff income			0				
Non-Tariff income			0				
Outpatient							
Tariff income	430	550	120		120		
Non-Tariff income			0				
A&E							
Tariff income			0				
Non-Tariff income			0				
Other							
Tariff income			0				
Non-Tariff income			0				
	430	**550**	**120**	**0**	**120**	**0**	**0**
Non NHS Clinical Income							
Private patient income			0				
Other non-protected clinical income			0				
	0	**0**	**0**	**0**	**0**	**0**	**0**
Other income							
Research and Development			0				
Recharge to Harrogate re WLI Tests	23		-23				
Funding through Harrogate Alliance	25	77	52				
	48	**77**	**29**	**0**	**0**	**0**	**0**