

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

October-2020

Produced November 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 : October-2020

Understanding the Report

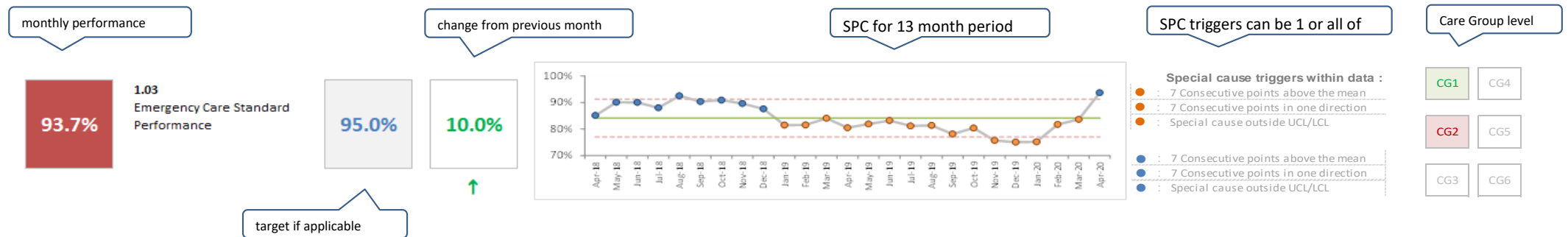
1. Operational Performance Summary

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.

REF	OPERATIONAL PERFORMANCE: UNPLANNED CARE	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
1.01	Emergency Care Attendances			18055	18270	18256	20101	19683	18486	18800	17848	17926	17169	16770	13034	7755
1.02	Emergency Care Breaches			3525	3310	3067	3785	3671	4043	3689	4337	4471	4257	3065	2131	490
1.03	Emergency Care Standard Performance	95%		80.5%	81.9%	83.2%	81.2%	81.3%	78.1%	80.4%	75.7%	75.1%	75.2%	81.7%	83.7%	93.7%

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

October-2020

Produced November 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

Quality and Safety Report: October-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:

While performance in relation to 14-hour post take reviews is improving, it remains below the 90% target. A daily focus continues in improving performance and the Quality and Safety meeting continues to review the dashboard weekly.

There were no medication incidents causing moderate or severe harm this month, although there has been an increase in incidents with anticoagulant drugs and with VTE prophylaxis not been prescribed and these have been addressed at the relevant Care Group governance meetings. In October overall deaths increased in the Emergency Department and Acute sites and the Community saw a slight decrease in the number of deaths. When compared to October 2019, deaths per 1000 bed remain broadly similar.

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 : October-2020

QUALITY AND SAFETY SUMMARY: (i)

REF	SERIOUS INCIDENTS (data is based on SI declaration date except given final report)	Sparkline / Previous Month	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
1.01	Number of SI's reported		14	12	16	11	13	9	4	9	2	6	6	10	9
1.02	% SI's notified within 2 working days of SI being identified * this is currently under discussion via the 'exceptions log'		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Compliance with Duty of Candour for Serious Incidents*:														
1.03	-Invitation to be involved in Investigation (Clinical SIs Only)		3	1	2	0	3	3	2	1	0	3	0	2	0
1.04	-Given Final Report (If Requested - Clinical SIs Only - based on Investigation End Date) * Duty of Candour reporting has been revised to report from the beginning of the 2019-20 financial year.		3	2	2	1	2	1	0	3	3	1	0	0	0

REF	DUTY OF CANDOUR (All incidents - data is based on the incident date) *	Target	Sparkline / Previous Month	TOTAL	* For Incidents Reported Between 01/11/19 and 17/10/20
1.10	Incident Graded Moderate or Above			145	
1.11	Verbal Apology Given			99	
1.12	Written Apology Given			125	
1.13	Duty of Candour Complete			135	
1.14	% Compliance with Duty of Candour			93.1%	

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	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
1.20	Number of Negligence Claims		16	13	7	20	8	12	3	6	8	7	11	19	20
1.21	Number of Claims settled per Month		2	4	3	3	2	7	6	4	5	2	4	3	1
1.22	Amount paid out per month		16,000	507,500	159,863	208,500	1,400,000	195,500	545,000	325,600	239,000	280,000	111,000	415,686	12,500,000
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.

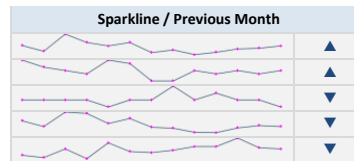
REF	MEASURES OF HARM	Target	Sparkline / Previous Month	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
1.30	Incidents Reported			1,319	1,272	1,311	1,408	1,283	1,048	820	924	1,017	1,109	1,262	1,261	1,293
1.31	Incidents Awaiting Sign Off			793	727	844	767	902	871	500	453	502	484	570	697	700
1.32	Patient Falls			212	219	241	244	224	143	141	164	152	139	178	197	216
1.33	Pressure Ulcers - Newly Developed Ulcer			93	84	130	110	97	109	81	81	65	67	86	88	82
1.34	Pressure Ulcers - Deterioration of Pressure Ulcer			16	6	10	18	14	10	11	10	16	13	16	13	15
1.35	Pressure Ulcers - Present on Admission			135	128	140	165	133	137	104	111	130	127	150	118	151
1.36	Degree of harm: serious or death			10	6	0	3	5	1	2	5	3	1	3	4	2
1.37	Medication Related Errors			151	134	120	155	143	102	67	88	104	114	107	126	94
1.38	VTE risk assessments	95%		96.3%	96.1%	96.8%	95.3%	95.2%	96.3%	93.1%	96.7%	90.7%	95.5%	94.2%	95.3%	95.2%
1.39	Never Events	0		1	1	0	0	0	0	2	0	0	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 : October-2020

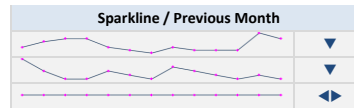
QUALITY AND SAFETY SUMMARY: (ii)

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



Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
61	48	87	68	60	68	45	51	40	46	53	55	60
6	4	3	2	6	5	0	0	3	2	3	2	3
1	1	1	1	0	1	1	3	1	2	1	1	0
88	71	114	110	80	95	69	66	53	52	67	74	71
21	19	26	18	31	24	23	25	28	28	35	27	26

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

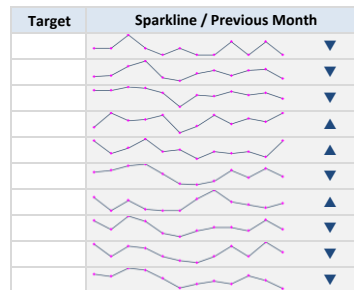


Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
2	4	5	5	2	1	0	2	1	1	1	7	5
5	2	0	0	2	1	0	3	2	1	0	1	0
0	0	0	0	0	0	0	0	0	0	0	0	0

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.

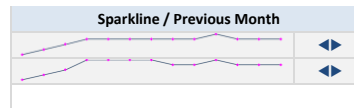
All falls and pressure ulcer data is refreshed monthly to reflect ongoing monitoring and reporting of falls and pressure ulcers. The degrees of harm from falls and pressure ulcers are subject to further validation when investigations are completed, so harm data is subject to change. Inpatients developing 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
10.20	Medication Incidents Resulting in Moderate Harm, Serious/Severe Harm or Death
10.21	Insulin Incidents
10.22	Antimicrobial Incidents
10.23	Opiate Incidents
10.24	Anticoagulant Incidents
10.25	Missed Dose Incidents
10.26	Discharges Incidents
10.27	Prescribing Errors
10.28	Preparation and Dispensing Incidents
10.29	Administering and Supply Incidents



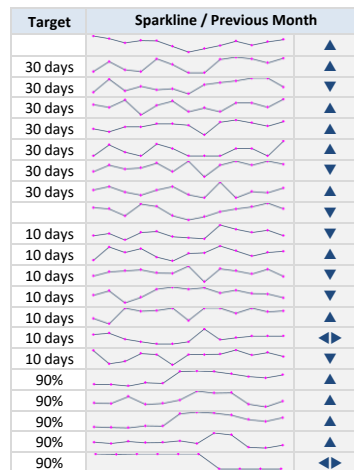
Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
0	1	1	3	1	0	1	0	0	2	0	2	0
18	9	10	19	24	8	5	12	15	10	15	16	7
13	17	17	20	19	15	3	13	12	16	13	15	10
18	14	27	20	21	25	9	15	25	17	22	19	27
15	15	8	11	16	9	10	5	9	8	9	6	15
37	24	26	31	33	22	11	10	14	26	18	28	19
17	16	7	14	8	7	7	15	21	13	11	9	12
30	37	24	44	36	18	13	22	27	27	22	38	24
17	12	6	11	10	6	4	3	6	11	6	13	8
69	60	57	69	66	54	40	46	50	46	58	51	39

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



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

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



Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
56	48	36	43	42	26	9	19	28	41	29	39	46
35%	52%	38%	35%	57%	47%	33%	33%	56%	60%	57%	50%	58%
22%	60%	26%	39%	29%	32%	18%	44%	50%	55%	63%	63%	37%
53%	42%	71%	13%	50%	67%	25%	40%	25%	60%	60%	43%	75%
27%	14%	36%	36%	50%	50%	43%	0%	57%	67%	54%	40%	60%
0%	75%	25%	0%	80%	50%	0%	-	0%	50%	50%	0%	100%
33%	75%	50%	57%	88%	33%	100%	-	75%	100%	75%	100%	80%
50%	71%	36%	17%	50%	71%	20%	0%	100%	0%	40%	33%	63%
143	135	86	168	151	87	57	80	114	133	149	174	134
71%	73%	67%	74%	75%	70%	69%	68%	81%	77%	74%	76%	71%
56%	81%	71%	78%	62%	55%	69%	70%	83%	74%	64%	71%	73%
59%	67%	69%	71%	65%	64%	78%	48%	73%	69%	63%	72%	58%
68%	76%	54%	64%	79%	83%	79%	82%	72%	77%	71%	70%	63%
67%	50%	100%	90%	92%	100%	60%	100%	100%	83%	100%	88%	91%
89%	92%	80%	75%	71%	71%	75%	100%	79%	83%	86%	86%	86%
86%	60%	65%	80%	78%	58%	78%	78%	79%	87%	77%	82%	74%
75.0%	74.9%	72.6%	77.8%	76.8%	96.2%	97.0%	96.0%	92.2%	87.8%	85.6%	90.7%	-
86.2%	85.7%	92.3%	85.0%	85.9%	88.9%	97.2%	95.3%	95.7%	85.1%	82.9%	87.9%	-
77.4%	76.9%	76.4%	78.8%	78.7%	94.9%	97.1%	95.9%	93.0%	87.1%	84.8%	89.7%	-
96.9%	96.5%	97.2%	96.8%	96.9%	97.3%	96.5%	99.6%	99.1%	95.4%	95.3%	96.1%	-
98.3%	96.1%	97.3%	97.4%	97.7%	97.9%	-	-	-	-	-	-	-

TRUST BOARD REPORT : October-2020

QUALITY AND SAFETY SUMMARY: (iii)

REF	CARE OF THE DETERIORATING PATIENT	Target	Sparkline / Previous Month	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
3.01	14 hour Post Take - York *	90%		76%	76%	79%	82%	81%	83%	84%	81%	83%	82%	80%	80%	83%
3.02	14 hour Post Take - Scarborough *	90%		74%	70%	74%	76%	77%	77%	68%	71%	75%	74%	69%	70%	78%
3.03	NEWS within 1 hour of prescribed time	90%		89.6%	89.2%	89.6%	90.2%	90.7%	90.1%	90.3%	90.9%	91.8%	91.7%	91.3%	89.9%	90.0%
3.04	Elective admissions: EDD within 24 hours of admission	93%		86.5%	88.1%	86.9%	94.0%	91.7%	89.4%	91.5%	83.4%	93.9%	96.2%	94.1%	90.1%	92.2%

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

REF	4AT ASSESSMENT	Target	Sparkline / Previous Month	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
5.01	4AT Screening	90%		72.9%	82.2%	78.7%	79.8%	81.9%	75.8%	72.5%	85.7%	85.9%	67.4%	63.6%	58.7%	60.0%

REF	INFECTION PREVENTION	Target*	Sparkline / Previous Month	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
6.01	Clostridium Difficile - meeting the C.Diff objective	61 (year)		9	11	12	13	10	7	7	2	2	7	7	11	4
6.02	Clostridium Difficile - meeting the C.Diff objective - cumulative	0		83	94	106	119	129	136	7	9	11	18	25	36	40
6.03	MRSA - meeting the MRSA objective	0		0	0	0	0	0	0	0	0	0	0	0	0	0
6.04	MSSA	0		5	5	4	3	2	5	5	6	2	1	3	4	8
6.05	MSSA - cumulative	30 (year)		28	33	37	40	42	47	5	11	13	14	17	21	29
6.06	ECOLI	30 (year)		5	6	7	6	6	8	14	8	10	18	13	9	23
6.07	ECOLI - cumulative	61 (year)		38	44	51	57	63	71	14	22	32	50	63	72	95
6.08	Klebsiella			1	1	2	1	2	1	1	2	4	7	4	8	7
6.09	Klebsiella - cumulative			16	17	19	20	22	23	1	3	7	14	18	26	33
6.10	Pseudomonas			2	1	3	3	1	1	4	0	1	2	1	2	2
6.11	Pseudomonas - cumulative			14	15	18	21	22	23	4	4	5	7	8	10	12
6.12	MRSA Screening - Elective	95%		86.75%	88.40%	88.69%	88.61%	84.41%	90.23%	74.47%	89.47%	80.00%	73.47%	82.47%	86.44%	83.08%
6.13	MRSA Screening - Non Elective	95%		90.83%	90.95%	88.98%	90.13%	90.01%	86.54%	88.42%	91.06%	93.29%	90.23%	92.42%	91.12%	92.12%

* 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	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	
7.01	Proportion of patients who experience a TIA who are assessed & treated within 24 hrs	75%		100.0%	80.0%	100.0%	100.0%	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:				Oct-Dec 19				Jan-Mar 20			Apr-20*	May-20*	Jun-20*	Jul-20	Aug-20	Sep-20	Oct-20
7.03	Proportion of patients spending >90% of their time on stroke unit	85%		89.9% (B)				89.3% (B)			77.5% (D)	80% (C)	88.1% (B)	89.9% (B)	85% (B)	85% (B)	84.2% (C)
7.04	Scanned within 1 hour of arrival	43%		45.8% (B)				58.9% (A)			70% (A)	60.2% (A)	63.1% (A)	66.2% (A)	52.6% (A)	39.4% (C)	55.7% (A)
7.05	Scanned within 12 hours of arrival	90%		95.6% (A)				96.6% (A)			96.6% (A)	97% (A)	93.4% (B)	100% (A)	93.7% (B)	93.6% (B)	100% (A)

*COVID data set for the period April to June 2020. The full SSNAP data set is now being used.

The October SSNAP data does not cover all of the patients admitted in October as some have not yet been discharged, therefore performance is likely to change

REF	DOLS	Target	Sparkline / Previous Month	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
8.01	Standard Authorisation Status Unknown: Local Authority not informed the Trust of outcome			0	0	2	8	1	8	2	0	10	28	1	1	4
8.02	Standard Authorisation Not Required: Patient no longer in Trust's care and within 7 day self-authorisation			19	1	19	29	21	22	12	23	23	0	6	31	19
8.03	Under Enquiry: Safeguarding Adults team reviewing progress of application with Local Authority or progress with ward			15	14	15	24	14	1	2	7	14	9	24	9	20
8.04	Standard Authorisation Granted: Local Authority granted application			0	2	0	0	1	0	0	0	0	0	0	0	0
8.05	Application Not Granted: Local Authority not granted application			0	0	0	1	0	0	1	0	0	0	1	0	0
8.06	Application Unallocated as Given Local Authority Prioritisation: Local Authority confirmed receipt but not yet actioned application			2	8	7	16	16	18	9	19	25	36	20	10	9
8.07	Safeguarding Adults concerns reported to the Local Authority against the Trust			7	1	1	0	5	3	3	21	6	4	3	6	6
8.08	Application Withdrawn: Patient no longer in Trust's care within the Local Authority 8 week period for assessment			1	5	4	8	14	0	1	0	0	1	15	9	10

TRUST BOARD REPORT : October-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	Jul-20	Aug-20	Sep-20	Oct-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	-	
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%	
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%	99.90%	99.87%	99.95%	
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%	99.38%	99.60%	99.44%	
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%	9.87%	9.18%	-	
	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%	90.00%	85.71%	80.26%	91.23%
	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%	92.34%	92.49%	94.18%	88.55%
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%	
	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 : October-2020

QUALITY AND SAFETY: CARE OF DETERIORATING PATIENT

Oct-20

METRIC :

TARGET :

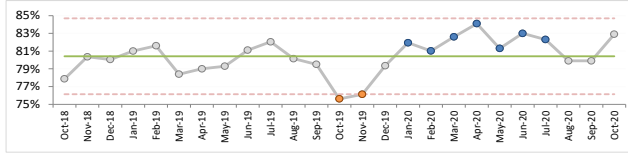
vs LM :

82.9%

3.01
14 hour Post Take - York

90.0%

3.0%
↑



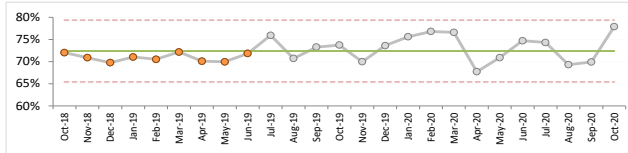
- CG1
- CG2
- CG3
- CG4
- CG5
- CG6

77.9%

3.02
14 hour Post Take - Scarborough

90.0%

8.0%
↑



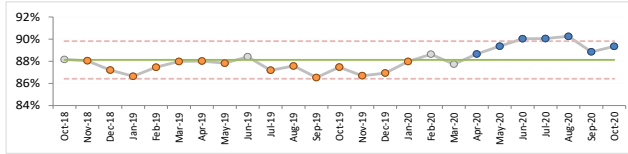
- CG1
- CG2
- CG3
- CG4
- CG5
- CG6

89.3%

10.01
NEWS within 1 hour (York)

90.0%

0.5%
↑



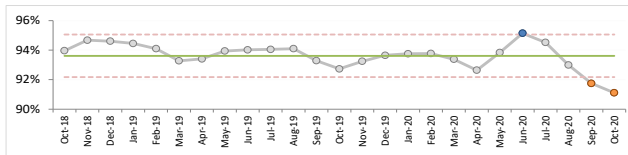
- CG1
- CG2
- CG3
- CG4
- CG5
- CG6

91.1%

10.02
NEWS within 1 hour (Scarb)

90.0%

-0.6%
↓



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

HIGHLIGHTS FOR BOARD TO NOTE :

Focused work is ongoing to improve performance in relation to 14-hour post take reviews. A member of the Patient Safety team reviews the Quality and Safety Dashboard daily and alerts Care Group Directors regarding areas of poorer compliance with the standard. In addition the dashboard is reviewed by the Quality and Safety group. Observations compliance at York sits just below the target. In Scarborough hourly NEWS target is met.

TRUST BOARD REPORT : October-2020

QUALITY AND SAFETY: CARE OF DETERIORATING PATIENT

Oct-20

METRIC :

TARGET :

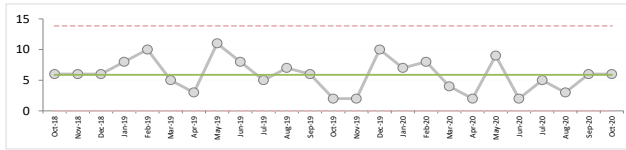
vs LM :

6

10.10
Crash Calls (York)

-

0



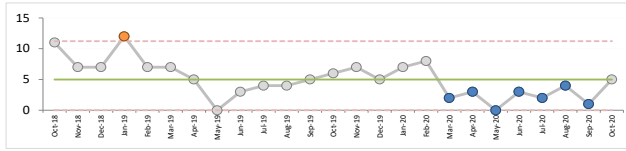
5

10.12
Crash Calls (Scarb)

-

4

↑



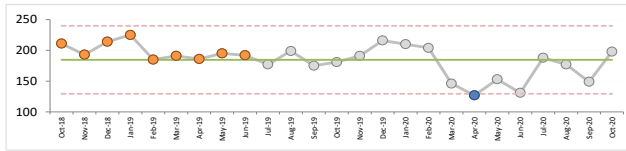
198

10.13
Calls to Outreach Team (York)

-

49

↑



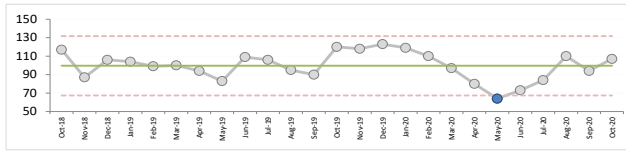
107

10.14
Calls to Outreach Team (Scarb)

-

13

↑

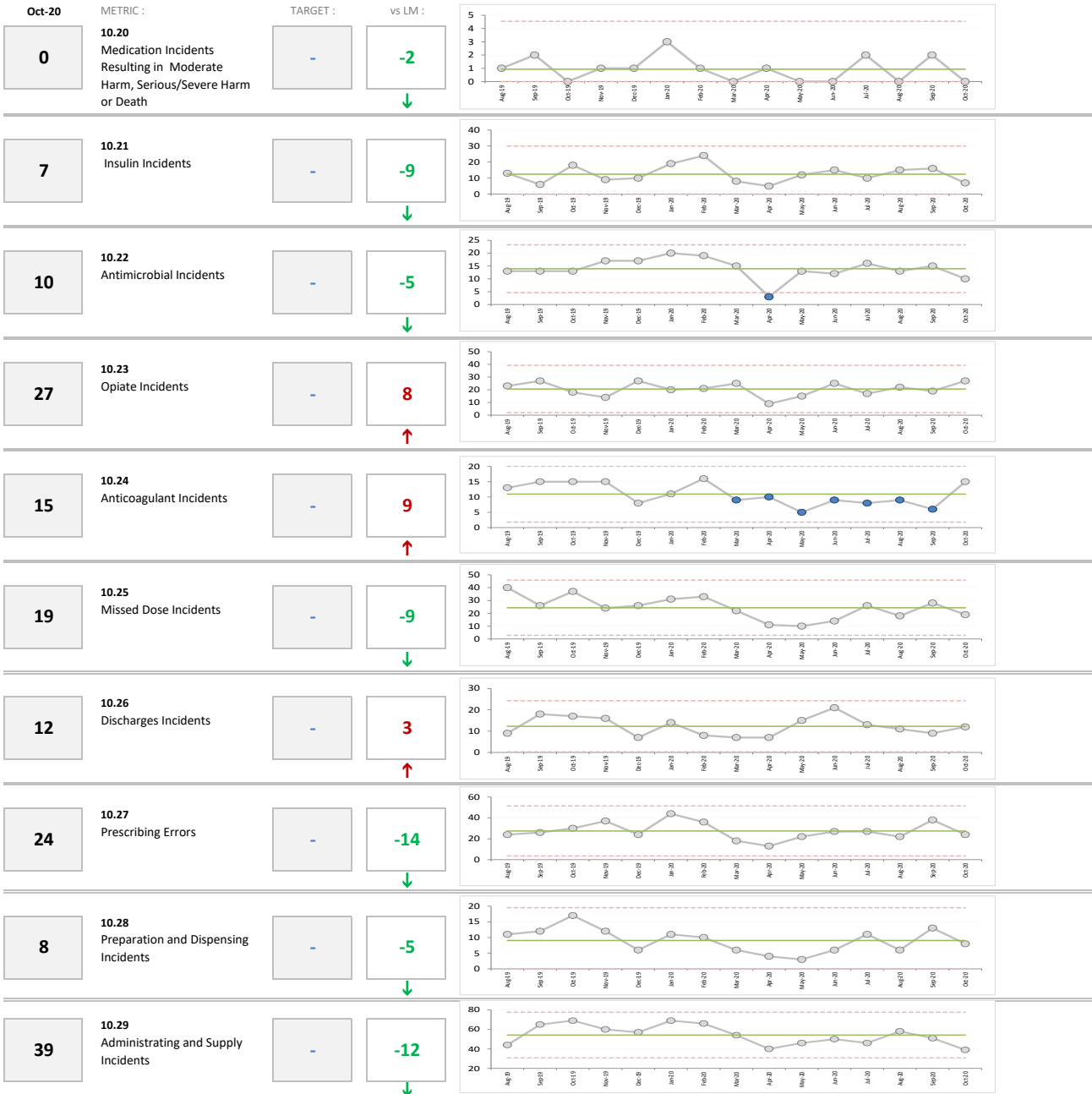


HIGHLIGHTS FOR BOARD TO NOTE :

Cardiac arrest rates across both sites continue to be at low levels. Critical care outreach calls are relatively static at the historical levels in both sites.
Work continues with the out of hours project. A successful trial implementation of the task allocation is ongoing in SGH. We await to do this on York, the appropriate training/policies etc are required. We have successfully recruited to the Band 6 NIV nurses, this will help support/protect the outreach service.

TRUST BOARD REPORT : October-2020

QUALITY AND SAFETY: MEDICATION INCIDENTS



HIGHLIGHTS FOR BOARD TO NOTE :

There were no medication incidents causing moderate or severe harm this month.

An insulin safety group, coordinated by Care Group 1 have met and identified a number of measure to improve prescribing of and reduced missed doses of insulin. Project work will commence in admission areas and community as these areas have the highest number of insulin incidents.

There has been an increase in incidents with anticoagulant drugs this month. These include a number of incidents related to duplicate dosing when switching between anticoagulants. Information to support this is available on Staff Room and this will be highlighted to prescribers in the monthly medication incident bulletins in addition to being fed back to the Care Groups involved. There have also been a number of incidents associated with VTE prophylaxis not been prescribed and this is been addressed at the relevant Care Group governance meetings

TRUST BOARD REPORT : October-2020

QUALITY AND SAFETY : MORTALITY

Oct-20

METRIC :

TARGET :

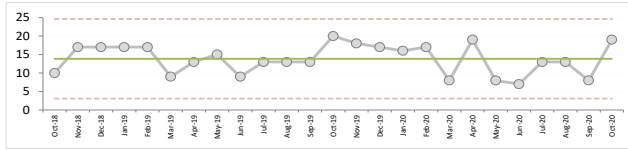
vs LM :

19

10.30
ED Deaths

-

11

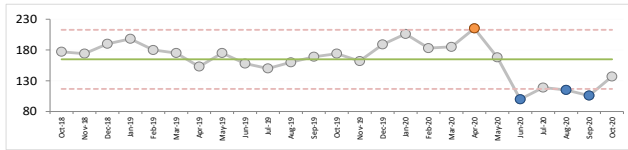


137

10.31
Inpatient Deaths (Acute)

-

31

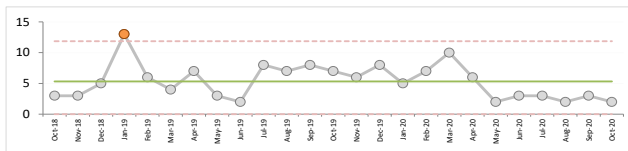


2

10.32
Inpatient Deaths (Community)

-

-1



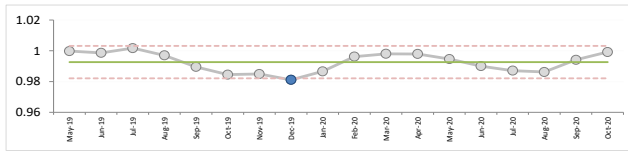
Oct-20

1.00

10.33
Summary Hospital Level Mortality Indicator (SHMI)

1.00

0.01



HIGHLIGHTS FOR BOARD TO NOTE :

In October 2020 the top 3 causes of death were Pneumonia, Heart Failure and Cancer. There were 10 deaths recorded as 1a Covid 19 - Pneumonia. In October overall deaths increased in the Emergency Department and Acute sites and the Community saw a slight decrease in the number of deaths. The number of deaths per 1000 bed days was calculated and is shown below:

July - 8.11 deaths per 1000 bed days

August - 3.97 deaths per 1000 bed days

September - 5.75 deaths per 1000 bed days

October - 7.53 deaths per 1000 bed days

When compared to the total number of deaths per 1000 bed days during October 2019 (7.8 deaths per 1000 bed days), October 2020 had fewer deaths.

In October 2020 there was 8 SJCRs commissioned of which 1 have been received. The SJCRs requested were as a result of the following; 5 x medical examiner, 2 x learning disabilities and 1 x initial review.

TRUST BOARD REPORT : October-2020

PATIENT EXPERIENCE: NEW COMPLAINTS AND PALS CASES

New complaints and PALS cases by care group and site

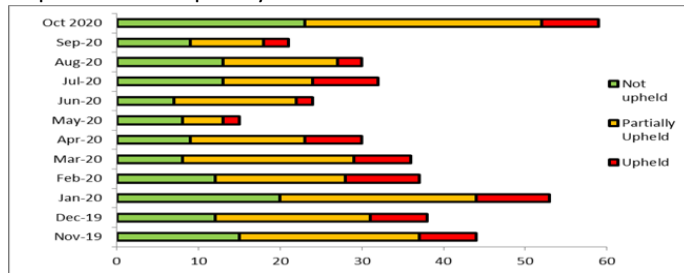
Care Group	COMPLAINTS				PALS			
	York	Scarb	Brid	Total	York	Scarb	Brid	Total
CG1	12	0	0	12	37	0	0	37
CG2	0	6	0	6	0	17	0	17
CG3	11	3	1	15	25	6	0	31
CG4	3	0	0	3	7	4	0	11
CG5	2	2	0	4	12	6	0	18
CG6	4	1	0	5	16	2	2	20
Corporate Services	0	1	0	1	0	0	0	0
Total	32	13	1	46	97	35	2	134

Top 5 sub-subjects

COMPLAINTS	York	Scarb	Brid	Total	PALS	York	Scarb	Brid	Total
Delay or failure in treatment or procedure	10	0	0	10	Communication with relatives/carers	12	8	0	20
Discharge Arrangements	7	3	0	10	Communication with Patient	10	3	1	14
Communication with Patient	5	3	0	8	Appointment availability	10	2	0	12
Attitude of nursing staff/midwives	3	4	0	7	Discharge Arrangements	8	3	0	11
Care needs not adequately met	4	3	0	7	Care needs not adequately met	7	3	0	10
Total	29	13	0	42	Total	47	19	1	67

PATIENT EXPERIENCE: CLOSED CASES

Proportion of closed complaints by outcome



Closed complaint & PALS average response times

Care Group	Complaints			Care Group	PALS		
	Total Closed	Total Average of No of Days	% Within Target		Total Closed	Total Average of No of Days	% Within Target
CG1	19	37	37%	CG1	37	7	73%
CG2	8	20	75%	CG2	26	10	58%
CG3	20	31	60%	CG3	41	10	63%
CG4	2	12	100%	CG4	11	5	91%
CG5	5	18	80%	CG5	21	5	86%
CG6	8	29	63%	CG6	23	8	74%
Corporate Services	0	0		Corporate Services	1	4	100%
Trust Total	62	29	58%	Trust Total	160	8	71%

Closed Complaints

Care Group	<30		30-50		51-100		>100		Total Closed	Total Average of No of Days	% Within Target
	Closed	Average of No of Days	Closed	Average of No of Days	Closed	Average of No of Days	Closed	Average of No of Days			
CG1	7	14	9	37	2	63	1	143	19	37	37%
CG2	6	16	2	34	0	0	0	0	8	20	75%
CG3	12	17	7	35	0	0	1	175	20	31	60%
CG4	2	12	0	0	0	0	0	0	2	12	100%
CG5	4	15	1	31	0	0	0	0	5	18	80%
CG6	5	24	3	36	0	0	0	0	8	29	63%
Trust Total	36	17	22	36	2	63	2	159	62	29	58%

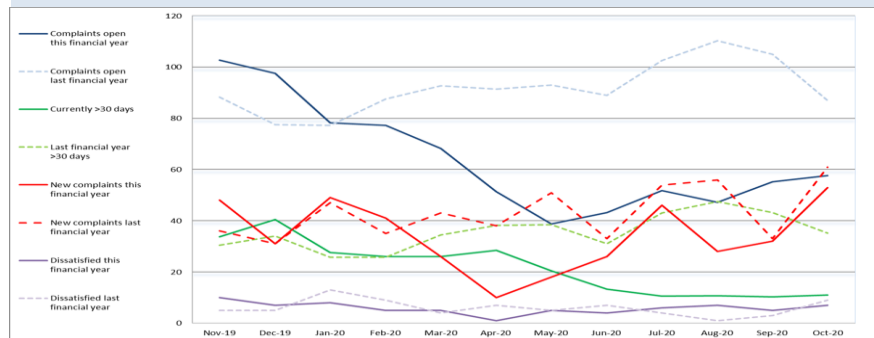
Closed PALS

Care Group	<10		10-20		21-50		51-100		>100		Total Closed	Total Average of No of Days	% Within Target
	Closed	Average of No of Days	Closed	Average of No of Days	Closed	Average of No of Days	Closed	Average of No of Days	Closed	Average of No of Days			
CG1	27	3	7	12	3	32	0	0	0	0	37	7	73%
CG2	15	4	8	14	3	27	0	0	0	0	26	10	58%
CG3	26	4	7	13	8	28	0	0	0	0	41	10	63%
CG4	10	4	1	18	0	0	0	0	0	0	11	5	91%
CG5	18	3	2	16	1	21	0	0	0	0	21	5	86%
CG6	17	4	4	15	2	27	0	0	0	0	23	8	74%
Corp	1	4	0	0	0	0	0	0	0	0	1	4	100%
Trust Total	114	4	29	14	17	28	0	0	0	0	160	8	71%

58% closed complaints were in target and 36% were addressed within 30-50 days. 75% of the remaining cases were delayed due to the pandemic and the complainants requested a meeting. The remaining case (51-100 working days) was delayed because the complainant added more questions mid investigation and this took a little more time to investigate.

71% closed PALS cases were in target and 18% were addressed within 10-20 working days with an average of 14 days. The remaining 11% were closed within 21-50 working days with an average of 28 working days.

PATIENT EXPERIENCE: COMPLAINT PERFORMANCE HANDLING



TRUST BOARD REPORT : October-2020

QUALITY AND SAFETY: MATERNITY (YORK)

YORK - MATERNITY DASHBOARD			Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	
RESPONSIVE																					
Activity	Births	Bookings	1st m/w visit	CPD	≤302	303-329	≥330	272	218	207	301	291	308	315	243	270	301	289	271	207	
		Bookings <13 weeks	No. of mothers	CPD	≥90%	76%-89%	≤75%	90.4%	85.3%	87.0%	92.0%	93.8%	92.5%	92.7%	95.5%	91.1%	93.0%	94.5%	94.8%	89.9%	
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	< 10%	10.1%-19.9%	>20%	4.0%	6.4%	3.9%	3.7%	3.1%	4.2%	2.5%	1.6%	4.1%	3.0%	1.4%	1.5%	4.8%	
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	18.2%	42.90%	25.00%	72.70%	88.90%	76.90%	100.00%	75.00%	100.00%	88.90%	100.00%	100.00%	90.00%	
		Births	No. of babies	CPD	≤295	296-309	≥310	239	246	206	248	225	257	230	250	236	250	228	262	259	
		No. of women delivered	No. of mothers	CPD	≤295	296-310	≥311	233	242	203	245	222	253	225	247	235	248	227	258	254	
	Closures	Homebirth service suspended	No. of suspensions	Comm. Manager	0-3	4-6	7 or more	0	0	0	0	0	0	13	26	7	10	6	5	3	8
		Women affected by suspension	No. of women	Comm. Manager	0	1	2 or more	0	0	0	0	0	0	4	2	0	1	0	2	1	
		Community midwife called in to unit	No. of times	Comm. Manager	3	4-5	6 or more	0	2	0	1	0	1	0	1	3	3	2	2	3	
		Maternity Unit Closure	No. of closures	Matron	0		1 or more	0	0	1	0	0	0	0	0	0	1	0	0	1	
		SCBU at capacity	No of times	SCBU				0	5	0	4	0	7	0	0	0	0	0	0	2	
		SCBU at capacity of intensive cots	No. of times	SCBU				0	3	0	1	0	0	1	27	28	28	24	28	26	
		SCBU no of babies affected	No. of babies affected	SCBU	0	1	2 or more	1	1	0	0	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	28	30	29	26	27	29	29	28	28	28	28	28	28	
		1 to 1 care in Labour	CPD	CPD	100%	80% - 99.9%	≤79.9%	93.7%	95.9%	96.2%	94.9%	97.0%	97.8%	97.5%	96.8%	99.1%	98.6%	99.0%	97.3%	97.2%	
		L/W Co-ordinator supernumary %	Shift Handover Sheets	Risk Team	100%	80% - 99.9%	≤79.9%	97.0%	96.0%	100.0%	97.0%	91.0%	98.0%	100.0%	98.0%	98.0%	96.8%	98.3%	93.3%	84.0%	
		Anaesthetic cover on L/W	av.sessions/week	DM / CD	10	4-9	≤3	10	10	10	10	10	10	10	10	10	10	10	10	10	
SAFE																					
Clinical Indicators	Neonatal/ Maternal	Normal Births	No. of svd - %	CPD	≥60.6%	60.5-55%	<55%	57.0%	60.6%	61.0%	63.7%	61.4%	57.3%	53.9%	56.4%	58.8%	52.1%	53.0%	52.5%	46.6%	
		Assisted Vaginal Births	No. of instr. Births - %	CPD	≤13.2	13.3-17.9%	≥18%	15.5%	16.5%	13.3%	10.6%	9.5%	15.4%	17.8%	17.4%	14.9%	14.1%	15.4%	17.8%	15.7%	
		C/S Births	Em & elect - %	CPD	≤26%	26.1-27.9%	>28%	27.5%	22.7%	24.6%	26.1%	28.4%	26.9%	28.4%	26.7%	25.5%	32.7%	30.8%	29.8%	37.8%	
		HDU on L/W	No. of women	LW Activity Sheet	3 or less	4	5 or more	21	22	17	17	12	12	24	16	8	7	24	15	19	
		BBA	No. of women	Risk Team - Datix	2 or less	3-4	5 or more	4	4	2	2	3	3	3	4	4	1	2	2	7	
		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	1	0	0	0	0	0	0	0	0	0	0		
	Morbidity	Neonatal Death	No of babies	Risk team- EBC	0		1 or more	0	1	1	1	0	1	0	1	0	0	0	0		
		Antepartum Stillbirth	No. of babies	Risk Team	0	1	2 or more	0	1	0	1	1	1	0	1	0	1	1	0	0	
		Intrapartum Stillbirths	No. of babies	Risk Team	0		1 or more	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	7	10	3	4	1	0	0	4	2	2	5	2	0	
	Risk Management	Breastfeeding Initiation rate	% of babies feeding at birth	CPD	>74.4%	74.3-70.1%	<70%	74.5%	72.7%	66.5%	69.6%	75.9%	72.7%	73.8%	71.4%	72.0%	76.3%	69.2%	68.7%	76.1%	
		Smoking at time of delivery	% of women smoking at del.	CPD	<11%	12-14%	>15%	9.0%	9.9%	13.8%	13.5%	12.2%	11.1%	11.1%	14.2%	8.9%	9.7%	10.6%	12.8%	9.4%	
		SI's	No. of SI's declared	Risk Team	0		1 or more	0	1	0	0	0	0	0	0	0	0	0	0		
		PPH > 1.5L	No. of women	CPD	2 or less	3-4	5 or more	12	11	6	12	11	6	14	11	6	5	15	11	9	
		PPH > 1.5L as % of all women	% of births	CPD				5.0%	4.4%	2.9%	4.8%	4.8%	2.3%	5.6%	4.4%	2.5%	1.9%	6.5%	4.2%	2.3%	
		Shoulder Dystocia	No. of women	CPD	2 or less	3-4	5 or more	0	2	2	5	1	2	0	0	1	6	7	3	5	
		3rd/4th Degree Tear	% of tears (vaginal births)	CPD	≤2.5%	2.6- 3.9%	>4%	3.4%	3.1%	2.5%	3.8%	0.6%	2.1%	1.2%	1.1%	2.8%	1.1%	0.6%	3.8%	1.2%	
	New Complaints	Informal	No. of Informal complaints	Risk Matrix	0	1-4	5 or more	1	1	1	5	1	1	0	0	1	3	7	7	5	
Formal		No. of Formal complaints	Risk Matrix	0	1-4	5 or more	3	2	0	1	0	0	0	1	1	1	2	1	2		

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

TRUST BOARD REPORT : October-2020

QUALITY AND SAFETY: MATERNITY (SCARBOROUGH)

SCARBOROUGH - MATERNITY DASHBOARD				Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
RESPONSIVE																					
Activity	Births	Bookings	1st m/w visit	CPD	≤210	211-259	≥260	181	154	144	184	151	163	187	139	128	168	137	124	138	
		Bookings <13 weeks	No. of mothers	CPD	≥90%	76%-89%	≤75%	873.8%	91.6%	82.6%	88.0%	90.7%	89.6%	90.4%	97.1%	95.3%	91.1%	88.3%	91.1%	83.3%	
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	< 10%	10%-20%	>20%	6.1%	2.6%	7.6%	7.6%	8.6%	6.7%	8.0%	2.9%	1.6%	4.8%	8.0%	4.8%	9.4%	
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	91%	100%	64%	79%	85%	82%	67%	75%	50.0%	87%	100%	100%	100%	
		Births	No. of babies	CPD	≤170	171-189	≥190	113	107	109	120	110	117	101	113	105	120	115	119	127	
	Closures	No. of women delivered	No. of mothers	CPD	≤170	171-189	≥190	112	107	0	119	107	117	101	113	103	118	114	117	127	
		Homebirth service suspended	No. of suspensions	Comm. Manager	0-3	4-6	7 or more	0	0	0	0	0	13	26	0	10	18	13	19	21	
		Women affected by suspension	No. of women	Comm. Manager	0	1	2 or more	0	0	0	0	0	1	0	0	1	1	0	3		
		Community midwife called in to unit	No. of times	Comm. Manager	3	4-5	6 or more	0	0	0	2	0	0	3	2	2	3	0	6		
		Maternity Unit Closure	No. of closures	Matron	0		1 or more	0	0	0	0	1	0	0	0	0	0	0	1	1	
		SCBU at capacity	No. of times	SCBU				15	11	13	2	0	1	3	0	0	0	0	0	0	
		SCBU at capacity of intensive care cots	No. of times	SCBU				5	2	0	0	0	0	0	0	1	0	0	0		
		SCBU no of babies affected	No. of babies affected	SCBU	0	1	2 or more	0	0	0	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	23.0	22	23	23	21	21	22	22	22	21	21	21	21	
		1 to 1 care in Labour	CPD	CPD	≥100%	80% - 99.9%	≤79.9%	98.9%	94.7%	95.7%	96.4%	98.0%	99.0%	98.9%	100.0%	96.7%	98.1%	97.1%	99.0%	97.1%	
		L/W Co-ordinator supernumary %	Shift Handover Sheets	Risk Team	≥100%	80% - 99.9%	≤79.9%	97.0%	98.3%	91.9%	98.0%	96.6%	96.7%	100.0%	95.0%	95.0%	98.0%	100.0%	95.0%	98.0%	
		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%	71.7%	56.0%	67.9%	73.8%	66.1%	68.6%	73.5%	70.3%	65.7%	76.9%	70.4%	64.7%	62.2%	
		Assisted Vaginal Births	No. of instr. Births - %	CPD	≤13.2	13.3-17.9%	≥18%	0.9%	8.4%	5.6%	5.0%	4.7%	2.6%	6.9%	5.3%	4.9%	5.9%	4.4%	2.6%	6.3%	
		C/S Births	Em & elect - %	CPD	≤26%	26.1-27.9%	>28%	27.7%	34.6%	25.9%	18.5%	29.0%	28.2%	18.8%	21.2%	28.2%	15.3%	25.4%	33.3%	31.5%	
		HDU on L/W	No. of women	LW Activity Sheet	3 or less	4	5 or more	4	3	1	1	3	4	2	7	3	3	2	4		
		BBA	No. of women	Risk Team - Datix	2 or less	3-4	5 or more	2	0	3	0	0	1	0	4	1	3	0	1	1	
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	0	0	0	0	0	0	0	0	0	0	1	1	0	
		NHS Resolution cases	No. of cases		0	1	2 or more	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morbidity	Neonatal Death	No. of babies	Risk team- EBC	0		1 or more	0	0	0	0	0	1	0	0	1	0	0	0	0	
		Antepartum Stillbirth	No. of babies	Risk Team	0	1	2 or more	1	2	1	0	1	0	0	0	0	1	0	0	1	
		Intrapartum Stillbirths	No. of babies	Risk Team	0		1 or more	0	0	0	1	0	0	0	0	0	0	1	0	0	
		Cold babies	No. of babies admitted to SCBU cold (<36.5)		1 or less	2-3	4 or more	0	0	3	2	0	4	5	3	1	0	2	0	1	
	Risk Management	Breastfeeding Initiation rate	% of babies feeding at birth	CPD	>74.4%	74.3-70.1%	<70%	59.8%	66.7%	64.8%	55.5%	65.1%	61.5%	56.4%	59.8%	56.2%	62.2%	62.3%	65.5%	62.7%	
		Smoking at time of delivery	% of women smoking at del.	CPD	<11%	12-14%	>15%	21%	24%	19%	20%	19%	14%	21%	18%	18%	17%	15%	15%	19%	
		SI's	No. of SI's declared	Risk Team	0		1 or more	0	0	0	1	0	0	1	0	0	0	0	0	0	
		PPH > 1.5L	No. of women	CPD	2 or less	3-4	5 or more	2	2	3	1	3	3	1	3	2	2	4	1	3	
		PPH > 1.5L as % of all women	% of births	CPD				1.8	1.8	0.0	0.8	2.7	2.5	1.0	3	2.8	2	4	0.8	2.4	
		Shoulder Dystocia	No. of women	CPD	2 or less	3-4	5 or more	0	2	3	0	3	0	2	0	1	2	0	1	1	
		3rd/4th Degree Tear	% of tears (vaginal births)	CPD	≤2.5%	2.6- 3.9%	≥4%	2.4%	1.4%	2.5%	0.0%	1.3%	0.0%	0.0%	1.1%	1.3%	0.0%	0.0%	0.0%		
	New Complaints	Informal	No. of Informal complaints	Risk Matrix	0	1-4	5 or more	0	0	1	0	2	0	1	2	2	0	4	2	4	
Formal		No. of Formal complaints	Risk Matrix	0	1-4	5 or more	1	0	0	0	0	2	1	0	1	0	0	1	0		

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

WORKFORCE PERFORMANCE REPORT

October-2020

Produced November 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

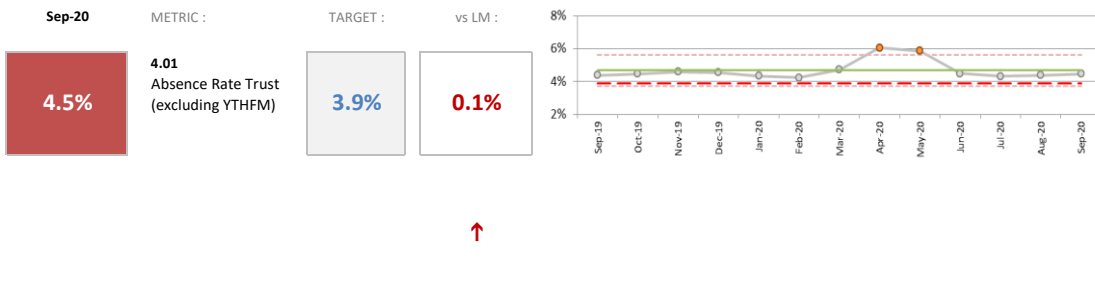
To support an engaged, healthy and resilient workforce

To ensure financial stability

Report produced by:
Information Team

TRUST BOARD REPORT : October-2020

WORKFORCE : SICKNESS ABSENCE RATE



HIGHLIGHTS FOR BOARD TO NOTE :

The sickness absence rate for September is 4.47% which sits within a 'normal' absence range based on data from the last 12-months; however, as metrics 5.01 and 5.02 demonstrate, absences have risen sharply since September in line with higher rates of Covid infection in the community.

Absence rates have mirrored the trend seen in previous months, and continue to rise throughout October. Non-covid related absences have also seen an increase in recent weeks, with anxiety/stress and depression returning the highest absence % across the Trust.

The top 3 absence reasons recorded in the year to 30/09/2020 were:

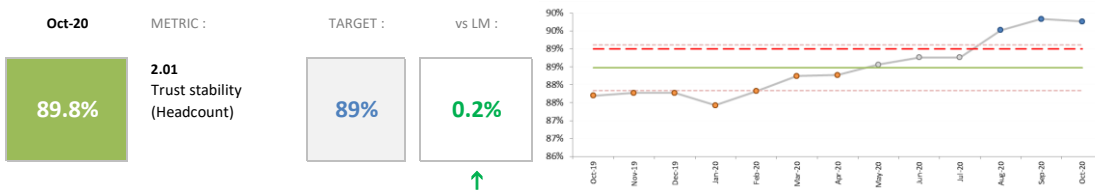
S10 Anxiety/stress/depression/other psychiatric illnesses 28.1%

S12 Other musculoskeletal problems 11.2%

S27 Infectious diseases 10.4%

TRUST BOARD REPORT : October-2020

WORKFORCE : RETENTION RATE

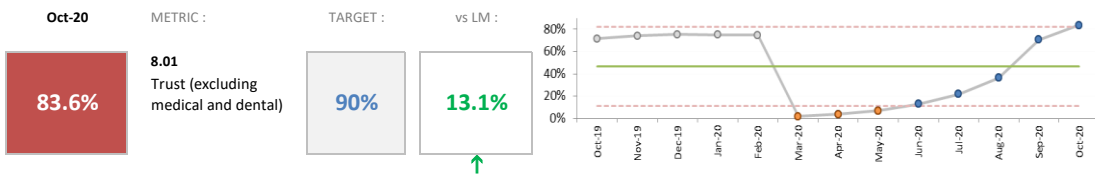


HIGHLIGHTS FOR BOARD TO NOTE :

The retention rate has remained similar to the last couple of months, following a positive increase from earlier in the year. Using Model Hospital data, the Trust's position continues to compare favourably to other similarly sized Trusts.

TRUST BOARD REPORT : October-2020

WORKFORCE : APPRAISAL COMPLIANCE

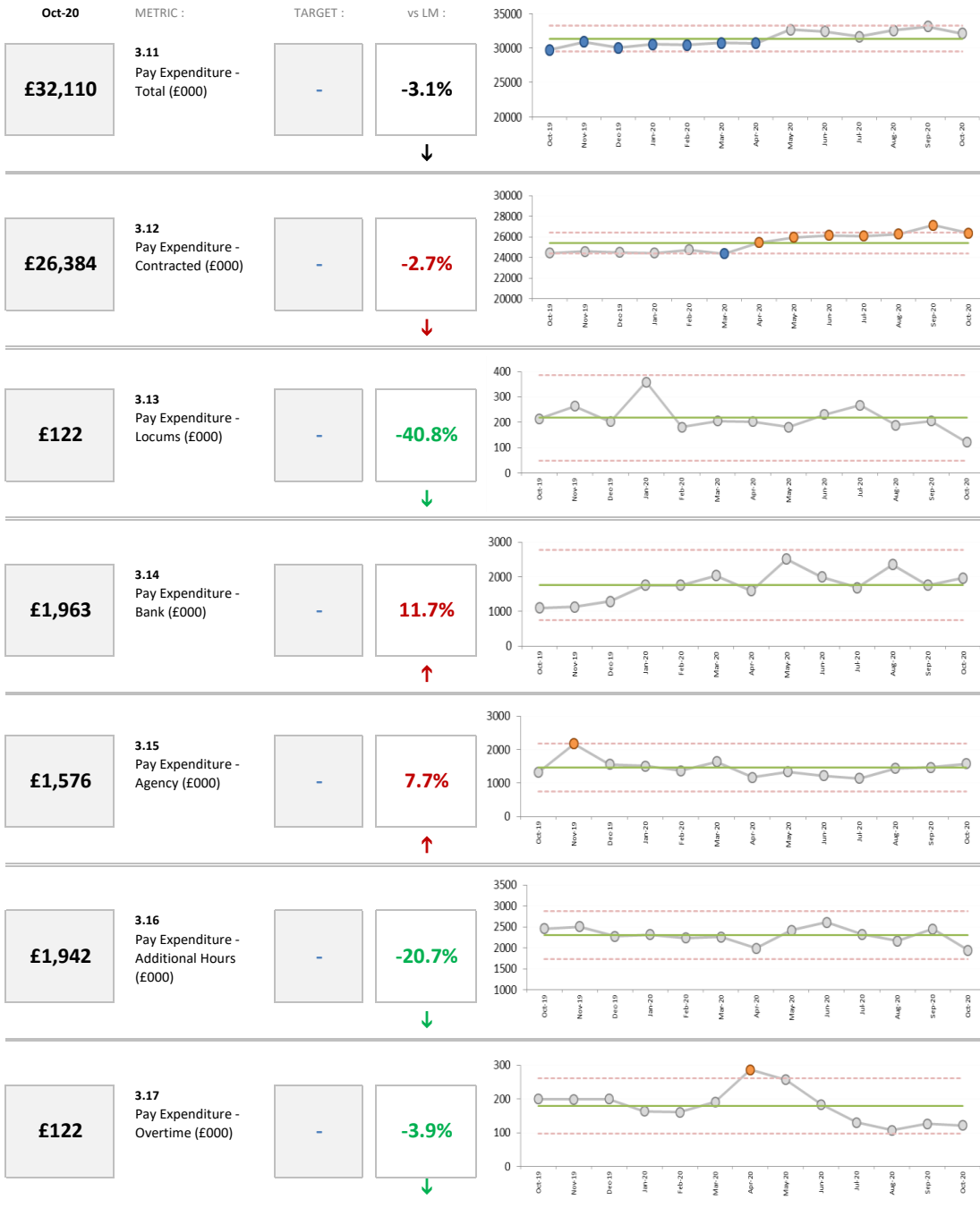


HIGHLIGHTS FOR BOARD TO NOTE :

The Trust's appraisal window (for non-medical staff) closes at the end of November. Appraisal completion rates have continued to rise following the Covid-19 pandemic. There has been a particular surge in activity since August when the reported activity was 36%. The current Trust appraisal rate as at October is 83.62%.

TRUST BOARD REPORT : October-2020

WORKFORCE : PAY EXPENDITURE (£000)



HIGHLIGHTS FOR BOARD TO NOTE :

Contracted pay expenditure has risen since March, in line with the low vacancy rate in the Trust. In some clinical areas, the Trust is continuing to use temporary staffing arrangements to mitigate pockets of high vacancies (as well as absences and staffing uplifts required by the CQC).

The Trust continues to seek to increase its substantive workforce to reduce overall demand on temporary staffing. In October, its international nurse recruitment programme will re-commence following the suspension of arrangements during the Pandemic. 65 graduate nurses have joined the Trust in recent months (54 in York and 11 in Scarborough).

As we head towards the end of the calendar year, the Trust is promoting a planned winter incentive that is aimed at our nurse bank employees. The winter incentive will run from 01/11/20 until 31/03/21 and will encourage bank staff to pick up vacant shifts throughout this period, in return for a percentage uplift on their basic rate of pay. An uplift of 10% will be awarded on shifts covered from 01/11/20-30/11/20 and from 01/03/21-31/03/21. An increased uplift of 20% will be awarded on shifts covered from 01/12/20-28/02/21. Whilst we expect temporary staffing spend to increase during the winter period, we aim to minimise this expenditure through booking fewer agency workers, in favour of encouraging bank employees to pick up vacant shifts.

Medical recruitment remains strong. 12 Consultants and 7 SAS Doctors have commenced appointment between 1 September and 5 October. These include Consultant appointments in Stroke, Emergency Medicine and Histopathology. The Trust has also made offers to two further Histopathology Consultants, which will result in eight out nine Consultant positions being filled.

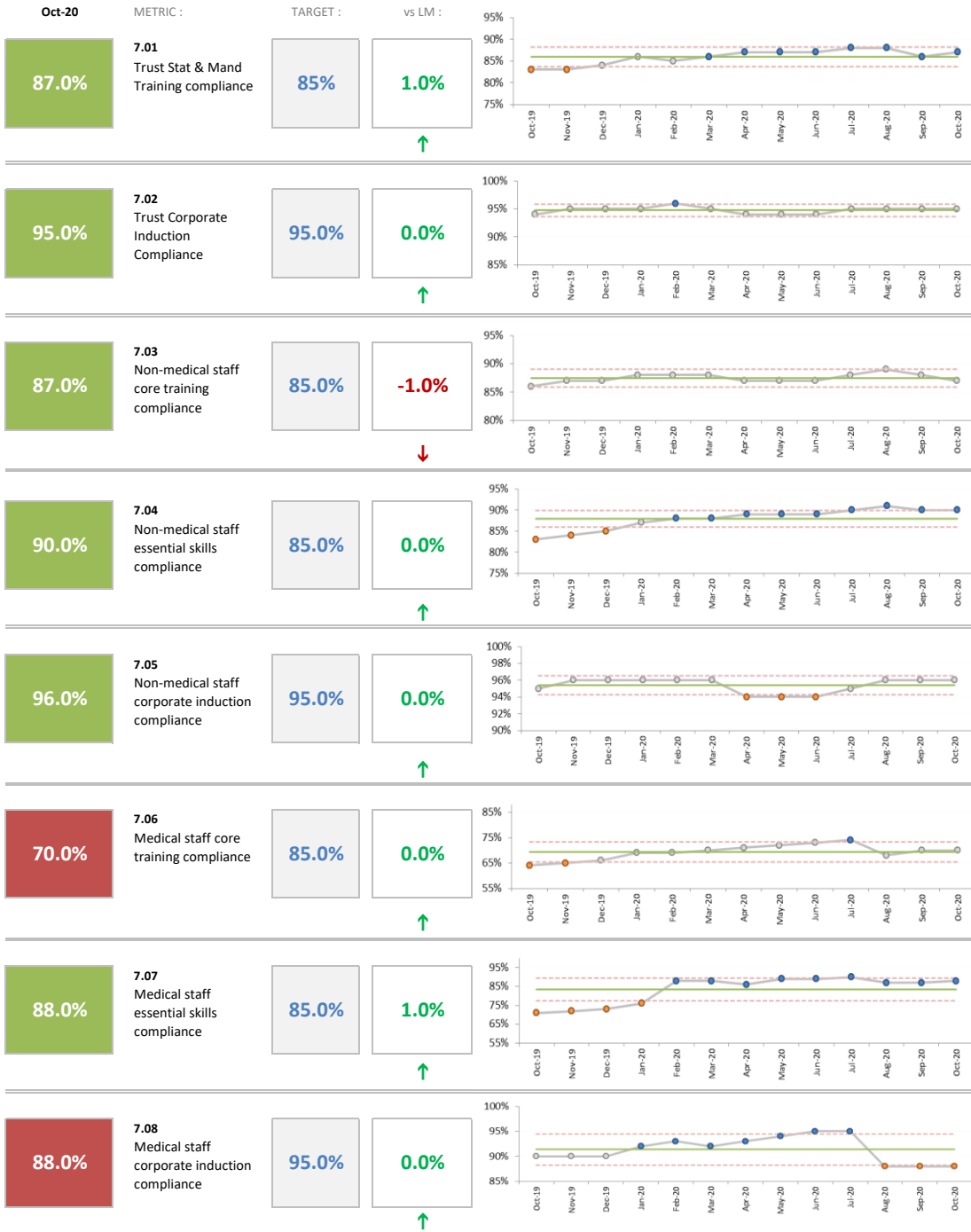
The most current M&D vacancy rates reveal the Trust is carrying a 9.5% vacancy rate. Split across site, this amounts to 9.2% at York and 10% at Scarborough. The CGs with the highest medical vacancy rates are CG4 (16.5%), CG2 (11.8%) and CG1 (11.4%).

While Scarborough is returning a 2.16% decrease in vacancy figures across nursing positions, York has seen an increase of 0.92% in vacancies.

The vacancy rates recorded across medical and nursing positions are driving an increased expenditure on temporary staffing solutions, whether it be via bank or agency.

TRUST BOARD REPORT : October-2020

WORKFORCE : STATUTORY AND MANDATORY TRAINING COMPLIANCE



HIGHLIGHTS FOR BOARD TO NOTE :

Although overall rates of compliance for corporate induction, core training and essential skills remain strong, work continues to increase corporate induction and core training rates for medical and dental staff.

Additionally, the workshop designed for 'Understanding and Maintaining Resilience', has attracted the interest of 126 people, who have booked a slot from 02.10.20 - 05.11.20.

TRUST BOARD REPORT : October-2020

WORKFORCE : CARE GROUP CORE COMPLIANCE BY STAFF GROUP

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

Oct-20

Monthly Care Group Core Compliance by Staff Group	Adult Advanced Life Support	Adult DNA CPR	Adult Life Support	Conflict Resolution	Deprivation of Liberty Safeguards (DoLS) Level 1	Deprivation of Liberty Safeguards (DoLS) Level 2	Fire Safety Awareness (High Risk)	Fire Safety Awareness (Low Risk)	Health and Safety inc. Risk Management	Infection Prevention and Control (ANTT - Practical)	Infection Prevention and Control (ANTT - 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	Mental Capacity Act Level 1	Mental Capacity Act Level 2	Paediatric Advanced Life Support	Paediatric DNA CPR	Paediatric Life Support	PREVENT Awareness	PREVENT Level 3	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 (Specialist Staff)		
CG Corporate Services																																
Add Prof Scientific and Technic			25%	76%	20%		76%	82%	0%	33%	83%	0%	82%	68%	79%	82%		20%			33%	93%	33%	75%	40%	86%	74%					
Additional Clinical Services			60%	59%	56%	62%	82%	62%	67%	100%	79%	59%	61%	57%		66%		56%				68%	75%	88%	59%	100%	61%					
Administrative and Clerical			0%	92%	0%		93%	93%			95%	100%	93%	100%	93%	94%	0%					96%		94%		93%	100%					
Allied Health Professionals			56%	62%		71%	61%	100%	62%		56%	65%	68%	71%		71%		71%					65%		68%	100%	58%					
Estates and Ancillary				67%			67%	67%			89%			67%	89%		100%					100%		100%		89%						
Healthcare Scientists			25%	33%			22%	22%			33%		33%	22%		22%						0%	50%	40%	33%		75%	0%				
Medical and Dental	41%	44%	56%	45%	42%	56%	85%	53%	37%	50%		49%	47%	29%		50%			42%	100%					49%	100%	47%	56%	50%			
Nursing and Midwifery Registered		100%	78%	79%	75%	73%	99%	80%	49%	77%	83%	77%	82%	72%	50%	81%			75%			100%	100%	79%	100%	75%	90%	79%	100%	40%		
CG Trust Estates and Facilities Management																																
Administrative and Clerical				82%			100%	91%			82%		91%	100%	90%	82%						91%		91%		64%						
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%					
Administrative and Clerical				85%			83%	88%			91%		85%	77%	83%	83%							93%		88%		90%					
Estates and Ancillary				79%	2%		76%	81%			81%		78%	66%	80%	78%	4%						74%		81%		81%					
Healthcare Scientists				100%			100%	95%			100%		100%	100%		100%						100%		95%		100%						

TRUST BOARD REPORT : October-2020

WORKFORCE: MEDICAL AND DENTAL VACANCIES

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

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	29	10	2	2	34.5%	20	2	0	1	5.0%	53	6	0	2	7.5%	25	1	0	1	0.0%	127	19	2	6	11.8%
Elderly Medicine	6	1	0	1	0.0%	2	0	0	0	0.0%	16	2	0	1	6.3%	3	0	0	0	0.0%	27	3	0	2	3.7%
Emergency & Acute Medicine	9	4	1	0	55.6%	13	2	0	1	7.7%	17	3	0	0	17.6%	4	1	0	1	0.0%	43	10	1	2	20.9%
General Medicine	14	5	1	1	35.7%	5	0	0	0	0.0%	20	1	0	1	0.0%	18	0	0	0	0.0%	57	6	1	2	8.8%
Care Group 3	21	5	0	1	19.0%	15	2	0	0	13.3%	15	1	0	1	0.0%	10	0	0	0	0.0%	61	8	0	2	9.8%
General Surgery & Urology	3	2	0	1	33.3%	5	0	0	0	0.0%	6	1	0	1	0.0%	9	0	0	0	0.0%	23	3	0	2	4.3%
Head & Neck						3	1	0	0	33.3%						1	0	0	0	0.0%	4	1	0	0	25.0%
Theatres, Anaesthetics & CC	18	3	0	0	16.7%	7	1	0	0	14.3%	9	0	0	0	0.0%						34	4	0	0	11.8%
Care Group 4	5	2	0	0	40.0%																5	2	0	0	40.0%
Radiology	5	2	0	0	40.0%																5	2	0	0	40.0%
Care Group 5	20	4	0	3	5.0%	4	0	0		0.0%	18	1	0	0	5.6%	6	1	0	1	0.0%	48	6	0	4	4.2%
Child Health	12	4	0	3	8.3%	1	0	0	0	0.0%	10	1	0	0	10.0%	4	1	0	1	0.0%	27	6	0	4	7.4%
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	2	0	1	11.1%	9	0	1	0	11.1%	2	0	0	0	0.0%	38	3	1	1	7.9%
Ophthalmology	4	0	0	0	0.0%	3	1	0	0	33.3%	1	0	0	0	0.0%						8	1	0	0	12.5%
Specialist Medicine	6	1	0	0	16.7%	1	0	0	0	0.0%	3	0	0	0	0.0%						10	1	0	0	10.0%
Trauma & Orthopaedics	8	0	0	0	0.0%	5	1	0	1	0.0%	5	0	1	0	20.0%	2	0	0	0	0.0%	20	1	1	1	5.0%
Total	93	22	2	6	19.4%	48	6	0	2	8.3%	95	8	1	3	6.3%	43	2	0	2	0.0%	279	38	3	13	10.0%

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	76	15	2	2	19.7%	16	3	0	0	18.8%	85	12	0	5	8.2%	42	0			0.0%	219	30	2	7	11.4%
Community						1	0	0	0	0.0%											1	0	0	0	0.0%
Elderly Medicine	16	5	0	1	25.0%	2	0	0	0	0.0%	17	0	0	0	0.0%	6	0	0	0	0.0%	41	5	0	1	9.8%
Emergency & Acute Medicine	23	6	2	0	34.8%	9	3	0	0	33.3%	40	9	0	5	10.0%	12	0	0	0	0.0%	84	18	2	5	17.9%
General Medicine	37	4	0	1	8.1%	4	0	0	0	0.0%	28	3	0	0	10.7%	24	0	0	0	0.0%	93	7	0	1	6.5%
Care Group 3	113	5	2	0	6.2%	32	2	0	1	3.1%	59	6	0	1	8.5%	16	1	0	0	6.3%	220	14	2	2	6.4%
General Surgery & Urology	41	0	0	0	0.0%	12	0	0	0	0.0%	19	2	0	0	10.5%	16	1	0	0	6.3%	88	3	0	0	3.4%
Head & Neck	21	0	1	0	4.8%	12	1	0	0	8.3%	15	4	0	1	20.0%						48	5	1	1	10.4%
Theatres, Anaesthetics & CC	51	5	1	0	11.8%	8	1	0	1	0.0%	25	0	0	0	0.0%						84	6	1	1	7.1%
Care Group 4	60	11	1	2	16.7%	2	1	0	0	50.0%	18	3	0	0	16.7%	5	0	0	0	0.0%	85	15	1	2	16.5%
Cancer Support	14	3	1	0	28.6%	2	1	0	0	50.0%	8	2	0	0	25.0%	2	0	0	0	0.0%	26	6	1	0	26.9%
Laboratory Medicine	16	3	0	2	6.3%						5	1	0	0	20.0%	2	0	0	0	0.0%	23	4	0	2	8.7%
Radiology	30	5	0	0	16.7%						5	0	0	0	0.0%	1	0	0	0	0.0%	36	5	0	0	13.9%
Care Group 5	35	1	0	0	2.9%	9	4	0	0	44.4%	31	2	0	0	6.5%	8	0	0	0	0.0%	83	7	0	0	8.4%
Child Health	18	0	0	0	0.0%	2	0	0	0	0.0%	16	1	0	0	6.3%	4	0	0	0	0.0%	40	1	0	0	2.5%
Obstetrics & Gynaecology	14	0	0	0	0.0%	1	0	0	0	0.0%	14	0	0	0	0.0%	3	0	0	0	0.0%	32	0	0	0	0.0%
Sexual Health	3	1	0	0	33.3%	6	4	0	0	66.7%	1	1	0	0	100.0%	1	0	0	0	0.0%	11	6	0	0	54.5%
Care Group 6	65	6	2	3	7.7%	19	2	0	1	5.3%	29	1	0	0	3.4%	5	0	0	0	0.0%	118	9	2	4	5.9%
Ophthalmology	21	2	1	1	9.5%	6	0	0	0	0.0%	6	0	0	0	0.0%						33	2	1	1	6.1%
Specialist Medicine	30	3	1	1	10.0%	4	1	0	1	0.0%	14	0	0	0	0.0%	1	0	0	0	0.0%	49	4	1	2	6.1%
Trauma & Orthopaedics	14	1	0	1	0.0%	9	1	0	0	11.1%	9	1	0	0	11.1%	4	0	0	0	0.0%	36	3	0	1	5.6%
Total	349	38	7	7	10.9%	78	12	0	2	12.8%	222	24	0	6	8.1%	76	1	0	0	1.3%	725	75	7	15	9.2%

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

Leavers = currently serving notice

Starters = accepted appointment, now pending start date

FINANCE PERFORMANCE REPORT

October-2020

Produced November 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 : October-2020

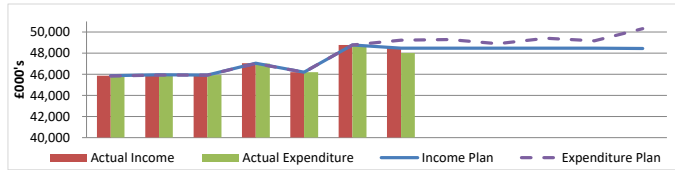
SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Oct-20 METRIC: PLAN:

6.01 Income and Expenditure

£532 **-£706**



6.02 Operational Expenditure against Plan (exc. COVID)

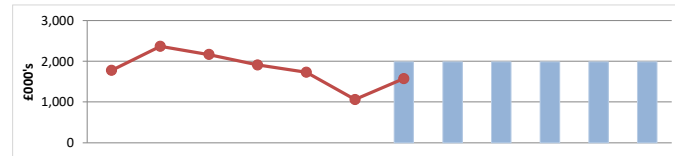
£45,920 **£46,721**



6.03 COVID-19 Expenditure

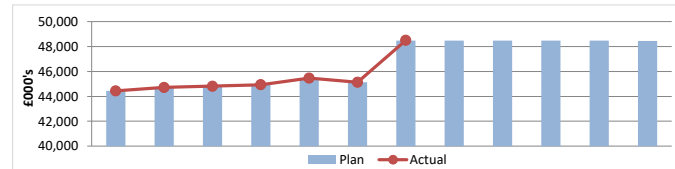
£1,573 **£1,987**

Monthly % Covid Spend of Operational Spend: 3.4%



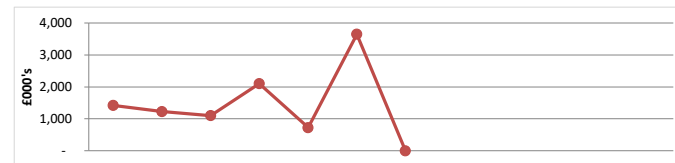
6.04 Income against plan (exc. Truing Up)

£48,503 **£48,484**



6.05 Value of Truing Up Required

£0



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 an initial new national, temporary, emergency financial framework was put and was in operation until 30 September 2020. For the second half of the financial year, a new revised framework is now in place, and October is the first month to report under this new framework.

The revised framework for the second half of the year is allocation based comprising a base allocation to cover the cost of normal activities, and a secondary allocation to cover additional costs resulting from the Covid-19 pandemic. Other features of the revised framework are the NHSE/I expectation that organisations generate other 'non-patient' activity income commensurate with the levels seen in 2019/20; and the retrospective top-up process used in the first half of the year has been withdrawn. The emphasis from NHSE/I has now changed for the second half of the year with a greater focus on reintroducing financial control, with the Trust being expected to manage within its allocation and plans agreed with system partners.

The financial plan for the second half of the year submitted to NHSE/I was presented to, and agreed by the Board at its 4 November 2020 meeting. The agreed plan results in a £5.5m I&E deficit for the second half of the year, and is attributable to (a) other 'non-patient activities' income being £4.6m less than assumed by NHSE/I in determining commissioner allocations to the Trust, and (b) an increased annual leave accrual of £0.9m for staff unable to take their full leave entitlement due to the Covid-19 pandemic.

Month 7 Position

The Trust's performance for months 1 to 6 under the previous financial regime is shown on the graphs for completeness, and to illustrate that the Trust balanced its I&E each month as expected and for the first half year of 2020/21 overall, as a result of the retrospective top up process under the previous financial framework.

The graphs then go on to show the plans for months 7 to 12 under the new revised financial framework, against which actual performance will be measured. For October, the Trust is reporting an I&E surplus of £0.53m against a planned deficit of £0.7m, placing it £1.23m ahead of the plan submitted to NHSE/I.

Income is on plan in October. The Board are reminded that from M7 onwards the trueing up arrangements in place for M1-6 have been withdrawn by NHSE&I, so graph 6.05 will report zero trueing up from this date. Within this figure, additional income has been received ahead of plan for R&D, but is offset by education and training, and other income being behind plan.

Operational expenditure overall is £1.21m behind plan for October. Within this figure expenditure on Covid-19 is £0.41m behind plan and is primarily linked to a central contingency reserve not yet committed. Expenditure on normal operational activities is £0.8m behind plan, and is attributable to activity costs across pay, drugs, and other expenditure including the use of the independent sector not yet materialising as planned.

TRUST BOARD REPORT : October-2020

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

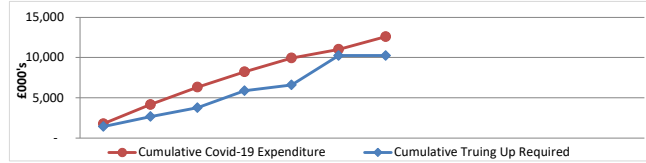
Oct-20

METRIC:

PLAN:

-£2,352

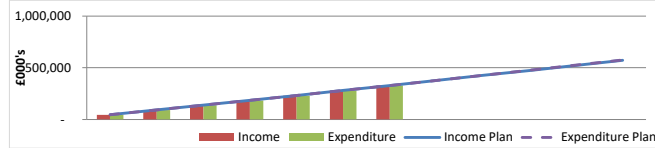
6.06
Cumulative COVID-19
Expenditure and Cumulative
Truing Up Requirement



£532

6.07
Cumulative Income and
Expenditure Position against
Plan

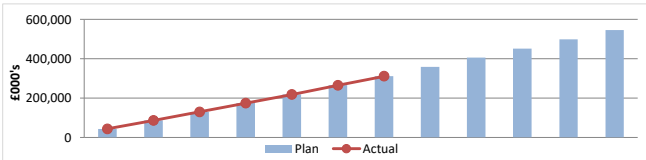
-£706



£311,482

6.08
Cumulative Operational
Expenditure against Plan
(exc. COVID)

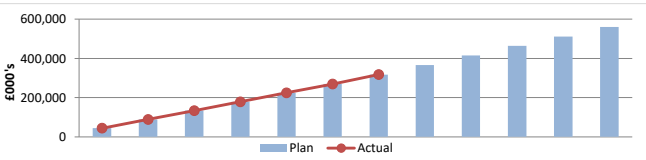
£312,283



£318,006

6.09
Cumulative Income against
plan (exc. Truing Up)

£317,987



Income and Expenditure Account

	Annual Plan	YTD Plan	YTD Actual	YTD
	£000's	£000's	£000's	Variance £000's
NHS England	65,140	38,168	38,168	0
Clinical commissioning groups	442,610	246,588	246,138	-450
Local authorities	4,303	2,518	2,579	61
Non-NHS: private patients	187	107	106	-1
Non-NHS: other	1,859	1,083	1,067	-16
Operating Income from Patient Care Activities	514,099	288,464	288,057	-407
Research and development (both IFRS 15 and non-IFRS 15 income)	2,117	1,270	1,482	212
Education and training (excluding notional apprenticeship levy income)	19,728	11,639	11,955	316
Other income	34,652	26,849	26,746	-103
Other Operating Income	56,497	39,758	40,182	424
Employee Expenses	-394,058	-227,018	-225,941	1,077
Drugs Costs	-57,205	-31,114	-30,362	752
Supplies and Services - Clinical	-43,904	-25,138	-26,346	-1,208
Depreciation	-10,119	-5,903	-5,903	0
Amortisation	-330	-193	-193	1
CIP	0	0	0	0
Other Costs	-64,179	-35,917	-35,323	594
Total Operating Expenditure	-569,795	-325,283	-324,068	1,215
OPERATING SURPLUS/(DEFICIT)	801	2,939	4,171	1,232
Finance income	2	2	4	2
Finance expense	-522	-305	-303	2
PDC dividends payable/refundable	-5,728	-3,341	-3,341	0
NET FINANCE COSTS	-5,447	-705	531	1,236
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)	-5,447	-705	531	1,236

TRUST BOARD REPORT : October-2020

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

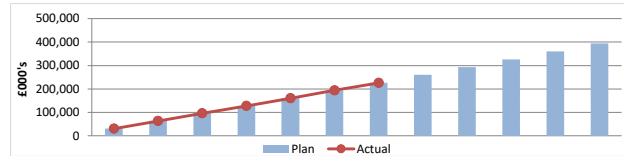
Oct-20 METRIC:

PLAN:

6.1
Pay expenditure against plan

£32,212

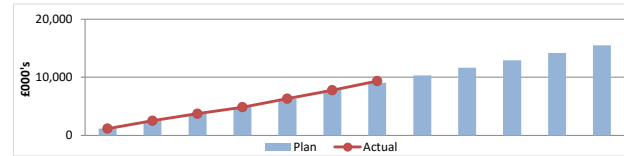
£33,289



6.11
Agency expenditure against plan

£1,577

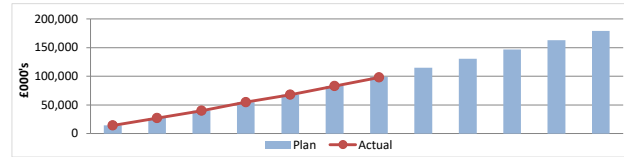
£1,285



6.12
Non-pay expenditure against plan

£15,281

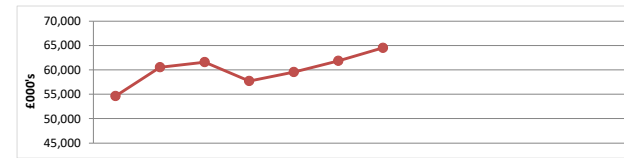
£15,940



6.13
Cash Position

£64,506

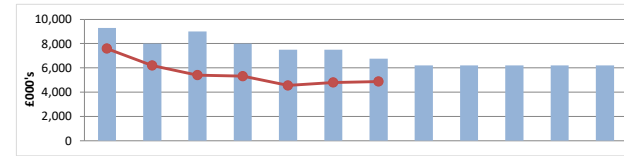
£0



6.14
Debtors

£4,873

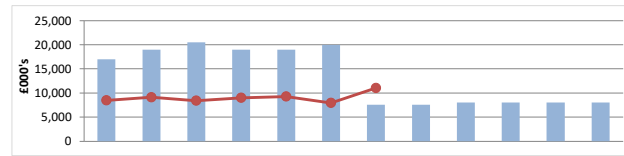
£6,753



6.15
Creditors

£11,053

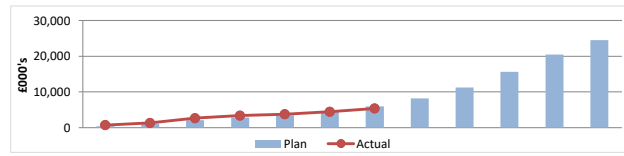
£7,560



6.16
Capital

£5,393

£5,958



Pay Expenditure Analysis

Staff Group	Annual Plan	Year to Date						Total	Variance
		Plan	Contract	W/L/ Overtime	Bank	Agency			
Consultants	68,644	38,368	34,227	331	0	2,848	37,406	-962	
Medical and Dental	50,240	29,576	27,333	68	0	2,517	29,919	343	
Nursing	101,186	58,113	50,885	329	7,988	3,664	62,867	4,754	
Healthcare Scientists	8,846	5,183	7,053	5	16	23	7,097	1,914	
Scientific, Therapeutic and technical	11,864	6,899	9,348	71	18	0	9,437	2,538	
Allied Health Professionals	23,826	13,754	14,670	237	0	24	14,930	1,176	
HcAs and Support Staff	46,826	27,304	30,102	487	50	182	30,821	3,517	
Exec Board and Senior managers	21,460	12,419	8,566	5	0	0	8,572	-3,847	
Admin & Clerical	59,676	34,534	23,920	3	0	95	24,018	-10,516	
Pay Reserves	0	0	0	0	0	0	0	0	
Apprenticeship Levy	1,490	868	875	0	0	0	875	7	
TOTAL	394,058	227,018	206,980	1,537	8,072	9,353	225,941	-1,077	

TRUST BOARD REPORT : October-2020

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Oct-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

£1,577

£1,565

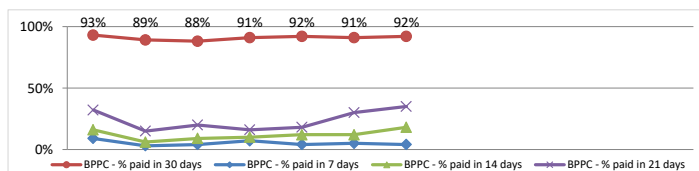
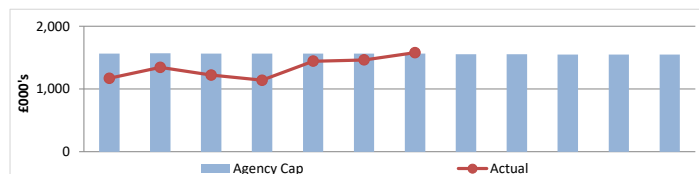
BPPC Performance

Within 30 days 6.22 BPPC - % paid in 30 days **92%**

6.23 BPPC - % paid in 7 days **4%**

Within 14 days 6.24 BPPC - % paid in 14 days **18%**

6.25 BPPC - % paid in 21 days **35%**



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.

TRUST BOARD REPORT : October-2020

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

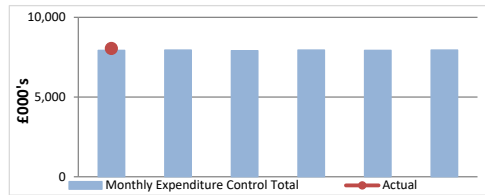
Oct-20 METRIC:

PLAN:

£8,047

6.51
Acute Elderly Emergency
General Medicine and
Community Services - York

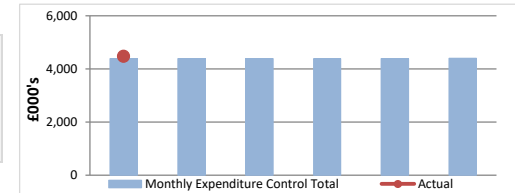
£7,932



£4,478

6.57
LLP Facilities Management

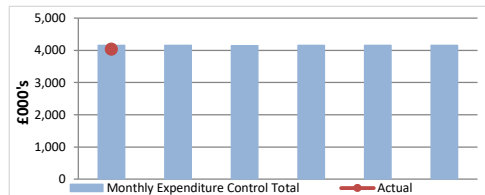
£4,383



£4,039

6.52
Acute Emergency and
Elderly Medicine-
Scarborough

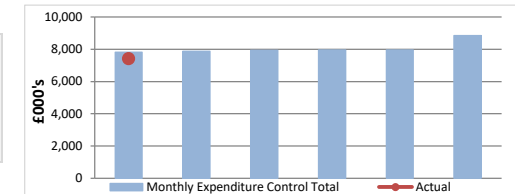
£4,156



£7,412

6.58
Corporate Services

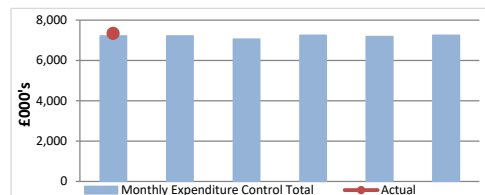
£7,825



£7,342

6.53
Surgery

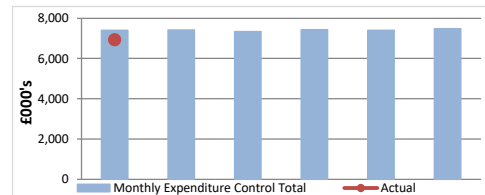
£7,235



£6,933

6.54
Cancer and Support Services

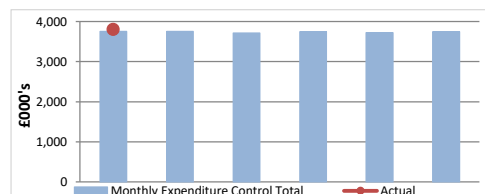
£7,403



£3,803

6.55
Family Health & Sexual
Health

£3,754



RESEARCH AND DEVELOPMENT REPORT

October-2020

Produced November 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

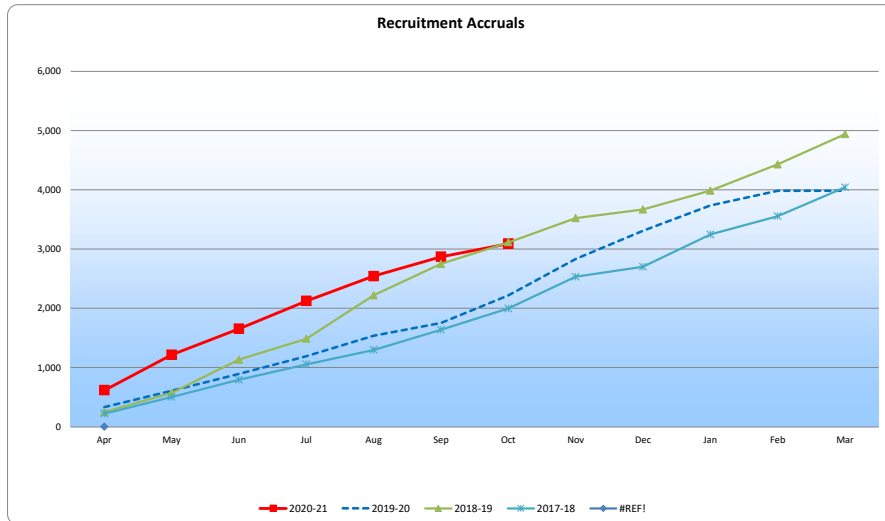
To ensure financial stability

TRUST BOARD REPORT : October-2020

CLINICAL RESEARCH PERFORMANCE REPORT

Recruitment

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2020-21	618	596	441	470	417	329	221						3092
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 mainly on Covid studies to date this year we have still recruited 3092 patients into our clinical trials, which is fantastic (1010 of these accruals came from two non Covid studies FIT and RADAR). 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-Oct 2020

Covid Studies	Accruals Running Total 20/21
CCP (ISARIC)	617
Genomicc - Scarborough	2
Genomicc - York	24
Recovery - Scarborough	33
Recovery - York	93
REMAP CAP	9
PRIEST - Scarborough	215
PRIEST - York	298
Covpall	0
Pan Covid - Scarborough	3
Pan Covid - York	35
SARS- COV2 (SIREN) - Scarborough	75
SARS- COV2 (SIREN) - York	194
Psychological Impact	405
DISCOVER	9
CLARITY	6
UKOSS - Scarborough	3
UKOSS - York	10
COVID TOTAL - All Care	2018
Groups Portfolio Studies	
COVID TOTAL - All Care	
Groups** Non Portfolio	13

Not included in CRN return total of 3092
 Not included in CRN return total of 3092
 Not included in CRN return total of 3092

Non Covid CG Totals April - Oct 2020

CG1 Non Covid Accruals	1015
CG2 Non Covid Accruals	3
CG3&5 Non Covid Accruals	32
CG4 Non Covid Accruals	15
CG6 Non Covid Accruals	9
TOTAL	1074

Recruitment Target for Year	3800
Open Trials	70
Total Due to Close 20/21	14

Commercial	6%
Non-Commercial	94%
Interventional	34%
Observational	66%
I & O	0%

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

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

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

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

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

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

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.

DISCOVER The aim of this study is to compare and contrast trajectories of disability in activities of daily living (ADLs) over time, among adults with advanced lung cancer or respiratory disease particularly during the COVID pandemic

CLARITY The aims of this study are to define the impact of biologic class, concomitant use of an immunomodulator and physical distancing strategies on SARS-CoV-2 infection and immunity

**** 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.

COVID-Trach A national cohort study collecting outcome data for COVID-19 patients undergoing tracheostomy procedures.

OPERATIONAL PERFORMANCE REPORT

October-2020

Produced November 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: October-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 NHS Emergency Preparedness, Resilience and Response incident level has moved back a level 4 national response as the NHS experiences a 'second wave' of COVID admissions.

The Trust has seen a significant rise in cases, at the start of October there were 19 COVID positive inpatients (all in York Hospital). As at the 9th November there are 107 Covid positive inpatients in our Hospitals (104 confirmed COVID, 3 patients clinically suspected but not confirmed). At this point in time the Trust is continuing with the elective programme as set out in the Phase 3 plan.

As at the 9th of November 1,139 patients have been admitted with confirmed COVID-19 this year; sadly 250 patients who were COVID-19 positive have died, 782 have been discharged home.

The Trust has moved into stage 2 of the Surge plan, opening to 6 wards across both sites for confirmed COVID with 2 suspected COVID admission wards.

The Phase 3 Elective Services plan delivery continues, including all cancer services alongside the Surge Plan.

Performance Headlines:

- 2,176 fifty-two week wait pathways have been declared for October 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 percentage of patients waiting under 18 weeks at month end increasing from 60% in September to 65.5% at the end October.
- The Trust achieved compliance in 3 out of 7 cancer standards in September 2020; all pathways are being tracked and monitored in line with national guidance.
- 80.8% of ED patients were admitted, transferred or discharged within four hours during October 2020.

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 performance challenges.

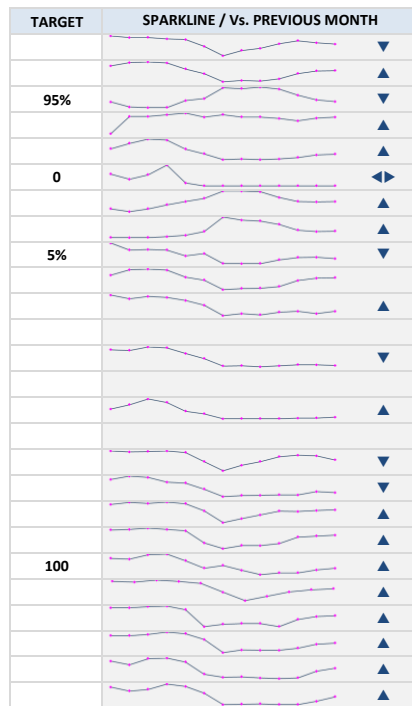
Author(s): Andrew Hurren, Deputy Head of Operational Planning and Performance
Lynette Smith, Head of Operational Planning and Performance
Steve Reed, Head of Community Services

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

TRUST BOARD REPORT: October-2020

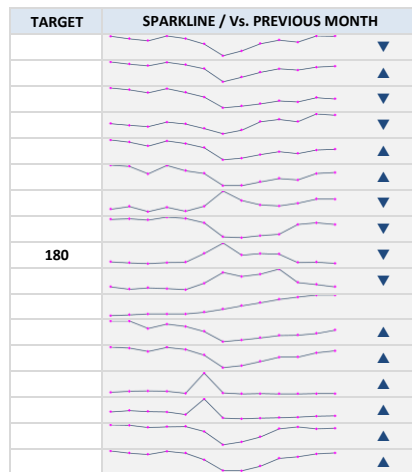
OPERATIONAL PERFORMANCE SUMMARY

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
2.05	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



Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
18800	17848	17926	17169	16770	13034	7755	10753	11889	14453	16142	15001	14254
3689	4337	4471	4257	3065	2131	490	766	673	1098	2146	2661	2734
80.4%	75.7%	75.1%	75.2%	81.7%	83.7%	93.7%	92.9%	94.3%	92.4%	86.7%	82.3%	80.8%
30%	42%	42%	43%	44%	42%	43%	42%	42%	41%	39%	41%	42%
817	1200	1499	1428	801	468	55	105	53	102	209	384	444
16	9	15	28	4	0	0	0	0	0	0	0	0
54%	51%	54%	58%	61%	64%	71%	71%	70%	65%	61%	60%	61%
32%	31%	32%	34%	38%	48%	88%	79%	77%	68%	52%	48%	49%
4.1%	3.0%	3.1%	3.0%	2.1%	2.4%	0.8%	0.8%	0.8%	1.4%	1.8%	1.8%	1.6%
202	223	226	222	194	183	145	150	151	158	181	190	192
1112	994	1068	1035	943	799	477	542	502	586	611	542	613
727	710	694	685	681	677	-	-	-	-	-	-	-
571	552	652	625	465	324	113	126	91	118	152	147	129
274	361	342	323	304	285	-	-	-	-	-	-	-
332	476	668	554	263	176	6	15	14	13	27	37	60
116	271	257	244	231	215	-	-	-	-	-	-	-
5177	5060	5118	5186	5004	3978	2937	3572	3989	4544	4698	4631	4168
898	1017	970	803	779	568	305	345	352	369	364	479	443
2348	2499	2413	2516	2410	1906	1089	1375	1628	1898	1862	1932	1974
1124	1140	1176	1137	1103	778	623	710	705	766	934	962	985
104	99	123	127	91	51	65	39	15	25	25	41	50
994	971	1030	989	939	689	454	575	698	760	788	-	-
363	363	377	384	342	147	176	185	184	149	230	264	273
361	362	376	407	387	311	144	178	176	175	203	253	266
125	105	139	142	121	55	38	40	34	30	35	70	87
129	109	118	145	133	98	39	42	43	40	40	57	80

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



Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
20396	18782	17510	20634	18824	15379	7513	10789	15555	17943	16572	20551	20429
10170	9285	8627	10023	9043	7415	2056	3975	5943	7368	6800	8037	8413
2397	2260	2037	2340	2058	1701	890	1032	1205	1422	1332	1665	1570
7829	7237	6846	8271	7723	6263	4567	5782	8407	9153	8440	10849	10446
9877	9192	7937	9521	8703	7426	3606	4133	5276	6162	5588	6663	6925
17011	16481	13119	16845	14519	13348	7928	8045	9673	11117	10492	13240	13729
1.72	1.79	1.65	1.77	1.67	1.80	2.20	1.95	1.83	1.80	1.88	1.99	1.98
5.9%	6.0%	5.8%	6.2%	6.0%	5.5%	3.9%	3.8%	4.0%	4.2%	5.3%	5.5%	5.3%
270	213	164	219	250	751	1331	653	734	707	236	249	188
1474	1076	1303	1158	978	2070	3855	3191	3571	4441	2192	1867	1461
11505	12156	12879	12953	12971	14468	16876	19525	21994	24726	26543	28149	28225
867	861	591	755	666	489	109	170	254	341	350	416	535
6807	6539	5770	6737	6215	4924	1953	2447	3414	4435	4447	5435	5928
26	41	48	42	10	333	14	0	3	0	2	3	5
148	173	152	142	89	408	21	4	19	28	37	57	65
78%	77%	70%	72%	74%	58%	16%	25%	41%	66%	72%	66%	68%
796	720	674	784	720	484	104	98	264	537	586	693	726

TRUST BOARD REPORT: October-2020

OPERATIONAL PERFORMANCE SUMMARY

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

TARGET	SPARKLINE / Vs. PREVIOUS MONTH
99%	

Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
83.3%	85.2%	81.6%	81.1%	86.1%	75.1%	22.6%	23.0%	34.3%	46.2%	46.6%	53.7%	61.0%
300	354	381	365	417	383	462	596	597	723	537	618	740
378	370	360	427	393	140	176	259	337	417	379	502	695
193	330	287	336	317	390	894	1333	1300	1103	1137	760	617
7410	7451	4303	4162	4910	4671	1040	503	260	926	1346	1804	1530
965	1038	1079	1087	835	746	870	973	1073	1161	1264	1337	1345

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

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

Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
75.4%	75.2%	74.8%	74.0%	73.6%	69.7%	58.7%	49.5%	42.0%	42.3%	52.7%	60.0%	65.5%
0	0	0	1	0	32	158	452	910	1360	1764	1986	2176
3508	3526	3929	3917	3866	4413	5734	7567	8800	9815	10435	9771	7751
1076	1168	1292	1306	1311	1681	2474	3424	4597	5458	6131	6163	6125
29442	29123	30187	29583	29534	28508	24947	24888	25057	25107	26141	27042	27908
3686	3711	3919	4005	4075	4540	5506	6442	7114	7182	6654	6019	5318
3554	3512	3694	3687	3727	4085	4797	6133	7429	7296	5711	4787	4323
11.6	12.0	12.1	12.1	12.0	13.7	17.7	20.1	21.4	21.4	20.7	19.6	18.2

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 / Vs. PREVIOUS MONTH
93%	
93%	
96%	
94%	
98%	
85%	
90%	
75%	

Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
94.0%	92.4%	94.8%	92.6%	94.4%	90.8%	85.6%	96.9%	96.4%	95.0%	94.5%	88.7%	-
98.0%	97.6%	98.4%	97.4%	99.1%	95.3%	90.9%	95.7%	97.6%	96.4%	95.1%	95.1%	-
98.9%	96.4%	98.0%	96.7%	100.0%	96.8%	98.6%	99.4%	97.8%	96.8%	97.0%	97.3%	-
97.4%	97.8%	87.2%	80.0%	91.1%	94.4%	75.0%	82.1%	89.7%	88.2%	81.8%	92.6%	-
98.8%	98.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.1%	100.0%	-
80.5%	76.5%	76.9%	76.9%	73.3%	84.0%	74.4%	82.4%	82.4%	79.4%	82.3%	75.4%	-
98.0%	91.4%	86.4%	87.1%	96.8%	95.6%	100.0%	-	-	-	-	-	-
64.9%	68.9%	70.7%	63.4%	72.3%	69.4%	54.2%	67.1%	64.4%	65.9%	62.3%	63.9%	-

*62 day screening: months from May-20 onwards have five or fewer records therefore performance is not included

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

TARGET	SPARKLINE / Vs. PREVIOUS MONTH

Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
2937	3063	2002	1950	1621	1614	1806	1857	2139	2169	1816	2038	2017
15606	14629	16944	17968	16947	18851	16259	18289	20800	21927	20310	19985	20698
192	168	170	163	114	181	208	189	179	171	157	214	196
65	69	76	63	60	54	57	67	58	48	65	58	69
3396	4250	3404	3727	2745	3849	4197	4469	3711	4653	4444	4788	5246
2039	1846	1864	1960	1583	1840	1365	1269	1529	1734	1451	1576	1759
17.8	19.2	17.6	18.2	16.3	16.5	12.4	9.7	10.9	9.8	12.3	12.8	13.5

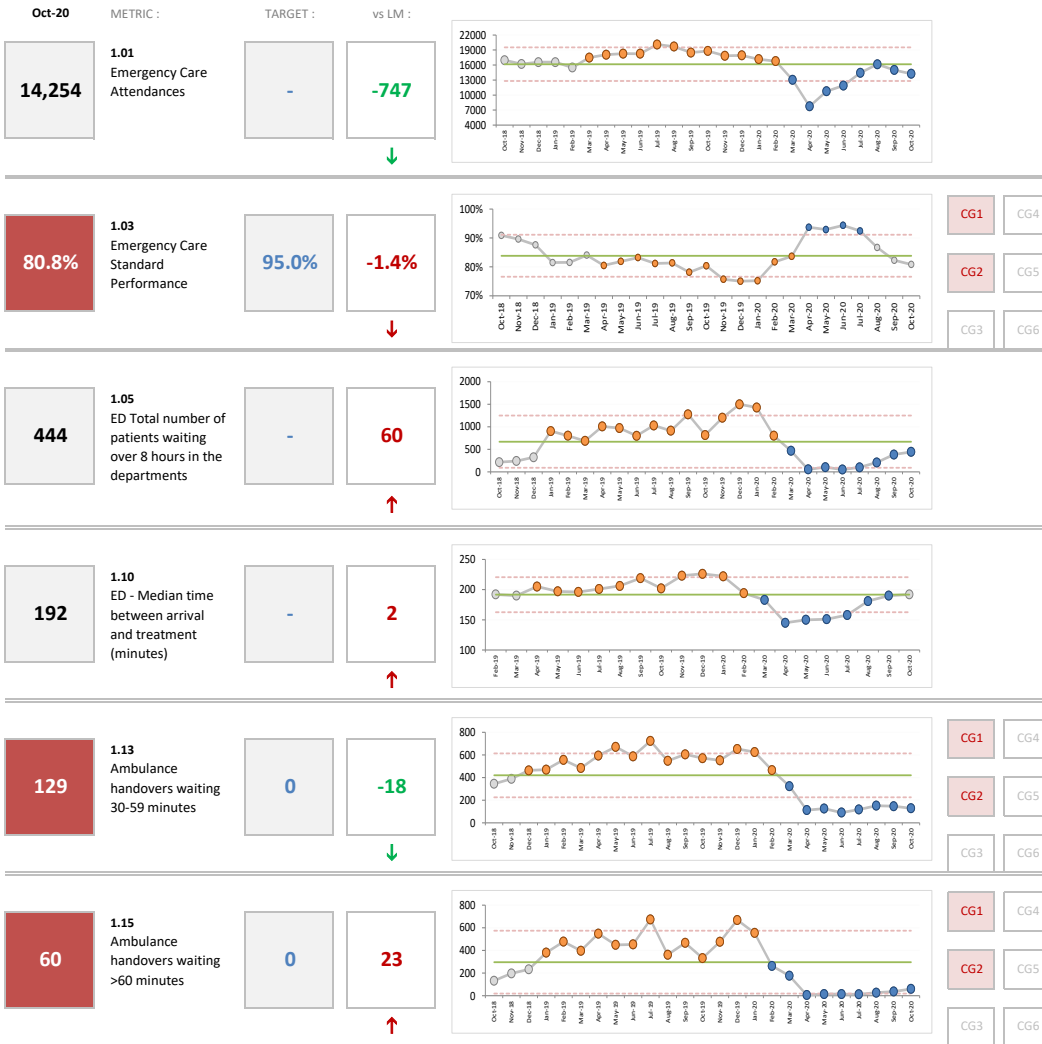
REF	CHILDREN AND YOUNG PERSONS (0-17 YEARS)
8.01	ECS Performance (Type 1 only)
8.02	ED patients waiting over 8 hours in department
8.03	Cancer 14 day performance
8.05	Diagnostics
8.06	RTT performance
8.07	RTT TWL
8.08	RTT 52 week waiters

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

Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
90.9%	86.8%	87.8%	90.2%	93.5%	93.7%	98.3%	98.4%	98.5%	97.5%	94.1%	92.6%	93.6%
14	35	26	26	6	6	2	1	0	2	1	2	5
80.0%	100.0%	83.3%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%
90.6%	87.7%	85.0%	84.7%	90.0%	78.6%	17.1%	14.6%	34.2%	41.4%	44.8%	52.0%	57.8%
80.6%	81.4%	82.5%	81.7%	81.4%	78.4%	67.3%	55.5%	44.6%	41.1%	51.7%	59.8%	67.4%
2561	2500	2593	2567	2553	2495	2056	1994	2009	1903	1997	2179	2195
0	0	0	0	0	2	7	24	51	102	147	192	224

TRUST BOARD REPORT: October-2020

OPERATIONAL PERFORMANCE: ED



HIGHLIGHTS FOR BOARD TO NOTE:

80.8% of ED patients were admitted, transferred or discharged within four hours during October 2020. Root cause analysis of Emergency Care Standard (ECS) breaches continues at both sites, themes include delays in admission at key periods, linked to the required turnaround time for swab tests in the admission units. The sites have both had front line staff absences through track and trace and self-isolation throughout October.

The Trust has reviewed and implemented the Surge Plan at the end of October as COVID admissions have increased across the Trust footprint.

York Locality Performance was 83.3% with a reported increase in acuity as COVID admissions increased through the month. The estate has been reconfigured to support the Surge Plan, with a suspected COVID Same Day Emergency Care Unit, and opening of an additional COVID ward in October. Capital works on the creation of additional side rooms continue to be progressed to support flow pending swab results.

Scarborough Locality Performance was 77.4%. Scarborough overall performance has been affected by a significant reduction in the number of Type 3 attendances (reduction on 30% compared to October 19). Scarborough Emergency Department has continued to see the attendances return to 92% of last year attendances, above the planned levels of a 90% return in Q3.

Flow continues to be challenge on the Scarborough site, with capital works underway to convert Haldane and Ann Wright wards into twenty-three additional side rooms. This work is due to complete in December. Scarborough COVID patients were transferred to York at the start of October due to low numbers; however as the COVID admissions have increased COVID wards have been re-established on site.

Non-elective admissions in October 2020 were 19% down on the same period last year (-1,009 admissions). York Hospital saw a reduction of 569 admissions (-17%) with Scarborough seeing a reduction of 440 (-25%) compared to October 2019. It is important to note that the bed base remains reduced from last October due to social distancing, with around 10% less beds available across the main sites.

The Trust continues to work with system partners to explore options to sustain urgent care flows, and prevent crowded Emergency Department waiting areas, including the national '111 First' ('talk before you walk') initiative from December. This will provide a further filter or clinical triage process before attending a booked appointment in the Urgent Treatment Centre or Emergency Department. This work is being supported by Emergency Care Intensive Support Team (ECIST).

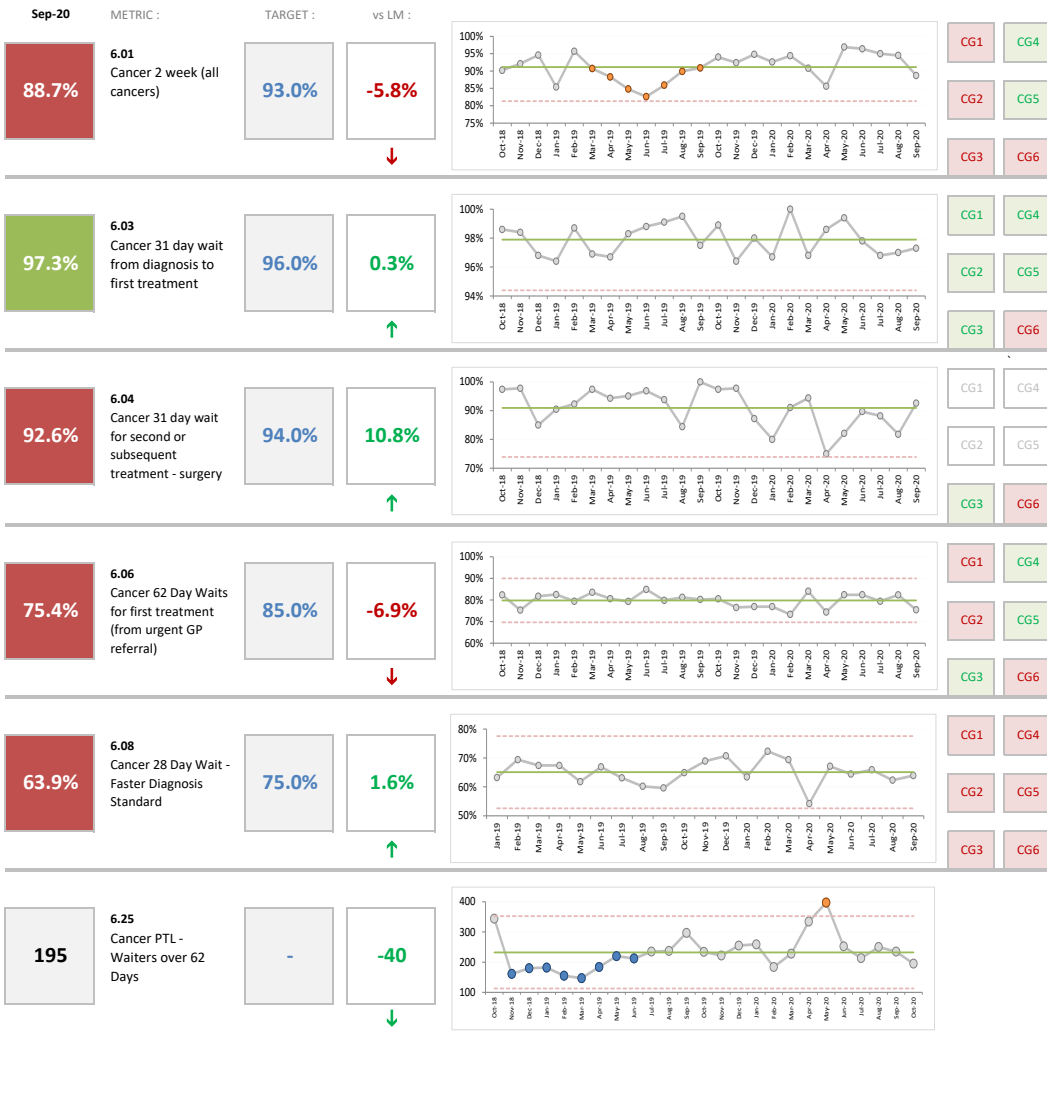
There were zero twelve hour trolley waits in October 2020.

Super-Stranded (Length of Stay [LoS] of 21+ Days) patients at the end of October 2020 have risen compared to the end of September (70 to 87 patients). System level escalation meetings have been reinstated to ensure all efforts are made to ensure patients who do not have the right to reside (medically fit) are in an appropriate place of care or supported at home. The system Discharge Coordinators and Executive Leads (as per the COVID-19 Discharge Guidance) supports escalation and action.

In October Quality Committee requested information on the Trust's average LoS for Non-Elective (NEL) admissions compared to the national position. Utilising NHSI's Model Hospital shows that the Trust has been below the national position for each of the four months to the end of July 2020 (latest available data). In July the Trust had an average NEL LoS of 7.1 days compared to the national average of 8.5 days. The Trust will seek to maximise any opportunities to further improve on this position.

TRUST BOARD REPORT: October-2020

OPERATIONAL PERFORMANCE: CANCER



HIGHLIGHTS FOR BOARD TO NOTE:

Trust cancer performance in September 2020 saw compliance achieved against 3 out of the 7 cancer standards; all pathways are being tracked and monitored in line with national COVID-19 guidance.

The Trust saw a decrease against the Cancer 2 week waiting times for urgent referrals, achieving the 88.7% in September, the first time since April 2020 that the Trust has not achieved target. The pressure areas were Skin, Upper and Lower GI pathways. Skin has been affected by a surge in referrals for these pathways, combined with a loss of clinic capacity through sickness and self-isolation. The Upper GI pathway has been affected by reduced capacity for Gastroscopy, which has reviewed in October. The Lower GI pathway has seen increased demand, to address this additional clinics have been established to meet the demand and capacity gap. The numbers of cancer fast track referrals received in September 2020 (1,705) was the third highest in the last twelve months.

Performance against the 62 day wait for first treatment target declined in September (75.4%) compared to August (82.3%), this equates to 32 breaches, more than half were on Lower and Upper GI pathways, which has been affected by the stand down of endoscopy in COVID-19 Wave 1. All patients are tracked through the operational teams, with weekly escalations to senior managers.

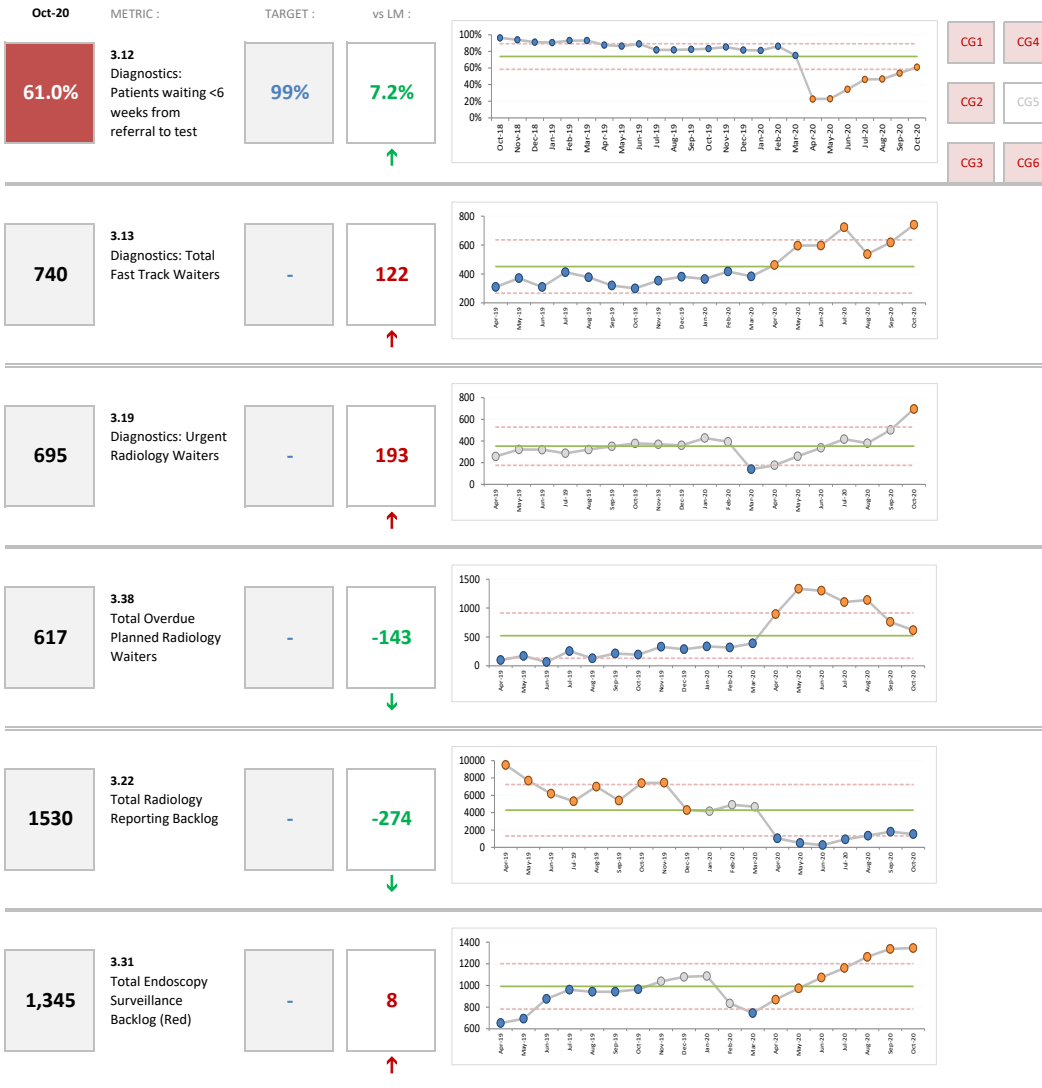
At the end of October 2020 there were 195 patients on the Trust's Patient Tracking List (PTL) that had waited over 62 days, a decrease of 55 on the end of September 2020. Of those waiting over 62 days, 148 are awaiting diagnosis; tackling this backlog is a top priority for the Trust and the Humber, Coast 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 5th of November there are 51. To understand the impact of longer waits for patients the Trust undertakes Clinical Harm Reviews. All long waiting (104+ days) patients receive a Clinical Harm Review (CHR) that looks at the chronology of a patient's care and ascertains whether the delay to treatment has resulted in any harm. This is a clinician-led process that reports to the Cancer Delivery Board and then onto Quality Committee.

As part of the Surge Plan, a table top assessment has been made to ensure sufficient capacity is available for cancer operating at each level of surge.

TRUST BOARD REPORT: October-2020

OPERATIONAL PERFORMANCE: DIAGNOSTICS



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

HIGHLIGHTS FOR BOARD TO NOTE:

October has continued to see improvements in the diagnostics target with 61% of patients waiting less than 6 weeks for their diagnostic test at the end of the month; this was a 6.5% improvement compared to the end of September.

The Endoscopy performance was 48.6% (September; 40.5%). 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.

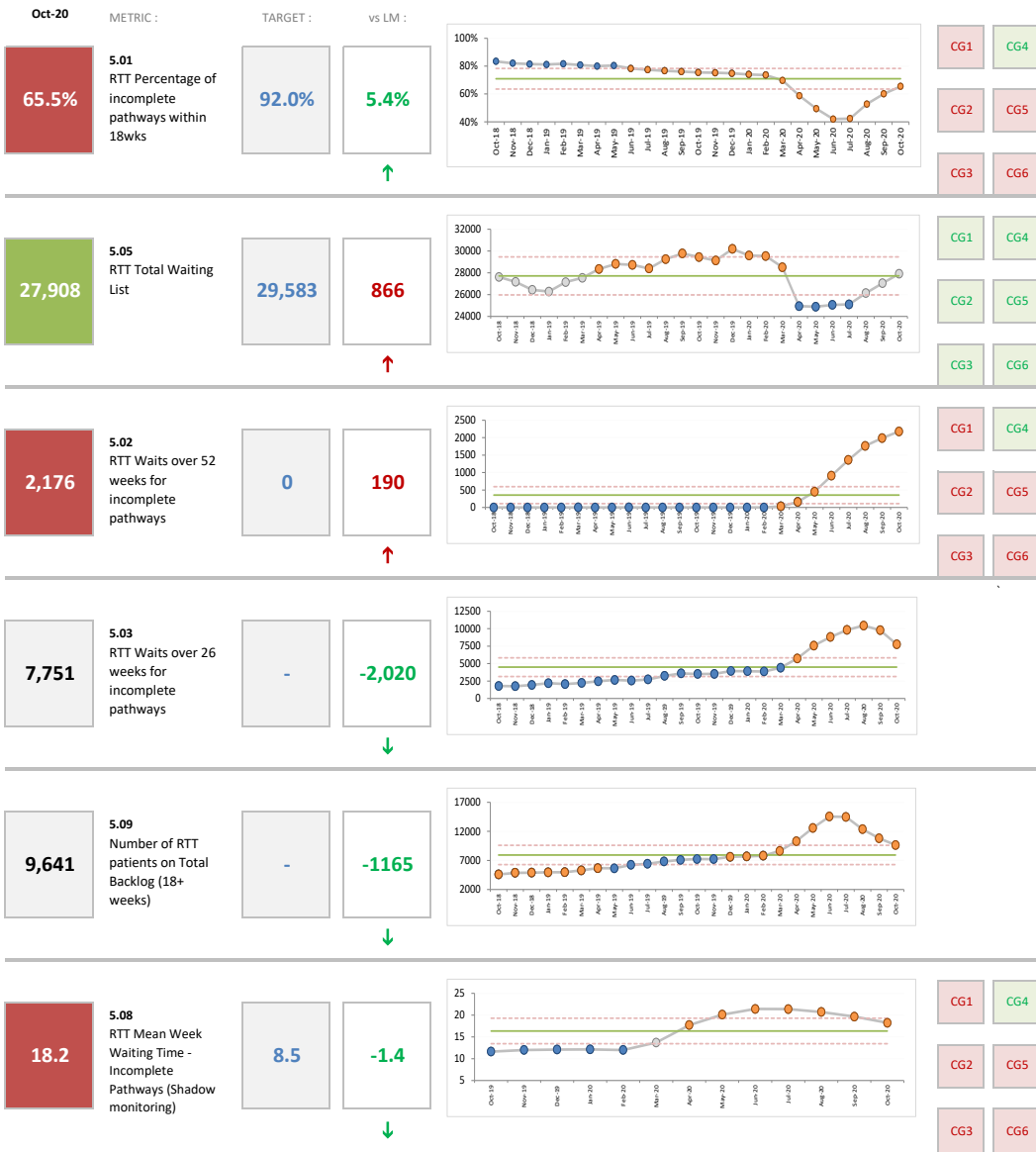
Radiology has also been affected by the COVID-19 pandemic; however at the end of October the radiology diagnostics performance was 65.8% (September; 61%), with MRI performing at 86% and CT to 92%. MRI has been affected by loss of capacity at the Nuffield in October.

Performance for Audiology diagnostics has provisionally increased to 67.4% (up from 1.5% at the end of May) with a plan to achieve the 99% target during quarter three of 2020/21.

The Trust was successful in bidding for capital monies to support diagnostic pathways with funding secured for room 6 and 7 within the York Endoscopy Department, Capsule Endoscopy and reconfiguration of space with the York radiology Department. In addition to this the Trust is seeking to secure additional revenue funding to support staffing and outsourcing costs.

TRUST BOARD REPORT: October-2020

OPERATIONAL PERFORMANCE: REFERRAL TO TREATMENT (RTT)



HIGHLIGHTS FOR BOARD TO NOTE :

The proportion of long waiters has decreased in October, with the overall RTT position improving from 60% of patients waiting less than 18 weeks from referral to treatment; to 65.5%. Overall there was a reduction of 1,165 (-11%) in the number of patients waiting over 18 weeks compared to the end of September. 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.

Referrals from GPs were the highest since the start of the pandemic but remain below the level seen during the same period last year, a reduction of 17% (-1,757). It is not currently anticipated that routine referrals numbers will return to last year's activity levels during quarter 3.

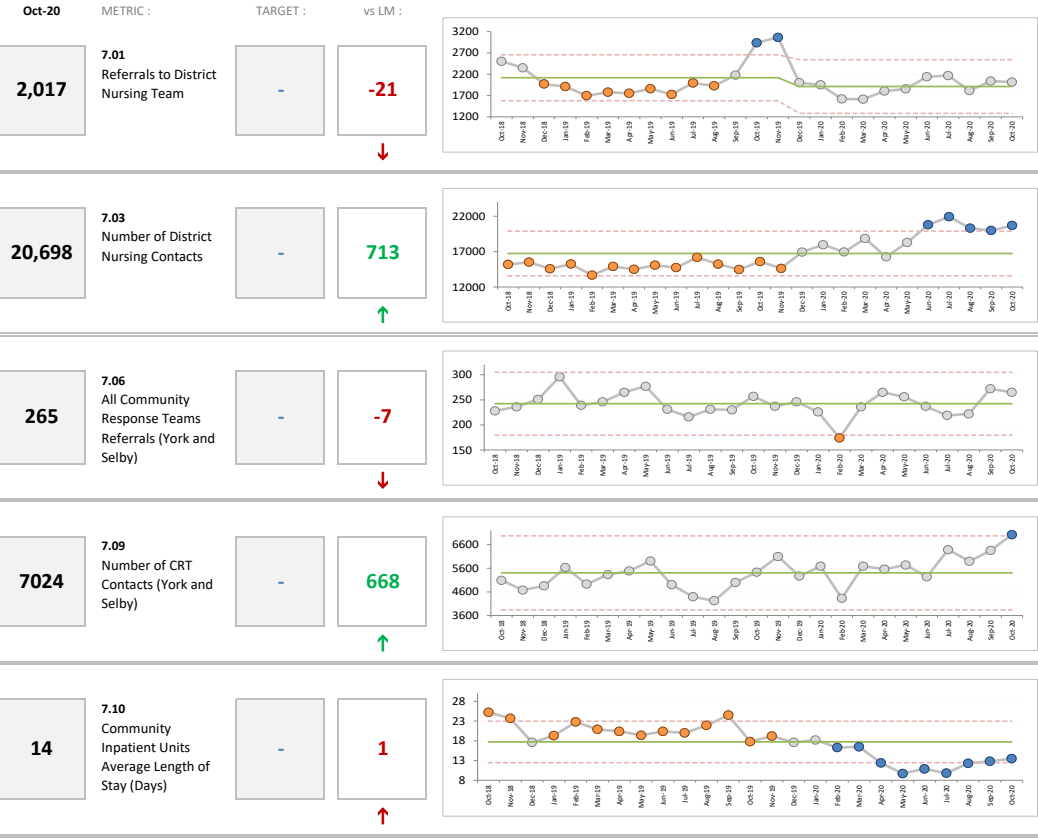
The Trust had 2,176 patients waiting 52 weeks or longer at the end of October 2020. The recommencement of surgery has however seen a significant number of admitted treatments completed in specialities with long wait patients during October, including an overall admitted waiting list reduction of 349 Ophthalmology patients and 88 Orthopaedic patients.

The Trust has secured capacity to outsource up to 1000 Ophthalmology low risk cataracts to the independent sector over the coming months to help patients access their care in a timelier manner. In addition, further orthopaedic work is being undertaken at York and the East Coast on weekends, and further outsourcing of endoscopy to target pressured services.

Ordinary Elective activity was affected by reduced take up of Waiting List Initiatives by staff and staff isolation due to Track and Trace in October. In addition the Trust experienced reduced ability to fill short notice patient cancellations, due to the requirement to self-isolate before surgery. Patient communications will be re-commenced to provide assurance during the second wave and to reinforce messages on self-isolation before surgery.

TRUST BOARD REPORT: October-2020

OPERATIONAL PERFORMANCE: COMMUNITY ACTIVITY



HIGHLIGHTS FOR BOARD TO NOTE :

As described in the Phase 2 and 3 planning letters, the Trust continues to see higher levels of activity in the community with a fifth consecutive month of District Nursing contacts above the upper control limit. Given the return of around 30 redeployed staff, who worked with the District Nursing teams in the immediate emergency phase, to their substantive teams during June, this is placing significant pressure on those teams to maintain these activity levels.

Following two months of above average referrals, the Community Response Teams saw above upper control levels of patient contacts during October with over 7,000 patient contacts for the first time. This is also being driven by delays for people leaving the intermediate service to move into reablement or other long term care at home. The Trust continues to work with local authority partners to address these delays and ensure that CRT retains the required capacity to accept new referrals. The service will be subject to the recently confirmed '2 hour' and '2 day' standards with patients in urgent crisis in the community expected to receive a response within two hours and patients leaving hospital to start a period of reablement to be discharged within two days of being medically fit (although COVID discharge guidelines mean we aim for that discharge on the same day). Technical changes are being made to enable reporting against this standard, which will be included in future Board reports.

Length of stay in community inpatient units remains below the historical average despite this having risen slightly compared to the period May-July 2020.

TRUST BOARD REPORT: October-2020

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



HIGHLIGHTS FOR BOARD TO NOTE:

Performance against the ECS for patients aged 0-17 was 93.6% in October, 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, with improvements seen in October compared to September.

Cancer 14 Day performance for those aged 0-17 was 100% in September. On average the Trust sees six patients in this age category each month.

RTT performance against the 92% target is higher than the Trust overall performance (67.4% compared to 65.5%). The Trust is declaring 224 RTT fifty-two week waiters relating to children and young people at the end of October 2020. Children comprise circa 40% of the Total Waiting List, yet comprise approximately 10% of the total number of the fifty-two week breaches that the Trust is declaring for the end of October 2020 (2,176). All patients on the Trust's admitted waiting list, including children and young people, are being clinically prioritised with a deadline to be completed by the end of November.

The majority of the patients are under Ear, Nose and Throat and Urology. Those under ENT are predominately waiting for 'Grommet Insertion' or 'Adenotonsillectomy' and Urology the majority are waiting for 'Circumcision'. 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 : October-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
2.05	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 (Scarborough & Bridlington)
2.10	Average Bed Days Occupied by Stranded Patients (Scarborough & Bridlington)
2.12	Super Stranded Patients at End of Month (Scarborough & Bridlington)
2.13	Average Bed Days Occupied by Super Stranded Patients (Scarborough & Bridlington)

TARGET	SPARKLINE / PREVIOUS MONTH
95%	
0	
5%	
33	

Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
8616	7939	8385	8019	7775	6068	3395	4496	4930	6483	7486	6415	5998
1653	1809	2138	1790	1138	828	322	478	375	650	1089	1088	1357
80.8%	77.2%	74.5%	77.7%	85.4%	86.4%	90.5%	89.4%	92.4%	90.0%	85.5%	83.0%	77.4%
57%	57%	54%	58%	61%	56%	52%	54%	52%	50%	47%	52%	52%
499	571	871	662	291	172	37	79	38	75	139	169	303
16	9	15	27	4	0	0	0	0	0	0	0	0
37%	39%	35%	43%	45%	48%	38%	36%	34%	25%	27%	32%	33%
20%	19%	17%	24%	30%	42%	86%	77%	85%	71%	51%	50%	44%
1.9%	2.5%	4.6%	3.0%	1.7%	2.2%	0.9%	1.3%	1.4%	2.1%	2.3%	1.9%	2.3%
239	285	330	282	217	207	179	184	181	191	213	217	236
507	412	484	517	450	393	290	293	272	304	317	293	289
328	283	385	352	265	166	80	82	56	74	100	93	78
168	250	250	240	220	210	-	-	-	-	-	-	-
200	223	388	255	105	60	5	13	13	12	24	21	51
69	141	147	134	131	130	-	-	-	-	-	-	-
1784	1659	1649	1811	1755	1424	1026	1233	1307	1551	1574	1495	1344
323	328	365	278	301	224	110	125	132	160	143	170	160
790	758	699	869	868	640	305	399	481	594	537	588	619
466	444	464	452	399	302	232	284	253	291	389	362	371
47	38	52	39	30	25	31	11	4	10	5	10	16
329	312	352	350	336	230	177	209	231	250	233	-	-
147	150	146	137	122	70	58	66	60	52	104	111	117
137	143	150	150	145	120	57	63	66	67	88	113	111
39	44	53	48	45	19	14	9	11	10	16	37	44
42	40	45	50	46	36	15	14	16	16	19	29	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
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







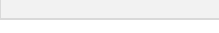
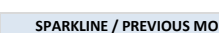
TARGET	SPARKLINE / PREVIOUS MONTH
60	

Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
6738	6249	5689	6795	6259	5149	2311	3617	5250	6378	5967	7861	7712
3572	3426	3110	3705	3316	2755	807	1434	2076	2561	2332	2956	2891
754	683	618	698	674	562	253	299	364	411	472	537	473
2412	2140	1961	2392	2269	1832	1251	1884	2810	3406	3163	4368	4348
3654	3317	2863	3473	3161	2660	1102	1214	1558	1880	1794	2336	2482
6086	5784	4643	5946	5276	4563	2527	2503	3067	3409	3265	4154	4426
1.67	1.74	1.62	1.71	1.67	1.72	2.29	2.06	1.97	1.81	1.82	1.78	1.78
7.1%	7.3%	6.9%	7.5%	7.1%	6.6%	4.8%	3.8%	4.4%	4.4%	5.5%	5.8%	5.4%
108	96	71	94	121	248	434	218	290	208	63	89	57
460	374	495	467	362	701	1234	1126	1170	1049	442	285	239
314	284	189	287	243	196	22	63	105	76	74	119	197
2047	1804	1650	1967	1764	1421	691	1041	1145	1386	1459	1696	1849
11	21	24	9	2	86	5	0	0	0	1	0	1
53	59	56	35	25	107	8	1	2	3	1	17	7
72%	66%	51%	60%	62%	39%	0%	20%	32%	53%	64%	64%	70%
210	163	182	218	209	153	38	61	97	112	159	182	203

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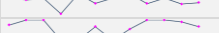
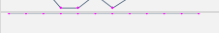




OPERATIONAL PERFORMANCE SUMMARY - SCARBOROUGH

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
	 ▲
	 ▲
	 ▼
	 ▼
	 ▲
	 ▼
	 ▼
	 ▼

Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
78.7%	78.3%	77.3%	77.4%	77.3%	73.4%	62.4%	53.2%	44.9%	45.5%	56.3%	63.4%	68.2%
0	0	0	0	0	13	54	136	234	335	445	544	627
803	845	1048	1087	1049	1205	1580	2088	2456	2792	3032	2926	2249
211	227	282	346	357	452	620	894	1219	1462	1683	1791	1790
9055	8968	9536	9633	9693	9347	7856	7716	7860	7896	8374	8939	9068
674	716	798	889	943	1089	1362	1639	1845	1836	1625	1710	1510
1252	1229	1362	1287	1261	1398	1590	1970	2484	2469	2034	1564	1370
10.5	10.8	11.3	11.1	11.1	12.7	16.8	19.1	20.2	20.0	19.2	18.2	17.2

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%	 ◀▶
96%	 ▲
94%	 ▼
98%	 ◀▶
85%	 ▲
90%	 ◀▶
75%	 ▲

Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
87.8%	86.9%	92.1%	85.7%	90.4%	90.9%	84.7%	94.3%	92.9%	96.9%	94.0%	85.6%	-
98.0%	97.6%	98.4%	-	-	-	-	-	-	-	-	-	-
98.4%	97.0%	97.9%	90.3%	100.0%	95.4%	98.0%	100.0%	95.3%	98.0%	95.1%	95.8%	-
75.0%	100.0%	100.0%	-	0.0%	66.7%	0.0%	54.5%	100.0%	100.0%	90.0%	66.7%	-
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
78.1%	70.7%	66.7%	68.8%	66.0%	79.7%	73.1%	72.2%	75.0%	70.3%	77.8%	79.1%	-
-	-	-	-	-	0.0%	-	-	-	-	-	-	-
50.5%	59.1%	55.8%	53.6%	66.0%	55.7%	43.1%	45.8%	48.5%	50.2%	45.4%	46.1%	-

*62 day screening: months from May-20 onwards have five or fewer records at Trust level therefore performance is not included

TRUST BOARD REPORT : October-2020

OPERATIONAL PERFORMANCE SUMMARY - YORK

REF	OPERATIONAL PERFORMANCE: UNPLANNED CARE	TARGET	SPARKLINE / PREVIOUS MONTH	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
1.01	Locality Emergency Care Attendances			10184	9909	9541	9150	8995	6966	4360	6257	6959	7970	8656	8586	8256
1.02	Locality Emergency Care Breaches			2036	2528	2333	2467	1927	1303	168	288	298	448	1057	1573	1377
1.03	Locality Emergency Care Standard Performance	95%		80.0%	74.5%	75.6%	73.0%	78.6%	81.3%	96.2%	95.4%	95.7%	94.4%	87.8%	81.7%	83.3%
1.04	ED Conversion Rate: Proportion of ED attendances subsequently admitted			32%	35%	37%	36%	36%	34%	38%	36%	36%	36%	35%	35%	36%
1.05	ED Total number of patients waiting over 8 hours in the departments			318	629	628	766	510	296	18	26	15	27	70	215	141
1.06	ED 12 hour trolley waits	0		0	0	0	1	0	0	0	0	0	0	0	0	0
1.07	ED: % of attendees assessed within 15 minutes of arrival			61%	57%	63%	65%	68%	72%	91%	88%	88%	86%	78%	74%	74%
1.08	ED: % of attendees seen by doctor within 60 minutes of arrival			37%	36%	39%	39%	42%	52%	89%	80%	73%	66%	52%	47%	52%
1.09	ED - Percentage of patients who Left Without Being Seen (LWBS)	5%		4.2%	3.3%	2.3%	3.0%	2.2%	2.5%	0.8%	0.5%	0.6%	1.1%	1.5%	1.8%	1.3%
1.10	ED - Median time between arrival and treatment (minutes)			185	201	196	201	182	169	123	131	133	139	161	175	170
1.11	Ambulance handovers waiting 15-29 minutes			605	582	584	518	493	406	187	249	230	282	294	249	324
1.13	Ambulance handovers waiting 30-59 minutes			243	269	267	273	200	158	33	44	35	44	52	54	51
1.14	Ambulance handovers waiting 30-59 minutes - improvement trajectory			106	111	92	83	84	75	-	-	-	-	-	-	-
1.15	Ambulance handovers waiting >60 minutes			132	253	280	299	158	116	1	2	1	1	3	16	9
1.16	Ambulance handovers waiting >60 minutes - improvement trajectory			48	130	110	110	100	85	-	-	-	-	-	-	-
2.01	Non Elective Admissions (excl Paediatrics & Maternity)			3393	3401	3469	3375	3249	2554	1911	2339	2682	2993	3124	3136	2824
2.02	Non Elective Admissions - Paediatrics			575	689	605	525	478	344	195	220	220	209	221	309	283
2.05	Patients with LOS 0 Days (Elective & Non-Elective)			1558	1741	1714	1647	1542	1266	784	976	1147	1304	1325	1344	1355
2.06	Total number of patients during the month with a LoS >= 7 Midnights (Elective & Non-Elective)			658	696	712	685	704	476	391	426	452	475	545	600	614
2.07	Ward Transfers - Non clinical transfers after 10pm	67		57	61	71	88	61	26	34	28	11	15	20	31	34
2.08	Emergency readmissions within 30 days			662	634	678	639	603	459	277	398	467	510	555	-	-
2.09	Stranded Patients at End of Month			216	213	231	247	220	77	118	119	124	97	126	153	156
2.10	Average Bed Days Occupied by Stranded Patients			224	219	226	257	241	191	87	116	110	108	115	140	155
2.12	Super Stranded Patients at End of Month			86	61	86	94	76	36	24	31	23	20	19	33	43
2.13	Average Bed Days Occupied by Super Stranded Patients			87	69	73	95	87	62	24	28	27	24	20	28	40

REF	OPERATIONAL PERFORMANCE: PLANNED CARE	TARGET	SPARKLINE / PREVIOUS MONTH	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
3.01	Outpatients: All Referral Types			13658	12533	11821	13839	12565	10230	5202	7172	10305	11565	10605	12690	12717
3.02	Outpatients: GP Referrals			6598	5859	5517	6318	5727	4660	1249	2541	3867	4807	4468	5081	5522
3.03	Outpatients: Consultant to Consultant Referrals			1643	1577	1419	1642	1384	1139	637	733	841	1011	860	1128	1097
3.04	Outpatients: Other Referrals			5417	5097	4885	5879	5454	4431	3316	3898	5597	5747	5277	6481	6098
3.05	Outpatients: 1st Attendances			6223	5875	5074	6048	5542	4766	2504	2919	3718	4282	3794	4327	4443
3.06	Outpatients: Follow Up Attendances			10925	10697	8476	10899	9243	8785	5401	5542	6606	7708	7227	9086	9303
3.07	Outpatients: 1st to FU Ratio			1.76	1.82	1.67	1.80	1.67	1.84	2.16	1.90	1.78	1.80	1.90	2.10	2.09
3.08	Outpatients: DNA rates			5.4%	5.4%	5.4%	5.6%	5.5%	5.1%	3.6%	3.8%	3.9%	4.2%	5.3%	5.3%	5.3%
3.09	Outpatients: Cancelled Clinics with less than 14 days notice	120		162	117	93	125	129	503	897	435	444	499	173	160	131
3.10	Outpatients: Hospital Cancelled Outpatient Appointments for non-clinical reasons			1014	702	808	691	616	1369	2621	2065	2401	3392	1750	1582	1222
4.01	Elective Admissions			553	577	402	468	423	293	87	107	149	265	276	297	338
4.02	Day Case Admissions			4760	4735	4120	4770	4451	3503	1262	1406	2269	3049	2988	3739	4079
4.03	Cancelled Operations within 48 hours - Bed shortages			15	20	24	33	8	247	9	0	3	0	1	3	4
4.04	Cancelled Operations within 48 hours - Non clinical reasons			95	114	96	107	64	301	13	3	17	25	36	40	58
4.05	Theatres: Utilisation of planned sessions			80%	81%	78%	77%	78%	69%	41%	34%	47%	70%	75%	66%	67%
4.06	Theatres: number of sessions held			586	557	492	566	511	331	66	37	167	425	427	511	523

TRUST BOARD REPORT : October-2020

OPERATIONAL PERFORMANCE SUMMARY - YORK

REF	18 WEEKS REFERRAL TO TREATMENT	TARGET	SPARKLINE / PREVIOUS MONTH	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
5.01	Incomplete Pathways			73.9%	73.2%	73.6%	72.4%	71.8%	68.0%	57.0%	47.8%	40.6%	40.9%	51.0%	58.4%	64.1%
5.02	Waits over 52 weeks for incomplete pathways			0	0	0	1	0	19	104	316	676	1025	1319	1442	1549
5.03	Waits over 26 weeks for incomplete pathways			2705	2694	2881	2830	2817	3208	4154	5479	6344	7023	7403	6845	5502
5.04	Waits over 36 weeks for incomplete pathways			865	948	1010	960	954	1229	1854	2530	3378	3996	4448	4372	4335
5.05	RTT Total Waiting List (RTT TWL)			20387	19807	20651	19950	19841	19161	17091	17172	17197	17211	17767	18103	18840
5.06	Number of patients on Admitted Backlog (18+ weeks)			3012	3057	3121	3116	3132	3451	4144	4803	5269	5346	5029	4309	3808
5.07	Number of patients on Non Admitted Backlog (18+ weeks)			2302	2246	2332	2400	2466	2687	3207	4163	4945	4827	3677	3223	2953
5.08	Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring from Oct-2019)			12.1	12.5	12.5	12.6	12.5	14.2	18.1	20.6	21.9	22.0	21.4	20.3	18.7

REF	CANCER (ONE MONTH BEHIND DUE TO NATIONAL REPORTING TIMETABLE)	TARGET	SPARKLINE / PREVIOUS MONTH	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
6.01	Cancer 2 week (all cancers)	93%		95.7%	94.5%	95.6%	95.1%	96.1%	90.7%	85.7%	97.8%	97.2%	94.5%	94.5%	89.8%	-
6.02	Cancer 2 week (breast symptoms)	93%		98.0%	97.6%	98.4%	97.4%	99.1%	95.3%	90.9%	95.7%	97.6%	96.4%	95.1%	95.1%	-
6.03	Cancer 31 day wait from diagnosis to first treatment	96%		99.0%	96.3%	97.5%	99.0%	100.0%	97.4%	98.9%	99.2%	98.6%	96.6%	97.7%	97.6%	-
6.04	Cancer 31 day wait for second or subsequent treatment - surgery	94%		96.6%	97.6%	83.9%	80.0%	93.2%	97.0%	75.0%	85.7%	85.0%	85.2%	79.2%	100.0%	-
6.05	Cancer 31 day wait for second or subsequent treatment - drug treatments	98%		98.8%	98.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	-
6.06	Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%		79.1%	78.4%	82.6%	80.0%	75.1%	84.5%	74.9%	86.6%	86.3%	82.3%	83.6%	74.9%	-
6.07	Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)*	90%		98.0%	96.9%	86.4%	87.1%	96.8%	96.6%	100.0%	-	-	-	-	-	-
6.08	Cancer 28 Day Wait - Faster Diagnosis Standard	75%		67.6%	70.1%	73.4%	65.0%	74.3%	71.5%	55.1%	72.1%	67.1%	68.5%	65.1%	66.8%	-

*62 day screening; months from May-20 onwards have five or fewer records at Trust level therefore performance is not included