

Quality and Safety, Workforce, Finance, Research and Development and Performance Integrated Report

June 2019

Produced July 2019

The Board Assurance Framework is structured around the Trust's three Strategic Goals:

To deliver safe and high quality patient care as part of an integrated system

To support an engaged, healthy and resilient workforce

To ensure financial stability

Quality and Safety Report

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To deliver safe and high quality patient care as part of an integrated system

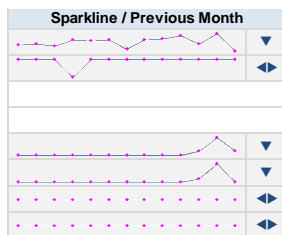
To support an engaged, healthy and resilient workforce

To ensure financial stability

Quality and Safety by Month – Trust level (i)

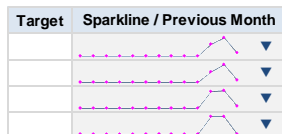
Serious Incidents (data is based on SI declaration Date)	
Number of SI's reported	
% SI's notified within 2 working days of SI being identified	
* this is currently under discussion via the 'exceptions log'	
Compliance with Duty of Candour for Serious Incidents*:	
-Verbal Apology Given	
-Written Apology Given *	
-Invitation to be involved in Investigation	
-Given Final Report (If Requested)	

* Duty of Candour reporting has been revised to report from the beginning of the 2019-20 financial year.



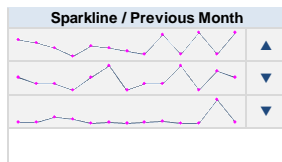
Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
11	12	10	16	15	16	7	16	17	20	12	23	5
100.00%	100.00%	100.00%	94.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
-	-	-	-	-	-	-	-	-	-	2	9	2
-	-	-	-	-	-	-	-	-	-	1	6	0
-	-	-	-	-	-	-	-	-	-	0	0	0
-	-	-	-	-	-	-	-	-	-	0	0	0

Duty of Candour (All Incidents)	
Incident Graded Moderate or Above	
Verbal Apology Given	
Written Apology Required	
Written Apology Given	



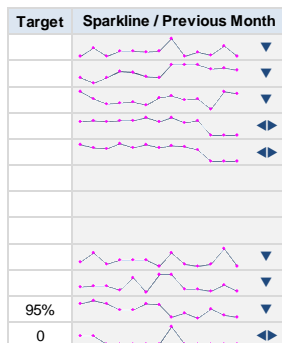
Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
-	-	-	-	-	-	-	-	-	-	14	21	4
-	-	-	-	-	-	-	-	-	-	10	17	2
-	-	-	-	-	-	-	-	-	-	12	13	2
-	-	-	-	-	-	-	-	-	-	5	5	0

Claims	
Number of Negligence Claims	
Number of Claims settled per Month	
Amount paid out per month	
Reasons for the payment	



Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
16	15	13	10	14	13	12	11	18	11	19	11	19
4	3	3	2	4	6	2	3	3	6	2	5	4
145,450	170,000	871,902	560,000	71,000	146,500	14,500	195,795	327,637	117,500	20,000	#####	163,000
Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability

Measures of Harm	
Incidents Reported	
Incidents Awaiting Sign Off	
Patient Falls	
Pressure Ulcers - Newly Developed/Deteriorated **	
Pressure Ulcers - Transferred into our care	
Pressure Ulcers - Newly Developed Ulcer	
Pressure Ulcers - Deterioration of Pressure Ulcer	
Pressure Ulcers - Present on Admission	
Degree of harm: serious or death	
Medication Related Errors	
VTE risk assessments	95%
Never Events	0



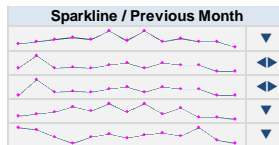
Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
1221	1340	1224	1296	1292	1276	1297	1467	1225	1274	1235	1364	1217
656	553	666	778	757	677	658	889	894	905	811	843	792
261	233	216	221	224	213	239	245	230	234	196	263	255
117	123	122	131	123	158	120	152	114	130	0	0	0
91	72	68	98	72	88	71	84	79	63	0	0	0
0	0	0	0	0	0	0	2	2	4	91	88	73
0	0	0	0	0	0	0	0	1	2	21	8	9
0	0	0	0	1	0	0	2	1	13	125	120	137
4	8	3	5	5	5	2	8	3	2	3	10	2
126	132	132	117	159	109	168	171	121	120	113	133	114
98.0%	98.4%	98.1%	97.4%	97.5%	98.1%	98.0%	96.7%	97.1%	96.6%	97.5%	96.9%	96.7%
1	1	0	0	0	0	0	2	0	0	0	0	0

** Revised pressure ulcer categorisation was introduced from 01/04/19 to reflect NHS's new pressure ulcer reporting requirements. The Trust continues to validate all falls and pressure ulcer data, so this data is subject to change. Pressure ulcers reported prior to April 2019 may be recategorised according to the new categories after review, so data may appear in the new categories prior to April.

A Never Event (relating to an incident in June 2018) was declared by Vale of York CCG in July 2018. After completion of the investigation by the CCG, it has been agreed that this SI is the responsibility of York Teaching Hospital NHS Foundation Trust.

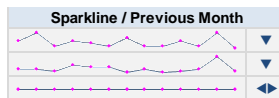
Quality and Safety by Month – Trust level continued (ii)

Pressure Ulcers***
Number of Category 2
Number of Category 3
Number of Category 4
Total no. developed/deteriorated while in our care (care of the org) - acute
Total no. developed/deteriorated while in our care (care of the org) - community



Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
58	65	72	79	72	99	69	97	66	74	65	63	47
3	11	3	4	3	5	6	3	6	5	5	1	1
1	11	3	4	3	5	6	3	6	5	5	1	1
74	83	91	108	92	123	90	121	80	104	68	69	60
43	40	31	23	31	35	30	33	37	32	44	27	22

Falls****
Number of falls with moderate harm
Number of falls with severe harm
Number of falls resulting in death

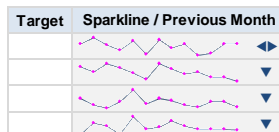


Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
3	6	1	3	2	1	4	1	1	3	1	6	0
2	2	1	4	3	3	0	2	0	1	2	9	1
0	0	0	0	0	0	0	0	0	0	0	0	0

Note *** and **** - falls and pressure ulcers subject to validation. Falls resulting in deaths are investigated as Serious Incidents and the degree of harm will be confirmed upon completion of investigation.

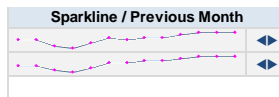
All falls and pressure ulcer data is refreshed monthly to reflect ongoing monitoring and reporting of falls and pressure ulcers. Category 3 & 4 pressure ulcer data excludes Category 3 and 4 ulcers which are recorded as having developed within 72 hours of admission to inpatient care. The degrees of harm from falls and pressure ulcers are subject to further validation when investigations are completed, so harm data is subject to change.

Drug Administration
Insulin Errors
Prescribing Errors
Preparation and Dispensing Errors
Administrating and Supply Errors



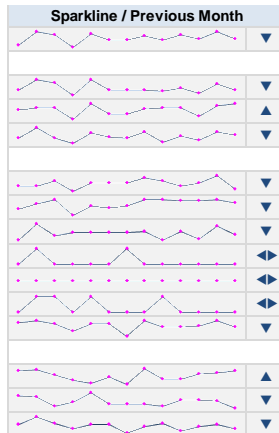
Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
14	19	13	9	16	6	17	11	14	5	7	14	14
41	34	44	39	33	26	45	38	32	34	28	28	23
14	10	8	12	20	11	14	13	10	9	12	12	9
43	60	55	42	71	50	54	63	55	50	51	51	49

Safeguarding
% of staff compliant with training (children)
% of staff compliant with training (adult)
% of staff working with children who have review DBS checks



Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
82%	82%	80%	79%	81%	83%	82%	83%	83%	84%	85%	85%	85%
82%	82%	80%	79%	81%	83%	83%	84%	84%	85%	86%	86%	86%

Patient Experience: Complaints and PALS
New complaints this month
Top 3 complaint subjects
All aspects of Clinical Treatment
Communications/information to patients (written and oral)
Patient Care
Top 3 directorates receiving complaints
Acute & General Medicine
Emergency Medicine
General Surgery & Urology
Number of Ombudsman complaint reviews (new)
Number of Ombudsman complaint reviews upheld
Number of Ombudsman complaint reviews partly upheld
New PALS queries this month
Top 3 PALS subjects
Communication issues
Any aspect of clinical care/treatment
Appointments



Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
25	50	45	20	47	34	34	43	35	44	36	51	36
27	54	44	13	52	27	27	28	25	32	20	43	26
16	19	19	4	25	11	11	18	19	19	9	22	24
16	33	16	7	24	18	16	25	10	19	13	26	21
4	4	6	2	5	5	5	7	6	4	5	8	3
4	7	10	0	6	5	6	10	10	9	9	10	8
2	13	5	7	7	7	7	8	2	8	3	11	6
0	1	0	0	0	0	1	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0
0	1	1	0	1	0	0	0	1	0	0	0	0
206	225	196	151	201	196	108	224	174	180	188	220	175
47	49	39	30	23	34	21	51	32	31	40	43	47
31	29	18	23	35	21	20	21	18	26	25	24	15
31	43	32	24	30	31	17	28	32	21	27	31	24

Quality and Safety by Month – Trust level continued (iii)

Care of the Deteriorating Patient
14 hour Post Take - York
14 hour Post Take - Scarborough
NEWS within 1 hour of prescribed time
Elective admissions: EDD within 24 hours of admission

Target	Sparkline / Previous Month
90%	
80%	
90%	
93%	

Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
91%	89%	87%	89%	89%	88%	91%	91%	92%	85%	87%	90%	96%
77%	73%	77%	71%	70%	68%	64%	63%	65%	71%	68%	65%	87%
90.5%	90.4%	91.6%	90.8%	90.4%	90.6%	90.2%	89.7%	90.1%	90.0%	90.1%	90.2%	90.6%
86%	84%	88%	90%	90%	84%	86%	90%	88%	91%	88%	89%	89%

Mortality Information
Summary Hospital Level Mortality Indicator (SHMI)

Target	Sparkline / Previous Month
100	

Oct 14 - Sep 15	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15 - Sep 16	Jan 16 - Dec 16	Apr 16 - Mar 17	Jul 16 - Jun 17	Oct 16 - Sep 17	Jan 17 - Dec 17	Apr 17 - Mar 18	Jul 17 - Jun 18	Oct 17 - Sep 18
99	99	100	99	98	97	97	98	100	99	99	99	98

AMTS
AMTS Screening

Target	Sparkline / Previous Month
90%	

Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
81.9%	76.6%	74.8%	74.7%	72.3%	73.0%	71.4%	72.5%	70.5%	64.5%	60.4%	To follow	To follow

Infection Prevention
Clostridium Difficile - meeting the C.Diff objective
Clostridium Difficile - meeting the C.Diff objective - cumulative
MRSA - meeting the MRSA objective
MSSA
MSSA - cumulative
ECOLI
ECOLI - cumulative
MRSA Screening - Elective
MRSA Screening - Non Elective

Target	Sparkline / Previous Month
61 (year)	
0	
30 (year)	
61 (year)	
95%	
95%	

Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
6	3	4	1	0	3	2	2	3	6	14	10	14
17	20	24	25	25	28	30	32	35	41	14	24	28
1	0	1	0	0	0	1	0	0	0	0	0	0
2	8	1	3	1	6	2	3	3	4	5	2	2
4	12	13	16	17	23	25	28	31	34	4	9	11
4	6	8	7	7	9	9	9	5	8	7	6	6
10	16	24	31	38	47	56	65	70	78	7	13	19
90.0%	92.2%	86.2%	88.8%	90.0%	85.9%	85.2%	81.4%	80.7%	84.6%	84.4%	81.1%	82.6%
91.8%	90.9%	92.9%	91.7%	90.9%	90.6%	88.5%	88.4%	88.2%	88.4%	88.1%	88.3%	88.0%

Stroke
Proportion of patients who experience a TIA who are assessed & treated within 24 hrs
Proportion of stroke patients with new or previously diagnosed AF who are anti-coagulated on discharge or have a plan in the notes or discharge letter after anti-coagulation
SSNAP Scores:
Proportion of patients spending >90% of their time on stroke unit
Scanned within 1 hour of arrival
Scanned within 12 hours of arrival

Target	Sparkline / Previous Month
75%	
85%	
43%	
90%	





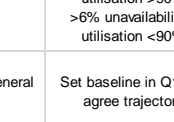
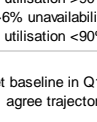
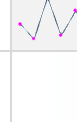
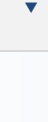
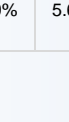
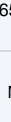
Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
92.9%	84.2%	80.0%	90.0%	85.7%	100.0%	83.3%	100.0%	100.0%	83.3%	92.8%	75.0%	-
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
Jul 18 - Sep 18			Oct-18 - Dec 18			Jan-19 - Mar 19			Mar-19	Apr-19	May-19	Jun-19
91.9% (A)			88.8% (B)			90.07% (A)			93.0% (A)	90.9% (A)	87.4% (B)	82.7% (C)
55.8% (A)			53.1% (A)			44.07% (B)			51.9% (A)	42.9% (C)	44.8% (B)	54.3% (A)
97.4% (A)			95.4% (A)			94.97% (B)			96.3% (A)	96.4% (A)	96.9% (A)	97.5% (A)

DoLS
Standard Authorisation Status Unknown: Local Authority not informed the Trust of outcome
Standard Authorisation Not Required: Patient no longer in Trust's care and within 7 day self-authorisation
Under Enquiry: Safeguarding Adults team reviewing progress of application with Local Authority or progress with ward
Standard Authorisation Granted: Local Authority granted application
Application Not Granted: Local Authority not granted application
Application Unallocated as Given Local Authority Prioritisation: Local Authority confirmed receipt but not yet actioned application
Safeguarding Adults concerns reported to the Local Authority against the Trust
Application Withdrawn: Patient no longer in Trust's care within the Local Authority 8 week period for assessment

Target	Sparkline / Previous Month
0	
22	
11	
1	
0	
0	
5	
10	

Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
0	0	0	0	0	1	1	0	0	1	0	1	1
22	4	11	6	5	14	7	8	11	13	17	9	14
11	7	1	11	10	14	22	17	17	9	12	20	9
1	0	0	0	0	0	0	0	1	0	0	0	0
0	0	0	0	0	0	1	0	0	0	0	0	0
0	0	9	13	11	3	5	5	5	0	2	1	16
5	0	2	2	16	0	1	4	0	1	6	6	6
10	4	1	1	0	1	0	3	0	0	0	0	1

Quality and Safety by Month – Trust level (iv) QUANTITATIVE TABLE

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Sparkline / Previous Month	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Mar-19	Apr-19	May-19	Jun-19	
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 re-scheduled episode of care	0		▼	21	16	8	16	2	3	9	2
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	0
Sleeping Accommodation Breach	£250 per day per Service User affected	0		◀▶	20	0	0	0	0	0	0	0
% Compliance with WHO safer surgery checklist	No financial penalty	100.00%		◀▶	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
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	99.00%		▼	99.81%	99.71%	99.73%	99.80%	99.87%	98.64%	99.73%	-
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	95.00%		▼	98.49%	98.47%	97.91%	98.62%	98.93%	99.76%	98.61%	-
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%		▼	4.49%	5.65%	6.14%	6.80%	8.53%	9.46%	7.73%	-
Delayed Transfer of Care – All patients medically fit for discharge and issued a 'notification notice' as per joint protocol for the transfer of care	As set out in Service Condition 3 and General Condition 9	Set baseline in Q1 and agree trajectory	Monthly Provider Report									
Trust waiting time for Rapid Access Chest Pain Clinic	General Condition 9	99.00%		▼	40.74%	39.47%	11.94%	7.58%	67.92%	71.74%	72.73%	65.15%
Stroke Performance against Sentinel Stroke National Audit Programme (SSNAP)	As set out in Service Condition 3 and 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 and tabled at sub CMB quarterly.									
Number/Percentage women who have seen a midwife by 12 weeks and 6 days (as per IPMR definition)	General Condition 9	90.00%		▼	91.03%	91.38%	91.98%	90.25%	92.31%	91.20%	92.90%	87.90%
Number/Percentage of maternity patients recorded as smoking by 12 weeks and 6 days that are referred to a smoking cessation service subject to patient consent	General Condition 9	95.00%		◀▶	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
All Red Drugs to be prescribed by provider effective from 01/04/15, subject to agreement on list	Recovery of costs for any breach to be agreed via medicines management committee	0	CCG to audit for breaches									
All Amber Drugs to be prescribed as per shared care guidelines from 01/04/15	Recovery of costs for any breach to be agreed via medicines management committee	0	CCG to audit for breaches									

Assurance Framework
Responsive

Incident Reporting

Measure: Incident Reporting

Data Source: NHS Improvement (NHSI) and the National Reporting and Learning System (NRLS)

Operational and
Performance Update:

Organisation Patient Safety Incidents

The NRLS deadline for the submission of all patient safety incidents which occurred between September 2018 and March 2019, is 31st May 2019. However, at present, it is not clear when any further patient safety data will be published, as NHS Improvement (NHSI) have announced that their current patient safety incident reporting data publications will be changing with the adoption of their new Patient Safety Information Management System. (PSIMS) which is currently under development.

The PSIMS will be replacing the current NRLS and Strategic Executive Information (StEIS) systems.

Patient Safety Information Management System

NHSI have reported that the expected benefits of the new PSIMS system are that it will:

- make it easier for people across a wide variety of healthcare providers to record and share details of patient safety incidents
- reduce the amount of duplicate recording of the same incident across different reporting systems
- provide better quality information to support learning and improvement across the NHS
- make it easier for people and organisations to access their own data to support local learning
- make it easier for patients and families to participate in safety learning
- use modern tools and technology to derive new insights for healthcare improvement.

NHSI note that due to the methodology being used in the new development, which is constantly changing due to user needs, they are unable to predict with certainty how the data currently published around incident reporting will need to change, and when. However, NHSI have reported that the number of incidents recorded will start to change as some organisations pilot the new system (anticipated April to June 2019).

As it is increasingly rolled out across the NHS and all organisations and reporters move to using PSIMS rather than NRLS and StEIS, they anticipate more incidents will be recorded on PSIMS as wider range of healthcare providers will be able to access the system due to new technologies being available. As a result, NRLS and PSIMS data will not be comparable in many respects because of changes to the data collected and that going forwards, it will not be possible to directly compare NRLS and PSIMS data for these reasons.

The new system will be rolled out from late 2019 onwards, and the NRLS will be changing the type of information they ask the Trust to share with them when a patient safety incident occurs. The changes will not:

- alter the responsibility and accountability of healthcare providers to report and learn from patient safety incidents; organisations will continue locally to report and manage the response to incidents, and work to reduce the risks to patients
- affect how providers manage patient safety risks
- impact on the safety of patients

Further updates on the development of the new system and what this means for the Trust will be provided as they become available.

Assurance Framework
Responsive

Incident Reporting (July 2018 to June 2019)

Measure: NHS Improvement (NHSI) and the National Reporting and Learning System (NRLS) and Number of Incidents Reported

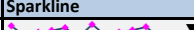




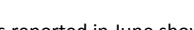
Data Source: NRLS and Datix

**Operational and
Performance Update:**

Incidents in Reporting Period

Incidents by Site	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOTAL
York Hospital	760	699	721	737	740	741	831	682	727	693	746	646	8723
Scarborough Hospital	361	338	376	338	325	353	428	328	381	357	428	393	4406
Bridlington Hospital	48	46	45	48	40	22	52	55	45	33	39	43	516
Community Services	171	141	154	169	171	181	156	160	121	152	151	135	1862
TOTAL	1340	1224	1296	1292	1276	1297	1467	1225	1274	1235	1364	1217	15507

Incident Reporting – Top 5 Incidents by Type

All Trust - Top 5	Sparkline	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOTAL
Clinical		284	237	255	263	275	232	291	238	255	265	279	229	3103
Slips, Trips and Falls		233	216	221	224	213	239	245	230	234	196	263	255	2769
Pressure Ulcers		195	190	229	196	246	191	240	197	212	237	216	219	2568
Medication Errors		132	132	117	159	109	168	171	121	120	113	133	114	1589
Obs & Gynae		89	95	96	99	69	107	92	75	121	83	97	86	1109
TOTAL		933	870	918	941	912	937	1039	861	942	894	988	903	11138

The number of incidents reported in June showed an decrease over the previous month, but remained broadly in line with the average number of incidents reported per month in the reporting period. The top 5 incidents reported remain the same as the previous month.

Clinical incident reporting showed a decrease in June, with a decrease in the number of admission, transfer and discharge incidents being noted.

The number of slips, trips and falls decreased slightly over the previous month, but remained higher than the average number of falls in the reporting period. The number of falls with a degree of harm of moderate or above has decreased since May when 15 patients suffered moderate or above harm. Falls of moderate harm or above continue to be reviewed by the Heads of Nursing via the 72 Hour report process to determine if SI declaration is required.

The number of pressure ulcers reported in June remains broadly in line with the average for the reporting period.

The number of medication errors reported decreased in June. Of the incidents reviewed to date which occurred in June, no incidents resulted in any harm to patients.

No significant trends were noted in Obstetric and Gynaecology incidents reported in June, with all incidents reviewed to date resulting in no harm or minor low harm.

Assurance Framework
Responsive

Incident Reporting (continued)

Measure: Incident Reporting by Site

Data Source: Datix

Performance: Top 5 Incident Types Across the Trust

York - Top 5	Sparkline	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOTAL
Clinical		162	140	160	156	189	126	162	153	145	165	151	115	1824
Slips, Trips and Falls		144	138	131	143	118	129	131	134	133	106	158	153	1618
Pressure Ulcers		89	89	113	98	111	93	107	86	103	106	99	91	1185
Medication Errors		79	73	64	93	64	116	113	70	86	68	81	67	974
Obs & Gynae		61	68	65	74	44	83	59	44	79	54	60	52	743
TOTAL		535	508	533	564	526	547	572	487	546	499	549	478	6344

Scarborough - Top 5	Sparkline	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOTAL
Clinical		76	76	71	69	53	85	102	67	85	69	88	74	915
Pressure Ulcers		50	59	68	53	82	59	80	47	61	63	75	88	785
Slips, Trips and Falls		54	50	64	52	58	63	73	57	62	51	64	58	706
Medication Errors		35	50	44	48	38	35	44	36	27	35	40	37	469
Obs & Gynae		26	26	30	24	25	24	32	30	42	27	37	33	356
TOTAL		241	261	277	246	256	266	331	237	277	245	304	290	3231

The top 5 incident types reported by York and Scarborough mirror the overall pattern of reporting for the Trust, which is to be expected given the number of incidents reported by these sites. There were no significant trends to note.

Bridlington - Top 5	Sparkline	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOTAL
Clinical		21	10	16	16	18	6	8	8	13	6	9	17	148
Slips, Trips and Falls		7	8	6	8	10	6	17	17	12	11	8	8	118
Staff Incidents		3	1	5	3	3	3	6	4	3	4	3	6	44
Staffing		4	7	5	4	1	2	2	3	3	4	3	3	41
Est Fac & Med Dev		4	7	2	4	2	2	3	5	2	0	5	1	37
TOTAL		39	33	34	35	34	19	36	37	33	25	28	35	388

Community - Top 5	Sparkline	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOTAL
Pressure Ulcers		54	41	46	44	51	39	52	61	45	64	39	36	572
Slips, Trips and Falls		28	20	20	21	27	41	24	22	27	28	33	36	327
Staffing		22	32	48	41	40	47	26	24	8	3	5	2	298
Clinical		25	11	8	22	15	15	19	10	12	25	31	23	216
Medication Errors		16	9	5	12	6	16	13	11	5	9	11	8	121
TOTAL		145	113	127	140	139	158	134	128	97	129	119	105	1534

The incident reporting profile for Bridlington is different to that of the overall Trust. Although clinical incidents are the highest reported category, the main themes continue to be radiation issues, documentation, and lack of appropriate or adequate facilities, equipment and services. Staff incidents in June related to staff training issues and staff injuries. Staffing issues continue relate to the unavailability of nursing staff where nurses are transferred between hospitals., workload issues and shifts not being filled.

In Community Services, staffing incidents also feature in the top 5 incident types, with unavailability of nursing staff due to shifts not being filled or staff again being transferred between hospitals (as also reported by Bridlington staff) being the key trends., although the number of staffing incidents has decreased in the last 3 months.

Assurance Framework
Responsive

Incident Reporting (continued)

Measure: Incident Reviews, Degree of Harm and Duty of Candour

Data Source: Datix

Performance: **Actions:**

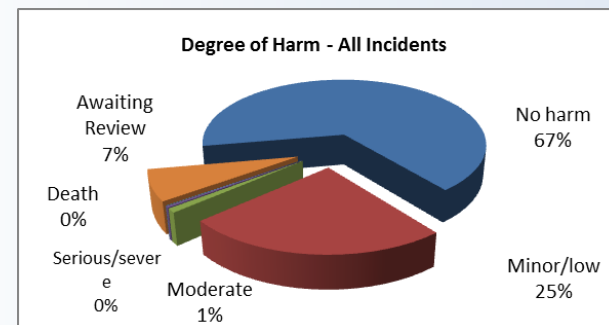
- Feedback from the recent online staff consultation and the results from the Staff Survey are being addressed as part of the Staff Survey Action Plan.
- The Trust's falls and pressure ulcer project plans continue to be progressed and monitored via the respective steering groups.
- The recommendations from the falls root and branch review are being implemented and managed via the Falls Steering Group. The pressure ulcer root and branch review has just been completed, and the findings will be reported shortly.
- Medication errors continue to be monitored by the Medication Errors Review Group, with remedial action being taken where incident trends or serious incidents are noted. Staff issues are investigated and managed by the Trust's Health and Safety team.
- All incidents continue to be reviewed by Healthcare Governance on a daily basis, with potentially serious incidents or incident trends being escalated to the weekly Quality and Safety Briefing for discussion and further action as required.

Incident Reviews and Degree of Harm

All incidents that are not subject to a more detailed investigation (for example serious incidents) should have their investigations completed with 14 days of the incident being reported. The number of incidents which are overdue for review is regularly monitored and escalated to senior colleagues for action where needed.

In this reporting period, 792 incidents are overdue for review, which represents 5.1% of the incidents reported. Most incidents awaiting review are no harm or minor low harm incidents, as incidents of potential moderate harm or above are normally escalated to the Quality and Safety Briefing and followed up via the appropriate route after reporting.

A breakdown of the degrees of harm for incidents in the reporting period is shown in the following chart.



Duty of Candour

Duty of Candour is applicable to all incidents where a patient suffers moderate or above harm. A verbal apology should be followed up with a written apology in all cases, except where the relevant person (patient, relative or advocate) has stated that written follow up is not required.

Duty of Candour compliance is now being reported for the current financial year to date. At the time of reporting, percentage compliance with verbal apologies is at 74% and percentage compliance with written apologies is at 31%. Performance against verbal both indicators continues to be monitored via the Directorate PAMs, as this is where performance against Duty of Candour is monitored and assurance is sought.

Actions

- Work continues to reinforce and further the principles of Duty of Candour, with Governance Facilitators following up Duty of Candour with Directcorates.
- Development of Duty of Candour section on Staff Room for easy access of principles, FAQ and letter templates

Serious Incidents (Declared Between June 2019 and May 2019)

Operational Update

Serious Incident Trends

In the period July 2018 to June 2019, 169 serious incidents were declared within the organisation. In terms of breakdown 38 were pressure ulcers, 25 were falls, and 106 were 'clinical' incidents.

Key 'clinical' trends are around delayed diagnosis have focused on cancer pathways. There was also a delayed diagnosis of HSV infection, a delayed discovery of a bleed from a tumour on the pituitary gland causing pressure on the optic nerve leading to a loss of vision, a delayed diagnosis in paediatrics for an ovarian torsion, a delayed transfer to the vascular unit with a lost opportunity to save a patient's limb. There was also a delay in diagnosing a patient with acoustic neuroma. Incidents declared as sub-optimal care included the inability to locate patient notes following a crash call, a patient becoming unwell during haemodialysis who later died following discharge, a patient who had a documented fractured neck of femur but for whom there was no documented subdural hematoma and the process for escalation of a deteriorating patient who subsequently died. Incidents related to treatment delay included a delay in the provision of anti venom following a adder bite, failure to follow up an ophthalmology patient leading to a decline in visual behaviour, delays in radiology reporting, delayed cancer treatment, treatment delay for Cauda Equina syndrome, delayed treatment for an aneurysmal subarachnoid haemorrhage and treatment delay for an epidural abscess.

There have been two recent NEVER EVENTS, both of which are wrong site surgery (dermatology, incorrect removal of mole and theatres, stent placed in incorrect side). A further NEVER EVENT was declared by Vale of York CCG in July 2018 and which relates to a patient taking oral methotrexate through their GP surgery on a managed repeat process. The hospital Rheumatology Consultant recommended starting subcutaneous injections instead which the patient was trained to self administer but she continued to take the oral treatment as well. It has been agreed that this SI is the responsibility of York Teaching Hospital NHS Foundation Trust.

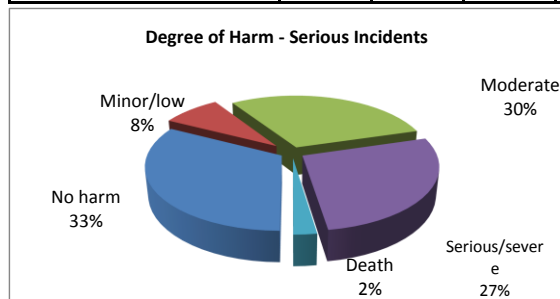
Performance:

Serious Incidents Declared

Incidents Declared	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOTAL
Clinical	6	3	7	9	7	5	7	8	8	2	5	1	68
12 Hour Breach	0	0	0	0	0	0	8	6	5	8	10	1	38
Fall	2	4	2	3	5	1	0	2	0	0	4	2	25
Pressure Ulcer	4	3	7	3	4	1	1	1	7	2	4	1	38
Total Number of SIs Declared	12	10	16	15	16	7	16	17	20	12	23	5	169

Clinical SIs (Exc 12 Hr Breaches)	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOTAL
York	4	1	1	4	5	4	3	9	4	1	2	1	39
Scarborough	2	2	5	5	2	1	11	5	9	9	13	1	65
Community Services	0	0	1	0	0	0	1	0	0	0	0	0	2
TOTAL	6	3	7	9	7	5	15	14	13	10	15	2	106

12 Hour Breaches Site	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOTAL
York	0	0	0	0	0	0	0	4	0	0	2	0	6
Scarborough	0	0	0	0	0	0	8	2	5	8	8	1	32
Community Services	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	8	6	5	8	10	1	38



Actions:

- Degrees of harm for clinical serious incidents (SIs) continue to be discussed and agreed at the Serious Incident Group to ensure senior review and group consensus of the level of harm. Not all incidents declared as serious incidents are graded as serious harm. For example, although 12 hour trolley waits are mandatory declarations, there is rarely any harm to patients as a result. If multiple patients are affected by a 12 hour trolley wait, the "worst" degree of harm is attributed to the incident. Category 3 pressure ulcers and fractures other than neck of femur are generally moderate harm, with Category 4 pressure ulcers and fractured necks of femur incidents being serious harm.
- Discussion on levels of harm for each incident is a focus at SI Group

Assurance Framework
Responsive

Clinical Claims and Inquests – June 2019

Operational Update

New Clinical Negligence Claims

Of the 19 clinical negligence claims received in June, the themes were:

- Failure to Diagnose/Delay in Diagnosis - 6 Claims
- Lack of Appropriate Treatment - 5 Claims
- Delay in Treatment - 3 Claims
- Not Known - 2 Claims
- Medication Error - 1 Claim
- Inadequate Procedure - 1 Claim
- Intraoperative Burn - 1 Claim

Clinical Negligence Claims Settled

The themes in the 4 clinical negligence claims settled were:

- Failure to Diagnose/Delay in Diagnosis - 2 Claims
- Inadequate Examination - 1 Claim
- Lack of Appropriate Treatment - 1 Claim

Settled Clinical Negligence Claims Over £50,000

York Hospital – Cytology Following receipt of unsupportive expert evidence, the Trust admitted liability, in that a cervical smear from 2012 was reported incorrectly, therefore, a diagnosis of cervical cancer was missed in July 2012, and the Claimant would have undergone loop excision in 2012 which would have been curative. The patient subsequently underwent radical hysterectomy, bilateral salpingo-oophorectomy and pelvic floor dissection, has suffered ongoing right sided thigh pain, infertility and underwent associated hormone replacement therapy, all of which could have been avoided with earlier diagnosis. Claim settled for £100,000.

Coroner's Inquests

The Legal Services Team continue to liaise with Coroners to support inquests where the Trust has been involved in a patient's care. The number of inquests concluded in the previous twelve months is shown below. The outcome of most inquests result in no actions for the Trust, but work to provide further trend information and to improve the sharing of learning from clinical claims and inquests continues.

Performance:

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOTAL
Number of Clin. Neg. Claims	15	13	10	14	13	12	11	18	11	19	11	19	166
Clin Neg. Claims Settled	3	3	2	4	6	2	3	3	6	2	5	4	43
Amount Paid out Per Month (£)	170000	871902	560000	71000	146500	14500	195795	327637	117500	20000	3263066	163000	5920900
Coroner's Inquests Held	5	7	9	9	6	7	3	5	4	7	9	6	77

Clinical Effectiveness

Operational Update

Clinical Audit

A total of 272 audits are included on the Annual Audit Programme for 2019/20, of which 48 are listed as part of NHSE Quality Account audits, 19 are national audits, 10 are audits to evidence compliance with NICE, 93 are local clinical audits, 97 are re-audits, 1 is a new procedure audit and 4 are audits for NPSA.

There were 2 Quality Account Audit National Reports received for the period ending June 2019, namely: National Diabetes Inpatient Audit (NaDIA) and National Lung Cancer Audit (NLCA).

The process for review is that local and national data is provided to the Audit Lead who then undertakes an analysis of findings and develops an action plan to address any identified issues.

Of the 2 reported audits, the Trust has been identified as potential outliers for both as identified in the section on Outlier Status. The CET have escalated these results to the audit leads and await feedback on actions to be taken.

National Institute for Health and Care Excellence (NICE)

As previously noted, a significant piece of work was undertaken during 2018/19 to ensure that all NICE Baseline Assessments were completed with action plans in place where necessary.

There are currently 22 pieces of NICE guidance which remain under review (Baseline Assessments outstanding) of which 8 are more than three months overdue for completion. Work continues to obtain completed Baseline Assessments..

13 new and updated pieces of guidance were published in June and 5 are currently under review.

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

For Q1 of 2019/20, the Trust has submitted data for 2 NCEPOD studies. There are 2 new work streams relating to medical and surgical outcome review programmes that have not yet commenced.

There are 65 'open' actions arising from NCEPOD studies which the Trust has participated in. 17 are overdue and are being followed up..

Patient Experience

Operational Update

Parliamentary & Health Service Ombudsman (PHSO)

No new cases were received in June 2019. One case was closed.

Current Open Cases

Directorate Investigating	Date received from PHSO	Current Status
Specialist Medicine	08/05/2017	Responded to draft report and awaiting final report
Emergency Medicine	23/10/2018	Awaiting outcome of PHSO investigation and draft report

Closed Cases

	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Total
Not upheld	0	0	0	0	0	0	0	1	0	0	0	0	1	2
Partially upheld	0	1	1	0	1	0	0	0	1	0	0	0	0	4
Upheld	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	1	1	0	1	0	0	1	1	0	0	0	0	6

Complaints and PALS by Subject: 2019-20 to date

Subject	Complaints	PALS
Access to treatment or drugs	15	63
Admissions, Discharge and Transfer Arrangements	29	23
All aspects of Clinical Treatment	89	64
Appointments, Delay/Cancellation	18	58
Commissioning	0	2
Comms/info to patients (written and oral)	55	130
Complaints Handling	0	0
Consent	0	0
End of Life Care	2	4
Facilities	3	16
Integrated Care (including Delayed Discharge Due to Absence of a Care Package	-	0
Mortuary	0	0
Others	0	0
Patient Care	60	34
Patient Concerns	2	6
Prescribing	6	8
Privacy and Dignity	7	7
Restraint	0	0
Staff Numbers	1	2
Transport	0	1
Trust Admin/Policies/Procedures	10	23
Values and Behaviours (Staff)	43	107
Waiting times	7	11
Total	347	559

Complaints, PALS Contacts and Compliments by Directorate: 2019-20 to date

Directorate	Complaints	PALS	Compliments
Acute & General Medicine	16	52	31
Allied Health Professionals	1	16	73
Chairman & CEO	0	2	0
Child Health	6	12	71
Community Services	1	5	78
Elderly Medicine	8	26	102
Emergency Medicine	27	54	52
Estates & Facilities	0	21	1
External to Trust	0	0	0
Finance & Performance	1	0	0
General Surgery & Urology	20	65	174
Head & Neck	3	33	41
Laboratory Medicine	0	2	6
Lloyds Pharmacy	0	1	0
Medical Governance	0	0	0
Nursing & Improvement	0	0	0
Obstetrics & Gynaecology	10	21	101
Operations	0	4	0
Ophthalmology	2	19	16
Orthopaedics & Trauma	9	27	71
Pharmacy	3	1	16
Radiology	4	13	3
Safety, Health & Environment	0	1	0
Specialist Medicine	3	30	38
Systems & Networks	1	9	0
Sexual Health	0	4	7
Theatres and Critical Care	5	22	46
Total	120	440	927

Patient Experience (continued)

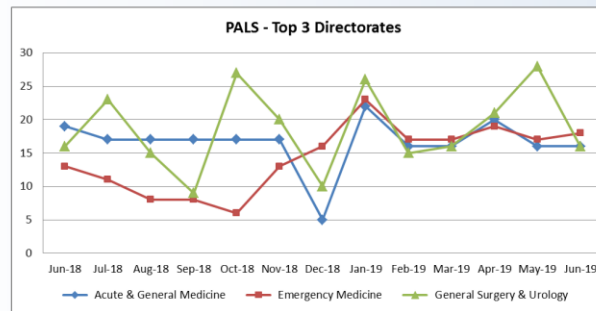
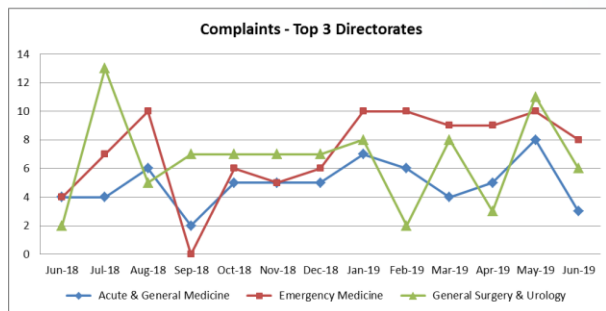
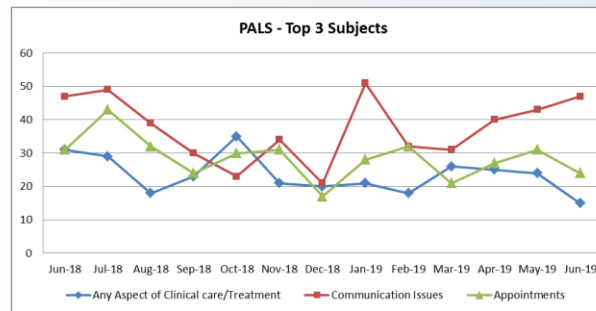
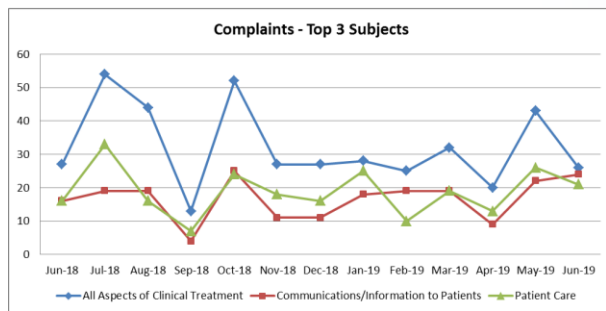
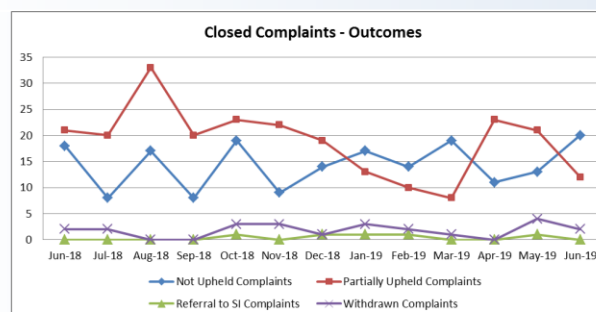
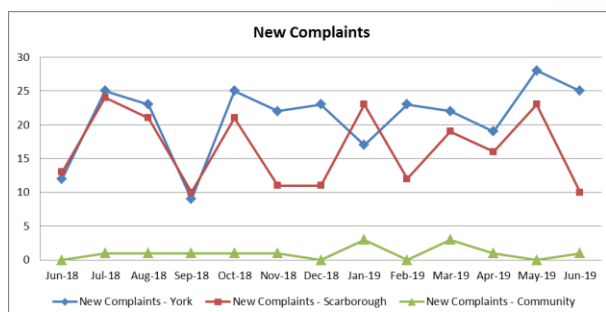
Operational Update

The PALS actively dealt with 135 enquiries, comments and concerns. The team also had 164 queries that were not formally logged. The top five sub-subjects were attitude of nursing staff/midwives, communication with patient, communication – clinical advice, length of waiting list and appointment cancellations. 138 PALS cases were closed in May, of which 69% were closed within the target timescale of 10 working days (75% in May 2019).

36 new complaints were received and 7 cases were reopened for further investigation. 39 cases were closed in June. 41% of these met the Trust's 30 day response target (42% in May 2019). The top five sub-subjects were attitude of nursing staff/midwives, communication with relatives/carers, delay or failure in treatment or procedure, care needs not adequately met and delay or failure in arranging/undertaking tests/specimens/scan/ xray etc. Two cases were addressed using the next working day process, resulting in a quick resolution for the complainants

309 written compliments were received (letters, cards and emails)

Performance:



Assurance Framework
Responsive

Care of the Deteriorating Patient

Standard(s):

Senior review within 14 hours of arrival on Acute Medical Assessment Units – Royal College Standard and local targets
NEWS within 1 hour of prescribed time

Consequence of failure:

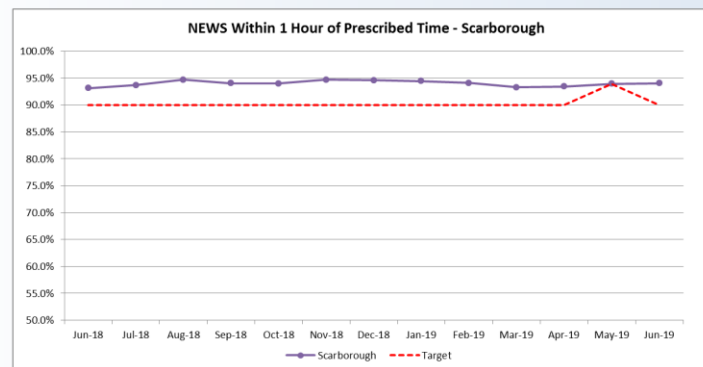
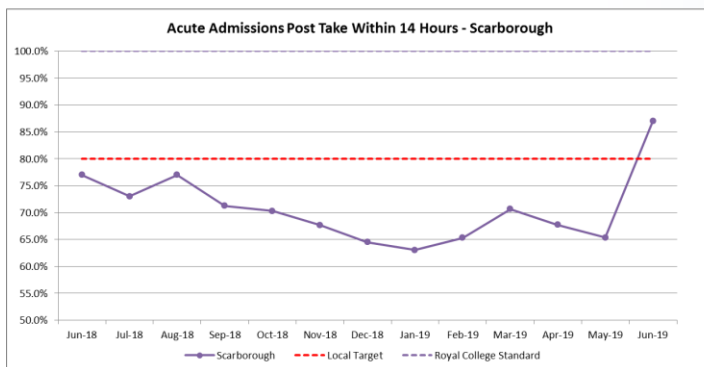
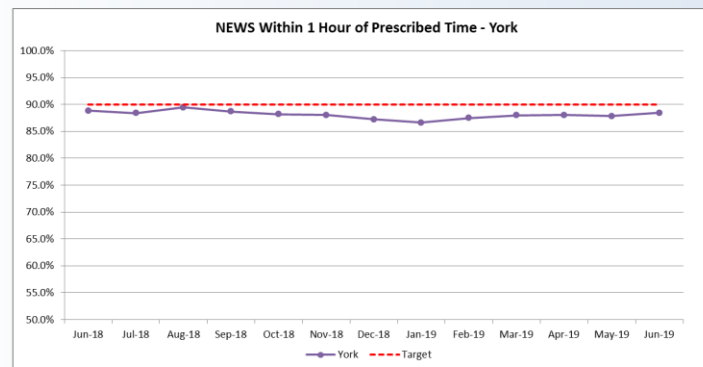
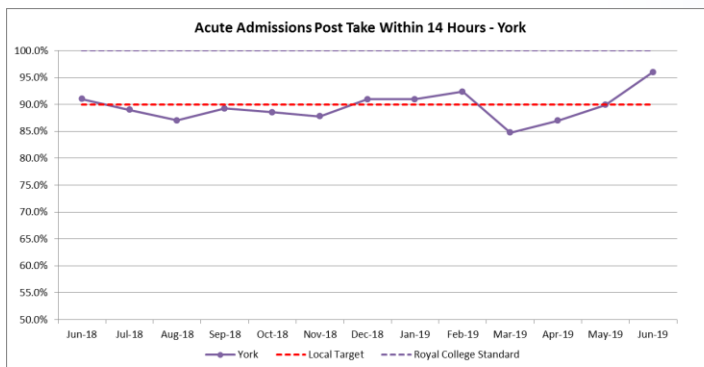
Patient experience, clinical outcomes, timely access to treatment

Operational Update:

The seven day service clinical standards audit has been completed and findings presented to Executive board in June. A task and finish group has been implemented which will primarily focus on this standard as well as those where there is non compliance. Discussion on next steps for improvement will follow.

NEWS2 was launched at the end of May with a relatively smooth transition.

Performance:



Assurance Framework
Responsive

Care of the Deteriorating Patient

Standard(s):

Senior review within 14 hours of arrival on Acute Medical Assessment Units – Royal College Standard and local targets
NEWS within 1 hour of prescribed time

Consequence of failure:

Patient experience, clinical outcomes, timely access to treatment

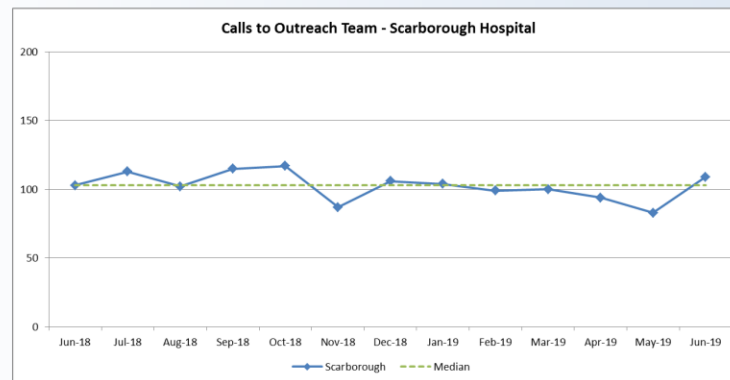
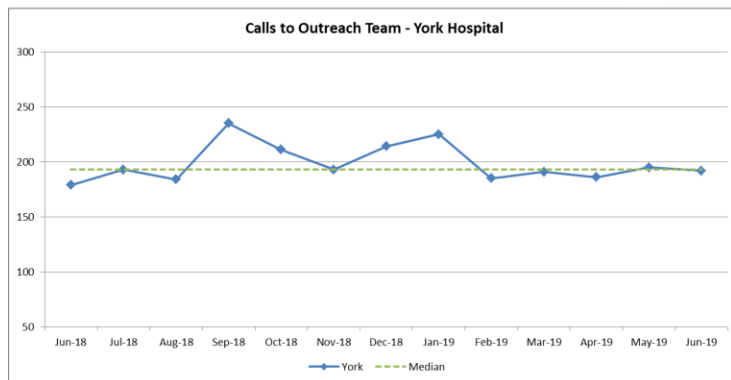
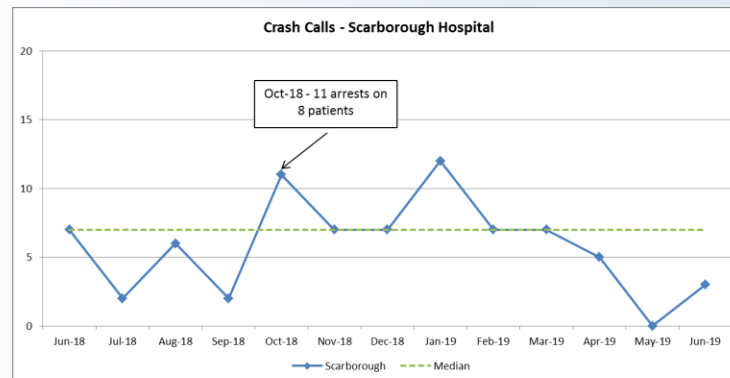
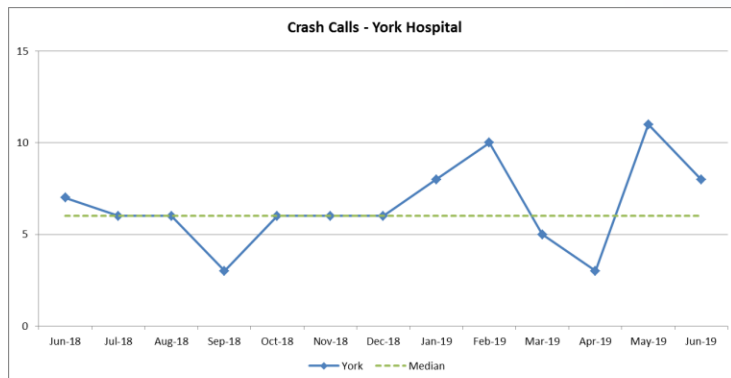
Operational Update:

Cardiac arrest calls have reduced in June.
There have been continued low cardiac arrests rates at Scarborough Hospital over the last 3 months which is reassuring.

Outreach workload remains static, but workload is being monitored following the implementation of NEWS 2.

There are ongoing task allocation and steering group meetings around the hospital out of hours project, the business case is completed and has been accepted by the business case panel.

Performance:



Assurance Framework
Responsive

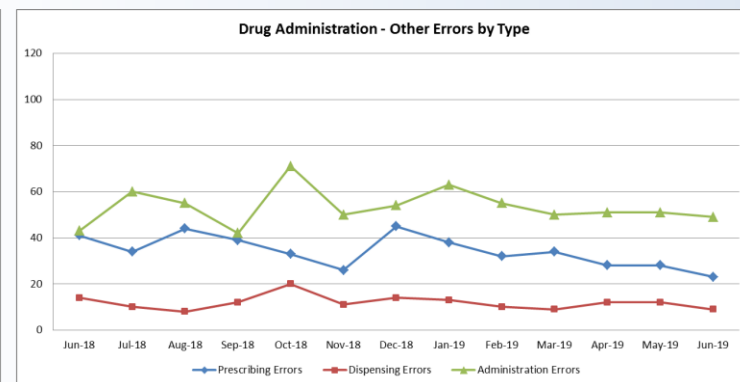
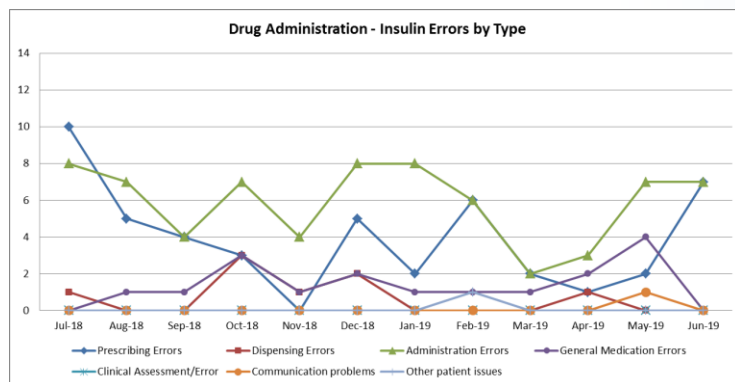
Medication Incidents

Measure: Insulin errors, prescribing errors, dispensing errors, administration errors

Data Source: DATIX

Operational Update: There were 116 medication related incidents in June. Of these there was one which may have caused moderate harm. A patient who was already taking an anticoagulant drug after a knee replacement was prescribed a second anticoagulant for a suspected DVT and had to return to theatre for evacuation of a haematoma. This is being investigated. There has also been an increase in medication errors associated with the discharge process with patients being given incorrect or unlabelled medication. Nursing staff have been reminded of the correct process of issuing discharge medication and a multidisciplinary group is to be established to look at making the entire discharge process more efficient and responsive. Following a number of incidents relating to verbal orders a working group has been established to try to develop some more pragmatic guidance to medical and nursing staff.

Activity count:



Assurance Framework
Responsive

Mortality – Learning from Deaths (LfD)

Operational Update

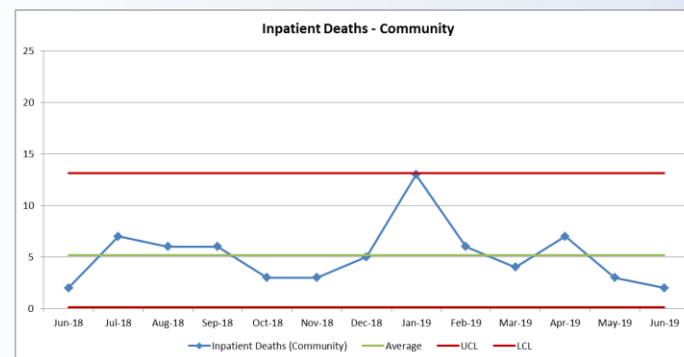
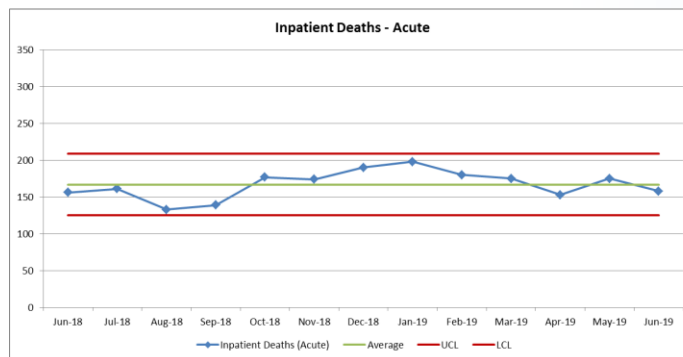
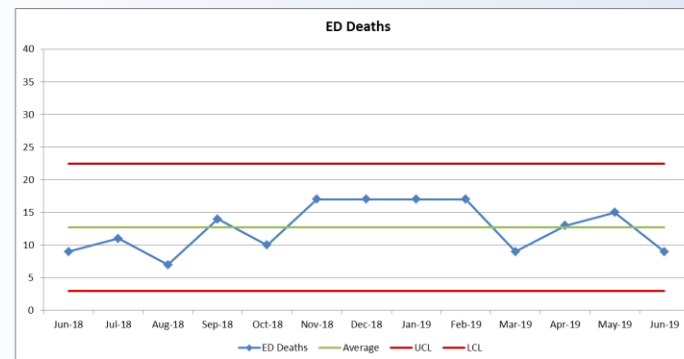
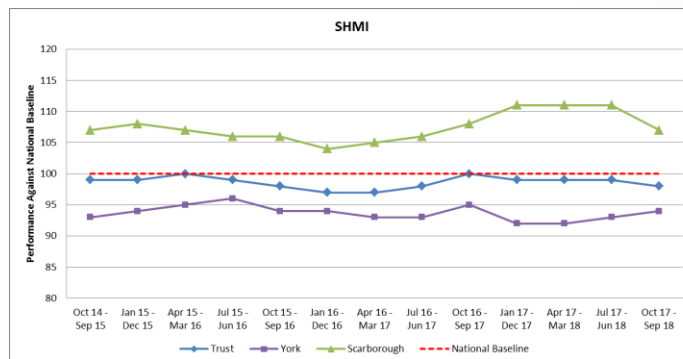
There were 166 deaths during June. All reported deaths were within the upper and lower control limits.

53% of the June mortality reviews have been completed at the time of reporting.

4 Structured Judgment Case Reviews (SJC Rs) were commissioned during June; 2 of which have been completed at the time of reporting. Of the 4 SJC Rs, 1 was requested due to an inquest, 1 was requested due to the patient having learning disabilities, 1 was declared because the initial mortality review had an overall care score of 2 and 1 was requested following the Medical Examiners conversation with the family.

The Quarter 1 2019/20 Mortality dashboard and Learning from deaths report is for approval at the July Quality Committee.

Details:



Maternity Dashboard - York

YORK - MATERNITY DASHBOARD			Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	
Activity	Births	Bookings	1st m/w visit	CPD	≤302	303-329	≥330	268	273	267	255	297	278	243	323	274	260	238	242	221	
		Bookings <13 weeks	No. of mothers	CPD	≥90%	76%-89%	≤75%	89.9%	92.7%	94.0%	89.0%	88.6%	92.1%	86.0%	91.0%	92.0%	92.3%	91.2%	95.5%	86.4%	
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	<10%	10.1%-19.9%	>20%	7.5%	3.7%	3.7%	7.8%	7.4%	5.0%	7.4%	4.0%	2.9%	5.0%	2.5%	2.5%	4.5%	
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	70.0%	80.0%	60.00%	80.00%	68.20%	71.40%	83.30%	83.30%	75.00%	61.50%	50.00%	50.00%	40.00%	
		Births	No. of babies	CPD	≤295	296-309	≥310	262	247	268	284	285	234	255	268	231	274	220	254	250	
		No. of women delivered	No. of mothers	CPD	≤295	296-310	≥311	258	243	265	280	280	232	255	262	226	273	216	249	246	
	Closures	Homebirth service suspended	No. of suspensions	Comm. Manager	0-3	4-6	7 or more	0	0	0	0	0	0	0	0	1	0	0	0	1	
		Women affected by suspension	No. of women	Comm. Manager	0	1	2 or more	0	0	0	0	0	0	0	1	0	0	0	0	2	
		Community midwife called in to unit	No. of times	Comm. Manager	3	4-5	6 or more	0	0	1	1	1	0	3	1	4	1	1	1	0	
		Maternity Unit Closure	No. of closures	Matron	0		1 or more	0	0	0	0	0	0	0	0	0	0	0	0	0	
		SCBU at capacity	No. of times	SCBU				4	1	2	4	3	0	0	7	5	9	7	0	0	
		SCBU at capacity of intensive cots	No. of times	SCBU				4	5	2	3	1	3	4	0	2	10	2	2	3	
		SCBU no of babies affected	No. of babies affected	SCBU	0	1	2 or more	2	3	2	1	0	0	0	0	1	3	2	0	0	
Workforce	Staffing	MW to birth ratio	Ratio	Matron	≤29.5	29.6 - 30.9	>31	31	32	32	33	32	32	30	30	30	30	30	29	29	
		1 to 1 care in Labour	CPD	CPD	100%	80% - 99.9%	≤79.9%	80.6%	82.3%	85.3%	79.3%	80.7%	83.6%	80.8%	77.0%	74.0%	79.9%	70.0%	70.4%	69.1%	
		LW Co-ordinator supernumary %	Shift Handover Sheets	Risk Team	100%	80% - 99.9%	≤79.9%	78.0%	71.0%	62.0%	66.0%	70.0%	68.3%	71.0%	66.0%	73.0%	48.0%	90.0%	83.0%	81.0%	
		Anaesthetic cover on LW	av.sessions/week	DM / CD	10	4-9	≤3	10	10	10	10	10	10	10	10	10	10	10	10	10	
Clinical Indicators	Neonatal/ Maternal	Normal Births	No. of svd - %	CPD	≥60.6%	60.5-55%	<55%	57.3%	65.1%	68.0%	63.7%	59.2%	62.7%	59.7%	59.7%	54.5%	58.8%	61.5%	60.7%	64.1%	
		Assisted Vaginal Births	No. of instr. Births - %	CPD	≤13.2	13.3-17.9%	≥18%	15.9%	11.5%	9.4%	12.5%	14.0%	12.5%	13.3%	12.2%	12.8%	16.8%	17.1%	11.2%	15.9%	
		C/S Births	Em & elect - %	CPD	≤26%	26.1-27.9%	>28%	26.4%	22.6%	21.9%	24.3%	26.1%	24.6%	26.3%	27.9%	32.7%	24.5%	20.8%	26.9%	19.5%	
		Eclampsia	No. of women	CPD	0		1 or more	0	0	0	0	0	0	0	0	0	0	0	0	1	0
		Undiagnosed Breech in Labour	No. of women	CPD	2 or less	3-4	5 or more	0	2	0	0	1	0	1	0	0	1	1	1	0	2
		HDU on LW	No. of women	LW Activity Sheet	3 or less	4	5 or more	7	18	10	18	19	13	16	19	17	16	15	10	15	
		BBA	No. of women	Risk Team - Datix	2 or less	3-4	5 or more	1	0	6	2	5	0	6	3	3	5	0	1	5	
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	0	0	1	0	0	0	0	0	0	0	0	0	0	
		NHS Resolution cases	No. of cases		0	1	2 or more	0	0	1	0	0	0	0	0	0	0	0	0	0	
		Morbidity	Neonatal Death	No. of babies	Risk team- EBC	0		1 or more	1	0	1	0	0	0	0	0	1	0	0	0	0
	Antepartum Stillbirth		No. of babies	Risk Team	0	1	2 or more	0	1	1	0	1	1	0	0	0	0	0	0	0	
	Intrapartum Stillbirths		No. of babies	Risk Team	0		1 or more	0	0	0	0	0	0	1	0	0	0	0	0	0	
	Risk Management	Breastfeeding Initiation rate	% of babies feeding at birth	CPD	>74.4%	74.3-70.1%	<70%	73.6%	77.4%	73.6%	71.8%	77.1%	74.6%	74.5%	74.3%	72.2%	73.7%	72.3%	70.9%	71.1%	
		Smoking at time of delivery	% of women smoking at del.	CPD	<11%	12-14%	>15%	9.7%	11.1%	12.1%	13.2%	10.7%	13.4%	11.4%	10.7%	11.1%	11.4%	8.8%	10.8%	11.0%	
		SI's	No. of SI's declared	Risk Team	0		1 or more	0	0	0	1	0	0	1	0	0	0	0	0	0	
		PPH > 1.5L	No. of women	CPD	2 or less	3-4	5 or more	4	10	5	10	12	10	12	8	5	11	8	8	8	
		PPH > 1.5L as % of all women	% of births	CPD				2%	4.1%	1.9%	3.6%	4.1%	4.3%	3.0%	2.2%	4.0%	3.6%	3.1%	3.2%		
		Shoulder Dystocia	No. of women	CPD	2 or less	3-4	5 or more	4	7	8	0	6	1	1	2	4	2	4	7	3	
		3rd/4th Degree Tear	% of tears (vaginal births)	CPD	≤2.5%	2.6-3.9%	≥4%	1.5%	2.1%	2.4%	2.8%	2.8%	1.7%	3.1%	1.5%	0.0%	2.4%	0.0%	380.0%	2.5%	
	New Complaints	Informal	No. of Informal complaints	Risk Matrix	0	1-4	5 or more	0	1	0	0	4	1	1	1	1	3	2	1	0	
		Formal	No. of Formal complaints	Risk Matrix	0	1-4	5 or more	1	2	0	0	1	0	1	1	1	4	2	1	2	

Please note: Due to data cleansing that takes place, the data for the current quarter may be subject to change.

Maternity Dashboard - Scarborough

SCARBOROUGH - MATERNITY DASHBOARD			Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	
Activity	Births	Bookings	1st m/w visit	CPD	≤210	211-259	≥260	179	177	204	128	201	178	152	210	183	167	139	175	156	
		Bookings <13 weeks	No. of mothers	CPD	≥90%	76%-89%	≤75%	87.7%	85.3%	90.7%	88.3%	90.5%	90.4%	92.1%	85.7%	91.0%	89.2%	91.4%	90.3%	91.0%	
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	< 10%	10%-20%	>20%	11.7%	10.7%	6.9%	10.2%	7.0%	6.7%	3.9%	12.0%	7.1%	8.4%	5.8%	5.7%	4.5%	
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	91%	100%	100%	85%	86%	92%	83%	72%	62%	79%	75.0%	70%	71%	
		Births	No. of babies	CPD	≤170	171-189	≥190	103	136	106	121	113	137	100	120	109	126	98	118	114	
	Closures	No. of women delivered	No. of mothers	CPD	≤170	171-189	≥190	103	134	106	119	111	137	99	117	106	123	95	114	114	
		Homebirth service suspended	No. of suspensions	Comm. Manager	0-3	4-6	7 or more	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Women affected by suspension	No. of women	Comm. Manager	0	1	2 or more	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Community midwife called in to unit	No. of times	Comm. Manager	3	4-5	6 or more	0	0	2	0	2	1	0	1	1	4	0	1	0	
		Maternity Unit Closure	No. of closures	Matron	0		1 or more	0	0	0	0	0	0	0	0	0	0	0	0	0	
		SCBU at capacity	No of times	SCBU				4	10	0	4	6	0	0	2	0	2	22	15	9	
		SCBU at capacity of intensive care cots	No. of times	SCBU				0	6	0	3	2	0	1	0	1	0	0	0	0	
SCBU no of babies affected	No. of babies affected	SCBU	0	1	2 or more	0	1	0	3	0	0	0	0	0	1	0	7	3			
Workforce	Staffing	M/W to birth ratio	Ratio	Matron	≤29.5	29.6-30.9	>31	23.8	23.0	22.7	23.35	24	22	22	23	23	23	22	23	22	
		1 to 1 care in Labour	CPD		≥100%	80% - 99.9%	≤79.9%	91.3%	91.8%	94.3%	87.4%	88.3%	89.8%	89.9%	88.0%	93.4%	93.5%	92.6%	93.9%	93.0%	
		L/W Co-ordinator supernumary %	Shift Handover Sheets	Risk Team	≥100%	80% - 99.9%	≤79.9%	85.0%	76.1%	87.0%	65.0%	71.0%	75.0%	85.0%	75.8%	75.0%	80.0%	90.0%	81.0%	94.0%	
		Anaesthetic cover on LW	av.sessions/week	DM / CD	≥10	4-9	≤3	5	5	5	5	5	5	5	5	5	5	5	5	5	
Clinical Indicators	Neonatal/ Maternal	Normal Births	No. of svd - %	CPD	≥60.6%	60.5-55%	<55%	70.5%	72.1%	75.9%	59.5%	62.8%	69.5%	54.8%	62.8%	72.5%	66.9%	74.5%	63.6%	69.6%	
		Assisted Vaginal Births	No. of instr. Births - %	CPD	≤13.2	13.3-17.9%	≥18%	3.9%	6.7%	6.6%	9.2%	11.7%	10.2%	6.1%	5.1%	1.9%	10.6%	5.3%	9.6%	9.6%	
		C/S Births	Em & elect - %	CPD	≤26%	26.1-27.9%	>28%	24.3%	21.6%	16.0%	31.1%	26.1%	18.2%	36.4%	32.5%	24.5%	22.0%	18.9%	27.2%	20.2%	
		Eclampsia	No. of women	CPD	0		1 or more	0	0	0	0	0	0	0	0	0	0	0	0	0	
		Undiagnosed Breech in Labour	No. of women	CPD	2 or less	3-4	5 or more	0	0	0	1	1	1	0	0	0	0	0	1	0	
		HDU on LW	No. of women	LW Activity Sheet	3 or less	4	5 or more	1	2	2	1	1	2	5	1	7	10	0	4	10	
		BBA	No. of women	Risk Team - Datix	2 or less	3-4	5 or more	0	1	3	1	2	1	0	1	3	2	1	0	2	
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	0	0	1	0	0	0	0	0	0	0	0	0	0	
		NHS Resolution cases	No of cases		0	1	2 or more	0	0	0	0	0	0	0	0	0	0	0	0	0	
		Morbidity	Neonatal Death	No of babies	Risk team- EBC	0		1 or more	0	0	0	0	0	0	0	0	0	0	0	0	0
	Antepartum Stillbirth		No. of babies	Risk Team	0	1	2 or more	0	0	0	0	0	0	1	0	0	1	0	0	1	
	Intrapartum Stillbirths		No. of babies	Risk Team	0		1 or more	0	0	0	0	0	0	0	0	0	0	2	0	0	
	Risk Management	Breastfeeding Initiation rate	% of babies feeding at birth	CPD	>74.4%	74.3-70.1%	<70%	60.2%	53.7%	65.1%	57.1%	56.8%	66.4%	61.6%	66.7%	67.9%	65.9%	61.2%	68.6%	55.8%	
		Smoking at time of delivery	% of women smoking at del.	CPD	<11%	12-14%	>15%	25%	21%	16%	26%	21%	23%	20%	17%	18%	15%	15%	18%	25%	
		SI's	No. of Si's declared	Risk Team	0		1 or more	0	0	0	0	0	0	0	0	1	0	1	0	0	
		PPH > 1.5L	No. of women	CPD	2 or less	3-4	5 or more	1	2	2	1	1	3	4	2	3	6	1	2	0	
		PPH > 1.5L as % of all women	% of births	CPD				1.0	1.5	1.9	0.8	0.9	2.1	4.0	1.7	2.8	5	1.0	1	0.0	
		Shoulder Dystocia	No. of women	CPD	2 or less	3-4	5 or more	4	2	0	2	0	2	1	1	2	1	1	2	1	
	New Complaints	3rd/4th Degree Tear	% of tears (vaginal births)	CPD	≤2.5%	2.6- 3.9%	≥4%	0.0%	0.9%	0.0%	0.0%	2.4%	0.9%	0.0%	3.6%	2.5%	3.0%	0.0%	0.0%	0.0%	
		Infomal	No. of Informal complaints	Risk Matrix	0	1-4	5 or more	0	1	0	0	0	0	0	0	1	0	1	0	0	
	Formal	No. of Formal complaints	Risk Matrix	0	1-4	5 or more	0	1	0	1	0	0	0	0	0	1	0	1	0		

Please note: Due to data cleansing that takes place, the data for the current quarter may be subject to change.

Performance and Activity Report

June 2019 performance

Produced July 2019

The Board Assurance Framework is structured around the Trust's three Strategic Goals:

To deliver safe and high quality patient care as part of an integrated system

To support an engaged, healthy and resilient workforce

To ensure financial stability

Assurance Framework Responsive

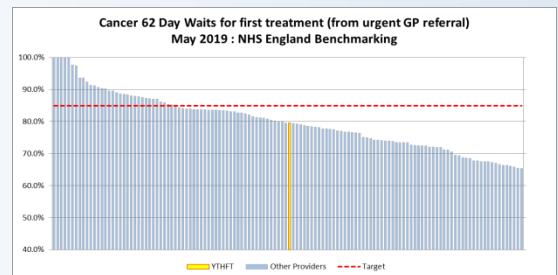
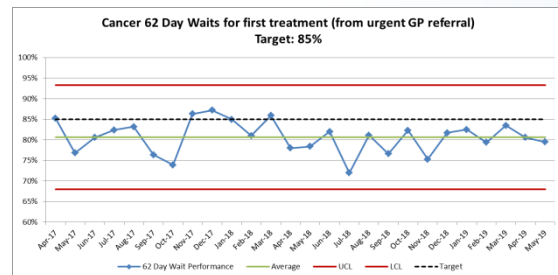
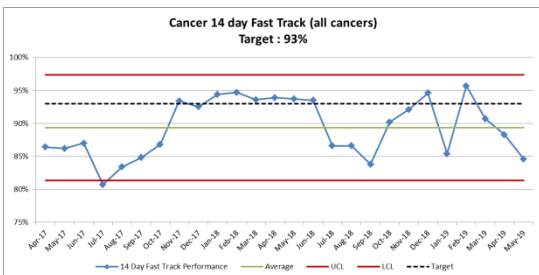
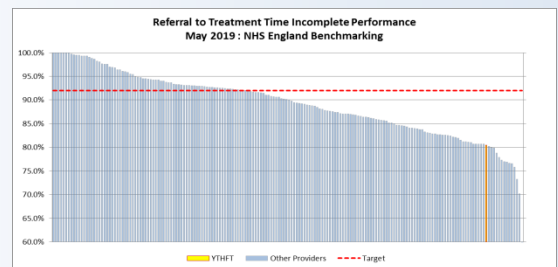
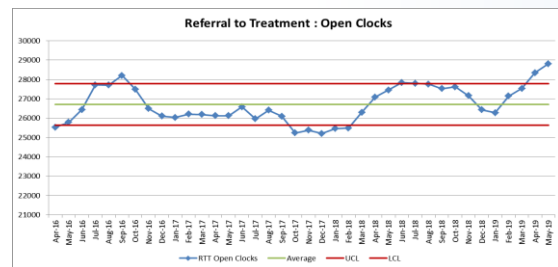
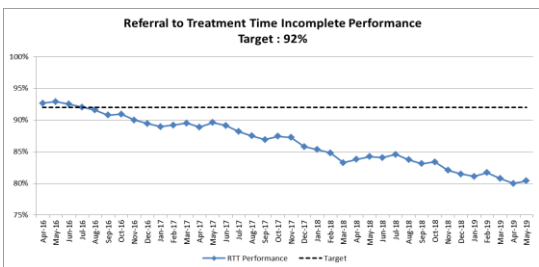
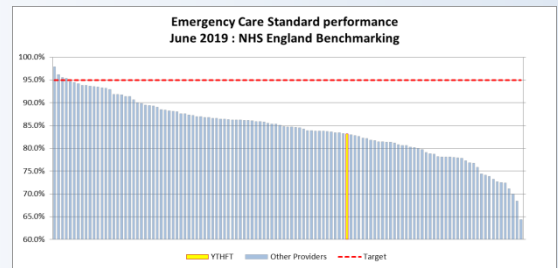
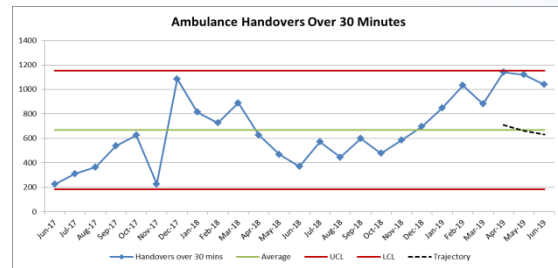
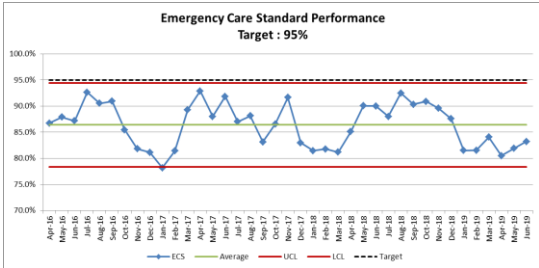
Key Performance Indicators – Trust level

Operational Performance: Key Targets

Emergency Care Standard Performance
Ambulance handovers waiting 15-29 minutes
Ambulance handovers waiting 30-59 minutes
Ambulance handovers waiting >60 minutes
RTT Incomplete Pathways
RTT Open Clocks
RTT 52+ Week Waiters
Cancer 2 week (all cancers)
Cancer 2 week (breast symptoms)
Cancer 31 day wait from diagnosis to first treatment
Cancer 31 day wait for second or subsequent treatment - surgery
Cancer 31 day wait for second or subsequent treatment - drug treatments
Cancer 62 Day Waits for first treatment (from urgent GP referral)
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)

Target	Sparkline / Previous Month
95%	
0	
0	
0	
92%	
26303	
0	
93%	
93%	
96%	
94%	
98%	
85%	
90%	

Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
90.0%	88.0%	92.5%	90.3%	90.9%	89.6%	87.6%	81.5%	81.5%	84.0%	80.5%	81.9%	83.2%
765	785	766	883	891	840	1083	935	892	915	956	1072	978
260	355	342	360	345	389	463	470	556	484	593	671	587
110	216	104	238	132	197	233	380	477	397	548	449	453
84.1%	84.5%	83.7%	83.1%	83.4%	82.0%	81.5%	81.1%	81.7%	80.8%	80.0%	80.4%	78.3%
27842	27796	27756	27525	27616	27164	26433	26278	27144	27536	28344	28809	28723
9	0	0	1	1	1	0	0	0	3	0	0	3
93.5%	86.6%	86.6%	83.8%	90.2%	92.1%	94.6%	85.4%	95.7%	90.7%	88.3%	84.6%	-
93.6%	94.7%	97.4%	99.0%	100.0%	93.3%	92.8%	93.4%	93.2%	90.7%	79.6%	91.4%	-
98.9%	98.4%	99.2%	97.6%	98.6%	98.4%	96.8%	96.4%	98.7%	96.9%	96.7%	98.3%	-
100.0%	97.6%	94.3%	92.9%	96.9%	93.2%	95.0%	90.5%	92.3%	97.4%	94.3%	95.1%	-
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
82.0%	72.0%	81.1%	76.6%	82.3%	75.3%	81.7%	82.5%	79.4%	83.5%	80.6%	79.5%	-
96.5%	91.3%	93.0%	87.7%	93.6%	92.9%	88.6%	90.6%	89.1%	92.7%	100.0%	92.1%	-



Assurance Framework
Responsive

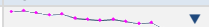





Performance Summary by Month: Constitutional and Operational Monitoring – Trust level

	Target	Sparkline / Previous Month	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Operational Performance: Unplanned Care															
Emergency Care Attendances			17242	18903	18215	17073	16960	16191	16571	16575	15500	17489	18055	18270	18256
Emergency Care Breaches			1722	2266	1366	1650	1545	1686	2059	3069	2863	2791	3525	3310	3067
Emergency Care Standard Performance	95%		90.0%	88.0%	92.5%	90.3%	90.9%	89.6%	87.6%	81.5%	81.5%	84.0%	80.5%	81.9%	83.2%
ED Conversion Rate: Proportion of ED attendances subsequently admitted			38%	37%	38%	38%	38%	39%	41%	38%	38%	36%	36%	37%	38%
ED Total number of patients waiting over 8 hours in the departments			159	260	110	212	216	242	324	904	802	687	1007	855	695
ED 12 hour trolley waits	0		0	0	0	0	0	0	0	16	8	28	24	26	2
ED: % of attendees assessed within 15 minutes of arrival			63%	62%	70%	61%	65%	63%	63%	62%	59%	63%	58%	59%	57%
ED: % of attendees seen by doctor within 60 minutes of arrival			40%	41%	50%	42%	45%	49%	50%	43%	40%	38%	37%	37%	41%
Ambulance handovers waiting 15-29 minutes			765	785	766	883	891	840	1083	935	892	915	956	1072	978
Ambulance handovers waiting 15-29 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	846	829	812	795
Ambulance handovers waiting 30-59 minutes			260	355	342	360	345	389	463	470	556	484	593	671	587
Ambulance handovers waiting 30-59 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	380	365	350	335
Ambulance handovers waiting >60 minutes			110	216	104	238	132	197	233	380	477	397	548	449	453
Ambulance handovers waiting >60 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	330	297	281	264
Non Elective Admissions (excl Paediatrics & Maternity)			4599	4834	4723	4577	4643	4563	4713	4524	4029	4580	4585	4766	4761
Non Elective Admissions - Paediatrics			638	665	535	689	862	1042	942	921	865	891	766	749	710
Delayed Transfers of Care - Acute Hospitals			1020	1071	1336	1180	1251	1059	1212	1093	1067	1178	1456	1520	1491
Delayed Transfers of Care - Community Hospitals			262	307	301	381	357	358	337	385	295	377	277	303	371
Patients with LOS 0 Days (Elective & Non-Elective)			1448	1571	1476	1431	1447	1368	1375	1421	1278	1362	1266	1348	1554
Ward Transfers - Non clinical transfers after 10pm	100		71	73	38	76	83	85	85	100	71	94	87	87	76
Emergency readmissions within 30 days			822	914	831	857	837	861	875	852	739	871	875	-	-
Stranded Patients at End of Month - York, Scarborough and Bridlington			366	385	369	379	403	363	368	439	386	442	422	406	397
Average Bed Days Occupied by Stranded Patients - York, Scarborough and Bridlington			342	347	325	371	398	374	376	431	433	409	405	399	373
Super Stranded Patients at End of Month - York, Scarborough and Bridlington			118	125	118	132	159	132	116	153	130	153	138	143	135
Average Bed Days Occupied by Super Stranded Patients - York, Scarborough and Bridlington			113	115	115	125	142	147	129	151	166	143	147	134	141
Operational Performance: Planned Care															
Outpatients: All Referral Types			19324	20164	18624	17806	20686	19613	16888	19856	19315	18908	18595	19338	18805
Outpatients: GP Referrals			9899	10522	9703	9207	10760	10195	8624	10038	10416	9801	9534	9726	9429
Outpatients: Consultant to Consultant Referrals			2140	2252	1973	1929	2413	2254	1961	2537	2221	2251	2177	2337	2205
Outpatients: Other Referrals			7285	7390	6948	6670	7513	7164	6303	7281	6678	6856	6884	7275	7171
Outpatients: 1st Attendances			9588	9700	9051	8468	10249	10157	8059	9868	9005	9312	8603	9209	9232
Outpatients: Follow Up Attendances			16736	17100	15635	15546	17736	17533	14446	18028	15417	16441	15036	16375	15102
Outpatients: 1st to FU Ratio			1.75	1.76	1.73	1.84	1.73	1.73	1.79	1.83	1.71	1.77	1.75	1.78	1.64
Outpatients: DNA rates			5.9%	6.5%	6.4%	6.1%	6.0%	5.8%	6.4%	6.1%	5.7%	5.5%	5.9%	6.1%	5.9%
Outpatients: Cancelled Clinics with less than 14 days notice	180		145	184	173	160	180	163	162	206	193	209	180	179	198
Outpatients: Hospital Cancelled Outpatient Appointments for non-clinical reasons			885	945	1070	884	941	865	802	1039	997	1168	1142	1068	1047
Diagnostics: Patients waiting <6 weeks from referral to test	99%		96.3%	95.6%	93.5%	94.9%	96.2%	93.9%	91.1%	90.6%	92.9%	93.0%	87.5%	86.4%	88.9%
Elective Admissions			752	736	612	575	766	718	602	614	554	687	652	682	722
Day Case Admissions			6049	6094	6117	5714	6595	6287	5344	6621	5868	6082	5849	6075	5886
Cancelled Operations within 48 hours - Bed shortages			7	10	4	34	68	12	33	22	10	17	32	66	59
Cancelled Operations within 48 hours - Non clinical reasons			89	98	96	106	137	131	91	114	90	141	130	147	194
Theatres: Utilisation of planned sessions			92%	92%	93%	91%	90%	93%	88%	86%	87%	90%	92%	86%	89%
Theatres: number of sessions held			636	608	553	555	674	661	523	586	506	576	576	602	609
Theatres: Lost sessions < 6 wks notice (list available but lost due to leave, staffing etc)			61	74	63	76	79	66	66	53	89	108	99	43	83

Assurance Framework
Responsive

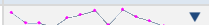



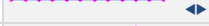

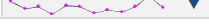
Performance Summary by Month – Trust level continued

18 Weeks Referral To Treatment
Incomplete Pathways
Waits over 52 weeks for incomplete pathways
Waits over 36 weeks for incomplete pathways
Total Admitted and Non Admitted waiters
Number of patients on Admitted Backlog (18+ weeks)
Number of patients on Non Admitted Backlog (18+ weeks)

Target	Sparkline / Previous Month
92%	
0	
0	
26303	
	
	









Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
84.1%	84.5%	83.7%	83.1%	83.4%	82.0%	81.5%	81.1%	81.7%	80.8%	80.0%	80.4%	78.3%
9	0	0	1	1	1	0	0	0	3	0	0	3
438	390	369	298	361	355	431	497	530	606	669	632	660
27425	27796	27756	27525	27616	27164	26433	26278	27144	27536	28344	28809	28723
2330	2273	2272	2245	2219	2299	2352	2463	2470	2738	2850	2877	2847
2041	2023	2245	2401	2369	2578	2550	2500	2505	2556	2825	2769	3391

Cancer (one month behind due to national reporting timetable)
Cancer 2 week (all cancers)
Cancer 2 week (breast symptoms)
Cancer 31 day wait from diagnosis to first treatment
Cancer 31 day wait for second or subsequent treatment - surgery
Cancer 31 day wait for second or subsequent treatment - drug treatments
Cancer 62 Day Waits for first treatment (from urgent GP referral)
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)

Target	Sparkline / Previous Month
93%	
93%	
96%	
94%	
98%	
85%	
90%	

Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
93.5%	86.6%	86.6%	83.8%	90.2%	92.1%	94.6%	85.4%	95.7%	90.7%	88.3%	84.6%	-
93.6%	94.7%	97.4%	99.0%	100.0%	93.3%	92.8%	93.4%	93.2%	90.7%	79.6%	91.4%	-
98.9%	98.4%	99.2%	97.6%	98.6%	98.4%	96.8%	96.4%	98.7%	96.9%	96.7%	98.3%	-
100.0%	97.6%	94.3%	92.9%	96.9%	93.2%	95.0%	90.5%	92.3%	97.4%	94.3%	95.1%	-
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
82.0%	72.0%	81.1%	76.6%	82.3%	75.3%	81.7%	82.5%	79.4%	83.5%	80.6%	79.5%	-
96.5%	91.3%	93.0%	87.7%	93.6%	92.9%	88.6%	90.6%	89.1%	92.7%	100.0%	92.1%	-

Variation and Assurance symbols key:

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

Operational Context

The Trust did not meet the Emergency Care Standard (ECS) planned trajectory of 87% for June 2019, with performance of 83.2%. After seeing significant improvement over the previous eight months, the last six months have been below the rolling four-year average of 86.4%. The Trust performed below the national position for June (86.4%). Unplanned care continues to be challenging, Type 1 and 3 attendances are up 6% for Quarter 1 on the same period in 2018/19. In total an extra 1,966 patients have attended the main EDs, UCCs and MIUs compared to quarter 1 2018, with the main EDs (Type 1) seeing and treating an additional 3,247 patients; a rise of 11%.

Two twelve-hour trolley breaches were reported in June 2019, both at Scarborough Hospital. These breaches have been reported to NHS Improvement as required and were due to capacity constraints in ED and a lack of capacity within the inpatient bed base.

Ambulance arrivals continue to increase, with 10 of the last 11 months above the two-year average. The continued increase in demand during June combined with continuing high bed occupancy on both Scarborough and York sites contributed to 1,040 ambulances being delayed by over 30 mins, above the improvement trajectory of 599 submitted to NHSE&I. The increase in ambulance arrivals has, after seeing relatively stable performance in the first two-thirds of 2018/19, seen 7 consecutive months where the number of ambulances being delayed by over 30 mins has been above the two-year average. In line with other ED providers, the Trust are reporting ambulance handover numbers weekly to NHS Improvement. The Trust is working with the ECIST Ambulance Paramedic Lead on both sites. Following a diagnostic exercise undertaken jointly with the ED team that took place in March at York and May at Scarborough, a programme of work that builds on best practice from other areas has been agreed and is in progress.

The Trust has in line with previous months seen an increase in bed pressures, with both Scarborough and York Hospitals experiencing bed occupancy of above 90% at midnight for all but two days in the entire month. The Delayed Transfers of Care (DToC) position decreased in June. Delayed transfers have been affected by a lack of care home capacity and a shortage in the availability of packages of home care. The Trust is actively working to mitigate the pressures from increased demand through the Complex Discharge multi-agency group.

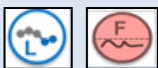
Targeted actions

- Refreshed ECS action plans for both sites submitted to NHSE&I with specified discharge levelling targets, non-admitted breach targets, golden patients and a target for the number of patients transferred to discharge lounge by midday.
- ECS Task force on each site meeting weekly led by Deputy Medical Director and Chief Operating Officer.
- Senior consultant moved from York ED to Scarborough ED to bolster senior decision making. Deputy Medical Director has also moved to Scarborough to support patient flow work.
- Discussions regarding establishing Scarborough and York 'System Summit' are ongoing.
- Submission made to NHSE&I for £1.92m capital project to co-locate facilities for same day emergency care / CDU with ED at York.
- The Trust is working with the ECIST Ambulance Lead on both sites. A programme of work that builds on best practice from other areas is in progress.
- SDEC task force has been created in Scarborough led by Dr Phil Jones.
- Time out session with York ED, Care of the Elderly, Acute and General Medicine clinicians to review assessment floor/functions. APIC function is being relaunched after initial pilot and evaluation.

Assurance Framework
Responsive

Emergency Care Standard

Standard(s):



Ensure at least 95% of attendees to Accident & Emergency are admitted, transferred or discharged within 4 hours of arrival. The Trust's operational plan trajectory for June 2019 was 87%.

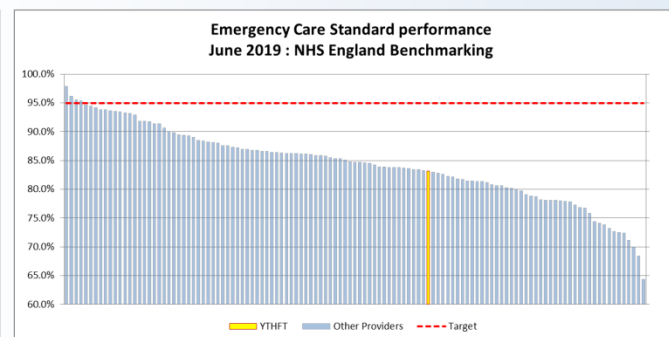
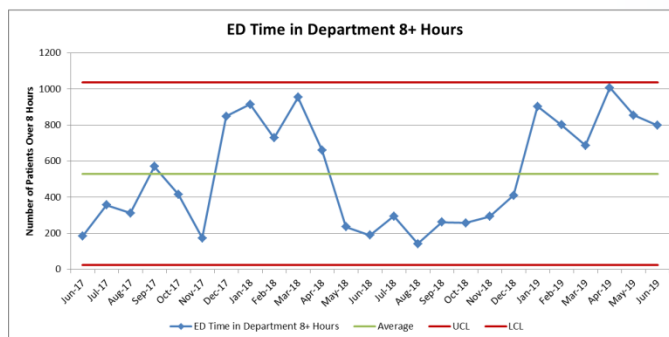
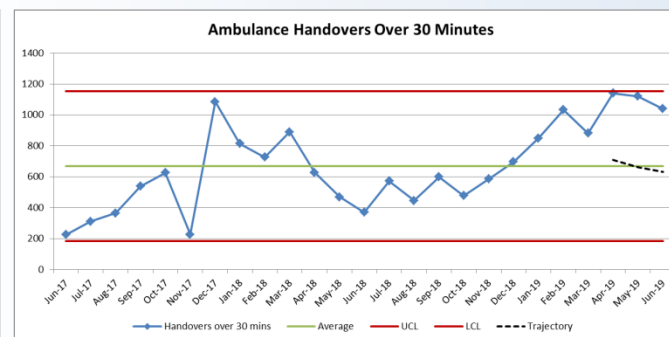
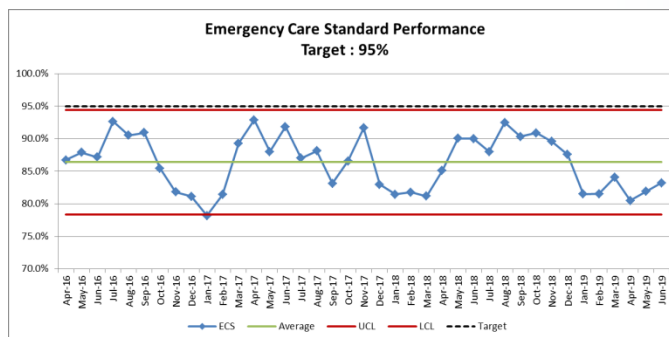
Consequence of
under-achievement

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

Performance Update:

- The Trust achieved 82.3% in June 2019 against the planned trajectory of 87%.
- Type 1 and 3 attendances are up 6% for Quarter 1 on the same period in 2018/19. In total an extra 1,966 patients have attended the main EDs, UCCs and MIUs compared to quarter 2018, with the main EDs (Type 1) seeing and treating an additional 3,247 patients; a rise of 11%.
- The number of patients waiting over 8 hours had showed improvement in 2018/19, with eight months below the four-year average. However in June 2019 there were 799 patients who waited over 8 hours, the sixth consecutive month above the four-year average. There were 2 twelve hour trolley waits reported on the Scarborough site.
- Ambulance arrivals have, after seeing relatively stable performance in the first two-thirds of 2018/19, seen 7 consecutive months where the number of ambulances being delayed by over 30 mins has been above the two-year average.

Performance:



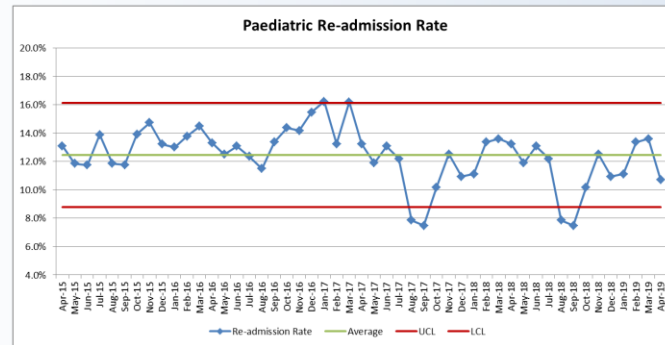
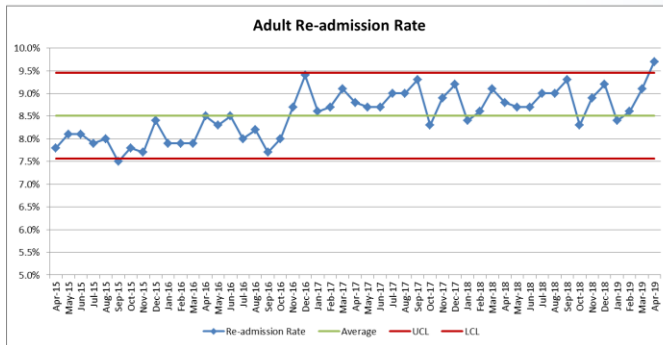
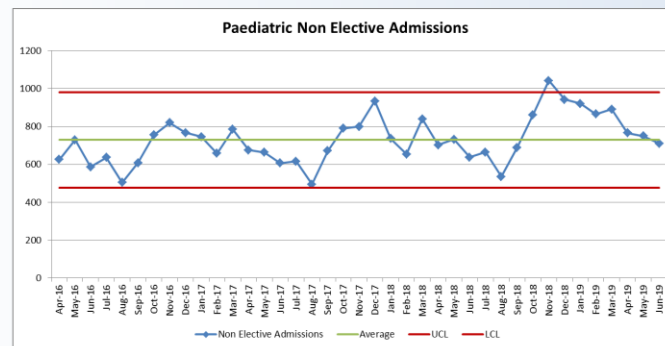
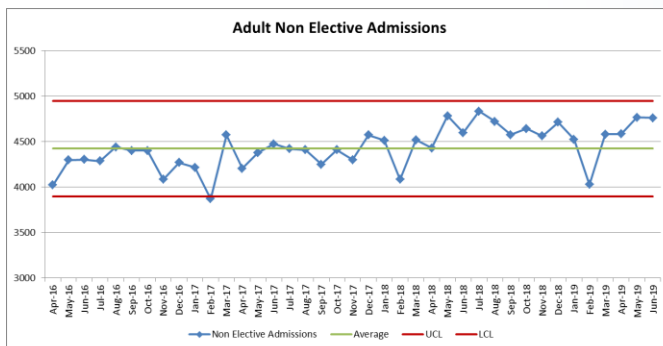
Assurance Framework
Responsive

Unplanned Care

Performance Update:

- The number of non-elective admissions in quarter 1 increased by 2% in 2019/20 compared to 2018-19 (+300). For twelve of the past sixteen months adult admissions have been above the four year average. Paediatric admissions continue to be high although June was below the four year average for the first time in 9 months.
- The adult readmission rate rose in April and continues to be above the four year average and is being investigated by the Trust’s analytics team. Paediatric readmissions fell below the four year average for the third time in five months.
- The Trust has in line with previous years seen an increase in bed pressures, with both Scarborough and York Hospitals experiencing bed occupancy of above 90% at midnight for all but two days during the entire month.
- The number of stranded patients at month end decreased in June, with the average daily number of beds occupied by a stranded patient showing a small reduction compared to May.
- The number of beds occupied by super-stranded patients (patients who stay more than 21 days) decreased compared to May, however there was a small increase in the average daily number of beds occupied by a super-stranded patients compared to May.

Performance:



Cancer Waiting Times

(Reported a month in arrears)

Operational Context

Overall, the Trust achieved 84.6% against the 14 day Fast Track referral from GP target in May. National performance for May was 90.8%.

The Trust continues to experience high numbers of Cancer Fast Track (FT) referrals, with an 8% increase in FT referrals in quarter 1 2019-20 compared to 2018-19. Due to this continued rise in referrals, the Trust is undertaking more cancer activity which is impacting on the capacity available for routine outpatient appointments, negatively affecting the Trust's RTT incomplete total waiting list position.

Performance against the 62 day target from referral to treatment decreased slightly from April to May (80.6% to 79.5%) and remains below the 85% national target. National performance for May was 77.5% with the Trust ranked 63rd out of 134 provider (85% target). May was the third lowest month on record for England as a whole and the 6th consecutive month that the Trust has outperformed the national position.

The Trust's performance equated to 132 accountable patients treated in May, with 27 accountable breaches. These were spread across a range of tumour pathways, with the highest number of breaches seen in Colorectal and Urological cancers. Of the reported patient breaches, 60% relate to delays for medical reasons, delays to diagnostic tests or treatment plans/lack of capacity, 28% relate to complex or inconclusive diagnostics and 12% were due to patient unavailability.

With the exception of the 14 day Symptomatic Breast standard, all other cancer waiting time targets were met in May.

Progress towards the April 2020 target to diagnose patients within 28 days continues (target percentage yet to be set), with performance of 61.9% in May; this target is currently being shadow reported. National comparative data is set not currently available.

Targeted actions

- Recovery plans being developed for Cancer – any tumour sites not achieving the 14 day and/or 62 day standards.
- Weekly Monday AM meeting established between Chief Operating Officer and Directorate Managers to implement “senior plan for every patient” above 28 days. The aim is to remove 7-14 day marginal delays in order to prevent further 62 day breaches in the future.
- New weekly ‘Cancer Wall’ meeting being setup and trialled.
- A revised criterion for prostate diagnosis has been agreed internally, reducing the number of patients who will require an MRI. This will ensure that those who do require an MRI will receive it sooner.
- Pathways have been reviewed for all the major tumour groups and work is ongoing to embed the timed pathways.
- Collaborative work with primary care and commissioners is ongoing to support referral processes.
- Continued engagement in regional Cancer Alliances and with the STP on increasing capacity.
- Review of cancer governance arrangements ongoing following a visit to James Cook Hospital.

Assurance Framework
Responsive

14 Day Fast Track – Cancer Waiting Times

Standard(s):



Fast Track referrals for suspected cancer should be seen within 14 days.

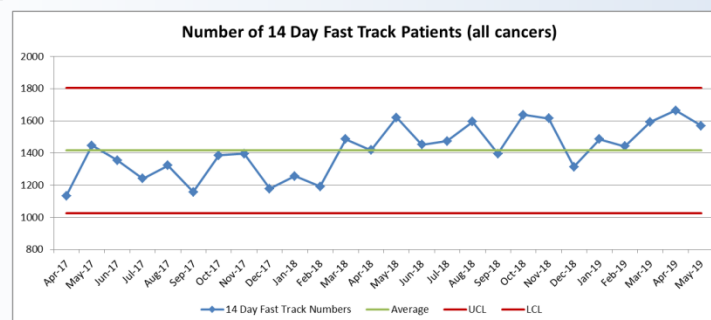
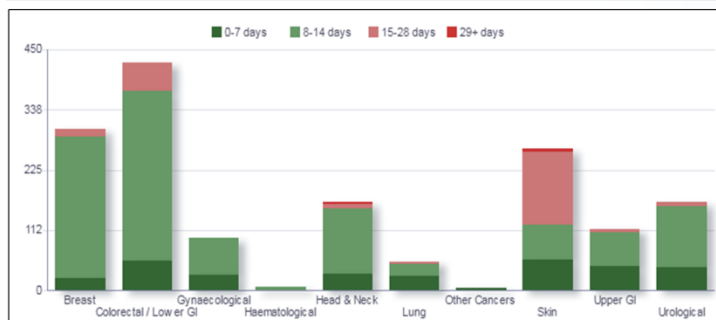
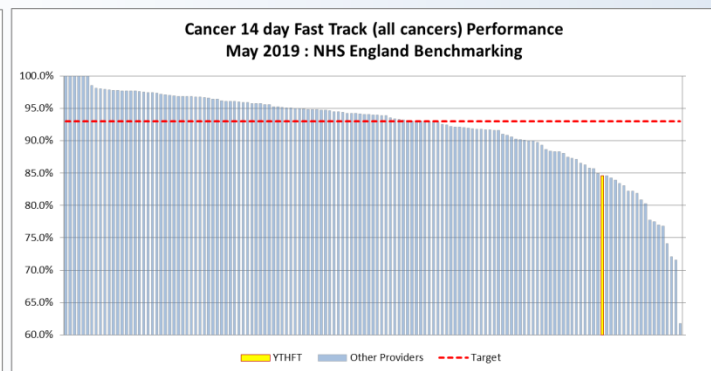
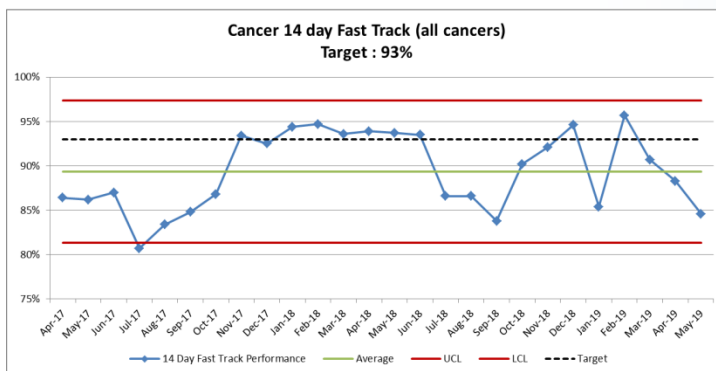
Consequence of
under-achievement:

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

Performance Update:

- Overall, the Trust achieved 84.6% against the 93% target in May 2019. The 93% target was met for Breast, Gynaecological, Haematology, Upper GI and Urological.
- We are continuing to experience high demand in relation to cancer fast track referrals, with an 8% increase in referrals seen in quarter 1 2019/20 compared to 2018/19.

Performance:



Assurance Framework
Responsive

62 Day Fast Track – Cancer Waiting Times

Standard(s):



Ensure at least 85% of patients receive their first definitive treatment for cancer within 62 days of an urgent GP or dental referral.

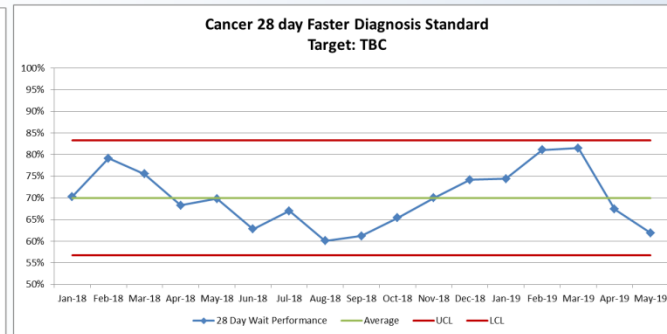
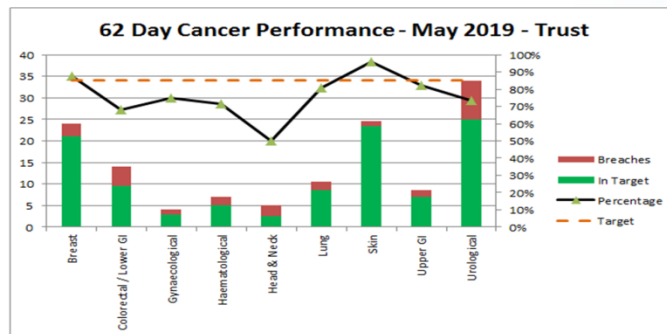
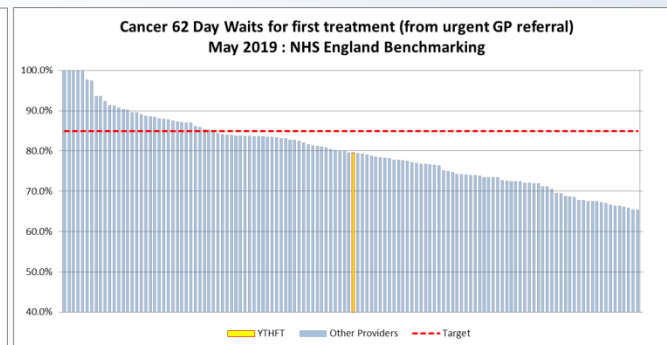
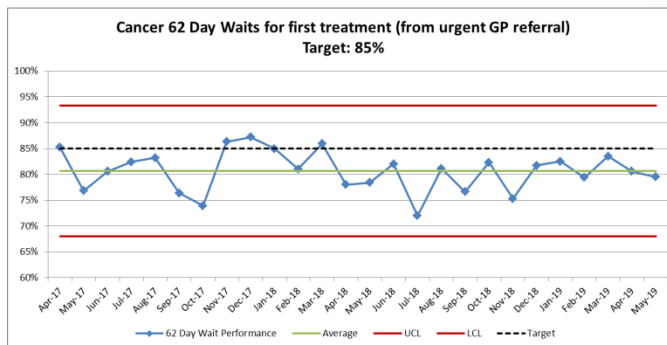
Consequence of
under-achievement:

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

Performance Update:

- Performance against the 62 day target from referral to treatment decreased slightly from April to May (80.6% to 79.5%) and remains below the 85% national target. National performance for May was 77.5%. The Trust's performance equated to 132 accountable patients treated in May, with 27 accountable breaches. These were spread across a range of tumour pathways, with the highest number of breaches seen in Colorectal and Urological cancers.
- Of the reported patient breaches, 60% relate to delays for medical reasons, delays to diagnostic tests or treatment plans/lack of capacity, 28% relate to complex or inconclusive diagnostics and 12% were due to patient unavailability.

Performance:



Operational Context

The Trust has seen a 0.3% decrease in the total incomplete RTT waiting list (TWL) at the end of June, falling to 28,723. This is ahead of the trajectory of 29,722 submitted to NHSE&I.

GP Referrals received by the Trust in June were below the four year average for the fourth consecutive month, the number received YTD is a 6% reduction on those received in quarter 1 2018-19. Non-cancer GP referrals are down 8% at the end of quarter 1 compared to Q1 2018-19.

The Trust YTD is 2% behind the planned activity levels for elective inpatients, 5% behind plan on day cases and has not delivered the planned level of outpatient appointments; follow ups in particular are down 11%. General Surgery and Cardiology are particularly down against plan and therefore have seen large numerical rises in TWL compared to the end of March 2019, analysis is being undertaken by the Trust’s Information Team to understand the disparity in TWL, referral and activity changes across specialities.

The Trust’s RTT position for June was 78.3%, below the 80.0% trajectory that was submitted to NHSE&I. The backlog of patients waiting more than 18 weeks increased by 10%, primarily on the non-admitted pathway. The impact of cost reduction schemes across the local healthcare system on the RTT TWL and performance are currently being modelled.

The number of long wait patients (those waiting more than 36 weeks) increased by 28 at the end of June. Long waiting patients are across multiple specialities, with weekly monitoring in place by the Corporate Operations Planning and Performance team.

There were 3 patients waiting over 52 weeks at the end of June; 2 in Urology and 1 in Ophthalmology. The 2 urology patients declined dates in June and were both treated on the 2nd July. The Ophthalmology patient had a date of the 24th June but was cancelled due to a more urgent patient. The patient subsequently made themselves unavailable until the 15th July. The patient has a booked date for the 15th July.

In March 2019 the Trust completed a project with the North of England Commissioning Support team (NECS). NECS conducted a diagnostic analysis on the Trust’s TWL and provided a report to NHSE&I that gave assurance that the Trust has “appropriate validation, training and SOPs in place” for RTT and is “in control of the RTT TWL”.

The Trust has seen an improvement against the national 6 weeks diagnostic target in June, with performance of 88.9% (up from 86.4% in May), against the standard of 99%. National performance for May was 95.9%, the worst performance since February 2008. Pressures remain in endoscopy, Echo CT, Non-Obstetric Ultrasound and MRI. Echo-cardiographs have been affected by staff shortages and the service is reviewing actions to mitigate pressures. Action plans for all modalities not achieving the standard are being refreshed and regularly monitored with directorates.

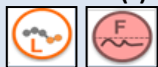
Targeted actions

- Recovery plans being developed for RTT/TWL – any specialties above the March 2018 waiting list position and/or significantly off plan for 2019/20.
- Ongoing implementation of the programme structure and metrics for the core planned care transformation programmes covering theatre productivity, outpatients productivity, refer for expert opinion and radiology recovery.
- Ongoing monitoring of all patients waiting over 40 weeks to ensure all actions are taken to ensure patients have a plan to avoid a 52 week breach.

Assurance Framework
Responsive

18 Weeks Referral to Treatment

Standard(s):



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

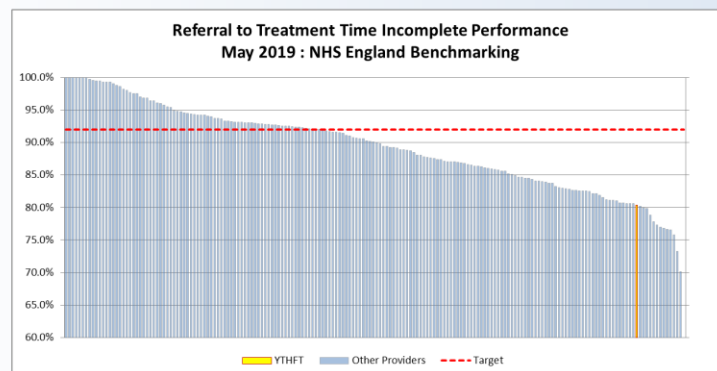
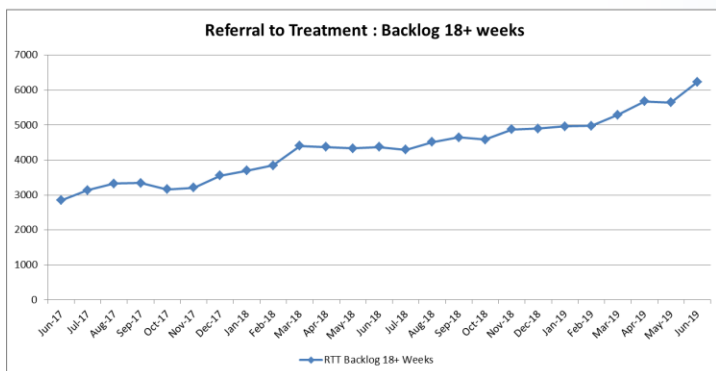
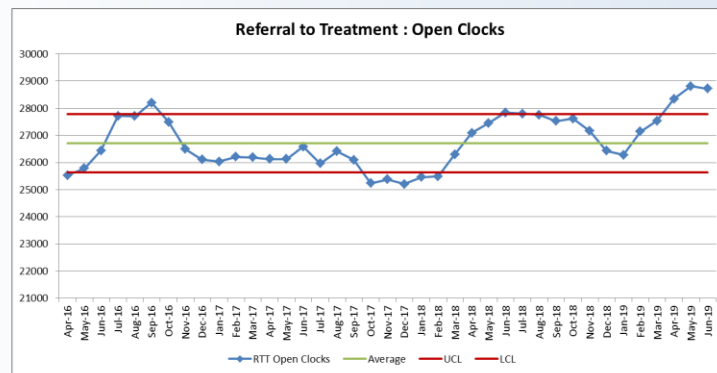
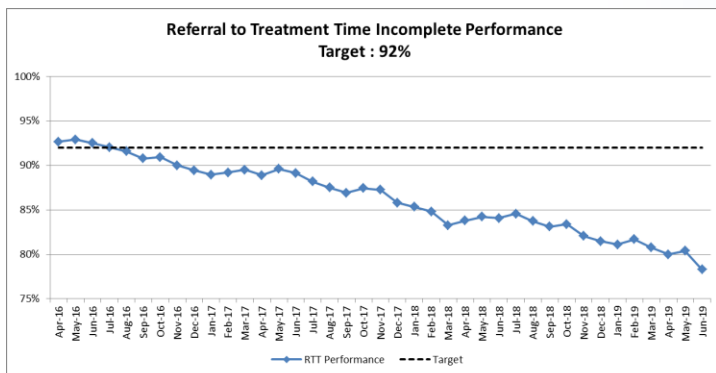
Consequence of under-achievement:

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

Performance Update:

- The total number of patients on an RTT incomplete pathway was 28,723 at the end of June, this is ahead of the trajectory of 29,722 submitted to NHSE&I.
- The Trust achieved 78.3% RTT at the end of June, below the 80.0% trajectory submitted to NHSE&I.
- The Trust 'Did Not Attend/Was Not Brought' (DNA) rate decreased to 5.9% in June, the 10th consecutive month below the two-year average. Work is ongoing to move the Trust from a 1-way text reminder service to a 2-way opt-out service.

Performance:



Assurance Framework Responsive

Diagnostic Test Waiting Times

Standard(s):



Ensure at least 99% of patients wait no more than 6 weeks for a diagnostic test.

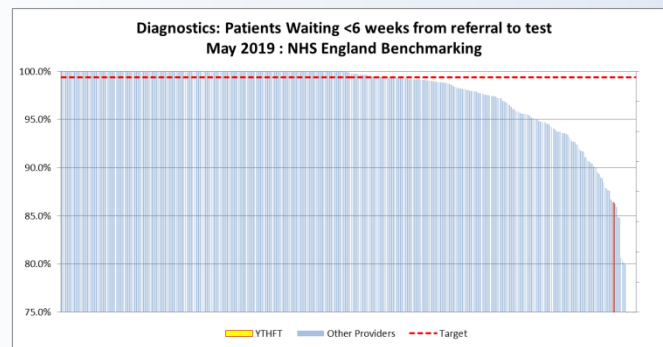
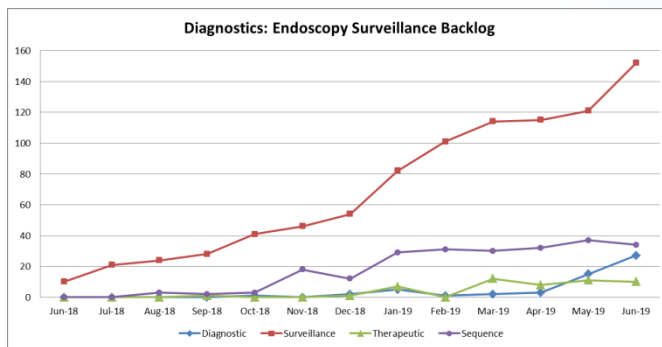
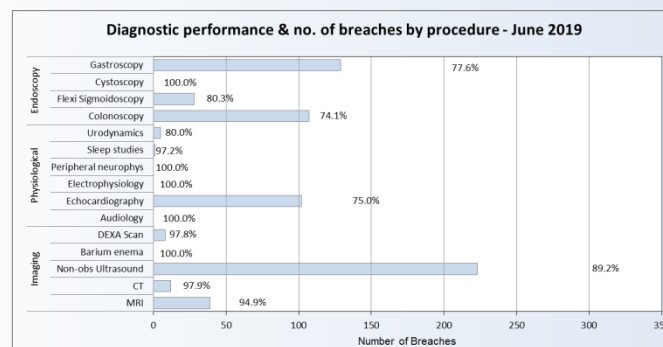
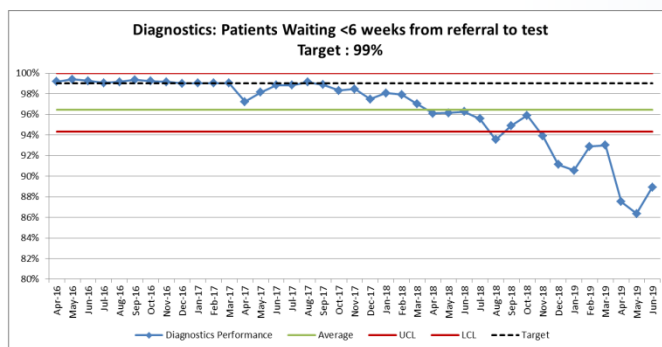
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Patient experience, clinical outcomes, timely access to treatment and regulatory action.

Performance Update:

The Trust has seen an improvement against the national 6 weeks diagnostic target in June, with performance of 88.9% (up from 86.4% in May), against the standard of 99%. Pressures remain in endoscopy, Echo CT, Non-Obstetric Ultrasound and MRI. Echo-cardiographs have been affected by staff shortages and the service is reviewing actions to mitigate pressures. Action plans for all modalities not achieving the standard are being refreshed and regularly monitored with directorates.

Performance:



Assurance Framework
 Responsive

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

CQUIN Name & Description	Executive Lead	Operational Lead	Quarter 1 RAG & Risks	Quarter 2 RAG & Risks	Quarter 3 RAG & Risks	Quarter 4 RAG & Risks
CCG1a: Antimicrobial Resistance; Urinary Tract Infections	James Taylor	Rachel Davidson	Amber Discussions ongoing with COG to agree local arrangement to deliver QJ project			
CCG1b: Antimicrobial Resistance; Colorectal Surgery	James Taylor	Michael Lim	Green			
CCG2: Uptake of Flu Vaccinations Improving the uptake of flu vaccinations for frontline clinical staff within Providers to 80%.	Polly McMeekin	Karen O'Connell and Sarah Tostevin	Amber Due to performance in 2018/19			
CCG7: Three high impact actions to prevent Hospital Falls	Helen Hey	Rebecca Hoskins	Amber Baseline and improvement trajectory to be agreed as part of Q1 evidence			
CCG9: Six Month Reviews for Stroke Survivors	Wendy Scott	Jamie Todd	Green			
CCG11: Same Day Emergency Care; Pulmonary Embolus, Tachycardia with Atrial Fibrillation and Community Acquired Pneumonia	Wendy Scott	David Thomas and Jamie Todd	Amber Exclusion criteria, baseline and improvement trajectory to be agreed			
PSS3: Cystic Fibrosis Supporting Self-Management	Wendy Scott	Karen Cowley	Green			

Finance Performance Report

June 2019

Produced July 2019

The Board Assurance Framework is structured around the Trust's three Strategic Goals:

To deliver safe and high quality patient care as part of an integrated system

To support an engaged, healthy and resilient workforce

To ensure financial stability

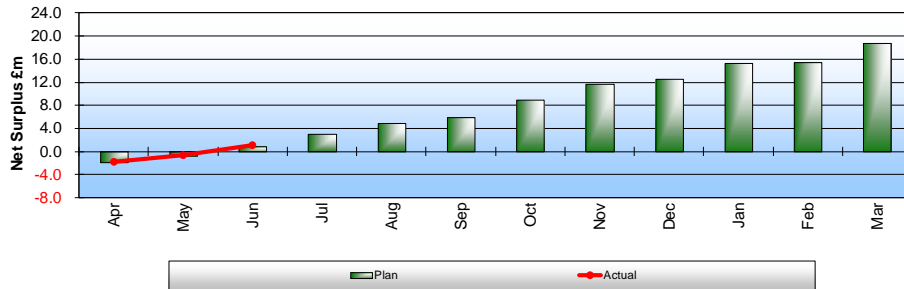
Summary Income and Expenditure Position

Month 3 - The Period 1st April 2019 to 30th June 2019

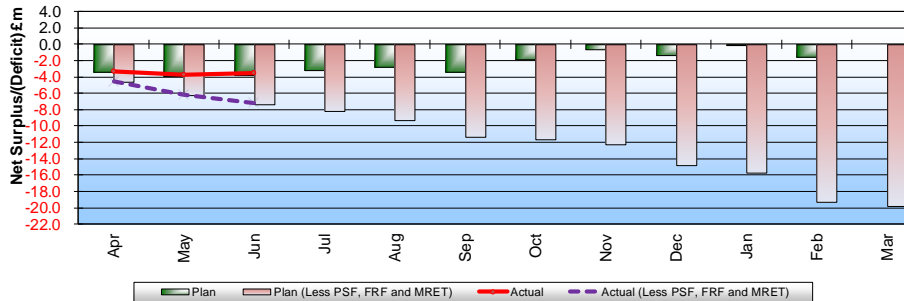
Summary Position:

- * The Trust is reporting an I&E deficit of £3.6m, placing it £0.2m ahead of the operational plan.
- * Income is £0.8m behind plan, with clinical income being £1.2m behind plan.
- * Operational expenditure is behind of plan by £1.0m, with further explanation given on the 'Expenditure' sheet.
- * The Trust's 'Earnings before Interest, Depreciation and Amortisation' (EBITDA) is £1.1m (0.82%) compared to plan of £0.9m (0.65%), and is reflective of the reported net I&E performance.

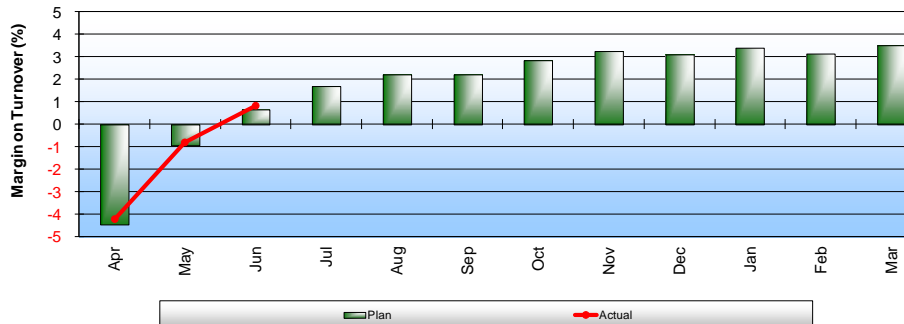
Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)



Income and Expenditure



EBITDAMargin



NHS Clinical Income

	Annual Plan	Plan for Year to Date	Actual for Year to Date	Variance for Year to Date	Forecast Outturn	Annual Plan Variance
Elective Income	24,605	6,546	6,415	-131	24,605	0
Planned same day (Day cases)	40,792	10,663	10,424	-239	40,792	0
Non-Elective Income	140,733	34,871	34,916	45	140,733	0
Outpatients	64,943	16,391	15,787	-604	64,943	0
A&E	20,460	5,253	5,297	44	20,460	0
Community	20,169	5,042	5,043	1	20,169	0
Other	107,755	26,526	26,724	198	107,755	0
Pass-through excluded drugs expenditure	44,685	11,052	10,505	-547	44,685	0
Total	464,142	116,344	115,111	-1,233	464,142	0

Non-NHS Clinical Income

Private Patient Income	1,105	276	323	47	1,105	0
Other Non-protected Clinical Income	1,713	428	454	26	1,713	0
Total	2,818	704	777	73	2,818	0

Other Income

Education & Training	16,734	4,183	4,350	167	16,734	0
Research & Development	2,425	606	859	253	2,425	0
Donations & Grants received (Assets)	0	0	0	0	0	0
Donations & Grants received (cash to buy Assets)	623	156	122	-34	623	0
Other Income	22,679	5,858	5,815	-43	22,679	0
Sparsity Funding	2,600	650	650	0	2,600	0
PSF, FRF and MRET	19,814	3,620	3,620	0	19,814	0
Total	64,875	15,073	15,417	343	64,875	0

Total Income

531,834	132,122	131,305	-817	531,834	0
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Expenditure

Pay costs	-360,493	-90,161	-90,038	124	-360,493	0
Pass-through excluded drugs expenditure	-44,685	-11,052	-10,071	981	-44,685	0
PbR Drugs	-9,043	-2,115	-2,447	-332	-9,043	0
Clinical Supplies & Services	-53,095	-12,601	-12,968	-366	-53,095	0
Other costs (excluding Depreciation)	-57,291	-15,332	-14,709	623	-57,291	0
Restructuring Costs	0	0	0	0	0	0
CIP	11,571	5	0	-5	11,571	0
Total Expenditure	-513,037	-131,257	-130,232	1,025	-513,037	0

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

18,798	865	1,073	208	18,798	0
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Profit/ Loss on Asset Disposals	0	0	0	0	0	0
Fixed Asset Impairments	-300	0	0	0	-300	0
Depreciation - purchased/constructed assets	-10,999	-2,750	-2,750	-0	-10,999	0
Depreciation - donated/granted assets	-401	-100	-100	0	-401	0
Interest Receivable/ Payable	130	33	45	12	130	0
Interest Expense on Overdrafts and WCF	0	0	0	0	0	0
Interest Expense on Bridging loans	0	0	0	0	0	0
Interest Expense on Non-commercial borrowings	0	0	0	0	0	0
Interest Expense on Commercial borrowings	-936	-234	-248	-14	-936	0
Interest Expense on Finance leases (non-PFI)	0	0	0	0	0	0
Other Finance costs	0	0	0	0	0	0
PDC Dividend	-6,291	-1,573	-1,573	0	-6,291	0
Taxation Payable	0	0	0	0	0	0

NET SURPLUS/ DEFICIT

1	-3,760	-3,554	206	1	0
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Summary Trust Run Rate Analysis

Month 3 - The Period 1st April 2019 to 30th June 2019

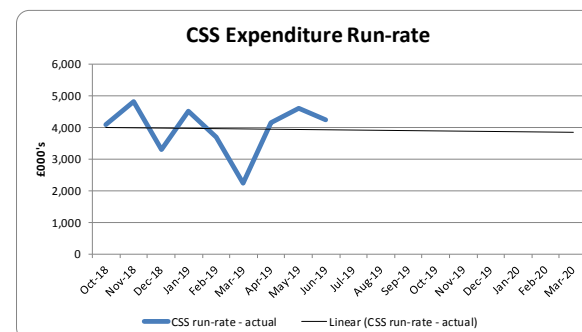
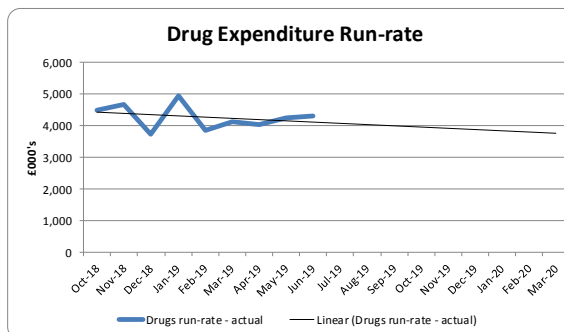
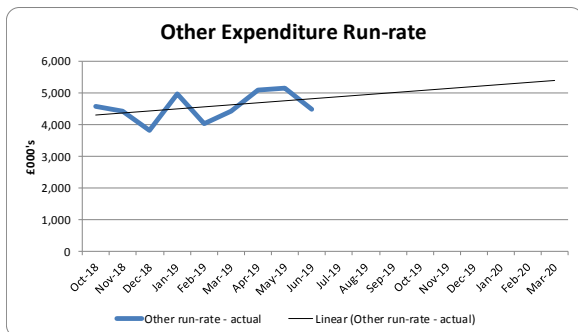
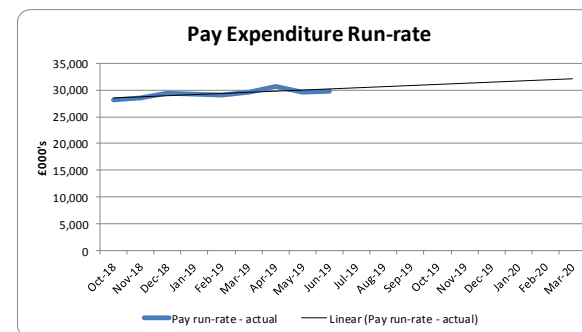
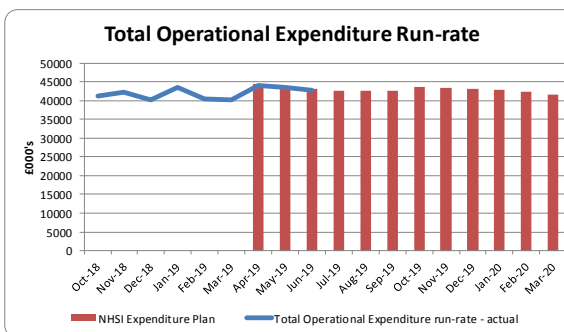
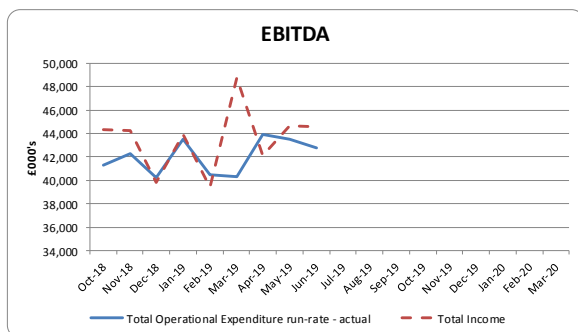
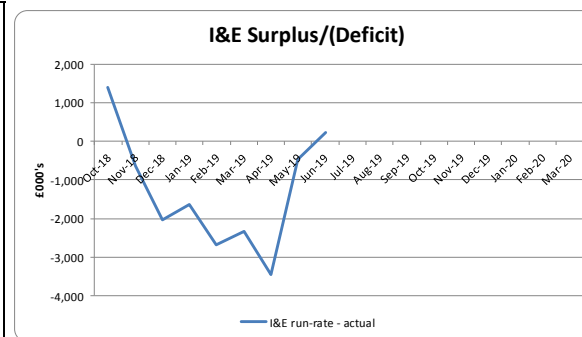


York Teaching Hospital
NHS Foundation Trust

Key Messages:

* The total operational expenditure in June was £42.8m. The average total operational expenditure in the previous eight months was £42m. Resulting in an adverse variance of £0.8m.

* In month operational income exceeded expenditure by £1.8m, resulting in a positive EBITDA for the month.



	Monthly Spend															Monthly Ave	Variance			
	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19			Jan-20	Feb-20	Mar-20
Total Income	44,347	44,277	39,808	43,908	39,422	48,743	42,117	44,632	44,555	0	0	0	0	0	0	0	0	0	43,407	1,148
Pay Expenditure	-28,178	-28,451	-29,396	-29,165	-28,990	-29,535	-30,660	-29,593	-29,785	0	0	0	0	0	0	0	0	0	-29,246	-539
Drug Expenditure	-4,465	-4,660	-3,711	-4,934	-3,824	-4,117	-4,009	-4,230	-4,280	0	0	0	0	0	0	0	0	0	-4,244	-36
CSS Expenditure	-4,071	-4,796	-3,301	-4,494	-3,677	-2,235	-4,146	-4,587	-4,235	0	0	0	0	0	0	0	0	0	-3,913	-322
Other Expenditure	-4,575	-4,409	-3,820	-4,949	-4,029	-4,411	-5,088	-5,138	-4,483	0	0	0	0	0	0	0	0	0	-4,552	69
EBITDA	3,058	1,961	-420	366	-1,098	8,445	-1,786	1,084	1,772	0	0	0	0	0	0	0	0	0	1,451	321

Contract Performance

Month 3 - The Period 1st April 2019 to 30th June 2019



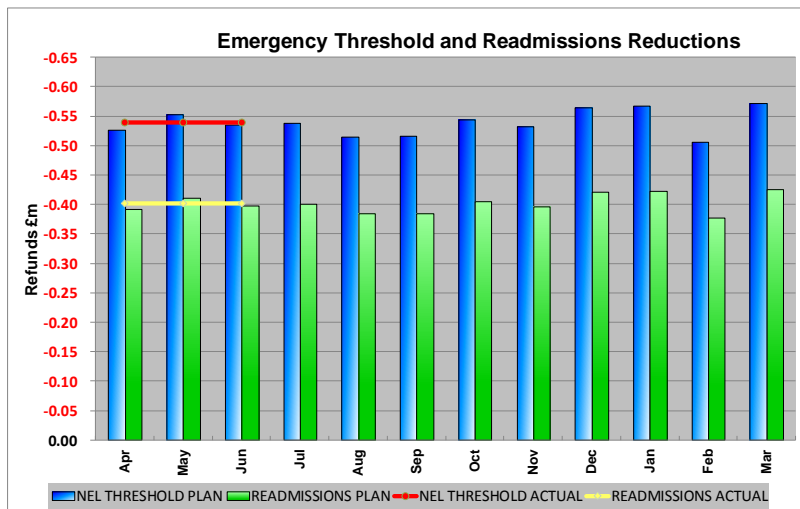
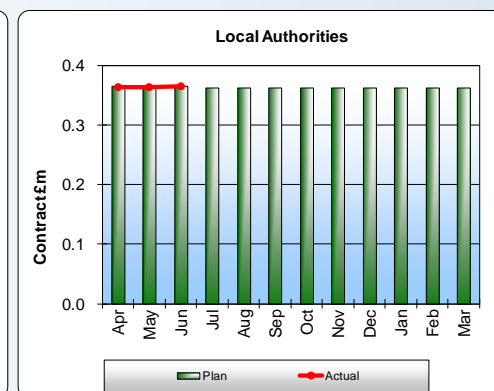
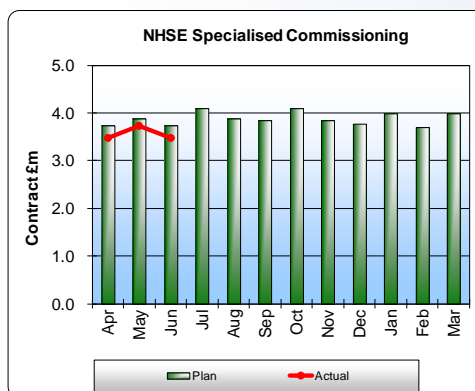
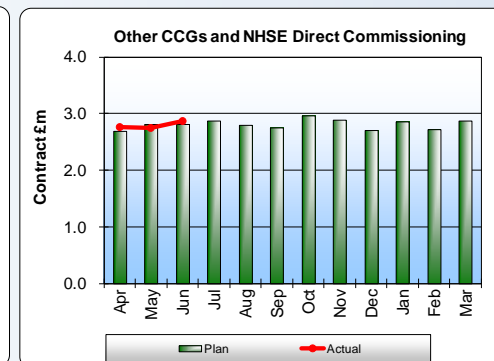
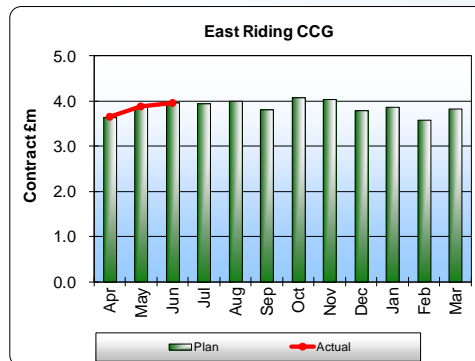
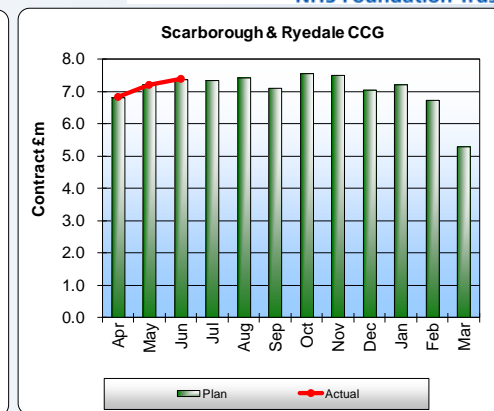
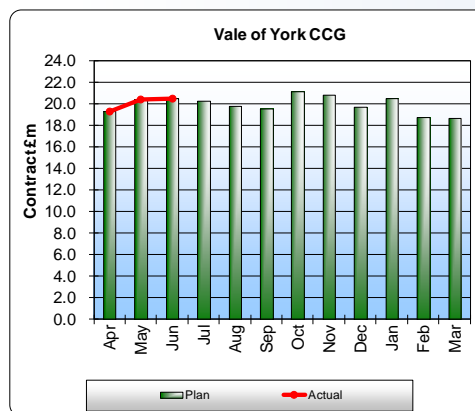
York Teaching Hospital
NHS Foundation Trust

Contract	Annual Contract Value	Contract Year to Date	Actual Year to Date	Variance
	£000	£000	£000	£000
Vale of York CCG	239,634	60,236	60,236	0
Scarborough & Ryedale CCG	84,719	21,410	21,410	0
East Riding CCG	46,500	11,491	11,491	0
Other Contracted CCGs	18,675	4,651	4,714	63
NHSE - Specialised Commissioning	46,608	11,355	10,677	-678
NHSE - Direct Commissioning	15,115	3,676	3,662	-14
Local Authorities	4,359	1,095	1,092	-3
Total NHS Contract Clinical Income	455,610	113,914	113,282	-632

Plan	Annual Plan	Plan Year to Date	Actual Year to Date	Variance Year to Date
	£000	£000	£000	£000
Non-Contract Activity	6,408	1,667	1,829	162
Risk Income	2,124	763	0	-763
Total Other NHS Clinical Income	8,532	2,430	1,829	-601

Total NHS Clinical Income 464,142 116,344 115,111 -1,233

Activity data for June is partially coded (67%) and May data is 91% coded. There is therefore some element of income estimate involved for the uncoded portion of activity.



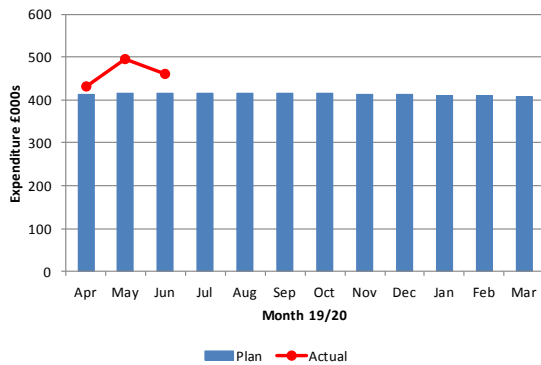
Agency Expenditure Analysis

Month 3 - The Period 1st April 2019 to 30th June 2019

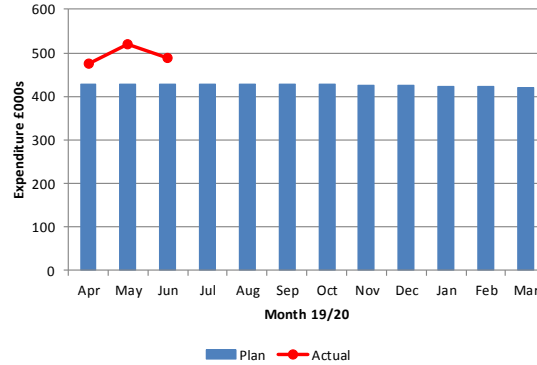
Key Messages:

- * Total agency spend year to date of £4.8m, compared to the NSHI agency ceiling of £3.8m.
- * Consultant Agency spend is £0.1m ahead of plan.
- * Nursing Agency is £0.6m ahead of plan.
- * Other Medical Agency spend is £0.2m ahead of plan.
- * Other Agency spend is £0.1m ahead of plan.

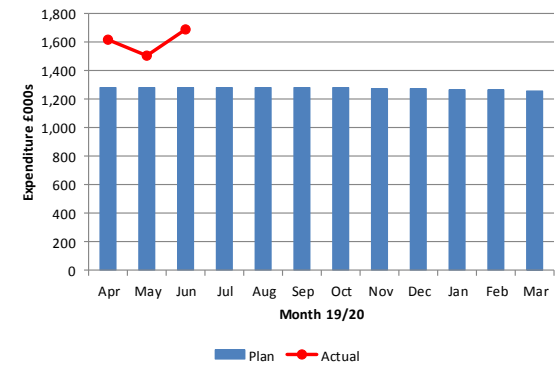
Consultant Agency Expenditure 19/20



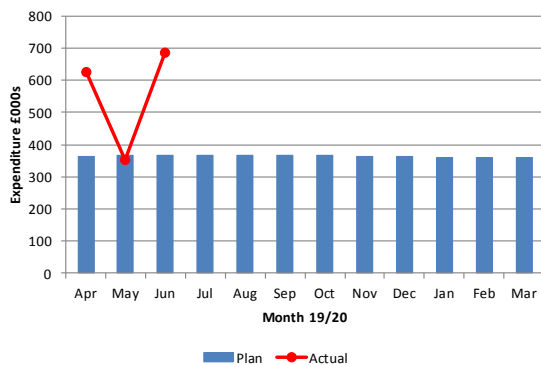
Other Medical Agency Expenditure 19/20



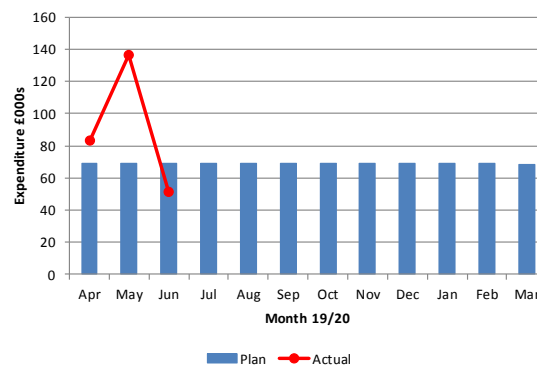
Total Agency Expenditure 19/20



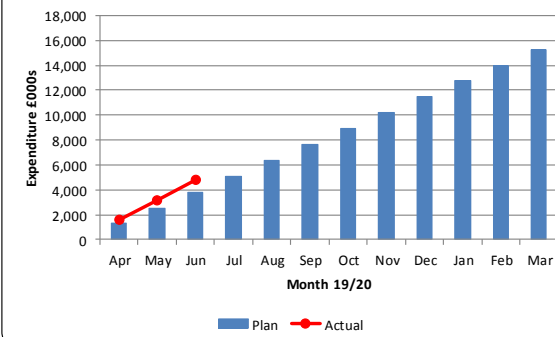
Nursing Agency Expenditure 19/20



Other Agency Expenditure 19/20



Cumulative Total Agency Expenditure 19/20



Expenditure Analysis

Month 3 - The Period 1st April 2019 to 30th June 2019

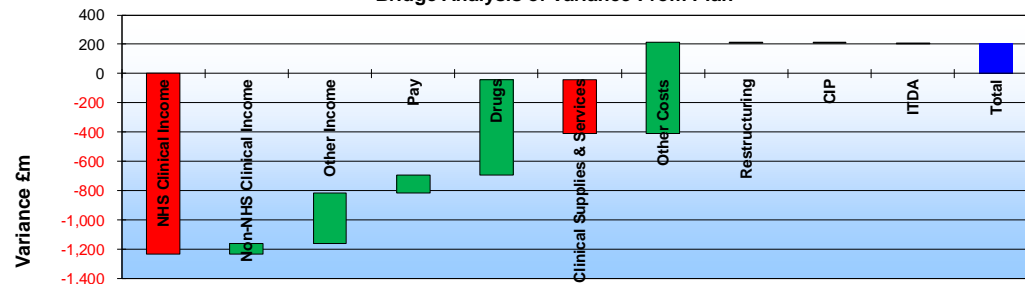
Key Messages:

There is a favourable expenditure variance of £1.0m at the end of June 2019. This comprises:

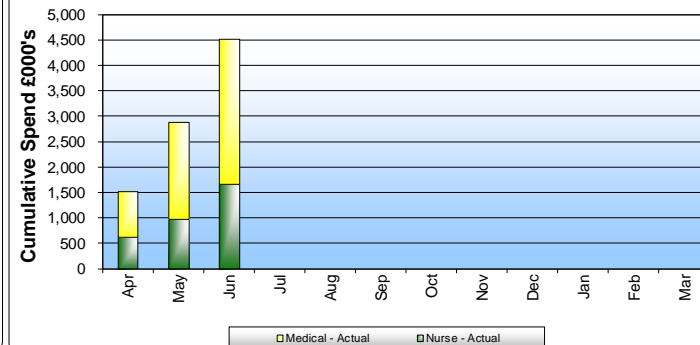
- * Pay expenditure is £0.1m behind plan.
- * Drugs expenditure is £0.6m behind plan.
- * CIP achievement is on plan.
- * Other expenditure is £0.3m behind plan.

Staff Group	Annual	Year to Date								Previous	Comments
	Plan	Plan	Contract	Overtime	WLI	Bank	Agency	Total	Variance	Variance	
Consultants	63,583	15,744	13,486	-	411	-	1,387	15,284	460	0	
Medical and Dental	34,681	8,645	9,307	-	38	-	1,479	10,825	-2,180	0	
Nursing	100,022	25,156	20,206	142	43	2,610	1,660	24,661	496	0	
Healthcare Scientists	13,176	3,305	3,063	6	2	2	72	3,146	159	0	
Scientific, Therapeutic and technical	16,937	4,242	3,921	23	1	8	13	3,966	276	0	
Allied Health Professionals	26,568	6,852	5,931	44	58	-	28	6,061	790	0	
HcAs and Support Staff	52,589	13,246	11,665	182	19	13	112	11,992	1,254	0	
Chairman and Non Executives	197	49	39	-	-	-	-	39	10	0	
Exec Board and Senior managers	16,439	4,136	3,608	4	-	-	-	3,612	524	0	
Admin & Clerical	40,439	10,151	10,087	3	0	-	46	10,136	15	0	
Agency Premium Provision	5,086	1,271	-	-	-	-	-	0	1,271	0	
Vacancy Factor	-10,416	-2,935	-	-	-	-	-	0	-2,935	0	
Apprenticeship Levy	1,194	298	315	0	0	0	0	315	-17	0	
TOTAL	360,495	90,161	81,630	406	572	2,634	4,796	90,038	124	0	

Bridge Analysis of Variance From Plan

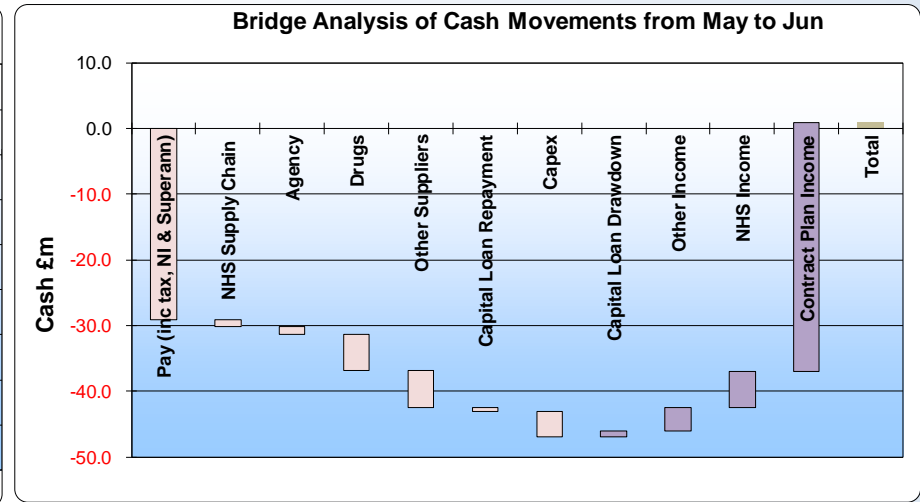
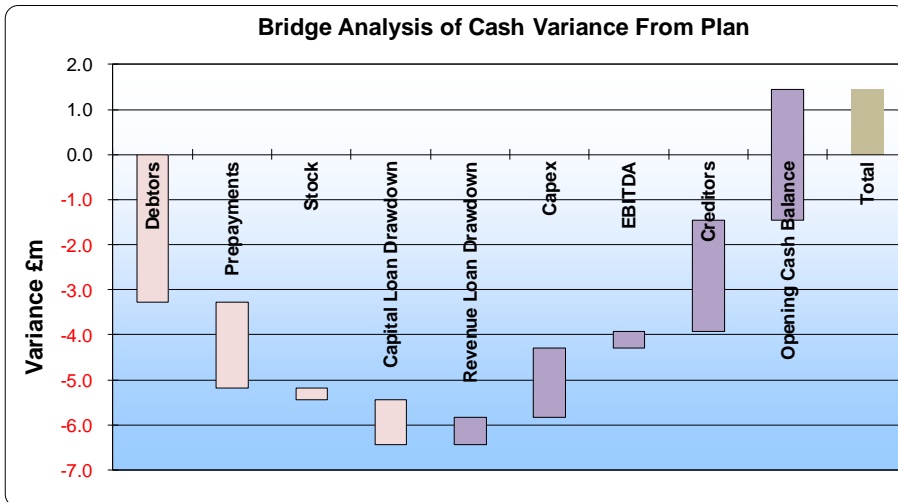
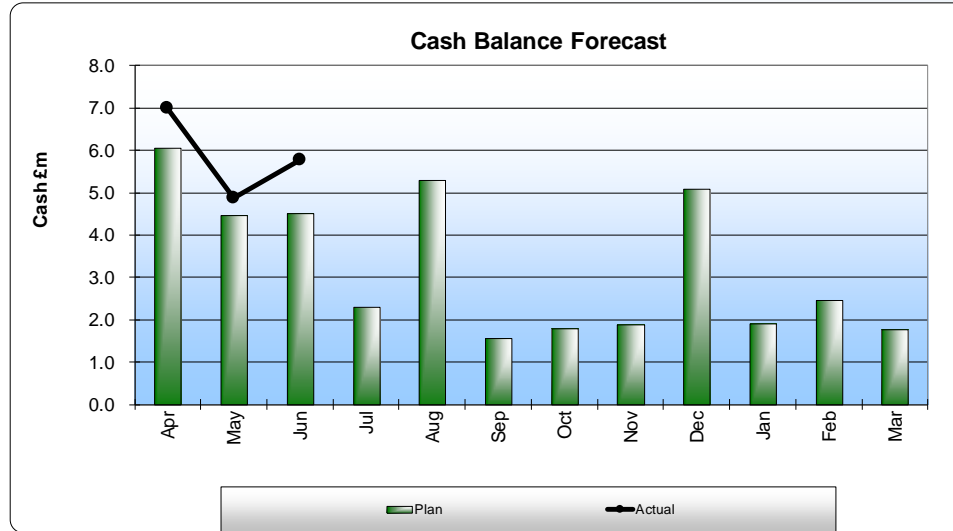


Cumulative Agency Usage



Key Messages

- * The cash position at the end of June was £5.8m, which is £1.2m above plan. The main factors for this are:
- * The 19/20 opening cash position was £3m above plan, mainly due to the receipt of additional contract income agreed with the commissioners as part of the year end process.
- * This positive variance is offset by a £3m adverse variance from working capital movements. This is mainly caused by an increased debtor position with a significant rise in invoices raised in June but not due for payment until July.
- * The remaining gains are due to capital expenditure slippage and the I&E favourable position to plan.



Cash Flow Management

Month 3 - The Period 1st April 2019 to 30th June 2019

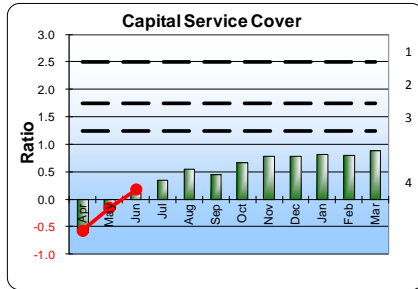
Key Messages:

- * The receivables balance at the end of June was £15.6m, which is above plan.
- * The payables balance at the end of June was £14.8m, a decrease on May's position and below plan by nearly £5m.
- * The Use of Resources Rating is assessed is a score of 3 in June, and is reflective of the I&E position.

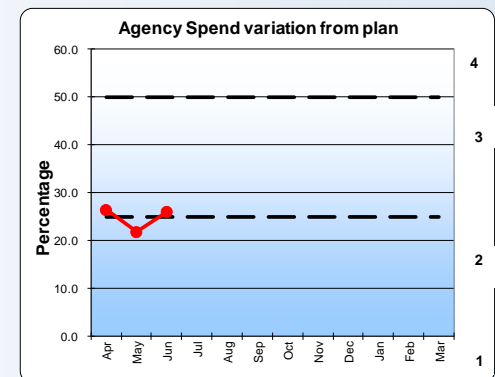
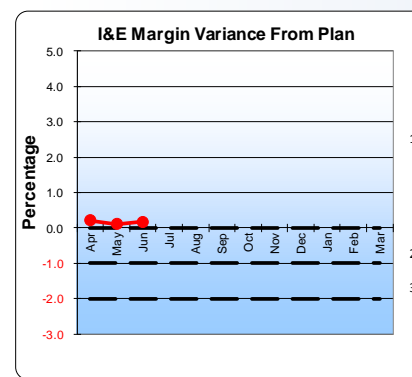
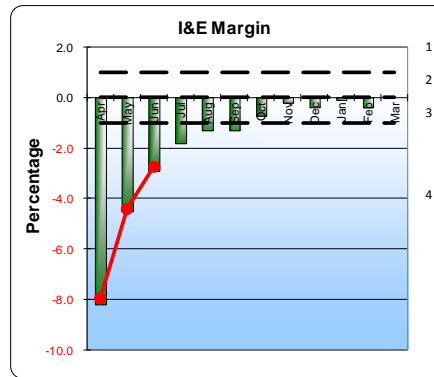
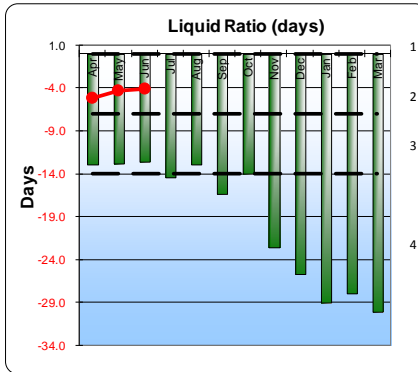
Significant Aged Debtors (Invoices Over 90 Days)

Harrogate & District NHS Foundation Trust	£508K
Tees, Esk & Wear Valleys NHS Foundation Trust	£502K
Humber NHS Foundation Trust	£475K
City Health Care Partnership	£316K
NHS Property Services	£262K

	Current	1-30 days	31-60 days	Over 60 days	Total
	£m	£m	£m	£m	£m
Payables	3.91	2.97	1.93	6.01	14.82
Receivables	9.22	1.69	0.60	4.14	15.64

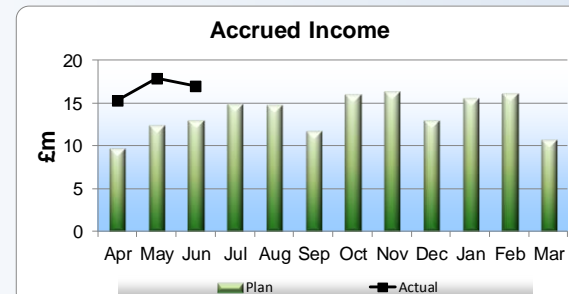
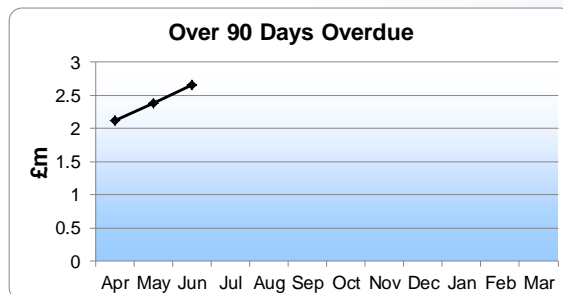
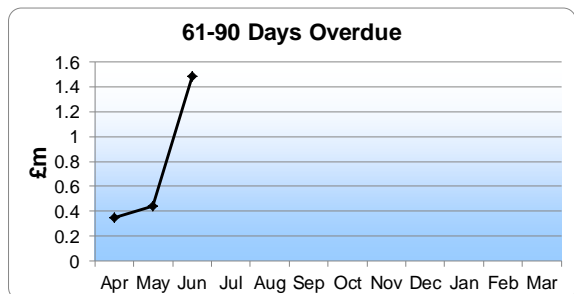
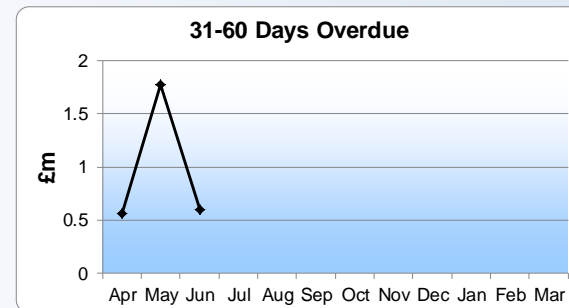
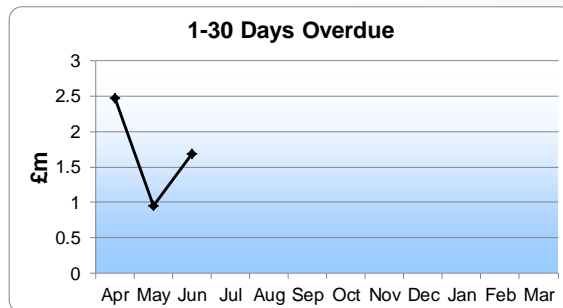
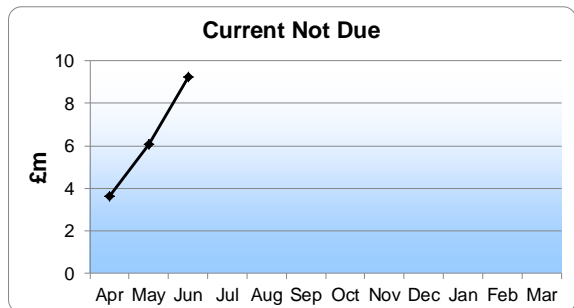
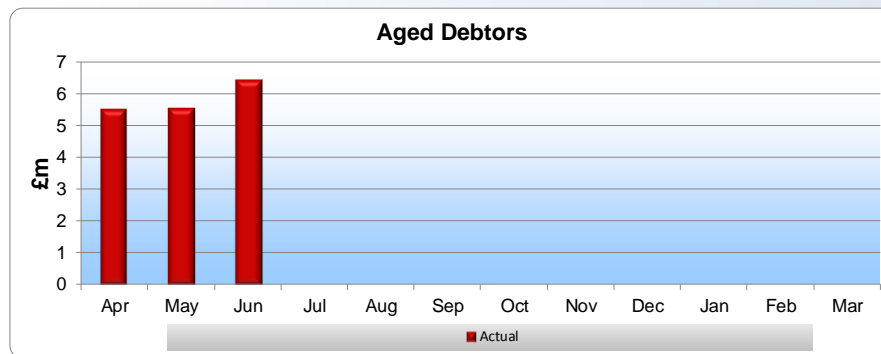
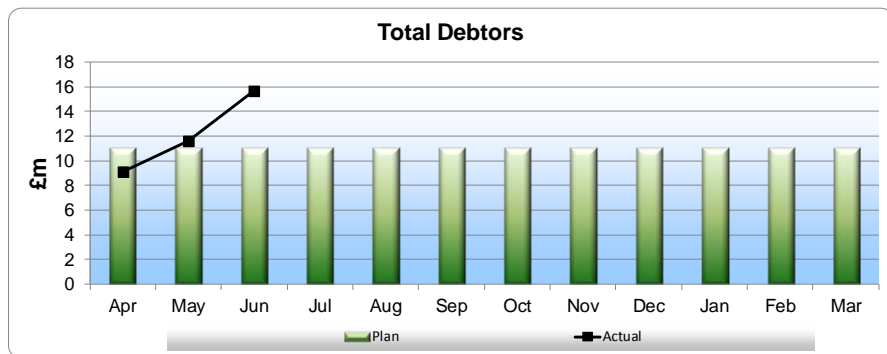


	Plan for Year	Plan for Year-to-date	Actual Year-to-date	Forecast for Year
Capital Service Cover (20%)	4	4	4	4
Liquidity (20%)	4	3	2	4
I&E Margin (20%)	2	4	4	2
I&E Margin Variance From Plan (20%)	1	1	1	1
Agency variation from Plan (20%)	1	2	3	1
Overall Use of Resources Rating	3	3	3	3



Key Messages

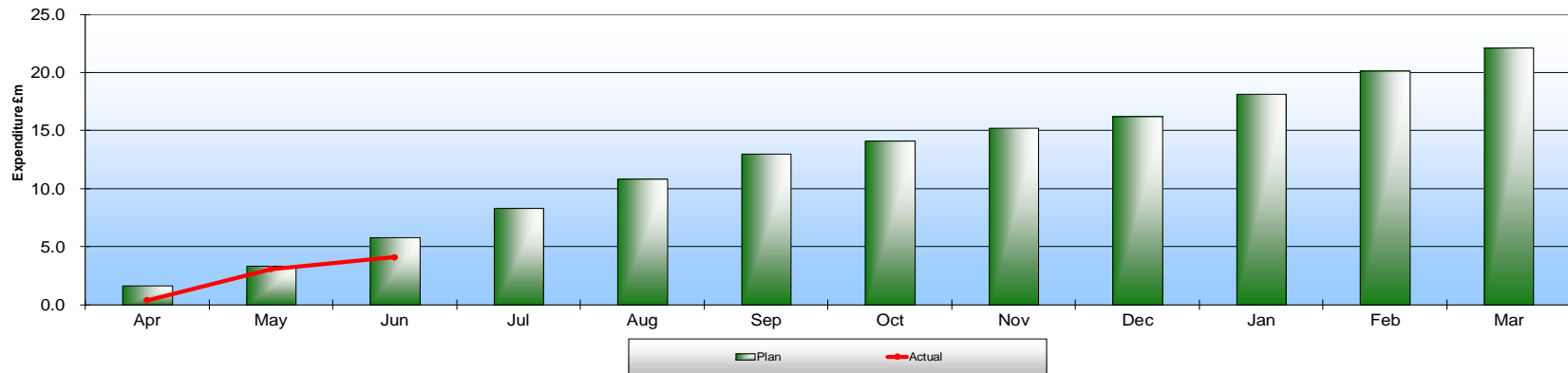
- * At the end of June, the total debtor balance was £15.6m, which is above plan.
- * £9.2m of the total debtor balance relates to 'current' invoices not due for payment. Aged debt totalled £6.4m.
- * Debtors 61-90 days overdue have peaked in June, mainly due to a number of invoices slipping from the 31-60 day category. This is now a focal area to secure cash payments.
- * Long term debtors (Over 90 Days) have increased from the May position and continues to be a focus area for the Trust.
- * Accrued income is £4m above plan, which requires focus to ensure that invoices are raised in a timely manner to maintain cash flow.



Key Messages:

- * The plan submitted to NHS Improvement was for a total funding of £22.15m, the Trust plan was for £25.365m therefore there is a £3.2m funding gap.
- * Work on the plan has reduced both the funding due to loan funded schemes slipping mainly the VIU project and re scheduling schemes to meet the funding gap
- * The funding gap has reduced from £3.2m to £850k
- * The main schemes this year are the completion of the Endoscopy Development at York, the Fire alarm at Scarborough and the Community Stadium project towards the end of the financial year.

Capital Expenditure



Scheme	Approved in-year Expenditure	Year-to-date Expenditure	Forecast Outturn Expenditure	Variance	Comments
	£000	£000	£000	£000	
Community Stadium	2,658	30	2,181	477	
York Electrical Infrastructure	1,600	18	200	1,400	
Fire Alarm System SGH	820	290	820	0	
Other Capital Schemes	934	835	1,077	-143	
SGH Estates Backlog Maintenance	1,000	210	1,000	0	
York Estates Backlog Maintenance - York	1,083	95	1,003	80	
Cardiac/VIU Extention	8,500	0	2,500	6,000	
Medical Equipment	375	71	200	175	
SNS Capital Programme	1,800	689	1,800	0	
Capital Programme Management	1,472	408	1,472	0	
Endoscopy Development	4,500	1,275	3,000	1,500	
Charitable funded schemes	624	156	624	0	
contingency	0	0	0	0	
Estimated In year work in progress	0	0	0	0	
TOTAL CAPITAL PROGRAMME	25,366	4,077	15,877	9,489	

This Years Capital Programme Funding is made up of:-	Approved in-year Funding	Year-to-date Funding	Forecast Outturn	Variance	Comments
	£000	£000	£000	£000	
Depreciation	11,401	2,646	11,401	0	
Loan Funding b/fwd	-2,876	0	-2,940	64	
Loan Funding	13,000	1,275	5,500	7,500	
Charitable Funding	624	156	624	0	
PDC funding	0	0	0	0	
Sale of Assets	0	0	0	0	
TOTAL FUNDING	22,149	4,077	15,035	5,614	

Key Messages:

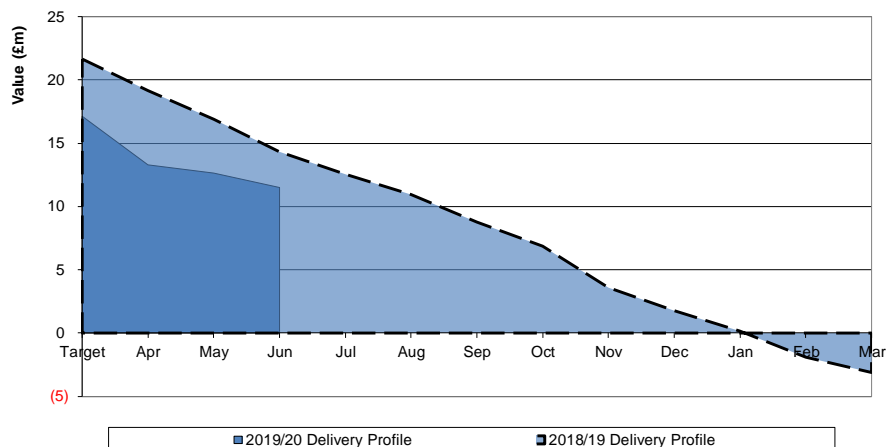
- * Delivery - £5.6m has been delivered against the Trust annual target of £17.1m, giving a gap of £11.5m.
- * Part year NHSI variance - The part year NHSI variance is (£0.0m).
- * Four year planning - The four year planning gap is £12.6m.
- * Recurrent delivery is £4.7m in-year, which is 27.4% of the 2019/20 CIP target.
- * The Programme is 100% planned at June 19, 90% low risk plans and 10% moderate risk. Work is ongoing to convert the moderate risk to low risk to achieve deliverable programme.

Efficiency - Total CIP

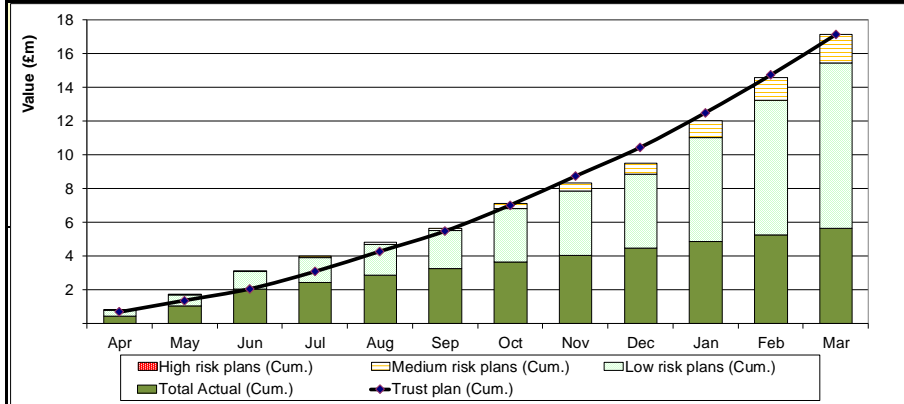
Executive Summary

	£m
2019/20 CIP Target	£17.1
In Year Delivery	
NHSI YTD Target at Month 3	£2.1
Actual Delivery at Month 3	£2.0
NHSI Variance Month 3	-£0.0
Recurrent Delivery	£4.7
Non Recurrent Delivery	£0.9
Total Delivery	£5.6
In Year (Gap)/Surplus to Delivery	-£11.5
In Year Planning	
Forecasted Delivery	£17.1
Forecasted Planning (Gap)/Surplus	-£0.0
Long Term Planning	
4 Year CIP Target (19/20 to 22/23)	£42.8
4 Year Plans	£30.2
4 Year Planning (Gap)/Surplus	-£12.6

Gap to delivery 2019/20 - Progress profile compared to 2018/19



In Year CIP Delivery and Future Plans by Risk



Governance Risk Heat Map

Total Number of Schemes	261				
Total Number of Assessed Schemes - Directorate	126				
Total Number of Assessed Schemes - Signed Off	62				
Probability/ Likelihood	Almost Certain	1	0	0	0
	Rare	0	3	0	0
		0	10	0	0
		104	6	0	2
Negligible - None Consequence/Severity		Catastrophic/death			

Moderate Risk Plans: 16 Moderate Risk Plans to be reviewed at EDG July 2019. Directorates are in the process of self-assessment of the remaining 126 schemes.

Key Messages:

- * Transactional CIP schemes represent £14.2m of the £17.1m Efficiency Target.
- * Delivery at Month 3 is £3.9m of which £3m is recurrent.

Efficiency - Transactional CIP

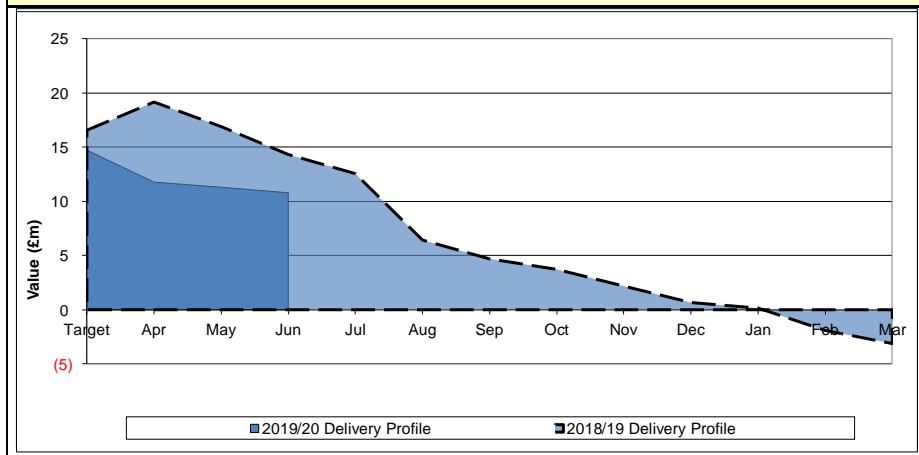
Executive Summary

	£m
2019/20 Transactional CIP Target	£14.7
In Year Delivery	
NHSI YTD Target at Month 3	£1.5
Actual Delivery at Month 3	£1.6
NHSI Variance Month 3	£0.1
Recurrent Delivery	£3.0
Non Recurrent Delivery	£0.9
Total Delivery	£3.9
In Year (Gap)/Surplus to Delivery	£-10.8
In Year Planning	
Forecasted Delivery	£14.7
Forecasted Planning (Gap)/Surplus	£-0.0
Long Term Planning	
4 Year Transactional CIP Target (19/20 to 22/23)	£38.4
4 Year Plans	£25.8
4 Year Planning (Gap)/Surplus	£-12.6

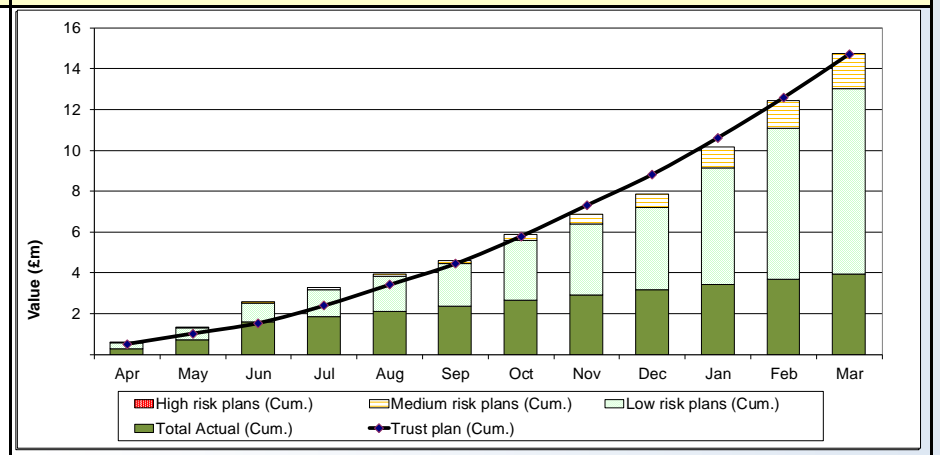
Governance Risk Heat Map

Total Number of Schemes	254			
Total Number of Assessed Schemes - Directorate	121			
Total Number of Assessed Schemes - Signed Off	62			
Probability/ Likelihood Almost Certain ↕ Rare	0	0	0	0
	1	0	0	0
	0	3	0	0
	0	10	0	0
	99	6	0	2
Negligible - None Consequence/Severity		Catastrophic/death		
Moderate Risk Plans: 16 moderate risk plans across Paediatrics, Pathology and Radiology.				

Gap to delivery - 2019/20



In Year CIP Delivery and Future Plans by Risk



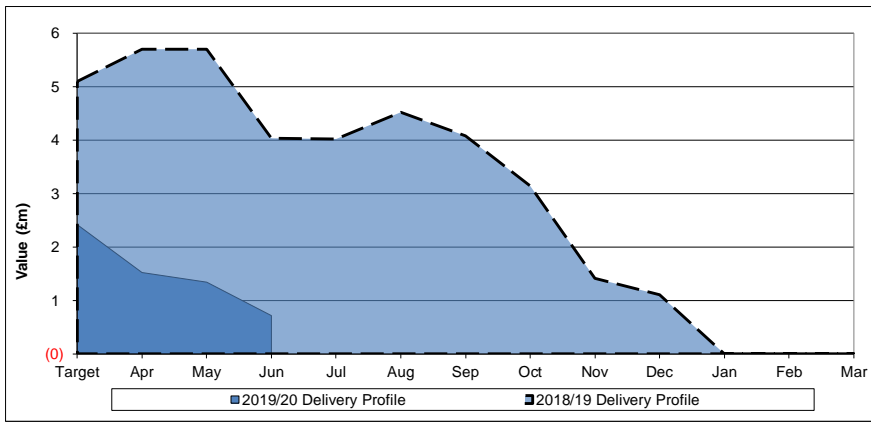
Key Messages:

- * 6 Transformational schemes represent £2.4m of the £17.1m Efficiency Target.
- * Delivery at Month 3 is £1.7m, of which £1.7m is recurrent.
- * Project Plans are being developed for Transformational Schemes; the main themes are Outpatient Productivity, Theatre Productivity, Pharmacy Biosimilars, SNS Paperlite and Printer Strategy, E&F ADM.
- * An Executive Summary of each Transformational Scheme forms part of the reporting pack.

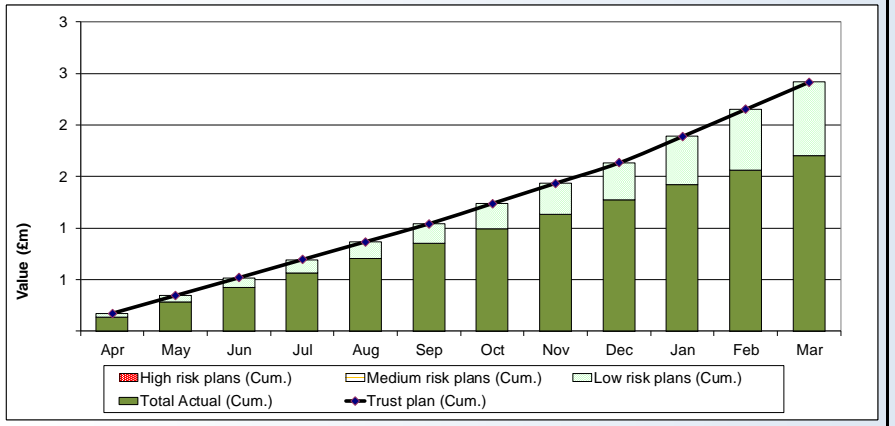
Efficiency - Transformation Programme

Executive Summary		Governance Risk Heat Map																																					
2019/20 Transformation CIP Target	£m £2.4	Total Number of Schemes																																					
In Year Delivery		Total Number of Assessed Schemes - Directorate																																					
NHSI YTD Target at Month 3	£0.5	Total Number of Assessed Schemes - Signed Off																																					
Actual Delivery at Month 3	£0.4	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="text-align: center; vertical-align: middle;">Probability/Likelihood ↑ Almost Certain ↕ Rare</td> <td style="background-color: #ffffcc;">0</td> <td style="background-color: #ffcc99;">0</td> <td style="background-color: #ff9966;">0</td> <td style="background-color: #ff6633;">0</td> <td style="background-color: #ff3300;">0</td> </tr> <tr> <td style="background-color: #ffffcc;">0</td> <td style="background-color: #ffcc99;">0</td> <td style="background-color: #ff9966;">0</td> <td style="background-color: #ff6633;">0</td> <td style="background-color: #ff3300;">0</td> </tr> <tr> <td style="background-color: #ccffcc;">0</td> <td style="background-color: #99ff99;">0</td> <td style="background-color: #66ff66;">0</td> <td style="background-color: #33ff33;">0</td> <td style="background-color: #00ff00;">0</td> </tr> <tr> <td style="background-color: #ccffcc;">0</td> <td style="background-color: #99ff99;">0</td> <td style="background-color: #66ff66;">0</td> <td style="background-color: #33ff33;">0</td> <td style="background-color: #00ff00;">0</td> </tr> <tr> <td style="background-color: #99ff99;">5</td> <td style="background-color: #66ff66;">0</td> <td style="background-color: #33ff33;">0</td> <td style="background-color: #00ff00;">0</td> <td style="background-color: #00ff00;">0</td> </tr> <tr> <td colspan="2"></td> <td colspan="3" style="text-align: center;">Negligible - None Consequence/Severity</td> <td style="text-align: center;">↔</td> <td style="text-align: center;">Catastrophic/death</td> </tr> </table>					Probability/Likelihood ↑ Almost Certain ↕ Rare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0			Negligible - None Consequence/Severity			↔	Catastrophic/death
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Gap to delivery - 2019/20

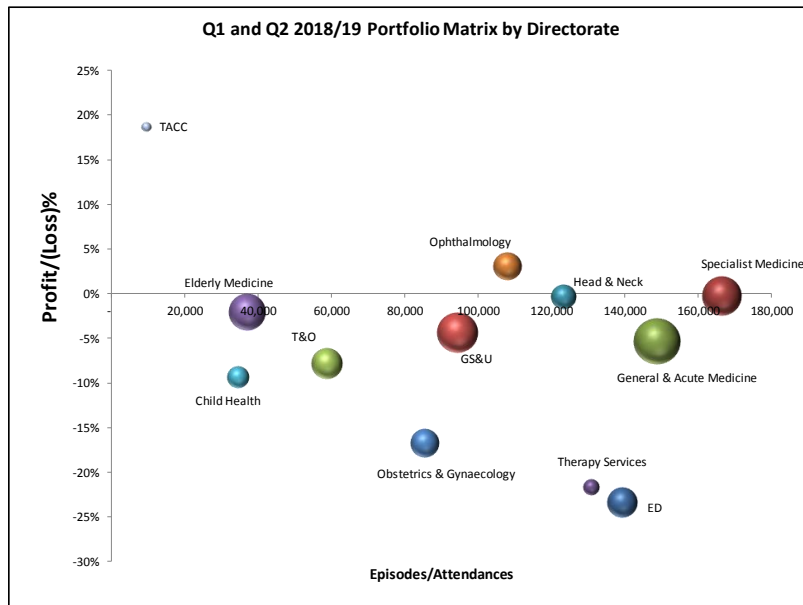
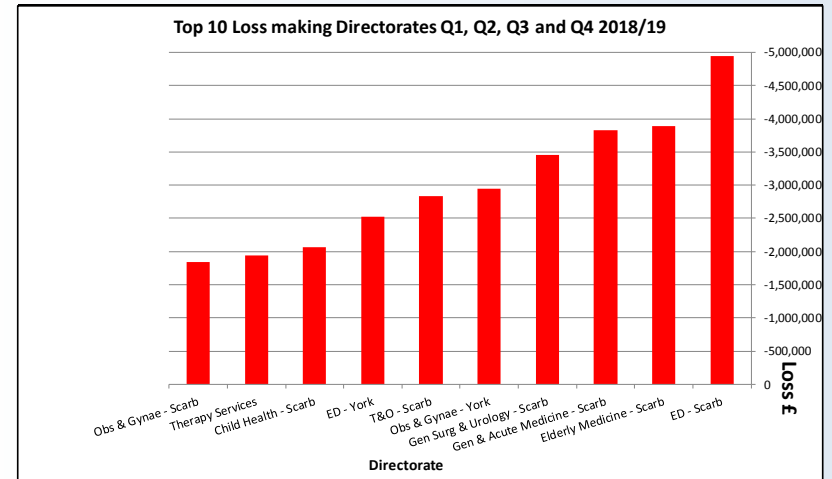
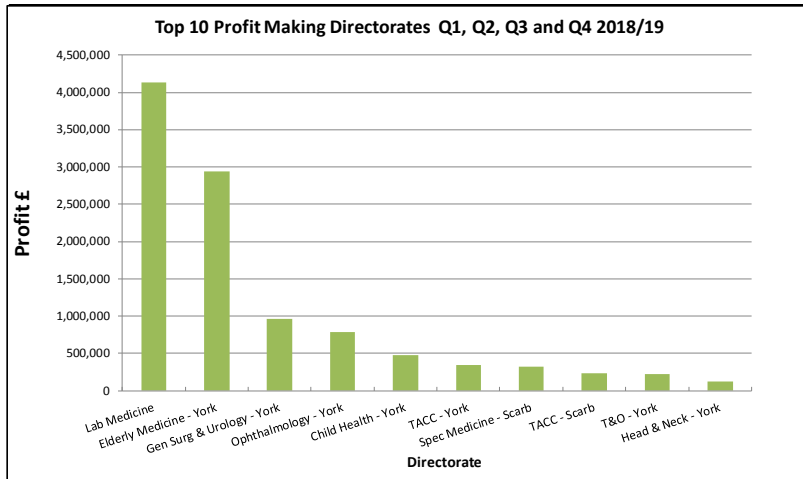


In Year CIP Delivery and Future Plans by Risk



Key Messages:

- * Current data is based on Q1, Q2, Q3 and Q4 2018/19
- * Preparing for the mandatory NHS Improvement National Cost Collection submission is now a key focus for the team



DATA PERIOD	Q1, Q2 & Q3 2018/19
CURRENT WORK	<p>*The mandatory NHSI National Cost Collection is the key focus for the team.</p> <p>* The Q1 2019/20 SLR reports will be delayed while the team work to configure the system for the new NHSI National Cost Collection requirements.</p>
FUTURE WORK	<p>* Directorate reports are continued to be developed to allow the SLR / PLICS data to be more easily interpreted and understood.</p> <p>* System configuration for the NHSI National Cost Collection PLICS submission is planned to run throughout 2018/19 and into mid 2019/20.</p>
FINANCIAL BENEFITS TAKEN SINCE SYSTEM INTRODUCTION	£3.68m

Workforce Performance Report

June 2019

Produced July 2019

The Board Assurance Framework is structured around the Trust's three Strategic Goals:

To deliver safe and high quality patient care as part of an integrated system

To support an engaged, healthy and resilient workforce

To ensure financial stability

Workforce Summary

Operational Update:

<p>Vacancies</p> <p>Establishment reports show a 10.17% vacancy factor across the Trust and a vacancy factor of 14.06% within the LLP at the end of June 2019.</p> <p>The vacancy rate for the trained Nursing and Midwifery staff group was 16.43%.</p> <p>The vacancy rate for medical and dental staff was 7.9%. This is an improvement from last month. Vacancy rates by site were 10.8% at Scarborough and 6.7% at York.</p>	<p>Recruitment</p> <p>The Trust recorded 77 new appointments (temporary and permanent) commencing in June 2019; 37 from outside the Trust. Additionally, there were 21 new starters on the Bank.</p>	<p>Learning and Organisational Development</p> <p>Overall Stat & Mand Training compliance = 85% (Stat Mand Core training = 85%) (Stat Mand Essential skills = 87%) Corporate Induction Compliance = 96%</p> <p>ODIL begins delivery of leadership development programmes to support the Care Groups, starting with Care Group Directors and Care Group Managers this month. A number of staff selected from across the Trust will have successfully completed ACAS accredited mediation training by 5th July and will join the Trust mediation faculty. Mediation activity will be further supported by the design of a 'Mediation for Managers' internal workshop. A coach training programme has been advertised and will be delivered in-house starting in September to meet the organisation's demand for coaching.</p> <p>The Practice Education Team are part of the Trust's International Nurses project team and are working with an education programme for the 1st and 2nd cohort of Nurses that have arrived in the UK. The Work Based Learning Team are continuing to develop the Clinical support staff internal apprenticeship programme development and working with clinical areas to ensure that staff complete the Care Certificate on time. The Clinical Workforce Coordinator is working on the implementation of the internal programme and working on increasing numbers of learners for external training providers with apprenticeship programmes for clinical staff including priority groups such as Nursing and ODPs.</p>	
<p>Temporary Staffing</p> <p>In June 2019, 113.75 FTE Medical & Dental roles were covered by a combination of bank (39%) and agency (61%) workers. There was a slight increase in the proportion filled by bank and therefore a slight reduction in the proportion filled by agency in comparison to last month.</p> <p>Total demand for temporary nurse staffing (registered nurses and HCAs) in June was 497.31 FTE - this was a 5% reduction from the previous month. Of this demand 392.76 FTE roles were covered via bank (71%) and agency (29%).</p>	<p>Turnover</p> <p>The Trust's annual turnover rate (excluding the LLP), based on headcount in the year to the end of June 2019 was 10.44% which was a slight increase from last month.</p> <p>Turnover for the LLP was 13.84% - an increase from last month.</p> <p>Overall Trust turnover (including the LLP) was 10.86%.</p>	<p>Disciplinary and Grievance</p> <p>For all staff (i.e. medical and non-medical) there are 4 live disciplinary or bullying and harassment cases (including investigations) and 11 live grievance cases.</p>	<p>Research</p> <p>The accrual target for the 2019/20 year is 3800. There were 851 accruals in the first quarter.</p> <p>The National Institute for Health Research (NIHR) has published its league tables for 2018/19. The Trust had 117 open studies which placed it 48th out of 450. The Trust recruited 4906 patients into clinical trials (an increase of 27.7% from the previous year), placing it 33rd out of 450.</p>
<p>Absence Management</p> <p>The Trust's annual sickness absence rate (excluding the LLP) in the year to the end of May 2019 was 4.21%. The rate including the LLP was 4.40%.</p> <p>The monthly absence rate in May 2019 (excluding the LLP) was 3.67%. The monthly absence rate including the LLP was 3.91%</p> <p>The monthly absence rate in March 2019 just for the LLP was 6.21%.</p>			

Assurance Framework
Responsive

Sickness Absence

Operational Update:

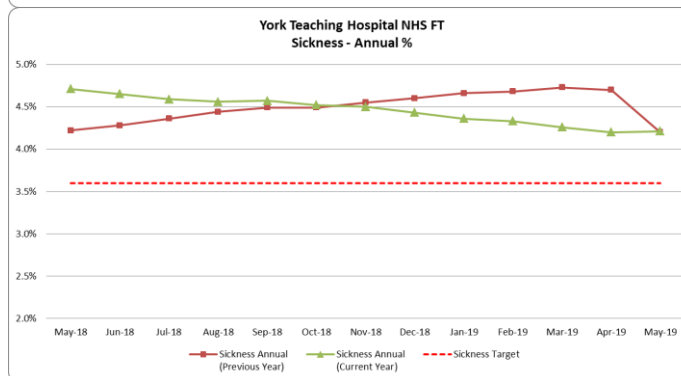
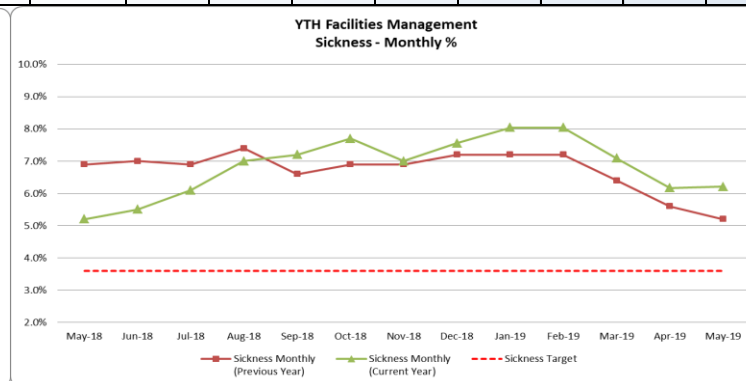
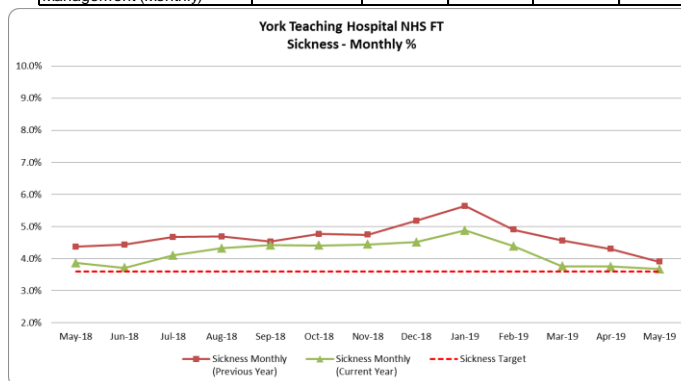
The monthly absence rate in May 2019 for the Trust was 3.67% - this was a slight reduction from the previous month (3.80%) and also lower than in the same month of the previous year (3.88%).

The annual absence rate for the year to May 2019 was 4.20% which was the same as in the previous month. The annual absence rate was lower than the rate in the year to May 2018 (4.70%).

For York Teaching Hospital Facilities Management the monthly absence rate in May 2019 was 6.21% which was similar to the rate in the previous month. The figures for months prior to October 2018 shown in the table and graph below for YTHFM are figures which would previously have been reported as the Estates and Facilities directorate.

Performance:

	Threshold	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Sickness - YTHFT (Monthly)	3.6%	3.9%	3.7%	4.1%	4.3%	4.4%	4.4%	4.4%	4.5%	4.9%	4.4%	3.8%	3.8%	3.7%
Sickness - YTHFT (Annual)	3.6%	4.7%	4.7%	4.6%	4.6%	4.6%	4.5%	4.5%	4.4%	4.4%	4.3%	4.3%	4.2%	4.2%
Sickness - YTH Facilities Management (Monthly)	3.6%	5.6%	5.2%	5.5%	6.1%	7.0%	7.2%	7.7%	7.0%	7.6%	8.1%	8.0%	7.0%	6.4%



Assurance Framework
Responsive

Turnover

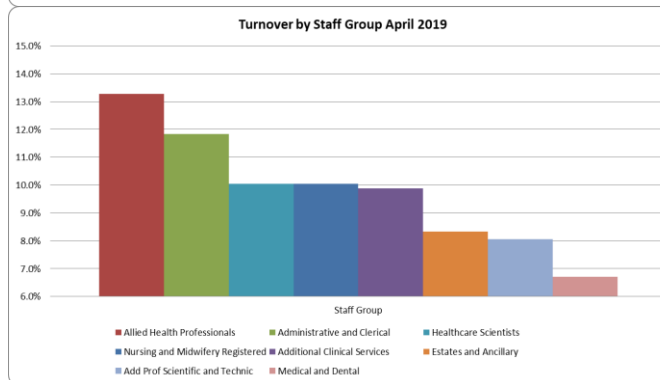
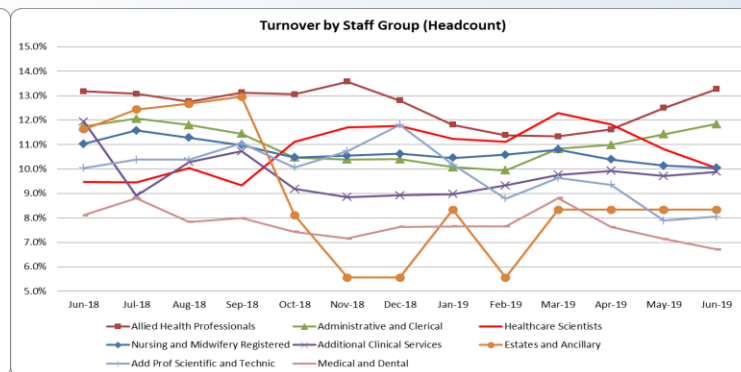
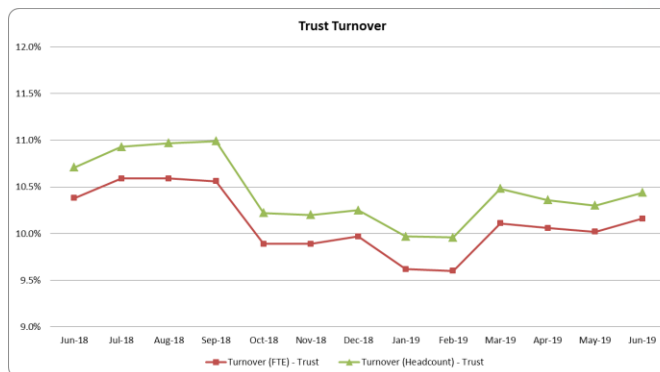
Operational Update:

Turnover in the year to the end of May 2019 for the Trust was 10.44% (based on headcount) and represented 726 leavers overall from the organisation. This was a small increase from the previous month's turnover rate of 10.30%. Turnover for the York Teaching Hospitals Facilities Management LLP was 13.84% based on headcount – an increase from the previous month's turnover rate of 12.60%.

The two staff groups with the highest levels of turnover are Allied Health Professional and Administrative and Clerical with annual rates in the year to the end of June 2019 of 13.27% and 11.84% respectively.

Performance:

	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Turnover (FTE) - Trust	10.38%	10.59%	10.59%	10.56%	9.89%	9.89%	9.97%	9.62%	9.60%	10.11%	10.06%	10.02%	10.16%
Turnover (Headcount) - Trust	10.71%	10.93%	10.97%	10.99%	10.22%	10.20%	10.25%	9.97%	9.96%	10.48%	10.36%	10.30%	10.44%



Assurance Framework
Responsive

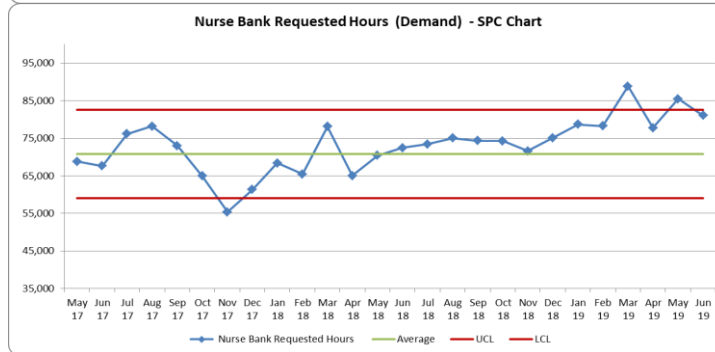
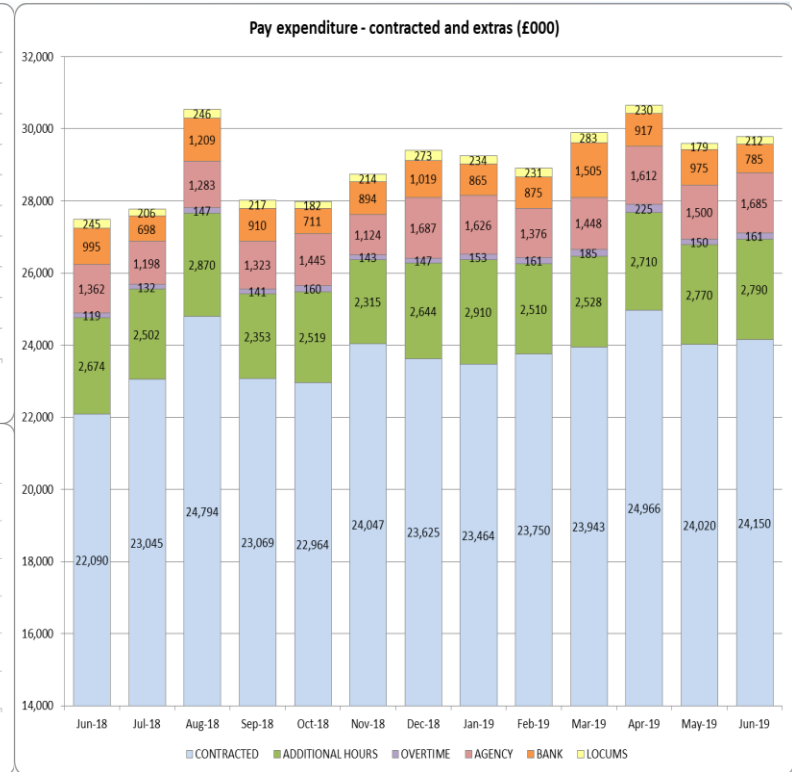
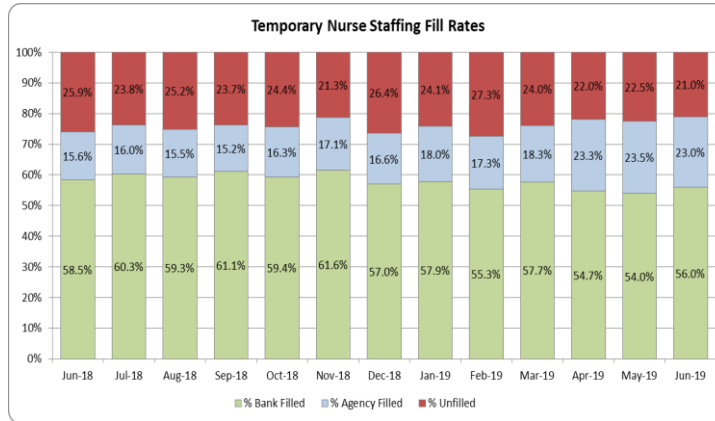
Temporary Workforce Spend

Operational Update:

Demand for temporary nurse staffing over the last 12 months has equated to an average of 478 FTE. Demand in June 2019 equated to 497.31 FTE. This was a small reduction in demand compared with the previous month, (demand in May 2019 equated to 525 FTE).

56.02% of all shifts requested in June 2019 were filled by the internal bank, whilst 22.96% were filled by agency. This left 21.02% of shift requests unfilled. Unfilled rates at Scarborough are currently higher than at the York site, with the unfilled rate at Scarborough for the first quarter of this financial year being 26% on average, compared to 19% at York.

Performance:



Assurance Framework
Responsive

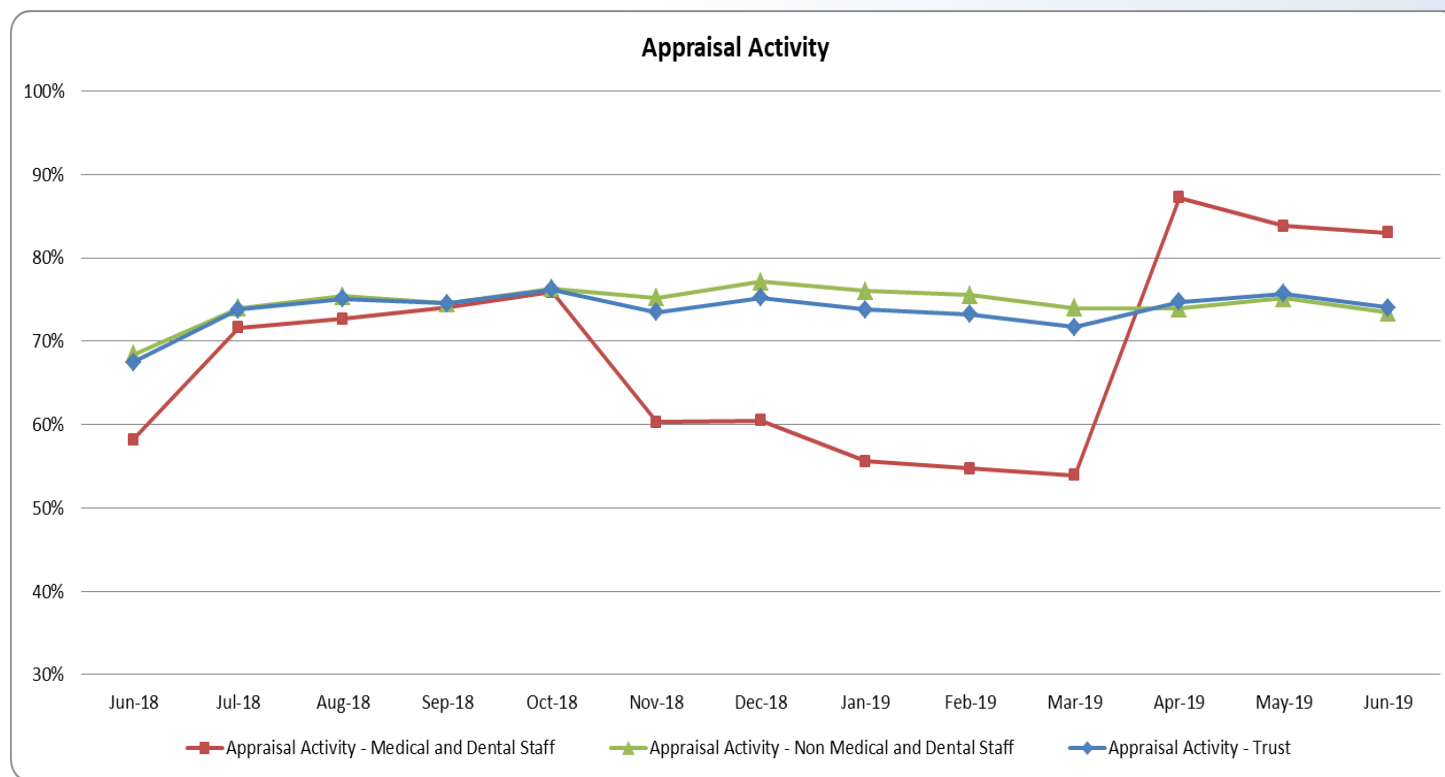
Appraisal Activity

Operational Update:

Since April 2018, appraisal rate compliance is reported directly from Learning Hub and, with this, adjustments have been made to the reporting criteria (appraisal compliancy is now reported over a 12 month period as opposed to a 14 month period previously and all new starters into the organisation are now included in the compliance rates). The overall compliancy rate for June 2019 was 74% - a reduction from the previous month compliance rate of 75.7%.

Performance:

	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Appraisal Activity - Trust	67.5%	73.8%	75.1%	74.5%	76.2%	73.5%	75.2%	73.8%	73.2%	71.7%	74.7%	75.7%	74.0%
Appraisal Activity - Medical and Dental Staff	58.2%	71.6%	72.7%	74.1%	75.9%	60.3%	60.5%	55.6%	54.7%	53.9%	87.2%	83.8%	83.0%
Appraisal Activity - Non Medical and Dental Staff	68.4%	74.0%	75.4%	74.5%	76.3%	75.2%	77.1%	76.0%	75.5%	74.0%	73.9%	75.2%	73.4%



Research and Development Performance Report

June 2019

Produced July 2019

The Board Assurance Framework is structured around the Trust's three Strategic Goals:

To deliver safe and high quality patient care as part of an integrated system

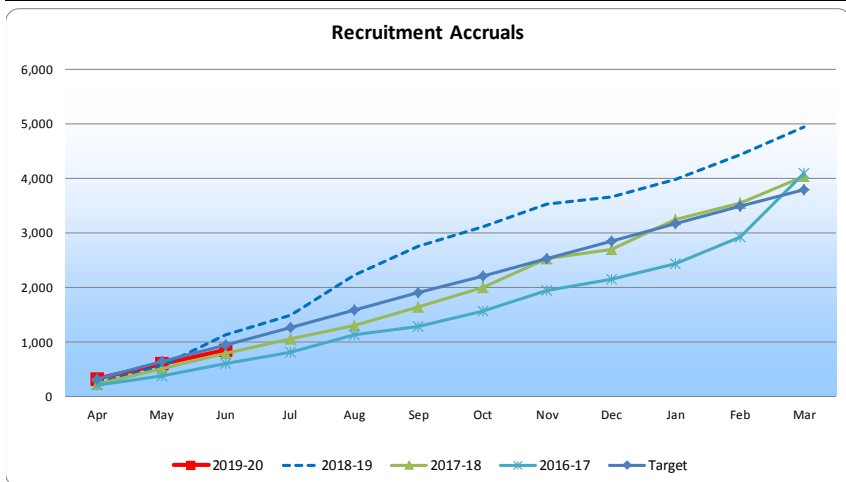
To support an engaged, healthy and resilient workforce

To ensure financial stability

Clinical Research Performance Report

Recruitment

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2019-20	329	267	255										851
2018-19	249	322	562	354	731	531	365	408	145	319	442	512	4940
2017-18	222	280	291	262	244	340	358	535	167	546	311	483	4039
2016-17	204	176	217	215	316	152	294	378	207	275	497	1156	4087



Breakdown (to be completed end of Q1 19/20)

Directorate	Accruals Running Total 18/19	Target	%
Anaesthetics	76	253	30
Cardiology	12	197	6
Dermatology	5	53	10
Diabetes	0	16	0
ED	0	0	0
Gastro	384	1770	22
Generic - Scarborough	30	129	23
Generic - York	17	12	141
Haematology	1	20	5
Obstetrics	17	19	90
Scarborough	73	145	50.5
Oncology-York	59	78	76
Ophthalmology	89	361	24.8
Paediatrics	1	13	8
Renal	49	212	23
Rheumatology	0	100	0
Sexual Health	0	5	0
Stroke	8	50	16
Orthopaedics & Physio	0	0	0
ENT	0	0	0
Respiratory	7	60	12
Neurology	0	0	0
Elderly Medicine	0	0	0
Microbiology	23	0	100

Recruitment Target for Y	3800
Open Trials	121
Total Due to Close 19/20	56

Commercial	9%
Non-Commercial	91%
Interventional	42%
Observational	58%
I & O	0%

We have had a strong start this year with 851 accruals in our first quarter. This does see us slightly behind where we need to be, but we anticipate the situation improving in subsequent quarters.

League Table Performance 2018/2019 **NEW**

All Trusts are measured on two key metrics:

1. Number of studies open for recruitment

This year the Trust had 117 open studies last year – a drop of 10% from the previous year, and puts the Trust 44th (out of approx 450 Trusts) in the country – last year's position was 42nd. This drop was expected as we have spent a significant amount of time working with teams on cleaning up our portfolio of studies, and we are being more selective on what studies we take on.

2. Number of patients recruited to clinical trials

The Trust had a total of 4906 patients recruited into clinical trials last year (NIHR exclude commercial accruals) – a rise of 27.7% from the previous year, this puts the Trust at 33rd in the country (out of approx 450) - last year it was 44th. This is a great achievement and further demonstrates how being more efficient and selective on what studies we take on benefits our Trust

The NIHR annual league tables for research active trusts can be viewed below:

<https://www.nihr.ac.uk/research-and-impact/nhs-research-performance/league-tables/>