

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

August-2020

Produced September 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

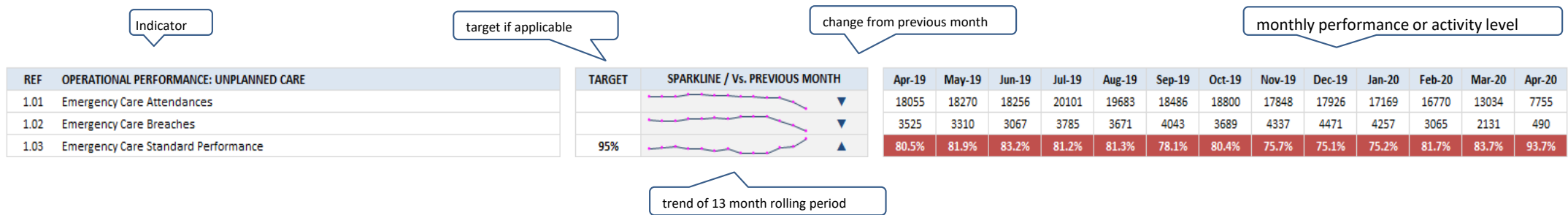
Report produced by:
Information Team

Integrated Performance Report : August-2020

Understanding the Report

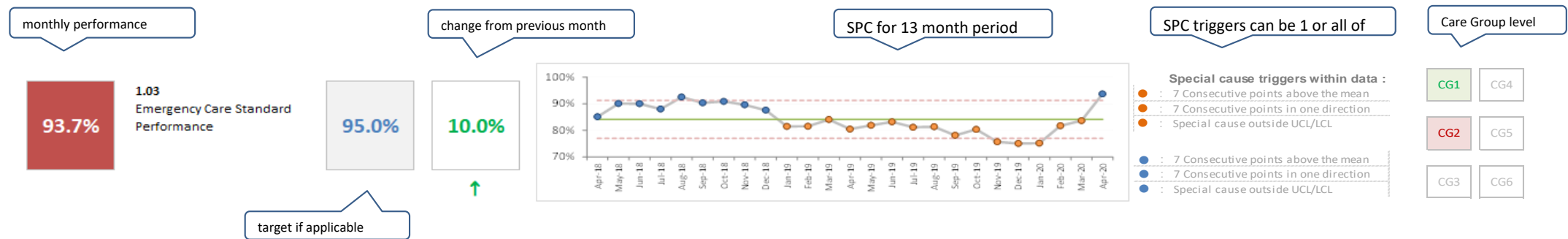
1. Operational Performance Summary

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

August-2020

Produced September 2020



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Quality and Safety Report: August-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:

Overall performance in relation to 14 hour post take reviews is below the expected target of 90%. Work is underway to understand the factors impacting on performance which soft intelligence indicates that factors range from recording issues to staffing challenges. Understanding the underlying issues across care groups will enable robust action plans to be developed to improve overall performance. Discharge medication issues has been identified as theme within medication incidents and a project group has been established to address the contributing factors.

Event reporting numbers continue to increase, and we are closely monitoring the growth. The Deputy Director of Governance and Patient Safety has commenced an end to end review of the incident management process. Process mapping is being completed, from which a number of workstreams will be established to further develop the incident management process and improve learning from incidents. The number of new clinical negligence claims being received continues to increase. NICE have re-commenced their usual work programme and guidance is being received regularly. National Audit has re-commenced with data collection to the national registries, with the exception of the National Audit of Care at the End of Life (NACEL), where data collection has been cancelled due to the impact of COVID-19 on priority clinical commitments, and the National Audit of Dementia (NAD), where data collection has been delayed until further notice.

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 : August-2020

QUALITY AND SAFETY SUMMARY: (i)

REF	SERIOUS INCIDENTS (data is based on SI declaration date except given final report)	Sparkline / Previous Month	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
1.01	Number of SI's reported		10	11	14	12	16	11	13	9	4	9	2	6	6
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		4	2	3	1	2	0	2	3	2	1	0	1	0
1.04	-Given Final Report (If Requested - based on Investigation End Date)		1	1	3	2	2	1	2	1	0	2	3	1	0
	* 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 01/09/19 and 17/08/20
1.10	Incident Graded Moderate or Above			140	
1.11	Verbal Apology Given			92	
1.12	Written Apology Given			114	
1.13	Duty of Candour Complete			129	
1.14	% Compliance with Duty of Candour			92.1%	

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	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
1.20	Number of Negligence Claims		18	17	16	13	7	20	8	12	3	6	8	7	11
1.21	Number of Claims settled per Month		4	5	2	4	3	3	2	7	6	4	5	2	3
1.22	Amount paid out per month		669,000	138,000	16,000	507,500	159,863	208,500	1,400,000	195,500	545,000	325,600	239,000	280,000	16,000
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	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
1.30	Incidents Reported			1,250	1,293	1,319	1,272	1,309	1,408	1,281	1,044	814	922	1,012	1,086	1,195
1.31	Incidents Awaiting Sign Off			841	950	793	727	844	767	902	871	500	453	502	484	570
1.32	Patient Falls			190	226	212	219	241	244	224	143	141	164	152	139	175
1.33	Pressure Ulcers - Newly Developed Ulcer			73	97	93	84	130	110	97	109	81	81	66	67	81
1.34	Pressure Ulcers - Deterioration of Pressure Ulcer			14	10	16	6	10	18	14	10	11	10	15	14	17
1.35	Pressure Ulcers - Present on Admission			120	103	135	128	140	165	133	137	104	111	130	126	150
1.36	Degree of harm: serious or death			6	4	10	6	0	3	5	1	2	4	4	1	1
1.37	Medication Related Errors			140	135	151	134	120	155	143	101	67	88	104	112	92
1.38	VTE risk assessments	95%		96.3%	95.6%	96.3%	96.1%	96.8%	95.3%	95.2%	96.3%	93.1%	96.7%	90.7%	95.5%	94.2%
1.39	Never Events	0		1	0	1	1	0	0	0	0	2	0	0	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 : August-2020

QUALITY AND SAFETY SUMMARY: (ii)

REF	PRESSURE ULCERS***	Sparkline / Previous Month	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
1.40	Number of Category 2		56	69	61	48	87	68	60	68	45	51	40	45	49
1.41	Number of Category 3		2	0	6	4	3	2	6	4	0	0	3	1	1
1.42	Number of Category 4		4	1	1	1	1	1	0	1	1	2	1	2	0
1.43	Total no. developed/deteriorated while in our care (care of the org) - acute		68	79	88	71	114	110	80	95	69	66	53	53	69
1.44	Total no. developed/deteriorated while in our care (care of the org) - community		19	28	21	19	26	18	31	24	23	25	28	28	29

REF	FALLS****	Sparkline / Previous Month	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
1.50	Number of falls with moderate harm		1	6	2	4	5	5	2	1	0	2	1	1	3
1.51	Number of falls with severe harm		3	2	5	2	0	0	2	1	0	3	2	1	0
1.52	Number of falls resulting in death		0	0	0	0	0	0	0	0	0	0	0	0	0

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

All falls and pressure ulcer data is refreshed monthly to reflect ongoing monitoring and reporting of falls and pressure ulcers. 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. Inpatients developing pressure ulcers in Community Hospitals are now counted in the Acute care data above (as the care they receive is the same as patients on acute wards) so this data has been recalculated. Community pressure ulcers includes RATS and DN Teams.

REF	DRUG ADMINISTRATION	Target	Sparkline / Previous Month	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
10.20	Medication Incidents Resulting in Moderate Harm, Serious/Severe Harm or Death			1	2	0	1	1	4	1	0	1	0	0	2	0
10.21	Insulin Incidents			13	6	18	9	10	19	24	8	5	12	15	10	12
10.22	Antimicrobial Incidents			13	13	13	17	17	20	19	15	3	13	12	16	10
10.23	Opiate Incidents			23	27	18	14	27	20	21	25	9	15	25	17	19
10.24	Anticoagulant Incidents			13	15	15	15	8	11	16	9	10	5	9	9	8
10.25	Missed Dose Incidents			40	26	37	24	26	31	33	22	11	10	14	25	15
10.26	Discharges Incidents			9	18	17	16	7	14	8	7	7	15	21	11	6
10.27	Prescribing Errors			24	26	30	37	24	44	36	18	13	22	27	25	17
10.28	Preparation and Dispensing Incidents			11	12	17	12	6	11	10	6	4	3	6	11	7
10.29	Administrating and Supply Incidents			44	65	69	60	57	69	66	54	40	45	50	48	48

REF	SAFEGUARDING	Sparkline / Previous Month	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
1.70	% of staff compliant with training (children)		84%	83%	83%	84%	85%	86%	86%	86%	86%	86%	86%	87%	86%
1.71	% of staff compliant with training (adult)		86%	85%	84%	85%	86%	88%	88%	88%	88%	87%	87%	88%	87%
1.72	% of staff working with children who have review DBS checks														

REF	PATIENT EXPERIENCE: COMPLAINTS, PALS AND FFT	Target	Sparkline / Previous Month	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
2.01	New complaints this month			59	31	56	48	36	43	42	26	9	19	28	41	29
2.02	% Complaint responses closed within target timescale			33%	33%	35%	52%	38%	35%	57%	47%	33%	33%	56%	60%	57%
	CG1	30 days		11%	11%	22%	60%	26%	39%	29%	32%	18%	44%	50%	55%	63%
	CG2	30 days		25%	18%	53%	42%	71%	13%	50%	67%	25%	40%	25%	60%	60%
	CG3	30 days		20%	45%	27%	14%	36%	36%	50%	50%	43%	0%	57%	67%	54%
	CG4	30 days		25%	50%	0%	75%	25%	0%	80%	50%	0%	-	0%	50%	50%
	CG5	30 days		50%	43%	33%	75%	50%	57%	88%	33%	100%	-	75%	100%	75%
	CG6	30 days		100%	40%	50%	71%	36%	17%	50%	71%	20%	0%	100%	0%	40%
2.03	New PALS concerns this month			141	142	143	135	86	168	151	87	57	80	114	133	149
2.04	% PALS responses closed within target timescale			72%	73%	71%	73%	67%	74%	75%	70%	69%	68%	81%	77%	74%
	CG1	10 days		57%	74%	56%	81%	71%	78%	62%	55%	69%	70%	83%	74%	64%
	CG2	10 days		67%	42%	59%	67%	69%	71%	65%	64%	78%	48%	73%	69%	63%
	CG3	10 days		80%	80%	68%	76%	54%	64%	79%	83%	79%	82%	72%	77%	71%
	CG4	10 days		73%	82%	67%	50%	100%	90%	92%	100%	60%	100%	100%	83%	100%
	CG5	10 days		100%	79%	89%	92%	80%	75%	71%	75%	100%	100%	79%	83%	86%
	CG6	10 days		76%	77%	86%	60%	65%	80%	78%	58%	78%	78%	79%	87%	77%
2.05	FFT - York ED Recommend %	90%		74.8%	70.7%	75.0%	74.9%	72.6%	77.8%	76.8%	96.2%	97.0%	96.0%	92.2%	87.8%	-
2.06	FFT - Scarborough ED Recommend %	90%		82.4%	80.9%	86.2%	85.7%	92.3%	85.0%	85.9%	88.9%	97.2%	95.3%	95.7%	85.1%	-
2.07	FFT - Trust ED Recommend %	90%		76.5%	74.2%	77.4%	76.9%	76.4%	78.8%	78.7%	94.9%	97.1%	95.9%	93.0%	87.1%	-
2.08	FFT - Trust Inpatient Recommend %	90%		96.3%	96.4%	96.9%	96.5%	97.2%	96.8%	96.9%	97.3%	96.5%	99.6%	99.1%	95.4%	-
2.09	FFT - Trust Maternity Recommend %	90%		97.5%	97.0%	98.3%	96.1%	97.3%	97.4%	97.7%	97.9%	-	-	-	-	-

TRUST BOARD REPORT : August-2020

QUALITY AND SAFETY SUMMARY: (iii)

REF	CARE OF THE DETERIORATING PATIENT	Target	Sparkline / Previous Month	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
3.01	14 hour Post Take - York *	90%		80%	80%	76%	76%	79%	82%	81%	83%	84%	81%	83%	82%	80%
3.02	14 hour Post Take - Scarborough *	90%		71%	73%	74%	70%	74%	76%	77%	77%	68%	71%	75%	74%	69%
3.03	NEWS within 1 hour of prescribed time	90%		89.9%	89.2%	89.6%	89.2%	89.6%	90.2%	90.7%	90.1%	90.3%	90.9%	91.8%	91.7%	91.3%
3.04	Elective admissions: EDD within 24 hours of admission	93%		85.7%	87.8%	86.5%	88.1%	86.9%	94.0%	91.7%	89.4%	91.5%	83.4%	93.9%	96.2%	94.1%

* 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	Target	Sparkline / Previous Month	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
10.33	Summary Hospital Level Mortality Indicator (SHMI)	1.00		1.00	0.99	0.98	0.98	0.98	0.99	1.00	1.00	1.00	0.99	0.99	0.99	0.99

REF	4AT ASSESSMENT	Target	Sparkline / Previous Month	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
5.01	4AT Screening	90%		68.7%	69.7%	72.9%	82.2%	78.7%	79.8%	81.9%	75.8%	72.5%	85.7%	85.9%	67.4%	63.6%

REF	INFECTION PREVENTION	Target*	Sparkline / Previous Month	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
6.01	Clostridium Difficile - meeting the C.Diff objective	61 (year)		15	9	9	11	12	13	10	7	7	2	2	7	7
6.02	Clostridium Difficile - meeting the C.Diff objective - cumulative	0		65	74	83	94	106	119	129	136	7	9	11	18	25
6.03	MRSA - meeting the MRSA objective	0		0	0	0	0	0	0	0	0	0	0	0	0	0
6.04	MSSA	30 (year)		3	4	5	5	4	3	2	5	5	6	2	1	3
6.05	MSSA - cumulative	61 (year)		19	23	28	33	37	40	42	47	5	11	13	14	17
6.06	ECOLI			8	2	5	6	7	6	6	8	14	8	10	18	13
6.07	ECOLI - cumulative			31	33	38	44	51	57	63	71	14	22	32	50	63
6.08	Klebsiella			5	2	1	1	2	1	2	1	1	2	4	7	4
6.09	Klebsiella - cumulative			13	15	16	17	19	20	22	23	1	3	7	14	18
6.10	Pseudomonas			2	1	2	1	3	3	1	1	4	0	1	2	1
6.11	Pseudomonas - cumulative			11	12	14	15	18	21	22	23	4	4	5	7	8
6.12	MRSA Screening - Elective	95%		90.31%	89.96%	86.75%	88.40%	88.69%	88.61%	84.41%	90.23%	74.47%	89.47%	80.00%	73.47%	82.65%
6.13	MRSA Screening - Non Elective	95%		89.54%	89.98%	90.83%	90.95%	88.98%	90.13%	90.01%	86.54%	88.42%	91.06%	93.29%	90.23%	92.02%

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

From April 2020 - PHE change of definitions for Trust attributed cases - reported cases include any patient positive within 28 days of last discharge




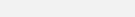


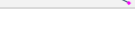


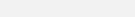
REF	STROKE	Target	Sparkline / Previous Month	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
7.01	Proportion of patients who experience a TIA who are assessed & treated within 24 hrs	75%		100.0%	75.0%	100.0%	80.0%	100.0%	100.0%	100.0%	-	100.0%	100.0%	100.0%	100.0%	-
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			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
	SSNAP Scores:															
7.03	Proportion of patients spending >90% of their time on stroke unit	85%														
7.04	Scanned within 1 hour of arrival	43%														
7.05	Scanned within 12 hours of arrival	90%														

*COVID data set for the period April to June 2020 is now fully completed but awaiting SSNAP to publish their report for that period. The full SSNAP data set is now being used. The 90% time spent in stroke services is likely to change as SSNAP records are completed. However, the stroke unit at York(W23) are hoping to trial the scanning of case notes on to CPD during September.

REF	DOLS	Target	Sparkline / Previous Month	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
8.01	Standard Authorisation Status Unknown: Local Authority not informed the Trust of outcome			6	4	0	0	2	8	1	8	2	0	10	28	1
8.02	Standard Authorisation Not Required: Patient no longer in Trust's care and within 7 day self-authorisation			16	10	19	1	19	29	21	22	12	23	23	0	6
8.03	Under Enquiry: Safeguarding Adults team reviewing progress of application with Local Authority or progress with ward			15	19	15	14	15	24	14	1	2	7	14	9	24
8.04	Standard Authorisation Granted: Local Authority granted application			0	0	0	2	0	0	1	0	0	0	0	0	0
8.05	Application Not Granted: Local Authority not granted application			0	0	0	0	0	1	0	0	1	0	0	0	1
8.06	Application Unallocated as Given Local Authority Prioritisation: Local Authority confirmed receipt but not yet actioned application			8	4	2	8	7	16	16	18	9	19	25	36	20
8.07	Safeguarding Adults concerns reported to the Local Authority against the Trust			3	4	7	1	1	0	5	3	3	21	6	4	3
8.08	Application Withdrawn: Patient no longer in Trust's care within the Local Authority 8 week period for assessment			0	0	1	5	4	8	14	0	1	0	0	1	15

TRUST BOARD REPORT : August-2020

QUALITY AND SAFETY SUMMARY: (iv) QUANTITATIVE TABLE

REF	Indicator	Consequence of Breach	Threshold	Sparkline / Previous Month	Q3 19/20	Q3 19/20	Q4 19/20	Q1 20/21	May-20	Jun-20	Jul-20	Aug-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		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	-	-	-	-	-
9.03	Sleeping Accommodation Breach	£250 per day per Service User affected	0		0	0	7	0	0	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%		99.70%	99.81%	99.89%	99.95%	99.99%	99.91%	99.87%	-
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%		98.16%	98.80%	99.21%	99.58%	99.66%	99.58%	99.38%	-
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		10.30%	9.73%	8.17%	12.10%	27.56%	4.83%	-	-
	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%		72.60%	66.67%	76.72%	75.17%	91.49%	85.71%	90.00%	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%		93.21%	92.12%	91.06%	93.29%	96.07%	92.46%	90.38%	88.94%
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 : August-2020

QUALITY AND SAFETY: CARE OF DETERIORATING PATIENT

Aug-20

METRIC :

TARGET :

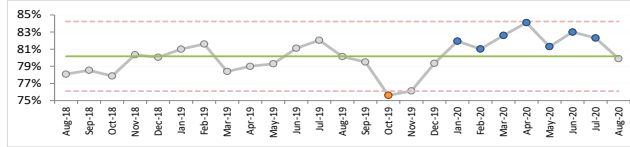
vs LM :

79.9%

3.01
14 hour Post Take - York

90.0%

-2.4%



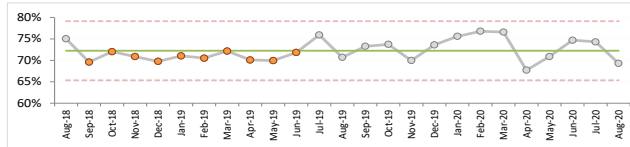
- CG1
- CG2
- CG3
- CG4
- CG5
- CG6

69.3%

3.02
14 hour Post Take - Scarborough

90.0%

-5.0%



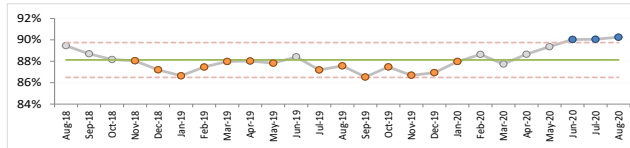
- CG1
- CG2
- CG3
- CG4
- CG5
- CG6

90.2%

10.01
NEWS within 1 hour (York)

90.0%

0.2%



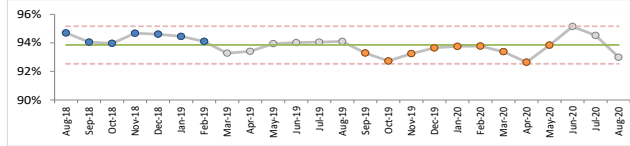
- CG1
- CG2
- CG3
- CG4
- CG5
- CG6

93.0%

10.02
NEWS within 1 hour (Scarb)

90.0%

-1.5%



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

HIGHLIGHTS FOR BOARD TO NOTE :

Performance in relation to 14 hour post take reviews remains below the national 90% target. A review led by the Deputy Director of Governance and Patient safety is underway to determine the contributory factors for the below expected performance and agree a robust improvement plan. Both sites remain compliant for NEWS scores with the hour. Work is underway to launch the task allocation APP, which will support escalation. Issues

TRUST BOARD REPORT : August-2020

QUALITY AND SAFETY: CARE OF DETERIORATING PATIENT

Aug-20

METRIC :

TARGET :

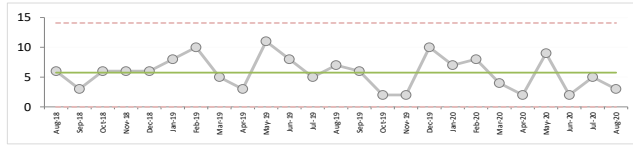
vs LM :

3

10.10
Crash Calls (York)

-

-2

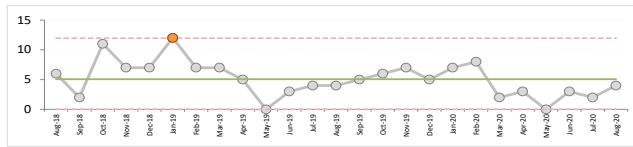


4

10.12
Crash Calls (Scarb)

-

2

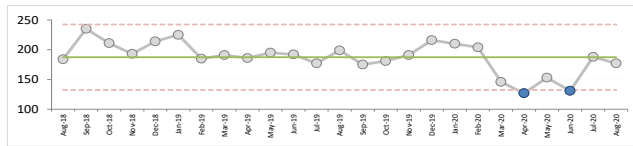


177

10.13
Calls to Outreach Team (York)

-

-11

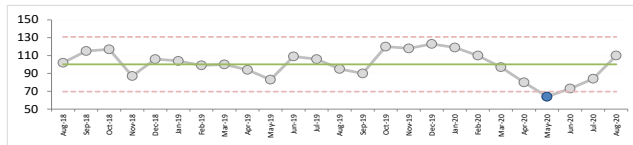


110

10.14
Calls to Outreach Team (Scarb)

-

26

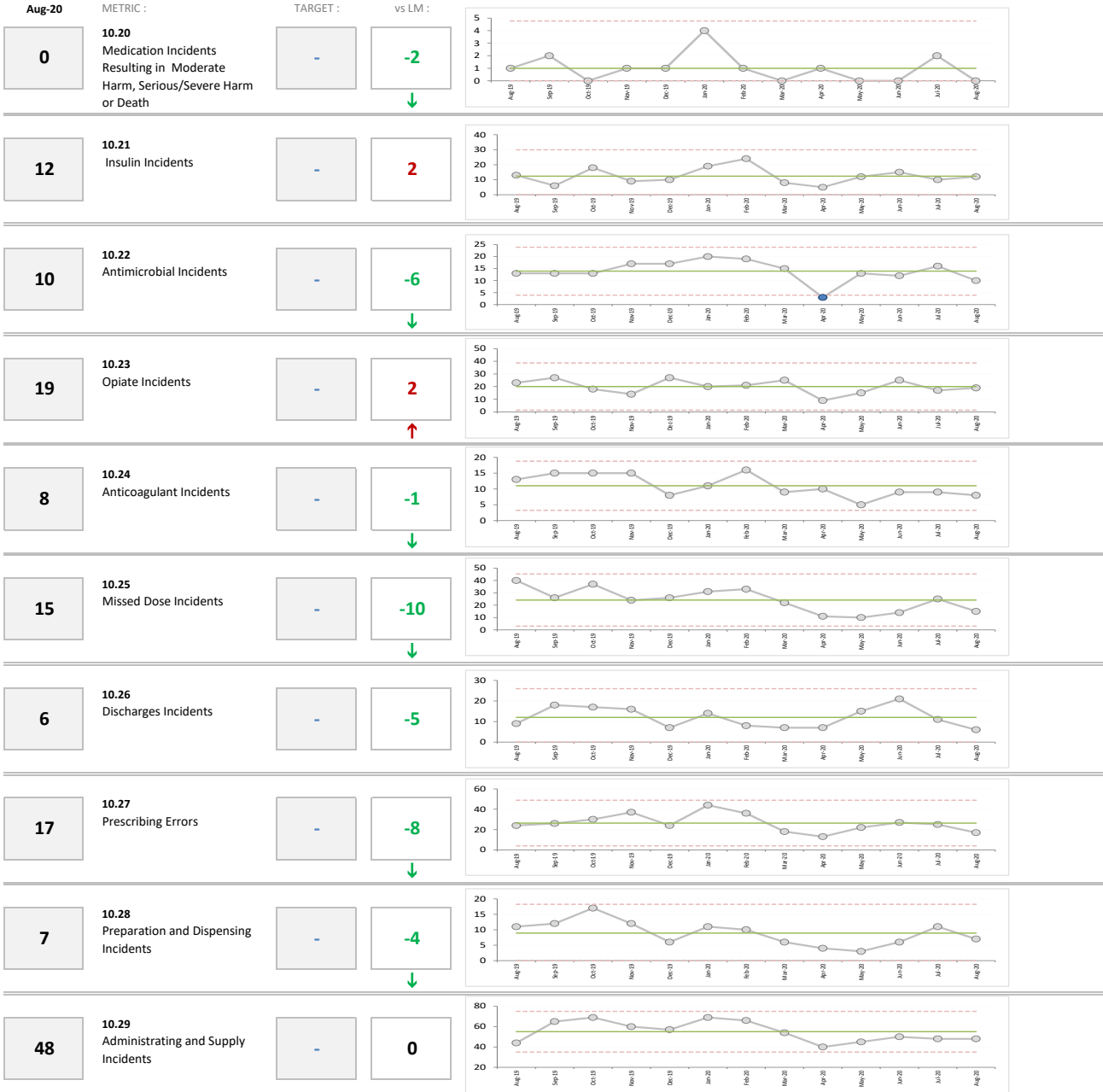


HIGHLIGHTS FOR BOARD TO NOTE :

Cardiac arrests rates remains low at both sites with a fall in YH this month and an increase in SGH, however absolute numbers remain low. Calls to outreach have increased and this reflects the increase in non-COVID patients on the wards. Work is continuing around the hospital out of hours project. Increased medical Reg staffing at night has been deployed. around the lack of NIV provision persist. during COVID times there have been 175 bed days of NIV provided on the wards, now we are unable to provide consistent NIV cover safely on the wards.

TRUST BOARD REPORT : August-2020

QUALITY AND SAFETY: MEDICATION INCIDENTS

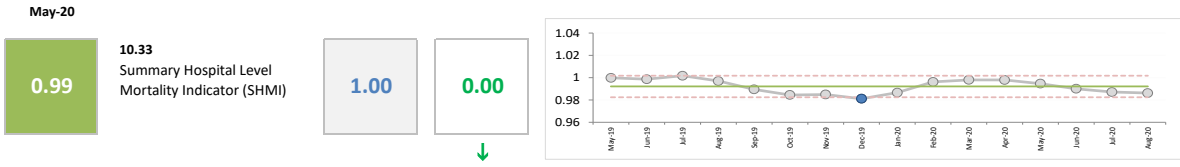
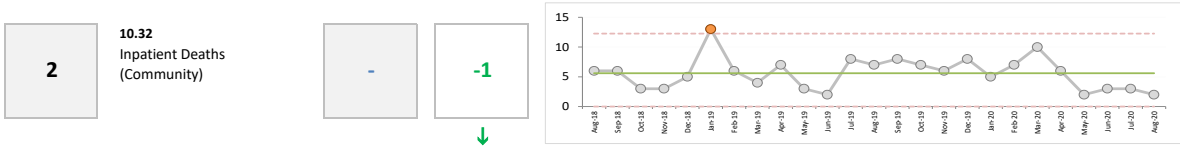
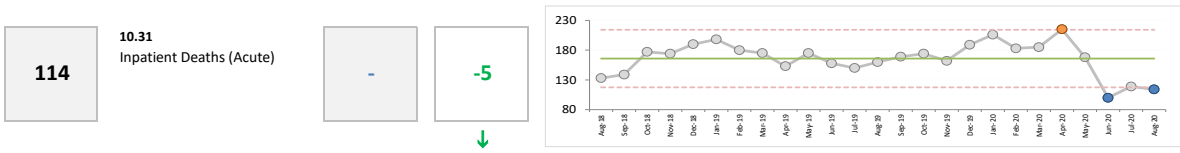
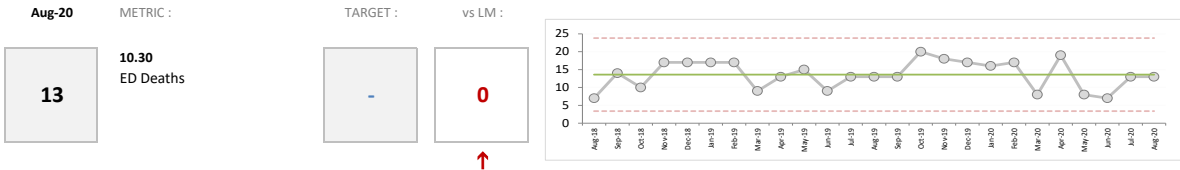


HIGHLIGHTS FOR BOARD TO NOTE :

The presentation of data relating to medication incidents has changed to focus on the 4 most common groups of drugs which are associated with harm to patients along with incidents relating to missed doses and discharges which are a concern within the Trust. There were no medication incidents causing moderate or severe harm in August. All other types of incidents are within usual variation. A project group had been set up to aim to reduce medication incidents on discharge and work streams are been established.

TRUST BOARD REPORT : August-2020

QUALITY AND SAFETY : MORTALITY



HIGHLIGHTS FOR BOARD TO NOTE :

In August 2020 the top 3 causes of death were Pneumonia, Sepsis and Heart Failure. Overall deaths during August remained consistent with July in the Acute Trust with a slight decrease in the Community. The number of deaths remain above the lower control limit with the activity across the hospital the number of deaths per 1000 bed days was calculated and is shown below:

- April - 17.31 deaths per 1000 bed days
- May - 12.39 deaths per 1000 bed days
- June - 6.54 deaths per 1000 bed days
- July - 8.11 deaths per 1000 bed days
- August - 3.97 per 1000 bed days

The total number of deaths per 1000 bed days for August 2019 was 6.63, which shows a reduction in the number of deaths during August 2020.

In August there were 6 SJCRs commissioned of which 2 have been received. The SJCRs requested were as a result of the following; 1 x Medical Examiner, 3 x Quality and Safety and 2 x Initial Reviews

TRUST BOARD REPORT : August-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	11	0	0	11	22	0	0	22
CG2: Scarborough Acute, Emergency & Elderly Medicine	0	2	0	2	0	18	0	18
CG3: Surgery	3	2	0	5	38	5	0	43
CG4: Cancer and Support Services	1	0	0	1	7	0	0	7
CG5: Family Health	4	1	0	5	20	1	0	21
CG6: Specialised Medicine	3	0	2	5	31	1	1	33
Corporate Services	0	0	0	0	1	3	1	5
Total	22	5	2	29	119	28	2	149

Top 5 sub-subjects

COMPLAINTS	York				PALS	York			
	Scarb	Brid	Total	Scarb		Brid	Total		
Delay or failure in treatment/procedure	3	3	0	6	Appointment availability	22	2	0	24
Attitude of medial staff	4	2	0	6	Communication with patient	21	2	0	23
Post treatment complications	3	0	2	5	Appointment cancellations	14	1	1	16
Delay or failure to diagnose	4	1	0	5	Length of waiting list	11	2	0	13
Attitude of nursing staff/midwives	4	1	0	5	Communication with relatives/carers	9	2	0	11
Total	18	7	2	27	Total	77	9	1	87

New reopened complaints

Reason Dissatisfied	CG1	CG2	CG3	Total
Dissatisfied with findings	2	1	2	5
Further clarity/ questions	1	0	0	1
Complaint handling	0	0	0	0
Total	3	1	2	6

HIGHLIGHTS FOR BOARD TO NOTE:

The Trust target for responding to a complaint is 30 working days. The Trust average for August is 27 working days. There has been a month on month improvement since May. CG1 average response time is 25 working days this month which is much improved from 35 working days last month. The percentage within target has also continued to improve month on month from 18% in April to 63% in August. The two cases currently over 50 days are exceptions due to complainants requesting a face to face meeting. These have been delayed as a result of the Covid-19 pandemic (meetings scheduled for August and October 2020).

CG2 average response time was within target at 29 days and 60% were responded to within target.

CG3 complaint average response time has continued to improve and was 28 working days this month. However only 54% were responded to within target. The two cases over 50 working days are exceptions due to the complainants requesting face to face meetings. Meeting dates have been scheduled.

CG4 average response time was 23 working days, an improvement on 68 working days in July 2020.

CG5 average number of working days is 17 this month compared to 24 in July 2020.

CG6 average response time for the second consecutive month is 34 working days (however 40% within target compared to 0% last month).

The Trust target for addressing PALS cases is 10 working days. The Trust average for August is 7 working days.

CG1 average response time for PALS has increased slightly to 9 working days. Whilst still within target the percentage has dropped from 74% resolved within target in July to 64% this month.

CG2 average response time is within target at 9 working days. The percentage resolved within target has dropped from 69% to 63%.

CG3 average working days for PALS cases is 8 working days (71% in target) this month compared to 7 working days in June (77% in target).

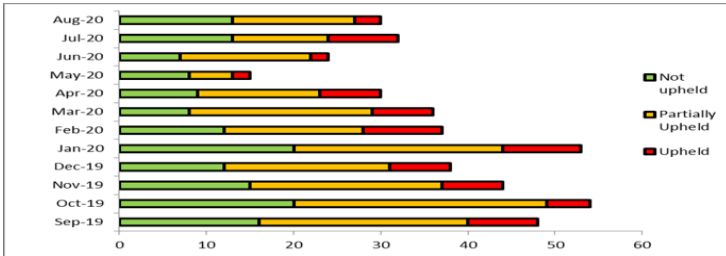
CG4 continues to address PALS cases in a timely manner and 100% cases were completed within target in August.

CG5 average response time for PALS cases is also within Trust target at 5 working days.

CG6 average response time was within target at 5 working days. The percentage within target has dropped from 87% last month to 77% this month).

PATIENT EXPERIENCE: CLOSED CASES

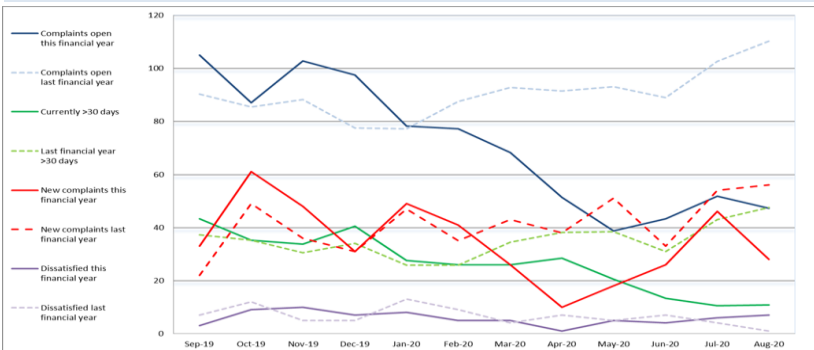
Proportion of closed complaints by outcome



Closed complaint & PALS average response times

Complaints	Total Closed	Average no days	% in Target	PALS	Total Closed	Average no days	% in Target
CG1	8	25	63%	CG1	22	9	64%
CG2	5	29	60%	CG2	19	9	63%
CG3	13	28	54%	CG3	41	8	71%
CG4	2	23	50%	CG4	7	3	100%
CG5	4	17	75%	CG5	21	5	86%
CG6	5	34	40%	CG6	31	5	77%
Corporate	0	N/A	N/A	Corporate	3	2	100%
Total	37	27	57%	Total	144	7	74%

PATIENT EXPERIENCE: COMPLAINT PERFORMANCE HANDLING



TRUST BOARD REPORT : August-2020

QUALITY AND SAFETY: MATERNITY (YORK)

YORK - MATERNITY DASHBOARD			Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	
RESPONSIVE																					
Activity	Births	Bookings	1st m/w visit	CPD	≤302	303-329	≥330	257	254	272	218	207	301	291	308	315	243	270	301	241	
		Bookings <13 weeks	No. of mothers	CPD	≥90%	76%-89%	≤75%	91.1%	94.5%	90.4%	85.3%	87.0%	92.0%	93.8%	92.5%	92.7%	95.5%	91.1%	91.4%	91.7%	
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	< 10%	10.1%-19.9%	>20%	3.5%	2.8%	4.0%	6.4%	3.9%	3.7%	3.1%	4.2%	2.5%	1.6%	4.1%	3.7%	0.8%	
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	66.7%	28.60%	18.20%	42.90%	25.00%	72.70%	88.90%	76.90%	100.00%	75.00%	100.00%	81.80%	100.00%	
		Births	No. of babies	CPD	≤295	296-309	≥310	267	276	239	246	206	248	225	257	230	250	236	251	228	
		No. of women delivered	No. of mothers	CPD	≤295	296-310	≥311	261	270	233	242	203	245	222	253	225	247	235	249	227	
	Closures	Homebirth service suspended	No. of suspensions	Comm. Manager	0-3	4-6	7 or more	0	0	0	0	0	0	0	13	26	7	10	6	5	
		Women affected by suspension	No. of women	Comm. Manager	0	1	2 or more	0	0	0	0	0	0	0	4	2	0	1	0		
		Community midwife called in to unit	No. of times	Comm. Manager	3	4-5	6 or more	1	5	0	2	0	1	0	1	0	1	3	3	2	
		Maternity Unit Closure	No. of closures	Matron	0		1 or more	0	0	0	0	1	0	0	0	0	0	0	1	0	
		SCBU at capacity	No. of times	SCBU				0	0	0	5	0	4	0	7	0	0	0	0	0	
		SCBU at capacity of intensive cots	No. of times	SCBU				8	8	0	3	0	1	0	0	1	27	28	28	24	
		SCBU no of babies affected	No. of babies affected	SCBU	0	1	2 or more	2	0	1	1	0	0	0	0	0	0	0	0	0	
WELL LED																					
Workforce	Staffing	MW to birth ratio	Ratio	Matron	≤29.5	29.6 - 30.9	>31	31	28	28	30	29	26	27	29	29	28	28	28	28	
		1 to 1 care in Labour	CPD	CPD	100%	80% - 99.9%	≤79.9%	95.2%	90.2%	93.7%	95.9%	96.2%	94.9%	97.0%	97.8%	97.5%	96.8%	99.1%	98.6%	99.0%	
		LW Co-ordinator supernumary %	Shift Handover Sheets	Risk Team	100%	80% - 99.9%	≤79.9%	98.0%	95.0%	97.0%	96.0%	100.0%	97.0%	91.0%	98.0%	100.0%	98.0%	98.0%	96.8%	98.3%	
		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	10
SAFE																					
Clinical Indicators	Neonatal/ Maternal	Normal Births	No. of svd - %	CPD	≥60.6%	60.5-55%	<55%	59.7%	57.0%	57.0%	60.6%	61.0%	63.7%	61.4%	57.3%	53.9%	56.4%	58.8%	51.9%	53.0%	
		Assisted Vaginal Births	No. of instr. Births - %	CPD	≤13.2	13.3-17.9%	≥18%	12.3%	12.2%	15.5%	16.5%	13.3%	10.6%	9.5%	15.4%	17.8%	17.4%	14.9%	14.5%	15.4%	
		C/S Births	Em & elect - %	CPD	≤26%	26.1-27.9%	>28%	28.4%	31.1%	27.5%	22.7%	24.6%	26.1%	28.4%	26.9%	28.4%	26.7%	25.5%	32.0%	30.8%	
		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	1	1	0	0	3	0	1	1	0	2	2	0	0	
		HDU on LW	No. of women	LW Activity Sheet	3 or less	4	5 or more	17	16	21	22	17	17	12	12	24	16	8	7	24	
		BBA	No. of women	Risk Team - Datix	2 or less	3-4	5 or more	1	1	4	4	2	2	3	3	4	4	1	2		
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	0	0	0	0	0	0	0	0	0	0	0	0	0	
	NHS Resolution cases	No. of cases		0	1	2 or more	0	0	0	1	0	0	0	0	0	0	0	0	0		
	Morbidity	Neonatal Death	No. of babies	Risk team- EBC	0		1 or more	0	0	0	1	1	1	0	1	0	1	0	0	0	
		Antepartum Stillbirth	No. of babies	Risk Team	0	1	2 or more	0	0	0	1	0	1	1	1	0	1	0	1	1	
		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	2	5	
	Risk Management	Breastfeeding Initiation rate	% of babies feeding at birth	CPD	>74.4%	74.3-70.1%	<70%	78.3%	73.8%	74.5%	72.7%	66.5%	69.6%	75.9%	72.7%	73.8%	71.4%	72.0%	76.0%	68.7%	
		Smoking at time of delivery	% of women smoking at del.	CPD	<11%	12-14%	>15%	10.0%	7.0%	9.0%	9.9%	13.8%	13.5%	12.2%	11.1%	11.1%	14.2%	8.9%	9.6%	10.6%	
		SI's	No. of SI's declared	Risk Team	0		1 or more	0	0	0	1	0	0	0	0	0	0	0	0	0	
		PPH > 1.5L	No. of women	CPD	2 or less	3-4	5 or more	10	7	12	11	6	12	11	6	14	11	6	5	15	
		PPH > 1.5L as % of all women	% of births	CPD				3.7%	2.5%	5.0%	4.4%	2.9%	4.8%	4.8%	2.3%	5.6%	4.4%	2.5%	1.9%	6.5%	
		Shoulder Dystocia	No. of women	CPD	2 or less	3-4	5 or more	1	1	0	2	2	5	1	2	0	1	6	7		
	New Complaints	3rd/4th Degree Tear	% of tears (vaginal births)	CPD	≤2.5%	2.6- 3.9%	≥4%	2.6%	1.0%	3.4%	3.1%	2.5%	3.8%	0.6%	2.1%	1.2%	1.1%	2.8%	1.1%	0.6%	
Informal		No. of Informal complaints	Risk Matrix	0	1-4	5 or more	5	1	1	1	1	5	1	1	0	1	1	3	2		
	Formal	No. of Formal complaints	Risk Matrix	0	1-4	5 or more	4	0	3	2	0	1	0	0	0	1	1	1	7		

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

TRUST BOARD REPORT : August-2020

QUALITY AND SAFETY: MATERNITY (SCARBOROUGH)

SCARBOROUGH - MATERNITY DASHBOARD			Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	
RESPONSIVE																					
Activity	Births	Bookings	1st m/w visit	CPD	≤210	211-259	≥260	175	153	181	154	144	184	151	163	187	139	128	167	123	
		Bookings <13 weeks	No. of mothers	CPD	≥90%	76%-89%	≤75%	89.1%	87.6%	873.8%	91.6%	82.6%	88.0%	90.7%	89.6%	90.4%	97.1%	95.3%	88.0%	83.7%	
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	< 10%	10%-20%	>20%	4.0%	7.2%	6.1%	2.6%	7.6%	7.6%	8.6%	6.7%	8.0%	2.9%	1.6%	4.8%	7.3%	
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	71%	73%	91%	100%	64%	79%	85%	82%	66.7%	75%	50%	88%	100%	
		Births	No. of babies	CPD	≤170	171-189	≥190	121	122	113	107	109	120	110	117	101	113	105	120	115	
	No. of women delivered	No. of mothers	CPD	≤170	171-189	≥190	120	119	112	107	0	119	107	101	113	103	118	114			
	Closures	Homebirth service suspended	No. of suspensions	Comm. Manager	0-3	4-6	7 or more	0	0	0	0	0	0	0	0	13	26	0	10	18	13
		Women affected by suspension	No. of women	Comm. Manager	0	1	2 or more	0	0	0	0	0	0	0	0	1	0	0	1	1	
		Community midwife called in to unit	No. of times	Comm. Manager	3	4-5	6 or more	2	2	0	0	0	0	2	0	0	3	2	2	3	
		Maternity Unit Closure	No. of closures	Matron	0		1 or more	0	0	0	0	0	1	0	0	0	0	0	0	0	
		SCBU at capacity	No. of times	SCBU				0	0	15	11	13	2	0	1	3	0	0	0	0	
		SCBU at capacity of intensive care cots	No. of times	SCBU				0	0	5	2	0	0	0	0	0	0	1	0	0	
		SCBU no of babies affected	No. of babies affected	SCBU	0	1	2 or more	0	2	0	0	0	0	0	0	0	0	0	0	0	
WELL LED																					
Workforce	Staffing	M/W to birth ratio	Ratio	Matron	≤29.5	29.6-30.9	>31	23.6	22	23	22	23	23	21	21	22	22	22	21	21	
		1 to 1 care in Labour	CPD	CPD	≥100%	80% - 99.9%	≤79.9%	98.1%	98.1%	98.9%	94.7%	95.7%	96.4%	98.0%	99.0%	98.9%	100.0%	96.7%	98.1%	97.1%	
		L/W Co-ordinator supernumary %	Shift Handover Sheets	Risk Team	≥100%	80% - 99.9%	≤79.9%	97.0%	95.0%	97.0%	98.3%	91.9%	98.0%	96.6%	96.7%	100.0%	95.0%	95.0%	98.0%	100.0%	
		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	
SAFE																					
Clinical Indicators	Neonatal/ Maternal	Normal Births	No. of svd - %	CPD	≥60.6%	60.5-55%	<55%	69.4%	70.5%	71.7%	56.0%	67.9%	73.8%	66.1%	68.6%	73.5%	70.3%	65.7%	76.9%	72.2%	
		Assisted Vaginal Births	No. of instr. Births - %	CPD	≤13.2	13.3-17.9%	≥18%	10.8%	4.2%	0.9%	8.4%	5.6%	5.0%	4.7%	2.6%	6.9%	5.3%	4.9%	5.9%	4.4%	
		C/S Births	Em & elect - %	CPD	≤26%	26.1-27.9%	>28%	20.2%	26.1%	27.7%	34.6%	25.9%	18.5%	29.0%	28.2%	18.8%	21.2%	28.2%	15.3%	23.7%	
		Eclampsia	No. of women	CPD	0		1 or more	0	0	0	0	0	0	0	0	0	0	0	0	0	
		Undiagnosed Breech in Labour	No. of women	CPD	2 or less	3-4	5 or more	0	0	0	1	0	1	1	1	0	0	0	0	0	
		HDU on L/W	No. of women	LW Activity Sheet	3 or less	4	5 or more	6	6	4	3	1	1	3	4	2	7	3	3	3	
		BBA	No. of women	Risk Team - Datix	2 or less	3-4	5 or more	2	1	2	0	3	0	0	1	0	4	1	3	0	
		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	1	
		NHS Resolution cases	No. of cases		0	1	2 or more	0	0	0	0	0	0	0	0	0	0	0	0	1	
		Morbidity	Neonatal Death	No. of babies	Risk team- EBC	0		1 or more	0	0	0	0	0	0	1	0	0	1	0	0	0
	Antepartum Stillbirth		No. of babies	Risk Team	0	1	2 or more	0	0	1	2	1	0	1	0	0	0	0	1	0	
	Intrapartum Stillbirths		No. of babies	Risk Team	0		1 or more	0	0	0	0	0	1	0	0	0	0	0	0	1	
	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	0	2	
	Risk Management	Breastfeeding Initiation rate	% of babies feeding at birth	CPD	>74.4%	74.3-70.1%	<70%	53.7%	56.6%	59.8%	66.7%	64.8%	55.5%	65.1%	61.5%	56.4%	59.8%	56.2%	62.2%	62.3%	
		Smoking at time of delivery	% of women smoking at del.	CPD	<11%	12-14%	>15%	16%	13%	21%	24%	19%	20%	19%	14%	21%	18%	18%	17%	15%	
		SI's	No. of SI's declared	Risk Team	0		1 or more	1	0	0	0	0	1	0	0	1	0	0	0	0	
		PPH > 1.5L	No. of women	CPD	2 or less	3-4	5 or more	4	2	2	2	3	1	3	3	1	3	2	2	4	
		PPH > 1.5L as % of all women	% of births	CPD				3.3	1.6	1.8	1.8	0.0	0.8	2.7	3	1.0	3	3	1.7	4.3	
		Shoulder Dystocia	No. of women	CPD	2 or less	3-4	5 or more	2	1	0	2	3	0	3	0	2	0	1	2	0	
	New Complaints	3rd/4th Degree Tear	% of tears (vaginal births)	CPD	≤2.5%	2.6- 3.9%	≥4%	3.1%	1.1%	2.4%	1.4%	2.5%	0.0%	1.3%	0.0%	0.0%	1.1%	1.3%	0.0%		
		Informal	No. of Informal complaints	Risk Matrix	0	1-4	5 or more	1	1	0	0	1	0	2	0	1	2	2	0	4	
	Formal	No. of Formal complaints	Risk Matrix	0	1-4	5 or more	1	1	1	0	0	0	0	2	1	0	1	0	0		

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

WORKFORCE PERFORMANCE REPORT

August-2020

Produced September 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 : August-2020

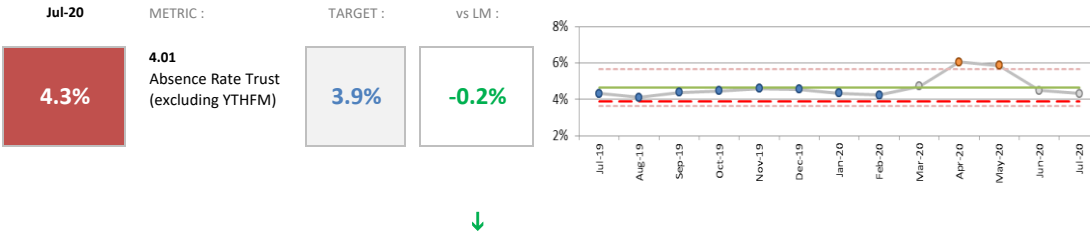
WORKFORCE

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

REF	Vacancies	TARGET	SPARKLINE / PREVIOUS MONTH	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
1.01	Trust vacancy factor			10.0%	9.4%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	7.0%	6.0%	6.0%	4.1%
1.02	Nursing and Midwifery vacancy rate - Trust			11.2%	10.1%	11.7%	11.7%	9.8%	7.6%	8.1%	8.1%	8.1%	8.6%	8.0%	4.6%	4.9%
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%	0.8%	1.4%
1.04	Nursing and Midwifery staff group vacancy rate - Scarborough			-	17.5%	18.5%	18.5%	16.3%	13.9%	14.8%	14.8%	14.8%	13.8%	14.9%	13.3%	13.2%
1.05	Medical and Dental vacancy rate - Trust			9.0%	7.8%	7.8%	8.2%	6.8%	10.3%	10.7%	10.6%	10.6%	10.0%	10.0%	10.0%	10.0%
1.06	Medical and Dental vacancy rate - York			7.6%	7.0%	7.0%	7.8%	6.1%	10.1%	10.7%	10.7%	10.7%	9.7%	9.7%	9.7%	9.7%
1.07	Medical and Dental vacancy rate - Scarborough			12.2%	9.8%	9.8%	9.2%	8.4%	10.6%	10.9%	10.6%	10.6%	10.6%	10.6%	10.6%	10.6%
1.08	AHP vacancy rate - Trust			5.6%	3.9%	2.6%	2.7%	3.0%	3.1%	3.1%	2.0%	3.1%	1.6%	4.8%	6.2%	2.7%
1.09	Other Registered Healthcare Scientists vacancy rate - Trust			-4.2%	-5.0%	-2.7%	-3.0%	-4.5%	-3.9%	3.5%	-3.4%	-1.5%	-2.2%	-1.4%	3.1%	3.5%
REF	Retention	TARGET	SPARKLINE / PREVIOUS MONTH	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
2.01	Trust stability (Headcount)			87.8%	87.8%	87.7%	87.8%	87.8%	87.4%	88.2%	88.2%	88.3%	88.6%	88.8%	88.8%	
REF	Temporary Workforce	TARGET	SPARKLINE / PREVIOUS MONTH	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
3.01	Total FTE Medical and Dental roles covered by bank and agency			127.1	116.2	116.5	103.6	105.1	110.2	99.4	117.4	116.0	119.7	118.9	128.4	
3.02	Temporary medical and dental shifts covered by bank (% as proportion of all coverage by bank and agency)			42.0%	40.0%	43.0%	40.0%	46.0%	50.0%	56.0%	60.0%	58.0%	54.0%	55.0%	56.0%	
3.03	Temporary medical and dental shifts covered by agency (% as proportion of all coverage by bank and agency)			58.0%	60.0%	57.0%	60.0%	54.0%	50.0%	44.0%	40.0%	42.0%	46.0%	45.0%	44.0%	
3.04	Total FTE nurse staffing roles covered by bank and agency (RN's and HCA's)			487.0	474.8	455.3	412.5	382.4	435.8	439.0	441.0	368.6	406.4	352.5	383.0	427.0
3.05	Temporary nurse staffing bank filled (FTE)			314.4	311.0	293.3	282.7	260.7	307.9	311.1	320.6	299.8	337.1	305.1	313.0	339.0
3.06	Temporary nurse staffing agency filled (FTE)			172.6	163.8	162.0	129.8	121.7	127.9	127.9	120.4	68.7	69.3	47.5	70.0	88.0
3.08	Temporary nurse shifts covered by bank (% as proportion of all coverage by bank and agency)			64.6%	65.5%	64.4%	68.5%	68.2%	70.7%	70.9%	72.7%	81.4%	83.0%	86.5%	81.7%	79.4%
3.09	Temporary nurse shifts covered by agency (% as proportion of all coverage by bank and agency)			35.4%	34.5%	35.6%	31.5%	31.8%	29.3%	29.1%	27.3%	18.6%	17.0%	13.5%	18.3%	20.6%
3.11	Pay Expenditure - Total (£000)			£30,285	£31,142	£29,737	£30,888	£30,038	£30,542	£30,450	£30,715	£30,698	£32,678	£32,383	£31,639	£32,544
3.12	Pay Expenditure - Contracted (£000)			£23,910	£24,822	£24,438	£24,611	£24,509	£24,445	£24,745	£24,379	£25,456	£26,148	£26,087	£26,293	
3.13	Pay Expenditure - Locums (£000)			£219	£203	£215	£264	£203	£359	£182	£206	£203	£182	£231	£268	£189
3.14	Pay Expenditure - Bank (£000)			£1,146	£1,096	£1,104	£1,131	£1,293	£1,752	£1,754	£2,033	£1,592	£2,508	£1,990	£1,688	£2,347
3.15	Pay Expenditure - Agency (£000)			£2,175	£2,057	£1,323	£2,177	£1,557	£1,503	£1,371	£1,641	£1,168	£1,342	£1,222	£1,139	£1,442
3.16	Pay Expenditure - Additional Hours (£000)			£2,658	£2,795	£2,457	£2,506	£2,275	£2,319	£2,238	£2,265	£1,993	£2,419	£2,609	£2,327	£2,165
3.17	Pay Expenditure - Overtime (£000)			£177	£169	£200	£199	£200	£164	£161	£191	£286	£257	£184	£130	£108
REF	Absence Management	TARGET	SPARKLINE / PREVIOUS MONTH	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
4.01	Absence Rate Trust (excluding YTHFM)	3.9%		4.1%	4.4%	4.5%	4.6%	4.6%	4.4%	4.2%	4.7%	6.1%	5.9%	4.5%	4.3%	-
REF	COVID-19 Absence Management	TARGET	SPARKLINE / PREVIOUS WEEK	17-Jul	24-Jul	31-Jul	07-Aug	14-Aug	21-Aug	28-Aug						
5.01	All absence			519.57	524.86	494.14	362.5	339	323.29	312.67						
5.02	COVID-19 related absence			223.71	211.14	191.29	73.38	51.29	44.14	37.83						
REF	Disciplinary and Grievance	TARGET	SPARKLINE / PREVIOUS MONTH	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
6.01	Live disciplinary or bullying and harassment cases (Including investigations)			7	2	2	3	4	2	7	2	2	2	2	3	6
6.02	Live grievance cases			11	6	6	9	8	5	7	1	1	1	2	1	3
REF	Learning and Organisational Development	TARGET	SPARKLINE / PREVIOUS MONTH	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
7.01	Trust Stat & Mand Training compliance	85%		85.0%	82.0%	83.0%	83.0%	84.0%	86.0%	85.0%	86.0%	87.0%	87.0%	87.0%	88.0%	88.0%
7.02	Trust Corporate Induction Compliance	95%		96.0%	95.0%	94.0%	95.0%	95.0%	95.0%	96.0%	95.0%	94.0%	94.0%	94.0%	95.0%	95.0%
7.03	Non-medical staff core training compliance	85%		84.0%	86.0%	86.0%	87.0%	87.0%	88.0%	88.0%	88.0%	87.0%	87.0%	87.0%	88.0%	89.0%
7.04	Non-medical staff essential skills compliance	85%		87.0%	82.0%	83.0%	84.0%	85.0%	87.0%	88.0%	88.0%	89.0%	89.0%	89.0%	90.0%	91.0%
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%	95.0%	96.0%
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%	74.0%	68.0%
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%	90.0%	87.0%
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%	95.0%	88.0%
REF	Appraisal Compliance	TARGET	SPARKLINE / PREVIOUS MONTH	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
8.01	Trust (excluding medical and dental)	90%		72.7%	72.4%	71.5%	74.0%	75.4%	75.0%	74.7%	1.8%	3.7%	6.8%	13.1%	22.0%	36.3%
REF	Research	TARGET	SPARKLINE / PREVIOUS MONTH	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
9.01	Year to date accrual			1358	1662	2079	2489	3128	3566	3983	4272	513	1100	1177	1628	
9.02	Open studies - Trust			230	186	-	117	117	-	117	117	42	41	39	32	
9.04	Patients recruited into clinical trials			-	-	-	-	-	-	4906	4906	513	522	77	207	

TRUST BOARD REPORT : August-2020

WORKFORCE : SICKNESS ABSENCE RATE



HIGHLIGHTS FOR BOARD TO NOTE :

"The sickness absence rate for July is 4.31%. As the SPC chart shows, this rate is back within a 'normal' range for the Trust and is steadily approaching our revised pandemic target of 3.90%.

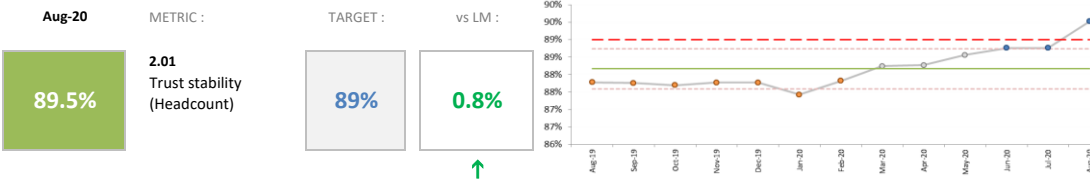
Absence in the Support to Clinical Staff group remains high at 6.73% (absence rate for July 2020). Absence rates for the Registered Nursing & Midwifery group (4.38%) and Allied Health Professionals group (2.33%) reduced from June. Medical & Dental absence increased to 1.68%.

The main reasons for absence in July were: Mental ill-health (27.3%); Musculoskeletal (15.5%); Other (9.3%); Infectious diseases (9.3%) & Cold/Flu (6.9%).

In August, 246 staff who have been shielding returned to work, 169 to their substantive roles (with adjustments) and 77 to an alternative role with adjustments. A further 11 staff in this group are now on maternity leave."

TRUST BOARD REPORT : August-2020

WORKFORCE : RETENTION RATE



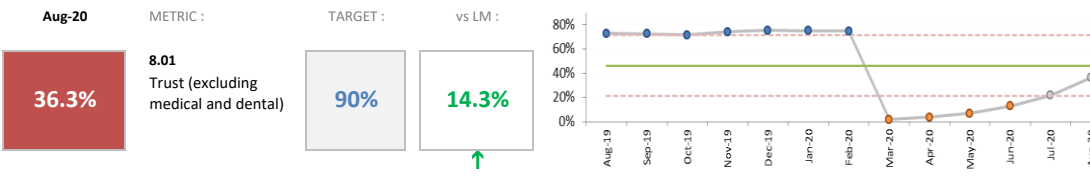
HIGHLIGHTS FOR BOARD TO NOTE :

Trust stability percentage has increased since February 2020 which is extremely positive. The 0.76% increase in August is due to fewer members of the workforce leaving employment. We have seen the highest stability figures across Corporate areas, and amongst nurses.

Model Hospital shows that the Trust has made significant improvement, moving from Quartile 2 (medium-low), and into Quartile 3 (medium-high). This shift is in recognition of the Trust's improving position.

TRUST BOARD REPORT : August-2020

WORKFORCE : APPRAISAL COMPLIANCE



HIGHLIGHTS FOR BOARD TO NOTE :

This is the final report before the Trust's appraisal window (for non-medical staff) closes at the end of September. Appraisal completion rates have continued to rise following the Covid-19 pandemic. As the chart shows, the window opened in March 2020.

TRUST BOARD REPORT : August-2020

WORKFORCE : PAY EXPENDITURE (£000)



HIGHLIGHTS FOR BOARD TO NOTE :

"The agency ceiling for 2020-21 is £18.7m; however, the Trust is currently operating an emergency expenditure plan (due to Covid) which includes £1.78m per month for agency which as a monthly average is a considerably higher figure.

The Trust continues to submit agency monitoring returns to NHSI. During the four-week period 3 August - 30 August, there were agency bookings for 652 Medical & Dental agency shifts, 991 Nursing & Midwifery shifts and 54 Healthcare Science shifts that breached the price caps set by NHS Improvement.

The five highest cost agency workers reported to NHSI in August were:

1. Consultant in General Medicine (Scarborough)
2. Consultant in Haematology (York)
3. Consultant in Respiratory (York)
4. Consultant in Care of the Elderly (York)
5. Consultant in Anaesthetics (Scarborough)

The five longest-serving agency workers were:

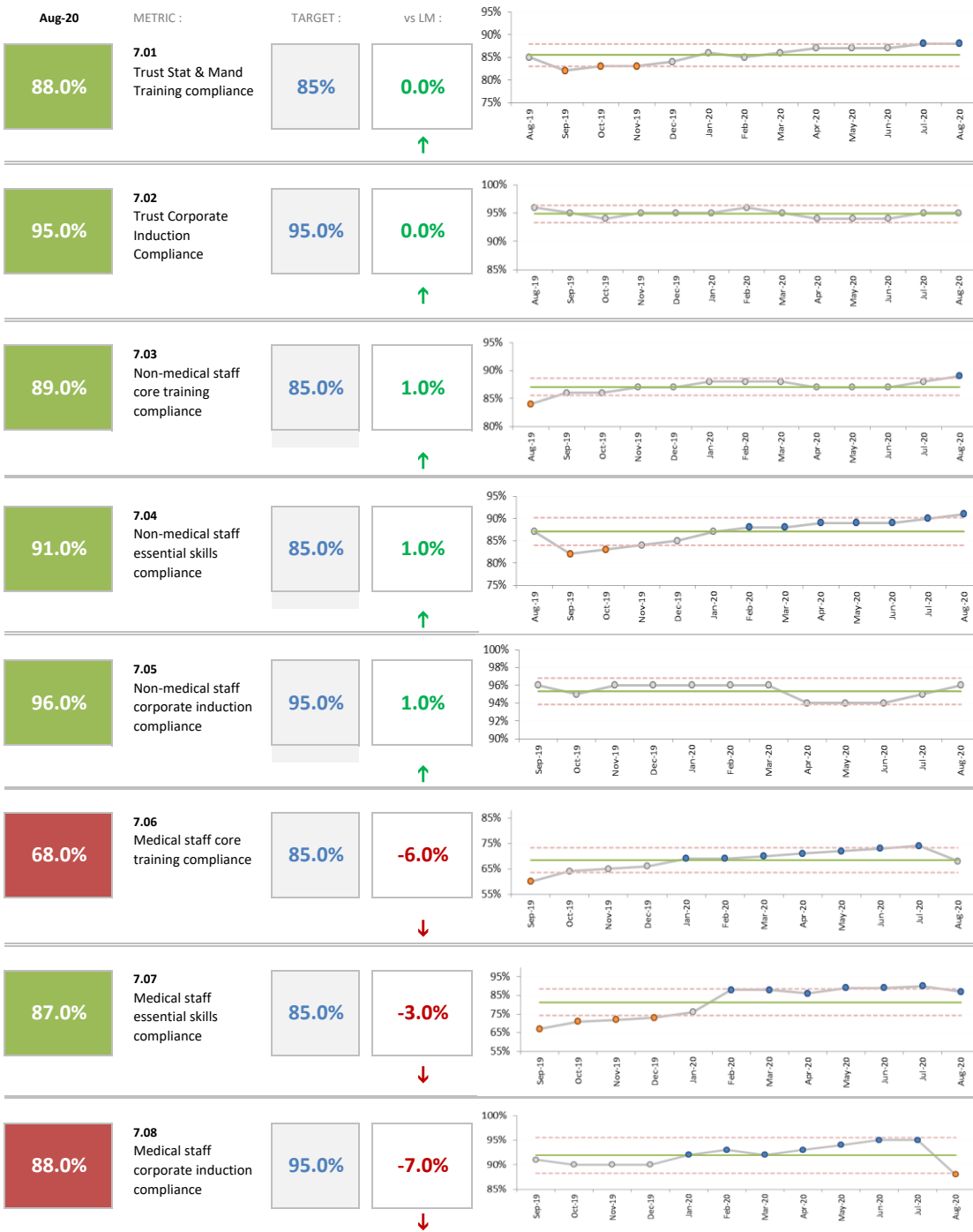
1. Consultant in Ophthalmology (York)
2. SAS Grade in Ophthalmology (Scarborough)
3. Consultant in Emergency Medicine (York)
4. SAS Grade in Emergency Medicine (Scarborough)
5. Consultant in General Medicine (Scarborough)

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. Consultants in Ophthalmology (York), Respiratory Medicine (York) and Haematology (York) are in offer and will commence appointment during the next 6-months. Meanwhile, an appointment for Consultant in Emergency Medicine (York) is in the long-term pipeline (2022).

Where interim cover is required, the Trust is continuing to grow its Staff Banks. Analysis shows there has been a 12.35% swing from agency to bank for temporary medical staffing cover during the last 12-months, while fill-rates for nursing and midwifery remain strong: in August, the bank covered 339 FTE nursing gaps (qualified and unqualified)."

TRUST BOARD REPORT : August-2020

WORKFORCE : STATUTORY AND MANDATORY TRAINING COMPLIANCE



HIGHLIGHTS FOR BOARD TO NOTE :

Overall compliance for Corporate Induction has maintained at 95%. Overall compliance for Core Training has maintained at 86%.

The rates of compliance amongst Medical and Dental staff have reduced following August changeover, but are higher than at this stage in previous years.

The Trust continues to monitor course completion rates closely and is tracking six areas of statutory training which are below the 85% compliance threshold. These are:

- Manual handling practical (75% compliance)
- Aseptic Non-Touch Technique (ANTT) practical (70%)
- Adult Do Not Attempt CPR (74%)
- Safeguarding Children Level 3 (specialist 84%, core 77%)
- Basic Life Support and Paediatric Life Support (84% & 83%)
- Advanced Life Support and European Paediatric Advanced Life Support (50% & 61%)

Other training updates:

- The Trust currently has 253 apprentices on programmes and work continues to get the 54 learners who were put onto a break of learning due to COVID-19, back on their programme of learning - the majority of these will be back on programme by the end of September 2020.
- Cohorts of new learners scheduled to start in September 2020 include: Level 6 Healthcare Science Practitioner, Level 7 Senior Leader, Level 6 Operating Department Practitioner, Level 4 Mammography Associate and Level 6 Registered Nurse. The latter qualification will be a full 3 year programme as opposed to the 4 year programme that other Trusts are supporting. This gets our registered nurses in to work a full 12 months ahead of their peers and is a significant achievement for the Trust.
- The Trust has submitted the 'expression of interest' to HEE to bid for the incentive payments per Registered Nurse apprentice, to support the Government's initiative to increase the number of Registered Nurses by 50,000. This money is only for new apprentices undertaking the full Registered Nurse Degree apprenticeship and is not currently available to support qualified Nursing Associates or Assistant Practitioners to top-up to degree.
- Nursing associate placements have re-commenced and there are plans in place to ensure Nursing Associates, wherever possible, will have fulfilled the required number of practice hours prior to their programme ending in December 2020.
- Recruitment is under way for the next two cohorts of Nursing Associates in both York and Scarborough
- The next cohort of international nurses is due to arrive at the start of October.

TRUST BOARD REPORT : August-2020

WORKFORCE : OTHER AND WIDER UPDATES

WORKFORCE : OTHER

In August, it was confirmed that the Trust had won a Gold Award in the Ministry of Defence's Employer Recognition Scheme. The Scheme is the country's highest national honour in recognition of employer support for Britain's Armed Forces. It is the highest level of award an organisation can receive and acknowledges the contribution made in going the extra mile in support of the military.

Wider Updates

During August, the Trust has undertaken a full and detailed review of its temporary nurse staffing services after the CQC Inspections identified weaknesses in governance relating to low statutory and mandatory training compliance for bank nurses (currently 64% for core training and 73% for essential training overall). Temporary staffing services have been under the direct management of the Trust since Summer 2015. The Trust has looked at the option of outsourcing the service to NHS Professionals and with it the benefit of applying their model of governance; however, that option comes with the significant risk of reduction in bank coverage (and with it increased use of agency). The Executive Committee have been asked to consider an alternative option which maintains the service in its current guise, while adopting training standards for Bank nurses that align to a national framework. The matter is due for consideration on 16 September.

The Trust is considering a proposal to digitise rostering for medical staff with the aim of improving staff deployment. At present, the Trust has strong systems coverage of nursing teams. The adoption of the rostering platform has spread to other staff groups over the last two-years and covers approximately 55% of the workforce at present. Rostering systems for Medical and Dental staff are more nuanced, however, due to significant differences in terms and conditions. NHS England/Improvement have set Trusts the target of having 90% of clinical staff on eRostering and eJob Planning systems by March 2021. This proposal seeks to achieve this aim, which will in turn enable the organisation to reconcile planned staffing levels with actual deployment, and by extension improve planning and productivity. This case is also due for review by the Executive Committee on 16 September.

TRUST BOARD REPORT : August-2020

WORKFORCE : CARE GROUP CORE COMPLIANCE BY STAFF GROUP

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

Aug-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)
CG1 Acute Elderly Emergency General Medicine and Community Services York																											
Add Prof Scientific and Technic		100%	100%	100%	100%		100%	29%	100%		100%	100%	57%		100%					86%			86%		75%	100%	100%
Additional Clinical Services			86%	89%	91%	86%	92%	76%	74%	88%	89%	92%	82%	33%	93%			94%	96%	76%	92%	90%	78%	88%	89%	100%	
Administrative and Clerical			47%	93%		91%	95%			95%		94%		88%	94%				97%		94%			93%	88%		
Allied Health Professionals			86%	91%	100%	94%	94%		82%		91%	95%	86%	92%	95%					93%			94%	100%	89%		0%
Healthcare Scientists			100%	100%		90%	100%			95%		100%	90%		100%			95%	100%		100%		100%	100%			
Medical and Dental	32%	76%	71%	68%	77%	67%	72%	37%	71%		67%	72%	46%		71%	70%		18%		74%			64%		60%	58%	
Nursing and Midwifery Registered	68%	95%	92%	93%	96%	87%	96%	87%	95%		93%	95%	85%		94%			92%		96%			95%		94%	79%	100%
CG2 Acute Emergency and Elderly Medicine-Scarborough																											
Additional Clinical Services			93%	97%	95%	96%	95%	83%	86%	100%	92%	95%	88%		96%			88%	98%	75%		94%	69%	100%	93%	40%	
Administrative and Clerical			100%	96%		84%	93%			93%	100%	94%	100%	88%	95%				98%		95%	100%		94%	73%		
Allied Health Professionals			96%	96%		94%	98%				92%	92%	92%		96%					96%			92%		96%		
Estates and Ancillary			100%	90%		90%	90%			100%		90%	100%		100%				100%		100%				100%		
Healthcare Scientists			100%	100%		100%	100%			100%		100%	56%		100%			75%	100%		100%			100%			
Medical and Dental	49%	85%	88%	71%	99%	100%	95%	37%	89%		78%	87%	63%		75%	56%		100%		73%			66%		67%	65%	
Nursing and Midwifery Registered	60%	94%	91%	94%	96%	100%	97%	81%	94%		94%	95%	85%		95%			90%		95%			93%		91%	83%	
CG3 Surgery																											
Add Prof Scientific and Technic			95%	92%	90%	95%	96%	77%	93%	100%	93%	96%	81%		94%			84%	91%	94%	100%		96%	100%	96%		
Additional Clinical Services			88%	94%	88%	96%	92%	76%	81%	99%	90%	91%	87%		92%			60%	96%	64%	99%	94%	64%	100%	88%		
Administrative and Clerical			100%	96%		88%	95%			95%		94%	100%	91%	96%				99%		95%	100%		98%	92%		
Allied Health Professionals			88%	100%		100%	88%				100%	100%	88%		100%					100%			100%		100%		
Estates and Ancillary			100%	95%		90%	90%			90%		90%	84%		90%				95%		90%			88%	50%		
Healthcare Scientists			97%	97%		94%	97%			97%		97%	90%		97%				97%		97%				97%		
Medical and Dental	25%	83%	71%	76%	89%	70%	81%	38%	82%		78%	81%	55%		78%					81%			76%		77%	100%	0%
Nursing and Midwifery Registered	55%		93%	94%	95%	92%	95%	88%	95%		92%	94%	85%		94%			90%		96%			93%		94%		
CG4 Cancer and Support Services																											
Add Prof Scientific and Technic			80%	100%		97%	100%	0%	100%	100%	100%	100%	89%	100%	98%				99%	96%	100%	100%	96%	100%	100%		
Additional Clinical Services			88%	94%	94%	91%	95%	86%	92%	96%	92%	94%	83%	100%	94%				96%	71%	95%	95%	71%	97%	90%		
Administrative and Clerical			100%	98%		95%	99%			97%		95%		91%	97%				99%		97%			98%	87%		
Allied Health Professionals			88%	91%	93%	95%	93%		92%	100%	90%	95%	80%	100%	96%				100%	94%	100%	80%	91%	100%	93%		
Estates and Ancillary				100%		50%	100%			100%		100%	50%		50%				100%		100%			100%			
Healthcare Scientists				99%		91%	95%			98%		95%	93%	33%	99%				98%		99%			97%			
Medical and Dental	40%	87%	82%	79%	53%	92%	77%	33%	80%	60%	77%	77%	65%		73%				80%	80%		73%	73%	73%	67%		
Nursing and Midwifery Registered	17%	100%	96%	96%	88%	91%	92%	87%	94%		93%	92%	85%		93%				100%	95%		0%	94%	100%	91%		

TRUST BOARD REPORT : August-2020

WORKFORCE : CARE GROUP CORE COMPLIANCE BY STAFF GROUP

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

Aug-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 (Core Staff)	Safeguarding Children Level 3 Modules (Specialist Staff)		
CG5 Family Health & Sexual Health																													
Add Prof Scientific and Technic			0%	0%		0%	0%			50%		50%		100%	100%			0%		0%			0%				50%		
Additional Clinical Services			85%	84%	82%	92%	84%	58%	77%	100%	82%	86%	73%	100%	84%			87%	86%	67%			84%	83%		81%	79%	100%	
Administrative and Clerical				92%		94%	97%			96%		98%		94%	97%				99%		97%			97%	100%	100%			
Allied Health Professionals			92%	98%	95%	95%	100%				97%	100%	89%	100%	97%			91%	100%	100%			100%	98%		100%	100%	94%	
Estates and Ancillary				100%		100%	100%			100%		100%	50%		100%				100%		100%				100%				
Medical and Dental	40%	73%	79%	82%	87%	82%	87%	40%	84%		79%	83%	61%		80%	57%	90%	31%		85%				79%		62%	70%	76%	
Nursing and Midwifery Registered			92%	93%	92%	92%	94%	81%	93%		90%	95%	79%		92%			82%		97%			93%		95%	87%	85%		
CG6 Specialised Medicine & Outpatients Services																													
Add Prof Scientific and Technic			74%	97%		94%	99%			100%	0%	96%	77%	95%	96%			0%	100%	100%	96%	100%	100%	80%	100%			100%	
Additional Clinical Services			92%	96%	80%	94%	97%	83%	100%	98%	93%	98%	89%		98%				98%	100%	100%	96%	100%	80%	93%				
Administrative and Clerical			67%	96%		95%	96%			98%		96%	99%	94%	96%				98%		97%			98%	93%				
Allied Health Professionals			85%	91%		91%	92%		100%		90%	92%	85%		94%					94%			95%		91%				
Estates and Ancillary				100%		100%	100%			100%		100%	100%		100%				100%		100%				100%				
Healthcare Scientists			50%	100%		100%	100%			100%		86%	100%		86%				100%		100%				100%				
Medical and Dental	50%	85%	65%	77%	80%	79%	81%	37%	82%		77%	79%	66%		77%			100%		82%				77%		78%			
Nursing and Midwifery Registered	100%	100%	94%	95%	94%	93%	95%	83%	93%		94%	96%	80%		95%					95%			94%	0%	97%	75%			
CG Corporate Services																													
Add Prof Scientific and Technic			33%	79%		79%	90%	0%	50%	85%	0%	83%	73%	71%	86%			50%	96%	20%	88%		20%	92%	69%				
Additional Clinical Services			58%	64%	67%	82%	68%	50%	100%	76%	65%	68%	63%		75%				76%	75%	77%	67%	75%	100%	67%				
Administrative and Clerical			0%	95%		92%	93%			95%	100%	92%	100%	93%	94%						94%				93%	100%			
Allied Health Professionals			63%	71%	72%	83%	75%		65%		88%	79%	79%		79%					83%			88%	100%	70%				
Estates and Ancillary				67%		56%	67%			67%		67%	33%		78%				78%		67%			78%					
Healthcare Scientists				67%		100%	100%			67%		100%	67%		67%				100%	0%	100%		0%	100%	0%				
Medical and Dental	44%	47%	57%	43%	54%	33%	57%	25%	49%		47%	48%	28%		49%	100%				39%			47%	100%	41%	44%	50%		
Nursing and Midwifery Registered		100%	80%	83%	79%	96%	87%	54%	83%	88%	82%	88%	77%	57%	88%			100%	100%	85%	100%		84%	86%	88%	100%	75%		
CG Trust Estates and Facilities Management																													
Administrative and Clerical				90%		100%	100%			90%		100%	100%	100%	90%				100%		90%			80%					
Estates and Ancillary				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				92%		86%	89%			89%		88%	83%	84%	84%					91%		90%			89%				
Estates and Ancillary				84%		80%	85%			86%		83%	64%	87%	83%					74%		85%			85%				
Healthcare Scientists				95%		100%	95%			95%		100%	100%		95%					100%		95%			95%				

TRUST BOARD REPORT : August-2020

WORKFORCE: MEDICAL AND DENTAL VACANCIES

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

Aug-20

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	28	8	1	1	28.6%	20	5	0	4	5.0%	60	12	1	9	6.7%	26	1	0	0	3.8%	134	26	2	14	10.4%
Elderly Medicine	6	1	0	1	0.0%	2	0	0	0	0.0%	14	1	0	0	7.1%						22	2	0	1	4.5%
Emergency & Acute Medicine	8	2	0	0	25.0%	13	5	0	4	7.7%	18	6	0	5	5.6%	4	1	0	0	25.0%	43	14	0	9	11.6%
General Medicine	14	5	1	0	42.9%	5	0	0	0	0.0%	28	7	0	6	3.6%	22	0	0	0	0.0%	69	10	2	4	11.6%
Care Group 3	22	3	0	0	13.6%	15	2	2	1	20.0%	15	2	1	1	13.3%	10	1	0	1	0.0%	62	7	4	3	12.9%
General Surgery & Urology	4	0	0	0	0.0%	5	0	1	0	20.0%	6	1	1	1	16.7%	9	1	0	1	0.0%	24	2	2	2	8.3%
Head & Neck						3		0	0	0.0%						1	0	0	0	0.0%	4	0	0	0	0.0%
Theatres, Anaesthetics & CC	18	3	0	0	16.7%	7	2	0	1	14.3%	9	0	0	0	0.0%						34	5	2	1	17.6%
Care Group 4	6	3	0	0	50.0%																6	3	0	0	50.0%
Radiology	6	3	0	0	50.0%																6	3	0	0	50.0%
Care Group 5	19	3	0	2	5.3%	4	0	0	0	0.0%	19	1	0	0	5.3%	6	1	0	1	0.0%	47	5	0	3	4.3%
Child Health	11	3	0	2	9.1%	1	0	0	0	0.0%	11	1	0	0	9.1%	4	2	0	2	0.0%	26	5	0	3	7.7%
Obstetrics & Gynaecology	8	0	0	0	0.0%	3	0	0	0	0.0%	8	0	0	0	0.0%	2	0	0	0	0.0%	21	0	0	0	0.0%
Care Group 6	18	1	0	0	5.6%	9	1	2	2	11.1%	5	0	0	0	0.0%	2	0	0	0	0.0%	35	2	1	0	8.6%
Ophthalmology	4	0	0	0	0.0%	3	1	0	0	33.3%	1	0	0	0	0.0%						9	1	0	0	11.1%
Specialist Medicine	6	1	0	0	16.7%	1	0	0	0	0.0%											7	1	0	0	14.3%
Trauma & Orthopaedics	8	0	0	0	0.0%	5	0	2	2	0.0%	4	0	0	0	0.0%	2	0	0	0	0.0%	19	0	1	0	5.3%
Total	93	18	1	3	17.2%	48	8	4	7	10.4%	99	15	2	10	7.1%	44	3	0	2	2.3%	284	43	7	20	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	75	12	2	6	10.7%	16	4	0	2	12.5%	89	17	0	9	9.0%	40	0	0	0	0.0%	220	33	2	17	8.2%
Elderly Medicine	15	4	0	1	20.0%	2	0	0	0	0.0%	16	1	0	1	0.0%	7	0	0	0	0.0%	40	5	0	2	7.5%
Emergency & Acute Medicine	24	7	0	3	16.7%	9	4	0	2	22.2%	37	16	0	8	21.6%	8	0	0	0	0.0%	78	27	0	13	17.9%
General Medicine	36	1	2	2	2.8%	5	0	0	0	0.0%	36	0	0	0	0.0%	25	0	0	0	0.0%	102	1	2	2	1.0%
Care Group 3	112	7	1	4	3.6%	32	2	1	1	6.3%	61	5	0	2	4.9%	19	1	0	0	5.3%	224	15	2	7	4.5%
General Surgery & Urology	40	1	0	1	0.0%	12	0	0	0	0.0%	18	3	0	2	5.6%	15	1	0	0	6.7%	85	5	0	3	2.4%
Head & Neck	21	1	0	1	0.0%	12	1	1	1	8.3%	15	1	0	0	6.7%	4	0	0	0	0.0%	52	3	1	2	3.8%
Theatres, Anaesthetics & CC	51	5	1	2	7.8%	8	1	0	0	12.5%	28	1	0	0	3.6%						87	7	1	2	6.9%
Care Group 4	60	11	0	4	11.7%	1	0	0	0	0.0%	16	2	0	1	6.3%	6	0	0	0	0.0%	83	13	0	5	9.6%
Cancer Support	14	3	0	1	14.3%	1	0	0	0	0.0%	5	1	0	1	0.0%	2	0	0	0	0.0%	22	4	0	2	9.1%
Laboratory Medicine	16	4	0	2	12.5%						5	1	0	0	20.0%	3	0	0	0	0.0%	24	5	0	2	12.5%
Radiology	30	4	0	1	10.0%						6	0	0	0	0.0%	1	0	0	0	0.0%	37	4	0	1	8.1%
Care Group 5	35	4	0	4	0.0%	10	2	1	0	30.0%	32	2	0	2	0.0%	8	0	0	0	0.0%	85	8	1	6	3.5%
Child Health	19	2	0	2	0.0%	2	0	0	0	0.0%	16	1	0	1	0.0%	4	0	0	0	0.0%	41	3	0	3	0.0%
Obstetrics & Gynaecology	14	2	0	2	0.0%	1	0	0	0	0.0%	15	0	0	0	0.0%	2	0	0	0	0.0%	32	2	0	2	0.0%
Sexual Health	2	0	0		0.0%	7	2	1	0	42.9%	1	1	0	0	100.0%						10	3	1	0	40.0%
Care Group 6	65	3	2	4	1.5%	18	1	0	1	0.0%	25	1	0	1	0.0%	4	0	0	0	0.0%	112	5	2	6	0.9%
Ophthalmology	21	1	0	1	0.0%	6	0	0	0	0.0%	6	0	0	0	0.0%						33	1	0	1	0.0%
Specialist Medicine	31	2	2	3	3.2%	4	1	0	1	0.0%	10	0	0	0	0.0%						45	3	2	4	2.2%
Trauma & Orthopaedics	13	0	0	0	0.0%	8	0	0	0	0.0%	9	1	0	1	0.0%	4	0	0	0	0.0%	34	1	0	1	0.0%
Total	347	37	5	22	5.8%	77	9	2	4	9.1%	223	27	0	15	5.4%	77	1	0	0	1.3%	724	74	7	41	5.5%

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

Leavers = currently serving notice

Starters = accepted appointment, now pending start date

TRUST BOARD REPORT : August-2020

WORKFORCE: NURSING, MIDWIFERY AND CARE STAFF VACANCIES
 STRATEGIC OBJECTIVE : To support an engaged, healthy and resilient workforce

Aug-20

	Budgeted Establishment			Staff in post			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
TRUST	2129.77	111.18	1027.74	1935.91	128.87	1014.56	88.72	0.00	8.56	105.14	-17.69	4.62	4.94%	-15.91%	0.45%
SCARBOROUGH & BRIDLINGTON	1486.91	91.02	685.77	1393.17	103.20	677.44	73.32	0.00	4.80	20.42	-12.18	3.53	1.37%	-13.38%	0.51%
YORK	642.86	20.16	341.97	542.74	25.67	337.12	15.40	0.00	3.76	84.72	-5.51	1.09	13.18%	-27.33%	0.32%

CARE GROUP 1	Budgeted Establishment			Staff in post			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
YORK															
Acute	411.86	38.87	262.31	371.73	41.60	279.74	26.00	0.00	3.80	14.13	-2.73	-21.23	3.43%	-7.02%	-8.09%
Community	146.90	19.60	123.06	146.39	8.80	119.96	9.92	0.00	1.00	-9.41	10.80	2.10	-6.41%	55.10%	1.71%
Total	558.76	58.47	385.37	518.12	50.40	399.70	35.92	0.00	4.80	4.72	8.07	-19.13	0.84%	13.80%	-4.96%

CARE GROUP 2	Budgeted Establishment			Staff in post			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
SCARBOROUGH															
	276.59	10.76	187.05	221.63	14.90	198.63	5.00	0.00	0.00	49.96	-4.14	-11.58	18.06%	-38.48%	-6.19%
Total	276.59	10.76	187.05	221.63	14.90	198.63	5.00	0.00	0.00	49.96	-4.14	-11.58	18.06%	-38.48%	-6.19%

CARE GROUP 3	Budgeted Establishment			Staff in post			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
YORK															
Wards/Units	262.71	12.41	99.69	248.94	13.60	98.02	21.60	0.00	0.00	-7.83	-1.19	1.67	-2.98%	-9.59%	1.68%
Theatres	124.58	0.00	43.41	106.50	0.80	37.83	0.00	0.00	0.00	18.08	-0.80	5.58	14.51%	0.00%	12.85%
sub-total York	387.29	12.41	143.10	355.44	14.40	135.85	21.60	0.00	0.00	10.25	-1.99	7.25	2.65%	-16.04%	5.07%
SCARBOROUGH															
Wards/Units	146.95	3.80	55.76	121.82	5.60	53.10	5.60	0.00	0.00	19.53	-1.80	2.66	13.29%	-47.37%	4.77%
Theatres	51.39	0.00	18.88	47.77	0.00	17.55	0.00	0.00	0.00	3.62	0.00	1.33	7.04%	0.00%	7.04%
sub-total Scarborough	198.34	3.80	74.64	169.59	5.60	70.65	5.60	0.00	0.00	23.15	-1.80	3.99	11.67%	-47.37%	5.35%
CG Total	585.63	16.21	217.74	525.03	20.00	206.50	27.20	0.00	0.00	33.40	-3.79	11.24	5.70%	-23.38%	5.16%

CARE GROUP 4	Budgeted Establishment			Staff in post			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
YORK															
	112.08	2.65	33.11	106.57	5.05	26.13	6.00	0.00	0.00	-0.49	-2.40	6.98	-0.44%	-90.57%	21.08%
SCARBOROUGH															
	25.68	3.60	8.38	21.58	3.37	5.37	0.00	0.00	0.00	4.10	0.23	3.01	15.97%	6.39%	35.92%
Total	137.76	6.25	41.49	128.15	8.42	31.50	6.00	0.00	0.00	3.61	-2.17	9.99	2.62%	-34.72%	24.08%

CARE GROUP 5	Budgeted Establishment			Staff in post			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
YORK															
Registered Midwives	105.98	0.00	0.00	103.77	0.00	0.00	3.00	0.00	0.00	-0.79	0.00	0.00	-0.75%	0.00%	0.00%
Registered Nurses	137.79	0.00	0.00	129.83	0.00	0.00	6.80	0.00	0.00	1.16	0.00	0.00	0.84%	0.00%	0.00%
Other	0.00	11.36	58.80	0.00	28.75	60.31	0.00	0.00	0.00	0.00	-17.39	-1.51	0.00%	-153.08%	-2.57%
sub-total York	243.77	11.36	58.80	233.60	28.75	60.31	9.80	0.00	0.00	0.37	-17.39	-1.51	0.15%	-153.08%	-2.57%
SCARBOROUGH															
Registered Midwives	66.63	0.00	0.00	66.10	0.00	0.00	3.00	0.00	0.00	-2.47	0.00	0.00	-3.71%	0.00%	0.00%
Registered Nurses	36.02	0.00	0.00	29.60	0.00	0.00	1.80	0.00	0.00	4.62	0.00	0.00	12.83%	0.00%	0.00%
Other	0.00	1.00	33.50	0.00	1.80	34.82	0.00	0.00	0.00	0.00	-0.80	-1.32	0.00%	-80.00%	-3.94%
sub-total Scarborough	102.65	1.00	33.50	95.70	1.80	34.82	4.80	0.00	0.00	2.15	-0.80	-1.32	2.09%	-80.00%	-3.94%
CG Total	346.42	12.36	92.30	329.30	30.55	95.13	14.60	0.00	0.00	2.52	-18.19	-2.83	0.73%	-147.17%	-3.07%

CARE GROUP 6	Budgeted Establishment			Staff in post			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
YORK															
	107.89	4.80	64.99	100.27	3.60	55.45	0.00	0.00	0.00	7.62	1.20	9.54	7.06%	25.00%	14.68%
SCARBOROUGH															
	34.53	1.00	38.40	28.69	0.00	27.65	0.00	0.00	3.76	5.84	1.00	6.99	16.91%	100.00%	18.20%
CG Total	142.42	5.80	103.39	128.96	3.60	83.10	0.00	0.00	3.76	13.46	2.20	16.53	9.45%	37.93%	15.99%

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

FINANCE PERFORMANCE REPORT

August-2020

Produced September 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 : August-2020

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Aug-20 METRIC: **PLAN:**

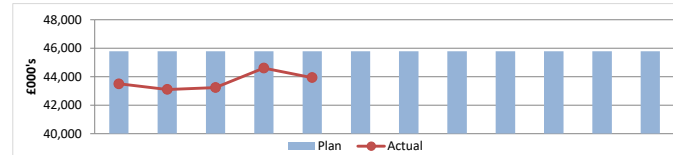
6.01 Income and Expenditure

£0 **£0**



6.02 Operational Expenditure against Plan (exc. COVID)

£43,935 **£45,785**



6.03 COVID-19 Expenditure

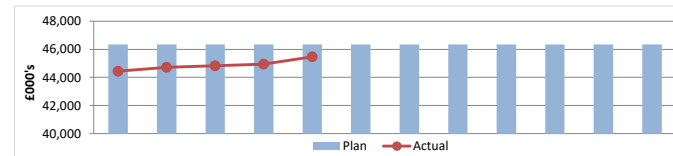
£1,730

Monthly % Covid Spend of Operational Spend: **3.9%**



6.04 Income against plan (exc. Trueing Up)

£45,463 **£46,347**



6.05 Value of Trueing Up Required

£725



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 30 September 2020. Details of a further revised financial operating framework for the second half of the financial year are expected imminently. The table below confirms the emergency baseline funding for the Trust currently in operation:

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 5 Position

For the position to August before COVID-19 costs, the Trust spent £218.4m against the plan spend of £228.9m; therefore underspending by £10.5m. This position is reflective of the reduced activity levels currently being experienced. With COVID-19 costs included the actual spend rose to £228.3m. Before the addition of any trueing up income adjustment; the income position to August was £224.4m against a plan of £231.7m, indicating a short fall in income recovery of £7.3m. The Trust's trueing up value required for the period to August was £6.6m (£0.7m in August). 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 August has been assessed as £1.7m, compared to a monthly average over April to July of £2.1m. Early benchmark indications from other Trusts suggest a normal range of 4-6% of operational expenditure. Spend in August was 3.9%, compared to the average over April to July of 4.7%.
- 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 £6.8m 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 £0.7m and catering income at £0.4m.

TRUST BOARD REPORT : August-2020

SUMMARY INCOME AND EXPENDITURE POSITION

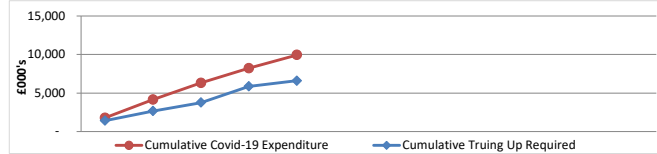
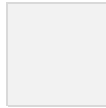
STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Aug-20

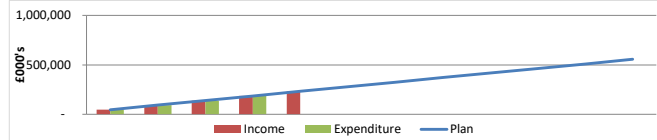
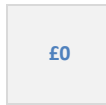
METRIC:

PLAN:

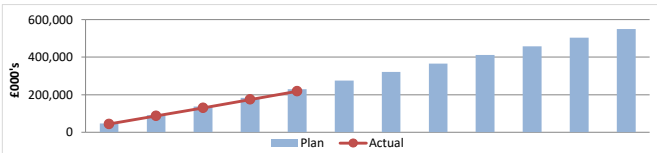
-£3,358
6.06
Cumulative COVID-19
Expenditure and Cumulative
Truing Up Requirement



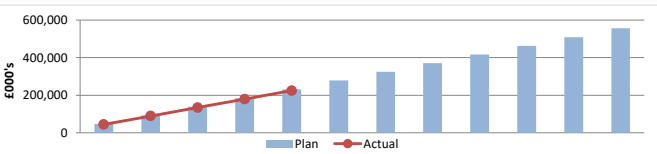
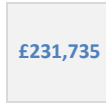
£0
6.07
Cumulative Income and
Expenditure Position against
Plan



£218,374
6.08
Cumulative Operational
Expenditure against Plan
(exc. COVID)



£224,371
6.09
Cumulative Income against
plan (exc. Truing Up)



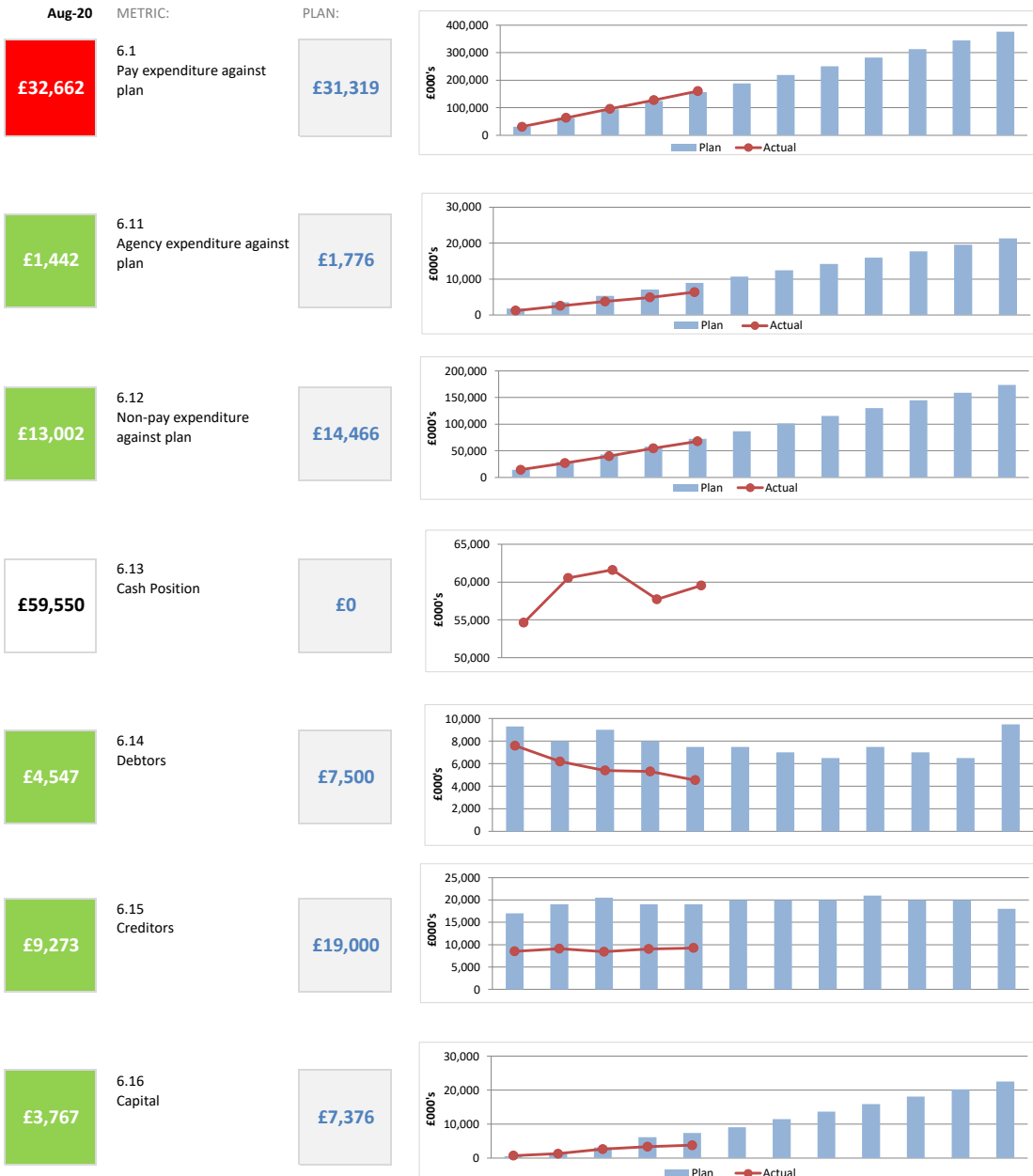
Income and Expenditure Account

	Annual Plan £000's	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's
NHS England	65,544	27,310	27,311	1
Clinical commissioning groups	415,416	173,090	172,812	-278
Local authorities	4,692	1,955	1,797	-158
Non-NHS: private patients	1,164	485	78	-407
Non-NHS: other	1,116	465	723	258
Operating Income from Patient Care Activities	487,932	203,305	202,721	-584
Research and development (both IFRS 15 and non-IFRS 15 income)	2,904	1,210	885	-325
Education and training (excluding notional apprenticeship levy income)	19,020	7,925	8,716	791
Other income	46,308	19,295	18,633	-662
Other Operating Income	68,232	28,430	28,234	-196
Employee Expenses	-375,828	-156,595	-160,486	-3,891
Drugs Costs	-56,016	-23,340	-21,482	1,858
Supplies and Services - Clinical	-45,996	-19,165	-17,450	1,715
Depreciation	-8,652	-3,605	-4,217	-612
Amortisation	-84	-35	-138	-103
CIP	0	0	0	0
Other Costs	-62,844	-26,185	-24,544	1,641
Total Operating Expenditure	-549,420	-228,925	-228,317	608
OPERATING SURPLUS/(DEFICIT)	6,744	2,810	2,638	-172
Finance income	204	85	0	-85
Finance expense	-324	-135	-218	-83
PDC dividends payable/refundable	-6,624	-2,760	-2,386	374
NET FINANCE COSTS	0	0	34	34
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	0	0	0	0
Corporation tax expense	0	0	0	0
SURPLUS/(DEFICIT)	0	0	34	34

TRUST BOARD REPORT : August-2020

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY



Pay Expenditure Analysis

Staff Group	Annual Plan	Year to Date						
		Plan	Contract	WLI/ Overtime	Bank	Agency	Total	Variance
Consultants	62,304	25,960	24,031	256	0	2,062	26,349	389
Medical and Dental	46,800	19,500	19,252	37	0	1,753	21,042	1,542
Nursing	100,452	41,855	36,337	243	5,787	2,240	44,608	2,753
Healthcare Scientists	9,655	4,023	4,974	4	8	18	5,004	981
Scientific, Therapeutic and technical	13,767	5,736	6,657	53	11	0	6,722	986
Allied Health Professionals	20,630	8,596	10,445	165	0	24	10,633	2,037
HCA's and Support Staff	62,604	26,085	21,793	393	37	138	22,360	-3,725
Exec Board and Senior managers	15,032	6,263	6,057	5	0	0	6,063	-201
Admin & Clerical	43,204	18,002	17,007	1	0	79	17,087	-915
Pay Reserves	0	0	0	0	0	0	0	0
Apprenticeship Levy	1,380	575	619	0	0	0	619	44
TOTAL	375,828	156,595	147,172	1,157	5,844	6,313	160,487	3,892

TRUST BOARD REPORT : August-2020

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Aug-20 METRIC: PLAN:

6.17 Capital Service Cover

£0 £0

6.18 Liquid Ratio

£0 £0

6.19 I&E Margin

£0 £0

6.2 I&E Margin Variance from Plan

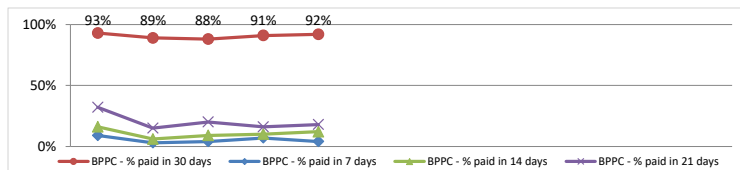
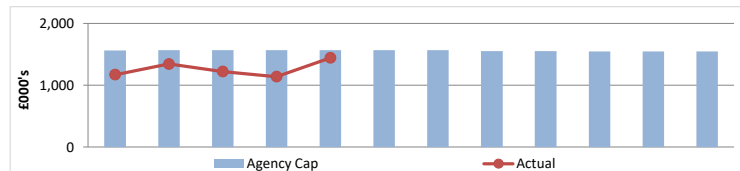
£0 £0

6.21 Agency Spend against Agency Cap

£1,442 £1,565

BPPC Performance

Within 30 days	6.22 BPPC - % paid in 30 days	92%	Within 7 days	6.23 BPPC - % paid in 7 days	4%
Within 14 days	6.24 BPPC - % paid in 14 days	12%	Within 21 days	6.25 BPPC - % paid in 21 days	18%



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.

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 92% 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 4%. At this stage we have no benchmarking information to assess our performance against.

RESEARCH AND DEVELOPMENT REPORT

August-2020

Produced September 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

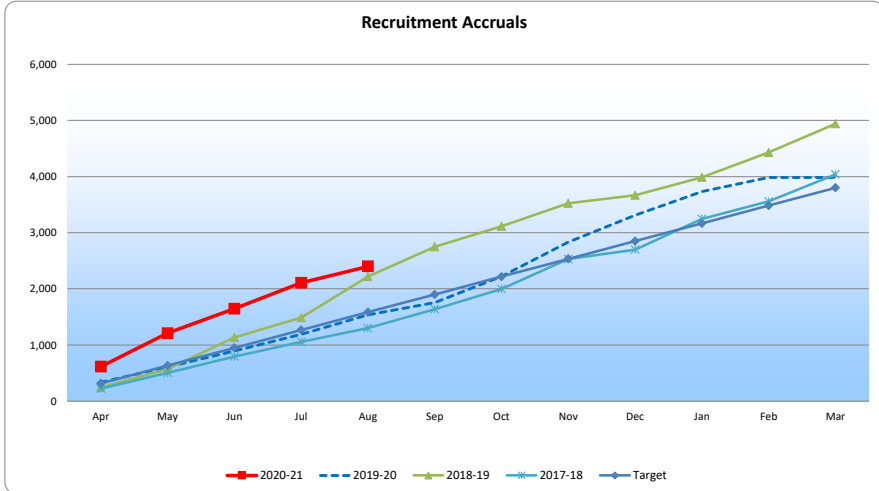
To ensure financial stability

TRUST BOARD REPORT : August-2020

CLINICAL RESEARCH PERFORMANCE REPORT

Recruitment

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2020-21	615	595	435	462	293								2400
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



Despite concentrating on Covid studies to date this year we have still recruited 2400 patients into our research, which is fantastic. We have seen a large rise in this number in the last month as we have found out the Psychological Impact study has been adopted onto the Portfolio and so can now be included in our return to the CRN (an additional 405 accruals). In addition, we have also recruited to some studies that are not badged as portfolio (so not included in our CRN return) which have also accrued 13 patients .

Covid Study Breakdown April-Aug 2020

Covid Studies	Accruals Running Total 18/19
CCP	444
Genomicc - Scarborough	2
Genomicc - York	15
Recovery - Scarborough	33
Recovery - York	70
REMAP CAP	6
PRIEST - Scarborough	215
PRIEST - York	298
Covpall	0
Pan Covid - Scarborough	2
Pan Covid - York	34
SARS- COV2 (SIREN) - Scarborough	22
SARS- COV2 (SIREN) - York	172
Psychological Impact	405
UKOSS - Scarborough	3
UKOSS - York	10
COVID TOTAL - All Care Groups Portfolio Studies	1718
COVID TOTAL - All Care Groups**	
Non Portfolio Studies	13

Not included in CRN return total of 2400

Non Covid CG Totals April - Aug 2020

CG1 Non Covid Accruals	666
CG2 Non Covid Accruals	1
CG3&5 Non Covid Accruals	9
CG4 Non Covid Accruals	5
CG6 Non Covid Accruals	1
TOTAL	682

CCP The aim of the study is 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.

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

SIREN This study is investigating the impact of detectable anti SARS-COV2 antibodies on the incidence of COVID-19 in healthcare workers

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

**** 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.

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.

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.

Recruitment Target for Year	3800
Open Trials	42
Total Due to Close 20/21	17

Commercial	5%
Non-Commercial	95%
Interventional	38%
Observational	62%
I & O	0%

OPERATIONAL PERFORMANCE REPORT

August-2020

Produced September 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: August-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:

Nationally, the COVID-19 Pandemic has moved from a level 4 response to level 3 (regional oversight). The Trust continues to focus on Phase 3 delivery (restoration of routine services)

As at the 9th September 780 patients have been admitted with confirmed COVID-19; sadly 216 patients who were COVID-19 positive have died, there have been two deaths since the 18th of June; 562 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 and maintain agile step-up escalation.

Phase 3 planning for Elective Services Restoration and Winter Planning is in progress. Additional guidance was published at the end of August on infection management, covering low, medium and high risk arrangements. The national planning guidance has now been received, with a draft Humber Coast and Vale (HCV) Phase 3 plan submitted on the 1st September and a final plan due on the 21st September 2020.

The purpose of Phase 3 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 national guidance expects Trusts and Systems to re-establish the following levels of activity:

- In September at least 80% of last year's activity for both overnight electives and for outpatient/Day Case procedures, rising to 90% in October.
- Systems return to at least 90% of their last year's levels of MRI/CT and endoscopy procedures, with an ambition to reach 100% by October.
- 100% of last year's activity for first outpatient attendances and follow-ups (face to face or virtually) from September through the remainder of the year.

The draft plan for York Teaching Hospital NHS Foundation Trust (YTHFT), as part of the Humber Coast and Vale submission did not anticipate meeting the national targets, and assumed the activity carried out at the Independent Sector would contribute to these activity levels. The feedback from the draft submission is that the Independent Sector is not included in our activity numbers; and therefore a full review of opportunity is underway.

Performance Headlines:

- 1,764 fifty-two week wait pathways have been declared for August 2020. The high levels of 36 plus weeks waiters is expected to result in further increases to the Trust's 52 week position.
- The Trust has made progress against overall Referral to Treatment backlog, with the % of patients waiting under 18 weeks at month end increasing from 42.3% in July to 52.7% in August.
- The Trust achieved compliance in 4 out of 7 cancer standards in July 2020, all pathways are being tracked and monitored in line with national guidance.

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: Aug 2020

TRUST BOARD REPORT: August-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	

Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
19683	18486	18800	17848	17926	17169	16770	13034	7755	10753	11889	14453	16142
3671	4043	3689	4337	4471	4257	3065	2131	490	766	673	1098	2146
81.3%	78.1%	80.4%	75.7%	75.1%	75.2%	81.7%	83.7%	93.7%	92.9%	94.3%	92.4%	86.7%
38%	37%	30%	42%	42%	43%	44%	42%	43%	42%	42%	41%	39%
912	1275	817	1200	1499	1428	801	468	55	105	53	102	209
7	32	16	9	15	28	4	0	0	0	0	0	0
55%	54%	54%	51%	54%	58%	61%	64%	71%	71%	70%	65%	61%
33%	32%	32%	31%	32%	34%	38%	48%	88%	79%	77%	68%	52%
4.4%	4.6%	4.1%	3.0%	3.1%	3.0%	2.1%	2.4%	0.8%	0.8%	0.8%	1.4%	1.8%
206	219	202	223	226	222	194	183	145	150	151	158	181
983	969	1112	994	1068	1035	943	799	477	542	502	586	594
761	744	727	710	694	685	681	677	-	-	-	-	-
547	605	571	552	652	625	465	324	113	126	91	118	151
304	289	274	361	342	323	304	285	-	-	-	-	-
362	466	332	476	668	554	263	176	6	15	14	13	26
182	149	116	271	257	244	231	215	-	-	-	-	-
4879	4592	5177	5060	5118	5186	5004	3978	2936	3572	3986	4533	4528
626	746	898	1017	970	803	779	568	305	345	352	369	364
1325	1355	1215	1054	1183	1258	1233	775	-	-	-	-	-
333	335	342	182	249	408	271	256	34	32	36	36	65
1987	1932	2348	2499	2413	2516	2410	1906	1089	1375	1628	1898	1864
1094	1091	1124	1140	1176	1137	1103	778	623	710	705	766	937
72	89	104	99	123	127	91	51	65	39	15	25	25
938	876	994	971	1030	989	939	689	454	575	698	-	-
409	397	363	363	377	384	342	147	176	185	184	149	230
384	380	361	362	376	407	387	311	144	178	176	175	203
148	136	125	105	139	142	121	55	38	40	34	30	35
134	138	129	109	118	145	133	98	39	42	43	40	40

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

TARGET	SPARKLINE / Vs. PREVIOUS MONTH
180	

Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
18471	18972	20391	18774	17508	20630	18807	15334	7437	10653	15401	17738	15716
9404	9518	10167	9288	8628	10022	9047	7411	2053	3962	5920	7331	6629
2103	2240	2394	2256	2037	2337	2053	1702	888	1024	1200	1384	1185
6964	7214	7830	7230	6843	8271	7707	6221	4496	5667	8281	9023	7902
8309	8733	9877	9192	7937	9520	8703	7460	3618	4167	5310	6174	5554
14099	14870	16982	16462	13107	16838	14515	13365	7950	8080	9744	11346	10754
1.70	1.70	1.72	1.79	1.65	1.77	1.67	1.79	2.20	1.94	1.84	1.84	1.94
6.0%	6.0%	5.9%	6.0%	5.8%	6.2%	6.0%	5.5%	3.9%	3.8%	4.0%	4.2%	5.3%
240	232	270	213	164	219	250	751	1331	653	734	707	236
1214	1316	1474	1076	1303	1158	978	2070	3855	3191	3571	4441	2192
12189	12035	11505	12156	12879	12953	12971	14468	16876	19525	21994	24726	26543
685	793	867	861	591	755	666	489	109	170	254	341	348
5999	6270	6807	6539	5770	6737	6215	4924	1953	2447	3414	4435	4451
13	60	26	41	48	42	10	333	14	0	3	0	2
85	173	148	173	152	142	89	408	21	4	19	28	37
76%	73%	78%	77%	70%	72%	74%	58%	16%	25%	41%	66%	72%
619	726	796	720	674	784	720	484	104	98	264	537	586

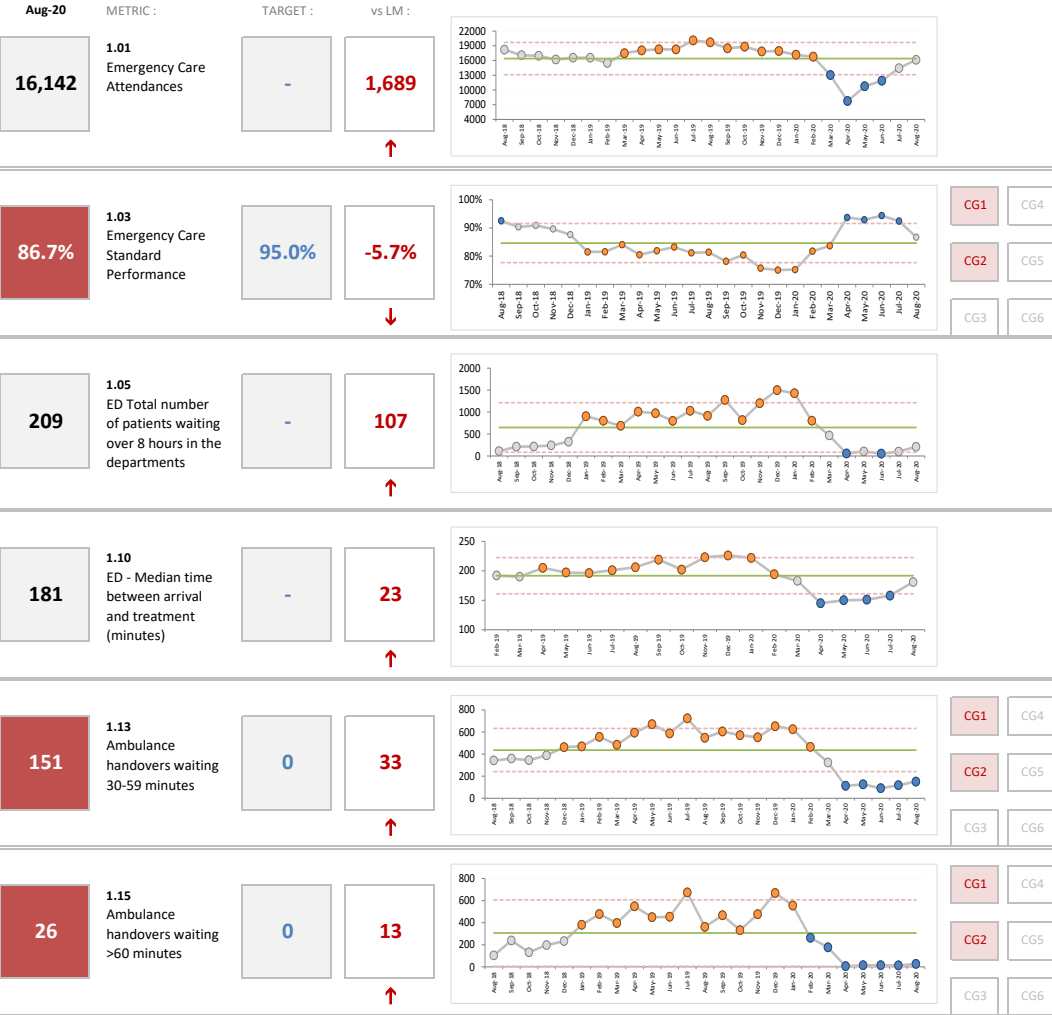
TRUST BOARD REPORT: August-2020

OPERATIONAL PERFORMANCE SUMMARY

REF	DIAGNOSTICS	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
3.12	Diagnostics: Patients waiting <6 weeks from referral to test	99%		81.7%	82.4%	83.3%	85.2%	81.6%	81.1%	86.1%	75.1%	22.6%	23.0%	34.3%	46.2%	46.4%
3.13	Diagnostics: Total Fast Track Waiters			377	320	300	354	381	365	417	383	462	596	597	720	537
3.19	Diagnostics: Urgent Radiology Waiters			321	350	378	370	360	427	393	140	176	259	337	417	379
3.38	Total Overdue Planned Radiology Waiters			130	214	193	330	287	336	317	390	894	1333	1300	1103	1137
3.22	Total Radiology Reporting Backlog			6998	5392	7410	7451	4303	4162	4910	4671	1040	503	260	926	1346
3.31	Total Endoscopy Surveillance Backlog (Red)			942	942	965	1038	1079	1087	835	746	870	973	1073	1161	1264
REF	18 WEEKS REFERRAL TO TREATMENT	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
5.01	RTT Percentage of incomplete pathways within 18wks	92%		76.7%	76.0%	75.4%	75.2%	74.8%	74.0%	73.6%	69.7%	58.7%	49.5%	42.0%	42.3%	52.7%
5.02	RTT Waits over 52 weeks for incomplete pathways	0		1	1	0	0	0	1	0	32	158	452	910	1360	1764
5.03	RTT Waits over 26 weeks for incomplete pathways	0		3239	3595	3508	3526	3929	3917	3866	4413	5734	7567	8800	9815	10435
5.04	RTT Waits over 36 weeks for incomplete pathways	0		868	887	1076	1168	1292	1306	1311	1681	2474	3424	4597	5458	6131
5.05	RTT Total Waiting List	29,583		29252	29771	29442	29123	30187	29583	29534	28508	24947	24888	25057	25107	26141
5.06	Number of RTT patients on Admitted Backlog (18+ weeks)			3543	3639	3686	3711	3919	4005	4075	4540	5506	6442	7114	7182	6654
5.07	Number of RTT patients on Non Admitted Backlog (18+ weeks)			3283	3445	3554	3512	3694	3687	3727	4085	4797	6133	7429	7296	5711
5.08	RTT Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring)	8.5		-	-	11.6	12.0	12.1	12.1	12.0	13.7	17.7	20.1	21.4	21.4	20.7
REF	CANCER (ONE MONTH BEHIND DUE TO NATIONAL REPORTING TIMETABLE)	TARGET	SPARKLINE / PREVIOUS MONTH	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
6.01	Cancer 2 week (all cancers)	93%		89.9%	90.9%	94.0%	92.4%	94.8%	92.6%	94.4%	90.8%	85.6%	96.9%	96.4%	95.0%	-
6.02	Cancer 2 week (breast symptoms)	93%		97.1%	98.1%	98.0%	97.6%	98.4%	97.4%	99.1%	95.3%	90.9%	95.7%	97.6%	96.4%	-
6.03	Cancer 31 day wait from diagnosis to first treatment	96%		99.5%	97.5%	98.8%	96.4%	98.0%	96.7%	100.0%	96.8%	98.6%	99.4%	97.8%	96.8%	-
6.04	Cancer 31 day wait for second or subsequent treatment - surgery	94%		84.4%	100.0%	97.2%	97.8%	87.2%	80.0%	91.1%	94.4%	75.0%	82.1%	89.7%	88.2%	-
6.05	Cancer 31 day wait for second or subsequent treatment - drug treatments	98%		100.0%	100.0%	98.8%	98.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
6.06	Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%		81.2%	80.2%	78.9%	75.9%	76.5%	76.8%	73.3%	83.9%	74.4%	82.4%	82.4%	79.4%	-
6.07	Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	90%		90.6%	100.0%	98.0%	91.4%	86.4%	87.1%	96.8%	95.6%	100.0%	80.0%	50.0%	0.0%	-
6.08	Cancer 28 Day Wait - Faster Diagnosis Standard	75%		60.2%	59.6%	64.9%	68.9%	70.7%	63.4%	72.3%	69.4%	54.2%	66.9%	64.4%	65.9%	-
REF	COMMUNITY	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
7.01	Referrals to District Nursing Team			1896	2150	2881	2960	1937	1856	1481	1449	1543	1402	1435	1311	1337
7.03	Number of District Nursing Contacts			15237	14478	15606	14629	16944	17968	16947	18851	16259	18289	20800	21847	19926
7.04	Referrals to York Community Response Team			174	166	192	168	170	163	114	181	208	189	179	171	157
7.05	Referrals to Selby Community Response Team			57	64	65	69	76	63	60	54	57	67	58	48	65
7.07	Number of York CRT Contacts			2702	3238	3396	4250	3404	3727	2745	3849	4197	4469	3711	4661	4426
7.08	Number of Selby CRT Contacts			1521	1758	2039	1846	1864	1960	1583	1840	1365	1269	1529	1734	1451
7.10	Community Inpatient Units Average Length of Stay (Days)			21.9	24.5	17.8	19.2	17.6	18.2	16.3	16.5	12.4	9.7	10.9	9.8	12.3
REF	CHILDREN AND YOUNG PERSONS (0-17 YEARS)	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
8.01	ECS Performance (Type 1 only)	95%		93.4%	86.7%	90.9%	86.8%	87.8%	90.2%	93.5%	93.7%	98.3%	98.4%	98.5%	97.5%	94.1%
8.02	ED patients waiting over 8 hours in department			12	12	14	35	26	26	6	6	2	1	0	2	1
8.03	Cancer 14 day performance	93%		100.0%	85.7%	80.0%	100.0%	83.3%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
8.05	Diagnostics	99%		83.5%	91.5%	90.6%	87.7%	85.0%	84.7%	90.0%	78.6%	17.1%	14.6%	34.2%	41.4%	44.6%
8.06	RTT performance	92%		81.2%	80.1%	80.6%	81.4%	82.5%	81.7%	81.4%	78.4%	67.3%	55.5%	44.6%	41.1%	51.7%
8.07	RTT TWL			2521	2536	2561	2500	2593	2567	2553	2495	2056	1994	2009	1903	1997
8.08	RTT 52 week waiters			0	0	0	0	0	0	0	2	7	24	51	102	147

TRUST BOARD REPORT: August-2020

OPERATIONAL PERFORMANCE: ED



HIGHLIGHTS FOR BOARD TO NOTE:

86.7% of ED patients were admitted, transferred or discharged within four hours during August 2020. This remains a significant improvement on August 2019 (81.3%). Root cause analysis of all ECS breaches continues at both sites to inform improvement and learning. As numbers through both departments are increasing, themes include delays in admission at key periods, linked to the required turnaround time for swab tests in the admission units. A review of admitting spaces is underway.

Attendances were significantly increased (11.7%) in August, compared with July 2020, although remain down -3,541 (-18%) compared to August 2019. The year to date Type 1 attendances year to date at our main EDs are down by 30%; -13,397 attendances compared to the same period last year, however for August Type 1 attendances were only down by 8% (-831 attendances). Scarborough ED has seen a 'bounce' in the number of attendances; the 3,522 Type 1 attendances were on a par with the number of attendances seen in August 2019 (3,511).

York ED achieved 84.0% for Type 1 attendances in August 2020 with Scarborough ED achieving 70.2% Type 1 ECS performance.

There were zero twelve hour trolley waits in August 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.

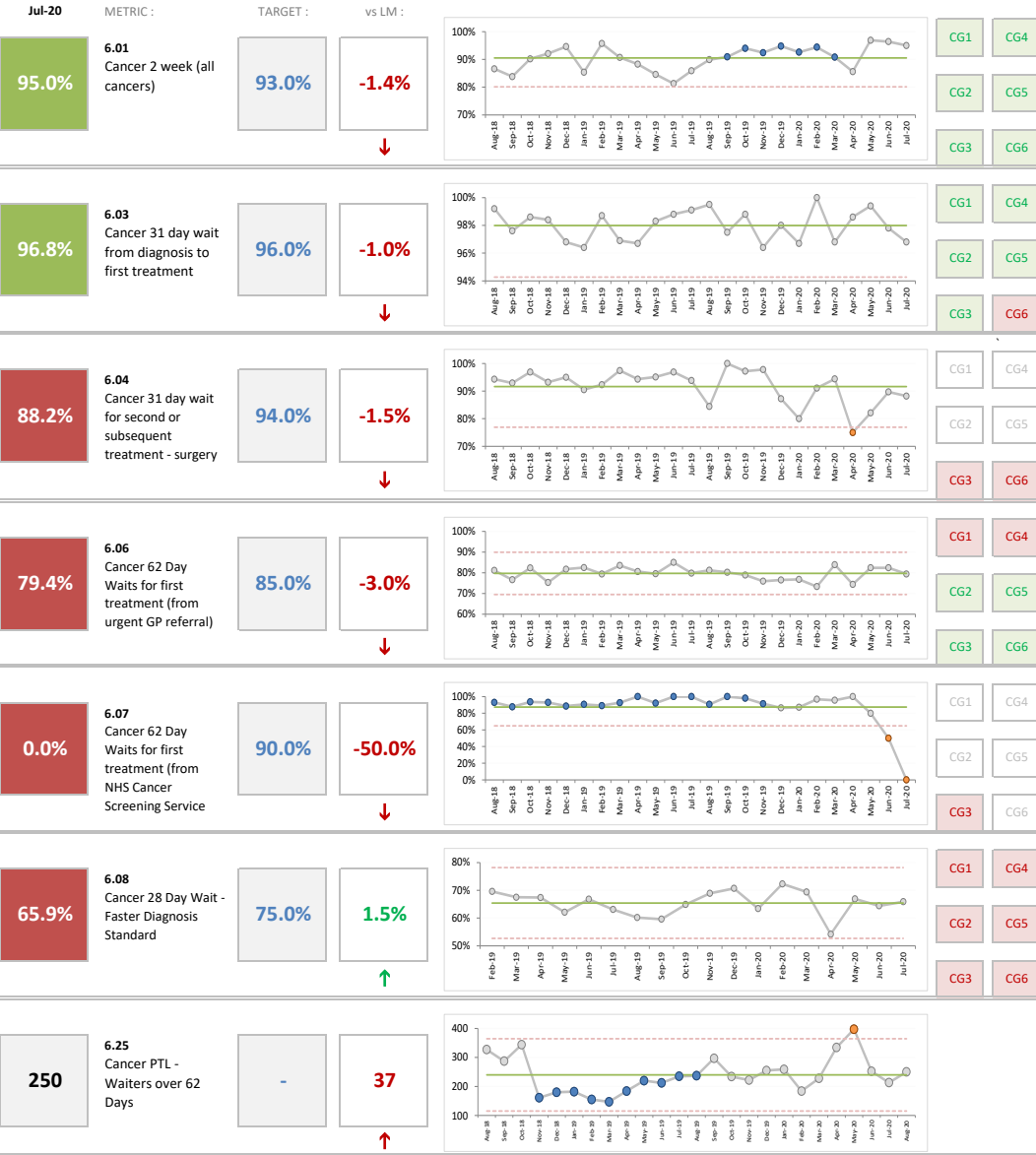
Super-Stranded (Length of Stay [Los] of 21+ Days) patients at the end of June 2020 were the lowest level in the last two years (30 patients). This has significantly contributed to the bed occupancy levels at both main hospitals, and created the protected capacity in the case of a 'surge' of COVID-19 patients.

Non-elective admissions in August 2020 were 12% down on the same period last year (-613 admissions) and are comparable with July, despite higher number of emergency care attendances. York Hospital saw a reduction of 331 admissions (-10%) with Scarborough seeing a reduction of 282 (-17%) compared to August 2019.

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 from December. 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: August-2020

OPERATIONAL PERFORMANCE: CANCER



HIGHLIGHTS FOR BOARD TO NOTE:

Trust cancer performance in July 2020 saw 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 July (95.0%), in line with performance in June (96.4%). Performance against the 62 day wait for first treatment target decreased in July (79.4%) compared to June (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.

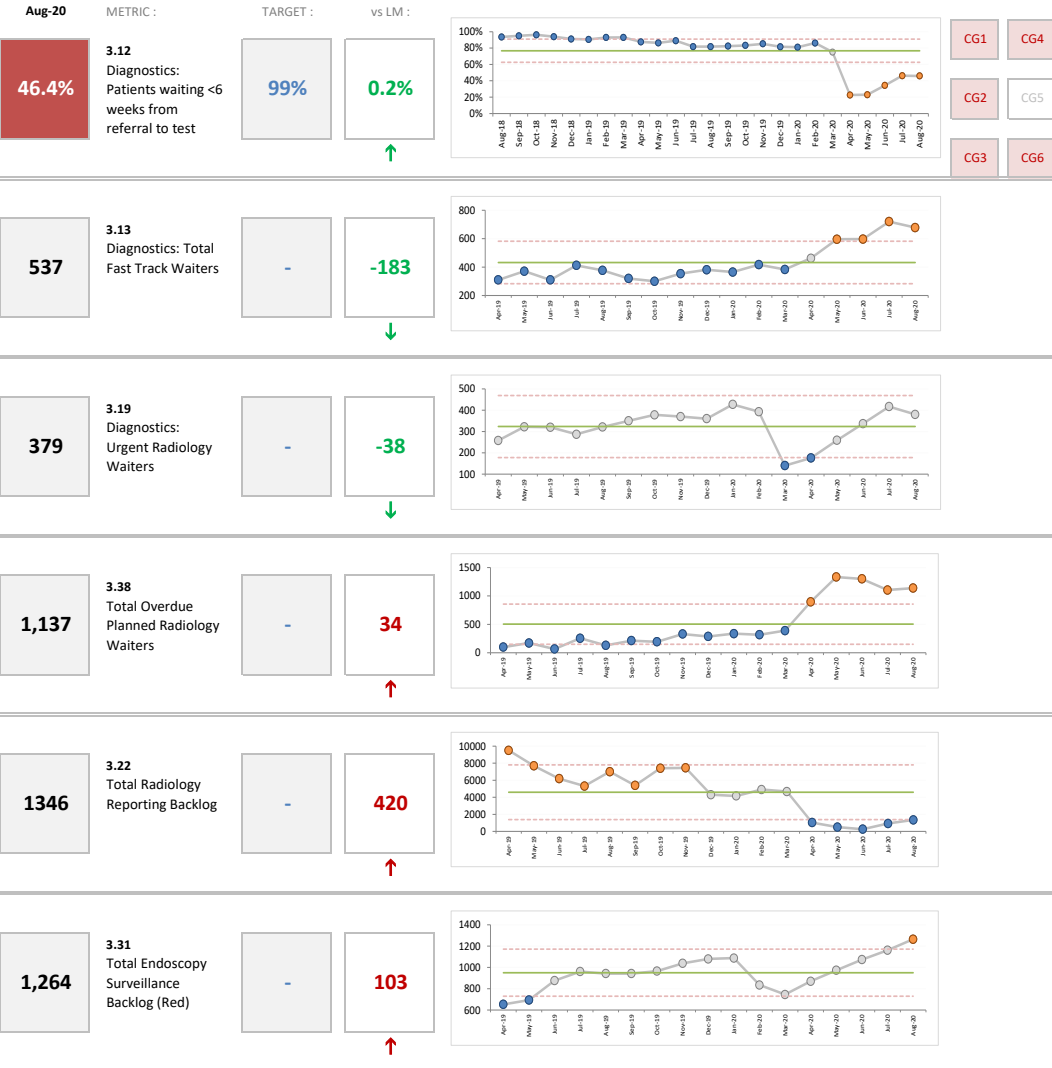
The numbers of cancer fast track referrals received in August 2020 remain below expected levels. August 2020 saw the Trust receive 1,515 Fast Track referrals a 9.7% (-163 referrals) reduction compared to August 2019.

There was no change in the 28 Day Faster Diagnosis Standard position during July 2020 (65.9% in June and July). 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. The Trust is bidding for capital monies to support diagnostic pathways.

At the end of August 2020 there were 224 patients on the Trust's Patient Tracking List (PTL) that had waited over 62 days, an increase of 15 on July 2020. Of those waiting over 62 days, 178 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. There has been a real focus on the long wait patients at the Trust's weekly PTL Cancer Wall meetings. The teams have consistently reduced the number of above 104 day waits week on week since this was implemented. There were 108 on the 27th July, as at the 9th of September there are 67. There is significant national focus on this cohort of patients.

TRUST BOARD REPORT: August-2020

OPERATIONAL PERFORMANCE: DIAGNOSTICS



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. 46.4% of patients received their diagnostic test within 6 weeks, this is comparable to July's performance.

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 increase. The Endoscopy performance was 36.7%, within that performance has improved for cystoscopy at 81.3%, however there is a growing backlog in gastroscopies. The Endoscopy clinical team have developed a risk-stratification approach to the backlog, prioritising those with a higher level of assessed risk and have increased Endoscopy provision to address backlogs and reduce delays.

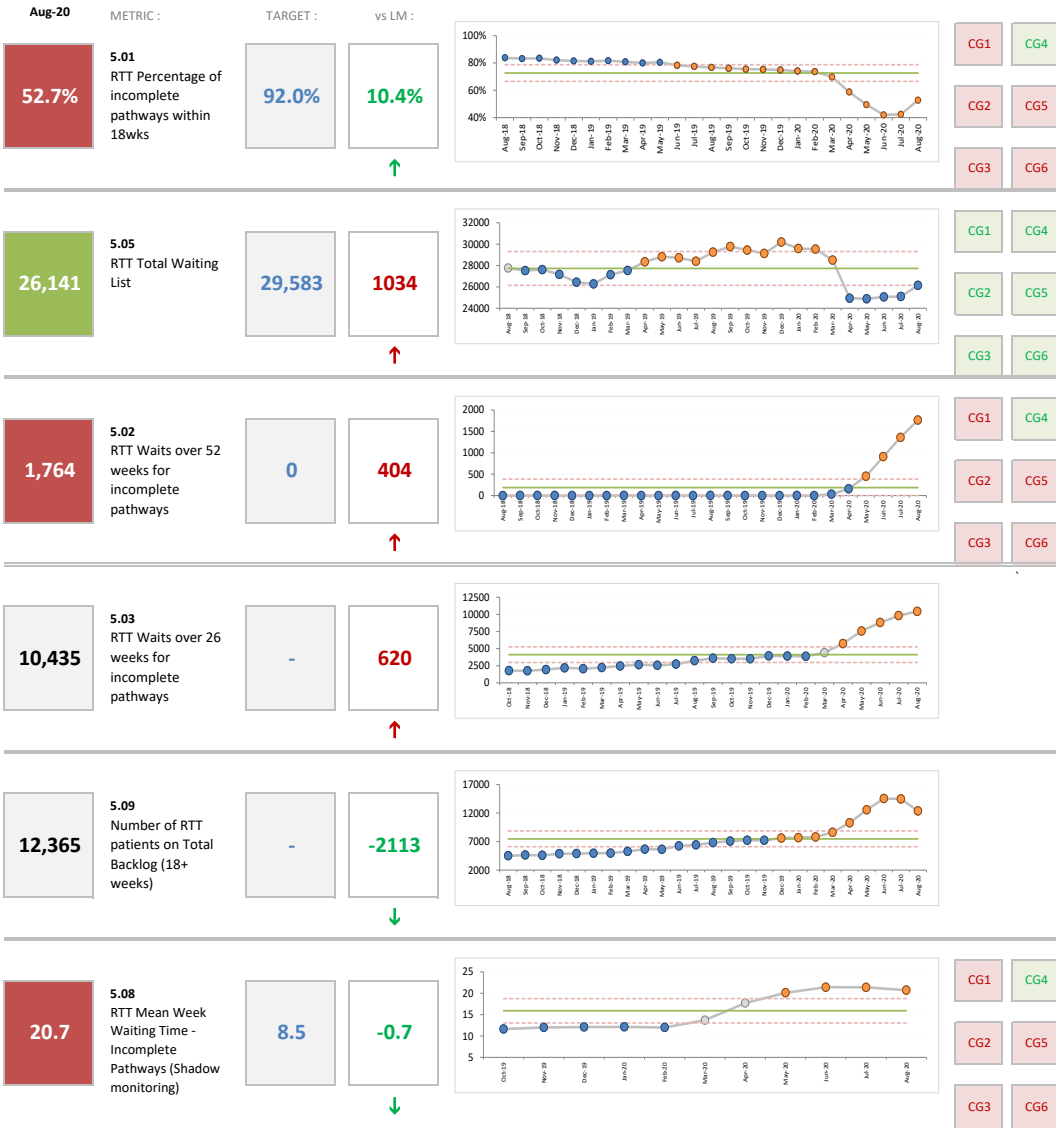
Radiology has also been affected by the COVID-19 pandemic; however at the end of July the provisional radiology diagnostics performance was 53.9%, with MRI performing at 83.8% and CT to 71.3%.

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

Performance for Audiology diagnostics has provisionally increased to 30.9% (up from 1.5% at the end of May) having achieved the 99% target for ten of the previous twelve months.

TRUST BOARD REPORT: August-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. There has been a significant reduction in the RTT Total Waiting List (TWL) compared to last year with the Trust not receiving as many routine referrals due to the COVID-19 pandemic.

Referrals received reduced to 15,716 in August 2020, down from 17,738 in July 200 and compares to 18,471 in August 2019 (-2,755, -15%). Referrals from GPs have fallen to 6,629, a reduction of 30% (-2,775) compared to the same period last year.

The Total Waiting List has increased in August; however the proportion of long waiters has decreased, with the overall RTT position improving from 42.3% of patients waiting less than 18 weeks from referral to treatment; to 52.7% in August. The Trust remains on target to achieve the 2020/21 requirement to have fewer than 29,583 open clocks at the end of March 2021.

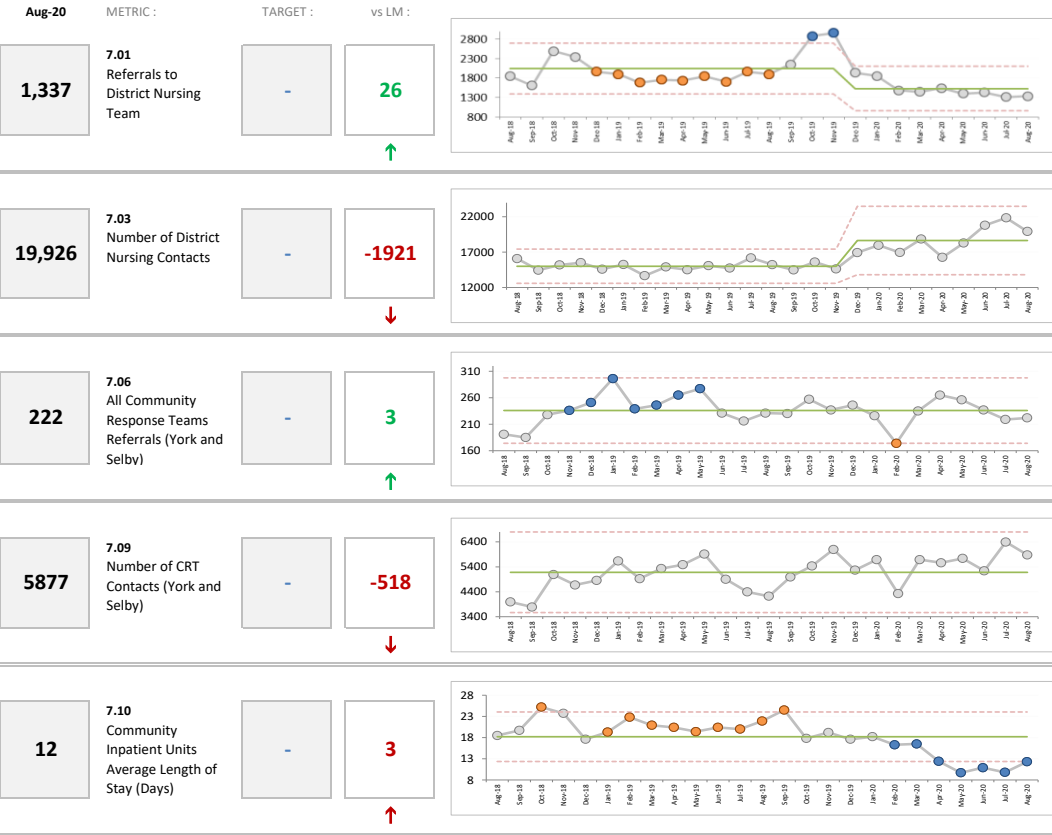
The existing pressure in the system, combined with the stand-down of routine elective surgery has resulted in the Trust having 1,764 patients waiting 52 weeks or longer at the end of August 2020. The recommencement of surgery has seen a significant number of treatments completed in specialities with long wait patients during August, including 626 ENT cases and 217 Max-Fax cases.

The Trust has set out key operational priorities for the Phase 3 recovery to support routine restoration, including reducing time to first appointment, overdue Follow Ups, long wait patients and reducing 'Do No Attend' rates to maximise capacity. These will be reviewed weekly by operational teams to monitor progress.

The Care Groups have worked to increase theatre productivity plans, in addition to use of the Independent Sector, with increased delivery expected during Quarter 3 and have refreshed the Outpatient productivity programme to maximise utilisation of capacity. Where possible, the Trust has implemented additional contractual activity to increase the number of patients seen and treated.

TRUST BOARD REPORT: August-2020

OPERATIONAL PERFORMANCE: COMMUNITY ACTIVITY



HIGHLIGHTS FOR BOARD TO NOTE :

The Board will note that the number of District Nursing contacts remains well above average for the third consecutive month. As the number of referrals remains stable, this reflects increased demand from patients on the caseload relating to COVID changes including addressing interventions deferred during the emergency response phase, patients who were self-caring or being supported by family returning the nurses caseload and meeting primary care requests for intervention as more normal activity resumes (such as long term condition management). Given this coincides with the return of those staff redeployed to work alongside community teams during the emergency response phase this is resulting in significant pressure on community nursing teams and challenges to complete all required interventions. Bringing additional resource into the teams over the remainder of the year has been identified as a Care Group priority through winter and COVID recovery planning.

Length of stay in community inpatient units continues below the lower expected limits as the impact of implementing national discharge guidelines (single funding stream and the Discharge Command Centre) means patients are able to leave hospital sooner and continue their recovery at home or alternative care setting.

The number of Community Response Team (home based intermediate care) has been above average for the past six months reflecting that, despite reduced hospital admission numbers, the number of referrals into the service have remained constant but that the dependency of these patients has increased, requiring additional input from the team as patients are supported to return to independence.

TRUST BOARD REPORT: August-2020

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



HIGHLIGHTS FOR BOARD TO NOTE:

Performance against the ECS for patients aged 0-17 has dropped to 94.1% in August, breach analysis has identified some delays in doctor assessment, and maximising the use of Child Assessment Unit. The Care Group(s) are taking forward remedial action to address this.

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

RTT performance against the 92% target is slightly lower than the Trust overall performance (51.7% compared to 52.7%). The Trust is declaring 147 RTT fifty-two week waiters relating to children and young people at the end of August 2020. Children comprise circa 40% of the Total Waiting List, yet comprise approximately 8% of the total number of the fifty-two week breaches that the Trust is declaring for the end of August 2020 (1,764).

The majority of the patients are under Ear, Nose and Throat and Maxillo-Facial Surgery. Those under ENT are predominately waiting for 'Grommet Insertion' or 'Adenotonsillectomy' and Maxillo-Facial the majority are waiting for removal or exposure of teeth. The operational teams are working to prioritise these on the all-day paediatric lists and provide a recovery plan to reduce the number of long wait children and young people.

TRUST BOARD REPORT : August-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	

Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
9650	8676	8616	7939	8385	8019	7775	6068	3395	4496	4930	6483	7486
1396	1772	1653	1809	2138	1790	1138	828	322	478	375	650	1089
85.5%	79.6%	80.8%	77.2%	74.5%	77.7%	85.4%	86.4%	90.5%	89.4%	92.4%	90.0%	85.5%
52%	64%	57%	57%	54%	58%	61%	56%	52%	54%	52%	50%	47%
496	721	499	571	871	662	291	172	37	79	38	75	139
7	32	16	9	15	27	4	0	0	0	0	0	0
42%	37%	37%	39%	35%	43%	45%	48%	38%	36%	34%	25%	27%
26%	20%	20%	19%	17%	24%	30%	42%	86%	77%	85%	71%	51%
3.8%	3.8%	1.9%	2.5%	4.6%	3.0%	1.7%	2.2%	0.9%	1.3%	1.4%	2.1%	2.3%
226	274	239	285	330	282	217	207	179	184	181	191	213
453	427	507	412	484	517	450	393	290	293	272	304	311
290	357	328	283	385	352	265	166	80	82	56	74	100
185	177	168	250	250	240	220	210	-	-	-	-	-
138	252	200	223	388	255	105	60	5	13	13	12	23
120	94	69	141	147	134	131	130	-	-	-	-	-
1686	1539	1784	1659	1649	1811	1755	1424	1026	1233	1305	1549	1510
249	281	323	328	365	278	301	224	110	125	132	160	143
372	482	426	405	527	418	510	335	-	-	-	-	-
713	649	790	758	699	869	868	640	305	399	481	594	537
421	445	466	444	464	452	399	302	232	284	253	291	389
27	33	47	38	52	39	30	25	31	11	4	10	5
327	307	329	312	352	350	336	230	177	209	231	-	-
132	124	121	126	120	114	98	59	58	66	60	52	104
127	126	112	121	126	125	123	98	53	52	53	53	71
38	34	27	29	35	37	29	13	14	9	11	10	16
36	37	30	27	30	34	35	25	12	9	9	7	11

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

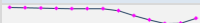


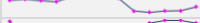

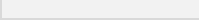


TARGET	SPARKLINE / PREVIOUS MONTH
60	

Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
6073	6144	6724	6228	5685	6805	6265	5164	2322	3615	5240	6301	5600
3386	3335	3568	3416	3109	3717	3327	2773	815	1433	2098	2561	2277
691	720	750	678	621	701	677	568	253	300	354	378	390
1996	2089	2406	2134	1955	2387	2261	1823	1254	1882	2788	3362	2933
2875	3253	3649	3318	2861	3468	3158	2692	1126	1250	1595	1917	1838
4714	5140	6040	5760	4620	5913	5248	4547	2541	2516	3076	3487	3361
1.64	1.58	1.66	1.74	1.61	1.71	1.66	1.69	2.26	2.01	1.93	1.82	1.83
7.0%	6.9%	7.1%	7.3%	6.9%	7.5%	7.1%	6.6%	4.8%	3.8%	4.4%	4.4%	5.5%
92	101	108	96	71	94	121	248	434	218	290	208	63
474	580	460	374	495	467	362	701	1234	1126	1170	1049	442
249	290	314	284	189	287	243	196	22	63	105	76	74
1899	1949	2047	1804	1650	1967	1764	1421	691	1041	1145	1386	1459
8	37	11	21	24	9	2	86	5	0	0	0	1
27	81	53	59	56	35	25	107	8	1	2	3	1
73%	65%	72%	66%	51%	60%	62%	39%	0%	20%	32%	53%	64%
167	183	210	163	182	218	209	153	38	61	97	112	159

TRUST BOARD REPORT : August-2020

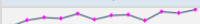

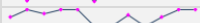
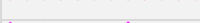

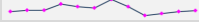


OPERATIONAL PERFORMANCE SUMMARY - SCARBOROUGH

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
	 ▲
	 ▲
	 ▲
	 ▲
	 ▲
	 ▼
	 ▼
	 ▼

Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
80.8%	79.5%	78.7%	78.3%	77.3%	77.4%	77.3%	73.4%	62.4%	53.2%	44.9%	45.5%	56.3%
0	0	0	0	0	0	0	13	54	136	234	335	445
726	824	803	845	1048	1087	1049	1205	1580	2088	2456	2792	3032
178	178	211	227	282	346	357	452	620	894	1219	1462	1683
9134	9233	9055	8968	9536	9633	9693	9347	7856	7716	7860	7896	8374
1758	607	674	716	798	889	943	1089	1362	1639	1845	1836	1625
1098	1289	1252	1229	1362	1287	1261	1398	1590	1970	2484	2469	2034
-	-	10.5	10.8	11.3	11.1	11.1	12.7	16.8	19.1	20.2	20.0	19.2

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%	 ▲

Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
78.1%	84.8%	87.8%	86.9%	92.1%	85.7%	90.4%	90.9%	84.7%	94.3%	92.9%	96.9%	-
100.0%	100.0%	98.0%	97.6%	98.4%	-	-	-	-	-	-	-	-
100.0%	90.7%	98.4%	97.0%	97.9%	90.3%	100.0%	95.4%	98.0%	100.0%	95.3%	98.0%	-
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%	100.0%	100.0%	-
79.4%	69.8%	78.1%	70.7%	66.7%	68.8%	66.0%	79.7%	73.1%	72.2%	75.0%	70.3%	-
-	-	-	-	-	-	-	0.0%	-	-	-	-	-
48.8%	50.3%	50.5%	59.1%	55.8%	53.6%	66.0%	55.7%	43.1%	45.8%	48.5%	50.2%	-

TRUST BOARD REPORT : August-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	

Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
10033	9810	10184	9909	9541	9150	8995	6966	4360	6257	6959	7970	8656
2275	2271	2036	2528	2333	2467	1927	1303	168	288	298	448	1057
77.3%	76.9%	80.0%	74.5%	75.6%	73.0%	78.6%	81.3%	96.2%	95.4%	95.7%	94.4%	87.8%
31%	31%	32%	35%	37%	36%	36%	34%	38%	36%	36%	36%	35%
416	554	318	629	628	766	510	296	18	26	15	27	70
0	0	0	0	0	1	0	0	0	0	0	0	0
60%	61%	61%	57%	63%	65%	68%	72%	91%	88%	88%	86%	78%
37%	37%	37%	36%	39%	39%	42%	52%	89%	80%	73%	66%	52%
6.8%	6.7%	4.2%	3.3%	2.3%	3.0%	2.2%	2.5%	0.8%	0.5%	0.6%	1.1%	1.5%
194	197	185	201	196	201	182	169	123	131	133	139	161
530	542	605	582	584	518	493	406	187	249	230	282	283
257	248	243	269	267	273	200	158	33	44	35	44	51
119	113	106	111	92	83	84	75	-	-	-	-	-
224	214	132	253	280	299	158	116	1	2	1	1	3
63	55	48	130	110	110	100	85	-	-	-	-	-
3193	3053	3393	3401	3469	3375	3249	2554	1910	2339	2681	2984	3018
377	465	575	689	605	525	478	344	195	220	220	209	221
953	873	789	649	656	840	723	440	-	-	-	-	-
1274	1283	1558	1741	1714	1647	1542	1266	784	976	1147	1304	1327
673	646	658	696	712	685	704	476	391	426	452	475	548
45	56	57	61	71	88	61	26	34	28	11	15	20
609	569	662	634	678	639	603	459	277	398	467	-	-
250	252	216	213	231	247	220	77	118	119	124	97	126
231	229	224	219	226	257	241	191	87	116	110	108	115
92	92	86	61	86	94	76	36	24	31	23	20	19
84	87	87	69	73	95	87	62	24	28	27	24	20

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



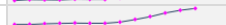


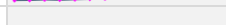

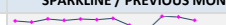
TARGET	SPARKLINE / PREVIOUS MONTH
120	

Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
12398	12828	13667	12546	11823	13825	12542	10170	5115	7038	10161	11437	10116
6018	6183	6599	5872	5519	6305	5720	4638	1238	2529	3822	4770	4352
1412	1520	1644	1578	1416	1636	1376	1134	635	724	846	1006	795
4968	5125	5424	5096	4888	5884	5446	4398	3242	3785	5493	5661	4969
5434	5480	6228	5874	5076	6052	5545	4768	2492	2917	3715	4257	3716
9385	9730	10942	10702	8487	10925	9267	8818	5409	5564	6668	7859	7393
1.73	1.78	1.76	1.82	1.67	1.81	1.67	1.85	2.17	1.91	1.79	1.85	1.99
5.6%	5.6%	5.4%	5.4%	5.4%	5.6%	5.5%	5.1%	3.6%	3.8%	3.9%	4.2%	5.3%
148	131	162	117	93	125	129	503	897	435	444	499	173
740	736	1014	702	808	691	616	1369	2621	2065	2401	3392	1750
436	503	553	577	402	468	423	293	87	107	149	265	274
4100	4321	4760	4735	4120	4770	4451	3503	1262	1406	2269	3049	2992
5	23	15	20	24	33	8	247	9	0	3	0	1
58	92	95	114	96	107	64	301	13	3	17	25	36
77%	76%	80%	81%	78%	77%	78%	69%	41%	34%	47%	70%	75%
452	543	586	557	492	566	511	331	66	37	167	425	427

TRUST BOARD REPORT : August-2020




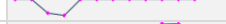




OPERATIONAL PERFORMANCE SUMMARY - YORK

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
	 ▲
	 ▲
	 ▲
	 ▲
	 ▲
	 ▼
	 ▼
	 ▼

Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
74.8%	74.5%	73.9%	73.2%	73.6%	72.4%	71.8%	68.0%	57.0%	47.8%	40.6%	40.9%	51.0%
1	1	0	0	0	1	0	19	104	316	676	1025	1319
2513	2771	2705	2694	2881	2830	2817	3208	4154	5479	6344	7023	7403
690	709	865	948	1010	960	954	1229	1854	2530	3378	3996	4448
20118	20538	20387	19807	20651	19950	19841	19161	17091	17172	17197	17211	17767
2883	3032	3012	3057	3121	3116	3132	3451	4144	4803	5269	5346	5029
2185	2206	2302	2246	2332	2400	2466	2687	3207	4163	4945	4827	3677
-	-	12.1	12.5	12.5	12.6	12.5	14.2	18.1	20.6	21.9	22.0	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%	 ▲

Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
94.1%	93.1%	95.7%	94.5%	95.6%	95.1%	96.1%	90.7%	85.7%	97.8%	97.2%	94.5%	-
98.9%	98.1%	98.0%	97.6%	98.4%	97.4%	99.1%	95.3%	90.9%	95.7%	97.6%	96.4%	-
99.4%	99.5%	99.0%	96.3%	97.5%	99.0%	100.0%	97.4%	98.9%	99.2%	98.6%	96.6%	-
86.4%	100.0%	96.6%	97.6%	83.9%	80.0%	93.2%	97.0%	75.0%	85.7%	85.0%	85.2%	-
100.0%	100.0%	98.8%	98.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
81.2%	83.3%	79.1%	78.4%	82.6%	80.0%	75.1%	84.5%	74.9%	86.6%	86.3%	82.3%	-
91.8%	100.0%	98.0%	96.9%	86.4%	87.1%	96.8%	96.6%	100.0%	80.0%	50.0%	0.0%	-
62.4%	61.7%	67.6%	70.1%	73.4%	65.0%	74.3%	71.5%	55.1%	72.1%	67.1%	68.5%	-