



ANNEX A

York Teaching Hospital NHS Foundation Trust

Licence Compliance Investigation by
Monitor

Health Overview and Scrutiny Committee
November 2014



Context

- York historically a good performer
- Scarborough considered to be in significant failure
- 2 years post acquisition of Scarborough, 5 year programme agreed
- Significant progress
 - Quality & safety, cultural development, governance
 - Improving infrastructure, resourcing and IT
 - Robust performance management
- Ongoing risks
 - Exposed true underlying performance in Scarborough
 - Legacy issues
 - Deteriorating national and local environment

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Monitor quarterly targets: Performance over the last 2 years

Targets	Target	Actual 2011 12		Actual 2012 13				Actual 2013 14				Actual 2014 15	
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Referral to treatment time, 18 weeks in aggregate, admitted patients	90%	91.4%	83.7%	93.1%	91.1%	91.3%	90.5%	90.2%	90.4%	90.8%	84.7%	90.9%	81.6%
Referral to treatment time, 18 weeks in aggregate, non-admitted patients	95%	98.1%	97.8%	97.8%	96.3%	96.5%	96.0%	95.0%	95.3%	95.7%	95.9%	96.8%	95.9%
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	92%	90.9%	93.9%	92.2%	92.0%	92.1%	92.0%	92.0%	92.0%	92.0%	95.0%	93.3%	93.4%
A&E Clinical Quality- Total Time in A&E under 4 hours	95%	96.7%	96.7%	97.1%	95.7%	93.9%	92.6%	96.3%	94.1%	93.4%	96.2%	93.9%	92.6%
Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%	87.1%	85.5%	86.2%	87.6%	92.9%	91.6%	92.1%	91.4%	89.1%	84.6%	87.8%	87.8%*
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	90%	96.0%	95.2%	86.6%	96.2%	93.2%	100%	98.2%	91.4%	92.4%	93.4%	96.6%	95.8%*
Cancer 31 day wait for second or subsequent treatment - surgery	94%	94.1%	94.3%	94.0%	97.9%	95.9%	97.9%	95.5%	97.8%	97.1%	95.2%	96.4%	94.8%*
Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	99.5%	99.0%	98.8%	99.1%	100%	100%	100%	99.5%	99.6%	99.6%	100%	99.1%*
Cancer 31 day wait from diagnosis to first treatment	96%	98.7%	98.7%	99.8%	99.5%	99.3%	99.0%	99.3%	99.3%	99.3%	97.0%	98.6%	98.2%*
Cancer 2 week (all cancers)	93%	95.5%	95.2%	94.0%	94.8%	94.9%	95.8%	95.6%	94.2%	95.9%	93.0%	86.1%	85.8%*
Cancer 2 week (breast symptoms)	93%	95.7%	94.3%	94.8%	95.5%	94.6%	95.8%	94.7%	93.1%	85.6%	81.7%	45.6%	78.6%*
Clostridium Difficile -meeting the C.Diff objective		7	10	8	18	12	16	21	12	21	13	12	10
C-Diff due to lapse in care	15											Met	TBC
MRSA - meeting the MRSA objective		0	5	0	1	0	0	0	2	0	0	0	0
Community care - referral to treatment information completeness	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Community care - referral information completeness	50%	74.9%	74.7%	75.6%	72.8%	71.9%	72.6%	72.0%	73.5%	73.3%	72.7%	71.7%	71.2%
Community care - activity information completeness	50%	98.4%	99.1%	99.7%	99.7%	99.8%	99.8%	99.7%	99.8%	99.7%	99.7%	98.9%	97.9%

Agreed 'planned failure' of target

* all Q2 cancer targets are provisional



Causal Factors

- Accident & Emergency
 - Whole system investment
 - Scarborough locality
 - York locality
 - External Support
- Symptomatic breast service
 - Rescuing a collapsed service
- Increase in referrals under 2 week rule

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Returning to Compliance

- Accident & Emergency
 - Reintroducing measures that worked in Q4 2014
 - Galvanising a whole system response
 - Redesigning acute care
 - Reconfiguration of inpatient facilities
 - workforce
 - Strategic capital investment
 - Turnaround, assessment, wards
 - Increased inpatient capacity
 - Bridlington, wards, workforce
 - Implementing the learning from ‘Perfect Week’
 - Community Hubs

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Returning to Compliance

- Symptomatic breast service
 - Strategic commitment to Scarborough service
 - Approved investment
 - Recruitment
- 2 week urgent referrals
 - Commissioners support and investigation
- Clostridium Difficile
 - Improved but no complacency



Performance Undertakings

- Accident & Emergency
 - Improved performance, projecting compliance Q4
- Symptomatic Breast Service
 - Improved performance, projecting compliance Q3
- 2 week urgent referrals
 - CCG intervention to be agreed, projecting compliance
- Clostridium Difficile
 - Compliant Q1, Q2

Risks

- Further deterioration in Primary Care service
- Activity increases (local, national)
- Loss of key workers (e.g. A&E consultants)
- Recruitment of key workers
- Commissioner support and intervention



Summary

- Historical good performance, improving quality and safety record but with some significant challenges
- Recognised need to increase management capacity
- Recognition of whole system accountability
- Strategic development and innovation
- Confidence in restoring performance in all areas

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Monitors Conclusions

- We consider that there is not sufficient evidence at this time to amount to a breach of the Trust's licence.
- Monitor is satisfied that the Board understands the causes of the performance issues. The Trust has analysed the factors contributing to the target breaches and has identified the root causes, including those within the Trust's immediate control and those impacted by wider system or national issues.
- We consider that there is not evidence of significant governance concerns and that the Board was adequately sighted on the performance issues.
- We consider that the Board understands the actions required to sustainably address the performance issues and has sought external support to inform and assure its recovery plans.