

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

December-2020

Produced January 2021



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

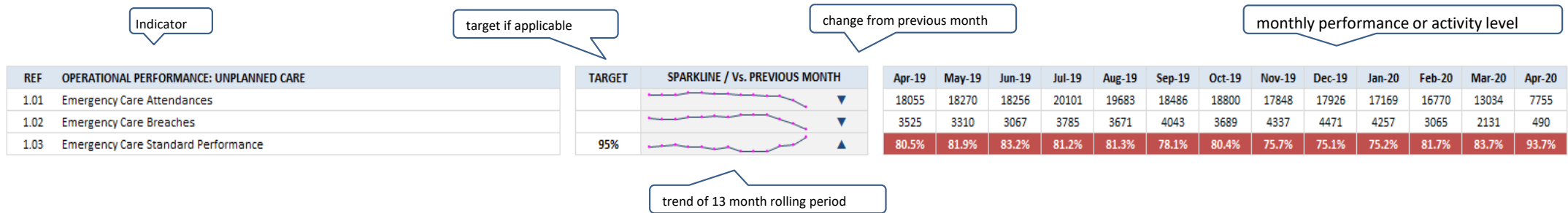
Report produced by:
Information Team

Integrated Performance Report : December-2020

Understanding the Report

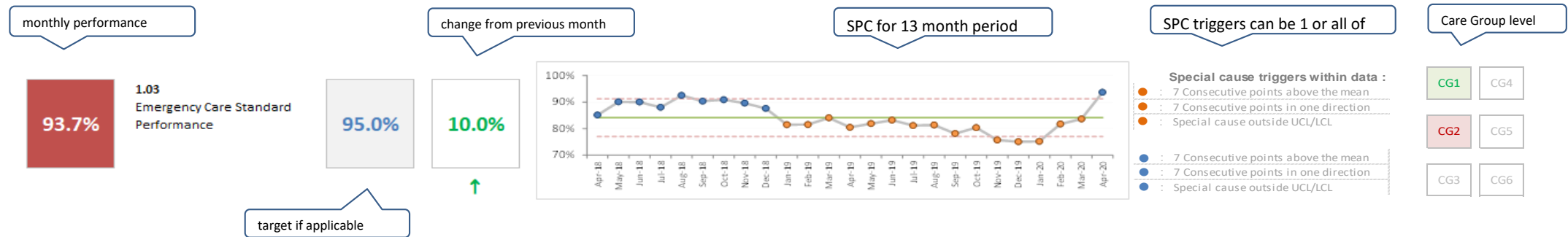
1. Operational Performance Summary

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



2. Focus Sections

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



QUALITY AND SAFETY REPORT

December-2020

Produced January 2021



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Information Team

Quality and Safety Report: December-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:

Performance has reduced to 56% in relation to Duty of Candour and serious incidents. This relates to an increase in serious incidents declared in the month. The patient or next of kin involved in all serious incidents declared are sent a letter by the Deputy Director of Governance and Patient Safety within 10 days of the incident being declared as an SI. However, there have been 8 serious incidents (4 falls and 4 clinical) declared in December, which were delayed in their identification due to a number of process related issues. These delays impacted on duty of candour performance at care group level, although the letter was sent within the 10-day timescale from declaration by the Deputy Director of Governance and Patient safety. The incident management processes are undergoing full redesign and as a result delays will be minimised. One of the process issues that impacted on delays in identifying serious incidents was that until November reporters of incidents did not identify the level of harm. This has now been rectified and all incidents at the point of reporting have a harm level assigned which for moderate and above is then shown on a dashboard to prompt duty of candour to be undertaken. The delayed incidents were from before this change took place.

Following approval of the Trust's new Medication Safety Strategy work will commence to review incidents associated with the 4 groups of drugs (insulin, antimicrobials, opiates and anti coagulants) which cause 60% of medication related harm with a view to developing QI projects to minimise harm

The number of deaths in December 2020 increased to 11.41 deaths per 1000 bed days which was higher than the same period in 2019 (8.23 deaths per 1000 bed days). This increase is related to the current COVID-19 pandemic.

Recommendation:

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

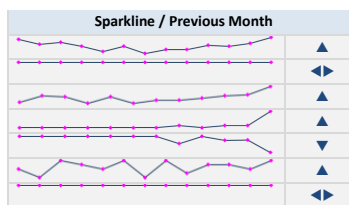
Author(s): Caroline Johnson, Deputy Head of Patient Safety & Governance

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

TRUST BOARD REPORT : December-2020

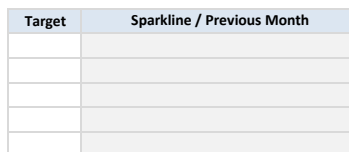
QUALITY AND SAFETY SUMMARY: (i)

REF	SERIOUS INCIDENTS (data is based on SI declaration date except given final report)
1.01	Number of SI's reported
1.02	% SI's notified within 2 working days of SI being identified
1.03	Number of SIs where Duty of Candour is Applicable (Moderate or Above Harm)
1.04	Number of SIs Where Duty Of Candour is Outstanding (Moderate or Above Harm)
1.05	% Compliance with Duty of Candour for Serious Incidents (Moderate or Above Harm)
1.06	-Invitation to be involved in Investigation (Clinical SIs Only)
1.07	-Given Final Report (If Requested - Clinical SIs Only - based on Investigation End Date)



Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
16	11	13	9	4	9	2	6	6	10	9	12	18
100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
900%	3	9	8	2	8	2	5	5	7	9	10	18
0%	0	0	0	0	0	0	0	1	0	1	1	8
100%	100%	100%	100%	100%	100%	100%	100%	80%	100%	89%	90%	56%
2	0	4	3	2	4	0	4	1	3	3	2	4
2	2	2	2	2	2	2	2	2	2	2	2	2

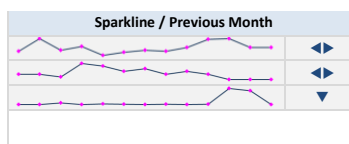
REF	DUTY OF CANDOUR (All Incidents - data is based on the date reported)
1.10	Incident Graded Moderate or Above
1.11	Verbal Apology Given
1.12	Written Apology Given
1.13	Duty of Candour Complete
1.14	% Compliance with Duty of Candour



TOTAL	* For Incidents Reported Between 01/01/20 and 19/12/20
179	
158	
158	
150	
83.8%	

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.

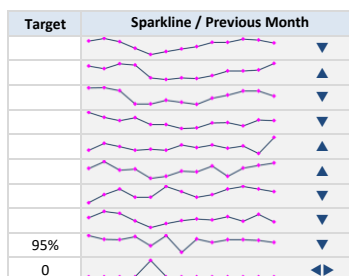
REF	CLAIMS
1.20	Number of Negligence Claims
1.21	Number of Claims settled per Month
1.22	Amount paid out per month
1.23	Reasons for the payment



Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
7	20	8	12	3	6	8	7	11	19	20	11	11
3	3	2	7	6	4	5	3	4	3	1	1	1
159,863	208,500	1,400,000	195,500	545,000	325,600	239,000	285,000	111,000	415,686	12,500,000	10,654,648	7,500
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
1.30	Incidents Reported
1.31	Incidents Awaiting Sign Off
1.32	Patient Falls
1.33	Pressure Ulcers - Newly Developed Ulcer
1.34	Pressure Ulcers - Deterioration of Pressure Ulcer
1.35	Pressure Ulcers - Present on Admission
1.36	Degree of harm: serious or death
1.37	Medication Related Errors
1.38	VTE risk assessments
1.39	Never Events



Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
1,311	1,410	1,283	1,048	823	924	1,020	1,113	1,260	1,262	1,384	1,340	1,239
844	767	902	871	500	453	502	484	570	697	700	725	920
241	244	224	142	141	164	152	139	178	197	221	221	189
130	110	97	108	81	81	65	67	87	89	75	99	96
10	18	14	10	11	10	16	13	16	12	15	6	25
140	165	133	137	104	111	130	127	148	112	141	151	160
0	3	5	2	2	6	4	2	3	5	6	5	4
120	155	143	102	67	88	104	114	108	125	100	139	98
96.8%	95.3%	95.2%	96.3%	93.1%	96.7%	90.7%	95.5%	94.2%	95.3%	95.2%	95.0%	94.3%
0	0	0	0	2	0	0	0	0	0	0	0	0

As at the beginning of November, the degree of harm is being determined by the incident reporter at the time of reporting rather than being determined during the investigation, so the number of incidents with a degree of harm of serious harm or death has increased. Validation of harm data is ongoing, so data is subject to change. The Trust continues to validate falls and pressure ulcer data, so this data is also subject to change.

TRUST BOARD REPORT : December-2020

QUALITY AND SAFETY SUMMARY: (ii)

REF	PRESSURE ULCERS***	Sparkline / Previous Month	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
1.40	Number of Category 2		87	68	60	68	45	51	40	46	56	54	55	55	75
1.41	Number of Category 3		3	2	6	4	0	0	3	3	3	2	1	4	2
1.42	Number of Category 4		1	1	0	1	1	3	1	2	1	1	0	1	1
1.43	Total no. developed/deteriorated while in our care (care of the org) - acute		114	110	80	94	69	66	53	52	67	74	64	71	92
1.44	Total no. developed/deteriorated while in our care (care of the org) - community		26	18	31	24	23	25	28	28	36	27	26	34	29

REF	FALLS****	Sparkline / Previous Month	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
1.50	Number of falls with moderate harm		5	5	2	1	0	2	2	1	2	9	5	8	6
1.51	Number of falls with severe harm		0	0	2	1	0	3	2	1	0	1	0	0	1
1.52	Number of falls resulting in death		0	0	0	0	0	0	0	0	0	0	0	0	0

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

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

REF	DRUG ADMINISTRATION	Target	Sparkline / Previous Month	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
10.20	Medication Incidents Resulting in Moderate Harm, Serious/Severe Harm or Death			1	3	1	0	1	0	0	2	1	2	1	1	0
10.21	Insulin Incidents			10	19	24	8	5	12	15	10	15	16	7	15	7
10.22	Antimicrobial Incidents			17	20	19	15	3	13	12	16	13	15	10	14	11
10.23	Opiate Incidents			21	20	21	25	9	15	25	17	23	20	28	25	24
10.24	Anticoagulant Incidents			8	11	16	9	10	5	9	8	9	6	16	14	5
10.25	Missed Dose Incidents			26	31	33	22	11	10	14	26	18	28	21	24	14
10.26	Discharges Incidents			7	14	8	7	7	15	21	13	11	9	14	11	9
10.27	Prescribing Errors			24	44	36	18	13	22	27	27	22	42	31	34	20
10.28	Preparation and Dispensing Incidents			6	11	10	6	4	3	6	11	6	13	8	14	5
10.29	Administrating and Supply Incidents			57	69	66	55	40	46	50	47	58	49	42	56	48

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

REF	PATIENT EXPERIENCE: COMPLAINTS, PALS AND FFT	Target	Sparkline / Previous Month	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
2.01	New complaints this month			36	43	42	26	9	19	28	41	29	39	46	46	37
2.02	% Complaint responses closed within target timescale			38%	35%	57%	47%	33%	33%	56%	60%	57%	50%	58%	71%	65%
	CG1	30 days		26%	39%	29%	32%	18%	44%	50%	55%	63%	63%	37%	71%	43%
	CG2	30 days		71%	13%	50%	67%	25%	40%	25%	60%	60%	43%	75%	33%	61%
	CG3	30 days		36%	36%	50%	50%	43%	0%	57%	67%	54%	40%	60%	75%	71%
	CG4	30 days		25%	0%	80%	50%	0%	-	0%	50%	50%	0%	100%	100%	100%
	CG5	30 days		50%	57%	88%	33%	100%	-	75%	100%	75%	100%	80%	100%	100%
	CG6	30 days		36%	17%	50%	71%	20%	0%	100%	0%	40%	33%	63%	50%	67%
2.03	New PALS concerns this month			86	168	151	87	57	80	114	133	149	174	134	104	92
2.04	% PALS responses closed within target timescale			67%	74%	75%	70%	69%	68%	81%	77%	74%	76%	71%	69%	73%
	CG1	10 days		71%	78%	62%	55%	69%	70%	83%	74%	64%	71%	73%	67%	69%
	CG2	10 days		69%	71%	65%	64%	78%	48%	73%	69%	63%	72%	58%	59%	56%
	CG3	10 days		54%	64%	79%	83%	79%	82%	72%	77%	71%	70%	63%	69%	85%
	CG4	10 days		100%	90%	92%	100%	60%	100%	100%	83%	100%	88%	91%	83%	71%
	CG5	10 days		80%	75%	71%	71%	75%	100%	79%	83%	86%	86%	86%	75%	71%
	CG6	10 days		65%	80%	78%	58%	78%	70%	79%	87%	77%	82%	74%	68%	88%
2.05	FFT - York ED Recommend %	90%		72.6%	77.8%	76.8%	96.2%	97.0%	96.0%	92.2%	87.8%	85.6%	90.7%	91.7%	91.7%	-
2.06	FFT - Scarborough ED Recommend %	90%		92.3%	85.0%	85.9%	88.9%	97.2%	95.3%	95.7%	85.1%	82.9%	87.9%	93.9%	92.6%	-
2.07	FFT - Trust ED Recommend %	90%		76.4%	78.8%	78.7%	94.9%	97.1%	95.9%	93.0%	87.1%	84.8%	89.7%	92.2%	91.9%	-
2.08	FFT - Trust Inpatient Recommend %	90%		97.2%	96.8%	96.9%	97.3%	96.5%	99.6%	99.1%	95.4%	95.3%	96.1%	94.9%	98.7%	-
2.09	FFT - Trust Maternity Recommend %	90%		97.3%	97.4%	97.7%	97.9%	-	-	-	-	-	-	98.7%	99.5%	-

TRUST BOARD REPORT : December-2020

QUALITY AND SAFETY SUMMARY: (iii)

REF	CARE OF THE DETERIORATING PATIENT	Target	Sparkline / Previous Month	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
3.01	14 hour Post Take - York *	90%		79%	82%	81%	83%	84%	81%	83%	82%	80%	80%	83%	83%	81%
3.02	14 hour Post Take - Scarborough *	90%		74%	76%	77%	77%	68%	71%	75%	74%	69%	70%	78%	80%	77%
3.03	NEWS within 1 hour of prescribed time	90%		89.4%	90.0%	90.5%	90.1%	90.4%	91.0%	92.8%	93.3%	93.1%	92.7%	92.4%	92.5%	90.3%
3.04	Elective admissions: EDD within 24 hours of admission	93%		86.9%	94.0%	91.7%	89.4%	91.5%	83.4%	93.9%	96.2%	94.1%	90.1%	92.2%	93.3%	93.2%

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

REF	4AT ASSESSMENT	Target	Sparkline / Previous Month	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
5.01	4AT Screening	90%		78.7%	79.8%	81.9%	75.8%	72.5%	85.7%	85.9%	67.4%	63.6%	58.7%	60.0%	59.4%	58.8%

REF	INFECTION PREVENTION	Target*	Sparkline / Previous Month	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
6.01	Clostridium Difficile - meeting the C.Diff objective	61 (year)		12	13	10	7	7	2	2	7	7	11	4	11	7
6.02	Clostridium Difficile - meeting the C.Diff objective - cumulative	0		106	119	129	136	7	9	11	18	25	36	40	51	58
6.03	MRSA - meeting the MRSA objective	0		0	0	0	0	0	0	0	0	0	0	0	0	0
6.04	MSSA	30 (year)		4	3	2	5	5	6	2	1	3	4	6	7	11
6.05	MSSA - cumulative	61 (year)		37	40	42	47	5	11	13	14	17	21	27	34	45
6.06	ECOLI			7	6	6	8	14	8	10	18	13	9	23	14	6
6.07	ECOLI - cumulative			51	57	63	71	14	22	32	50	63	72	95	109	115
6.08	Klebsiella			2	1	2	1	1	2	4	7	4	8	7	4	4
6.09	Klebsiella - cumulative			19	20	22	23	1	3	7	14	18	26	33	37	41
6.10	Pseudomonas			3	3	1	1	4	0	1	2	1	2	2	3	0
6.11	Pseudomonas - cumulative			18	21	22	23	4	4	5	7	8	10	12	15	15
6.12	MRSA Screening - Elective	95%		88.69%	88.61%	84.41%	90.23%	74.47%	89.47%	80.00%	73.47%	82.47%	86.44%	83.08%	79.49%	77.50%
6.13	MRSA Screening - Non Elective	95%		88.98%	90.13%	90.01%	86.54%	88.42%	91.06%	93.29%	90.23%	92.42%	91.12%	92.12%	89.59%	89.42%

* 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	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20		
7.01	Proportion of patients who experience a TIA who are assessed & treated within 24 hrs	75%		100.0%	100.0%	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-Sep 20		Oct-20	Nov-20	Dec-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)		85.6% (B)		86.5% (B)	89.2% (B)	94.1% (A)		
7.04	Scanned within 1 hour of arrival	43%		45.8% (B)		58.9% (A)		70% (A)	60.2% (A)	63.1% (A)		51.9% (A)		55.6% (A)	56.1% (A)	61.8% (A)		
7.05	Scanned within 12 hours of arrival	90%		95.6% (A)		96.6% (A)		96.6% (A)	97% (A)	93.4% (B)		95.3% (A)		100% (A)	97.1% (A)	98.5% (A)		

*COVID data set for the period April to June 2020. The full SSNAP data set is now being used.
The latest month's SSNAP data is subject to change due to casenote delays and patients not yet being discharged.

REF	DOLS	Target	Sparkline / Previous Month	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
8.01	Standard Authorisation Status Unknown: Local Authority not informed the Trust of outcome			2	8	1	8	2	0	10	28	1	1	4	8	6
8.02	Standard Authorisation Not Required: Patient no longer in Trust's care and within 7 day self-authorisation			19	29	21	22	12	23	23	0	6	31	19	54	25
8.03	Under Enquiry: Safeguarding Adults team reviewing progress of application with Local Authority or progress with ward			15	24	14	1	2	7	14	9	24	9	20	17	14
8.04	Standard Authorisation Granted: Local Authority granted application			0	0	1	0	0	0	0	0	0	0	0	0	0
8.05	Application Not Granted: Local Authority not granted application			0	1	0	0	1	0	0	0	1	0	0	0	0
8.06	Application Unallocated as Given Local Authority Prioritisation: Local Authority confirmed receipt but not yet actioned application			7	16	16	18	9	19	25	36	20	10	9	10	6
8.07	Safeguarding Adults concerns reported to the Local Authority against the Trust			1	0	5	3	3	21	6	4	3	6	6	11	4
8.08	Application Withdrawn: Patient no longer in Trust's care within the Local Authority 8 week period for assessment			4	8	14	0	1	0	0	1	15	9	10	11	13

TRUST BOARD REPORT : December-2020

QUALITY AND SAFETY SUMMARY: (iv) QUANTITATIVE TABLE

REF	Indicator	Consequence of Breach	Threshold	Sparkline / Previous Month	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Sep-20	Oct-20	Nov-20	Dec-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		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	-	-	-	-	-	-
9.03	Sleeping Accommodation Breach	£250 per day per Service User affected	0		0	7	0	0	2	8 (prov.)	To follow	To follow
9.04	% Compliance with WHO safer surgery checklist	No financial penalty	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
9.05	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	99.00%		99.81%	99.89%	99.95%	99.91%	99.95%	99.89%	99.96%	-
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%		98.80%	99.21%	99.58%	99.51%	99.44%	99.39%	99.52%	-
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		9.73%	8.17%	12.10%	8.04%	5.48%	7.91%	5.91%	-
	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%		66.67%	76.72%	75.17%	85.06%	80.26%	91.23%	83.16%	96.23%
	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%		92.12%	91.06%	93.29%	93.03%	94.68%	89.58%	90.29%	86.34%
9.10	Number/Percentage of maternity patients recorded as smoking by 12 weeks and 6 days that are referred to a smoking cessation service subject to patient consent	General Condition 9	95.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	All Red Drugs to be prescribed by provider effective from 01/04/15, subject to agreement on list	Recovery of costs for any breach to be agreed via medicines management committee	0	CCG to audit for breaches								
	All Amber Drugs to be prescribed as per shared care guidelines from 01/04/15	Recovery of costs for any breach to be agreed via medicines management committee	0	CCG to audit for breaches								

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

TRUST BOARD REPORT : December-2020

QUALITY AND SAFETY: CARE OF DETERIORATING PATIENT

Dec-20

METRIC :

TARGET :

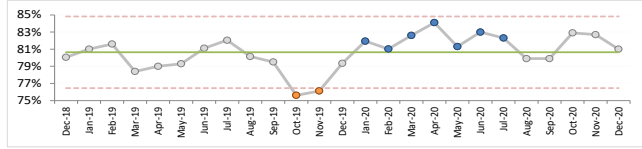
vs LM :

81.0%

3.01
14 hour Post Take - York

90.0%

-1.7%



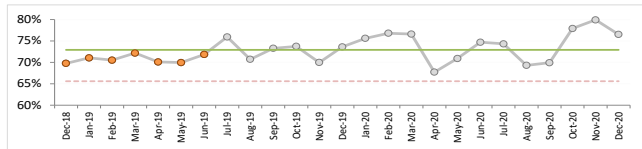
- CG1
- CG2
- CG3
- CG4
- CG5
- CG6

76.5%

3.02
14 hour Post Take - Scarborough

90.0%

-3.4%



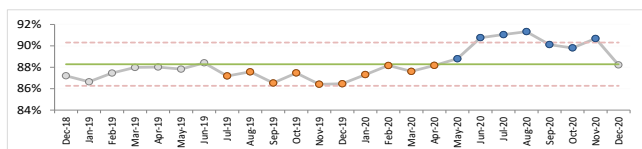
- CG1
- CG2
- CG3
- CG4
- CG5
- CG6

88.2%

10.01
NEWS within 1 hour (York)

90.0%

-2.5%



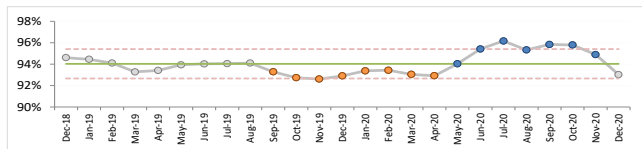
- CG1
- CG2
- CG3
- CG4
- CG5
- CG6

93.0%

10.02
NEWS within 1 hour (Scarb)

90.0%

-1.9%



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

HIGHLIGHTS FOR BOARD TO NOTE :

Performance in relation to 14-hour post take reviews continues to be below the expected target. However, work continues to both improve performance and understand barriers. Discussions in the weekly Quality and safety Group have identified the importance of a nominated individual on a daily basis to have oversight of areas below target to ensure reviews take place. In addition Board rounds require further embedding in some areas. This work is being overseen through the SAFER steering group. High acuity and admission rates will reflect the slight fall in NEWS calculations within the first hour. Despite this, Scarborough remains above target, with York only marginally below. Ongoing monitoring of this at the Deteriorating Patient Group, with actions as required.

TRUST BOARD REPORT : December-2020

QUALITY AND SAFETY: CARE OF DETERIORATING PATIENT

Dec-20

METRIC :

TARGET :

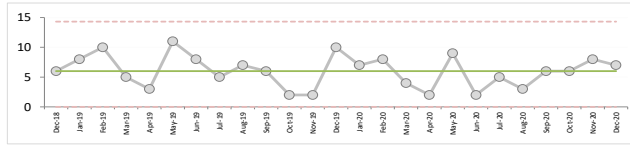
vs LM :

7

10.10
Crash Calls (York)

-

-1



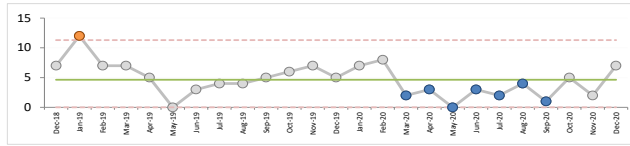
Prov.

7

10.12
Crash Calls (Scarb)

-

5

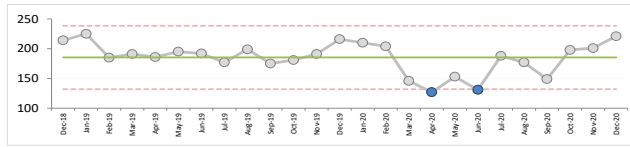


221

10.13
Calls to Outreach Team (York)

-

20

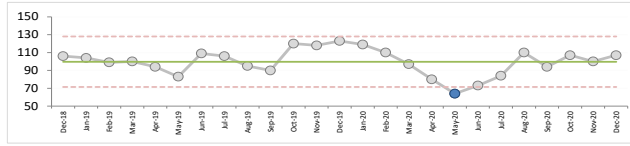


107

10.14
Calls to Outreach Team (Scarb)

-

7

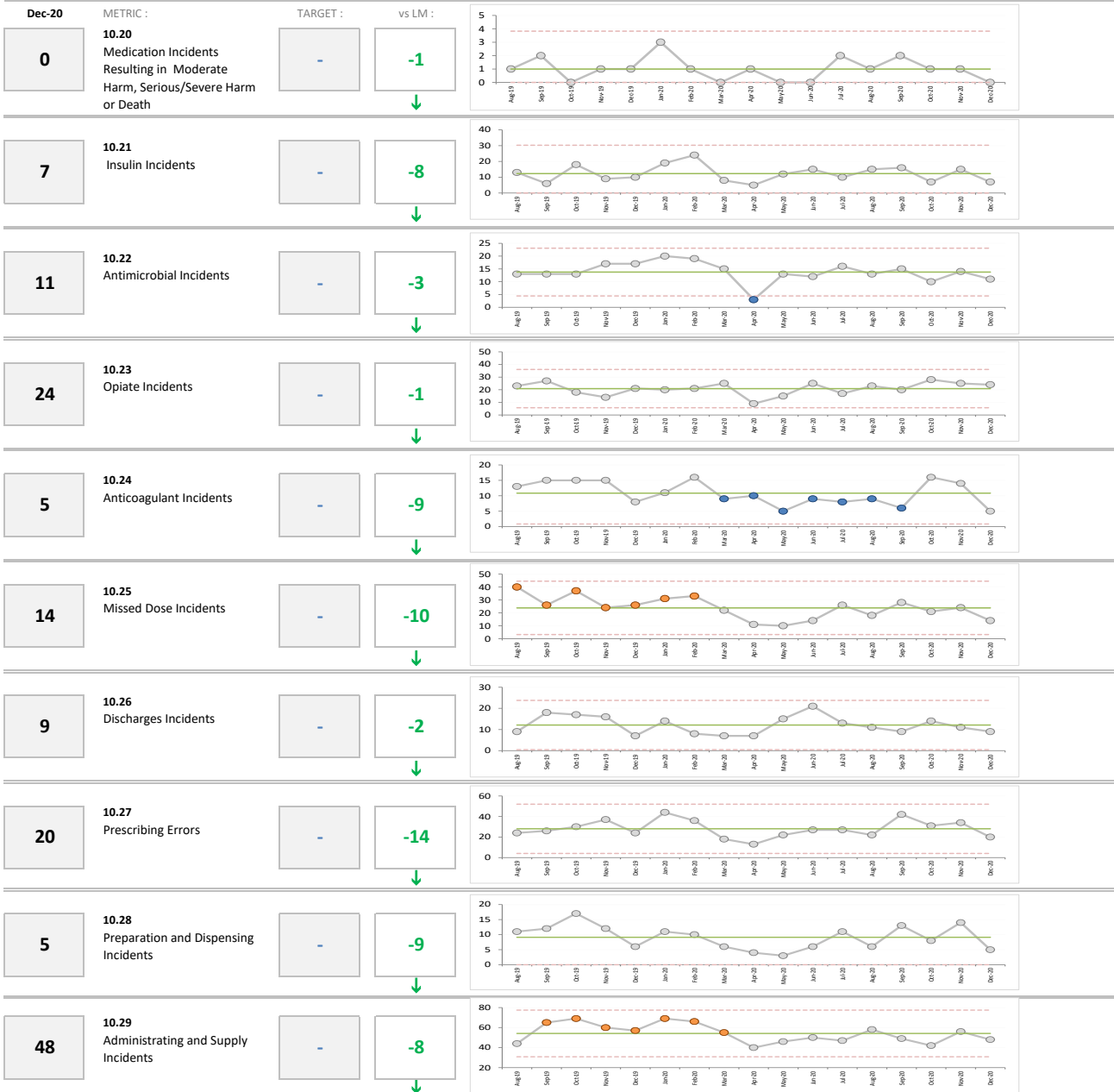


HIGHLIGHTS FOR BOARD TO NOTE :

Both York and Scarborough CCOT have seen increase in workload and acuity of patients in December. This is reflective of the increasing number Covid-19 positive patients. Provision and demand for CPAP has increased alongside this, with much work to provide more robust staffing - both medical, nursing, AHPs; equipment review - daily cross-site and cross care group discussions; and oxygen demand monitoring. A second CPAP ward has now opened at York to manage some of these demands.

TRUST BOARD REPORT : December-2020

QUALITY AND SAFETY: MEDICATION INCIDENTS



HIGHLIGHTS FOR BOARD TO NOTE :

The number of reported medication incidents has remained below average for the 10 months, probably due to reduced reporting due to covid which has not yet returned to usual reporting levels.

There are no medication related SIs or incidents causing moderate or above harm. All types of incidents and incidents with high risk drugs remain within normal variation. Following approval of the Trust's new Medication Safety Strategy work will commence to review incidents associated with the 4 groups of drugs (insulin, antimicrobials, opiates and anti coagulants) which cause 60% of medication related harm with a view to developing QI projects to minimise harm

TRUST BOARD REPORT : December-2020

QUALITY AND SAFETY : MORTALITY

Dec-20

METRIC :

TARGET :

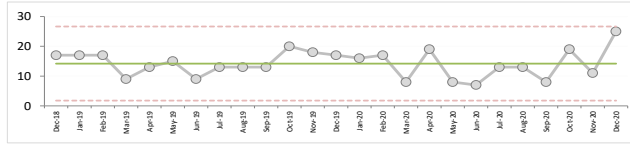
vs LM :

25

10.30
ED Deaths

-

14

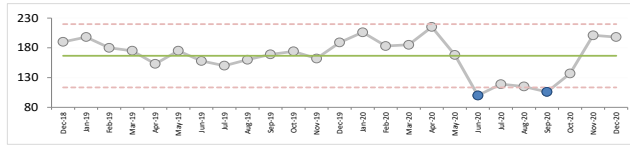


198

10.31
Inpatient Deaths (Acute)

-

-3

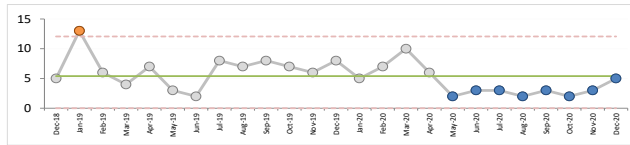


5

10.32
Inpatient Deaths (Community)

-

2



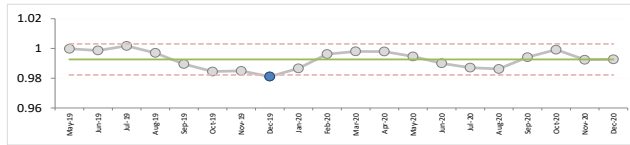
Dec-20

0.99

10.33
Summary Hospital Level
Mortality Indicator (SHMI)

1.00

0.00



HIGHLIGHTS FOR BOARD TO NOTE :

In December 2020 the top 3 causes of death were Covid 19, Pneumonia and Heart Failure. There was 46 deaths recorded as 1a Covid 19. In December overall deaths increased in the Emergency Department and Community and remained consistent on the Acute sites. The number of deaths per 1000 bed days was calculated and is shown below:

July 2020 - 8.11 deaths per 1000 bed days

August 2020 - 3.97 deaths per 1000 bed days

September 2020 - 5.75 deaths per 1000 bed days

October 2020 - 7.53 deaths per 1000 bed days

November 2020 - 10.65 deaths per 1000 bed days

December 2020 - 11.41 deaths per 1000 bed days

When compared to the total number of deaths per 1000 days during December 2019 (8.23 deaths per 1000 bed days), December 2020 had an increase in deaths.

In December 2020 there were 8 SJCR's commissioned of which 1 has been received. The SJCR's requested were as a result of the following; 5 x medical examiner review, 2 x learning disabilities and 1 x Quality and Safety meeting.

TRUST BOARD REPORT : December-2020

PATIENT EXPERIENCE: NEW COMPLAINTS AND PALS CASES

New complaints and PALS cases by care group and site

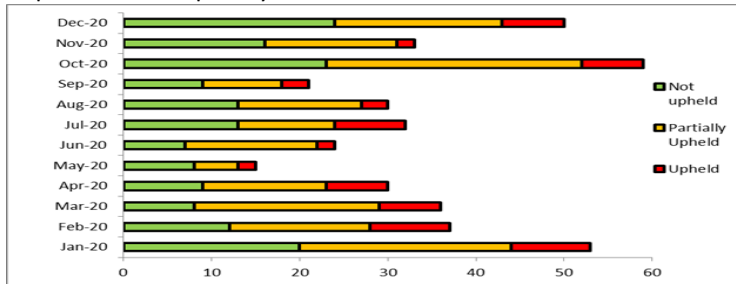
Care Group	COMPLAINTS				PALS			
	York	Scarb	Brid	Total	York	Scarb	Brid	Total
CG1	6	0	0	6	17	0	0	17
CG2	0	13	0	13	0	18	0	18
CG3	9	0	0	9	25	1	0	26
CG4	0	0	0	0	6	0	0	6
CG5	5	1	0	6	7	0	0	7
CG6	1	0	1	2	14	3	0	17
Corporate Services	1	0	0	1	1	0	0	1
Total	22	14	1	37	70	22	0	92

Top 5 sub-subjects

COMPLAINTS	York	Scarb	Brid	Total	PALS	York	Scarb	Brid	Total
Attitude of nursing staff/midwives	5	5	1	11	Communication with relatives/care	13	6	0	19
Delay or failure in treatment or proced	4	4	0	8	Communication with Patient	13	0	0	13
Food and Hydration - Failure to Assess	6	1	0	7	Communication - Clinical Advice	9	1	0	10
Care needs not adequately met	6	1	0	7	Attitude of nursing staff/midwives	7	2	0	9
Inadequate pain management	5	1	0	6	Discharge Arrangements	5	4	0	9
Total	26	12	1	39	Total	47	13	0	60

PATIENT EXPERIENCE: CLOSED CASES

Proportion of closed complaints by outcome



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	6	21	4	34	3	68	1	275	14	53	43%
CG2	11	17	6	36	1	57	0	0	18	25	61%
CG3	10	19	4	37	0	0	0	0	14	24	71%
CG4	3	18	0	0	0	0	0	0	3	18	100%
CG5	5	12	0	0	0	0	0	0	5	12	100%
CG6	4	24	2	39	0	0	0	0	6	29	67%
Trust Total	39	18	16	36	4	65	1	275	60	30	65%

As we start the new year, care groups are still facing unprecedented challenges in dealing with the impact of COVID-19 and a new national lockdown. This is continuing to have a significant effect on their ability to progress complaints and PALS as we would like but improvements are being made.

65% complaints were closed within target. 27% were addressed within 30-50 days and 7% were addressed with 51-100 working days and in most cases these extensions were agreed with the complainant. 1 case took over 100 days because the complainant requested a face to face meeting.

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	9	2	4	14	0	0	0	0	0	0	13	6	69%
CG2	15	4	7	13	5	35	0	0	0	0	27	12	56%
CG3	23	3	3	17	1	25	0	0	0	0	27	6	85%
CG4	5	4	2	16	0	0	0	0	0	0	7	7	71%
CG5	5	2	2	16	0	0	0	0	0	0	7	6	71%
CG6	14	4	1	12	0	0	1	79	0	0	16	9	88%
Corp	0	0	0	0	0	0	0	0	0	0	0	0	N/A
Trust Total	71	3	19	14	6	34	1	79	0	0	97	8	73%

73% PALS cases were closed within target. 20% were addressed within 10-20 working days with an average of 14 days. 6% cases were addressed in 21-50 working days and 1 case was resolved in 79 days.

PATIENT EXPERIENCE: COMPLAINT PERFORMANCE HANDLING



TRUST BOARD REPORT : December-2020

QUALITY AND SAFETY: MATERNITY (YORK)

YORK - MATERNITY DASHBOARD			Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	
RESPONSIVE																					
Activity	Births	Bookings	1st m/w visit	CPD	≤302	303-329	≥330	207	301	291	308	315	243	270	301	289	271	261	286	195	
		Bookings <13 weeks	No. of mothers	CPD	≥90%	76%-89%	≤75%	87.0%	92.0%	93.8%	92.5%	92.7%	95.5%	91.1%	93.0%	94.5%	95.2%	91.6%	90.6%	82.6%	
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	< 10%	10.1%-19.9%	>20%	3.9%	3.7%	3.1%	4.2%	2.5%	1.6%	4.1%	3.0%	1.4%	1.5%	4.2%	1.7%	3.6%	
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	25.0%	72.7%	88.90%	76.90%	100.00%	75.00%	100.00%	88.90%	100.00%	100.00%	100.00%	100.00%	85.70%	
		Births	No. of babies	CPD	≤295	296-309	≥310	206	248	225	257	230	250	236	250	228	262	259	263	233	
		No. of women delivered	No. of mothers	CPD	≤295	296-310	≥311	203	245	222	253	225	247	235	248	227	258	254	258	233	
	Closures	Homebirth service suspended	No. of suspensions	Comm. Manager	0-3	4-6	7 or more	0	0	0	13	26	7	10	6	5	3	8	4	6	
		Women affected by suspension	No. of women	Comm. Manager	0	1	2 or more	0	0	0	0	4	2	0	1	0	2	1	1	2	
		Community midwife called in to unit	No. of times	Comm. Manager	3	4-5	6 or more	0	1	0	1	0	1	3	3	2	2	3	0	2	
		Maternity Unit Closure	No. of closures	Matron	0		1 or more	1	0	0	0	0	0	0	1	0	0	1	0	1	
		SCBU at capacity	No. of times	SCBU				0	4	0	7	0	0	0	0	0	0	2	0	0	
		SCBU at capacity of intensive cots	No. of times	SCBU				0	1	0	0	1	27	28	28	24	28	26	30	24	
		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	1	1	0	
WELL LED																					
Workforce	Staffing	MW to birth ratio	Ratio	Matron	≤29.5	29.6 - 30.9	>31	29	26	27	29	29	28	28	28	28	28	28	27	27	
		1 to 1 care in Labour	CPD	CPD	100%	80% - 99.9%	≤79.9%	96.2%	94.9%	97.0%	97.8%	97.5%	96.8%	99.1%	98.6%	99.0%	97.3%	97.2%	95.7%	99.5%	
		LW Co-ordinator supernumary %	Shift Handover Sheets	Risk Team	100%	80% - 99.9%	≤79.9%	100.0%	97.0%	91.0%	98.0%	100.0%	98.0%	98.0%	96.8%	98.3%	93.3%	84.0%	96.6%	94.0%	
		Anaesthetic cover on LW	av.sessions/week	DM / CD	10	4-9	≤3	10	10	10	10	10	10	10	10	10	10	10	10	10	
SAFE																					
Clinical Indicators	Neonatal/ Maternal	Normal Births	No. of svd - %	CPD	≥60.6%	60.5-55%	<55%	61.0%	63.7%	61.4%	57.3%	53.9%	56.4%	58.8%	52.1%	53.0%	52.5%	46.6%	54.9%	56.2%	
		Assisted Vaginal Births	No. of instr. Births - %	CPD	≤13.2	13.3-17.9%	≥18%	13.3%	10.6%	9.5%	15.4%	17.8%	17.4%	14.9%	14.1%	15.4%	17.8%	15.7%	14.0%	15.5%	
		C/S Births	Em & elect - %	CPD	≤26%	26.1-27.9%	>28%	24.6%	26.1%	28.4%	26.9%	28.4%	26.7%	25.5%	32.7%	30.8%	29.8%	37.8%	30.2%	27.9%	
		HDU on LW	No. of women	LW Activity Sheet	3 or less	4	5 or more	17	17	12	12	24	16	8	7	24	15	19	12	13	
		BBA	No. of women	Risk Team - Datix	2 or less	3-4	5 or more	2	2	3	3	3	4	4	1	2	2	7	3	1	
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	0	0	0	0	0	0	0	0	0	0	0	0	0	
		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	1	1	0	1	0	1	0	0	0	0	0	0	0	
		Antepartum Stillbirth	No. of babies	Risk Team	0	1	2 or more	0	1	1	1	0	1	0	1	1	0	0	1	1	
		Intrapartum Stillbirths	No. of babies	Risk Team	0		1 or more	0	0	0	0	0	0	0	0	0	0	0	0	0	
		Cold babies	No. of babies admitted to SCBU cold (<36.5)		1 or less	2-3	4 or more	3	4	1	0	0	4	2	2	5	2	0	4	2	
	Risk Management	Breastfeeding Initiation rate	% of babies feeding at birth	CPD	>74.4%	74.3-70.1%	<70%	66.5%	69.6%	75.9%	72.7%	73.8%	71.4%	72.0%	76.3%	69.2%	68.7%	76.1%	69.1%	75.0%	
		Smoking at time of delivery	% of women smoking at del.	CPD	<11%	12-14%	>15%	13.8%	13.5%	12.2%	11.1%	11.1%	14.2%	8.9%	9.7%	10.6%	12.8%	9.4%	10.9%	10.3%	
		SI's	No. of SI's declared	Risk Team	0		1 or more	0	0	0	0	0	0	0	0	0	0	0	0	3	
		PPH > 1.5L	No. of women	CPD	2 or less	3-4	5 or more	6	12	11	6	14	11	6	5	15	11	10	8	8	
		PPH > 1.5L as % of all women	% of births	CPD				2.9%	4.8%	4.8%	2.3%	5.6%	4.4%	2.5%	1.9%	6.5%	4.2%	3.8%	3.0%	3.4%	
		Shoulder Dystocia	No. of women	CPD	2 or less	3-4	5 or more	2	5	1	2	0	0	1	6	7	3	5	1	1	
	New Complaints	3rd/4th Degree Tear	% of tears (vaginal births)	CPD	≤2.5%	2.6- 3.9%	≥4%	2.5%	3.8%	0.6%	2.1%	1.2%	1.1%	2.8%	1.1%	0.6%	3.8%	1.2%	0.5%	2.9%	
		Informal	No. of Informal complaints	Risk Matrix	0	1-4	5 or more	1	5	1	1	0	0	1	3	7	7	5	3	3	
		Formal	No. of Formal complaints	Risk Matrix	0	1-4	5 or more	0	1	0	0	0	0	1	1	1	2	1	2	1	4

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

TRUST BOARD REPORT : December-2020

QUALITY AND SAFETY: MATERNITY (SCARBOROUGH)

SCARBOROUGH - MATERNITY DASHBOARD			Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	
RESPONSIVE																					
Activity	Births	Bookings	1st m/w visit	CPD	≤210	211-259	≥260	144	184	151	163	187	139	128	168	137	124	171	167	145	
		Bookings <13 weeks	No. of mothers	CPD	≥90%	76%-89%	≤75%	82.6%	88.0%	90.7%	89.6%	90.4%	97.1%	95.3%	91.1%	88.3%	92.7%	86.5%	89.8%	86.2%	
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	< 10%	10%-20%	>20%	7.6%	7.6%	8.6%	6.7%	8.0%	2.9%	1.6%	4.8%	8.0%	4.8%	8.8%	4.8%	3.4%	
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	64%	79%	85%	82%	67%	75%	50%	87%	100.0%	100%	100%	75%	100%	
		Births	No. of babies	CPD	≤170	171-189	≥190	109	120	110	117	101	113	105	120	115	119	127	106	100	
	Closures	No. of women delivered	No. of mothers	CPD	≤170	171-189	≥190	0	119	107	117	101	113	103	118	114	117	127	106	100	
		Homebirth service suspended	No. of suspensions	Comm. Manager	0-3	4-6	7 or more	0	0	0	13	26	0	10	18	13	19	21	23	25	
		Women affected by suspension	No. of women	Comm. Manager	0	1	2 or more	0	0	0	0	1	0	0	1	1	0	3	0	1	
		Community midwife called in to unit	No. of times	Comm. Manager	3	4-5	6 or more	0	0	2	0	0	3	2	2	3	3	6	2	0	
		Maternity Unit Closure	No. of closures	Matron	0		1 or more	0	0	1	0	0	0	0	0	0	1	1	0	0	
		SCBU at capacity	No. of times	SCBU				13	2	0	1	3	0	0	0	0	0	0	0	0	
		SCBU at capacity of intensive care cots	No. of times	SCBU				0	0	0	0	0	0	0	1	0	0	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	0	
		WELL LED																			
Workforce	Staffing	M/W to birth ratio	Ratio	Matron	≤29.5	29.6-30.9	>31	23	23	21	21	22	22	22	21	21	21	21	21	21	
		1 to 1 care in Labour	CPD	CPD	≥100%	80% - 99.9%	≤79.9%	95.7%	96.4%	98.0%	99.0%	98.9%	100.0%	96.7%	98.1%	97.1%	99.0%	97.1%	97.7%	98.9%	
		L/W Co-ordinator supernumary %	Shift Handover Sheets	Risk Team	≥100%	80% - 99.9%	≤79.9%	91.9%	98.0%	96.6%	96.7%	100.0%	95.0%	95.0%	98.0%	100.0%	95.0%	98.0%	96.6%	100.0%	
		Anaesthetic cover on L/W	av.sessions/week	DM / CD	≥10	4-9	≤3	5	5	5	5	5	5	5	5	5	5	5	5	5	
SAFE																					
Clinical Indicators	Neonatal/ Maternal	Normal Births	No. of svd - %	CPD	≥60.6%	60.5-55%	<55%	67.9%	73.8%	66.1%	68.6%	73.5%	70.3%	65.7%	76.9%	70.4%	64.7%	62.2%	65.1%	64.7%	
		Assisted Vaginal Births	No. of instr. Births - %	CPD	≤13.2	13.3-17.9%	≥18%	5.6%	5.0%	4.7%	2.6%	6.9%	5.3%	4.9%	5.9%	4.4%	2.6%	6.3%	4.7%	7.0%	
		C/S Births	Em & elect - %	CPD	≤26%	26.1-27.9%	>28%	25.9%	18.5%	29.0%	28.2%	18.8%	21.2%	28.2%	15.3%	25.4%	33.3%	31.5%	30.2%	27.0%	
		HDU on L/W	No. of women	LW Activity Sheet	3 or less	4	5 or more	1	1	3	4	2	7	3	3	3	2	4	7	4	
		BBA	No. of women	Risk Team - Datix	2 or less	3-4	5 or more	3	0	0	1	0	4	1	3	0	1	1	0	0	
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	0	0	0	0	0	0	0	0	1	1	0	0	0	
		NHS Resolution cases	No. of cases		0	1	2 or more	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morbidity	Neonatal Death	No. of babies	Risk team- EBC	0		1 or more	0	0	1	0	0	1	0	0	0	0	0	0	0	
		Antepartum Stillbirth	No. of babies	Risk Team	0	1	2 or more	1	0	1	0	0	0	0	1	0	0	1	0	2	
		Intrapartum Stillbirths	No. of babies	Risk Team	0		1 or more	0	1	0	0	0	0	0	0	1	0	0	0	0	
		Cold babies	No. of babies admitted to SCBU cold (<36.5)		1 or less	2-3	4 or more	3	2	0	4	5	3	1	0	2	0	1	1	2	
	Risk Management	Breastfeeding Initiation rate	% of babies feeding at birth	CPD	>74.4%	74.3-70.1%	<70%	64.8%	55.5%	65.1%	61.5%	56.4%	59.8%	56.2%	62.2%	62.3%	65.5%	62.7%	59.4%	49.0%	
		Smoking at time of delivery	% of women smoking at del.	CPD	<11%	12-14%	>15%	19%	20%	19%	14%	21%	18%	18%	17%	15%	15%	19%	18%	25%	
		SI's	No. of SI's declared	Risk Team	0		1 or more	0	1	0	0	1	0	0	0	0	0	0	0	0	
		PPH > 1.5L	No. of women	CPD	2 or less	3-4	5 or more	3	1	3	3	1	3	2	2	4	1	3	5	4	
		PPH > 1.5L as % of all women	% of births	CPD				0.0	0.8	2.7	2.5	1.0	2.5	2.8	2	3.5	1	2	4.7	2.9	
		Shoulder Dystocia	No. of women	CPD	2 or less	3-4	5 or more	3	0	3	0	2	0	1	2	0	1	1	0	0	
	New Complaints	3rd/4th Degree Tear	% of tears (vaginal births)	CPD	≤2.5%	2.6- 3.9%	≥4%	2.5%	0.0%	1.3%	0.0%	0.0%	1.1%	1.3%	0.0%	0.0%	0.0%	0.0%	0.0%	2.7%	
		Informal	No. of Informal complaints	Risk Matrix	0	1-4	5 or more	1	0	2	0	1	2	2	0	4	2	4	2	1	
		Formal	No. of Formal complaints	Risk Matrix	0	1-4	5 or more	0	0	0	2	1	0	0	1	0	0	1	0	0	

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

WORKFORCE PERFORMANCE REPORT

December-2020

Produced January 2021



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

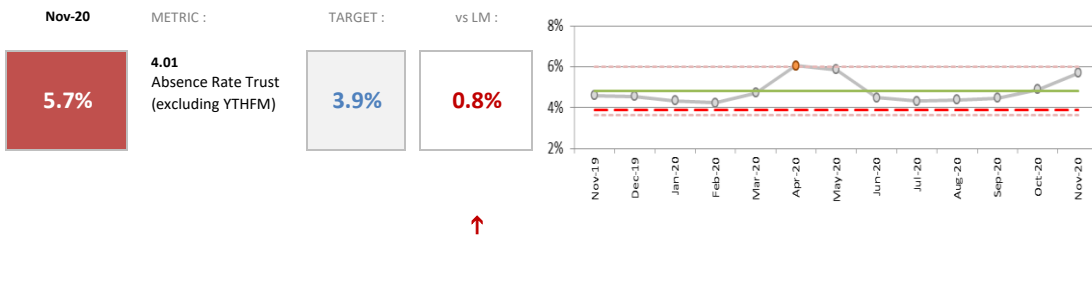
To support an engaged, healthy and resilient workforce

To ensure financial stability

Report produced by:
Information Team

TRUST BOARD REPORT : December-2020

WORKFORCE : SICKNESS ABSENCE RATE



HIGHLIGHTS FOR BOARD TO NOTE :

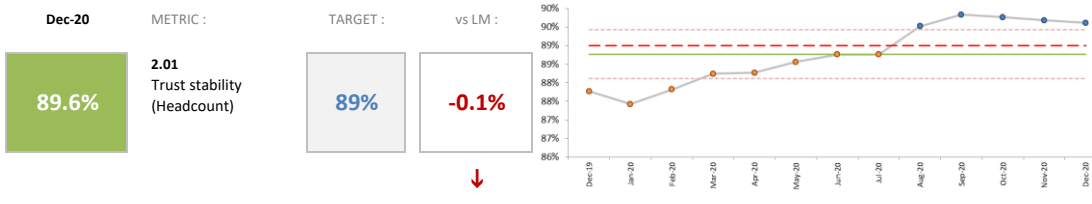
The sickness absence rate for November is 5.69%, an increase of 0.8% since the previous month. We have seen a steady rise in absence rates since August in line with increased Covid prevalence, although the spike between October and November has been the highest rate increase recorded since August. The Trust is approaching the 6% rate which flags as a special cause for concern on the SPC chart. The absence rate has not returned such a high percentage since April 2020.

Non covid related absences continue to have a significant impact on the workforce. There is a continuing trend of mental health absences returning the greatest absence percentage rate across the Trust (28.7% of absences), followed by musculoskeletal & back problems (15.3%) and infectious diseases (primarily Covid-19, 12.6%).

There has been a spike in the daily covid related absences that were reported in the period leading up to Christmas Day (19/12 - 25/12). The previous week returned an average of 126 covid related absences, in comparison to an average of 185 the following week.

TRUST BOARD REPORT : December-2020

WORKFORCE : RETENTION RATE



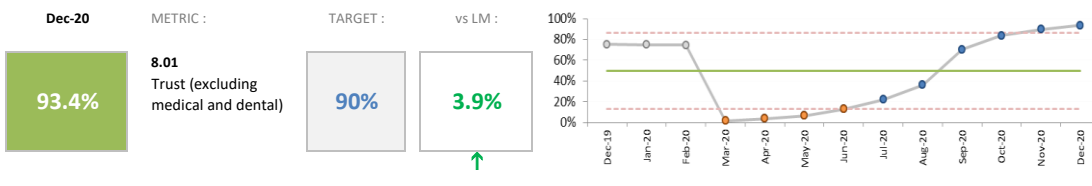
HIGHLIGHTS FOR BOARD TO NOTE :

December returned a stability rate of 89.61%, a nominal decrease from the previous month, but above the Trust target and within the upper middle quartile on Model Hospital (42/127 similar Trusts and 7/20 of Trusts in North East & Yorkshire).

The Trust is working to improve capture of leaver information by supporting managers to increase use of exit interviews and questionnaires.

TRUST BOARD REPORT : December-2020

WORKFORCE : APPRAISAL COMPLIANCE



HIGHLIGHTS FOR BOARD TO NOTE :

The Trust's appraisal window (for non-medical staff) closed at the end of November. The rate of completed appraisals has continued to rise following the COVID pandemic. The Trust successfully exceeded its 90% target by the end of December, with appraisal completion rates recorded at 93.42%.

TRUST BOARD REPORT : December-2020

WORKFORCE : PAY EXPENDITURE (£000)



HIGHLIGHTS FOR BOARD TO NOTE :

After a long pause due to the complexities of recruiting from overseas during the pandemic, the Trust's international nurse recruitment programme is firmly re-established. On 11 January, 15 nurses from countries including India, Hong Kong, Pakistan and Zimbabwe took up appointment with the Trust (10 in Scarborough and 5 in York), taking the total number of arrivals since mid-October to 37 (25 Scarborough, 12 York).

The Trust is using funding provided by NHS England/Improvement to adapt its training provision for nurses in preparation for their Objective Structures Clinical Examination with the Nursing & Midwifery Council.

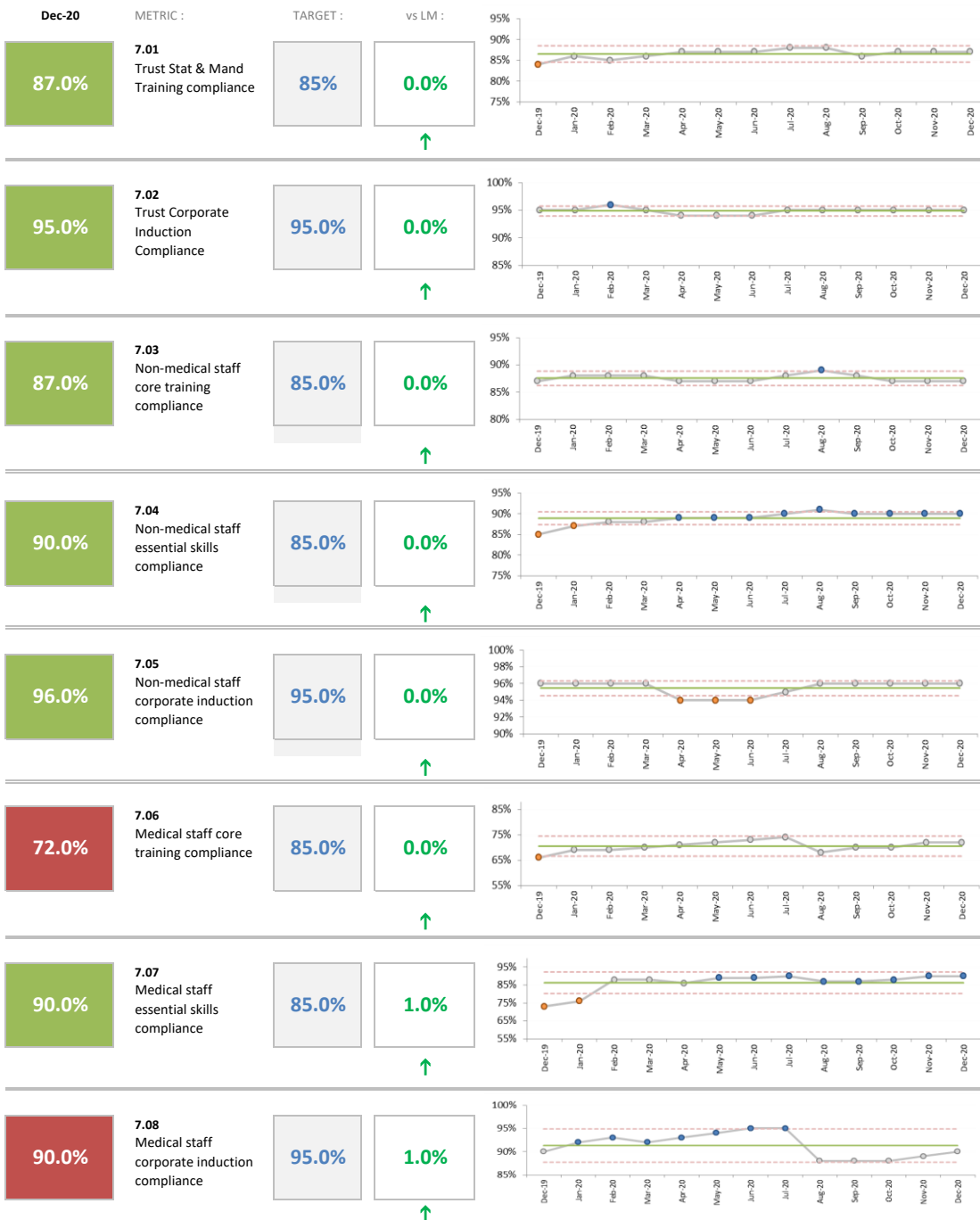
The nursing vacancy report reveals there were 43.86 leavers recorded in December across the York site. This spiked a 1.38% increase in vacancy rates at York. In addition to the leavers, another driving factor is the budgeted establishment for band 5 – band 8, which has increased from 1503.01 to 1511.34.

We have seen a decrease in the M&D vacancy rate at Scarborough since last month. The rate currently returns a 10.9% vacancy for all CGs across the Scarborough site. In spite of this, the overall trust M&D vacancy rate has increased by 0.1% due to a rise in vacancy rates at the York hospital site.

Finance reports reveal expenditure for locums and additional hours worked have hugely increased throughout December. M&D temporary staffing figures detail 107.43 FTE vacancies were covered collectively by bank employees and agency workers in December. The vacancy cover was fulfilled by 59% of bank employees, and 41% of agency workers.

TRUST BOARD REPORT : December-2020

WORKFORCE : STATUTORY AND MANDATORY TRAINING COMPLIANCE



HIGHLIGHTS FOR BOARD TO NOTE :

Postgraduate Medical Education (PGME) in York have now run two successful Laparoscopic surgical workshops, with a third running in January, for all levels of medical staff and trainees. These have been designed to bridge gaps in surgical training, lost due to COVID. Working with the Royal College of Surgeons, an application has been made for this to become an accredited course specific to this Trust, to be rolled out nationally from York later in 2021. This builds on the success of the recently accredited START course.

Work is underway with HEE to develop Blackboard, (an online resource used by medical students currently) for all doctors in training. It will be used to access regional teaching resources, events and provide discussion boards for the trainees across the region. This is a great step forwards in streamlining education across our region, supporting trainees moving from Trust to Trust and providing a central point of access to education resources, to which the Trust can also contribute.

HEE have developed a new app for Doctors called 'Drs Toolbox'. Each Trust has their own section on the app to populate and manage and it will be launched by the end of January. The app is used as an induction and quick help tool in providing access to clinical information and useful contacts for e.g. wellbeing advice and support. It is accessible currently to doctors and Allied Health Professionals although developments for other professions are continuing. The current Trust app - 'Ignaz' will be removed when the new app is live.

Courses have been created on Learning Hub for COVID-19 Vaccinators, with different versions for internal staff and external volunteers. A process is in place to give external volunteers access to Learning Hub with their own home page to direct them easily to the course they are required to undertake.

Non-medical student placements

A process has been put in place for managing and keeping track of short notice placement speciality changes for students during the Covid pandemic

An online Practice Supervisor (PS) module has been developed with a local university to support the increased need for PSs within the clinical areas of the organisation.

Work has been completed on a Trainee Nursing Associate (TNA) study day, which has been developed to support staff transitioning into the role. Work is progressing on the preparation of Occupational Therapy (OT) staff to become internal educators and with Allied Health Professional / Professional Leads to support the development of online simulated consultations.

ODIL

We are currently evaluating and adapting our ODIL offers to best support all staff across the Organisation through the current increasing challenges they are facing at work. The team maintains close links with contacts within the Care Groups and Corporate functions to provide ongoing support and offering remote/telephone support and resilience coaching to staff. We also have a number of facilitated Action Learning sets for specific staff groups which provide opportunities for reflection and peer support.

We recognise the important role our coaches play at this time and as part of their continuous professional development, we are planning bite size sessions on coaching through uncertainty during January.

Further workshops focusing on current priorities are scheduled during January including 'Managing Change', 'Exploring your work/life balance' and 'Supporting your team's resilience'.

Leadership and Management development programmes are scheduled to start January. The Internal Coach Training Programme continues. Underpinning all future activity will be the Values and Behaviours framework.

TRUST BOARD REPORT : December-2020

WORKFORCE : OTHER AND WIDER UPDATES

WORKFORCE: OTHER

In December the Trust was successful in its bid to secure funding from NHSEI to implement an eRostering system for our medical staff. £258k has been awarded on the basis that the Trust match funds this amount to deliver the project. In order to meet the requirements of the bid the Trust must procure the software in this financial year and deliver the project objectives within a two year period. The benefits to the Trust will be full visibility of the utilisation of our medical workforce; ensuring staff are rostered effectively and safely, and will also ensure the Trust is able to meet our regulatory requirements in terms of the Level of Attainment Standards.

Schedule 15

The Terms and Conditions – Consultants (England) 2003 and the Terms and Conditions of Service for Speciality Doctors (England) 2008 contain the requirement for the post holder to achieve criteria in order to pass through the pay threshold – Schedule 15. Therefore whilst pay progression should be the norm; it is not automatic. Failure to meet the specified criteria in any one year delays the pay progression process by one year. This process was introduced in 2018 but due to the pension issues at that time never fully used. The process was then suspended in March 2020 due to Medical Appraisals and Revalidation being paused due to Covid. It was agreed at Executive Committee in January that the use of Schedule 15 is to be reintroduced from June 2021, linked to compliance with Job Planning, appraisal and completion of Statutory & mandatory training.

Wider Updates

The Trust is delighted to announce that it has been accredited by the York Carers Centre as a 'Carer Friendly Employer'. As part of this accreditation, the Trust has made seven commitments to staff who have caring responsibilities outside work, including raising awareness of their needs and providing signposts to useful information/support. As a Carer Friendly Employer, the Trust's next step will be to work with employees to develop a Carers Passport that

Covid-19 Vaccination Programme

The Trust commenced its Covid-19 vaccination programme for staff and our over 80 year old outpatients on Tuesday 5th January. We had developed an on-line booking system which went live to approximately 2000 staff who are rated vulnerable to Covid on Wednesday 30th December. The programme, initially designed to be completed within 6 weeks has been extended to accommodate the national policy change to issue the second vaccine dose 12-weeks following the first. The programme which operates out of two sites – York Hospital and Scarborough College will deliver 5,100 vaccinations per week. The Trust is also supporting the delivery of vaccinations to staff at Tees, Esk and Wear Vally NHS Trust; Humber NHS FT; Yorkshire Ambulance Service; the Nuffield; Clifton Park Hospital; St Leonards and St Catherine's Hospices and our students from HYMS; Coventry and York Universities.

TRUST BOARD REPORT : December-2020

WORKFORCE : CARE GROUP CORE COMPLIANCE BY STAFF GROUP

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

Dec-20

	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 Modules (Core Staff)	Safeguarding Children Level 3 Modules (Specialist Staff)	
CG Corporate Services																															
Add Prof Scientific and Technic			20%	74%		17%		71%	74%	0%	25%	84%	0%	74%	67%	79%	77%			17%			25%	93%	29%	76%	33%	87%	65%		
Additional Clinical Services			60%	64%		60%	64%	80%	66%	0%	100%	77%	62%	64%	61%		71%			59%			72%	50%	87%	65%	100%	66%			
Administrative and Clerical			0%	93%	0%			94%	94%			95%	100%	94%	100%	93%	94%	0%				98%		93%		94%	100%				
Allied Health Professionals			61%	61%		70%	65%	86%	64%		52%	64%	67%	73%		70%				70%			64%		70%	100%	58%			0%	
Estates and Ancillary				64%			64%	64%				91%	64%	67%	73%		100%					100%		100%		100%	91%				
Healthcare Scientists			33%	40%			30%	30%				40%	53%	52%	30%		30%					17%	44%	0%	30%		100%	14%			
Medical and Dental	57%	50%	59%	48%		45%	60%	86%	54%	38%	55%		53%	52%	35%		54%		45%	100%			46%		50%	100%	47%	53%	83%		
Nursing and Midwifery Registered		100%	79%	80%		73%	76%	99%	80%	53%	78%	83%	76%	81%	74%	50%	83%		72%			82%	100%	77%	85%	82%	100%	45%			
CG Trust Estates and Facilities Management																															
Administrative and Clerical				91%				100%	100%			91%		100%	100%	100%	100%					100%		100%			82%				
Estates and Ancillary				100%				100%	100%			100%		100%	100%	100%	100%					100%		100%			100%				
LLP CG Estates & Facilities																															
Additional Clinical Services				100%				100%	100%			100%		100%	100%		100%					100%		100%				50%			
Administrative and Clerical				88%				86%	92%			94%		91%	77%	86%	86%					95%		92%			90%				
Estates and Ancillary				80%	20%			75%	82%			78%		79%	64%	84%	74%	22%				76%		79%			79%				
Healthcare Scientists				96%				100%	100%			100%		100%	100%		96%					100%		100%			96%				

FINANCE PERFORMANCE REPORT

December-2020

Produced January 2021



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

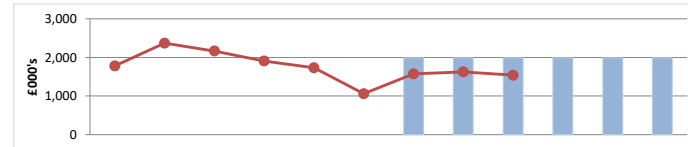
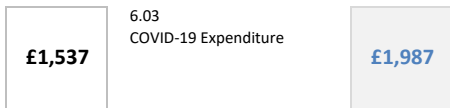
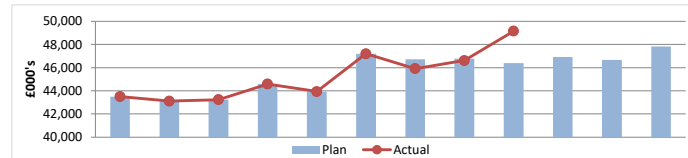
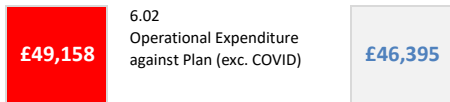
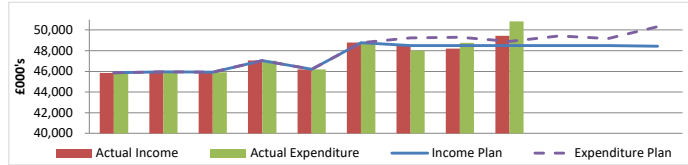
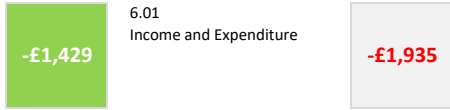
TRUST BOARD REPORT : December-2020

SUMMARY INCOME AND EXPENDITURE POSITION

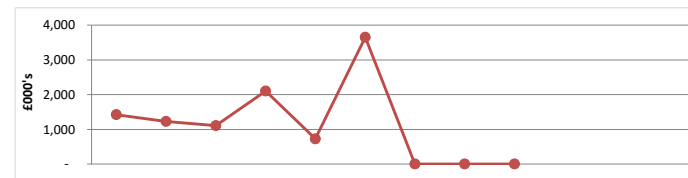
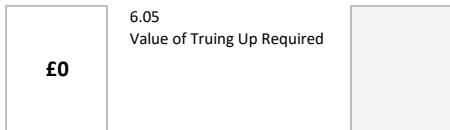
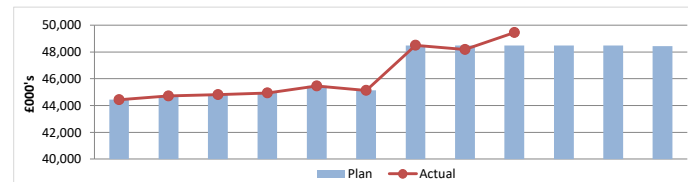
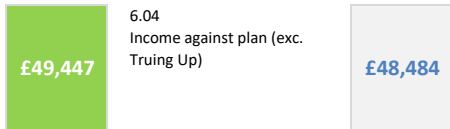
STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Dec-20 METRIC:

PLAN:



Monthly % Covid Spend of Operational Spend: 3.1%



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 November is the second 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 9 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 December, the Trust is reporting an I&E position of £1.4m deficit against a planned deficit of £1.9m, placing it £0.5m ahead of the plan submitted to NHSE/I.

Income is £0.7m ahead of plan in December. 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, expected income for activity using Independent Sector Providers is £1.4m behind plan, although this is matched by a corresponding expenditure underspend. Income for PCR testing, R&D, and other income are ahead of plan to offset the ISP position and result in an overall favourable variance to plan.

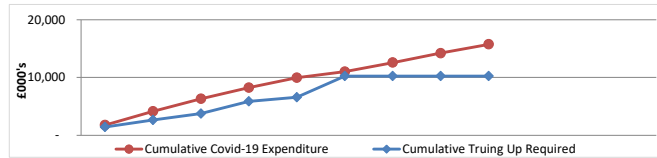
Operational expenditure overall is £0.2m behind plan for December. Within this figure expenditure on Covid-19 is behind plan primarily linked to a central contingency reserve not yet fully committed; and elective activity costs across pay, drugs, and other expenditure including the use of the independent sector not yet materialising as planned. This is mostly offset by clinical supplies being ahead of plan linked to PCR testing, hearing aids, orthopaedic implants, and pacemakers.

TRUST BOARD REPORT : December-2020

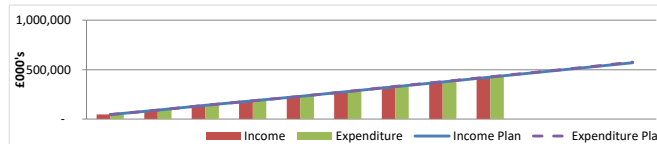
SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

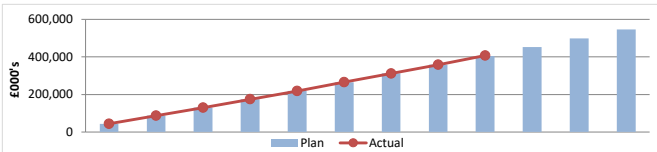
Dec-20	METRIC:	PLAN:
-£5,512	6.06 Cumulative COVID-19 Expenditure and Cumulative Truing Up Requirement	



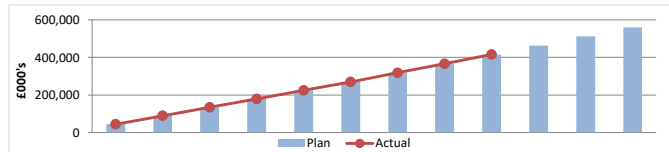
-£1,429	6.07 Cumulative Income and Expenditure Position against Plan	-£1,935
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£407,258	6.08 Cumulative Operational Expenditure against Plan (exc. COVID)	£405,465
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£415,637	6.09 Cumulative Income against plan (exc. Truing Up)	£414,955
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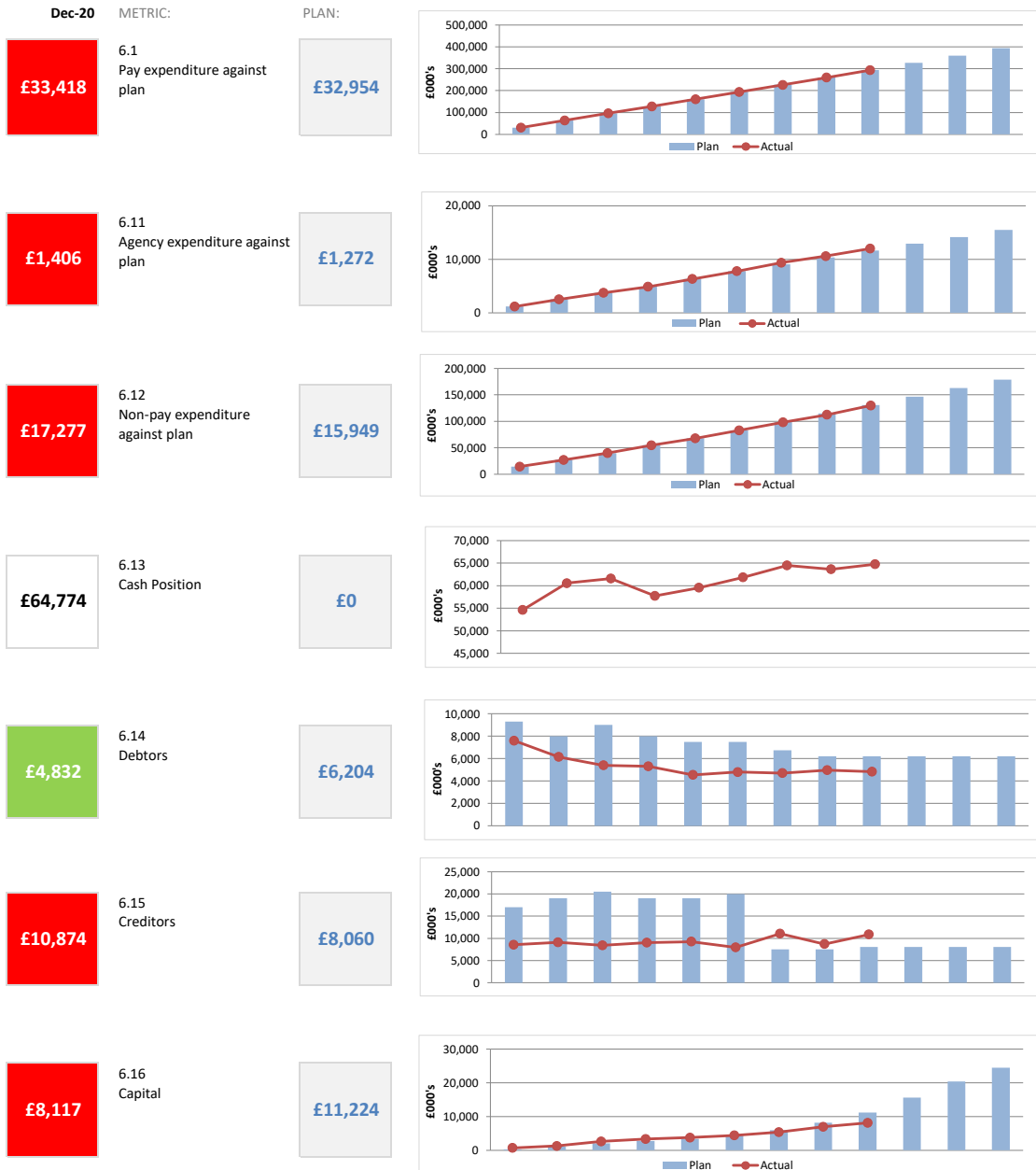
Income and Expenditure Account

	Annual Plan £000's	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's
NHS England	65,140	48,958	49,196	238
Clinical commissioning groups	442,610	325,004	323,650	-1,354
Local authorities	4,303	3,232	3,325	93
Non-NHS: private patients	187	139	158	19
Non-NHS: other	1,859	1,170	1,414	244
Operating Income from Patient Care Activities	514,099	378,503	377,743	-760
Research and development (both IFRS 15 and non-IFRS 15 income)	2,117	1,610	1,742	132
Education and training (excluding notional apprenticeship levy income)	19,728	14,875	14,706	-169
Other income	34,652	30,202	31,680	1,478
Other Operating Income	56,497	46,687	48,128	1,441
Employee Expenses	-394,058	-293,263	-293,154	109
Drugs Costs	-57,205	-41,535	-40,006	1,529
Supplies and Services - Clinical	-43,904	-30,369	-32,354	-1,985
Depreciation	-10,119	-7,589	-7,778	-189
Amortisation	-330	-249	-600	-351
CIP	0	0	0	0
Other Costs	-64,179	-49,433	-49,112	321
Total Operating Expenditure	-569,795	-422,438	-423,004	-566
OPERATING SURPLUS/(DEFICIT)	801	2,752	2,867	115
Finance income	2	2	9	7
Finance expense	-522	-393	-385	8
PDC dividends payable/refundable	-5,728	-4,295	-3,920	375
NET FINANCE COSTS	-5,447	-1,934	-1,429	505
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	-1,934	-1,429	505

TRUST BOARD REPORT : December-2020

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY



Pay Expenditure Analysis

Staff Group	Annual Plan	Year to Date						Total	Variance
		Plan	Contract	WLI/ Overtime	Bank	Agency			
Consultants	68,644	50,375	44,254	574	0	3,587	48,415	-1,960	
Medical and Dental	50,240	37,771	35,431	106	0	3,107	38,645	874	
Nursing	101,186	75,194	65,533	447	10,928	4,946	81,853	6,659	
Healthcare Scientists	8,846	6,636	9,106	7	21	24	9,158	2,522	
Scientific, Therapeutic and technical	11,864	8,867	12,065	90	21	0	12,176	3,309	
Allied Health Professionals	23,826	17,748	18,882	288	0	24	19,194	1,446	
HCA's and Support Staff	46,826	35,046	38,446	619	63	202	39,330	4,284	
Exec Board and Senior managers	21,460	16,005	12,162	7	0	0	12,170	-3,835	
Admin & Clerical	59,676	44,506	30,978	6	0	100	31,084	-13,422	
Pay Reserves	0	0	0	0	0	0	0	0	
Apprenticeship Levy	1,490	1,115	1,128	0	0	0	1,128	13	
TOTAL	394,058	293,263	267,986	2,145	11,033	11,990	293,154	-109	

TRUST BOARD REPORT : December-2020

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Dec-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

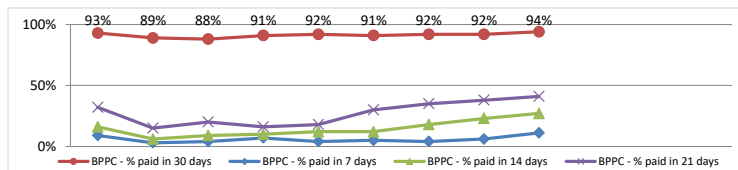
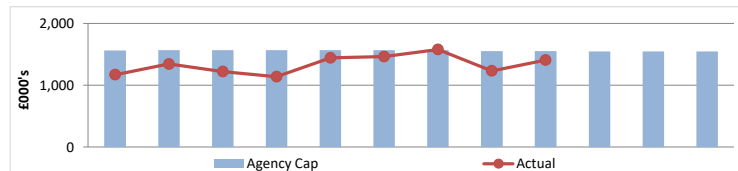
£0 **£0**

6.21
Agency Spend against Agency Cap

£1,406 **£1,552**

BPPC Performance

Within 30 days	6.22 BPPC - % paid in 30 days	94%	Within 7 days	6.23 BPPC - % paid in 7 days	11%
Within 14 days	6.24 BPPC - % paid in 14 days	27%	Within 21 days	6.25 BPPC - % paid in 21 days	41%



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 94% 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 11%. At this stage we have no benchmarking information to assess our performance against.

TRUST BOARD REPORT : December-2020

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

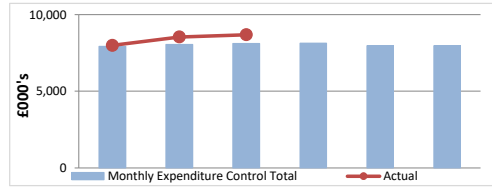
Dec-20 METRIC:

£25,225

6.51
Acute Elderly Emergency
General Medicine and
Community Services - York

PLAN:

£24,119



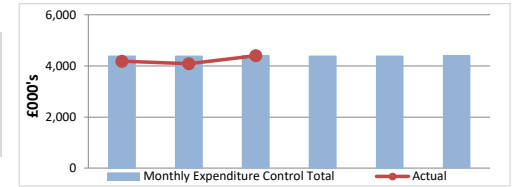
METRIC:

£12,664

6.57
LLP Facilities Management

PLAN:

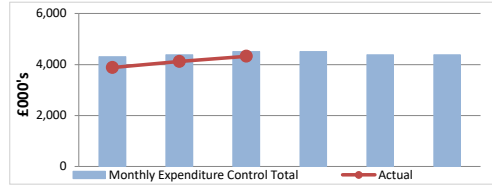
£13,178



£12,320

6.52
Acute Emergency and
Elderly Medicine-
Scarborough

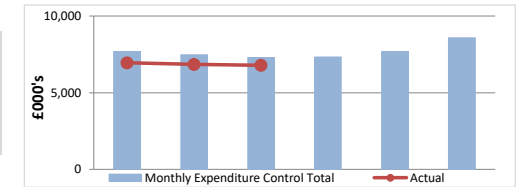
£13,203



6.58
Corporate Services

£20,597

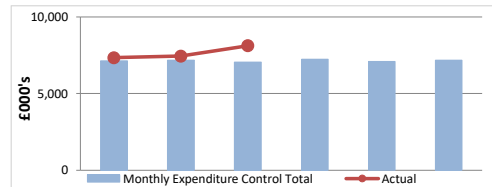
£22,458



£22,908

6.53
Surgery

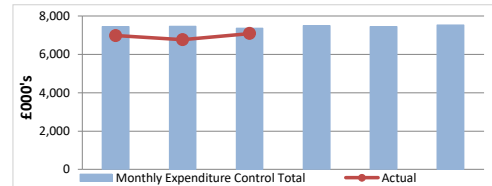
£21,365



£20,834

6.54
Cancer and Support Services

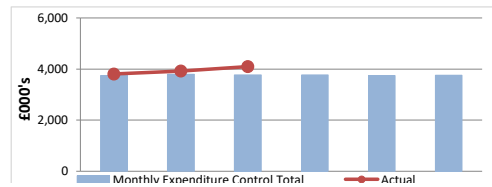
£22,294



£11,823

6.55
Family Health & Sexual
Health

£11,317



RESEARCH AND DEVELOPMENT REPORT

December-2020

Produced January 2021



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

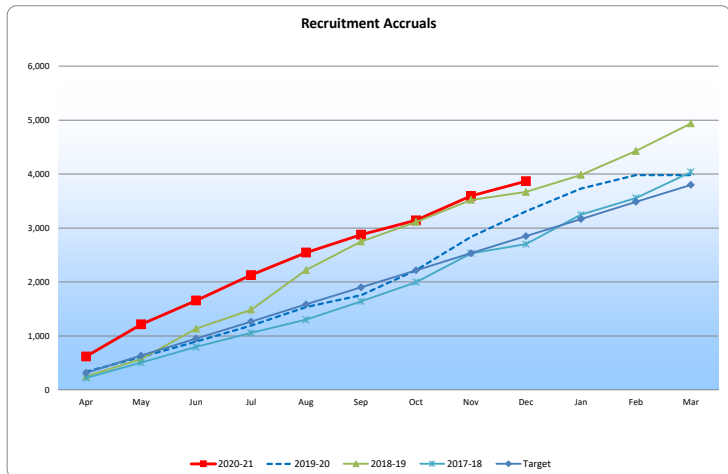
To ensure financial stability

TRUST BOARD REPORT : December-2020

CLINICAL RESEARCH PERFORMANCE REPORT

Recruitment

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2020-21	618	597	441	470	419	332	266	453	274				3870
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 3870 patients into our clinical trials, which is fantastic as this means that we have met our accrual target already (3800), set by the CRN. This will help us secure a similar budget for next year and demonstrates an incredible amount of hard work from the team across all our clinical areas.

Covid Study Breakdown April-Dec 2020

Covid Studies	Accruals Running Total 20/21
CCP (ISARIC)	1051
Genomicc - Scarborough	5
Genomicc - York	51
Recovery - Scarborough	41
Recovery - York	130
REMAP CAP	19
PRIEST - Scarborough	215
PRIEST - York	298
Covpall	0
Pan Covid - Scarborough	4
Pan Covid - York	40
SARS- COV2 (SIREN) - Scarborough	95
SARS- COV2 (SIREN) - York	187
Psychological Impact	477
DISCOVER	22
CLARITY	15
UKOSS - Scarborough	5
UKOSS - York	27
COVID TOTAL - All Care Groups Portfolio Studies	2650
COVID TOTAL - All Care Groups** Non Portfolio	32

Not included in CRN return total of 3870
 Not included in CRN return total of 3870
 Not included in CRN return total of 3870

Recruitment Target for Year	3800
Open Trials	71
Total Due to Close 20/21	16
Commercial	6%
Non-Commercial	94%
Interventional	34%
Observational	66%
I & O	0%

Non Covid CG Totals April -Dec 2020

CG1 Non Covid Accruals	1096
CG2 Non Covid Accruals	6
CG3&5 Non Covid Accruals	59
CG4 Non Covid Accruals	28
CG6 Non Covid Accruals	31
TOTAL	1220

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

December-2020

Produced January 2021



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: December-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 to a level 5 (red) national response defined as a "material risk of healthcare services being overwhelmed" as the NHS experiences a surge in COVID-19 admissions.

The Trust has continued to operate within the COVID-19 surge plan during December and January. The Trust has exceeded the 'peak' seen in wave 1 of the pandemic (131 on the 1st May 2020) with 176 COVID-19 positive inpatients in our hospitals as at the 11th January. The Trust has had 1,929 COVID-19 positive patients admitted since 17th March 2020, with 1,336 patients discharged, and sadly 416 patients have died.

COVID pressures impacted the level of elective inpatients during December with 82 elective procedures cancelled due to COVID/Bed Pressures/clinical staff unavailable during the month.

The COVID-19 surge plan is under continuous review and was refreshed in readiness for the January 2021 third wave taking into account lessons learnt in November and December 2020.

The York Hospital estate has been reconfigured to support the COVID-19 Surge Plan, with five COVID-19 positive wards plus one admitting ward open as at the 11th January 2021. There are plans underway to increase to seven COVID-19 positive wards.

In line with the COVID-19 Surge Plan there are three COVID-19 positive wards plus one admitting ward open on the Scarborough site (11th January).

Trust Planning

The Trust has outperformed the Phase 3 plan across all 'points of delivery' In December 2020.

COVID pressures did however impact on the level of elective inpatients (ordinary elective and day case) during December with 82 elective procedures cancelled due to COVID/Bed Pressures/clinical staff unavailable during the month.

Point of Delivery	Phase 3 Plan	December Actual	Variance
Non-Electives	5,913	5,021	-892 ↓
First Outpatient Appts	24,095	25,009	+4,816 ↑
Follow up Outpatient Appts	34,588	39,434	+4,846 ↑
Ordinary Electives	434	450	+16 ↑
Day Cases	4,727	5,276	+549 ↑

Day Case and Ordinary Elective activity was provisionally below the required 90% of 2019/20 outturn however provisional activity in Outpatients exceeded 100% of 2019/20 outturn.

The Trust is expecting disruption to the elective plan in January due to COVID-19 third wave pressures and a significant rise in trauma non-elective surgical cases, particularly on the York site caused by the freezing conditions.

December Performance Headlines:

- 77.6% of ED patients were admitted, transferred or discharged within four hours during December 2020.
- The Trust achieved compliance in five out of seven cancer standards in November 2020; all pathways are being tracked and monitored in line with national guidance.
- 2,251 fifty-two week wait pathways have been declared for the end of December 2020.
- The Trust saw a small decline against the overall Referral to Treatment backlog, with the percentage of patients waiting under 18 weeks at month end decreasing from 67.5% in November to 66.7% at the end of December.

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: Jan 2021

TRUST BOARD REPORT: December-2020

OPERATIONAL PERFORMANCE SUMMARY

REF	DIAGNOSTICS	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
3.12	Diagnostics: Patients waiting <6 weeks from referral to test	99%		81.6%	81.1%	86.1%	75.1%	22.6%	23.0%	34.3%	46.2%	46.6%	53.7%	61.0%	66.4%	63.5%
3.13	Diagnostics: Total Fast Track Waiters			381	365	417	383	462	596	597	723	537	618	740	645	750
3.19	Diagnostics: Urgent Radiology Waiters			360	427	393	140	176	259	337	417	379	502	695	707	702
3.38	Total Overdue Planned Radiology Waiters			287	336	317	390	894	1333	1300	1103	1137	760	617	367	341
3.22	Total Radiology Reporting Backlog			4303	4162	4910	4671	1040	503	260	926	1346	1804	1530	1441	2962
3.31	Total Endoscopy Surveillance Backlog (Red)			1079	1087	835	746	870	973	1073	1161	1264	1337	1345	1307	1384

REF	18 WEEKS REFERRAL TO TREATMENT	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
5.01	RTT Percentage of incomplete pathways within 18wks	92%		74.8%	74.0%	73.6%	69.7%	58.7%	49.5%	42.0%	42.3%	52.7%	60.0%	65.5%	67.5%	66.7%
5.02	RTT Waits over 52 weeks for incomplete pathways	0		0	1	0	32	158	452	910	1360	1764	1986	2176	2250	2251
5.03	RTT Waits over 26 weeks for incomplete pathways	0		3929	3917	3866	4413	5734	7567	8800	9815	10435	9771	7751	6489	6031
5.04	RTT Waits over 36 weeks for incomplete pathways	0		1292	1306	1311	1681	2474	3424	4597	5458	6131	6163	6125	5701	4651
5.05	RTT Total Waiting List	29,583		30187	29583	29534	28508	24947	24888	25057	25107	26141	27042	27908	27646	28040
5.06	Number of RTT patients on Admitted Backlog (18+ weeks)			3919	4005	4075	4540	5506	6442	7114	7182	6654	6019	5318	4716	4375
5.07	Number of RTT patients on Non Admitted Backlog (18+ weeks)			3694	3687	3727	4085	4797	6133	7429	7296	5711	4787	4323	4275	4963
5.08	RTT Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring)	8.5		12.1	12.1	12.0	13.7	17.7	20.1	21.4	21.4	20.7	19.6	18.2	17.5	17.7

REF	CANCER (ONE MONTH BEHIND DUE TO NATIONAL REPORTING TIMETABLE)	TARGET	SPARKLINE / PREVIOUS MONTH	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
6.01	Cancer 2 week (all cancers)	93%		94.8%	92.6%	94.4%	90.8%	85.6%	96.9%	96.4%	95.0%	94.5%	88.7%	93.4%	93.5%	-
6.02	Cancer 2 week (breast symptoms)	93%		98.4%	97.4%	99.1%	95.3%	90.9%	95.7%	97.6%	96.4%	95.1%	95.1%	88.0%	93.9%	-
6.03	Cancer 31 day wait from diagnosis to first treatment	96%		98.0%	96.7%	100.0%	96.8%	98.6%	99.4%	97.8%	96.8%	97.0%	97.3%	96.8%	98.9%	-
6.04	Cancer 31 day wait for second or subsequent treatment - surgery	94%		87.2%	80.0%	91.1%	94.4%	75.0%	82.1%	89.7%	88.2%	81.8%	92.6%	88.4%	87.5%	-
6.05	Cancer 31 day wait for second or subsequent treatment - drug treatments	98%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.1%	100.0%	100.0%	100.0%	-
6.06	Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%		76.9%	76.9%	73.3%	84.0%	75.1%	81.2%	82.5%	79.1%	81.6%	75.5%	74.2%	74.3%	-
6.07	Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)*	90%		86.4%	87.1%	96.8%	95.6%	100.0%	-	-	-	-	-	91.2%	91.1%	-
6.08	Cancer 28 Day Wait - Faster Diagnosis Standard	75%		70.7%	63.4%	72.3%	69.4%	54.2%	67.1%	64.4%	65.9%	62.3%	63.9%	61.1%	61.5%	-

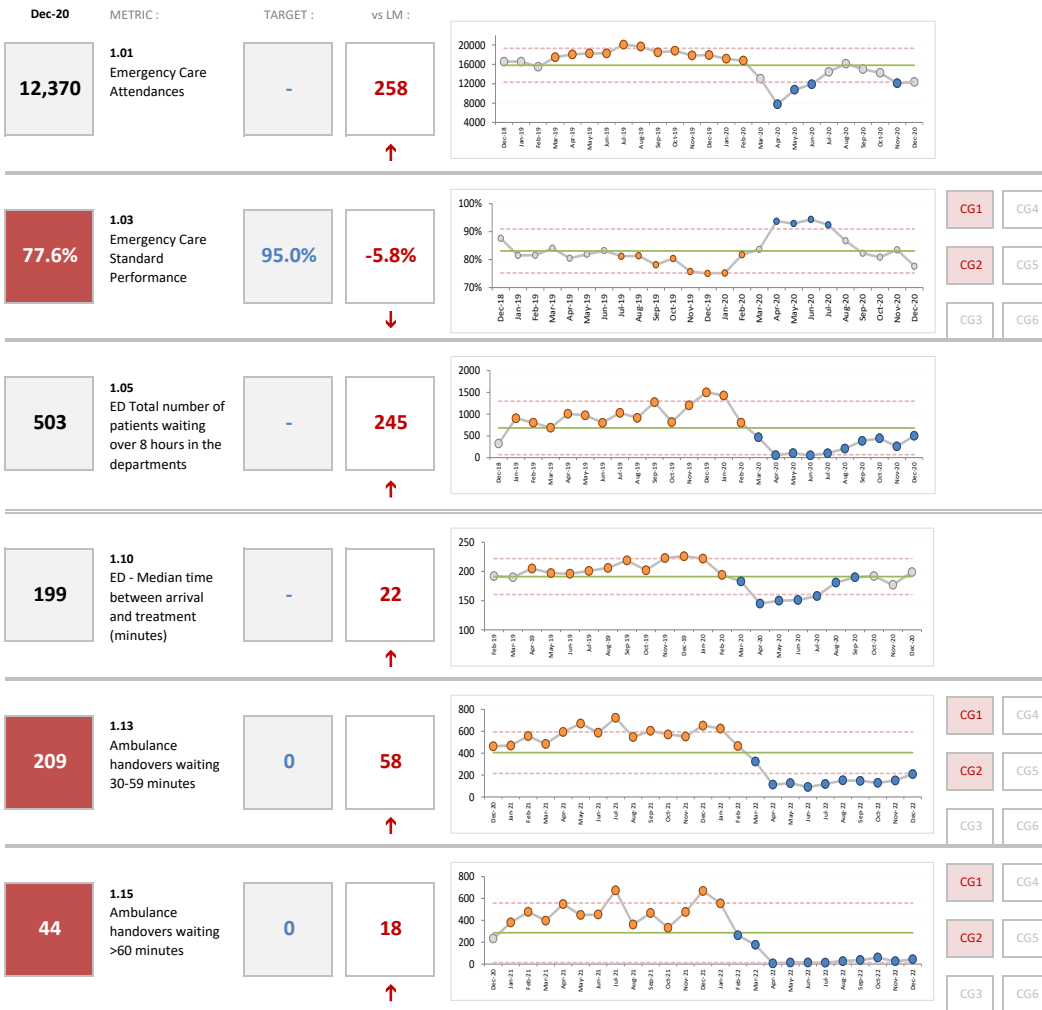
*62 day screening: months with five or fewer records from May-20 are not included

REF	COMMUNITY	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
7.01	Referrals to District Nursing Team			2002	1950	1621	1614	1806	1857	2139	2169	1816	2064	2145	2089	1912
7.02	% CRT Patients Seen within 2 days of Referral			66.2%	61.2%	53.0%	58.7%	89.7%	96.2%	91.9%	92.4%	92.1%	83.3%	85.3%	83.1%	89.3%
7.03	Number of District Nursing Contacts			16944	17968	16947	18851	16259	18289	20800	21927	20296	20081	20944	21001	20131
7.04	Referrals to York Community Response Team			170	163	114	181	208	189	179	171	157	214	196	216	198
7.05	Referrals to Selby Community Response Team			76	63	60	54	57	67	58	48	65	58	69	58	58
7.07	Number of York CRT Contacts			3404	3727	2745	3849	4197	4469	3711	4653	4444	4782	5246	5667	5131
7.08	Number of Selby CRT Contacts			1864	1960	1583	1840	1365	1269	1529	1734	1451	1574	1759	1731	1340
7.10	Community Inpatient Units Average Length of Stay (Days)			17.6	18.2	16.3	16.5	12.4	9.7	10.9	9.8	12.3	12.8	13.5	15.1	12.0

REF	CHILDREN AND YOUNG PERSONS (0-17 YEARS)	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
8.01	ECS Performance (Type 1 only)	95%		87.8%	90.2%	93.5%	93.7%	98.3%	98.4%	98.5%	97.5%	94.1%	92.6%	93.6%	94.9%	96.6%
8.02	ED patients waiting over 8 hours in department			26	26	6	6	2	1	0	2	1	2	5	7	1
8.03	Cancer 14 day performance	93%		83.3%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	-
8.05	Diagnostics	99%		85.0%	84.7%	90.0%	78.6%	17.1%	14.6%	34.2%	41.4%	44.8%	52.0%	57.8%	55.5%	54.5%
8.06	RTT performance	92%		82.5%	81.7%	81.4%	78.4%	67.3%	55.5%	44.6%	41.1%	51.7%	59.8%	67.4%	70.7%	70.5%
8.07	RTT TWL			2593	2567	2553	2495	2056	1994	2009	1903	1997	2179	2195	2081	2040
8.08	RTT 52 week waiters			0	0	0	2	7	24	51	102	147	192	224	227	211

TRUST BOARD REPORT: December-2020

OPERATIONAL PERFORMANCE: ED



HIGHLIGHTS FOR BOARD TO NOTE:

77.6% of ED patients were admitted, transferred or discharged within four hours during December 2020. This was an improvement on performance in December 2019 (75.1%). Root cause analysis of Emergency Care Standard (ECS) breaches continues at both sites, themes include delays in admission (in key periods), linked to turnaround time for swab tests in the admission units which in turn causes delays. During December both York and Scarborough sites have had front line staff absences due to COVID-19 Track and Trace and self-isolation requirements.

The Trust has continued to operate within the COVID-19 Surge Plan throughout December 2020 and January 2021 as COVID-19 admissions have increased across the Trust footprint.

York Hospital Locality ECS Performance was 72.3% with a reported increase in acuity as COVID-19 admissions increased through the month. The estate has been reconfigured to support the COVID-19 Surge Plan, with five COVID-19 positive wards plus one admitting ward open as at the 11th January 2021. There are plans underway to increase to seven COVID-19 positive wards.

Scarborough Hospital Locality ECS Performance was 74.4%. Scarborough's overall performance has been impacted by a significant reduction in the number of Type 3 attendances (a reduction of 61% compared to December 2019). As at the 11th January there are three COVID-19 positive wards plus one admitting ward open on the Scarborough site. Flow continues to be a challenge on the Scarborough site, with capital works continuing to convert Haldane and Ann Wright wards into twenty-two additional side rooms. Ann Wright is now ready with Haldane due to be completed by the end of January 2021.

NHS England and Improvement published a report on the 15th December 2020 entitled the 'Transformation of urgent and emergency care: models of care and measurement'. This report sets out the final recommendations on the urgent and emergency care standards from the Clinically-led Review of NHS Standards. It sets out proposed measures which "align with the strategy for transforming urgent and emergency care provision". The intention is to enable a new national focus on measuring what is both important to the public, but also clinically meaningful. These indicators have been developed through extensive field testing with a number of acute NHS Trusts and through consultation with an extensive group of clinical and patient representative stakeholders. Patients, clinicians and the public now have an opportunity to respond to these findings in a consultation period. The index section of this report displays the proposed metrics (Ref: 1.17 to 1.24) which will be shadow monitored throughout the consultation period.

Non-Elective admissions were impacted by the second national lockdown; down 21% in December 2020 on the same period last year (-1,091 admissions). York Hospital saw a reduction of 674 admissions (-19%) with Scarborough seeing a reduction of 417 (-25%) compared to December 2019.

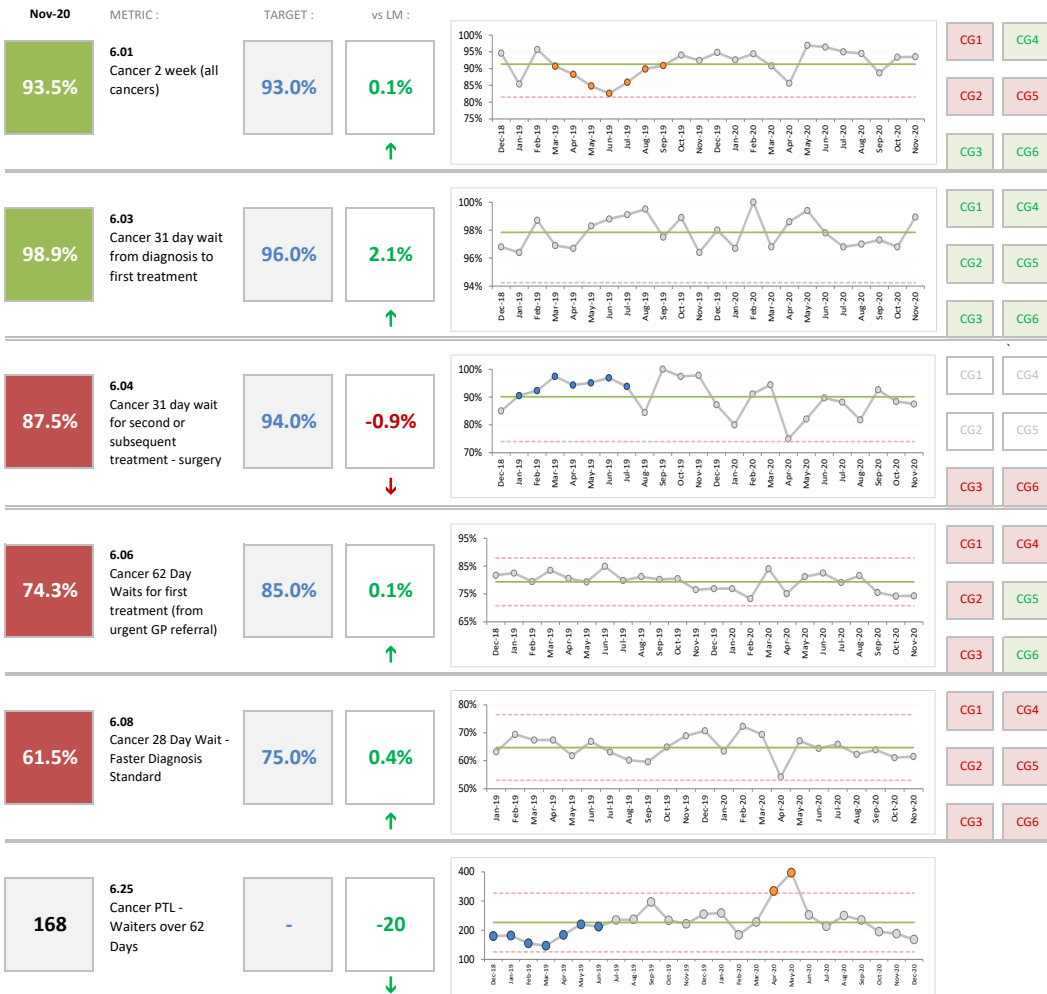
The Trust continues to work with system partners to explore options to sustain urgent care flows, and prevent crowded Emergency Department waiting areas, this includes the national '111 First' ('talk before you walk') initiative which commenced on plan in December. This will provide a further filter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

There were fourteen twelve-hour trolley waits in December 2020; all on the Scarborough Hospital site. The root cause was lack of inpatient capacity within the hospital amber inpatient bed base on 15th, 19th, 29th and 31st of December 2020.

Super-Stranded (Length of Stay [LoS] of 21+ Days) patients at the end of December 2020 were up slightly compared to the end of November (63 to 67 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.

TRUST BOARD REPORT: December-2020

OPERATIONAL PERFORMANCE: CANCER



HIGHLIGHTS FOR BOARD TO NOTE:

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

The Trust saw a small improvement against the Cancer two week waiting times for urgent referrals, achieving the target with performance of 93.5% in November. The numbers of cancer fast track referrals received in December 2020 (1,803) was the third highest in the last 12 months and was a 31% (+423 referrals) increase compared to December 2019.

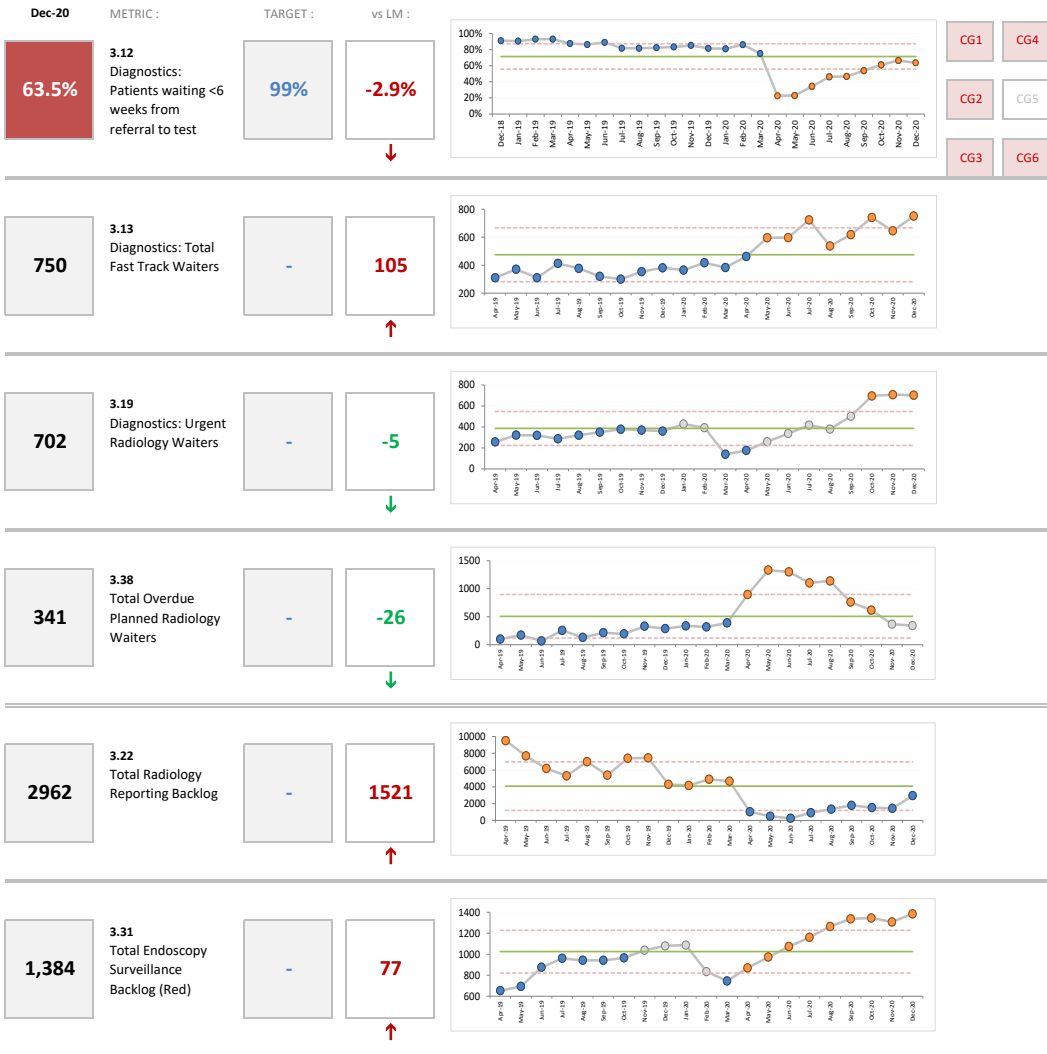
Performance against the 62 day wait for first treatment target was 74.3%, this equates to 38 breaches, with almost fifty percent on Lower and Upper GI pathways. All patients are tracked through the operational teams, with weekly escalations to senior managers.

At the end of December 2020 there were 175 patients on the Trust's Patient Tracking List (PTL) that had waited over 62 days, a decrease of 13 against the end of November 2020. Of those waiting over 62 days, 139 are awaiting diagnosis; tackling this backlog is a top priority for the Trust and the Humber, Coast and Vale system and is a key element of the recovery work.

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 2020, as at the 7th of January 2021 there were 28. To understand the impact of longer waits for patients the Trust undertakes Clinical Harm Reviews (CHR). All long waiting (104+ days) patients receive a 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 into the Trust's Quality Committee.

TRUST BOARD REPORT: December-2020

OPERATIONAL PERFORMANCE: DIAGNOSTICS



HIGHLIGHTS FOR BOARD TO NOTE:

December saw a provisional decline against the diagnostics target with 63.5% of patients waiting less than 6 weeks for their diagnostic test at the end of the month; this was a 2% lower than the end of November position.

The Endoscopy performance was 54.7% (November; 55.4%). 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. Endoscopy performance is likely to be affected by the January surge in COVID-19 as staff are redeployed to support the wards.

Radiology has also been affected by the COVID-19 pandemic with radiology diagnostics performance at the end of December at 67.6% (November; 71.7%), with MRI performing at 86% and CT; 88%.

TRUST BOARD REPORT: December-2020

OPERATIONAL PERFORMANCE: REFERRAL TO TREATMENT (RTT)



HIGHLIGHTS FOR BOARD TO NOTE :

The proportion of patients waiting more than 18 weeks has increased in December, with the overall RTT position declining from 67.5% of patients waiting less than 18 weeks from referral to treatment; to 66.7%. Overall there was a rise of 347 (4%) in the number of patients waiting over 18 weeks compared to the end of December. The Trust's RTT Total Waiting List (TWL) stood at 28,040 at the end of December and remains on target to achieve the 2020/21 requirement to have fewer than 29,583 open clocks at the end of March 2021.

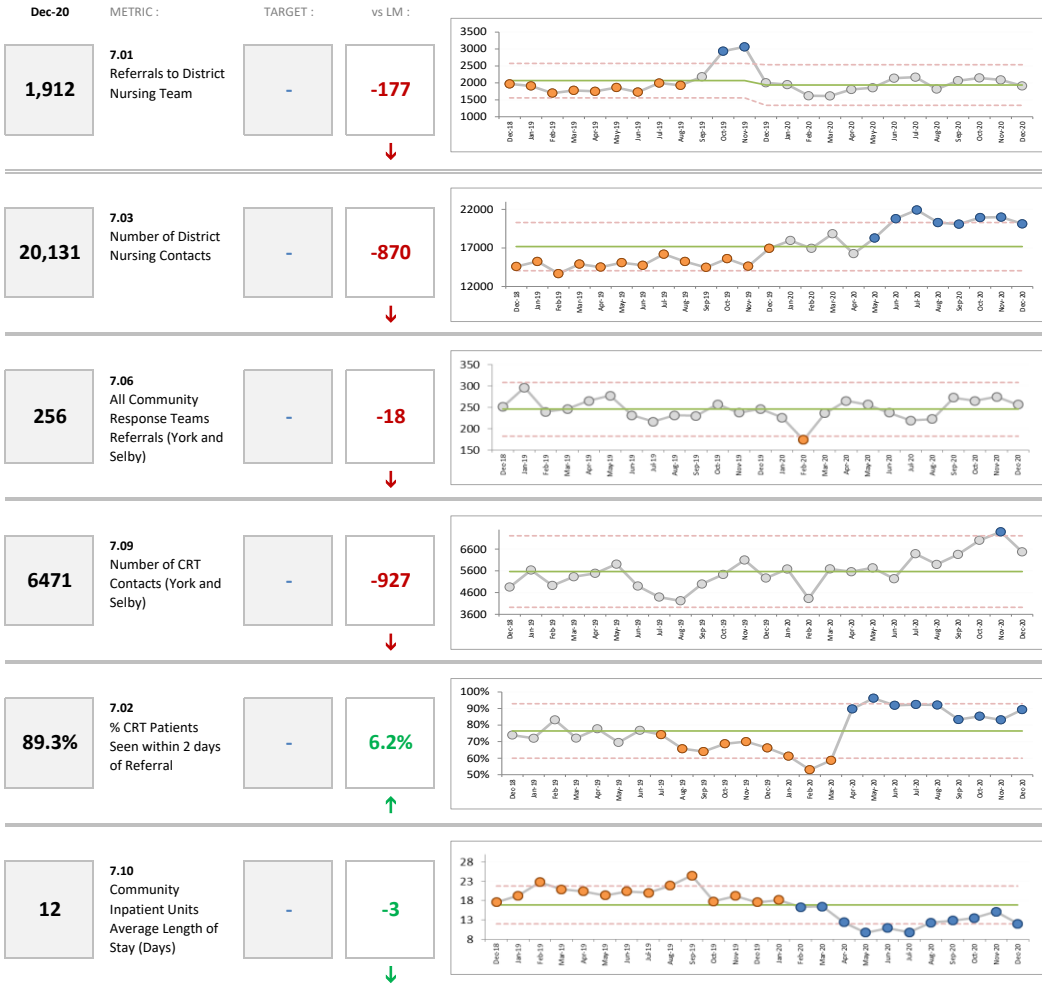
Long waiter numbers have decreased in December. The Trust had 2,251 patients waiting 52 weeks or longer at the end of December 2020 significantly below the projection submitted to regulators as part of the Phase 3 plan in September (2,927, -676). The recommencement of surgery has seen a significant number of admitted treatments completed in specialities with long wait patients during December, including an overall admitted waiting list reduction of 115 Ophthalmology patients and 238 Orthopaedic patients.

Referrals in December 2020 from GPs continued at below the level seen during the same period last year, a reduction of 11% (-973). It is not currently anticipated that routine GP referral numbers will return to last year's levels during quarter four 2020/21.

Negotiations under the national contract for Independent Sector provision have secured significant levels of orthopaedic activity at Nuffield and Clifton Park Hospitals; potentially circa 700 inpatient procedures and 3,000 outpatient appointments up to the end of March 2021.

TRUST BOARD REPORT: December-2020

OPERATIONAL PERFORMANCE: COMMUNITY ACTIVITY



HIGHLIGHTS FOR BOARD TO NOTE :

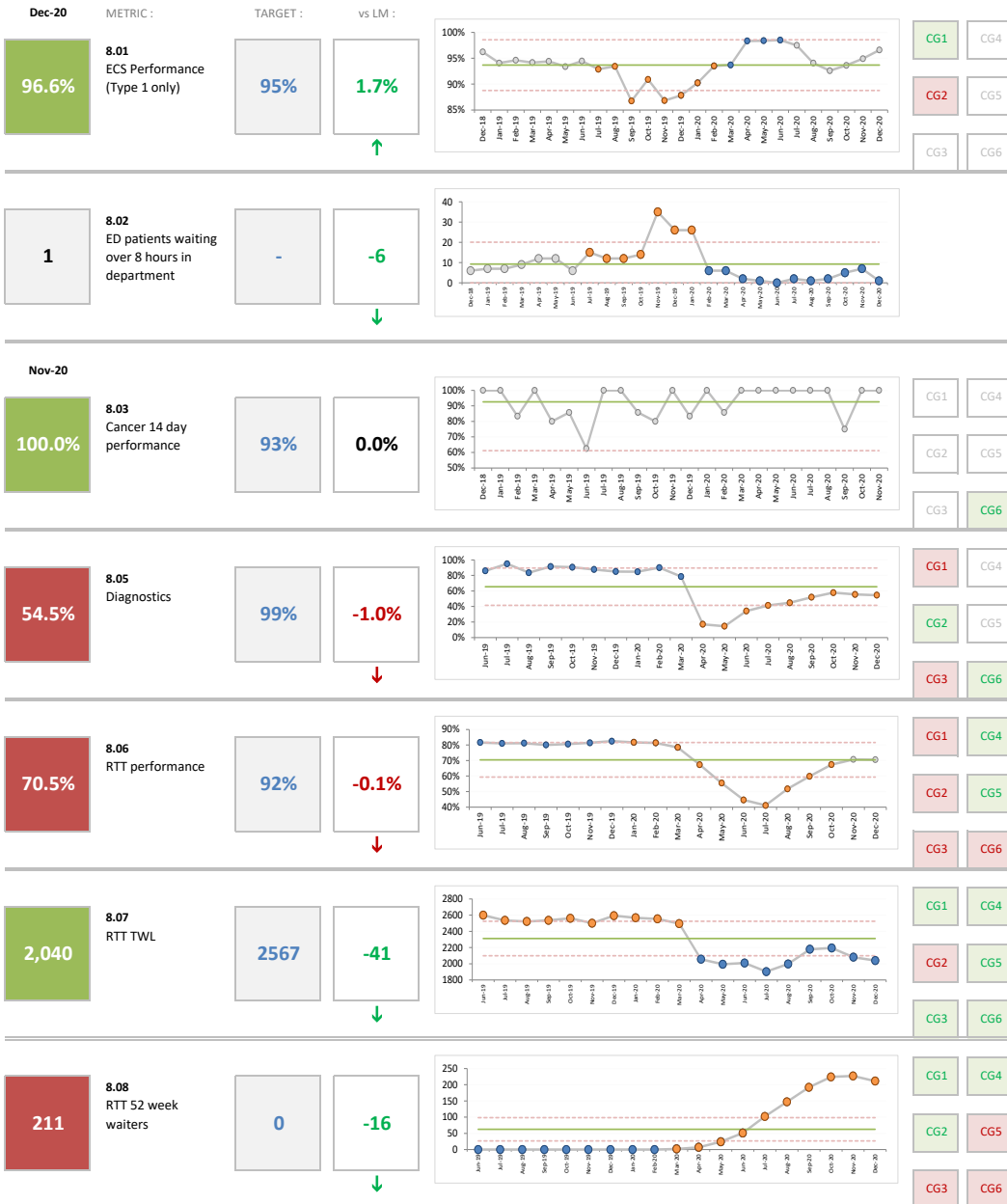
Activity levels remain significantly above expected levels for District Nursing teams with a eighth consecutive month above average. Combined with higher levels of staff absence, teams are continuing to use prioritisation guidance to defer lower priority activity and will now move this to a waiting list to provide greater transparency over the numbers of patients who are waiting. As at the 6th of January there were 345 patients who had been added to the waiting list for either a treatment or an assessment.

The Community Response Teams continue to support greater numbers of patients at home, both to avoid an admission to hospital and to support earlier discharge, with a sixth consecutive month of activity above the average and November above the higher control limit. Funding has been secured from the national discharge support fund to provide additional capacity (through bank staff) and planned activity in Community Therapy teams has been stood down to release staff to support unplanned care. An additional measure has been added around waiting times for the Community Response Team showing the % of referrals that are seen within two days and the improvement that has been delivered since April against this standard. Work is ongoing to measure the baseline 2hr response for the most urgent patients in the community in line with the new national standards to be reported from April 2021.

Length of stay in the community inpatient units remains below the historical average, ensuring capacity is available to allow patients to commence their rehabilitation as soon as their acute phase is completed.

TRUST BOARD REPORT: December-2020

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



HIGHLIGHTS FOR BOARD TO NOTE:

Performance against the ECS for patients aged 0-17 achieved target at 96.6% in December. This has returned to achieving the national standard for the first time since July 2020.

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

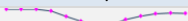


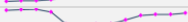

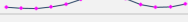
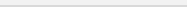
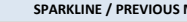
RTT performance against the 92% target is higher than the Trust overall performance (70.5% compared to 66.7%). The Trust is declaring 211 RTT fifty-two week waiters relating to children and young people at the end of December 2020; down from 227 at the end of November 2020. Children comprise circa 40% 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 December 2020 (2,251).

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 under 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 waiting children and young people, subject to the impact of increased surge through January.

TRUST BOARD REPORT : December-2020

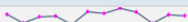

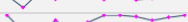
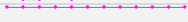

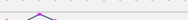
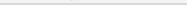

OPERATIONAL PERFORMANCE SUMMARY - SCARBOROUGH

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

TARGET	SPARKLINE / PREVIOUS MONTH
	
	
	
	
	
	
	
	

Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
77.3%	77.4%	77.3%	73.4%	62.4%	53.2%	44.9%	45.5%	56.3%	63.4%	68.2%	69.4%	68.6%
0	0	0	13	54	136	234	335	445	544	627	669	676
1048	1087	1049	1205	1580	2088	2456	2792	3032	2926	2249	1936	1752
282	346	357	452	620	894	1219	1462	1683	1791	1790	1697	1336
9536	9633	9693	9347	7856	7716	7860	7896	8374	8939	9068	9057	9200
798	889	943	1089	1362	1639	1845	1836	1625	1710	1510	1378	1266
1362	1287	1261	1398	1590	1970	2484	2469	2034	1564	1370	1389	1620
11.3	11.1	11.1	12.7	16.8	19.1	20.2	20.0	19.2	18.2	17.2	16.8	16.8

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

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

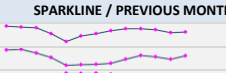


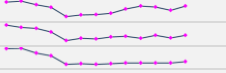
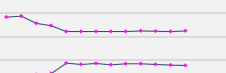
Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
92.1%	85.7%	90.4%	90.9%	84.7%	94.3%	92.9%	96.9%	94.0%	85.6%	91.8%	91.1%	-
98.4%	-	-	-	-	-	-	-	-	-	-	-	-
97.9%	90.3%	100.0%	95.4%	98.0%	100.0%	95.3%	98.0%	95.1%	95.8%	96.8%	96.6%	-
100.0%	-	0.0%	66.7%	0.0%	54.5%	100.0%	100.0%	90.0%	66.7%	85.7%	100.0%	-
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
66.7%	68.8%	66.0%	79.7%	73.1%	72.2%	75.0%	70.3%	77.8%	79.1%	83.9%	77.8%	-
-	-	-	0.0%	-	-	-	-	-	-	0.0%	0.0%	-
55.8%	53.6%	66.0%	55.7%	43.1%	45.8%	48.5%	50.2%	45.4%	46.1%	53.2%	50.0%	-

*62 day screening: months with five or fewer records at Trust level from May-20 are not included

TRUST BOARD REPORT : December-2020

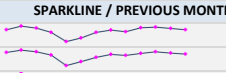
OPERATIONAL PERFORMANCE SUMMARY - YORK

REF	OPERATIONAL PERFORMANCE: UNPLANNED CARE
1.01	Locality Emergency Care Attendances
1.02	Locality Emergency Care Breaches
1.03	Locality Emergency Care Standard Performance
1.04	ED Conversion Rate: Proportion of ED attendances subsequently admitted
1.05	ED Total number of patients waiting over 8 hours in the departments
1.06	ED 12 hour trolley waits
1.07	ED: % of attendees assessed within 15 minutes of arrival
1.08	ED: % of attendees seen by doctor within 60 minutes of arrival
1.09	ED – Percentage of patients who Left Without Being Seen (LWBS)
1.10	ED - Median time between arrival and treatment (minutes)
1.11	Ambulance handovers waiting 15-29 minutes
1.13	Ambulance handovers waiting 30-59 minutes
1.14	Ambulance handovers waiting 30-59 minutes - improvement trajectory
1.15	Ambulance handovers waiting >60 minutes
1.16	Ambulance handovers waiting >60 minutes - improvement trajectory
1.17	Ambulance handovers: Percentage waiting within 15 mins (shadow monitoring)
1.18	ED - Mean time in department (mins) for non-admissions (shadow monitoring)
1.19	ED - Mean time in department (mins) for admissions (shadow monitoring)
1.20	ED - Mean time between RFT and discharge (mins) for non-admissions (shadow monitoring)
1.21	ED - Mean time between RFT and admission (mins) for admissions (shadow monitoring)
1.22	ED - Number of non-admissions waiting 12+ hours (shadow monitoring)
1.23	ED - Number of admissions waiting 12+ hours (shadow monitoring)
1.24	ED - Critical time standards (shadow monitoring - awaiting guidance on metrics)
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
2.10	Average Bed Days Occupied by Stranded Patients
2.12	Super Stranded Patients at End of Month
2.13	Average Bed Days Occupied by Super Stranded Patients

TARGET	SPARKLINE / PREVIOUS MONTH
95%	 ▲
0	 ▾
5%	 ▲
67	 ▲
120	 ▼

Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
9541	9150	8995	6966	4360	6257	6959	7970	8656	8586	8256	7282	7489
2333	2467	1927	1303	168	288	298	448	1057	1573	1377	1036	1515
75.6%	73.0%	78.6%	81.3%	96.2%	95.4%	95.7%	94.4%	87.8%	81.7%	83.3%	85.8%	79.8%
37%	36%	36%	34%	38%	36%	36%	36%	35%	35%	36%	40%	38%
628	766	510	296	18	26	15	27	70	215	141	106	185
0	1	0	0	0	0	0	0	0	0	0	0	0
63%	65%	68%	72%	91%	88%	88%	86%	78%	74%	74%	79%	77%
39%	39%	42%	52%	89%	80%	73%	66%	52%	47%	52%	60%	56%
2.3%	3.0%	2.2%	2.5%	0.8%	0.5%	0.6%	1.1%	1.5%	1.8%	1.3%	0.8%	1.7%
196	201	182	169	123	131	133	139	161	175	170	155	176
584	518	493	406	187	249	230	282	294	249	324	250	320
267	273	200	158	33	44	35	44	52	54	51	51	74
92	83	84	75	-	-	-	-	-	-	-	-	-
280	299	158	116	1	2	1	1	3	16	9	2	17
110	110	100	85	-	-	-	-	-	-	-	-	-
52.7%	50.0%	58.3%	59.8%	81.9%	79.0%	81.0%	78.3%	80.1%	80.2%	79.2%	77.5%	77.2%
194	203	184	178	116	125	129	135	159	174	167	152	165
308	340	286	262	171	175	165	173	206	254	228	214	269
99	134	109	77	50	67	49	53	63	92	81	64	97
135	164	121	106	54	56	48	48	57	88	75	75	103
25	26	14	14	0	1	0	1	4	4	6	3	9
165	232	103	69	0	1	0	0	4	30	14	10	57
-	-	-	-	-	-	-	-	-	-	-	-	-
3469	3375	3249	2554	1911	2339	2682	2993	3128	3158	3154	3046	2795
605	525	478	344	195	220	220	209	220	309	288	320	228
1714	1647	1542	1266	784	976	1147	1304	1324	1343	1355	1377	1261
712	685	704	476	391	426	452	475	544	600	613	599	618
71	88	61	26	34	28	11	15	20	31	34	28	35
678	639	603	459	277	398	467	510	555	581	710	-	-
231	247	220	77	118	119	124	97	126	153	156	164	166
226	257	241	191	87	116	110	108	115	140	155	167	147
86	94	76	36	24	31	23	20	19	33	43	34	40
73	95	87	62	24	28	27	24	20	28	40	40	42

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

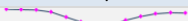


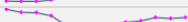

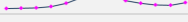
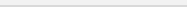
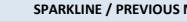
TARGET	SPARKLINE / PREVIOUS MONTH
120	 ▼

Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
11814	13841	12591	10266	5250	7264	10334	11653	10732	12893	13201	12515	11844
5511	6320	5746	4674	1252	2550	3895	4841	4539	5158	5687	5309	4947
1421	1637	1392	1143	643	735	850	1014	874	1141	1162	1174	1041
4882	5884	5453	4449	3355	3979	5589	5798	5319	6594	6352	6032	5856
5068	6040	5537	4759	2455	2894	3730	4325	3834	4363	4536	4782	4615
8500	10899	9270	8773	5385	5495	6571	7690	7208	8993	9204	10027	9457
1.68	1.80	1.67	1.84	2.19	1.90	1.76	1.78	1.88	2.06	2.03	2.10	2.05
5.4%	5.6%	5.5%	5.1%	3.6%	3.8%	3.9%	4.2%	5.3%	5.3%	5.3%	5.7%	5.5%
93	125	129	503	897	435	444	499	173	160	131	155	123
808	691	616	1369	2621	2065	2401	3392	1750	1582	1222	932	820
402	468	423	293	87	107	149	265	277	297	359	325	356
4120	4770	4451	3503	1262	1406	2269	3049	2988	3743	4056	3879	3710
24	33	8	247	9	0	3	0	1	3	4	5	10
96	107	64	301	13	3	17	25	36	40	58	71	34
78%	77%	78%	69%	41%	34%	47%	70%	75%	66%	67%	68%	66%
492	566	511	331	66	37	167	425	427	511	523	503	470

TRUST BOARD REPORT : December-2020



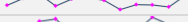

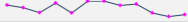

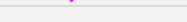

OPERATIONAL PERFORMANCE SUMMARY - YORK

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

TARGET	SPARKLINE / PREVIOUS MONTH
	
	
	
	
	
	
	
	

Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
73.6%	72.4%	71.8%	68.0%	57.0%	47.8%	40.6%	40.9%	51.0%	58.4%	64.1%	66.5%	65.8%
0	1	0	19	104	316	676	1025	1319	1442	1549	1581	1575
2881	2830	2817	3208	4154	5479	6344	7023	7403	6845	5502	4553	4279
1010	960	954	1229	1854	2530	3378	3996	4448	4372	4335	4004	3315
20651	19950	19841	19161	17091	17172	17197	17211	17767	18103	18840	18589	18840
3121	3116	3132	3451	4144	4803	5269	5346	5029	4309	3808	3338	3109
2332	2400	2466	2687	3207	4163	4945	4827	3677	3223	2953	2886	3343
12.5	12.6	12.5	14.2	18.1	20.6	21.9	22.0	21.4	20.3	18.7	17.9	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 / PREVIOUS MONTH
93%	
93%	
96%	
94%	
98%	
85%	
90%	
75%	

Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
95.6%	95.1%	96.1%	90.7%	85.7%	97.8%	97.2%	94.5%	94.5%	89.8%	93.9%	94.4%	-
98.4%	97.4%	99.1%	95.3%	90.9%	95.7%	97.6%	96.4%	95.1%	95.1%	88.0%	93.9%	-
97.5%	99.0%	100.0%	97.4%	98.9%	99.2%	98.6%	96.6%	97.7%	97.6%	97.2%	99.6%	-
83.9%	80.0%	93.2%	97.0%	75.0%	85.7%	85.0%	85.2%	79.2%	100.0%	88.6%	86.4%	-
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%	100.0%	-
82.6%	80.0%	75.1%	84.5%	74.9%	86.6%	86.3%	82.3%	83.6%	74.9%	71.2%	73.0%	-
86.4%	87.1%	96.8%	96.6%	100.0%	-	-	-	-	-	96.8%	97.7%	-
73.4%	65.0%	74.3%	71.5%	55.1%	72.1%	67.1%	68.5%	65.1%	66.8%	63.2%	63.7%	-

*62 day screening: months with five or fewer records at Trust level from May-20 are not included