

Quality and Safety, Workforce, Finance, Research and Development and Performance Integrated Report December 2019

Produced January 2020

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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Assurance Framework
Responsive

Quality and Safety by Month – Trust level (i)

Serious Incidents (data is based on SI declaration Date)	Sparkline / Previous Month	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
		Number of SIs reported	7	16	17	20	12	23	5	12	10	11	14	12
% SIs notified within 2 working days of SI being identified <small>* this is currently under discussion via the 'exceptions log'</small>		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Compliance with Duty of Candour for Serious Incidents*:														
-Verbal Apology Given		-	-	-	-	2	9	1	5	3	-	-	-	-
-Written Apology Given *		-	-	-	-	1	8	5	1	3	-	-	-	-
-Invitation to be involved in Investigation		-	-	-	-	0	1	1	2	2	0	0	1	0
-Given Final Report (If Requested)		-	-	-	-	2	5	3	0	1	1	2	0	0

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

Duty of Candour (All Incidents)	Target	Sparkline / Previous Month	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
			Incident Graded Moderate or Above		-	-	-	-	11	18	5	16	15	14	17
Verbal Apology Given		-	-	-	-	8	15	1	12	11	6	10	9	5	
Written Apology Given		-	-	-	-	8	13	5	11	12	8	12	6	4	
Duty of Candour Complete		-	-	-	-	11	18	5	15	12	10	11	8	3	
% Compliance with Duty of Candour		-	-	-	-	100.0	100.0	100.0	93.8	80.0	71.4	64.7	66.7	50.0	

Note: Duty of Candour data is based on the dates incidents were reported, not the incident date, so the number of incidents graded as moderate or above harm in the DoC data may be different to those in the incident data. All harms of moderate or above are subject to ongoing validation, so degree of harm data is subject to change. In exceptional cases, it may not be possible to provide letters to patients / relatives / carers, so percentage compliance is calculated on the number of incidents where the DoC process has been signed off signed as complete after discussion with Healthcare Governance, not the number of letters sent.

Claims	Sparkline / Previous Month	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
		Number of Negligence Claims	12	11	18	11	19	11	19	20	18	17	16	13
Number of Claims settled per Month		2	3	3	6	2	5	4	3	3	5	2	4	3
Amount paid out per month		14,500	195,795	327,637	117,500	20,000	3,263,066	163,000	124,000	655,000	138,000	16,000	507,500	159,863
Reasons for the payment		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

Please note: Damages data may be adjusted some time after a claim has been settled if there is a delay in agreeing a final settlement, for example, this was the case with a claim settled in February 19 with final damages being agreed in December 19, hence data is subject to change.

Measures of Harm	Target	Sparkline / Previous Month	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
			Incidents Reported		1,299	1,468	1,227	1,279	1,236	1,365	1,263	1,345	1,247	1,294	1,318
Incidents Awaiting Sign Off		677	658	889	894	905	811	843	792	841	950	793	727	844	
Patient Falls		239	245	230	234	196	262	255	227	190	226	213	219	241	
Pressure Ulcers - Newly Developed/Deteriorated **		120	152	114	129	0	0	0	0	0	0	0	0	0	
Pressure Ulcers - Transferred into our care		71	84	79	63	0	0	0	0	0	0	0	0	0	
Pressure Ulcers - Newly Developed Ulcer		0	2	2	4	90	87	78	76	73	98	93	85	136	
Pressure Ulcers - Deterioration of Pressure Ulcer		0	0	1	2	21	9	9	16	14	10	16	6	12	
Pressure Ulcers - Present on Admission		0	2	1	14	125	121	137	132	120	104	136	130	140	
Degree of harm: serious or death		3	5	2	3	2	9	3	3	7	5	9	5	3	
Medication Related Errors		169	171	122	121	111	133	121	141	140	135	152	137	113	
VTE risk assessments	95%	98.0%	96.7%	97.1%	96.6%	97.5%	96.9%	96.7%	97.0%	96.3%	95.6%	96.3%	96.1%	96.8%	
Never Events	0	0	0	2	0	0	0	0	0	1	0	1	1	1	

** 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. Validation of harm for incidents of moderate harm and above is ongoing, so data is subject to change.

Assurance Framework
Responsive

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

	Sparkline / Previous Month	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
Pressure Ulcers***														
Number of Category 2		69	97	66	74	67	62	53	54	56	71	61	48	91
Number of Category 3		6	3	6	5	3	0	1	7	2	0	6	4	2
Number of Category 4		0	0	0	0	2	2	0	0	4	1	1	0	1
Total no. developed/deteriorated while in our care (care of the org) - acute		90	121	80	103	67	69	61	62	62	73	84	69	118
Total no. developed/deteriorated while in our care (care of the org) - community		30	33	37	32	44	27	26	30	25	35	25	22	30
Falls****														
Number of falls with moderate harm		3	1	1	3	1	3	0	3	1	5	2	3	3
Number of falls with severe harm		1	2	0	1	1	7	1	0	3	3	5	3	2
Number of falls resulting in death		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.

	Target	Sparkline / Previous Month	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
Drug Administration															
Insulin Errors			17	11	14	5	7	14	14	9	13	6	18	9	9
Prescribing Errors			45	38	32	36	29	30	29	33	39	26	30	38	20
Preparation and Dispensing Errors			14	13	10	8	12	9	6	14	10	12	18	14	7
Administrating and Supply Errors			55	63	55	49	51	55	54	69	64	65	70	59	53
Safeguarding															
% of staff compliant with training (children)			82%	83%	83%	84%	85%	85%	85%	86%	84%	83%	83%	84%	85%
% of staff compliant with training (adult)			83%	84%	84%	85%	86%	86%	86%	88%	86%	85%	84%	85%	86%
% of staff working with children who have review DBS checks															

	Target	Sparkline / Previous Month	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
Patient Experience: Complaints, PALS and FFT															
New complaints this month			34	43	35	44	36	51	36	47	56	31	56	48	36
% Complaint responses closed within target timescale	30 days		32%	38%	44%	49%	27%	42%	41%	46%	33%	33%	35%	52%	38%
New PALS concerns this month			108	224	174	180	188	220	175	205	181	191	184	192	86
% PALS responses closed within target timescale	10 days		63%	79%	76%	76%	78%	75%	69%	69%	72%	73%	71%	73%	67%
FFT - York ED Response Rate			7.3%	8.0%	6.9%	7.0%	7.0%	6.9%	9.0%	6.8%	5.9%	5.9%	4.7%	7.4%	-
FFT - York ED Recommend %	90%		87.7%	85.2%	87.8%	82.7%	79.3%	84.0%	84.5%	69.5%	74.8%	70.7%	75.0%	74.9%	-
FFT - York ED Not Recommend %			8.4%	8.1%	7.5%	10.5%	13.1%	8.7%	10.6%	20.1%	15.6%	20.5%	17.1%	17.5%	-
FFT - Scarborough ED Response Rate			5.0%	8.1%	7.5%	5.1%	12.6%	13.9%	11.9%	7.2%	6.6%	12.3%	5.8%	7.4%	-
FFT - Scarborough ED Recommend %	90%		95.6%	91.7%	90.9%	78.9%	88.2%	93.4%	88.7%	79.3%	82.4%	80.9%	86.2%	85.7%	-
FFT - Scarborough ED Not Recommend %			0.0%	6.0%	6.1%	13.5%	5.6%	4.6%	4.8%	11.0%	14.9%	11.8%	8.6%	8.6%	-
FFT - Trust ED Response Rate			6.9%	8.0%	7.0%	6.6%	8.1%	8.2%	9.5%	6.9%	6.1%	7.2%	4.9%	7.4%	-
FFT - Trust ED Recommend %	90%		88.7%	86.4%	88.4%	82.1%	82.0%	87.0%	85.5%	71.4%	76.5%	74.2%	77.4%	76.9%	-
FFT - Trust ED Not Recommend %			7.4%	7.7%	7.3%	10.9%	10.8%	7.4%	9.3%	18.3%	15.4%	17.5%	15.3%	15.8%	-

Assurance Framework
Responsive

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

Care of the Deteriorating Patient	Target	Sparkline / Previous Month	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
14 hour Post Take - York *	90%		76%	77%	77%	74%	76%	75%	77%	78%	75%	76%	71%	72%	73%
14 hour Post Take - Scarborough *	90%		52%	58%	63%	64%	63%	62%	65%	68%	64%	66%	66%	61%	62%
NEWS within 1 hour of prescribed time	90%		90.2%	89.7%	90.1%	90.0%	90.1%	90.2%	90.6%	89.9%	89.9%	89.2%	89.6%	89.2%	89.6%
Elective admissions: EDD within 24 hours of admission	93%		86.0%	90.5%	87.9%	90.8%	88.2%	88.6%	88.6%	87.3%	85.7%	87.8%	86.5%	88.1%	86.9%

* Data includes non-elective inpatients only, excludes Maternity, and excludes patients only admitted to the Patient Lounge. The numerator (those included as having had a Senior Review within 14hrs) includes any patient who has been marked on CPD as having had a Senior Review (post take still required) or Post Take Completed within 14 hours of admission time. It also includes any SDEC patients (having been admitted and discharged from an SDEC ward) who have had a Length of Stay less than 14hrs

Mortality Information	Target	Sparkline / Previous Month	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	Jan 18 - Dec 18	Apr 18 - Mar 19	Jul 18 - Jun 19
Summary Hospital Level Mortality Indicator (SHMI)	100		99	98	97	97	98	100	99	99	99	98	100	100	98

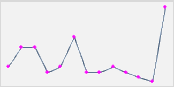








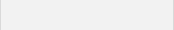
4AT Assessment	Target	Sparkline / Previous Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
4AT Screening	90%		-	-	-	-	-	-	73.4%	69.9%	68.7%	69.7%	72.9%	82.2%	78.7%

Infection Prevention	Target	Sparkline / Previous Month	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
Clostridium Difficile - meeting the C.Diff objective			2	2	3	6	14	11	15	10	15	9	9	11	12
Clostridium Difficile - meeting the C.Diff objective - cumulative	61 (year)		30	32	35	41	14	25	40	50	65	74	83	94	106
MRSA - meeting the MRSA objective	0		1	0	0	0	0	0	0	2	0	0	0	0	0
MSSA			2	3	3	3	4	5	2	5	3	4	5	5	4
MSSA cumulative threshold			23	25	28	30	3	5	8	10	13	15	18	20	23
ECOLI			9	9	5	8	7	6	5	5	8	2	5	6	7
ECOLI - cumulative	61 (year)		56	65	70	78	7	13	18	23	31	33	38	44	51
Klebsiella			-	-	-	-	2	1	3	2	5	2	1	1	2
Klebsiella - cumulative			-	-	-	-	2	3	6	8	13	15	16	17	19
Pseudomonas			-	-	-	-	2	1	2	4	2	1	2	1	3
Pseudomonas - cumulative			-	-	-	-	2	3	5	9	11	12	14	15	18
MRSA Screening - Elective	95%		87.4%	82.2%	82.3%	85.6%	85.2%	79.4%	84.6%	89.8%	90.3%	90.0%	86.8%	88.8%	88.0%
MRSA Screening - Non Elective	95%		89.0%	88.6%	88.7%	89.7%	88.3%	89.5%	89.6%	89.7%	89.5%	90.0%	90.8%	91.0%	88.8%

Stroke	Target	Sparkline / Previous Month	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
Proportion of patients who experience a TIA who are assessed & treated within 24 hrs	75%		83.3%	100.0%	100.0%	83.3%	92.8%	75.0%	73.3%	75.0%	100.0%	75.0%	100.0%	80.0%	-
Proportion of stroke patients with new or previously diagnosed AF who are anticoagulated on discharge or have a plan in the notes or discharge letter after anti-coagulation			95.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
SSNAP Scores:			Oct-18 - Dec 18	Jan-19 - Mar 19			Apr- Jun 19			Jul- Sep 19			Oct-19	Nov-19	Dec-19
Proportion of patients spending >90% of their time on stroke unit	85%		88.8% (B)	88.9% (B)			89% (B)			87.4% (B)			87.3% (B)	90.5% (A)	88.0% (B)
Scanned within 1 hour of arrival	43%		53.1% (A)	44.1% (B)			47.5% (B)			49.6% (A)			41.7% (C)	46.1% (B)	47.8% (B)
Scanned within 12 hours of arrival	90%		95.4% (A)	94.7% (B)			97% (A)			94.4% (B)			90.5% (B)	97.4% (A)	97.8% (A)

DoLS	Target	Sparkline / Previous Month	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
Standard Authorisation Status Unknown: Local Authority not informed the Trust of outcome			1	0	0	1	0	1	1	3	6	4	0	0	2
Standard Authorisation Not Required: Patient no longer in Trust's care and within 7 day self-authorisation			7	8	11	13	17	9	14	14	16	10	19	1	19
Under Enquiry: Safeguarding Adults team reviewing progress of application with Local Authority or progress with ward			22	17	17	9	12	20	9	21	15	19	15	14	15
Standard Authorisation Granted: Local Authority granted application			0	0	1	0	0	0	0	0	0	0	0	2	0
Application Not Granted: Local Authority not granted application			1	0	0	0	0	0	0	0	0	0	0	0	0
Application Unallocated as Given Local Authority Prioritisation: Local Authority confirmed receipt but not yet actioned application			5	5	5	0	2	1	16	5	8	4	2	8	7
Safeguarding Adults concerns reported to the Local Authority against the Trust			1	4	0	1	6	6	6	14	3	4	7	1	1
Application Withdrawn: Patient no longer in Trust's care within the Local Authority 8 week period for assessment			0	3	0	0	0	0	1	1	0	0	1	5	4

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

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Sparkline / Previous Month	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Sep-19	Oct-19	Nov-19	Dec-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		16	18	10	15	2	1	0	14
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		0	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%		99.91%	99.71%	99.70%	-	99.78%	99.78%	-	-
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%		98.96%	98.56%	98.16%	-	98.70%	98.69%	98.90%	-
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%		7.33%	8.40%	10.30%	-	7.00%	6.76%	11.40%	-
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%		38.23%	70.33%	52.08%	72.60%	55.84%	66.67%	85.42%	71.64%
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%		90.72%	92.27%	91.03%	90.06%	92.20%	89.90%	92.30%	87.80%
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

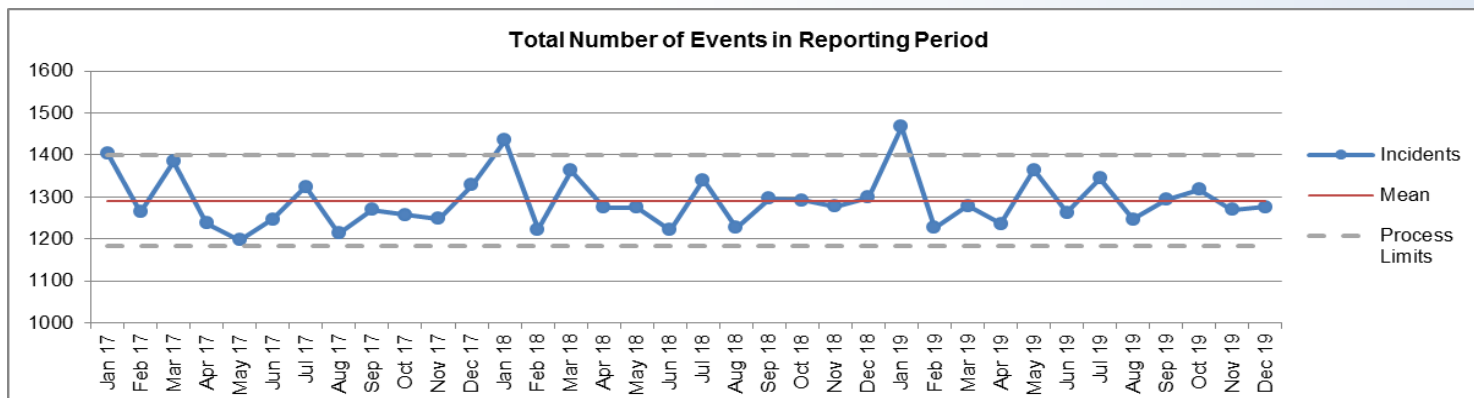
Event Reporting (January 2017 to December 2019)

Measure: Number of Events Reported

Data Source: Datix

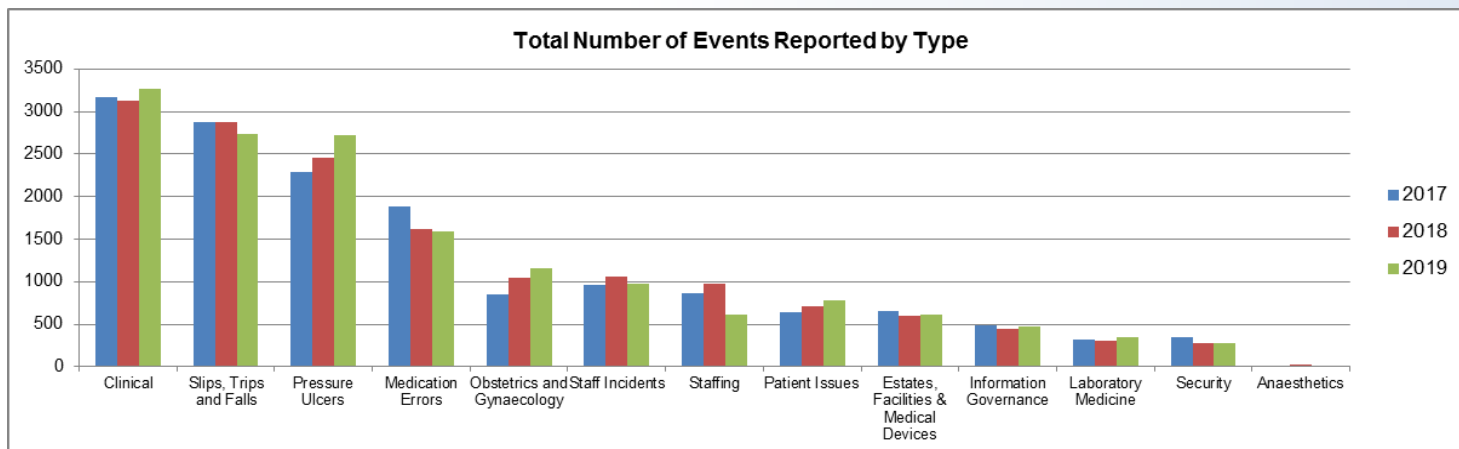
**Operational and
Performance Update:**

Total Number of Event Reported



The above table shows the total number of events reported on Datix between January 2017 and December 2019. The data includes events of all types so includes patient incidents, staff incidents and other incidents where individuals may not have been directly affected. Of particular note are the number of events reported in January each year, with in excess of 1400 events being reported in each month. The increases are largely attributable to an increased number of patient falls and pressure ulcers being reported as a result in the increase in the number of frail and elderly patients being admitted to our acute hospitals in these months.

Events by Type



Assurance Framework
Responsive

Event Reporting (January 2017 to December 2019)

Measure: Number of Events Reported

Data Source: Datix

**Operational and
Performance Update:**

Top 5 Event Types and Incidents by Site

The top 5 event types across in this time period accounted for 72% of the total number of events reported, and are shown in the following table. Year on year, the most significant changes are a decrease in the number of medication events being reported, and an increase in the number of Obstetric and Gynaecology events (which in 2019 was largely attributable to raising the awareness of the importance of incident reporting within the specialty). The number of pressure ulcers being reported has also seen an increase each year, and this can be associated with a number of initiatives to improve the management and reporting of pressure ulcers.

In 2019, 66% of the events reported occurred at York Hospital or in Community Services, compared with 70% in 2018. Scarborough has seen an increase in event reporting, with 31% of the total events in 2019 occurring in Scarborough, compared with 27% of the total events in 2018. The percentage of incidents occurring in Bridlington remained the same in 2018 and 2019, and was 3%.

Top 5 Event Types	2017	2018	2019	TOTAL
Clinical	3171	3126	3267	9564
Slips, Trips and Falls	2871	2883	2738	8492
Pressure Ulcers	2290	2460	2723	7473
Medication Errors	1886	1613	1597	5096
Obstetrics and Gynaecology	856	1042	1158	3056
TOTAL	11074	11124	11483	33681

Events Reported by Site	2017	2018	2019	TOTAL
York Hospital (Inc Comm since 2019)	8662	8799	10240	27267
Scarborough Hospital	4261	4175	4863	13299
Bridlington Hospital	571	496	485	1552
Community Services	1883	2056	-	4373
TOTAL	15377	15526	15588	46491

Top 5 Events Reported in December 2019

The top 5 events reported remained the same as the previous month. The number of clinical incidents reported increased in December, with an increase in the number of events relating to relating to admissions, transfers and discharges, clinical assessment errors and other patient complications and issues being reported.

The number of slips, trips and falls reported increased over the previous month, and was above the average for the 12 month period of January to December 2019. The increase was largely attributable to an increased number of falls in community inpatient units. 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. Of the five falls of moderate or above harm in December, one has been declared an SI, two require root cause analysis only and the remaining two falls require local investigation.

The total number of pressure ulcers reported in December increased, as did the number of pressure ulcers developing or deteriorating under our care. Category 3 and 4 pressure ulcers which develop or deteriorate under our care are also reviewed by the Heads of Nursing via the 72 Hour Report process to determine if SI declaration is required. At the time of reporting, of the three Category 3 and 4 pressure ulcers reported as developing or deteriorating under our care, one ulcer was for RCA investigation only, one was awaiting review by the ward sister prior to review by the Head of Nursing, and one ulcer was awaiting review by the Tissue Viability Nurses.

The number of medication errors reported decreased in December, with a decrease in the number of administration, prescribing and dispensing errors being reported. Of the medication events reviewed to date which occurred in December, no medication errors resulted in moderate or above harm. Medication errors continue to be monitored by the Medication Errors Review Group.

The number of Obstetric and Gynaecology events reported decreased in December, with a decrease in the number of maternal complications reported being of note. At the time of reporting, there were no events of moderate or above harm. Obstetric incidents continue to be reviewed at the weekly Maternity Risk Meeting.

Assurance Framework
Responsive

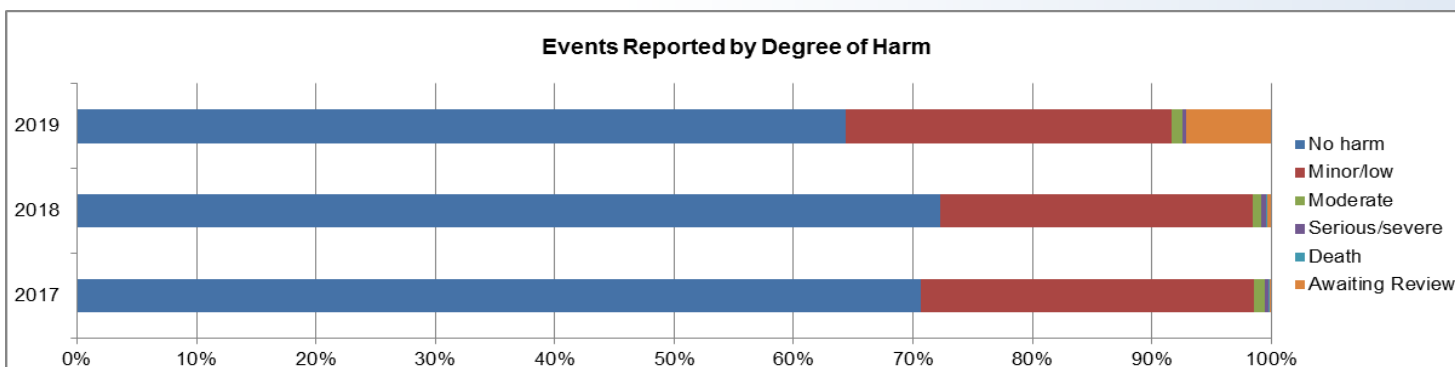
Degree of Harm

Measure: Degree of Harm from Event Reporting

Data Source: Datix

Operational and
Performance Update:

Degree of Harm and Incident Reviews



In 2017 and 2018, 98% of incidents reported resulted in no harm or minor/low harm. At the time of reporting, this figure is currently 91% for events reported in 2019, but as the above table indicates, 7% of the incidents reported in 2019 are awaiting review and determination of the degree of harm, with 5.4% currently being overdue for review.

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. The number of incidents awaiting review is also reported to Care Groups via the monthly Healthcare Governance Overview report and on Datix dashboards, so that the Care Group management teams can take remedial action.

Events of Moderate and Above Harm by Care Group

The following table shows the events resulting in moderate or above harm by the type of event and care group, for events reported since 1 April 2019.

34% of incidents resulting in moderate or above harm are patient falls occurring in Care Groups 1 and 2.

Clinical incidents account for 21% of moderate and above harm events, and relate mostly to communication issues and clinical assessment errors.

The events resulting in moderate harm and above in Care Groups 1, 2 and 3 account for 83% of the total events resulting in moderate and above harm.

Event Type and Care Group	CG1	CG2	CG3	CG4	CG5	CG6	Corp	Total
Slips, Trips and Falls	28	16	2	0	0	0	0	46
Clinical	6	7	8	2	1	3	1	28
Pressure Ulcers	10	4	6	0	0	0	0	20
Staff Incidents	0	2	3	2	0	1	3	11
Medication Errors	2	3	4	0	1	1	0	11
Estates, Facilities & Medical Devices	1	0	3	1	0	0	0	5
Obstetrics and Gynaecology	0	0	2	0	3	0	0	5
Security	0	1	0	0	0	0	1	2
Patient Issues	0	0	1	1	0	0	0	2
Staffing	1	0	0	0	0	0	0	1
Information Governance	0	0	0	0	0	0	1	1
TOTAL	48	33	29	6	5	5	6	132

Assurance Framework
Responsive

Event Reporting (continued)

Measure: Incident Reviews and Degree of Harm

Data Source: Datix

Performance: **Actions:**

- Feedback from the recent online staff consultation and the results from the Staff Survey in relation to incident reporting are being addressed as part of the Staff Survey Action Plan and the Just Culture project
- Automatic feedback to reporters when incident investigations are completed was launched on 6th January 2020. The Healthcare Governance Team have developed a staff guide for both reporters and incident reviewers to support this process. The Healthcare Governance Team continue to monitor the implementation of automatic feedback
- New Datix dashboards which give Care Groups an overview of key trends and monitoring information in relation to incidents, claims, risks, and serious incidents have been published
- 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 been completed, and the findings are with the Chief Nurse team for review.
- 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

Assurance Framework
Responsive

Duty of Candour Compliance

Measure: Duty of Candour

Data Source: Datix

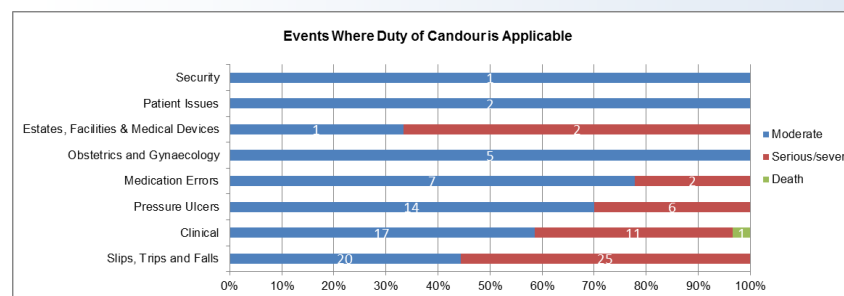
Performance: **Duty of Candour**

Duty of Candour is applicable to all events where a patient suffers moderate or above harm through whatever medium the harm is identified – for example an event report, complaints, claims, or SJCRs. A verbal apology should be followed up with a written apology in all cases, except where there are exceptional circumstances which must be agreed with Healthcare Governance. At the time of reporting, for incidents reported between 1st April and 20th December 2019, the percentage compliance (ie where Duty of Candour has been marked complete after review by the Healthcare Governance Unit,) is 81.6%. A breakdown of compliance by Care Group is shown below.

Care Group	DoC Complete		Events Requiring DoC	% Compliance
	Yes	No		
CG1: Acute, Emergency, Elderly Medicine & Community Services - York	41	4	45	91.1
CG2 :Acute, Emergency & Elderly Medicine - SGH	21	9	30	70.0
CG3: Surgery	17	6	23	73.9
CG4: Cancer and Support Services	6	0	6	100.0
CG5: Family Health	5	0	5	100.0
CG6: Specialised Medicine	2	2	4	50.0
Corporate Services	1	0	1	100.0
TOTAL	93	21	114	81.6

Events to Which Duty Of Candour Is Applicable

The following chart shows the events reported between 1st April and 20th December which resulted in moderate or above harm to patients, and for which which Duty of Candour is applicable, by event type.

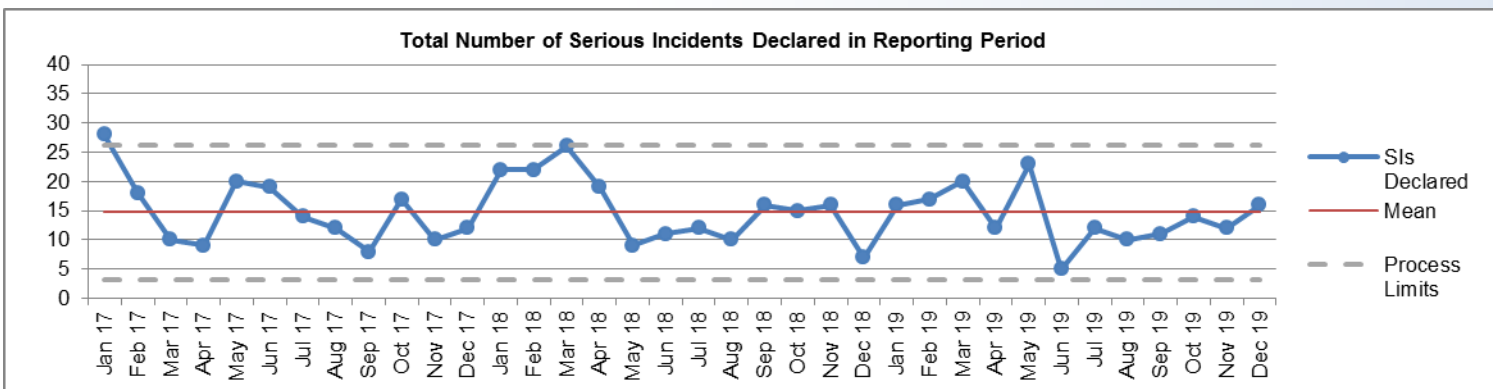


Actions

- The Deputy Director of Healthcare Governance continues to meet monthly with Care Group management teams to discuss care group governance, which includes compliance with Duty of Candour
- Duty of Candour compliance is reported weekly to the Quality and Safety Briefing so that any areas of poor performance can be addressed by the Medical Director.
- Duty of Candour performance is reported to Care Groups via the Healthcare Governance Overview report
- Datix dashboards showing overall compliance with Duty of Candour and showing incidents where Duty of Candour is outstanding have been published so that Care Group management teams can take remedial action where required

Serious Incidents (Declared Between January 2017 and December 2019)

Serious Incident Overview

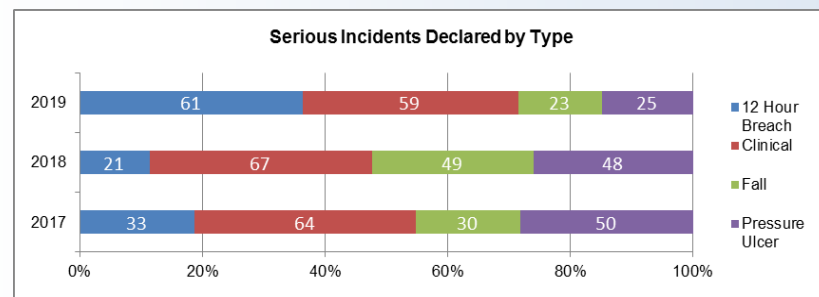


The above chart shows the total number of serious incidents (SIs) declared over the last 3 years and includes all types of SIs (clinical SIs, falls, pressure ulcers and 12 hour breaches.). The data reflects the date the incident was declared as serious incident rather than the date the incident occurred, but it is important to note that some incidents which are declared as SIs may have occurred at an earlier date but are declared after the event if there has been a delay in identifying that an adverse event has occurred.

SIs Declared by Type

The following chart shows a breakdown of SIs declared by types and year. Of note is a significant increase in the number of 12 hour breaches declared in 2019, with most of these occurring at Scarborough (please see the analysis of 12 hour breaches later in the report for further information). The number of clinical SIs reported each year has remained consistent.

Also of note was a decrease in the number of falls and pressure ulcers declared as SIs in 2019. This is largely due to the introduction of the 72 Hour report system, where an early review by the Head of Nursing assists in identifying any lapses in care lapses in care. The Head of Nursing can determine if the incident requires a local investigation, root cause analysis only or a declaration as an SI, rather than declaring an SI which may then be delogged if no lapses in care were identified during an SI investigation.



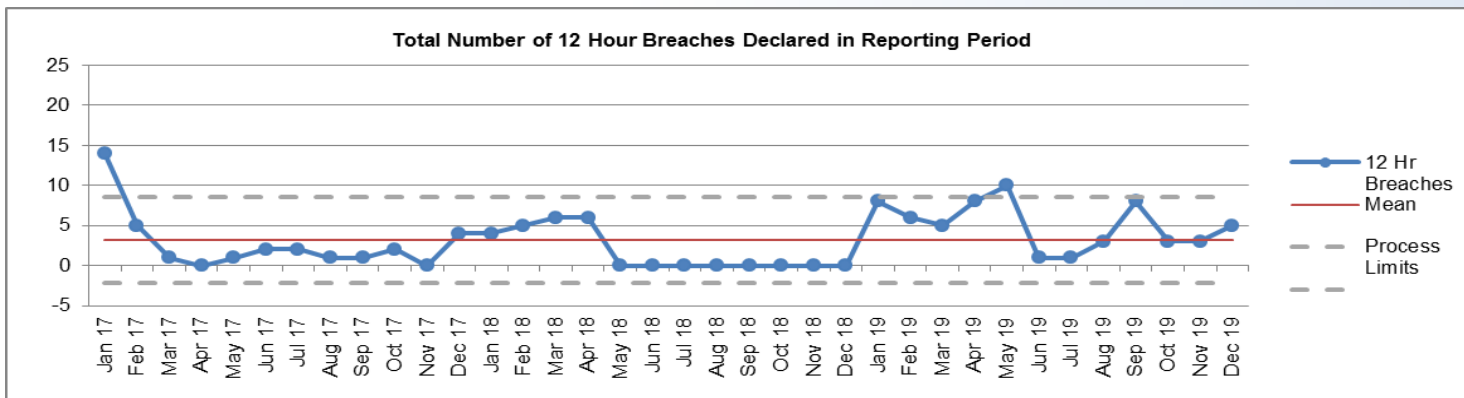
Never Events

2019 saw an increase in the number of Never Events being reported, with 80% of the incidents declared as Never Events relating to wrong site surgery or other surgical/invasive procedure incidents. Three of the five Never Events in 2019 occurred in York (2 wrong site surgeries and 1 surgical procedure incident), with two occurring in Scarborough (1 surgical procedure incident and one medication incident).

Never Event Type	2017	2018	2019	TOTAL
Wrong Site Surgery - Never Event	3	0	2	5
Medication Incident - Never Event	0	1	1	2
Surgical/Invasive Procedure Incident	0	0	2	2
Medical Equipment/Devices/Disposables Incident	0	1	0	1
Wrong Implant/Prosthesis - Never Event	1	0	0	1
TOTAL	4	2	5	11

Serious Incidents (Declared Between January 2017 and December 2019)

Performance: 12 Hour Breaches

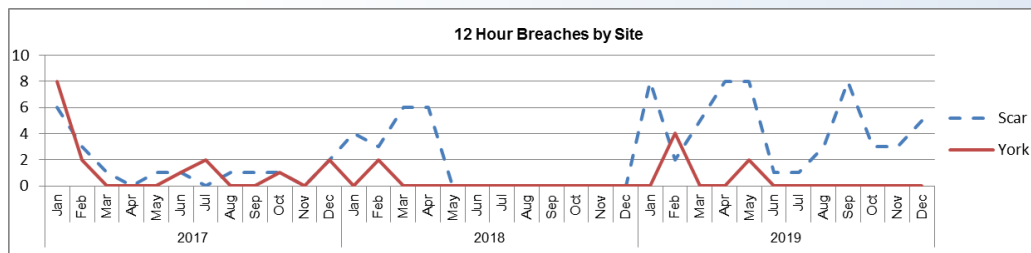


As previously noted, there was a significant increase in the number of 12 hour breaches reported in 2019 in comparison with the previous two financial years. Although 12 hour breaches are traditionally associated with winter pressures between December and February, the above chart indicates that that 12 hour breaches continued to occur between March and May, and again in September. The number of 12 hour breaches declared does not reflect the number of individual patients who experienced a 12 hour breach on that date, as in accordance with national guidelines, only one incident per day is declared, but the incident may include multiple patients..

Analysis by Site

The following chart shows the number of breaches occurring at Scarborough and York.

Over the whole reporting period, 21% of the breaches occurred in York with 79% occurring in Scarborough. In 2019, 10% of the breaches occurred in York, with 90% of the 12 hour breaches occurring in Scarborough.



Although 12 hour breaches do not usually result in any clinical harm to patients, the Quality and Safety Group continue to review and monitor the 48 Hour Reports produced for each patient who has experienced a 12 hour breach to identify any adverse outcomes or patient experience.

Serious Incidents (Declared Between January 2017 and December 2019)

Performance:

Themes from Clinical SIs

In 2019, the key themes and trends were as follows:

Incidents declared as sub-optimal care included the inability to locate patient notes following a crash call, a patient who died following a cardiac arrest whose deterioration was not felt to be adequately managed, a patient who had a documented fractured neck of femur but for whom there was no documented subdural hematoma and a patient with anaphylaxis who possibly underwent an unnecessary procedure resulting in a pneumothorax. Incidents related to treatment delay included a delay in the provision of anti venom following a adder bite, a patient developing an infection following treatment for a dislocated thumb, delays in radiology reporting, delayed treatment for a patient with a high NEWS score, transfer of a patient to a community in-patient unit who developed a haemorrhagic rash with 2 hours of transfer, treatment delay for an epidural abscess, treatment delay for an acute bowel obstruction which required emergency surgery, a number of patients receiving delayed treatment due to delayed ambulance handover, delayed treatment for an abscess leading to complete loss of power in both legs and follow up care for a patient who had had cataract surgery at a external trust.

Incidents declared as delayed diagnosis have focused on cancer pathways. There was also 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 and a delayed diagnosis for a partially collapsed lung. Further incidents linked to surgical / invasive procedures related to part of an arterial line remaining in a patient's artery following a procedure, a scald on a patient's elbow, a primary guidewire being left in place following insertion of a PICC line, a procedure being undertaken which was not of an acceptable standard requiring the patient undergo further surgery, a single lumen Hickman line being inserted in place of a double, a patient undergoing an unnecessary biopsy and an insertion of femoral nerve block on the incorrect leg and a brachial artery injury following insertion of a PICC line.

As previously noted, there were five Never Events. Three related to wrong site surgery (dermatology, incorrect removal of mole and theatres, stent placed in incorrect side) and the insertion of femoral nerve block on the incorrect leg. A further Never Event related to the wrong route administration of medication (oramorph) and a Never Event was also recently declared relating to a primary guidewire being left in place following insertion of a PICC line.

Falls and Pressure Ulcer SIs

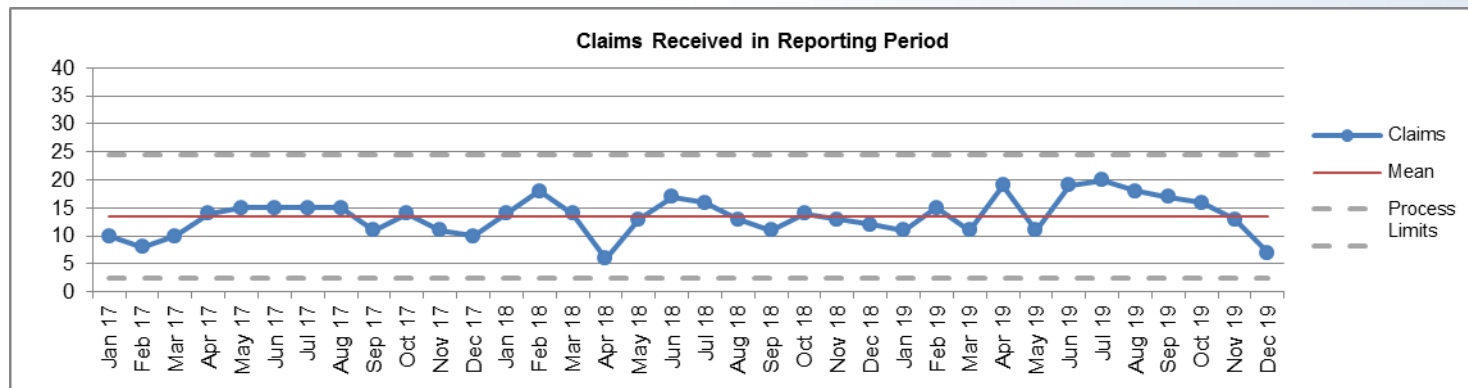
Fall and Pressure Ulcer SIs continue to be reviewed by the Falls and Pressure Ulcer panel, with learning being identified and disseminated by the Patient Safety Team.

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 the degree of harm for each incident is a focus at SI Group
- Work continues to identify learning from SIs and how this can be best disseminated across the Trust

Clinical Negligence Claims (January 2017 to December 2019)

Clinical Negligence Claims Received



The above chart shows the number of clinical negligence claims received by the Trust over the last 3 years, although it is important to note that the date a claim is received may not directly correlate with the incident date (s) or time period of treatment that the claim relates to due to the 3 year limitation period for raising a claim.

Top 5 Claims Types

The top 5 claim types across in this time period accounted for 77% of the total number of claims received, and are shown in the following table. Although the number of claims received in 2018 and 2019 were similar, an increase in the number of claims relating to inadequate procedures was noted.

Top 5 Claim Types	2017	2018	2019	TOTAL
Failure to Diagnose/Delay in Diagnosis	35	55	49	139
Lack of Appropriate Treatment	30	36	37	103
Inadequate Surgery	20	18	16	54
Delay in Treatment	14	11	15	40
Inadequate Procedure	17	7	15	39
TOTAL	116	127	132	375

Claims by Site

In the reporting period, the number of clinical negligence claims received relating to treatment at York Hospital accounted for 61.5% of the claims received. Claims relating to treatment at Scarborough accounted for 36.4% of the claims, with Bridlington Hospital and Community Services accounting for 1.6% and 0.4% of the claims respectively.

Claims Received by Site	2017	2018	2019	TOTAL
York Hospital	96	90	113	299
Scarborough Hospital	51	65	61	177
Bridlington Hospital	1	4	3	8
Community Services	0	2	0	2
TOTAL	148	161	177	486

Withdrawn Claims

It is also important to note that a significant number of claims received by the Trust do not proceed to settlement, as claims may be withdrawn after submission. Claims are usually withdrawn as the claimant has not been able to obtain supportive independent expert opinion. Of the claims received in reporting period, 32% were withdrawn prior to settlement.

Clinical Negligence Claims (January 2017 to December 2019)

Ongoing Clinical Negligence Claims

Ongoing Claims	Year Claim Received										TOTAL
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
CG1: Acute, Emergency, Elderly Medicine & Community Services - York	0	0	0	0	0	1	2	7	13	26	49
CG2 :Acute, Emergency & Elderly Medicine - SGH	0	0	0	1	0	2	5	7	18	27	60
CG3: Surgery	0	1	0	0	1	3	9	8	33	45	100
CG4: Cancer and Support Services	0	0	0	0	1	0	3	3	5	10	22
CG5: Family Health	2	0	2	1	3	4	3	11	17	37	80
CG6: Specialised Medicine	0	0	0	0	0	0	1	6	9	14	30
TOTAL	2	1	2	2	5	10	23	42	95	159	341

The above table shows the number of ongoing clinical negligent claims by the care group which provided most or all of the care or treatment which the claim relates to, and the year the claim was received. Some claims, particularly relating to birth and children, can take a significant amount of time to conclude, as the clinical outcome for the patient may not be known for a number of years. Claims may take a significant time to conclude due to delays associated with obtaining expert opinion and timescales imposed by the Court.

Settled Clinical Negligence Claims

Number of Claims Settled and Top 5 Claims Types

149 clinical claims were settled in the reporting period. The top 5 claim by types settled in this time period accounted for 50% of the total number of claims received, and are shown in the following table. 60% of the total number of claims settled related to treatment York, 36% related to Scarborough, with 2% relating to both Bridlington Hospital and Community Services.

Top 5 Claim Types (Settled)	2017	2018	2019	TOTAL
Failure to Diagnose/Delay in Diagnosis	8	17	6	31
Lack of Appropriate Treatment	3	2	7	12
Failure to Adequately Interpret Radiology	7	2	3	12
Inadequate Surgery	4	2	4	10
Delay in Treatment	2	5	3	10
TOTAL	24	28	23	75

Claims Settled Since April 2019 by Care Group

Number of Settled Claims	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
CG1: Acute, Emergency, Elderly Medicine & Community Services - York	0	1	1	0	1	3	0	1	0	7
CG2 :Acute, Emergency & Elderly Medicine - SGH	0	1	1	0	0	0	0	0	1	3
CG3: Surgery	1	1	0	1	1	1	1	3	2	11
CG4: Cancer and Support Services	1	2	1	0	0	0	0	0	0	4
CG5: Family Health	0	0	0	1	1	1	1	0	0	4
CG6: Specialised Medicine	1	0	1	1	0	0	0	0	0	3
TOTAL	3	5	4	3	3	5	2	4	3	32

Settled Claims and Damages (£)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
CG1: Acute, Emergency, Elderly Medicine & Community Services - York	0	37500	3000	0	5000	110500	0	220000	0	376000
CG2 :Acute, Emergency & Elderly Medicine - SGH	0	25566	25000	0	0	0	0	0	89863	140430
CG3: Surgery	5000	1161055	0	20000	100000	7500	12500	287500	70000	1663555
CG4: Cancer and Support Services	15000	2050000	106040	0	0	0	0	0	0	2171040
CG5: Family Health	0	0	0	19000	550000	20000	3500	0	0	592500
CG6: Specialised Medicine	110000	0	35000	85000	0	0	0	0	0	230000
TOTAL	130000	3274121	169040	124000	655000	138000	16000	507500	159863	5173525

Clinical Negligence Claims and Inquests

Operational Update

Settled Clinical Negligence Claims Over £50,000 (December 2019)

Once clinical negligence claim settled in December resulted in damages of over £50,000 being awarded.

Care Group 2 - CG2 :Acute, Emergency & Elderly Medicine – Scarborough - the claim related to the alleged failure to provide adequate care during admission and the incorrect diagnosis of Endocarditis and failure to implement care plan when discharged, which may have contributed to death. Expert evidence concluded that the Trust failed to adequately investigate and diagnose infective endocarditis. With clinician agreement it was accepted that there was a failure to take blood cultures on admission prior to commencement of treatment. Had blood cultures been taken it is likely that endocarditis would have been diagnosed sooner and an appropriate course of antibiotics may have been curative. Life expectancy would still have been limited in light of the probable need for valve replacement surgery. The damages awarded were £89,863.46.

Actions:

- On receipt of a new clinical claim, clinicians are asked to review the case at an early stage to identify any immediate risks which may require action. On settlement of a claim, Care Groups are requested to ensure that any learning points are implemented with the relevant area. Work is ongoing to develop a mechanism for sharing the learning identified at Care Group level across the Trust.

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.

Concluded Inquests (January 2017 to December 2019)

The number of inquests concluded in the reporting period is shown in the following table.

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.

Coroner's Conclusion and Inquest Date	2017	2018	2019	TOTAL
Accidental death	37	34	35	106
Narrative	15	12	31	58
Natural causes	11	14	5	30
Suicide	4	7	6	17
Misadventure	4	3	1	8
Industrial diseases	2	3	2	7
Open verdict	1	0	5	6
Road Traffic Collision	0	3	0	3
Accidental Overdose	0	1	0	1
TOTAL	74	77	85	236

Ongoing Inquests

The number of ongoing inquests by care group and the year the inquest was opened is shown in the following table.

Care Group And Year Inquest Commenced	2018	2019	2020	TOTAL
CG1: Acute, Emergency, Elderly Medicine & Community Serv	2	29	1	32
CG2 :Acute, Emergency & Elderly Medicine - SGH	0	17	2	19
CG3: Surgery	1	11	0	12
CG4: Cancer and Support Services	0	2	0	2
CG6: Specialised Medicine	0	6	0	6
TOTAL	3	65	3	71

Clinical Effectiveness

Operational Update

National Audits

The Trust is currently participating in 47 NHSE Quality Account Audits and 22 national audits.

There were 21 Quality Account /National Audit Reports received between April and December 2019. The Trust has been identified as an outlier in 2 of these published national reports, namely the NJR National Joint Registry (2017/18 Data) and NEIAA National Early Inflammatory Arthritis Audit (2018/19 Data).

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.

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

To date the Trust has submitted data for 2 NCEPOD studies. There are 64 'open' actions arising from NCEPOD studies which the Trust has participated in. 33 are overdue and are being followed up.

Clinical Audit

For the 2019/2020 financial year, there are 326 Audits on the Annual Audit Programme which is comprised of 47 Quality Account, 22 National, 9 NICE Compliance, 4 NPSA, 1 New Procedure, 142 Local and 101 Re-Audits.

To date a total of 184 of the audits on the Annual Audit Programme have been registered and 26 of the audits have been completed.

NICE Guidance

There are currently 26 pieces of NICE guidance which remain under review (Baseline Assessments outstanding), of which 15 are more than three months overdue for completion. The Deputy Director of Healthcare Governance escalates these to the Care Group management teams for action.

Patient Experience

Operational Update
December 2019

New complaints and PALS cases by care group and site

Care Group	COMPLAINTS				PALS			
	York	Scarb	Brid	Total	York	Scarb	Brid	Total
CG1: York Acute, Emergency, Elderly Medicine & Community Services	13	0	0	13	20	0	0	20
CG2 : Scarborough Acute, Emergency & Elderly Medicine	0	3	0	3	0	14	0	14
CG3: Surgery	6	1	0	7	16	3	0	19
CG4: Cancer and Support Services	0	0	0	0	5	2	0	7
CG5: Family Health	5	2	0	7	4	3	0	7
CG6: Specialised Medicine	5	1	0	6	14	4	0	18
Corporate Services	0	0	0	0	1	0	0	1
Total	29	7	0	36	60	26	0	86

Formal compliments

Care Group	Dec-19
CG1	130
CG2	36
CG3	60
CG4	51
CG5	108
CG6	14
Corporate Services	0
Total	399

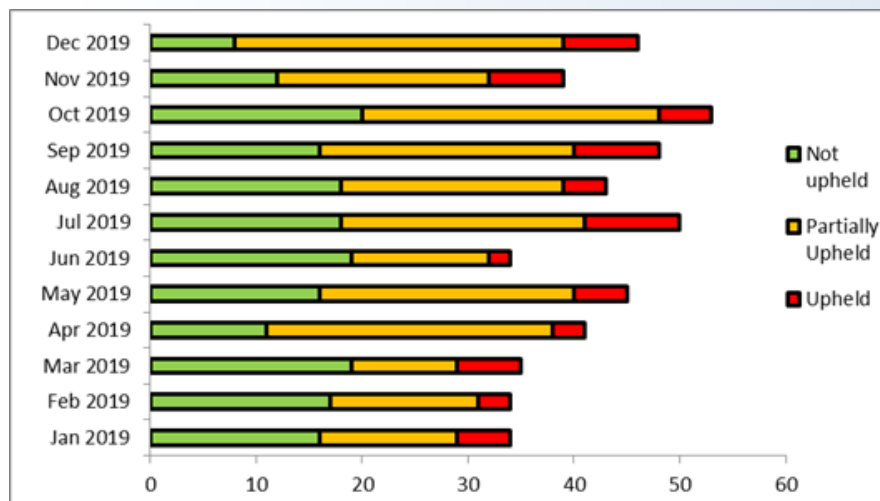
Top 5 sub-subjects

COMPLAINTS	York	Scarb	Brid	Total	PALS	York	Scarb	Brid	Total
Delay/failure in treatment/procedure	9	1	0	10	Communication with Patient	10	3	0	13
Attitude of medical staff	6	2	0	8	Attitude of medical staff	8	1	0	9
Attitude of nursing staff/midwives	5	1	0	6	Appointment availability	4	3	0	7
Care needs not adequately met	4	1	0	5	Care needs not adequately met	6	0	0	6
Communication with relatives/carers	3	2	0	5	Delay or failure in arranging or undertaking tests etc	3	3	0	6
Total	27	7	0	34	Total	31	10	0	41

New dissatisfied complaints

Care group	Reason Dissatisfied			Total
	Dissatisfied with findings	Further clarity/questions	Complaint handling	
CG1	1	1	0	2
CG2	0	2	0	2
CG3	1	0	0	1
CG4	1	0	0	1
CG5	0	0	0	0
CG6	0	1	0	1
Corporate	0	0	0	0
Total	3	4	0	7

Proportion of closed complaints by outcome



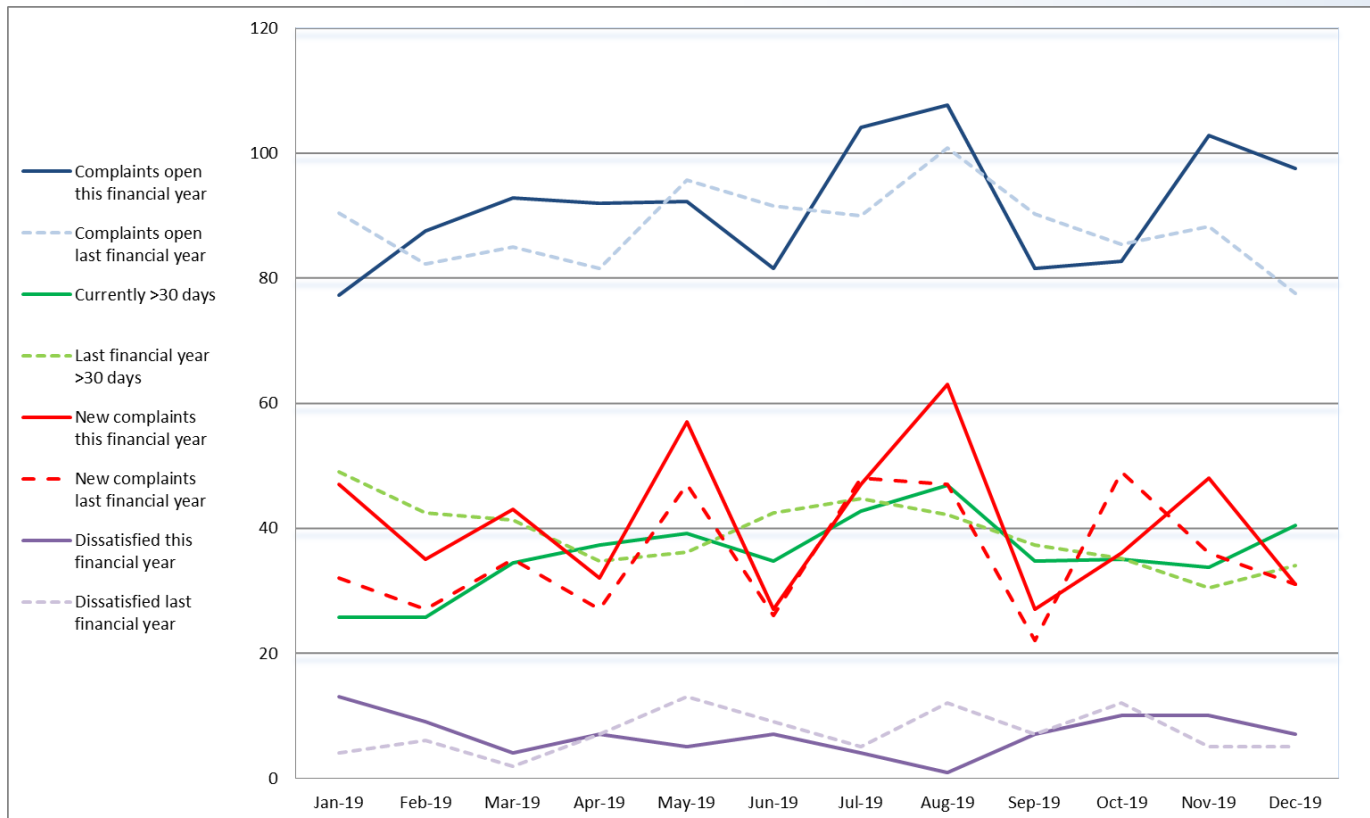
Patient Experience (continued)

Performance:

Closed complaint & PALS average response times

Complaints	Total Closed	Average no days	% Within Target	PALS	Total Closed	Average no days	% Within Target
CG1	19	39	26%	CG1	17	7	71%
CG2	7	21	71%	CG2	16	15	69%
CG3	11	34	36%	CG3	28	18	54%
CG4	4	31	25%	CG4	7	3	100%
CG5	4	22	50%	CG5	10	6	80%
CG6	11	33	36%	CG6	26	10	65%
Corporate Services	0	0	N/A	Corporate Services	2	41	50%
Total	56	33	38%	Total	106	12	67%

Complaint Performance Handling



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

14 hour Post Take data includes non-elective inpatients only, excludes Maternity, and excludes patients only admitted to the Patient Lounge. The numerator (those included as having had a Senior Review within 14hrs) includes any patient who has been marked on CPD as having had a Senior Review (post take still required) or Post Take Completed within 14 hours of admission time. It also includes any SDEC patients (having been admitted and discharged from an SDEC ward) who have had a Length of Stay less than 14hrs

Consequence of failure:

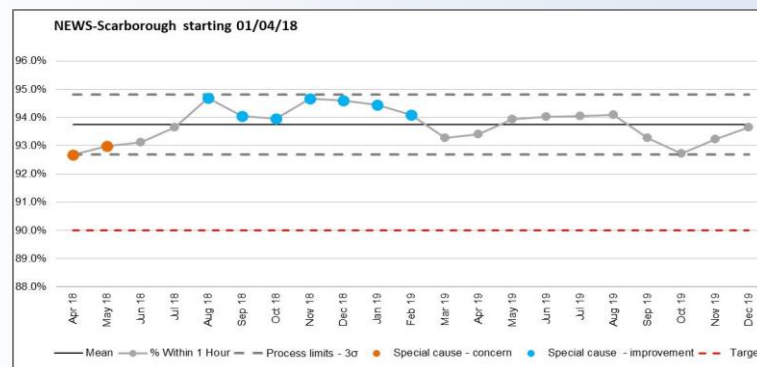
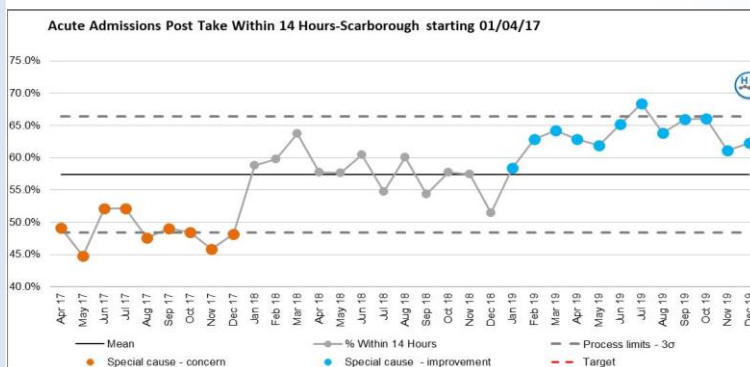
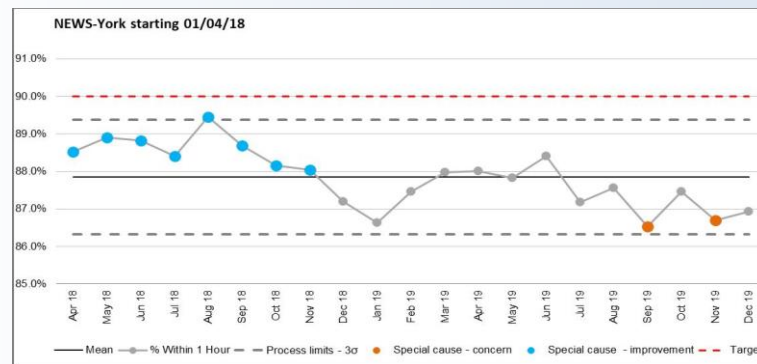
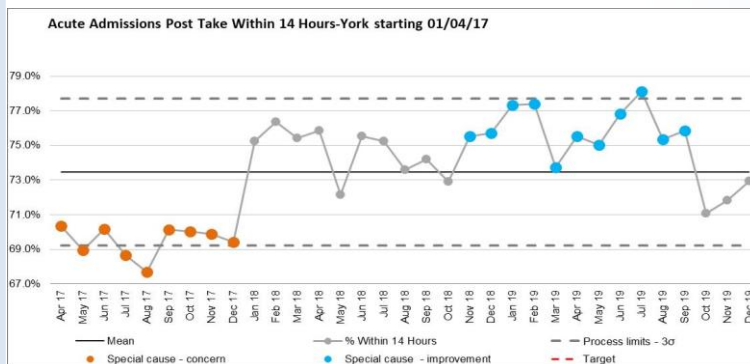
Patient experience, clinical outcomes, timely access to treatment

Operational Update:

Compliance with NEWS within 1 hour of prescribed time is below the target of 90% on the York site. This has been escalated to the Matrons and Heads of Nursing.

Work continues to ensure patients receive a senior review within 14 hours., this includes job planning and reviewing of ward rounds. Whilst it has been agreed that CPD will be the single mechanism for recording senior review, there is evidence that this is not always the case.

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:

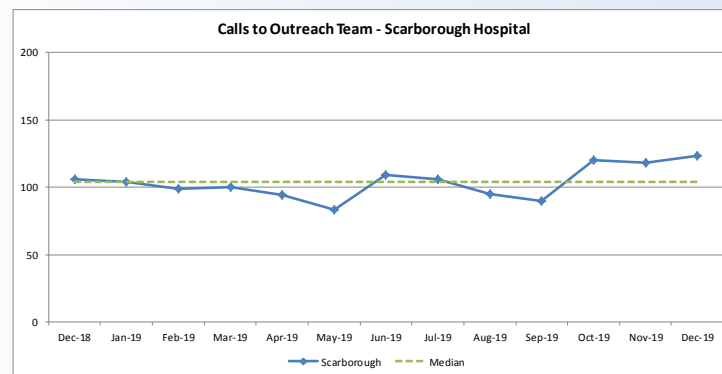
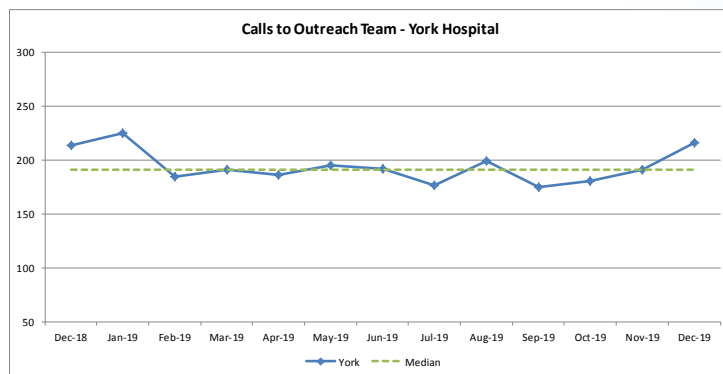
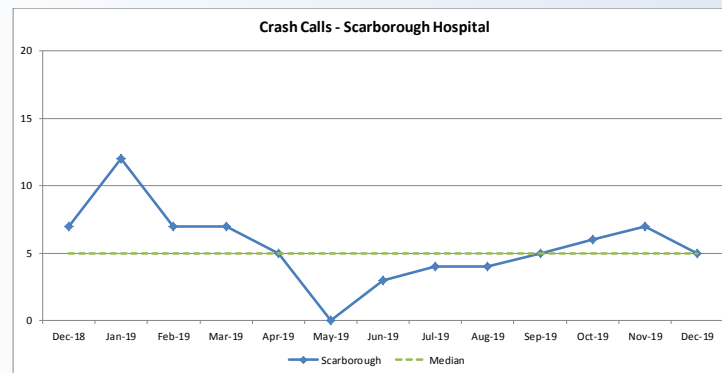
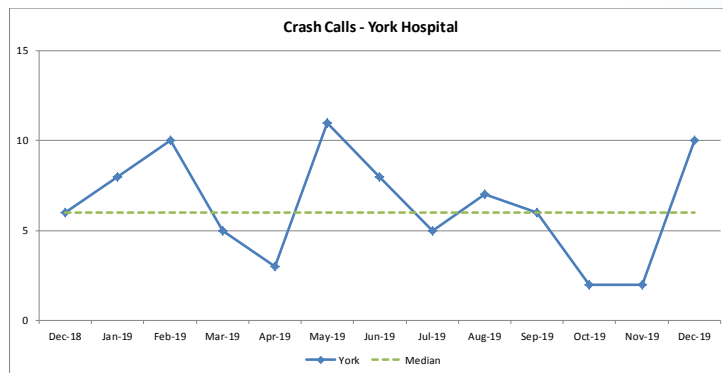
Patient experience, clinical outcomes, timely access to treatment

Operational Update:

Falling cardiac arrest rates are observed in Scarborough with an increase in York in December. 7 of these were unpredictable but 3 were failed DNACPR decision making with 2 having DNACPR decision in place yet receiving CPR! This needs further investigation. This data will be reviewed at the Deteriorating Patient Group. At both sites there is a general trend towards increased Outreach referrals. The NEWS 2 rollout has gone to plan without issue. We still however are concerned about the new confusion assessment.

Work continues in relation to Hospital at Night; Outreach recruitment has been successful. The CSW recruitment is ongoing. There has been some additional Reg support during the weekend twilight shifts.

Performance:



Assurance Framework
Responsive

Medication Incidents

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

Data Source: DATIX

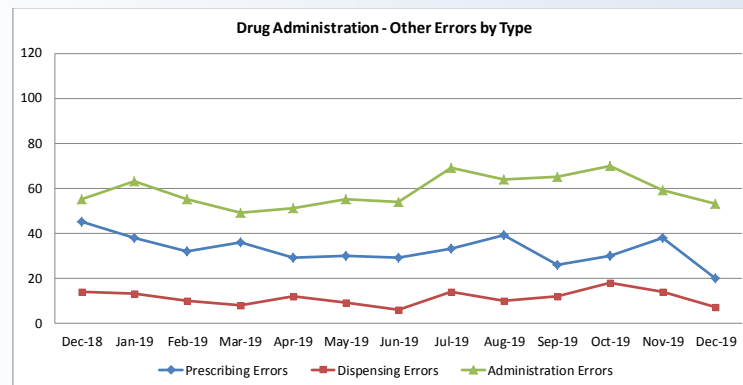
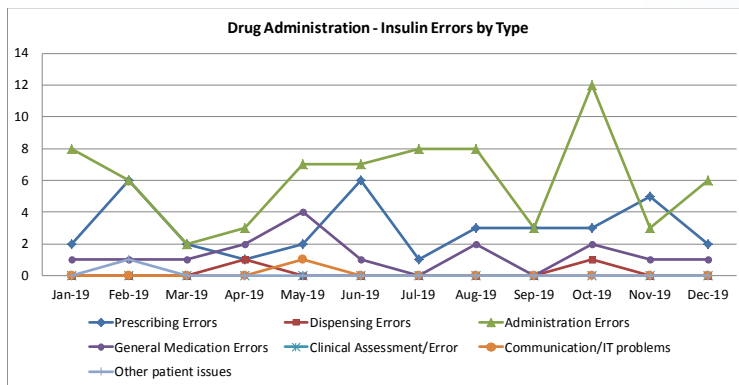
Operational Update: There were 122 medication incidents in December

There was one incident of moderate harm where a patient was re admitted with melaena as they had restarted their usual aspirin and clopidogrel on discharge, despite both been stopped on the previous admission with a GI bleed.

There have been two near misses where patients maintenance steroid therapy has been stopped inadvertently due to prescribers selecting an end date instead of the review date. These incidents will be shared with prescribers and the EPMA team have been asked to consider an option to select 'long term' when prescribing steroids.

The medication action plan for 2019 has been updated and shows many of the planned actions for 2019 were completed or processes are now embedded in routine practice. Highlights include improved sharing learning from medication incidents, the production of specific medication safety reports for Care Groups, the establishment of a regional medication safety network, chaired by the York Medication Safety Officer and review and prioritisation of risks within EPMA. A new medication safety strategy for 20/21 is been written to incorporate new national initiatives.

Activity count:



Assurance Framework
Responsive

Mortality – Learning from Deaths (LfD)

Operational Update

There were 209 deaths during December. All reported deaths were within the upper and lower control limits.

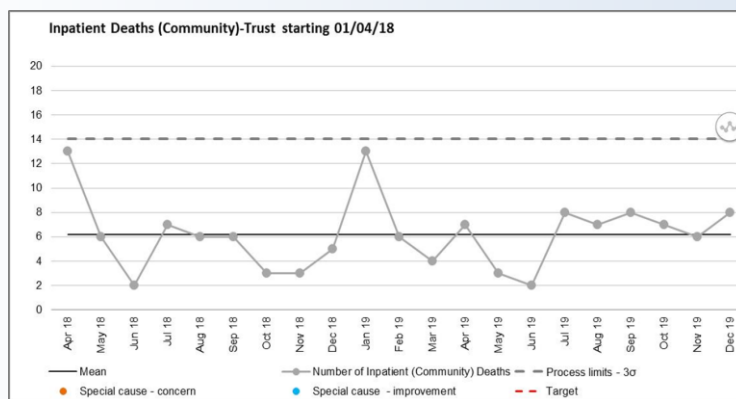
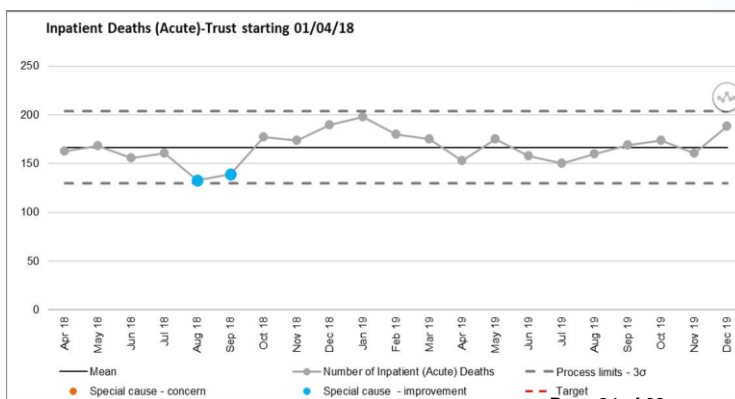
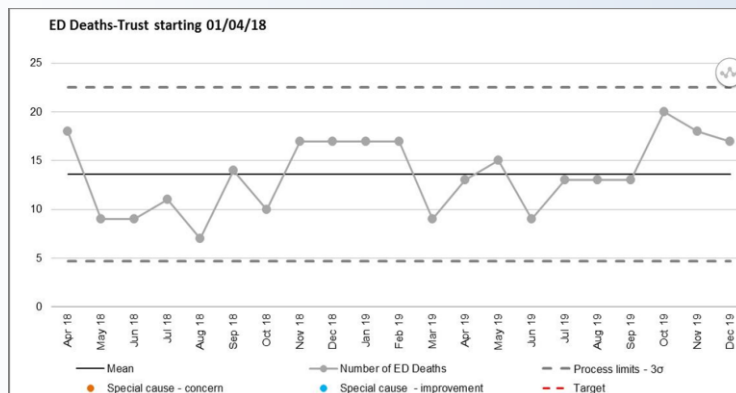
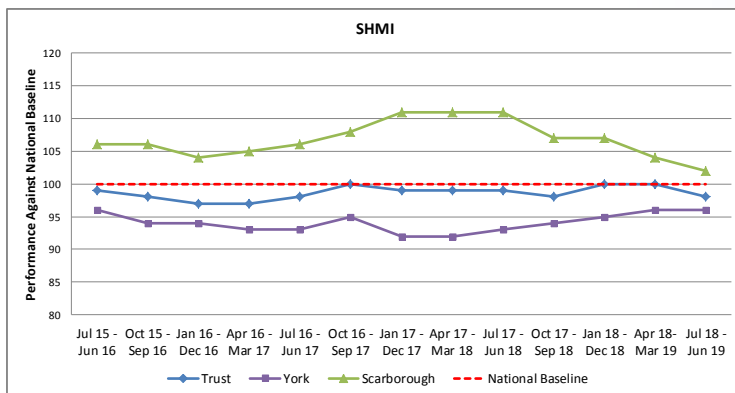
36% of the December mortality reviews have been completed at the time of reporting.

15 Structured Judgment Case Reviews (SJCRs) were commissioned during December; 8 of which have been completed at the time of reporting. Of the 15 SJCRs, 5 were requested due to an inquest, 2 were requested due to the patient having learning disabilities, 1 was requested by the Quality and Safety meeting, 2 were requested due to complaints and 5 were requested following the Medical Examiners conversation with the family.

A revised learning from deaths policy has been launched to reflect the updated process and template reports to be used by the care groups, this has been followed up with a meeting with care group directors and care group managers, to discuss the format and requirements for reporting and providing assurance. Recommendations and lessons learnt will be shared across all care groups where appropriate.

The Medical Examiner service is being embedded. 5 days a week are covered in York by the Lead ME (Dr Wanklyn). Interviews are scheduled for the end of January to recruit further MEs for the other York days and the Scarborough site. Medical Examiners officers (MEOs) are planned on both sites to ensure the service is robust.

Details:



Maternity Dashboard - York

YORK - MATERNITY DASHBOARD			Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	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
Activity	Births	Bookings	1st m/w visit	CPD	≤302	303-329	≥330	243	323	274	260	238	242	223	266	257	254	272	218	207
		Bookings <13 weeks	No. of mothers	CPD	≥90%	76%-89%	≤75%	86.0%	91.0%	92.0%	92.3%	91.2%	95.5%	91.9%	89.8%	91.1%	94.5%	90.4%	85.3%	87.0%
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	< 10%	10.1%-19.9%	>20%	7.4%	4.0%	2.9%	5.0%	2.5%	2.5%	4.9%	4.5%	3.5%	2.8%	4.0%	6.4%	3.9%
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	<90%	76%-89%	≤75%	83.3%	83.30%	75.00%	61.50%	50.00%	57.10%	45.50%	33.30%	66.70%	28.60%	18.20%	42.90%	25.00%
		Births	No. of babies	CPD	≤295	296-309	≥310	255	268	231	274	220	255	250	287	267	276	239	246	206
	Closures	No. of women delivered	No. of mothers	CPD	≤295	296-310	≥311	255	262	226	273	216	250	246	285	261	270	233	242	203
		Homebirth service suspended	No. of suspensions	Comm. Manager	0-3	4-6	7 or more	0	0	1	0	0	0	1	0	0	0	0	0	0
		Women affected by suspension	No. of women	Comm. Manager	0	1	2 or more	0	0	1	0	0	0	2	0	0	0	0	0	0
		Community midwife called in to unit	No. of times	Comm. Manager	3	4-5	6 or more	3	1	4	1	1	1	0	2	1	5	0	2	0
		Maternity Unit Closure	No. of closures	Matron	0		1 or more	0	0	0	0	0	0	0	0	0	0	0	0	1
		SCBU at capacity	No. of times	SCBU				0	7	5	9	7	0	0	2	0	0	0	5	0
		SCBU at capacity of intensive cots	No. of times	SCBU				4	0	2	10	2	2	3	4	8	8	0	3	0
		SCBU no of babies affected	No. of babies affected	SCBU	0	1	2 or more	0	0	1	3	2	0	0	0	2	0	1	1	0
Workforce	Staffing	MW to birth ratio	Ratio	Matron	≤29.5	29.6 - 30.9	>31	30	30	30	30	30	29	29	29	31	28	28	30	29
		1 to 1 care in Labour	CPD	CPD	100%	80% - 99.9%	≤79.9%	80.8%	77.0%	74.0%	79.9%	89.9%	93.0%	93.3%	97.1%	95.2%	90.2%	93.7%	95.9%	96.2%
		L/W Co-ordinator supernumary %	Shift Handover Sheets	Risk Team	100%	80% - 99.9%	≤79.9%	71.0%	66.0%	73.0%	48.0%	100.0%	100.0%	100.0%	96.8%	98.0%	95.0%	97.0%	96.0%	100.0%
		Anaesthetic cover on L/W	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%	59.7%	59.7%	54.5%	58.8%	61.5%	60.9%	64.1%	58.9%	59.7%	57.0%	57.0%	60.6%	61.0%
		Assisted Vaginal Births	No. of instr. Births - %	CPD	≤13.2	13.3-17.9%	≥18%	13.3%	12.2%	12.8%	16.8%	17.1%	11.2%	15.9%	11.2%	12.3%	12.2%	15.5%	16.5%	13.3%
		C/S Births	Em & elect - %	CPD	≤26%	26.1-27.9%	>28%	26.3%	27.9%	32.7%	24.5%	20.8%	26.8%	19.5%	30.2%	28.4%	31.1%	27.5%	22.7%	24.6%
		Eclampsia	No. of women	CPD	0		1 or more	0	0	0	0	0	1	0	0	0	0	0	0	0
		Undiagnosed Breech in Labour	No. of women	CPD	2 or less	3-4	5 or more	1	0	0	1	1	0	2	3	1	1	0	0	3
		HDU on L/W	No. of women	LW Activity Sheet	3 or less	4	5 or more	16	19	17	16	15	10	15	22	17	16	21	22	17
		BBA	No. of women	Risk Team - Datix	2 or less	3-4	5 or more	6	3	3	5	0	1	5	5	1	1	4	4	2
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	0	0	0	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	1	0
		Morbidity	Neonatal Death	No. of babies	Risk team- EBC	0		1 or more	0	0	1	0	0	0	0	0	0	0	0	1
	Antepartum Stillbirth		No. of babies	Risk Team	0	1	2 or more	0	0	0	0	0	0	0	1	0	0	0	1	0
	Intrapartum Stillbirths		No. of babies	Risk Team	0		1 or more	1	0	0	0	0	0	0	0	0	0	0	0	0
	Cold babies		No. of babies admitted to SCBU cold (<36.5)		1 or less	2-3	4 or more										8	7	10	3
	Risk Management	Breastfeeding Initiation rate	% of babies feeding at birth	CPD	>74.4%	74.3-70.1%	<70%	74.5%	74.3%	72.2%	73.7%	72.3%	71.0%	72.3%	71.0%	78.3%	73.8%	74.5%	72.7%	66.5%
		Smoking at time of delivery	% of women smoking at del.	CPD	<11%	12-14%	>15%	11.4%	10.7%	11.1%	11.4%	8.8%	10.8%	11.0%	11.9%	10.0%	7.0%	9.0%	9.9%	13.8%
		SI's	No. of SI's declared	Risk Team	0		1 or more	1	0	0	0	0	0	0	0	0	0	0	1	0
		PPH > 1.5L	No. of women	CPD	2 or less	3-4	5 or more	12	8	5	11	8	8	8	15	10	7	12	11	6
		PPH > 1.5L as % of all women	% of births	CPD				4.7%	2.9%	2.2%	4.0%	3.6%	3.1%	3.2%	5.2%	3.7%	2.5%	5.0%	4.4%	2.9%
		Shoulder Dystocia	No. of women	CPD	2 or less	3-4	5 or more	1	2	4	2	4	7	3	4	1	1	0	2	2
	New Complaints	3rd/4th Degree Tear	% of tears (vaginal births)	CPD	≤2.5%	2.6-3.9%	≥4%	3.1%	1.5%	0.0%	2.4%	0.0%	3.7%	2.5%	1.0%	2.6%	1.0%	3.4%	3.1%	2.5%
Informal		No. of Informal complaints	Risk Matrix	0	1-4	5 or more	1	1	1	3	2	1	0	2	5	1	1	1	1	
	Formal	No. of Formal complaints	Risk Matrix	0	1-4	5 or more	1	1	1	4	2	1	2	3	4	0	3	2	0	

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)	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	
Activity	Births	Bookings	1st m/w visit	CPD	≤210	211-259	≥260	152	210	183	167	139	176	163	198	175	153	181	154	144	
		Bookings <13 weeks	No. of mothers	CPD	≥90%	76%-89%	≤75%	92.1%	85.7%	91.0%	89.2%	91.4%	91.5%	91.4%	90.4%	89.1%	87.6%	873.8%	91.6%	82.6%	
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	< 10%	10%-20%	>20%	3.9%	12.0%	7.1%	8.4%	5.8%	5.7%	4.3%	4.5%	4.0%	7.2%	6.1%	2.6%	7.6%	
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	83%	68%	64%	79%	89%	70%	71%	44%	71.4%	73%	91%	100%	64%	
	Closures	Births	No. of babies	CPD	≤170	171-189	≥190	100	120	109	126	98	118	114	141	121	122	113	107	109	
		No. of women delivered	No. of mothers	CPD	≤170	171-189	≥190	99	117	106	123	95	114	114	138	120	119	112	107	0	
		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	1	1	4	0	1	0	3	2	2	0	0	0	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	0
Workforce	Staffing	M/W to birth ratio	Ratio	Matron	≤29.5	29.6-30.9	>31	22.0	23	23	23	22	23	22	22	24	22	23	22	23	
		1 to 1 care in Labour	CPD	CPD	≥100%	80% - 99.9%	≤79.9%	89.9%	94.9%	94.3%	95.7%	96.5%	96.2%	98.1%	95.0%	98.1%	98.1%	98.9%	94.7%	95.7%	
		L/W Co-ordinator supernumary %	Shift Handover Sheets	Risk Team	≥100%	80% - 99.9%	≤79.9%	85.0%	75.8%	75.0%	80.0%	100.0%	93.3%	100.0%	98.4%	97.0%	95.0%	97.0%	98.3%		
		Anaesthetic cover on L/W	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%	54.8%	62.8%	72.5%	66.9%	74.5%	63.6%	69.6%	64.3%	69.4%	70.5%	71.7%	56.0%	67.9%	
		Assisted Vaginal Births	No. of instr. Births - %	CPD	≤13.2	13.3-17.9%	>18%	6.1%	5.1%	1.9%	10.6%	5.3%	9.6%	9.6%	7.2%	10.8%	4.2%	0.9%	8.4%	5.6%	
		C/S Births	Em & elect - %	CPD	≤26%	26.1-27.9%	>28%	36.4%	32.5%	24.5%	22.0%	18.9%	27.2%	20.2%	26.8%	20.2%	26.1%	27.7%	34.6%	25.9%	
		Eclampsia	No. of women	CPD	0		1 or more	0	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	0	0	1	0	0	0	0	0	0	1	0
		HDU on L/W	No. of women	LW Activity Sheet	3 or less	4	5 or more	5	1	7	10	0	4	10	2	6	6	4	3	1	
	Morbidity	BBA	No. of women	Risk Team - Datix	2 or less	3-4	5 or more	0	1	3	2	1	0	2	1	2	1	2	0	3	
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	0	0	0	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	
		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	1	0	0	1	0	0	1	1	0	0	1	2	1	
		Intrapartum Stillbirths	No. of babies	Risk Team	0		1 or more	0	0	0	2	0	0	0	0	0	0	0	0	0	
	Risk Management	New Complaints	Cold babies	No. of babies admitted to SCBU cold (<36.5)		1 or less	2-3	4 or more									2	0	0	3	
			Breastfeeding Initiation rate	% of babies feeding at birth	CPD	>74.4%	74.3-70.1%	<70%	61.6%	66.7%	67.9%	65.9%	61.2%	68.6%	55.8%	57.9%	53.7%	56.6%	59.8%	66.7%	64.8%
			Smoking at time of delivery	% of women smoking at del.	CPD	<11%	12-14%	>15%	20%	17%	18%	15%	15%	18%	25%	21%	16%	13%	21%	24%	19%
			Si's	No. of Si's declared	Risk Team	0		1 or more	0	1	0	1	0	0	0	0	1	0	0	0	0
		New Complaints	PPH > 1.5L	No. of women	CPD	2 or less	3-4	5 or more	4	2	3	6	1	2	0	1	4	2	2	2	3
			PPH > 1.5L as % of all women	% of births	CPD				4.0	1.7	2.8	4.7	1.0	1.7	0.0	1	3.3	2	2	1.8	0.0
Shoulder Dystocia			No. of women	CPD	2 or less	3-4	5 or more	1	1	2	1	1	2	1	1	2	1	0	2	3	
3rd/4th Degree Tear			% of tears (vaginal births)	CPD	≤2.5%	2.6 - 3.9%	≥4%	0.0%	3.6%	2.5%	3.0%	0.0%	0.0%	0.0%	1.9%	3.1%	1.1%	2.4%	1.4%	2.5%	
Informal			No. of Informal complaints	Risk Matrix	0	1-4	≥4 or more	0	0	1	0	1	0	0	0	1	1	1	0	0	
Formal			No. of Formal complaints	Risk Matrix	0	1-4	5 or more	0	0	0	1	0	1	0	0	1	1	1	0	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

December 2019 performance

Produced January 2020

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

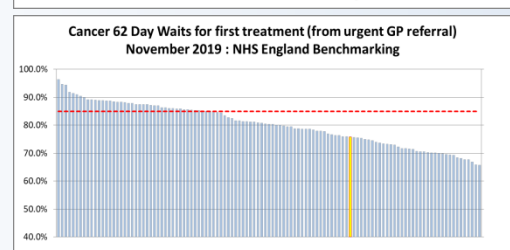
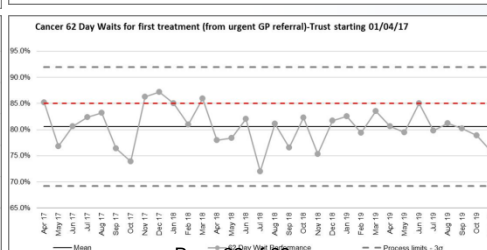
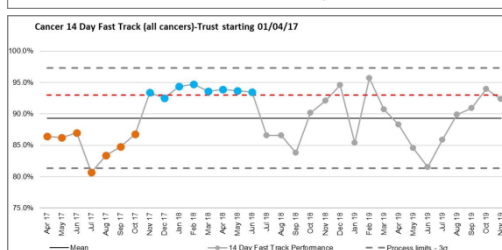
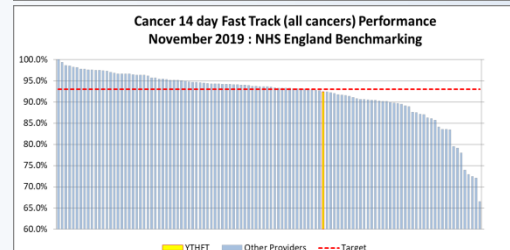
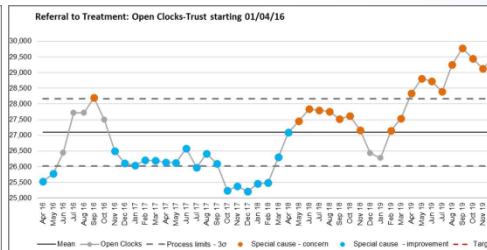
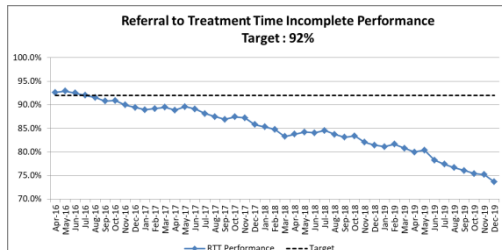
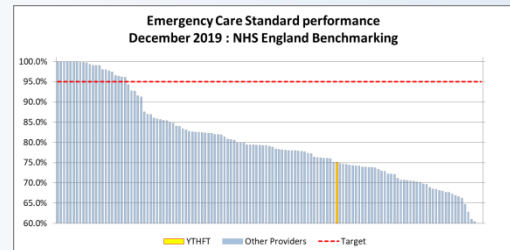
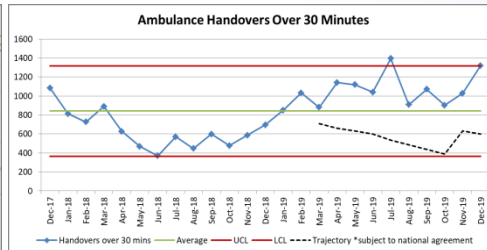
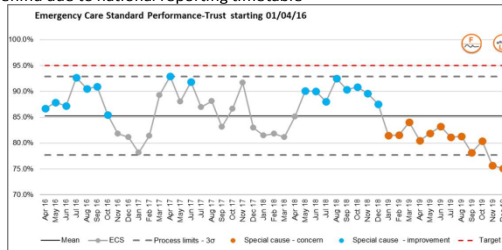
To support an engaged, healthy and resilient workforce

To ensure financial stability

Assurance Framework Responsive Key Performance Indicators – Trust level

Operational Performance: Key Targets	Target	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
Emergency Care Standard Performance	95%	87.6%	81.5%	81.5%	84.0%	80.5%	81.9%	83.2%	81.2%	81.3%	78.1%	80.4%	75.7%	75.1%
Ambulance handovers waiting 15-29 minutes	0	1083	935	892	915	956	1072	978	988	983	969	1112	994	1068
Ambulance handovers waiting 30-59 minutes	0	463	470	556	484	593	671	587	723	547	605	571	552	652
Ambulance handovers waiting >60 minutes	0	233	380	477	397	548	449	453	673	362	466	332	476	668
Stranded Patients at End of Month - York, Scarborough and Bridlington		368	439	386	442	422	406	397	394	409	397	363	363	377
Super Stranded Patients at End of Month - York, Scarborough and Bridlington		116	153	130	153	138	143	135	140	148	136	125	105	139
Diagnostics: Patients waiting <6 weeks from referral to test	99%	91.1%	90.6%	92.9%	93.0%	87.5%	86.4%	88.9%	87.5%	81.7%	82.4%	83.3%	85.0%	81.5%
RTT Incomplete Pathways	92%	81.5%	81.1%	81.7%	80.8%	80.0%	80.4%	78.3%	77.4%	76.7%	76.0%	75.4%	75.2%	73.6%
RTT Total Waiting List (RTT TWL)	26,303	26,433	26,278	27,144	27,536	28,344	28,809	28,724	28,394	29,252	29,771	29,442	28,775	29,477
RTT 52+ Week Waiters	0	0	0	3	0	0	3	0	3	1	1	0	0	0
Cancer 2 week (all cancers)	93%	94.6%	85.4%	95.7%	90.7%	88.3%	84.6%	81.5%	85.9%	89.9%	90.9%	94.0%	92.4%	-
Cancer 2 week (breast symptoms)	93%	92.8%	93.4%	93.2%	90.7%	79.6%	91.4%	93.8%	95.2%	97.1%	98.1%	98.0%	97.6%	-
Cancer 31 day wait from diagnosis to first treatment	96%	96.8%	96.4%	98.7%	96.9%	96.7%	98.3%	98.8%	99.1%	99.5%	97.5%	98.8%	96.4%	-
Cancer 31 day wait for second or subsequent treatment - surgery	94%	95.0%	90.5%	92.3%	97.4%	94.3%	95.1%	96.9%	93.8%	84.4%	100.0%	97.2%	97.8%	-
Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.8%	98.8%	-
Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%	81.7%	82.5%	79.4%	83.5%	80.6%	79.5%	85.0%	79.8%	81.2%	80.2%	78.9%	75.9%	-
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	90%	88.6%	90.6%	89.1%	92.7%	100.0%	92.1%	100.0%	100.0%	90.6%	100.0%	98.0%	91.4%	-
Cancer 28 Day Wait - Faster Diagnosis Standard	TBC	66.7%	63.3%	69.6%	67.5%	67.4%	62.1%	66.8%	63.1%	60.2%	59.6%	64.9%	68.9%	-

note: cancer one month behind due to national reporting timetable



Assurance Framework Responsive

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

	Target	Sparkline / Previous Month	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
Operational Performance: Unplanned Care															
Emergency Care Attendances			16571	16575	15500	17489	18055	18270	18256	20101	19683	18486	18800	17848	17926
Emergency Care Breaches			2059	3069	2863	2791	3525	3310	3067	3785	3671	4043	3689	4337	4471
Emergency Care Standard Performance	95%		87.6%	81.5%	81.5%	84.0%	80.5%	81.9%	83.2%	81.2%	81.3%	78.1%	80.4%	75.7%	75.1%
ED Conversion Rate: Proportion of ED attendances subsequently admitted			41%	38%	38%	36%	36%	37%	38%	38%	38%	37%	30%	42%	42%
ED Total number of patients waiting over 8 hours in the departments			324	904	802	687	1,007	972	799	1,029	912	1,275	817	1,200	1,499
ED 12 hour trolley waits	0		0	16	8	28	24	26	2	1	7	32	16	9	15
ED: % of attendees assessed within 15 minutes of arrival			63%	62%	59%	63%	58%	59%	59%	53%	55%	54%	54%	51%	54%
ED: % of attendees seen by doctor within 60 minutes of arrival			50%	43%	40%	38%	37%	37%	36%	34%	33%	32%	32%	31%	32%
ED – Percentage of patients who Left Without Being Seen (LWBS)	5%		2.9%	3.0%	3.1%	3.2%	3.7%	4.0%	4.4%	4.8%	4.4%	4.6%	4.1%	3.0%	3.1%
ED - Median time between arrival and treatment (minutes)			181	191	192	190	205	197	196	201	206	219	202	223	226
Ambulance handovers waiting 15-29 minutes			1083	935	892	915	956	1072	978	988	983	969	1112	994	1068
Ambulance handovers waiting 15-29 minutes - improvement trajectory			-	-	-	846	829	812	795	778	761	744	727	710	694
Ambulance handovers waiting 30-59 minutes			463	470	556	484	593	671	587	723	547	605	571	552	652
Ambulance handovers waiting 30-59 minutes - improvement trajectory			-	-	-	380	365	350	335	319	304	289	274	361	342
Ambulance handovers waiting >60 minutes			233	380	477	397	548	449	453	673	362	466	332	476	668
Ambulance handovers waiting >60 minutes - improvement trajectory			-	-	-	330	297	281	264	215	182	149	116	271	257
Non Elective Admissions (excl Paediatrics & Maternity)			4713	4524	4029	4580	4521	4733	4761	5070	4871	4553	5142	5048	5089
Non Elective Admissions - Paediatrics			942	921	865	891	745	729	711	808	658	790	944	1045	1011
Delayed Transfers of Care - Acute Hospitals			1212	1093	1067	1178	1456	1529	1486	1346	1325	1355	1215	1054	1183
Delayed Transfers of Care - Community Hospitals			337	385	295	377	277	303	352	235	333	335	342	182	230
Patients with LOS 0 Days (Elective & Non-Selective)			1375	1421	1278	1362	1241	1386	1550	1609	1472	1364	1663	1782	1692
Total number of patients during the month with a LoS >= 7 Midnights (Elective & Non-Selective)			1085	1151	991	1097	1102	1157	1076	1241	1115	1139	1116	1112	1197
Ward Transfers - Non clinical transfers after 10pm	100		85	100	71	94	87	87	76	87	72	89	104	99	123
Emergency readmissions within 30 days			875	852	741	876	925	912	941	1044	936	876	991	946	-
Stranded Patients at End of Month - York, Scarborough and Bridlington			368	439	386	442	422	406	397	394	409	397	363	363	377
Average Bed Days Occupied by Stranded Patients - York, Scarborough and Bridlington			376	431	433	409	405	399	373	390	384	380	361	362	376
Super Stranded Patients at End of Month - York, Scarborough and Bridlington			116	153	130	153	138	143	135	140	148	136	125	105	139
Average Bed Days Occupied by Super Stranded Patients - York, Scarborough and Bridlington			129	151	166	143	147	134	141	138	134	138	129	109	118
Operational Performance: Planned Care															
Outpatients: All Referral Types	Target		16888	19856	19315	18908	18613	19475	18939	20251	18266	18722	20052	18415	16917
Outpatients: GP Referrals			8624	10038	10416	9801	9515	9760	9497	10044	9361	9463	10049	9110	8359
Outpatients: Consultant to Consultant Referrals			1961	2537	2221	2251	2181	2380	2233	2306	2075	2222	2364	2244	1998
Outpatients: Other Referrals			6303	7281	6678	6856	6917	7335	7209	7901	6830	7037	7639	7061	6560
Outpatients: 1st Attendances			8059	9868	9005	9312	8605	9210	9208	9875	8307	8731	9878	9196	7958
Outpatients: Follow Up Attendances			14446	18028	15417	16441	15046	16386	15098	16844	14095	14869	16990	16491	13141
Outpatients: 1st to FU Ratio			1.79	1.83	1.71	1.77	1.75	1.78	1.64	1.71	1.70	1.70	1.72	1.79	1.65
Outpatients: DNA rates			6.4%	6.1%	5.7%	5.5%	5.9%	6.1%	5.9%	6.3%	6.0%	6.0%	5.9%	6.0%	5.8%
Outpatients: Cancelled Clinics with less than 14 days notice	180		162	206	193	209	180	179	198	243	240	232	270	213	164
Outpatients: Hospital Cancelled Outpatient Appointments for non-clinical reasons			620	837	803	979	993	945	883	987	1214	1316	1474	1076	1303
Diagnostics: Patients waiting <6 weeks from referral to test	99%		91.1%	90.6%	92.9%	93.0%	87.5%	86.4%	88.9%	81.7%	81.7%	82.4%	83.3%	85.2%	81.5%
Elective Admissions			602	614	554	687	649	682	724	692	579	685	762	753	520
Day Case Admissions			5344	6621	5868	6082	5843	6061	5879	6232	5901	6135	6684	6411	5640
Cancelled Operations within 48 hours - Bed shortages			33	22	10	17	32	66	59	32	13	60	26	41	48
Cancelled Operations within 48 hours - Non clinical reasons			91	114	90	141	130	147	194	229	85	173	148	173	152
Theatres: Utilisation of planned sessions			88%	86%	87%	90%	92%	86%	89%	89%	91%	91%	95%	91%	88%
Theatres: number of sessions held			523	586	506	576	576	602	609	712	501	588	640	561	498
Theatres: Lost sessions < 6 wks notice (list available but lost due to leave, staffing etc)			66	53	89	108	99	43	83	104	92	48	66	52	70

**Assurance Framework
Responsive**

Performance Summary by Month – Trust level continued

	Target	Sparkline / Previous Month	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
18 Weeks Referral To Treatment															
Incomplete Pathways	92%		81.5%	81.1%	81.7%	80.8%	80.0%	80.4%	78.3%	77.4%	76.7%	76.0%	75.4%	75.2%	73.6%
Waits over 52 weeks for incomplete pathways	0		0	0	0	3	0	0	3	0	1	1	0	0	0
Waits over 26 weeks for incomplete pathways	0		1943	2192	2066	2220	2468	2657	2558	2735	3239	3595	3508	3526	3957
Waits over 36 weeks for incomplete pathways	0		431	497	530	606	669	632	660	632	868	887	1076	1168	1302
RTT Total Waiting List (RTT TWL)	26,303		26433	26278	27144	27536	28344	28809	28724	28394	29252	29771	29442	29123	29477
Number of patients on Admitted Backlog (18+ weeks)			2352	2463	2470	2738	2850	2877	2847	3338	3543	3639	3686	3711	3919
Number of patients on Non Admitted Backlog (18+ weeks)			2550	2500	2505	2556	2825	2769	3391	3079	3283	3445	3554	3512	3850
Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring from Oct-2019)	8.5		-	-	-	-	-	-	-	-	-	-	11.6	12.0	12.4
Cancer (one month behind due to national reporting timetable)															
Cancer 2 week (all cancers)	93%		94.6%	85.4%	95.7%	90.7%	88.3%	84.6%	81.3%	85.9%	89.9%	90.9%	94.0%	92.4%	-
Cancer 2 week (breast symptoms)	93%		92.8%	93.4%	93.2%	90.7%	79.6%	91.4%	93.8%	95.2%	97.1%	98.1%	98.0%	97.6%	-
Cancer 31 day wait from diagnosis to first treatment	96%		96.8%	96.4%	98.7%	96.9%	96.7%	98.3%	98.8%	99.1%	99.5%	97.5%	98.8%	96.4%	-
Cancer 31 day wait for second or subsequent treatment - surgery	94%		95.0%	90.5%	92.3%	97.4%	94.3%	95.1%	96.9%	93.8%	84.4%	100.0%	97.2%	97.8%	-
Cancer 31 day wait for second or subsequent treatment - drug treatments	98%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.8%	98.8%	-
Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%		81.7%	82.5%	79.4%	83.5%	80.6%	79.5%	85.0%	79.8%	81.2%	80.2%	78.9%	75.9%	-
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	90%		88.6%	90.6%	89.1%	92.7%	100.0%	92.1%	100.0%	100.0%	90.6%	100.0%	98.0%	91.4%	-
Cancer 28 Day Wait - Faster Diagnosis Standard	TBC		66.7%	63.3%	69.6%	67.5%	67.4%	62.1%	66.8%	63.1%	60.2%	59.6%	64.9%	68.9%	-

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 achieved ECS performance of 75.1% in December. The last twelve months have been below the rolling four-year average of 85.5%. The Trust performed below the national position for December (79.8%) (nationally this is the worst performance since the standard was introduced in 2004) ranking 70th nationally out of 137 providers.

Unplanned care demand continues to be challenging, with type 1, 2 and 3 attendances up 8% for the year to date on the same period in 2018/19. In total an extra 11,882 patients have attended the main EDs, UCCs and MIUs compared to the same period last year, with the main EDs (type 1) seeing and treating an additional 6,876 patients; a rise of 8%.

Fifteen twelve-hour trolley breaches were reported in December 2019 at Scarborough Hospital. The breaches were reported to NHS England and NHS Improvement as required, the breaches were due to capacity constraints in ED and a lack of capacity within the inpatient bed base. In total there were forty two hour trolley breaches declared in Q3, all at Scarborough.

High levels of Ambulance arrivals continue to impact the two main EDs, with the last three months above the two-year average, the 4,596 ambulance arrivals in December was the highest ever received at the Trust. Overall Ambulance arrivals are up 3% on 2018/19 a rise of 1,254. The continued demand during December contributed to 1,320 ambulances being delayed by over 30 minutes, above the revised improvement trajectory* of 599 submitted to NHS England and NHS Improvement. The increase in ambulance arrivals has seen twelve consecutive months where the number of ambulances being delayed by over 30 mins has been above the two-year average.

The Trust continues to experience bed pressures, with Scarborough Hospital experiencing bed occupancy of above 90% at midnight on 26 days during the month. York Hospital had above 90% bed occupancy for 23 days. The acute Delayed Transfers of Care (DToc) position in December was the second lowest this financial year but remained above target (December data is not available at the time of this report), this is a continuation of a fluctuating and unpredictable position over the last fourteen months. 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.

The Trust's Winter Plan was mobilised on the 1st of December.

*Trajectory subject to national agreement.

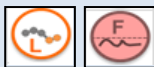
Targeted actions

- York SDEC: The causes of variability in the number of patients streamed from ED to SDEC areas each day being explored and addressed by ED and SDEC teams, for example by setting up streaming training delivered by the ECIST team on 9th January 2020, Paediatrics SDEC service extended to 24/4 in York for the winter period, to address sustained increased demand from late evening through the night and ACP and nursing staffing for the York Medical SDEC is being increased, to care safely for the rise in patient numbers seen in the unit.
- York ED – Streaming training day supported by ECIST on 9th January.
- Scarborough SDEC: The Home First Unit opened on 6th January 2020, workshop is planned with North Yorkshire County Council to agree processes and ways of working for social care assessment in the Home First Unit and workforce review is underway to extend the Home First Unit service to 7 days
- Development of SDEC 'real time' dashboards to monitor against national standards and indicators, together with additional metrics including areas such as 'lost opportunity' where 0 LoS patients are being admitted to non SDEC areas.
- SAFER relaunched and reframed as a safety tool, sponsored by the Medical Director and Chief Nurse.
- A review of the integrated discharge approach on the York acute floor is underway to bring together DLT, Social Workers, CRT, RATS and the therapists to better support the acute teams with discharges.
- Weekly Long Length of Stay Reviews at both sites embedding with reduction in number of patients in hospital 21+ days (target of a 40% by March 2020 – current achievement of 34% - on target, so locally supporting teams to achieve 50% reduction by March 2020)
- The Winter Plan 19/20 for YFT & system partners mobilised and incorporates; (1) high impact schemes embedded from 18/19, (2) Winter Pressure Grant schemes & (3) the additional system & locality specific actions mobilised across both sites following the ECS Risk Summit. These are captured in a single system workplan held by the A&E Delivery Board & System Resilience Group. For YHFT these include: communication plans and learning from stakeholder engagement; increased 'virtual bed' capacity; increased decision making capacity; and temporary changes to the function of some wards.

**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 December 2019 was 90%.

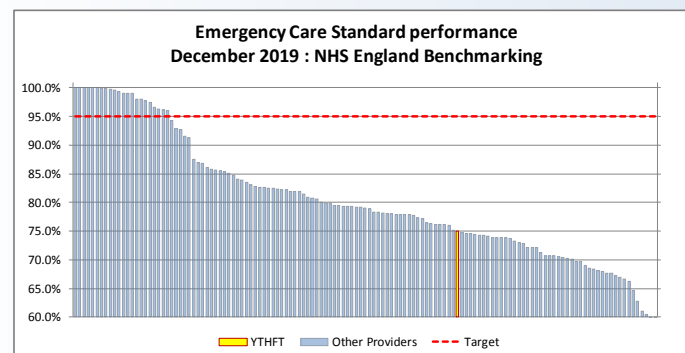
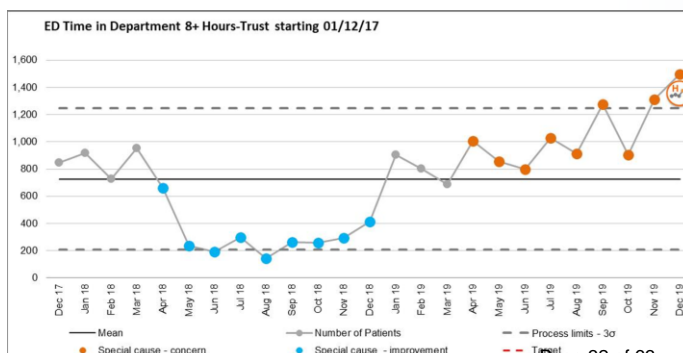
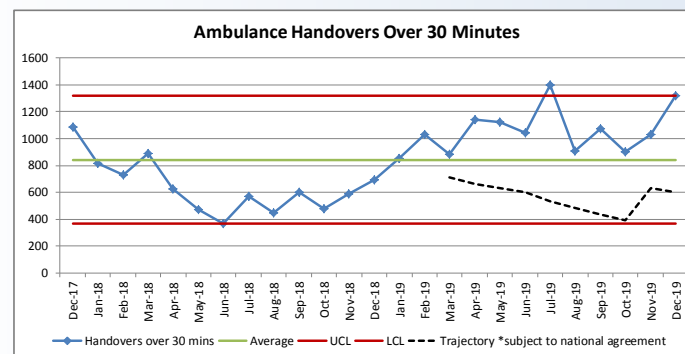
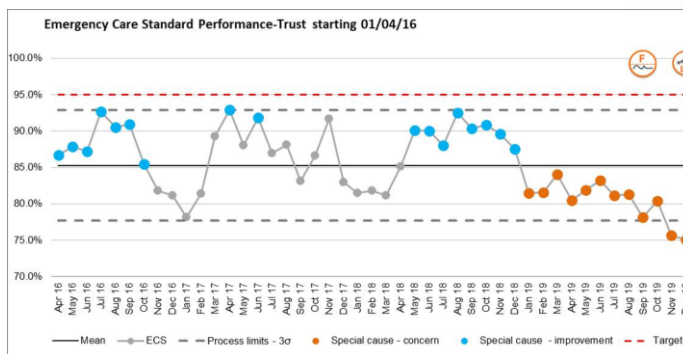
**Consequence of
under-achievement**

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

Performance Update:

- The Trust achieved 75.1% in December 2019.
- For the year to date there has been an 8% rise in attendances on the same period in 2018/19. In total an extra 11,882 patients have attended the main EDs, UCCs and MIUs, with the main EDs (type 1) seeing and treating an additional 6,876 patients; a rise of 8%. Scarborough ED has been under significant pressure, up 10% year to date compared to 2018/19.
- The number of patients waiting over 8 hours remains high, in December 2019 there were 1,499 patients who waited over 8 hours, the twelfth consecutive month above the four-year average.
- There were fifteen twelve hour trolley waits reported on the Scarborough site.
- Ambulance arrivals have seen twelve consecutive months where the number of ambulances being delayed by over 30 mins has been above the two-year average.

Performance:



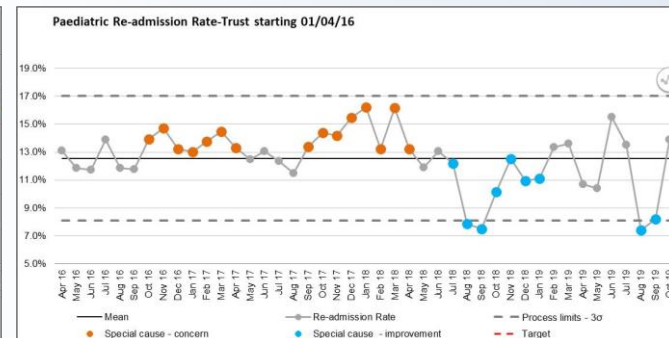
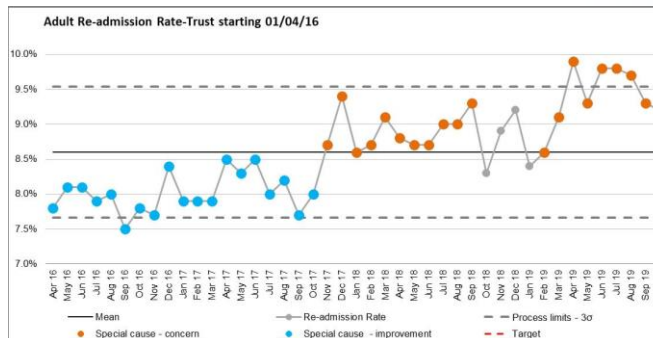
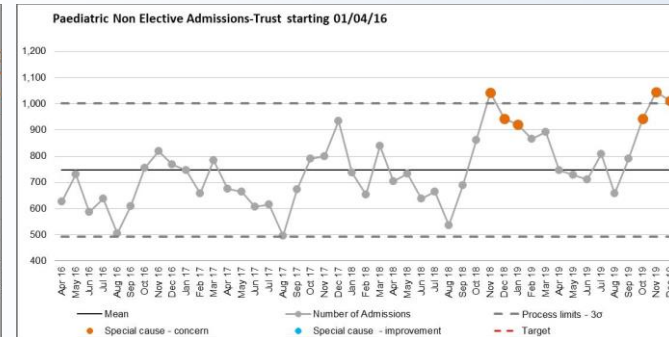
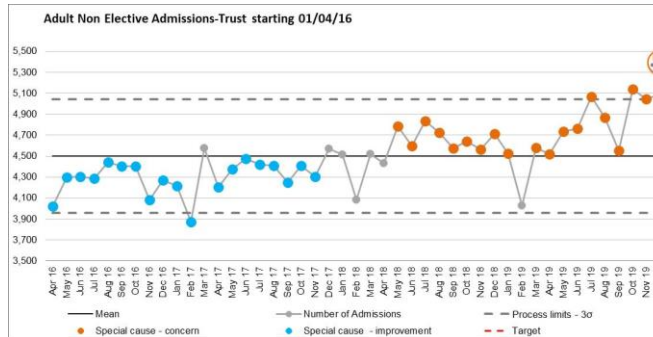
Assurance Framework
Responsive

Unplanned Care

Performance Update:

- The number of adult non-elective admissions for the year to date has increased by 5% in 2019/20 compared to 2018-19 (+1,551). For nineteen of the past twenty months adult admissions have been above the four year average. Paediatric non-elective admissions have been above the four year average for the past four months and are 10% up YTD compared to 2018/19. The rise in paediatric admissions has been seen in children with respiratory conditions. There has been a rise of 38% (+184 admits) for children admitted with a primary diagnosis of asthma and a 58% (+230) increase for upper respiratory infections. The increase has been in 'short stay' patients with those with a zero night LoS increasing from 52% to 69%.
- The adult readmission rate continues to be above the four year average, analysis by the Trust's analytics team identified that there is an issue with the merging of two patient spells on CPD where it has been identified that a patient has been discharged in error. This can occur if a patient has been discharged prior to completion of an electronic discharge notice (EDN) or following the transfer of a patient from ward or one hospital site to another, when this should be recorded as a single patient spell. The Trust's Development Team are working to understand what changes need to be made to CPD to facilitate more accurate patient pathways. Therefore the belief is that this is a data issue rather than a true rise in readmissions.

Performance:



Cancer Waiting Times

(Reported a month in arrears)

Operational Context

Overall, the Trust achieved 92.4% against the 14 day Fast Track referral from GP standard in November this was the second consecutive month the Trust had outperformed the national position (91.3%).

The Trust continues to experience high numbers of Cancer Fast Track (FT) referrals, with a 7% increase in FT referrals seen to the end of November 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 was 75.9% in November. National performance for November was 77.4% and this was the first time in the last 12 months that the Trust hasn't outperformed the national position. The Trust's performance in November equated to 145 accountable patients treated in November, with 35 accountable breaches (41 patients). The breaches 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, 5% relate to delays for medical reasons, 55% due to delays to diagnostic tests or treatment plans/lack of capacity, 33% relate to complex or inconclusive diagnostics and 7% due to patient delay.

Progress towards the April 2020 target to diagnose patients within 28 days continues, with improving performance of 69.9% in November, up 5% on October performance. Performance is currently being shadow reported as a national target percentage has yet to be set.

Targeted actions

- Recovery plans have been developed for any tumour sites not achieving the 14 day and/or 62 day standards. Progress against these plans is being monitored with care groups on a weekly basis.
- Weekly 'Cancer Wall' meeting implemented with scrutiny of every diagnosed cancer patient without a treatment plan, to reduce unnecessary delays and mitigate risk. Patients on a 62 day pathway without a diagnosis are also reviewed and plans agreed where required.
- 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.
- Developing a Rapid Diagnostic Centre (RDC) for patients with vague symptoms and Upper GI referrals.
- NHSI Elect facilitating a rapid improvement project to reduce delays in Head and Neck pathway.
- Focused project on 28 day referral to diagnosis, overseen by Cancer Delivery Group which is a subset of Cancer Board.

Assurance Framework
Responsive

14 Day Fast Track – Cancer Waiting Times

Standard(s):



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

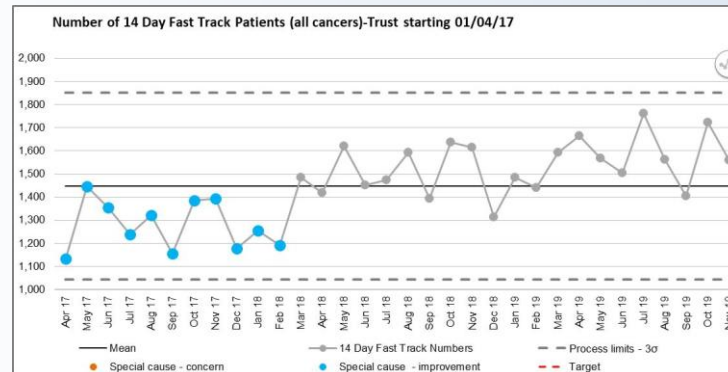
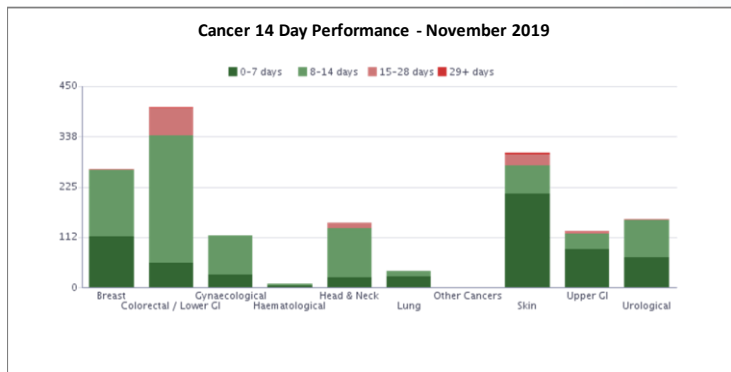
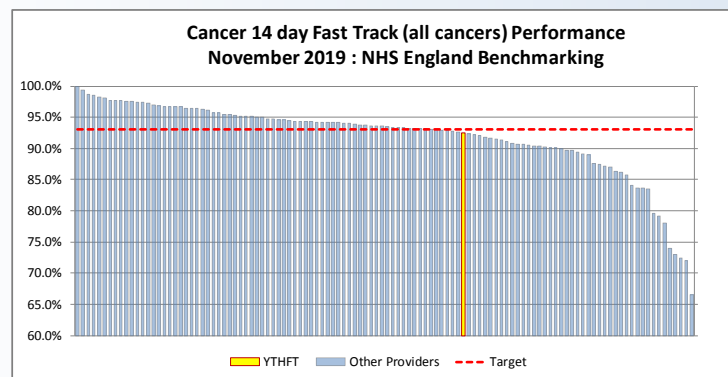
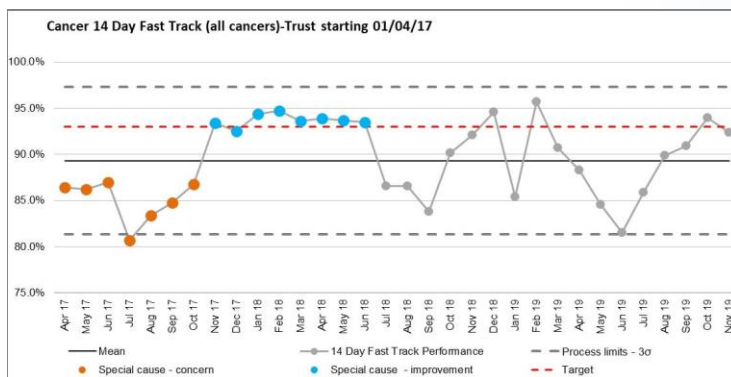
Consequence of
under-achievement:

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

Performance Update:

- Overall, the Trust achieved 92.4% against the 14 day Fast Track referral from GP standard in November.
- The Trust continues to experience high numbers of Cancer Fast Track (FT) referrals, with a 7% increase in FT referrals received April to November 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.

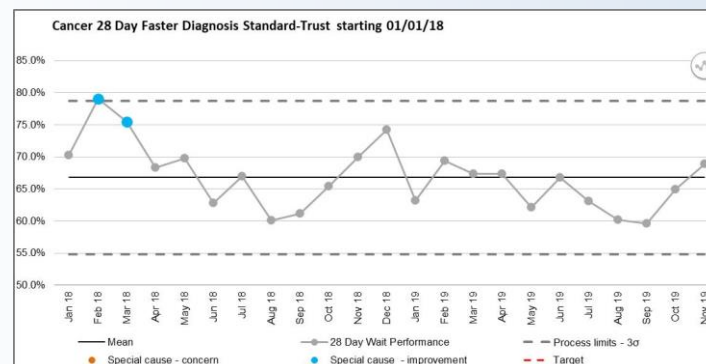
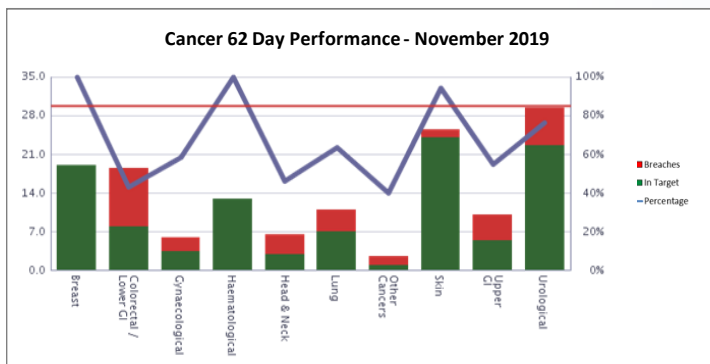
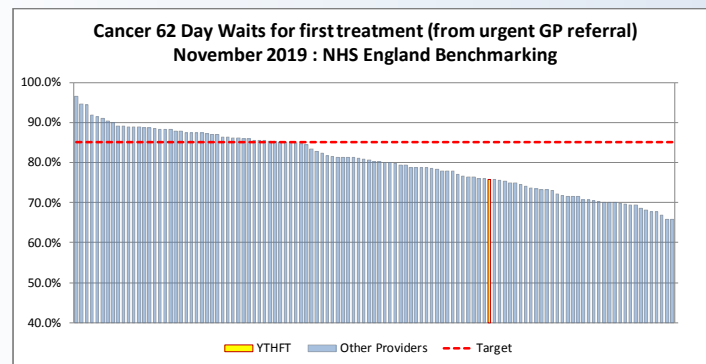
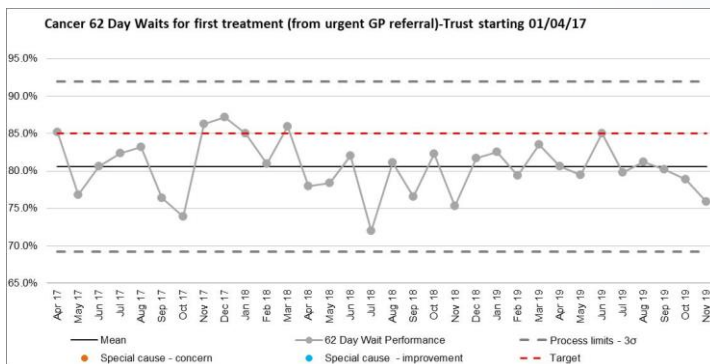
Consequence of
under-achievement:

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

Performance Update:

- Performance against the 62 day target from referral to treatment was 75.9% in November.
- The Trust’s performance equated to 145 accountable patients treated in November, with 35 accountable breaches (41 patients). The breaches 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, 5% relate to delays for medical reasons, 55% due to delays to diagnostic tests or treatment plans/lack of capacity, 33% relate to complex or inconclusive diagnostics and 7% due to patient delay.

Performance:



Operational Context

The provisional total incomplete Referral to Treatment (RTT) waiting list (TWL) provisionally stood at 29,477 at the end of December, up 354 clocks on the end of November position. This is better than the trajectory of 30,202 submitted to NHS England and NHS Improvement but above the target of 26,303 open clocks (March 2018 position) by the end of March 2020.

GP referrals received by the Trust in December were below the four year average for the tenth consecutive month, the number received for the year to date is a 4% reduction on those received in the same period in 2018-19. However the reduction in GP referrals has largely been offset by a 6% rise in referrals from ‘Other’ sources. Examples of ‘Other’ referrals are where the source of referral is other healthcare professionals including dentists, optometrists and AHPs. One notable increase over the past 2 years has been from Yorkshire Doctors under the General Medicine Practitioners Specialty which has seen an increase of 26% since April to December 2017. This is also prevalent within Trauma & Orthopaedics with a 19% increase from the same referral source. Overall referrals from all sources are down by 0.3% compared to 2018-19.

The Trust’s provisional RTT position for December was 73.6%, below the 80.0% trajectory that was submitted to NHS England and NHS Improvement. The backlog of patients waiting more than 18 weeks increased by 546 (8%).

The NHS Long Term Plan set out a requirement for the implementation and local delivery of alternative provider choice at 26 weeks for patients on an incomplete RTT pathway. National implementation following pilot schemes is due for roll-out in 2020-21, the Trust along with Commissioners are in dialogue with NHS England and NHS Improvement as to system requirements with published guidance awaited. At the end of December there were 3,957 patients waiting 26 weeks or over; an increase of 431 on the end of November position. The number of long wait patients (those waiting more than 36 weeks) increased by 134 at the end of December. Long waiting patients are across multiple specialities and performance is being monitored with care groups on a weekly basis. There were no patients waiting over 52 weeks at the end of December.

The Trust has seen an decline against the national 6 weeks diagnostic target in December, with performance of 81.5% against the standard of 99%. National performance for December was 97.1%. At a Trust level, pressures remain in Endoscopy, Echo CT and Non-Obstetric Ultrasound. Recovery plans have been created for all modalities not achieving the 99% standard and progress against these is being monitored with Care Groups on a weekly basis. The Endoscopy position has been impacted by the sustained increase in fast track demand on the service causing routine patients to be displaced to prioritise these clinically urgent patients. The opening of the Trust’s new Endoscopy Unit 5th room at York on the 3rd of February is expected to lead to a significant improvement in performance against the diagnostic target. The Trust is working with the National Elective Intensive Support Team (NEIST) specifically targeting diagnostic services with a programme of work due to start in January.

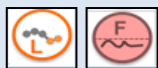
Targeted actions

- Ongoing implementation of the programme structure and metrics for the core planned care transformation programmes covering theatre productivity, outpatients productivity, Refer for Expert Input (REI) 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 52 week breaches. Ongoing work with commissioners to reduce referral demand.
- Targeted Consultant validation of all patients waiting 15+ weeks without any future booked activity commenced on the 25th November.
- Support from the National Elective Intensive Support Team (NEIST) specifically targeting diagnostic services. Programmes of work agreed; demand and capacity analysis in endoscopy, radiology and echo cardiology services, utilising the IST Pathway Analyser Tool to prospectively populate data against key admin pathway milestones in radiology, Development of a standard operating procedure for endoscopy scheduling meetings and Development of a KPI dashboard in radiology to support performance improvement against key access standards.
- £110k additional RTT monies secured from NHSE&I for T&O (11 cases), Gen Surgery (30), Ophthalmology (23) and Urology (5).
- £209,700 additional monies secured from NHSE&I for Endoscopy and MRI. Will be used to tackle the endoscopy backlog and to maintain the low numbers of MRI waiters.

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.

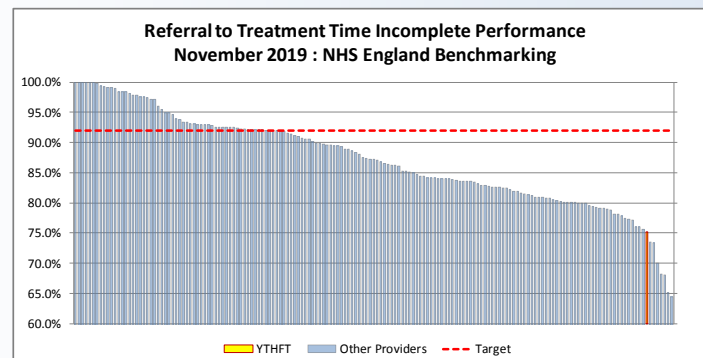
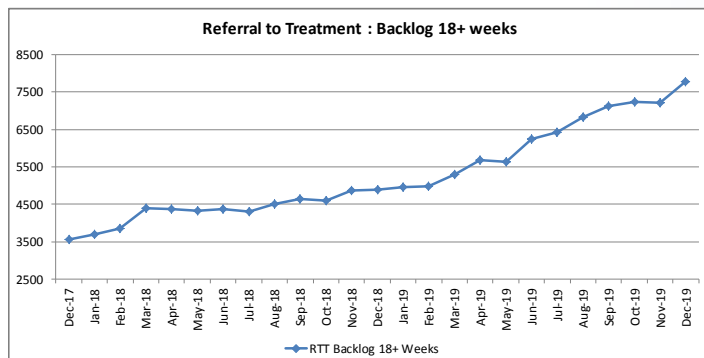
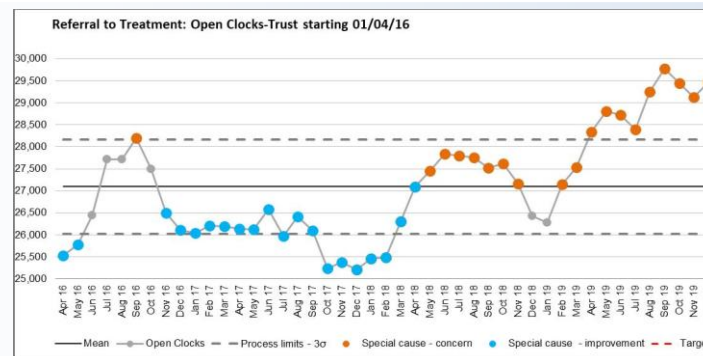
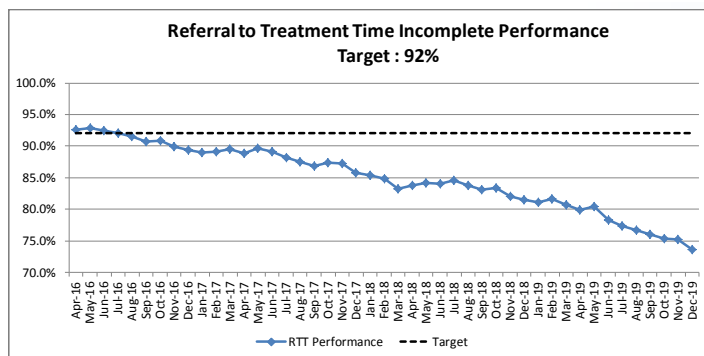
Consequence of under-achievement:

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

Performance Update:

- The total incomplete Referral to Treatment (RTT) waiting list (TWL) provisionally stood at 29,477 at the end of December, up 354 clocks on the end of November position. This is above the target to have below 26,303 open clocks (March 2018 position) by the end of March 2020.
- The Trust achieved 73.6% RTT at the end of December, below the 80.0% trajectory submitted to NHS England and NHS Improvement.
- The Trust's 'Did Not Attend/Was Not Brought' (DNA) rate fell to 5.8% in December, performance has now remained below the two-year average for twelve consecutive months. Work is ongoing to move the Trust from a 1-way text reminder service to a 2-way opt-out service to further reduce DNA rates.

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.

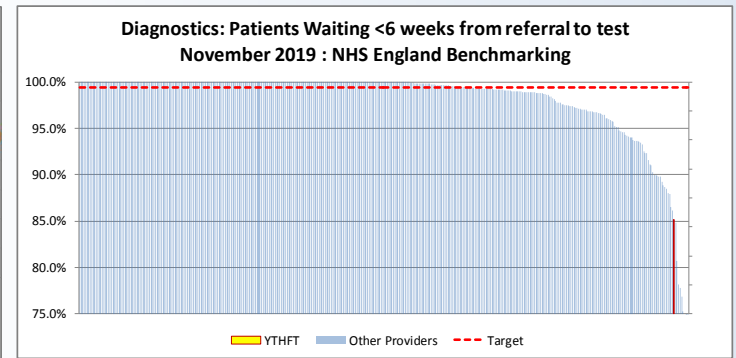
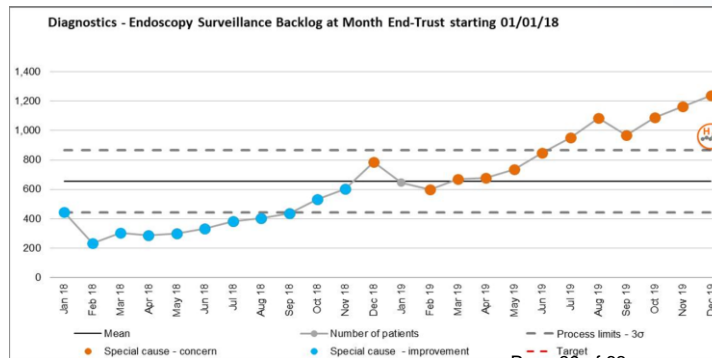
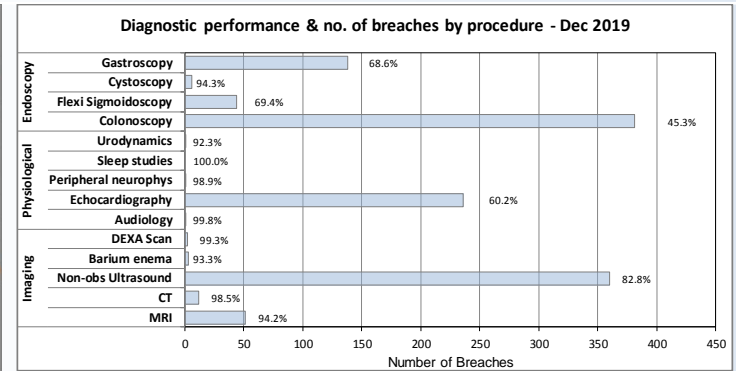
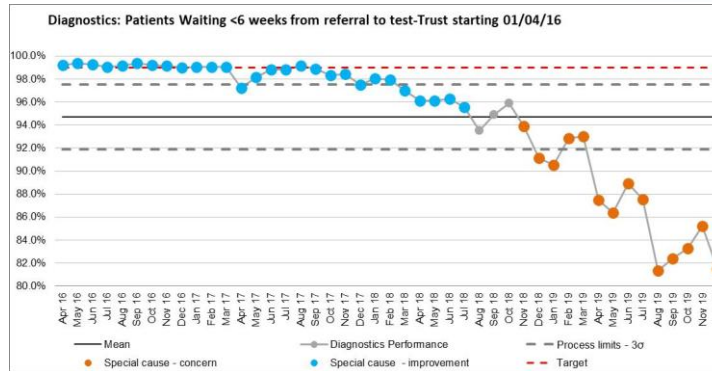
Consequence of under-achievement:

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

Performance Update:

- The Trust has seen a decline against the national 6 weeks diagnostic target in December, with performance of 81.5% against the standard of 99%.
- Support from the National Elective Intensive Support Team (NEIST) specifically targeting diagnostic services. Programmes of work agreed; demand and capacity analysis in endoscopy, radiology and echo cardiology services, utilising the IST Pathway Analyser Tool to prospectively populate data against key admin pathway milestones in radiology, Development of a standard operating procedure for endoscopy scheduling meetings and Development of a KPI dashboard in radiology to support performance improvement against key access standards.

Performance:



**Assurance Framework
 Responsive**
Commissioning for Quality and Innovation (CQUIN): 2019-20

CQUIN Name & Description	Executive Lead	Operational Lead	Quarter 1 Outcome	Quarter 2 Outcome	Quarter 3 RAG & Risks	Quarter 4 RAG & Risks
CCG1a: Antimicrobial Resistance; Urinary Tract Infections	James Taylor	Rachel Davidson	Achieved	Achieved	Green Project on track	
CCG1b: Antimicrobial Resistance; Colorectal Surgery	James Taylor	Michael Lim	Achieved	Achieved	Green Project on track	
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	N/a Annual plan		Amber Due to performance in 2018/19	
CCG7: Three high impact actions to prevent Hospital Falls	Heather McNair	Rebecca Hoskins	Achieved	Achieved	Amber – difficulties in capturing medication review element. Discussion with CCG ongoing.	Amber
CCG9: Six Month Reviews for Stroke Survivors	Wendy Scott	Gemma Ellison	Achieved	Achieved	Amber – Latest Performance below trajectory	Amber
CCG11: Same Day Emergency Care; Pulmonary Embolus, Tachycardia with Atrial Fibrillation and Community Acquired Pneumonia	Wendy Scott	David Thomas and Gemma Ellison	Achieved	Achieved	Green Project on track	
PSS3: Cystic Fibrosis Supporting Self-Management	Wendy Scott	Eleanor King	Achieved	Achieved	Green Project on track	

Finance Performance Report

December 2019

Produced January 2020

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

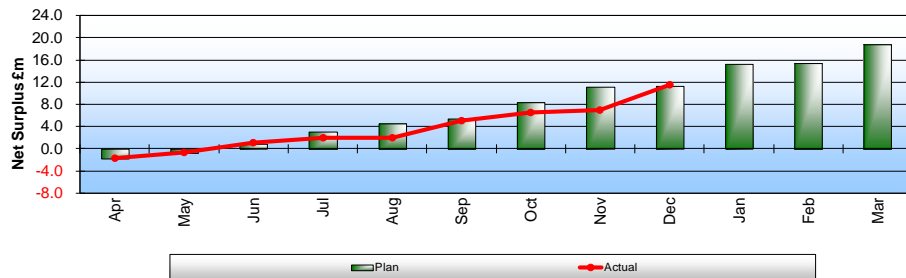
Summary Income and Expenditure Position

Month 9 - The Period 1st April 2019 to 31st December 2019

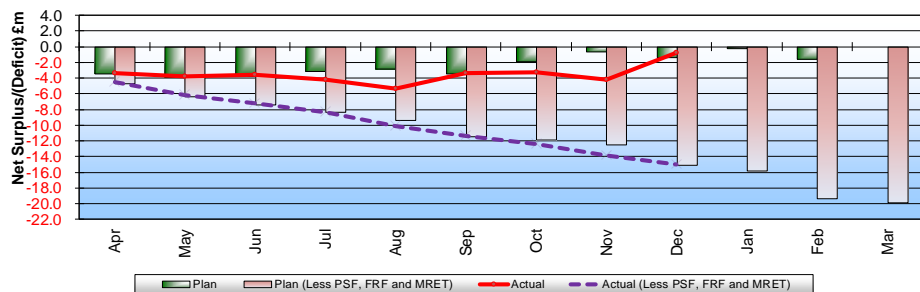
Summary Position:

- The Trust is reporting an I&E deficit of £0.8m, placing it £0.6m ahead of the operational plan.
- Income is £2.1m ahead of plan, with NHS clinical income being £1.2m behind plan.
- Operational expenditure is £1.8m ahead of the operational plan, with further explanation given on the 'Expenditure' sheet.
- The Trust's 'Earnings before Interest, Depreciation and Amortisation' (EBITDA) is £11.5m (2.84%) compared to plan of £11.3m (2.8%), and is reflective of the reported net I&E performance.

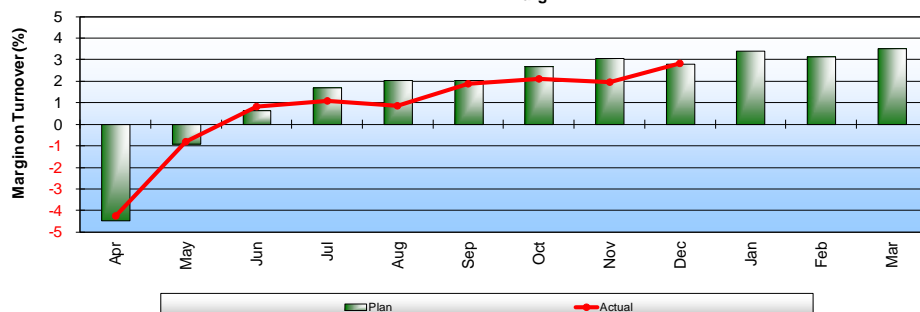
Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)



Income and Expenditure



EBITDAMargin



	Annual Plan	Plan for Year to Date	Actual for Year to Date	Variance for Year to Date	Forecast Outcome	Annual Plan Variance
	£000	£000	£000	£000	£000	£000
NHS Clinical Income						
Elective Income	24,605	20,459	20,046	-413	24,138	-467
Planned same day (Day cases)	40,791	31,833	31,186	-647	40,161	-630
Non-Elective Income	140,704	105,447	105,707	260	141,110	406
Outpatients	64,943	49,287	47,710	-1,577	62,922	-2,021
A&E	20,491	15,661	15,827	166	20,703	212
Community	20,169	15,127	15,130	3	20,173	4
Other	108,018	81,445	82,526	1,081	107,724	-294
Pass-through excluded drugs expenditure	44,685	33,778	33,745	-33	45,586	901
464,406	353,037	351,877	-1,160	462,517	-1,889	
Non-NHS Clinical Income						
Private Patient Income	1,105	828	917	88	1,218	113
Other Non-protected Clinical Income	1,863	1,435	1,531	96	2,033	170
2,968	2,263	2,448	184	3,251	283	
Other Income						
Education & Training	17,365	13,026	14,340	1,313	19,043	1,678
Research & Development	2,425	1,819	2,432	614	3,230	805
Donations & Grants received (Assets)	0	0	0	0	0	0
Donations & Grants received (cash to buy Assets)	623	467	433	-34	577	-46
Other Income	27,131	19,804	20,374	570	24,463	-68
PSF, FRF and MRET	19,814	13,528	14,100	572	15,716	-4,098
67,357	48,644	51,679	3,035	65,629	-1,728	
Total Income	534,731	403,944	406,003	2,059	531,397	-3,334
Expenditure						
Pay costs	-360,130	-269,976	-272,790	-2,814	-363,952	-3,822
Pass-through excluded drugs expenditure	-44,685	-33,778	-33,778	0	-45,586	-901
PbR Drugs	-8,983	-6,724	-6,657	67	-8,081	902
Clinical Supplies & Services	-52,345	-39,583	-37,412	2,171	-48,091	4,254
Other costs (excluding Depreciation)	-53,862	-41,402	-43,851	-2,449	-57,230	-3,368
Restructuring Costs	0	0	0	0	0	0
CIP	2,423	-1,177	0	1,177	0	-2,423
Total Expenditure	-517,583	-392,640	-394,488	-1,848	-522,940	-5,357
Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)	17,149	11,304	11,515	211	8,457	-8,691
Profit/ Loss on Asset Disposals	0	0	0	0	0	0
Fixed Asset Impairments	-300	0	0	0	-300	0
Depreciation - purchased/constructed assets	-10,000	-7,500	-7,200	300	-9,600	400
Depreciation - donated/granted assets	-400	-300	-300	0	-400	0
Interest Receivable/ Payable	130	98	156	59	208	78
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	-702	-709	-7	-945	-9
Interest Expense on Finance leases (non-PFI)	0	0	0	0	0	0
Other Finance costs	0	0	0	0	0	0
PDC Dividend	-5,641	-4,231	-4,231	0	-5,641	0
Taxation Payable	0	0	0	0	0	0
NET SURPLUS/ DEFICIT	2	-1,331	-769	562	-8,221	-8,222

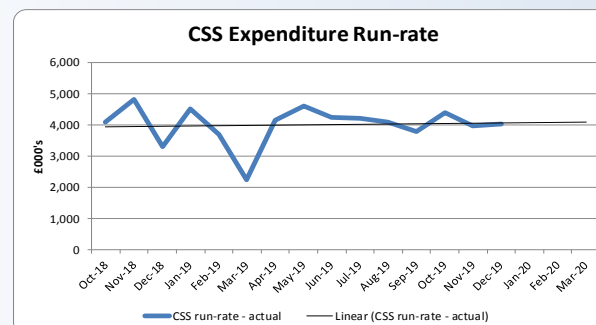
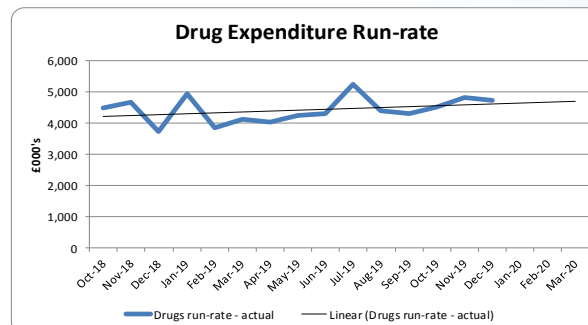
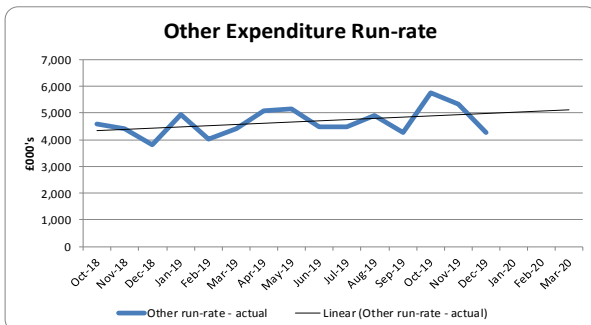
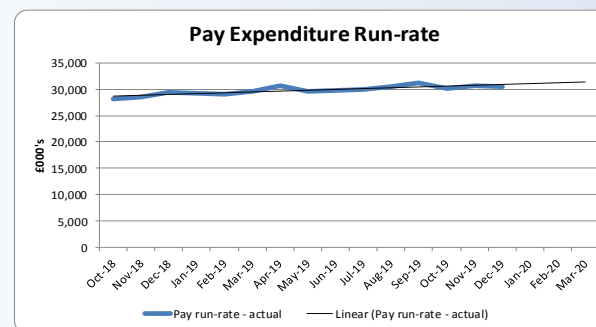
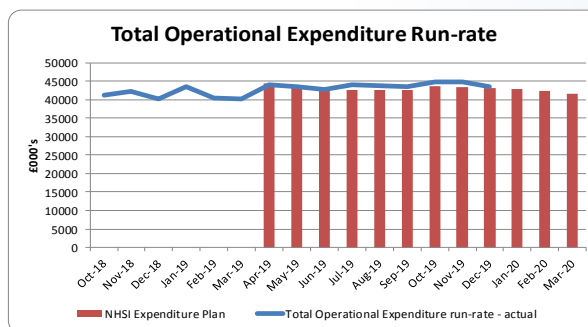
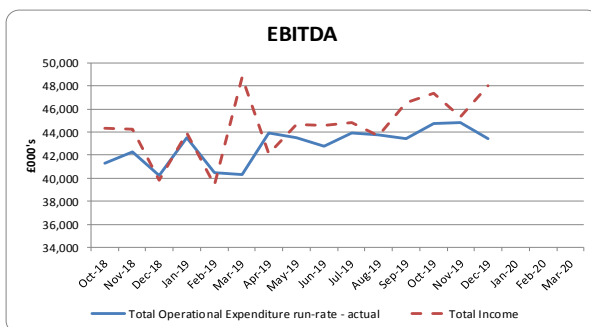
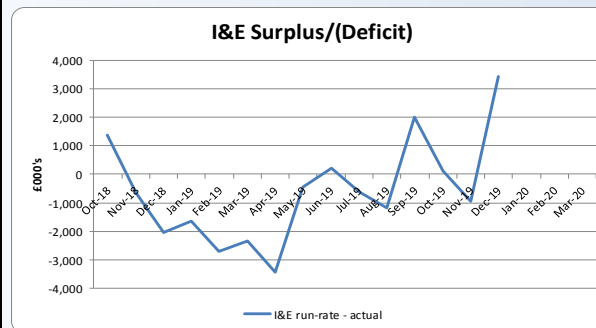
Summary Trust Run Rate Analysis

Month 9 - The Period 1st April 2019 to 31st December 2019

Key Messages:

* The total operational expenditure in December was £43.5m. The average total operational expenditure in the previous fourteen months was £42.8m. Resulting in an adverse variance of £0.7m.

* In month operational income exceeded expenditure by £4.5m, 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	44,837	43,700	46,556	47,330	45,327	47,985	0	0	0	44,254	3,731
Pay Expenditure	-28,178	-28,451	-29,396	-29,165	-28,990	-29,535	-30,660	-29,593	-29,785	-30,001	-30,390	-31,102	-30,100	-30,690	-30,469	0	0	0	-29,717	-752
Drug Expenditure	-4,465	-4,660	-3,711	-4,934	-3,824	-4,117	-4,009	-4,230	-4,280	-5,234	-4,391	-4,282	-4,513	-4,793	-4,704	0	0	0	-4,389	-315
CSS Expenditure	-4,071	-4,796	-3,301	-4,494	-3,677	-2,235	-4,146	-4,587	-4,235	-4,206	-4,080	-3,790	-4,377	-3,963	-4,028	0	0	0	-3,997	-31
Other Expenditure	-4,575	-4,409	-3,820	-4,949	-4,029	-4,411	-5,088	-5,138	-4,483	-4,481	-4,907	-4,265	-5,341	-4,251	0	0	0	-4,690	439	
EBITDA	3,058	1,961	-420	366	-1,098	8,445	-1,786	1,084	1,772	915	-68	3,117	2,581	540	4,533	0	0	0	1,462	3,071

Contract Performance

Month 9 - The Period 1st April 2019 to 31st December 2019

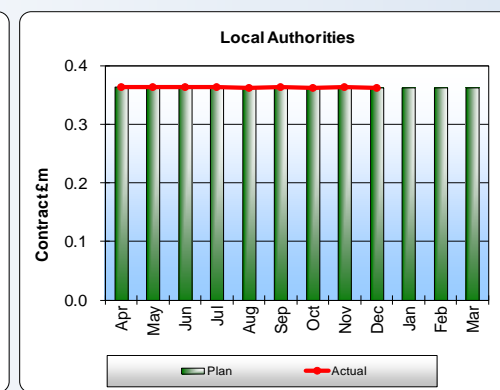
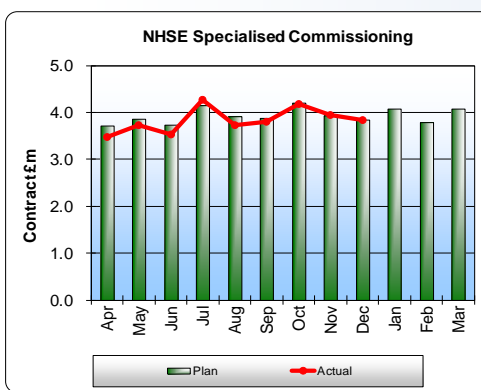
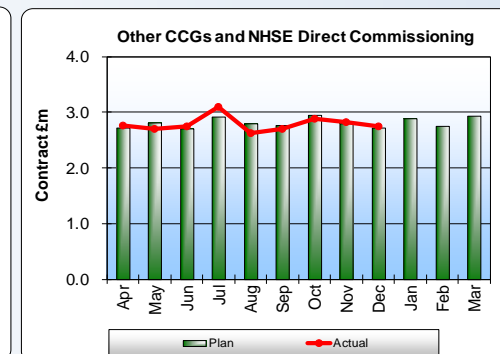
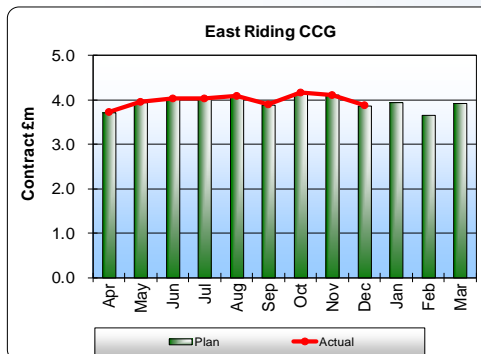
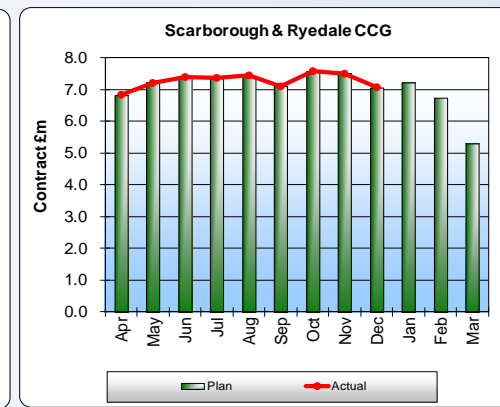
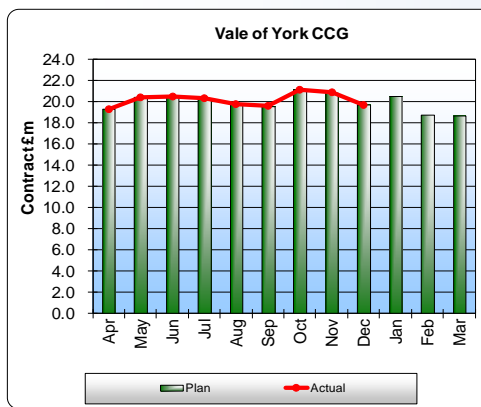
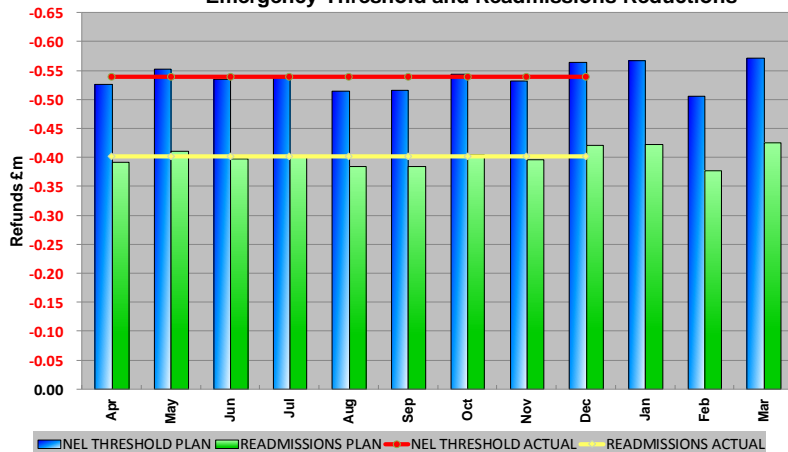
Contract	Annual Contract Value	Contract Year to Date	Actual Year to Date	Variance
	£000	£000	£000	£000
Vale of York CCG	239,634	181,683	181,683	0
Scarborough & Ryedale CCG	84,719	65,457	65,457	0
East Riding CCG	47,438	35,895	35,895	0
Other Contracted CCGs	18,675	14,002	14,375	373
NHSE - Specialised Commissioning	47,216	35,255	34,502	-753
NHSE - Direct Commissioning	15,115	11,198	10,731	-467
Local Authorities	4,343	3,258	3,262	4
Total NHS Contract Clinical Income	457,140	346,748	345,905	-843

Plan	Annual Plan	Plan Year to Date	Actual Year to Date	Variance Year to Date
	£000	£000	£000	£000
Non-Contract Activity	5,723	5,132	5,972	840
Risk Income	1,543	1,157	0	-1,157
Total Other NHS Clinical Income	7,266	6,289	5,972	-317

Total NHS Clinical Income	464,406	353,037	351,877	-1,160
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Activity data for December is partially coded (59%) and November data is 90% coded. There is therefore some element of income estimate involved for the uncoded portion of activity.

Emergency Threshold and Readmissions Reductions



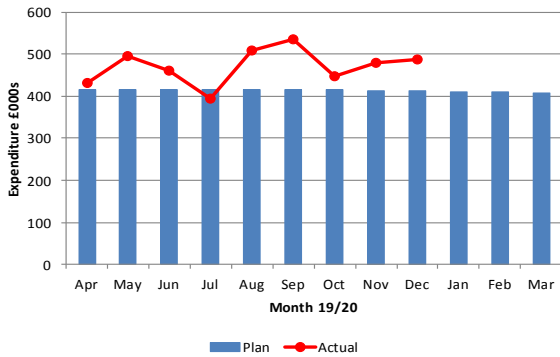
Agency Expenditure Analysis

Month 9 - The Period 1st April 2019 to 31st December 2019

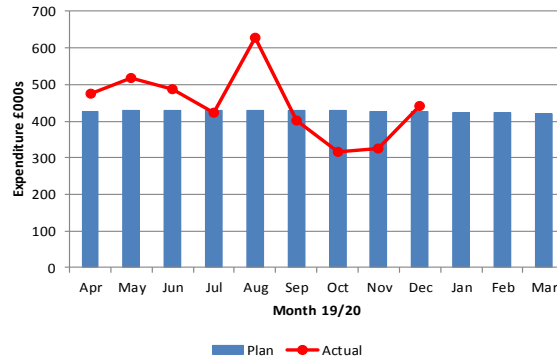
Key Messages:

- * Total agency spend year to date of £15.7m, compared to the NHSI agency ceiling of £11.5m.
- * Consultant Agency spend is £0.5m ahead of plan.
- * Nursing Agency is £3.5m ahead of plan.
- * Other Medical Agency spend is £0.2m ahead of plan.
- * Other Agency spend is broadly on plan.

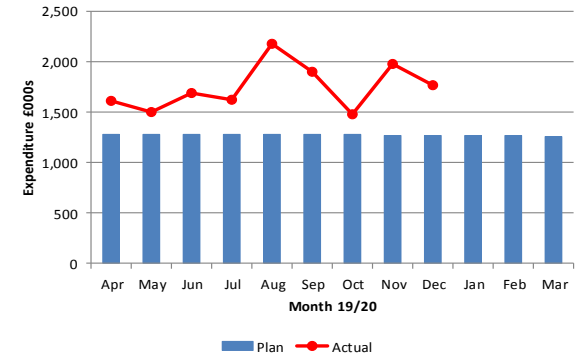
Consultant Agency Expenditure 19/20



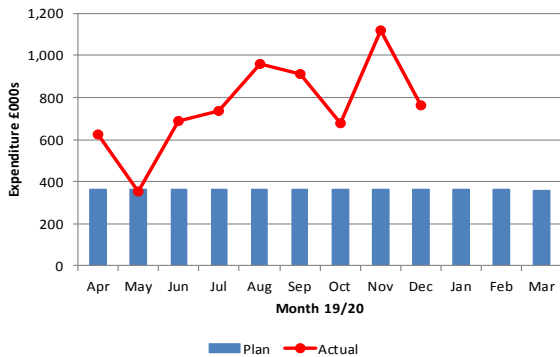
Other Medical Agency Expenditure 19/20



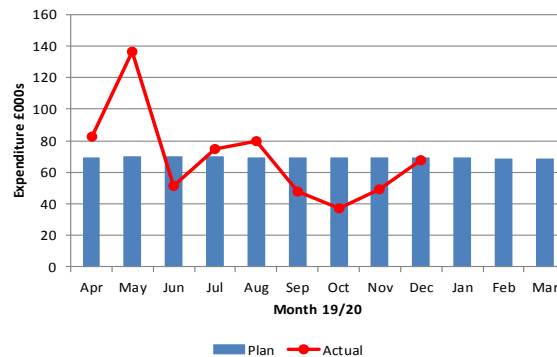
Total Agency Expenditure 19/20



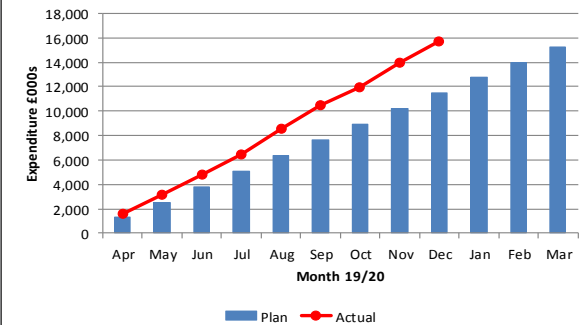
Nursing Agency Expenditure 19/20



Other Agency Expenditure 19/20



Cumulative Total Agency Expenditure 19/20



Expenditure Analysis

Month 9 - The Period 1st April 2019 to 31st December 2019

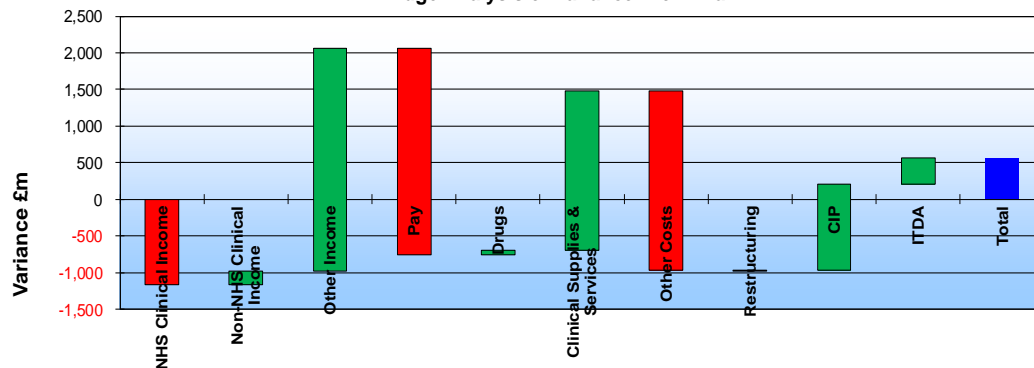
Key Messages:

There is an adverse expenditure variance of £1.8m at the end of December 2019. This comprises:

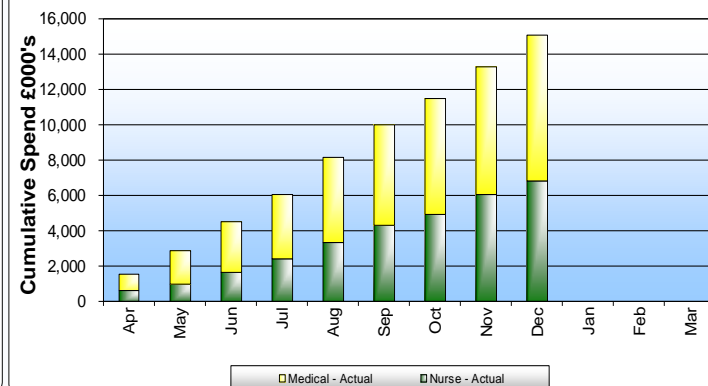
- * Pay expenditure is £2.8m ahead of plan.
- * Drugs expenditure is £0.1m behind plan.
- * CIP achievement is £1.1m ahead of plan.
- * Other expenditure is £0.2m ahead of plan.

Staff Group	Annual	Year to Date								Previous	Comments
	Plan	Plan	Contract	Overtime	WLI	Bank	Agency	Total	Variance	Variance	
Consultants	63,516	47,255	41,385	-	1,071	-	4,242	46,699	556	0	
Medical and Dental	36,037	26,804	29,509	-	167	-	4,013	33,690	-6,886	0	
Nursing	93,724	70,214	59,805	406	121	8,979	6,820	76,131	-5,917	0	
Healthcare Scientists	11,592	8,704	9,269	18	13	6	128	9,434	-730	0	
Scientific, Therapeutic and technical	16,569	12,359	11,726	62	3	24	38	11,854	505	0	
Allied Health Professionals	24,796	18,438	17,414	154	174	-	59	17,800	638	0	
HcAs and Support Staff	50,348	37,572	34,671	622	56	37	296	35,683	1,889	0	
Chairman and Non Executives	198	147	137	-	-	-	-	137	10	0	
Exec Board and Senior managers	15,178	11,294	10,689	6	-	-	-	10,695	598	0	
Admin & Clerical	40,556	30,361	29,469	6	1	-	113	29,588	773	0	
Pay Reserves	6,425	5,935	-	-	-	-	-	0	5,935	0	
Apprenticeship Levy	1,192	894	1,081	0	0	0	0	1,081	-187	0	
TOTAL	360,130	269,976	245,154	1,274	1,607	9,046	15,710	272,790	-2,814	0	

Bridge Analysis of Variance From Plan



Cumulative Agency Usage

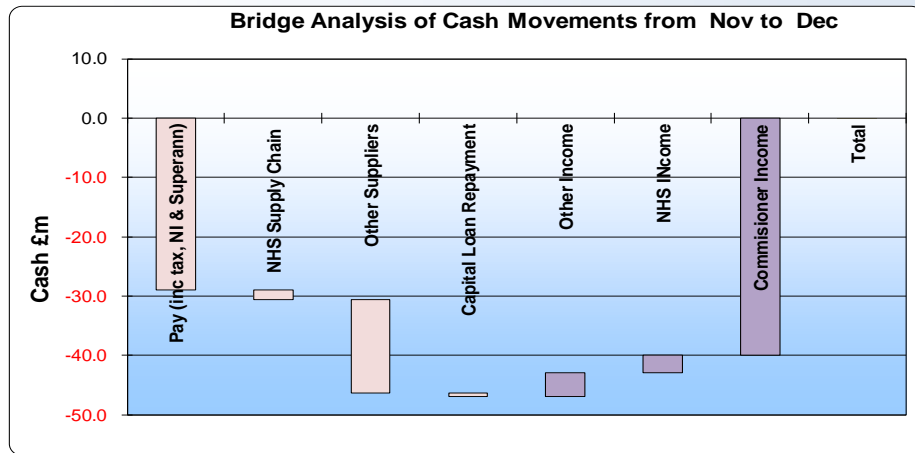
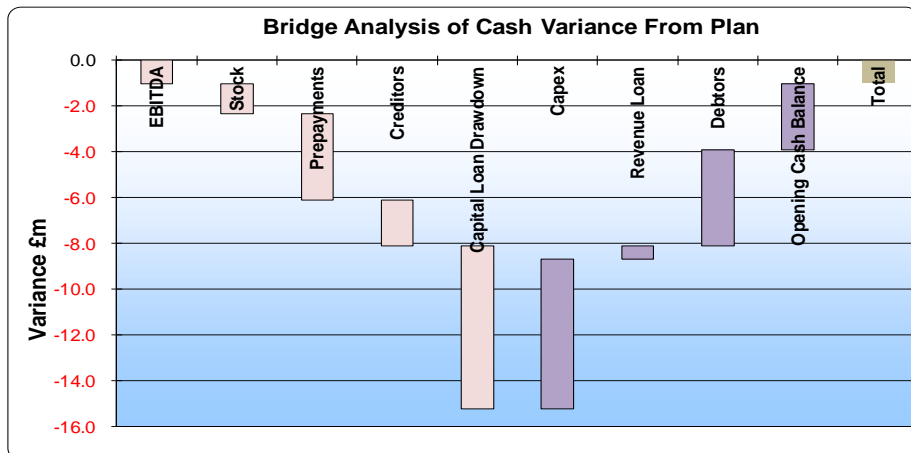
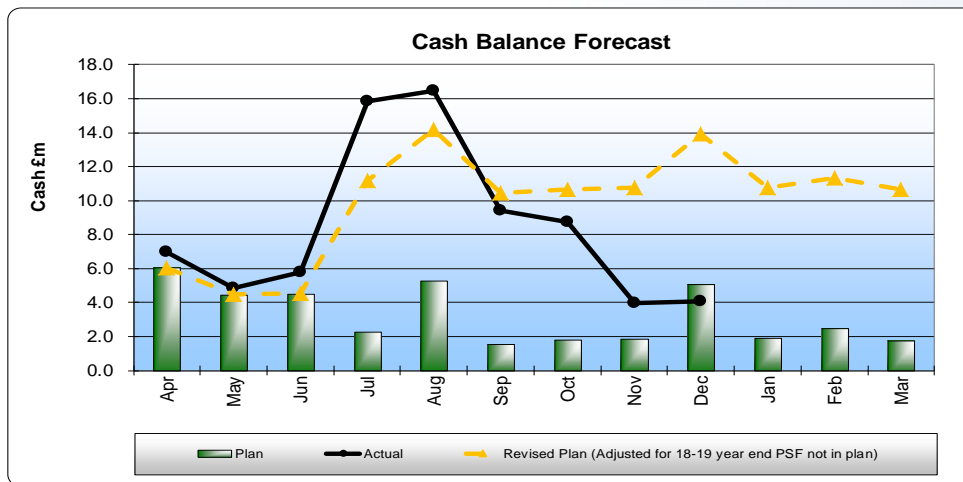


Cash Flow Management

Month 9 - The Period 1st April 2019 to 31st December 2019

Key Messages

- * The cash position at the end of December was £4m, which is £1m below plan, and £9.9m below the revised profile following receipt of the extra PSF in connection with 18-19.
- * This is due to £1m deficit plus £3.5m of prepayments (£2.5m CNST) the remaining £4.5m is due to a reduction in creditors
- * The remaining movement is due to the timing of working capital movements.



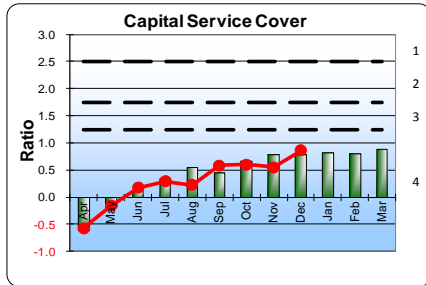
Key Messages:

- * The receivables balance at the end of December was £10.1m, which is slightly below plan.
- * The payables balance at the end of December was £14.8m, which is slightly below plan.
- * The Use of Resources Rating is assessed is a score of 3 in December, and is reflective of the I&E position.

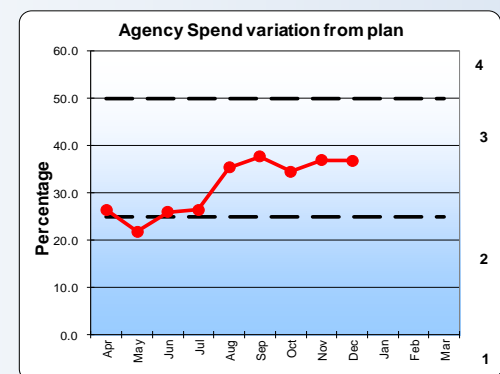
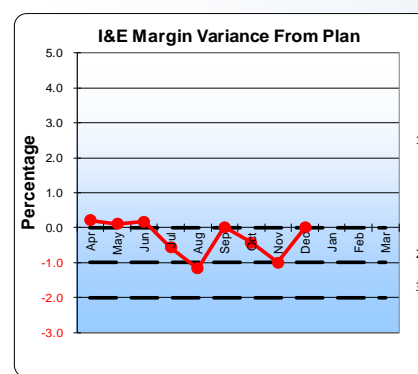
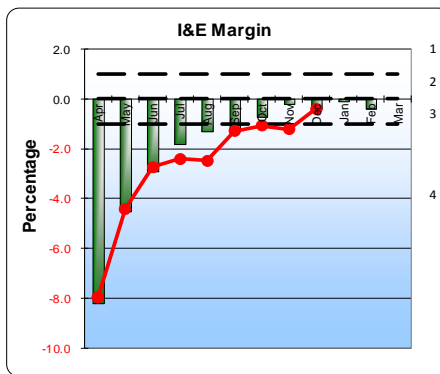
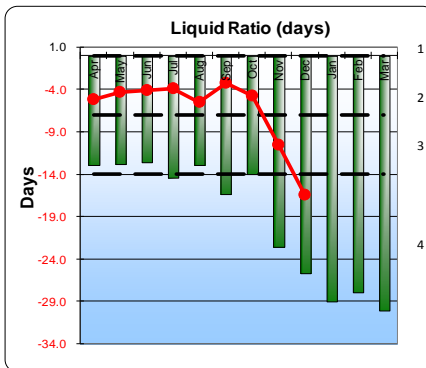
Significant Aged Debtors (Invoices Over 90 Days)

Harrogate & District NHS Foundation Trust	£507K
Vocare	£326K
Humber NHS Foundation Trust	£301K
NHS Property Services	£257K
NHS Vale of York CCG	£148K
Hull University Teaching Hospitals NHS Trust	£144K

	Current £m	1-30 days £m	31-60 days £m	Over 60 days £m	Total £m
Payables	4.76	2.51	1.29	6.22	14.78
Receivables	5.06	1.60	0.71	2.76	10.12

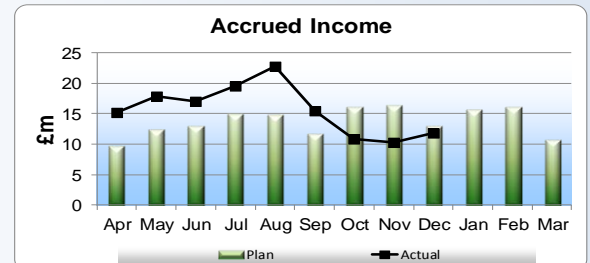
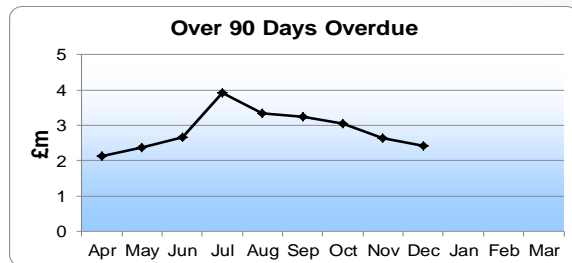
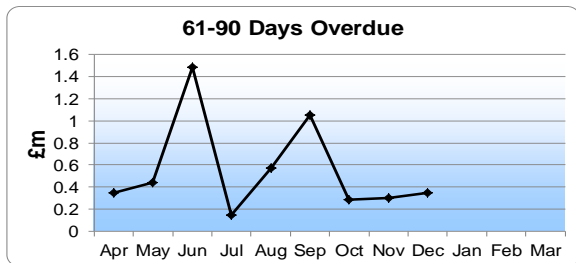
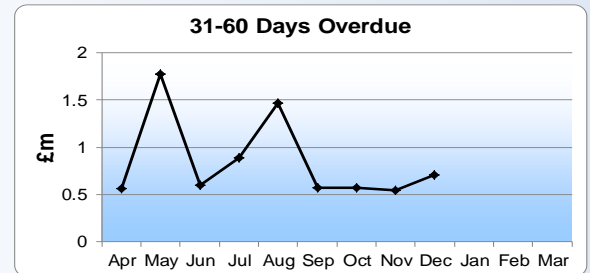
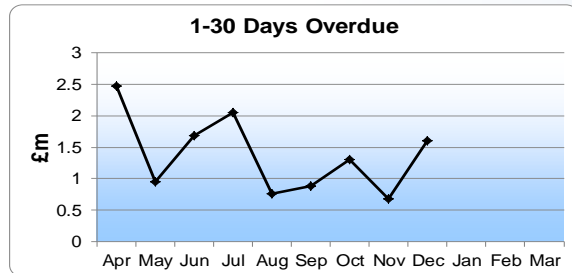
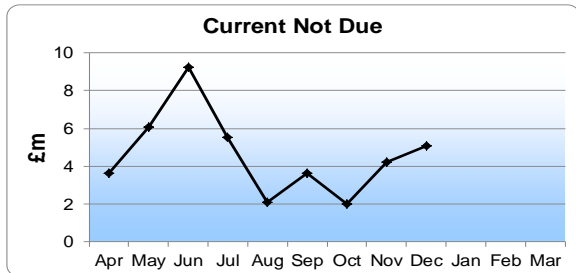
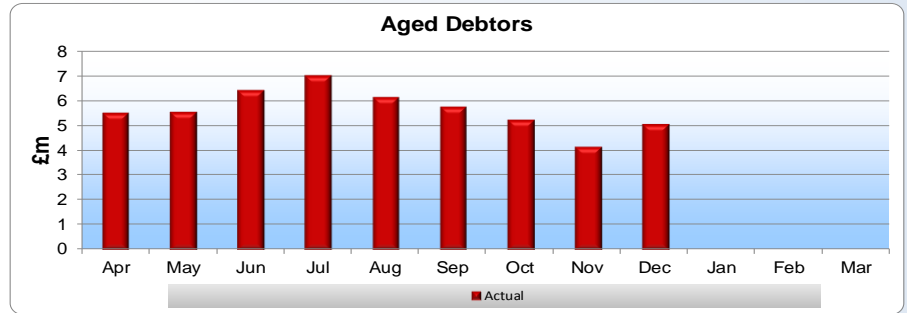


	Plan for Year	Plan for Year-to-date	Actual Year-to-date	Forecast for Year
Capital Service Cover (20%)	4	4	4	4
Liquidity (20%)	4	4	4	4
I&E Margin (20%)	2	3	3	2
I&E Margin Variance From Plan (20%)	1	1	1	1
Agency variation from Plan (20%)	1	1	3	1
Overall Use of Resources Rating	3	3	3	3



Key Messages

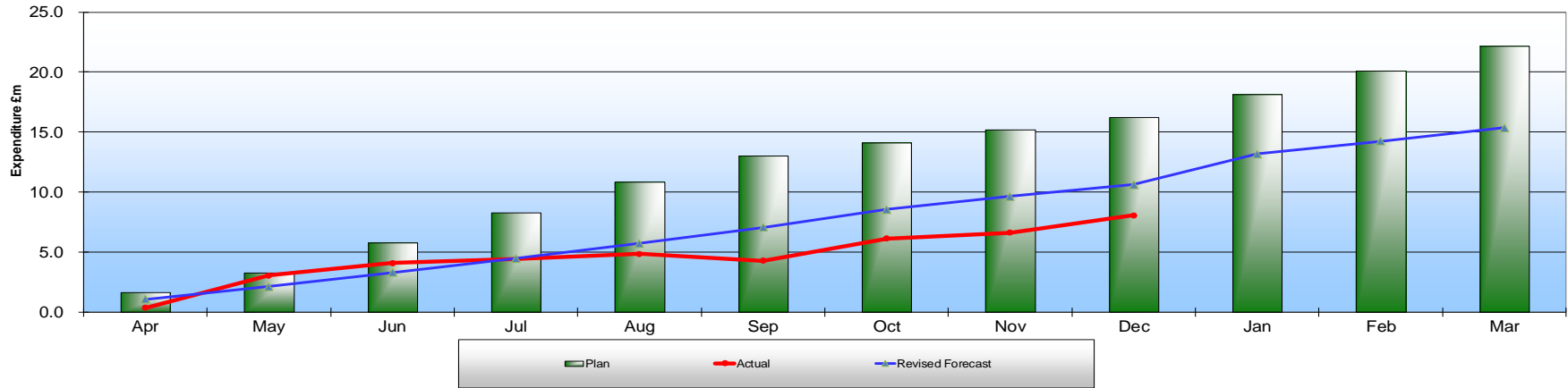
- * At the end of December the total debtor balance was £10.1m, which is slightly below plan.
- * £5.1m of the total debtor balance relates to 'current' invoices not due for payment. Aged debt totalled £5m.
- * Aged Debt has increased by £1m from the November position but remains in line with the prior year comparator for December.
- * Long term debtors (Over 90 Days) have reduced by £200k on the November position and continue to be a focus area for the Trust
- * Accrued income is slightly below plan. This is due to recent focus ensuring that invoices are raised in a timely manner to maintain cash flow.



Key Messages:

- * Total spend to the end of December is £8.1m, £2.8m behind the revised plan.
- * Slippage is due to final account for the York Endoscopy scheme to be agreed and the VIU Extension detailed design work to be completed.
- * SGH Estates are on plan and are due to deliver all their individual work plans this financial year.
- * Minor schemes completed are the replacement of the theatre lights at both Scarborough and York.

Capital Expenditure



Scheme	Revised in-year Expenditure	Year-to-date Expenditure	Year to date Forecast Expenditure	Variance Forecast v Actual	Comments
	£000	£000	£000	£000	
Community Stadium	1,530	43	30	-13	
York Electrical Infrastructure	500	5	200	195	
Fire Alarm System SGH	820	744	820	76	
Other Capital Schemes	828	670	658	-12	
SGH Estates Backlog Maintenance	900	842	707	-135	
York Estates Backlog Maintenance - York	900	240	708	468	
Cardiac/VIU Extension	2,500	647	1,418	771	
Medical Equipment	200	240	178	-62	
SNS Capital Programme	1,800	959	1,427	468	
Capital Programme Management	1,372	1,248	1,086	-162	
Endoscopy Development	3,000	1,876	3,000	1,124	
Charitable funded schemes	624	468	468	0	
Wave 4 STP Fees	933	86	210	124	
Slippage	-547	0	0	0	
TOTAL CAPITAL PROGRAMME	15,360	8,068	10,910	2,842	

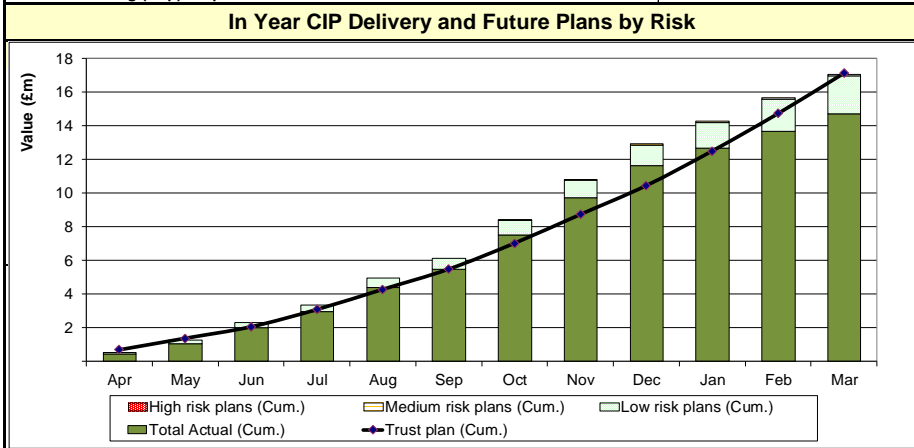
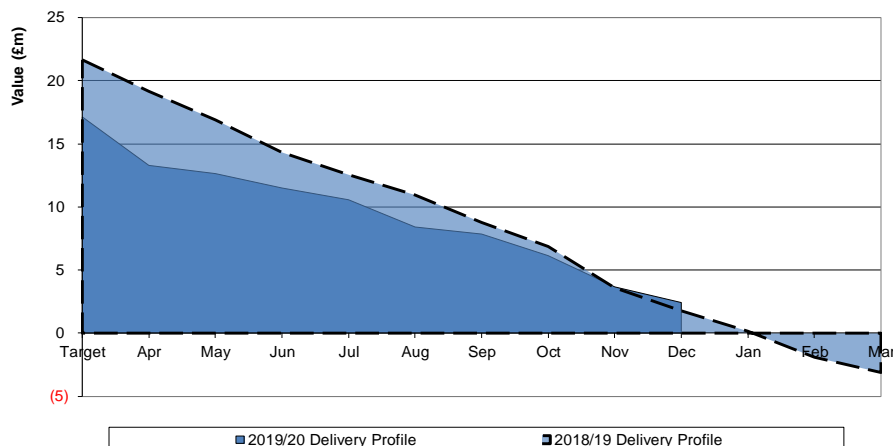
This Years Capital Programme Funding is made up of:-	Approved in-year Funding	Year-to-date Funding	Forecast Outturn	Variance	Comments
	£000	£000	£000	£000	
Depreciation	10,400	4,986	5,436	4,964	
In Year Loan Repayments	-3,047	0	0	-3,047	
Loan Funding	6,000	2,528	4,418	1,582	
Charitable Funding	624	468	468	156	
Finance Lease funding	450	0	0	450	
PDC funding	933	86	210	723	
TOTAL FUNDING	15,360	8,068	10,910	2,464	

Key Messages:

- * Delivery - £14.7m has been delivered against the Trust annual target of £17.1m, giving a gap of £2.4m.
- * Part year NHSI variance - The part year NHSI variance is £1.2m ahead of plan.
- * Four year planning - The four year planning gap is £13.6m.
- * Recurrent delivery is £9m in-year, which is 52.4% of the 2019/20 CIP target.

Efficiency - Total CIP

Executive Summary		Gap to delivery 2019/20 - Progress profile compared to 2018/19	
2019/20 CIP Target	£m	£17.1	
In Year Delivery			
NHSI YTD Target at Month 9	£10.5		
Actual Delivery at Month 9	£11.6		
NHSI Variance Month 9	£1.2		
Recurrent Delivery	£9.0		
Non Recurrent Delivery	£5.7		
Total Delivery	£14.7		
In Year (Gap)/Surplus to Delivery	-£2.4		
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)	£42.6		
4 Year Plans	£29.1		
4 Year Planning (Gap)/Surplus	-£13.6		



Governance Risk Heat Map

Total Number of Schemes	333
Total Number of Assessed Schemes - Directorate	212
Total Number of Assessed Schemes - Signed Off	203

Probability/ Likelihood	Almost Certain	0	0	1		
		0	0	0		
	Rare	0	2	0		
		4	3	1		
		173	25	3	0	
		Negligible - None Consequence/Severity			Catastrophic/death	

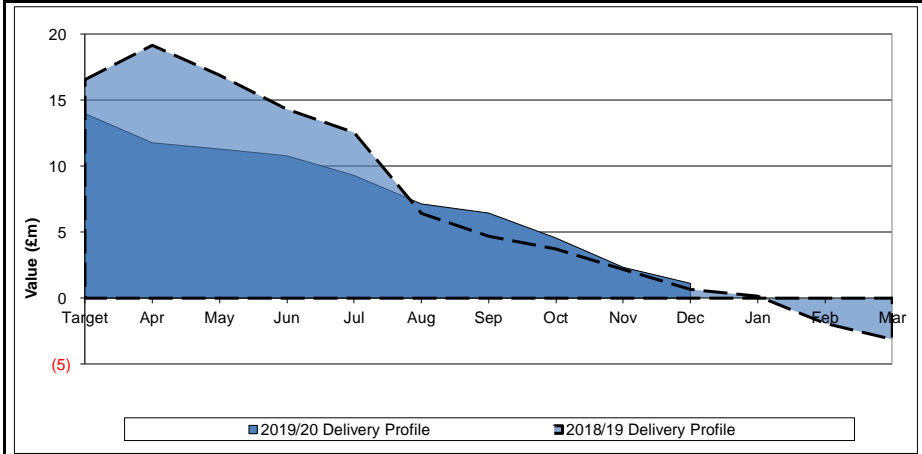
Key Messages:

- * Transactional CIP schemes represent £14.0m of the £17.1m Efficiency Target.
- * Delivery at Month 9 is £12.9m of which £7.1m is recurrent.

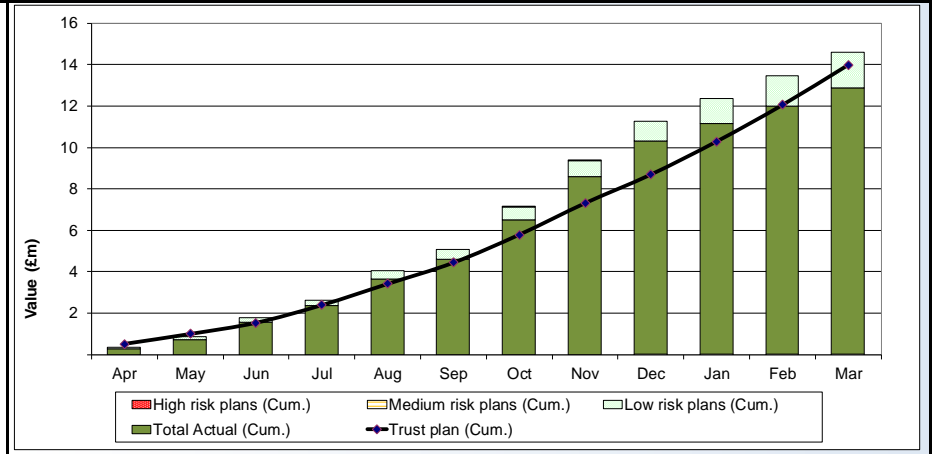
Efficiency - Transactional CIP

Executive Summary		Governance Risk Heat Map		
2019/20 Transactional CIP Target	£m £14.0	Total Number of Schemes	329	
In Year Delivery		Total Number of Assessed Schemes - Directorate	208	
NHSI YTD Target at Month 9	£8.7	Total Number of Assessed Schemes - Signed Off	199	
Actual Delivery at Month 9	£10.3	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Probability/ Likelihood</div> <div style="text-align: center;"> <p>Almost Certain</p> <p>↕</p> <p>Rare</p> </div> </div>		
NHSI Variance Month 9	£1.6		0	0
Recurrent Delivery	£7.1		0	0
Non Recurrent Delivery	£5.7		0	0
Total Delivery	£12.9		4	3
In Year (Gap)/Surplus to Delivery	-£1.1		169	25
In Year Planning		<div style="display: flex; justify-content: space-between;"> Negligible - None Consequence/Severity ↔ Catastrophic/death </div>		
Forecasted Delivery	£14.0	Moderate Risk Plans:		
Forecasted Planning (Gap)/Surplus	-£0.0			
Long Term Planning				
4 Year Transactional CIP Target (19/20 to 22/23)	£36.7			
4 Year Plans	£23.1			
4 Year Planning (Gap)/Surplus	-£13.6			

Gap to delivery - 2019/20



In Year CIP Delivery and Future Plans by Risk



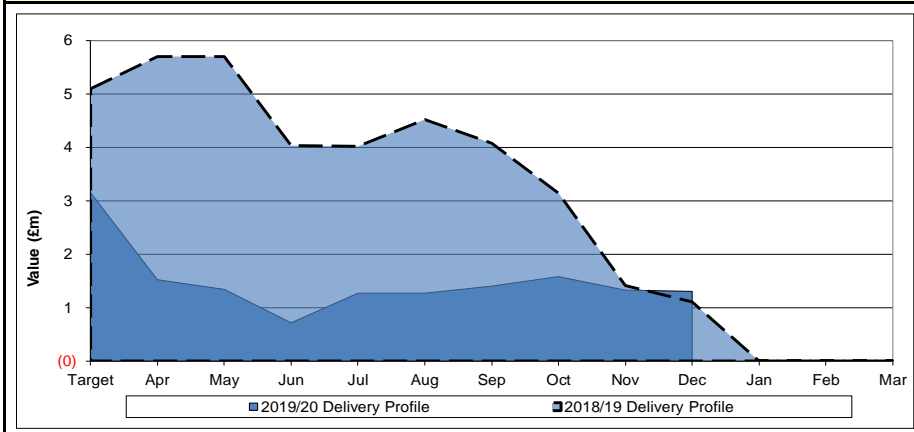
Key Messages:

- * 5 Transformational schemes represent £3.1m of the £17.1m Efficiency Target.
- * Delivery at Month 9 is £1.8m, of which £1.8m 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 and SIP.
- * An Executive Summary of each Transformational Scheme forms part of the reporting pack.

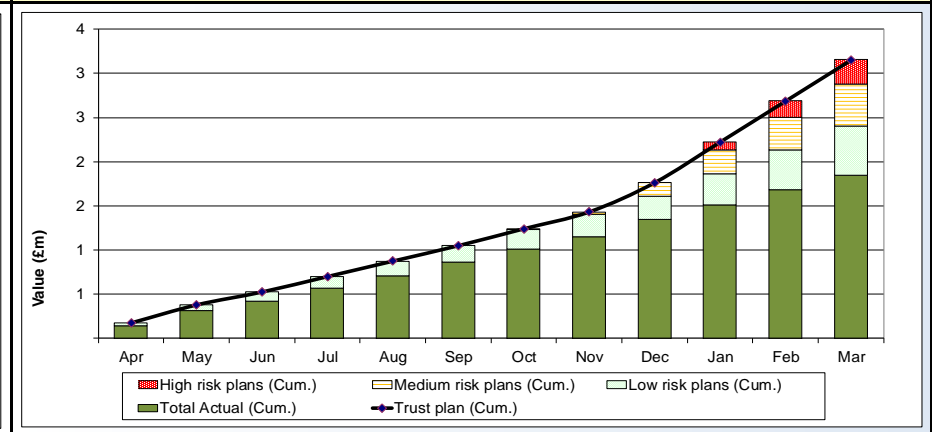
Efficiency - Transformation Programme

Executive Summary		Governance Risk Heat Map																																																																																						
2019/20 Transformation CIP Target	£m	Total Number of Schemes																																																																																						
	£3.1	4																																																																																						
In Year Delivery		Total Number of Assessed Schemes - Directorate																																																																																						
NHSI YTD Target at Month 9	£1.8	4																																																																																						
Actual Delivery at Month 9	£1.3	Total Number of Assessed Schemes - Signed Off																																																																																						
NHSI Variance Month 9	-£0.4	4																																																																																						
Recurrent Delivery	£1.8	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width: 15%; text-align: center; vertical-align: middle;"> Probability/ Likelihood Almost Certain ↑ ↓ Rare </td> <td style="width: 10%; text-align: center;">0</td> <td style="width: 10%; text-align: center;">0</td> <td style="width: 10%; text-align: center;">0</td> <td style="width: 10%; text-align: center;">0</td> <td style="width: 10%; text-align: center;">0</td> <td style="width: 10%; text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td colspan="2" style="text-align: center;">Total Delivery</td> <td colspan="2" style="text-align: center;">Negligible - None Consequence/Severity</td> <td colspan="2" style="text-align: center;">Catastrophic/death</td> </tr> <tr> <td>In Year (Gap)/Surplus to Delivery</td> <td style="text-align: center;">-£1.3</td> <td colspan="4" style="text-align: center;">↔</td> </tr> <tr> <td colspan="2" style="text-align: center;">In Year Planning</td> <td colspan="4"></td> </tr> <tr> <td>Forecasted Delivery</td> <td style="text-align: center;">£3.1</td> <td colspan="4"></td> </tr> <tr> <td>Forecasted Planning (Gap)/Surplus</td> <td style="text-align: center;">£0.0</td> <td colspan="4"></td> </tr> <tr> <td colspan="2" style="text-align: center;">Long Term Planning</td> <td colspan="4"></td> </tr> <tr> <td>4 Year Transformation CIP Target</td> <td style="text-align: center;">£5.9</td> <td colspan="4"></td> </tr> <tr> <td>4 Year Plans</td> <td style="text-align: center;">£5.9</td> <td colspan="4"></td> </tr> <tr> <td>4 Year Planning (Gap)/Surplus</td> <td style="text-align: center;">£0.0</td> <td colspan="4"></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	0	0	0	0	4	0	0	0	0	0	Total Delivery		Negligible - None Consequence/Severity		Catastrophic/death		In Year (Gap)/Surplus to Delivery	-£1.3	↔				In Year Planning						Forecasted Delivery	£3.1					Forecasted Planning (Gap)/Surplus	£0.0					Long Term Planning						4 Year Transformation CIP Target	£5.9					4 Year Plans	£5.9					4 Year Planning (Gap)/Surplus	£0.0				
Probability/ Likelihood Almost Certain ↑ ↓ Rare	0				0	0	0	0	0																																																																															
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Gap to delivery - 2019/20

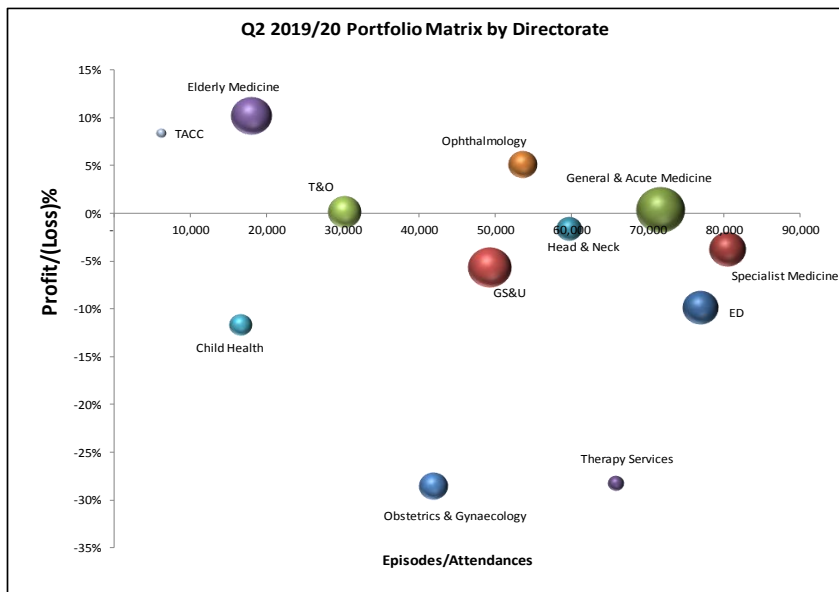
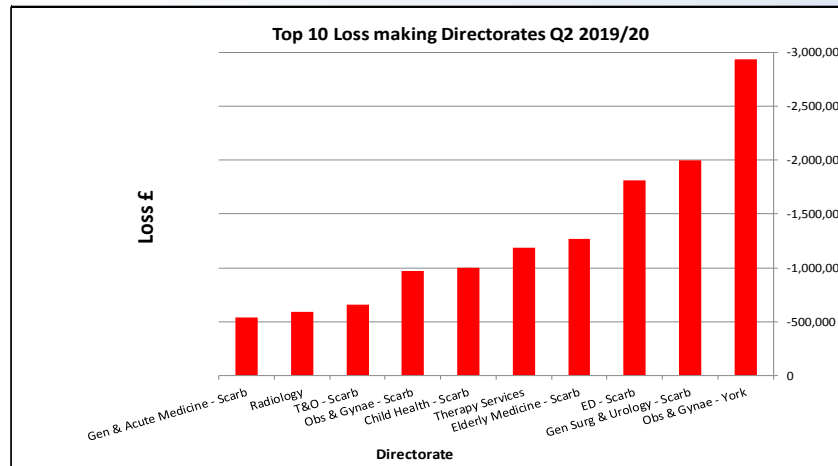
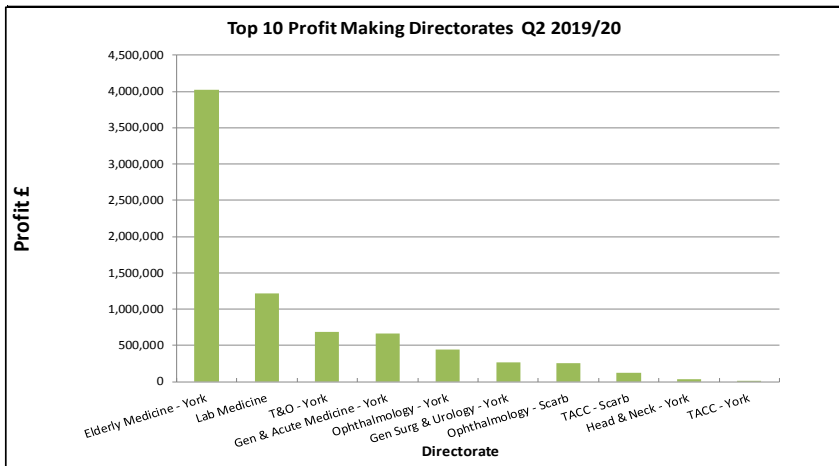


In Year CIP Delivery and Future Plans by Risk



Key Messages:

- * Current data is based on Q2 2019/20
- * The 2018/19 mandatory NHS Improvement National Cost Collection was successfully submitted in August 2019
- * Q3 2019/20 reports are now a key focus for the team
- * The SLR system configuration is on-going to ensure the year 2 NHS Improvement Costing Transformation Programme requires are achieved



DATA PERIOD	Q2 2019/20
CURRENT WORK	<p>*The Q3 2019/20 reports are now the key focus for the team.</p> <p>* The Q3 2019/20 SLR reports will be delayed while the team work to configure the system for the new NHSI National Cost Collection requirements.</p> <p>* Work is on-going with SNS to replace the Directorate reporting field with Care Group information to allow the PLICS data to reported by Care Group</p>
FUTURE WORK	<p>* Care Group reports are bring 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 2019/20.</p>
FINANCIAL BENEFITS TAKEN SINCE SYSTEM INTRODUCTION	£3.73m

Workforce Performance Report

December 2019

Produced January 2020

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 8% vacancy factor across the Trust and a vacancy factor of 11% within the LLP at the end of December 2019.</p> <p>The current vacancy rate available for the trained Nursing and Midwifery staff group was 9.79%. By site, this was 6.99% in York and 16.3% in Scarborough.</p> <p>The medical and dental overall Trust vacancies rate was 6.8%. Vacancy rates by site were 8.4% at Scarborough and 6.1% at York.</p>	<p>Recruitment</p> <p>The Trust recorded 88 new appointments (temporary and permanent) commencing in December 2019; 39 from outside the Trust; 3 of them Medical and Dental staff. Additionally, there were 14 new starters on the Bank.</p>	<p>Learning and Organisational Development</p> <p>Overall Stat & Mand Training compliance = 84% Corporate Induction Compliance = 95%</p> <table border="0"> <tr> <td>Non-medical staff</td> <td>Medical staff</td> </tr> <tr> <td>Stat Mand Core training = 87%</td> <td>Stat Mand Core training = 66%</td> </tr> <tr> <td>Stat Mand Essential skills = 85%</td> <td>Stat Mand Essential skills = 73%</td> </tr> <tr> <td>Corporate Induction = 96%</td> <td>Corporate Induction = 90%</td> </tr> </table> <p>10 new coaches have joined the coaching and mentoring faculty, following completion of our in-house coach training programme. A further cohort of new trainees is due in April.</p> <p>A new Clinical Director programme started in December. New additions to our 2020 programmes will include mediation skills for managers and coaching skills for clinicians. For those staff who have clinical conversations with patients, a rolling programme of bite sized sessions on various topics will be available. Additionally, a 'train the trainer' workshop for staff who deliver training programmes or presentations across the Organisation is due to be rolled out.</p>			Non-medical staff	Medical staff	Stat Mand Core training = 87%	Stat Mand Core training = 66%	Stat Mand Essential skills = 85%	Stat Mand Essential skills = 73%	Corporate Induction = 96%	Corporate Induction = 90%
	Non-medical staff	Medical staff											
Stat Mand Core training = 87%	Stat Mand Core training = 66%												
Stat Mand Essential skills = 85%	Stat Mand Essential skills = 73%												
Corporate Induction = 96%	Corporate Induction = 90%												
<p>Retention</p> <p>In the year to the end of December 2019, the retention rate for the Trust was 87.77%. This is equal to that of last month.</p>	<p>Temporary Staffing</p> <p>In December 2019, 105.14 FTE Medical & Dental roles were covered by a combination of bank (46%) and agency workers (54%). Bank fill-rates are showing an approximate 10% increase since the Trust began trialling the Patchwork app for locum shifts.</p> <p>Total demand for temporary nurse staffing (registered nurses and HCAs) in December equated to 504 FTE. Of this demand, 51.70% was covered by bank and 24.13% by agency, leaving an unfilled rate of 24.18%.</p>	<p>Absence Management</p> <p>The monthly absence rate in November 2019 (excluding the LLP) was 4.79%.</p> <p>The monthly absence rate in November for the LLP was 6.49%.</p>	<p>Disciplinary and Grievance</p> <p>For all staff (i.e. medical and non-medical) there are 4 live disciplinary or bullying and harrassment cases (including investigations), and 8 live grievance cases.</p>	<p>Research</p> <p>Year to date accruals are 3128, which is on target for this point in the year. This is due to two large Gastro studies that are both recruiting well.</p> <p>The top two recruiting teams have been Gastroenterology (130) and an Ophthalmology study at Bridlington (38).</p> <p>The Trust has a total of 117 open studies, which is a 10.7% drop from last year. This places the Trust 48th nationally (out of 450 Trusts). The expected drop is due to our being more selective on the case studies</p>									

Assurance Framework
Responsive

Sickness Absence

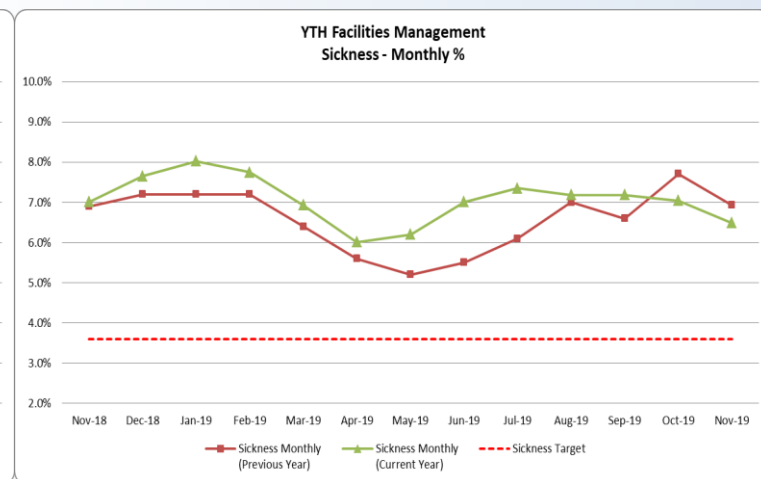
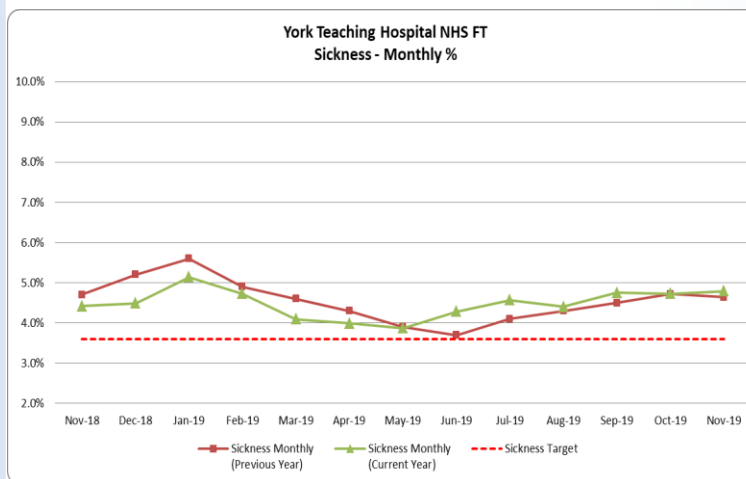
Operational Update:

The monthly absence rate in November 2019 for the Trust was 4.8% , which is slightly higher than the previous month by 0.10%. The overall sickness absence rate for York Teaching Hospital in November was higher than the rate reported in the same month last year.

For York Teaching Hospital Facilities Management, the monthly absence rate in November 2019 was 6.5%, which is lower than the rate recorded in the previous month.

Performance:

	Threshold	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
Sickness - YTHFT (Monthly)	3.6%	4.4%	4.5%	5.1%	4.7%	4.1%	4.0%	3.9%	4.3%	4.6%	4.4%	4.8%	4.7%	4.8%
Sickness - YTH Facilities Management (Monthly)	3.6%	7.0%	7.7%	8.0%	7.8%	6.9%	6.0%	6.2%	7.0%	7.4%	7.2%	7.2%	7.0%	6.5%



Assurance Framework
Responsive

Retention Rate

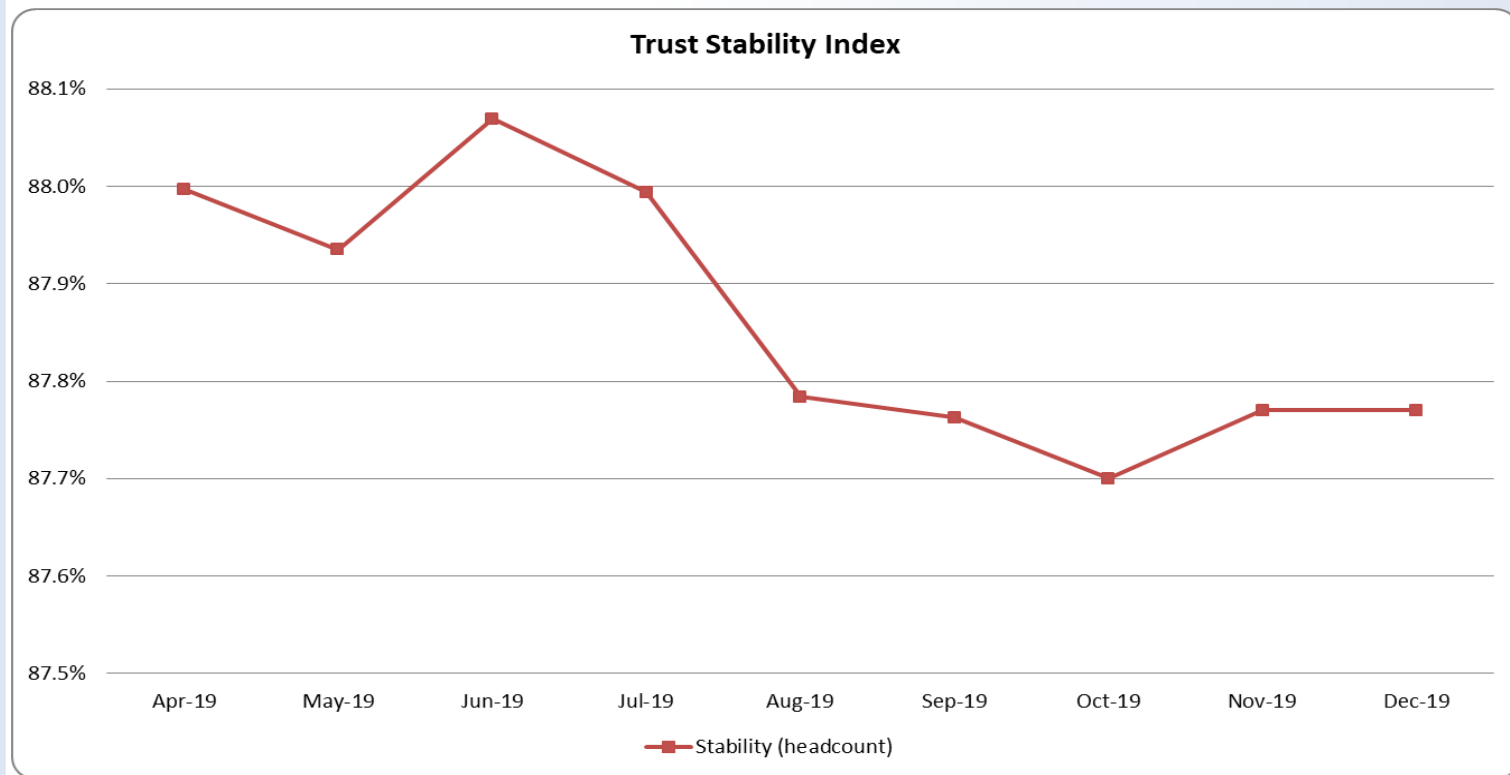
Operational Update:

Workforce Performance Reports have historically reported labour turnover rates. However, NHSI/E's Model Hospital tool uses the retention rate (also known as stability index) to measure organisations against their peers and therefore this measure will now be presented in this report. The data below relates to the trust and excludes York Teaching Hospital Facilities Management and is based solely on permanent members of staff.

Stability index compares a count of employees at the start and end date of a period (typically a 12 month period). A higher stability rate indicates a higher retention rate. In the year to the end of December 2019 the stability index was 87.77%. At the start of the period (1st January 2019) there were 7,000 permanent staff in post, of which there were 6,144 remaining at the end (31st December 2019). The stability rate has tracked between 88% and 87.77% in the financial year to date.

Performance:

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Stability (headcount)	88.00%	87.94%	88.07%	87.99%	87.78%	87.76%	87.70%	87.77%	87.77%

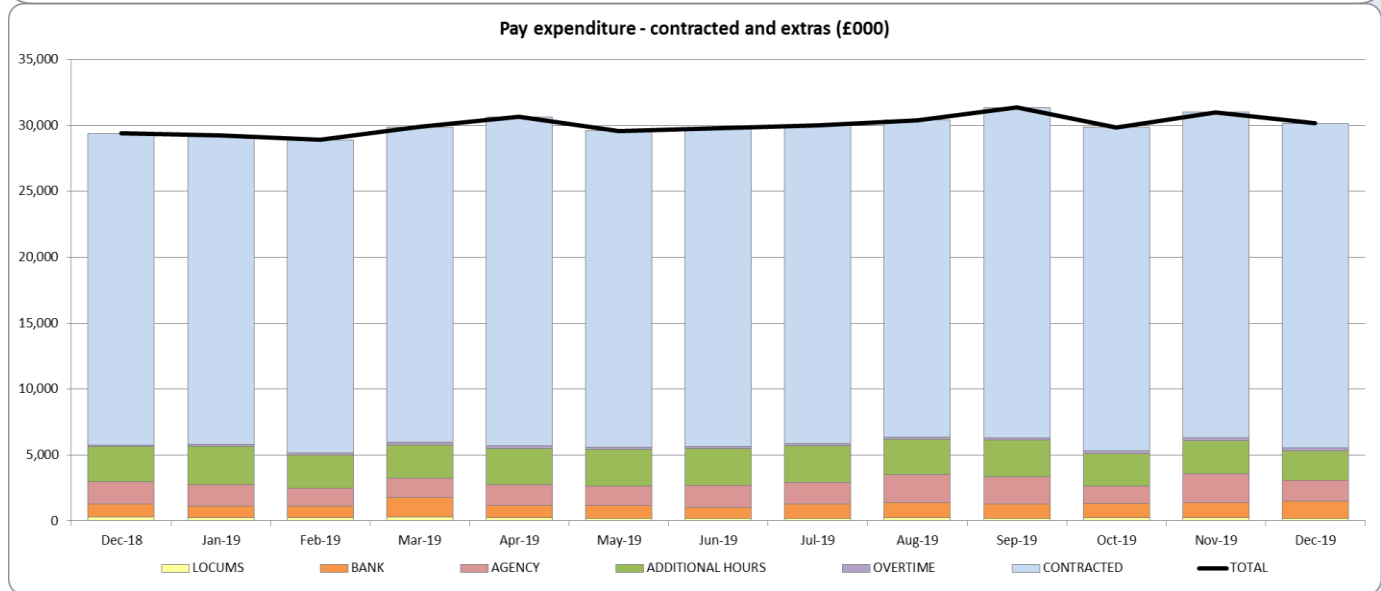
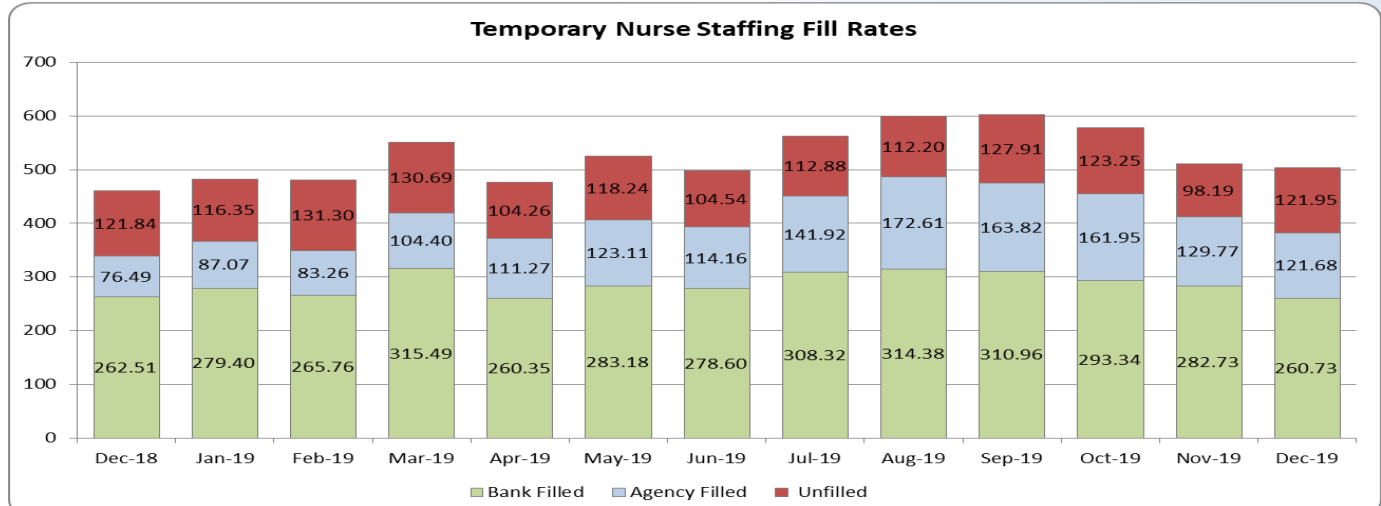


Temporary Workforce Spend

Operational Update:

51.70% of all nursing shifts requested in December 2019 were filled by the internal bank, whilst 24.13% were filled by agency. This left 24.18% of shift requests unfilled, which was an increase on the unfilled percentage rate of 19.23% seen in the previous month.

Performance:



Assurance Framework
Responsive

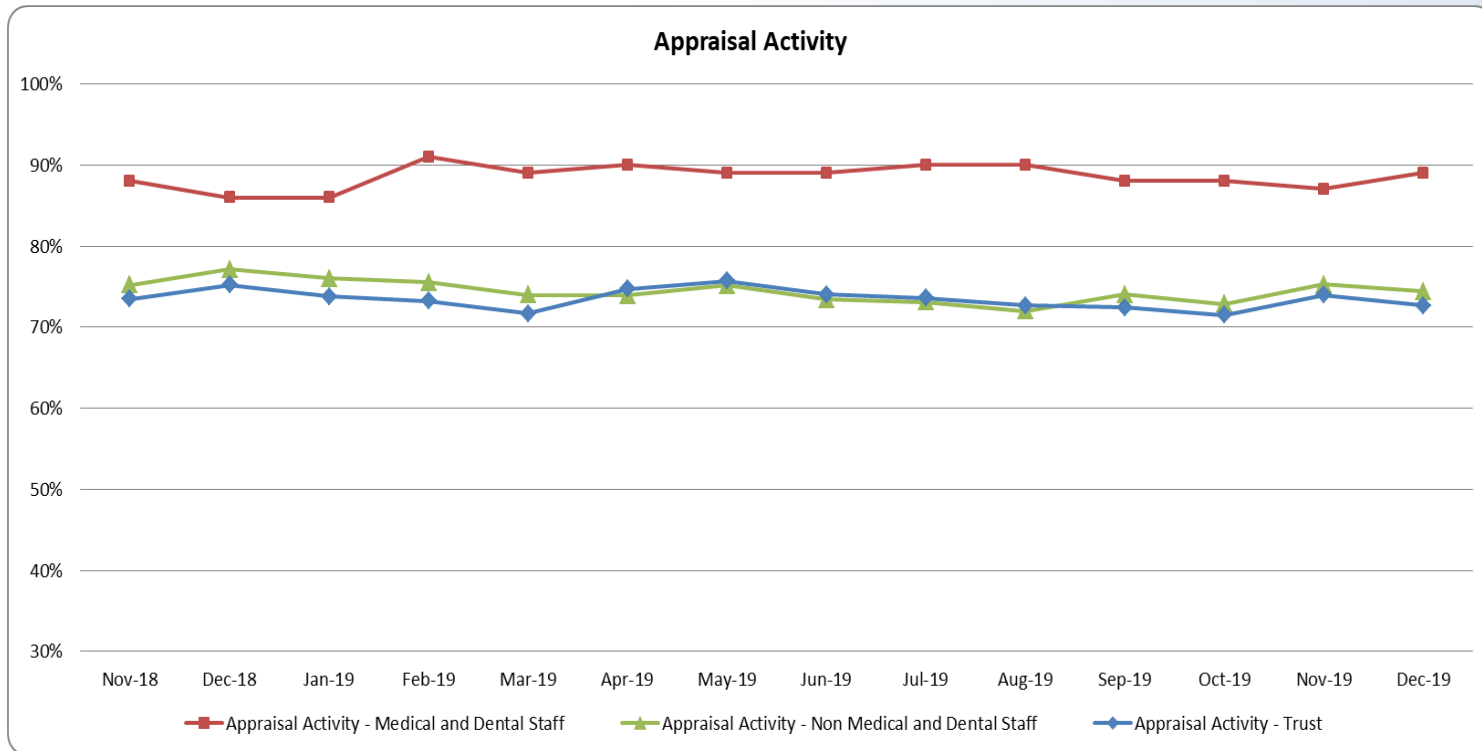
Appraisal Activity

Operational Update:

Since April 2018, appraisal rate compliance is reported directly from the Learning Hub, for non-medical staff. For medical staff, appraisal rates are reported from PrEPI . As a result, adjustments have been made to the reporting criteria (appraisal compliancy is now reported over a 12 month period, as opposed to what was previously a 14 month period). The overall compliancy rate for December 2019 was 75.4% - an increase overall compared to the previous month. The compliancy rate for medical and dental staff for December is currently at 89%.

Performance:

	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
Appraisal Activity - Trust	73.5%	75.2%	73.8%	73.2%	71.7%	74.7%	75.7%	74.0%	73.6%	72.7%	72.4%	71.5%	74.0%	75.4%
Appraisal Activity - Medical and Dental Staff	88.0%	86.0%	86.0%	91.0%	89.0%	90.0%	89.0%	89.0%	90.0%	90.0%	88.0%	88.0%	87.0%	89.0%
Appraisal Activity - Non Medical and Dental Staff	75.2%	77.1%	76.0%	75.5%	74.0%	73.9%	75.2%	73.4%	73.1%	72.0%	74.0%	72.9%	75.3%	74.4%



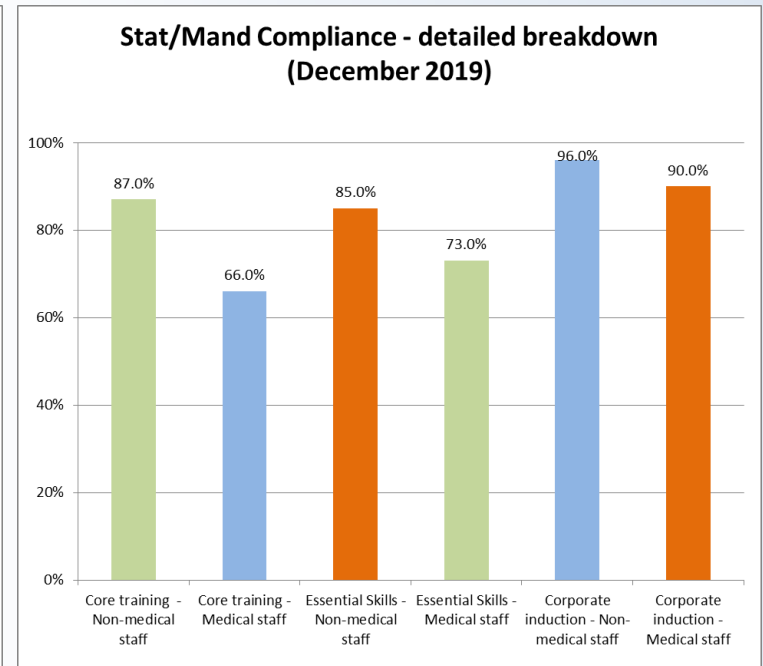
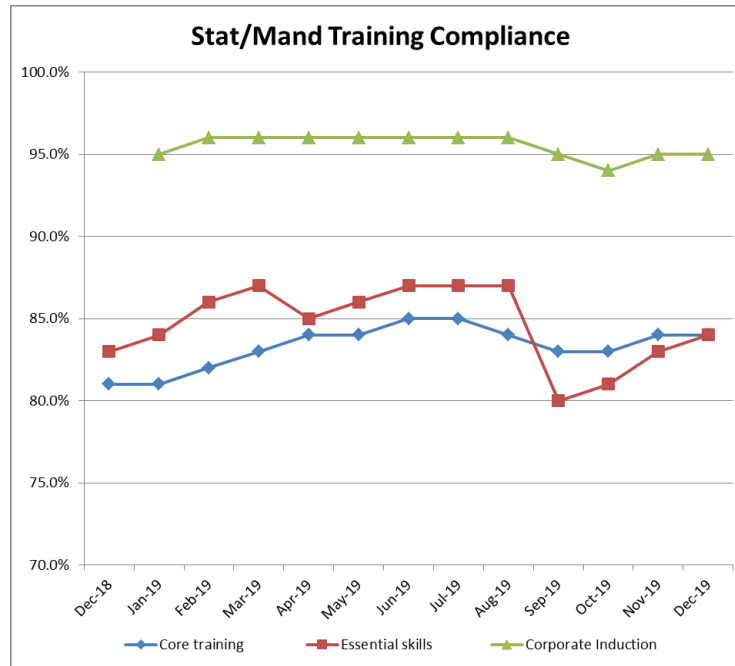
Assurance Framework
Responsive

Stat/Mand training compliance

Operational Update:

Corporate Induction compliance remains steady at 95%, which is the same as last month's percentage. Compliance for Essential Skills training has increased since last month. The percentage rate for Core Training remains the same. The information below details a breakdown for non-medical staff and for medical and dental staff.

Performance:



Research and Development Performance Report

December 2019

Produced January 2020

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

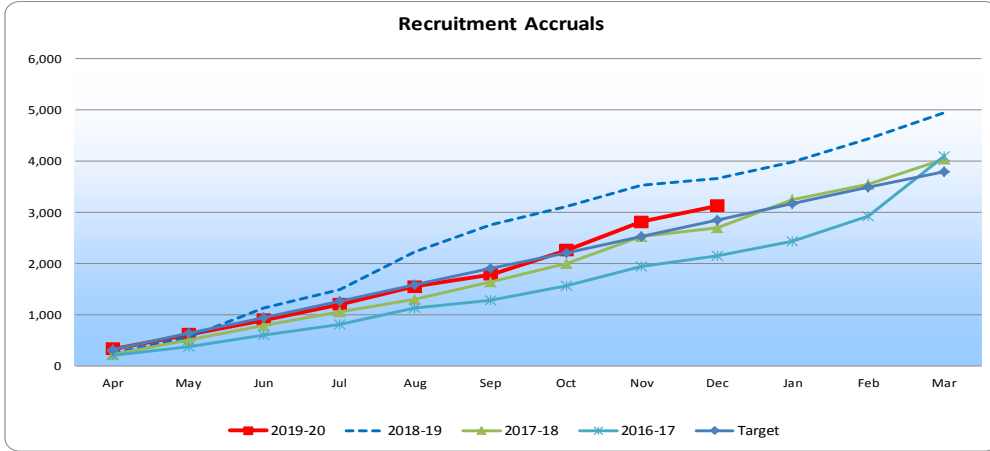
To support an engaged, healthy and resilient workforce

To ensure financial stability

Clinical Research Performance Report

Recruitment

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2019-20	339	278	287	302	350	230	471	560	311				3128
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



Accruals to date this year are 3128, which is where we need to be by this time in the year, this greatly improved picture is because the two large Gastroenterology studies (FIT and Stratify) are both recruiting well and both had some additional recruits to add to last month figures (November FIT 148 patients and 65 Stratify, December FIT 110 patients and 76 Stratify).

League Table Performance 2018/2019

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 10.7% from the previous year, this puts the Trust 48th (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/>

Breakdown (as of the end of Q3 19/20)

Directorate	Accruals Running Total 18/19	Target	%
Anaesthetics	187	253	74
Cardiology	90	197	46
Dermatology	10	53	19
Diabetes	15	16	95
ED	0	0	0
Gastro	1672	1770	94.5
Generic - Scarborough	39	129	30.5
Generic - York	48	12	100
Haematology	23	20	100
Obstetrics	52	19	100
Scarborough	262	145	100
Oncology-York	206	78	100
Ophthalmology	216	361	60
Paediatrics	2	13	7
Renal	144	212	68
Rheumatology	7	100	7
Sexual Health	57	5	100
Stroke	9	50	18
Orthopaedics & Physio	6	0	100
ENT	0	0	0
Respiratory	30	60	50
Neurology	0	0	0
Elderly Medicine	17	0	100
Microbiology	36	0	100
General Surgery (tallied within the above Generics York & Oncology totals)	27	0	100

Recruitment Target for Y	3800
Open Trials	112
Total Due to Close 19/20	21

Commercial	8%
Non-Commercial	92%
Interventional	44%
Observational	55%
i & O	1%