

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

on: **Wednesday 24th February 2016**

in: **The Boardroom, York Hospital, Wigginton Road, York**

Time	Meeting	Location	Attendees
8.15am – 8.55am	Non-Executive Director Meeting with Chair	Booth 5 Ellerby's Restaurant	Non-executive Directors
9.00am – 12.30pm	Board of Directors meeting held in public	Boardroom, 2nd Floor Admin Block, York Hospital	Board of Directors and observers
12.30pm – 1.15pm	Lunch in the Boardroom		
1.15pm – 3.30pm	Board of Directors meeting held in private	Boardroom, 2 nd Floor Admin Block, York Hospital	Board of Directors

The values of the Trust are:

- Caring about what we do
- Respecting and valuing each other
- Listening in order to improve
- Always doing what we can to be helpful

...with patients at the centre of everything we do

These will be reflected during all discussions in the meeting

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

On: **Wednesday 24th February 2016**

At: **9.00am – 12.30pm**

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

A G E N D A

No	Time	Item	Lead	Paper	Page
Part One: General					
1.	9.00-9.05	Welcome from the Chairman The Chair will welcome observers to the Board meeting.	Chair		
2.		Apologies for Absence and Quorum	Chair		
3.		Declaration of Interests To receive any changes to the register of Directors' declarations of interest, pursuant to section 6 of Standing Orders.	Chair	A	5
4.		Minutes of the Board of Directors meeting held on 27 January 2016 To review and approve the minutes of the meeting held on 27 January 2016.	Chair	B	9
5.		Matters arising from the minutes To discuss any matters arising from the minutes.	Chair		
6.	9.05-9.25	Patient Story Improvements to the Clinical Systems.	Director of Systems and Network Services Consultant Medical Specialties	Verbal	
7.	9.25-10.00	Chief Executive Report To receive an update on matters relating to general management in the Trust and to include Ambitions for Health.	Chief Executive	C	29

No	Time	Item	Lead	Paper	Page
Part Two: Quality and Safety					
8.	10.00-10.45	Quality and Safety Performance issues To be advised by the Chair of the Committee of any specific issues to be discussed. <ul style="list-style-type: none">• Patient and Quality Safety Report• Medical Director Report inc EPMA update• Chief Nurse Report• Safer Staffing• Southern Health	Chair of the Committee	D D1 D2 D3 D4 D5	45 57 91 99 115 123
10.45-11.00		Coffee break			
Part Three: Finance and Performance					
9.	11.00-11.45	Finance and Performance issues To receive a summary of the discussions at the meeting framework from the Turnaround Avoidance Programme – Delivering Success. <ul style="list-style-type: none">• Finance Report• Efficiency Report• Performance Report• Turnaround Avoidance Plan	Chair of the Committee	E E1 E2 E3 Verbal	127 141 159 165
Part Four: Workforce					
10.	11.45-12.10	Minutes from the Workforce Strategy Committee To receive the minutes from the meeting held on 26 January 2016.	Chairman of the Committee	E	175

Part Five: Governance

11.	12.10-12.25	Business Case To consider and approve the business cases <ul style="list-style-type: none"> • 2015/16-66: Orthopaedic Consultant Expansion – Hand Surgeon • 2015/16-67: Orthopaedic Consultant Expansion – Foot and Ankle Surgeon • 2015/16-71: York Theatre Capacity and Demand Review 	Director of Finance	G H I	189 209 229
12.	12.25-12.30	Corporate Risk Committee To receive the draft minutes from the meeting held on 4 th February 2016.		J	245

Any Other Business

13.		Next meeting of the Board of Directors The next Board of Directors meeting held in public will be on 30 March 2016 in the Boardroom, York Teaching Hospital.
14.		Any other business To consider any other matters of business.

Items for decision in the private meeting:

There are no items for decision to report.

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

'That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1(2), Public Bodies (Admission to Meetings) Act 1960.

Additions: No changes

Changes: No changes

Deletions: No changes

A

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS founda-
Ms Susan Symington (Chair)	Non-executive Director —Beverley Building Society Director - Lodge Cottages Ltd	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	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	Nil
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 —Leeds City College Chairman and Director - Leeds College of Music Member —The University of Leeds Court	Nil
Michael Keaney (Non-Executive Director)	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Nil	Nil

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies 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 <i>(Non-Executive Director)</i>	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Nil	Nil
Professor Dianne Willcocks <i>(Non-Executive Director)</i>	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 <i>(Chief Executive)</i>	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
Juliet Walters <i>(Chief Operating Officer)</i>	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr Andrew Bertram <i>(Executive Director Director of Finance)</i>	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Member of the NHS Elect Board as a member representative	Nil
Mr Mike Proctor <i>(Deputy Chief Executive)</i>	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Spouse a senior member of staff in Community Services	Nil
Beverley Geary <i>(Chief Nurse)</i>	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr James Taylor <i>Medical Director</i>	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Nil	Nil

Minutes of the meeting of the Board of Directors of York Teaching Hospital Foundation Trust, held in public in the Boardroom York Hospital on 27 January 2016

Present: Non-executive Directors

Ms S Symington	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 A Bertram	Director of Finance
Mrs B Geary	Chief Nurse
Mr M Proctor	Deputy Chief Executive
Mr J Taylor	Medical Director
Mrs J Walters	Chief Operating Officer

Corporate Directors

Mr B Golding	Director of Estates and Facilities
Mrs S Rushbrook	Director of Systems and Networks
Mrs W Scott	Director of Out of Hospital Services

In Attendance:

Mrs A Pridmore	Foundation Trust Secretary
Mrs K Sartain	Lead Nurse for End of Life Care

Observers:	Mrs J Anness	Public Governor – Ryedale and East Yorkshire
	Mr P Baines	Public Governor – York
	Mrs A Bolland	Public Governor – Selby
	Mr J Cooke	Public Governor – York
	Mrs M Jackson	Public Governor – York
	Mr C Murray	Ophthalmology Fellow
	Mrs L Pratt	Healthwatch – York

The Chairman welcomed the Governors, members of staff and the public to the meeting.

16/001 Apologies for absence

No apologies were received.

The Chair asked Mrs Pridmore to confirm the meeting was quorate. Mrs Pridmore confirmed the meeting was quorate.

16/002 Minutes of the meeting held on the 16 December 2015

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

16/003 Matters arising from the minutes

There were no matters arising from the minutes.

16/004 Declarations of interest

The Board noted the declarations of interest.

16/005 Patient Story

Ms Symington welcomed Mrs Sartain to the meeting. Ms Symington highlighted the vital importance of effective end of life care.

Mrs Sartain gave a presentation on the specialist palliative care seven day pilot that is currently underway. She gave a brief outline of the pilot and highlighted three key benefits for patients, specifically, the improved patient experience to accessing urgent symptom control and advice, the increased opportunity for the patient to be cared for and die in their usual place of residence and the key recommendations from the national care of the dying audit, NICE and Quality Standards.

Mrs Sartain demonstrated how those benefits support patients through a case study. The case study showed the difference made to the patient by having the service available over a weekend.

Mrs Sartain outlined the next stage of the project. She will be looking at the effect that the seven day service will have on staff and will be undertaking a staff survey. She anticipated that the results of the survey would be available from March 2016.

Mr Proctor asked about the level of medical input required by St Catherine's Hospice for the seven day service. Mrs Sartain explained that the Hospice likes to have a medical assessment that has been undertaken in the last seven days included in the admission information. Mr Proctor went on to ask if this approach could be replicated in the community beds. Mrs Sartain confirmed that this would be possible and she would suggest that the specialist palliative care service might be appropriate for three or four patients a week in York. She added that the capacity requirements would need to be assessed and there would need to be some up-skilling of staff in York.

Mrs Geary reminded the Board of a complaint received a number of years ago about the lack of advice and support available during the weekend for a patient who required symptom control. She highlighted the impact that the situation had had on the patient and their family.

The Board thanked and congratulated Mrs Sartain and her team on the excellent work they had been doing and expressed their support for its continuation.

16/006 Report from the Chief Executive

Mr Crowley spoke about the current planning and strategy development work that had been discussed at the Board time out held earlier in the month. He reflected on the growing deficit both locally and nationally and noted the Government's acknowledgement that the system is now subject to significant pressure.

Mr Crowley outlined the Government's agreement to an additional £2.14b funding for the NHS for 2016/17 of which £1.8b of the funding would be issued to Trusts to stabilise operational performance, but with conditions attached. Trusts have been asked to write a Sustainability Transformation Plan (STP), the objective of which is to establish a sustainable position for the overall local area and create common financial goals. The process for developing the plan is currently unclear and discussions are being held locally through the CCGs about the footprint to which the plan will be aligned. He advised that the Trust is involved in those discussions and the general view is that the footprint should cover the existing area covered by the local CCGs and Trust. He added that there is some suggestion from senior representatives from Monitor that there should be half a dozen footprints across the county and that our area should be widened to include Humberside and North Lincolnshire.

Ms Symington asked Mr Crowley if he had any inkling as to what the final footprint would be. He commented that there was strong allegiance around the current footprint. He felt that from the discussions that have been held, it was possible there would be a plan for our area that would form part of a bigger STP. Mr Crowley reminded the Board that currently there are clinical alliances with Hull and Harrogate. The Hull alliances were developed as it became apparent that closer working benefited both organisations.

Ms Raper asked Mr Crowley to comment on how balancing the books would impact on the Turnaround Avoidance Programme (TAP). Mr Crowley reminded the Board that the TAP was not a short term approach; it was designed to change culture in the organisation and re-organise resources and accountability. He added that the Trust has huge strategy priorities that will address the clinical demands. He added that a further element of the national comments is that Trusts should not plan any local strategy development. Mr Crowley felt this was wrong. The organisation is part of a national service which has got to continue to develop so that it can continue to serve the local population effectively.

Sale of Groves Chapel – Mr Crowley advised the Board that following further discussions with the City of York Council the full application required a variation which would reduce the number of dwellings on the site. As a result the offer for the building had been reduced. The Board noted the reduced offer and confirmed the transaction should progress.

Ms Raper asked if the disposal of Groves Chapel was in line with the Carter Review. Mr Golding confirmed that it was and explained that one of the proposals in the Carter Review was to reduce the footprint occupied by the Trust.

Mr Golding advised that he would present a detailed piece of work around the Carter Review to the Board of Directors in March.

Action: Report to be presented to the Board around the Carter Review in March.

Ms Symington invited Mrs Adams to lead this part of the meeting as Chair of the Quality and Safety Committee.

Mrs Adams outlined how the Committee had arranged its work around the CQC key questions – safety, effectiveness, caring and responsiveness. She confirmed that the Committee had reviewed the Director's risk registers and the CQC action plan and had agreed that the actions allocated to the Committee for assurance were included as part of the current business of the Committee.

Nurse staffing - Mrs Adams commented that the Committee was impressed by the level of information now being included in the Nursing Dashboard. She asked Mrs Geary to update the Board on the Safer Staffing information.

Mrs Geary advised that recruitment of nursing staff continues and the level of attrition is still high. She explained that people are choosing to retire early.

Mrs Geary advised that the work around nursing establishment reviews had been completed, meaning that base line budgets have been confirmed. The skill mix work is continuing and band 3 roles continue to be appointed to. The Trust is also continuing with the external recruitment for HCA staff. In terms of the band 4 non registered workforce, the Trust has continued to work in collaboration with Coventry, York, Teeside and Hull Universities.

Mrs Geary advised that her team is currently undertaking the acuity and dependency audit.

In terms of European recruitment, 29 staff have started work in the Trust. A further 16 are currently waiting for their registration and it is expected they will start work in February with 14 more likely to be starting in the organisation in March. Mrs Geary advised that she anticipated that the Trust would continue the local recruitment sessions and review if any further European recruitment was needed.

Ms Symington congratulated Mrs Geary and her team on their achievements around recruitment, which were very impressive, but her concern was that the level of recruitment does not put the Trust ahead of the level of attrition. She asked how the Trust was thinking about recruitment and retention as a single objective.

Mr Crowley commented on the reasons for the number of staff leaving and specifically cited the changes to the pension scheme. He explained that the Trust has had a culture of long service and a number of those staff were now taking retirement.

Mrs Geary referred to the staff bank and advised that as people retire from the organisation they are invited to join the staff bank. Trust staff who agree to work through the bank receive a 20% premium as an incentive. The facility to pay bank staff weekly has also been put in place.

Professor Willcocks added that she had noted a step change in the working relationship between HR and Nursing in the last two years. She added that within the Workforce Strategy Committee there is now more of a focus on number of leavers rather than staff turnover rates.

Medical Staffing - Mrs Adams asked Mr Taylor if he would comment on medical staffing. She felt that from a safety perspective this was one of the highest risks in the organisation. Mr Taylor explained that a draft paper has been prepared by the HR department, which is being reviewed. He anticipated that it would be included in the Quality and Safety Agenda and discussed at the February meeting.

Action: Mrs Pridmore to include the Medical staffing paper in the Quality and Safety Agenda for the February meeting.

Mr Taylor advised that the Emergency Department (ED) is short of eight whole time equivalent (WTE) medical staff, including two consultants and three specialist registrars. He added that the picture is worse in Scarborough. Mr Proctor added that some national work has been undertaken on medical workforce and the expectation is that the shortages will correct themselves by 2020.

Ms Symington noted that there was minimal reporting of medical staffing information at Board presently and looked forward to seeing more.

Mr Proctor added that it is common knowledge that the NHS is short of staff in some specialisms. Mr Crowley added that in the two EDs the Trust currently has fewer consultants than it had a year ago. The staff to recruit to the department are not available and those that are tend to be attracted to the large centres like Leeds. The acute strategy is being remodeled and is looking at how the services can be delivered in different ways. For example work is underway to consider how the ED service in Scarborough could be delivered without Consultants.

The Board discussed the challenges that exist around the recruitment of medical staff and noted the comments made by Mr Proctor around the recent successful recruitment of six consultants. The Board was of the view that it was important to understand the scale of the problem and then identify robust schemes to resolve the issues. Ms Raper was keen to see different models being adopted with specialties championing new ways of working and driving change forward.

Mr Crowley explained that the management of medical staff was very different to the management of nursing staff.

The Board asked if Mr Taylor would comment on the junior doctor's strike. He explained that the second strike has not gone ahead, but the contract issues have not as yet been resolved. The debate is around 24/7 working and 'out of hours' cover. He anticipated that the same issues will come up as part of the negotiation of the consultant's contract. He added that he did not believe the negotiations on the consultant's contract would start until the discussions around the junior doctor's contract had been completed.

Mr Taylor added that he agreed with the need for 24/7 care, but the definition of what that means is being reviewed. He asked rhetorically if it meant being able to go and see a GP on a Sunday; in his view it does not mean that. He was of the view that it meant providing urgent care, but not routine elective care. Mr Crowley added that he had noticed a change in language around 7 day working. It was now more about equality of care and it

was important that the Trust took decisions around equality of care. Mr Taylor referred to a research project on mortality that had looked at mortality during the week compared to weekend. The project had concluded that there was no difference between weekend and week day mortality and had, in fact, identified that there was evidence that patients received care quicker at weekends.

The Board noted the points that had been raised.

Deteriorating Patient and Senior Review of patients - Mrs Adams asked Mr Taylor to comment on the deteriorating patient and senior review of patients.

Mrs Rushbrook advised that the Trust now had three systems to assess deterioration in a patients – National Early Warning Score (NEWs), Maternity Early Warning Score (MEWs) and Pediatric Advanced Warning Score (PAWs), but there continues to be more work to do.

Mr Taylor commented on the senior review and explained that the review of a patient within 14 hours was part of the Keogh standards. The Trust standard is for a patient to receive a senior review within 12 hours. Senior review does make a difference to the patient and ensures there is prompt delivery of treatment. Mr Taylor felt the way to deliver the standard consistently was to work on developing the right culture and defined more clearly the expectations the Trust has.

Mrs Walter added that the issues on the two sites around senior review are different. She explained that she is chairing a small working group that is looking at medical models and developing the small remote hospital model.

Incident Reporting - Mrs Adams asked if Mr Taylor would comment on the incident reporting and the lower level of reporting in the organisation. She suggested that a lower level of reporting could signify a less safe organisation. Mr Proctor commented that the Trust used to be a high reporter of incidents and that there was a generally accepted expectation that high level reporting in 'good' organisations would reduce as systems to improve safety were established. He added that he felt it was unjustifiable to suggest that the reduced level of reporting in the organisation could signify that the organisation was less safe.

ED Streaming - Mrs Adams asked Mr Taylor to comment on the ED streaming process. She explained to the Board that the Trust had reverted to the original system in use prior to the CQC inspection. Mr Taylor explained that the system was a new system and was delivered and supervised by the Clinical Director for ED. The Clinical Director had assured Mr Taylor that the system was safe. He explained the system prevents patients from being seen twice by medical staff and went on to describe that the system streams patients into minor and non urgent streams. The previous system had had a clinician undertaking the streaming at the front desk. Mrs Adams added that the Committee was assured by the paper and information provided about the system.

Standardised Hospital Mortality Indicator (SHMI) - Mrs Adams asked Mr Taylor to provide an update on the SHMI. Mr Taylor advised that the SHMI for the organisation was now 99 excess deaths, 95 in York and 107 in Scarborough. He explained that the value of the measure was limited and the Board should be considering avoidable deaths. Excess deaths measured by SHMI do not provide any information from a quality perspective,

whereas avoidable deaths give rise to an expert review of case notes. Mr Taylor advised that the Trust has between 3% and 4% of avoidable deaths; nationally this figure is 4%. Mr Taylor advised he would report avoidable deaths to the Board in future.

Mr Taylor advised that SHMI does have some breakdown information of sub classification of deaths; he was expecting his team to review this information along with the week, weekend and bank holiday deaths.

Mr Sweet asked if the SHMI of 107 would mean that Scarborough was an outlier if they were a stand alone hospital. Mr Taylor confirmed that Scarborough would not be an outlier as they are within the tolerances.

Patient Experience Report - Mrs Adams moved on to the Patient Experience Report and asked Mrs Geary to update the Board on the work that had been undertaken. Mrs Geary commented that there continued to be some issues with the Friends and Family test (FFT) and at this stage a number of options were being considered. The results are persistently around the 20% mark, but there was a dip in November when the Trust changed provider. The Trust now receives a detailed breakdown and can provide feedback, including patient feedback, to the ward sisters. Arrangements have also been made for a FFT promotion week in March. Mrs Geary confirmed that she would provide feedback to the April Quality and Safety Committee.

Action: Report to the Quality and Safety Committee on the FFT promotion week

Referring to the patient experience strategy and the update included in the papers, Mrs Geary explained that the strategy continues to focus on the five core principles of listening, involving, reporting, responding and acting in a culture of respect and responsibilities.

Mrs Geary advised that the Patient Experience team had secured some charitable funding to provide further training around complaint management. The results of the training have been very successful, with a reduced time for responding to complaints. She added that it had been agreed to extend the training. In terms of the Patient Advisory Liaison Service (PALs), Mrs Geary explained that a full review of the service is being undertaken. This will include involvement from patient service groups.

Mrs Geary reported that the work around volunteers was continuing. She advised that a plan has been included in the board papers and that the intention is for Kay Gamble (currently on secondment) to manage the service when she returns in the next few months.

Quality Report - Mrs Adams asked Mrs Geary for an update on the Quality Report. She added that the development of the report has been undertaken in a much more inclusive way.

Mr Sweet asked if the introduction of the Discharge Liaison Officers (DLO) was a long term project. Mrs Walters confirmed that the proposal had been discussed at Corporate Directors and it had been agreed that they make a positive contribution to the discharge of patients.

Mrs Adams asked Mrs Geary to comment on the Director of Infection Prevention Control Quarterly Report. Mrs Geary confirmed that the Trust had not had any cases of MRSA in the last quarter. She reported that one case had been declared during the week and a post infection review (PIR) is currently being undertaken. It is expected that the results will be available next week.

The Trust has seen a total of 50 cases of C-diff, of which 9 cases were not due to a lapse in care. There are currently a total of 41 cases against a trajectory of 48 cases.

During the quarter the Trust had a Norovirus outbreak, causing the closure of 13 wards with clinically probable and confirmed cases. The average duration of closure was 11 days and the number of beds per ward across the 13 affected wards ranged between 26 and 34.

Mrs Geary referred to the governance around the infection control (IC) team. She confirmed that the new governance arrangements were now in place. Mrs Geary explained that she had been in discussion with the IC team around their risk register. They had suggested that the highest risk was the number of side rooms available in the hospitals. The mitigation now being included in the risk register is that the deep clean programme has been put in place. The Trust now has space on ward 24 to decant patients to.

Ms Symington thanked Mrs Adams for her presentation and her work on the Quality and Safety Committee.

16/009 Finance and Performance Committee

Ms Symington invited Mr Keaney to lead this part of the meeting as Chairman of the Finance and Performance Committee. Mr Keaney spoke about the concerns the Committee had, specifically around current performance and the financial position.

He confirmed that the Committee had reviewed the Risk Register and the CQC action plan and had agreed that the items allocated to the Committee were included as part of the current business of the Committee.

Mr Keaney commented that in terms of the Performance Recovery Plan, he was pleased to be able to provide assurance to the Board that diagnostic performance had been addressed and the target was now being achieved. He added that he had recently walked round the radiology department and had noticed a significant difference.

Mr Keaney commented that the Trust has now failed the 4-hour target for 21 consecutive months. In November the Trust was in the lowest 10% of Trust performance in this area. During December significant efforts were made to reverse the trend, and performance did improve as a result. Unfortunately during the first two weeks of January there has been a dip in performance again.

Mr Keaney noted that of the value of fines levied, 94% relate to ambulance turn round and the 4 hour target.

With regard to the Turnaround Avoidance Programme (TAP), the Committee has continued to seek the introduction of high-level measureable targets.

Mr Keaney added that the financial position has deteriorated further and the possible financial position at the end of the financial year could be a deficit of £16m. That figure includes the transfer of Whitby Hospital and the restructuring costs, both of which Monitor would exclude from the year end deficit figure.

Mrs Walters commented that the Finance and Performance Committee provided good, helpful and constructive challenge. She thanked Mr Keaney for the acknowledgement of the achievements that have been made.

Mrs Walters talked about the ED performance. She confirmed that there had been an improvement in performance during December and that there had also been a 10% increase in non-elective admissions during December.

Mrs Walters talked about the performance against the Emergency Care Standard and reminded the Board that Monitor is seeking a sustainable performance level at 90% against the 4 hour target by the end of quarter 4. The whole organisation is continuing to work towards achieving that target. She added that there are many different dynamics to take into account and the Trust is continuing to put changes in place.

Mr Crowley supported Mrs Walters's comments and added that performance in the Emergency Department impacts on other parts of the system. He added that the next tripartite meeting with the CCGs and Monitor is due to be held in the next few days where Emergency Department performance will be discussed. He added that the focus for the tripartite meeting is around the sustainability of achievement of the target rather than questioning the Trust's ability to achieve the target.

The Board noted that national guidance had stopped referring to a 95% 4 hour standard target in the Emergency Department and is now seeking sustained improvements. Mrs Adams asked if achieving the target at quarter 4 is a condition of the sustainability fund. Mr Bertram confirmed that he did not believe that was the case. Mr Crowley added that of the £2.14bn 'sustainability and transformation fund' for 2016/17, £1.8bn will be used to stabilise NHS operational performance and £340m for transformation. The issue he saw was that it is now being suggested the national year-end deficit will be £2.2bn. He felt that consequently significant pressure in the system would continue.

Recently it had been agreed by the Corporate Directors that the 'front door' model of care in York would change and would be led by a 3rd party. This would mean that a significant proportion of the patients would appropriately be seen by a 3rd party with the acutely ill patients being seen by a senior clinician in the Emergency Department.

Mrs Walters reported that the Ambulatory Care Pathway was working well and performance in Scarborough had improved.

Mr Proctor described a recent event when he was on call and the hospital occupancy level was at 93%. He explained that the hospital was running smoothly until six ambulances arrived at once and attention shifted to the the reception of patients from those ambulances resulting in delays to patients already in the department. The impact of this was that overall performance dropped. This, he suggested, illustrated the way other agencies work can have an impact on the performance of the Trust.

Mrs Walters confirmed that work is continuing to achieve the Operational Recovery Plan. Currently work is underway to develop new models of care.

Mrs Walters referred to the workforce pressures being experienced and that all staff are working very hard in a stressful environment. She added that patient flow processes are working well, but the bed occupancy level in the hospitals is currently at 93%. The level of discharge of patients continues to be a challenge, particularly around the use of 'discharge to assess' and patients requiring Section 5 of the Community Care (Delayed Discharges) Act 2013 notifications. (A Section 5 notifies social services of the proposed date of the patient's discharge).

The Board discussed the reasons for delayed discharges and the approaches being taken to resolve the issues. The Board understood that the systems being employed are working well. Extra capacity has been introduced to help ease the issues and the Trust is continuing to talk to Commissioners. The Resilience Group, which Mrs Walters chairs, has been assessing the facilities that are available for step down care outside the hospital. The Trust has agreed to introduce additional resources to support patient flow and the Service Improvement Team is working with Directorates to improve the systems for discharge. Mrs Walters added that the level of discharge and the achievement of the Emergency Care Standards are key elements of the discussions at the Performance Review Meetings held with the Directorates.

Mr Sweet asked Mrs Walters to comment on the negotiations with Yorkshire Doctors. Mrs Walters advised that the issues in York had not, as yet, been solved and Yorkshire Doctors were still providing a limited out of hour's service. She explained that the out of hours service provided by Yorkshire Doctors needed to be permanently in place to support the Emergency Department, but Yorkshire Doctors were experiencing the same challenges the Trust had around the recruitment of staff. She confirmed that at present the limited service provided by Yorkshire Doctors does have a detrimental effect on performance and this is being discussed with Commissioners.

With reference to Scarborough, Mrs Walters added that there is still no service for patients to be seen by a GP or Advanced Practitioner. She confirmed that the Trust is continuing to discuss the position with the CCG. The Board asked if there was anything the Board could usefully do to support the discussions. Mrs Walters advised there was nothing at this stage. She added that both Monitor and NHS England are aware of the issue and she anticipated the issue would be raised at the tripartite meeting.

The Board recognised the pressure the organisation was continuing to work under and the work being done to manage and address the current challenges.

The Board asked if there was a sense of where the organisation was when compared with other organisations. Mr Crowley believed he would be able to get a better feel for where the Trust is compared to other organisations following the tripartite meeting. He added that nationally there was less appetite to circulate such information, so it was difficult to get a clear picture.

The Board thanked Mrs Waters for her comments and assurance.

Responding to Mr Keaney's comment about the lack of high-level key measures for the TAP, Mr Bertram explained that a summary report on the achievements of the TAP would be discussed at the next Finance and Performance Committee. By way of examples of the achievements of TAP Mr Bertram noted that the fines levied this financial year have been lower than those levied in the previous year, more recently ED performance had improved, diagnostic performance had been addressed and he believed the Trust would be in a worse financial position if the TAP had not been in place. He added that from a national context, if the programme had not been in place he believed that Monitor would have started some form of intervention process, suggesting that the overriding purpose of TAP being to avoid the organisation being placed in turnaround had been achieved.

In terms of workforce there were a number of measures tracking progress, including vacancy rates, sickness rates and turnover rates. Mr Keaney explained that he has not seen one document that pulls all this information together. He understood that TAP might be working, but also recognised that there remains a significant challenge around recruitment of staff.

Mr Crowley added that introducing a balanced score card might be appropriate. He added that he believes that the Trust is doing better than many other organisations.

The Board discussed if the TAP was having any effect and concluded that it was proving effective. The Board understood that the TAP put sustainable change in place and adjusted the culture of the organisation. Mr Crowley added that other organisations have used management consultants to make change, which, when the consultants have left the organisation it has been demonstrated that the changes were not sustainable. Mr Bertram was asked to comment on Earnings before Interest, Tax, Depreciation and Amortisation (EBITDA). Mr Bertram reminded the Board that the EBITDA has always been low in the organisation and he went on to explain reasons for that. Mrs Adams asked if the TAP had been developed to take into account the Carter Review. Mr Bertram confirmed it had been, with this work now featuring as part of the Corporate Efficiency Team agenda.

Mr Bertram added that the Head of Business Development was now in post and would be working with the Directorates around the development of certain business cases. Mr Bertram referred to the business case that had been included in the Board pack for approval at this meeting (a case for vascular sustainability and development strategy, forming a key building block for the clinical strategy) and used it as an example of the type of case that would be presented in future. He added that there would be two further cases to be presented to Board around endoscopy and cardiology/vascular in the near future.

The Board asked Mr Crowley to update the Board on his visit to China. Mr Crowley reminded the Board about the reason for the visit and explained that nothing would progress quickly. He added that there was some further clarity about the bigger opportunities around the Memorandum of Understanding with the International Health Group (IHG). He advised he would have a clearer picture once he had met the Chief Executive from IHG. Mr Crowley explained that the conference in China was about building approaches and he was looking to IHG to distil what was required.

Finance Report – Mr Bertram advised that there had been a further £2m deterioration during the month which included £600k restructuring costs. The underlying operational deficit at the end of month 9 is £9.6m.

Mr Bertram referred to the expenditure analysis included in his report. He outlined that the pay cost against budget demonstrated a significant variance from plan in December. This related in the main to continued locum and agency pressures. He advised that the total gross agency spend in December was £2.2m. Mr Bertram drew the Board's attention to the agency spend by type graph. The chart showed a continued slow reduction in nurse agency costs as recruitment improves. The chart also showed a worrying increase in medical agency costs in November that has continued during December. This relates to increasing pressure from filling consultant, middle grade and junior rota vacancies. The final chart Mr Bertram discussed was the agency nursing spend vs plan chart. He explained that the chart looked at agency nursing spend against the Monitor improvement trajectory, taking the Trust to the mandated 4% agency spend rated by March 2016. The improvements have been tracked in recent months, but at present spend remains above target levels.

Mr Bertram advised that the income analysis showed a disappointing month in December, as predicted, given the impact of Christmas and the New Year on elective and outpatient work.

The forecast position shows a further deterioration in the forecast outturn. The latest forecast was revised in December and suggests a deficit outturn position of £16.4m, which includes the transfer of the Whitby Hospital asset at £4.6m and the total restructuring costs of £0.6m. The underlying deficit is therefore £11.2m. Mr Bertram explained that this raises the degree of risk in the Financial Sustainability Risk Rating (FSRR) and [will](#) mean the Trust reports a FSRR of 2 to Monitor at quarter 4. Referring to the quarter 3 return to be approved by this board meeting, Mr Bertram explained that one of the statements in the governance declaration requires the '*Trust to confirm that it will have a FSRR of at least 3 over the next 12 months*'. Mr Bertram explained that if it was projected that quarter 4 would be a 2, then it would become more difficult to confirm the declaration.

Mr Bertram advised that he had been in discussion with Monitor over this position given he expected Q4 to outturn with a FSRR of 2 but that he expected the Trust to return to a FSRR of 3 quickly in Q1 due to the improved tariff settlement, new business rules and the release of the national sustainability funding. Following his discussions he was able to assure the Board that Monitor was satisfied that the Trust should declare it believes it will have a FSRR of at least 3 over the next 12 months.

Mr Bertram added that the Trust had invited a member of Monitor's Turnaround Team to visit the Trust and focus on the change in the financial position in the Trust, taking into account the TAP work and the Cost Improvement Programme. Ms Roberts, the Turnaround Team member, was complimentary about the level of engagement the Trust has with Directorate Management Teams and with its clinicians and was positive about the management of the TAP and CIP. A report was presented to Monitor on her findings which has continued to help Monitor understand the work being undertaken in the Trust.

In summary Mr Bertram explained that there are three key actions the Trust must take.

- Arrest the deterioration of the financial position
- Continue to undertake enhanced scrutiny of every aspect of expenditure and for the last 2 months of the financial year only to allow expenditure that is absolutely critical and clinically necessary.

- Improve income, including converting temporarily Supporting Professional Activity (SPA) time into Direct Clinical Care (DCC) time where feasible.

Finally work is continuing on the forensic review of the balance sheet to improve debt management and cash flow.

Mr Bertram added that his approach has been to be open and talk to Monitor about any anticipated difficulties.

Mr Sweet asked about the financial position of the CCG and their approach to fine reinvestment. Mr Bertram explained that the CCG is meant to invest the fines to improve services but he understands that the CCGs are being required by the centre to use the fines in quarter 4 to support their year-end position.

Ms Symington asked Mr Bertram to comment on how agency spend would be reduced to 3% by April. Mr Bertram explained that [this was an incredibly difficult task but that](#) it would be worked towards by three initiatives:

- National caps – if the NHS sticks together as a whole the prices will come down
- Continue all recruitment initiatives
- Recognise that there is sometimes a trade off to make between quality and finance

Mr Crowley added that at the Workforce Committee there was a discussion about the cultural change around enabling professional judgments to be used. He added that nationally there had been a change in language and it was now being viewed that both finance and quality are equally important.

The Board discussed the level of the use of locums. Mrs Adams asked if it was possible for SPA time to become DCC time permanently. Mr Crowley explained that the job planning guidance recently released [will help](#) make the position clearer and may provide an opportunity to have further discussions about the use of SPA time. Mr Crowley advised that he had had an extensive debate with the Local Negotiating Committee (LNC) specifically on the change to SPA time. The meeting had been very positive and although the LNC felt that the change was a change to terms and conditions, they had accepted his explanation that this was not a change, but a request to support the organisation to the end of the financial year.

The Board noted the report.

16/010 Annual Plan

Mr Bertram explained that the draft plan had not been included in the Board pack because the timetable was too tight to share anything with the Board before the submission to Monitor on 8 February. Mr Bertram explained that the draft to be submitted on 8 February was a very early draft and there would be further drafts developed. The final version would be presented to the Board for approval at the March meeting. He added that involvement from the Governors and Board members would not be affected by this and that they would be involved in the further development of the plan until the final version is submitted in March.

Action: Annual Plan to be presented to the Board for approval at the March meeting.

Mr Bertram reminded the Board of the improved tariff settlement. He explained that the Trust had received a letter from Monitor explaining the Trust would receive £13.6m from the Sustainability and Transformation Fund, but that the Trust was required to deliver a control total at the end of the year of £10.7m. He explained that currently the financial plan being developed as part of the draft annual plan did not balance to £10.6m; there was a gap of £2.6m. He explained that he has been talking to other Trusts to establish how other organisations are reporting any gap in achieving the control total.

Mr Bertram recommended to the Board that it should approve acceptance of the £13.6m while recognising the expectations attached to the money. Mr Crowley endorsed the recommendation. The Board discussed the recommendation and approved the approach proposed.

It was noted that the Audit Committee would meet ten days before the Board meeting in March. Mr Ashton proposed that the Audit Committee review the financial assumptions in advance of any discussion at Board.

It was agreed the financial assumptions included in the annual plan would be reviewed at the March Audit Committee.

Action: Include Annual Plan financial assumptions on the Audit Committee agenda for the March meeting.

16/011 Minutes of the Workforce Strategy Committee

Professor Willcocks presented the minutes and referred to the Health and Wellbeing Programme, explaining that the programme was a national initiative designed to be a user friendly way to support the health of the workforce.

Mr Golding added that he is the executive lead for the Health and Wellbeing Programme. His plan is to present progress against the programme to the Workforce Strategy Committee who will provide assurance to the Board.

Mr Crowley added that the Trust was one of twelve Trusts that had been invited to participate in the Health and Wellbeing Programme initiative because of its past record of achievements.

Professor Willcocks advised that the Committee was beginning to review trend data around the number of staff leaving to understand the reasons for leaving. She added that work is also underway to understand if e-rostering has been deployed in the most effective way.

From the Workforce Strategy Committee minutes Professor Willcocks highlighted that she anticipated a further discussion at the Board in February around the Living Wage.

Action: Include the Living Wage on the Board agenda for the February meeting.

Professor Willcocks referred to the medical establishment section of the minutes and explained that the Committee was concerned about what it sees as anomalies around consultants and the next grade down. She explained that work was underway to look at new models of delivering care.

Mr Proctor commented about the developing educational work for non-registered staff. He described the work with St John's University and Coventry University. He explained that he was keen to develop the non-registered workforce and ensure they get academic credit for their learning. He reported that he hoped that the first programme with Coventry University would start in September 2016 and focused on students from the East Coast, with funding from Health Education England (HEE). It is anticipated that if it has been demonstrated that the programme is a success, it would be possible to secure more long term funding.

Professor Willcocks confirmed that the Committee had reviewed the Director's risk registers and the CQC action plan and had agreed that the actions allocated to the Committee for assurance were included as part of the current business of the Committee.

The minutes of the Committee were noted by the Board of Directors.

16/012 Workforce Metrics and Update Report

Mr Crowley presented the report for information. He referred to the graph in the report that showed the fill rates for temporary nursing staff. He highlighted that since the summer there has been more interest in joining the bank, which it is believed is partly due to the new incentives that have been introduced. This increase in the bank staffing levels had helped reduce the use of agency staff, but there has also been a growth in unfilled hours and work is being undertaken to understand the reasons for this. Mr Crowley added that there is some independent assessment of the position within the system from the operational mechanisms, which are helping to support the deployment of staff to ensure services are as safe as possible. The Board discussed the chart and agreed that it did show a change in culture, but also agreed that the Trust would have to be prepared for some challenges ahead to make sure that the change is embedded in the organisation. Mr Crowley added that the judgment of the directors involved was very important and provided him with assurance that the systems were working.

Mr Crowley drew the Board's attention to the sickness rates. He highlighted that the level of sickness in the organisation is still below the national level, but some increase has been seen recently. The Board discussed the information and expressed surprise at the number of days lost though anxiety, stress and depression.

The Board noted the report.

16/013 Minutes of the Environment and Estates Committee

Mr Sweet presented the minutes and explained that he and Mrs Adams were still at a stage where they were trying to understand the complexities of the subject matter, so there was nothing specific to report to the Board on this occasion. Mr Sweet asked Mr Golding to present the Sustainability Report.

Mr Golding presented the Sustainability Report and summarised the key points in the report. He referred to the NHS Premises Assurance Model and explained that it includes compliance with the built environment standards. He advised that he would present a paper on the built environment at the April Board.

Action: Present a paper about the compliance with the built environment standards to the Board of Directors at the April meeting.

Mr Golding reminded the Board of the history of the sustainability agenda, which resulted in the development and publication in 2015 of the development plan. He advised that this Sustainability Report provides an overview of the work that has been undertaken and a refreshing of the sustainable development plan.

Mr Golding explained that the agenda linked into the Good Corporate Citizen Assessment that had been undertaken. He added that the Department of Health had recently introduced two new criteria which would be taken into account at the next assessment. The two criteria were:

- Adaptation and models of care
- Climate Change

Mr Golding referred to the carbon footprint section of the report and explained how the Trust had achieved the reduction in the CO₂ emissions that could be seen over the year. He outlined that the target was to reduce the overall CO₂ emissions by 26% by 2020 and by 80% in 2050.

Mr Golding highlighted some of the success the Trust has seen with the introduction of the light and heat project in York. He reminded the Board that the project had now been extended to Scarborough.

Mrs Raper asked how this work aligns to the Carter Report. Mr Golding explained that it aligns completely with the Report.

Mr Golding asked the Board to consider the recommendations included in his report. He proposed that a risk around sustainability and climate be incorporate into the Corporate Risk Register. It was suggested that a more granular risk might be appropriate to consider for the register.

Action: Include the suggestion of including a risk on the Corporate Risk Register around sustainability and climate at the next Corporate Risk Committee.

The Board noted the report.

16/014 Update on progress to transfer Community Services at Whitby to Humber FT

Mrs Scott presented the report and explained that the due diligence is near completion. She advised that there were a couple of issues that required resolution, but she did not feel they were particularly significant. She confirmed that the hospital site at Whitby had been handed over to NHS Property Services and no longer belonged to the Trust.

Mrs Scott suggested that the Board might consider sending a letter of thanks to the staff that have been involved in the changes. She suggested the letter should acknowledge the challenges staff have had to deal with over recent months. The Board agreed with the suggestion and Ms Symington agreed she would prepare a letter to go to all staff involved.

Action: Letter to be prepared to thank all staff involved in the Whitby transaction.

16/015 Governance Documents

Mrs Pridmore presented a summary of the amendments to the Standing Orders, Standing Financial Instructions and Reservations of Power and Scheme of Delegation. Mrs Pridmore advised that the Audit Committee had reviewed the documents and had confirmed they would recommend approval of the documents by the Board of Directors.

The Board noted that the documents had been reviewed by the Audit Committee prior to presentation at Board. The Board approved the documents.

16/016 Business Case – 2015- 16/32 – Development of Theatre 10

Mr Bertram presented the business case and explained why it had been developed and its connection to a further business case that would be presented to the Board in the near future around vascular services. He added that in isolation this business case does not demonstrate a return, but it forms the foundation of a more significant piece of work.

The Board discussed the business case and asked if the vascular service was a profit making service. Mr Bertram confirmed it was. He explained that the vascular service provides the Trust with an opportunity to undertake some work such as angioplasty that would often only be found in a larger centre such as Leeds.

The Board approved the business case.

16/017 Monitor Quarterly Return

The Board had discussed the return earlier in the meeting and was assured by the comments made and the plan. The Board reviewed the information and approved the quarterly return.

16/018 Next meeting of the Board of Directors

The next meeting, in public, of the Board of Directors will be held on 24th February 2016, in the Boardroom, York Teaching Hospital

16/019 Any Other Business

There was no other business.

Action list from the minutes of the 27 January 2015

Minute number	Action	Responsible office	Due date
16/006 Chief Executive Report	Report to be presented to the Board around the Cater Review in March.	B Golding	March 2016
16/007 Quality and Safety Committee	include the Medical staffing paper in the Quality and Safety Agenda for the February meeting.	A Pridmore	February 2016
	Report to the Quality and Safety Committee on the FFT promotion week	B Geary	April 2016
16/010 Annual Plan	Annual Plan to be presented to the Board for approval at the March meeting.	A Bertram	March 2016
	Include Annual Plan financial assumptions on the Audit Committee agenda for the March meeting.	A Pridmore	March 2016
16/011 Minutes of the Workforce Strategy Committee	Include the Living Wage on the Board agenda for the February meeting.	P Crowley	February 2016
16/013 Minutes of the Environment and Estates Committee	to present to the Board of Directors at the meeting held in April a paper about the compliance with the built environment standards.	B Golding	April 2016
	to include the suggestion of including a risk on the Corporate Risk Register around sustainability and climate at the next Corporate Risk Committee.	B Golding	February 2016
16/014 Update on progress to transfer Community Services at Whitby to Humber FT	Letter to be prepared to thank all staff involved in the Whitby transaction.	S Symington	February 2016

Outstanding actions from previous minutes

Minute number and month	Action	Responsible officer	Due date

15/087 Diverse Workforce	A proposal around investment in training for specialist and middle grade doctors in the future to be presented to the Board when developed	Mr Crowley	future
15/117 Community Care update	Provide further detail on the re-ablement discussions when available.	Mrs Scott	When available
15/147 Food and Drink Strategy	The Board agreed to test the quality of food on an annual basis.	Mr Golding	April 2016
15/163 Winter Plan	Review the Winter Plan	Mrs Walters	April 2016
15/164 Workforce Metrics and update report	Incorporate the pay expenditure table into the performance report.	Mrs Rushbrook	Immediate
15/175 CQC report and action plan	A paper outlining progress against the CQC action plan to be presented to the March 2016 meeting	Mr Crowley	March 16

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Board of Directors – 24 February 2016

Chief Executive's Report

Action requested/recommendation

The Board is asked to note the report.

Summary

This report provides an overview from the Chief Executive.

Strategic Aims

Please cross as appropriate

- | | |
|---|-------------------------------------|
| 1. Improve quality and safety | <input checked="" type="checkbox"/> |
| 2. Create a culture of continuous improvement | <input checked="" type="checkbox"/> |
| 3. Develop and enable strong partnerships | <input checked="" type="checkbox"/> |
| 4. Improve our facilities and protect the environment | <input checked="" type="checkbox"/> |

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 regulations

There are no references to CQC outcomes.

Progress of report Board of Directors

Risk No risk.

Resource implications	No resource implications.
Owner	Patrick Crowley, Chief Executive
Author	Patrick Crowley, Chief Executive
Date of paper	February 2016
Version number	Version 1

Chief Executive's Report

1. Chief Executive's Overview

Since our last Board meeting we have been building on the discussions that took place at our time out regarding our strategic themes.

I look forward to further discussions with Board colleagues on this subject. Once agreed, the final document will help us to articulate the direction we are taking as an organisation, and to share this with staff, partner organisations and the public.

Work is underway to develop the Sustainability and Transformation Plan (STP), and progress is being made in terms of the form of this plan and how we will work together across organisations to develop it. This continues to evolve and there is a more detailed update as part of this meeting.

Work is also continuing on Ambition for Health, a five-year programme across Scarborough, Bridlington, Filey and Ryedale that is designed to drive innovation across health and social care through collaboration.

All eight partner organisations across health and social care have committed to supporting the Ambition for Health Programme and to promoting better health and the future sustainability of services in our communities.

The Ambition for Health Vision document is appended to this overview for your information, and outlines the purpose and scope of the programme. We will talk further about this work as it develops, however I want to use this overview to highlight the importance of this in the wider context of our integration between York and Scarborough Hospitals and community services.

We are all familiar with the drivers behind the Five Year Forward View, and the emergence of STPs and Ambition for Health Changing demographics (in particular an ageing population), pressure on our finances, lack of integration between services, and an extremely difficult jobs market where we are struggling to recruit nurses, doctors, and other key specialists have been causing pressure for a number of years.

Whilst these are issues that would be recognised in most parts of the country, they are of particular significance on the East Coast, and are the same issues that shaped our ambitions at the time of the merger between York and Scarborough Hospitals.

When planning the merger, we set out our aims for a safe and sustainable future for Scarborough and Bridlington Hospitals, in particular our commitment to maintaining core services.

There have already been successes. We have maintained part of our stroke pathway in Scarborough at a time when many hospitals are losing theirs in line with the national trend towards centralisation. We are now delivering the eye injection service on the East Coast, when patients previously had to travel to York, and we have also successfully established our elective orthopaedic surgery at Bridlington Hospital.

Ambition for Health is the next step, and a key objective of these plans is that we develop

services that have a sustainable future.

Partnership working will be essential if we are to make real change and deliver services differently across organisational boundaries, however we must of course continue to meet our own obligations in terms of our performance and our finances.

A key part of this is the continuation of our Turnaround Avoidance Programme into 2016/17. Progress to date includes the alignment of the Corporate Improvement Team with the delivery of Trust priorities, the design and introduction of a new business case process and approach to ensuring return on investment, a revamped vacancy control process, and the introduction of a new performance assurance framework.

The principles that have been embedded and reinforced through the Turnaround Avoidance Programme will continue, and will help us to achieve and sustain financial balance and improved performance.

At a national level, there has been a recognition that the pressures placed on hospitals have been too great, and this has been reflected in changes to tariff and business rules which will improve the overall financial landscape for 2016/17. Returning providers to financial balance is a key priority, and as discussed at our last Board meeting, sustainability funding is being released to provider organisations dependent on meeting specific criteria. We now know what our share of the fund will be, and the conditions attached to it. The finance team is currently assessing the implications of this. However, we have confirmed our agreement in principle to this funding, with a number of caveats, and the Finance Director will be able to talk about this in more detail in the Finance section of the Board meeting.

Despite this additional funding, we cannot become complacent, as the recommendations of the Carter review into NHS efficiency, our own savings targets, and the conditions that we must meet in order to receive sustainability funding, mean we will still face the largest efficiency challenge ever.

Junior doctors' contract negotiations

As has been covered extensively in the national media, the latest day of industrial action by junior doctors took place from 10 to 11 February. Secretary of State for Health Jeremy Hunt has subsequently announced that the latest version of the contract will now be imposed.

Jim Mackey, chief executive designate of NHS Improvement, has written to all chief executives to emphasise the importance of the consistent implementation of the contract, and of supporting our junior doctors through this process.

This was echoed in a further letter from Professor Ian Cumming, who cautions against variation in contracts. He said: "We are not prepared to see a system where a competition based on a local employer's ability to offer different terms is part of the recruitment process. The recruitment process should be based on patient and service need and quality of training as it always has been. Therefore implementation of the national contract will be a key criterion for HEE in making its decisions on our investment in training posts."

We are considering the implications of the new contract and how we will implement it, being mindful of the need to support our medical workforce following what has been a contentious and emotive process.

In the news

The BMA's disagreement with the government regarding junior doctor contracts has dominated the media, and our organisation fielded a number of queries regarding the impact of the industrial action on our organisation.

We issued a media release together with City of York Council regarding the Discharge to Assess Pilot. Patients who are medically ready to be discharged often have to wait in hospital to undergo a series of assessments, including occupational therapy, social care and physiotherapy assessments, to work out what level of care and support they need to maximise their independence. This means that they often end up staying in hospital unnecessarily while they wait for the assessments.

Under this pilot, patients who are medically fit to be discharged can go back to their own homes, or to a dedicated unit if they have higher care and support needs, where they then undergo the assessments.

This is positive development for us and I hope that, if it proves successful, we will be able to continue with the scheme.

We also gained positive coverage in York Press regarding our carbon efficiency programme, which has been shortlisted for a national award.

2. Recommendation

The Board is asked to note the report.

Author	Patrick Crowley, Chief Executive
Owner	Patrick Crowley, Chief Executive
Date	February 2016

Ambition for Health:

Transforming health and social care services in
Scarborough, Ryedale, Bridlington and Filey

Contents:

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1.0 Introduction: A shared ambition for your health

The organisations responsible for health and social care in Scarborough, Ryedale, Bridlington, Filey and the surrounding area have united to create a shared ambition for the health of local communities.

This is an important time for health and social care services. We want you to be aware of our plans, why they are needed; and to know how all of us, as local residents, can keep ourselves healthy and independent and can help to influence the health and social care services we use.

This document sets out our ambition and explains why things need to change. Whilst it will take time for us to achieve our ambition, it is essential that we start taking action now. As you will read and may be aware, the NHS and social care, both nationally and locally, are facing some big challenges. Not only is our population changing and needs more care and support, we also have the added pressure of providing this care with less money and in a jobs market where fewer people are choosing to work in health and social care.

The only way, and we believe the best way, we can respond to these challenges is by working together to review and change the way we do things. By acting now we will ensure our communities have access to the best information and advice to keep well, and can access health and social care support – now and long into the future.

All partners – across the local NHS and Council organisations listed above – have committed to supporting the Ambition for Health Programme and to promote better health and the future sustainability of health and social care services in our communities.

2.0 Our ambition

Our ambition covers three main aspects of health and social care:

1. **Healthy lifestyles** - An ambition to help people lead healthy lifestyles, supporting them to take control of their own health to prevent illness
2. **Care at home** - An ambition to improve the care provided at home and in the community (sometimes called 'out of hospital care') so that health and social care services work more closely together with the aim of preventing people needing treatment in hospital
3. **Sustainable services** - An ambition to ensure that our Hospitals and other major services are of a high quality, are financially sustainable and that we all have access to the right care, in the right place, at the right time.

These ambitions are informed by what local people tell us; and what local statistics show. They also respond to national and local strategies, including the NHS Five Year Forward View and the Joint Health and Wellbeing Strategies of North Yorkshire and the East Riding of Yorkshire.

3.0 Why we need to change

There are four main reasons why we must take action now:



3.1 Changing health needs of our communities

Beyond the famous coastline and the beauty of the North York Moors National Park, our area has a significant and diverse population. It has a mix of deprived and affluent, urban and rural. The main urban centre of Scarborough is located approximately 40 miles away from the nearest city. It experiences significant seasonal fluctuations in population – the impact of which can be immense on health and care services.

Scarborough Hospital is a cornerstone of local health services and much valued by local people. However, our local health and social care systems experience financial and workforce pressures which are increased by current national financial and policy models. The small resident population of Scarborough and surrounding areas does not generate sufficient demand to provide enough income to build sustainable services, which is why we need to modernise services and change the way they are funded.

From a national perspective, England has an ageing population. By 2025, the number of people over 80 years old will have increased by 50% compared with 1995. We can expect the growth in our ageing population to lead to an increase in conditions such as dementia and an increase in unplanned hospital admissions. Much is made of the increasing age of the population and the pressure this will place on health and social care services. Whilst this pressure is real and cannot be ignored, we will also seize the opportunity of a generation who are staying healthy for longer into retirement, to drive community and voluntary involvement. Many older people are the glue of our communities, looking after younger generations and volunteering to help others.

We must also recognise that treating a person's physical condition only responds to part of their needs. We will establish equality between physical and mental health and will strive to understand

the personal and social context that has led to a person needing support from health or social care. By managing purely medical or care needs as they appear at a moment in time, we miss an opportunity to understand the root cause of those issues and therefore limit the possibility of it happening again.

We therefore need to create a model of care that places an emphasis on prevention in the community, has less reliance on people having to access care at hospital by providing services in alternative settings, and maximises people's potential to be independent through intermediate care and re-enablement services.

Example: a snapshot of health in our area

- The gap in life expectancy between the least and most deprived communities in North Yorkshire is around 12.5 years for men and 5.6 years for women; and in Bridlington, East Yorkshire, is around 6 years for men and 7 years for women. In addition, Bridlington contains one of the most deprived areas in Britain.
- In North Yorkshire 52,790 people have common mental health problems
- The leading cause of premature death (people under 75 years of age) in Scarborough and Ryedale is Cancer, accounting for 38% of all deaths. Cancer is also the leading cause of premature death in Bridlington.
- The number of people over 65 years of age is set to increase from 12,300 to 15,800 in Ryedale and from 25,500 to 31,300 in Scarborough
- Public Health priorities in Scarborough and Bridlington include reducing health inequalities in cardiovascular disease, reducing the prevalence of smoking and harm caused by alcohol.

Example: The impact of dealing with increasing demand for care with limited resources

The winter of 2014/15 is a good example of how high demand for health and social care services combined with workforce pressures pushed the health system to its limit.

Scarborough Hospital experienced significant service pressures with a number of occasions where all inpatient beds were occupied. Patients experienced long waits for assessment and many emergency admissions had to be diverted to other hospitals.

This 'winter pressure' came after a sustained period of time (approximately 18 months) where Scarborough's emergency department had been unable to achieve the standard four-hour waiting time. One of the consequences of high numbers of emergency admissions was a high level of cancellations for planned procedures (such as knee and hip replacement surgery) as emergency and planned patients 'competed' for a limited number of beds.

These types of situation can also have a knock-on impact in the community, particularly for people who need 24 hour care in a residential or nursing home or who need help with personal care at home. A number of care homes have closed in the Scarborough and Bridlington areas in recent years and some that remain, alongside home care services, can find it difficult to recruit and retain staff.

3.2 Poor health outcomes for people living in deprived areas

Life expectancy for people living in our most deprived areas is reduced by as much as 12 years compared with those living in the least deprived areas. This shocking statistic is linked to people leading unhealthy lifestyles, such as eating unhealthy food and being overweight, smoking, and/or drinking too much alcohol. This can lead to early deaths from conditions such as heart disease or stroke. We need to continue to raise awareness of the risks of leading unhealthy lifestyles and support people to change their behaviours.

Unhealthy adults often start life as unhealthy children, so we need to work closely together to support people to make good lifestyle choices for themselves and their children in all avenues of life, be it diet or smoking.

We will adopt the Making Every Contact Count (MECC) approach that encourages health and social care staff to have conversations with people using our services based on behaviour change methodologies (ranging from brief advice, to more advanced behaviour change techniques), so that people are encouraged to make healthier lifestyle choices. We will also work together to see what we can do to address what are called the wider social determinants (for example, the economy and employment, housing, transport) that influence our health.

We also recognise that health and social care cannot be separated from the communities in which services operate, so we will work closely across statutory, business and voluntary partners to explore ways in which we can contribute to the wellbeing and sense of pride and belonging of local communities.

We also know that there are areas of Scarborough, Ryedale, Bridlington and Filey which suffer from poor housing stock and have high levels of private sector renting, with properties unsuitable for adaptation should a person's needs change. Across rural areas, there are also issues around housing such as fuel poverty and affordable warmth, although these tend to stem from people living in isolated, poorly insulated homes, which have become unsuitable as a person's age advances. Circumstances such as these increase the risk of people suffering either a physical injury such as a fall, or of becoming lonely and isolated with the subsequent deterioration of mental health and wellbeing. We will work closely with communities, housing providers and landlords to ensure that housing is suitable, safe and adaptable as people age with a view to ensuring people are able to remain independent and in their own homes for as long as possible.

Example: The impact of leading an unhealthy lifestyle in Scarborough

Levels of smoking are significantly worse than the national average at 21.8% and accounted for approximately 250 deaths in 2012. The smoking rate for mothers at the time of delivery was 17.7 per 100,000 - well above the nation average of 12 per 100,000.

The rate of alcohol related harm hospital stays was 649 per 100,000, which represents 721 stays per year which is in line with the national average. In 2012 24.1% of people were classified as obese with rates of early death from heart disease and stroke trending above the England average at 92 deaths per 100,000. Despite this, levels of physical activity in adults are reported as above the England average.

3.3 Workforce pressures

Recruitment and retention of both clinical and social care staff in our area is a huge problem. Not having enough specialist health staff to provide care can lead to services becoming unsafe, which then means alternative solutions must be found, usually at short notice. In social care a lack of social workers and occupational therapists can lead to delays in assessments and hospital discharges, whilst a lack of care workers can result in understaffing in care homes or the inability of the sector to meet demand especially at peak times, which again impacts on the health service. Where any part of the system is understaffed, this situation can result in cancellations to planned treatments or temporary arrangements being put in place, which cause disruption for everyone involved.

Workforce issues are not unique to our area; they are a national issue which will take time to address. We need to provide services in different ways which can be delivered by current levels of staff and which attract new people into the health and social care workforce. We will explore how to make the NHS and social care more attractive as employers and care as a career of choice.

The seasonal nature of employment in the area (linked with tourism) is not an issue that can be solved easily. We will look to develop ways of working with the current labour market to create a sustainable and predictable staffing base for all services.

Example: The impact of not having enough specialist clinical staff

In June 2015, the local NHS had no choice but to make changes to how patients received immediate care following a stroke.

Typically, a stroke patient would receive their immediate care (hyper acute) from a stroke consultant at Scarborough Hospital, and then be moved to a different part of the hospital or sent home for rehabilitation. Two stroke consultants working at Scarborough Hospital retired earlier this year and, despite numerous attempts over a long period of time, efforts to recruit replacement consultants had only limited success.

In order to maintain safety, measures were introduced which meant that any patient suffering a stroke in the Scarborough or Bridlington area would first be taken to Scarborough Hospital for initial assessment and thrombolysis (clot busting drugs) if appropriate, before being transferred to York Hospital to receive hyper acute consultant care (typically required for around three days).

The need to introduce this change was solely because of an inability to recruit the specialist staff required to provide a safe service in Scarborough Hospital.

There is also an opportunity to invest in workplace health and wellbeing for colleagues across the local health and social care system. This will contribute to their delivery of the best care possible to those they serve; and also help keep employee absence rates low.

3.4 Financial pressures

In 2012, York Teaching Hospital NHS Foundation Trust took over Scarborough and Bridlington Hospitals. This change included a significant amount of financial support provided by NHS England to help with the transfer of services. This financial support ends in 2017.

The way hospital services are currently provided is not sustainable without this funding. Therefore, we must seek new and alternative ways to provide care which are just as effective in terms of health outcomes for local people.

The extent of the financial challenge should not be underestimated – by 2017 the budget for hospital care will be reduced by at least £17million compared with today. The Local Authority picture is no less challenging, with Councils having to make savings in social care of at least £6million locally by 2020. In order to achieve these challenging financial targets, health and social care will need to work closely together to avoid duplication and deliver joined-up care to local people.

It is worth remembering that even with spending reductions, the NHS and local government in our area invest over £200 million each year in health and social care services. In addition, significant numbers of people, who are not eligible for public funding, fund their own social care. Investment hasn't ceased during this period of financial pressure, and we will ensure that future investments are also made wisely and managed well.

4.0 A change for the better: our top priorities

The challenges detailed above are having a significant impact on our ability to deliver the quality of care that local people and services expect. For example, not having enough staff to provide care can often result in lengthy waiting times and cancelled appointments, all of which lead to a bad experience for people.

Although the way services are provided in the future may look quite different, they will continue to be provided to the best possible standard and, where possible, to a better standard than they are now. We will be active learners from good and poor practice.

Example 1: prevention is better than cure

North Yorkshire County Council and NHS Scarborough and Ryedale Clinical Commissioning Group are funding a new team of Living Well Co-ordinators, to work with people who are on the cusp of needing care. This programme will focus on making the most of the support that exists in local communities and help individuals to maintain or re-gain their confidence. Alongside this, the Stronger Communities Programme is already supporting voluntary and community organisations to develop and maintain community transport schemes, improve youth services, maintain libraries and provide support to older and disabled people.

The County Council and Borough and District Councils are also working together to build more extra care and supported accommodation, so that more people can live independently, with help available if it's needed. The efficient use of Disabled Facilities Grants will also aid those in private-sector accommodation to make necessary home adaptations.

And there's support too for making healthier lifestyle choices. New Stop Smoking Services are being developed and the Public Health service is funding Scarborough Borough and Ryedale District Councils to pilot a weight management programme for individuals aged 18 who are obese. There's also some targeted work to increase take-up of NHS Health Checks amongst farming communities and in the most deprived wards in Scarborough: Castle, Central, Falsgrave Park, Northstead, Ramshill, and Stepney, as well as with homeless people.

Example 2: prevention is better than cure

In the East Riding of Yorkshire, the Health Trainer Service has a shop in Bridlington. This service began following identification of a need to support disadvantaged communities experiencing high levels of obesity-related conditions including Type 2 diabetes, heart disease and stroke. They have a programme designed to work with individuals who have a BMI of 45+ and who have co-morbidities (other health conditions) that may eventually see them looking to have bariatric surgery, the most common type of which is gastric bypass surgery. The programme is 18 weeks in length and provides education, support, knowledge and guidance on weight loss.

However the service is not just about weight management – Health Trainers offer emotional support and goal-setting and identify any barriers to healthy living and weight loss. They also motivate to ensure those on the programmes have all the help and support necessary to make changes long term. They work on lifestyle issues they identify as a priority for each individual client, such as smoking, alcohol intake, emotional wellbeing and levels of physical activity.

In working towards achieving our ambitions, we will focus on **ten major priorities**:

1. **Prevention**, self-care and helping people of all ages to lead healthy and active lifestyles – with a particular emphasis on encouraging a smoke free generation
2. Improving **emotional health**, through better mental health services and helping people to live well with dementia
3. Providing services that are of the expected **quality and safety, within budget**
4. Securing a sustainable **future for Scarborough Hospital**, in particular maintaining core services including the care of the emergency patient, obstetrics (pregnancy and childbirth) and paediatrics (services for babies, children and young people)
5. When people do need to be admitted to hospital, ensuring they **return home** as soon as they are fit and ready to do so
6. Providing **more services in the community** wherever possible, including better support for carers and more choices for people to live in their own homes with support, leading to a consequent reduction in unnecessary admissions to hospital and to 24 hour care
7. Supporting people to have more choice about **where they die**
8. Working together to align services, reduce duplication and ensure a **positive experience of health and social care for each individual**

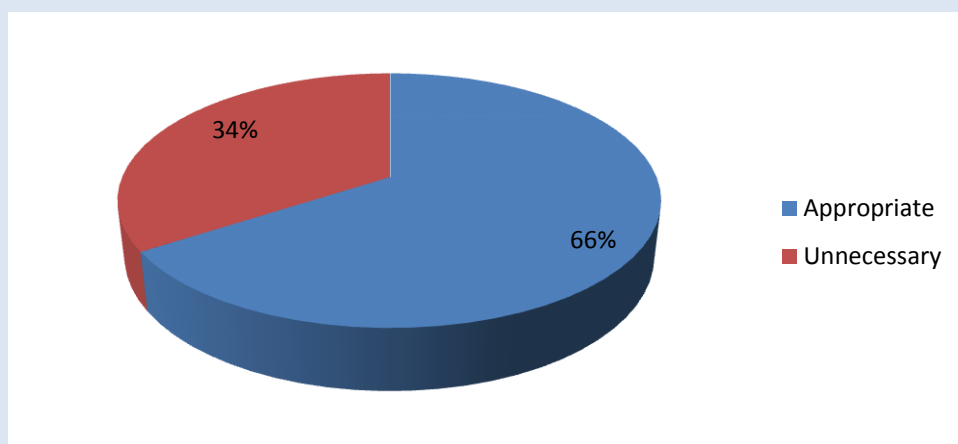
9. Listening to, and **shifting power**, to patients and the public, including through better information and advice send the creation of shared records
10. Developing our **workforce** and recruit and retain the right people for the right roles

Example: Do patients really need to be in hospital?

In 2014 we undertook an audit of occupied beds on wards at Scarborough Hospital, Bridlington and Malton Community Hospitals and two residential/rehabilitation care homes. The aim of the audit was to see how many of the patients occupying beds were receiving the appropriate level of care for their needs, which ranges from level one to level five:

- Level 1 – Intensive care
- Level 2 – Acute care
- Level 3 – Specialist rehabilitation
- Level 4 – Rehabilitation in own home or rehabilitation/care home
- Level 5 – Fit for hospital discharge

The findings were very interesting. Out for the 371 patients included in the audit, 127 were deemed to be receiving a level of care that was unnecessary for their needs:



This was mainly patients receiving level 4 care (rehabilitation) or level 5 care (fit for hospital discharge).

In summary, this means that 34% of the patients included in the audit were either receiving a level of care above what they needed (level 4) or were still in hospital when they no longer need to be (level 5). If patients reside in an inappropriate part of the system relative to their needs, it wastes precious resources (costing up to £xx extra per day), and does the patient a disservice.

5.0 Achieving our ambition

We are still very much at the start of our journey. However, we have set ourselves a clear direction of travel. Over the coming months we will begin to develop more detailed plans about the changes we need to make. We are committed to involving you in this process.

It is also important that we raise awareness amongst local people about how we can work together to overcome the challenges presented in this document, for example how all of us who live locally can lead a healthier lifestyle or how the NHS and local government can use resources better.

Your opportunity to get involved in shaping our plans begins now.

If you have any comments on the contents of this document, or would like to make suggestions for how you think we can achieve our ambition for health, we'd like to hear from you. Here's how you can get in touch:

By email: ambitionforhealth@nhs.net

By letter:

Ambition for Health
c/o NHS Scarborough & Ryedale CCG
Scarborough Town Hall – York House
St Nicholas Street
Scarborough
North Yorkshire
YO11 2HG

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Quality & Safety Committee – 16th February 2016 Boardroom, York Hospital

Attendance: Jennie Adams, Libby Raper, Philip Ashton, James Taylor, Helen Hey, Anna Pridmore, Liz Jackson

Apologies: Beverley Geary - Chief Nurse

Observing: Polly McMeekin - Deputy Director of Workforce

	Agenda Item	Comments	Assurance	Attention to Board
1	Last meeting notes dated 19 th January 2016	<p>The minutes were approved as a true and accurate record.</p> <p>The Committee noted that some of the Governors have been invited to attend next month's meeting as observers.</p>		
2	Matters arising	<p>The Committee were pleased to see the inclusion of reports from Groups feeding in to the Committee contained in the papers including the Patient Safety Group, EPMA steering group and Clinical Effectiveness Group.</p> <p>The Workforce Strategy Committee will focus on gaining assurance around Medical Staffing issues however the Committee agreed that it would continue to look at the short term issues in relation to safety, including the senior review of newly admitted patients and staffing in Emergency Medicine.</p> <p>Following the discussion last month the Committee noted that a number of Patient Safety Walk Rounds have been arranged.</p> <p>The Committee noted the improvement in Dementia screening shown in the integrated dashboard. JT advised that Ed Smith has written out to all Scarborough doctors.</p> <p>All other matters arising were covered by agenda items.</p>		

	Agenda Item	Comments	Assurance	Attention to Board
3	Risk Register for the Medical Director and Chief Nurse	The Committee reviewed the two risk registers. JT advised that a slight amendment had been made to the Medical Directors Risk Register since the last meeting. The Committee agreed to revisit the Risk Registers at the end of the meeting to ensure all existing risks had been discussed and to highlight any matters arising that might be considered to inclusion or removal from the CRR.		
4	Quality Report Update	<p>AP explained to the Committee that the production of the Quality Report is led by BG with input from Diane Palmer, Fiona Jamieson and AP. The Consultation period took place from November to January and included the CCG, Staff, Non-Executive Directors and external agencies such as Health Watch. Feedback had been disappointing with the exception of NEDs on the Committee. A continued dialogue will take place with the Non-Executive Directors throughout production.</p> <p>The report provided in the papers has been cross referenced with last years' report and includes the high level priorities from the annual operational plan. It was accepted that the priorities will need to be more measurable in the final report and that CQUIN priorities will also be included.</p> <p>The initial report will be submitted at the beginning of April for a month's consultation period with the CCG.</p> <p>Guidance has been provided by Monitor on production of the Quality Report, although this is not the final document, and includes additional items such as; the implementation of duty of candour, Sign up to Safety, Staff Survey and CQC information. Key strategies were included last year and the Patient Experience strategy will be included in addition to these this year.</p> <p>The Committee highlighted two key items they felt should be included in the report.</p>		

	Agenda Item	Comments	Assurance	Attention to Board
		<ol style="list-style-type: none"> 1. Patient Experience, with particular attention to listening and learning from patients, as this is fundamental to Trust focus. The Committee discussed how the Friends and Family test is currently the only measurable element available. 2. Senior review has been a priority in the past but remains a challenge. JT advised the Committee that Bruce Keogh's standard is a 14 hour review however the Trust standard is 12 hours. The Keogh standard is one of only four core clinical standards specifically mentioned in the NHS Mandate for 2016/17. Juliet Walters has a task and finish group leading on the work in York, focussing on weekend reviews and becoming a 7 day service. JT confirmed that the staffing models and shift patterns differ across sites and the new consultant contract is awaited which may change models again. JT supported this objective as a mortality reduction / patient safety measure and suggested that this item be on the action plan for this year and included in the priorities for 2017/18. The committee queried if this is an item for separate inclusion on the MD risk register. 		
	Patient Safety			
5	Nurse Staffing CRR Ref: CN2	<p>HH spoke to the safer staffing report highlighting that there is a high percentage of care staff shifts being filled with the exception of Bridlington which is planned.</p> <p>46 EU nurses have been offered and accepted jobs with a further 10 being interviewed this week. The original business case was for 60 nurses and the next options are to either stick to this business case and focus on recruiting newly qualified UK nurses or create another business case.</p> <p>HH explained that if international recruitment continues, focus will remain on EU nurses due to the additional cost pressures of recruiting from India and the Philipppians. The English language skills of the individuals involved in the last round of recruitment was not as good as those from the first round. The agency has been</p>	<p>The Committee were assured by the continued focussed attention on Nurse Staffing and look forward to reviewing the Acuity and Dependency audit report next month.</p> <p>Nursing dashboard vacancy data presented to the Committee indicated a reduction in RN</p>	BG to take to Board.

	Agenda Item	Comments	Assurance	Attention to Board
		<p>advised that a lower level of English will not be accepted. EU nurses will be required to hold an ILTS level 7 English qualification and a suggestion has been made that the nurses could be recruited as a band 4 whilst the Trust pays for them to complete the ILTS course.</p> <p>Local recruitment is going well with 56 applications from newly qualified nurses following a recruitment fair at Hull University. A recruitment fair is planned to take place at York University.</p> <p>The Committee showed concern around ceasing to recruit internationally due to unplanned changes in staffing such as retirement. HH advised that revalidation becomes live next year which may also have an impact on staffing levels; however the Trust needs to be mindful of the cost of recruiting internationally.</p> <p>The Committee noted that the agency spend has reduced and sought assurance around leaving shifts unfilled. HH confirmed that the Chief Nurse Team are ensuring that we are staffed as well as possible. The 'Matron of the day' is now in place and all risks reported are reviewed on a weekly basis by the senior Chief Nurse team.</p> <p>HH commented on the Carter Report suggestion of using the nursing hours per patient day which encompasses all nursing staff on the ward and the recent research from Southampton University on nursing skills mix and mortality. She assured the committee that Trust will not move away from the registered staff and lose their trained skills.</p> <p>The Committee raised concern over the shift in the staff survey opinion in working for the Trust. PM added that the annual staff survey gives a more accurate reflection than the friends and family test and the HR team are working hard to increase staff engagement.</p>	vacancy rates on the acute sites.	

	Agenda Item	Comments	Assurance	Attention to Board
6	Medical Staffing CRR Ref: MD2	<p>The Committee noted the appointment of a new Obstetrics and Gynaecology Consultant and agreed to focus its attention on areas of most safety concern - Emergency Medicine (ED) and General Medicine because of the link to Senior Review (discussed under Item 4).</p> <p>The Committee raised concern about the increasing waiting times in ED and queried if this was due to medical staffing or an increase in demand. JT advised that this is multifactorial, partly due to staffing and partly patient flow. JT added The Emergency Departments are safer when substantive staff are on shift however they tend to be replaced by locum staff on the night shifts and at weekends. There has been an increase in the crude death rate in ED and the SHMI is unhelpful when looking at the quality of care given, the new avoidable death measure will help with this.</p> <p>The Committee queried what is being done to recruit more substantive staff. PM advised that the EDs have a lot of activity but not the major trauma cases as seen in Leeds, who have successfully recruited. The job plans are attractive and there is currently an agreement that out of hours 2 hours' work is 1 programmed activity, which will be renegotiated when the new Consultant contract is available.</p>		JT to take to Board.
7	Serious incidents CRR MD4	<p>JT confirmed that one of the SIs reported was a duplicate from the previous report.</p> <p>The Committee drew its attention to SI relating to Paediatric mental health and queried if Children's Mental Health should be escalated to the corporate risk register. JT and HH confirmed that the Paediatricians are very focussed on and show a lot of concern around this issue. Many audits have been undertaken and the issue is included on the directorate risk register. NEDs triangulated this with concerns raised on safety walkrounds of these areas.</p>		

	Agenda Item	Comments	Assurance	Attention to Board
8	Falls Quarterly Report CRR Ref CN 2	<p>HH explained to the Committee that the Trust remains fairly static in terms of number of falls reported. The increase in December remains a concern however; the figures have returned to their usual position.</p> <p>A trust wide action plan has been developed which is populated with the actions from the Falls and Pressure Ulcer Panels. This ensures that the actions are governed and matrons are able to challenge their own areas to ensure actions are completed. The Committee were supportive of this very useful initiative and highlighted the need to engage with front line staff.</p> <p>HH concentrated on the highest reporting wards, assuring the Committee that the Chief Nurse team are undertaking focussed work in these areas.</p>	The Committee were assured by the continuing work around falls and were pleased to see ownership at ward level.	BG to take to Board.
9	Pressure Ulcer Quarterly Report CRR Ref CN2	<p>There has been a slight increase in the number of pressure ulcers reported in quarter 3, with a significant rise in December. HH advised that Committee that there more tangible work that can be done in this area.</p> <p>HH explained that there is currently a gap in the Tissue Viability service on the York site and an advertisement for cover has gone out. Other Trusts do not have such high rates of unstageable ulcers and we are working to accurately code them. It has been difficult for the Tissue Viability Nurses from Scarborough and Community to cover the work in York.</p> <p>The Committee raised concern around the increase in incidence in Community Hospitals as reported on Safety Thermometer. HH advised that Ginni Smith is now in post as Assistant Director of Nursing for Community and will lead some focussed work in this area.</p>	The Committee were assured by the Chief Nurse plans to reinvigorate efforts in the light of some slippage.	BG to take to Board.
10	Flu Vaccination Update	The Committee discussed the low numbers of staff receiving the flu		JT to take to

	Agenda Item	Comments	Assurance	Attention to Board
		vaccine and agreed that uptake may be low due to the poor effectiveness of last years' vaccine (2%). HH advised the Committee that the campaign is now coming to an end; however staff are coming forward now patients are being admitted with influenza, which is a little disappointing to see.		Board.
11	IPC issues – c-diff CRR Ref CN 8	<p>The Committee noted that the number of clostridium difficile incidents has exceeded the trajectory.</p> <p>HH advised the Committee that a Post Infection Review of the MRSA incident in January has taken place and the incident was acknowledged to be unavoidable due to this very complex patient, although there were some lapses in care.</p> <p>HH highlighted that the main risk on the Nursing Dashboard is MRSA Screening. A number of wards are consistently above 95% and some wards are around 30% and not showing improvement. The IPC team will now be focussing on these wards to embed practice and leadership.</p> <p>The Committee raised concern over the need for isolation bays with many patients being admitted with symptoms of influenza. HH advised that the lack of side rooms for isolation features on the risk register. The IPC team are visiting AMU on both sites and reporting on actions. Balanced judgment is used in both the Emergency Departments and the admitting wards however there is some concern around the exposure brought by the patients waiting to see a GP.</p>	The Committee were assured by the continuing focussed work around infection prevention and control.	BG to take to Board.
12	Update from other groups • Patient Safety Group	The Committee agreed that it was positive to see the work being undertaken by the Patient Safety Group and had confidence that governance structures are in place. The Committee noted that the Think Glucose Group are presenting at the next Patient Safety Group ,as this is a high priority for the Trust, but raised some		

	Agenda Item	Comments	Assurance	Attention to Board
		<p>concern that other groups feeding in to the PSG were not doing so in a timely way.</p> <p>JT confirmed that the electronic PAWS initiative has been launched across both sites.</p>		
	Additional Patient Safety Items	<p>MBRRACE Report</p> <p>The Committee drew its attention to the MBRRACE report included in the Chief Nurse Report. HH advised that BG will be able to provide feedback.</p> <p>HH confirmed that Liz Ross, Head of Midwifery, is looking into still births and neonatal deaths and this issue is discussed regularly at the nurse management team meeting. A decision on whether to report these as SIs is still to be made. The issue is high on the government radar and should remain an object of focus.</p> <p>The Committee noted that the incidents of post-partum haemorrhage were high on the York site and agreed that this issue was of significant concern. JT confirmed that the new Clinical Director, Nicola Dean, was aware of this issue and the current SI around it but he would feedback the Committees concerns.</p>		BG to update at Board.
	Clinical Effectiveness			
13	EPMA update CRR Ref MD 1	<p>The Committee were disappointed in the progress of the EPMA project and showed some concern around the delays in the project plan. JT confirmed that the pilot will take place on the stroke ward in Spring and roll out will take place in the next financial year.</p> <p>The Committee agreed that deeper assurance was received from a meeting with Sue Rushbrook last summer and any barriers to the project should be highlighted at board.</p>		JT to take to private Board for discussion with SR.
14	Mortality • DH guidance on	The Committee noted the SHMI as reported in the Medical Directors report and highlighted that the Trust continues to remain an outlier in	The committee were assured by the work	

	Agenda Item	Comments	Assurance	Attention to Board
	mortality and avoidable deaths	<p>the same five areas. JT advised that this continues to be mainly due to coding.</p> <p>JT confirmed that there is currently a manual process for mortality reviews and only 60% of forms were returned. There is a plan to move the process to electronic on CPD which should improve the return rate. All deaths should be reviewed by the responsible consultant.</p> <p>The Trust are moving away from SHMI to avoidable mortality in line with DoH requirements which will be more informative. A higher level review into all avoidable deaths will take place; if an SI has not already been declared then this will be done retrospectively.</p>	being undertaken to establish a baseline of avoidable mortality and to move the mortality review onto an electronic system.	JT to take to Board.
15	Additional Clinical Effectiveness Items	<p>Nutrition Steering Group – Medical Directors Report The Committee queried if the lack of a nutrition nurse has had an impact on the risk around nasogastric (NG) tube placement. JT confirmed that this was a training issue, NG tubes are inserted by various people and if they are not inserted correctly complications can occur. The absence of a nutrition nurse is a small part of a larger safety issue. The Committee requested further information around this service at the next meeting – to tie in with the CQC actions on the dietetic service.</p> <p>Clinical Standards Group The committee noted the appointment of a clinical fellow to work with Dr Laboi on clinical protocols and standards. They requested further updates as this standardisation and best practice was a national theme (Carter Report) and a local one (CQC actions). It was suggested that this may be an item for consideration for the MD risk register once the scale of the challenge had been identified.</p>		
	Patient Experience			
16	Patient Experience highlights – personnel	HH advised the Committee that the Patient Experience Team will soon be fully staffed, a complaints manager has been recruited and	The Committee were assured that	BG to take to Board.

	Agenda Item	Comments	Assurance	Attention to Board
	update, F&F metrics	<p>Kay Gamble will be returning from her secondment to lead on volunteers. The Committee were delighted to hear that focussed support will be given to those in volunteer roles.</p> <p>Responses to the friends and family test have risen. The Committee agreed to revisit the topic of patient experience and the challenges ahead when the new team are embedded.</p>	progress in patient experience will be monitored through the quarterly Patient Experience Report.	
17	Southern Health Recommendations	The Committee focussed its attention on the NHS England recommendations around patients with learning disabilities. HH explained that the Trust has good linkages with the Safeguarding team and have mechanisms in place to address patients with learning difficulties. Any death of a patient in this category would be reviewed.		
	Additional Patient Experience Items	Ombudsman report in to complaints investigations. HH advised the Committee that a lot of the recommendations in the report are already being addressed by the Trust. The Trust was not wholly consistent in responding to complaints but staff have received training in this area and all complaints are reviewed by the Senior Chief Nurse Team when they come in and the replies are reviewed before they are sent out. All complaints are logged even if they are dealt with informally.		
	Additional items			
	Review of the Risk Registers for the Medical Director and Chief Nurse	<p>The Committee revisited the risk registers and focussed on risks that had not been covered by agenda items.</p> <p>Medical Directors Risk Register</p> <p>MD4 - Identification of the deteriorating patient continues to be an on-going concern and was partially covered by items on mortality and senior review.</p> <p>MD5 – JT advised the Committee that a safety meeting has been</p>		

	Agenda Item	Comments	Assurance	Attention to Board
		<p>held in Ophthalmology to understand capacity issues and how appointments are managed. It was highlighted that there is a deficit of 100 clinics a year and a business case will be put together for a new consultant. Job plan have been requested from the Directorate Manager.</p> <p>Chief Nurse Risk Register</p> <p>CN6 – HN explained that the Safeguarding Team have been working in a clinical capacity on the Elderly wards and have been highlighting deprivation of liberty to staff. Safeguarding group reports are reviewed quarterly by the committee.</p> <p>During the course of the meeting four items were highlighted for consideration for inclusion in the CRR:</p> <ul style="list-style-type: none"> Childrens psychiatry liaison Timely senior review of patients Standardisation of clinical procedures/protocols Patient experience – gathering, responding and learning from feedback. 		
	Any other business	<p>The Committee showed a level of concern around the number of ward transfers and delayed discharges of care and agreed to revisit this at the next meeting.</p> <p>The Committee touched on the discharge to assess model and wished to understand more about the clinical risks associated with this at its next meeting. HH advised that this pilot has been run on 9 patients and this is being led by Wendy Scott.</p>		
18	Next meeting of the Quality and Safety Committee 22nd March 2016, Ward 35 Seminar Room, York Hospital.			

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Patient Safety & Quality Report

February 2016

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



Patient Experience	Measures of Harm	Infection Prevention	Quality and Safety - Miscellaneous
<p>There were 492 PALs contacts recorded at York in January. 196 of the these were related to requests for information and Advice. Data currently unavailable for Scarborough site.</p> <p>There were 17 complaints at York and 8 at Scarborough in January; a decrease of 3 for the Trust compared to December.</p> <p>The Friends & Family Test (FFT) is no longer a CQUIN for 2015/16, but forms part of the Trust's Commissioner contracts.</p> <p>January 16 saw an improvement in response rates to the Inpatient FFT - the Trust achieved 23.6%, the highest is has been since April 2015. The Trust has consistently achieved the 90% target of respondents recommending the Trust across all sites.</p> <p>The Trust also saw an improvement in response rates to the ED FFT achieving 14.7% in January (December - 9.9%). Scarborough achieved a 10.1% response rate with 81.1% of respondents recommending the department and York achieved a 16.0% response rate with 83.7% of respondents recommending the department.</p> <p>The Community FFT saw a slight increase in response rates from 0.7% in December to 0.9% in January, however the proportion of respondents recommending the Trust dropped 91.1% (December - 100%).</p> <p>There has been continued improvement in Maternity FFT since the changeover over of provider affected the running in November. The 90% target of respondents recommending the Trust has been consistently achieved across all stages since April 2015.</p>	<p>11 Serious Incidents (SIs) were declared in January (2 x York, 6 x Scarborough, 1 x Community and 2 x Bridlington).</p> <p>2 of the SIs were attributed to 'clinical incident', 7 were attributed to 'slips, trips and falls' and 2 to pressure ulcers.</p> <p>There were no 'Never Events' reported.</p>	<p>7 cases of Cdiff were identified in January, (5 at York, 1 at Scarborough and 1 Community). There have been 57 cases identified YTD, 48 cases have been declared against the YTD threshold of 40. There are a further 9 cases that are NOT due to lapses in care.</p> <p>The Trust is above 2015/16 trajectory which allows a total of 48 cases to be identified by 31st March 2016.</p> <p>One new case of MRSA was identified in January attributed to Selby Hospital. There has been a total of 7 MRSA cases since April 2015, 5 at Scarborough, 1 at York and 1 at Selby.</p> <p>2 patients were identified with MSSA taking this above the 2015/16 trajectory, YTD total 30.</p> <p>There were also 11 cases of E-Coli identified in December taking the YTD total to 74.</p>	<p>Stroke</p> <p>In December 92.4% of patients spent 90% of their stay on a stroke unit against the local target of 80%. The Trust achieved 91.3% in Q3. The Trust achieved the Target for the percentage of patients scanned within 24 hours of hospital arrival (97.1%) in December and Q3 (94.9%). 66.7% of patients who experienced a TIA were assessed and treated within 24 hours in York in December, data currently unavailable for Scarborough. 75.0% of patients were scanned within 1 hour of hospital arrival in York in December against the 70% target. 0 patients required an urgent scan in December at Scarborough.</p> <p>Cancelled Operations</p> <p>20 operations were cancelled within 48 hours of the TCI due to lack of beds in January; this is within the monthly maximum of 65. The YTD total for the Trust is currently 447.</p> <p>Cancelled Clinics/Outpatient Appointments</p> <p>135 clinics were cancelled with less than 14 days notice across the Trust in January; 87 at York and 48 at Scarborough. There was an increase in the number of cancelled appointments from 764 in December to 831 in January; this exceeds the monthly maximum of 745 and will result in General Condition 9 which is initially a Performance Notice.</p> <p>Ward Transfers between 10pm and 6am</p> <p>The number of inappropriate ward transfers in January was within the monthly maximum threshold of 100 - 90 across the Trust.</p>
Care of the Deteriorating Patient	Drug Administration	Mortality	CQUINS update
<p>The Trust achieved 73% in the proportion of Medicine and Elderly patients receiving a senior review within 12 hours of admission. York achieved 85% (against the 85% target) and Scarborough achieved 55% (against the 80% target).</p> <p>The Trust saw an improvement in the proportion of Medicine and Elderly patients seen by a doctor within 4 hours of admission achieving 83.7% against the 80% target (December 77.5%). Both sites also achieved target; York - 80.6% and Scarborough 88.1%.</p> <p>The Trust has an internal target of 90% of routine observations being undertaken within 1 hour of the prescribed time. The Trust achieved 87.2% in January, target failed. York also failed to achieve - 83.8%, however Scarborough has achieved target for the 7th consecutive month - 91.5% in January.</p>	<p>There were 6 insulin errors reported in January; 3 at York, 2 at Scarborough and 1 Community.</p> <p>11 Prescribing errors were reported in January; 7 at York, 3 at Scarborough and 1 Community</p>	<p>The latest SHMI report indicates the Trust to be in the 'as expected' range. The Jul 14 - Jun15 SHMI saw a one point reduction at Trust level and across both sites. Trust - 99, York 95 and Scarborough 107.</p> <p>The number of inpatient deaths in January 2016 (184) was significantly lower than the same period last year (243). The number of ED deaths at York remain high; 15 in January versus 17 in December. There were a total of 8 at Scarborough ED in January.</p>	<p>Quarter 3 2015/16 CQUINS; all schemes are RAG rated as green.</p>

Litigation

Indicator	Site	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Clinical Claims Settled	York	2	4	5	1	2	3	3	3	3
	Scarborough	1	0	3	5	2	2	7	1	2

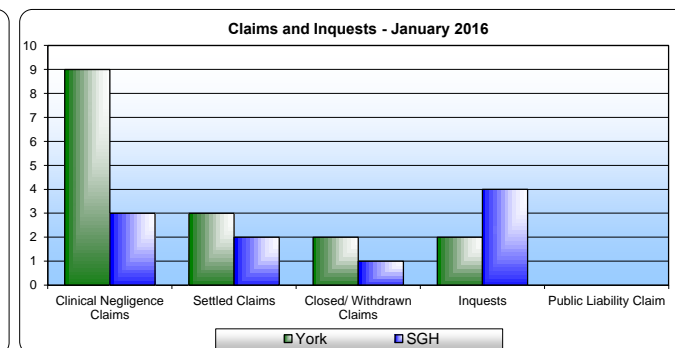
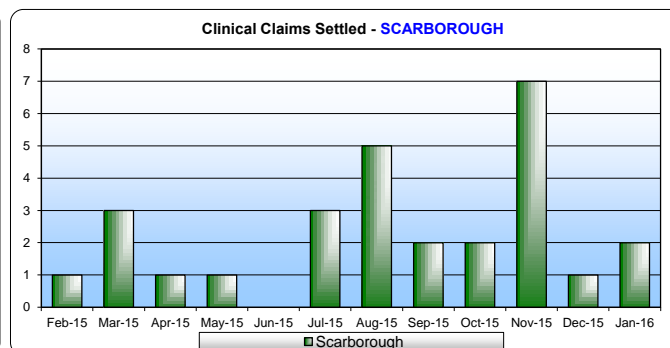
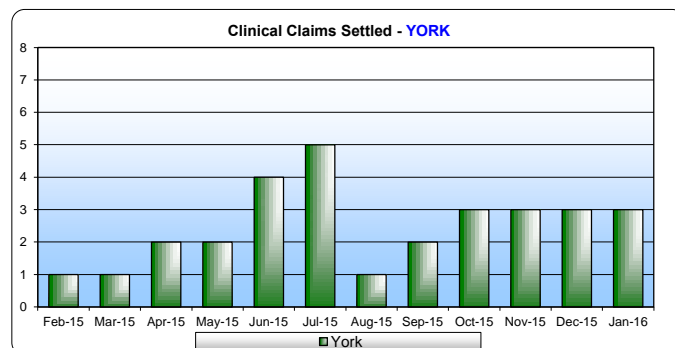
In January, 5 clinical claims were settled; 3 attributed to York & 2 attributed to Scarborough.

9 clinical negligence claims were received for York site and 3 were received for Scarborough. York had 2 withdrawn/closed claims and Scarborough had 1.

There were 6 Coroner's Inquests heard (2 York & 4 Scarborough).

Litigation

Indicator		Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
Clinical Claims Settled source: Risk and Legal	York	1	1	2	2	4	5	1	2	3	3	3	3
	Scarborough	1	3	1	1	0	3	5	2	2	7	1	2



Themes for Clinical Claims Settled 01 Jan 2012 to 09 Dec 2015

Incident type	York Number	Damages	Sboro Number	Damages
Anaesthetic error	1	£27,500	0	£0
Delay in treatment	2	£1,176,000	8	£4,886,655
Failure to act on CTG	1	£13,500	0	£0
Failure to adequately interpret radiology	7	£53,150	6	£76,463
Failure to diagnose/delay in diagnosis	2	£4,500	1	£45,000
Failure to investigate further	11	£1,198,619	11	£1,211,971
Failure to refer to other speciality	4	£2,047,500	0	£0
Failure to retain body part	1	£25,000	0	£0
Inadequate consent	2	£12,500	3	£79,000
Inadequate examination	4	£147,500	3	£149,847
Inadequate interpretation of cervical smear	1	£37,500	0	£0
Inadequate nursing care	6	£67,000	6	£35,500
Inadequate procedure	2	£10,130	2	£48,750
Inadequate surgery	9	£1,103,750	9	£593,066
Inappropriate discharge	1	£315,000	3	£18,000
Intraoperative burn	3	£25,000	1	£5,000
Lack of appropriate treatment	2	£45,672	6	£407,196
Lack of risk assessment/action in relation to fall	2	£24,250	0	£0
Lack of risk assessment/action in relation to pressure ulcer	1	£7,000	1	£50,000
Maintenance of equipment	1	£5,000	0	£0
Not known	0	£0	3	£60,000
Prescribing error	2	£22,500	0	£0
Lack of monitoring	1	£150,000	1	£80,000
Results not acted upon	6	£47,500	2	£352,000

Patient Experience

Complaints

There were a total of 25 complaints in January; 17 at York and 8 at Scarborough.

PALS contacts

There were 492 PALS enquiries at York Hospital in January, Scarborough figures are not currently available.

New Ombudsman Cases

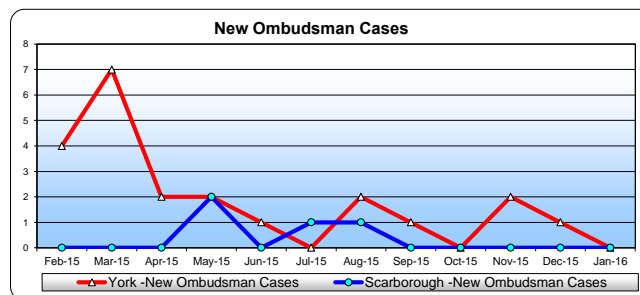
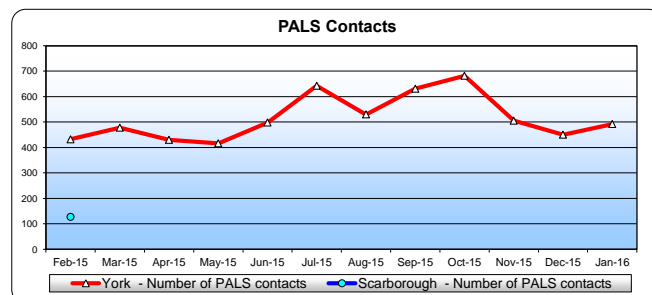
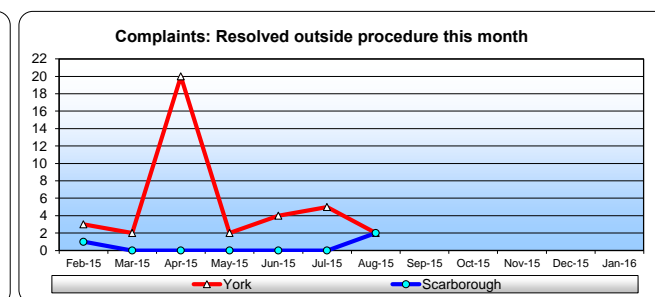
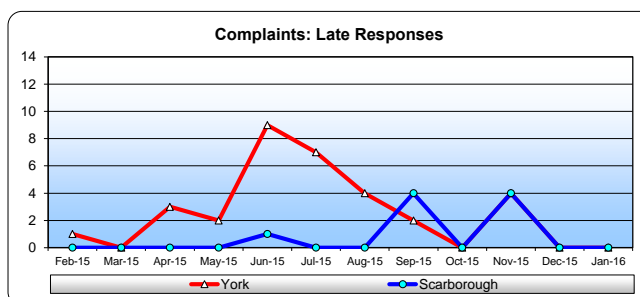
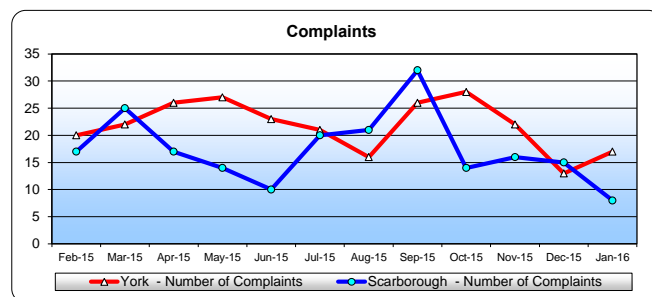
There were no New Ombudsman cases in January.

Complaints – Late Responses

Currently unavailable due to reporting limitations.

Patient Experience

Indicator		Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
Complaints	York	20	22	26	27	23	21	16	26	28	22	13	17
	Sboro	17	25	17	14	10	20	21	32	14	16	15	8
PALS contacts	York	432	478	430	416	498	643	530	631	682	505	450	492
	Sboro	127	0	0	0	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
New Ombudsman Cases	York	4	7	2	2	1	0	2	1	0	2	1	0
	Sboro	0	0	0	2	0	1	1	0	0	0	0	0
Complaints - Late Responses	York	1	0	3	2	9	7	4	2	0	4	Not available	Not available
	Sboro	0	0	0	0	1	0	0	4	0	4	Not available	Not available
Complaints - Resolved outside procedure this month	York	3	2	20	2	4	5	2	Not Available	Not Available	Not Available	Not Available	Not Available
	Sboro	1	0	0	0	0	0	2	Not Available	Not Available	Not Available	Not Available	Not Available



Complaints: Resolved outside of procedure - this category is longer used due to a change in reporting.

Patient Experience

January 2016

Complaints by directorate/division (Datix)	York	Sboro	Brid	Comm.	Total
Allied Health Professional	1	0	0	0	1
Child Health	1	0	0	0	1
Community Services	0	0	0	0	0
Elderly Medicine	4	1	0	0	5
Emergency Medicine	2	1	0	0	3
Estates and Facilities	0	0	0	0	0
General Surgery & Urology	1	1	0	0	2
Head and Neck	1	0	0	0	1
Laboratory Medicine	0	0	0	0	0
Medicine (General & acute)	3	3	0	0	6
Obstetrics and Gynaecology	0	1	0	0	1
Operations	1	0	0	0	1
Orthopaedics and Trauma	2	0	0	0	2
Pharmacy	0	0	0	0	0
Radiology	0	0	0	0	0
Specialist Medicine	1	1	0	0	2
Theatres Anaesthetics and Critical Care	0	0	0	0	0
Total	17	8	0	0	25

PALS Contacts by Subject	All Sites
Action Plan	3
Admissions, discharge, transfer arrangements	16
Aids / appliances / equipment	1
Appointments, delay/cancellation (inpatient)	17
Appointments, delay/cancellation (outpatient)	37
Staff attitude	21
Any aspect of clinical care/treatment	68
Communication issues	42
Compliment / thanks	29
Alleged discrimination (eg racial, gender, age)	1
Environment / premises / estates	2
Foreign language	1
Failure to follow agreed procedure (including consent)	2
Hotel services (including cleanliness, food)	1
Requests for information and advice	196
Medication	1
Other	1
Car parking	10
Property and expenses	13
Personal records / Medical records	23
Support (eg benefits, social care, vol agencies)	3
Patient transport	4
Totals:	492

Complaints by subject (Datix)	Total
Access to treatment or Drugs	1
Admissions, discharge and transfer arrangements	3
All aspects of clinical treatment	22
Appointments	2
Commissioning	0
Communication/information to patients (written and oral)	10
End of life	2
Facilities	1
Mortuary	0
Patient Care	11
Patient Concerns	0
Prescribing	2
Staff Numbers	1
Privacy, Dignity and Respect	4
Values and Behaviours (staff)	6
Waiting Times	3
Trust Admin/Policies/Procedure inc pt record management	1
Total	69

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

Friends and Family

Indicator		Target	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Inpatients – York	York IP Response Rate	Monitoring Only	38.4%	45.4%	16.0%	17.4%	18.3%	20.6%	17.4%	18.9%	18.6%	13.8%	11.9%	22.3%
Inpatients – Scarborough	Scarborough IP Response Rate		52.4%	55.8%	16.4%	16.5%	15.3%	21.3%	18.2%	18.0%	18.2%	17.5%	15.1%	19.9%
Inpatients - Bridlington	Bridlington IP Response Rate		90.2%	69.5%	56.0%	47.5%	46.0%	51.6%	69.0%	62.0%	50.2%	24.6%	32.3%	52.6%
Inpatients – Combined	Trust IP Response Rate		44.7%	49.4%	18.6%	19.2%	19.4%	22.6%	20.3%	21.2%	20.3%	15.6%	14.0%	23.6%
ED – York	York ED Response Rate	Monitoring Only	14.0%	19.2%	8.3%	8.6%	8.3%	10.0%	9.2%	7.4%	9.6%	10.0%	10.7%	16.0%
ED - Scarborough	Scarborough ED Response Rate		36.8%	29.8%	6.7%	7.3%	6.1%	6.3%	5.8%	4.9%	3.0%	3.6%	7.0%	10.1%
ED – Combined	Trust ED Response Rate		21.6%	22.8%	7.8%	8.2%	7.6%	8.8%	8.0%	6.5%	7.4%	7.9%	9.9%	14.7%
Maternity – Antenatal		None	27.6%	36.0%	26.4%	27.5%	31.7%	29.1%	23.7%	29.3%	22.9%	1.9%	9.8%	27.0%
Maternity – Labour and Birth			27.9%	38.5%	31.0%	25.6%	26.7%	28.5%	23.3%	36.2%	26.1%	3.9%	25.1%	20.2%
Maternity – Post Natal			31.9%	32.6%	30.4%	29.0%	29.3%	27.3%	25.5%	40.5%	27.3%	3.8%	0.0%	17.1%
Maternity – Community			14.6%	23.1%	24.3%	18.4%	20.3%	18.7%	19.8%	20.9%	26.2%	2.8%	5.1%	16.0%

The Friends & Family Test is no longer a CQUIN for 2015/16, but will be monitored under Schedule 4 of the Trust's commissioner contracts.

From April 2015 day cases and patients under 16 have been included in the Inpatient performance in line with NHS England requirements. This has significantly increased the numbers of eligible patients so had a significant effect on the response rates. NHS England guidance states that response rates are not directly comparable between 2014-15 and 2015-16.

The Trust quality standard for Friends and Family Test Performance is to achieve 90% of responses either extremely likely or likely to recommend.

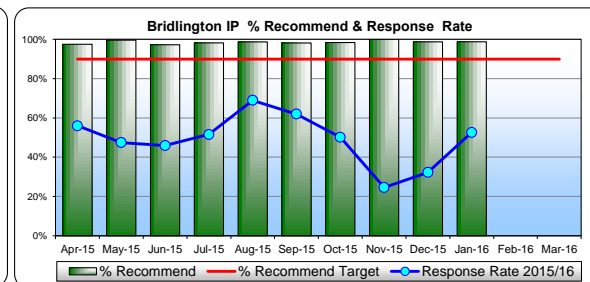
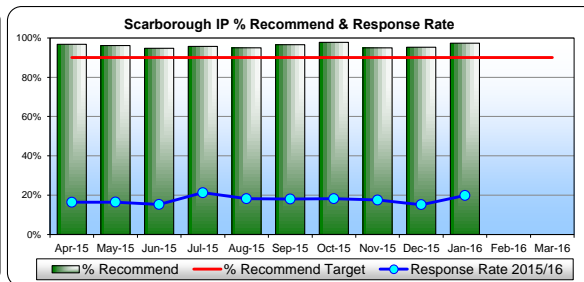
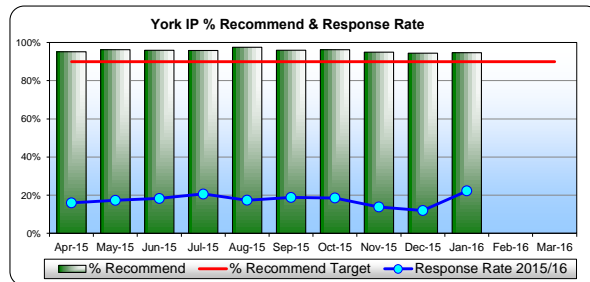
The focus for the Trust is to gain and understand patient feedback and encourage Directorates to use that feedback to drive improvements. Each ward displays a 'Knowing How We're Doing' board which is a giant poster sharing FFT data and comments from that particular ward, along with news and improvements on that ward. By showing patients that we listen to their views and try to make improvements, we hope to encourage more responses and suggestions. The next step for 'Knowing How We're Doing' boards is to roll them out to Outpatient areas across the Trust.

Friends & Family: Inpatients & ED

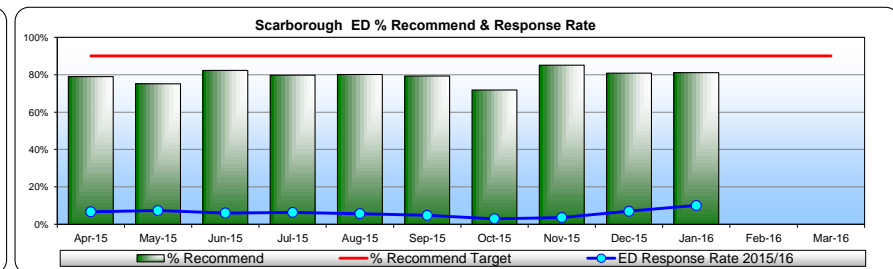
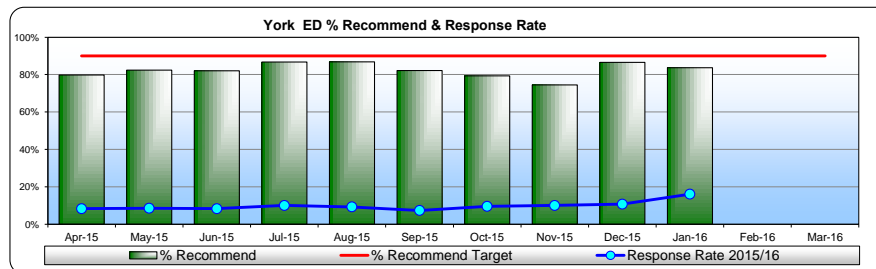
The Friends & Family Test (FFT) has now been rolled out across the Trust, including all Inpatients and Daycases, (previously daycase s and patients <16 were excluded) those attending ED, Community patients and women accessing maternity services being asked the question; "would you recommend this ward/ED/antenatal/labour and postnatal service to your family & friends?". The Friends and Family Test is no longer a CQUIN Target for 2015/16, however the focus for the Trust remains to ensure that the qualitative feedback gained through FFT is used effectively to inform patients of what the Trust is doing to improve their experience of our Services.

Indicator	Consequence of Breach (Monthly)	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Nov-15	Dec-15	Jan-16
Trust Inpatient Response Rate (including daycases)	None - Monitoring Only	none	43.9%	19.1%	21.4%	16.7%	15.6%	14.0%	23.6%
York Inpatient Response Rate (including daycases)	None - Monitoring Only	none	39.0%	17.3%	19.0%	14.8%	13.8%	11.9%	22.3%
York Inpatient % Recommend	None - Monitoring Only	none					95.0%	94.4%	94.7%
York Inpatient % Not Recommend	None - Monitoring Only	none					1.6%	2.6%	1.5%
Scarborough Inpatient Response Rate (including daycases)	None - Monitoring Only	none	49.4%	16.0%	19.2%	17.0%	17.5%	15.1%	19.9%
Scarborough Inpatient % Recommend	None - Monitoring Only	none					95.0%	95.3%	97.4%
Scarborough Inpatient % Not Recommend	None - Monitoring Only	none					1.0%	1.1%	0.6%
Bridlington Inpatient Response Rate (including daycases)	None - Monitoring Only	none	78.1%	49.4%	60.3%	35.5%	24.6%	32.3%	52.6%
Bridlington Inpatient % Recommend	None - Monitoring Only	none					100.0%	98.7%	98.8%
Bridlington Inpatient % Not Recommend	None - Monitoring Only	none					0.0%	0.0%	0.9%

*Daycase patients and young people (<16 years) included in FFT April 2015



Indicator	Consequence of Breach (Monthly)	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Nov-15	Dec-15	Jan-16
Trust Emergency Department Response Rate	None - Monitoring Only	none	21.3%	7.8%	7.8%	8.3%	7.9%	9.9%	14.7%
York Emergency Department Response Rate	None - Monitoring Only	none	16.1%	8.4%	8.9%	10.1%	10.0%	10.7%	16.0%
York Emergency Department % Recommend	None - Monitoring Only	none					74.5%	86.6%	83.7%
York Emergency Department % Not Recommend	None - Monitoring Only	none					18.3%	7.9%	11.3%
Scarborough Emergency Department Response Rate	None - Monitoring Only	none	31.4%	6.7%	5.7%	4.1%	3.6%	7.0%	10.1%
Scarborough Emergency Department % Recommend	None - Monitoring Only	none					85.1%	80.9%	81.1%
Scarborough Emergency Department % Not Recommend	None - Monitoring Only	none					9.2%	12.8%	11.8%



Headline Scores

Extremely Likely + Likely

Recommend (%) _____ x 100

Extremely Likely + Likely + Neither + Unlikely + Extremely Unlikely + Don't know

Extremely Unlikely + Unlikely

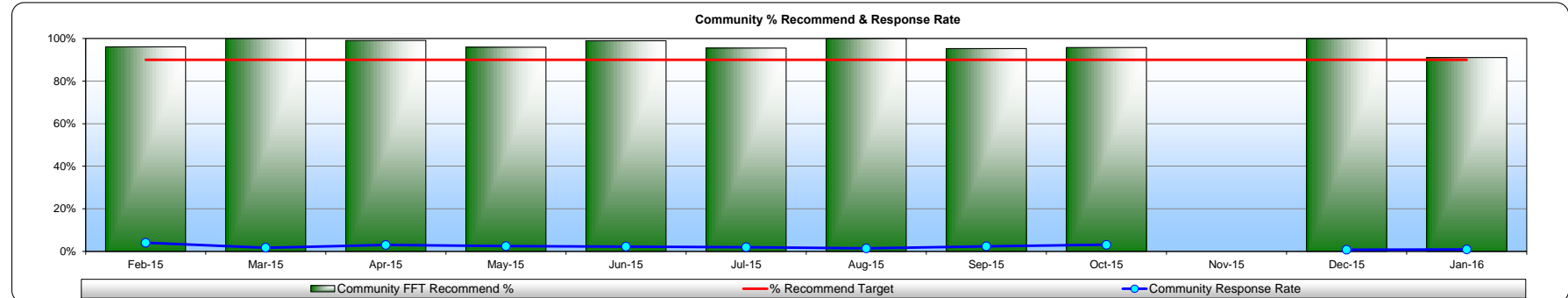
Not Recommend (%) _____ x 100

Extremely Likely + Likely + Neither + Unlikely + Extremely Unlikely + Don't know

Friends & Family: Community

FFT Implemented in Community since January 2015

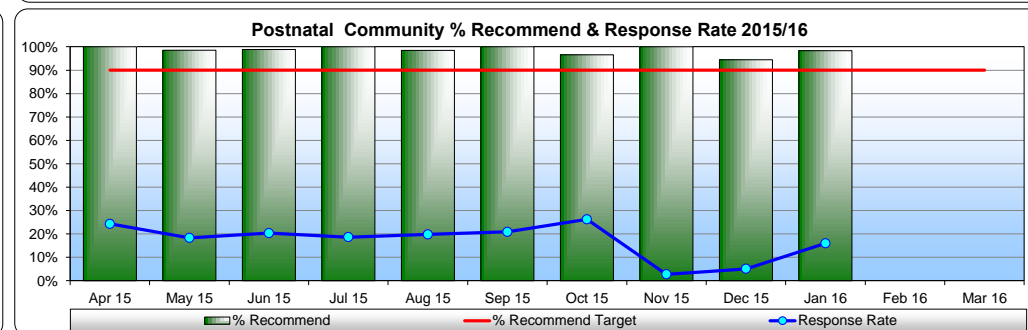
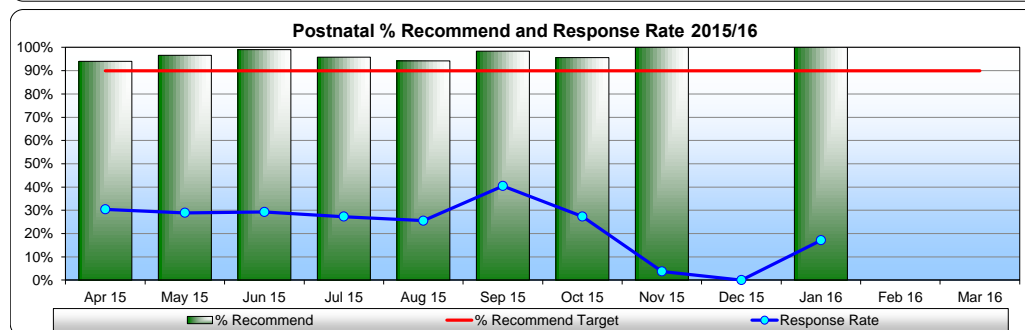
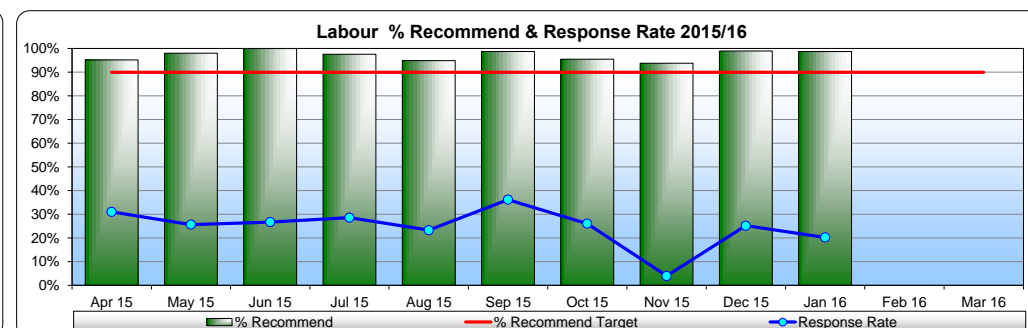
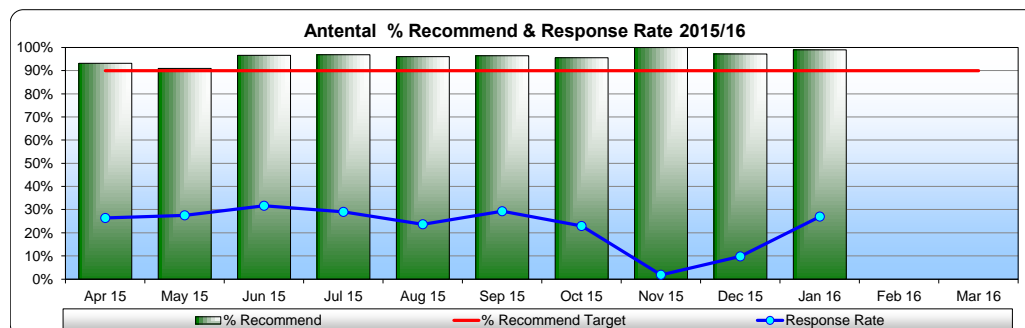
Indicator	Consequence of Breach (Monthly)	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Nov-15	Dec-15	Jan-16
Community Response Rate	None - Monitoring Only	none	2.8%	2.5%	1.9%	1.2%	0.0%	0.7%	0.9%
Community FFT % Recommend	None - Monitoring Only	none					-	100.0%	91.1%
Community FFT % Not Recommend	None - Monitoring Only	none					-	0.0%	0.0%



Service/Area	Consequence of Breach (Monthly)	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Nov-15	Dec-15	Jan-16
Community Inpatient Services	None - Monitoring only	None	121	153	148	106	0	25	38
Community Nursing Services	None - Monitoring only	None	72	41	5	35	0	0	0
Specialist Services	None - Monitoring only	None	73	58	34	23	0	10	7
Children & Family Services	None - Monitoring only	None	2	11	8	2	0	0	0
Community Healthcare Other	None - Monitoring only	None	60	54	63	13	0	0	0

Friends & Family: Maternity

Indicator	Consequence of Breach (Monthly)	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Nov	Dec	Jan
Antenatal Response Rate	None - Monitoring only	none	31.4%	28.5%	27.3%	12.2%	1.9%	9.8%	27.0%
Antenatal % Recommend	None - Monitoring only	none					100.0%	97.2%	99.0%
Antenatal % Not Recommend	None - Monitoring only	none					0.0%	0.0%	0.0%
Labour and Birth Response Rate	None - Monitoring only	none	28.8%	27.8%	29.5%	18.3%	3.9%	25.1%	20.2%
Labour and Birth % Recommend	None - Monitoring only	none					93.8%	99.0%	98.8%
Labour and Birth % Not Recommend	None - Monitoring only	none					0.0%	0.0%	0.0%
Postnatal Response Rate	None - Monitoring only	none	30.9%	29.5%	30.7%	11.0%	3.8%	0.0%	17.1%
Postnatal % Recommend	None - Monitoring only	none					100.0%	0.0%	100.0%
Postnatal % Not Recommend	None - Monitoring only	none					0.0%	0.0%	0.0%
Postnatal Community Response Rate	None - Monitoring only	none	19.9%	21.1%	19.8%	12.2%	2.8%	5.1%	16.0%
Postnatal Community % Recommend	None - Monitoring only	none					100.0%	94.4%	98.3%
Postnatal Community % Not Recommend	None - Monitoring only	none					0.0%	5.6%	1.7%



2014/15 Performance

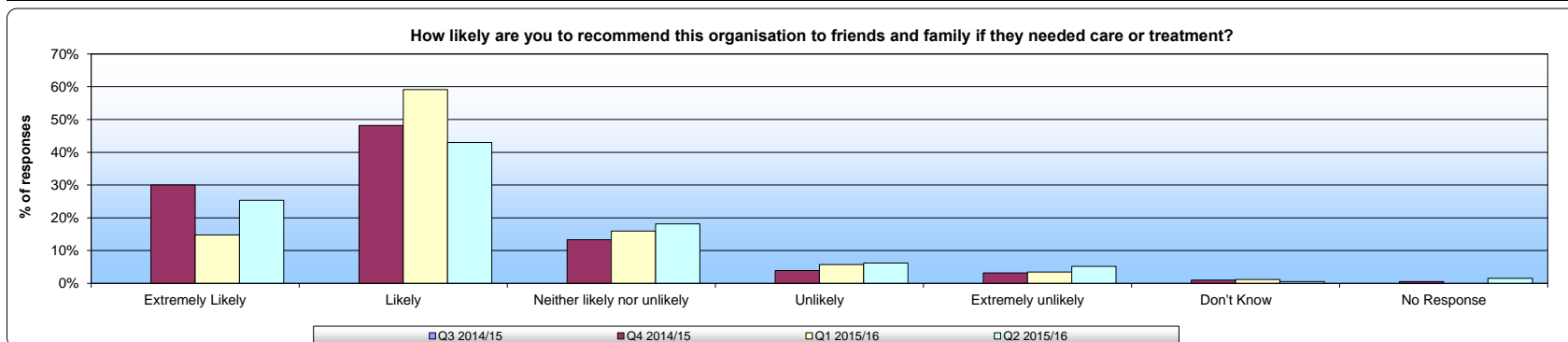
Indicator	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Antenatal Response Rate	41.3%	33.6%	26.0%	27.7%	33.1%	37.2%	39.8%	42.8%	32.2%	30.5%	27.6%	36.0%
Labour and Birth Response Rate	44.1%	33.3%	32.9%	19.4%	16.2%	20.4%	17.2%	39.7%	15.8%	19.9%	27.9%	38.5%
Postnatal Response Rate	47.0%	39.2%	37.5%	24.8%	20.9%	29.4%	26.5%	47.1%	19.4%	27.9%	31.9%	32.6%
Postnatal Community Response Rate	34.2%	37.2%	24.7%	21.1%	22.7%	17.2%	19.5%	18.4%	18.2%	21.3%	14.6%	23.1%

Friends and Family: Staff

As part of the National Friends and Family CQUIN 2014/15, the Trust was required to submit evidence which demonstrates implementation of staff FFT across all Acute and Community areas.

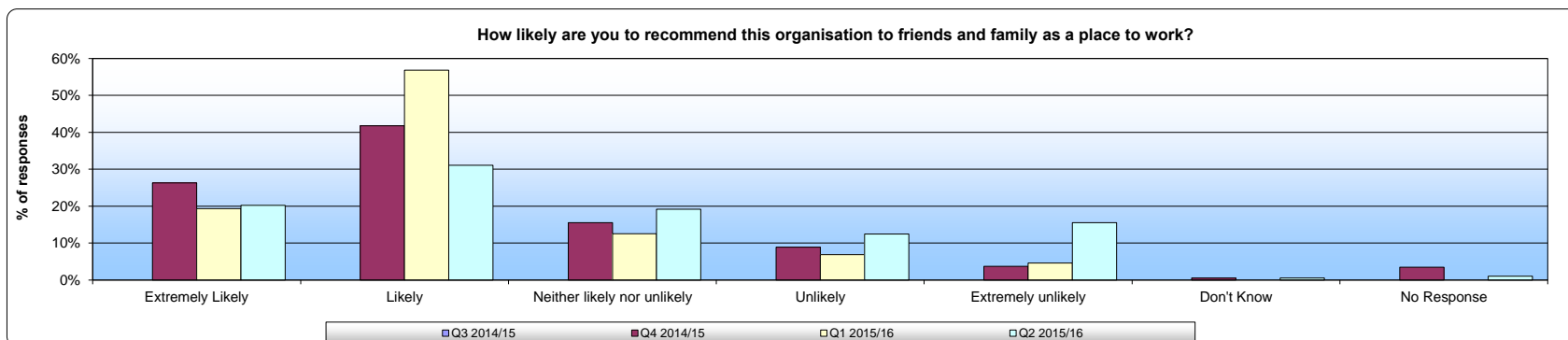
Staff FFT data was collected and submitted quarterly for Q1, Q2 and Q4 after the end of each quarter. For Q3 (when the annual NHS staff survey is undertaken) there was no requirement to undertake Staff FFT. A proportion of staff should have the opportunity to respond to Staff FFT in each of the three quarters, with all staff having the opportunity once per year, as a minimum requirement.

Indicator	Consequence of Breach (Monthly)	Threshold	Q3 2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16
Response rate - Proportion of Trust employees who responded to the survey	None - Monitoring Only	none	Not Available	38%	49%	35%
Number of Trust employees who responded to the survey	None - Monitoring Only	none	Not Available	407	88	193



How likely are you to recommend this organisation to friends and family if they needed care or treatment?

Quarter	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't Know	No Response
Q3 2014/15	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Q4 2014/15	30.0%	48.2%	13.3%	3.9%	3.2%	1.0%	0.5%
Q1 2015/16	14.8%	59.1%	15.9%	5.7%	3.4%	1.1%	0.0%
Q2 2015/16	25.4%	43.0%	18.1%	6.2%	5.2%	0.5%	1.6%

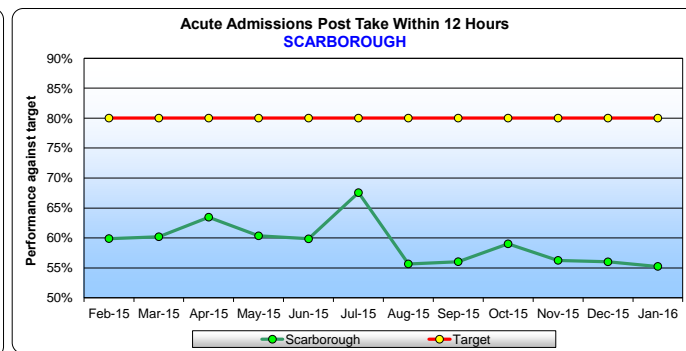
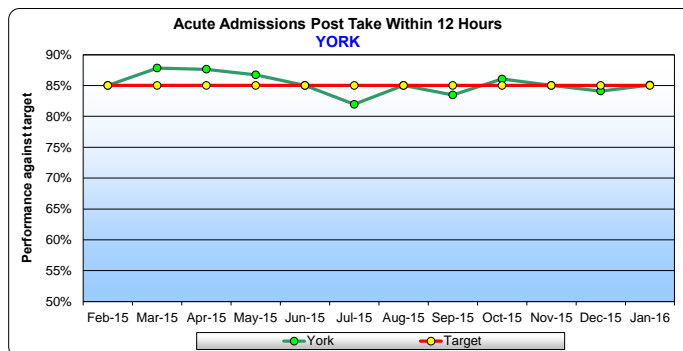
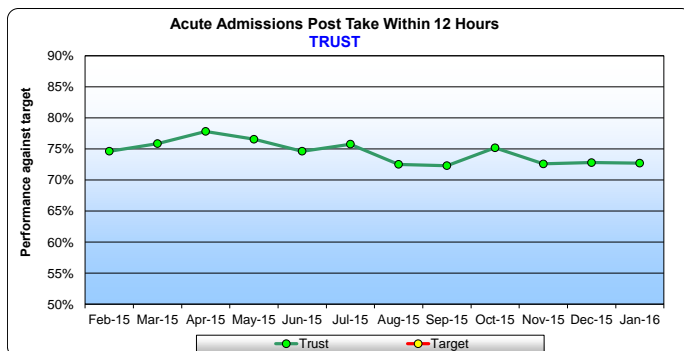


How likely are you to recommend this organisation to friends and family as a place to work?

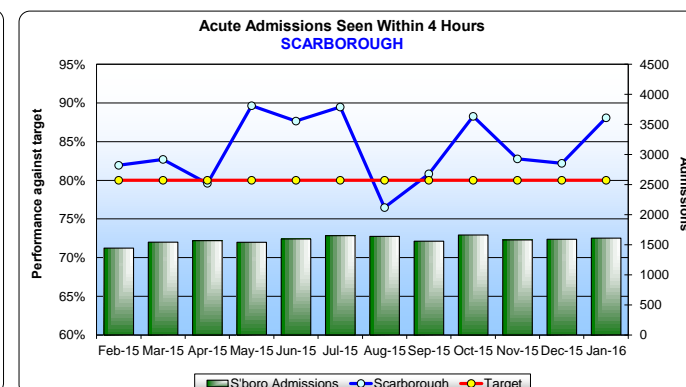
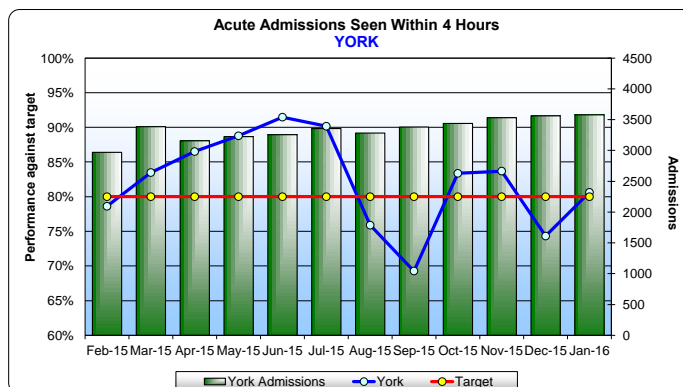
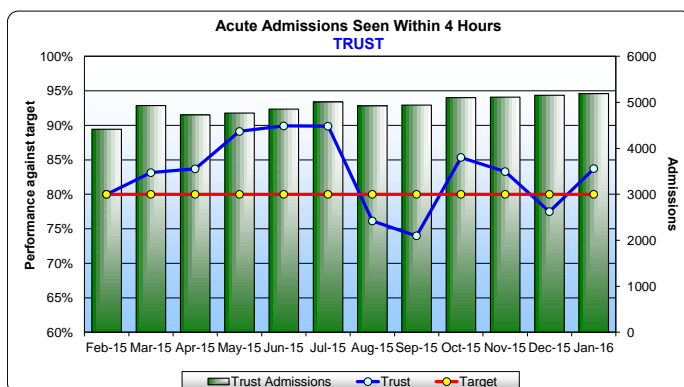
Quarter	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't Know	No Response
Q3 2014/15	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Q4 2014/15	26.3%	41.8%	15.5%	8.8%	3.7%	0.5%	3.4%
Q1 2015/16	19.3%	56.8%	12.5%	6.8%	4.5%	0.0%	0.0%
Q2 2015/16	20.2%	31.1%	19.2%	12.4%	15.5%	0.5%	1.0%

Quality and Safety: Care of the Deteriorating Patient

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Nov	Dec	Jan
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 12 hours of arrival (SCARBOROUGH)	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI for 2015/16	80%	60%	61%	60%	57%	56%	56%	55%
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 12 hours of arrival (YORK)	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI for 2015/16	85%	86%	86%	83%	85%	85%	84%	85%

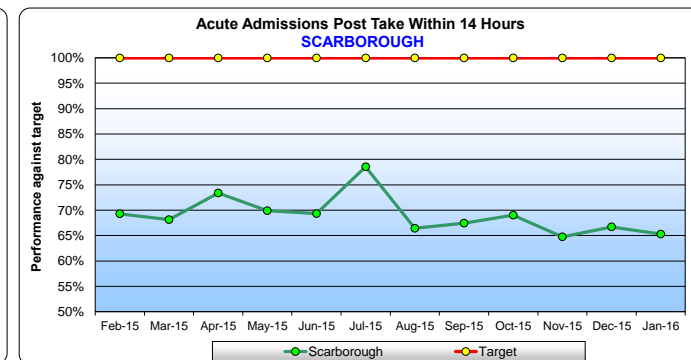
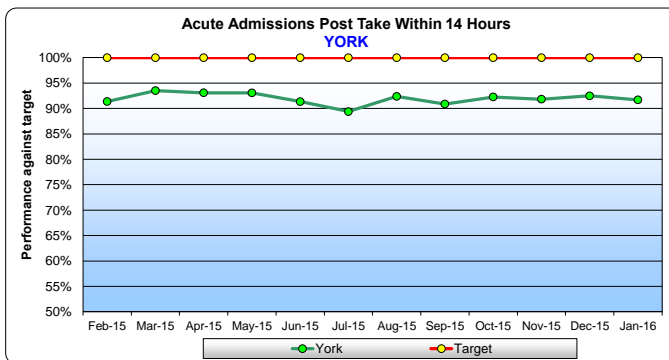
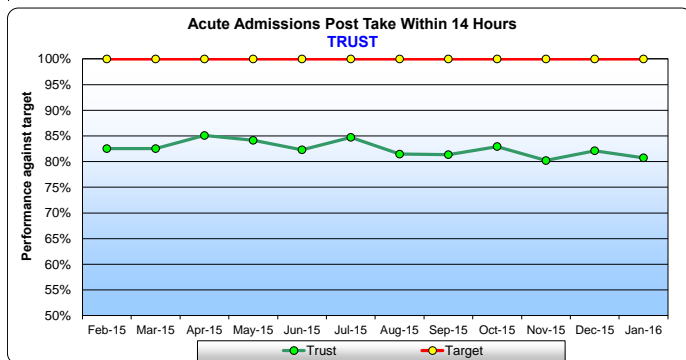


Care of the Deteriorating Patient: All acute medical, elderly medical and orthogeriatric (FNoF) admissions through AMU to be seen by a senior decision maker (registrar or nurse)	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI for 2015/16	80% by site	80.8%	87.5%	80.1%	82.0%	83.3%	77.5%	83.7%
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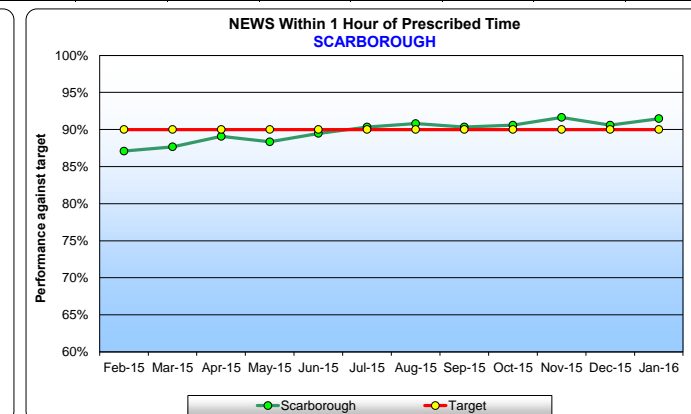
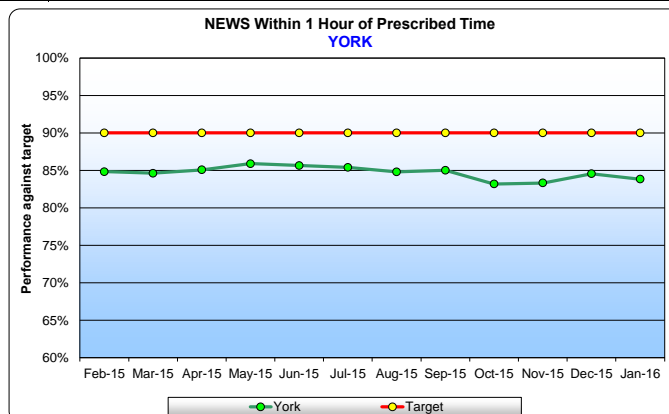
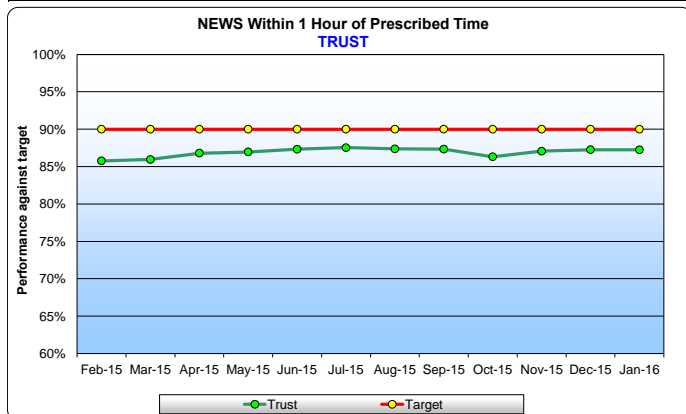


Quality and Safety: Care of the Deteriorating Patient

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Nov	Dec	Jan
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 14 hours of arrival - Royal College Standard - 100%	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI for 2015/16		82.2%	83.9%	82.5%	81.8%	80.2%	82.1%	80.8%



NEWS within 1 hour of prescribed time	None - Monitoring Only	85.9%	87.0%	87.4%	86.9%	87.1%	87.3%	87.2%
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Measures of Harm

Serious Incidents (SIs) declared (source: Datix)

There were 11 SIs reported in January; York 2, Scarborough 6, Community 1 & Bridlington 2.

Clinical Incidents: 2; Both Scarborough.

Slips Trips & Falls: 7; York 2, Scarborough 2, Bridlington 2 & Community 1.

Pressure Ulcers: 2; Both Scarborough

Note: 1 additional SI has been declared in York since the last data was submitted

Patients Falls and Found on Floor (source: Datix)

Reduction in the number of patients who incur a fall while in hospital remains a priority for the Trust. During January there were 196 reports of patients falling at York Hospital, 64 patients at Scarborough and 53 patients within the Community Services. This is an increase of 32 on the number reported in December (281), and figures may increase further as more investigations are completed.

Note: there was an error in the number of falls reported for November, data contains a complete refresh of April to December which corrects this error

Number of Incidents Reported (source: Datix)

The total number of incidents reported in the Trust during January was 1,255; 705 incidents were reported on the York site, 368 on the Scarborough site and 182 from Community Services. This is a 0.5% decrease from December (1,261).

Note: there was an error in the number of incidents reported for November, data contains a complete refresh of April to December which corrects this error

Number of Incidents Awaiting Sign Off at Directorate Level (source: Datix)

At the time of reporting there were 1,344 incidents awaiting sign-off by the Directorate Management Teams. Of this number, 285 investigations are ongoing but have not been marked as complete. This increase is reflective of pressures across the Trust and an increase post-Christmas. Risk and Legal are working with the Directorates to facilitate the timely completion of incident investigations.

Pressure Ulcers (source: Datix)

During January 20 pressure ulcers were reported to have developed on patients since admission to York Hospital, 15 pressure ulcers were reported to have developed on patients since admission to Scarborough and 23 pressure ulcers were reported as having developed on patients in our community hospitals or community care. These figures should be considered as approximations as not all investigations have been completed.

Degree of Harm: Serious/Severe or Death (source: Datix)

During January a total of 6 patient incidents were reported which resulted in serious or severe harm or death. Numbers are subject to change as levels of harm are reviewed and investigations are completed.

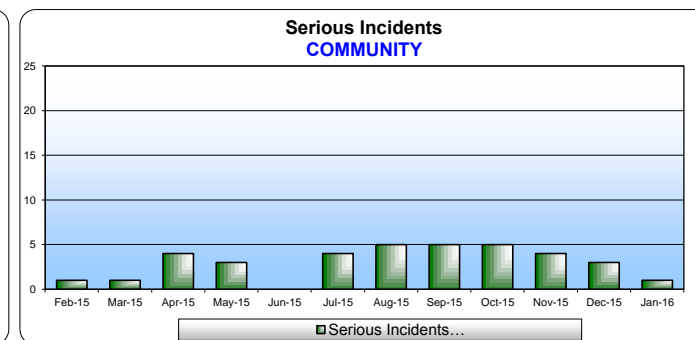
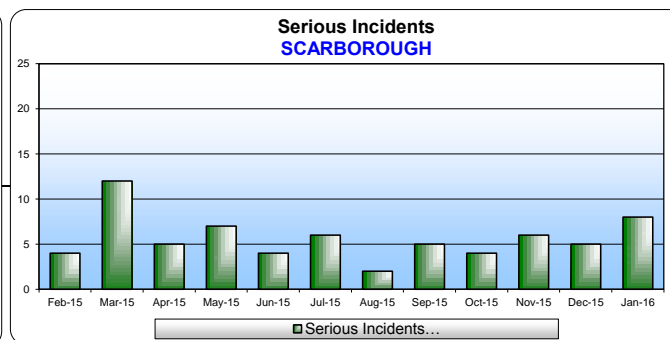
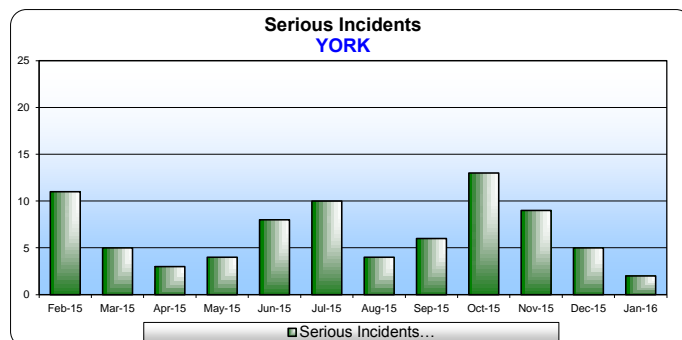
Medication Related Issues (source: Datix)

During January there was a total of 98 medication related incidents reported, although this figure may change following validation.

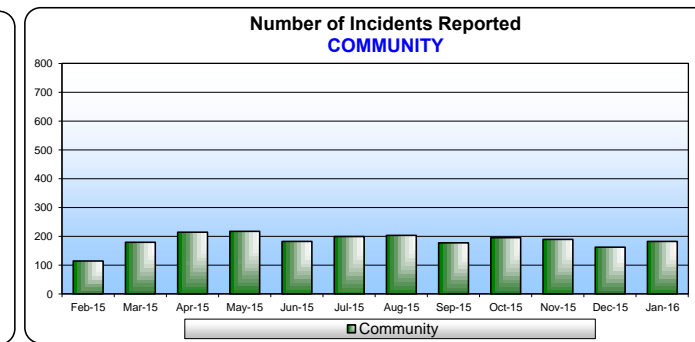
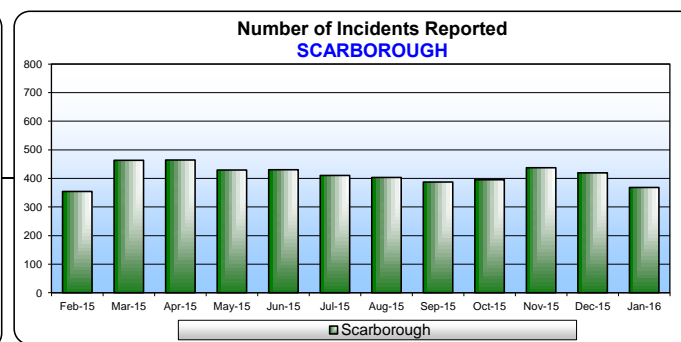
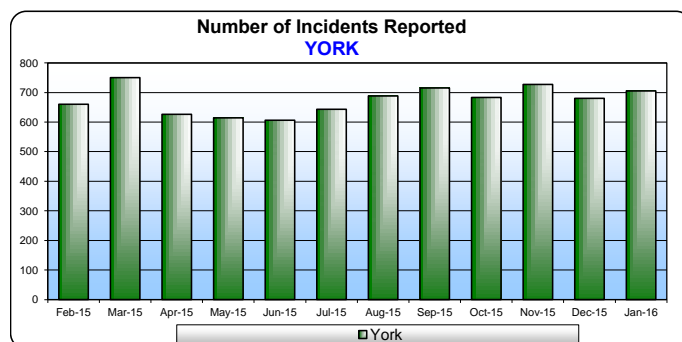
Never Events - There were zero Never Events declared in January.

Measures of Harm

Indicator		Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
Serious Incidents source: Risk and Legal	York	11	5	3	4	8	10	4	6	13	9	5	2
	Scarborough	4	12	5	7	4	6	2	5	4	6	5	8
	Community	1	1	4	3	0	4	5	5	5	4	3	1
Serious Incidents Delogged source: Risk and Legal (Trust)		1	2	1	0	0	0	0	0	0	0	0	0

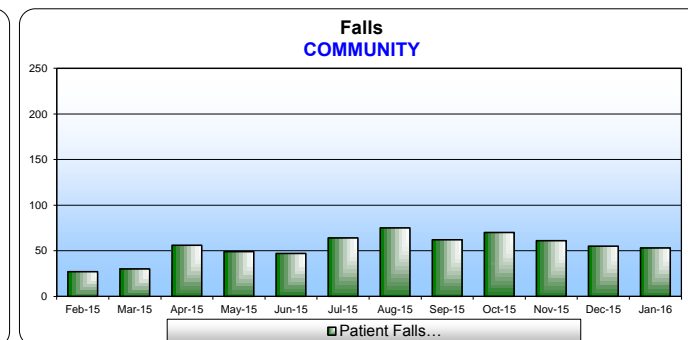
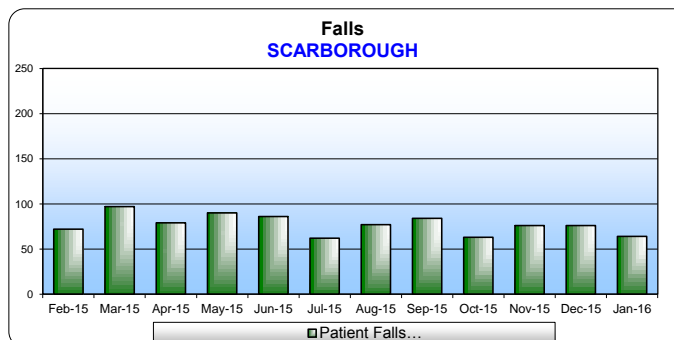
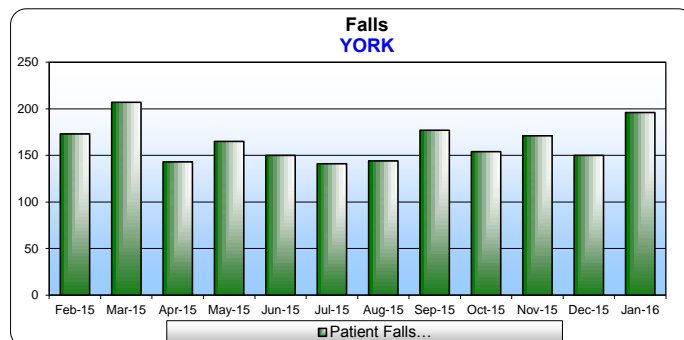


Indicator		Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
Number of Incidents Reported source: Risk and Legal	York	660	750	626	614	606	643	688	715	683	727	680	705
	Scarborough	354	463	464	429	430	410	403	387	395	437	419	368
	Community	114	179	214	217	182	199	203	177	195	189	162	182
Number of Incidents Awaiting sign off at Directorate level		516	546	1302	863	947	1178	1229	1183	839	889	1149	1344



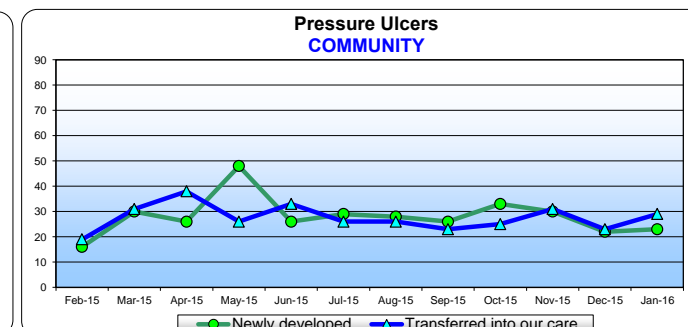
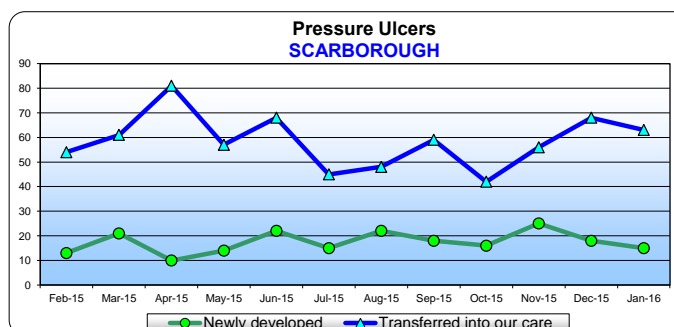
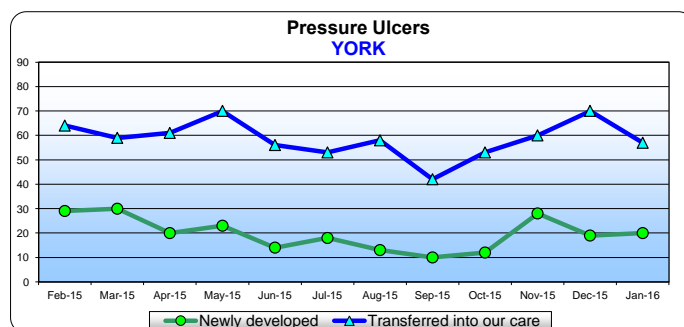
Measures of Harm

Indicator		Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
Patient Falls source: DATIX	York	173	207	143	165	150	141	144	177	154	171	150	196
	Scarborough	72	97	79	90	86	62	77	84	63	76	76	64
	Community	27	30	56	49	47	64	75	62	70	61	55	53



Note - Falls are reviewed retrospectively therefore totals will change month on month. Monthly figures will be refreshed each time the report is updated.
Totals include all degrees of harm, and incidents which have been 'Rejected' are excluded.

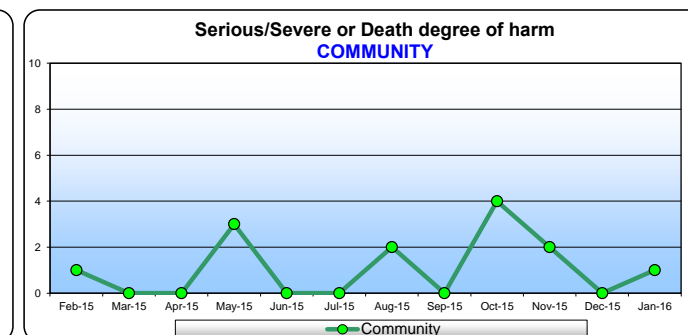
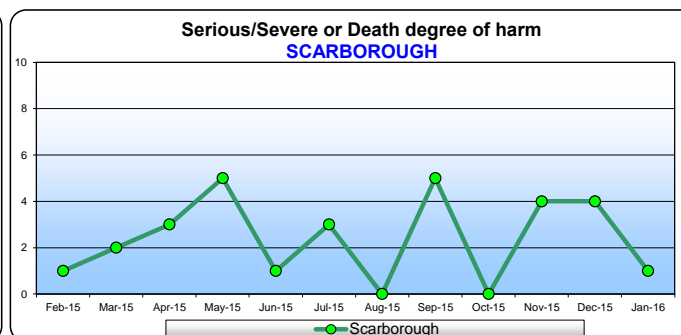
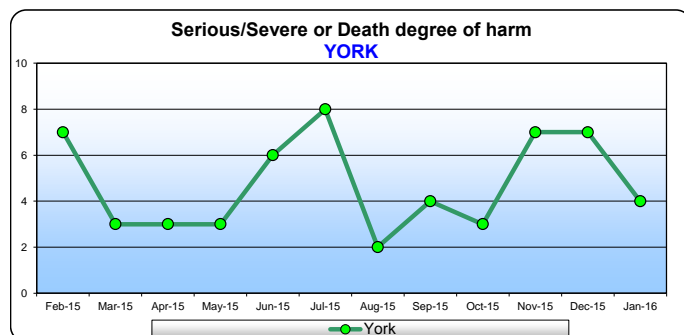
Indicator			Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
Pressure Ulcers source: DATIX	York	Newly developed	29	30	20	23	14	18	13	10	12	28	19	20
		Transferred into our care	64	59	61	70	56	53	58	42	53	60	70	57
	Scarborough	Newly developed	13	21	10	14	22	15	22	18	16	25	18	15
		Transferred into our care	54	61	81	57	68	45	48	59	42	56	68	63
	Community	Newly developed	16	30	26	48	26	29	28	26	33	30	22	23
		Transferred into our care	19	31	38	26	33	26	26	23	25	31	23	29



Note - Pressure Ulcers are reviewed retrospectively therefore totals will change month on month. Monthly figures will be refreshed each time the report is updated.
Totals include all degrees of harm, incidents which have been 'Rejected' are excluded as are pressure ulcers which have been categorised as a 'Deterioration of a previously reported ulcer'.

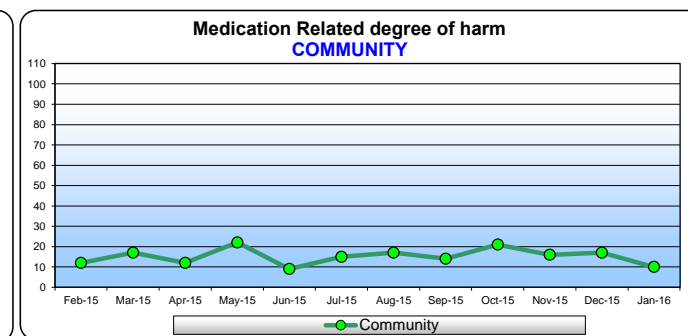
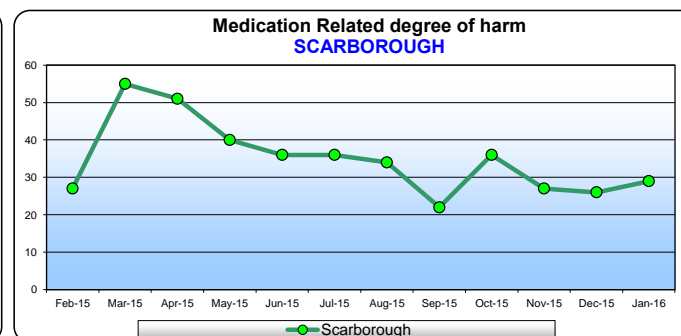
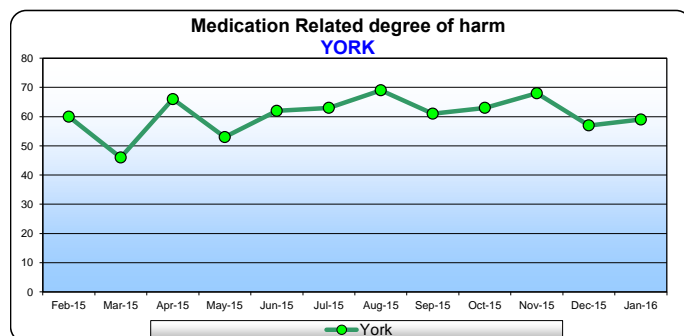
Measures of Harm

Indicator		Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
Degree of harm: serious/severe or death source: Datix	York	7	3	3	3	6	8	2	4	3	7	7	4
	Scarborough	1	2	3	5	1	3	0	5	0	4	4	1
	Community	1	0	0	3	0	0	2	0	4	2	0	1



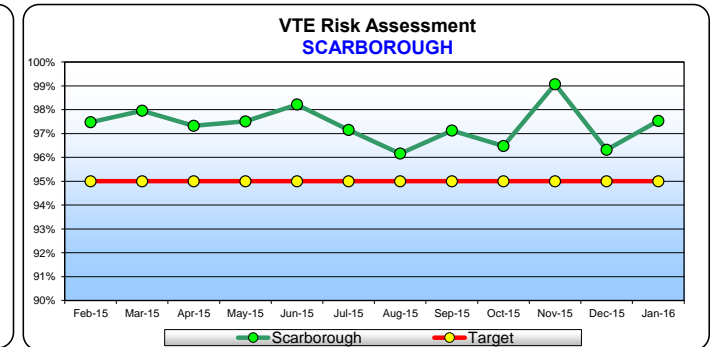
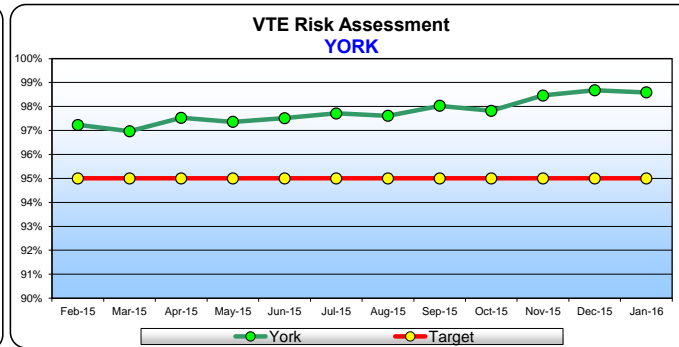
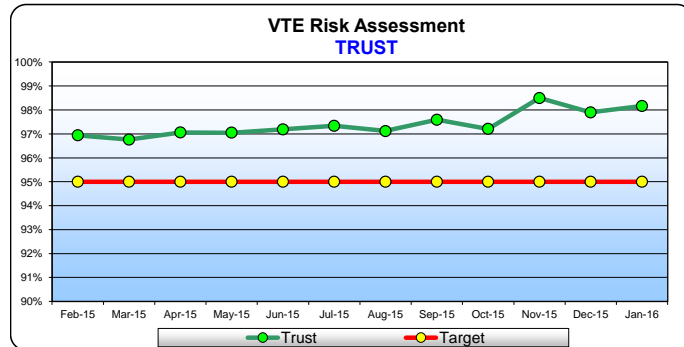
Indicator		Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
Degree of harm: Medication Related Issues source: Datix	York	60	46	66	53	62	63	69	61	63	68	57	59
	Scarborough	27	55	51	40	36	36	34	22	36	27	26	29
	Community	12	17	12	22	9	15	17	14	21	16	17	10

Please note: December increase in Medication Related issues is due to a new option of Medication being added to DATIX at the beginning of December. These were not previously recorded on DATIX.



Measures of Harm

Indicator	Consequence of Breach	Site	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Nov	Dec	Jan
VTE risk assessment: all inpatient undergoing risk assessment for VTE, as defined in Contract Technical Guidance source: CPD	£200 in respect of each excess breach above threshold	Trust	95%	96.9%	97.1%	97.4%	97.9%	98.5%	97.9%	98.2%
		York	95%	97.1%	97.5%	97.8%	98.3%	98.5%	98.7%	98.6%
		Scarborough	95%	97.6%	97.7%	96.8%	97.3%	99.1%	96.3%	97.5%



Never Events

Indicator	Consequence of Breach	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Nov	Dec	Jan
SURGICAL									
Wrong site surgery	As below	>0	0	1	0	0	0	0	0
Wrong implant/prosthesis		>0	0	0	0	0	0	0	0
Retained foreign object post-operation		>0	0	0	0	0	0	0	0
MEDICATION									
Wrongly prepared high-risk injectable medication	In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event	>0	0	0	0	0	0	0	0
Maladministration of potassium-containing solutions		>0	0	0	0	0	0	0	0
Wrong route administration of chemotherapy		>0	0	0	0	0	0	0	0
Wrong route administration of oral/enteral treatment		>0	0	0	0	0	0	0	0
Intravenous administration of epidural medication		>0	0	0	0	0	0	0	0
Maladministration of insulin		>0	0	0	0	0	0	0	0
Overdose of midazolam during conscious sedation		>0	0	0	0	0	0	0	0
Opioid overdose of an opioid-naïve Service User		>0	0	0	0	0	0	0	0
Inappropriate administration of daily oral methotrexate		>0	0	0	0	0	0	0	0
GENERAL HEALTHCARE									
Falls from unrestricted windows	In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event	>0	0	0	0	0	0	0	0
Entrapment in bedrails		>0	0	0	0	0	0	0	0
Transfusion of ABO incompatible blood components		>0	0	0	0	0	0	0	0
Transplantation of ABO incompatible organs as a result of error		>0	0	0	0	0	0	0	0
Misplaced naso- or oro-gastric tubes		>0	0	0	0	0	0	0	0
Wrong gas administered		>0	0	0	0	0	0	0	0
Failure to monitor and respond to oxygen saturation		>0	0	0	0	0	0	0	0
Air embolism		>0	0	0	0	0	0	0	0
Misidentification of Service Users		>0	0	0	0	0	0	0	0
Severe scalding of Service Users		>0	0	0	0	0	0	0	0
MATERNITY									
Maternal death due to post-partum haemorrhage after elective caesarean section	As above	>0	0	0	0	0	0	0	0

Drug Administration

Omitted Critical Medicines

The audit of critical medicines missed during January indicated 1.85% for York and 2.44% for Scarborough.

Prescribing Errors

There were 11 prescribing related errors in January; 7 from York, 3 from Scarborough and 1 from Community.

Preparation and Dispensing Errors

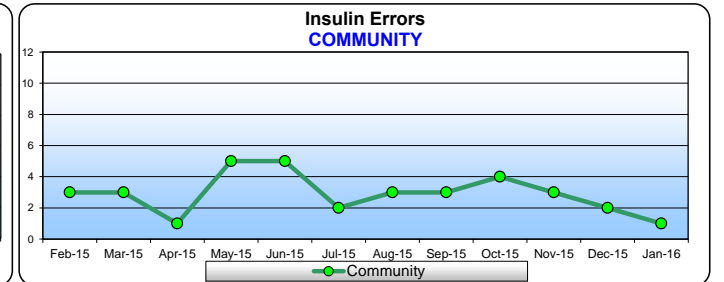
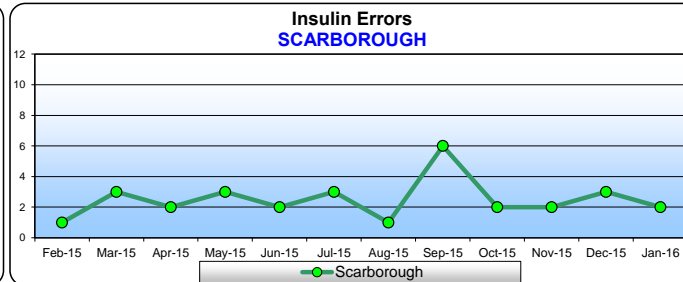
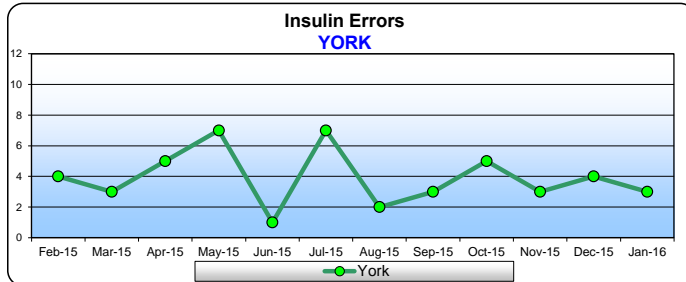
There were 15 preparation/dispensing errors in January; 9 from York, 6 from Scarborough and 0 from Community.

Administrating and Supply Errors

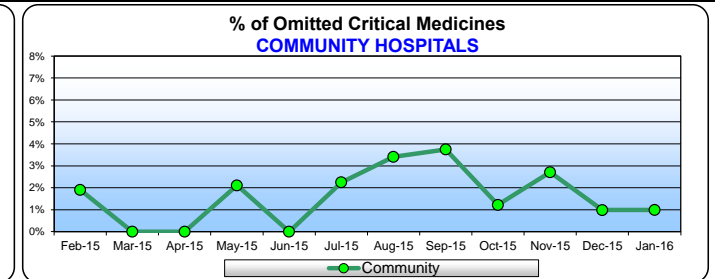
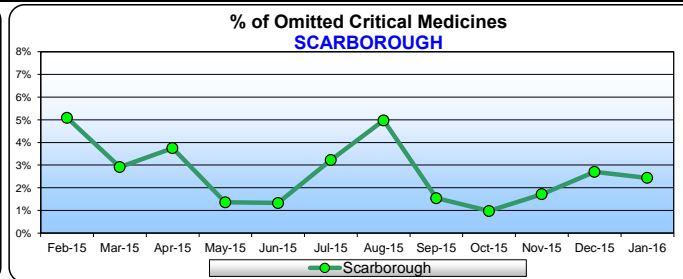
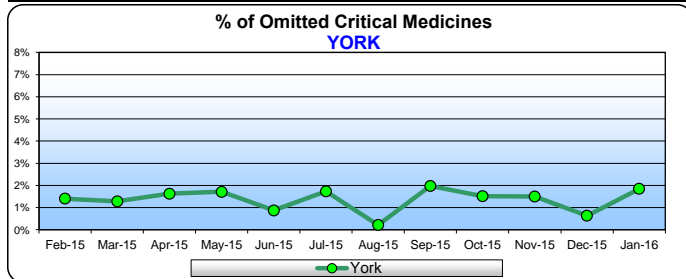
There were 45 administrating/supplying errors in January; 28 from York, 10 from Scarborough and 7 from Community.

Drug Administration

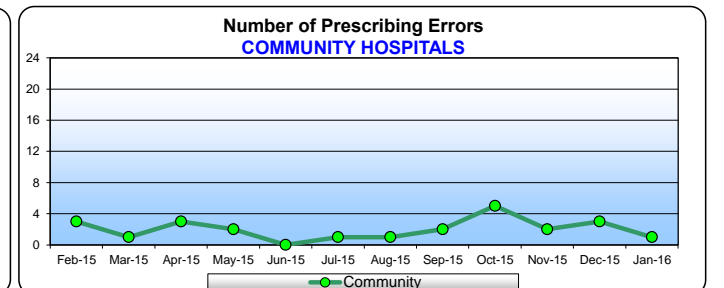
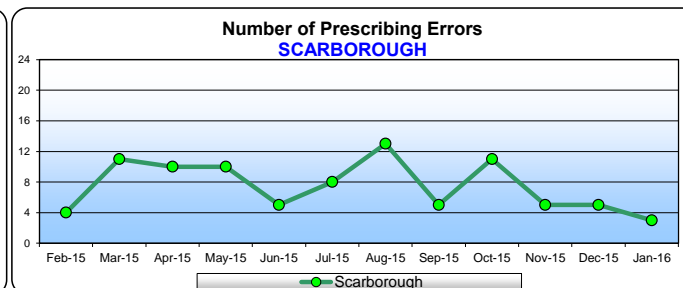
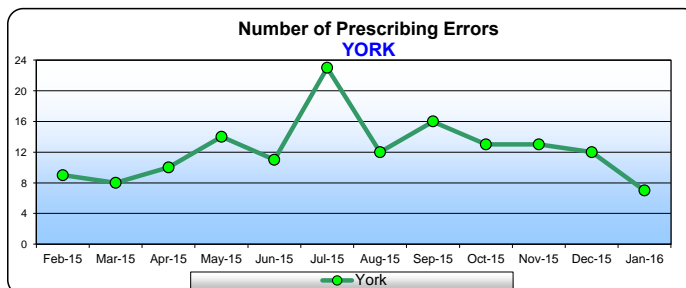
Indicator		Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
Insulin Errors source: Datix	York	4	3	5	7	1	7	2	3	5	3	4	3
	Scarborough	1	3	2	3	2	3	1	6	2	2	3	2
	Community	3	3	1	5	5	2	3	3	4	3	2	1



Indicator		Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
Number of Omitted Critical Medicines source: Datix	York	6	6	7	9	4	8	1	9	6	6	3	9
	Scarborough	12	7	9	3	3	7	10	3	2	4	7	6
	Community Hospitals	2	Not Available	Not Available	2	Not Available	2	3	3	1	2	1	1

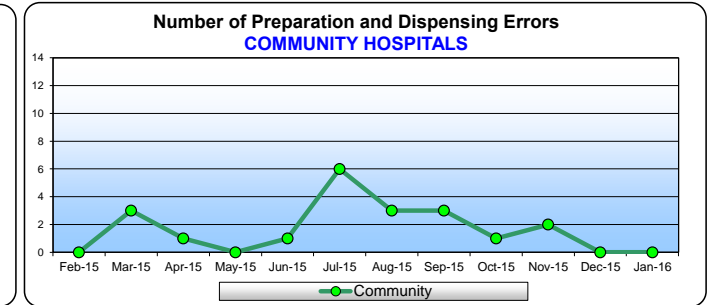
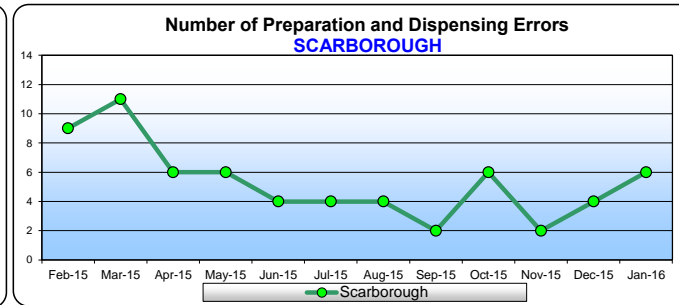
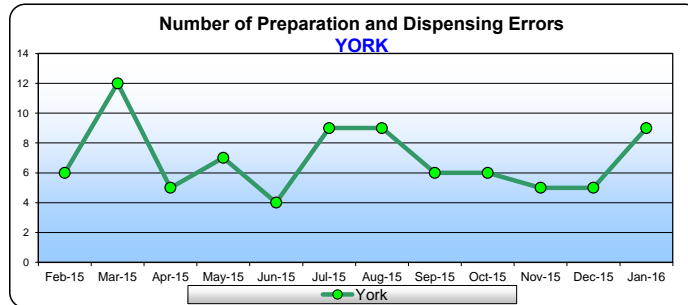


Indicator		Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
Number of Prescribing Errors source: Datix	York	9	8	10	14	11	23	12	16	13	13	12	7
	Scarborough	4	11	10	10	5	8	13	5	11	5	5	3
	Community Hospitals	3	1	3	2	0	1	1	2	5	2	3	1

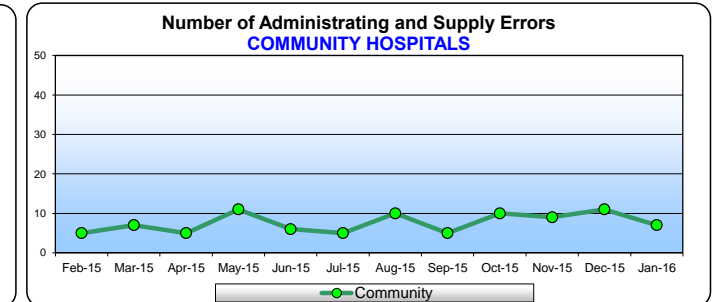
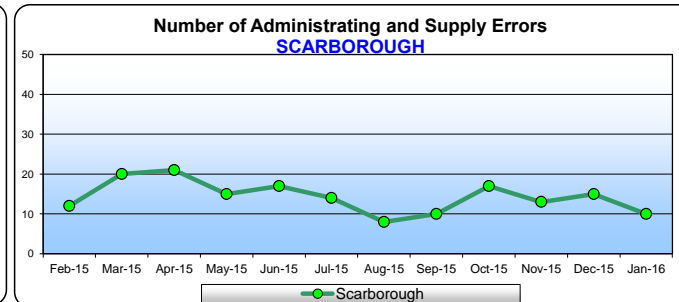
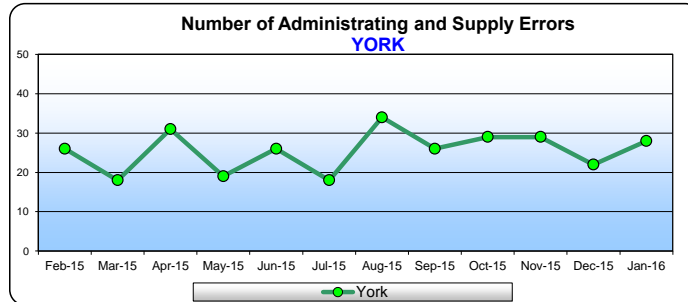


Drug Administration

Indicator		Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
Number of Preparation and Dispensing Errors source: Datix	York	6	12	5	7	4	9	9	6	6	5	5	9
	Scarborough	9	11	6	6	4	4	4	2	6	2	4	6
	Community Hospitals	0	3	1	0	1	6	3	3	1	2	0	0



Indicator		Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
Administrating and Supply Errors source: Datix	York	26	18	31	19	26	18	34	26	29	29	22	28
	Scarborough	12	20	21	15	17	14	8	10	17	13	15	10
	Community Hospitals	5	7	5	11	6	5	10	5	10	9	11	7



Measures of Harm: Safety Thermometer

Please note this Safety Thermometer is a snapshot taken on the first Wednesday of the month.

Harm Free Care

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 January the percentage receiving care “free from harm” following audit is below:

- York: 96.7%
- Scarborough: 93.3%
- Community Hospitals: 83.3%
- Community care: 94.2%

Harm from Catheter Associated Urinary Tract Infection

The percentage of patients affected by CAUTI as measured by the Department of Health data definition, monthly measurement of prevalence:

- York: 0.5%
- Scarborough: 3.0%
- Community Hospitals: 1.0%
- Community Care: 1.6%

VTE

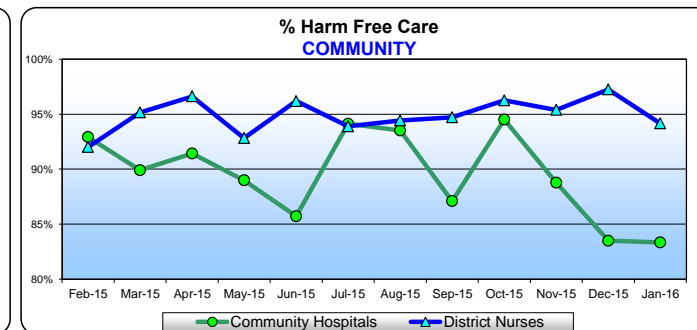
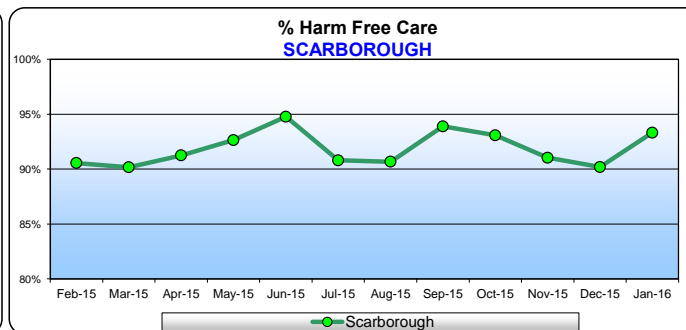
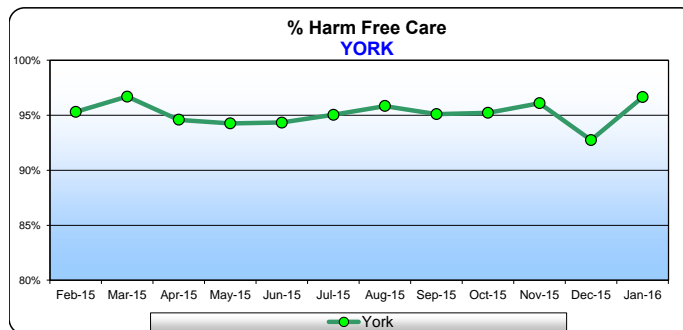
The percentage of patients affected by VTE as measured by the Department of Health definition, monthly measurement of prevalence:

- York: 0.3%
- Scarborough: 0.3%
- Community Hospitals: 0.0%
- Community Care: 0.5%

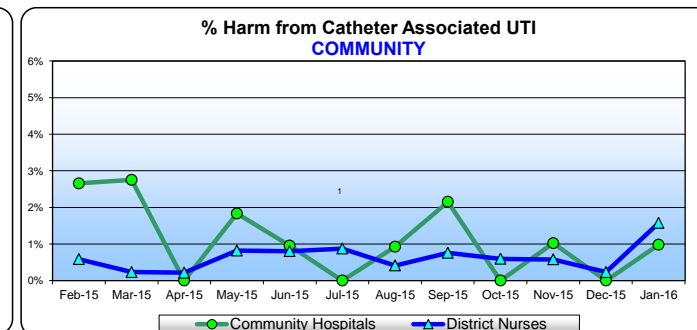
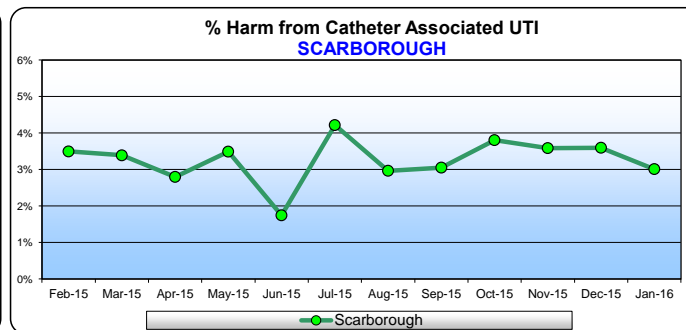
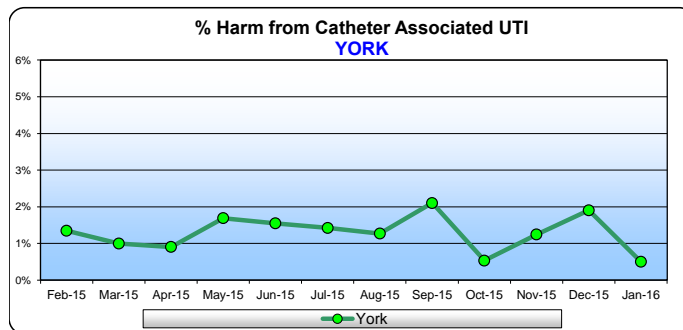
Safety Thermometer

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

Indicator		Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
% of Harm Free Care source: Safety Thermometer	York	95.3%	96.7%	94.6%	94.3%	94.3%	95.0%	95.8%	95.1%	95.2%	96.1%	92.7%	96.7%
	Scarborough	90.6%	90.2%	91.3%	92.6%	94.8%	90.8%	90.7%	93.9%	93.1%	91.0%	90.2%	93.3%
	Community Hospitals	92.9%	89.9%	91.4%	89.0%	85.7%	94.1%	93.5%	87.1%	94.5%	88.8%	83.5%	83.3%
	District Nurses	92.0%	95.2%	96.6%	92.8%	96.2%	93.9%	94.4%	94.7%	96.2%	95.4%	97.2%	94.2%



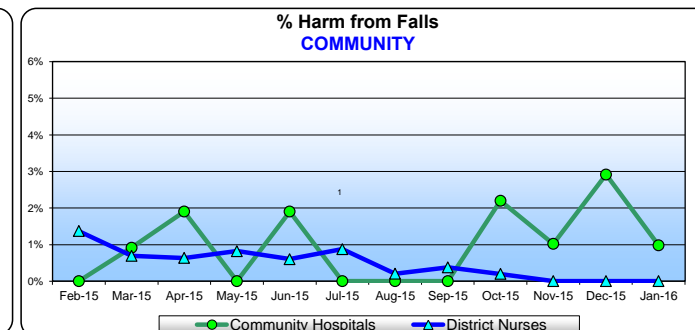
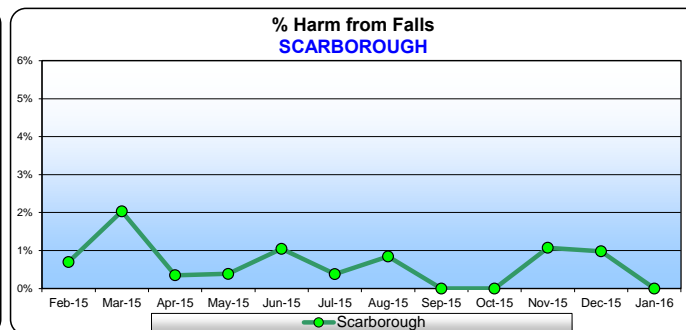
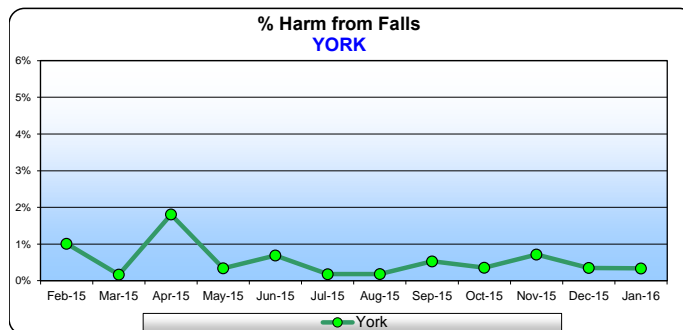
Indicator		Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
% of Harm from Catheter Associated Urinary Tract Infection source: Safety Thermometer	York	1.3%	1.0%	0.9%	1.7%	1.5%	1.4%	1.3%	2.1%	0.5%	1.2%	1.9%	0.5%
	Scarborough	3.5%	3.4%	2.8%	3.5%	1.7%	4.2%	3.0%	3.1%	3.8%	3.6%	3.6%	3.0%
	Community Hospitals	2.7%	2.8%	0.0%	1.8%	1.0%	0.0%	0.9%	2.2%	0.0%	1.0%	0.0%	1.0%
	District Nurses	0.6%	0.2%	0.2%	0.8%	0.8%	0.9%	0.4%	0.8%	0.6%	0.6%	0.2%	1.6%



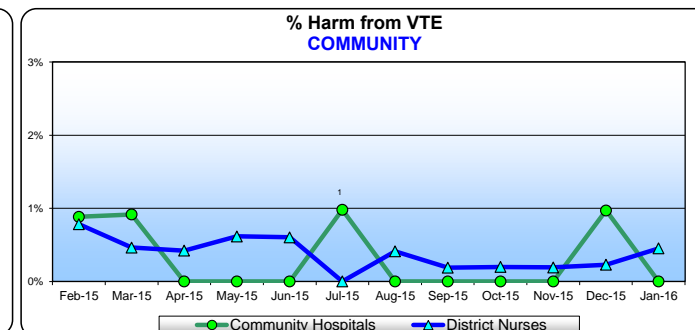
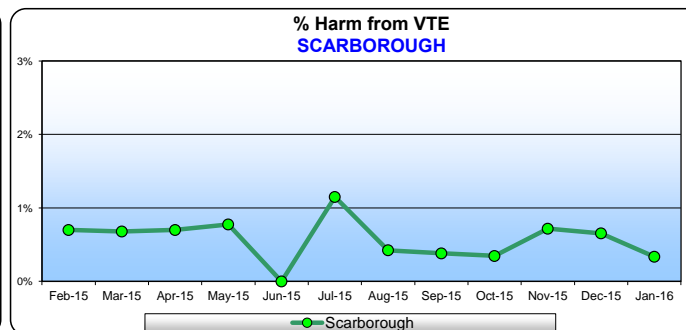
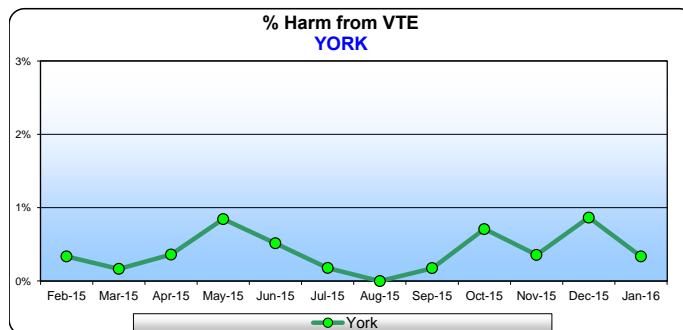
Safety Thermometer

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

Indicator		Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
% of Harm from Falls source: Safety Thermometer	York	1.0%	0.2%	1.8%	0.3%	0.7%	0.2%	0.2%	0.5%	0.4%	0.7%	0.3%	0.3%
	Scarborough	0.7%	2.0%	0.3%	0.4%	1.0%	0.4%	0.8%	0.0%	0.0%	1.1%	1.0%	0.0%
	Community Hospitals	0.0%	0.9%	1.9%	0.0%	1.9%	0.0%	0.0%	0.0%	2.2%	1.0%	2.9%	1.0%
	District Nurses	1.4%	0.7%	0.6%	0.8%	0.6%	0.9%	0.2%	0.4%	0.2%	0.0%	0.0%	0.0%



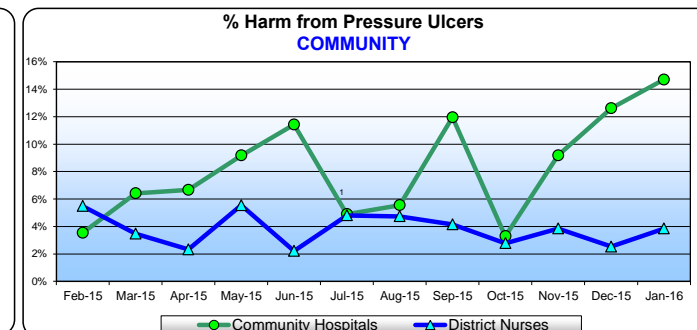
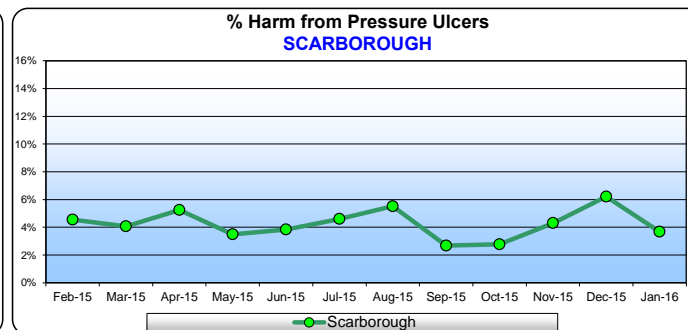
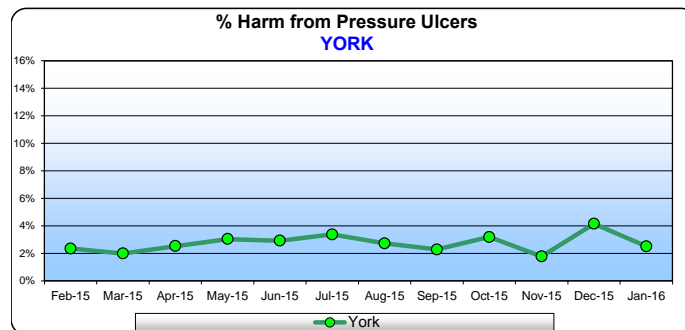
Indicator		Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
% of VTE source: Safety Thermometer	York	0.3%	0.2%	0.4%	0.8%	0.5%	0.2%	0.0%	0.2%	0.7%	0.4%	0.9%	0.3%
	Scarborough	0.7%	0.7%	0.7%	0.8%	0.0%	1.1%	0.4%	0.4%	0.3%	0.7%	0.7%	0.3%
	Community Hospitals	0.9%	0.9%	0.0%	0.0%	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%
	District Nurses	0.8%	0.5%	0.4%	0.6%	0.6%	0.0%	0.4%	0.2%	0.2%	0.2%	0.2%	0.5%



Safety Thermometer

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

Indicator		Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
% of Pressure Ulcers source: Safety Thermometer	York	2.3%	2.0%	2.5%	3.0%	2.9%	3.4%	2.7%	2.3%	3.2%	1.8%	4.2%	2.5%
	Scarborough	4.5%	4.1%	5.2%	3.5%	3.8%	4.6%	5.5%	2.7%	2.8%	4.3%	6.2%	3.7%
	Community Hospitals	3.5%	6.4%	6.7%	9.2%	11.4%	4.9%	5.6%	12.0%	3.3%	9.2%	12.6%	14.7%
	District Nurses	5.5%	3.5%	2.3%	5.5%	2.2%	4.8%	4.7%	4.2%	2.8%	3.8%	2.5%	3.8%



Mortality

Indicator	Oct 11 - Sep 12	Jan 12 - Dec 12	Apr 12 - Mar 13	Jul 12 - Jun 13	Oct 12 - Sep 13	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15
SHMI – York locality	105	102	99	96	93	93	95	98	99	97	96	95
SHMI – Scarborough locality	112	106	108	108	104	105	107	108	109	107	108	107
SHMI – Trust	107	104	102	101	97	98	99	102	103	101	101	99

Definition

SHMI: The Summary Hospital-level Mortality Indicator (SHMI) reports on mortality at Trust level across the NHS in England using a standard methodology. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It covers all deaths reported of patients who were admitted to non-specialist acute NHS trusts in England and either die while in hospital or within 30 days of discharge.

RAMI: Risk Adjusted Mortality Index uses a methodology to calculate the risk of death for hospital patients on the basis of clinical and hospital characteristic data including age, sex, length of stay, method of admission, HRG, ICD10 primary and secondary diagnosis, OPCS primary and secondary procedures and discharge method. Unlike SHMI, it does not include deaths after discharge. The Trust is not managed externally on its RAMI score.

Analysis of Performance

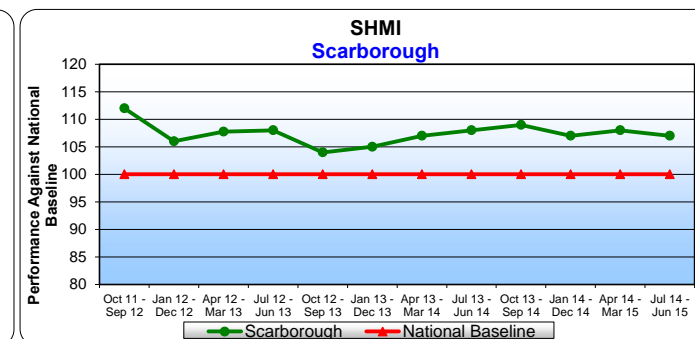
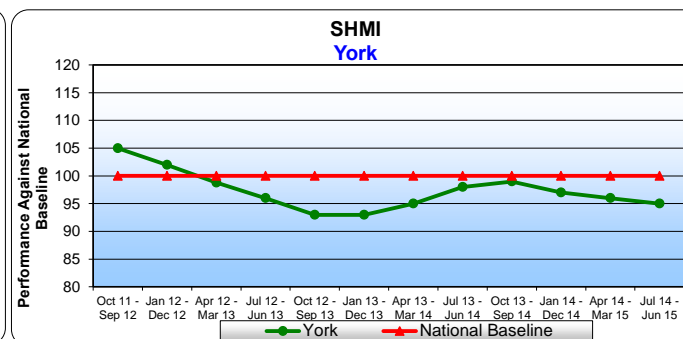
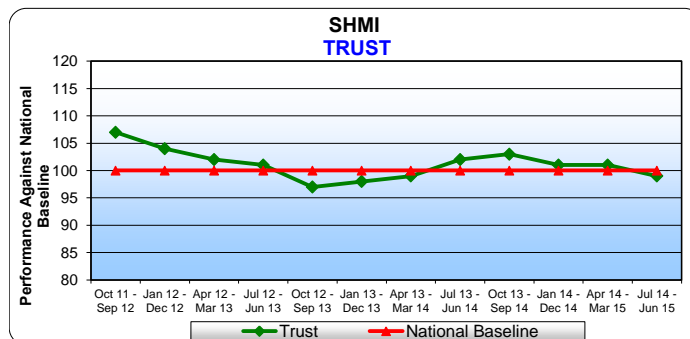
The latest SHMI report indicates the Trust to be in the 'as expected' range. The Jul 14 - Jun15 SHMI saw a one point reduction at Trust level and across both sites.

The number of inpatient deaths in January was in line with previous months; 184 in January 2016 versus 243 in January 2015. The percentage of deaths against all discharges at York has decreased from 1.4% in December to 1.3% in January. Scarborough also saw a decrease from 1.7% in December to 1.5% in January.

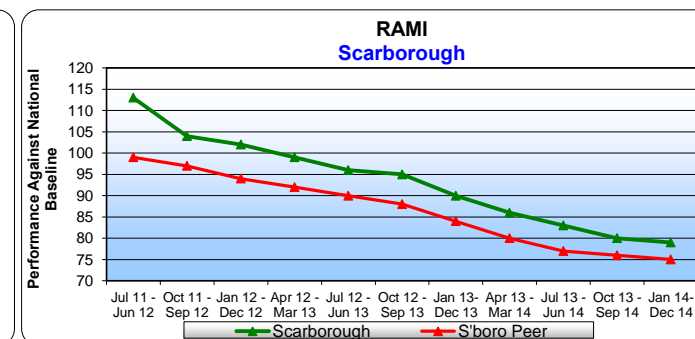
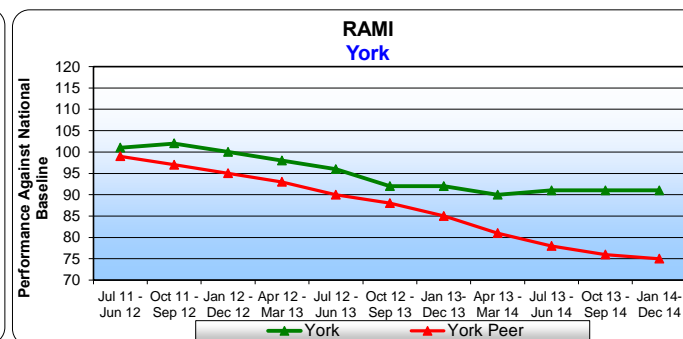
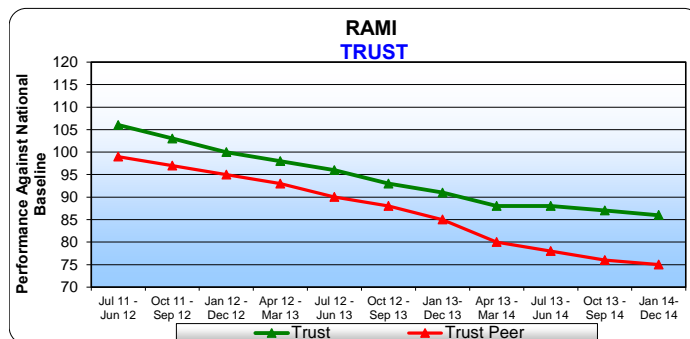
The number of ED deaths at York remain high; 15 in January versus 17 in December. Scarborough also saw increase from 4 in December to 8 in January.

Mortality

Indicator	Consequence of Breach (Monthly unless specified)	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15
Mortality – SHMI (TRUST)	Quarterly: General Condition 9	98	99	102	103	101	101	99
Mortality – SHMI (YORK)	Quarterly: General Condition 9	93	95	98	99	97	96	95
Mortality – SHMI (SCARBOROUGH)	Quarterly: General Condition 9	105	107	108	109	107	108	107

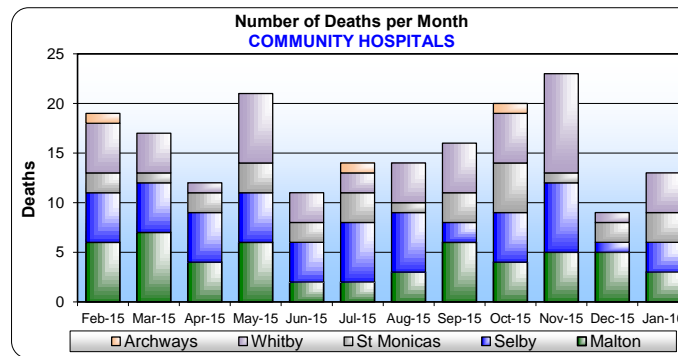
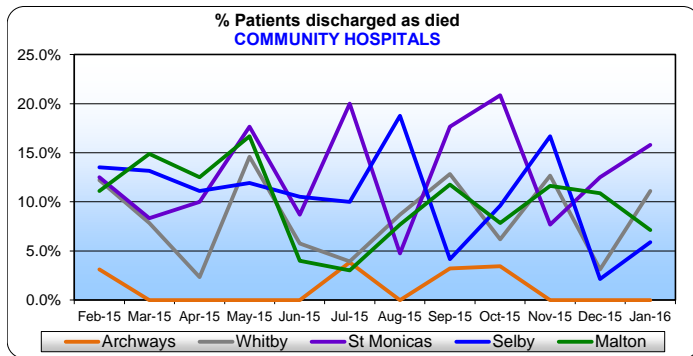
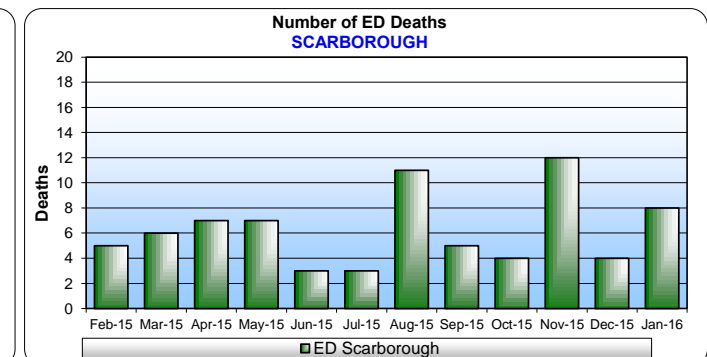
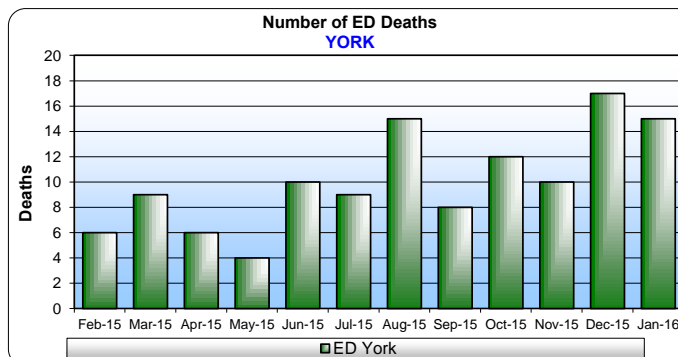
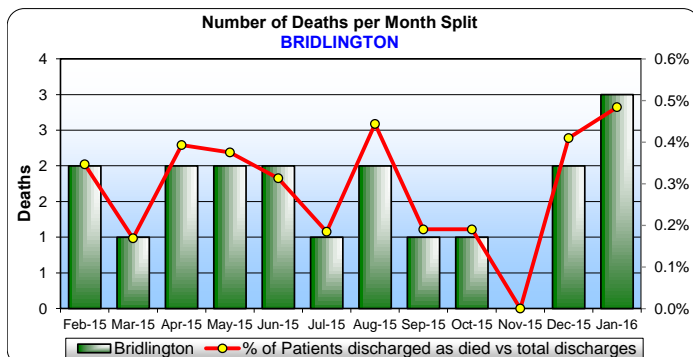
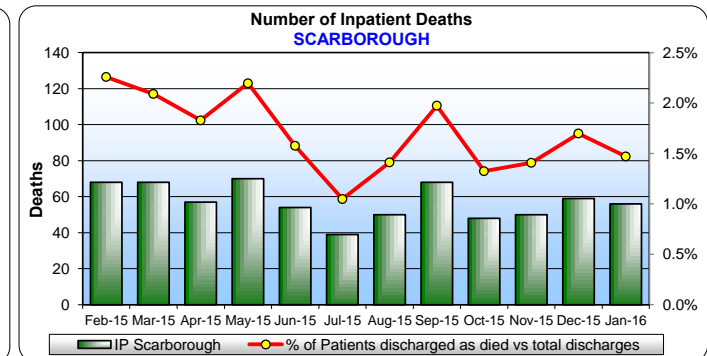
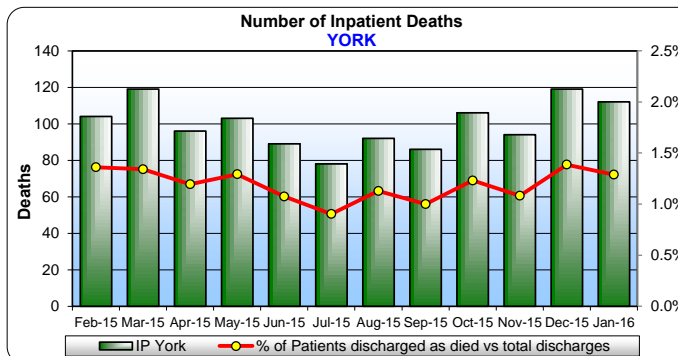
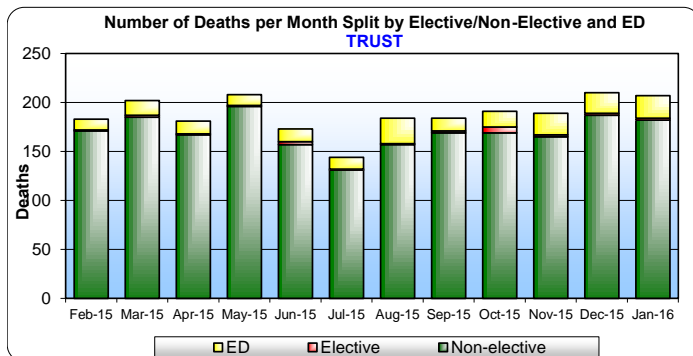


Indicator	Consequence of Breach (Monthly unless specified)	Jul 12 - Jun 13	Oct 12 - Sep 13	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sep 14	Jan 14 - Dec 14
Mortality – RAMI (TRUST)	none - monitoring only	96	93	91	88	88	87	86
Mortality – RAMI (YORK)	none - monitoring only	96	92	92	90	91	91	91
Mortality – RAMI (SCARBOROUGH)	none - monitoring only	96	95	90	86	83	80	79



Mortality

Indicator	Consequence of Breach (Monthly unless specified)	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Nov	Dec	Jan
Number of Inpatient Deaths	None - Monitoring Only	602	525	461	531	167	189	184
Number of ED Deaths	None - Monitoring Only	0	37	51	59	22	21	23



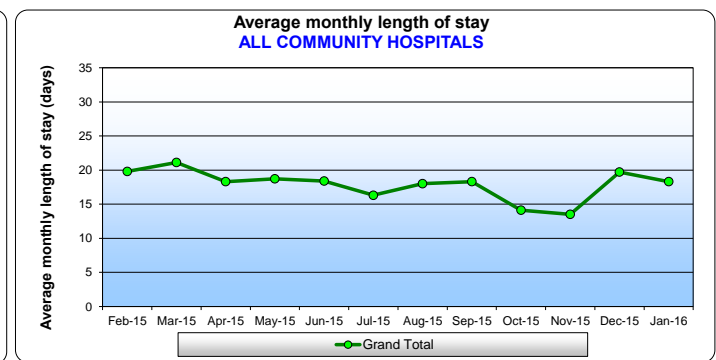
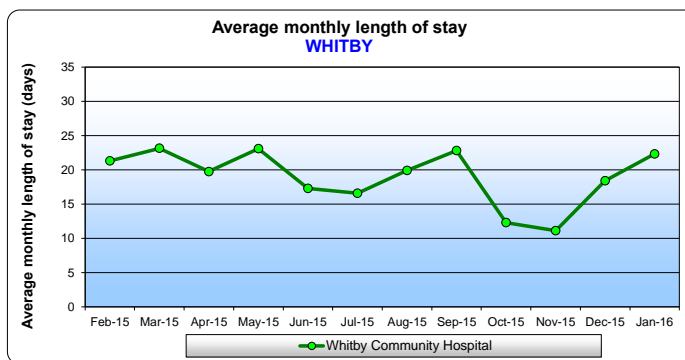
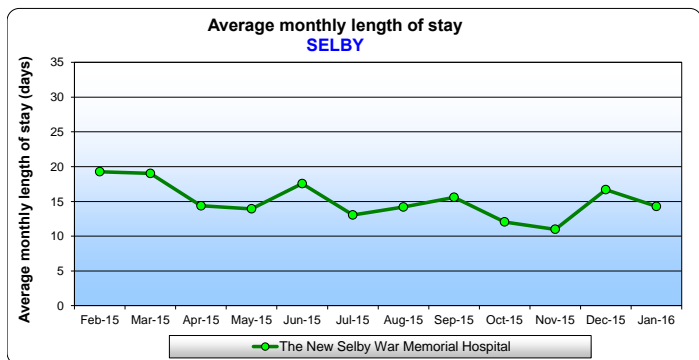
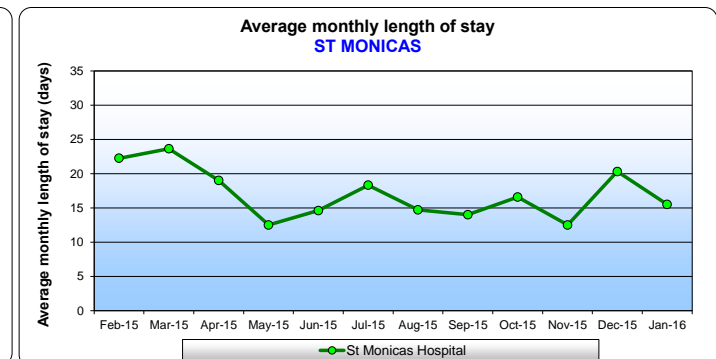
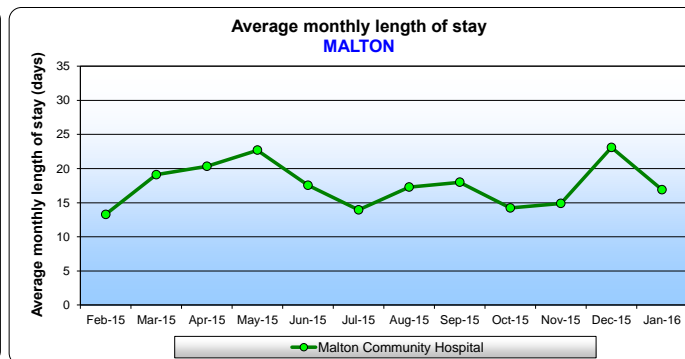
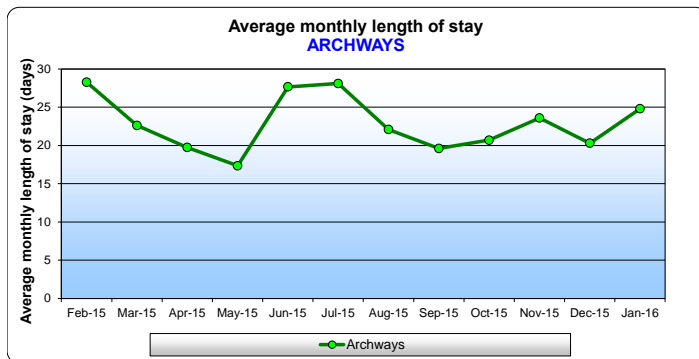
Month	Malton	Selby	St Monicas	Whitby	Archways
Feb-15	6	5	2	5	1
Mar-15	7	5	1	4	0
Apr-15	4	5	2	1	0
May-15	6	5	3	7	0
Jun-15	2	4	2	3	0
Jul-15	2	6	3	2	1
Aug-15	3	6	1	4	0
Sep-15	6	2	3	5	0
Oct-15	4	5	5	5	1
Nov-15	5	7	1	10	0
Dec-15	5	1	2	1	0
Jan-16	3	3	3	4	0

Patient Safety Walkrounds – January 2016

Date	Location	Participants	Actions & Recommendations
03/12/2015	Ash Ward, Pre-assessment Unit and Aspen Unit	Diane Palmer - Deputy Director Gemma Ellison – Directorate Manager Beth Horsman – Matron Tariq Hoth – Clinical Director	Pre-assessment – no patient safety concerns Aspen Unit – there is concern that at times of acute bed pressures the unit is used for acute medical patients. The unit does not have the staff or the infrastructure for the acutely unwell patient. When medical patients are admitted to the unit they should be in a stable condition and almost ready for discharge. Ash Ward – this ward is often used to provide care for acute medical and surgical patients at times of acute bed pressure but it is set up to be a ward for minor surgical procedures which are day cases or for patients who may require overnight stay. When acute medical patients are transferred to the ward then an additional HCA is required at night, although this post is not part of the funded establishment. Although the medical doctors do respond when called to review their patients there is concern about the ability of the medical doctors to respond when their bed base increases and this has caused difficulties previously. Side-room 13, is a room without a window, toilet or shower, although it is used at times for patients who require isolation. It was agreed that room 13 should not be used for patients who need to be cared for in isolation.
15/12/2015	Holly Ward and Fracture Clinic	Diane Palmer - Deputy Director Liz Charters - Matron Jennie Adams - NED	Holly Ward – the nursing establishment has been reviewed since the last visit and the ward have recruited to their funded establishment. Due to vacancies elsewhere in the hospital a RN or HCA has to regularly go to help elsewhere particularly at night. Whilst this has not posed any specific patient safety serious incidents it does create additional pressure for staff and it is being monitored. Fracture Clinic – we didn't visit the clinic but were advised that since the last visit there is now a cleaning schedule displayed and that the problems with storage of dressings has now been resolved. There is no longer two desks in one consulting room so the problems with patient confidentiality are now resolved. The problem with space in the clinic and access to the disabled persons toilet are still waiting for capital funding. The nursing establishment is to be reviewed.
07/01/2016	Radiology – Scarborough Hospital	Helen Noble – Head of Patient Safety Ian Renwick – Clinical Director Ken Kay – Superintendent Radiographer Steve MacKell – Directorate Manager Lorraine Ford - Radiology Quality and Risk Manager Michael Keaney - NED	CT – Only a single scanner therefore potential for delay in treatment. Business case for second CT scanner expected to be submitted end of February. Patient transfer to other hospitals and the lack of a clear patient pathway - potential of harm for critically unwell patients being left in the care of a lone radiographer. Radiology is working on protocols for patient transfer. A paper is being presented to the Scarborough Board addressing the need for Consultant handover, to ensure the patient is under the care of the specific speciality. This needs to be coordinated with Trust policy, as it affects all specialties. X-Ray Inaccurate handover from wards risks patient (and staff). New risk assessment documentation has been piloted for one month on AMU, following review of the pilot there is a planned roll out programme to all areas. MRI - Fire alarm not on same "loop" as rest of department. Risk of staff being unaware of fire status & not evacuating area appropriately. Local fire plan has contingency whereby Fire Warden will report to MRI, however this is reliant on one person with no exit route from the MRI area.
29/01/2016	Easingwold Renal Unit	Sue Rushbrook – Director Nigel Durham – Clinical Director Sharon Lewis – Directorate Manager Chris Morris – Matron Judith Hartley – Ward Sister Mike Sweet - NED	IT – issues with connectivity and band width not sufficient. SNS aware of issues. It is limited to what can be achieved due to band width. Unit is approximately 15 miles from York hospital site so staff can feel isolated as attendance at meetings is difficult and few people venture to the unit. SNS will explore implementation of video conferencing and video phones to help improve communication and reduce feelings of isolation Confined space – Does not meet national recommendations for electricity and water supply. Building is to be purchased by the Trust and the unit will be moved to a different part of the building, which will resolve these issues in the long term. Water ingress - Resolved for now but will need permanent fix Isolation room not fit for purpose - Resolution to be part of build
29/01/2016	Whitby Community Hospital	Ed Smith – Director Sue Milner – Locality Manager Kathy Davies – Ward Manager Sue Symington- NED	Night time security - No porter on duty between 11pm and 7am. Some concerns regarding the support for the IPU - The ward areas manage this by locking the door to the ward. There is a door bell to gain access, both wards carry keys for both areas. The doors can be opened internally without the key in the event of an emergency. The service will transfer to Humber NHS FT from the 1st March 2016. They are aware of this risk. Interface between differing IT systems - This was noted in the MIU who are presently on CPD but will move to System 1 with the new provider. MIU will provide transfer documentation for any patients needing transfer to SH. Ambulance transfers - One particular issue discussed about an urgent transfer of a child with respiratory symptoms, and the ambulance arriving with only technicians and not a paramedic. The GP covering out of hours travelled with the patient to SH. YAS reported this had highlighted a training issue with the technicians. which has now been resolved.

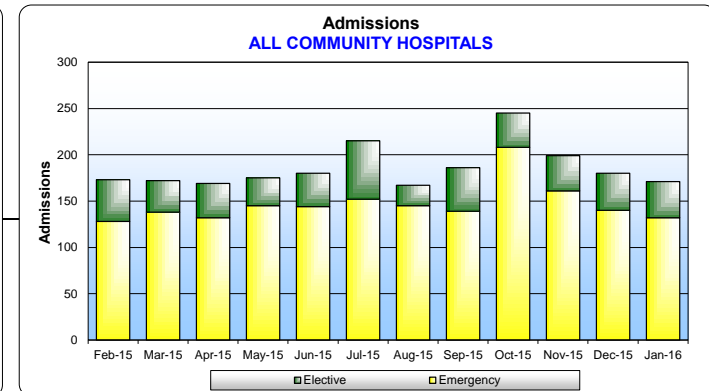
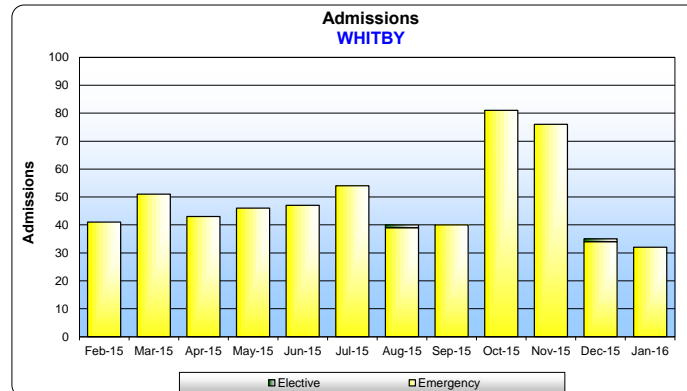
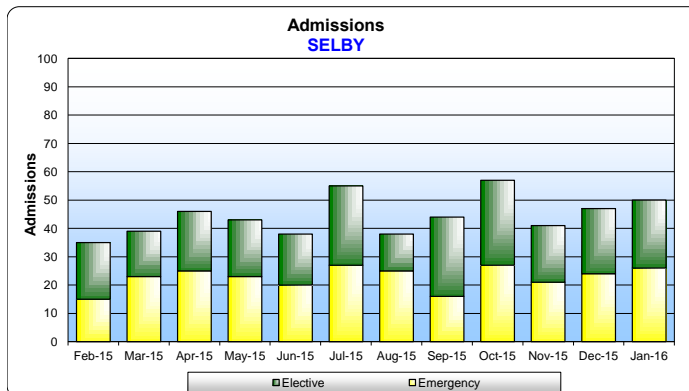
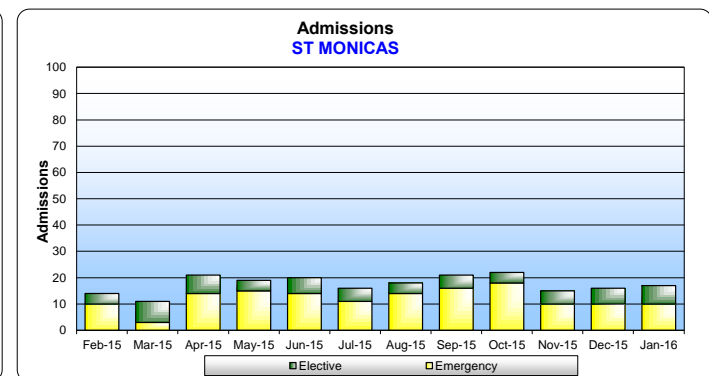
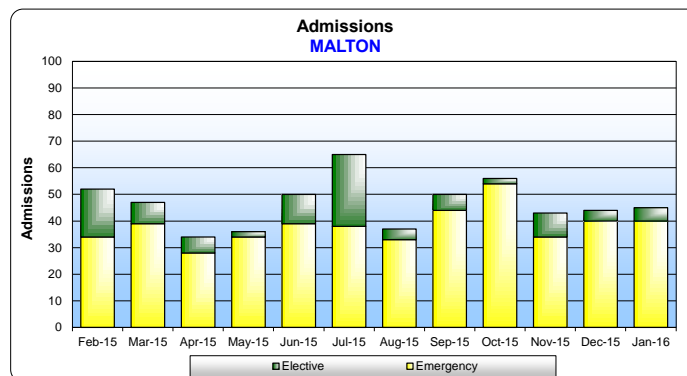
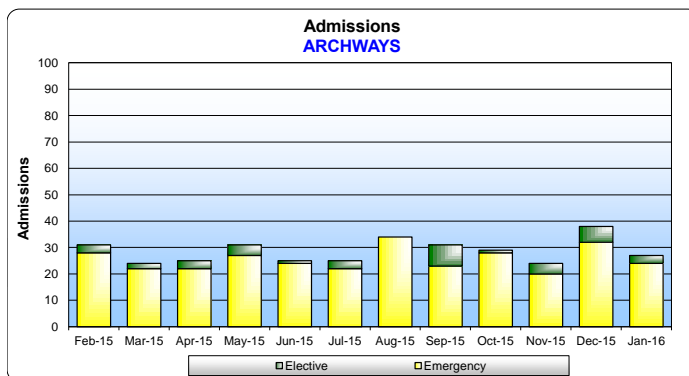
Community Hospitals

Indicator	Hospital	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Nov	Dec	Jan
Community Hospitals average length of stay (days)	Archways	26.8	21.1	23.0	21.3	23.6	20.3	24.8
	Malton Community Hospital	16.0	19.9	16.1	17.3	14.9	23.1	16.9
	St Monicas Hospital	24.0	15.5	15.5	16.7	12.5	20.3	15.5
	The New Selby War Memorial Hospital	17.6	15.3	14.2	13.3	11.0	16.7	14.3
	Whitby Community Hospital	21.9	20.0	19.5	12.8	11.1	18.4	22.3
	Total	20.2	18.5	17.4	15.5	13.5	19.7	18.3



Community Hospitals

Indicator	Hospital		Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Nov	Dec	Jan
Community Hospitals admissions Please note: Patients admitted to Community Hospitals following a spell of care in an Acute Hospital have the original admission method applied, i.e. if patient is admitted as a non-elective their spell in the Community Hospital is also non-elective.	Archways	Elective	5	8	11	11	4	6	3
		Emergency	71	73	79	80	20	32	24
	Malton Community Hospital	Elective	48	19	37	15	9	4	5
		Emergency	110	101	115	128	34	40	40
	St Monicas Hospital	Elective	16	17	14	15	5	6	7
		Emergency	27	43	41	38	10	10	10
	The New Selby War Memorial	Elective	57	59	69	73	20	23	24
		Emergency	55	68	68	72	21	24	26
	Whitby Community Hospital	Elective	0	0	1	1	0	1	0
		Emergency	140	136	133	191	76	34	32
	Total	Elective	126	132	115	115	38	40	39
		Emergency	403	436	509	509	161	140	132



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Board of Directors - 24 February 2016

Medical Director's Report

Action requested/recommendation

Board of Directors should be aware of:

- the Trust's self assessment submission of avoidable mortality
- consultants new to the Trust
- the latest Summary Hospital level Mortality Indicator (SHMI)
- the update from Clinical Standards Group
- progress with EPMA
- Nutrition Group update
- Number of staff who have had the flu vaccination

Summary

This report provides an update from the Medical Director on Patient Safety related issues.

Strategic Aims

Please cross as appropriate

- | | |
|---|-------------------------------------|
| 1. Improve quality and safety | <input checked="" type="checkbox"/> |
| 2. Create a culture of continuous improvement | <input checked="" type="checkbox"/> |
| 3. Develop and enable strong partnerships | <input type="checkbox"/> |
| 4. Improve our facilities and protect the environment | <input type="checkbox"/> |

Implications for equality and diversity

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

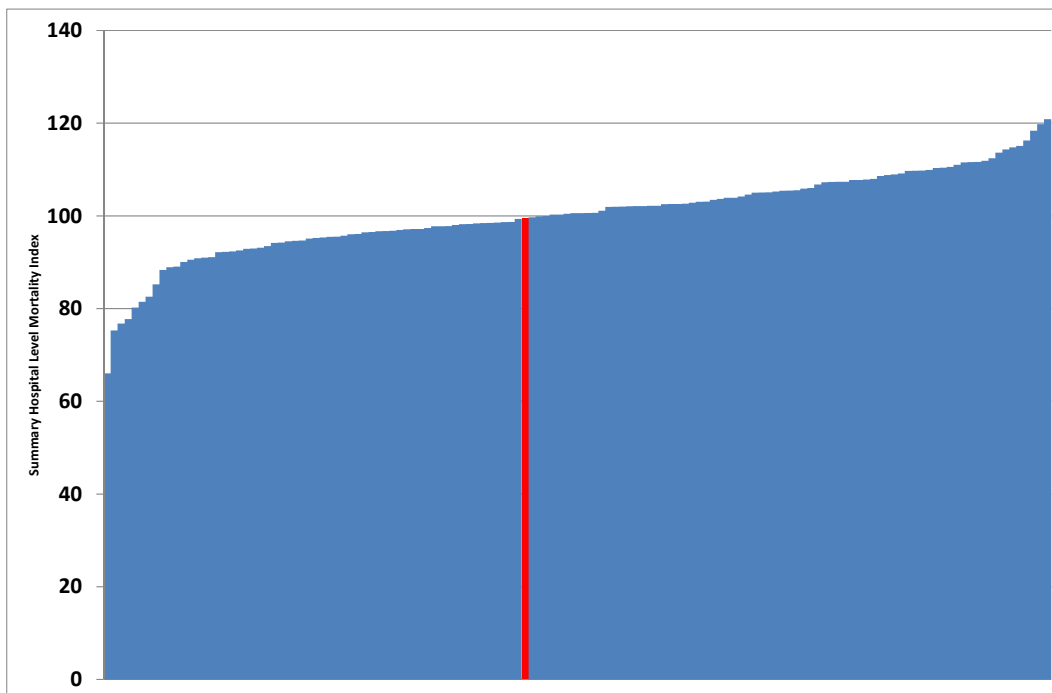
Reference to CQC outcomes

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 Director's.
Risk	No additional risks have been identified other than those specifically referenced in the paper.
Resource implications	None identified.
Owner	Mr James Taylor, Medical Director
Author	Diane Palmer, Deputy Director of Patient Safety
Date of paper	February 2016
Version number	1

Board of Directors - 24 February 2016
Medical Director's Report
1. Introduction and background
<p>In the report this month:</p> <p>Self-assessment of avoidable mortality Consultants new to the Trust Summary Hospital level Mortality Indicator (SHMI). Clinical Standards Group update EPMA progress report Nutrition Group update Flu campaign update</p>
2. Self-assessment of avoidable mortality
<p>The Medical Director is revising the terms of reference of the Mortality Review Group and changing the focus to analysis of avoidable mortality.</p> <p>The Trust participated in the national review of deaths, mortality processes and identification of cases for learning. We reported 2170 deaths in the Trust in 2015 with approximately 60% being reviewed using our local processes. We would expect approximately 60 of the deaths occurring in 2015 to have had more than a 50/50 chance that the death was attributable to problems in health care based on the national tool calculations.</p> <p>From our own mortality reviews processes we identified that there were potentially 60 deaths which were avoidable.</p>
3. Consultants new to the Trust
<p>Dr Bhavna Pandey Consultant O&G Scarborough Started 01/01/2016</p>
4. Summary Hospital Mortality Indicator (SHMI) update
<p>The Trust SHMI for the period July 2014 to June 2015 has again reduced and is now at 99.48. This means the Trust had 17 fewer deaths than expected based on the model calculations. The number of observed deaths at the Trust was up by 34 compared with the previously reported 12 month period with expected deaths up by 71. Activity also increased again by 964 cases. The crude mortality rate based on this activity was 3.94% almost identical to the previous report suggesting that risk for all patients has contributed to lowering the SHMI rather than having fewer deaths and more activity</p> <p>July 2014 to June 2015</p>

Cases	Observed Deaths	Expected Deaths	SHMI	Excess Deaths
80660	3182	3199	99.48	-17

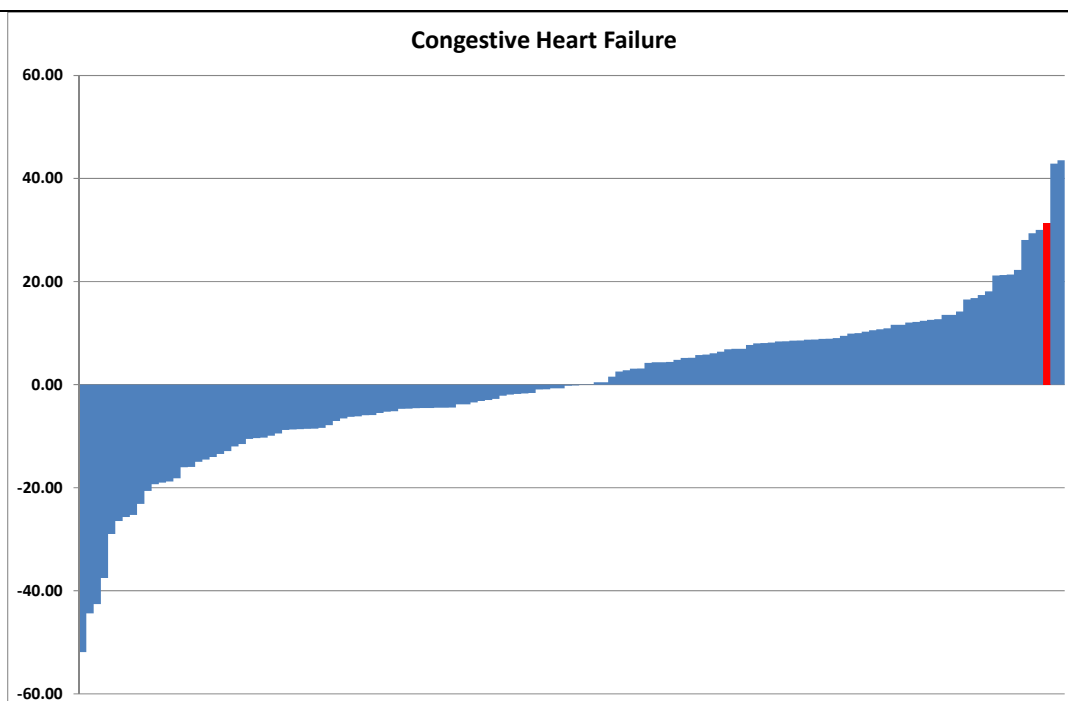


SHMI July 2014 to June 2015

Overall there were still a number of SHMI categories where the Trust had more deaths than expected those with ten or more are shown below.

Condition	Cases	Observed	Expected	Excess
Congestive heart failure nonhypertensive	709	147	115.65	31.35
Urinary tract infections	1859	140	118.85	21.15
Acute cerebrovascular disease	1135	227	207.66	19.34
Septicaemia and Shock	379	115	100.70	14.30
Superficial injury contusion	748	28	17.24	10.76

The comparison across England for congestive heart failure is shown below, which suggest that the Trust is a significant outlier for this condition.



There were also groups with fewer deaths than expected, of particular note is pneumonia where the Trust had an additional 195 cases, an additional 24 deaths but an additional 38 predicted deaths giving 31 fewer deaths than expected. The mental retardation group stayed the same as the previous report with 10 fewer deaths.

Condition	Cases	Observed	Expected	Excess
Pneumonia	2886	585	616.04	-31.04
Mental retardation Senility & organic mental disorders	416	40	50.95	-10.95

The position of the Yorkshire trusts is reported for information to see the position relative to the Trust for the latest period.

Trust	SHMI	Trust	SHMI
Sheffield	92.98	Calderdale & Huddersfield	111.00
Leeds	100.57	Hull & East Yorkshire	107.97
Airedale	94.62	York	99.48
Bradford	97.11	Doncaster & Bassetlaw	109.18
Mid Yorkshire	90.53	Barnsley	98.68
Harrogate	95.72	Rotherham	111.64

Scarborough and York split

Site	Cases	Observed	Expected	Excess
Scarborough	27395	1347	1257.69	89.31
York	53265	1835	1940.98	-105.98
Total	80660	3182	3198.67	-16.67

This means that Scarborough SHMI would be at 107.10 and York at 94.54.

The table below shows the position on the two conditions with the most excess deaths, reported by acute site.

Site	Cases	Observed	Expected	Excess
<i>Congestive Heart Failure</i>				
Scarborough	300	61	48.39	12.61
York	409	86	67.26	18.74
<i>Urinary Tract Infection</i>				
Scarborough	843	75	57.54	17.46
York	1016	65	61.31	3.69

5. Clinical Standards Group - quarterly report

Clinical Guidelines

NICE have to date published 777 guideline documents; this includes NICE Clinical Guidelines, Non Drug Technology Appraisals, Quality Standards, Cancer Guidelines, Medical Technologies, Diagnostic Guidance and Interventional Procedures.

Current Status

There are currently 2 (out of 156) Clinical Guidelines and 2 (out of 96) Quality Standards without action plans, one has a confirmed project lead with the remaining three under discussion.

Since the last report , there have been the following compliance status has been reported:-

11 being Compliant with Evidence

8 Partially Compliant with Action Plans in place

4 were reported to be Compliant but evidence is awaited.

8 were assessed as not being relevant to, or not performed within the Trust.

Priorities

There are currently 19 out of 156 Guidelines where the Guidance has been issued for review and the response has not yet been received. These are being actively followed up with Clinical Leads as a priority. There are also 10 out of 96 Quality Standards where this also applies.

Do Not Do Recommendations

There are 882 Do Not Do recommendations that are relevant to the Trust. Of these 63 remain outstanding for response, which is a significant improvement from previous reports.

National Audit

At the end of December 2015, the Trust was participating in 124 quality account national audits that are relevant to the Trust. There are no quality account national audits that are relevant to the Trust that we are not participating with. Many of these are re audits or continuous audit.

Local Audit

During the period April – December 2015, 371 local audits and service evaluations were registered within the organisation. Of these, 62 were re-audits (closing the audit cycle) and 74 were related to NICE Guidance.

Unless nationally mandated, Directorates will be required to select those audits in the 're-audit' element of the cycle prior to any new subject being clinically reviewed.

In the period April – December 2015, 150 Briefcases have been received and reviewed.

6. Update on EPMA

Progress to date:

New drugs trolleys rolled out across all wards in advance of devices

Clinical Safety Hazard Log & mitigation measures being reviewed by Chief Clinical Information Officer

Training approach work being developed in detail including reference to Bank, Agency & Locum staff

Acute Stroke Unit (York) confirmed as Pilot Ward.

75% of the coding (programming) for EPMA is complete including: prescribing; scheduling; prescription validation; allergies review; BMI/BSA; messaging between Pharmacist/Nurse/Doctor

All decision support functionality developed (excluding dose range checking / cumulative dosing as waiting on further FDB information)

Pharmacy technical testing complete for decision support functionality: High Risk messages; time critical drugs; interactions; duplicate therapies; duplicate ingredients

Whilst the IT development will be driven by the functional specifications there will be an iterative nature to it depending on feedback received at each of the demonstration stages.

Anticipated progress next quarter:

Full EPMA system available for wide clinical engagement & user acceptance testing

Scope of User Acceptance Testing agreed

Business continuity plan: technical solution agreed & operational level conversations underway within Directorates

Agreement on rollout order / understanding of requirements for training

Start to define requirements for Phase B areas e.g. Paeds, OPD, ED.

Key Risks:

The Clinical Safety Hazard log will provide assurance to the Trust of the clinical safety of the product. The CCIO will provide a clinical safety case for EPMA Project Board sign off prior to rollout.

Project Risk Register in place and reviewed monthly. A 'pre-rollout' risk meeting is arranged for March 2016. The current red risks are detailed below:

Interface between electronic & paper systems e.g. Theatres.

7. Nutrition Steering Group

Following the last report:

A Nutrition Policy For In-patients and Out-patients for the Trust (as per the Trust Food and Drink Strategy) is now in finalised form and will be uploaded within the next few weeks to the Intranet.

There is now an naso-gastric training package on the Trust Learning Hub. As of 13th January 2016, 62 people had completed the training – 47 Consultants, 13 juniors and 2 non-clinical staff. We are promoting the training amongst junior staff.

A new more robust naso-gastric tube pathway has been trialled on the Acute Stroke Unit at York – this is likely to result in some minor changes following feedback before being rolled out across the Trust.

It is clear that the necessary education for staff on other wards that use naso-gastric feeding tubes less routinely would benefit from the presence of a Nutrition Nurse on the York site. A recent audit over two months reported 19 requests to the dietetic department by staff within York hospital for emergency advice and information about the equipment associated with enteral feeding. It is not within the scope or competency of a dietician's role to advise on

enteral feeding equipment; therefore this poses a significant risk to patients, as enteral feeding is a high risk activity (as reported by NPSA). Guidance and training on all aspects of enteral and parenteral feeding should be provided by a Specialist Nutrition Nurse, as described in NICE Guidance CG 32. There is no Nutrition Nurse at the York Hospital site, and the knowledge of staff on the acute wards is not sufficient. It is likely this audit significantly underestimates the instances where ward staff would benefit from the presence of a Nutrition Nurse.

8. Update on Flu Campaign

Current numbers of frontline staff who have had the flu vaccine this year are:

Doctors 357 - 43.01%

Nurses 1030 - 42.4%

Allied Health Professionals 588 - 58%

Support to Clinical Staff 1379 - 51.7%

Overall total 3354 - 48.3%

9. Recommendations

Board of Directors should be aware of:

the Trust's self assessment submission of avoidable mortality

consultants new to the Trust

the latest Summary Hospital level Mortality Indicator (SHMI)

the update from Clinical Standards Group

progress with EPMA

Nutrition Group update

Number of staff who have had the flu vaccination.

Author	Diane Palmer, Deputy Director of Patient Safety
Owner	Mr James Taylor, Medical Director
Date	February 2016

Board of Directors - 24 February 2016

Chief Nurse Report – Quality of Care

Action requested/recommendation

The Board is asked to note the Chief Nurse Report for February 2016.

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 | <input checked="" type="checkbox"/> |
| 2. Create a culture of continuous improvement | <input checked="" type="checkbox"/> |
| 3. Develop and enable strong partnerships | <input type="checkbox"/> |
| 4. Improve our facilities and protect the environment | <input type="checkbox"/> |

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	None identified.
Owner	Beverley Geary, Chief Nurse
Author	Beverley Geary, Chief Nurse
Date of paper	February 2016
Version number	Version 1

Board of Directors - 24 February 2016

Chief Nurse Report – Quality of Care

1. Introduction

The Chief Nurse report provides information on progress towards the delivery of our quality priorities, updates on the implementation; and highlights any risks to delivery of the Nursing & midwifery and Patient Experience Strategies.

The nursing and midwifery strategy has four main focus areas:

- Patient experience
- Patient safety
- Measuring the impact of care delivery
- Staff experience

The nursing dashboard (appendix 1) gives an overview of the quality of care delivered across the organisation and identifies key risks.

2. Safety

2.1 Nursing and Midwifery Staffing

At the end of December 2015, the registered nurse unfilled post for adult inpatient areas was 107.67 WTE with HCA unfilled posts at 10.45fte. Whilst this still remains high, it is pleasing that in December the registered nurse turnover rate reduced which has resulted in few leavers in December in comparison with the same period last year.

Recruitment of Nurses, Midwives and Healthcare Assistants is continuing through the Trust. 29 European nurses have now commenced in employment on the York site with 1 also at York. A further 16 European nurses are due to commence in the next few months with further interviews taking place in mid-February. This will take our European Nursing workforce, recruited through this campaign to 45. All these nurses are being supported with their arrival and induction into the Trust.

Sitting alongside the European recruitment is the campaign to attract final year nursing students to apply for Staff nurse positions with the Trust, with a view to commencing in employment in August/September 2016. Last year we ran a very successful campaign with over 60 newly qualified nurses commencing in post in September and we hope to recruit more this year. The campaigns through local universities has commenced with the attendance at a recruitment fair in Hull and one scheduled in March in York. We are also looking to attend events in Leeds, Bradford, Sheffield and South Tees. Interviews for newly qualified nurses will commence in mid-February.

Local generic nurse adverts are continuing and in February further interviews took place. Working with the recruitment team, we will look to commence their employment as soon as possible. Interviews are scheduled on a fortnightly basis.

In January the Trust recruited 15 Band 3 Healthcare Assistants from our existing Band 2 workforce to provide a senior healthcare presence of AMU, Ward 28, and the Acute Stroke Unit

in York and AMU, Beech, Lilac Wards and Ambulatory Care in Scarborough. These individuals will commence their two week induction programme on 29th February 2016 and their Band 2 posts will be back-filled with new healthcare assistants.

With regards to Healthcare Assistants, further interviews will be taking place for Healthcare Assistants in mid February where we anticipate that all the vacancies will be filled together with those required to backfill for the new HCA positions.

With the continuing vacancy position, a number of wards have reviewed their nurse staffing levels and this has, where possible resulted in a change to the skill mix in some areas. Patient Safety and safe nursing levels have been maintained during these reviews.

The Safer Staffing return for January 2016 is detailed in a separate paper.

2.2 MBRRACE-UK report December 2015. Surveillance report

(Mother and Babies: Reducing Risk through Audit and Confidential Enquiries across the UK)

As a Trust we submit information from clinical cases directly to MBRRACE for inclusion in the confidential enquiries reports.

This particular report looks at UK perinatal deaths for births from January to December 2013 and includes individual Trust data for stillbirths, neonatal death and extended perinatal deaths. The rates are presented as 'crude' and 'stabilised and adjusted' mortality rates (Stabilised and adjusted provides a more reliable estimate of the underlying mortality rate, accounting for mothers age, socio-economic deprivation, baby's sex and ethnicity, multiplicity and gestational age at birth). The Trust is compared to similar providers (comparator group)

York Trust has been coded red for neonatal deaths, which is more than 10% higher than the average for the comparator group and amber for stillbirths, which is up to 10% higher than the average for the comparator group (2013 data)

MBRRACE-UK recommend that Trusts who fall into the red and amber bands should conduct a local review in order to identify factors which might be responsible for their reported high stabilised and adjusted rate.

A multidisciplinary team meeting has been held with Obstetricians, paediatrician and midwives and a plan made to carry out a multidisciplinary peer review cross site of all stillbirths and neonatal deaths in 2015 and then to continue this and hold regular meetings to review each case in 2016. The results and learning from this work will be presented at the perinatal mortality meetings on each site.

The stillbirth rate at both York and Scarborough site have significantly reduced this year from 4.4 to 2.4 stillbirths per 1000 births as a Trust. The actual numbers are small (from 22 to 11) so this data should be viewed with caution, however, a large amount of work has been undertaken in 2015 to reduce stillbirths, including becoming a pilot site for implementation of the national stillbirth care bundles;

Implementation (York site) and re launch (Scarborough site) of customised growth charts (to detect small for gestational age babies and plan appropriate care to reduce risks)

Reduced Fetal Movements. Raising awareness with women and reviewed guidance for clinical management.

Effective Fetal Monitoring in labour. Reviewed local guidance following the new NICE guidelines and increased training for midwives and Obstetricians in interpretation of Continuous CTG monitoring (cardiotocography)

Reducing smoking in pregnancy. Implementation of carbon monoxide monitoring in pregnancy,

increased referrals to the stop smoking service and update training for midwives. Scarborough site have also commenced the 'Baby Clear' project which is supported and funded by Scarborough and Ryedale CCG.

Babyclear is a new, national initiative to reducing smoking at time of delivery rates by providing a series of interventions to pregnant women who smoke. Smoking in pregnancy remains an area of concern in Scarborough with a rate of 21% (above the national average rate of 11 to 12%)

Scarborough community midwives have all attended training to offer advice to all smokers at each antenatal appointment and a specialist 'Risk Perception Intervention' (RPI) clinic has commenced. Smokers are cohorted into this clinic for their ultrasound scan following which they are invited to speak with specially trained Midwives who use software to give a visual representation of carbon monoxide levels in the baby's blood and the effects of this on the baby. They are given frank, factual advice and then referred for specialist support to quit. This intervention has shown to be very effective in the North East of England.

Neonatal deaths are all reviewed at the City of York and North Yorkshire CDOP (Child death overview process) meeting with lessons learned shared across the country from these panels.

We have recently been asked to consider investigating each stillbirth and neonatal death as a serious incident investigation. This will be discussed at the O&G Clinical Governance Forum on 12th February 2016

2.3 Falls

It remains an organisational priority to reduce in-patients falls; particular emphasis is placed upon the reduction of falls with harm. An update detailing the position across the trust in relation to falls and recommendations is in a separate paper.

2.4 Pressure Ulcer Prevention

As with falls this remains an organisational priority, the update and detail is in a separate report.

The committee are aware that we are currently agreeing quality priorities for the coming year, and we will continue to monitor rates and prevalence of falls and pressure ulcers.

It is therefore timely that we review the current project plans and key objectives in line with current national initiatives and any changes will be brought to future meetings for information.

2.5 Infection Prevention & Control

MRSA incidence: 7 cases to date

MSSA incidence: 32 cases to date. Each case is being reviewed by the Infection Prevention Doctor, Deputy DIPC and/or Senior Infection Prevention Nurse.

- ANTT audit is being undertaken to review practice
- Clostridium difficile incidence: 59 cases to date with 14 agreed with the CCG as no lapses in care
- Influenza we have had a recent increase in admissions of patients with a possible/confirmed diagnosis of influenza. The following advice has been cascaded and the Infection Prevention Team are providing support with case management

- Bed Managers have been advised to identify possible influenza patients when taking direct admissions and advise receiving staff accordingly
- All patients can continue to follow the admissions pathway if this is a proposed/differential diagnosis (i.e. via AMU)
- Following medical assessment if the patient is a probable flu case (i.e. fits case definition) nose and throat virology swabs must be taken (available from pathology reception note **not** the black microbiology swabs) the patient must be isolated and respiratory PPE worn by staff members
- If there is difficulty isolating these patients please discuss with Infection Prevention
- If we have a significant number of confirmed cases Infection Prevention will liaise with the Ops and Bed Management teams re cohorting these patients
- If there is a delay in isolating a suspected case of influenza once the provisional diagnosis is made, staff should wear surgical masks when delivering direct care i.e. within 1 metre of the affected patients even though the patient is in a bay with other patients

3. Effectiveness

3.1 Accessibility Information Standard

The Accessible Information Standard was agreed by DoH and Adult Social Care last June and will follow the standard by law by 31/7/2016.

To meet the Accessible Information Standard, we will need to identify and record the information and communication needs of service users, where those needs relate to a disability, impairment or sensory loss. This will be applied in the Trust under the About Me section on CPD. IT are currently working on this.

This has clear benefits for the LD service and I have asked that we be linked into development. We have been attempting to get an alert attached to CPD to effectively outline the needs of people with LD in hospital without success. This legislation potentially offers an opportunity to do this. The Accessible Information Standard is tabled for discussion at the Fairness Forum next week and will be discussed at the Safeguarding Adults Governance Group in March.

3.2 Nursing Dashboards.

The nursing dashboard continues to be populated each month and will be developed further in the next few months to include additional metrics. At the time of writing it is not possible to provide the complaints data, however this is being rectified and will be incorporated into the dashboard as quickly as possible. The nursing dashboard is attached at appendix 1.

3.3 Maternity dashboard

As previously discussed; major PPH (Postpartum haemorrhage) is higher than we would expect at the York site; and coded red on the York maternity dashboard.

An initial audit was undertaken in 2015 which did not identify any themes and therefore a more in depth audit of each case has been undertaken. The results of this audit will be presented at the Clinical Governance meeting on Friday 12th February 2016. The audit has looked closely at identifying risk factors in women and at preventative management.

An action plan will be developed from this audit at the O&G Clinical Governance meeting. A regional maternity dashboard has been launched by the Strategic Clinical Network group. The first quarter data has been submitted and we await the publication of Yorkshire and the Humber

Maternity services data. This will allow us to benchmark against other units.

4 Caring

4.1 Care Act

The Trust has representation at NYCC, ERYC and CYC safeguarding adults' policy review groups. The aim of these groups is to develop a consistent approach to managing safeguarding concerns whilst "Making Safeguarding Personal"

Progress of these projects are reported to the relevant Safeguarding Adults Boards and internally to the Trust's own Safeguarding Adults Governance Group.

The Safeguarding Adults Team continue to support staff with this to a certain extent, training, awareness raising, staff forums etc. Implementation of this ruling has already been highlighted for the Risk Register and this emerging guidance will be included in the next return.

4.2 Patient Experience

Parliamentary & Health Service Ombudsman report – A review into the quality of NHS complaints investigations where serious or avoidable harm has been alleged

The above report was published in December 2015. It summarised the findings of the Parliamentary and Health Service Ombudsman's research into the quality of NHS complaint investigation six key findings were put forward along with recommendations about how these should be taken forward at a national level.

In particular, recommendations were directed at the new body, the Independent Patient Safety Investigation Service (IPSIS) which will start work in April 2016.

Each PHSO recommendation is set out in appendix 2 along with a summary of what procedure is in place within YTHFT to mitigate the risk of failings occurring within this Trust.

4.3 Response to the recommendations of the Mazars Report/NHS England

The above report was commissioned by NHS England following the death of a patient with learning disabilities whilst in the care of a Short Term Assessment and Treatment Team (STATT) Unit, an Assessment and Treatment Unit for individuals with learning disabilities run by Southern Health NHS Foundation Trust.

Although the investigation focused on the extent of the unexpected deaths in Mental Health and Learning Disabilities Services, the response to the recommendations by NHS England, NHS Improvement and the CQC apply to all health providers caring for patients with a learning disability and/or mental ill-health.

The report was critical of internal governance and assurances processes summarised as "lack of leadership, focus and sufficient time spent in the trust on carefully reporting and investigating unexpected deaths of mental health and learning disability service users".

Whereas this review and subsequent recommendations relate to specific mental health and learning disability healthcare provider, the Trust are able to assure themselves that processes are in place to review unexpected deaths for all patient groups.

A separate paper details the organisational process and provides assurance to the board.

5. Recommendation	
The Committee is asked to note the Chief Nurse Report for February 2016.	
6. References	
<p>Independent review of deaths of people with a learning disability or mental health problem in contact with Southern Health NHS Foundation Trust April 2011 - March 2015 https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2015/12/mazars-rep.pdf</p> <p>The Care Act 2014 http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted</p>	
Author	Beverley Geary, Chief Nurse
Owner	Beverley Geary, Chief Nurse
Date	February 2016

Appendix 1

Nursing Dashboard - Trustwide

		Metric	Measure	Data Source	Trajectory	RAG	Cumm. Total	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - New PU			164	24	21	15	16	19	19	13	18	16	3
		Cat 4	No. of Patients (PP)	Safety Thermometer - New PU			3	0	0	0	0	2	0	1	0	0	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - New PU			24	3	4	2	1	3	2	2	4	3	0
		Cat 2	No. of Patients (PP)	Safety Thermometer - New PU			97	14	14	10	12	11	9	4	12	9	2
		Unstageable	No. of Patients (PP)	Safety Thermometer - New PU			39	6	3	3	3	3	8	6	2	4	1
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - New PU			1	1	0	0	0	0	0	0	0	0	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS			308	17	29	33	41	33	36	31	33	31	24
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS			20	4	8	2	0	0	1	1	4	0	0
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer - QUIN HARM FREE	95%	Red		94.38	92.98	94.37	93.73	94.06	94.23	95	94.26	91.77	95.65
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - UTI - NEW UTI			219	19	29	26	20	20	24	23	17	21	20
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS			140	17	16	7	18	16	17	9	12	10	18
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE Treatment Type			26	1	3	5	3	2	1	4	3	3	1
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE Treatment Type			27	5	6	3	2	1	1	2	2	3	2
	VTE Other	VTE Other	No. of Patients (PP)	Safety Thermometer - VTE Treatment Type			10	1	2	1	1	3	1	0	0	1	0
Workforce	Vacancies	Inpatient area vacancies - RN (month end)	Number	CN Team				85.52	85.38	86.29	86.97	103.84	128.47	101.2	92.06	106.67	79.96
		Inpatient area vacancies - HCA (month end)	Number	CN Team				25.31	19.81	13.11	9.41	13.83	17.8	16.53	-7.58	11.87	34.87
	Turnover	Registered Nurses	%	Workforce Info				12.54%	10.36%	11.10%	11.21%	11.63%	12.33%	11.53%	12.24%	11.68%	11.83%
		Healthcare Assistants	%	Workforce Info				18.52%	15.14%	10.89%	11.78%	12.31%	12.15%	12.23%	12.01%	12.24%	10.06%
	Sickness	Trustwide nursing / HCA sickness	%	Workforce Info				4.33%	3.75%	4.01%	4.35%	3.76%	3.82%	5.17%	4.37%	4.64%	
	Safer Staffing Return	Qualified Fill Rate - Day	%	Safer Staffing Return	Between 80 - 100 %	Green		100.0%	94.85%	93.39%	93.95%	91.31%	91.70%	92.80%	92.00%	91.20%	90.40%
		Qualified Fill Rate - Night	%	Safer Staffing Return	Between 80 - 100 %	Red		113.18%	106.27%	95.96%	95.93%	96.67%	88.60%	93.50%	95.40%	89.90%	89.70%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100 %	Green		93.69%	93.07%	103.03%	100.85%	100.10%	98.50%	96.70%	100.70%	93.70%	98.00%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100 %	Red		105.22%	107.02%	107.18%	105.51%	104.03%	100.60%	106.30%	104.60%	114.20%	110.00%
	Bank & Agency	Overall Fill Rate	%	Workforce Info				74.53%	77.12%	82.24%	87.38%	80.29%	74.26%	77.55%	77.04%	70.76%	79.40%
		Bank Fill Rate RN	%	Workforce Info				32.41%	29.43%	31.93%	29.66%	28.35%	29.14%	43.74%	36.98%	36.20%	46.38%
		Bank Fill Rate HCA	%	Workforce Info				41.13%	38.24%	39.74%	43.07%	51.09%	56.02%	51.13%	53.85%	52.56%	67.07%
		Bank - RN Hours filled	Number of Hours	Workforce Info				7,578	8,501	8,192	8,167	8,480	8,868	9,458	10,100	10,499	14,508
		Bank - HCA Hours filled	Number of Hours	Workforce Info				8,542	9,158	9,178	10,272	9,616	9,089	9,508	10,711	11,161	13,716
		Agency Fill Rate RN	%	Workforce Info				34.39%	39.85%	43.64%	54.73%	48.66%	42.01%	34.12%	40.36%	32.56%	30.26%
		Agency Fill Rate HCA	%	Workforce Info				42.11%	48.48%	46.73%	47.72%	34.40%	23.35%	26.06%	22.78%	20.93%	16.55%
		Agency - RN Hours filled	Number of Hours	Workforce Info				8,043	11,512	11,199	15,068	14,553	12,783	7,379	11,021	9,444	9,465
		Agency - HCA Hours filled	Number of Hours	Workforce Info				8,745	11,604	11,419	11,494	6,476	3,789	4,847	4,530	4,444	3,285
Infection Prevention	MRSA	MRSA Bacteraemia	Cummulative	IC Team	0	Red	7.00	2	2	2	0	0	0	0	0	0	1
		MRSA Screening - Elective	Compliance %	Signal	95%	Red		93.56	93.34	93.34	92.35	94.84	94.54	95.73	94.58	86.21	70.17
		MRSA Screening - Non-Elective	Compliance %	Signal	95%	Red		77.14	79.32	78.96	80.16	81.53	79.48	78.47	83.95	79.88	76.82
	C.Difficile	C Diff Toxin Trust Attributed	Cummulative	IC Team	48	Red	57.00	7	8	6	3	8	3	6	2	8	7
	MSSA	MSSA Bacteraemia	Cummulative	IC Team	<30	Red	32.00	3	5	3	4	2	3	6	2	2	2
	E-Coli	E-Coli Bacteraemia	Cummulative	IC Team			74.00	8	8	8	4	6	6	6	3	14	11
	Hand Hygiene	Hand Hygiene Compliance 95%	Compliance %	IC Team	95%	Amber		91%	92%	93%	94.6	94%	94%	94%	94.93	94	94

		Metric	Measure	Data Source	Trajectory	RAQ	Cumm. Total	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Governance Team				5	14	12	20	11	16	21	19	12	11
	Critical Incidents	CI's reported	Number	Datix - Healthcare Governance Team				4	5	2	10	7	0	0	0	0	0
	Never Events	Never Events declared	Number	Datix - Healthcare Governance Team				0	0	1	0	0	0	0	0	0	0
Patient Experience	Friends and Family	Inpatient Friends and Family Test	%Recommend	Signal				96.15%	96.81%	95.91%	96.14%	97.01%	96.51	96.98	95.46	95.26	*Not Yet Available
			%Not Recommend	Signal				1.55%	0.95%	1.38%	0.92%	0.75%	0.9	0.88	1.26	1.83	*Not Yet Available
		A&E Friends and Family Test	% Recommend	Signal				79.58%	80.38%	82.12%	85.05%	85.09%	81.49	78.34	76.1	85.61	*Not Yet Available
			% Not Recommend	Signal				14.83%	14.56%	12.04%	9.43%	10.83%	12.77	13.75	16.9	8.7	*Not Yet Available
		Maternity (Ante Natal)	% Recommend	Signal				93.20%	90.99%	96.64%	96.90%	96.08%	96.46	95.6	100	97.22	*Not Yet Available
			% Not Recommend	Signal				0.97%	1.80%	0.00%	0.00%	0.00%	1.7	1.1	0	0	*Not Yet Available
		Labour & Birth	% Recommend	Signal				95.20%	98.04%	100.00%	97.60%	94.90%	98.76	95.5	93.75	98.97	*Not Yet Available
			% Not Recommend	Signal				0.80%	0.98%	0.00%	0.80%	1.02%	0	0.9	6.25	0	*Not Yet Available
		Maternity (Post Natal)	% Recommend	Signal				94.00%	96.59%	99.03%	95.79%	94.09%	98.37	95.6	100	0	*Not Yet Available
			% Not Recommend	Signal				3.00%	1.14%	0.00%	0.00%	2.33%	1.62	1.1	0	0	*Not Yet Available
		Community Post Natal	% Recommend	Signal				100.00%	98.51%	98.82%	100.00%	98.44%	100	95.66	100	94.44	*Not Yet Available
			% Not Recommend	Signal				0.00%	1.49%	0.00%	0.00%	0.00%	0	2.59	0	5.56	*Not Yet Available
	Complaints	Complaints Total	Number	PE Team				22	25	12	17	8	20	42	*Not Yet Available	*Not Yet Available	*Not Yet Available
		Staff Attitude	Number	PE Team				1	1	2	3	2	6	7	*Not Yet Available	*Not Yet Available	*Not Yet Available
		Patient Care	Number	PE Team				14	14	6	7	3	6	6	*Not Yet Available	*Not Yet Available	*Not Yet Available
		Communication	Number	PE Team				7	10	4	7	3	8	5	*Not Yet Available	*Not Yet Available	*Not Yet Available

Nursing Dashboard - York

		Metric	Measure	Data Source	Trajectory	RAG	CumT otal	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
Patient Safety	Pressure Ulcers	PUIP Overall	No. of Patients (PP)	Safety Thermometer - NEW PU				9	3	2	3	1	2	3	1	0	2
		Cat 4	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	1	0	0	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - NEW PU				1	1	0	0	0	0	0	0	1	0
		Cat 2	No. of Patients (PP)	Safety Thermometer - NEW PU				0	2	2	2	1	2	0	1	5	1
		Undetectable	No. of Patients (PP)	Safety Thermometer - NEW PU				2	0	0	1	0	0	2	0	2	1
	Falls	Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	0	0	0	0
		Falls	No. of Patients (PP)	Safety Thermometer - FALLS				23	14	10	11	18	18	15	18	23	18
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS				2	0	1	0	0	0	1	2	0	0
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer - CQUIN HARM FREE %	95%			94.3%	94.3%	94.3%	95.0%	95.0%	95.1%	95.22%	96.09%	96.7%	96.66%
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - CQUIN HARM				5	10	9	8	7	11	3	7	11	3
Workforce	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS				7	9	4	8	1	9	6	6	3	9
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE				0	2	1	1	0	1	3	2	3	0
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE				2	3	1	0	0	0	1	0	2	2
	VTE Other	VTE Other		Safety Thermometer - VTE TREATMENT TYPE				0	0	0	0	0	0	0	0	0	0
	Vacancies	Inpatient area vacancies -IN	Number	CN Team				42.02	47.53	33.02	42.64	64.20	81.66	52.70	42.13	64.21	43.71
	Sickness	Sickness (In Patient Area)	Number	CN Team				12.04	4.88	5.08	10.53	13.88	24.43	23.29	0.18	10.08	28.33
Infection Prevention	Safer Staffing Return	Qualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%			86.40%	85.00	88.90	90.85	87.60	85.4	85.8	90.3	86	88.9
		Qualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%			110.80%	100.00	97.00	95.00	93.70	94.3	94.3	96.6	94.5	93.7
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%			98.60%	104.30	108.90	115.30	104.90	88.5	100	95.4	93.8	95.8
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%			108.90%	108.40	118.40	120.10	108.90	108.1	108.3	108.3	108.3	108.1
	Internal Bank Fill Rate	Fill Rate	%	Workforce Info					26.00	27.70	26.90	28.62	29.2	27.94	31.9	32.66	33.7
	Agency Fill Rate	Fill Rate	%	Workforce Info					62.40	57.00	62.70	53.11	44.9	43.31	43.1	36.68	42.4
Risk Management (Trust wide)	MRSA	MRSA Bacteremia	Cumulative	IC Team	8	1		1	0	0	0	0	0	0	0	0	0
		MRSA Screening - Elective	Compliance %	Signal	95%			95.90%	97.00%	96.71%	95.10%	97.00%	97.00%	96.61%	97.85%	98.81%	99.00%
		MRSA Screening - Non-Elective	Compliance %	Signal	95%			95.40%	96.00%	97.10%	98.30%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
	C.Difficile	C.Diff Toxin Trust Attribution	Cumulative	IC Team	58	33		7	2	2	0	3	2	4	3	5	5
	MRSA	MRSA Bacteremia	Cumulative	IC Team	29	16		2	2	2	3	0	1	5	0	1	0
	E-Coli	E-Coli Bacteremia	Cumulative	IC Team	34	6		6	2	4	1	4	2	3	4	4	4
Patient Experience	Hand Hygiene	Hand Hygiene Compliance 95%	Compliance %	IC Team	95%	9		95.00%	95.00%	97.00%	98.00%	98.00%	98.00%	97.00%	98.00%	98.00%	* not yet available
	Matron Environmental Audits	Environmental Audits	Compliance %	IC Team	95%	9		90.00%	90.00%	90.00%	80.00%	97.00%	95.00%	95.00%	90.00%	90.00%	* not yet available
	Serious Incidents	SI's declared	Number	Drabs - Healthcare Governance				0	4	9	10	4	6	13	9	5	2
	Critical Incidents	CI's reported	Number	Drabs - Healthcare Governance				2	2	1	4	6	0	0	0	0	0
	Newer Events	Newer Events declared	Number	Drabs - Healthcare Governance				0	0	1	0	0	0	0	0	0	0
	Friends and Family	Inpatient Friends & Family Test	% Recommend	Signal				95.17	96.26	95.95	95.04	97.53	95.98	96.25	94.96	94.43	* not yet available
Patient Experience	Friends and Family	A&E Friends and Family Test	% Not Recommend	Signal				2.24	1.13	1.79	0.93	0.75	1.00	1.12	1.60	2.40	* not yet available
		Maternity (Ante Natal)	% Recommend	Signal				79.01	82.42	82.00	86.76	86.04	82.20	79.25	74.50	80.57	* not yet available
		Maternity (Post Natal)	% Not Recommend	Signal				14.42	12.53	12.92	8.06	8.02	12.43	12.83	18.30	7.89	* not yet available
		Birth	% Recommend	Signal				100.00	85.00	95.18	87.67	83.93	85.24	86.79	100.00	83.75	* not yet available
		Maternity (Post Natal)	% Not Recommend	Signal				0.00	15.00	0.00	0.00	0.00	3.17	1.89	0.00	0.00	* not yet available
		Birth	% Not Recommend	Signal				94.10	21.20	21.10	90.00	90.00	90.50	91.67	90.50	90.50	* not yet available
	Complaints	Complaints Total	Number	PE Team				0	17	10	6	5	8	24	*	*	* not yet available
		Staff Attitude	Number	PE Team				0	0	1	1	1	3	2	*	*	* not yet available
		Patient Care	Number	PE Team				3	9	5	2	2	4	*	*	*	* not yet available
		Communication	Number	PE Team				6	8	4	3	2	3	5	*	*	* not yet available
		Complaints Total	Number	PE Team				0	17	10	6	5	8	24	*	*	* not yet available
		Staff Attitude	Number	PE Team				0	0	1	1	1	3	2	*	*	* not yet available

Nursing Dashboard - Scarborough

		Metric	Measure	Data Source	Trust Trajectory	Cum Total	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - NEW PU			4	1	4	3	4	4	1	3	5	1
		Cat 4	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	0	0	0	0	0	0	0	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - NEW PU			1	0	0	0	1	0	0	0	0	0
		Cat 2	No. of Patients (PP)	Safety Thermometer - NEW PU			3	1	2	2	2	2	1	3	3	1
		Unstageable	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	2	1	1	2	0	0	2	0
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	0	0	0	0	0	0	0	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS			8	5	2	1	2	4	8	8	8	4
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS			1	0	0	0	0	0	0	2	0	0
		Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	95%		91.20	92.64	94.77	90.50	90.68	93.90	93.08	91.04	90.2	93.31
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - CQUIN HARMS			8	9	5	11	7	8	11	10	11	7
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS			9	3	3	7	10	3	2	4	7	6
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			0	0	0	1	1	0	0	1	0	1
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			1	1	0	1	0	1	1	1	1	0
	VTE Other	VTE Other	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			1	1	0	1	0	0	0	0	1	0
Workforce	Vacancies	Inpatient area vacancies -RN	Number	CN Team			33.04	24.91	20.30	28.20	25.45	31.15	30.57	36.66	26.93	23.93
		Inpatient area vacancies - HCA	Number	CN Team			10.25	11.90	5.83	0.00	3.98	-8.56	-8.86	-11.24	-3.69	0.75
	Sickness	Sickness (In Patient Areas)	%	Workforce Info			3.57%	5.55%	4.58%	5.15%	4.98%	5.16%	4.61%	5.08%	6.67%	
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%		91.30%	76.20%	95.70%	96.80%	91.50	90.5	91.7	93.8	97.5	98.6
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%		94.30%	92.50%	93.30%	93.50%	90.00	89.8	92.3	104.6	102.6	92.6
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%		99.30%	95.00%	109.80%	112.00%	112.20	109.4	109.2	94.1	90.8	104.9
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%		110.50%	117.50%	120.20%	115.90%	119.50	108.9	108.8	108.9	108.9	113.6
	Internal Bank Fill Rate	Fill Rate	%	Workforce Info				45.70%	52.50%	51.00%	48.64%	51.80%	59.40%	62.00%	57.17%	73.70%
	Agency Fill Rate	Fill Rate	%	Workforce Info				28.00%	30.00%	33.30%	27.72%	22.70%	19.40%	18.70%	14.63%	11.30%
Infection Prevention	MRSA	MRSA Bacteraemia	Cumulative	IC Team	0	3	0	1	2	0	0	0	0	0	0	0
		MRSA Screening - Elective	Compliance %	Signal	95%		76.22	87.01	94.43	91.10	94.31	93.99	96.90	92.38	74.28	88.97
		MRSA Screening - Non-Elective	Signal	Signal	95%		85.58	88.58	94.30	93.44	93.93	95.70	90.30	91.55	88.58	97.48
	C.Difficile	C DIFF Toxin Trust Attributed	Cumulative	IC Team	48	15	0	6	3	2	0	1	0	0	2	1
	MSSA	MSSA Bacteraemia	Cumulative	IC Team	<38	14	1	3	1	1	0	2	1	2	1	2
	E-Coli	E-Coli Bacteraemia	Cumulative	IC Team		34	2	6	3	3	0	4	3	4	3	6
	Hand Hygiene	Hand Hygiene Compliance 95%	Compliance %	IC Team	95%		89.00%	88.00%	91.00%	92.00%	92.00%	98.05%	93.66%	95.26%	93.30%	*not yet available
	Matron Environmental Audits	Environmental Audits	Compliance %	IC Team	95%		94.00%	95.00%	95.46%	94.00%	86.00%	91.00%	95.68%	97.00%	93.50%	*not yet available
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Governance			1	5	3	6	2	4	4	6	4	6
	Critical Incidents	CI's reported	Number	Datix - Healthcare Governance			2	2	1	5	1	0	0	0	0	0
	Never Events	Never Events declared	Number	Datix - Healthcare Governance			0	0	0	0	0	0	0	0	0	0
Patient Experience	Friends and Family Test	Inpatient Friends and Family Test	%Recommend	Signal			96.81	96.07	94.78	95.74	95.02	96.61	97.81	95.00	95.32	*not yet available
			%Not Recommend	Signal			0.87	1.59	0.26	1.26	1.39	0.85	0.40	1.00	1.10	*not yet available
		A&E Friends and Family Test	%Recommend	Signal			78.98	75.14	82.31	79.76	80.12	79.31	71.83	85.10	80.85	*not yet available
			%Not Recommend	Signal			15.92	19.77	9.52	13.89	16.27	13.79	19.72	9.20	12.77	*not yet available
		Maternity (Ante Natal)	%Recommend	Signal			100	23.46	21.82	95.34	21.18	98.00	100.00	100.00	100.00	*not yet available
			%Not Recommend	Signal			0	0.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	*not yet available
		Birth	%Recommend	Signal			97.4	94.78	38.80	98.00	93.75	100.00	100.00	100.00	100.00	*not yet available
			%Not Recommend	Signal			0	1.74	0.00	0.00	2.00	0.00	0.00	0.00	0.00	*not yet available
		Maternity (Post Natal)	%Recommend	Signal			94.4	22.70	20.10	100.00	100.00	100.00	96.20	100.00	90.90	*not yet available
			%Not Recommend	Signal			0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.10	*not yet available
	Complaints *new DATIX system reporting not yet available. Will be populated asap.	Complaints - Total	Number	PE Team			11	7	1	11	3	11	13	*	*	*not yet available
		Staff Attitude	Number	PE Team			1	1	0	2	1	3	0	*	*	*not yet available
		Patient Care	Number	PE Team			9	4	1	5	1	4	2	*	*	*not yet available
		Communication	Number	PE Team			1	2	0	4	1	4	5	*	*	*not yet available

Nursing Dashboard - Bridlington

		Metric	Measure	Data source	Trajectory	RAG	Comm date	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - NEW PU				0	1	0	0	0	0	1	2	2	0
		Cat 4	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	0	0	0	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	0	1	1	0
		Cat 2	No. of Patients (PP)	Safety Thermometer - NEW PU				0	1	0	0	0	0	0	1	1	0
		Unstageable	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	1	0	0	0
		Deep Tissue Injury						0	0	0	0	0	0	0	0	0	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS				1	3	11	0	2	3	0	1	0	1
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS				0	0	0	0	0	0	0	0	0	0
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer - CQUIN HARM FREE %	99%			94.44	90.00	91.30	90.40	90.91	91.84	95.65	92.46	91.46	96.3
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - CQUIN HARM FREE				1.00	0.00	3.00	1.00	0.00	1	1	1	1	0
Workforce	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS				1.00	1.00	0.00	1.00	0.00	2	0	0	0	3
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE				0.00	1.00	1.00	0.00	0.00	0	0	0	0	0
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE				0.00	0.00	1.00	0.00	0.00	0	0	0	0	0
	VTE Other	VTE Other		Safety Thermometer - VTE TREATMENT TYPE				0.00	0.00	0.00	0.00	0.00	0	0	0	0	0
	Vacancies	Inpatient area vacancies - RN	Number	CN Team				8.59	10.76	5.74	7.38	8.18	5.4	5.72	3.72	5.08	3.68
		Inpatient area vacancies - HCA	Number	CN Team				0.00	1.68	1.00	1.42	2.06	-0.2	0.08	0.08	1.68	2.88
	Sickness	Sickness (In Patient Areas)	%	Workforce Info				6.25%	6.67%	8.70%	3.16%	11.39%	8.05%	6.06%	6.36%	6.99%	
	Safer Staffing Return	Qualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%			90.10%	87.20	100.70	96.80	90.20	89	89.8	94.7	89.9	92.6
		Qualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%			106.40%	104.32	94.30	95.50	79.80	75.8	73.9	93.2	90.7	76.7
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%			80.20%	79.90	95.60	81.40	85.00	82.3	85.2	73.6	87.6	94.9
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%			125.80%	135.30	129.80	125.32	121.50	109.4	112.7	145	126.1	101.3
	Internal Bank Fill Rate	Fill Rate	%	Workforce Info					48.00%	56.30%	70.70%	49.24%	61.40%	62.80%	83.60%	70.95%	81.40%
	Agency Fill Rate	Fill Rate	%	Workforce Info					26.50%	28.80%	20.20%	37.39%	19.50%	6.50%	7.78%	3.39%	1.20%
Infection Prevention	MRSA	MRSA Bacteraemia	Accumulated number of patients	IC Team	0	Green	3	1	2	0	0	0	0	0	0	0	0
		MRSA Screening - Elective	Compliance %	Signal	99%			90.11	99.87	92.83	89.00	90.85	93.33	94.08	91.1	90.78	92.11
		MRSA Screening - Non-Elective	Compliance %	Signal	99%			0.00	93.33	93.33	100.00	98.89	96.87	100	93.33	100	100
	C.Difficile	C.DIF Toxin Trust Attributed	Accumulated number of patients	IC Team	48	Green	3	0	0	1	0	1	0	1	0	0	0
	MSSA	MSSA Bacteraemia	Accumulated number of patients	IC Team	<30	Red	0	0	0	0	0	0	0	0	0	0	0
	E-Coli	E-Coli Bacteraemia	Accumulated number of patients	IC Team			2	0	0	1	0	0	0	1	0	0	0
	Hand Hygiene	Hand Hygiene Compliance 95%	Compliance %	IC Team	99%	Amber		90.00%	89.00%	88.00%	89.17%	82.80%	74.29%	83.33%	82.90%	80.00%	*not yet available
	Matron Environmental Audits	Environmental Audits	Compliance %	IC Team	99%			93.00%	93.00%	95.07%	96.20%	95.50%	98.00%	98.00%	98.50%	96.00%	*not yet available
Risk Management (Trust Wide)	Serious Incidents	SI's declared	Number	Datix - healthcare governance				0	0	1	0	0	0	0	0	0	2
	Critical Incidents	CI's reported	Number	Datix - healthcare governance				0	0	0	0	0	0	0	0	0	0
	Never Events	Never Events declared	Number	Datix - healthcare governance				0	0	0	0	0	0	0	0	0	0
Friends and Family	Friends and Family	Inpatient Friends and Family Test	%Recommend	Signal				97.51%	99.65%	97.25%	98.21%	98.71%	98.16%	98.39%	100.00%	98.73%	*not yet available
			%Not Recommend	Signal				1.42%	0.00%	1.37%	0.36%	0.32%	0.61%	0.81%	0.00%	0.00%	*not yet available
		A&E Friends and Family Test	% Recommend	Signal				--	--	--	--	--	--	--	--	--	--
			% Not Recommend	Signal				--	--	--	--	--	--	--	--	--	--
		Maternity (Ante Natal)	% Recommend	Signal				--	--	--	--	--	--	--	--	--	--
			% Not Recommend	Signal				--	--	--	--	--	--	--	--	--	--
		Birth	% Recommend	Signal				--	--	--	--	--	--	--	--	--	--
			% Not Recommend	Signal				--	--	--	--	--	--	--	--	--	--
		Maternity (Post Natal)	% Recommend	Signal				--	--	--	--	--	--	--	--	--	--
			% Not Recommend	Signal				--	--	--	--	--	--	--	--	--	--
	Complaints - new DATIX system reporting not yet available. Will be populated asap.	Complaints Total	Number	PE Team				2	1	1	0	0	0	1	*	*	*not yet available
		Staff Attitude	Number	PE Team				0	0	1	0	0	0	0	*	*	*not yet available
		Patient Care	Number	PE Team				2	1	0	0	0	0	0	*	*	*not yet available
		Communication	Number	PE Team				0	0	0	0	0	0	0	*	*	*not yet available

Appendix 2 - Parliamentary & Health Service Ombudsman Recommendations

Insight	Evidence	PHSO recommendation	YTHFT Assurance
1. The process of investigating as it stands is not consistent, reliable, or good enough.	<p>40% of investigations were not adequate to find out what had happened.</p> <p>19% of investigations had relevant evidence (medical records, statements and interviews) missing when they were conducted.</p> <p>Trusts did not find failings in 73% of cases in which we found them.</p> <p>Trusts did not find out why things went wrong in 36% of cases where they found failings.</p>	To support all investigations to be carried out to a consistent and high quality, IPSIS should develop and champion broad principles of a good investigation. The emphasis should be on building capability and capacity at a local level whilst also allowing for flexibility and proportionality.	<ul style="list-style-type: none"> - YTHFT guidance for complaint investigators includes best practice for how to carry out and document an investigation. - Datix Web IT system is designed to keep all records of the investigation including copies of the evidence collated. - Three-stage quality checking process including assistant director of nursing and chief nurse/deputy chief nurse.
2. Serious incidents are not being reliably identified by trusts, and there exists wide variation between trusts, and within trusts, in terms of how patient safety incidents are investigated.	Out of the 150 cases we reviewed, 28 were judged by us to be serious enough to lead to serious incidents, but only 8 were reported as such. We found that identification often relied on either clinicians to spot an incident or on a central risk team flagging incidents.		<ul style="list-style-type: none"> - Chief Nurse reads all complaints weekly. Those with harm or potential harm are escalated to the weekly Quality & Risk meeting (where SIs decisions are made) - All Patient Experience Team members are trained to look for potential SIs and to escalate immediately.
3. There is a lack of shared investigatory principles - how a case is investigated depends on the individual investigator.	There is no national guidance on patient safety incident investigations that sets out who should investigate and how independent they should be, level of training required, requirements for evidence needed, quality assurance, and	To support all investigations to be carried out to a consistent and high quality, IPSIS should develop and champion broad principles of a good investigation. The emphasis should be on building capability and capacity at a local level	<ul style="list-style-type: none"> - The YTHFT complaint investigation procedure is set out in the Trust's complaints/concerns policy. This is currently under review and due for updating in 2016.

	general outcomes for good investigations.	whilst also allowing for flexibility and proportionality.	
4. Poor quality investigations only increase the distress to the person who is complaining and their families.	<p>In almost a fifth of investigations medical records, statements and interviews were missing, making it difficult for trusts to arrive at what went wrong and why.</p> <p>In 41% of cases inadequate explanations were given to complainants for what went wrong and why.</p>		See 2.
5. Staff do not feel adequately supported in their investigatory role.	<p>There is no national, accredited training programme to support investigators and/or complaints staff in their role.</p> <p>During our visits to trusts, staff cited a lack of respect, not being provided with protected time to investigate, and the lack of an open and honest culture as barriers to getting to the heart of why something has happened.</p> <p>There is inequity in terms of who can lead different types of investigations. We found serious incident investigations would often be led by a named investigator with training; all other investigations not meeting serious incident criteria could be led by an 'appropriate</p>	<p>IPSIS and NHS England should consider how the role of NHS complaints managers and investigators can be better recognised, valued and supported. This includes developing a national accredited training programme.</p> <p>Trusts should demonstrate to their boards they have clear objectives, both for their organisations and their staff, to be open and honest, learn from investigations, and resolve complaints. Boards should be using My Expectations to assess to what extent local complaints services are meeting the needs of people who use the service.</p>	<ul style="list-style-type: none"> - Complaint response letter writing training for 30 YTHFT staff (all matrons and 13 deputy directorate managers) was held in October 2015. Positive feedback and outcomes from this training. Business case for further training to be developed. - Partnership working with Risk & Safety team. Includes developing a process for involving patients/families in investigations (supporting the matron currently seconded to this project).

<p>6. There are missed opportunities to learn.</p>	<p>25% of complaints managers were unsure that sufficient processes existed to prevent a recurrence of an incident.</p> <p>A further 10% of complaints managers believed sufficient processes were not in place.</p>	<p>IPSIS should work with others to lead, inspire and share learning from its own investigations in order to improve the capability of the local NHS. This includes demonstrating to organisations how they can take what they have learned from one investigation and apply it not just across divisions within a hospital, but across organisations too.</p> <p>The Department of Health and NHS England should work with IPSIS to make clear who has accountability for conducting quality NHS investigations at a national and local level. The different roles of providers, commissioners, regulators including NHS improvement, should be clearly outlined</p>	<ul style="list-style-type: none"> - New reports from Datix Web are enabling the Patient Experience Team to work in partnership with directorates to provide regular numbers and themes to their quality/governance meetings. - Next steps are to extend this to all directorates and link reporting of learning back to PESG. - Monthly nursing dashboards at ward, site and Trust level include numbers for complaints, Serious Incidents, Critical Incidents, Pressure Ulcers, Falls and Never Events.
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Board of Directors - 24 February 2016

Safe Nurse and Midwifery Staffing Report

Action requested/recommendation

The Committee is asked to receive the exception report for information

Strategic Aims

**Please
cross as
appropriate**

- | | |
|---|-------------------------------------|
| 1. Improve Quality and Safety | <input checked="" type="checkbox"/> |
| 2. Create a culture of continuous improvement | <input checked="" type="checkbox"/> |
| 3. Develop and enable strong partnerships | <input checked="" type="checkbox"/> |
| 4. Improve our facilities and protect the environment | <input type="checkbox"/> |

Implications for equality and diversity

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

Reference to CQC outcomes

Outcome 13

Progress of report	This report is only written for the Quality and Safety Committee
Risk	No risk.
Resource implications	Potential resources implications where staffing falls below planned or where acuity or dependency increases due to case mix.
Owner	Beverley Geary, Chief Nurse

Author	Nichola Greenwood, Nursing Workforce Projects Manager
Date of paper	February 2016
Version number	Version 1

Board of Directors - 24 February 2016

Safe Nurse and Midwifery Staffing Report

1. Introduction and background

The Board of Directors are aware that from May 2014 all organisations were required to report actual versus planned nurse staffing levels. This is the twenty-first submission to NHS Choices of actual against planned staffing data for day and night duty in hours and by ward.

A detailed breakdown for January 2016 staffing levels is attached at Appendix 1.

The data from this report continues to be produced from the revised tool which was introduced in June 2015.

2. High level data by site

Site Name	Day		Night	
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)
Archways Intermediate Care Unit	99.2%	96.1%	100.0%	100.0%
Bridlington And District Hospital	92.6%	94.9%	76.7%	161.3%
Malton Community Hospital	79.4%	112.9%	98.4%	100.0%
Scarborough General Hospital	86.6%	104.9%	92.6%	113.5%
Selby And District War Memorial Hospital	97.4%	99.4%	66.1%	167.7%
St Helens Rehabilitation Hospital	94.4%	89.0%	83.9%	100.0%
St Monicas Hospital	83.3%	100.0%	100.0%	100.0%
Whitby Community Hospital	86.2%	87.7%	100.0%	98.9%
White Cross Rehabilitation Hospital	96.0%	99.4%	85.5%	103.2%
York Hospital	88.9%	95.6%	93.7%	105.1%

3. Exceptions

Enhanced Supervision

A number of areas show an over 100% fill rate – usually in care staff. This is due in part to the use of enhanced supervision for patients who require a higher level of observation. These areas were:

Bridlington	Scarborough	York
Johnson	Ann Wright	Ward 28
	Chestnut	Ward 35

Provision of Safe Ward Cover

The Matrons are responsible for ensuring staffing levels are as safe as possible throughout the day and night. This means that staffing is assessed throughout the day and for out of hours and weekends and effective and safe plans are implemented. This does result in staff moving from their base wards on occasions and where necessary, increase Healthcare Assistant provision to support the shortfall of registered nurses or vice versa. These wards were:

Scarborough	Community	York	
Beech	Fitzwilliam	Ward 11	Ward 15
Chestnut	Selby	Ward 23	Ward 25
CCU	Whitecross Court	Ward 26	Ward 28
Maple		Ward 39	AMU
Stroke		ICU	

Bed Occupancy

Lloyd and Kent Wards at Bridlington and War Memorial Ward at Whitby changed their ratio of registered and unregistered staff dependent on bed occupancy levels and the effective use of staff with staff being deployed to other ward areas. Waters Ward currently has 20 beds when it is routinely staffed for 16 beds. G2 and G3 share a healthcare assistant, the healthcare assistant was predominantly on G2 during January 2016.

Activity demands on some wards have resulted in the ESA in York remaining open some nights; resulting in increased actual staffing.

The Surgical Assessment Unit on Lilac ward remained open longer than usual during January to help manage activity. This resulted in a higher level of staffing.

ESA at York was closed throughout the New Year bank holiday 4 day weekend.

Vacancies, Sickness and Annual Leave

The Trust's ability to fill shifts due to sickness and vacancies reduce the average percentage staffing levels each month.

Bridlington	Community	Scarborough	York	
Lloyd	Fitzwilliam	Beech	Ward 11	Ward 15
	Selby	Chestnut	Ward 17	Ward 23
	Whitecross Court	CCU	Ward 25	Ward 26
		ITU	Ward 28	Ward 39
		Stroke	G3	

Actions and Mitigation of risk Daily staffing meetings are taking place to deploy staff to high risk areas.						
4. Vacancies by Site						
The vacancy information for the adult inpatient areas below, has been taken from the ward budgeted establishments from the finance ledger and the staff in post data from ESR as at the end of December 2015. The information for January 2016 was not available at the time of preparing this report. The vacancies pending start has been collated from central records following the introduction of centralised recruitment in HR.						
	Reported vacancies		Vacancies filled pending start		Unfilled Vacancies	
	RN	HCA	RN	HCA	RN	HCA
Bridlington	7.08	1.68	2	0	5.08	1.68
Community	15.35	4.37	5	0.6	10.35	3.77
Scarborough	37.93	1.35	11	5.04	26.93	-3.69
York	98.51	23.65	34.20	13.6	64.31	10.05
Total	158.87	31.05	52.2	19.24	106.67	11.81
Of the 52.5wte vacancies pending start, this includes 29.2 individuals who have been recruited through local generic recruitment and a further 23 individuals who have been recruited through the European recruitment campaign.						
In addition, a further 23 nurses have been offered jobs as part of the EU recruitment. They have not as yet stated / arrived so are not yet included in the numbers.						
The Chief Nurse Team have commenced the campaign for local recruitment. The first initiative at Hull University in January has already generated 56 applicants for newly qualified nurses who will be available from September 2016.						
5. Recommendation						
The Committee is asked to receive the exception report for information.						
6. References and further reading						
National Quality Board. <i>“How to ensure the right people, with the right skills, are in the right place at the right time - A guide to nursing, midwifery and care staffing capacity and capability”</i> . 2013						
Author	Nichola Greenwood, Nursing Workforce Projects Manager					
Owner	Beverley Geary, Chief Nurse					
Date	February 2016					

Fill rate indicator return

Staffing: Nursing, midwifery and care staff

Org: RCB Spital NHS Foundation Trust

Period: xury_2015-16

Please provide the URL to the page on your trust website where your staffing information is available

(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

http://www.yorkhospitals.nhs.uk/about_us/reports_and_publications/rafer_staffing_data/

Comments

Only complete sites your organisation is accountable for

Validation alerts
(see control panel)

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				Day		Night	
					Registered midwives/ nurses		Care Staff		Registered midwives/ nurses		Care Staff		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)
	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Ann Wright	430 - GERIATRIC MEDICINE		1116	780	930	1308	682	682	341	616	69.9%	140.6%	100.0%	180.6%
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Ash	100 - GENERAL SURGERY		930	922.5	930	885	682	682	0	187	99.2%	95.2%	100.0%	-
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Beech	300 - GENERAL MEDICINE		1488	1332	1302	1410	1023	946	682	715	89.5%	108.3%	92.5%	104.8%
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Cherry	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1860	1728	1488	1500	1705	1397	1364	1353	92.9%	100.8%	81.9%	99.2%
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Chestnut	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	1488	1152	1116	1146	682	682	682	682	77.4%	102.7%	100.0%	100.0%
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Coronary Care Unit	320 - CARDIOLOGY		2325	2010	465	847.5	1364	1122	341	473	86.5%	182.3%	82.3%	138.7%
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Duke of Kent	420 - PAEDIATRICS		1627.5	1492.5	465	532.5	682	693	341	330	91.7%	114.5%	101.6%	96.8%
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Hawthorn	501 - OBSTETRICS		744	738	372	330	682	660	0	0	99.2%	88.7%	96.8%	-
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Holly	110 - TRAUMA & ORTHOPAEDICS		1116	960	1116	1122	682	671	682	682	86.0%	100.5%	98.4%	100.0%
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Intensive Therapy Unit	192 - CRITICAL CARE MEDICINE		2790	2212.5	465	247.5	1705	1672	0	0	79.3%	53.2%	98.1%	-
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Lilac	101 - UROLOGY	100 - GENERAL SURGERY	1860	1642.5	1860	1597.5	682	902	682	803	88.3%	85.9%	132.3%	117.7%
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Maple	100 - GENERAL SURGERY		2325	2115	1162.5	1485	1364	1265	682	715	91.0%	127.7%	92.7%	104.8%
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Oak	430 - GERIATRIC MEDICINE		1674	1392	1860	1836	1023	902	1023	1023	83.2%	98.7%	88.2%	100.0%
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Stroke	430 - GERIATRIC MEDICINE		1116	966	744	732	1023	671	341	550	86.6%	98.4%	65.6%	161.3%
	BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Johnson	430 - GERIATRIC MEDICINE		930	840	1302	1302	682	682	341	385	90.3%	100.0%	100.0%	112.9%
	BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Kent	110 - TRAUMA & ORTHOPAEDICS		1162.5	1005	930	847.5	682	341	0	341	86.5%	91.1%	50.0%	-
	BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Lloyd	100 - GENERAL SURGERY		630	592.5	630	277.5	176	121	0	0	94.0%	44.0%	68.8%	-
	BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Waters	430 - GERIATRIC MEDICINE		930	945	930	1170	682	561	341	374	101.6%	125.8%	82.3%	109.7%
	YORK HOSPITAL - RCB55	11	100 - GENERAL SURGERY	101 - UROLOGY	1512	1464	894	924	682	682	682	671	96.8%	103.4%	100.0%	98.4%
	YORK HOSPITAL - RCB55	14	100 - GENERAL SURGERY	101 - UROLOGY	1674	1572	1116	1026	1023	1012	682	660	93.9%	91.9%	98.9%	96.8%

		Only complete sites your organisation is accountable for			Day				Night				Day		Night	
Validation alerts (see control panel)	Hospital Site Details		Main 2 Specialties on each ward		Registered midwives/ nurses		Care Staff		Registered midwives/ nurses		Care Staff		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)
	Hospital Site name	Ward name	Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
	YORK HOSPITAL - RCB55	15	120 - ENT	101 - UROLOGY	1860	1732.5	1395	1260	1023	979	341	385	93.1%	90.3%	95.7%	112.8%
	YORK HOSPITAL - RCB55	16	100 - GENERAL SURGERY		2046	1974	930	810	1364	1342	682	671	96.5%	87.1%	98.4%	98.4%
	YORK HOSPITAL - RCB55	17	420 - PAEDIATRICS		1488	1320	372	276	1023	1012	341	198	88.7%	74.2%	98.9%	58.1%
	YORK HOSPITAL - RCB55	23	430 - GERIATRIC MEDICINE		1627.5	1402.5	1395	1455	682	682	1023	1012	86.2%	104.3%	100.0%	98.9%
	YORK HOSPITAL - RCB55	25	430 - GERIATRIC MEDICINE		1488	1164	930	1002	682	682	1023	1012	78.2%	107.7%	100.0%	98.9%
	YORK HOSPITAL - RCB55	26	430 - GERIATRIC MEDICINE		1627.5	1440	1395	1462.5	682	671	1023	1034	88.5%	104.8%	98.4%	101.1%
	YORK HOSPITAL - RCB55	28	110 - TRAUMA & ORTHOPAEDICS		1674	1392	930	1050	682	682	682	891	83.2%	112.9%	100.0%	130.6%
	YORK HOSPITAL - RCB55	29	110 - TRAUMA & ORTHOPAEDICS		1116	996	930	822	682	682	682	682	89.2%	88.4%	100.0%	100.0%
	YORK HOSPITAL - RCB55	31	370 - MEDICAL ONCOLOGY		2092.5	1995	930	862.5	682	682	341	341	95.3%	92.7%	100.0%	100.0%
	YORK HOSPITAL - RCB55	32	320 - CARDIOLOGY		1506	1272	1116	1098	682	682	1023	1023	84.5%	98.4%	100.0%	100.0%
	YORK HOSPITAL - RCB55	33	301 - GASTROENTEROLOGY	361 - NEPHROLOGY	1488	1206	1116	1110	682	682	1023	1012	81.0%	99.5%	100.0%	98.9%
	YORK HOSPITAL - RCB55	34	340 - RESPIRATORY MEDICINE	301 - GASTROENTEROLOGY	1488	1362	1116	1068	682	682	1023	1023	91.5%	95.7%	100.0%	100.0%
	YORK HOSPITAL - RCB55	35	430 - GERIATRIC MEDICINE		1302	1146	1116	1152	682	682	1023	1034	88.0%	103.2%	100.0%	101.1%
	YORK HOSPITAL - RCB55	37	430 - GERIATRIC MEDICINE		1116	1044	1302	1194	682	682	682	682	93.5%	91.7%	100.0%	100.0%
	YORK HOSPITAL - RCB55	39	430 - GERIATRIC MEDICINE		1488	1314	930	966	682	671	682	682	88.3%	103.9%	98.4%	100.0%
	YORK HOSPITAL - RCB55	36 - Acute Stroke Unit	430 - GERIATRIC MEDICINE		1860	1560	930	918	1364	1155	682	704	83.9%	98.7%	84.7%	103.2%
	YORK HOSPITAL - RCB55	Acute Medical Unit	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	4650	3982.5	3720	3600	2728	2299	2046	2354	85.6%	96.8%	84.3%	115.1%
	YORK HOSPITAL - RCB55	Coronary Care Unit	320 - CARDIOLOGY		1860	1522.5	315	255	1364	1133	0	0	81.9%	81.0%	83.1%	-
	YORK HOSPITAL - RCB55	Extended Stay Area	100 - GENERAL SURGERY	120 - ENT	1035	937.5	517.5	420	440	440	0	55	90.6%	81.2%	100.0%	-
	YORK HOSPITAL - RCB55	G1	430 - GERIATRIC MEDICINE		744	816	930	900	682	671	341	671	109.7%	96.8%	98.4%	196.8%
	YORK HOSPITAL - RCB55	G2	501 - OBSTETRICS		1116	1086	558	396	682	649	341	506	97.3%	71.0%	95.2%	148.4%
	YORK HOSPITAL - RCB55	G3	501 - OBSTETRICS		744	738	372	204	682	671	0	0	99.2%	54.8%	98.4%	-
	YORK HOSPITAL - RCB55	Intensive Care Unit	192 - CRITICAL CARE MEDICINE		5580	4837.5	465	345	4092	3542	341	264	86.7%	74.2%	86.6%	77.4%
	WHITBY COMMUNITY HOSPITAL - RCBG1	Abbey	925 - COMMUNITY CARE SERVICES		697.5	697.5	1162.5	1162.5	341	341	341	341	100.0%	100.0%	100.0%	100.0%
	WHITBY COMMUNITY HOSPITAL - RCBG1	War Memorial	925 - COMMUNITY CARE SERVICES		930	705	1395	1080	341	341	682	671	75.8%	77.4%	100.0%	98.4%
	ARCHWAYS INTERMEDIATE CARE UNIT	Archways	925 - COMMUNITY CARE SERVICES		744	738	930	894	341	341	682	682	99.2%	96.1%	100.0%	100.0%
	MALTON COMMUNITY HOSPITAL - RCBL8	Fitzwilliam	925 - COMMUNITY CARE SERVICES		1162.5	922.5	1627.5	1837.5	682	671	682	682	79.4%	112.9%	98.4%	100.0%
	SELBY AND DISTRICT WAR MEMORIAL HOSPITAL - RCB07	Inpatient Unit	925 - COMMUNITY CARE SERVICES		1162.5	1132.5	1162.5	1155	682	451	341	572	97.4%	99.4%	66.1%	167.7%
	ST HELENS REHABILITATION HOSPITAL - RCBTV	St Helens	430 - GERIATRIC MEDICINE		930	877.5	1162.5	1035	682	572	341	341	94.4%	89.0%	83.9%	100.0%
	ST MONICAS HOSPITAL - RCB05	St Monicas	925 - COMMUNITY CARE SERVICES		720	600	795	795	341	341	341	341	83.3%	100.0%	100.0%	100.0%
	WHITE CROSS REHABILITATION HOSPITAL - RCBP9	Whitecross Court	430 - GERIATRIC MEDICINE		930	892.5	1162.5	1155	682	583	341	352	96.0%	99.4%	85.5%	103.2%
	Total				77571	68667	53185.5	52266	45628	42042	28303	30778				

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Board of Directors - 24 February 2016

Implications of the joint NHS England, NHS Improvement and CQC response to the Mazars' Report

Action requested/recommendation

The Board is asked to;

- Note the National Health Service response to the Mazars' recommendations.
- Receive the paper for recommended increased involvement of the Learning Disability Nurse in the existing processes of investigation following the unexpected death of a patient with learning disabilities.
- Support the recommendation that the Lead Nurse for Adult Safeguarding has input into any mortality review for patients with learning difficulties.
- Support further links with the Learning Disabilities Team and Patient Experience; where deaths are identified through the complaints process; would give triangulation and potentially identify cases where further review may be required.

Summary

The above report was commissioned by NHS England following the death of a patient with learning disabilities whilst in the care of a Short Term Assessment and Treatment Team (STATT) Unit, an Assessment and Treatment Unit for individuals with learning disabilities run by Southern Health NHS Foundation Trust.

Although the investigation focused on the extent of the unexpected deaths in Mental Health and Learning Disabilities Services, the response to the recommendations by NHS England, NHS Improvement and the CQC apply to all health providers caring for patients with a learning disability and/or mental ill-health.

The report was critical of internal governance and assurances processes summarised as "lack of leadership, focus and sufficient time spent in the trust on carefully reporting and investigating unexpected deaths of mental health and learning disability service users".

Strategic Aims

1. Improve quality and safety

Please cross as appropriate



- | | |
|---|-------------------------------------|
| 2. Create a culture of continuous improvement | <input checked="" type="checkbox"/> |
| 3. Develop and enable strong partnerships | <input type="checkbox"/> |
| 4. Improve our facilities and protect the environment | <input type="checkbox"/> |

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 likely to have a positive impact upon the requirements of some protected groups identified by the Equality Act

Reference to CQC outcomes

Regulation 16 - Notification of death of a service user and the CQC have contributed to the national response.

Progress of report	Quality & Safety Committee
Risk	Minimal risk
Resource implications	There are no resource implications identified
Owner	Beverley Geary - Chief Nurse
Author	Nicola Cowley - Lead Nurse for safeguarding Adults
Date of paper	February 2016
Version number	Version 1

Board of Directors - 24 February 2016

Implications of the joint NHS England, NHS Improvement and CQC response to the Mazars' Report

1. Introduction and background

This report was commissioned by NHS England following the death of Connor Sparrowhawk in July 2013 in a unit in Oxford run by Southern Health NHS Foundation Trust. (reference 1)

The review examined the deaths of people who died during the period April 2011 and March 2015 who had been in receipt of mental health and learning disability services either at the time of death or within the 12 months preceding their death. The scope of the review was to establish the extent of unexpected deaths, theme identification and quality of any subsequent review.

The review found that 60% of deaths were investigated compared to 4% following the deaths of a person with learning disabilities.

The review made 23 recommendations directly for Southern health NHS Foundation Trust, 9 for commissioners, and 7 national recommendations.

The national recommendations have been reviewed in order to assure the board that our existing procedures are robust in light of the findings

Overall the key recommendations were:

- 1) NHS England should highlight learning from this review for other NHS trusts including the apparent low level of reporting and investigation of learning disability deaths and ensure improvement.
- 2) Develop guidance on an assurance framework for mental health and learning disability mortality and deaths for NHS trusts and require relevant trusts to include this in their board assurance arrangements

2. Trust Position

The trust can evidence mechanisms to review unexpected deaths in as part of several processes. They are:

- 1) Serious Incident Policy and procedures:

A serious incident requiring investigation as defined by the NPSA in the National Framework for Reporting and Learning from Serious Incidents Requiring Investigation is an incident that occurred in relation to NHS-funded services and care (including in the community) and includes unexpected or avoidable death or severe harm of one or more patients, staff, or members of the public.

All incidents declared as SIs must be reported to the Commissioner

<p>2) Quality and Safety Review Group - a weekly strategic meeting of Senior Management including the Chief Nurse to review all reported incidents including Serious incidents and deaths in the preceding week to ensure signposted to the appropriate processes.</p> <p>3) There is an expectation that a mortality review will be undertaken on every in-patient and that a proforma will be completed and sent to the Head of Patient Safety. This work is overseen by the mortality review group. Because each death is individually reviewed; patient group is easily identifiable and as a result captured for data collection purposes.</p>	
3. Conclusion	
Whereas this review and subsequent recommendations relate to specific mental health and learning disability healthcare provider, the Trust are able to assure themselves that processes are in place to review unexpected deaths for all patient groups.	
4. Recommendation	
<p>The Committee are asked to;</p> <ul style="list-style-type: none"> • Note the National Health Service response to the Mazars' recommendations. • Receive the paper for recommended increased involvement of the Learning Disability Nurse in the existing processes of investigation following the unexpected death of a patient with learning disabilities. • Support the recommendation that the Lead Nurse for Adult Safeguarding has input into any mortality review for patients with learning difficulties. • Support further links with the Learning Disabilities Team and Patient Experience; where deaths are identified through the complaints process; would give triangulation and potentially identify cases where further review may be required. 	
5. References and further reading	
<p>Connor Sparrowhawk Inquest - http://www.inquest.org.uk/media/pr/inquest-into-the-death-of-18-year-old-connor-sparrowhawk</p> <p>Independent review of deaths of people with a learning disability or mental health problem in contact with Southern Health NHS Foundation Trust April 2011 - March 2015 https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2015/12/mazars-rep.pdf</p> <p>Joint Response to Mazars Report - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/487314/181217_ALB_statement_on_Mazars_v8_FINAL.pdf</p>	
Author	Nicola Cowley, Lead Nurse for Safeguarding Adults
Owner	Beverley Geary, Chief Nurse
Date	February 2016

Finance and Performance Committee –16 February – Boardroom, York Hospital

Attendance: Mike Keaney, Chairman
Anna Pridmore

Michael Sweet
Gordon Cooney

Graham Lamb
Sue Rushbrook

Juliet Walters

Apologies: Andrew Bertram, Lucy Turner

Observing: Kyle Radge

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
1.	Last Meeting Notes 19 January 2016	The agenda covered the following AFW and CRR items AFW EF1 DoF1,2,4,7 CRR CE1	MS Chaired the meeting as MK was delayed in traffic. The minutes were approved as a true record of the meeting.		
2.	Matters arising		MS asked for an update on progress around the discussions with the CCGs about ambulance turn around fines. GL advised that Vale of York CCG (VOYCCG) had accepted the Trust's case the discussions with Scarborough and Ryedale CCG were continuing.		
3	Risk Register		JW advised that the risk register had been recently updated, but there were some further changes to make to address the gap in the current status.		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		DoF 1-3	<p>MS questioned the risk rating of 20 for achievement of the 2015/16 CIP target on the finance risk register. It was agreed the risk level should be reviewed.</p> <p>MS asked about the cash flow risk. GL explained that this risk related to the affordability of the CCG to pay. He explained that the Finance Team were now starting to talk to the CCGs about the year-end position.</p>		
4.	Overview of TAP		<p>GC presented the report. He explained that there was further refining of the report to be undertaken as currently there was some duplication in reporting. SR added and the committee accepted that all should remain cognisant of the desire to have a single performance report.</p> <p>SR suggested that she, GC and Nicky Slater review and cross referenced the information included in the performance report and the information included in GC's TAP report.</p> <p>Action SR, GC, NS to meet to review and cross reference the information included in the performance report and the information included in the TAP report.</p> <p>GC outlined the work being undertaken around TAP and highlighted the ED flow and Measurement Plan that has been developed to measure the impact of Visual Hospital, the Discharge Liaison Officer role, Plan for Every Patient and Plan for Every</p>	The Committee were assured by the narrative included in the report and the information provided by GC.	AB to update the Board

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			<p>Discharge. He added that work is also underway to cross check the audits included in the Internal Audit Plan.</p> <p>Programme management – GC advised that additional support from the Corporate Improvement Team (CIT) is being provided to Radiology around a Capacity and Demand Review and to the Finance team around debt recovery processes.</p> <p>With regard to procurement, the CIT is working with an Endoscopy Surgeon around understanding the consumables that are available for order and the price of those consumables. It has been agreed to put the price on each item, so staff become aware of the costs. This approach is currently employed in some wards but not all.</p> <p>Fines Avoidance - GC highlighted the excellent work that has been undertaken by the performance team and the good news stories that are emerging around the levelling of fines.</p> <p>He highlighted the improvements that have been made and that the two areas where there remain concerns are Emergency Care Standards and Ambulance Turn around fines. It was agreed that both of these elements were related. It was noted that the issue around achieving the ED 4-hour target was not only a departmental issue; it was a whole system issue that needed to be resolved.</p> <p>Bank Staff – GC reflected on the incentives that</p>		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			<p>nurse bank staff were being offered. He explained that there had been significant challenges to ensure people are paid weekly. SK explained that the challenge was about the assurance that the weekly payroll was robust. He added that the introduction of the incentive was responding to market demand and it was his understanding that the Trust was ahead of other organisations by offering weekly pay for bank work. The number of staff now signed up to the Bank is now 1500.</p> <p>Communications – GC advised that 265 efficiency ideas had been generated by staff since the launch of TAP. One of the ideas was around an initiative for saving ‘a tenner a day’ (TED). Work is underway with the CIT and Communications to launch a campaign that will focus staff on “save TED”.</p> <p>GC added that he had recently had a number of discussions with Directorates and noted that everyone knows about TAP and were seeking to change approaches in the name of TAP. He was however concerned that there seemed to be of the view that TAP was something temporary and that at the beginning of the next financial year everything would be resolved. He felt it was important to understand that TAP is a permanent change in the organisation and rather than a programme of work, and that it needs to become an embedded set of principles for the organisation to work to everyday.</p> <p>GC described the relationship with Monitor. He explained that a member of Turnaround Advisory</p>		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			<p>had been welcomed in the Trust on a number of occasions. When they have come and visited the Trust they had been very complimentary about the systems and processes being used both by the Cost Improvement Programme (CIP) and the TAP. They have always been impressed by the clinical engagement demonstrated in the Trust, but also felt that there were areas where the Trust's approach might be "harder".</p> <p>GC explained that as part of embedding the TAP into the organisation as the way of operating in the organisation he would like the NEDs to be part of the leadership - a NED champion.</p> <p>The Committee asked about the relationship between the TAP and the Carter recommendations. GC advised that the recommendations are very similar to the arrangements within the TAP. He felt that this correlation reinforced the approach and shape that TAP has taken.</p>		
5.	Work Stream 1: Operational Reports		<p>JW presented the performance information.</p> <p>Diagnostics – JW reported the excellent performance in diagnostics. She highlighted that this is the 5th month that the 6 week target has been achieved. The Committee congratulated the team on their achievements and thanked them for their hard work.</p> <p>Theatres – JW advised that the theatre staff shortages have continued to cause some problems.</p>	<p>The Committee was pleased to see the achievements in Diagnostics and Cancer. However, concern remains about the continuing challenges that need to be overcome if the Trust is to achieve the Emergency Care Standards (ECS).</p>	<p>JW to update the Board on the ECS</p>

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			<p>8 lists were cancelled on the York site in January. Elective work was scaled back during January in line with the agreement around the Winter Plan. Recruitment continues to be difficult, but improved utilisation of the Bridlington site has seen a 13.4% increase in the cases treated there when comparing January 2016 with January 2015, particularly in general surgery cases.</p> <p>Cancer – JW advised that the Trust has achieved all of the Cancer Targets for December 2015; this is the first time all the targets have been met in a month since December 2013. The Committee congratulated those involved on their achievements. JW added that this is even more of an achievement when the number of Fast Tracks in December was the highest number of patients ever seen by the Trust.</p> <p>For quarter three the Trust did not achieve one target 62 day 1st treatment. The target is 85% and the Trust achieved 84.5%, although the Trust does benchmark well against the national quarter three performance of 83.52%.</p> <p>JW went on to report a specific risk to delivery of the lung pathway due to changes made to surgical activity administration by Hull and East Yorkshire Trust. The Trust is in discussion with Hull and East Yorkshire Trust about the changes and the impact they have on patients.</p> <p>Emergency Department - JW explained that it</p>		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			<p>remains a very difficult position; she outlined the performance in January and explained that there were high levels of attendance and bed occupancy throughout January. The median bed occupancy in January was 95.16% at York and 94.78% in Scarborough. This is the 22nd consecutive month that the Trust has not achieved the 4 hour target. The performance for January was 86.76% against target with a total of 2,073 breaches across the Trust. This equates to £154,800 in contractual fines. For the same period last year the Trust achieved 89.50% against target. JW added that it should be noted that performance in January also deteriorated against December 2015. The average national achievement at present is 91% with a ranged descending to 71.9%.</p> <p>JW advised that the number of patients waiting over 8 hours in A&E increased from 264 in December to 407 in January (York 258; Scarborough 149), an increase of 54.2%. It is expected that the situation will improve significantly from March.</p> <p>JW updated the Committee on the Monitor Tripartite meeting which includes membership from the CCG, Monitor, NHSE and the Trust. She advised that the Trust was able to give some assurance about performance, but non-achievement of the ECS targets remain a concern to all parties. She advised that there had been some “rapid meetings” arranged to introduce a step change. JW outlined the actions that were being taken including:</p>	<p>The Committee welcomed the detail provided around the actions being taken and took assurance from the discussion.</p>	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			<p>a two week trial of OPAL 'in reach' that commenced on 11th January within York ED. All pending admissions were monitored by an acute geriatrician, in order to reduce medical delays, length of stay and possibly admissions.</p> <p>a small pilot of the 'Discharge to Assess' model has commenced and has shown success in discharging patients to their own home, once medically optimised, for assessment and on-going rehab needs. This reduces overall Length of Stay and potentially the need for a community hospital stay. This is being led by Wendy Scott, Director for Out of Hospital Care.</p> <p>External support has been arranged to commence in February to establish the Manchester Triage System into ED, which will help to direct referrals to the most appropriate place. An additional WTE will also commence in Feb, to support developments to internal and YAS pathways and processes. It is hoped this will improve patient flow through the front door.</p> <p>The Committee understood that the system has already been introduced to the Trust, but is currently not fully complied with.</p> <p>Changes are being made to the internal transfer team, which will enable porters and other staff to transfer clinically appropriate patients in a timelier manner. This will improve patient flow and reduce avoidable breaches.</p>	<p>The Committee remains extremely concerned that performance has continued to be unacceptable.</p>	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			<p>Further actions to improve performance against the ECS include: ED Admitting Rights, clinical agreement to the introduction of patient 'Discharge Status', revised streaming processes in York ED, Discharge Liaison Officers in York, Introduction of Service Standards and a Safety Start Campaign on the York site, which highlights the need for the increased availability of packages of care.</p> <p>Work is on-going in relation to a fully-managed primary care 'front door model' with the CCG in York. The aim of this is to ensure primary care patients are co-horted in order to be seen by the most appropriate staff.</p> <p>At Scarborough, patients are now being streamed (in the main) by VOCARE and as a result more patients are being managed by the Urgent Care Centre (UCC). Whilst not all shifts are fully covered this improvement is a welcome step forward.</p> <p>The Committee asked where the Trust comes in relation to other organisations. JW advised that the Trust is in the bottom quartile and one of 28 Trusts who are challenged by the target. She explained that the issue is that the Trust cannot at this stage maintain a satisfactory sustainable position.</p> <p>MK commented that the winter seemed to have been very mild, so he was concerned what performance would have been like if the winter had been a hard winter. JW explained that a mild winter</p>		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			<p>does not make the activity less in fact we have had an increase in activity with additional paediatric cases and people aged 50+ with co-morbidities.</p> <p>JW explained that she would expect to see some improvement in performance over the next two to three weeks.</p> <p>JW also referred to the governance around holding the Directorates to account and advised that Clinical Directors are held to account on a monthly basis.</p>		
6.	CQUIN		<p>MS asked about the CQUIN for 2016/17. JW explained that the CQUIN for 2016/17 included in the pack is at a very early stage and only relates to specialist commissioning.</p> <p>The Committee reviewed the CQUIN for the current year and noted that the only red CQUIN was sepsis antibiotics for quarter four. All CQUIN had been achieved in quarter three. The issue with the sepsis antibiotics CQUIN is around the time it takes to complete the process to determine the antibiotic medication required. One hour is the target but the blood test alone takes 45 minutes to complete before the correct drug can be administered. This is recognised as a national issue and is being discussed with the CCG.</p> <p>MS asked if there were any concerns about the two CQUIN that showed amber rating for quarter four. JW confirmed there was no concern.</p>		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			MS asked who undertook the dementia screening in community. JW confirmed it was the district nurses.		
7.	Work Stream 3: Finance Report		<p>GL presented the report. He advised that there had been a further deterioration in the financial position. The underlying deficit had grown from £9.6m to £10.5m. The actual income and expenditure deficit is shown as £15.7m, but that includes technical, non-cash adjustments of £4.6m associated with the loss of Whitby Hospital asset transferring to NHS Property Services, along with Board approved restructuring costs of 0.6m.</p> <p>Expenditure Analysis – GL referred to a number of charts and analysis that had been undertaken and included in the report</p> <p>GL advised that the expenditure was £38.4m during January and had decreased by £1.5m when compared to December.</p> <p>GL highlighted that there had been a reduction in the total gross agency spend in January by £1.3m. This was supported by the graph showing agency spend by type. The graph showed a marked reduction in both medical and nursing agency costs.</p> <p>GL referred to the agency nursing spend vs plan graph and highlighted that the graph looks at nursing agency spend against the Monitor improvement trajectory taking the Trust to the mandated 4% agency spend rate by March 2016. He highlighted that the graph is very encouraging</p>		AB to provide an overview of January and an update on the expected year end outturn

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			<p>with significant progress made towards the target rate but there is still some way to go.</p> <p>GL talked about the drugs chart and explained that the Committee should note the expenditure of £1.1m more than budget in month, but this should not adversely affect the Trust's bottom line because the costs relate to high cost drugs that are excluded from Tariff, and therefore re-imbursed.</p> <p>GL reported on the analysis for clinical supplies and services. He explained that the spend has closely matched the budget all year.</p> <p>GL talked about the analysis for other costs, he highlighted the reduction in the variation from plan on expenditure.</p> <p>Income analysis – GL referred to an income analysis that had been undertaken. He stressed that whilst non-elective income for January reached the highest level for the financial year, income levels overall in January have remained at disappointing levels.</p> <p>GL summarised the analysis using the various charts included in the report. The key points were:</p> <p>In terms of elective in patients there were significant levels of cancellations in January due to bed difficulties, theatre staffing shortages and the industrial action by Junior Doctors.</p>		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			<p>Day cases income has been fairly consistent, but January did not see a return to the levels seen earlier in the year.</p> <p>Non-elective income has shown an upward trend in January, reaching its highest value for the current financial year.</p> <p>Outpatient income was again disappointing in January and did not reach its normal levels.</p> <p>Forecast Outturn Position – GL reported that the forecast reported last month has not changed. He reminded the Committee of the risks with the forecast position. He explained the two conditions associated with the forecast, specifically that there are no reductions in current income levels and that the recently deployed expenditure measures continue to have an impact in quarter four. All non-essential expenditure is being deferred until the new financial year.</p>		
8.	Work Stream 3: Efficiency Report		<p>SK presented his report. He advised that £22.8m, 88% of the £25.8m CIP target had been achieved. He confirmed there was still a planning gap for this financial year, but he was not concerned about it.</p> <p>The draft plan for Monitor includes a CIP target of £27.5m for next year; the Trust currently has plans for £18.4m, the target will however be reviewed as part of the final plan. Work has been undertaken to align the programme to the Carter themes. SK advised that not all the Carter themes identified for</p>		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			<p>the Trust are in fact new ideas; some of them are already being worked on. The Trust's saving figure / target from the Carter team is £33m over three years.</p> <p>SK advised that for the new financial year work is being undertaken to differentiate and rebase the targets for the Directorates, so that the quantum stays the same, but the requirements from Directorates may be different in some cases.</p> <p>The Committee asked what the national and local percentages were. SK confirmed that nationally the CIP percentage was 2% and within the Trust it is 5.7%, which equates to £27.5m when the non-recurrent savings from 2015/16 are included.</p>		
9.	Temporary Workforce Spend		The Committee reviewed the temporary workforce spend sheet and noted the move from agency usage to bank. MK asked what further actions were being taken to address the issues. JW explained that recruitment campaigns were continuing, she advised that she had recently been part of a panel where a number of consultants were appointed.		
11.	Any other business		There was no other business.		
12.	Next Meeting		The next meeting is arranged for 22 March 2016.		

Board of Directors – 24 February 2016

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 31 January 2016.

At the end of January the Trust is reporting an Income and Expenditure (I&E) deficit of £15.7m against a planned deficit of £6.4m for the period. The Income & Expenditure position places the Trust behind its Operational plan.

Strategic Aims

Please cross as appropriate

- | | |
|---|-------------------------------------|
| 1. Improve quality and safety | <input checked="" type="checkbox"/> |
| 2. Create a culture of continuous improvement | <input checked="" type="checkbox"/> |
| 3. Develop and enable strong partnerships | <input checked="" type="checkbox"/> |
| 4. Improve our facilities and protect the environment | <input checked="" type="checkbox"/> |

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	Finance & Performance Committee
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	February 2016
Version number	Version 1

Briefing Note for the Finance & Performance Committee Meeting 16 February 2016

Subject: January 2016 (Month 10) Financial Position

From: Andrew Bertram, Finance Director

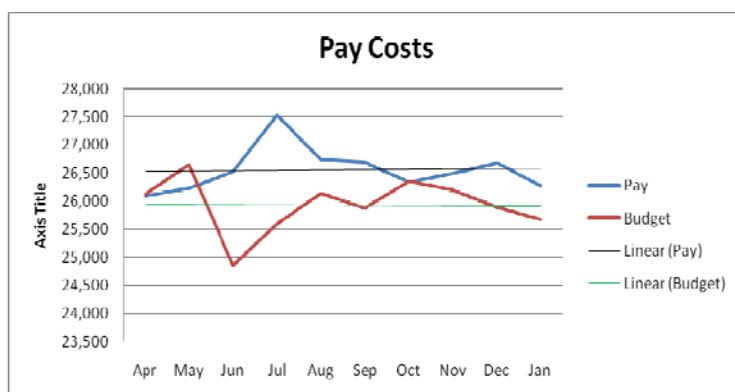
Summary Reported Position for the Period to January 2016

The month of January has seen a reduction in the rate of deterioration of the financial position. Between November and December the underlying deficit deteriorated by £1.3m but between December and January the rate reduced to £0.9m. The underlying deficit has grown from £9.6m to £10.5m. The Trust currently stands £9.2m adrift of plan.

The report shows an actual income and expenditure deficit of £15.7m but the Board are reminded that this includes the full (technical, non-cash) charge of £4.6m associated with the loss of the Whitby Hospital asset transferring ownership to NHS Property Services. Also included in this position are the Board approved MARS payments, totalling £0.5m and made in December as part of the exit from the organisation of a number of individuals. In addition to this the position includes redundancies totalling £0.1m. These charges are considered restructuring costs. Both the asset transfer and restructuring costs are excluded in any Monitor assessment of our underlying position.

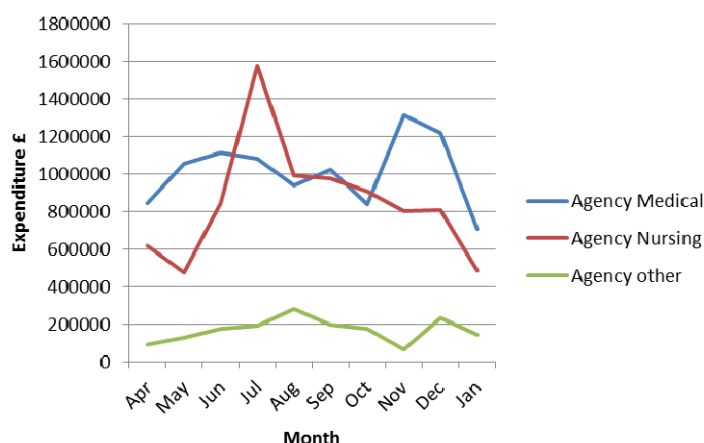
Expenditure Analysis

Overall in the month of January expenditure was £38.4m, some £1.5m lower than December. Of note is that the MARS payments of £0.5m are included in December's expenditure; but even excluding this, underlying expenditure was £1m lower in January than in December. Significant pressure is being exerted on the organisation to commit expenditure that is critically and clinically necessary only. Any and all expenditure that can be deferred is being deferred. Enhanced scrutiny of locum and agency expenditure to ensure compliance with the national rate caps is in place, with exceptions only being permitted on the grounds of an immediate patient safety issue.



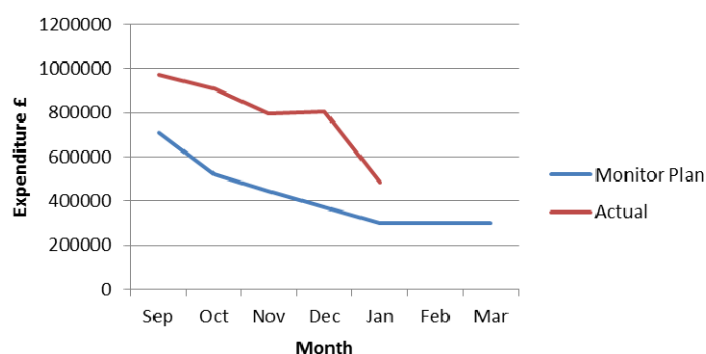
The chart shows pay costs against budget, including trend lines. Whilst spend in January has been above plan it is notable that costs are at their lowest level since April and May. Of note is this position includes £0.2m of back pay relating to the resolution of a long standing laboratory staffing issue. Total gross agency spend in January was £1.3m (a marked reduction).

Agency Spend by Type



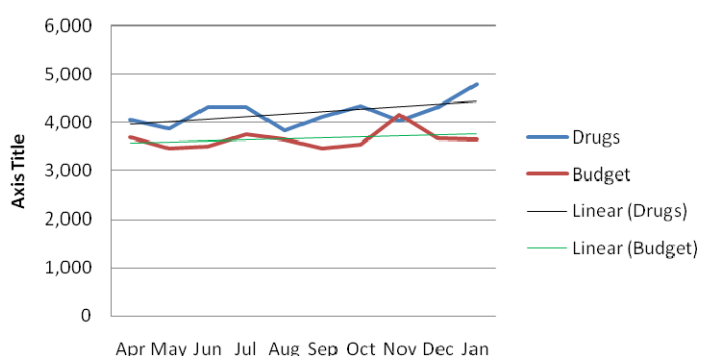
This chart analyses agency spend, looking specifically at staff group. The chart shows a continued reduction in nurse agency costs as recruitment improves, controls are enhanced and rates are negotiated downwards. Encouragingly the increase in medical agency costs evident in November and December has ceased in January.

Agency Nursing Spend vs Plan

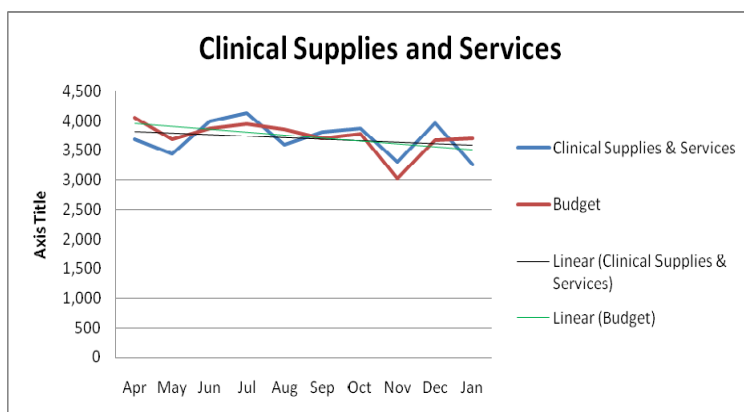


This chart looks at agency nursing spend against the Monitor improvement trajectory taking the Trust to the mandated 4% agency spend rate by March 2016. The spend rate in January is encouraging, with significant progress made towards target rate. The Board are aware of recruitment difficulties and the control measures requiring Chief Nurse Office sign off.

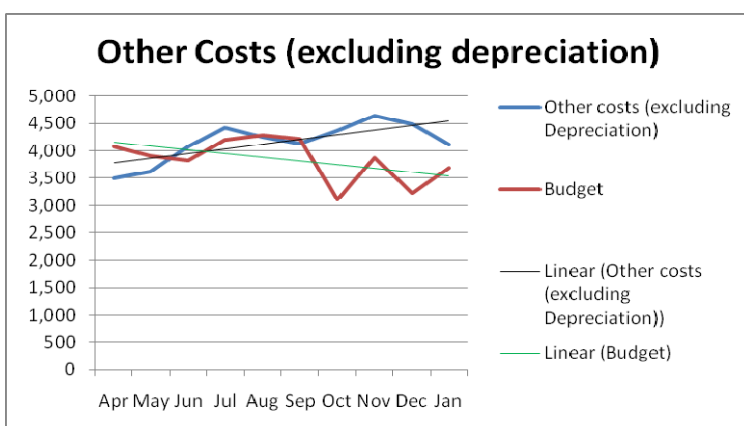
Drugs



This chart analyses drug expenditure. Of note is expenditure of £1.1m more than budget in month. This is not adversely impacting on the Trust's bottom line because this relates to high cost drugs excluded from tariff, for which commissioner income is matched. Also of note this month is spend of £0.5m relating to the new Hepatology service; again these costs are directly recharged.



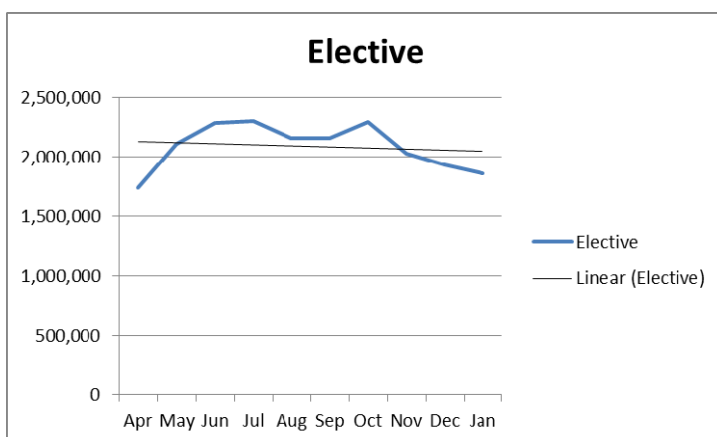
The same analysis is provided for clinical supplies & services. In this regard spend has closely matched budget throughout the year, with a downward overall trend. Spend in January is notably below planned levels.



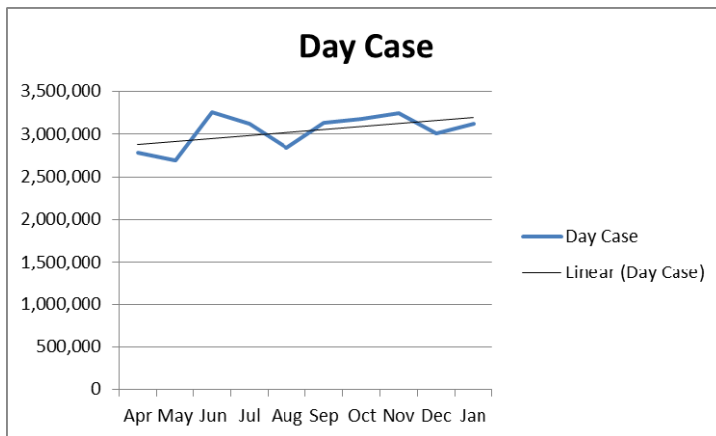
The final chart shows the same analysis for other expenditure. Of note is a closing in month of the recent trend where expenditure levels have exceeded planned levels.

Income Analysis

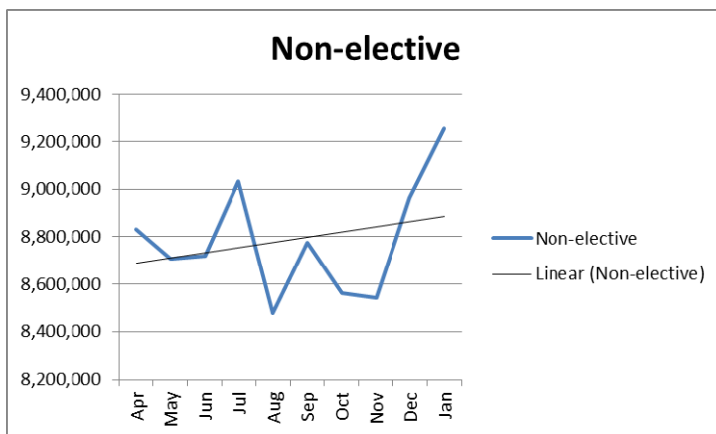
Whilst non-elective income for January reached the highest level for the financial year, income levels overall in January have remained at disappointing levels. The charts below summarise the various income trends.



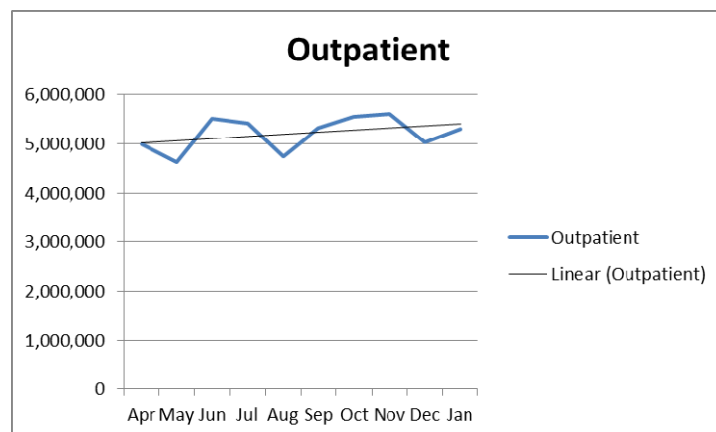
The chart shows monthly elective income (elective in-patients). This is based on freeze data where this is available, otherwise flex data or estimates are included. We know from past analysis that, despite October looking high, we cancelled significant levels in month due to bed difficulties and theatre staffing shortages. November, December and January have been disappointing.



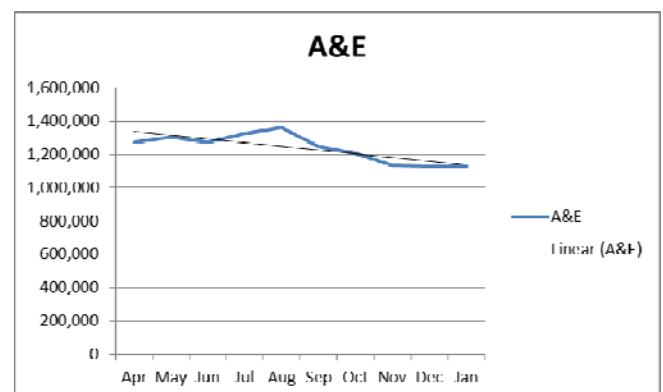
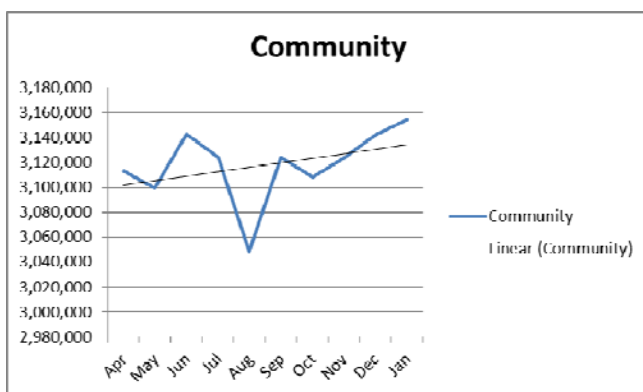
The same analysis is provided for day case income. Although fairly consistent throughout the year, January has not seen a return to earlier peak levels.

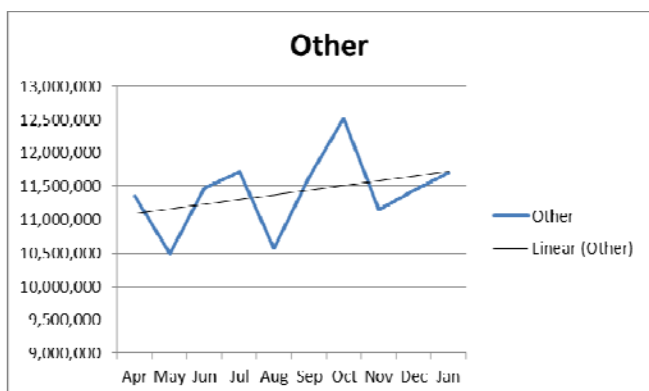


Non-elective income was up in January, reaching its highest value for the current financial year. Of note are the upward trend line and the fact that upper and lower control limits are relatively tight to the trend line, noting the scale of this particular chart.



Outpatient income was again disappointing in January, not reaching its normal peak levels.





In relation to A&E, Community and Other clinical income streams there are no significant issues I would wish to bring to the Board's attention.

Forecast Outturn Position

As usual the detailed finance report provides the latest estimate of the Trust's financial outturn. This has not moved from the forecast reported last month.

The Board should be aware of the risks with this forecast position. Based on recent trends this is a challenging forecast outturn and is conditional on no reductions in current income levels (from both changes in activity or commissioner challenge). The forecast is also conditional on the recently deployed expenditure control measures making an impact in Q4. To hit the target it is the case that non-essential expenditure must be deferred to the new financial year. Specific action has been taken in this regard, including enhanced controls, greater scrutiny, widespread written briefings and specific face-to-face Directorate briefings from the Corporate Team.

The Board will be kept up to date with regards to pressures impacting our forecast throughout the Q4 reporting period.

The Board discussed in detail last month the impact of the current position and forecast outturn on the FSRR. The Board noted a score of 2. There are no changes to report to the position.

Finance Performance Report

February 2016

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



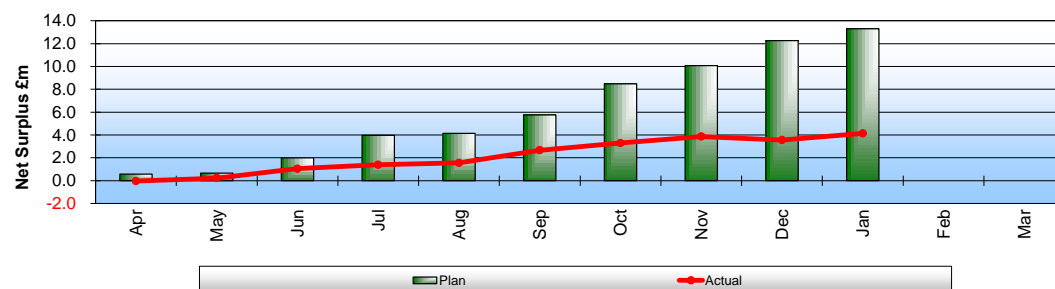
Summary Income and Expenditure Position

Month 9 - The Period 1st April 2015 to 31st January 2016

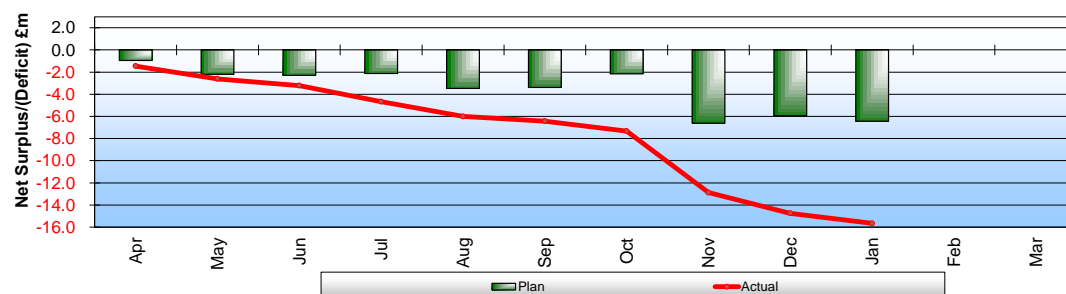
Summary Position:

- * The Trust is reporting an I&E deficit of £15.67m, placing it £9.2m behind the operational plan.
- * Income is £6.6m ahead of plan, with clinical income being £3.5m ahead of plan and non-clinical income being £3.1m ahead of plan.
- * Operational expenditure is ahead of plan by £15.8m, with further explanation given on the 'Expenditure' sheet.
- * The Trust's 'Earnings before Interest, Depreciation and Amortisation' (EBITDA) is £4.1m (1.06%) compared to plan of £13.3m (3.46%), and is reflective of the reported net I&E performance.

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



Income and Expenditure



EBITDA Margin



NHS Clinical Income

Elective Income	25,509	21,285	20,871	-414	24,525	-984
Planned same day (Day cases)	33,871	28,165	30,396	2,231	36,310	2,439
Non-Elective Income	104,287	87,244	87,866	622	107,311	3,024
Outpatients	66,517	55,189	52,030	-3,159	67,689	1,172
A&E	14,883	12,391	12,387	-4	16,039	1,156
Community	33,199	27,995	31,181	3,186	35,571	2,372
Other	131,929	109,737	110,819	1,082	127,932	-3,997
Total	410,195	342,006	345,550	3,544	415,377	5,182

Non-NHS Clinical Income

Private Patient Income	1,036	864	809	-54	973	-63
Other Non-protected Clinical Income	1,890	1,575	1,614	39	1,848	-42
Total	2,926	2,439	2,424	-15	2,821	-105

Other Income

Education & Training	14,333	11,944	12,819	875	15,420	1,086
Research & Development	4,156	3,463	4,015	552	4,573	417
Donations & Grants received (Assets)	0	0	0	0	0	0
Donations & Grants received (cash to buy Assets)	600	500	616	116	739	139
Other Income	17,628	14,745	16,293	1,548	19,567	1,939
Transition support	10,907	9,089	9,088	-1	10,906	-1
Total	47,624	39,742	42,831	3,090	51,205	3,581

Total Income

460,746	384,186	390,805	6,619	469,403	8,658
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Expenditure

Pay costs	-312,463	-259,328	-265,581	-6,253	-318,551	-6,088
Drug costs	-44,042	-36,652	-41,948	-5,296	-49,186	-5,144
Clinical Supplies & Services	-44,897	-37,291	-37,005	286	-44,862	35
Other costs (excluding Depreciation)	-46,604	-38,496	-41,552	-3,056	-49,442	-2,838
Restructuring Costs	0	0	-579	-579	-578	-578
CIP	2,926	876	0	-876	0	-2,926
Total	-445,080	-370,891	-386,665	-15,774	-462,618	-17,538

Total Expenditure

-445,080	-370,891	-386,665	-15,774	-462,618	-17,538
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Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)

15,666	13,295	4,140	-9,155	6,785	-8,880
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Profit/ Loss on Asset Disposals	-4,500	-4,500	-4,586	-86	-4,583	-83
Fixed Asset Impairments	-300	0	0	0	-300	0
Depreciation	-11,000	-9,167	-9,167	0	-11,000	0
Interest Receivable/ Payable	100	83	115	32	143	43
Interest Expense on Overdrafts and WCF	0	0	0	0	0	0
Interest Expense on Bridging loans	0	0	0	0	0	0
Interest Expense on Non-commercial borrowings	0	0	0	0	0	0
Interest Expense on Commercial borrowings	-335	-279	-283	-4	-367	-32
Interest Expense on Finance leases (non-PFI)	0	0	0	0	0	0
Other Finance costs	0	0	-19	-19	-19	-19
PDC Dividend	-7,040	-5,867	-5,867	0	-7,040	1
Taxation Payable	0	0	0	0	0	0

NET SURPLUS/ DEFICIT

-7,409	-6,435	-15,667	-9,232	-16,380	-8,971
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Contract Performance

Month 9 - The Period 1st April 2015 to 31st January 2016

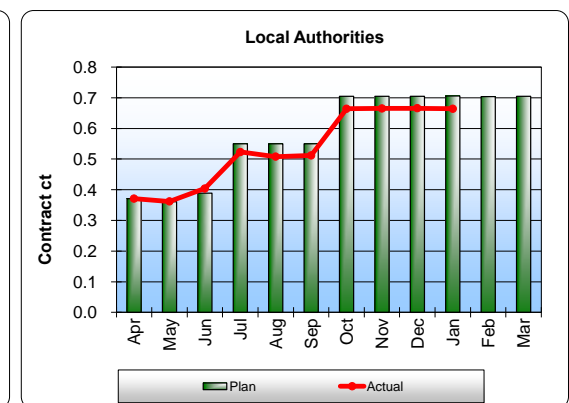
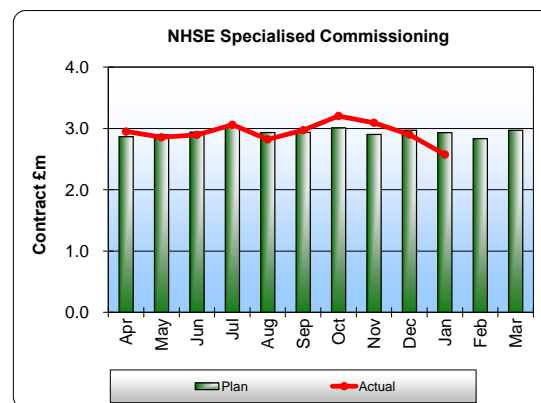
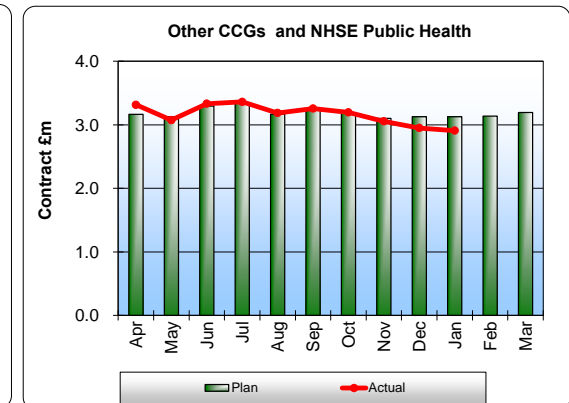
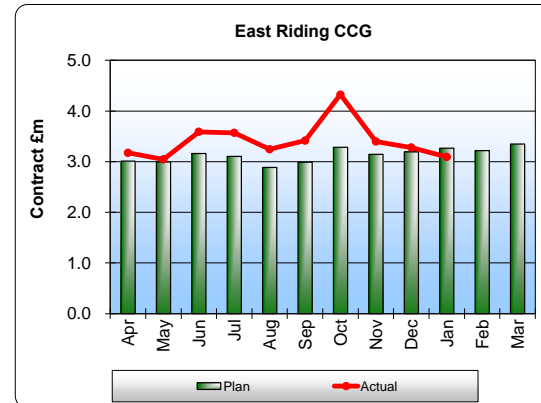
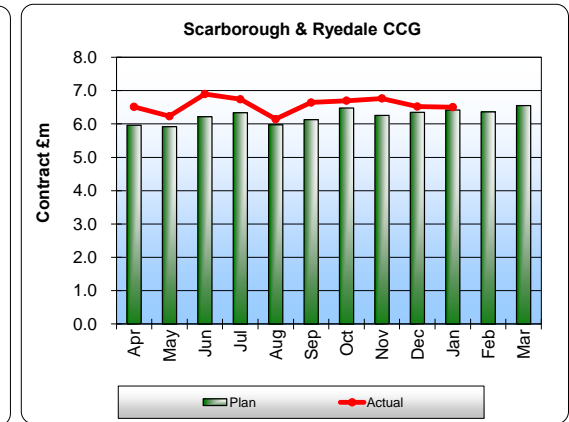
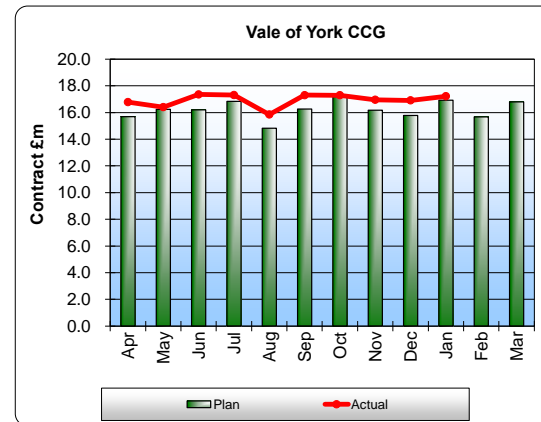
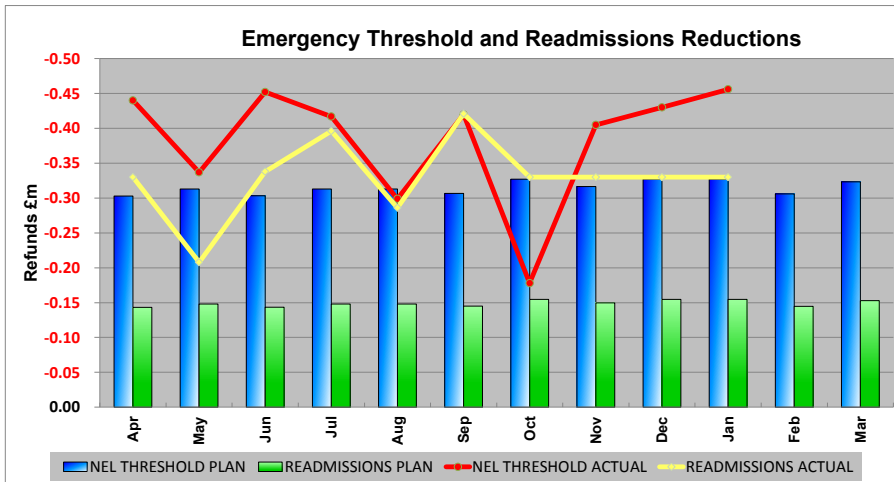
Contract	Annual Contract Value £000	Contract Year to Date £000	Actual Year to Date £000	Variance £000
Vale of York CCG	194,548	162,088	169,344	7,256
Scarborough & Ryedale CCG	74,959	62,045	65,666	3,621
East Riding CCG	37,600	31,034	34,137	3,103
Other Contracted CCGs	23,761	19,684	19,470	-214
NHSE - Specialised Commissioning	35,241	29,436	29,322	-114
NHSE - Public Health	14,466	12,212	12,163	-49
Local Authorities	7,001	5,592	5,339	-253
Total NHS Contract Clinical Income	387,576	322,091	335,441	13,350

Plan	Annual Plan £000	Plan Year to Date £000	Actual Year to Date £000	Variance Year to Date £000
Non-Contract Activity	9,896	8,269	10,172	1,903
Risk Income	12,723	11,646	-377	-12,023
Total Other NHS Clinical Income	22,619	19,915	9,795	-10,120

Specialist registrar income moved to other income non clinical	-1156
Winter resilience monies in addition to contract	1,470

Total NHS Clinical Income	410,195	342,006	345,550	3,544
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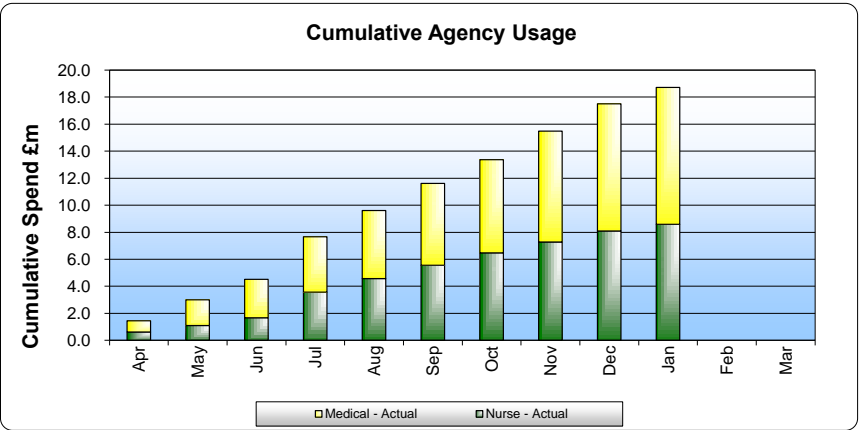
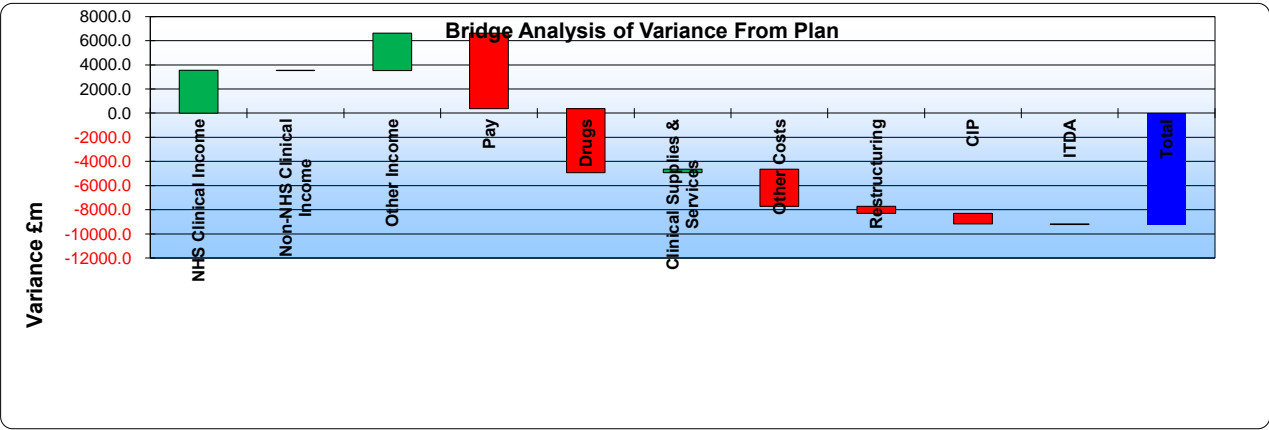
Activity data for the most recent month is partially coded; the month prior to this has over 90% coded, and earlier months are fully coded. There is therefore some element of income estimate involved for the uncoded portion of activity.



Key Messages:

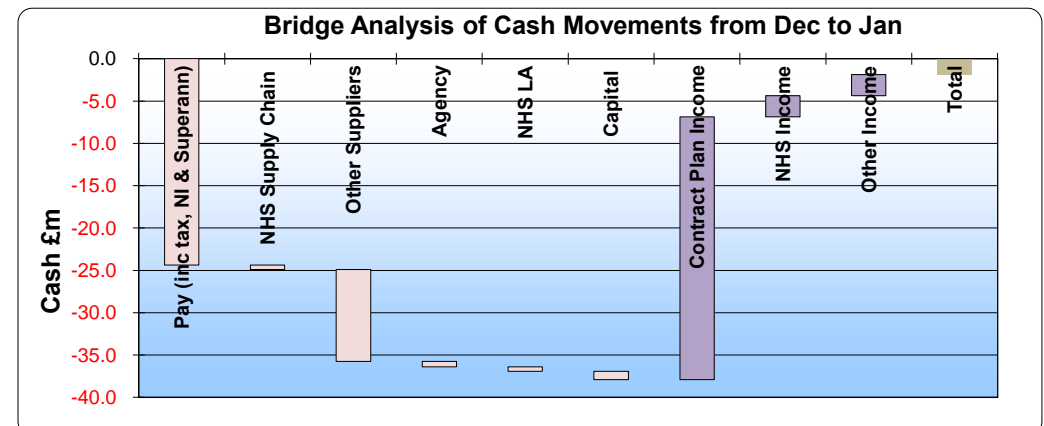
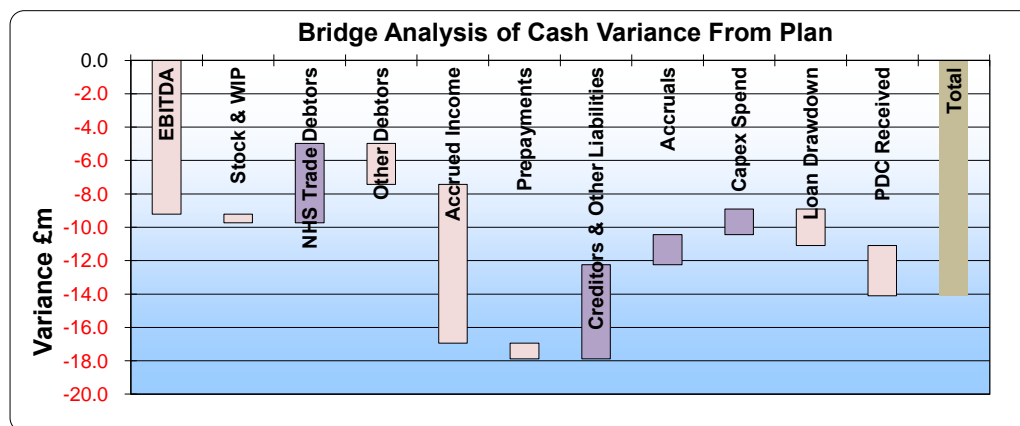
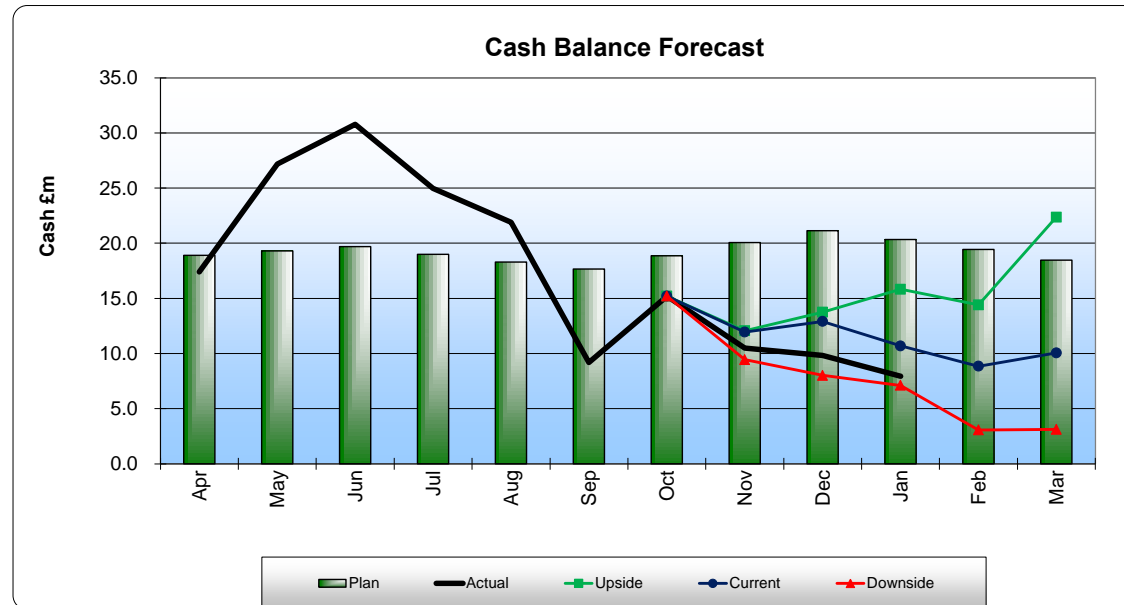
- There is an adverse expenditure variance of £15.8m at the end of December 2015. This comprises:
- * Pay budgets are £6.3m adverse, linked to continued high locum and agency costs.
- * Drugs budgets are £5.3m adverse, mainly due to pass through costs for drugs excluded from tariff.
- * CIP achievement is £0.9m behind plan.
- * Other budgets are £3.3m adverse.

Staff Group	Annual	Year to Date							Previous	Comments
	Plan	Plan	Contract	Overtime	WLI	Bank	Agency	Total	Variance	
Consultants	54,298	45,247	39,817	0	1,516	0	4,859	46,191	-944	-862
Medical & Dental	29,354	24,360	21,623	0	167	0	5,271	27,062	-2,702	-2,681
Nursing, Midwifery & Health Visting	94,108	78,274	67,410	443	295	2,923	8,583	79,654	-1,381	-1,307
Professional & Technical	9,577	7,989	6,577	101	142	0	412	7,233	756	684
Scientific & Professional	17,230	14,335	13,065	75	26	0	253	13,420	916	928
P.A.M.s	22,163	18,514	16,447	45	227	0	392	17,111	1,403	1,407
Healthcare Assistants & Other Support Staff	43,762	36,477	35,369	574	111	26	183	36,263	213	224
Chairman and Non-Executives	161	134	135	0	0	0	0	135	-1	-1
Executive Board and Senior Managers	14,623	12,155	11,158	5	0	0	53	11,216	939	865
Administrative & Clerical	33,915	28,189	26,722	166	133	0	276	27,297	892	886
Agency Premium Provision	3,717	3,098	0	0	0	0	0	0	3,098	2,788
Vacancy Factor	-10,444	-9,442	0	0	0	0	0	0	-9,442	-8,582
TOTAL	312,463	259,328	238,323	1,409	2,618	2,949	20,282	265,581	-6,253	-5,651



Key Messages:

- * The cash position at the end of January was £7.9m. This is below plan partly due to not drawing down £1m of the Capital loan and continued expenditure pressures.
- * Another influencing factor was the shortfall of contract income (£600k), which will be received in February.



Key Messages:

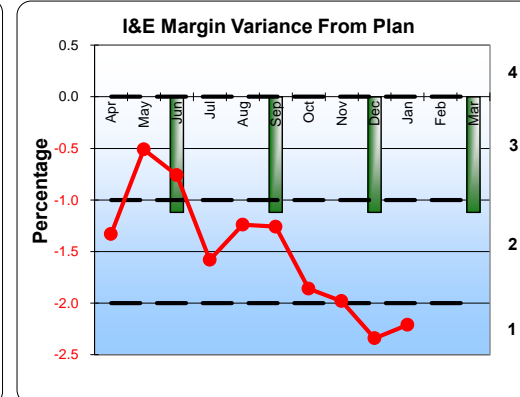
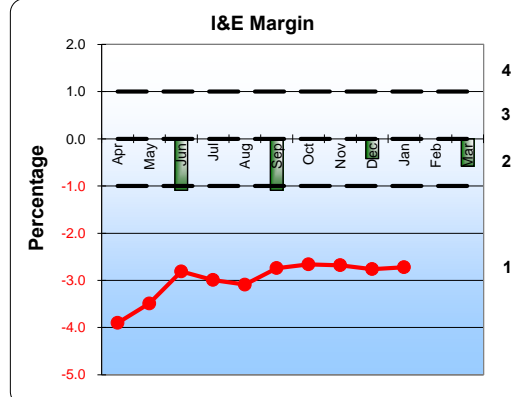
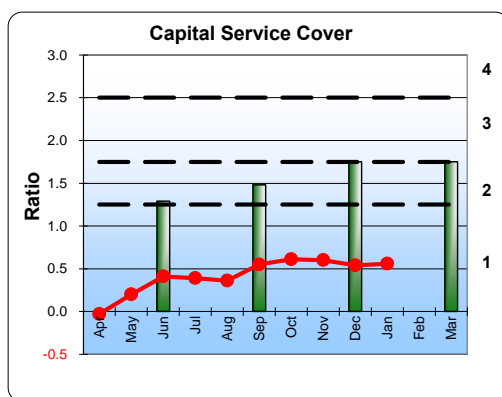
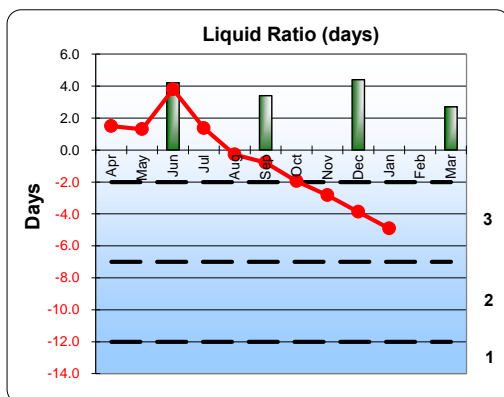
- * The receivables balance at the end of January was £10.48m, which is below plan due to continued progress with debt collection.
- * The payables balance at the end of January was £12.5m, which is above plan.
- * The Financial Sustainability Risk Rating (FSRR), which is assessed as a score of 2 in January, and is reflective of the I&E position.

Significant Aged Debtors (+6mths)

Harrogate and District NHS FT	£544K
NHS Vale of York CCG	£203K
Leeds and York Partnership NHS FT	£74K

	Under 3 mths £m	3-6 mths £m	6-12 mths £m	12 mths + £m	Total £m
Payables	10.36	0.82	0.97	0.35	12.50
Receivables	8.53	0.78	0.42	0.74	10.48

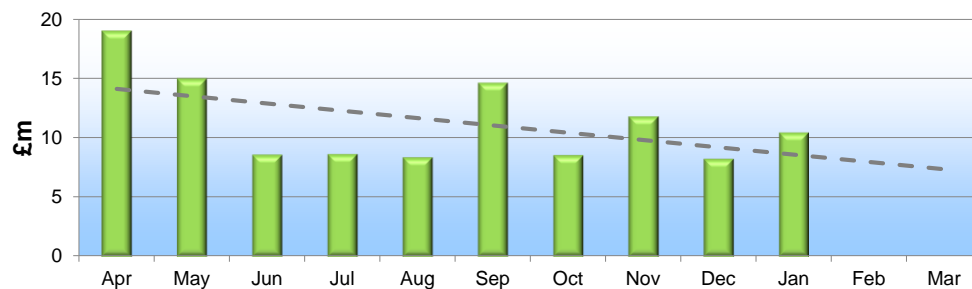
FSRR Area of Review	Plan for Year	Plan for Year-to-date	Actual Year-to-date	Forecast for Year
Liquidity (25%)	4	4	3	3
Capital Service Cover (25%)	2	1	1	1
I&E Margin (25%)	2	1	1	1
I&E Margin Variance From Plan (25%)	2	2	1	1
Overall Financial Sustainability Risk Rating	3	2	2	2



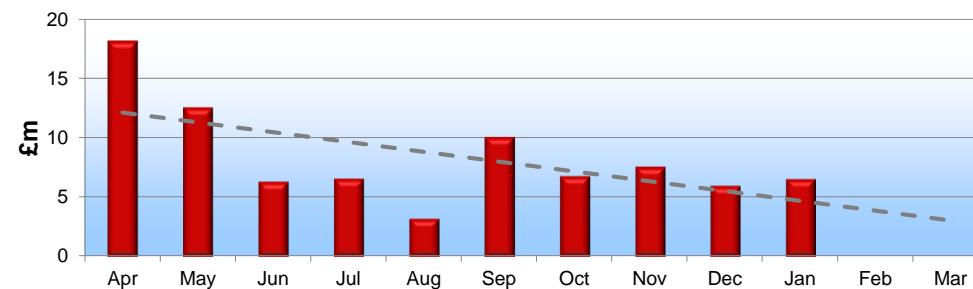
Key Messages:

- * At the end of January, the overall aged debt balance was £6.5m.
- * Current invoices are trending upwards as activity continues around raising invoices and reducing accrued income.
- * Debtors of under 3 months and 3-6 months continue to trend downwards, as debt collection remains a focus.
- * Debtors over 6 months are lower in value and are currently under review.

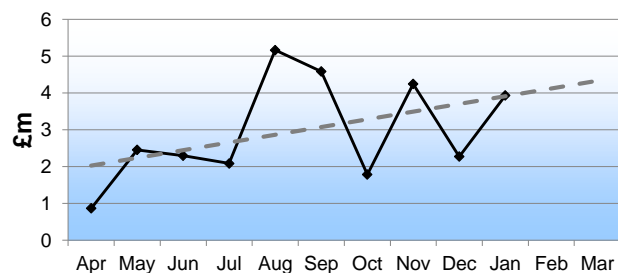
Total Debtor Balances



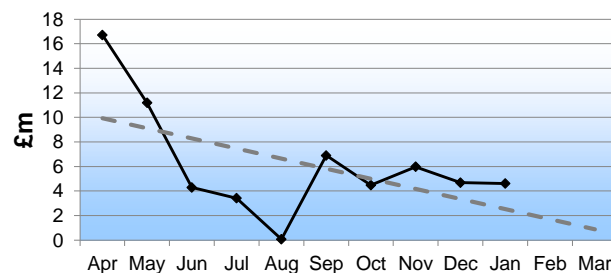
Aged Debt Balances



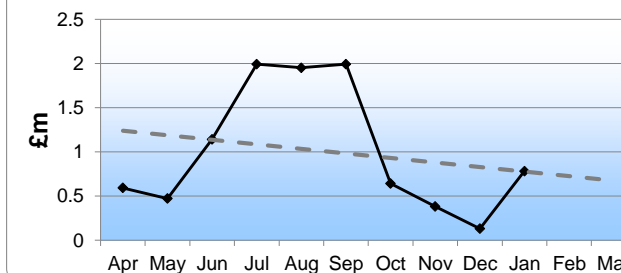
Current



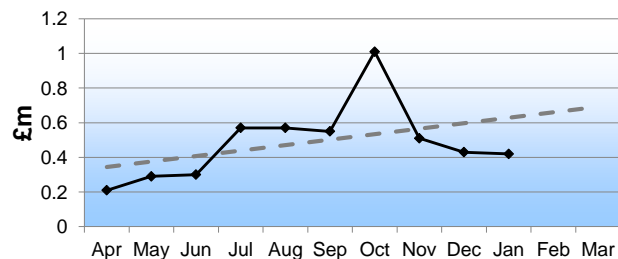
Under 3 mths



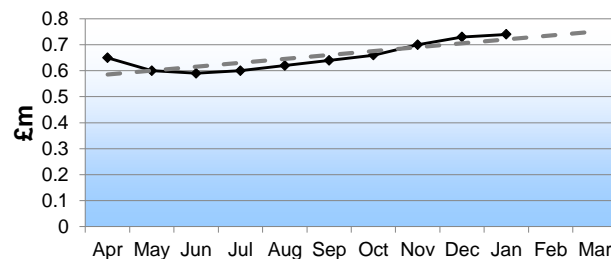
3 - 6 mths



6 - 12 mths



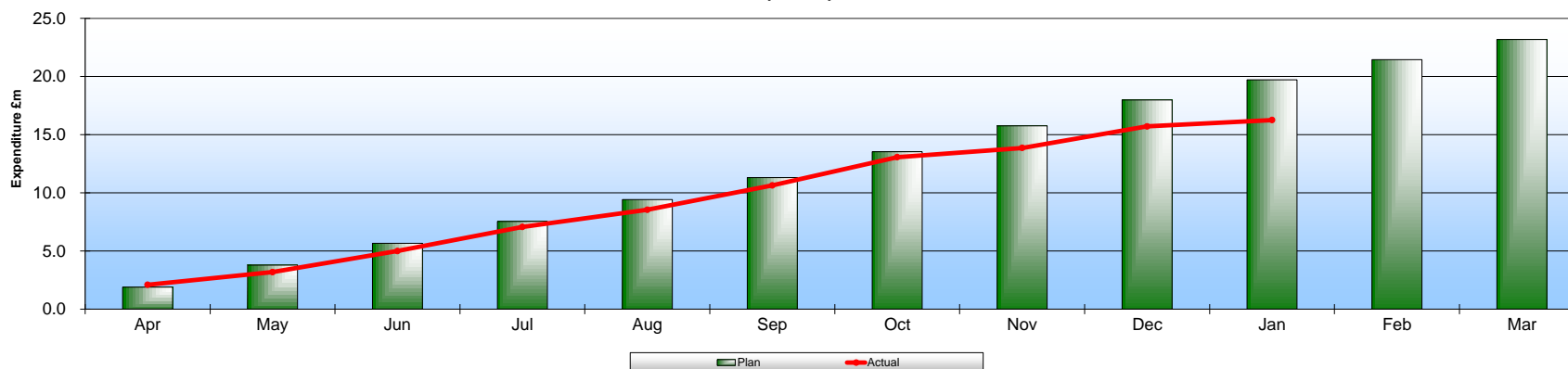
12 mths+



Key Messages:

- * The overall plan has reduced by £4.3m this is partly due to the Radiology equipment replacement plan moving into next year but also due to the Capital Programme Executive Group making the decision to delay the start of projects to April 2016 in order to protect the Trusts cash position.
- * The Scarborough and Bridlington Carbon Energy Scheme remains the largest projected in year spend at £5.187m and is on plan to complete in February 2016.
- * Strategic funding has been allocated to existing projects across the Scarborough site, including the Fire Alarm and Lift replacement projects and the upgrade of the IT network.

Capital Expenditure



Scheme	Approved in-year Expenditure	Year-to-date Expenditure	Forecast Outturn Expenditure	Variance	Comments
	£000	£000	£000	£000	
CT Scanner replacement- York (Owned)	2,015	1,721	1,720	295	
Fire Alarm System SGH	440	239	300	140	
York ED Phase 2	1,264	430	500	764	
SGH/ Brid Carbon & Energy Project	5,087	4,871	5,187	-100	
Radiology Equipment Upgrade	3,085	18	-	3,085	£900k funded by loan and remainder funded through depreciation/strategic funding
IT Wireless Upgrade - Trustwide	1,400	988	1,300	100	
Other Capital Schemes	3,655	3,302	4,347	-692	
SGH Estates Backlog Maintenance	1,000	638	650	350	
York Estates Backlog Maintenance - York	1,000	1,091	1,110	-110	
Medical Equipment	650	586	590	60	
IT Capital Programme	1,500	851	1,160	340	
Capital Programme Management	1,150	1,023	1,300	-150	
Radiology Lift Replacement SGH	440	35	40	400	
York Endoscopy Phase 1&2	-	216	217	-217	
Urology Facilities Malton	-	252	500	-500	
Contingency	500	-	-	500	Contingency funding has been allocated to specific projects
TOTAL CAPITAL PROGRAMME	23,186	16,261	18,921	4,265	A level of capital creditors is included in the total spend figure.

This Years Capital Programme Funding is made up of:-	Approved in-year Funding	Year-to-date Funding	Forecast Outturn	Variance	Comments
	£	£	£	£	
Depreciation	9,614	7,805	8,120	1,494	
Loan Funding b/fwd	1,386	1,386	1,386	-	
Loan Funding	9,577	5,206	7,172	2,405	
Charitable Funding	739	288	576	163	
Strategic Capital Funding	1,870	1,576	1,667	203	
TOTAL FUNDING	23,186	16,261	18,921	4,265	

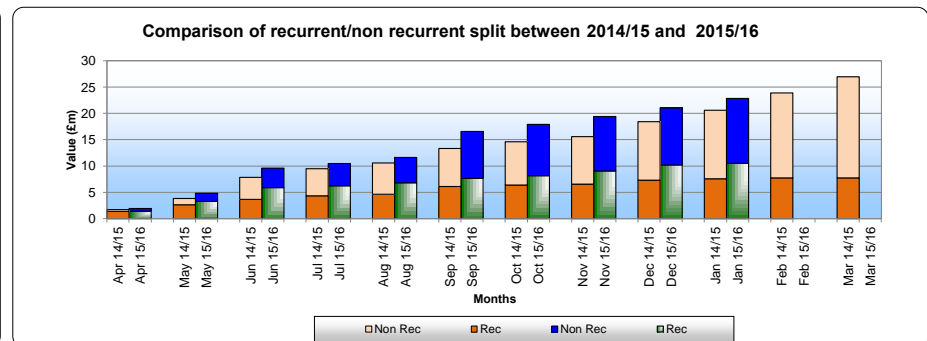
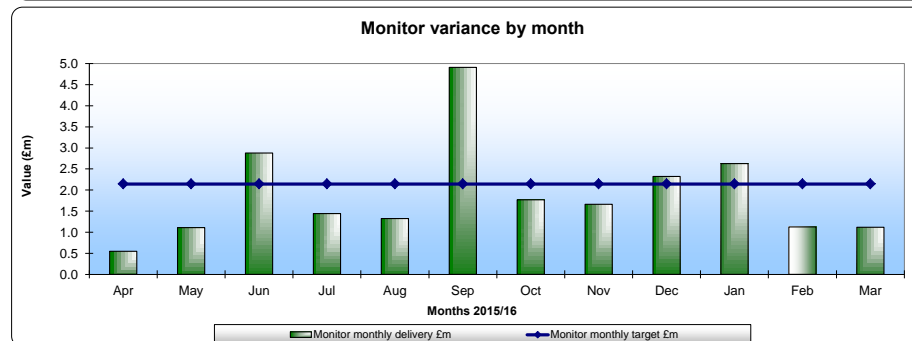
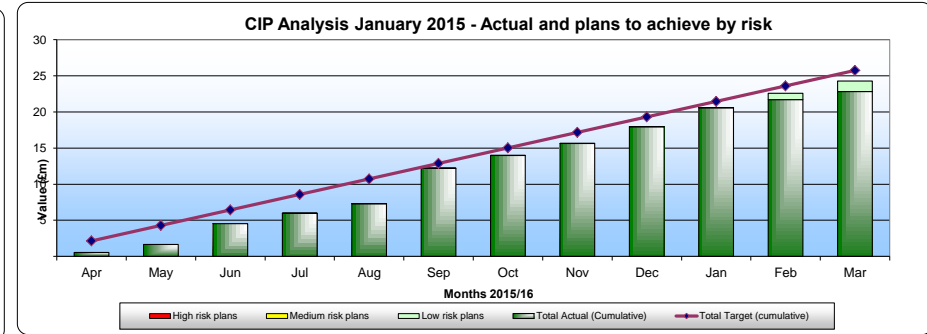
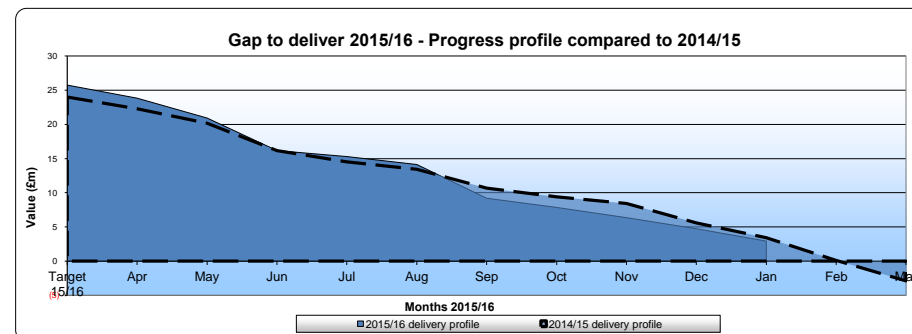
Key Messages:

- * Delivery - £22.8m has been delivered against the Trust annual target of £25.8m, giving a shortfall of (£2.9m).
- * Part year Monitor variance - The part year Monitor variance has a shortfall of (£0.9m).
- * In year planning - The in year planning gap is currently (£1.5m). In Q4 we exclude all in year high risk plans and medium risk plans.
- * Four year planning - The four year planning gap is (£14.5m).
- * Recurrent delivery - Recurrent delivery is £10.5m, which is 41% of the 2015/16 CIP target.

Executive Summary - January 2015	
	Total £m
TARGET	
In year target	25.8
DELIVERY	
In year delivery	22.8
In year delivery (shortfall)/surplus	-2.9
Part year delivery (shortfall)/surplus - monitor variance	-0.9
PLANNING	
In year planning surplus/(gap)	-1.5
FINANCIAL RISK SCORE	
Overall trust financial risk score	(1 - RED)

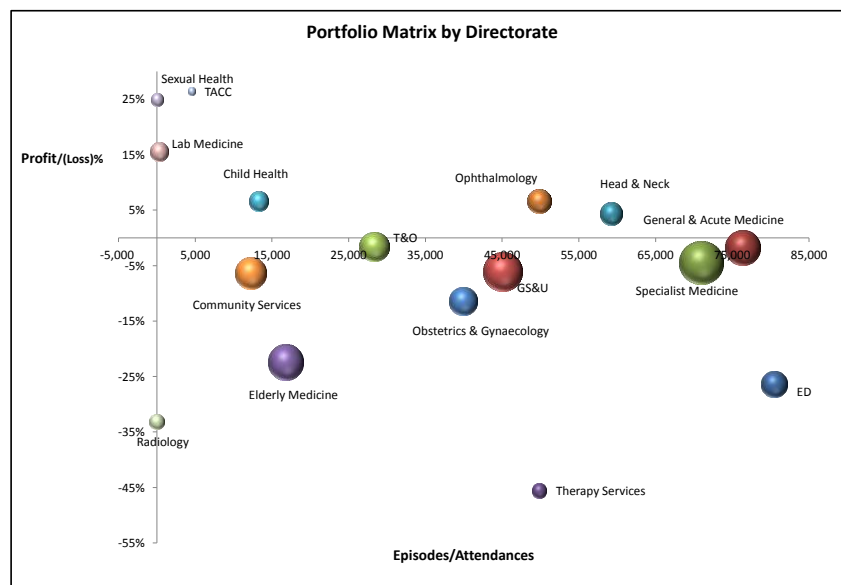
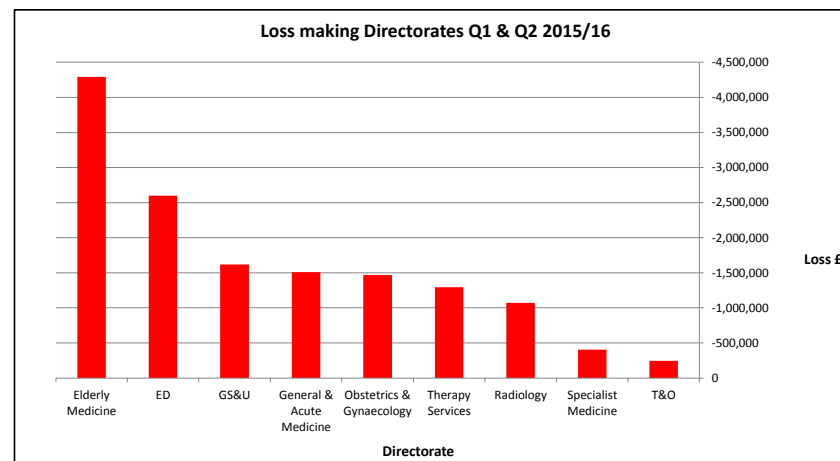
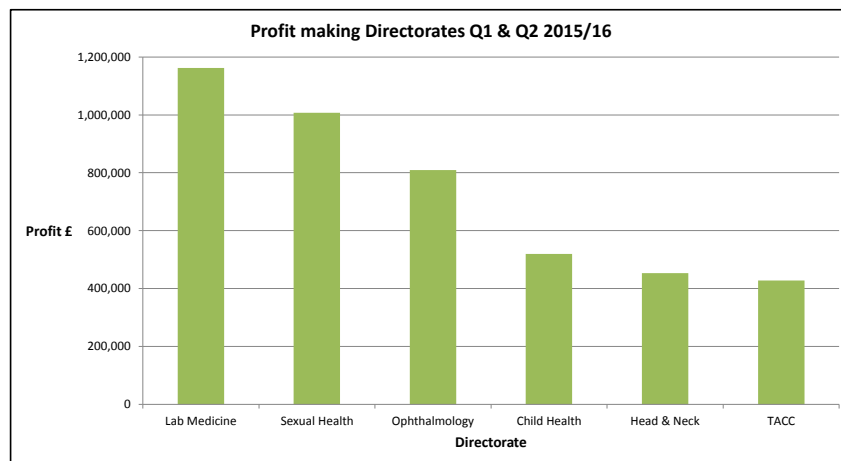
4 Year Efficiency Plan - January 2015					
Year	2015/16	2016/17	2017/18	2018/19	Total
	£m	£m	£m	£m	£m
Base Target	25.8	15.3	15.2	15.2	71.4
Plans	24.3	18.4	9.9	4.4	56.9
Variance	-1.5	3.1	-5.3	-10.8	-14.5
%	94%	121%	65%	29%	80%

Risk Ratings			
Financial			
Score	December	January	Trend
1	13	15	↑
2	2	2	→
3	6	4	↓
4	3	4	↑
5	2	1	↓
Governance			
Score	December	January	Trend
Red	0	0	→
Green	26	26	→



Key Messages:

- * Current data is based on Q1 & Q2 2015/16
- * It is expected Q3 2015/16 will be completed towards the middle of March 2016
- * Directorate teams are being asked, on a quarterly basis, to confirm that the consultant PA's allocations used within the SLR system are correct
- * Deep dive work is continuing within a number of Directorates



DATA PERIOD	Q1 & Q2 2015/16
CURRENT WORK	<p>* Q3 2015/16 SLR data is now the key focus following the publication of Q2 data. Q3 2015/16 is expected to be completed towards the middle of March 2016</p> <p>* A detailed deep dive piece of work is currently in progress for Women's Health with the aim of identifying what the true underlying financial position of the service is</p> <p>* Deep dive work for Child Health, Elderly Medicine, General & Acute Medicine and Emergency Medicine is underway to agree the income and expenditure allocation methods</p> <p>* Work with Directorate teams is currently on-going to improve the quality of consultant job plan allocations used within the SLR system for each quarterly reporting period</p>
FUTURE WORK	<p>* Q4 2015/16 SLR data and Reference Costs will be the priority following the completion of Q3</p> <p>* The SLR team are continuing to work with Directorate teams to improve the quality of outpatient staffing group costs within SLR</p> <p>* Future work around junior doctor job plans will become a key focus to improve the quality of the SLR data and also to inform the annual mandatory Education & Training cost collection exercise</p> <p>* Preparatory work for the Reference Cost and Education & Training mandatory submissions will soon begin ahead of the July and August submission deadlines</p>
BENEFITS TAKEN SINCE SYSTEM INTRODUCTION	£2.6m

Executive Pack
January 2016

Executive Summary	Inpatient Elective				Inpatient Non-Elective				Inpatient Day Case				Outpatient (1st Att)				Outpatient (Sub Att)				Non Face-To-Face				Outpatient Procedures			
Specialty	Year Plan	YTD Plan	YTD Actual	YTD Var	Year Plan	YTD Plan	YTD Actual	YTD Var	Year Plan	YTD Plan	YTD Actual	YTD Var	Year Plan	YTD Plan	YTD Actual	YTD Var	Year Plan	YTD Plan	YTD Actual	YTD Var	Year Plan	YTD Plan	YTD Actual	YTD Var	Year Plan	YTD Plan	YTD Actual	YTD Var
Accident And Emergency	0	0	0	0	2,910	2,425	2,726	301	0	0	10	10	945	785	196	-589	818	680	80	-600	0	0	0	0	0	0	0	0
Acute Medicine	0	0	7	7	219	183	875	692	92	76	283	207	774	643	887	244	1,004	834	912	78	94	78	34	-44	0	0	0	0
Anaesthetics	54	45	45	0	17	14	23	9	1,750	1,454	1,570	116	1,650	1,371	1,634	263	2,466	2,049	2,400	351	0	0	0	0	24	20	110	90
Cardiology	670	557	226	-331	2,841	2,368	2,060	-308	1,098	912	1,071	159	12,125	10,076	11,135	1,059	19,537	16,235	13,135	-3,100	155	129	310	181	5,627	4,676	4,630	-46
Chemical Pathology	0	0	0	0	0	0	2	2	54	45	34	-11	50	42	111	69	82	68	292	224	0	0	0	0	0	0	0	0
Clinical Neuro-Physiology	0	0	0	0	0	0	0	0	0	0	0	0	1,254	1,042	1,037	-5	70	58	71	13	0	0	1	1	0	0	0	0
Dermatology	0	0	0	0	8	7	3	-4	365	303	84	-219	7,292	6,060	4,718	-1,342	16,299	13,544	12,114	-1,430	424	352	75	-277	15,441	12,831	16,440	3,609
Ear, Nose And Throat	748	622	636	14	998	832	852	20	952	791	1,037	246	7,810	6,490	6,221	-269	8,307	6,903	8,108	1,205	12	10	25	15	8,987	7,468	7,846	378
Endocrinology	8	7	6	-1	3,698	3,082	2,483	-599	482	401	384	-17	2,203	1,831	1,669	-162	7,137	5,931	6,029	98	506	420	20	-400	0	0	1	1
Gastroenterology	229	190	202	12	4,581	3,818	4,347	529	9,602	7,979	7,780	-199	6,261	5,203	3,954	-1,249	11,532	9,583	7,079	-2,504	1,026	853	923	70	60	50	56	6
General Medicine	5	4	8	4	474	382	581	199	2,921	2,409	2,162	-247	92	76	71	-5	133	111	21	-90	18	15	8	-7	79	66	38	-28
General Surgery	2,898	2,408	2,188	-220	7,276	6,064	5,903	-161	10,767	8,947	8,644	-303	15,242	12,663	12,601	-62	23,074	19,159	16,814	-2,345	794	660	645	-15	3,999	3,323	2,858	-465
Genito-Urinary Medicine	0	0	0	0	0	0	0	0	0	0	0	0	25,550	20,680	15,229	-5,451	11,980	9,695	8,453	-1,242	0	0	0	0	0	0	0	0
Geriatric Medicine	6	5	14	9	9,421	7,852	8,853	1,001	172	143	139	-4	3,844	3,194	3,354	160	3,851	3,200	2,880	-320	941	782	199	-583	46	38	39	1
Gynaecology	822	683	705	22	980	817	1,001	184	1,474	1,225	1,274	49	7,670	6,374	6,355	-19	5,650	4,695	5,260	565	0	0	1	1	4,761	3,956	3,514	-442
Haematology (Clinical)	42	35	33	-2	156	130	188	58	3,672	3,051	3,430	379	1,898	1,577	1,627	50	12,610	10,479	11,088	609	668	555	524	-31	126	105	38	-67
Maxillofacial Surgery	352	293	259	-34	378	315	343	28	1,951	1,621	1,979	358	7,009	5,824	6,053	229	8,372	6,957	7,381	424	0	0	0	0	1,846	1,534	2,420	886
Medical Oncology	58	48	37	-11	148	123	123	-0	6,952	5,777	6,614	837	4,186	3,479	3,543	64	22,970	19,088	20,691	1,603	25,582	21,259	16,889	-4,370	90	75	112	37
Nephrology	72	60	89	29	1,606	1,339	941	-398	784	652	676	24	791	657	614	-43	8,311	6,906	5,756	-1,150	3,714	3,086	3,012	-74	0	0	0	0
Neurology	14	12	6	-6	132	110	142	32	746	620	719	99	3,286	2,731	2,407	-324	6,115	5,082	4,471	-611	910	756	618	-138	56	47	0	-47
Obstetrics & Midwifery	24	20	36	16	5,338	4,449	4,960	511	0	0	0	0	46	38	38	-0	1,166	969	983	14	0	0	0	0	168	140	85	-55
Ophthalmology	251	209	232	23	86	72	47	-25	5,385	4,475	5,123	648	16,145	13,416	12,583	-833	57,783	48,018	43,714	-4,304	0	0	0	0	12,929	10,744	9,847	-897
Orthodontics	0	0	0	0	0	0	0	0	0	0	0	0	1,491	1,239	1,080	-159	1,886	1,567	1,447	-120	0	0	0	0	9,636	8,008	7,428	-580
Paediatrics	65	54	45	-9	7,156	5,964	6,754	790	214	178	260	82	5,294	4,399	4,430	31	10,255	8,497	8,519	22	424	352	344	-8	670	557	574	17
Palliative Medicine	0	0	0	0	0	0	0	0	0	0	0	0	1,048	871	339	-532	3,938	3,272	1,474	-1,798	418	347	214	-133	0	0	0	0
Plastic Surgery	34	28	36	8	8	7	8	1	338	281	349	68	407	338	521	183	512	425	521	96	0	0	1	1	29	24	25	1
Restorative Dentistry	0	0	0	0	0	0	0	0	0	0	0	0	629	523	627	104	441	366	323	-43	0	0	0	0	1,619	1,345	1,034	-311
Rheumatology	6	5	2	-3	14	12	4	-8	2,160	1,795	1,966	171	2,732	2,270	2,282	12	13,097	10,884	12,540	1,656	1,254	1,042	1,195	153	0	0	0	0
Thoracic Medicine	86	71	68	-3	3,611	3,010	3,011	1	498	414	500	86	3,859	3,207	2,605	-602	10,544	8,762	7,711	-1,051	134	111	106	-5	296	246	166	-80
Trauma And Orthopaedic Surgery	1,824	1,516	1,579	63	3,258	2,715	2,679	-36	2,283	1,897	2,135	238	18,700	15,540	15,781	241	27,248	22,643	23,681	1,038	0	0	0	0	1,460	1,213	1,223	10
Urology	1,566	1,301	1,374	73	1,598	1,332	1,413	81	5,844	4,856	7,962	3,106	2,662	2,212	4,393	2,181	4,243	3,526	7,951	4,425	14	12	30	18	3,788	3,148	261	-2,887
Obstetrics & Midwifery Zero Tariff	0	0	0	0	6,332	5,278	5,463	185	0	0	0	0	8,090	6,723	7,672	949	35,308	29,341	22,925	-6,416	0	0	0	0	9,460	7,861	8,211	350
Gynaecology Zero Tariff	4	3	2	-1	362	302	263	-39	2	2	2	0	4	3	1	-2	42	35	23	-12	0	0	0	0	20	17	12	-5
Total	9,838	8,175	7,835	-340	63,606	53,001	56,048	3,047	60,558	50,306	56,187	5,881	171,039	141,579	135,768	-5,811	336,781	279,564	264,847	-14,717	37,088	30,820	25,174	-5,646	81,217	67,491	66,968	-523

Board of Directors – 24 February 2016

Efficiency Programme Update – January 2016

Action requested/recommendation

The Committee is asked to note the January 2016 position.

Summary

This report provides a detailed overview of progress to date regarding delivery of the Trust's Efficiency Programme. The 2015/16 target is £25.8m and year to date delivery, as at December 2015, is £22.8m.

Strategic Aims

Please cross as appropriate

- | | |
|---|-------------------------------------|
| 1. Improve quality and safety | <input checked="" type="checkbox"/> |
| 2. Create a culture of continuous improvement | <input checked="" type="checkbox"/> |
| 3. Develop and enable strong partnerships | <input type="checkbox"/> |
| 4. Improve our facilities and protect the environment | <input type="checkbox"/> |

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 and Finance & Performance Committee.
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, Head of Corporate Finance & Resource Management
Date of paper	February 2016
Version number	Version 1

Briefing note for the Finance & Performance Committee Meeting 16th February 2016
Briefing note for the Board of Directors Meeting 24th February 2016

Subject: January 2016 - Efficiency Position

From: Steven Kitching, Head of Corporate Finance & Resource Management

Summary reported position for January 2016

Current position – highlights

Delivery - Overall delivery is £22.8m in January 2016 which is (88%) of the £25.8m annual target; there has been a £1.8m improvement in the position in the month. This position compares to a delivery position of £20.6m (86%) in January 2015.

The month 10 part year adverse variance is (£0.9m) which has improved in the month by (£0.5m). This position is ahead of the 2014/15 position which was (£1.4m) adverse.

The relative Directorate positions are shown in Appendix 1 & 2 attached.

In year planning – There is an in-year planning gap of (£1.5m) at January 2016, this has remained static in the month and is currently a key focus of the team. This position is however better than the comparative 2014/15 position by £1.3m.

Four year planning – The four year planning gap is (£14.5m) based on the 2015/16 plan; this position has improved in the month by £0.6m. The comparative position in January 2015 was a gap of (£15.8m).

It should be noted that the draft plan to Monitor has a CIP target of £27.5m identified for 2016/17, for which we currently have plans identified of £18.4m, the target will however will be reviewed as part of the final plan, so this hasn't been adjusted within the board report at this stage.

Recurrent vs. Non recurrent – Of the £22.8m delivery, £10.5m (46%) has been delivered recurrently. Recurrent delivery is £2.9m ahead of the same position in January 2015, which remains encouraging. The work continues to identify recurrent schemes and all non-recurrent schemes are being reviewed by the team and will then be discussed with the Director of Finance with the aim of converting as many schemes as possible to recurrent.

Quality Impact Assessments (QIA) – All schemes have been sent out to Directorate teams to self assess for their safety impact and all have now been completed. The current QIA process is currently being reviewed for the new financial year and Mr Khafagy, Consultant Urologist, has agreed to provide an overview and input to this process, to ensure it remains fit for purpose.

Overview

The delivery position in month was good and remains on track for delivery at the financial year end. We remain ahead of last year by £2.2m, at £22.8m at month 10. The in-year planning gap has remained static in month at (£1.5m) and is £1.3m ahead of 2014/15. The 4 year planning gap remained static at (£15.1m).

It should be noted that the draft plan to Monitor has a CIP target of £27.5m identified for 2016/17, for which we currently have plans identified of £18.4m; the target will however will be reviewed as part of the final plan, so this hasn't been adjusted within the board report at this stage.

Recurrent delivery remains relatively strong, with the percentage recurrent delivery at 46% of overall delivery which is positive.

All Directorates have self assessed their schemes as part of the QIA self-assessment process, and clinical reviews are well underway. It should be noted that the current QIA process is currently being reviewed for the new financial year and Mr Khafagy, Consultant Urologist, has agreed to provide an overview and input to this process, to ensure it remains fit for purpose.

All the Efficiency panels meetings have now taken place.

Risks

Given the positive position after 10 months, there remain key risks in the programme.

- There is an in-year planning gap of (£1.5m), work continues to close this gap; there is also a (£9.1m) planning gap for 2016/17, based on the draft target of £27.5m. I am not however unduly worried about this gap at this point in the year.
- Recurrent delivery remains a key focus and non-recurrent to recurrent conversion is a priority over the next two months.

RISK SCORES - JANUARY 2016 -APPENDIX 1

DIRECTORATE	FINANCE						GOVERNANCE	
	R	RA	A	AG	G	Trend	R	G
WOMENS HEALTH	1	2	3	4	5	→		
TACC	1	2	3	4	5	→		
GEN MED SCARBOROUGH	1	2	3	4	5	→		
EMERGENCY MEDICINE	1	2	3	4	5	→		
RADIOLOGY	1	2	3	4	5	→		
SPECIALIST MEDICINE	1	2	3	4	5	→		
GS&U	1	2	3	4	5	→		
CHILD HEALTH	1	2	3	4	5	↓		
OPHTHALMOLOGY	1	2	3	4	5	→		
HEAD AND NECK	1	2	3	4	5	→		
MEDICINE FOR THE ELDERLY	1	2	3	4	5	↓		
COMMUNITY	1	2	3	4	5	→		
GEN MED YORK	1	2	3	4	5	↓		
SEXUAL HEALTH	1	2	3	4	5	→		
AHP & PSYCHOLOGICAL MEDICINE DIRECTORATE	1	2	3	4	5	→		
LAB MED	1	2	3	4	5	↑		
ORTHOPAEDICS	1	2	3	4	5	↓		
PHARMACY	1	2	3	4	5	→		
<u>CORPORATE</u>								
OPS MANAGEMENT YORK	1	2	3	4	5	→		
SNS	1	2	3	4	5	→		
CHIEF NURSE TEAM DIRECTORATE	1	2	3	4	5	→		
ESTATES AND FACILITIES	1	2	3	4	5	↓		
WORKFORCE AND ORGANISATIONAL DEVELOPMENT	1	2	3	4	5	→		
MEDICAL GOVERNANCE	1	2	3	4	5	→		
FINANCE	1	2	3	4	5	↑		
CHAIRMAN & CHIEF EXECUTIVES OFFICE	1	2	3	4	5	↑		
TRUST SCORE	1	2	3	4	5	↓		

RISK SCORES - JANUARY 2016 - 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	
	Yr1 Target (£000)	4Yr Target (£000)	%	Score	%	Score	%	Score	%	Score	Total Score	Monitor Rating
WOMENS HEALTH	2,239	4,041	20%	1	17%	1	7%	1	66%	1	4	1
TACC	2,959	7,175	36%	1	34%	1	24%	1	42%	1	4	1
GEN MED SCARBOROUGH	1,150	2,475	52%	1	42%	1	35%	1	47%	1	4	1
EMERGENCY MEDICINE	1,126	2,463	43%	1	43%	1	42%	1	42%	1	4	1
RADIOLOGY	2,410	4,020	46%	1	46%	1	27%	1	43%	1	4	1
SPECIALIST MEDICINE	2,884	6,704	51%	1	50%	1	28%	1	72%	1	4	1
GS&U	2,087	5,273	81%	1	69%	1	33%	1	61%	1	4	1
CHILD HEALTH	1,335	2,870	81%	1	71%	1	50%	1	74%	1	4	1
OPHTHALMOLOGY	870	2,438	84%	1	72%	1	49%	1	55%	1	4	1
HEAD AND NECK	625	1,833	89%	1	83%	1	26%	1	67%	1	4	1
MEDICINE FOR THE ELDERLY	1,424	3,723	92%	2	92%	2	27%	1	87%	1	6	1
COMMUNITY	1,562	4,007	50%	1	47%	1	29%	1	119%	4	7	1
GEN MED YORK	1,949	5,235	101%	3	83%	1	61%	2	119%	4	10	2
SEXUAL HEALTH	470	1,040	113%	4	104%	3	10%	1	118%	4	12	3
AHP & PSYCHOLOGICAL MEDICINE DIRECTORATE	1,612	3,700	120%	5	114%	4	62%	2	87%	1	12	3
LAB MED	1,144	3,247	128%	5	128%	5	78%	4	92%	2	16	4
ORTHOPAEDICS	1,354	3,646	177%	5	173%	5	58%	1	128%	5	16	4
PHARMACY	-189	503	140%	5	120%	5	120%	5	251%	5	20	5
CORPORATE												
OPS MANAGEMENT YORK	695	1,090	44%	1	33%	1	0%	1	89%	1	4	1
SNS	1,117	2,139	93%	2	91%	2	52%	1	74%	1	6	1
CHIEF NURSE TEAM DIRECTORATE	378	695	111%	4	85%	1	15%	1	63%	1	7	1
ESTATES AND FACILITIES	3,088	7,650	94%	2	90%	2	50%	1	118%	4	9	2
WORKFORCE AND ORGANISATIONAL DEVELOPMENT	768	1,536	107%	3	119%	5	57%	1	115%	4	13	3
MEDICAL GOVERNANCE	103	222	197%	5	197%	5	18%	1	93%	2	13	3
FINANCE	151	890	352%	5	352%	5	163%	5	60%	1	16	4
CHAIRMAN & CHIEF EXECUTIVES OFFICE	18	407	1788%	5	1788%	5	965%	5	80%	1	16	4
TRUST SCORE	33,331	79,022	94%	2	89%	2	41%	1	82%	1	6	1

Public Performance Report

February 2016

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



Access Targets: 18 Weeks

Indicator	Consequence of Breach (Monthly)	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Nov	Dec	Jan
Incomplete Pathway: Percentage of patients on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	Specialty fail: £300 fine per patient below performance tolerance Quarterly: 1 Monitor point TBC	92%	92.5%	92.8%	93.8%	94.0%	94.7%	94.0%	93.5%
Zero tolerance RTT waits over 52 weeks for incomplete pathways	£5,000 per Patient with an incomplete RTT pathway waiting over 52 weeks at the end of the relevant month	0	2	3	0	0	0	0	0
Admitted Pathway: Percentage of admitted patients starting treatment within a maximum of 18 weeks from Referral	Nil	Not a 2015/16 target	80.7%	75.6%	76.3%	77.8%	76.7%	82.1%	75.3%
Non Admitted Pathway: Percentage of non-admitted patients starting treatment within a maximum of 18 weeks from Referral	Nil	Not a 2015/16 target	95.4%	95.2%	95.1%	95.3%	95.5%	95.2%	95.0%

Access Targets: Cancer

NB: Cancer Figures Run One Month Behind Due to National Reporting Timescales

Indicator	Consequence of Breach	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Oct	Nov	Dec
14 Day Fast Track	Quarterly: £200 fine per patient below performance tolerance 0.5 Monitor point TBC	93%	89.8%	93.9%	91.9%	95.2%	95.1%	94.8%	95.6%
14 Day Breast Symptomatic	Quarterly: £200 fine per patient below performance tolerance 0.5 Monitor point TBC	93%	91.0%	91.4%	94.0%	94.8%	95.1%	92.4%	96.0%
31 Day 1st Treatment	Quarterly: £1000 fine per patient below performance tolerance 0.5 Monitor point TBC	96%	96.1%	96.2%	99.3%	99.5%	99.6%	99.1%	99.6%
31 Day Subsequent Treatment (surgery)	Quarterly: £1000 fine per patient below performance tolerance 0.5 Monitor point TBC	94%	95.6%	94.4%	97.3%	95.5%	96.0%	92.3%	100.0%
31 Day Subsequent Treatment (anti cancer drug)	Quarterly: £1000 fine per patient below performance tolerance 0.5 Monitor point TBC	98%	98.5%	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%
62 day 1st Treatment	Quarterly: £1000 fine per patient below performance tolerance 0.5 Monitor point tbc	85%	76.5%	87.8%	85.1%	84.5%	79.9%	83.0%	90.0%
62 day Screening	Quarterly: £1000 fine per patient below performance tolerance 0.5 Monitor point tbc	90%	92.2%	98.4%	92.0%	97.0%	94.7%	100.0%	96.2%
62 Day Consultant Upgrade	General Condition 9	85%	50.0%	-	-	-	-	-	-

Emergency Department

Indicator	Consequence of Breach (Monthly)	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Nov	Dec	Jan
Percentage of A & E attendances where the Patient was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	£120 fine per patient below performance tolerance (maximum 10% breaches) Quarterly: 1 Monitor point TBC	95%	89.1%	88.3%	91.5%	87.1%	84.6%	89.3%	86.8%
All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes	£200 per patient waiting over 30 minutes in the relevant month	0 > 30min	520	539	315	336	111	123	112
All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes	£1,000 per patient waiting over 60 minutes in the relevant month	0 > 60min	383	415	139	190	68	59	114
Ambulance Handovers over 30 and 60 Minutes by CCG	Ambulance Handovers over 30 and 60 Minutes by CCG	Breach Category	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Nov	Dec	Jan
	NHS VALE OF YORK CCG	30mins - 1hr	161	163	88	91	42	25	37
		1hr 2 hours	109	114	47	74	40	15	25
		2 hours +	44	26	19	18	6	4	21
	NHS SCARBOROUGH AND RYEDALE CCG	30mins - 1hr	177	152	94	127	37	49	33
		1hr 2 hours	83	101	28	42	8	16	25
		2 hours +	25	28	1	7	2	2	4
	NHS EAST RIDING OF YORKSHIRE CCG	30mins - 1hr	134	146	82	86	21	41	34
		1hr 2 hours	70	76	23	36	10	15	23
		2 hours +	17	22	1	4	1	3	4
	NHS HAMBLETON, RICHMONDSHIRE AND WHITBY CCG	30mins - 1hr	20	27	13	10	1	3	4
		1hr 2 hours	15	14	6	2	0	0	3
		2 hours +	2	3	0	0	0	0	1
	NHS HARROGATE AND RURAL CCG	30mins - 1hr	6	1	1	0	0	0	0
		1hr 2 hours	0	0	1	0	0	0	1
		2 hours +	0	0	0	0	0	0	0
	OTHER	30mins - 1hr	22	50	37	22	10	5	4
		1hr 2 hours	12	27	12	6	1	3	6
		2 hours +	6	4	1	1	0	1	1
Total number of patients waiting over 8hrs in A&E	General Condition 9	Q1 - Establish baseline	944	732	431	1060	442	264	407
Trolley waits in A&E not longer than 12 hours	£1,000 per incidence in the relevant month	0 > 12 hrs	11	0	1	18	5	0	0
Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	95%	97.6%	97.5%	97.1%	To follow	98.5%	To follow	To follow

Mortality

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15
Mortality – SHMI (YORK)	Quarterly: General Condition 9	A banding of "Significantly higher than expected" in SHMI using the "Extract Poisson Distribution" method for deriving upper and lower confidence limits, applied to each sub-group reported	93	95	98	99	97	96	95
Mortality – SHMI (SCARBOROUGH)	Quarterly: General Condition 9		105	107	108	109	107	108	107

Infection Prevention

Indicator	Consequence of Breach (Monthly)	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Nov	Dec	Jan
Minimise rates of Clostridium difficile	<i>Schedule 4 part G</i> Quarterly: 1 Monitor point tbc	48	21	21	14	15	3	7	7
Number of Clostridium difficile due to "lapse in care"	Establish baseline and set trajectory	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Number of E-Coli cases	Quarterly: General Condition 9	108 (TBC)	27	24	16	23	8	8	11
Number of Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia cases	Quarterly: General Condition 9 (identified in 15/16 contract as HPA MESS monthly)	30	13	11	9	10	2	2	2
Zero tolerance MRSA	£10,000 in respect of each incidence in the relevant month	0	1	6	0	0	0	0	1
Confirmed cases of MRSA Bacteraemia to be notified to commissioner by next working day	General Condition 9	100%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Post Infection Review (PIR) of MRSA bacteraemia/SI report to be provided to the commissioner within 21 working days of the case being identified in line with national data capture system	General Condition 9	100%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Post Infection Review (PIR) completed	TBC	TBC	n/a	n/a	n/a	n/a	n/a	n/a	n/a
All High Risk (non-day case) Elective admissions are screened for MRSA prior to admission	Quarterly: General Condition 9	95%	86.0%	85.1%	85.6%	83.1%	79.9%	89.9%	78.2%
Emergency admissions are screened for MRSA within 24 hours of admission	Quarterly: General Condition 9	95%	66.2%	72.2%	75.1%	74.5%	72.7%	79.7%	75.6%

Quality and Safety

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Nov	Dec	Jan
Percentage of Patients waiting less than 6 weeks from Referral for a diagnostic test	£200 fine per patient below performance tolerance	99%	95.9%	95.2%	99.4%	99.1%	99.5%	99.1%	99.1%
Sleeping Accommodation Breach	£250 per day per Service User affected	0	0	0	0	0	0	0	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	Non-payment of costs associated with cancellation and non- payment or reimbursement (as applicable) of re-scheduled episode of care	0	15	9	0	8	2	4	1
No urgent operation should be cancelled for a second time	£5,000 per incidence in the relevant month	0	0	0	0	0	0	0	0
Cancelled operations within 48 Hours of the TCI due to lack of beds	General Condition 9	65 per month	548	205	40	182	66	39	20
VTE risk assessment: all inpatient undergoing risk assessment for VTE, as defined in Contract Technical Guidance	£200 in respect of each excess breach above threshold	95%	96.9%	97.1%	97.4%	97.9%	98.5%	97.9%	98.2%
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	99%	99.9%	99.8%	99.7%	To follow	99.8%	To follow	To follow
Failure to ensure that 'sufficient appointment slots' are made available on the Choose and Book System	General Condition 9	>4% slot unavailability if utilisation >90% >6% unavailability if utilisation <90%	4.3%	n/a	Reports currently unavailable from the HSCIC due to a change in system.				
All ELECTIVE patients to have an Expected Discharge Date (EDD) recorded in the patient case notes or patient management system within 24 hours of admission	General Condition 9	Q1 - 87% Q2 - 89% Q3 - 91% Q4 - 93%	92.0%	89.1%	89.7%	88.7%	89.9%	87.8%	93.0%
Delayed Transfer of Care to be maintained at a minimum level	As set out in General Condition 9 - Trust only to be accountable for Health delays.	<1%	1160	1476	1459	1754	569	625	625
Trust waiting time for Rapid Access Chest Pain Clinic	General Condition 9	99%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No patient cancelled more than twice by the Trust for non-clinical reasons. All new dates to be arranged within 6 weeks of the cancelled appointment	General Condition 9	90%	Annual statement of assurance						
Outpatient clinics cancelled with less than 14 days notice	General Condition 9	200 per month	514	452	486	448	141	143	135
Reduction in number of hospital cancelled first and follow up outpatient appointments for non-clinical reasons where there is a delay in the patient treatment	General Condition 9	End Q2 745; end Q4 721	2375	2365	2509	2492	852	764	831
% Compliance with WHO safer surgery checklist	General Condition 9	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Readmissions within 30 days – Elective	The CCG will apply a % penalty following Flex and Freeze validation. (ER)	08/09 outturn awaiting figure from CCG	388	418	475	462	127	171	1 month coding lag
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	1420	1435	1487	1437	483	467	1 month coding lag
Reduction in avoidable transfers within the Trust after 10pm. Excludes transfers for clinical reasons or for patients transferred to a more appropriate ward	General Condition 9	100 per month (Baseline 374; Q1:-330; Q2-280;Q3-250;Q4-220)	374	302	258	308	110	91	90

Quality and Safety

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Nov	Dec	Jan
Number/Percentage women who have seen a midwife by 12 weeks and 6 days (as per IPMR definition)	General Condition 9	90%	99.3%	99.7%	99.1%	99.7%	100.0%	100.0%	99.6%
Stroke Performance against Sentinel Stroke National Audit Programme (SSNAP)	General Condition 9	Best Practice Standards	Quarterly summary of performance against SSNAP indicators as submitted to RCP. Stroke service exception action plan to be produced quarterly .						
Immediate Discharge letters - 24 hour standard: Overall Trust Position Monthly report and quarterly audit . Action plan to be provided where the target failed in any one month. 25 cases from SR and 25 cases from ERY.	General Condition 9	>98% for admitted patients discharged and >98% for A&E patients discharged	Quarterly audit						
Quality of Ward IDLs (Quarterly audit undertaken on Scarborough and Ryedale and East Riding patients and triangulated with Trust information. Method of measurement will be in line with agreed methodology). 25 cases from SR and 25 cases from ERY	General Condition 9	Q1 - 94% Q2 - 95% Q3 - 96% Q4 - 97%	Quarterly audit						
Quality of ED IDLs (Quarterly audit undertaken on Scarborough and Ryedale and East Riding patients and triangulated with Trust information. Method of measurement will be in line with agreed methodology)	General Condition 9	Q1 - 90% Q2 - 92% Q3 - 94% Q4 - 96%	Quarterly audit						
All Red Drugs to be prescribed by provider effective from 01/04/2015	Recovery of costs for any breach to be agreed via medicines management committee	100% list to be agreed	CCG to audit for breaches						
All Amber Drugs to be prescribed by provider effective from 01/04/2015	Recovery of costs for any breach to be agreed via medicines management committee	100% list to be agreed	CCG to audit for breaches						
NEWS within 1 hour of prescribed time	None - Monitoring Only	None	85.9%	87.0%	87.4%	86.9%	87.1%	87.3%	87.2%

Never Events

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Nov	Dec	Jan
Never Events	In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event	>0	0	1	0	0	0	0	0

District Nursing Activity Summary

Indicator	Source	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Nov	Dec	Jan
Community Adult Nursing Referrals (excluding Allied Health Professionals)	GP	-	2040	2769	2576	3448	1089	1123	1056
	Community nurse/service	-	792	921	886	1058	360	402	342
	Acute services	-	904	1086	961	1151	343	389	350
	Self / Carer/family	-	425	470	662	888	182	276	283
	Other	-	236	309	278	378	98	148	163
	Grand Total	-	4397	5555	5363	6923	2072	2338	2194
Community Adult Nursing Contacts	First	-	3187	4360	4479	5115	1668	1692	1646
	Follow up	-	35421	41534	46925	55714	17737	18956	18737
	Total	-	38608	45894	51404	60829	19405	20648	20383
	First to Follow Up Ratio	-	11.1	9.5	10.5	10.9	10.6	11.2	11.4
Community Hospitals average length of stay (days)	Archways	-	26.8	21.1	23.0	21.3	23.6	20.3	24.8
	Malton Community Hospital	-	16.0	19.9	16.1	17.3	14.9	23.1	16.9
	St Monicas Hospital	-	24.0	15.5	15.5	16.7	12.5	20.3	15.5
	The New Selby War Memorial Hospital	-	17.6	15.3	14.2	13.3	11.0	16.7	14.3
	Whitby Community Hospital	-	21.9	20.0	19.5	12.8	11.1	18.4	22.3
	Total	-	20.2	18.5	17.4	15.5	13.5	19.7	18.3
Community Hospitals admissions. Please note: Patients admitted to Community Hospitals following a spell of care in an Acute Hospital have the original admission method applied, i.e. if patient is admitted as a non-elective their spell in the Community Hospital is also non-elective.	Archways	Elective	5	8	11	11	4	6	3
		Emergency	71	73	79	80	20	32	24
	Malton Community Hospital	Elective	48	19	37	15	9	4	5
		Emergency	110	101	115	128	34	40	40
	St Monicas Hospital	Elective	16	17	14	15	5	6	7
		Emergency	27	43	41	38	10	10	10
	The New Selby War Memorial	Elective	57	59	69	73	20	23	24
		Emergency	55	68	68	72	21	24	26
	Whitby Community Hospital	Elective	0	0	1	1	0	1	0
		Emergency	140	136	133	191	76	34	32
	Total	Elective	126	132	115	115	38	40	39
		Emergency	403	436	509	509	161	140	132

Monthly Quantitative Information Report

	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Complaints and PALS												
New complaints this month	37	47	43	41	33	41	37	58	42	38	28	25
Number of Ombudsman complaint reviews	4	7	2	4	1	1	3	1	0	2	1	0
Late responses this month (at the time of writing)***	1	0	3	2	10	7	4	6	0	8	0	0
Top complaint issues												
Aspects of clinical treatment	20	32	30	27	21	29	27	30	15	30	24	22
Admission/discharge/transfer arrangements	3	2	1	3	1	1	1	5	5	2	3	3
Appointment delay/cancellation - outpatient	2	2	2	2	0	1	1	0	2	3	1	2
Staff attitude	7	5	3	7	3	3	3	0	0	0	0	0
Communications	2	4	4	1	3	2	2	8	5	7	9	10
Other	1	0	0	1	1	0	2	0	0	0	0	0
New PALS queries this month	559	478	430	416	498	643	530	631	682	505	450	492
PALS queries at same time last year	470	367	378	369	406	442	488	426	463	392	334	461
Top PALS issues												
Information & advice	173	126	158	155	171	237	233	296	309	202	171	196
Staff attitude	14	12	19	14	23	24	14	19	17	18	13	21
Aspects of clinical treatment	47	84	69	63	72	101	64	76	75	66	53	68
Appointment delay/cancellation - outpatient	28	52	29	35	46	59	39	60	55	49	40	37

*note: upheld complaints are reported quarterly to allow for investigation timescales

**note: we do not record partly - if a complaint generates 1 or more actions for improvement then it is recorded as upheld

***note: if extensions are made in agreement with the complaint, responses are not considered late

Serious Incidents												
Number of SI's reported	16	18	12	14	12	20	11	16	22	19	13	11
% SI's notified within 48 hours of SI being identified*	100%	100%	100%	100%	100%	95%	100%	100%	100%	100%	100%	100%
% SI's closed on STEIS within 6 months of SI being reported	0%	66%	100%	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Number of Negligence Claims	17	15	15	15	12	14	8	14	21	21	15	12
Extension requests made at least 4 weeks prior to deadline of report due date, and reason given is acceptable to CCG (Threshold - 90% by Q4)			0	2	0	1	0	1	2	3	1	6
Duty of Candour demonstrated within SI Reports (Threshold 100%)			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Percentage of reported SI's, investigated and closed as per agreed timescales**** (Threshold (90%))			83%	85%	83%	93%	100%	92%	94%	75%	100%	71%
Percentage of reported SI's with extension requested.			0.0%	15.4%	0.0%	6.7%	0.0%	8.3%	11.1%	25.0%	7.1%	28.6%

* this is currently under discussion via the 'exceptions log'

Monthly Quantitative Information Report

	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Pressure Ulcers**												
Number of Category 2	35	44	37	49	34	37	44	33	29	48	36	31
Number of Category 3	3	6	4	8	10	4	3	3	7	4	4	7
Number of Category 4	0	1	0	1	0	0	1	1	3	1	1	0
Total number developed/deteriorated while in our care (care of the organisation) - acute	30	41	31	38	35	33	35	27	27	51	38	35
Total number developed/deteriorated while in our care (care of the organisation) - community	25	32	25	47	27	29	28	27	34	32	21	23
Falls***												
Number of falls with moderate harm	2	3	1	2	5	0	3	3	4	2	2	1
Number of falls with severe harm	5	4	3	8	4	5	1	5	3	10	1	4
Number of falls resulting in death	1	0	0	0	0	1	0	0	1	0	1	0
Safeguarding												
% of staff compliant with training (children)	58%	59%	62%	65%	68%	74%	80%	80%	81%	82%	82%	82%
% of staff compliant with training (adult)	56%	59%	62%	64%	69%	74%	80%	81%	82%	82%	82%	83%
% of staff working with children who have review CRB checks												

Note ** and *** - falls and pressure ulcers subject to validation. Fall resulting in death currently being investigated as Serious Incident and the degree of harm will be confirmed upon completion of investigation.

All falls and pressure ulcer data has been refreshed to reflect improvements in identification, monitoring and reporting of falls and pressure ulcers.

**** - data revised to exclude SIs which have been delogged since declaration

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Workforce Strategy Committee Meeting

26th January 2016

York Teaching Hospital
NHS Foundation Trust



Present:

Dianne Willcocks, Non-Executive Director (Chair)
Anna Pridmore, Foundation Trust Secretary
Pat Crowley, Chief Executive
Mike Proctor, Deputy Chief Executive
Polly McMeekin, Deputy Director of Workforce
Jonathan Thow, Deputy Medical Director (Education)
Helen Hey, Deputy Chief Nurse
Gail Dunning, Deputy Director - OD

Brian Golding, Director of Estates & Facilities
Michael Sweet, Non-Executive Director
Philip Ashton, Non-Executive Director
Melanie Liley, Head of AHP Services and Psychological Medicine
Wendy Scott, Head of Community Services
Anne Devaney, Head of Corporate Learning
Sian Longhorne, Senior HR Lead
Michael Davison, Finance Project Manager

Attendance:

Tracy Astley – PA to Workforce Directorate

Apologies:

Libby Raper, Non-Executive Director (Vice Chair)
Beverley Geary, Chief Nurse
Jane Allen, Chief Cardiac Physiologist

	Agenda Item	AFW	Comments	Assurance	Attention to Board
1.0	Last Meeting Notes Minutes Dated		Paper 1 Minutes approved.		
2.0	Matters arising from December minutes		<u>Health & Wellbeing Programme</u> PM informed that The Trust is one of twelve who has been chosen by NHS Employers to deliver healthy workforce programs. Analysis on sickness absence has shown two main reasons, MSK and mental health on which The Trust is focussing targeted work. Funding has just been agreed with NHS England and recruitment process started	PM to ensure Press Release and put information in public domain.	Monitor Health & Wellbeing programmes

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			<p>for a part-time talking therapist and a part-time physiotherapist to commence in line with the new financial year. The committee agreed that a programme of communications was needed to ensure adequate uptake of the initiative. DW suggested a press release to share the message about the programme in the public domain.</p> <p><u>Terms of Reference</u> Paper 2 - Some further small changes to the document were suggested but it was agreed it only needed to come back to the committee for information.</p> <p><u>HR TAP updates – Senior Management Review</u> DW advised that according to the original TAP plan for HR a review of senior structures was intended. PC informed this was not the case. Recruitment to posts is looked at on a systematic basis as the need arises. Anything above Band 7 is scrutinised through Corporate Directors. 1:20 get rejected. MARS is used magnanimously to ensure there is more scrutiny. PC also informed the living wage will be decided by end of February and the Trust's intention at the Board next month clarified. He informed there is a need to raise basic pay for retention and recruitment purposes.</p> <p><u>Educational Partnerships</u> MP referred to Paper 3. The workforce group is being put together and names put forward which will be reviewed Feb/March time. DW enquired about development programs that can be offered to HCAs. GD gave overview noted in item 9.</p>	<p>Noted that programme should benefit retention as well as sickness absence</p> <p>SL to make changes</p>	<p>to measure impact.</p>
3.0	Workforce Board Report incl. Turnover for Nursing & AHPs		<p>Paper 4 PM gave overview of paper 4.</p> <p><u>Sickness</u> –Although the sickness absence rate has continued to increase, the Trust rate continues to compare very favourably with the regional average. It is anticipated that the Health & Wellbeing Programs will impact positively on the Trust absence rates.</p> <p><u>Annual Turnover Rate</u> – is being monitored closely. DW asked if the</p>	<p>Attention to leavers</p>	

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			<p>reduction in turnover is due to new starters or less leavers. SL gave overview of graph 2. PA enquired if there is a risk assessment carried out so the most important places are filled. HH explained how the shifts are filled and the planning procedure and confirmed there is no slack in the system.</p> <p>Medical agency spend - MS enquired when the capped rates are going to be applied to medical staff. PM confirmed that capped rates are already in place and they will be reduced progressively in line with all other staff groups. MS advised that locums are now walking away because the Trust will not pay the rates they are used to. PM advised need to do this in order to recruit permanent staff plus there is flexibility on the pay scale to reward with experience. DW asked JT to produce a strategic report on medical staffing containing the use of agency and locums.</p> <p><u>Nurse bank</u> – this is being monitored. SL gave overview of graph 4 in paper. Initially bank fill rate was 36%. The introduction of initiatives at beginning of November increased this to 43.6% and more recently stands at 53%. Strategy is to grow bank and to shrink agency. PM informed that the agency situation is being reviewed on a regular basis and is working with a number of neighbours to drive down agency costs and hold the line in relation to the new rules. A reduction has been achieved but the Trust is some way behind where Leeds is. Pulse has been banned from other Trusts.</p> <p><u>Suspensions</u> - PA enquired what the alternatives are to suspension. PM described the various alternatives including redeployment where the individual could move onto another area during the investigation process. She explained the ramifications for the individual concerned and the anxiety/stress that they are put under. Hence, the need for a quicker fact finding process.</p> <p><u>Freedom to speak up role</u> – National Guardian has been appointed and will sit within the CQC. Consultation on the draft national integrated whistleblowing policy closed on 8th January. The outcome of the consultation should determine whether NHS Trusts are mandated to adopt the national policy or supported in retaining their</p>	<p>will continue.</p> <p>JT to produce a strategic report on medical staffing containing the use of agency and locums for next meeting.</p>	

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			local policy should it meet the required standard.		
4.0	Minutes of the Fairness Forum		<p>Paper 5</p> <p>DW gave summary of paper. She noted that it is beneficial to gauge our progress on EDS against the framework in line with CCG and local authority. She reported that it was important that sustainability be high on the agenda as well as E&D in a similar way. Equality analysis is taking place in March and a set of E&D objectives will then go the Board.</p>		
5.0	Internal Audits		<p>Paper 6 – Employee Relations</p> <p>PM presented report ref.Y1606. The objective of this audit was to provide assurance to management and the Board that the Trust has effective systems and processes in place for the management of Employee Relations activity. The recommendations are given on pages 16/17 of the report. PM advised that work has already started on carrying out the recommendations including modifying present reporting system so HR staff can obtain updates, HR Managers can provide updates for their directorates going forward. Re-auditing will take place later this year on the implementation of these recommendations.</p> <p>Paper 7 – Staff Rostering</p> <p>SL presented report ref. Y1622. The objective of the review was to provide, to management and the Board, an assurance opinion on the systems and controls in place over the use and management of the Health Roster system at York Hospital. The recommendations are given on pages 14-18. SL advised that the audit team engaged with the eRostering team who had been working very closely with HH and Ward Reconciliation meetings. Reconciliation of most wards has taken place on ESR templates which has addressed some of the recommendations. Sessions are on-going with HR and Chief Nursing team to discuss the expectations of the system, how they use it, how it is managed and any support that is required. A joint exercise is also taking place to address all the outcomes. HH explained a much</p>		This is at the heart of controlling agency spend and controlling how the Trust manages vacancies. There is a cultural

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			quicker system is needed to increase engagement. She explained that more understanding of the system and parameters are needed. In addition, the issue with line management and ownership needs addressing. PC commented that there is a need for more confidence in the system to ensure the workforce is used with most efficiency which should make a big impact. He advised that every new starter that is responsible for the rosters needs to be corporately trained. GD stated that four new Sisters need to be trained before they are in place and asked to buddy up and share to get the process right.		issue that needs addressing and the Trust relies on Chief Nurse team leadership to do that.
6.0	CQC Action Plan		<p>Paper 8</p> <p>AP handed out updated version of the paper. She advised that in November last year the Board requested it be send to all committees. Each committee will take the proposed assurances. The WSC responsibilities are Chief Nurse / ED Consultants / Radiologists Staffing / Training & Appraisals.</p> <p>DW advised that she is confident all this is being dealt with in this committee. However, she questioned how additional value might be achieved, other than what is sent to the Board. PA commented helpfully that committee papers could be cross referenced with the Board's and the same with other committees.</p>		
7.0	East Coast non-registered Workforce: proposed development programme/s		GD gave an update from the last meeting. She met with Coventry University to discuss a programme of development for East Coast staff to increase recruitment and retention. The programme will start in September and pitched for a different type of workforce that the Trust can grow. A meeting has been arranged in February to discuss further programmes to start in September. It is an innovative work-based learning programme, offering a foundation degree, the aim being to recruit B4 staff from this programme. There will also be development of B4 posts in-house to support the competency framework which has already been identified, planned, JDs corrected so will develop in line with the programmes. She is also in contact with York University and York St. John about doing something different with them. For instance, provide a Health Education		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			programme. All university links will be explored, to include a foundation course in nursing with a view to offering jobs at the end of it. All resources will be used very carefully across patches and a blended learning approach will be used. MP informed that what is being done now will help the Trust in two years' time, not the issues at present. DW commended progress and requested an overview of the programme structure at the next meeting.	GD to provide an overview of the foundation nursing programme structure at the next meeting.	
8.0	Junior medical staffing gap analysis for Yorkshire & Humber		<p>Paper 9</p> <p>MP presented paper 9. He informed that he attended a regional meeting in January of the medical training staff working group. Purpose of meeting was to look at all specialities of junior medical training rates and particular problems in their area and how vacant posts can be managed, maybe through alternative workforce solutions. He gave an overview of what it doesn't address such as the anomalies in terms of allocation and gave a scenario of a well-served teaching hospital versus a hospital such as Scarborough who finds it difficult to recruit. He commented that international recruitment could become a problem since the introduction of new standards for English.</p>		
9.0	Skills & Competency Review		<p>Paper 10</p> <p>WS gave summary of paper 10. She outlined the different duties of an HCA/GSW working in the community and one working in a hospital and also highlighted the sources of training, mainly "on the job" training rather than a formal programme of training. DW asked if development issues have been raised with MP and GD. WS explained that this is a CPD issue centring on the non-registered workforce. A workforce development person is needed to work in community services. DW asked if WS felt training gaps exposed us to any risks. WS replied that in terms of the non-registered workforce their competencies are signed off by the registered nurse they work alongside explaining that the registered nurse writes up the care plan and the non-registered nurse carries it out. However, the Trust would</p>		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			struggle with demonstrating that staff has had formal training if asked. WS informed there is a programme of training being developed in conjunction with Coventry University which should roll out this year.		
10.0	Community Workforce Development Programme		Deferred until staff in post and then will bring back to the committee.	WS to bring back to committee for future discussion.	
11.0	Next meeting dates		<p>15th March 2016, 13:00 – 15:00 Classroom 4, Post Grad Medical Education centre, 5th Floor, York Hospital</p> <p>18th May 2016, 11:30 – 13:30, Classroom 4, Post Grad Medical Education Centre, 5th Floor, York Hospital</p>		

WORKFORCE STRATEGY COMMITTEE: Summary of Governance



Version 8
June 2015

York Teaching Hospital NHS Foundation Trust

WORKFORCE STRATEGY COMMITTEE: Summary of Governance

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WORKFORCE STRATEGY COMMITTEE

Terms of Reference

1	Status
1.1	The Workforce Strategy Committee is a committee of the Board of Directors. The minutes of the Workforce Strategy Committee will be received by the Board of Directors.
2	Purpose of the Committee
2.1	<p>The Workforce Strategy Committee will have a future orientation and look to : Plan for the future workforce looking to 2025 to ensure it is functionally fit and able to innovate to respond to changing patient demands.</p> <p>The Committee will monitor progress against the strategic plans, and present their findings to the Board for consideration. For the purpose of the Committee, workforce is defined as all employees of the organisation working in all acute settings and community services. (Volunteers, governors, contractors and agency staff may be included in considerations if appropriate)</p> <p>The Workforce Strategy Committee will look to ensure that external considerations which will impact upon the workforce are reviewed and factored into planning and development of workforce changes and interventions.</p> <p>The Workforce Strategy Committee will triangulate information from internal monitoring data and external policy initiatives to ensure the organisation has plans for future workforce development in terms of roles, configuration and education.</p>
3	Authority
3.1	The Board of Directors has provided delegated authority to the Workforce Strategy Committee to provide assurance around the workforce strategy across the Trust.
4	Roles and functions
4.1	<p>General roles and functions</p> <ul style="list-style-type: none"> • To receive the Trust Workforce and Development strategies and to forward to the Board for approval • To receive bi monthly updates on all elements of risk highlighted within workforce reports, identifying trends, benchmark comparators and monitoring reports on key workforce indicators e.g. sickness, turnover, temporary workforce spend, statutory and mandatory training. • To review progress against the implementation of all strategies which form the composite of activity supporting workforce: • To consider any matters relating to Equality and Diversity with a strategic workforce relevance, drawing on the minutes of the Fairness Forum • To receive specific reports that provide more detailed analysis of workforce metrics where further assurance or understanding is sought. • To present any strategic plans relating to workforce to the Board for approval and then receive regular monitoring reports of progress against these plans.

	<ul style="list-style-type: none"> • To receive information on relevant benchmark reports to understand how workforce indicators may compare and understand where variations may or may not be appropriate. • To be kept informed on information indicating how the workforce is utilised e.g. e-rostering reports, attendance levels. • To review progress on implementation of the OD and workforce integration plans. To receive updates on current topics for consideration • To receive reports from the Nursing and Midwifery Workforce Group • To commission work and set direction where this is felt appropriate, either in response to national or regional developments, or arising from within the organisation. • To be advised of any national developments which need to be considered by the organisation, and approve the approach to responding to these: Any implications to the strategy will be approved by the Board. • To submit a highlight report to the Board of Directors on a bi-monthly basis, and escalate any areas of concern identified for further discussion and resolution • To provide assurance to the Board of Directors, including relevant exception reporting.
4.2	Workforce Planning <ul style="list-style-type: none"> • To receive high level reports which highlight predictive risks and develop an assurance mechanism for evidencing activity to mitigate the risks. • To consider the make up of the total workforce resource and whether the balance remains appropriate e.g. different contract types, bank provision, overtime, agency, locums. • To determine where key changes to the workforce may be appropriate e.g. out-sourcing, significant changes to the balance of service and training provision. • To approve the introduction of material workforce planning tools or changes to provision e.g. e-rostering software, bank provision, ESR developments. • To identify where changing roles would be beneficial, including a focus on developing the non-registered workforce, and apprentices. • To consider and agree any significant workforce plans or approaches that may arise as a result of acquisition. • To sign off final workforce plans that are required to be submitted to any external body e.g. Yorkshire and Humber Education Board (LETB) • To consider changes to workforce structures where these are of sufficient scale or significance to the organisation to warrant debate at this level.
4.3	Workforce Strategy <ul style="list-style-type: none"> • To formulate recommendations for presentation to the Board of Directors on any strategic workforce proposals • To review any recommendations arising from the workforce performance improvement meetings that have a wider Trust implication and approving operational change as appropriate • To consider any efficiency proposals that have a significant workforce implication on strategy and advise the Board accordingly. • To oversee the development of external partnerships which materially may benefit the Trust in terms of knowledge transfer •

4.4	Workforce Interventions <ul style="list-style-type: none"> • To consider where OD interventions would be beneficial and approve the prioritisation and approach taken: with any effect on strategy being confirmed by the Board • To be advised where further workforce support or intervention may feel necessary, for example in relation to leadership or staff engagement. • To understand where workforce risks may exist and agree where support or investment may be best directed to address or reduce these risks. • To actively review workforce needs and ensure these are considered in operational delivery mechanisms. • To collate development intelligence in order to inform the Board of any emergent risks.
5	Membership
5.1	<p>The membership of the Workforce Strategy Committee will comprise:-</p> <ul style="list-style-type: none"> • Non-Executive Director (chair) • Non-Executive Director (deputy chair) • Chief Executive • Deputy Chief Executive • Chief Nurse or Deputy • Director of Estates and Facilities • Director of Out of Hospital Care • Deputy Director Workforce • Finance Representative • Deputy Medical Director – Education • Head of Corporate Development • Head of Corporate Learning • Head of AHP Services and Psychological Medicine • Healthcare Sciences Representative • Senior HR Lead • Foundation Trust Secretary <p>Co-option of additional attendees may be used where this would be beneficial for particular agenda items.</p>
6	Quoracy
6.1	The Committee will be quorate with four members attending, which must include the Chair and/or the Deputy Chair. If neither is available, the meeting will be postponed.
7	Meeting arrangements
7.1	The Workforce Strategy Committee will meet a minimum of six times per year and all supporting papers will be circulated 7 days in advance of the meeting. Copies of all agendas and supplementary papers will be retained by the Personal Assistant to the Workforce Directorate, in accordance with the Trust's requirements for the retention of documents. The Personal Assistant to the Workforce Directorate will supply the Secretariat service to the meeting.

7.2	The Chair of the Workforce Strategy Committee has the right to convene additional meetings should the need arise and in the event of a request being received from at least 2 members of the group.
7.3	Where members of the Workforce Strategy Committee are unable to attend a scheduled meeting, they should provide their apologies, in a timely manner, to the secretary of the group and provide a deputy, the deputy does not form part of the quorate group unless agreed with the Chair.
8	Review and monitoring
8.1	The Workforce Strategy Committee will maintain a register of attendance at the meeting. Attendance of less than 75% will be brought to the attention of the Chair of the Committee to consider the appropriate action to be taken. The attendance record will be reported as part of the annual report. The annual report will be presented to the Board of Directors.
8.2	The terms of reference will be reviewed every year.
Author	Polly McMeekin – Deputy Director of Workforce
Owner	Dianne Willcocks, Non-Executive Director (chair)
Date of Issue	TBA
Version #	3
Approved by	TBA
Review date	TBA

Governance Structure



Board of Directors – 24 February 2016

Business Case 2015-16/66: Orthopaedic Consultant Expansion – Hand Surgeon, York

Action requested/recommendation

The Board of Directors is asked to approve the business case.

Summary

The aim of the business case is to provide the required resource to eliminate the requirement to transfer elective Orthopaedic hand activity to both Ramsey hospital and NYOS/ECO.

Strategic Aims

Please cross as appropriate

- | | |
|---|-------------------------------------|
| 1. Improve quality and safety | <input checked="" type="checkbox"/> |
| 2. Create a culture of continuous improvement | <input checked="" type="checkbox"/> |
| 3. Develop and enable strong partnerships | <input type="checkbox"/> |
| 4. Improve our facilities and protect the environment | <input type="checkbox"/> |

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

Business Case Panel – 11 January 2016
Corporate Directors – 18 January 2016

Executive Board – 17 February 2016

Risk	Risks identified in the business case narrative.
Resource implications	Resource implications detailed in the business case narrative.
Owner	Nick Carrington, Clinical Director
Author	Paul Rafferty, Directorate Manager
Date of paper	January 2016
Version number	1

APPENDIX Bi

For Director of Finance Use Only		
Self-Assessed PIR		Full PIR

BUSINESS CASE SUMMARY

1. Business Case Number 2015-16/66

2. Business Case Title

Orthopaedic Consultant Expansion – Hand Surgeon, York

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:	Nick Carrington
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Business Case Author:	Paul Rafferty
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Contact Number:	772 1898
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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.

In 2014/15 the Orthopaedic Directorate at York sent out 213 hand procedures to Ramsey (178 cases) and North Yorkshire Orthopaedic Services (NYOS) (35 cases) as the service has insufficient capacity to meet the current demand and provides no scope for expansion. The repatriation of this activity represents a significant income opportunity for the Trust.

In the first 6 months of 2015/16 23 additional theatre sessions, 18 ECO (East Coast Orthopaedic) theatre sessions and 15 outpatient sessions have been undertaken to accommodate pressures in delivering the upper limb service on the East Coast.

Mr Whitaker the incumbent Consultant Orthopaedic hand surgeon is a single handed practitioner and as such there exists a significant risk in the resilience of service delivery for this subspecialty.

In order to support the delivery of the MSK contract it has been necessary to reduce the seconded sessions to Ramsay by 1PA per week, on the understanding that this would be re-provided on the appointment of a second hand surgeon. Whilst the Trust has lost the MSK service there is no provision for a carpal tunnel service and as such it is envisaged that this activity will return into secondary care.

The objectives of this business case are as follows:

- Eliminate the requirement to transfer hand patients to the Ramsey Hospital
- Reduce the volume of hand patients treated through NYOS
- Re-establish the 1 PA to the Ramsey Hospital
- Reduce the number of ECO Upper limb theatre sessions at BDH for upper limb activity by 66%.
- Reduce the number of additional outpatient sessions at BDH to zero
- Reduce the risk of having a single handed practitioner

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 – Redirect referrals to other providers
Option 3 – Appoint a new hand surgeon
Option 4 – Reduce seconded sessions of existing Orthopaedic Surgeons who currently support Ramsay at Clifton Park 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 – Appoint New Hand Surgeon

The job plan for the new Hand Consultant post is detailed below in table 6.1.

Activity	PA's
SPA	1.65
On call (1:10)	0.6
Admin	1
Outpatient clinic @ BDH x 1	1
Day case theatre session @ BDH x 1	1.25
Travel	0.75
Outpatient clinic @ YTH	2
Day case theatre session @ YTH	1.75
Total	10

Table 6.1: Job Plan breakdown

The appointment of a hand surgeon will generate 108 theatre sessions per annum. The projected capacity and associated activity this would generate is described below in table 6.2 below

Taking into consideration the on call commitments the activity this post will generate is based on a 36 week year.

Theatre session	Weeks available per year	Sessions per week	Sessions per year	Patients per session	Annual capacity
Day case @ YTH	36	1.5	54	5	270
Day case @ BDH	36	1	36	5	180
				Total	450

Table 6.2: Inpatient capacity

The directorate currently has a vacant fortnightly all day theatre list at York due to the changes made to Mr Whitakers job plan in order for him to support the MSK carpal tunnel service. This theatre list will be utilised by the new consultant hand surgeon resulting in a fortnightly day case theatre session to be established. At BDH a fortnightly day case theatre session is to be established – the remainder of the capacity at Bridlington will be provided through the realignment of the Consultants theatre sessions.

The appointment of this post will require a redistribution of outpatient activity. The Directorate currently has a shortfall in outpatient capacity of 3,233 new patients and 2,060 follow ups. This shortfall is met through the overbooking of clinics and provision of ad hoc clinics, which are predominantly delivered by the middle grades.

Mr Whitaker currently delivers 2 outpatient clinics per week. One of these clinics will be released for the new hand surgeon to occupy (releasing Mr Whitaker will facilitate the repatriation of the PA to Ramsey). The second of the two outpatient clinics at York will deliver 342 new outpatient appointments per year. The outpatient clinic at Bridlington will deliver 342 outpatient appointments per year. The outpatient capacity this post will provide is described below in table 6.3

Session	Frequency	new elective patients	weeks per year	Annual capacity (adjusted with 5% DNA rate)
OP @ York replacing Mr Whitaker	weekly	10	36	342
OP elective clinic @ York	weekly	10	36	342
OP elective clinic @ BDH	weekly	10	36	342
			Total	1026

Table 6.3: Outpatient capacity

Assuming a new to follow up rate of 1.7 this will generate 1744 follow up appointments per year. Rather than appoint a speciality doctor who would normally see the follow up patients, it is proposed to appoint an Senior Orthopaedic Practitioner. Based on 10 follow up patients per session, five sessions per week would be required which equates to (24 hours plus 20%) 0.64 WTE band 8a.

A speciality doctor would normally support the consultant in theatre, this function is to be replaced with a Senior Orthopaedic Practitioner. The required resource required would be (12 hours plus 20%) 0.32 WTE band 8a. The total resource required, including travel to BDH, would be 1 WTE band 8a Senior Orthopaedic Practitioner.

Rather than decrease the frequency at which the Orthopaedic consultants are on call, currently 1:10, the appointment will replace one of the existing Orthopaedic Consultants, Mr Williams. Whilst Mr Williams will reduce his PA commitment from 11 to 10 PA's his removal from the on call rota will increase the number of weeks he is available for elective activity from 36 to 42 weeks per year. This will deliver 12 additional theatre lists per annum. In 2013/14 29 upper limb procedures were transferred to Ramsey Hospital and Mr Williams performed 94 upper limb procedures through NYOS. The additional 12 theatre lists would provide capacity for 30 procedures, thereby eliminating the need to transfer upper limb patients to Ramsey.

6.2 Other Options

Detail the reasons for rejecting the remaining options listed under section 5, together with supporting detail.

Option 1 – Do Nothing

Option 2 – Redirect referrals to other providers

This could have a detrimental impact on other subspecialist areas within Orthopaedics as patient pathways become established.

Option 4 - Reduce seconded sessions of existing Orthopaedic Surgeons who currently support Ramsay at Clifton Park

Potentially undermine the Clifton Park Hospital's ability to deliver its service and goes against the spirit of the agreement in seconding the Orthopaedic surgeons to support the service provided by Ramsay at Clifton Park.

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 *Improve Quality and Safety*
- 2 *Develop and enable strong partnerships*
- 3 *Create a culture of continuous improvement*
- 4 *Improve our facilities and protect the 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?
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.	No	
Develop and enable strong partnerships - To be seen as a good proactive partner in our communities - demonstrating leadership and engagement in all localities.	Yes	Continue to support the provision of services by Ramsay out of Clifton Park Hospital whilst reducing the Trusts capacity gap in this area.
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.	No	
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.	No	

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	8/11/15
Comments by BIU	Benefits section light

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			
How will information be collected to demonstrate that the benefit has been achieved?			
Access & Flow			
Reduce the amount of activity transferred to Ramsey	Patients transferred	207	Reduction to 0 in 1 months of Consultation in post.
Reduce the volume of activity undertaken through NYOS for hand procedures	Patients operated on through NYOS	35	Reduction to 0 within 1 months of Consultant in Post.
Monitor within Directorate patients authorised for transfer			

Finance & Efficiency			
Reduction in activity undertaken by NYOS AND ECO LPPs	No of patients undertaken and reduction in cost	Upper limb Eco lists 36. Hand NYOS lists 4	1 month from commencement of consultant there will be zero Hand lists sourced from NYOS. ECO Upper limb lists per year will be 12 – so only 1 list per month.
Income generated through repatriation of activity	No of patients sent to Ramsey (IPTs) in these subspecialties – Hand and Upper limb	207 Patients	Reduction to 0 in 1 months of Consultation in post.

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 CIT together with any comments which were made must be provided below.

Date of Review	18/11/15
----------------	----------

Comments by CIT	Improve clarity around the tracking of income recovery – financial proforma updated as a consequence
------------------------	--

8.3 Corporate Efficiency Team Review

The Corporate Efficiency Team must review all business cases for efficiency opportunities. The date that the business case was reviewed by the CET together with any comments which were made must be provided below.

Date of Review	11/01/16
Comments by CET	Business Case Approved via TAP

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?
Approval of Business Case	October 2015	Corporate Directors
Submit VC – Orthopaedic Consultant	October 2015	Paul Rafferty / Nick Carrington
Submit VC – Anaesthetic / ODP resource	October 2015	Gemma Ellison / Tariq Hoth
Submit VC – Orthopaedic Practitioner	October 2015	Liz Charters
Appoint Orthopaedic practitioner	December 2015	Liz Charters
Submit VC – Theatre staff	December 2015	Wendy Hardly
Submit VC – admin staff	December 2015	Lynda Smith
Appoint new consultants	February 2016	
Orthopaedic practitioner commences	February 2016	
New theatre team commences	March 2016	
New admin team commences	March 2016	
New Consultants commence	April 2016	

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
Reduction in demand	New consultant appointed with understanding they may be required to work in BDH – transfer PA's to BDH to support delivery/growth in service.
Release of consultant team if seconded sessions are no longer required at Clifton	Aggressive marketing of service through York and Bridlington

Park	Reduction in PA's
Outpatient pressures are not redistributed to new Consultant	Pool outpatient & inpatients

11. Risk of Not Proceeding:

Identify the key risks/ potential impact of not proceeding with the preferred option.

Continue with capacity gap with subsequent transfer of patients to other providers and the subsequent loss in income.

Unable to exploit opportunities for potential growth in the Hand market

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	11
On-call frequency (1 in)	10	10

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
Mr Williams	41	41	11	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	29/10/15
Comments by the Committee	Polly McMeekin – no issues

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	
Steven Kitching	
Other Consultation	
Nick Carrington	
Mr Whitaker	
Tariq Hoth	
Gemma Ellison	
Steve Kitching	

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?

N/A

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?

This post will be appointed to work cross site and therefore give the potential to deploy them cross site and support the development of elective services at BDH in the future

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?

N/A

18. Impact on the Ambulance Service:

		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.

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20. Financial Summary

20.1 Commissioning Team Review:

The Commissioning Team must review all business cases for consistency with PbR and other national commissioning guidance, and with regard to consistency with CCG, NHS England, and Local Authorities commissioning intentions. The date that the business case was reviewed by the CT together with any comments which were made must be provided below.

Date of Review	11/01/16
Comments by CT	Business Case Approved via TAP

20.2 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		50	50
Income	31,302	31,664	362
Direct Operational Expenditure	19,680	19,962	282
EBITDA	11,622	11,702	80
Other Expenditure		1	1
I&E Surplus/ (Deficit)	11,622	11,701	79
Existing Provisions	n/a		0
Net I&E Surplus/ (Deficit)	11,622	11,701	79
Contribution (%)	37.1%	37.0%	21.8%
Non-recurring Expenditure	n/a		0

Supporting financial commentary:

1. There will be £8K of non-recurrent set up expenditure in 2016/17 in addition to the recurrent position in the table above.
2. The reduction in NYOS & ECO activity is valued on current lists for sub specialty.
- 3 The profile is based on all activity being immediately repatriated to York and all resources utilised from commencement of new consultant.
3. The new income is new activity from repatriation of inter patient transfers (IPTs) from Ramsey and based on average tariff for sub – specialty.

4. Costs for Theatre staff, and Outpatients have been provided by the Finance manager - TACC.
5. All income is quoted at 15/16 ETO tariff
6. Assumption of start date being 1st April 2016
7. The capital expenditure is refurbishment of existing buildings.

Item			Set up costs
Relocation Expenses			£5,000
Office set up			£3,000
Post	WTE required	Grade	Cost
Orthopaedic Surgeon	10 PA	Consultant	£120,000
Anaesthetist (YTH)	0.25	Consultant	£29,585
Anaesthetist (BDH)	0.16	Consultant	£172,923
Anaesthetist (Williams)	0.05	Consultant	£6,574
Theatre ODP (YTH)	0.17	5	£4,936
Theatre ODP (BDH)	0.11	5	£3,291
Theatre ODP (Gibbon)	0.04	5	£1,097
Recovery (YTH)	0.17	5	£4,936
Recovery (BDH)	0.11	5	£3,291
Recovery (Williams)	0.04	5	£1,097
Scrub Nurse (YTH)	0.41	5	£13,943
HCA (YTH)	0.21	2	£4,284
Scrub Nurse (BDH)	0.27	5	£9,296
HCA (BDH)	0.14	2	£2,856
Scrub Nurse (Williams)	0.09	5	£9,099
HCA (Williams)	0.05	2	£952
Orthopaedic Practitioner	1	8a	£54,422
Admissions / Preassessment	0.31	5	£9,323
WL Clerk	0.25	4	£6,297
Service Line Manager	0.25	5	£7,273
Consultant Admin	0.03	3	£645
Radiologist	0.1	Consultant	£10,661
Radiographer	0.24	6	£8,776
Physiotherapist	0.24	6	£8,776
Medical Secretary	0.3	4	£7,263
Audio typist	0.32	2	£6,094
Admin	0.4	2	£3,868
OP Admin	0.07	2	£1,300
OP Nurse (1 clinic YTH)	0.33	5	£9,872
HCA (1 clinic YTH)	0.33	2	£6,501
OP Nurse (1 clinic YTH)	0.33	5	£9,872
HCA (1 clinic YTH)	0.33	2	£6,501
Reduction in Consultant PA - Williams			-£11,534
Total Pay			£534,069
Drugs			£33,750
Outpatient consumables			£3,240
Medical Records			£2,160
MSE			£4,140
Reduction from NYOS activity (hand)			-£39,900
Reduction from NYOS activity (upper limb)			-£2,429
Reduction from ECO (hand)			-£270,864
Theatre Consumables / Drugs			£17,802
Total Non Pay			-£252,101
Total Cost Required			£281,969
Cost of Capital			£1,000
Additional income stream (Activity in addition to plan)			
		Activity	Income
Income from Ramsey activity (hand)		178	-£267,000
Income from Ramsey activity (upper limb)		29	-£71,464
Income from reinstatement of Ramsey PA			-£24,348
Total New income			-£362,812
Contribution			-£79,843
Contribution %			22%

21 Date:

4/12/15

BUSINESS CASE FINANCIAL SUMMARY

REFERENCE NUMBER:	2015/16 - 66
TITLE:	HAND Consultant - ORTHOPAEDICS
OWNER:	Nick Carrington
AUTHOR:	Paul Rafferty

Capital

Expenditure	Total	Planned Profile of Change			
	£'000	2015/16 £'000	2016/17 £'000	2017/18 £'000	2018/19 £'000
	50		50		

Capital Notes (including reference to the funding source):

Revenue

Total Change				Planned Profile of Change			
Current £'000	Revised £'000	Change £'000	WTE	2015/16 £'000	2016/17 £'000	2017/18 £'000	2018/19 £'000

(a) Non-recurring - set up costs

		8		
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(b) Recurring

Income

NHS Clinical Income	31,133	31,471	338		310	338	338
Non-NHS Clinical Income	169	193	24		24	24	24
Other Income	0	0	0		0	0	0
Total Income	31,302	31,664	362	0	334	362	362

Expenditure**Pay**

Medical	5,139	5,467	328		328	328	328
Nursing	5,606	5,752	146		146	146	146
Other (please list):							
Executive Board & Senior Managers			0				
Support Staff	61	68	7		7	7	7
A&C	394	429	35		35	35	35
Prof & Tech		18	18		18	18	18
	11,200	11,734	534	0.00	0	534	534

Non-Pay

Drugs	424	458	34		34	34	34
Clinical Supplies & Services	6,021	6,046	25		23	25	25
General Supplies & Services	666	668	2		2	2	2
Other (please list):							
Establishment Expenses	259	259	0				
Purchase of Healthcare services	2,328	2,015	-313		-287	-313	-313
CIP	-1,218	-1,218	0				
	8,480	8,228	-252	0	-228	-252	-252
Total Operational Expenditure	19,680	19,962	282	0	314	282	282

Impact on EBITDA

	11,622	11,702	80	0.00	0	20	80	80
--	--------	--------	----	------	---	----	----	----

Depreciation
Rate of Return

		1	1		1	1	1
			0				
			0				

Overall impact on I&E

	11,622	11,701	79	0.00	0	19	79	79
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Less: Existing Provisions

	n/a		0					
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Net impact on I&E

	11,622	11,701	79		0	19	79	79
--	--------	--------	----	--	---	----	----	----

Revenue Notes (including reference to the funding source):

The income is new activity from repatriation of IPTS to Ramsey

- Expenditure table below includes £8K of Non recurrent set up expenditure. In 2016/17.
- The reduction in NYOS & ECO activity is valued on current lists for sub specialty
- The profile is based on all activity being immediately repatriated to York and all resources utilised from commencement of new consultant
- The new income from Ramsey is based on average tariff for sub – specialty.
- Costs for Theatre staff, and Outpatients have been provided by the Finance manager - TACC.
- All income is quoted at 15/16 ETO tariff
- Assumption of start date being 1st April 2016, with one month lead in on income and certain costs.

Item	Set up costs
Relocation Expenses	£5,000

Set up costs
£5,000

Office set up			£3,000
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£3,000

Post	WTE required	Grade	Cost
Orthopaedic Surgeon	10 PA	Consultant	£120,000
Anaesthetist (YTH)	0.25	Consultant	£29,585
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Reduction in Consultant PA - Williams			-£11,534
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Reduction from ECO (hand)			-£270,864
Theatre Consumables / Drugs			£17,802
Total Non Pay			-£252,101
Total Cost Required			£281,969
Cost of Capital			£1,000

Cost
£120,000
£29,585
£172,923
£6,574
£4,936
£3,291
£1,097
£4,936
£3,291
£1,097
£13,943
£4,284
£9,296
£2,856
£9,099
£952
£54,422
£9,323
£6,297
£7,273
£645
£10,661
£8,776
£8,776
£7,263
£6,094
£3,868
£1,300
£9,872
£6,501
£9,872
£6,501
-£11,534
£534,069
£33,750
£3,240
£2,160
£3,795
-£36,575
-£2,429
-£248,292
£16,319
-£228,032
£306,037
£1,000

Additional income stream (Activity in addition to plan)

	Activity	Income
Income from Ramsey activity (hand)	178	-£267,000
Income from Ramsey activity (upper limb)	29	-£71,464
Income from reinstatement of Ramsey PA		-£24,348
Total New income		-£362,812
Contribution		-£79,843
Contribution %		22%

Income
-£244,750
-£65,509
-£24,348
-£334,607
-£27,570
8%

	Owner	Finance Manager	Board of Directors Only Director of Finance
Signed	Nick Carrington	Gail Cheesbrough	
Dated		23/09/2015	

York Teaching Hospital 
NHS Foundation Trust

BUSINESS CASE - ACTIVITY & INCOME

Activity

Elective (Spells)
Non-Elective (Spells)
Long Stay
Short Stay
Outpatient (Attendances)
First Attendances

Total Change		
Current	Revised	Change
4,461	4,668	207
3,258	3,258	0
		0
21,959	21,959	0

Planned Profile of Change			
2015/16	2016/17	2017/18	2018/19
	190	207	207

Follow-up Attendances
A&E (Attendances)
Other (Please List):

OP Radiology
 Outpatient procedures

29,763	29,763	0
		0

424	424	0
1,460	1,460	0

Income

NHS Clinical Income

Elective income

Tariff income
 Non-Tariff income

Non-Elective income

Tariff income
 Non-Tariff income - BPT # NOF

Outpatient

Tariff income with OP Radiology
 Non-Tariff income

A&E

Tariff income
 Non-Tariff income

Other

Tariff income - unbundled HRGs
 Non-Tariff income - Excl. Devices

Total Change		
Current £'000	Revised £'000	Change £'000

13,883	14,221	338
		0

10,484	10,484	0
601	601	0

5,782	5,782	0
		0

		0
		0

366	366	0
17	17	0
31,133	31,471	338

Planned Profile of Change			
2015/16 £'000	2016/17 £'000	2017/18 £'000	2018/19 £'000

	310	338	338

0	310	338	338

Non NHS Clinical Income

Direct Credits
 Other non-protected clinical income

169	193	24
		0
169	193	24

	24	24	24
0	24	24	24

Other income

Research and Development
 Education and Training
 Other income

		0
		0
		0
0	0	0

0	0	0	0

Board of Directors – 24 February 2016

Business Case 2015-16/67: Orthopaedic Consultant Expansion – Foot & Ankle Surgeon, York

Action requested/recommendation

The Board of Directors is asked to approve the business case.

Summary

The aim of the business case is to provide the required resource to eliminate the requirement to transfer elective Orthopaedic foot and ankle activity to both Ramsey hospital and NYOS.

Strategic Aims

Please cross as appropriate

- | | |
|---|-------------------------------------|
| 1. Improve quality and safety | <input checked="" type="checkbox"/> |
| 2. Create a culture of continuous improvement | <input checked="" type="checkbox"/> |
| 3. Develop and enable strong partnerships | <input type="checkbox"/> |
| 4. Improve our facilities and protect the environment | <input type="checkbox"/> |

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

Business Case Panel – 11 January 2016
Corporate Directors – 18 January 2016

Executive Board – 17 February 2016

Risk	Risks identified in the business case narrative.
Resource implications	Resource implications detailed in the business case narrative.
Owner	Nick Carrington, Clinical Director
Author	Paul Rafferty, Directorate Manager
Date of paper	January 2016
Version number	1

APPENDIX Bi

York Teaching Hospital 

NHS Foundation Trust

For Director of Finance Use Only		
Self-Assessed PIR		Full PIR

BUSINESS CASE SUMMARY

1. Business Case Number 2015-16/67

2. Business Case Title

Orthopaedic Consultant Expansion – Foot & Ankle Surgeon, York

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:	Nick Carrington
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Business Case Author:	Paul Rafferty
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Contact Number:	772 1898
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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.

In 2014/15 the Orthopaedic Directorate at York sent out 252 foot and ankle procedures to Ramsey (70 cases) and North Yorkshire Orthopaedic Services (NYOS) (182 cases) as the service has insufficient capacity to meet the current demand and provides no scope for expansion. The repatriation of this activity represents a significant income opportunity for the Trust.

In the first four months of opening the elective Orthopaedic service at Bridlington, 11 foot and ankle procedures have been transferred to York, giving an annual forecast of 33 patients that will be transferred. These patients have been transferred as they have been declared as being medically unsuitable to have their operation undertaken on the

Bridlington site.

The overall shortfall in capacity, on the York site, for foot and ankle procedures is 285 procedures per annum.

Mr Stanley, Consultant Orthopaedic Surgeon specialising in foot and ankle surgery supports a multi professional weekly diabetic foot clinic in York within his own time. The Trauma & Orthopaedic Directorate currently receive no income from this activity.

The objectives of this business case are as follows:

- Eliminate the requirement to transfer foot and ankle patients to the Ramsey Hospital
- Reduce the volume of foot and ankle patients treated through NYOS to zero.
- Establish funded diabetic foot and ankle outpatient clinic

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 – Redirect referrals to other providers
Option 3 – Appoint a new foot and ankle surgeon
Option 4 – Reduce seconded sessions of existing Orthopaedic Surgeons who currently support Ramsay at Clifton Park 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 – Appoint New Foot & Ankle Surgeon

The job plan for the new foot & ankle Consultant post is detailed below in table 6.1.

Activity	PA's
SPA	1.65
On call (1:10)	0.6
Admin	1
Outpatient clinic x 3	3
Day case theatre sessions	2.5
Inpatient theatre sessions	1.25
Total	10

Table 6.1: Job Plan breakdown

The appointment of a foot and ankle surgeon will generate 108 theatre sessions per annum. The projected capacity and associated activity this would generate is described below in table 6.2 below

Taking into consideration the on call commitments the activity this post will generate is based on a 36 week year.

Theatre session	Weeks available per year	Sessions per week	Sessions per year	Patients per session	Annual capacity
Day case	36	2	72	3	216
Inpatient	36	1	36	2	72
				Total	288

Table 6.2: Inpatient capacity

Due to annual leave, study and trauma commitments the Directorate currently has 347 theatres lists vacant per annum. This will be reduced to 247 through the appointment of a new Orthopaedic Arthroplasty Consultant post. Of the proposed 108 theatre sessions, 36 will be provided through the backfill of vacant lists with the remaining 72 provided through a new fixed all day theatre list

The appointment of this post will require a redistribution of outpatient activity. The Directorate currently has a shortfall in outpatient capacity of 3,233 new patients and 2,060 follow ups. This shortfall is met through the overbooking of clinics and provision of ad hoc clinics, which are predominantly delivered by the middle grades. The additional two outpatient clinics will deliver 513 new outpatient appointments per year with the diabetic foot clinic an additional 205 patients per year, as described below in table 6.3

Session	Frequency	new elective patients	weeks per year	Annual capacity (adjusted with 5% DNA rate)
OP 1 fracture clinic	weekly	5	36	171
OP 2 elective clinic	weekly	10	36	342
OP 3 diabetic foot clinic	weekly	6	36	205
			Total	718

Table 6.3: Outpatient capacity

Assuming a new to follow up rate of 1.7 this will generate 1220 follow up appointments per year. Rather than appoint a speciality doctor who would normally see the follow up patients, it is proposed to appoint an extended scope practitioner. Based on 10 follow up patients per session, three sessions per week would be required which equates to (16 hours plus 20%) 0.43 WTE band 8a extended scope practitioner.

A speciality doctor would normally support the consultant in theatre, this function is to be replaced with a scrub nurse practitioner. The required resource required would be (16 hours plus 20%) 0.43 WTE band 6 scrub nurse practitioner.

Rather than decrease the frequency at which the Orthopaedic consultants are on call, currently 1:10, the appointment will replace one of the existing Orthopaedic Consultants, Mr Gibbon. Whilst Mr Gibbon will reduce his PA commitment from 11 to 10 PA's his removal from the on call rota will increase the number of weeks he is available for elective activity from 36 to 42 weeks per year. This will deliver 12 additional theatre lists per annum. In 2013/14 Mr Gibbon performed 149 day case procedures through NYOS. The additional 12 theatre lists would provide capacity for 60 day case procedures, thereby reducing the reliance on NYOS capacity to 89 cases per year.

The job plan for the new Consultant will be annualised and as such they will be expected to deliver the planned level of inpatient and outpatient activity.

6.2 Other Options

Detail the reasons for rejecting the remaining options listed under section 5, together with supporting detail.

Option 1 – Do Nothing

Option 2 – Redirect referrals to other providers

This could have a detrimental impact on other subspecialist areas within Orthopaedics as patient pathways become established.

Option 4 - Reduce seconded sessions of existing Orthopaedic Surgeons who currently support Ramsay at Clifton Park

Potentially undermine the Clifton Park Hospital's ability to deliver its service and goes against the spirit of the agreement in seconding the Orthopaedic surgeons to support the service provided by Ramsay at Clifton Park.

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 *Improve Quality and Safety*
- 2 *Develop and enable strong partnerships*
- 3 *Create a culture of continuous improvement*
- 4 *Improve our facilities and protect the 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?
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.	Yes	Improve access for patients being transferred from Scarborough that are medically unfit for Bridlington.
Develop and enable strong partnerships - To be seen as a good proactive partner in our communities - demonstrating leadership and engagement in all localities.	Yes	Continue to support the provision of services by Ramsay out of Clifton Park Hospital whilst reducing the Trusts capacity gap in this area.
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.	No	
Improve our facilities and protect the environment - To provide a safe environment for staff, patients and	No	

visitors, ensuring that all resources are used as efficiently as possible.		
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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	8/11/15
Comments by BIU	Benefits section light

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			
How will information be collected to demonstrate that the benefit has been achieved?			
Access & Flow			
Reduce the amount of activity transferred to other providers	Patients transferred	70	Reduction to zero patients transferred in 1 month of commencement of Consultant.
Monitor within Directorate patients authorised for transfer			

Finance & Efficiency			
Reduction in NYOS activity	Cost paid to NYOS	£704K for procedure numbers as per b case	No payment to NYOS for this activity within 1 month of commencement of Consultant.
Income generated through repatriation of activity from Ramsey	No of patients IPT	0	£186K income & 70 patients per annum within 1 month of commencement of consultant

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 CIT together with any comments which were made must be provided below.

Date of Review	18/11/15
Comments by CIT	Improve clarity around the tracking of income recovery – financial proforma updated as a consequence

8.3 Corporate Efficiency Team Review

The Corporate Efficiency Team must review all business cases for efficiency opportunities. The date that the business case was reviewed by the CET together with any comments which were made must be provided below.

Date of Review	11/01/16
Comments by CET	Business Case Approved via TAP

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?
Approval of Business Case	October 2015	Corporate Directors
Submit VC – Orthopaedic Consultant	October 2015	Paul Rafferty / Nick Carrington
Submit VC – Anaesthetic / ODP resource	October 2015	Gemma Ellison / Tariq Hoth
Submit VC – Orthopaedic Practitioner	October 2015	Liz Charters
Appoint Orthopaedic practitioner	December 2015	Liz Charters
Submit VC – Theatre staff	December 2015	Wendy Hardly
Submit VC – admin staff	December 2015	Lynda Smith
Appoint new consultants	February 2016	
Orthopaedic practitioner commences	February 2016	
New theatre team commences	March 2016	
New admin team commences	March 2016	
New Consultants commence	April 2016	

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
Reduction in demand	New consultant appointed with understanding they may be required to work in BDH – transfer PA's to BDH to support delivery/growth in service.
Release of consultant team if seconded sessions are no longer required at Clifton Park	Aggressive marketing of service through York and Bridlington Reduction in PA's
Outpatient pressures are not redistributed to new Consultant	Pool outpatient & inpatients

11. Risk of Not Proceeding:

Identify the key risks/ potential impact of not proceeding with the preferred option.

Continue with capacity gap with subsequent transfer of patients to other providers and the subsequent loss in income.

Unable to exploit opportunities for potential growth in the foot and ankle market

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	11
On-call frequency (1 in)	10	10

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
Mr Gibbon	41	41	11	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	29/10/15
Comments by the Committee	Polly McMeekin – no issues

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	Lynda Provins
Corporate Improvement Team	Gordon Cooney
Workforce Team	Polly McMeekin
Efficiency Team	Wendy Pollard
Other Consultation	
Nick Carrington	
James Stanley / Adam Budgen	
Tariq Hoth	
Gemma Ellison	
Steven Mackell	

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?

N/A

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?

This post will be appointed to work cross site and therefore give the potential to deploy them cross site and support the development of elective services at BDH in the future

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?

N/A

18. Impact on the Ambulance Service:

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.

20. Financial Summary

20.1 Commissioning Team Review:

The Commissioning Team must review all business cases for consistency with PbR and other national commissioning guidance, and with regard to consistency with CCG, NHS England, and Local Authorities commissioning intentions. The date that the business case was reviewed by the CT together with any comments which were made must be provided below.

Date of Review	11/01/16
Comments by CT	Business Case Approved via TAP

20.2 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			0
Income	31,302	31,489	187
Direct Operational Expenditure	19,680	19,823	143
EBITDA	11,622	11,666	44
Other Expenditure			0
I&E Surplus/ (Deficit)	11,622	11,666	44
Existing Provisions	n/a		0
Net I&E Surplus/ (Deficit)	11,622	11,666	44
Contribution (%)	37.1%	37.0%	23.5%
Non-recurring Expenditure	n/a		0

Supporting financial commentary:

Please note :

1. There will be £8K of non-recurrent set up expenditure in additional to the recurrent costs shown in the table above.
2. The reduction in NYOS activity is valued on current NYOS lists for the sub-specialty
3. The new income from Ramsey is based on average tariff for sub – specialty.
4. Costs for Theatre staff, and Outpatients have been provided by the Finance Manager - TACC.
5. Start date assumption is the 1st April 2016.

Post	WTE required	Grade	Cost
Orthopaedic Surgeon	10 PA	Consultant	£120,000
Anaesthetist (Day case)	0.33	Consultant	£39,446
Anaesthetist (Inpatient)	0.16	Consultant	£19,723
Anaesthetist (Gibbon)	0.50	Consultant	£6,574
Theatre ODP (day case)	0.22	5	£6,581
Theatre ODP (inpatient)	0.11	5	£3,291
Theatre ODP (Gibbon)	0.04	6	£1,097
Scrub Nurse (Day case)	0.55	5	£1,097
HCA (Day case)	0.27	2	£5,713
Recovery (Day case)	1.71	5	£6,581
Recovery (Inpatients)		5	£3,291
Scrub Nurse (Gibbon)	0.09	5	£3,099
HCA (Gibbon)	0.05	2	£952
Recovery (Gibbon)	0.04	5	£1,097
Scrub Practitioner	0.43	6	£16,268
Orthopaedic Practitioner	0.43	8a	£23,401
Radiologist	1.00	Consultant	£10,661
Physiotherapist	0.24	6	£8,776
Directorate Secretary	0.50	4	£12,105
Service Line Manager	0.25	5	£7,273
Radiographer	0.24	6	£8,776
Medical Secretary	0.30	4	£7,263
Audio typist	0.32	2	£6,094
Admissions / Preassessment	0.22	5	£10,568
Admin	0.32	2	£6,094
OP Nurse (3 clinics)	0.33	5	£9,872
HCA (3 clinics)	0.33	2	£6,501
OP Admin	0.07	2	£1,300
Consultant admin (Anaes)	0.03	3	£645
WL Clerk	0.30	4	£7,408
CSSD staff	0.30	2	£5,779
Reduction in Consultant PA	-0.10	Consultant	-£11,918
Total Pay			£355,406
Ward Consumables			£10,500
Drugs			£20,160
Outpatient consumables			£2,268
Medical Records			£1,512
Reduction in NYOS activity (F&A)			-£218,600
Reduction in NYOS activity (knee)			-£111,900
Prosthesis			£63,000
Theatre Consumables / Drugs			£20,160
Total Non Pay			-£212,900
Total Cost Required			£142,506
New Income from Ramsey activity			-£186,842
Total Contribution			-£44,336
Total Contribution %			24%
Item			Set up costs
Relocation Expenses			£5,000
Office set up			£3,000

21 Date:

4/12/15

GAL/May2014

BUSINESS CASE FINANCIAL SUMMARY

REFERENCE NUMBER: 2015/16 - 67

TITLE: Foot and Ankle Consultant - Orthopaedics

OWNER: Nick Carrington

AUTHOR: Paul Rafferty

Capital

Expenditure

Total
£'000

Planned Profile of Change			
2015/16 £'000	2016/17 £'000	2017/18 £'000	2018/19 £'000
			0

Capital Notes (including reference to the funding source):

Revenue

Total Change			
Current £'000	Revised £'000	Change £'000	WTE

Planned Profile of Change			
2015/16 £'000	2016/17 £'000	2017/18 £'000	2018/19 £'000

(a) Non-recurring - set up costs

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	8		
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(b) Recurring

Income

NHS Clinical Income
Non-NHS Clinical Income
Other Income

31,133	31,320	187
169	169	0
0	0	0
31,302	31,489	187

	171	187	187
	0	0	0
	0	0	0
0	171	187	187

Total Income**Expenditure****Pay**

Medical
Nursing
Other (please list):
Executive Board & Senior Managers
Support Staff
A&C
Prof & Tech

5,139	5,313	174	
5,606	5,695	89	
		0	
61	86	25	
394	433	39	
	28	28	
11,200	11,555	355	0.00

	174	174	174
	89	89	89
	25	25	25
	39	39	39
	28	28	28
0	355	355	355

Non-Pay

Drugs
Clinical Supplies & Services
General Supplies & Services
Other (please list):
Establishment Expenses
Purchase of Healthcare services
CIP

424	444	20
6,021	6,117	96
666	668	2
		0
2,328	1,998	-331
-1,218	-1,218	0
8,480	8,267	-213

	18	20	20
	89	96	96
	2	2	2
	0	0	0
	-303	-331	-331
0	-193	-212	-212

Total Operational Expenditure

19,680	19,823	143
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0	162	143	143
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Impact on EBITDA

11,622	11,666	44	0.00
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0	9	44	44
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Depreciation
Rate of Return

		0
		0
		0

Overall impact on I&E

11,622	11,666	44	0.00
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0	1	44	44
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+ favourable (-) adverse

Less: Existing Provisions

n/a		0
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Net impact on I&E

11,622	11,666	44
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0	1	44	44
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Revenue Notes (including reference to the funding source):

The income is new activity from repatriation of IPTS to Ramsey

1. Expenditure tables below include £8K of Non recurrent set up expenditure.
2. The reduction in NYOS activity is valued on current NYOS lists for sub specialty
3. The new income from Nuffield in based on average tariff for sub – specialty.
4. Costs for Theatre staff, and Outpatients have been provided by the Finance manager - TACC.

All income is quoted at 15/16 ETO tariff

Post	WTE required	Grade	Cost	Cost
Orthopaedic Surgeon	10 PA	Consultant	£120,000	£120,000
Anaesthetist (Day case)	0.33	Consultant	£39,446	£39,446
Anaesthetist (Inpatient)	0.16	Consultant	£19,723	£19,723
Anaesthetist (Gibbon)	0.50	Consultant	£6,574	£6,574
Theatre ODP (day case)	0.22	5	£6,581	£6,581
Theatre ODP (inpatient)	0.11	5	£3,291	£3,291
Theatre ODP (Gibbon)	0.04	6	£1,097	£1,097
Scrub Nurse (Day case)	0.55	5	£1,097	£1,097
HCA (Day case)	0.27	2	£5,713	£5,713
Recovery (Day case)	1.71	5	£6,581	£6,581
Recovery (Inpatients)		5	£3,291	£3,291
Scrub Nurse (Gibbon)	0.09	5	£3,099	£3,099
HCA (Gibbon)	0.05	2	£952	£952
Recovery (Gibbon)	0.04	5	£1,097	£1,097
Scrub Practitioner	0.43	6	£16,268	£16,268
Orthopaedic Practitioner	0.43	8a	£23,401	£23,401
Radiologist	1.00	Consultant	£10,661	£10,661
Physiotherapist	0.24	6	£8,776	£8,776
Directorate Secretary	0.50	4	£12,105	£12,105
Service Line Manager	0.25	5	£7,273	£7,273
Radiographer	0.24	6	£8,776	£8,776
Medical Secretary	0.30	4	£7,263	£7,263
Audio typist	0.32	2	£6,094	£6,094
Admissions / Preassessment	0.22	5	£10,568	£10,568
Admin	0.32	2	£6,094	£6,094
OP Nurse (3 clinics)	0.33	5	£9,872	£9,872
HCA (3 clinics)	0.33	2	£6,501	£6,501
OP Admin	0.07	2	£1,300	£1,300
Consultant admin (Anaes)	0.03	3	£645	£645
WL Clerk	0.30	4	£7,408	£7,408
CSSD staff	0.30	2	£5,779	£5,779
Reduction in Consultant PA	-0.10	Consultant	-£11,918	-£11,918
Total Pay			£355,406	£355,406
Ward Consumables			£10,500	£10,500
Drugs			£20,160	£18,480
Outpatient consumables			£2,268	£2,268
Medical Records			£1,512	£1,512
Reduction in NYOS activity (F&A)			-£218,600	-£200,384
Reduction in NYOS activity (knee)			-£111,900	-£102,575
Prosthesis			£63,000	£57,750
Theatre Consumables / Drugs			£20,160	£18,480
Total Non Pay			-£212,900	-£193,969
Total Cost Required			£142,506	£161,438
New Income from Ramsey activity			-£186,842	-£171,272
Total Contribution			-£44,336	-£9,834
Total Contribution %			24%	6%
Item			Set up costs	Set up costs
Relocation Expenses			£5,000	£5,000
Office set up			£3,000	£3,000

			Board of Directors Only
Owner		Finance Manager	Director of Finance
Signed	Nick Carrington	Gail Cheesbrough	
Dated		23/09/2015	

BUSINESS CASE - ACTIVITY & INCOME

Activity

	Total Change			Planned Profile of Change			
	Current	Revised	Change	2015/16	2016/17	2017/18	2018/19
Elective (Spells)	4,461	4,531	70		64	70	70
Non-Elective (Spells)							
Long Stay	3,258	3,258	0				
Short Stay			0				
Outpatient (Attendances)							
First Attendances	21,959	21,959	0				
Follow-up Attendances	29,763	29,763	0				
A&E (Attendances)			0				
Other (Please List):							
OP Radiology	424	424	0				
Outpatient procedures	1,460	1,460	0				

Income

	Total Change			Planned Profile of Change			
	Current £'000	Revised £'000	Change £'000	2015/16 £'000	2016/17 £'000	2017/18 £'000	2018/19 £'000
NHS Clinical Income							
Elective income							
Tariff income	13,883	14,070	187		171	187	187
Non-Tariff income			0				
Non-Elective income							
Tariff income	10,484	10,484	0				
Non-Tariff income - BPT # NOF	601	601	0				
Outpatient							
Tariff income with OP Radiology	5,782	5,782	0				
Non-Tariff income			0				
A&E							
Tariff income			0				
Non-Tariff income			0				
Other							
Tariff income - unbundled HRGs	366	366	0				
Non-Tariff income - Excl. Devices	17	17	0				
	31,133	31,320	187	0	171	187	187
Non NHS Clinical Income							
Direct Credits	169	169	0				
Other non-protected clinical income			0				
	169	169	0	0	0	0	0
Other income							
Research and Development			0				
Education and Training			0				
Other income			0				
	0	0	0	0	0	0	0

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Board of Directors – 24 February 2016

Business Case 205-16/71: York Theatre Capacity and Demand Review

Action requested/recommendation

The Board of Directors is asked to approve the business case. Approval of investment is required to deliver 2016/17 activity plans.

Summary

The key issue to be addressed by this case is the historical gap between budgeted establishment for the theatre lists and the demand from clinical directorates.

There are 11 main theatres and 6 day unit theatres in York, at full capacity this would allow 170 theatre lists to run per week, currently there is variation between 30 and 110 lists per week. This variation also contributes to resource issues in the directorate. It is proposed that theatres move to a fixed schedule per week with an agreed number of sessions per speciality. If the speciality owner is unavailable to run the theatre list a trading system will be implemented to share the session with another speciality.

A project is already underway to increase theatre utilisation of all lists run and this investment will support delivery of increased throughput and therefore increased income.

Strategic Aims

Please cross as appropriate

- | | |
|---|-------------------------------------|
| 1. Improve quality and safety | <input checked="" type="checkbox"/> |
| 2. Create a culture of continuous improvement | <input type="checkbox"/> |
| 3. Develop and enable strong partnerships | <input checked="" type="checkbox"/> |
| 4. Improve our facilities and protect the environment | <input checked="" type="checkbox"/> |

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 – 2 November 2016 Business Case Panel – 20 November 2015 Business Case Panel – 11 January 2016 Business Case Panel – 8 February 2016 Corporate Directors – 8 February 2016 Executive Board – 17 February 2016
Risk	No risk
Resource implications	Resources implication detailed in the report
Owner	Dr Tariq Hoth, Clinical Director
Author	Gemma Ellison, Directorate Manager
Date of paper	February 2016
Version number	Version 4

For Director of Finance Use Only		
Self-Assessed PIR		Full PIR

BUSINESS CASE SUMMARY

1. Business Case Number 2015 -16 / 71

2. Business Case Title

York Theatre capacity and demand review

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: Dr Tariq Hoth, CD

Business Case Author: Gemma Ellison, DM

Contact Number: 01904 725210

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 key issue to be addressed by this case is the historical gap between budgeted establishment for the theatre lists and the demand from clinical directorates.

There are 11 main theatres and 6 day unit theatres in York, at full capacity this would allow 170 theatre lists to run per week, currently there is variation between 30 and 110 lists per week. This variation also contributes to resource issues in the directorate. It is proposed that theatres move to a fixed schedule per week with an agreed number of sessions per speciality. If the speciality owner is unavailable to run the theatre list a trading system will be implemented to share the session with another speciality.

A project is already underway to increase theatre utilisation of all lists run and this investment will support delivery of increased throughput and therefore increased income. Early estimates suggest the opportunity could be much as £5million, see appendix 1 for details.

A further business case will be required once it is evidenced that all 128 lists are fully utilised to increase theatre establishments to allow for 170 lists to run every week. This will provide opportunity for surgical directorates to increase market share and contribution.

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 – allow continued cancellation of theatre lists.
2. Invest in theatre establishment to allow the agreed number of theatre lists (128) to run per week and to exploit the efficiencies deliverable through increased theatre utilisation. Additionally this will support the delivery of a fixed theatre schedule.

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 preferred option is to support the required investment to deliver the agreed number of theatre lists per week (128). Currently this is not achieved, WLI, agency staff and TOIL are regularly used in an attempt to deliver the required lists. A combination of standardising the number of lists per week and correcting the staffing establishment will allow the delivery of the required 128 lists for the 2016/17 activity plan.

This requires an increase in establishment of 9.66 wte band 5 nurse 1.56 wte HCA and 4.50 wte anaesthetists. Detailed capacity analysis has been completed which evidences the need for the above increases in establishment. The investment required is specified in the finance section of this paper, section 20.

The 128 lists per week is broken down to an agreed number of lists per week per specialty. Each specialty has agreed the number of lists they need to run to deliver their 2016/17 activity plan. All lists will run weekly in order to significantly reduce the variation in demand that theatres cannot accommodate. An SLA will be signed between Theatres and the specialties on approval of the business case. Monitoring arrangements are in place and agreed with Surgical Directorate Managers to review weekly against the SLA. A process has been documented for any under or over trading. See appendix 2.

Through initial analysis using an independent consultancy it has been identified that there is an opportunity of up to £5 million additional income as a result of delivering full capacity of current theatre lists. This is based on achieving a target average number of cases per list per specialty. All specialities acknowledge this opportunity and have agreed the aspirational targets. A detailed project plan documents required action to deliver these improvements.

Opportunity and impact of increased cases per list						
Speciality	Average cases per list used by Directorates for 1617 Planning		Target cases per list (Foureyes)	Planned Weekly lists	Target Weekly Lists Required	Reduction in Lists
Unit	Day cases	IP Electives	Total cases	Lists	Lists	Lists
Anaesthetics	6.42	6.42	11.5	5	3	(2)
ENT	3.3	3.3	4.1	10	6	(4)
General Surgery	3.1	2.1	3.31	43	27	(16)
Gynaecology	4.2	2.3	3.5	10	8	(2)
Oral Surgery	3.66	3.66	4.2	11	9	(2)
T & O	3.09	2	4.3	23	10	(13)
Urology	8	3.5	9.2	16	12	(5)
Ophthalmology	4.6	4.6	TBC	10	10	0
Total				128	85	(43)

6.2 Other Options

Detail the reasons for rejecting the remaining options listed under section 5, together with supporting detail.

If the mismatch between capacity and demand is not addressed the following issues will continue:

- Agency spend on theatre teams: £460k forecast expenditure 2015/16
- Number of sessions owed to anaesthetists: 357 at February. This has significantly reduced due to the cancelled lists
- Number of sessions cancelled due to lack of theatre staff where surgeon is available: 66 in six weeks.

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 *Improve Quality and Safety*
- 2 *Develop and enable strong partnerships*
- 3 *Create a culture of continuous improvement*
- 4 *Improve our facilities and protect the 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?
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.	Yes	This development will improve timely access to care for patients waiting for elective surgery.
Develop and enable strong partnerships - To be seen as a good proactive partner in our communities - demonstrating leadership and engagement in all localities.	No	
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.	Yes	This investment will support delivery of theatre utilisation and improvements ensuring theatre resources are used effectively.
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.	Yes	This business case will support the theatre improvement project which aims to improve utilisation of the theatre suite.

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	Presented at business case panel 20 th November and 11 th January. Final business case panel approval still required.
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			
No of lists cancelled due to lack of theatre staff	Number per month	Range of 9-25 a month from September 2015 – January 2016	0
How will information be collected to demonstrate that the benefit has been achieved? Manually collected in the directorate			
Access & Flow			
Agreed number of theatre lists delivered	No. of theatre lists delivered versus agreed SLA	As above number of cancelled lists due to theatre staff	Number delivered to match SLA – weekly number agreed with each specialty.
	No. of theatre lists requests versus agreed SLA	No SLA currently in place.	Number requested to match SLA – weekly number agreed with each specialty.
How will information be collected to demonstrate that the benefit has been achieved? Specialty monitoring charts-sample see appendix 3.			
Finance & Efficiency			
Increased theatre throughput via increasing number of lists actually delivered per week.	No. of cases per month (delivery of activity plan)	15/16 activity plan variance	16/17 actual activity in line with plan
Agency Expenditure on nursing staff	£spent per year	£460k forecast 15/16	16/17 forecast £559k 17/18 forecast £192k 18/19 £0k (any agency costs to be managed within budget)k Projected spend based on recruitment plan
Required amount of WLI to deliver theatre list	Number in year	24 monthly average December 2015-February 2016 inclusive	0 required in relation to lists cancelled due to lack of theatre staff.
	Spend on WLI	£124k theatre staff £172k Consultants	£0 forecast in relation to lists cancelled due to lack of theatre staff.
How will information be collected to demonstrate that the benefit has been achieved? Elective activity report Finance 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 CIT together with any comments which were made must be provided below.

Date of Review	Presented at business case panel 20 th November and 11 th January. Final business case panel approval still required.
Comments by CIT	

8.3 Corporate Efficiency Team Review

The Corporate Efficiency Team must review all business cases for efficiency opportunities. The date that the business case was reviewed by the CET together with any comments which were made must be provided below.

Date of Review	Presented at business case panel 20 th November and 11 th January. Final business case panel approval still required.
Comments by CET	

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 theatre staff	On-going. Manage within budget by March 2018	Matron Guyan
Recruitment of Anaesthetists	Complete by April 2017	Dr T Hoth
Development and implementation of protocols	March 2016	Gemma Ellison

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
Demand for theatre lists reduces	Redeploy theatre teams and reduce additional anaesthetic PA
	Offer theatres for utilisation by other organisations

11. Risk of Not Proceeding:

Identify the key risks/ potential impact of not proceeding with the preferred option.

If this investment is not implemented there will continue to be a shortfall in the number of theatre lists that can be delivered a week versus that required to deliver all elective activity.

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.

The average number of PA between all consultants is 11, the new appointments will be for 10 PA each initially.
The on call is 1 in 13 for Intensivists and the general rota is 1 week night in 21 and 1 weekend in 22.
The anaesthetists all work to a rota which ensures they complete a minimum of 41 weeks for each DCC session.

	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	All draft plans shared with medical staffing through recruitment process. Job Plan Committee not currently meeting.

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 & Ryedale CCG, etc), 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	Shared on 28/10/15
Corporate Improvement Team	Shared on 28/10/15 and team supporting theatre utilisation
Corporate Efficiency Team	Shared on 28/10/15
Workforce Team	Shared on 28/10/15
Commissioning Team	Shared on 28/10/15
Other Consultation	
Surgical Directorates	Individual meetings with each CD and DM, and on-going work in development of the case through weekly meetings.
Executive Board July 2015	Dr Hoth presented this proposal and gained approval to progress the business case.
Corporate Directors	Case presented on 9 November 2015
Business Case Panel	Case presented on 20 November 2015
Business Case Panel	Case presented on 11 January 2016
Corporate Directors	Case presented on 8 February 2016

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?

N/A

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?

Once this proposal is implemented, the same review is to take place in Scarborough and Bridlington.

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?

N/A

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 business case is based on the surgical directorates activity plans for 16/17.

20. Financial Summary

20.1 Commissioning Team Review:

The Commissioning Team must review all business cases for consistency with PbR and other national commissioning guidance, and with regard to consistency with CCG, NHS England, and Local Authorities commissioning intentions. The date that the business case was reviewed by the CT together with any comments which were made must be provided below.

Date of Review	Presented at business case panel 20 th November and 11 th January. Final business case panel approval still required.
Comments by CT	

20.2 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	0	0	0
Income			0
Direct Operational Expenditure	10,083	10,909	826
EBITDA	-10,083	-10,909	-826
Other Expenditure	0	0	0
I&E Surplus/ (Deficit)	-10,083	-10,909	-826
Existing Provisions	n/a	826	826
Net I&E Surplus/ (Deficit)	-10,083	-10,083	-0
Contribution (%)	0.0%	0.0%	0.0%
Non-recurring Expenditure	n/a	295	295

Supporting financial commentary:

The business case requests additional funding of £826k to fund a shortfall in theatre staffing levels required to deliver the 16/17 activity plan.

Expenditure	WTE	£000
Band 5 Nurses	9.66	287
Band 2 HCAs	1.56	31
Anaesthetists	4.50	526
Reduction in WLIs payments		(17)
Total Expenditure	15.72	826

In 2016/17 there will be additional non-recurrent expenditure of £295k due to agency and WLI payments to cover vacancies during the recruitment process. A further £28k non-recurrent spend is estimated for 2017/18.

It is proposed that this additional cost is funded from the following sources:

Funding Sources:	£000
Reduced agency spend (premium rate savings)	184
2016/17 Income Growth	168
2016/17 Growth Contribution	474
Total Funding	826

The £184k agency saving relates to savings in premium rates following a reduced reliance on agency staff as a result of funding the correct staffing levels. This would be funded from the agency premium rate reserve.

The £168k would be funded from 16/17 income growth and relates to theatre staff costs required to deliver the additional activity in 16/17 activity plans.

The contribution of £474k has been calculated after identifying the full cost of delivering the additional 16/17 activity. Only activity delivered through York main and day theatres has been included. It is assumed that the current shortfall relates to previous business cases and activity plans where the theatre cost of delivering the activity have been understated. It is proposed that the 1617 contribution is used to correct this position. Details by Directorate are shown below:

	16/17 Activity Growth FCEs	16/17 Income Growth £000s	Other Directorates Cost to deliver growth £000s	TACC Cost to deliver growth £000s	Total Cost of Growth £000s	Contribution from growth £000s
Anaesthetics	136	88	9	11	20	68
ENT	189	217	34	35	70	148
Gynaecology	4	61	6	0	6	55
Oral Surgery	121	82	16	20	36	46
T & O	145	155	53	30	83	72
Urology	434	157	40	69	109	48
Ophthalmology	79	52	12	3	15	37
Total	1108	812	170	168	338	474

21. Date:

3rd February 2016

GAL/December 2014

BUSINESS CASE FINANCIAL SUMMARY

REFERENCE NUMBER:	2015-16 / 71		
TITLE:	York Theatre Capacity and Demand Review		
OWNER:	Dr T Hoth Clinical Director		
AUTHOR:	Gemma Ellison		

Capital	Total	Planned Profile of Change			
	£'000	2016/17 £'000	2017/18 £'000	2018/19 £'000	Later Years £'000
Expenditure	0	0	0	0	0

Capital Notes (including reference to the funding source):

Revenue

	Total Change				Planned Profile of Change			
	Current £'000	Revised £'000	Change £'000	WTE	2016/17 £'000	2017/18 £'000	2018/19 £'000	Later Years £'000
(a) Non-recurring								
(b) Recurring								
Income								
NHS Clinical Income			0		0	0	0	0
Non-NHS Clinical Income			0		0	0	0	0
Other Income			0		0	0	0	0
Total Income	0	0	0		0	0	0	0
Expenditure								
Pay								
TACC Medical	6,153	6,678	526	4.50	243	526	526	526
TACC Theatre Nursing Staff	3,702	4,019	318	11.22	-159	154	318	318
TACC Medical WLI payments					496	0	0	0
TACC Theatre Nursing Staff Agency			0		559	192	0	0
Other (please list):								
Agency spend Nursing	35	35	0					
WLI Anaesthetists	141	141	0					
WLI Theatre Nurses	88	71	-17		-17	-17	-17	-17
	10,083	10,909	826	15.72	1,122	854	826	826
Non-Pay								
			0		0	0	0	0
			0					
Other (please list):								
Establishment Expenses			0					
			0					
	0	0	0		0	0	0	0
Total Operational Expenditure	10,083	10,909	826		1,122	854	826	826
Impact on EBITDA	-10,083	-10,909	-826	15.72	-1,122	-854	-826	-826
Depreciation			0					
Rate of Return			0					
			0					
Overall impact on I&E	-10,083	-10,909	-826	15.72	-1,122	-854	-826	-826
					+ favourable (-) adverse			
Less: Existing Provisions								
Agency Premium Reserve	n/a	184	184		184	184	184	184
1617 Income growth TACC costs	n/a	168	168		168	168	168	168
1617 Income growth contribution	n/a	474	474		474	474	474	474
Total Existing Provisions	n/a	826	826		826	826	826	826
Net impact on I&E	-10,083	-10,083	0		-295	-28	0	0

Revenue Notes (including reference to the funding source):
This business case seeks to fund the shortfall in theatre nurses and anaesthetists required to deliver the 128 weekly lists planned at York. These lists are required to deliver the 16/17 activity plans. The additional cost of £826k includes; 1.56 WTE band 2, 9.66 WTE band 5 and 4.50 WTE Anaesthetists.

The proposed funding sources have been shown against existing provisions and include:
£184k savings from the reduced use of agency staff. This relates to savings in the premium rate and would be funded from the agency reserve.
£168k 16/17 income growth - new income required to fund the theatre cost of delivery the growth in 1617 activity plans.
£474k 16/17 contribution from the growth in activity plans relating to York theatres. It is assumed that the current shortfall relates to previous business cases and activity plans where the theatre cost of delivering the activity has been understated. It is proposed that the 1617 contribution is used to correct this position.

The additional non recurrent costs in 16/17 and 17/18 are due to the premium rate cost of covering vacancies whilst the new posts are recruited to.

	Owner	Finance Manager	Board of Directors Only Director of Finance
Signed		Nicola Wilson	
Dated		01.02.16	

BUSINESS CASE - ACTIVITY & INCOME

Activity

[illegible]

Income

Planned Profile of Change			
2016/17 £'000	2017/18 £'000	2018/19 £'000	Later Years £'000
0	0	0	0
0	0	0	0
0	0	0	0

Corporate Risk Committee – 4th February 2016

Attendance: Sue Symington, Philip Ashton, Mike Proctor, Fiona Jamieson, Andy Bertram

Apologies: Anna Pridmore, Patrick Crowley

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
1.	Last Meeting Notes 14th January 2016		<p>The minutes of the previous meeting were agreed as a true record.</p> <p>SS requested that future minutes are provided in the format as those of other sub committees.</p> <p>FJ to action</p>		Minutes already circulated to the Board
2	Matters Arising		There were no matters arising that were not on the Agenda	.	
3	Risk Management Update		<p>FJ presented advised that the paper on Risk Management would not come to this meeting since it was only two weeks since the group last met.</p> <p>FJ advised that since the last meeting the process of incident management was subject of an Internal Audit that was about to commence. She advised that she was working with Internal Audit to look at the best way of engaging medical staff in a review of the reporting of incidents (the committee had</p>	.Assurance of risk management processes and reporting	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			<p>suggested the use of survey monkey as an intelligence gathering tool, but post discussion with internal audit it was considered inappropriate as previous experience has shown that the majority of surveys were not responded to.</p> <p>FJ also advised that Internal Audit had completed their work on the review of Risk Management Processes and had been advised verbally that the report would be likely to give significant assurance.</p> <p>FJ advised that the draft SI Framework had been reviewed and was currently with key stakeholders for comment on the draft.</p> <p>Key changes were</p> <ul style="list-style-type: none"> • The introduction of the Chief Investigator role (who would have oversight of all Sis) • Training of a group of lead investigators • Introduction of a Terms of Reference for each investigation • Involvement of patients and their families with the investigation 		
4.	Developing our Strategy		<p>SS presented her paper on 'Developing our Strategy' and invited a discussion on the issues raised.</p> <p>She advised that we were currently in the process of refreshing the 'Our Commitments to You' document and sought views as to whether the new high level statements included in the document</p>		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			<p>could reflect the 4 key headings under which Directors discussed the Sustainability and Transformation Plan.</p> <p>There was a general view that the Strategic Objectives could be incorporated into these which will also document what is important to the trust over the next 5 years.</p> <p>SS explained that objectives and sub objectives should be SMART in nature, that is specific, measurable, achievable, reportable and timely. This framework would therefore assist with the development of the Board Assurance Framework, and would also facilitate the framework for senior executive review.</p> <p>The group in general discussed the ideas around how many strategic objectives there should be, and considered if the strategic frames could be written as objectives.</p> <p>SS added that there was a commitment to providing a suite of associated documents which aimed to provide a link between organisational strategy and its organisational activity.</p> <p>Action : MP and SS to meet to consider and draft</p> <p>PA raised issues of historical issues with the ownership of frames and the responsibility for the owning of associated outcomes.</p>		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			<p>SS articulated her vision for the Board Agenda being framed into 4 or 5 strategic areas, where the engagement of all senior executives on all issues of importance would be facilitated.</p> <p>MP was of the view that the sub committees of the Board would be able to seek assurance on the performance delivery against the four strategic frames.</p> <p>PA suggested that this would enable better a better link into the Corporate Risk Register, with a clear visibility of where the organisations key risks were being managed (Finance and Performance, Quality and Safety, Workforce Planning and Environment and Estates Sub –Committees). He added that there needed to be a debate in who is responsible for the delivery of strategic objectives and this in turn would assist with how this is articulated within the BAF.</p> <p>SS advised that she and AP would be meeting on 12 Feb to begin a review and revision of the BAF.</p> <p>FJ added that the CRR could be adjusted to identify the relevant Sub-committee with responsibility for assurance on the particular risk in question. In the same way the BAF could have the ‘controls’ column divided into two to reflect both Governance and Executive Controls. This would indicate clear alignments with strategic objectives, board assurance and the identification and management</p>	<p>Assurance to the Board that issues of strategy and therefore risk had a clear correlation with associated responsibilities</p>	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			<p>of key organisational risks.</p> <p>Actions are as detailed above (SS and MP to meet, and SS and AP to meet)</p>		
12.	Next Meeting		<p>The next meeting is arranged for 5 April 2016.</p> <p>Meeting time to be extended</p> <p>Juliet Walters and Wendy Scott confirmed to attend</p>		