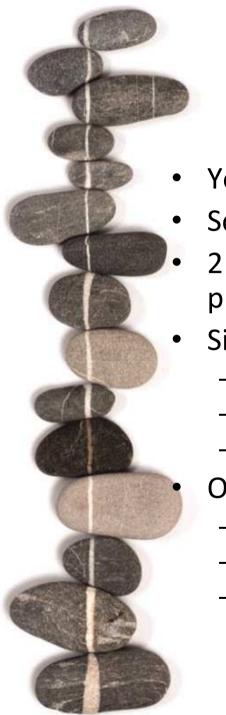
ANNEX A

# 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

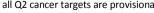




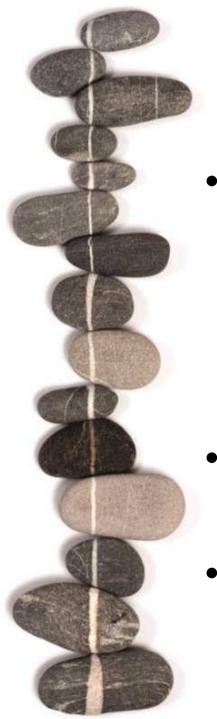
#### Monitor quarterly targets: Performance over the last 2 years

		Actual	2011 12	Actual 2012 13				Actual 2013 14				Actual 2014 15	
Targets	Target	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Referral to treatment time, 18 weeks in	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%
aggregate, admitted patients													
Referral to treatment time, 18 weeks in	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%
aggregate, non-admitted patients													
Referral to treatment time, 18 weeks in	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%
aggregate, incomplete pathways													
A&E Clinical Quality- Total Time in A&E under 4	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%
hours													
Cancer 62 Day Waits for first treatment (from	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%*
urgent GP referral)													
Cancer 62 Day Waits for first treatment (from	90%	96.0%	95.2%	86.6%	96.2%	93.2%	100%	98.2%	91.4%	92.4%	93.4%	96.6%	95.8%*
NHS Cancer Screening Service referral)													
Cancer 31 day wait for second or subsequent	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%*
treatment - surgery													
Cancer 31 day wait for second or subsequent	98%	99.5%	99.0%	98.8%	99.1%	100%	100%	100%	99.5%	99.6%	99.6%	100%	99.1%*
treatment - drug treatments													
Cancer 31 day wait from diagnosis to first	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%*
treatment	90%	30.770	30.770	55.870	33.370	33.370	33.078	JJ.3/0	33.370	33.370	57.070	50.070	50.270
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	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
information completeness													
Community care - referral information	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%
completeness													
Community care - activity information	500/												07.001
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**

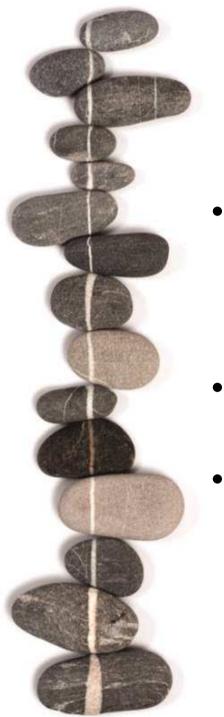
- Accident & Emergency
  - Whole system investment
  - Scarborough locality
  - York locality
  - External Support
- Symptomatic breast service
  - Rescuing a collapsed service
- Increase in referrals under 2 week rule



# **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





# **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

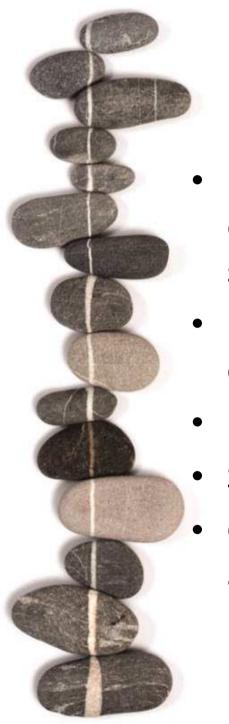


# Risks

• 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

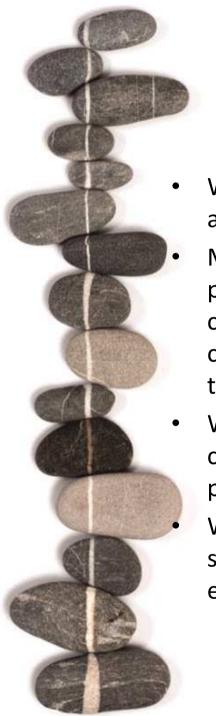




## Summary

- 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





## **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.

