

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

June-2020

Produced July 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

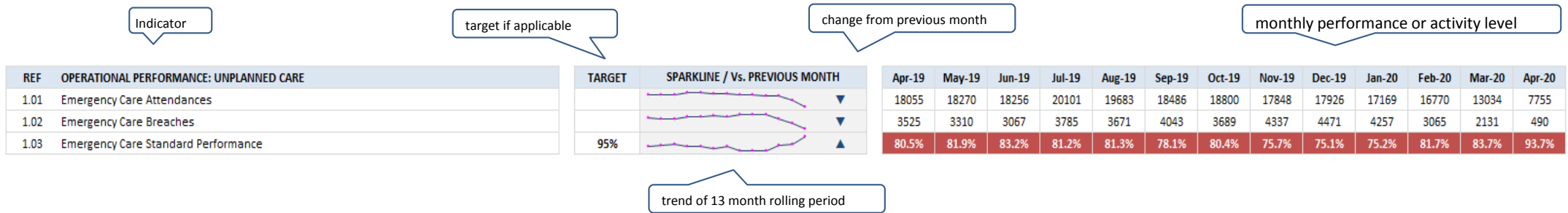
Report produced by:
Information Team

Integrated Performance Report : June-2020

Understanding the Report

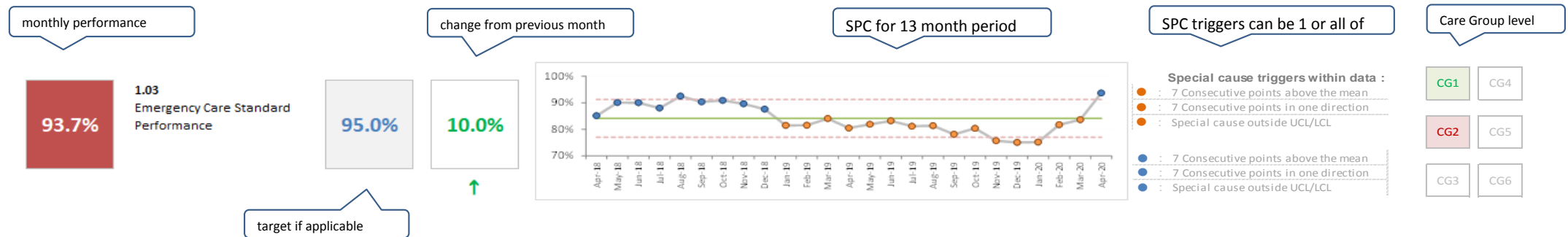
1. Operational Performance Summary

This section provides a summary of key performance targets for NHSI, Quality, Workforce and Finance, plus activity data. The target is either the monthly standard and performance is coloured according to achievement. This should be read in conjunction with overall trends and not taken in isolation. The table will show performance for a 13 month rolling period, which is also displayed in the snapshot overview. Change from previous month is displayed using arrow, but again this must be read in conjunction with trend analysis.



2. Focus Sections

This section provides a summary of key performance targets for NHSI, Quality, Workforce and Finance, plus activity data. The target is either the monthly standard and performance is coloured according to achievement. This should be read in conjunction with overall trends and not taken in isolation. The table will show performance for a 13 month rolling period, which is also displayed in the snapshot overview. Change from previous month is displayed using an arrow, but again this must be read in conjunction with trend analysis. There is also a Red/Green indicator to ascertain where the Care Group is passing/failing target at a service level, where applicable.



QUALITY AND SAFETY REPORT

June-2020

Produced July 2020



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To support an engaged, healthy and resilient workforce

To ensure financial stability

Report produced by:
Information Team

Quality and Safety Report: June-2020

Executive Summary

Trust 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 sustainability

Purpose of the Report:

To provide the Board with an integrated overview of Quality and Safety indicators within the Trust

Executive Summary:

Key discussion points for the Board are:

Despite some improvement overall in relation to 14 hour post take performance at both Scarborough and York remains below the Trust target of 90%. The only Care Group that has met the target is CG1. Escalation and Ceiling of Care decisions have consistently improved across the Trust which has reduced inappropriate referrals through this quieter month to Critical Care Outreach teams and reflected in low cardiac arrest rates. The level of medication incident reporting is increasing to more usual levels following a reduction in reporting during Covid 19. The main concern continues to be incidents relating to patients discharged with incorrect, inappropriate or without discharge medication. A discharge project group has been established and separate work streams will focus on 3 key areas relating to discharge incidents. The mortality rate has reduced in June to below the lower control limit. Given that there are approximately 300 closed beds along with a reducing number of COVID cases the number of deaths were calculated per 1000 bed days to determine the underlying death rate. This demonstrated that the number of deaths is in line with the number in June 2019.

Event Reporting

Event reporting numbers are increasing slowly, and we continue to closely monitor the growth. The new national SI framework is being piloted at a number sites (the Trust is not included). The full launch has been delayed until April 2021. The Trust is about to commence a review of the SI Process in order to move towards the proposed National Framework. NICE have recently advised that they have commenced a phased restart of their work programme and National Audit is also recommending with data collection to the national registries, to be followed by data collection on all other national audits with the exception of NACEL which is to be delayed until 2021.

Recommendation:

The Board is asked to receive the report and note any actions being taken.

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Director Sponsor: James Taylor, Medical Director
Heather McNair, Chief Nurse

TRUST BOARD REPORT : June-2020

QUALITY AND SAFETY SUMMARY: (i)

REF	SERIOUS INCIDENTS (data is based on SI declaration Date)	Sparkline / Previous Month	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
1.01	Number of SI's reported		5	12	10	11	14	12	16	11	13	9	4	9	2
1.02	% SI's notified within 2 working days of SI being identified		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	* this is currently under discussion via the 'exceptions log'														
	Compliance with Duty of Candour for Serious Incidents*:														
1.03	-Invitation to be involved in Investigation		1	3	4	2	2	1	2	0	2	3	0	0	0
1.04	-Given Final Report (If Requested)		3	1	1	1	3	2	2	1	2	1	0	2	2

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

REF	DUTY OF CANDOUR (All Incidents - data is based on the incident date) *	Target	Sparkline / Previous Month	TOTAL	* For Incidents Reported Between 01/07/19 and 16/06/20
1.10	Incident Graded Moderate or Above			141	
1.11	Verbal Apology Given			100	
1.12	Written Apology Given			113	
1.13	Duty of Candour Complete			127	
1.14	% Compliance with Duty of Candour			90.1%	

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.

REF	CLAIMS	Sparkline / Previous Month	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
1.20	Number of Negligence Claims		19	20	18	17	16	13	7	20	8	12	3	6	8
1.21	Number of Claims settled per Month		4	3	4	5	2	4	3	3	2	7	6	4	5
1.22	Amount paid out per month		169,040	124,000	669,000	138,000	16,000	507,500	159,863	208,500	1,400,000	195,500	545,000	325,600	239,000
1.23	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 that damages data may be adjusted some time after a claim has been settled if there is a delay in agreeing a final settlement, hence data is subject to change.

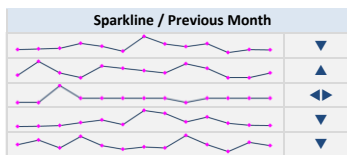
REF	MEASURES OF HARM	Target	Sparkline / Previous Month	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
1.30	Incidents Reported			1,263	1,345	1,249	1,293	1,320	1,271	1,309	1,408	1,281	1,044	808	919	977
1.31	Incidents Awaiting Sign Off			843	792	841	950	793	727	844	767	902	871	500	453	502
1.32	Patient Falls			255	227	190	226	212	219	241	244	224	143	141	165	154
1.33	Pressure Ulcers - Newly Developed Ulcer			78	76	73	97	92	84	130	110	97	109	81	84	75
1.34	Pressure Ulcers - Deterioration of Pressure Ulcer			9	16	14	10	16	6	10	18	14	10	11	9	14
1.35	Pressure Ulcers - Present on Admission			137	132	120	103	135	128	140	165	133	137	105	112	132
1.36	Degree of harm: serious or death			3	4	6	4	10	5	0	2	5	1	1	4	2
1.37	Medication Related Errors			120	141	140	135	151	134	120	155	143	101	66	88	101
1.38	VTE risk assessments	95%		96.7%	97.0%	96.3%	95.6%	96.3%	96.1%	96.8%	95.3%	95.2%	96.3%	93.1%	96.7%	90.7%
1.39	Never Events	0		0	0	1	0	1	1	0	0	0	0	2	0	0

There has been a decrease in the numbers of incidents being reported since the outbreak of the Coronavirus due to a decrease in hospital activity. The Trust continues to validate falls and pressure ulcer data, so this data is subject to change. Validation of harm for incidents of moderate harm and above is ongoing, so data is subject to change.

TRUST BOARD REPORT : June-2020

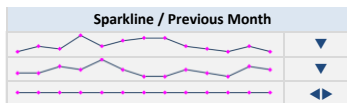
QUALITY AND SAFETY SUMMARY: (ii)

REF	PRESSURE ULCERS***
1.40	Number of Category 2
1.41	Number of Category 3
1.42	Number of Category 4
1.43	Total no. developed/deteriorated while in our care (care of the org) - acute
1.44	Total no. developed/deteriorated while in our care (care of the org) - community



Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
53	54	56	69	61	48	87	67	60	68	45	53	52
1	7	2	0	5	4	3	2	6	4	0	0	2
0	0	4	1	1	1	1	1	0	1	1	1	1
61	62	64	74	83	68	116	105	77	93	72	65	64
26	30	23	33	25	22	24	23	34	26	20	28	25

REF	FALLS****
1.50	Number of falls with moderate harm
1.51	Number of falls with severe harm
1.52	Number of falls resulting in death

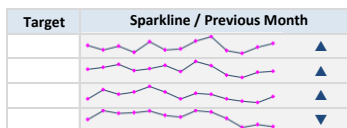


Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
0	2	1	6	2	4	5	5	2	1	0	2	0
1	1	3	2	5	2	0	0	2	1	0	3	2
0	0	0	0	0	0	0	0	0	0	0	0	0

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.

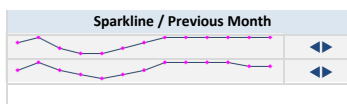
All falls and pressure ulcer data is refreshed monthly to reflect ongoing monitoring and reporting of falls and pressure ulcers. The degrees of harm from falls and pressure ulcers are subject to further validation when investigations are completed, so harm data is subject to change.

REF	DRUG ADMINISTRATION
1.60	Insulin Errors
1.61	Prescribing Errors
1.62	Preparation and Dispensing Errors
1.63	Adminstrating and Supply Errors



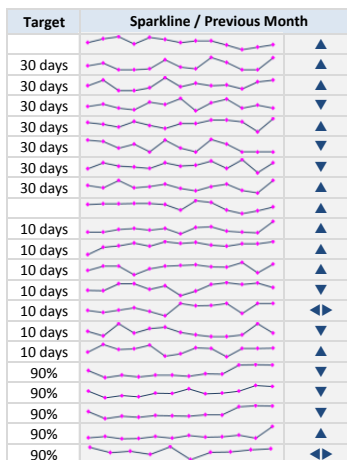
Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
14	9	13	6	18	9	10	19	24	8	5	12	16
29	33	39	26	30	37	24	45	36	17	12	23	25
6	14	10	12	17	12	6	11	10	6	4	3	8
53	69	64	65	68	60	57	69	66	55	39	44	40

REF	SAFEGUARDING
1.70	% of staff compliant with training (children)
1.71	% of staff compliant with training (adult)
1.72	% of staff working with children who have review DBS checks



Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
85%	86%	84%	83%	83%	84%	85%	86%	86%	86%	86%	86%	86%
86%	88%	86%	85%	84%	85%	86%	88%	88%	88%	88%	87%	87%

REF	PATIENT EXPERIENCE: COMPLAINTS, PALS AND FFT
2.01	New complaints this month
2.02	% Complaint responses closed within target timescale
	CG1
	CG2
	CG3
	CG4
	CG5
	CG6
2.03	New PALS concerns this month
2.04	% PALS responses closed within target timescale
	CG1
	CG2
	CG3
	CG4
	CG5
	CG6
2.05	FFT - York ED Recommend %
2.06	FFT - Scarborough ED Recommend %
2.07	FFT - Trust ED Recommend %
2.08	FFT - Trust Inpatient Recommend %
2.09	FFT - Trust Maternity Recommend %



Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
36	51	59	31	56	48	36	43	42	26	9	19	28
41%	46%	33%	33%	35%	52%	38%	35%	57%	47%	33%	33%	56%
29%	50%	11%	11%	22%	60%	26%	39%	29%	32%	18%	44%	50%
33%	44%	25%	18%	53%	42%	71%	13%	50%	67%	25%	40%	25%
40%	33%	20%	45%	27%	14%	36%	36%	50%	50%	43%	0%	57%
75%	67%	25%	50%	0%	75%	25%	0%	80%	50%	0%	-	0%
29%	75%	50%	43%	33%	75%	50%	57%	88%	33%	100%	-	75%
60%	40%	100%	40%	50%	71%	36%	17%	50%	71%	20%	0%	100%
135	139	141	142	143	135	86	168	151	87	57	80	114
69%	69%	72%	73%	71%	73%	67%	74%	75%	70%	69%	68%	81%
6%	50%	57%	74%	56%	81%	71%	78%	62%	55%	69%	70%	83%
55%	67%	67%	42%	59%	67%	69%	71%	65%	64%	78%	48%	73%
66%	65%	80%	80%	68%	76%	54%	64%	79%	83%	79%	82%	72%
71%	63%	73%	82%	67%	50%	100%	90%	92%	100%	60%	100%	100%
83%	73%	100%	79%	89%	92%	80%	75%	71%	71%	75%	100%	79%
69%	88%	76%	77%	86%	60%	65%	80%	78%	58%	78%	78%	79%
84.5%	69.5%	74.8%	70.7%	75.0%	74.9%	72.6%	77.8%	76.8%	96.2%	97.0%	96.0%	-
88.7%	79.3%	82.4%	80.9%	86.2%	85.7%	92.3%	85.0%	85.9%	88.9%	97.2%	95.3%	-
85.5%	71.4%	76.5%	74.2%	77.4%	76.9%	76.4%	78.8%	78.7%	94.9%	97.1%	95.9%	-
96.6%	97.0%	96.3%	96.4%	96.9%	96.5%	97.2%	96.8%	96.9%	97.3%	96.5%	99.6%	-
98.1%	97.3%	97.5%	97.0%	98.3%	96.1%	97.3%	97.4%	97.7%	97.9%	-	-	-

TRUST BOARD REPORT : June-2020

QUALITY AND SAFETY SUMMARY: (iii)

REF	CARE OF THE DETERIORATING PATIENT
3.01	14 hour Post Take - York *
3.02	14 hour Post Take - Scarborough *
3.03	NEWS within 1 hour of prescribed time
3.04	Elective admissions: EDD within 24 hours of admission

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

Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
81%	82%	80%	80%	76%	76%	79%	82%	81%	83%	84%	81%	83%
72%	76%	71%	73%	74%	70%	74%	76%	77%	77%	68%	71%	75%
90.6%	89.9%	89.9%	89.2%	89.6%	89.2%	89.6%	90.2%	90.7%	90.1%	90.3%	90.9%	91.8%
88.6%	87.3%	85.7%	87.8%	86.5%	88.1%	86.9%	94.0%	91.7%	89.4%	91.5%	83.4%	93.9%

* 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 patients who have had a Length of Stay less than 14hrs.

REF	MORTALITY INFORMATION
10.33	Summary Hospital Level Mortality Indicator (SHMI)

Target	Sparkline / Previous Month
1.00	

Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
1.00	1.00	1.00	0.99	0.98	0.98	0.98	0.99	1.00	1.00	1.00	0.99	-

REF	4AT ASSESSMENT
5.01	4AT Screening

Target	Sparkline / Previous Month
90%	

Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
73.4%	69.9%	68.7%	69.7%	72.9%	82.2%	78.7%	79.8%	81.9%	75.8%	72.5%	85.7%	85.9%

REF	INFECTION PREVENTION
6.01	Clostridium Difficile - meeting the C.Diff objective
6.02	Clostridium Difficile - meeting the C.Diff objective - cumulative
6.03	MRSA - meeting the MRSA objective
6.04	MSSA
6.05	MSSA - cumulative
6.06	ECOLI
6.07	ECOLI - cumulative
6.08	Klebsiella
6.09	Klebsiella - cumulative
6.10	Pseudomonas
6.11	Pseudomonas - cumulative
6.12	MRSA Screening - Elective
6.13	MRSA Screening - Non Elective

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

Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
15	10	15	9	9	11	12	13	10	7	7	2	2
40	50	65	74	83	94	106	119	129	136	7	9	11
0	2	0	0	0	0	0	0	0	0	0	0	0
2	5	3	4	5	5	4	3	2	5	5	6	2
11	16	19	23	28	33	37	40	42	47	5	11	13
5	5	8	2	5	6	7	6	6	8	14	8	10
18	23	31	33	38	44	51	57	63	71	14	22	32
3	2	5	2	1	1	2	1	2	1	1	2	4
6	8	13	15	16	17	19	20	22	23	1	3	7
2	4	2	1	2	1	3	3	1	1	4	0	1
5	9	11	12	14	15	18	21	22	23	4	4	5
84.62%	89.81%	90.31%	89.96%	86.75%	88.40%	88.69%	88.61%	84.41%	90.23%	74.47%	89.47%	80.00%
89.63%	89.71%	89.54%	89.98%	90.83%	90.95%	88.98%	90.13%	90.01%	86.54%	88.42%	91.06%	93.29%

* Thresholds to be confirmed for 2020-21 for MSSA, ECOLI and C-DIFF

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

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

Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	
73.3%	75.0%	100.0%	75.0%	100.0%	80.0%	100.0%	100.0%	100.0%	-	100.0%	100.0%	-	
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-	
Apr-Jun 19		Jul-Sep 19		Oct-Dec 19			Jan-Mar 20		Apr-20*		May-20*		Jun-20*
89% (B)		87.4% (B)		89.9% (B)			89.3% (B)		77.5% (D)		80% (C)		95% (A)
47.5% (B)		49.6% (A)		45.8% (B)			58.9% (A)		70% (A)		60.2% (A)		63.1% (A)
97% (A)		94.4% (B)		95.6% (A)			96.6% (A)		96.6% (A)		97% (A)		93.4% (B)

*April and May 20 based on COVID 19- SSNAP data. The 90% time in stroke services remains low for both months as there were 8 stroke patients diagnosed with Covid 19 in April and a further 6 patients in May 20 so these patients spent some of their hospital stay on other wards outside of Stroke Services. The June 2020 data is from local data only as a number of patients remain as in patients so their SSNAP records cannot be fully locked yet. The 90% data appears much better partly as there have been no stroke patients diagnosed with Covid in June. However only 61 patients have been discharged out of a total of 76 patients admitted in June so this is likely to change as more are discharged.




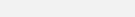


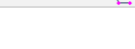


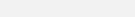
REF	DOLS
8.01	Standard Authorisation Status Unknown: Local Authority not informed the Trust of outcome
8.02	Standard Authorisation Not Required: Patient no longer in Trust's care and within 7 day self-authorisation
8.03	Under Enquiry: Safeguarding Adults team reviewing progress of application with Local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

Target	Sparkline / Previous Month

Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
1	3	6	4	0	0	2	8	1	8	2	0	10
14	14	16	10	19	1	19	29	21	22	12	23	23
9	21	15	19	15	14	15	24	14	1	2	7	14
0	0	0	0	0	2	0	0	1	0	0	0	0
0	0	0	0	0	0	0	1	0	0	1	0	0
16	5	8	4	2	8	7	16	16	18	9	19	25
6	14	3	4	7	1	1	0	5	3	3	21	6
1	1	0	0	1	5	4	8	14	0	1	0	0

TRUST BOARD REPORT : June-2020

QUALITY AND SAFETY SUMMARY: (iv) QUANTITATIVE TABLE

REF	Indicator	Consequence of Breach	Threshold	Sparkline / Previous Month	Q2 19/20	Q3 19/20	Q3 19/20	Q4 19/20	Mar-20	Apr-20	May-20	Jun-20	
9.01	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		◀	18	10	15	20	-	-	-	-
9.02	No urgent operation should be cancelled for a second time*	£5,000 per incidence in the relevant month	0		◀	0	0	0	0	-	-	-	-
9.03	Sleeping Accommodation Breach	£250 per day per Service User affected	0		◀	0	0	0	7	3	0	0	0
9.04	% 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%
9.05	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%		▲	99.71%	99.70%	99.81%	99.89%	99.93%	99.99%	99.99%	-
9.06	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%		▲	98.56%	98.16%	98.80%	99.21%	99.27%	99.59%	99.66%	-
9.07	Failure to ensure that 'sufficient appointment slots' are made available on the Choose and Book System	General Condition 9	>4% slot unavailability if		◀	8.40%	10.30%	9.73%	8.17%	9.32%	-	-	-
	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									
9.08	Trust waiting time for Rapid Access Chest Pain Clinic	General Condition 9	99.00%		▼	52.08%	72.60%	66.67%	76.72%	82.67%	53.57%	91.49%	85.71%
	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.									
9.09	Number/Percentage women who have seen a midwife by 12 weeks and 6 days (as per IPMR definition)	General Condition 9	90.00%		▼	94.67%	93.21%	92.12%	91.06%	91.51%	91.83%	95.55%	88.89%
9.10	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									

*QMCO and Monthly Sitrep Return suspended due to Covid-19

TRUST BOARD REPORT : June-2020

QUALITY AND SAFETY: CARE OF DETERIORATING PATIENT

Jun-20

METRIC :

TARGET :

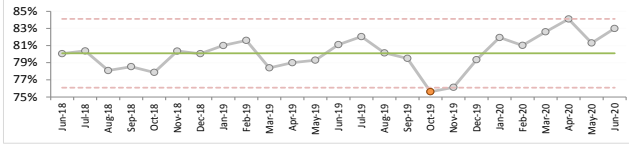
vs LM :

83.0%

3.01
14 hour Post Take - York

90.0%

1.7%
↑



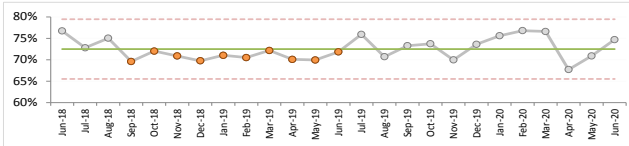
- CG1
- CG2
- CG3
- CG4
- CG5
- CG6

74.7%

3.02
14 hour Post Take - Scarborough

90.0%

3.8%
↑



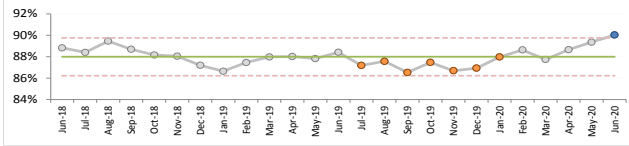
- CG1
- CG2
- CG3
- CG4
- CG5
- CG6

90.0%

10.01
NEWS within 1 hour (York)

90.0%

0.7%
↑



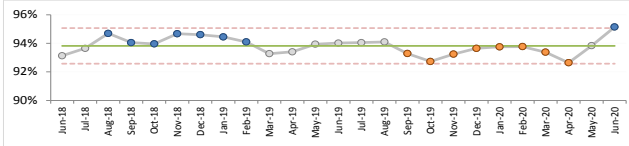
- CG1
- CG2
- CG3
- CG4
- CG5
- CG6

95.1%

10.02
NEWS within 1 hour (Scarb)

90.0%

1.3%
↑



- CG1
- CG2
- CG3
- CG4
- CG5
- CG6

HIGHLIGHTS FOR BOARD TO NOTE :

Improving trend of observation completion at both acute sites.

TRUST BOARD REPORT : June-2020

QUALITY AND SAFETY: CARE OF DETERIORATING PATIENT



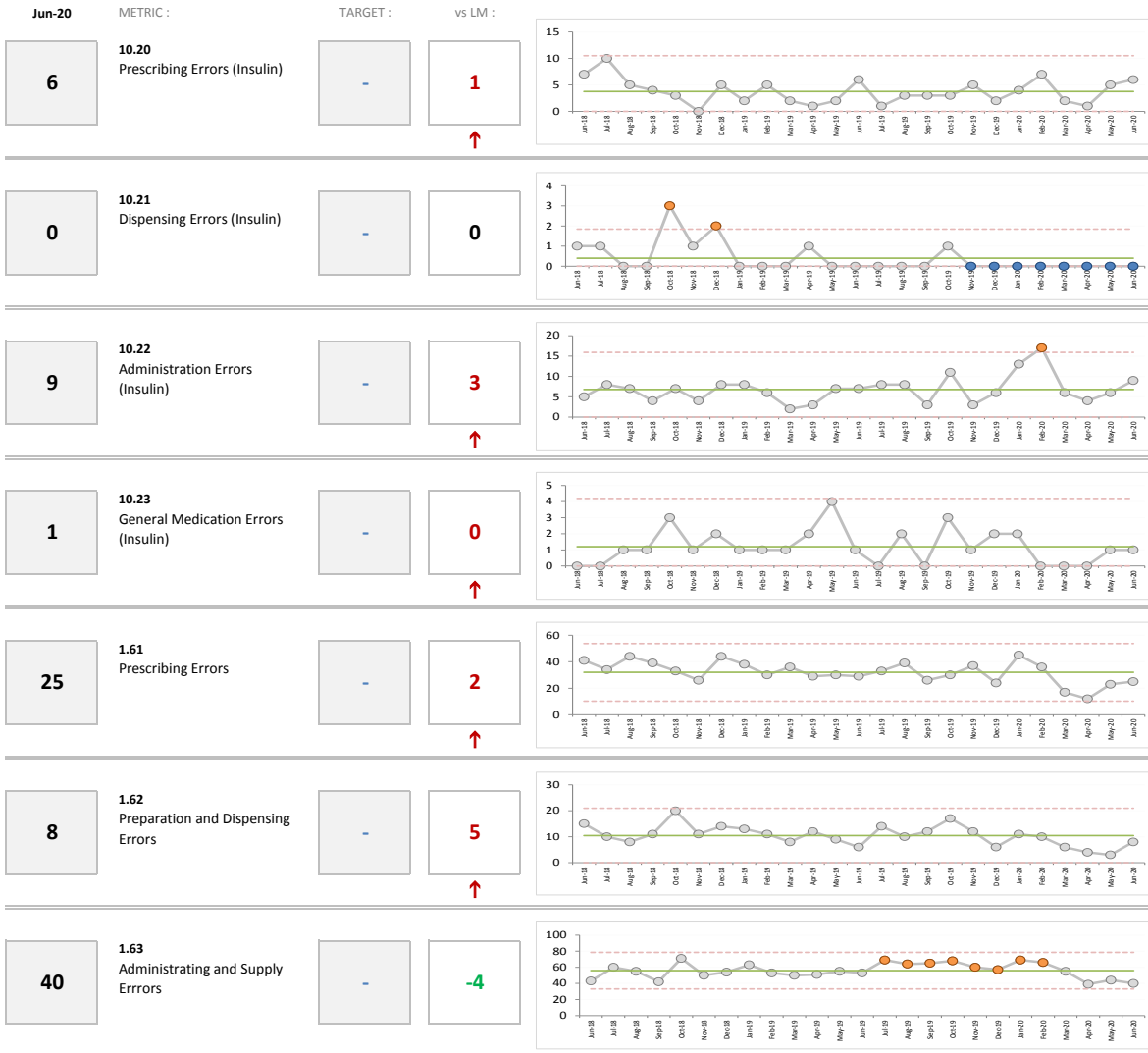
HIGHLIGHTS FOR BOARD TO NOTE :

Escalation and Ceiling of Care decisions have consistently improved across the Trust which has reduced inappropriate referrals through this quieter month to Critical Care Outreach teams and reflected in low cardiac arrest rates.

Workstream established throughout Covid 19 period to highlight patients at risk of deterioration and improve cardiac arrest management through the development of Crash Team Huddles, completed both at morning and night. This has assisted with proactive discussions and review of deteriorating patients by senior workforce. Education: Critical Care Outreach Team have increased delivery of Deteriorating Patient teaching sessions to Aspirant nurses, whilst Resus team have increased Covid -19 BLS teaching sessions. Plan to re-start full day teaching sessions and simulation in September. Hospital out of hours work continues: new task allocation system being trialled at Scarborough, Clinical Support Workers at York (based with Critical Care Outreach) now at full capacity with positive feedback.

TRUST BOARD REPORT : June-2020

QUALITY AND SAFETY: MEDICATION INCIDENTS



HIGHLIGHTS FOR BOARD TO NOTE :

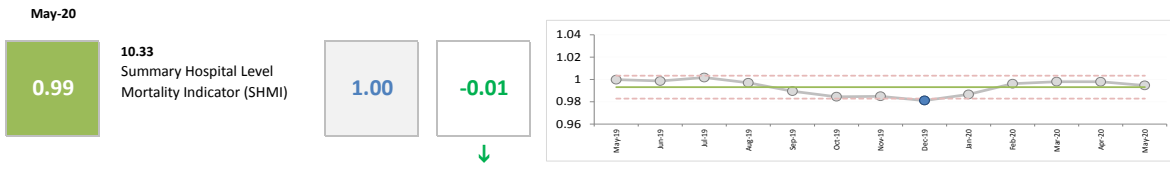
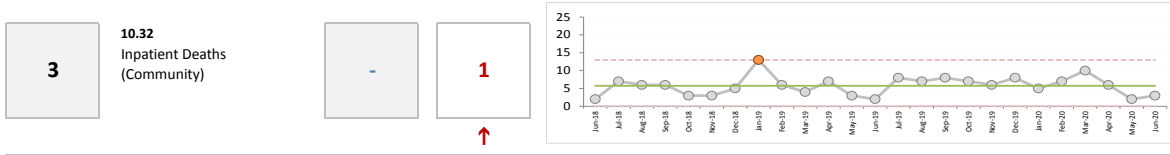
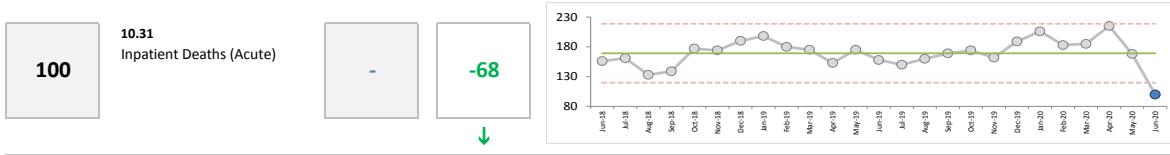
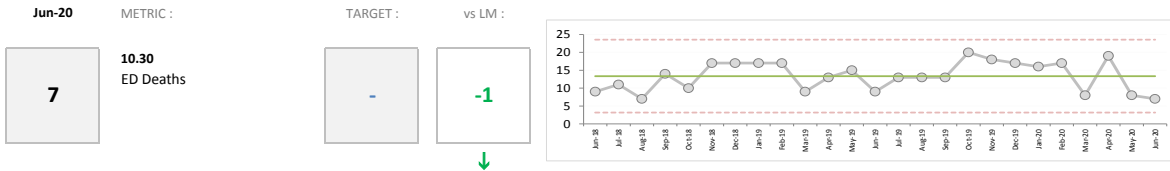
The level of medication incident reporting is increasing to more usual levels following a reduction in reporting during Covid 19. This accounts for the increase in most sub categories of incidents illustrated here.

The main concern continues to be incidents relating to patients been discharged with incorrect, inappropriate or without discharge medication. A discharge project group has been established and separate work streams will focus on 3 key areas relating to discharge incidents

1. Provision of complete and accurate list of current medication and reason for medication changes to the GP
2. Ensuring patients are supplied with all required medication, suitably labelled and not with inappropriate or previously discontinued medication
3. Empowering patients, where possible, to manage their medication by ensuring they are able to take it and signposting for follow up with community or GP colleagues where appropriate

TRUST BOARD REPORT : June-2020

QUALITY AND SAFETY : MORTALITY



HIGHLIGHTS FOR BOARD TO NOTE :

In April 2020 there was an expected increase in deaths certified as COVID, Pneumonia and Respiratory Infection. Overall deaths have reduced in June to below the lower control limit. In order to determine whether this reduction was due to a reduction in the number of COVID cases combined with the reduced activity across the hospital the number of deaths per 1000 bed days was calculated and is shown below:

- March - 8.50 deaths per 1000 bed days
- April - 17.31 deaths per 1000 bed days
- May - 12.39 deaths per 1000 bed days
- June - 6.54 deaths per 1000 bed days

The Total number of deaths per 1000 bed days for June 2019 was 6.33, which indicates that the number of deaths in June 2020 has returned to the level expected. In June there were 9 SJCRs commissioned of which 3 have been received. The SJCRs were requested were as a result of the following: 2 x complaints, 2 x initial mortality review, 2 x elective admissions, 1 x medical examiner, 1 x learning disabilities and 1 via the Quality and Safety Meeting. Of these the longest delay in completion of SJCR following death is 4 months. Delay in SJCR are due to Clinicians availability to complete them arising from COVID related pressures and difficulties in obtaining casenotes due to tracking on CPD.

TRUST BOARD REPORT : June-2020

PATIENT EXPERIENCE: NEW COMPLAINTS AND PALS CASES

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	8	0	0	8	27	0	0	27
CG2 : Scarborough Acute, Emergency & Elderly Medicine	0	5	0	5	0	18	0	18
CG3: Surgery	6	2	0	8	21	0	0	21
CG4: Cancer and Support Services	0	1	0	1	3	2	0	5
CG5: Family Health	3	1	0	4	10	3	0	13
CG6: Specialised Medicine	2	0	0	2	14	6	1	21
Corporate Services	0	0	0	0	9	0	0	9
Total	19	9	0	28	84	29	1	114

Top 5 sub-subjects

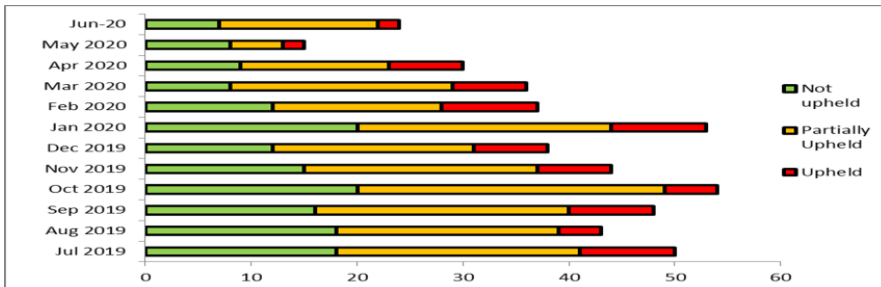
COMPLAINTS	York	Scarb	Brid	Total	PALS	York	Scarb	Brid	Total
Delay or failure in treatment/procedure	4	3	0	7	Communication with relatives/carers	11	6	0	17
Communication with relatives/carers	5	1	0	6	Communication with patient	11	2	0	13
Discharge arrangements	2	3	0	5	Care needs not adequately met	9	1	0	10
Personal property issues	3	1	0	4	Length of waiting list	5	3	1	9
Inadequate pain management	3	1	0	4	Appointment availability	4	4	0	8
Total	17	9	0	26	Total	40	16	1	57

New reopened complaints

Reason Dissatisfied	CG1	CG2	CG3	CG6	Total
Dissatisfied with findings	1	0	1	1	3
Further clarity/questions	1	1	0	0	2
Complaint handling	0	0	0	0	0
Total	2	1	1	1	5

PATIENT EXPERIENCE: CLOSED CASES

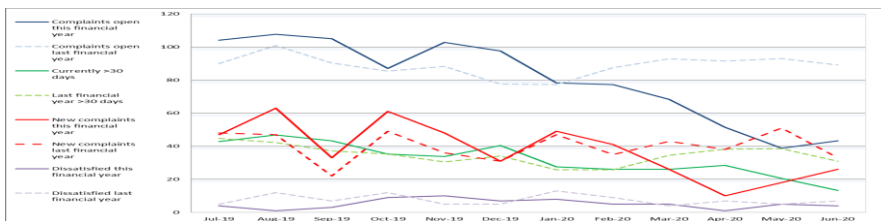
Proportion of closed complaints by outcome



Closed complaint & PALS average response times

Complaints	Total Closed	Average no days	% Within Target	PALS	Total Closed	Average no days	% Within Target
CG1	8	33	50%	CG1	24	8	83%
CG2	4	70	25%	CG2	11	6	73%
CG3	7	36	57%	CG3	25	14	72%
CG4	1	62	0%	CG4	6	3	100%
CG5	4	20	75%	CG5	14	6	79%
CG6	1	28	100%	CG6	24	10	79%
Corporate Services	2	20	100%	Corporate Services	9	3	100%
Total	27	37	56%	Total	113	9	81%

PATIENT EXPERIENCE: COMPLAINT PERFORMANCE HANDLING



HIGHLIGHTS FOR BOARD TO NOTE :

The Trust currently has 44 open complaints. 15 cases are over target (34%) of which 6 (40%) are exceptions. This is because complainants have requested face to face meetings that have been delayed as a result of the Covid-19 pandemic.

TRUST BOARD REPORT : June-2020

QUALITY AND SAFETY: MATERNITY (YORK)

YORK - MATERNITY DASHBOARD			Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	
Activity	Births	Bookings	1st m/w visit	CPD	≤302	303-329	≥330	223	266	257	254	272	218	207	301	291	308	315	243	254	
		Bookings <13 weeks	No. of mothers	CPD	≥90%	76%-89%	≤75%	91.9%	89.8%	91.1%	94.5%	90.4%	85.3%	87.0%	92.0%	93.8%	92.5%	92.7%	94.7%	87.8%	
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	< 10%	10.1%-19.9%	>20%	4.9%	4.5%	3.5%	2.8%	4.0%	6.4%	3.9%	3.7%	3.1%	4.2%	2.5%	2.5%	3.5%	
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	45.5%	33.30%	66.70%	28.60%	18.20%	42.90%	25.00%	72.70%	88.90%	76.90%	100.00%	66.70%	100.00%	
	Closures	Births	No. of babies	CPD	≤295	296-309	≥310	250	287	267	276	239	246	206	248	225	257	230	250	237	
		No. of women delivered	No. of mothers	CPD	≤295	296-310	≥311	246	285	261	270	233	242	203	245	222	253	225	247	235	
		Homebirth service suspended	No. of suspensions	Comm. Manager	0-3	4-6	7 or more	1	0	0	0	0	0	0	0	0	0	13	26	7	10
		Women affected by suspension	No. of women	Comm. Manager	0	1	2 or more	2	0	0	0	0	0	0	0	0	0	4	2	0	
		Community midwife called in to unit	No. of times	Comm. Manager	3	4-5	6 or more	0	2	1	5	0	2	0	1	0	1	0	1	3	
		Maternity Unit Closure	No. of closures	Matron	0		1 or more	0	0	0	0	0	0	1	0	0	0	0	0	0	
		SCBU at capacity	No. of times	SCBU				0	2	0	0	0	5	0	4	0	7	0	0	0	
		SCBU at capacity of intensive cots	No. of times	SCBU				3	4	8	8	0	3	0	1	0	1	0	1	27	28
SCBU no of babies affected	No. of babies affected	SCBU	0	1	2 or more	0	0	2	0	1	1	0	0	0	0	0	0	0			
Workforce	Staffing	MW to birth ratio	Ratio	Matron	≤29.5	29.6 - 30.9	>31	29	29	31	28	28	30	29	26	27	29	29	28	28	
		1 to 1 care in Labour	CPD	100%	80% - 99.9%	≤79.9%	93.3%	97.1%	95.2%	90.2%	93.7%	95.9%	96.2%	94.9%	97.0%	97.8%	97.5%	96.8%	99.1%		
		LW Co-ordinator supernumary %	Shift Handover Sheets	Risk Team	100%	80% - 99.9%	≤79.9%	100.0%	96.8%	98.0%	95.0%	97.0%	96.0%	100.0%	97.0%	91.0%	98.0%	100.0%	98.0%	98.0%	
		Anaesthetic cover on LW	av.sessions/week	DM / CD	10	4-9	≤3	10	10	10	10	10	10	10	10	10	10	10	10	10	
Clinical Indicators	Neonatal/ Maternal	Normal Births	No. of svd - %	CPD	≥60.6%	60.5-55%	<55%	64.1%	58.9%	59.7%	57.0%	57.0%	60.6%	61.0%	63.7%	61.4%	57.3%	53.9%	56.4%	58.5%	
		Assisted Vaginal Births	No. of instr. Births - %	CPD	≤13.2	13.3-17.9%	≥18%	15.9%	11.2%	12.3%	12.2%	15.5%	16.5%	13.3%	10.6%	9.5%	15.4%	17.8%	17.4%	41.9%	
		C/S Births	Em & elect - %	CPD	≤26%	26.1-27.9%	>28%	19.5%	30.2%	28.4%	31.1%	27.5%	22.7%	24.6%	26.1%	28.4%	26.9%	28.4%	26.7%	25.5%	
		Eclampsia	No. of women	CPD	0		1 or more	0	0	0	0	0	0	0	0	0	0	0	0	0	
		Undiagnosed Breech in Labour	No. of women	CPD	2 or less	3-4	5 or more	2	3	1	1	0	0	3	0	1	0	2	2		
		HDU on L/W	No. of women	LW Activity Sheet	3 or less	4	5 or more	15	22	17	16	21	22	17	17	12	12	24	16	8	
		BBA	No. of women	Risk Team - Datix	2 or less	3-4	5 or more	5	5	1	1	4	4	2	2	3	3	3	4	4	
		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	1	0	0	0	0	0	0	0	
		Morbidity	Neonatal Death	No. of babies	Risk team- EBC	0		1 or more	0	0	0	0	0	0	1	1	1	0	1	0	1
	Antepartum Stillbirth		No. of babies	Risk Team	0	1	2 or more	0	1	0	0	0	1	0	1	1	1	0	1	0	
	Intrapartum Stillbirths		No. of babies	Risk Team	0		1 or more	0	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	4	1	0	0	4	2	
	Risk Management	Breastfeeding Initiation rate	% of babies feeding at birth	CPD	>74.4%	74.3-70.1%	<70%	72.3%	71.0%	78.3%	73.8%	74.5%	72.7%	66.5%	69.6%	75.9%	72.7%	73.8%	71.4%	72.2%	
		Smoking at time of delivery	% of women smoking at del.	CPD	<11%	12-14%	>15%	11.0%	11.9%	10.0%	7.0%	9.0%	9.9%	13.8%	13.5%	12.2%	11.1%	11.1%	14.2%	8.9%	
		Si's	No. of Si's declared	Risk Team	0		1 or more	0	0	0	0	0	1	0	0	0	0	0	0	0	
		PPH > 1.5L	No. of women	CPD	2 or less	3-4	5 or more	8	15	10	7	12	11	6	12	11	6	14	11	6	
		PPH > 1.5L as % of all women	% of births	CPD				3.2%	5.2%	3.7%	2.5%	5.0%	4.4%	2.9%	4.8%	4.8%	2.3%	5.6%	4.4%	2.1%	
		Shoulder Dystocia	No. of women	CPD	2 or less	3-4	5 or more	3	4	1	1	0	2	2	5	1	2	0	0	1	
	New Complaints	3rd/4th Degree Tear	% of tears (vaginal births)	CPD	≤2.5%	2.6- 3.9%	≥4%	2.5%	1.0%	2.6%	1.0%	3.4%	3.1%	2.5%	3.8%	0.6%	2.1%	1.2%	1.1%	2.8%	
Informal		No. of Informal complaints	Risk Matrix	0	1-4	5 or more	0	2	5	1	1	1	5	1	0	1	0	0	1		
	Formal	No. of Formal complaints	Risk Matrix	0	1-4	5 or more	2	3	4	0	3	2	0	1	0	0	0	1	1		

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

TRUST BOARD REPORT : June-2020

QUALITY AND SAFETY: MATERNITY (SCARBOROUGH)

SCARBOROUGH - MATERNITY DASHBOARD			Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Activity	Births	Bookings	1st m/w visit	CPD	≤210	211-259	≥260	163	198	175	153	181	154	144	184	151	163	187	139	118
		Bookings <13 weeks	No. of mothers	CPD	≥90%	76%-89%	≤75%	91.4%	90.4%	89.1%	87.6%	873.8%	91.6%	82.6%	88.0%	90.7%	89.6%	90.4%	96.4%	92.4%
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	< 10%	10%-20%	>20%	4.3%	4.5%	4.0%	7.2%	6.1%	2.6%	7.6%	7.6%	8.6%	6.7%	8.0%	2.9%	2.5%
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	71%	44%	71%	73%	91%	100%	64%	79%	84.6%	82%	67%	75%	33%
		Births	No. of babies	CPD	≤170	171-189	≥190	114	141	121	122	113	107	109	120	110	117	101	113	103
	Closures	No. of women delivered	No. of mothers	CPD	≤170	171-189	≥190	114	138	120	119	112	107	0	119	107	117	101	112	103
		Homebirth service suspended	No. of suspensions	Comm. Manager	0-3	4-6	7 or more	0	0	0	0	0	0	0	0	0	13	26	0	10
		Women affected by suspension	No. of women	Comm. Manager	0	1	2 or more	0	0	0	0	0	0	0	0	0	0	1	0	0
		Community midwife called in to unit	No. of times	Comm. Manager	3	4-5	6 or more	0	3	2	2	0	0	0	0	2	0	0	3	2
		Maternity Unit Closure	No. of closures	Matron	0		1 or more	0	0	0	0	0	0	0	0	1	0	0	0	0
		SCBU at capacity	No. of times	SCBU				9	14	0	0	15	11	13	2	0	1	3	0	0
		SCBU at capacity of intensive care cots	No. of times	SCBU				0	0	0	0	5	2	0	0	0	0	0	0	1
		SCBU no of babies affected	No. of babies affected	SCBU	0	1	2 or more	3	2	0	2	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	22	24	22	23	22	23	23	21	21	22	22	22
		1 to 1 care in Labour	CPD	CPD	≥100%	80% - 99.9%	≤79.9%	98.1%	95.0%	98.1%	98.1%	98.9%	94.7%	95.7%	96.4%	98.0%	99.0%	98.9%	100.0%	96.7%
		L/W Co-ordinator supernumary %	Shift Handover Sheets	Risk Team	≥100%	80% - 99.9%	≤79.9%	100.0%	98.4%	97.0%	95.0%	97.0%	98.3%	91.9%	98.0%	96.6%	96.7%	100.0%	95.0%	95.0%
		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%	69.6%	64.3%	69.4%	70.5%	71.7%	56.0%	67.9%	73.8%	66.1%	68.6%	73.5%	70.3%	65.7%
		Assisted Vaginal Births	No. of instr. Births - %	CPD	≤13.2	13.3-17.9%	≥18%	9.6%	7.2%	10.8%	4.2%	0.9%	8.4%	5.6%	5.0%	4.7%	2.6%	6.9%	5.3%	4.9%
		C/S Births	Em & elect - %	CPD	≤26%	26.1-27.9%	>28%	20.2%	26.8%	20.2%	26.1%	27.7%	34.6%	25.9%	18.5%	29.0%	28.2%	18.8%	21.2%	28.2%
		Eclampsia	No. of women	CPD	0		1 or more	0	0	0	0	0	0	0	0	0	0	0	0	0
		Undiagnosed Breech in Labour	No. of women	CPD	2 or less	3-4	5 or more	0	0	0	0	0	1	0	1	1	1	0	0	0
		HDU on L/W	No. of women	LW Activity Sheet	3 or less	4	5 or more	10	2	6	6	4	3	1	1	3	4	2	7	3
		BBA	No. of women	Risk Team - Datix	2 or less	3-4	5 or more	2	1	2	1	2	0	3	0	0	1	0	4	1
		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
	Morbidity	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	1	0	0	1	0
		Antepartum Stillbirth	No. of babies	Risk Team	0	1	2 or more	1	1	0	0	1	2	1	0	1	0	0	0	0
		Intrapartum Stillbirths	No. of babies	Risk Team	0		1 or more	0	0	0	0	0	0	0	1	0	0	0	0	
	Risk Management	Cold babies	No. of babies admitted to SCBU cold (<36.5)		1 or less	2-3	4 or more				2	0	0	3	2	0	4	5	3	1
		Breastfeeding Initiation rate	% of babies feeding at birth	CPD	>74.4%	74.3-70.1%	<70%	55.8%	57.9%	53.7%	56.6%	59.8%	66.7%	64.8%	55.5%	65.1%	61.5%	56.4%	59.8%	56.2%
		Smoking at time of delivery	% of women smoking at del.	CPD	<11%	12-14%	>15%	25%	21%	16%	13%	21%	24%	19%	20%	19%	14%	21%	18%	18%
		SI's	No. of SI's declared	Risk Team	0		1 or more	0	0	1	0	0	0	0	1	0	0	0	1	0
		PPH > 1.5L	No. of women	CPD	2 or less	3-4	5 or more	0	1	4	2	2	2	3	1	3	3	1	3	3
		PPH > 1.5L as % of all women	% of births	CPD				0.0	0.7	3.3	1.6	1.8	1.8	0.0	1	2.7	3	1	2.5	2.8
		Shoulder Dystocia	No. of women	CPD	2 or less	3-4	5 or more	1	1	2	1	0	2	3	0	3	0	2	0	1
	New Complaints	3rd/4th Degree Tear	% of tears (vaginal births)	CPD	≤2.5%	2.6- 3.9%	≥4%	0.0%	1.9%	3.1%	1.1%	2.4%	1.4%	2.5%	0.0%	1.3%	0.0%	0.0%	1.1%	1.3%
Informal		No. of Informal complaints	Risk Matrix	0	1-4	5 or more	0	1	1	1	0	0	1	0	2	0	1	2	2	
Formal		No. of Formal complaints	Risk Matrix	0	1-4	5 or more	0	0	1	1	1	0	0	0	0	2	1	0	1	

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

WORKFORCE PERFORMANCE REPORT

June-2020

Produced July 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

Report produced by:
Information Team

TRUST BOARD REPORT : June-2020

WORKFORCE

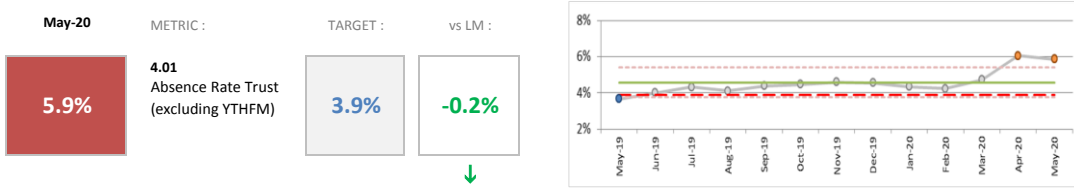
STRATEGIC OBJECTIVE : To support an engaged, healthy and resilient workforce

REF		TARGET	SPARKLINE / PREVIOUS MONTH	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Vacancies																
1.01	Trust vacancy factor			10.2%	10.0%	10.0%	9.4%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	7.0%	6.0%
1.02	Nursing and Midwifery vacancy rate - Trust			16.4%	11.2%	11.2%	10.1%	11.7%	9.8%	9.8%	7.6%	8.1%	8.1%	8.1%	8.6%	8.0%
1.03	Nursing and Midwifery vacancy rate - York			-	-	-	6.9%	8.7%	8.7%	7.0%	4.9%	5.1%	5.1%	5.1%	6.4%	5.0%
1.04	Nursing and Midwifery staff group vacancy rate - Scarborough			-	-	-	17.5%	18.5%	14.8%	16.3%	13.9%	14.8%	14.8%	14.8%	13.8%	14.9%
1.05	Medical and Dental vacancy rate - Trust			7.9%	7.9%	9.0%	7.8%	7.8%	8.2%	6.8%	10.3%	10.7%	10.6%	10.6%	10.0%	11.1%
1.06	Medical and Dental vacancy rate - York			6.7%	6.7%	7.6%	7.0%	7.0%	7.8%	6.1%	10.1%	10.7%	10.7%	10.7%	9.7%	10.5%
1.07	Medical and Dental vacancy rate - Scarborough			10.8%	10.8%	12.2%	9.8%	9.8%	9.2%	8.4%	10.6%	10.9%	10.6%	10.6%	10.6%	12.5%
Retention																
2.01	Trust stability (Headcount)			88.1%	88.0%	87.8%	87.8%	87.7%	87.8%	87.8%	87.4%	87.8%	88.2%	88.3%	88.6%	88.8%
Temporary Workforce																
3.01	Total FTE Medical and Dental roles covered by bank and agency			120.7	123.5	127.1	116.2	116.5	103.6	105.1	110.2	99.4	117.4	116.0	119.7	118.9
3.02	Temporary medical and dental bank fill rate (%)			37.0%	41.0%	42.0%	40.0%	43.0%	40.0%	46.0%	50.0%	56.0%	60.0%	58.0%	54.0%	55.0%
3.03	Temporary medical and dental agency fill rate (%)			63.0%	59.0%	58.0%	60.0%	57.0%	60.0%	54.0%	50.0%	44.0%	40.0%	42.0%	46.0%	45.0%
3.05	Temporary nurse staffing bank filled (FTE)			278.6	308.3	314.4	311.0	293.3	282.7	260.7	307.9	311.1	320.6	299.8	337.1	305.1
3.06	Temporary nurse staffing agency filled (FTE)			114.2	141.9	172.6	163.8	162.0	129.8	121.7	127.9	127.9	120.4	68.7	69.3	47.5
3.08	Temporary nurse staffing bank fill rate (%)			70.9%	68.5%	64.6%	65.5%	64.4%	68.5%	68.2%	70.7%	70.9%	72.7%	81.4%	83.0%	86.5%
3.09	Temporary nurse staffing agency fill rate (%)			29.1%	31.5%	35.4%	34.5%	35.6%	31.5%	31.8%	29.3%	29.1%	27.3%	18.6%	17.0%	13.5%
3.11	Pay Expenditure - Total (£000)			£29,679	£29,896	£30,285	£31,142	£29,737	£30,888	£30,038	£30,542	£30,450	£30,715	£30,698	£32,678	£32,383
3.12	Pay Expenditure - Contracted (£000)			£24,046	£24,012	£23,910	£24,822	£24,438	£24,611	£24,509	£24,445	£24,745	£24,379	£25,456	£25,970	£26,148
3.13	Pay Expenditure - Locums (£000)			£212	£204	£219	£203	£215	£264	£203	£359	£182	£206	£203	£182	£231
3.14	Pay Expenditure - Bank (£000)			£785	£1,060	£1,146	£1,096	£1,104	£1,131	£1,293	£1,752	£1,754	£2,033	£1,592	£2,508	£1,990
3.15	Pay Expenditure - Agency (£000)			£1,685	£1,624	£2,175	£2,057	£1,323	£2,177	£1,557	£1,503	£1,371	£1,641	£1,168	£1,342	£1,222
3.16	Pay Expenditure - Additional Hours (£000)			£2,791	£2,817	£2,658	£2,795	£2,457	£2,506	£2,275	£2,319	£2,238	£2,265	£1,993	£2,419	£2,609
3.17	Pay Expenditure - Overtime (£000)			£161	£179	£177	£169	£200	£199	£200	£164	£161	£191	£286	£257	£184
Absence Management																
4.01	Absence Rate Trust (excluding YTHFM)	3.9%		4.0%	4.3%	4.1%	4.4%	4.5%	4.6%	4.6%	4.4%	4.2%	4.7%	6.1%	5.9%	-
COVID-19 Absence Management																
5.01	All absence			736.57	693.43	622.14	607.71	599.57	555.57	519.57						
5.02	COVID-19 related absence			463.29	426.57	366.14	344.71	327	289.14	249.86						
Disciplinary and Grievance																
6.01	Live disciplinary or bullying and harassment cases (Including investigations)			4	6	7	2	2	3	4	2	7	2	2	2	2
6.02	Live grievance cases			11	10	11	6	6	9	8	5	7	1	1	1	2
Learning and Organisational Development																
7.01	Trust Stat & Mand Training compliance	85%		85.0%	86.0%	85.0%	82.0%	83.0%	83.0%	84.0%	86.0%	85.0%	86.0%	87.0%	87.0%	87.0%
7.02	Trust Corporate Induction Compliance	95%		96.0%	96.0%	96.0%	95.0%	94.0%	95.0%	95.0%	95.0%	96.0%	95.0%	94.0%	94.0%	94.0%
7.03	Non-medical staff core training compliance	85%		85.0%	85.0%	84.0%	86.0%	86.0%	87.0%	87.0%	88.0%	88.0%	88.0%	87.0%	87.0%	87.0%
7.04	Non-medical staff essential skills compliance	85%		87.0%	87.0%	87.0%	82.0%	83.0%	84.0%	85.0%	87.0%	88.0%	88.0%	89.0%	89.0%	89.0%
7.05	Non-medical staff corporate induction compliance	95%		-	-	-	96.0%	95.0%	96.0%	96.0%	96.0%	96.0%	96.0%	94.0%	94.0%	94.0%
7.06	Medical staff core training compliance	85%		-	-	-	60.0%	64.0%	65.0%	66.0%	69.0%	69.0%	70.0%	71.0%	72.0%	73.0%
7.07	Medical staff essential skills compliance	85%		-	-	-	67.0%	71.0%	72.0%	73.0%	76.0%	88.0%	88.0%	86.0%	89.0%	89.0%
7.08	Medical staff corporate induction compliance	95%		-	-	-	91.0%	90.0%	90.0%	90.0%	92.0%	93.0%	92.0%	93.0%	94.0%	95.0%
Appraisal Compliance																
8.01	Trust (excluding medical and dental)	90%		74.0%	73.6%	72.7%	72.4%	71.5%	74.0%	75.4%	75.0%	74.7%	1.8%	3.7%	6.8%	13.1%
8.02	Medical and Dental	90%		89.0%	90.0%	90.0%	88.0%	88.0%	87.0%	91.0%	90.0%	90.0%	91.0%	89.0%	78.2%	73.0%
Research																
9.01	Year to date accrual			851	1102	1358	1662	2079	2489	3128	3566	3983	4272	513	1100	1177
9.02	Open studies - Trust			117	219	230	186	-	117	117	-	117	117	42	41	39
9.03	Trust place nationally for open studies (out of 450 trusts)			48	-	-	-	-	48	48	-	48	48	-	-	-
9.04	Patients recruited into clinical trials			4906	-	-	-	-	-	-	-	4906	4906	513	522	77
9.05	Trust place nationally for patients recruited into clinical trials (out of 450 trusts)			33	-	-	-	-	-	-	-	33	-	-	-	-

Note: The Trust has suspended the majority of clinical trials due to the current pandemic. Support is now focused on Covid 19 trials that have been badged as an Urgent Public Health Need by the Department of Health. As a result, as opposed to supporting around 150 clinical trials at any one time, the Trust is currently supporting just 6 trials. 513 patients have been recruited into our April research. The Trust was the first site in the region to recruit to the complex drug and plasma trial, and we are the largest recruiter in the region to the recovery trial.

TRUST BOARD REPORT : June-2020

WORKFORCE : SICKNESS ABSENCE RATE



HIGHLIGHTS FOR BOARD TO NOTE :

The staff wellbeing offer, in particular mental wellbeing, continues to be of the highest importance to the Trust. Work includes:

- Psychology 30 minute drop-in sessions on three sites, open to booking by all staff. Anyone unable to attend can access 1:1 support by telephone
- Bespoke team interventions:
 - Weekly drop-in for ICU York (used by 8 staff in June) & individual phone call to each member of staff in ICU Scarborough (approx. 35)
 - ED York have had support from both Psychology and the Liaison Team & ED Scarborough have booked two team drop-ins with Psychology
 - Time to Think sessions have been used by the Stroke / Neuro AHP and St Monicas teams to process team emotion following covid.
- Team Time (TT) is a team-specific, online version of Schwartz. The first TT was delivered to approx. 20 Community Staff on 7 July.
- TIPI and RAFT have continued to be important tools for identifying and supporting staff experiencing stress and anxiety in clinical areas.

TRUST BOARD REPORT : June-2020

WORKFORCE : RETENTION RATE



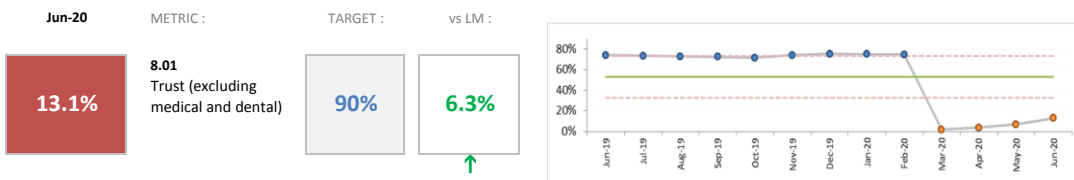
HIGHLIGHTS FOR BOARD TO NOTE :

Trust stability percentage has steadily increased since February 2020. The stability rate for June stands at 88.76%. We are currently showing the highest stability return in the 13-month sequence.

Model Hospital data for April 2020 placed the Trust 65/124 Trusts on retention rate (quartile 2). The MH calculation is based on a raw extract from ESR and showed an 86.9% rate for the Trust in April, compared with the national median of 87.0% and a peer median of 87.5%.

TRUST BOARD REPORT : June-2020

WORKFORCE : APPRAISAL COMPLIANCE



HIGHLIGHTS FOR BOARD TO NOTE :

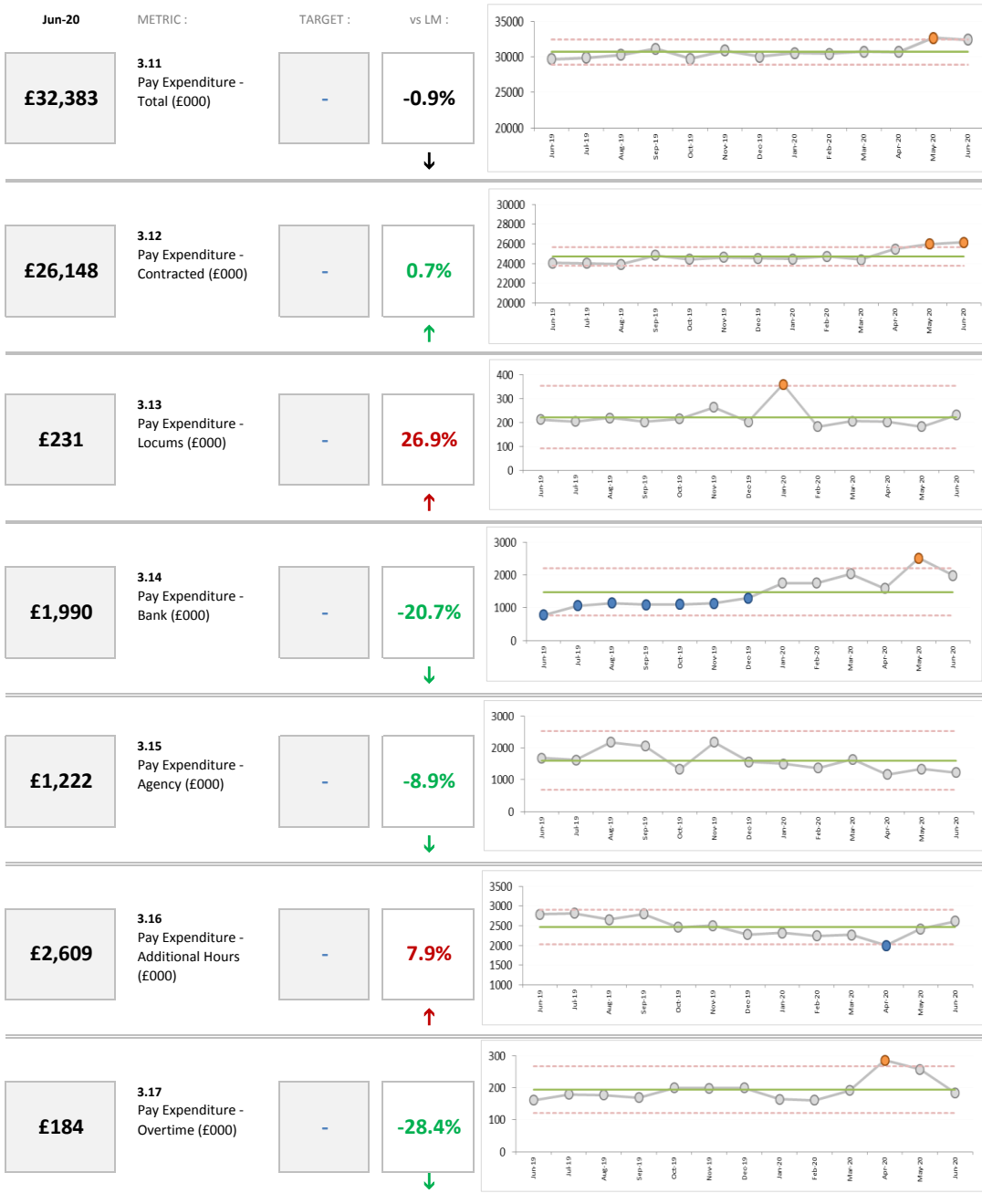
The Trust's new appraisal window (for non-medical staff) came into effect from March 2020, and reset appraisal completion to 0%. The appraisal window will run up to and including September this year.

Compliance in the M&D group has dipped following instruction from the GMC at the start of the Covid-19 pandemic that the Trust should cease all appraisals and revalidation for the entire year.



TRUST BOARD REPORT : June-2020

WORKFORCE : PAY EXPENDITURE (£000)



HIGHLIGHTS FOR BOARD TO NOTE :

Nursing: 69.46% of nursing vacancies were covered by the internal bank. 10.80% were covered via agencies, contributing to an overall vacancy fill rate for June of 80.26%. 439.23 FTE shifts were requested.

Medical bank fill remains steady at 55% (988 shifts filled).

During the four-week period 1 - 28 June, there were 514 medical and dental agency shift bookings which breached the price caps set by NHS Improvement. 210 were Consultant shifts. On a weekly basis, the Trust returns details of its top ten longest running and highest cost bookings to NHSI. During this period, the top five in both categories were as follows:

Highest cost:

1. Consultant - Respiratory Medicine (York)
2. Consultant - General Medicine (Scarborough)
3. Consultant - Care of the Elderly (York)
4. Consultant - Care of the Elderly (York)
5. Consultant - Emergency Medicine (Scarborough)

Longest-serving:

1. Consultant - Ophthalmology (York)
2. Specialty Doctor - Ophthalmology (Scarborough)
3. Consultant - Emergency Medicine (York)
4. Specialty Doctor - Emergency Medicine (Scarborough)
5. Consultant - General Medicine (Scarborough)

The Trust continues to seek permanent solutions to these rota gaps and either have campaign plans in place or are actively seeking candidates via the East Coast Medical Recruitment Project. Two Ophthalmologists have been recruited in York (start dates August 2020 & February 2021), as well as three Consultants for Emergency Medicine in York (one confirmed start date of September 2020). Meanwhile, a Consultant Respiratory advert is currently live and has received several applications. 5. Consultant - General Medicine (Scarborough)

The agency ceiling for 2020-21 is/was £18.699m. This was based on our original control total and plans. However, the normal contracting arrangements were put on hold during covid and we were given an emergency expenditure plan for April to July 2020. This plan included £1.776m per month for agency. This is higher than the agency ceiling run rate but is only for 4 months. We are still waiting to find out the arrangements from 1st August.

TRUST BOARD REPORT : June-2020

WORKFORCE : STATUTORY AND MANDATORY TRAINING COMPLIANCE



HIGHLIGHTS FOR BOARD TO NOTE :

The Trust's priorities remain improving compliance rates for medical staff core training and corporate induction compliance across all staff groups. The Trust's CQC Action Plan is helping to drive steady improvement for the former. For the latter, the Corporate Learning team are working closely with YTHFM (whose staff are included in these figures) to drive completion of workbooks for those staff who joined during the Pandemic.

The Trust is reviewing its mandatory training criteria against the Core Skills Training Framework which is the national mandatory training framework (this is part of the national projects to 'Enable Staff Movement' between NHS organisations).

In addition to mandatory training, the Trust is working to improve its workforce development offer and is currently considering development priorities for the next 6 months in line with talent management, engagement and workforce objectives of the Workforce and OD strategy. Underpinning all future activity will be the Trust Behavioural Framework which is due to be formally launched later this year.

The Trust are also revisiting its portfolio of workshops and leadership programmes looking to build a blended learning approach, including facilitated virtual sessions, webinars, and materials which enable flexible learning, 'bite sized' sessions which focus on topics most useful in the current time and action learning to enable space and time for facilitated reflective learning and peer support.

The Trust continues to support individuals and teams from across the organisation through coaching, mentoring and mediation, and are targeting the coaching offer to focus on building resilience and supporting staff through this period of fast paced change and uncertainly. The Trust is working on designing a mentoring offer which supports a culture of ongoing learning and encourages retention and succession planning.

The Trust will be testing and reviewing all these approaches on an ongoing basis in addition to working with individual requests for support from areas across the organisation.

TRUST BOARD REPORT : June-2020

WORKFORCE : CARE GROUP CORE COMPLIANCE BY STAFF GROUP

Jun-20

	Adult Advanced Life Support	Adult DNA CPR	Adult Life Support	Conflict Resolution	Fire Safety Awareness (High Risk)	Fire Safety Awareness (Low Risk)	Health and Safety Inc. Risk Management	Infection Prevention and Control (AINTT - Practical)	Infection Prevention and Control (AINTT - Theory)	Infection Prevention and Control Level 1	Infection Prevention and Control Level 2	Information Governance	Manual Handling Practical	Manual Handling practical (6 yearly)	Manual Handling Theory	Paediatric Advanced Life Support	Paediatric DNA CPR	Paediatric Life Support	PREVENT Awareness	PREVENT Level 3	Safeguarding Adults Awareness	Safeguarding Adults Level 1	Safeguarding Adults Level 2	Safeguarding Children Level 1	Safeguarding Children Level 2	Safeguarding Children Level 3 Modules (Core Staff)	Safeguarding Children Level 3 Modules (Specialist Staff)
CG1 Acute Elderly Emergency General Medicine and Community Services York																											
Add Prof Scientific and Technic		100%	100%	100%	100%		100%	36%	100%		100%	100%	64%		100%					91%			91%		75%	100%	100%
Additional Clinical Services			87%	84%	86%	82%	88%	64%	67%	85%	86%	87%	79%	50%	88%			80%	92%	53%	92%	87%	60%	88%	87%	40%	
Administrative and Clerical			50%	92%		88%	92%			92%		94%		84%	90%			50%	97%		94%			93%	79%		
Allied Health Professionals			87%	86%	94%	92%	93%		93%		92%	94%	87%	96%	94%					93%			95%	100%	87%		
Healthcare Scientists				89%	95%		90%	100%		95%		100%	90%		100%			83%	100%		100%			100%	100%		
Medical and Dental	53%	83%	77%	80%	93%	63%	88%	31%	85%		80%	82%	39%		85%	71%		21%		76%			78%		75%	77%	100%
Nursing and Midwifery Registered	60%	100%	93%	91%	95%	85%	95%	84%	95%		92%	94%	83%		93%			93%		96%			94%		92%	77%	100%
CG2 Acute Emergency and Elderly Medicine-Scarborough																											
Additional Clinical Services			92%	90%	89%	92%	91%	76%	79%	100%	89%	91%	84%		92%			88%	94%	55%		90%	55%	67%	89%	67%	
Administrative and Clerical			100%	98%		84%	96%			96%	100%	95%	100%	90%	98%				100%		97%	100%		95%	89%		
Allied Health Professionals			96%	96%		96%	100%				96%	96%	91%		100%					98%			100%		96%		
Estates and Ancillary			100%	90%		90%	100%			100%		100%	100%		100%						90%				100%		
Healthcare Scientists			100%	100%		100%	100%			100%		100%	50%		100%			71%	100%		100%				100%		
Medical and Dental	82%	89%	85%	86%	98%	86%	92%	59%	94%		89%	90%	75%		90%	69%		89%		84%			83%		83%	82%	
Nursing and Midwifery Registered	58%	94%	91%	91%	94%	100%	95%	78%	92%		91%	93%	80%		93%			92%		93%			92%		90%	84%	
CG3 Surgery																											
Add Prof Scientific and Technic			94%	87%	87%	100%	94%	70%	95%	100%	92%	95%	83%		92%			79%	100%	95%	100%		94%	100%	95%		
Additional Clinical Services			88%	89%	85%	91%	90%	70%	67%	99%	86%	90%	83%		89%			67%	94%	53%	97%	89%	53%	97%	86%		
Administrative and Clerical			100%	97%		89%	96%			97%		96%	100%	88%	97%				98%		95%	100%		98%	88%		
Allied Health Professionals			90%	100%		100%	100%				100%	100%	80%		100%					90%			100%		100%		
Estates and Ancillary			100%	94%		83%	83%			89%		83%	83%		94%				94%		89%			81%	0%		
Healthcare Scientists			97%	97%		94%	97%			97%		97%	94%		97%				97%		97%				97%		
Medical and Dental	80%	88%	75%	82%	96%	73%	88%	42%	89%		89%	88%	55%		87%					83%			83%		84%		0%
Nursing and Midwifery Registered	56%		94%	93%	94%	87%	94%	84%	94%		93%	94%	83%		94%			67%		95%			92%		94%		
CG4 Cancer and Support Services																											
Add Prof Scientific and Technic			100%	100%		99%	100%		75%	100%	75%	100%	95%	99%	99%				100%	100%	99%	100%	96%	97%	100%		
Additional Clinical Services			84%	94%	90%	90%	95%	56%	64%	94%	90%	93%	85%	100%	94%				96%	44%	97%	92%	44%	98%	88%		
Administrative and Clerical			100%	98%		95%	98%			98%		95%		92%	97%				99%		98%			97%	95%		
Allied Health Professionals			87%	87%	90%	92%	94%		91%	100%	90%	93%	78%	100%	94%				70%	95%	100%	50%	93%	100%	94%		
Estates and Ancillary				100%		100%	100%			100%		100%	50%		50%				100%		100%			100%			
Healthcare Scientists			100%	99%		91%	94%			98%		96%	93%	33%	99%				100%		100%			98%			
Medical and Dental	100%	91%	84%	91%	77%	91%	90%	0%	91%	80%	91%	90%	70%		84%				93%	86%		93%	81%	93%	79%		
Nursing and Midwifery Registered	40%	100%	93%	98%	100%	91%	93%	85%	96%		94%	95%	84%		96%				100%	98%		100%	96%	100%	95%		

TRUST BOARD REPORT : June-2020

WORKFORCE : CARE GROUP CORE COMPLIANCE BY STAFF GROUP

Jun-20

	Adult Advanced Life Support	Adult DNA CPR	Adult Life Support	Conflict Resolution	Fire Safety Awareness (High Risk)	Fire Safety Awareness (Low Risk)	Health and Safety inc. Risk Management	Infection Prevention and Control (ANIT - Practical)	Infection Prevention and Control (ANIT - Theory)	Infection Prevention and Control Level 1	Infection Prevention and Control Level 2	Information Governance	Manual Handling Practical	Manual Handling practical (6 yearly)	Manual Handling Theory	Paediatric Advanced Life Support	Paediatric DNA CPR	Paediatric Life Support	PREVENT Awareness	PREVENT Level 3	Safeguarding Adults Awareness	Safeguarding Adults Level 1	Safeguarding Adults Level 2	Safeguarding Children Level 1	Safeguarding Children Level 2	Safeguarding Children Level 3 Modules (Core Staff)	Safeguarding Children Level 3 Modules (Specialist Staff)	
CG5 Family Health & Sexual Health																												
Add Prof Scientific and Technic				0%		0%	0%			50%		0%	50%		50%				100%	0%	0%					0%	100%	
Additional Clinical Services			92%	82%	82%	79%	79%	42%	58%	100%	83%	84%	73%	100%	81%			72%	94%	25%		89%	29%		89%	63%	100%	
Administrative and Clerical			100%	95%		93%	96%			95%		97%		94%	96%				98%		96%			95%	89%	100%		
Allied Health Professionals			95%	97%	95%	100%	98%				95%	100%	87%	100%	98%				87%	100%	100%		100%	98%		100%	100%	94%
Estates and Ancillary				100%		50%	100%			100%		100%	50%		100%				100%		100%			100%	100%			
Medical and Dental	46%	70%	81%	86%	96%	82%	92%	40%	89%		84%	86%	62%		87%	62%	90%	88%		82%			85%		72%	67%	73%	
Nursing and Midwifery Registered			92%	91%	90%	92%	93%	78%	93%		88%	93%	77%		89%			79%	100%	95%		13%	93%		95%	84%	82%	
CG6 Specialised Medicine & Outpatients Services																												
Add Prof Scientific and Technic			71%	95%		93%	97%			98%		95%	75%	95%	97%				98%	100%	98%	100%	100%	100%	98%		100%	
Additional Clinical Services			92%	98%	75%	92%	97%	71%	100%	96%	93%	97%	87%		99%				99%	100%	100%	98%	100%	75%	95%			
Administrative and Clerical			67%	97%		95%	96%			97%		96%	93%	94%	96%				97%		97%			98%	93%			
Allied Health Professionals			86%	90%		90%	92%		100%		87%	93%	86%		93%					93%			95%		91%			
Estates and Ancillary				100%		100%	100%			100%		100%	100%		100%				100%		100%				100%			
Healthcare Scientists			50%	100%		100%	100%			100%		100%	100%		100%				100%		100%				100%			
Medical and Dental	71%	84%	68%	84%	90%	80%	86%	33%	87%		85%	87%	65%		84%			0%		85%			79%		86%	100%		
Nursing and Midwifery Registered	100%	100%	93%	97%	77%	93%	96%	80%	95%		93%	97%	81%		94%					95%			95%		97%	100%		
CG Corporate Services																												
Add Prof Scientific and Technic			50%	75%		79%	86%	0%	50%	89%	0%	82%	73%	77%	86%			50%	96%	25%	83%		25%	92%	67%			
Additional Clinical Services			52%	55%	62%	82%	67%	50%	100%	72%	56%	66%	56%		69%				73%	75%	69%	63%	75%	90%	61%			
Administrative and Clerical			50%	96%		91%	93%			95%	100%	92%	100%	93%	94%				97%		95%			93%	100%			
Allied Health Professionals			61%	61%	65%	83%	70%		38%		74%	74%	74%		65%					70%			74%	100%	67%		0%	
Estates and Ancillary				73%		55%	73%			73%		73%	46%		73%				73%		73%			64%				
Healthcare Scientists				67%		100%	100%			67%		100%	67%		67%				100%	0%	100%		0%	100%	0%			
Medical and Dental	42%	47%	60%	38%	63%	50%	56%	22%	50%		50%	53%	19%		51%	100%				32%			47%	100%	46%	50%	25%	
Nursing and Midwifery Registered		100%	77%	74%	69%	97%	80%	48%	77%	70%	75%	80%	68%	57%	80%			100%	33%	73%	33%		76%	87%	79%	100%	60%	
CG Trust Estates and Facilities Management																												
Administrative and Clerical				88%		100%	100%			88%		100%	100%	100%	88%				100%		88%			75%				
Estates and Ancillary				100%		100%	100%			100%		100%	100%	100%	100%				100%		100%			100%				
Healthcare Scientists				100%		100%	100%			100%		100%	100%	100%	100%				100%		100%			100%				
LLP CG Estates & Facilities																												
Additional Clinical Services			100%	100%		100%	100%			100%		100%	100%		100%				100%		100%			100%	100%			
Administrative and Clerical				91%		87%	89%			88%		86%	83%	81%	82%					91%		90%			88%			
Estates and Ancillary				83%		80%	83%			84%		81%	64%	82%	81%					72%		83%			82%			
Healthcare Scientists				100%		100%	100%			100%		100%	90%		100%				100%		100%			100%				

TRUST BOARD REPORT : June-2020

WORKFORCE: MEDICAL AND DENTAL VACANCIES

STRATEGIC OBJECTIVE : To support an engaged, healthy and resilient workforce

May-20

TRUST

Directorate	Consultant					SAS Grades					Training Grades (inc Trust Grades)					Foundation Grades					Total				
	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %
Total	430	46	9	3	12.1%	121.7	18.3	3	4	14.2%	308	31	2	9	7.8%	118	4	0	0	3.4%	977.7	99.3	14	16	10.0%

SCARBOROUGH

Directorate	Consultant					SAS Grades					Training Grades (inc Trust Grades)					Foundation Grades					Total				
	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %
Care Group 2	26	7	0	0	26.9%	17	3	0	0	17.6%	56	5	0	1	7.1%	38	1		0	2.6%	137	16	0	1	10.9%
Elderly Medicine	5	0	0	0	0.0%	2	0			0.0%	16	1	0	0	6.3%	5	0			0.0%	28	1	0	0	3.6%
Emergency & Acute Medicine	7	2	0	0	28.6%	11	3	0	2	9.1%	17	2	0	0	11.8%	4	0			0.0%	39	7	0	2	12.8%
General Medicine	14	5		0	35.7%	4	0			0.0%	23	2	0	1	4.3%	29	1		0	3.4%	70	8	0	1	10.0%
Care Group 3	22	2	1	0	13.6%	15	2	0	0	13.3%	15	3	0	1	13.3%	8	0			0.0%	60	7	1	1	11.7%
General Surgery & Urology	4	0	1		25.0%	5	0		0	0.0%	6	3		1	33.3%	7	0			0.0%	22	3	1	1	13.6%
Head & Neck	0	0	0	0	0.0%	3	0			0.0%	0	0	0	0	0.0%	1	0			0.0%	4	0	0	0	0.0%
Theatres, Anaesthetics & CC	18	2	0		11.1%	7	2	0	0	28.6%	9	0	0	0	0.0%	0	0	0	0	0.0%	34	4	0	0	11.8%
Care Group 4	5	2			40.0%	0	0	0	0	0.0%	0	0	0	0	0.0%	0	0	0	0	0.0%	5	2	0	0	40.0%
Radiology	5	2			40.0%					0.0%	0	0	0	0	0.0%	0	0	0	0	0.0%	5	2	0	0	40.0%
Care Group 5	19	3	0	0	15.8%	4	0	0	0	0.0%	17	2	0	0	11.8%	3	0	0	0	0.0%	43	5	0	0	11.6%
Child Health	11	3	0	0	27.3%	1	0			0.0%	9	2	0	0	22.2%	1	0			0.0%	22	5	0	0	22.7%
Obstetrics & Gynaecology	8	0			0.0%	3	0	0		0.0%	8	0	0	0	0.0%	2	0	0		0.0%	21	0	0	0	0.0%
Care Group 6	18	0	1	0	5.6%	9	1	1	0	22.2%	9	0	0	0	0.0%	1	0	0	0	0.0%	37	1	2	0	8.1%
Ophthalmology	4	0		0	0.0%	3	1			33.3%	1	0			0.0%	0	0	0	0	0.0%	8	1	0	0	12.5%
Specialist Medicine	6	0	1		16.7%	1	0			0.0%	3	0		0	0.0%	0	0	0	0	0.0%	10	0	1	0	10.0%
Trauma & Orthopaedics	8	0	0		0.0%	5	0	1	0	20.0%	5	0			0.0%	1	0			0.0%	19	0	1	0	5.3%
Total	90	14	2	0	17.8%	45	6	1	2	11.1%	97	10	0	2	8.2%	50	1	0	0	2.0%	282	31	3	4	10.6%

YORK

Directorate	Consultant					SAS Grades					Training Grades (inc Trust Grades)					Foundation Grades					Total				
	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %
Care Group 1	73	13	3	1	20.5%	16	5			31.3%	79	11	1	5	8.9%	40	2			5.0%	208	31	4	6	13.9%
Community	0	0	0	0	0.0%	1	0			0.0%	1	0			0.0%	0	0	0	0	0.0%	2	0	0	0	0.0%
Elderly Medicine	14	3	0		21.4%	2	0			0.0%	16	1		0	6.3%	7	0			0.0%	39	4	0	0	10.3%
Emergency & Acute Medicine	23	8	1	0	39.1%	7	3			42.9%	28	3			10.7%	8	0			0.0%	66	14	1	0	22.7%
General Medicine	36	2	2	1	8.3%	6	2			33.3%	34	7	1	5	8.8%	25	2			8.0%	101	13	3	6	9.9%
Care Group 3	111	1	1	0	1.8%	31.7	3.3	1	2	7.3%	57	2		0	3.5%	14	1			7.1%	213.7	7.3	2	2	3.4%
General Surgery & Urology	40	0	0		0.0%	12	1	0	2	-8.3%	19	1			5.3%	14	1			7.1%	85	3	0	2	1.2%
Head & Neck	20	0		0	0.0%	12	2		0	16.7%	15	1		0	6.7%	0	0	0	0	0.0%	47	3	0	0	6.4%
Theatres, Anaesthetics & CC	51	1	1	0	3.9%	7.7	0.3	1		16.9%	23	0		0	0.0%	0	0	0	0	0.0%	81.7	1.3	2	0	4.0%
Care Group 4	60	11	2	2	18.3%	2	1	0		50.0%	17	6		2	23.5%	2	0			0.0%	81	18	2	4	19.8%
Cancer Support	14	2	2	1	21.4%	2	1			50.0%	6	4		2	33.3%	2	0			0.0%	24	7	2	3	25.0%
Laboratory Medicine	16	4	0	0	25.0%	0	0	0	0	0.0%	5	2		0	40.0%	0	0	0	0	0.0%	21	6	0	0	28.6%
Radiology	30	5	0	1	13.3%	0	0	0	0	0.0%	6	0			0.0%	0	0	0	0	0.0%	36	5	0	1	11.1%
Care Group 5	31	2	0	0	6.5%	9	2			22.2%	30	1	1	0	6.7%	6	0			0.0%	76	5	1	0	7.9%
Child Health	17	1			5.9%	1	0			0.0%	16	0	1		6.3%	4	0			0.0%	38	1	1	0	5.3%
Obstetrics & Gynaecology	12	1	0	0	8.3%	1	0			0.0%	12	0		0	0.0%	2	0			0.0%	27	1	0	0	3.7%
Sexual Health	2	0			0.0%	7	2			28.6%	2	1			50.0%	0	0	0	0	0.0%	11	3	0	0	27.3%
Care Group 6	65	5	1	0	9.2%	18	1	1	0	11.1%	28	1	0	0	3.6%	6	0			0.0%	117	7	2	0	7.7%
Ophthalmology	21	3		0	14.3%	6	0		0	0.0%	6	0		0	0.0%	0	0	0	0	0.0%	33	3	0	0	9.1%
Specialist Medicine	30	2	1	0	10.0%	4	1	0	0	25.0%	13	0	0	0	0.0%	1	0			0.0%	48	3	1	0	8.3%
Trauma & Orthopaedics	14	0			0.0%	8	0	1	0	12.5%	9	1		0	11.1%	5	0			0.0%	36	1	1	0	5.6%
Total	340	32	7	3	10.6%	76.7	12.3	2	2	16.0%	211	21	2	7	7.6%	68	3	0	0	4.4%	695.7	68.3	11	12	9.7%

Notes:

Net vacancy % = (Vacancies + Leavers Pending - Starters Pending) / Establishment

Leavers = currently serving notice

Starters = accepted appointment, now pending start date

TRUST BOARD REPORT : June-2020

WORKFORCE: NURSING, MIDWIFERY AND CARE STAFF VACANCIES

STRATEGIC OBJECTIVE : To support an engaged, healthy and resilient workforce

Jun-20

	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (WTE)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
TRUST	2122	117	1032	1932	140	1013				21		8	169	-22	10	0	0	0
SCARBOROUGH & BRIDLINGTON	641	20	344	543	29	346				3		0	95	-9	-1	0	0	0
YORK	1481	97	688	1389	111	668				18		8	74	-13	12	0	0	0

CARE GROUP 1	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (wte)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
YORK																		
Acute	409	39	263	375	43	287				5		0	29	-4	-24	0	0	0
Community	147	20	123	143	9	116				0		5	4	11	2	0	1	0
Total	556	58	386	518	52	402	0	0	0	5	0	5	34	7	-22	0	0	0

CARE GROUP 2	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (wte)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
SCARBOROUGH																		
	274	11	185	220	17	199				2		0	51	-6	-14	0	-1	0
Total	274	11	185	220	17	199	0	0	0	2	0	0	51	-6	-14	0	-1	0

CARE GROUP 3	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (wte)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
YORK																		
Wards/Units	263	12	100	249	18	96				2		2	12	-6	2	0	0	0
Theatres	123	0	44	115	1	38				1		0	7	-1	6	0	0	0
sub-total York	386	12	144	364	19	134	0	0	0	3	0	2	19	-7	8	0	-1	0
SCARBOROUGH																		
Wards/Units	148	3	57	121	6	57				1			26	-3	0	0	-1	0
Theatres	51	0	19	46	0	18						0	5	0	1	0	0	0
sub-total Scarborough	198	3	76	168	6	75	0	0	0	1	0	0	30	-3	1	0	-1	0
CG Total	584	16	220	531	25	209	0	0	0	4	0	2	49	-10	9	0	-1	0

CARE GROUP 4	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (wte)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
YORK																		
	113	3	34	104	7	24				3		1	6	-4	8	0	-1	0
SCARBOROUGH																		
	25	4	8	22	3	5				0		0	3	0	3	0	0	0
Total	138	7	42	126	11	30	0	0	0	3	0	1	9	-4	11	0	-1	0

CARE GROUP 5	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (wte)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
YORK																		
Registered Midwives	106	0	0	103	0	0				0		0	3	0	0	0	0	0
Registered Nurses	138	0	0	124	0	0				8		0	6	0	0	0	0	0
Other	0	12	59	0	28	52							0	-16	7	0	-1	0
sub-total York	244	12	59	227	28	52	0	0	0	8	0	0	9	-16	7	0	-1	0
SCARBOROUGH																		
Registered Midwives	67	0	0	67	0	0				0		0	0	0	0	0	0	0
Registered Nurses	36	0	0	30	0	0				0		0	6	0	0	0	0	0
Other	0	1	34	0	3	34							0	-2	0	0	-2	0
sub-total Scarborough	103	1	34	97	3	34	0	0	0	0	0	0	6	-2	0	0	-2	0
CG Total	346	13	93	324	30	86	0	0	0	8	0	0	15	-17	7	0	-1	0

CARE GROUP 6	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (wte)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
YORK																		
	101	10	65	100	4	56				0		0	2	6	9	0	1	0
SCARBOROUGH																		
	34	1	38	30	0	29				0		0	4	1	10	0	1	0
CG Total	136	11	103	129	4	84	0	0	0	0	0	0	6	7	19	0	1	0

Notes:
 Net vacancy % = (Vacancies + Leavers Pending - Starters Pending) / Establishment
 Leavers = currently serving notice
 Starters = accepted appointment, now pending start date

FINANCE PERFORMANCE REPORT

June-2020

Produced July 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

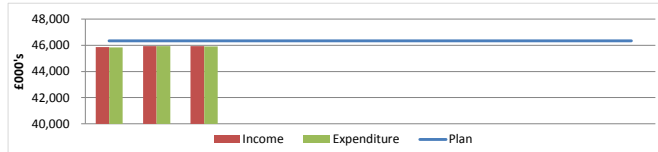
To ensure financial stability

TRUST BOARD REPORT : June-2020

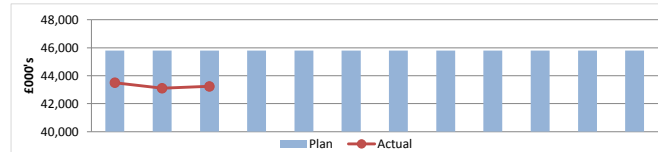
SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Jun-20	METRIC:	PLAN:
£0	6.01 Income and Expenditure	£0



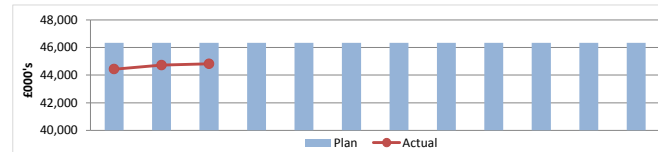
£43,233	6.02 Operational Expenditure against Plan (exc. COVID)	£45,785
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£2,167	6.03 COVID-19 Expenditure	
	Monthly % Covid Spend of Operational Spend:	5.0%



£44,820	6.04 Income against plan (exc. Truing Up)	£46,347
---------	--	---------



£1,104	6.05 Value of Truing Up Required	
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Highlights for the Board to Note:

Emergency Financial Regime

To support the NHS in its response to COVID-19 all normal financial arrangements have been suspended and a new national, temporary, emergency financial framework has been put in place until at least 31 October 2020. Indications from the National Team are that this arrangement is most likely to continue for the full financial year, although no statement has been made to this effect. The table below confirms the emergency baseline funding for the Trust:

Monthly Income Plan	£k
NHS Block Income (at 90%)	40,080
LA Income	391
Other Patient Care Income	190
R&D	242
Education & Training Income	1,585
Other Operating Income	2,513
1 st Top Income (90% to 100% funding)	1,345
Total Income	46,346

This baseline funding level does not include funds to support additional COVID-19 costs. Each month the Trust declares these costs and receives a "trueing up" top payment adjustment to balance to break even.

Month 3 Position

For the position to June before COVID-19 costs, the Trust spent £129.8m against the plan spend of £137.4m; therefore underspending by 7.6m. This position is reflective of the reduced activity levels currently being experienced. With COVID-19 costs included the actual spend rose to £136.1m. Before the addition of any trueing up income adjustment; the income position to June was £134.0m against a plan of £139.0m, indicating a short fall in income recovery of £5.0m. The Trust's trueing up value required for the period to June was £3.8m (£1.1m in June). This brings the Trust to I&E balance.

There are 3 notable components to the trueing up request:

- COVID-19 expenditure for the month of June has been assessed as £2.2m, compared to a monthly average over April and May of £2.1m. Early benchmark indications from other Trusts suggest a normal range of 4-6% of operational expenditure. Spend in June was 5.0%, compared to the average over April and May of 4.8%.
- Non-contracted activity (NCA) for March 2020 is £0.3m below the estimated position included at the year end. NCAs arise from patients accessing York and Scarborough services from other parts of the country, typically whilst on holiday or visiting the area. During March this activity significantly reduced but this information was not available until April coding work was complete. This loss of income is a clear consequence of COVID-19 and appropriate for the trueing up exercise. This is a one off hit on the position as NCA activity has been suspended from April onwards.
- Other operating income is £4.3m down on the NHSE/I plan before trueing up income. We are currently working with NHSE/I to reassess the plan as the reference period used includes issues not relevant to continuing operations. Examples include the sparsity payment from S&R CCG, non-recurrent funding for cancer drugs and winter schemes. These are significantly distorting the variance against plan. NHSE/I are conducting an exercise to consider adjustments to block levels to ensure more realistic underlying positions are reflected in plans. This does not impact the position as the trueing up exercise overwrites all such issues, but if the current regime is to continue then understanding and adjusting for significant variances will improve financial understanding and forecasting. There are other legitimate variances to income plans; examples include car parking at £0.5m and catering income at £0.3m.

TRUST BOARD REPORT : June-2020

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

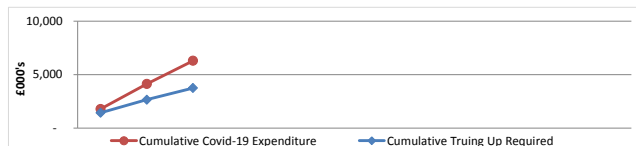
Jun-20

METRIC:

PLAN:

-£2,549

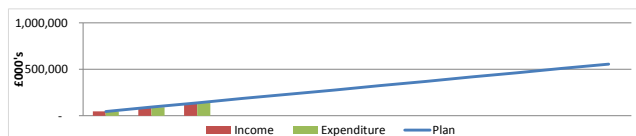
6.06
Cumulative COVID-19
Expenditure and Cumulative
Truing Up Requirement



£0

6.07
Cumulative Income and
Expenditure Position against
Plan

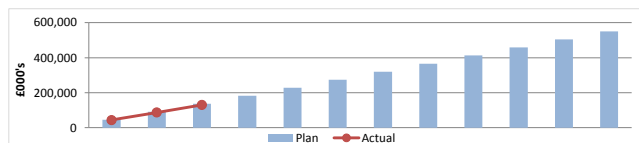
£0



£129,834

6.08
Cumulative Operational
Expenditure against Plan (exc.
COVID)

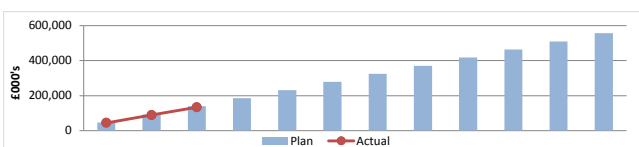
£137,355



£133,969

6.09
Cumulative Income against
plan (exc. Truing Up)

£139,041



Income and Expenditure Account

	Annual Plan £000's	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's
NHS England	65,544	16,386	24,177	7,791
Clinical commissioning groups	415,416	103,854	103,576	-278
Local authorities	4,692	1,173	1,065	-108
Non-NHS: private patients	1,164	291	54	-237
Non-NHS: other	1,116	279	414	135
Operating Income from Patient Care Activities	487,932	121,983	129,286	7,303
Research and development (both IFRS 15 and non-IFRS 15 income)	2,904	726	446	-280
Education and training (excluding notional apprenticeship levy income)	19,020	4,755	5,003	248
Other income	46,308	11,577	2,992	-8,585
Other Operating Income	68,232	17,058	8,441	-8,617
Employee Expenses	-375,828	-93,957	-96,143	-2,186
Drugs Costs	-56,016	-14,004	-12,228	1,776
Supplies and Services - Clinical	-45,996	-11,499	-10,561	938
Depreciation	-8,652	-2,163	-2,530	-367
Amortisation	-84	-21	-83	-62
CIP	0	0	0	0
Other Costs	-62,844	-15,711	-14,593	1,118
Total Operating Expenditure	-549,420	-137,355	-136,138	1,217
OPERATING SURPLUS/(DEFICIT)	6,744	1,686	1,589	-97
Finance income	204	51	0	-51
Finance expense	-324	-81	-134	-53
PDC dividends payable/refundable	-6,624	-1,656	-1,432	224
NET FINANCE COSTS	0	0	23	23
Other gains/(losses) including disposal of assets	0	0	0	0
Share of profit/ (loss) of associates/ joint ventures	0	0	0	0
Gains/(losses) from transfers by absorption	0	0	0	0
Movements in fair value of investments, investment property and financial liabilities	0	0	0	0
Corporation tax expense	0	0	0	0
SURPLUS/(DEFICIT)	0	0	23	23

TRUST BOARD REPORT : June-2020

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

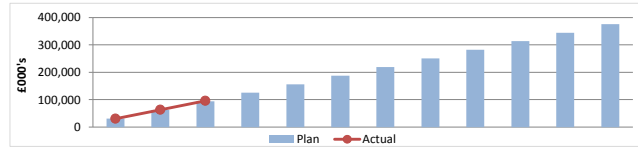
Jun-20 METRIC:

PLAN:

£32,556

6.1 Pay expenditure against plan

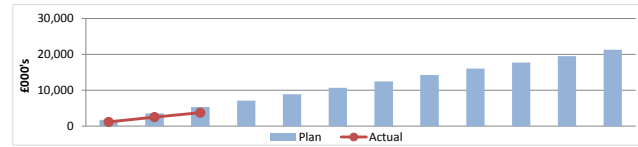
£31,319



£1,221

6.11 Agency expenditure against plan

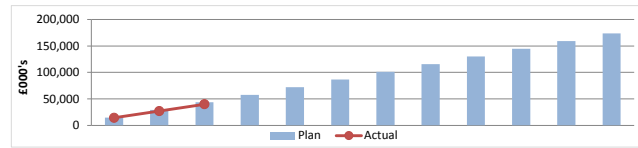
£1,776



£12,844

6.12 Non-pay expenditure against plan

£14,466



£61,597

6.13 Cash Position

£0



£5,401

6.14 Debtors

£9,000



£8,413

6.15 Creditors

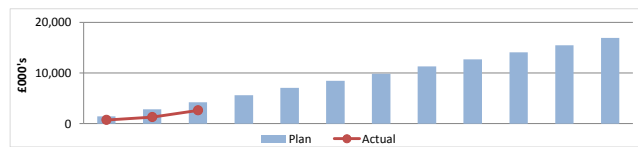
£20,500



£2,618

6.16 Capital

£4,230



Pay Expenditure Analysis

Staff Group	Annual Plan	Year to Date						
		Plan	Contract	WLI/Overtime	Bank	Agency	Total	Variance
Consultants	62,304	15,576	14,338	110	0	1,283	15,730	154
Medical and Dental	46,800	11,700	11,428	29	0	1,065	12,521	821
Nursing	100,452	25,113	21,872	184	3,523	1,206	26,785	1,672
Healthcare Scientists	9,789	2,447	2,988	3	2	18	3,010	563
Scientific, Therapeutic and technical	13,580	3,395	4,000	37	4	0	4,041	646
Allied Health Professionals	20,683	5,171	6,265	124	0	24	6,413	1,242
HCA's and Support Staff	62,604	15,651	13,036	299	25	77	13,438	-2,213
Exec Board and Senior managers	15,606	3,902	3,608	4	0	0	3,612	-290
Admin & Clerical	42,630	10,657	10,164	1	0	60	10,225	-433
Pay Reserves	0	0	0	0	0	0	0	0
Apprenticeship Levy	1,380	345	368	0	0	0	368	23
TOTAL	375,828	93,957	88,067	790	3,554	3,732	96,143	2,186

TRUST BOARD REPORT : June-2020

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Jun-20 METRIC: 6.17 Capital Service Cover PLAN: £0

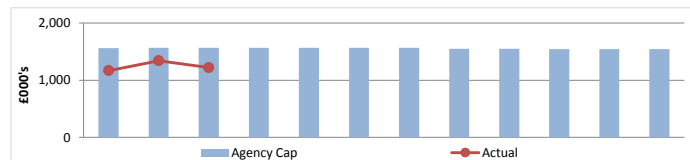
METRIC: 6.18 Liquid Ratio PLAN: £0

METRIC: 6.19 I&E Margin PLAN: £0

METRIC: 6.2 I&E Margin Variance from Plan PLAN: £0

METRIC: 6.21 Agency Spend against Agency Cap PLAN: £1,565

BPPC Performance
 Within 30days: **88%**
 Within 7 days: **4%**



Highlights for the Board to Note:

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

Other Financial Issues:

The Board should be aware that as part of the emergency financial regime the delivery of the Trust's Cost Improvement Programme (CIP) has been suspended. No adjustment has been made to income levels for any implied efficiency requirement.

It is clear from discussions with the National Team that there is an expectation that productivity improvements and efficiency gains for the NHS will feature in the post-COVID recovery programme. To that end, whilst actual delivery of the CIP has been suspended, work continues with Care Groups and Directorates to prepare plans; including the continued review of model hospital opportunities, the development of regular efficiency opportunities and the capture of transformational changes to service delivery accelerated as part of the Trust's (and wider NHS) COVID-19 response effort.

We have been advised by NHSE/I that our Trust has been selected for an audit of expenditure coded to COVID-19 and costs recovered through the trueing up exercise. This is being undertaken by Deloitte, and a first meeting has taken place with them at which information was requested ahead of a further meeting w/c 13 July 2020.

Metrics 6.17 through 6.20 are not being actively reviewed by NHSE/I due to the operation of the current emergency financial regime. When normal operation resumes it is expected these will remain key assessment metrics. 6.21 showing our agency spend against plan remains a live assessment metric and, at present, we are using less agency staff than plan.

The Trust's compliance with the Better Payments Practice Code (BPPC) is consistently good with an average of around 90% of suppliers now paid within 30 days. The Board are aware that all Trusts have been asked to accelerate payments down to 7 days where possible. This is proving challenging to maintain all the usual checks and assurances to validate payment but the Trust is averaging around 5%. At this stage we have no benchmarking information to assess our performance against.

RESEARCH AND DEVELOPMENT REPORT

June-2020

Produced July 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

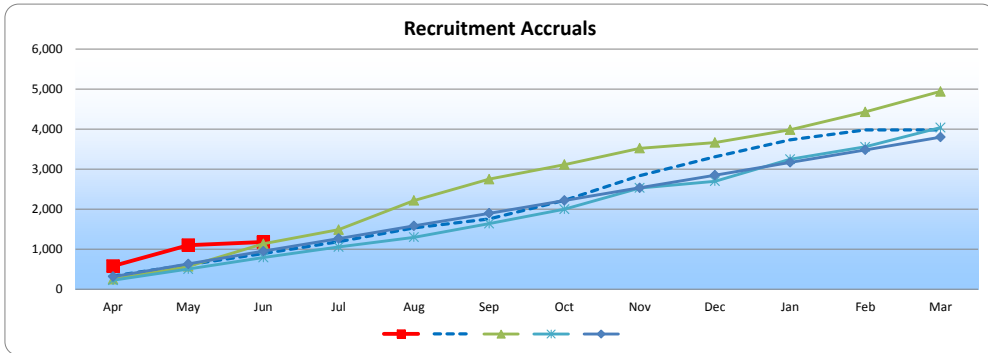
To ensure financial stability

TRUST BOARD REPORT : June-2020

CLINICAL RESEARCH PERFORMANCE REPORT

Recruitment

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2020-21	578	522	77										1177
2019-20	334	275	284	297	345	218	466	615	475	425	249		3983
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



We have had to suspend most of the clinical trials we were supporting due to the current crisis, and we are now supporting the Covid 19 trials that have been badged an Urgent Public Health Need by the Department of Health. So instead of supporting around 150 clinical trials at any one time we are currently only supporting a few trials. Despite this we have still recruited 1177 patients into our research, including 201 patients in Gastro and 19 patients in Renal this year which is fantastic.

Study Breakdown as of end Q1 20/21

Covid Studies	Accruals Running Total 18/19
CCP	400
Genomicc - Scarborough	2
Genomicc - York	14
Recovery - Scarborough	33
Recovery - York	66
REMAP CAP	5
PRIEST -Scarborough	216
PRIEST - York	297
Covpall	0

Recruitment Target for Year	3800
Open Trials	39
Total Due to Close 19/20	17

Commercial	2%
Non-Commercial	98%
Interventional	25%
Observational	5%
I & O	0%

CCP The aim of the study is to develop a mechanistic understanding of disease processes, understand pathogen characteristics associated with virulence such that risk factors for severe illness so treatments can be developed.

Recovery Randomised Evaluation of Covid 19 Therapy- Covid 19 confirmed patients will be randomly allocated between several treatment arms, each to be given in addition to the usual standard of care

Remap Cap This is a complex drug study looking at lots of different treatments to see if any of them have a therapeutic effect on patients.

Priest The aim is to identify the most accurate triage method for predicting severe illness among patients attending the emergency department with suspected respiratory infection

GenoMICC This study aims to establish a prospective DNA resource for hypothesis-testing and genome-wide discovery of host genetic variants underlying susceptibility to severe infection and outcomes.

COVPALL A national study looking to evaluate the COVID 19 response within palliative and end of life care services to help identify common challenges and best practices.

We also support some Covid studies that do not count towards our accrual target

UKOSS This study aims to determine the incidence of hospitalisation with pandemic-type influenza or novel coronavirus in pregnancy and the outcomes of pandemic-type influenza or novel coronavirus in pregnancy for mother and infant.

Pan Covid A global registry of women with suspected COVID-19 or confirmed SARS-CoV-2 infection in pregnancy and their neonates; understanding natural history to guide treatment and prevention

Neonatal Complications of COVID-19 A national registry recording information on babies with confirmed SARS-CoV-2 infection and any complications they develop throughout their Neonatal care.

Psychological Impact of COVID-19 A public health survey investigating how people's emotional and mental health has been impacted by the pandemic.

EDSAB HOME Evaluating Detection of SARS-CoV-2 antibodies using home test kits. The project will evaluate the "first purchase" Home Testing Kits which the national programme will be using, while providing a route to rapid validation & verification of alternatives which may be available later in 2020.

OPERATIONAL PERFORMANCE REPORT

June-2020

Produced July 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

Report produced by:
Information Team

Operational Performance Report: June-2020

Executive Summary

Trust 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 sustainability

Purpose of the Report:

To provide the Board with an integrated overview of performance within the Trust.

Executive Summary:

Key discussion points for the Board are:

The Trust's COVID-19 Command and Control structure is in place with the COVID-19 Incident Coordination Centre (ICC) operational since the week commencing 2nd March 2020. As at the 5th July 17,942 patients have been tested for COVID-19 with 16,507 (92%) testing negative. 763 patients have been admitted with confirmed COVID-19; sadly 214 patients who were COVID-19 positive have died (4 patients in June); 543 have been discharged home.

Trust Planning

The Trust continues to operate in a 'response' state, and is required to protect surge capacity for the COVID-19 pandemic. The Trust is required to maintain agile step-up escalation. In addition the Trust must maintain infection control measures, including appropriate personal protection equipment (PPE) and social distancing for staff and patients. Collectively this reduces capacity across the Trust including a reduced bed base, affects theatre and clinic productivity and reduces the physical space to see and treat patients.

Phase 2: Restoration of Urgent and Cancer Care Services is on schedule, in line with national requirements, to be achieved by July 2020.

Phase 3: the planning for Elective Services Restoration and Winter Planning has commenced.

The purpose of Phase 3 elective planning is to:

- a) Identify how and which routine capacity can be safely restored.
- b) Reduce footfall to the hospital sites through alternative approaches to Outpatients.
- c) Increase elective capacity through diagnostics, outpatient procedures, day cases and ordinary electives to reduce long wait patients.
- d) Work with system partners to contain non-essential demand.
- e) Assess and manage clinical risk within waiting lists.

The Trust is working to return to the activity run-rates delivered in the last financial year by March 2021. Through the restoration work across Care Groups, the Trust has been able to carry out more day and ordinary elective work than anticipated in June, and as such the forecast activity for 2020-21 has been updated to reflect this progress.

Executive Summary continued:**Key discussion points for the Board are:**

The Trust continues to experience challenges across the Trust's access targets for routine care (Referral to Treatment times and Diagnostic Waiting Times). This has been in the context of suppressed referrals to the Trust. Of notable concern are:

- The 910 fifty-two week wait patients declared for June 2020. The high levels of 36 plus weeks waiters is expected to result in further increases to the Trust's 52 week position.
- Impact of the stand-down on non-emergency endoscopy, resulting in significant delays in the Diagnostic targets and also affecting the time to diagnosis on the Colorectal and Upper GI Cancer pathways.

The Trust achieved compliance in 4 out of 7 cancer standards in May 2020, partially due to the current COVID-19 situation; all pathways are being tracked and monitored in line with national guidance. There has been an improvement in the 28 Faster Diagnosis Standard position during May 2020 (66.9% from 54.2% in April).

There has been a significant improvement in ECS performance. 94.3% in June was the highest monthly performance since March 2014. This constitutes a significant improvement on June 2019 (83.2%). The Trust performance was 45th nationally (out of 113) and 10th in the North East and Yorkshire in June 2020.

The Trust has seen low levels of delayed patients across Trust and Community sites, supporting lower bed occupancy levels on each site, as part of the requirement to protect 'surge' capacity for Covid-19 patients.

This month a set of Children and Young Persons specific metrics are included in the Board Performance Report for the first time, these provide an overview of performance against key standards for patients aged 0-17.

Recommendation:

The Board is asked to receive the report and note the impact on the Trust KPIs and the actions being taken to address the significant performance challenges.

Author(s): Andrew Hurren, Deputy Head of Operational Planning and Performance
Lynette Smith, Head of Operational Planning and Performance
Steve Reed, Head of Community Services

Director Sponsor: Wendy Scott, Chief Operating Officer
Date: May 2020

TRUST BOARD REPORT: June-2020

OPERATIONAL PERFORMANCE SUMMARY

REF	OPERATIONAL PERFORMANCE: UNPLANNED CARE
1.01	Emergency Care Attendances
1.02	Emergency Care Breaches
1.03	Emergency Care Standard Performance
1.04	ED Conversion Rate: Proportion of ED attendances subsequently admitted
1.05	ED Total number of patients waiting over 8 hours in the departments
1.06	ED 12 hour trolley waits
1.07	ED: % of attendees assessed within 15 minutes of arrival
1.08	ED: % of attendees seen by doctor within 60 minutes of arrival
1.09	ED – Percentage of patients who Left Without Being Seen (LWBS)
1.10	ED - Median time between arrival and treatment (minutes)
1.11	Ambulance handovers waiting 15-29 minutes
1.12	Ambulance handovers waiting 15-29 minutes - improvement trajectory
1.13	Ambulance handovers waiting 30-59 minutes
1.14	Ambulance handovers waiting 30-59 minutes - improvement trajectory
1.15	Ambulance handovers waiting >60 minutes
1.16	Ambulance handovers waiting >60 minutes - improvement trajectory
2.01	Non Elective Admissions (excl Paediatrics & Maternity)
2.02	Non Elective Admissions - Paediatrics
2.03	Delayed Transfers of Care - Acute Hospitals
2.04	Delayed Transfers of Care - Community Hospitals
2.05	Patients with LOS 0 Days (Elective & Non-Elective)
2.06	Total number of patients during the month with a LoS >= 7 Midnights (Elective & Non-Elective)
2.07	Ward Transfers - Non clinical transfers after 10pm
2.08	Emergency readmissions within 30 days
2.09	Stranded Patients at End of Month - York, Scarborough and Bridlington
2.10	Average Bed Days Occupied by Stranded Patients - York, Scarborough and Bridlington
2.12	Super Stranded Patients at End of Month - York, Scarborough and Bridlington
2.13	Average Bed Days Occupied by Super Stranded Patients - York, Scarborough and Bridlington

TARGET	SPARKLINE / Vs. PREVIOUS MONTH
95%	
0	
5%	
100	

Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
18256	20101	19683	18486	18800	17848	17926	17169	16770	13034	7755	10753	11889
3067	3785	3671	4043	3689	4337	4471	4257	3065	2131	490	766	673
83.2%	81.2%	81.3%	78.1%	80.4%	75.7%	75.1%	75.2%	81.7%	83.7%	93.7%	92.9%	94.3%
38%	38%	38%	37%	30%	42%	42%	43%	44%	42%	43%	42%	42%
799	1029	912	1275	817	1200	1499	1428	801	468	55	105	53
2	1	7	32	16	9	15	28	4	0	0	0	0
59%	53%	55%	54%	54%	51%	54%	58%	61%	64%	71%	71%	70%
36%	34%	33%	32%	32%	31%	32%	34%	38%	48%	88%	79%	77%
4.4%	4.8%	4.4%	4.6%	4.1%	3.0%	3.1%	3.0%	2.1%	2.4%	0.8%	0.8%	0.8%
196	201	206	219	202	223	226	222	194	183	145	150	151
978	988	983	969	1112	994	1068	1035	943	799	477	542	502
795	778	761	744	727	710	694	685	681	677	-	-	-
587	723	547	605	571	552	652	625	465	324	113	126	91
335	319	304	289	274	361	342	323	304	285	-	-	-
453	673	362	466	332	476	668	554	263	176	6	15	14
264	215	182	149	116	271	257	244	231	215	-	-	-
4761	5070	4871	4553	5142	5048	5089	5166	4993	3951	2922	3520	3982
711	808	658	790	944	1045	1011	839	806	611	330	379	381
1486	1346	1325	1355	1215	1054	1183	1258	1233	775	-	-	-
352	235	333	335	342	182	249	408	271	256	34	32	36
1550	1609	1472	1364	1663	1782	1691	1881	1822	1424	856	1085	1346
1076	1241	1115	1139	1116	1112	1191	1147	1122	818	694	778	781
76	87	72	89	104	99	123	127	91	51	65	39	15
941	1044	938	876	994	971	1030	989	939	689	454	-	-
397	394	409	397	363	363	377	384	342	147	176	185	184
373	390	384	380	361	362	376	407	387	311	144	178	176
135	140	148	136	125	105	139	142	121	55	38	40	34
141	138	134	138	129	109	118	145	133	98	39	42	43

REF	OPERATIONAL PERFORMANCE: PLANNED CARE
3.01	Outpatients: All Referral Types
3.02	Outpatients: GP Referrals
3.03	Outpatients: Consultant to Consultant Referrals
3.04	Outpatients: Other Referrals
3.05	Outpatients: 1st Attendances
3.06	Outpatients: Follow Up Attendances
3.07	Outpatients: 1st to FU Ratio
3.08	Outpatients: DNA rates
3.09	Outpatients: Cancelled Clinics with less than 14 days notice
3.10	Outpatients: Hospital Cancelled Outpatient Appointments for non-clinical reasons
3.11	Outpatients: Follow-up Partial Booking (FUPB) Overdue
4.01	Elective Admissions
4.02	Day Case Admissions
4.03	Cancelled Operations within 48 hours - Bed shortages
4.04	Cancelled Operations within 48 hours - Non clinical reasons
4.05	Theatres: Utilisation of planned sessions
4.06	Theatres: number of sessions held
4.07	Theatres: Lost sessions < 6 wks notice (list available but lost due to leave, staffing etc)

TARGET	SPARKLINE / Vs. PREVIOUS MONTH
180	

Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
19179	20531	18465	18969	20387	18771	17498	20615	18754	15187	7384	10587	14809
9557	10142	9401	9520	10168	9285	8626	10022	9018	7364	2051	3958	5849
2243	2329	2101	2239	2396	2260	2034	2332	2049	1692	879	1019	1106
7379	8060	6963	7210	7823	7226	6838	8261	7687	6131	4454	5610	7854
9208	9880	8309	8733	9877	9192	7937	9519	8702	7472	3685	4200	5477
15098	16841	14098	14870	16982	16462	13107	16839	14515	13369	7999	8113	9889
1.64	1.70	1.70	1.70	1.72	1.79	1.65	1.77	1.67	1.79	2.17	1.93	1.81
5.9%	6.3%	6.0%	6.0%	5.9%	6.0%	5.8%	6.2%	6.0%	5.5%	3.9%	3.8%	4.0%
198	243	240	232	270	213	164	219	250	751	1331	653	734
883	987	1214	1316	1474	1076	1303	1158	978	2070	3855	3191	3571
12358	12383	12189	12035	11505	12156	12879	12953	12971	14468	16876	19525	21994
724	692	579	685	762	753	520	653	576	410	96	144	165
5879	6232	5901	6135	6684	6411	5637	6590	6068	4781	1827	2248	3130
59	32	13	60	26	41	48	42	10	333	14	0	3
194	229	85	173	148	173	152	142	89	408	21	4	19
89%	89%	91%	91%	95%	91%	88%	86%	89%	87%	61%	10%	35%
609	712	501	588	640	561	498	591	542	369	54	29	38
83	104	92	48	66	52	70	31	17	230	379	12	0

TRUST BOARD REPORT: June-2020

OPERATIONAL PERFORMANCE SUMMARY

REF	DIAGNOSTICS
3.12	Diagnostics: Patients waiting <6 weeks from referral to test
3.13	Diagnostics: Total Fast Track Waiters
3.19	Diagnostics: Urgent Radiology Waiters
3.38	Total Overdue Planned Radiology Waiters
3.22	Total Radiology Reporting Backlog
3.31	Total Endoscopy Surveillance Backlog (Red)

TARGET	SPARKLINE / Vs. PREVIOUS MONTH
99%	▲
	▲
	▲
	▼
	▼
	▲

Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
88.9%	81.7%	81.7%	82.4%	83.3%	85.2%	81.6%	81.1%	86.1%	75.1%	22.6%	23.0%	34.3%
310	412	377	320	300	354	381	365	417	383	462	596	597
320	287	321	350	378	370	360	427	393	140	176	259	337
67	256	130	214	193	330	287	336	317	390	894	1333	1300
6185	5318	6998	5392	7410	7451	4303	4162	4910	4671	1040	503	260
876	961	942	942	965	1038	1079	1087	835	746	870	973	1073

REF	18 WEEKS REFERRAL TO TREATMENT
5.01	RTT Percentage of incomplete pathways within 18wks
5.02	RTT Waits over 52 weeks for incomplete pathways
5.03	RTT Waits over 26 weeks for incomplete pathways
5.04	RTT Waits over 36 weeks for incomplete pathways
5.05	RTT Total Waiting List
5.06	Number of RTT patients on Admitted Backlog (18+ weeks)
5.07	Number of RTT patients on Non Admitted Backlog (18+ weeks)
5.08	RTT Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring)

TARGET	SPARKLINE / Vs. PREVIOUS MONTH
92%	▼
0	▲
0	▲
0	▲
29,583	▲
	▲
	▲
8.5	▲

Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
78.3%	77.4%	76.7%	76.0%	75.4%	75.2%	74.8%	74.0%	73.6%	69.7%	58.7%	49.5%	42.0%
3	0	1	1	0	0	0	1	0	32	158	452	910
2558	2735	3239	3595	3508	3526	3929	3917	3866	4413	5734	7567	8800
660	632	868	887	1076	1168	1292	1306	1311	1681	2474	3424	4597
28724	28394	29252	29771	29442	29123	30187	29583	29534	28508	24947	24888	25057
2847	3338	3543	3639	3686	3711	3919	4005	4075	4540	5506	6442	7114
3391	3079	3283	3445	3554	3512	3694	3687	3727	4085	4797	6133	7429
-	-	-	-	11.6	12.0	12.1	12.1	12.0	13.7	17.7	20.1	21.4

REF	CANCER (ONE MONTH BEHIND DUE TO NATIONAL REPORTING TIMETABLE)
6.01	Cancer 2 week (all cancers)
6.02	Cancer 2 week (breast symptoms)
6.03	Cancer 31 day wait from diagnosis to first treatment
6.04	Cancer 31 day wait for second or subsequent treatment - surgery
6.05	Cancer 31 day wait for second or subsequent treatment - drug treatments
6.06	Cancer 62 Day Waits for first treatment (from urgent GP referral)
6.07	Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)
6.08	Cancer 28 Day Wait - Faster Diagnosis Standard

TARGET	SPARKLINE / PREVIOUS MONTH
93%	▲
93%	▲
96%	▲
94%	▲
98%	◀
85%	▼
90%	▼
75%	▲

Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
81.3%	85.9%	89.9%	90.9%	94.0%	92.4%	94.8%	92.6%	94.4%	90.8%	85.6%	96.9%	-
93.8%	95.2%	97.1%	98.1%	98.0%	97.6%	98.4%	97.4%	99.1%	95.3%	90.9%	95.7%	-
98.8%	99.1%	99.5%	97.5%	98.8%	96.4%	98.0%	96.7%	100.0%	96.8%	98.6%	99.4%	-
96.9%	93.8%	84.4%	100.0%	97.2%	97.8%	87.2%	80.0%	91.1%	94.4%	75.0%	82.1%	-
100.0%	100.0%	100.0%	100.0%	98.8%	98.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
85.0%	79.8%	81.2%	80.2%	78.9%	75.9%	76.5%	76.8%	73.3%	83.9%	74.4%	82.4%	-
100.0%	100.0%	90.6%	100.0%	98.0%	91.4%	86.4%	87.1%	96.8%	95.6%	100.0%	80.0%	-
66.8%	63.1%	60.2%	59.6%	64.9%	68.9%	70.7%	63.4%	72.3%	69.4%	54.2%	66.9%	-

REF	COMMUNITY
7.01	Referrals to District Nursing Team
7.03	Number of District Nursing Contacts
7.04	Referrals to York Community Response Team
7.05	Referrals to Selby Community Response Team
7.07	Number of York CRT Contacts
7.08	Number of Selby CRT Contacts
7.10	Community Inpatient Units Average Length of Stay (Days)

TARGET	SPARKLINE / Vs. PREVIOUS MONTH
	▲
	▲
	▼
	▼
	▼
	▲
	▲

Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
1708	1968	1896	2150	2881	2967	1941	1858	1479	1444	1544	1407	1461
14745	16194	15237	14478	15606	14629	16944	17968	16947	18851	16276	18273	20718
166	157	174	166	192	168	170	163	114	181	208	189	178
65	59	57	64	65	69	76	63	60	54	57	67	58
3368	2888	2702	3238	3396	4250	3404	3727	2745	3849	4197	4469	3690
1535	1506	1521	1758	2039	1846	1864	1960	1583	1840	1365	1269	1529
20.4	20.0	21.9	24.5	17.8	19.2	17.7	18.5	16.0	16.6	12.6	9.9	10.6

REF	CHILDREN AND YOUNG PERSONS (0-17 YEARS)
8.01	ECS Performance (Type 1 only)
8.02	ED patients waiting over 8 hours in department
8.03	Cancer 14 day performance
8.05	Diagnostics
8.06	RTT performance
8.07	RTT TWL
8.08	RTT 52 week waiters

TARGET	SPARKLINE / Vs. PREVIOUS MONTH
95%	▲
	▼
93%	◀
99%	▼
92%	▼
	▲
	▲

Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
94.5%	92.9%	93.4%	86.7%	90.9%	86.8%	87.8%	90.2%	93.5%	93.7%	98.3%	98.4%	98.5%
6	15	12	12	14	35	26	26	6	6	2	1	0
62.5%	100.0%	100.0%	85.7%	80.0%	100.0%	83.3%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%
85.9%	94.9%	83.5%	91.5%	90.6%	87.7%	85.0%	84.7%	90.0%	78.6%	17.1%	14.6%	34.2%
81.6%	81.1%	81.2%	80.1%	80.6%	81.4%	82.5%	81.7%	81.4%	78.4%	67.3%	55.5%	44.6%
2599	2535	2521	2536	2561	2500	2593	2567	2553	2495	2056	1994	2009
0	0	0	0	0	0	0	0	0	2	7	24	51

TRUST BOARD REPORT: June-2020

OPERATIONAL PERFORMANCE: ED



HIGHLIGHTS FOR BOARD TO NOTE:

Performance against the urgent care standards has improved across the range of metrics. Emergency Care Standard (ECS) performance of 94.3% in June 2020 was the highest monthly performance since March 2014. This constitutes a significant improvement on June 2019 (83.2%). Root cause analysis of all ECS breaches continues to inform improvement and learning.

The improvement in ECS performance has been supported by a reduction in attendances due to the national lockdown since March, and reduced levels of bed occupancy. Overall attendances at all sites were down 6,367 (-32%) compared to June 2019, although have risen compared to April and May 2020. The number of Type 1 attendances year to date at our main EDs are down by 35%; -11,365 attendances compared to quarter one last year.

York ED achieved 94.4% for Type 1 attendances in June 2020 with Scarborough ED achieving 86.4% Type 1 ECS performance. The Trust performance was 45th nationally (out of 113) and 10th in the North East and Yorkshire in June 2020.

There were zero twelve hour trolley waits in June 2020.

The national and local response to manage delayed transfers of care (DToC) via discharge hubs has had a significant impact on the Trust performance supporting bed occupancy levels.

Super-Stranded (Length of Stay [Los] of 21+ Days) patients at the end of June 2020 were the lowest level in the last two years (34 patients). This has significantly contributed to the bed occupancy levels at both main hospitals, and created the protected capacity in the case of a 'surge' of COVID-19 patients.

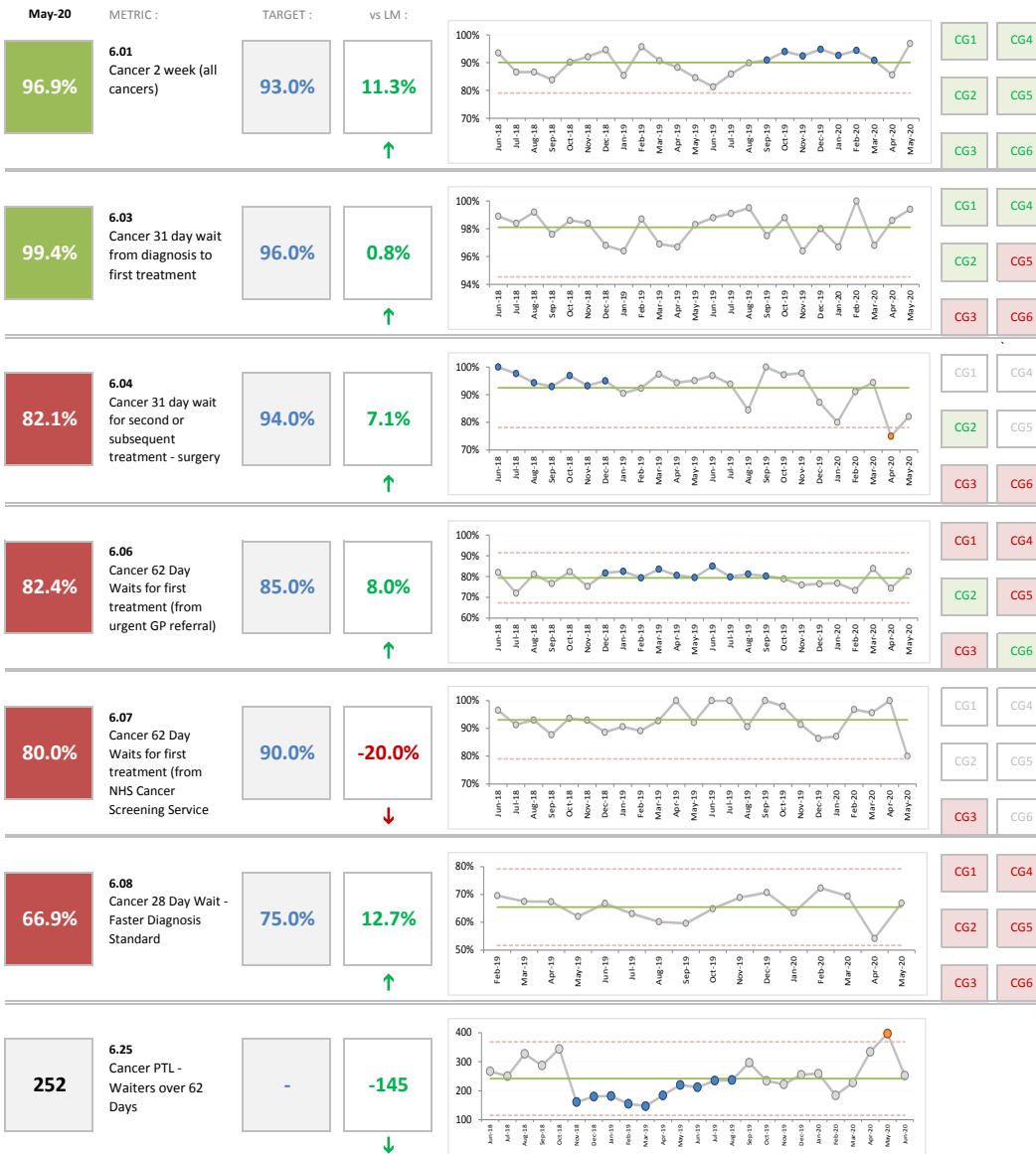
As expected with the reduction in ED attendances, adult non-elective admissions in June 2020 were 16% down on the same period last year (-779 admissions). York Hospital saw a reduction of 451 admissions (-14%) with Scarborough seeing a reduction of 328 (-20%) compared to June 2019.

Paediatric admissions in June were the third lowest since the July 2013, down to 381, only a marginal increase from May (379). This was 440 below the average monthly admissions in 2019/20, a reduction of 53%. Admissions are expected to increase as lockdown measures are relaxed.

The Trust is working with system partners to explore options to sustain urgent care flows, and prevent crowded Emergency Department waiting areas, including a 'talk before you walk' initiative. This would provide a further filter or clinical triage process before attending a booked appointment in the Urgent Treatment Centre or Emergency Department.

TRUST BOARD REPORT: June-2020

OPERATIONAL PERFORMANCE: CANCER



HIGHLIGHTS FOR BOARD TO NOTE:

The impact of the COVID-19 pandemic was seen in Trust cancer performance in May 2020 with compliance achieved against 4 out of the 7 cancer standards; all pathways are being tracked and monitored in line with national COVID-19 guidance.

The Trust saw an improvement against the Cancer two week waiting times for urgent referrals, achieving the 93% target in May (96.9%), a rise compared to April (85.6%). Performance against the 62 day wait for first treatment target also improved (74.4% to 82.4%). All tumour sites areas have reviewed their approach to outpatients, moving to telephone and virtual clinics where possible. The Trust has sought to prioritise Cancer Care, moving the majority of services off main hospital sites and consolidating at the Nuffield private hospital in York to reduce the risk of COVID-19 transmission to vulnerable patients and provide more confidence for patients to attend appointments.

The numbers of cancer fast track referrals received in June 2020 were below expected levels for the third consecutive month. June 2020 saw the Trust receive 1,361 Fast Track referrals a 24% (-265 referrals) reduction compared to June 2019. This is a lower reduction than previous months and may reflect the joint communications have been sent out by the Trust and CCGs encouraging patients to contact their GPs if they are experiencing symptoms.

There was improvement in the 28 Day Faster Diagnosis Standard position during May 2020 (66.9% from 54.2% in April). Although this target has now come into effect from the beginning of April 2020, guidance has been received that states it "will not be subject to formal performance management" until further notice.

At the end of June 2020 there were 252 patients on the Trust's Patient Tracking List (PTL) that had waited over 62 days, a decrease of 145 on May 2020. Of those waiting over 62 days, 222 are awaiting diagnosis; tackling this backlog is a top priority for the Trust and Humber, Coast and Vale system and is key element of the Reset and Restoration program.

Phase 2: Restoration of Urgent and Cancer Care Services

The Trust will continue to use the Independent Sector (IS) during Phase 2. The IS provides additional off-site capacity for cancer and urgent elective work, oncology, haematology and phlebotomy.

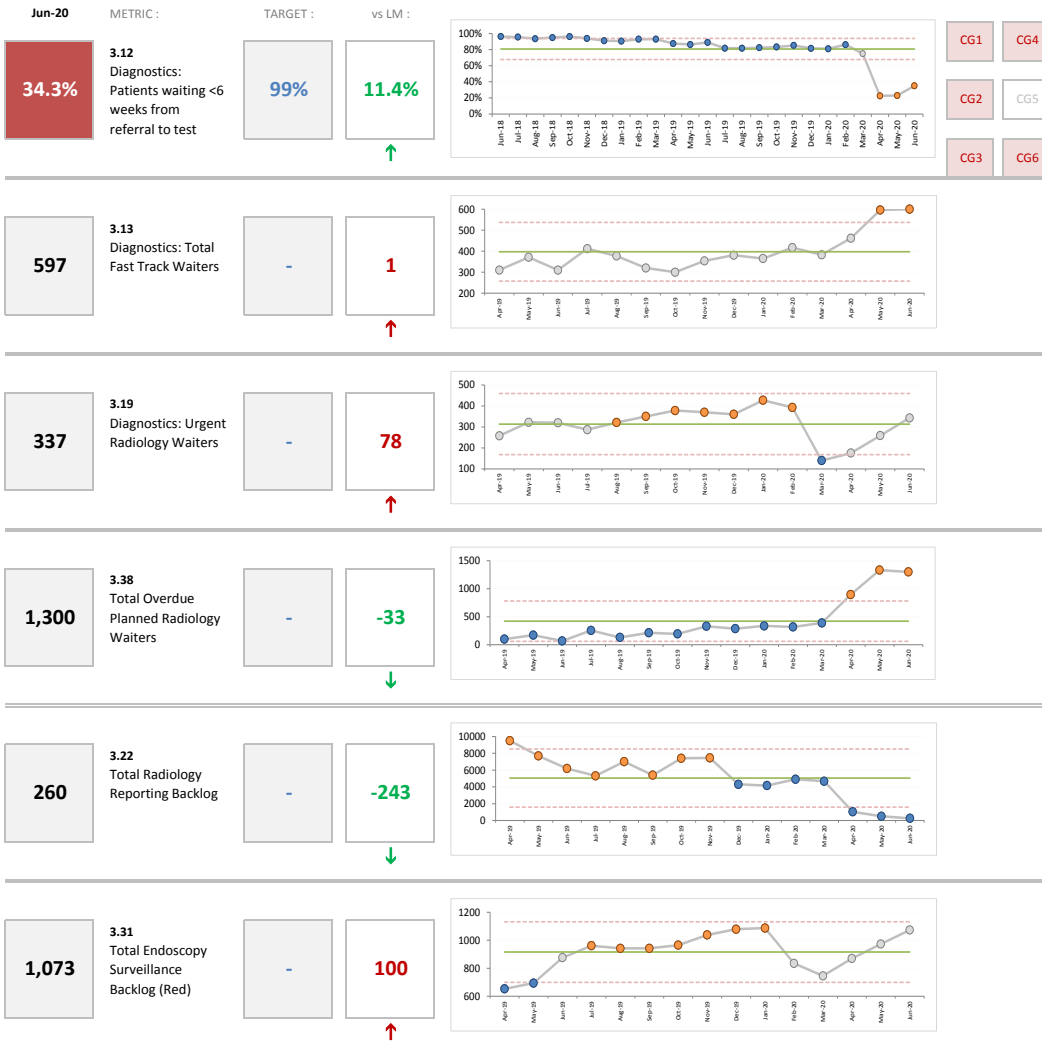
The Restoration Cell has undertaken a stock-take of urgent and fast track services across all Care Groups. To address the identified gaps a template has been developed to establish the workforce and estate interdependencies and Personal Protective Equipment (PPE) requirement to restore services across York Trust sites (Appendix 2). Services are rated as Red/Amber/Green in relation to 'readiness' to re-start/expand capacity. To date 100 services have been authorised to restart.

Where interdependencies have been identified, workshops have been held to agree the use of space and to agree the redeployment or distribution of the workforce to support the restoration of services.

It is anticipated that the Trust overall will meet the national requirements to deliver urgent and cancer care services.

TRUST BOARD REPORT: June-2020

OPERATIONAL PERFORMANCE: DIAGNOSTICS



CG1 CG4
CG2 CG5
CG3 CG6

HIGHLIGHTS FOR BOARD TO NOTE:

The diagnostic target has been particularly affected by the COVID-19 Pandemic, due to the stand-down of some routine diagnostics, including endoscopy. At the end of June there were 5,004 patients waiting six weeks or more for their diagnostic test with performance of 35.9%.

Endoscopy services recommenced in mid-May and increasing numbers of patients have received their scope each week through June. At the end of June the endoscopy element of the diagnostic target was 39.5% with 1,286 patients waiting six weeks or over.

Capacity issues in Endoscopy prior to and during the COVID-19 pandemic have seen the number of patients on the surveillance waiting list who are 'overdue' their procedure grow. In June 2019 there were 876 patients overdue; at the end of June 2020 this figure has increased to 1,073. The Endoscopy clinical team have developed a risk-stratification approach to the backlog, prioritising those with a higher level of assessed risk.

Radiology has also been affected by the COVID-19 pandemic, at the end of June radiology diagnostics performance was 29% with 2,870 patients waiting six weeks or over.

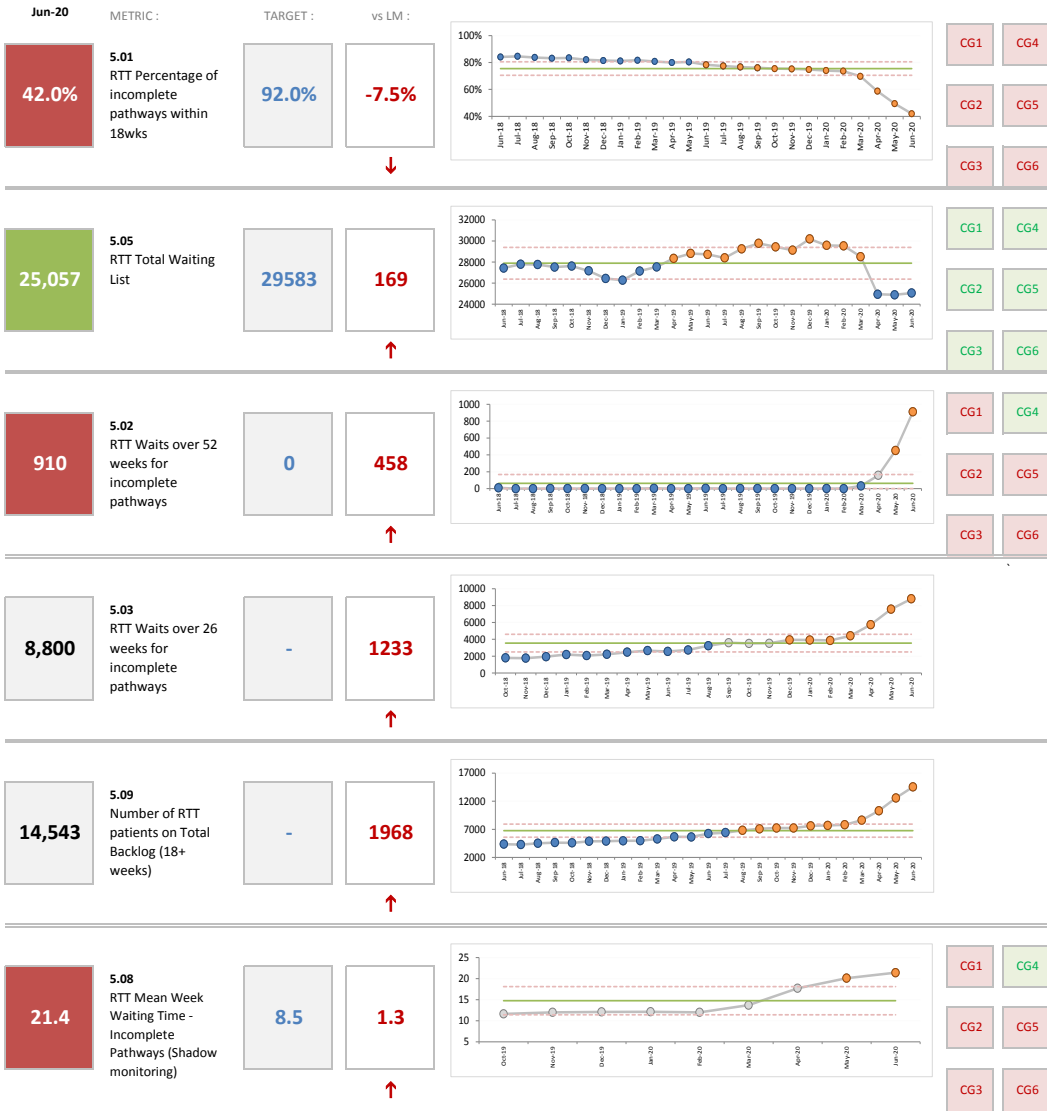
The clinical triage by consultant radiologists of referrals continues with referrals categorised as 'Essential' or 'Not Essential'. 'Essential' referrals such as Cancer fast track or 'Urgent' are being booked and seen. 'Not Essential' referrals are being placed into two sub categories; 'Defer' or 'Return'. The service is working as part of Phase 3 of the Reset and Restoration programme to project when capacity for Routine and Forward Planned activity will be available.

The radiology reporting backlog has seen significant improvement, at the end of June 2020 there were ten scans waiting over 14 days to be reported. At the end of February 2020 there were 1,209.

Performance for Audiology diagnostics has fallen to 13.5% (up from 1.5% at the end of May) due to the stand down of routine care having achieved the 99% target for ten of the previous twelve months. As part of the restoration of service, Audiology provision has recommenced with June seeing activity back to 80% of pre COVID-19 pandemic levels with a plan to be back at 99% against the Diagnostic target by the end of Q3.

TRUST BOARD REPORT: June-2020

OPERATIONAL PERFORMANCE: REFERRAL TO TREATMENT (RTT)



HIGHLIGHTS FOR BOARD TO NOTE :

The planned care Referral to Treatment Times (RTT) target has continued to be affected by the reduction in routine activity. The Trust was mandated to postpone all non-urgent elective operations for a period of at least three months in National Guidance received on the 17th March. There has been a significant reduction in the RTT Total Waiting List (TWL) with the Trust not receiving as many routine referrals due to the COVID-19 pandemic.

Referrals received reduced to 14,809 in June 2020, down from 19,179 in June 2019 (-4,370, -23%) with referrals from GPs falling to 5,849, a reduction of 39% (-3,708) compared to the 2019/20 monthly average. The reduction in referrals has seen the TWL reduce from 28,508 open clocks at the end of March to 25,057 at the end of June (-3,451, -14%). As a result the Trust is 4,526 open clocks below the 2020/21 requirement to have fewer than 29,583 open clocks at the end of March 2021.

The decrease in new RTT clocks has negatively impacted on the percentage of waiting under 18 weeks which has fallen to 42.0% (March 2020; 69.7%).

The existing pressure in the system, combined with the stand-down of routine elective surgery has resulted in the Trust having 910 patients waiting 52 weeks or longer at the end of June 2020. Given the numbers of patients currently waiting over 40 weeks (3,654), Board is asked to continue to note that with the stand down of routine surgery that the number of 52 week waiters will continue to rise significantly.

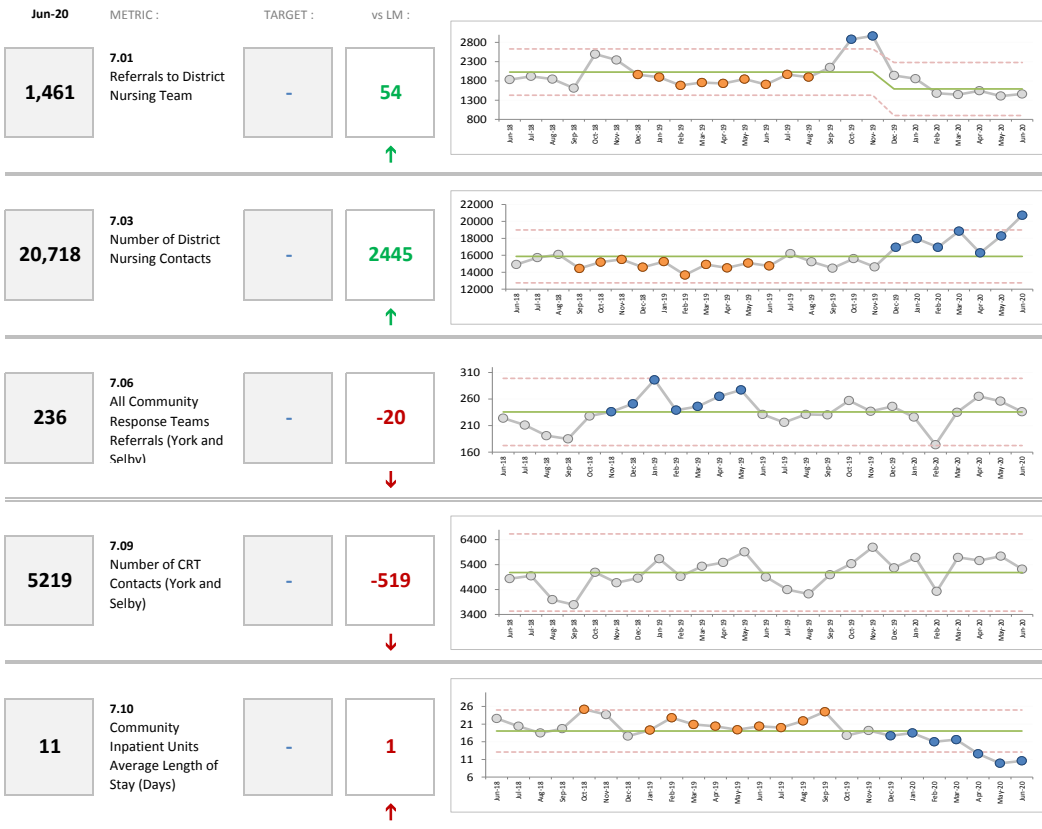
The priority for Phase 3 is reducing long wait patients. A number of actions have been completed in June to address the 52 week position including:

- Recommencement of surgery for long wait patients, including dental extraction, Gynaecological surgery and Ophthalmology.
- Risk assessment and stratification approach developed for Outpatients and Inpatient waiting list.
- Draft revisions to the access policy in conjunction with Commissioners to take account of COVID-19.
- Refreshed 52 week process, including clinical harm review flowchart for implementation in July.

This work is being overseen by the Trust's Clinical Risk and Oversight Committee.

TRUST BOARD REPORT: June-2020

OPERATIONAL PERFORMANCE: COMMUNITY ACTIVITY



HIGHLIGHTS FOR BOARD TO NOTE :

The referrals and contacts information for District Nursing teams shows the impact of changes through the implementation of the workforce transformation programme, mobile working and electronic care plans from December 2019.

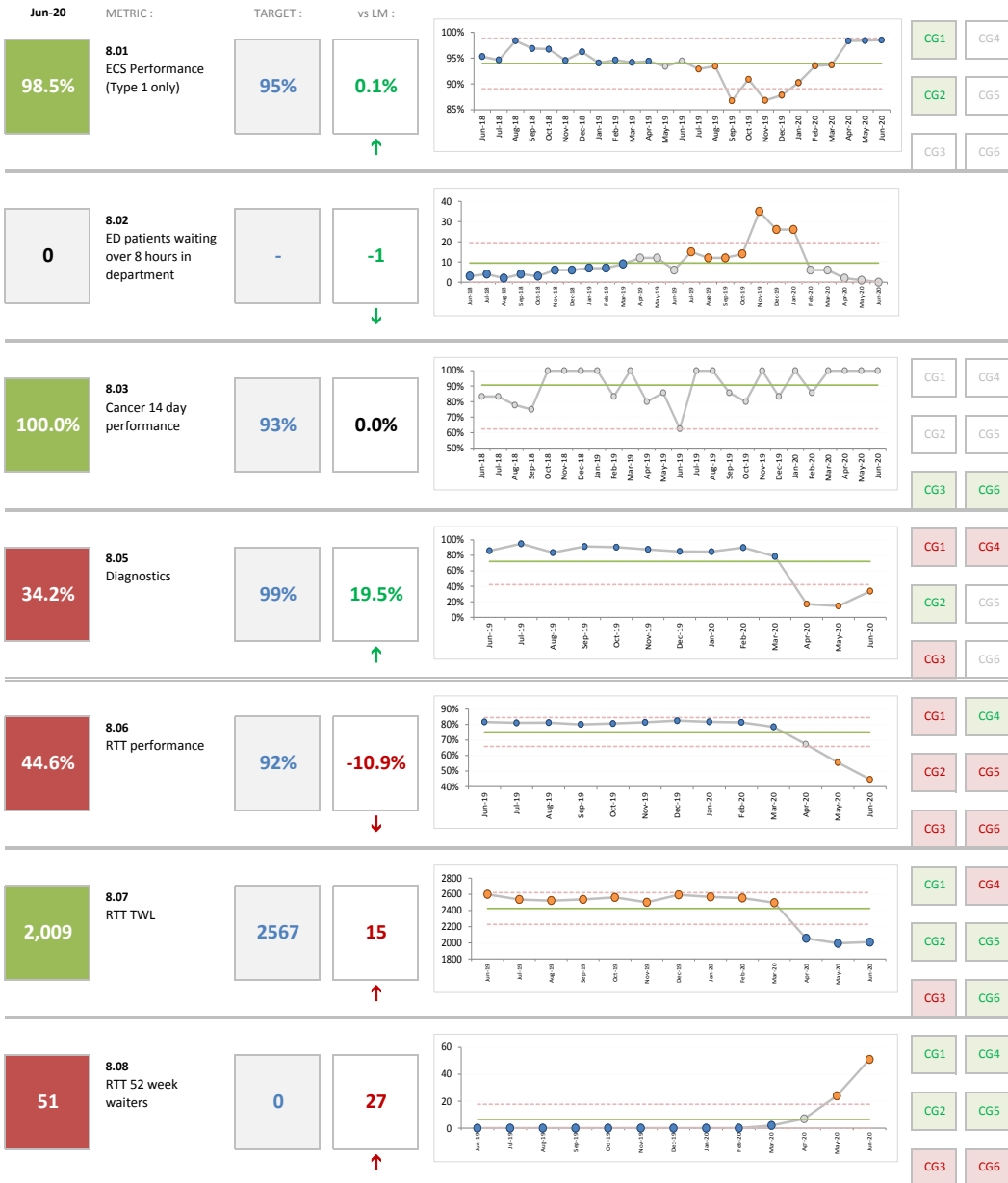
Teams now receive a single referral for a patient, with care plans created for each treatment required, previously a referral was recorded for each treatment recorded.

The increase in contacts seen from December reflects the improved electronic capture of activity and also increased clinical time created however, it is possible to see a further, statistically significant, increase in June 2020. National guidance anticipated an increase in community activity following the peak COVID-19 period, however the return of staff who had been redeployed to work alongside district nursing teams to their substantive roles through June and July means this level of activity cannot be sustained. Where required, the national prioritisation tool will be utilised and impact on waiting times monitored.

Community Inpatient Units continue to see reduced length of stay as the improvements delivered since October 2019 combine with the COVID-19 discharge to assess and Discharge Command Centre arrangements.

TRUST BOARD REPORT: June-2020

OPERATIONAL PERFORMANCE: CHILDREN AND YOUNG PERSONS (0-17 YEARS)



HIGHLIGHTS FOR BOARD TO NOTE:

This section is included for the first time and will develop over time; initially the focus will be on performance against key targets for patients under 18 years of age.

Performance against the ECS for patients aged 0-17 has historically outperformed the Trust's overall performance with the last 3 months seeing above 98% performance. As per overall 'all ages' attendances, June saw a 35% reduction in attendances for those aged 0-17 compared to the pre COVID-19 monthly average.

Cancer 14 Day performance for those aged 0-17 has been at 100% for each of the last four months, on average the Trust sees six patients in this age category each month.

The diagnostic position mirrors the Trust's overall performance, the vast majority of those aged 0-17 with a wait of 6+ weeks (287 patients) are waiting for radiology procedures (135) and audiology tests (140).

RTT performance against the 92% target is slightly higher than the Trust overall performance (44.6% compared to 42%). In line with the Trust position the number of open RTT clocks for patients aged 0-17 is significantly below the target to have fewer open clocks at the end of March 2021 compared to the January 2020 position; 556 below the target of 2,567 at 2,009 open clocks.

The Trust is declaring 51 RTT fifty-two week waiters relating to children and young people at the end of June 2020; while children comprise c40% of the Total Waiting List, these equate to approximately 6% of the total number of the fifty-two week breaches that the Trust is declaring for the end of June 2020 (910).

The majority of the 51 patients are under Ear, Nose and Throat (24) and Maxillo-Facial Surgery (16). Those under ENT are predominately waiting for 'Exploration of Ear' or 'Grommet Insertion' and Maxillo-Facial the majority are waiting for removal or exposure of teeth. From week commencing the 3rd August the Trust will be running a weekly all-day paediatric day unit list for all specialties to book into, this will allow these long waiting patients to be treated.

TRUST BOARD REPORT : June-2020

OPERATIONAL PERFORMANCE SUMMARY - SCARBOROUGH

REF	OPERATIONAL PERFORMANCE: UNPLANNED CARE
1.01	Locality Emergency Care Attendances
1.02	Locality Emergency Care Breaches
1.03	Locality Emergency Care Standard Performance
1.04	ED Conversion Rate: Proportion of ED attendances subsequently admitted
1.05	ED Total number of patients waiting over 8 hours in the departments
1.06	ED 12 hour trolley waits
1.07	ED: % of attendees assessed within 15 minutes of arrival
1.08	ED: % of attendees seen by doctor within 60 minutes of arrival
1.09	ED – Percentage of patients who Left Without Being Seen (LWBS)
1.10	ED - Median time between arrival and treatment (minutes)
1.11	Ambulance handovers waiting 15-29 minutes
1.13	Ambulance handovers waiting 30-59 minutes
1.14	Ambulance handovers waiting 30-59 minutes - improvement trajectory
1.15	Ambulance handovers waiting >60 minutes
1.16	Ambulance handovers waiting >60 minutes - improvement trajectory
2.01	Non Elective Admissions (excl Paediatrics & Maternity)
2.02	Non Elective Admissions - Paediatrics
2.03	Delayed Transfers of Care - Acute Hospitals
2.05	Patients with LOS 0 Days (Elective & Non-Elective)
2.06	Total number of patients during the month with a LoS >= 7 Midnights (Elective & Non-Elective)
2.07	Ward Transfers - Non clinical transfers after 10pm
2.08	Emergency readmissions within 30 days
2.09	Stranded Patients at End of Month
2.10	Average Bed Days Occupied by Stranded Patients
2.12	Super Stranded Patients at End of Month
2.13	Average Bed Days Occupied by Super Stranded Patients

TARGET	SPARKLINE / PREVIOUS MONTH
95%	
0	
5%	
33	

Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
8564	9738	9650	8676	8616	7939	8385	8019	7775	6068	3395	4496	4930
1431	1769	1396	1772	1653	1809	2138	1790	1138	828	322	478	375
83.3%	81.8%	85.5%	79.6%	80.8%	77.2%	74.5%	77.7%	85.4%	86.4%	90.5%	89.4%	92.4%
54%	53%	52%	64%	57%	57%	54%	58%	61%	56%	52%	54%	52%
378	555	496	721	499	571	871	662	291	172	37	79	38
2	1	7	32	16	9	15	27	4	0	0	0	0
44%	37%	42%	37%	37%	39%	35%	43%	45%	48%	38%	36%	34%
28%	23%	26%	20%	20%	19%	17%	24%	30%	42%	86%	77%	85%
2.1%	3.4%	3.8%	3.8%	1.9%	2.5%	4.6%	3.0%	1.7%	2.2%	0.9%	1.3%	1.4%
234	238	226	274	239	285	330	282	217	207	179	184	181
450	473	453	427	507	412	484	517	450	393	290	293	272
352	449	290	357	328	283	385	352	265	166	80	82	56
204	194	185	177	168	250	250	240	220	210	-	-	-
309	401	138	252	200	223	388	255	105	60	5	13	13
187	145	120	94	69	141	147	134	131	130	-	-	-
1644	1790	1690	1525	1778	1662	1648	1808	1759	1425	1028	1229	1316
296	347	264	302	340	343	381	295	318	235	119	138	144
609	421	372	482	426	405	527	418	510	335	-	-	-
486	509	459	355	498	474	419	595	600	411	239	321	382
429	501	431	463	458	440	471	458	411	316	250	301	277
32	27	27	33	47	38	52	39	30	25	31	11	4
318	383	327	307	329	312	352	350	336	230	177	-	-
136	137	132	124	121	126	120	114	98	59	58	66	60
123	125	127	126	112	121	126	125	123	98	53	52	53
37	40	38	34	27	29	35	37	29	13	14	9	11
38	35	36	37	30	27	30	34	35	25	12	9	9

REF	OPERATIONAL PERFORMANCE: PLANNED CARE
3.01	Outpatients: All Referral Types
3.02	Outpatients: GP Referrals
3.03	Outpatients: Consultant to Consultant Referrals
3.04	Outpatients: Other Referrals
3.05	Outpatients: 1st Attendances
3.06	Outpatients: Follow Up Attendances
3.07	Outpatients: 1st to FU Ratio
3.08	Outpatients: DNA rates
3.09	Outpatients: Cancelled Clinics with less than 14 days notice
3.10	Outpatients: Hospital Cancelled Outpatient Appointments for non-clinical reasons
4.01	Elective Admissions
4.02	Day Case Admissions
4.03	Cancelled Operations within 48 hours - Bed shortages
4.04	Cancelled Operations within 48 hours - Non clinical reasons
4.05	Theatres: Utilisation of planned sessions
4.06	Theatres: number of sessions held
4.07	Theatres: Lost sessions < 6 wks notice (list available but lost due to leave, staffing etc)

TARGET	SPARKLINE / PREVIOUS MONTH
60	

Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
6378	6797	6077	6154	6732	6235	5681	6816	6268	5168	2306	3576	5051
3556	3573	3388	3342	3573	3425	3106	3722	3339	2782	814	1432	2131
749	827	692	723	753	676	620	705	678	572	252	292	310
2073	2397	1997	2089	2406	2134	1955	2389	2251	1814	1240	1852	2610
3226	3702	2880	3256	3656	3324	2862	3470	3162	2699	1160	1242	1678
5113	5923	4705	5125	6036	5754	4611	5904	5236	4538	2566	2526	3140
1.58	1.60	1.63	1.57	1.65	1.73	1.61	1.70	1.66	1.68	2.21	2.03	1.87
7.0%	7.3%	7.0%	6.9%	7.1%	7.3%	6.9%	7.5%	7.1%	6.6%	4.8%	3.8%	4.4%
83	114	92	101	108	96	71	94	121	248	434	218	290
328	358	474	580	460	374	495	467	362	701	1234	1126	1170
206	182	148	185	213	176	125	189	158	121	15	37	53
1759	1922	1852	1876	1976	1737	1590	1899	1696	1323	623	869	1047
22	23	8	37	11	21	24	9	2	86	5	0	0
50	97	27	81	53	59	56	35	25	107	8	1	2
84%	80%	90%	84%	93%	85%	85%	82%	84%	75%	30%	7%	32%
169	189	136	151	171	131	112	140	134	108	20	27	36
1	2	0	0	3	0	0	0	0	9	37	8	0

TRUST BOARD REPORT : June-2020

OPERATIONAL PERFORMANCE SUMMARY - SCARBOROUGH

REF	18 WEEKS REFERRAL TO TREATMENT
5.01	Incomplete Pathways
5.02	Waits over 52 weeks for incomplete pathways
5.03	Waits over 26 weeks for incomplete pathways
5.04	Waits over 36 weeks for incomplete pathways
5.05	RTT Total Waiting List (RTT TWL)
5.06	Number of patients on Admitted Backlog (18+ weeks)
5.07	Number of patients on Non Admitted Backlog (18+ weeks)
5.08	Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring from Oct-2019)

TARGET	SPARKLINE / PREVIOUS MONTH
	▼
	▲
	▲
	▲
	▲
	▲
	▲
	▲

Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
82.0%	81.6%	80.8%	79.5%	78.7%	78.3%	77.3%	77.4%	77.3%	73.4%	62.4%	53.2%	44.9%
0	0	0	0	0	0	0	0	0	13	54	136	234
599	610	726	824	803	845	1048	1087	1049	1205	1580	2088	2456
131	133	178	178	211	227	282	346	357	452	620	894	1219
9176	8739	9134	9233	9055	8968	9536	9633	9693	9347	7856	7716	7860
353	504	1758	607	674	716	798	889	943	1089	1362	1639	1845
1286	1104	1098	1289	1252	1229	1362	1287	1261	1398	1590	1970	2484
-	-	-	-	10.5	10.8	11.3	11.1	11.1	12.7	16.8	19.1	20.2

REF	CANCER (ONE MONTH BEHIND DUE TO NATIONAL REPORTING TIMETABLE)
6.01	Cancer 2 week (all cancers)
6.02	Cancer 2 week (breast symptoms)
6.03	Cancer 31 day wait from diagnosis to first treatment
6.04	Cancer 31 day wait for second or subsequent treatment - surgery
6.05	Cancer 31 day wait for second or subsequent treatment - drug treatments
6.06	Cancer 62 Day Waits for first treatment (from urgent GP referral)
6.07	Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)
6.08	Cancer 28 Day Wait - Faster Diagnosis Standard

TARGET	SPARKLINE / PREVIOUS MONTH
93%	▲
93%	▼
96%	▲
94%	▲
98%	▼
85%	▼
90%	▼
75%	▲

Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
78.0%	76.8%	78.1%	84.8%	87.8%	86.9%	92.1%	85.7%	90.4%	90.9%	84.7%	94.3%	-
97.6%	95.2%	100.0%	100.0%	98.0%	97.6%	98.4%	-	-	-	-	-	-
98.1%	100.0%	100.0%	90.7%	98.4%	97.0%	97.9%	90.3%	100.0%	95.4%	98.0%	100.0%	-
100.0%	100.0%	55.6%	100.0%	75.0%	100.0%	100.0%	-	0.0%	66.7%	0.0%	54.5%	-
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
76.6%	61.4%	79.4%	69.8%	78.1%	70.7%	66.7%	68.8%	66.0%	79.7%	73.1%	72.2%	-
-	-	-	-	-	-	-	-	-	0.0%	-	-	-
53.8%	50.2%	48.8%	50.3%	50.5%	59.1%	55.8%	53.6%	66.0%	55.7%	43.1%	45.8%	-

TRUST BOARD REPORT : June-2020

OPERATIONAL PERFORMANCE SUMMARY - YORK

REF	OPERATIONAL PERFORMANCE: UNPLANNED CARE
1.01	Locality Emergency Care Attendances
1.02	Locality Emergency Care Breaches
1.03	Locality Emergency Care Standard Performance
1.04	ED Conversion Rate: Proportion of ED attendances subsequently admitted
1.05	ED Total number of patients waiting over 8 hours in the departments
1.06	ED 12 hour trolley waits
1.07	ED: % of attendees assessed within 15 minutes of arrival
1.08	ED: % of attendees seen by doctor within 60 minutes of arrival
1.09	ED – Percentage of patients who Left Without Being Seen (LWBS)
1.10	ED - Median time between arrival and treatment (minutes)
1.11	Ambulance handovers waiting 15-29 minutes
1.13	Ambulance handovers waiting 30-59 minutes
1.14	Ambulance handovers waiting 30-59 minutes - improvement trajectory
1.15	Ambulance handovers waiting >60 minutes
1.16	Ambulance handovers waiting >60 minutes - improvement trajectory
2.01	Non Elective Admissions (excl Paediatrics & Maternity)
2.02	Non Elective Admissions - Paediatrics
2.03	Delayed Transfers of Care - Acute Hospitals
2.05	Patients with LOS 0 Days (Elective & Non-Elective)
2.06	Total number of patients during the month with a LoS >= 7 Midnights (Elective & Non-Elective)
2.07	Ward Transfers - Non clinical transfers after 10pm
2.08	Emergency readmissions within 30 days
2.09	Stranded Patients at End of Month
2.10	Average Bed Days Occupied by Stranded Patients
2.12	Super Stranded Patients at End of Month
2.13	Average Bed Days Occupied by Super Stranded Patients

TARGET	SPARKLINE / PREVIOUS MONTH
95%	
0	
5%	
67	

Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
9692	10363	10033	9810	10184	9909	9541	9150	8995	6966	4360	6257	6959
1636	2016	2275	2271	2036	2528	2333	2467	1927	1303	168	288	298
83.1%	80.6%	77.3%	76.9%	80.0%	74.5%	75.6%	73.0%	78.6%	81.3%	96.2%	95.4%	95.7%
30%	30%	31%	31%	32%	35%	37%	36%	36%	34%	38%	36%	36%
316	369	416	554	318	629	628	766	510	296	18	26	15
0	0	0	0	0	0	0	1	0	0	0	0	0
65%	61%	60%	61%	61%	57%	63%	65%	68%	72%	91%	88%	88%
40%	39%	37%	37%	37%	36%	39%	39%	42%	52%	89%	80%	73%
5.5%	5.6%	6.8%	6.7%	4.2%	3.3%	2.3%	3.0%	2.2%	2.5%	0.8%	0.5%	0.6%
180	180	194	197	185	201	196	201	182	169	123	131	133
528	515	530	542	605	582	584	518	493	406	187	249	230
235	274	257	248	243	269	267	273	200	158	33	44	35
131	125	119	113	106	111	92	83	84	75	-	-	-
144	272	224	214	132	253	280	299	158	116	1	2	1
78	70	63	55	48	130	110	110	100	85	-	-	-
3117	3280	3181	3028	3364	3386	3441	3358	3234	2526	1894	2291	2666
415	461	394	488	604	702	630	544	488	376	211	241	237
877	925	953	873	789	649	656	840	723	440	-	-	-
1064	1100	1013	1009	1165	1308	1272	1286	1222	1013	617	764	964
647	740	684	676	658	672	720	689	711	502	444	477	504
44	60	45	56	57	61	71	88	61	26	34	28	11
623	661	609	569	662	634	678	639	603	459	277	-	-
233	233	250	252	216	213	231	247	220	77	118	119	124
223	239	231	229	224	219	226	257	241	191	87	116	110
77	82	92	92	86	61	86	94	76	36	24	31	23
84	87	84	87	87	69	73	95	87	62	24	28	27

REF	OPERATIONAL PERFORMANCE: PLANNED CARE
3.01	Outpatients: All Referral Types
3.02	Outpatients: GP Referrals
3.03	Outpatients: Consultant to Consultant Referrals
3.04	Outpatients: Other Referrals
3.05	Outpatients: 1st Attendances
3.06	Outpatients: Follow Up Attendances
3.07	Outpatients: 1st to FU Ratio
3.08	Outpatients: DNA rates
3.09	Outpatients: Cancelled Clinics with less than 14 days notice
3.10	Outpatients: Hospital Cancelled Outpatient Appointments for non-clinical reasons
4.01	Elective Admissions
4.02	Day Case Admissions
4.03	Cancelled Operations within 48 hours - Bed shortages
4.04	Cancelled Operations within 48 hours - Non clinical reasons
4.05	Theatres: Utilisation of planned sessions
4.06	Theatres: number of sessions held
4.07	Theatres: Lost sessions < 6 wks notice (list available but lost due to leave, staffing etc)

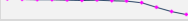

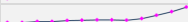
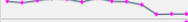
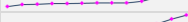
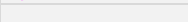

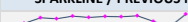
TARGET	SPARKLINE / PREVIOUS MONTH
120	

Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
12801	13734	12388	12815	13655	12536	11817	13799	12486	10019	5078	7011	9758
6001	6569	6013	6178	6595	5860	5520	6300	5679	4582	1237	2526	3718
1494	1502	1409	1516	1643	1584	1414	1627	1371	1120	627	727	796
5306	5663	4966	5121	5417	5092	4883	5872	5436	4317	3214	3758	5244
5982	6178	5429	5477	6221	5868	5075	6049	5540	4773	2525	2958	3799
9985	10918	9393	9745	10946	10708	8496	10935	9279	8831	5433	5587	6749
1.67	1.77	1.73	1.78	1.76	1.82	1.67	1.81	1.67	1.85	2.15	1.89	1.78
5.5%	5.9%	5.6%	5.6%	5.4%	5.4%	5.4%	5.6%	5.5%	5.1%	3.6%	3.8%	3.9%
115	129	148	131	162	117	93	125	129	503	897	435	444
555	629	740	736	1014	702	808	691	616	1369	2621	2065	2401
518	510	431	500	549	577	395	464	418	289	81	107	112
4120	4310	4049	4259	4708	4674	4047	4691	4372	3458	1204	1379	2083
37	9	5	23	15	20	24	33	8	247	9	0	3
148	132	58	92	95	114	96	107	64	301	13	3	17
90%	92%	92%	93%	96%	92%	88%	87%	91%	92%	80%	40%	84%
440	523	365	437	469	430	386	451	408	261	34	2	2
82	102	92	48	63	52	70	31	17	221	342	4	0

TRUST BOARD REPORT : June-2020

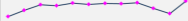
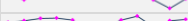






OPERATIONAL PERFORMANCE SUMMARY - YORK

REF	18 WEEKS REFERRAL TO TREATMENT
5.01	Incomplete Pathways
5.02	Waits over 52 weeks for incomplete pathways
5.03	Waits over 26 weeks for incomplete pathways
5.04	Waits over 36 weeks for incomplete pathways
5.05	RTT Total Waiting List (RTT TWL)
5.06	Number of patients on Admitted Backlog (18+ weeks)
5.07	Number of patients on Non Admitted Backlog (18+ weeks)
5.08	Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring from Oct-2019)

TARGET	SPARKLINE / PREVIOUS MONTH
	 ▼
	 ▲
	 ▲
	 ▲
	 ▲
	 ▲
	 ▲
	 ▲

Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
76.6%	75.5%	74.8%	74.5%	73.9%	73.2%	73.6%	72.4%	71.8%	68.0%	57.0%	47.8%	40.6%
3	0	1	1	0	0	0	1	0	19	104	316	676
1959	2125	2513	2771	2705	2694	2881	2830	2817	3208	4154	5479	6344
529	499	690	709	865	948	1010	960	954	1229	1854	2530	3378
19948	19655	20118	20538	20387	19807	20651	19950	19841	19161	17091	17172	17197
2494	2834	2883	3032	3012	3057	3121	3116	3132	3451	4144	4803	5269
2105	1975	2185	2206	2302	2246	2332	2400	2466	2687	3207	4163	4945
-	-	-	-	12.1	12.5	12.5	12.6	12.5	14.2	18.1	20.6	21.9

REF	CANCER (ONE MONTH BEHIND DUE TO NATIONAL REPORTING TIMETABLE)
6.01	Cancer 2 week (all cancers)
6.02	Cancer 2 week (breast symptoms)
6.03	Cancer 31 day wait from diagnosis to first treatment
6.04	Cancer 31 day wait for second or subsequent treatment - surgery
6.05	Cancer 31 day wait for second or subsequent treatment - drug treatments
6.06	Cancer 62 Day Waits for first treatment (from urgent GP referral)
6.07	Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)
6.08	Cancer 28 Day Wait - Faster Diagnosis Standard

TARGET	SPARKLINE / PREVIOUS MONTH
93%	 ▲
93%	 ▲
96%	 ▲
94%	 ▲
98%	 ▲
85%	 ▲
90%	 ▼
75%	 ▲

Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
82.7%	88.8%	94.1%	93.1%	95.7%	94.5%	95.6%	95.1%	96.1%	90.7%	85.7%	97.8%	-
97.6%	95.2%	98.9%	98.1%	98.0%	97.6%	98.4%	97.4%	99.1%	95.3%	90.9%	95.7%	-
98.5%	98.9%	99.4%	99.5%	99.0%	96.3%	97.5%	99.0%	100.0%	97.4%	98.9%	99.2%	-
88.5%	93.5%	86.4%	100.0%	96.6%	97.6%	83.9%	80.0%	93.2%	97.0%	75.0%	85.7%	-
100.0%	100.0%	100.0%	100.0%	98.8%	98.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
87.0%	84.6%	81.2%	83.3%	79.1%	78.4%	82.6%	80.0%	75.1%	84.5%	74.9%	86.6%	-
100.0%	100.0%	91.8%	100.0%	98.0%	96.9%	86.4%	87.1%	96.8%	96.6%	100.0%	80.0%	-
69.3%	65.5%	62.4%	61.7%	67.6%	70.1%	73.4%	65.0%	74.3%	71.5%	55.1%	72.1%	-