

Integrated Business Report

Quality and Safety, Workforce, Finance, Research and Development, Operational Performance,
Digital and Information Service.

April-2021

Produced May-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

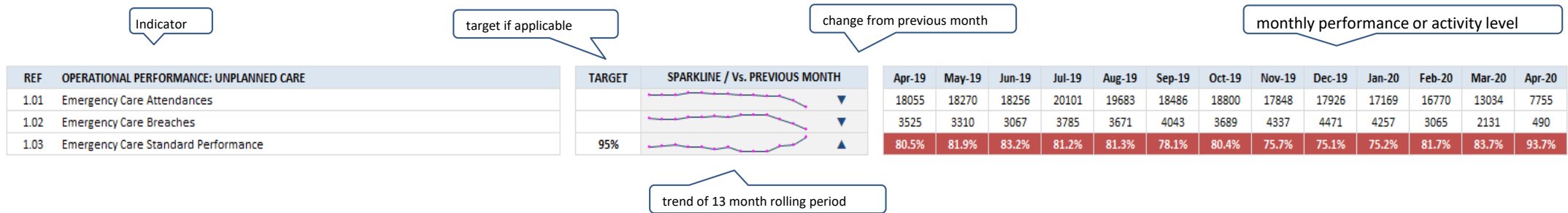
Report produced by:
Information Team

Integrated Performance Report : April-2021

Understanding the Report

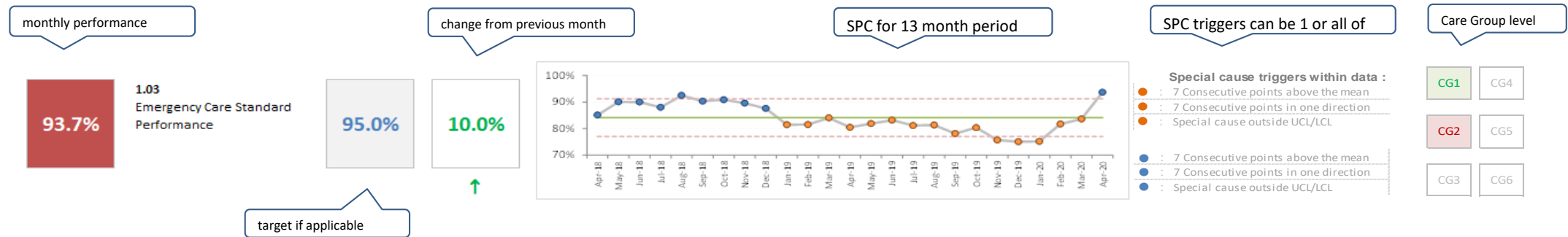
1. Operational Performance Summary

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

April-2021

Produced May-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

Quality and Safety Report: April-2021

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:

- Compliance with 14 hour post take remains at 80% for the Trust.
- NEWS2 compliance for York has slipped slightly below 90%, Scarborough is at 94.5%.
- Cardiac arrest calls at Scarborough has risen significantly and this is being looked into further.
- Medication incidents remain within normal variation; however April has seen an increase in Discharge medication incidents. Discharge medications are one of 4 facets of the discharge improvement project.
- Inpatient deaths continue to reduce, with the SHMI within normal variation and below 1.
- There were 10 SJCR's requested in April.

Recommendation:

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

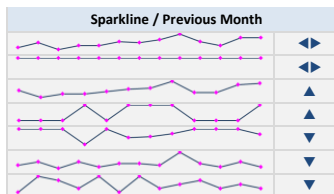
Author(s): Caroline Johnson, Deputy Head of Patient Safety & Governance
Liam Wilson, Lead Nurse Patient Safety

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

TRUST BOARD REPORT : April-2021

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 Stage 2 (Written) Duty Of Candour is Outstanding (Moderate or Above Harm)
1.05	% Compliance with Stage 2 (Written) 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)*

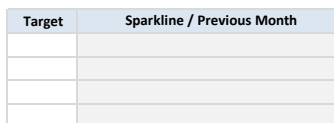


Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
4	9	2	6	6	10	9	12	18	10	6	14	14
100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
2	8	2	5	5	7	9	10	16	6	6	13	14
0	0	0	0	1	0	1	1	1	0	0	0	1
100%	100%	100%	100%	80%	100%	89%	90%	94%	100%	100%	100%	93%
2	4	0	4	1	3	3	2	10	3	1	4	1
0	4	3	1	4	0	4	1	2	3	1	2	1

*Data for 1.07 has been refreshed for the last 13 months due to error

The harm for incidents reported within the last week of the reporting period have not been validated as investigations are ongoing. The degree of harm may change from the reporter's initial depending on the outcome of the investigation.

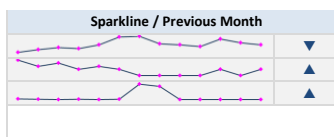
REF	DUTY OF CANDOUR (All Incidents - data is based on the date reported)
1.10	Incident Graded Moderate or Above
1.11	Stage 1 - Verbal Apology Given
1.12	Stage 2 - Written Apology Given
1.14	% Compliance with Stage 2 (Written) Duty of Candour



TOTAL	* For Incidents Reported Between 01/05/20 and 20/04/21
234	
229	
219	
93.6%	

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.

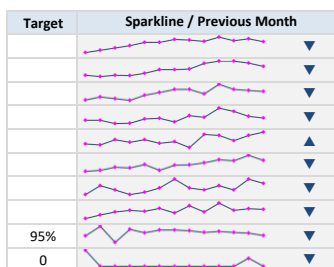
REF	CLAIMS
1.20	Number of Negligence Claims
1.21	Number of Claims settled per Month
1.22	Amount paid out per month
1.23	Reasons for the payment



Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
3	6	8	7	11	19	20	12	11	9	17	13	11
6	4	5	3	4	3	1	1	1	1	3	1	3
545,000	325,600	239,000	285,000	111,000	415,686	12,500,000	10,654,648	7,500	14,000	82,946	32,500	58,500
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



Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
825	925	1,023	1,115	1,262	1,262	1,390	1,360	1,305	1,492	1,324	1,419	1,293
500	453	502	484	570	697	700	725	920	1,014	1,010	942	823
141	164	152	139	178	198	221	221	187	261	221	214	205
81	80	65	67	87	90	73	102	95	139	123	100	92
11	10	16	13	16	12	14	7	22	21	15	21	25
104	111	130	127	148	111	143	146	159	178	172	208	173
2	6	4	2	3	5	9	5	4	6	4	9	7
67	88	104	114	108	125	100	140	105	157	115	124	120
93.1%	96.7%	90.7%	95.5%	94.2%	95.3%	95.2%	95.0%	94.3%	94.7%	94.4%	94.2%	93.3%
2	0	0	0	0	0	0	0	0	0	0	1	0

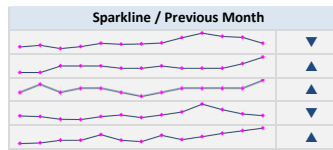
As at the beginning of November, the degree of harm is being determined by the incident reporter at the time of reporting rather than being determined during the investigation. The degree of harm may change from the reporter's initial depending on the outcome of the investigation.

VTE risk assessment performance for Jan-21 has been updated due to error

TRUST BOARD REPORT : April-2021

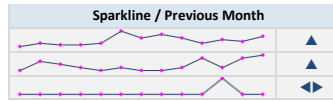
QUALITY AND SAFETY SUMMARY: (ii)

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



Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
45	51	40	46	57	54	55	58	75	90	79	76	57
0	0	3	3	3	2	2	3	2	2	2	4	7
1	3	1	2	2	1	0	1	2	2	2	2	4
69	66	53	52	67	74	61	74	88	127	100	79	71
23	24	28	28	36	28	26	35	29	33	38	42	46

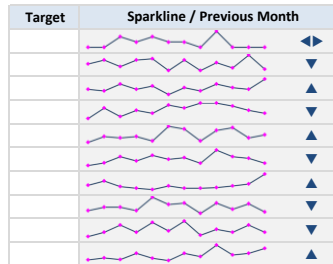
REF	FALLS****
1.50	Number of falls with moderate harm
1.51	Number of falls with severe harm
1.52	Number of falls resulting in death



Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
0	2	1	1	2	9	5	7	5	2	4	3	6
0	3	2	1	0	1	0	0	1	4	1	4	5
0	0	0	0	0	0	0	0	0	0	1	0	0

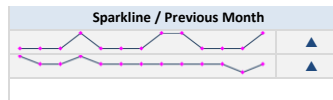
Note *** and **** - falls and pressure ulcers are subject to ongoing validation. The degree of harm for incidents reported within the last week of the reporting period have not been validated as investigations are ongoing. The degree of harm may change from the reporter's initial depending on the outcome of the investigation. 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 the RATS and DN Teams.

REF	DRUG ADMINISTRATION
10.20	Medication Incidents Resulting in Moderate Harm, Serious/Severe Harm or Death
10.21	Insulin Incidents
10.22	Antimicrobial Incidents
10.23	Opiate Incidents
10.24	Anticoagulant Incidents
10.25	Missed Dose Incidents
10.26	Discharges Incidents
10.27	Prescribing Errors
10.28	Preparation and Dispensing Incidents
10.29	Administrating and Supply Incidents



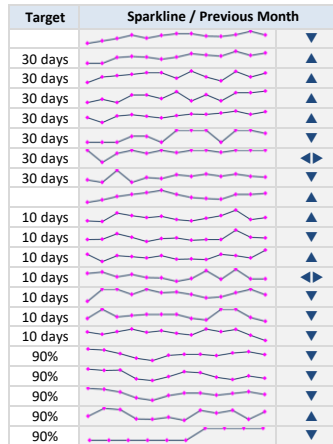
Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
1	0	0	2	1	2	1	1	0	3	0	0	0
5	12	15	10	15	16	7	15	7	13	9	19	8
3	13	12	16	13	15	10	14	12	16	14	13	19
9	15	25	17	23	20	28	25	30	30	27	23	20
10	5	9	8	9	6	16	14	6	13	15	8	10
11	10	15	26	18	28	21	24	14	38	26	23	14
7	15	21	13	11	9	14	11	11	12	14	17	31
13	22	27	27	22	42	31	33	18	33	24	32	20
4	3	6	11	6	13	7	14	4	8	6	11	6
40	46	50	47	58	49	45	58	52	73	55	58	67

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



Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
86%	86%	86%	87%	86%	86%	86%	87%	87%	86%	86%	86%	87%
88%	87%	87%	88%	87%	87%	87%	87%	87%	87%	87%	86%	87%

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



Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
9	19	28	41	29	39	46	46	37	36	42	56	41
33%	33%	56%	60%	57%	50%	58%	71%	65%	61%	81%	64%	74%
18%	44%	50%	55%	63%	63%	37%	71%	43%	25%	69%	44%	61%
25%	40%	25%	60%	60%	43%	75%	33%	61%	33%	70%	70%	78%
43%	0%	57%	67%	54%	40%	60%	75%	71%	82%	100%	71%	92%
0%	-	0%	50%	50%	0%	100%	100%	100%	-	100%	100%	75%
100%	-	75%	100%	75%	100%	80%	100%	100%	83%	100%	100%	100%
20%	0%	100%	0%	40%	33%	63%	50%	67%	50%	67%	50%	43%
57	80	114	133	149	174	134	104	92	86	132	132	144
69%	68%	81%	77%	74%	76%	71%	69%	73%	77%	86%	71%	74%
69%	70%	83%	74%	64%	71%	73%	67%	69%	69%	92%	74%	73%
78%	48%	73%	69%	63%	72%	58%	59%	56%	78%	72%	63%	96%
79%	82%	72%	77%	71%	70%	63%	69%	85%	67%	88%	68%	68%
60%	100%	100%	83%	100%	88%	91%	83%	71%	75%	88%	100%	82%
75%	100%	79%	83%	86%	86%	75%	71%	100%	100%	77%	67%	67%
78%	70%	79%	87%	77%	82%	74%	68%	88%	79%	86%	67%	50%
97.0%	96.0%	92.2%	87.8%	85.6%	90.7%	91.7%	90.4%	93.0%	94.3%	91.5%	-	-
97.2%	95.3%	95.7%	85.1%	82.9%	87.9%	93.9%	92.6%	87.1%	83.9%	88.4%	85.7%	-
97.1%	95.9%	93.0%	87.1%	84.8%	89.7%	92.2%	91.9%	90.0%	91.6%	93.5%	90.7%	-
96.5%	99.6%	99.1%	95.4%	95.3%	96.1%	94.9%	98.7%	97.7%	98.8%	95.3%	98.2%	-
-	-	-	-	-	-	98.7%	99.5%	99.5%	98.4%	100.0%	99.7%	-

TRUST BOARD REPORT : April-2021

QUALITY AND SAFETY SUMMARY: (iii)

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

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

Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
84%	81%	83%	82%	80%	80%	83%	83%	81%	79%	82%	79%	79%
68%	71%	75%	74%	69%	70%	78%	80%	77%	78%	81%	82%	81%
90.4%	91.0%	92.8%	93.3%	93.1%	92.7%	92.4%	92.8%	92.0%	88.3%	89.6%	91.9%	91.9%
91.5%	83.4%	93.9%	96.2%	94.1%	90.1%	92.2%	93.3%	93.2%	93.9%	94.8%	94.1%	93.8%

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

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

Target	Sparkline / Previous Month
1.00	

Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
1.00	0.99	0.99	0.99	0.99	0.99	1.00	0.99	0.99	0.99	-	-	-

REF	4AT ASSESSMENT
5.01	4AT Screening

Target	Sparkline / Previous Month
90%	

Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
72.5%	85.7%	85.9%	67.4%	63.6%	58.7%	60.0%	59.4%	58.8%	54.8%	53.4%	62.2%	63.1%

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

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

Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
7	2	2	7	7	11	4	11	6	10	5	6	7
7	9	11	18	25	36	40	51	57	67	72	78	7
0	0	0	0	0	0	0	0	0	0	0	0	0
5	6	2	1	3	4	6	7	11	7	7	3	5
5	11	13	14	17	21	27	34	45	52	59	62	5
14	8	10	18	13	9	23	14	6	20	7	17	15
14	22	32	50	63	72	95	109	115	135	142	159	15
1	2	4	7	4	8	7	4	4	6	6	3	5
1	3	7	14	18	26	33	37	41	47	53	56	5
4	0	1	2	1	2	2	3	0	3	2	0	3
4	4	5	7	8	10	12	15	15	18	20	20	3
74.47%	89.47%	80.00%	73.47%	82.47%	86.44%	83.08%	79.49%	78.15%	82.46%	81.34%	83.64%	78.83%
88.42%	91.06%	93.29%	90.23%	92.42%	91.12%	92.12%	89.59%	89.78%	87.57%	90.04%	91.93%	90.71%

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

Target	Sparkline / Previous Month

Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
2	0	10	28	1	1	4	8	6	9	5	6	4
12	23	23	0	6	31	19	54	25	34	34	31	44
2	7	14	9	24	9	20	17	14	8	21	11	9
0	0	0	0	0	0	0	0	0	0	1	0	0
1	0	0	0	1	0	0	0	0	0	0	0	0
9	19	25	36	20	10	9	10	6	14	10	13	6
3	21	6	4	3	6	6	11	4	8	8	9	11
1	0	0	1	15	9	10	11	13	9	7	4	5

TRUST BOARD REPORT : April-2021

QUALITY AND SAFETY SUMMARY: (iv) QUANTITATIVE TABLE

REF	Indicator	Consequence of Breach	Threshold	Sparkline / Previous Month	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Jan-21	Feb-21	Mar-21	Apr-21
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		20	-	-	-	-	-	-	-
9.02	No urgent operation should be cancelled for a second time*	£5,000 per incidence in the relevant month	0		0	-	-	-	-	-	-	-
9.03	Sleeping Accommodation Breach	£250 per day per Service User affected	0		7	0	0	8	4	8	10	-
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%		99.89%	99.95%	99.91%	99.93%	99.95%	99.95%	99.95%	-
9.06	Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	95.00%		99.21%	99.58%	99.51%	99.52%	99.77%	99.74%	99.76%	-
9.07	Failure to ensure that 'sufficient appointment slots' are made available on the Choose and Book System	General Condition 9	>4% slot unavailability if		8.17%	12.10%	8.04%	7.61%	2.30%	5.77%	8.06%	-
	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%		76.72%	75.17%	85.06%	88.78%	82.19%	87.50%	92.93%	75.00%
	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%		91.06%	93.29%	93.03%	91.36%	93.45%	94.12%	92.99%	90.93%
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 : April-2021

QUALITY AND SAFETY: CARE OF DETERIORATING PATIENT

Apr-21

METRIC :

TARGET :

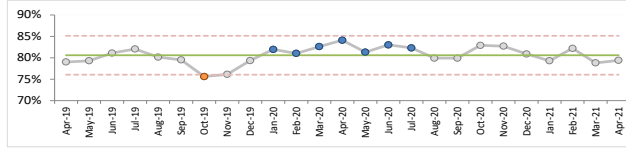
vs LM :

79.4%

3.01
14 hour Post Take - York

90.0%

0.6%
↑



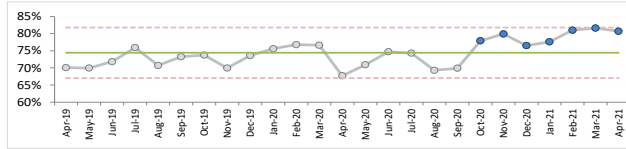
- CG1
- CG2
- CG3
- CG4
- CG5
- CG6

80.7%

3.02
14 hour Post Take - Scarborough

90.0%

-0.9%
↓



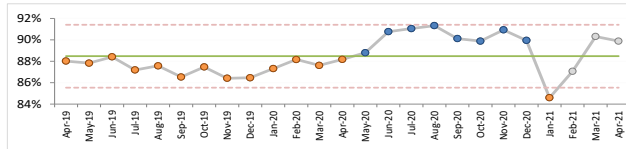
- CG1
- CG2
- CG3
- CG4
- CG5
- CG6

89.9%

10.01
NEWS within 1 hour (York)

90.0%

-0.4%
↓



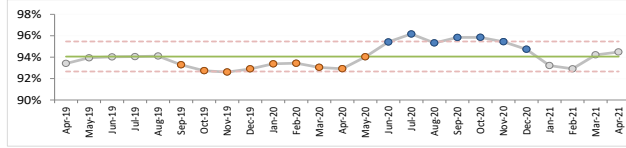
- CG1
- CG2
- CG3
- CG4
- CG5
- CG6

94.5%

10.02
NEWS within 1 hour (Scarb)

90.0%

0.3%
↑



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

HIGHLIGHTS FOR BOARD TO NOTE :

14 hour post take has improved slightly at York, but decreased at Scarborough. Overall percentage remains around 80%.

NEWS2 compliance has decreased slightly at York, falling below 90%. Scarborough has seen an increase and is demonstrating 94.5% compliance within 1 hour.

TRUST BOARD REPORT : April-2021

QUALITY AND SAFETY: CARE OF DETERIORATING PATIENT

Apr-21

METRIC :

TARGET :

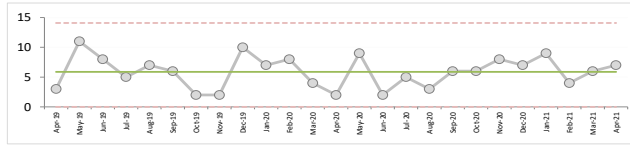
vs LM :

7

10.10
Crash Calls (York)

-

1

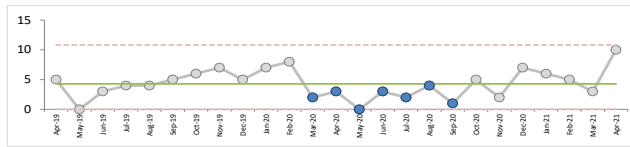


10

10.12
Crash Calls (Scarb)

-

7

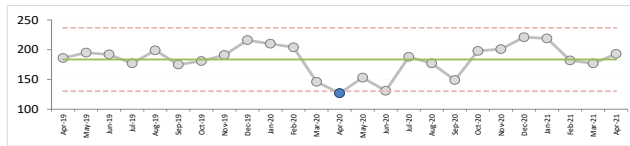


193

10.13
Calls to Outreach Team (York)

-

16

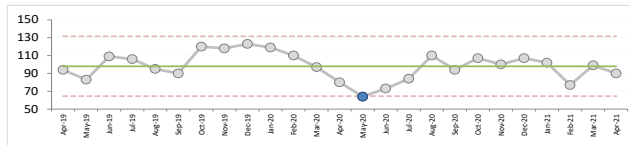


90

10.14
Calls to Outreach Team (Scarb)

-

-9



HIGHLIGHTS FOR BOARD TO NOTE :

The Cardiac arrest numbers in SGH have risen significantly to 10. This will be looked into further by the deteriorating patient group and liaison with the Resus team to identify if there are any causes for concern. The other metrics remain stable. The Out of Hours Steering group has reconvened this week to continue this workstream (and hopefully complete soon). The main area of concern is the provision of the second Medical registrar to support the team. This is going to be a significant challenge.

TRUST BOARD REPORT : April-2021

QUALITY AND SAFETY: MEDICATION INCIDENTS

Apr-21	METRIC :	TARGET :	vs LM :	
0	10.20 Medication Incidents Resulting in Moderate Harm, Serious/Severe Harm or Death	-	0	
8	10.21 Insulin Incidents	-	-11	
19	10.22 Antimicrobial Incidents	-	6	
20	10.23 Opiate Incidents	-	-3	
10	10.24 Anticoagulant Incidents	-	2	
14	10.25 Missed Dose Incidents	-	-9	
31	10.26 Discharges Incidents	-	14	
20	10.27 Prescribing Errors	-	-12	
6	10.28 Preparation and Dispensing Incidents	-	-5	
67	10.29 Administrating and Supply Incidents	-	9	

HIGHLIGHTS FOR BOARD TO NOTE :

There were 126 medication incidents in April, but no incidents causing moderate harm or above

The main concern this month is the number of discharge incidents which is above the natural variation. Over a third of these relate to patients being discharged with an incorrect supply of medicines, either medicines that have being discontinued, medicines with incorrect or no directions and medications belonging to a different patient. A second theme is incorrect medication being provided to GP which often linked to inaccurate medication being entered into EPMA on admission.

Medication is one of 4 workstreams of the Safer Steering Group which is aiming to improve the discharge process. An initial meeting to determine membership, terms of action and potential change ideas will be scheduled in the next few weeks

TRUST BOARD REPORT : April-2021

QUALITY AND SAFETY : MORTALITY

Apr-21

METRIC :

TARGET :

vs LM :

12

10.30
ED Deaths

-

-11

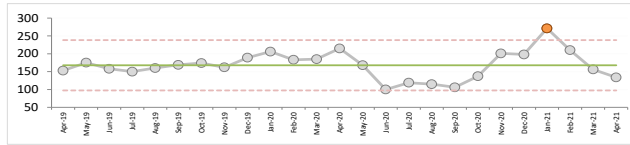


134

10.31
Inpatient Deaths (Acute)

-

-22

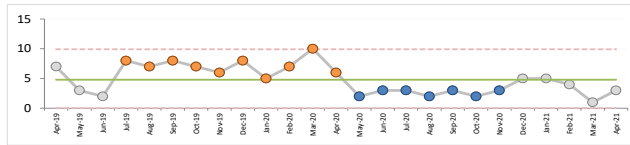


3

10.32
Inpatient Deaths (Community)

-

2



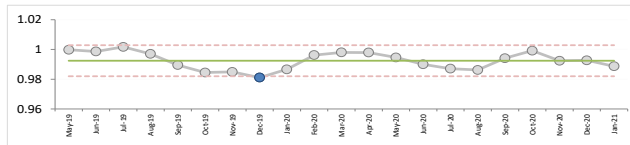
Jan-21

0.99

10.33
Summary Hospital Level Mortality Indicator (SHMI)

1.00

0.00



HIGHLIGHTS FOR BOARD TO NOTE :

In April 2021 the top 3 causes of death were Pneumonia, Sepsis and Cardiac Failure. There were 5 deaths recorded as 1a Covid 19 (4 of which were Covid 19 - Pneumonia). In April overall deaths decreased in the Emergency Department and Acute sites, but increased slightly in the Community. The number of deaths per 1000 bed days was calculated and is shown below:

- 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
- January 2021 - 13.45 deaths per 1000 bed days
- February 2021 - 11.75 deaths per 1000 bed days
- March 2021 - 8.56 per 1000 bed days
- April 2021 - 7.15 per 1000 bed days

When compared to the total number of deaths per 1000 bed days during April 2020 (17.31), April 2021 has seen a significant drop.

In April 2021 there were 10 Structured Judgement Casenote Reviews (SJCR's) commissioned. The SJCR's requested were as a result of the following; 2 x Initial Mortality review and 8 x Medical Examiner review

TRUST BOARD REPORT : April-2021

PATIENT EXPERIENCE: NEW COMPLAINTS AND PALS CASES

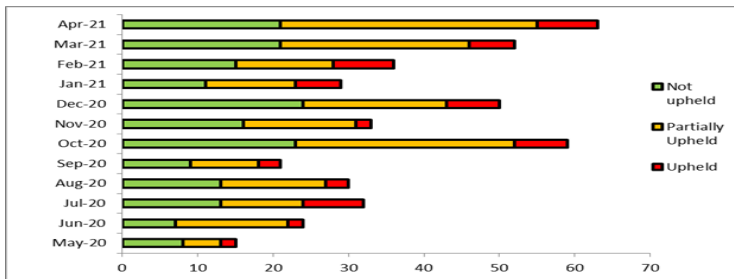
New complaints and PALS cases by care group and site

Care Group	COMPLAINTS				Total	PALS				Total
	York	Scarb	Brid	Total		York	Scarb	Brid	Total	
CG1	13	0	0	13	34	0	0	34		
CG2	0	12	0	12	0	26	2	28		
CG3	4	1	1	6	20	6	1	27		
CG4	1	0	0	1	11	3	0	14		
CG5	3	1	0	4	14	1	0	15		
CG6	0	2	2	4	14	3	2	19		
Corporate Service	0	1	0	1	4	3	0	7		
Total	21	17	3	41	97	42	5	144		

Communication remains a concern and care groups have identified issues for their areas and are developing plans to address the common themes.

PATIENT EXPERIENCE: CLOSED CASES

Proportion of closed complaints by outcome



Closed Complaints

Care Group	<30		30-50		51-100		>100		Total Closed	Total Average No of Days	% Within Target
	Closed	Average No of Days	Closed	Average No of Days	Closed	Average No of Days	Closed	Average No of Days			
CG1	11	21	6	36	1	53	0	0	18	28	61%
CG2	14	12	4	38	0	0	0	0	18	18	78%
CG3	11	18	1	31	0	0	0	0	12	19	92%
CG4	3	24	1	33	0	0	0	0	4	26	75%
CG5	6	12	0	0	0	0	0	0	6	12	100%
CG6	3	20	3	43	1	58	0	0	7	35	43%
Corporate S	0	0	0	0	0	0	0	0	0	0	0%
Total	48	17	15	37	2	56	0	0	65	23	74%

74% closed complaints were in target and 23% were addressed within 30-50 days. 3% were addressed with 51-100 working days and there were no cases 0% over 100 days.

Top 5 sub-subjects

COMPLAINTS	York	Scarb	Brid	Total	PALS	York	Scarb	Brid	Total
Care needs not adequately met	3	7	1	11	Communication with relatives/carers	12	7	0	19
Communication with relatives/carers	4	5	0	9	Appointment availability	17	2	0	19
Communication with Patient	4	1	4	9	Communication with Patient	11	6	1	18
Attitude of nursing staff/midwives	4	4	1	9	Care needs not adequately met	10	3	2	15
Discharge Arrangements	4	3	1	8	Discharge Arrangements	3	6	1	10
Total	19	20	7	46	Total	53	24	4	81

Reopened complaints closed this month

	Not upheld	Partially Upheld	Upheld	Total
CG1	1	1	1	3
CG2	2	2	0	4
CG3	1	0	0	1
CG5	0	2	0	2
CG6	1	0	0	1
Total	5	5	1	11

Outcome	Original Outcome	Reopened Outcome
Not Upheld	5	5
Partially Upheld	5	4
Upheld	1	2
Total	11	11

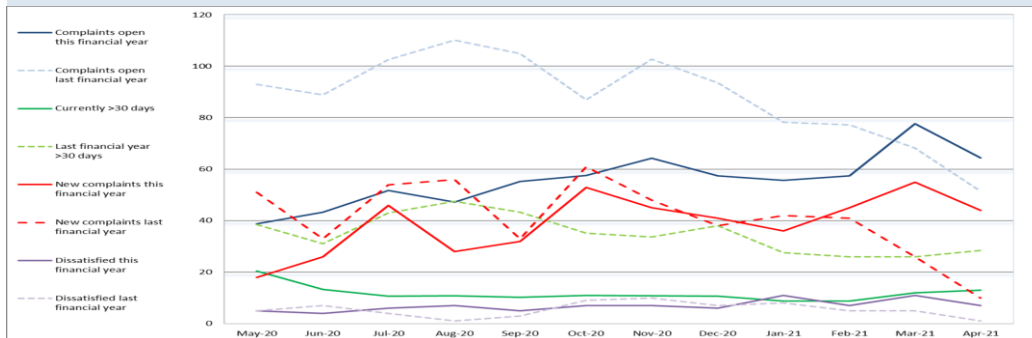
Of the 11 reopened cases closed this month only one outcome differed from the original. 4 complainants remained dissatisfied for the second time and one was dissatisfied for a third time.

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	24	3	6	15	3	37	0	0	0	0	33	8	73%
CG2	24	3	1	14	0	0	0	0	0	0	25	3	96%
CG3	21	4	9	13	0	0	1	88	0	0	31	10	68%
CG4	9	3	2	13	0	0	0	0	0	0	11	4	82%
CG5	6	2	3	13	0	0	0	0	0	0	9	6	67%
CG6	11	2	9	12	2	31	0	0	0	0	22	9	50%
Corporate S	6	2	0	0	0	0	0	0	0	0	6	2	100%
Grand Total	101	3	30	13	5	35	1	88	0	0	137	7	74%

74% closed PALS cases were in target and 22% were addressed within 10-20 working days. There were 4% of cases addressed in 21-50 working days and there was 1% of cases addressed within 51-100 working days.

PATIENT EXPERIENCE: COMPLAINT PERFORMANCE HANDLING



TRUST BOARD REPORT : April-2021

QUALITY AND SAFETY: MATERNITY (YORK)

YORK - MATERNITY DASHBOARD			Measure	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Regional Average for last Quarter	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21		
RESPONSIVE																					
Activity	Births	Bookings	1st m/w visit	≤286	≤ 287-314	≥315	N/A	270	236	323	305										
		Bookings <10 weeks	No. of mothers	≥90%	76%-89%	≤75%		92.6%	93.2%	92.4%	90.2%										
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	< 10%	10.1%-19.9%	>20%		4.1%	2.5%	2.2%	1.6%										
		Births	No. of babies	≤245	246-266	≥267		230	241	258	238										
		No. of women delivered	No. of mothers	≤242	243-263	≥264		226	239	254	234										
		Planned homebirths	No. of mothers	≥2.1%	≤2-1.6%	≤1.5%	1.50%	2.2%	1.3%	0.8%	1.3%										
	Closures	Homebirth service suspended	No. of suspensions	0-3	4-6	7 or more		9	13	11	5										
		Women affected by suspension	No. of women	0	1	2 or more		3	2	5	0										
		Community midwife called in to unit	No. of times	3	4-5	6 or more		1	5	4	5										
		Maternity Unit Closure	No. of closures	0		1 or more		0	3	1	0										
		SCBU at capacity	No. of times					3	3	0	0										
		SCBU at capacity of intensive cots	No. of times					25	3	16	14										
		SCBU no of babies affected	No. of babies affected	0	1	2 or more		1	0	0	0										
WELL LED																					
Workforce	Staffing	MW to birth ratio	Ratio	≤29.5	29.6 - 30.9	>31	DH	29	29	29	31										
		1 to 1 care in Labour	CPD	100%	80% - 99.9%	≤79.9%	n/a	96.6%	97.6%	96.7%	97.2%										
		L/W Co-ordinator supernumary %	Shift Handover Sheets	100%	80% - 99.9%	≤79.9%		97.0%	91.0%	92.0%	88.3%										
		Anaesthetic cover on L/W	av.sessions/week	10	4-9	≤3		10	10	10	10										
SAFE																					
Clinical Indicators	Neonatal/ Maternal	Normal Births	No. of svd - %	≥57%	≤56.9-54%	<53.9%	59%	56.4%	54.9%	56.4%	59.0%										
		Assisted Vaginal Births	No. of instr. Births - %	≤12.4%	≥12.5-14%	≥14.1%	11%	15.0%	15.5%	13.4%	9.8%										
		C/S Births	Em & elect - %	≤30.1%	≥30.2-32%	>32.1%	31%	27.0%	29.3%	29.9%	30.3%										
		Elective caeserean	%	≤13.2%	≥13.3-16%	≥16.1%	13%	8.8%	12.6%	15.4%	11.1%										
		Emergency caeserean	%	≤16.9%	≥17-20%	≥20.1%	18%	18.1%	16.7%	14.6%	19.2%										
		HDU on LW	No. of women	5 or less	6-9	10 or more		12	13	16	13										
		BBA	No. of women	2 or less	3-4	5 or more		5	6	3	2										
		HSIB cases	No. of babies	0	1	2 or more		0	0	0	0										
	Morbidity	Neonatal Death	No of babies	0		1 or more		0	0	0	1										
		Antepartum Stillbirth	No. of babies	0	1	2 or more	n/a	2	2	1	0										
		Intrapartum Stillbirths	No. of babies	0		1 or more	n/a	0	0	0	0										
	Risk Management	Cold babies	No of babies admitted to SCBU co	1 or less	2-3	4 or more		3	5	1	3										
		Breastfeeding Initiation rate	% of babies feeding at birth	≥75%	≤74.9-71%	≤70.9%	68%	75.0%	72.8%	68.9%	71.4%										
		Smoking at time of delivery	% of women smoking at del.	≤6%	≥6.1-10%	≥10.1%	13%	8.0%	6.7%	10.6%	8.1%										
		SI's	No. of SI's declared	0		1 or more		1	1	1	0										
		PPH > 1.5L	No. of women	3 or less	4-5	6 or more		7	9	7	7										
		PPH > 1.5L as % of all women	% of births				3.9	3.0	3.7	2.7	2.9										
		Shoulder Dystocia	No. of women	2 or less	3-4	5 or more		4	1	1	5										
		3rd/4th Degree Tear - normal birth	No of women	≤2.8%	2.9- 4.5%	≥4.6%	1.90%	1.5%	1.5%	0.9%	2.3%										
		3rd/4th Degree Tear - Assisted birth	No of women	≤6.05%	≥6.1-8%	≥8.1%	6%	8.8%	2.7%	2.9%	4.3%										
	New Complaints	Informal	No. of Informal complaints	0	1-4	5 or more		3	4	2	4										
		Formal	No. of Formal complaints	0	1-4	5 or more		1	2	1	1										

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

Formatting and benchmarking amended April 2021 to reflect the most current National averages. Insert of Regional figures from the Regional dashboard where available. These will be changed when new quarterly figures are published.

TRUST BOARD REPORT : April-2021

QUALITY AND SAFETY: MATERNITY (SCARBOROUGH)

YORK - MATERNITY DASHBOARD			Measure	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Regional Average for last Quarter	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	
RESPONSIVE																				
Activity	Births	Bookings	1st m/w visit	≤157	≤158-170	≥171	N/A	188	156	178	158									
		Bookings <10 weeks	No. of mothers	≥90%	76%-89%	≤75%		94.7%	95.5%	94.4%	91.8%									
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	< 10%	10%-20%	>20%		2.1%	1.9%	5.1%	6.3%									
		Births	No. of babies	≤113	114-134	≥135		96	94	105	105									
		No. of women delivered	No. of mothers	≤112	113-133	≥134		96	93	104	103									
	Planned homebirths	No. of mothers	≥2.1%	≤2-1.5%	≤1.5%	1.50%	3.1%	2.2%	3.8%	1.0%										
	Closures	Homebirth service suspended	No. of suspensions	0-3	4-6	7 or more		21	18	17	18									
		Women affected by suspension	No. of women	0	1	2 or more		0	0	0	0									
		Community midwife called in to unit	No. of times	3	4-5	6 or more		1	1	0	3									
		Maternity Unit Closure	No. of closures	0		1 or more		1	0	0	0									
		SCBU at capacity	No. of times					0	0	0	0									
		SCBU at capacity of intensive cots	No. of times					0	0	0	0									
		SCBU no of babies affected	No. of babies affected	0	1	2 or more		0	0	0	0									
WELL LED																				
Workforce	Staffing	MW to birth ratio	Ratio	≤29.5	29.6-30.9	>31	DH	23.0	20.0	20.0	22									
		1 to 1 care in Labour	CPD	≥100%	80% - 99.9%	≤79.9%		96.5%	97.5%	98.9%	97.9%									
		L/W Co-ordinator supernumary %	Shift Handover Sheets	≥100%	80% - 99.9%	≤79.9%		100.0%	100.0%	100.0%	95.0%									
		Anaesthetic cover on L/W	av.sessions/week	≥10	4-9	≤3		5	5	5	5									
SAFE																				
Clinical Indicators	Neonatal/ Maternal	Normal Births	No. of svd - %	≥57%	56.9-54%	<53.9%	59%	62.9%	68.8%	53.6%	65.4%									
		Assisted Vaginal Births	No. of instr. Births - %	≤12.4%	≥12.5-14%	≥14.1%	11%	5.2%	5.4%	10.6%	5.5%									
		C/S Births	Em & elect - %	≤30.1%	≥30.2-32%	≥32.1%	31%	30.2%	24.7%	33.7%	27.2%									
		Elective caesarean	%	≤13.2%	≥13.3-16%	≥16.1%	13%	10.4%	15.1%	13.5%	8.7%									
		Emergency caesarean	%	≤16.9%	≥17.20%	≥20.1%	18%	19.8%	9.7%	20.2%	18.4%									
		HDU on LW	No. of women	5 or less	6-9	10 or more		3	4	3	6									
		BBA	No. of women	2 or less	3-4	5 or more		1	1	0	2									
	HSIB cases	No. of babies	0	1	2 or more		0	0	0	1										
	Morbidity	Neonatal Death	No of babies	0		1 or more		0	0	0	0									
		Antepartum Stillbirth	No. of babies	0	1	2 or more	N/A	1	1	0	0									
		Intrapartum Stillbirths	No. of babies	0		1 or more	N/A	0	0	0	1									
	Risk Management	Cold babies	No of babies admitted to SCBU co	1 or less	2-3	4 or more		3	2	3	0									
		Breastfeeding Initiation rate	% of babies feeding at birth	>75%	74.9-71%	≤70.9%	68%	61.1%	73.1%	63.8%	59.6%									
		Smoking at time of delivery	% of women smoking at del.	≤6%	≥6.1-10%	≥10.1%	13%	24.2%	23.7%	16.3%	9.7%									
		SI's	No. of SI's declared	0		1 or more		0	0	0	0									
		PPH > 1.5L	No. of women	3 or less	4-5	6 or more		1	3	3	5									
		PPH > 1.5L as % of all women	% of births				3.9	1.0	3.1	2.7	4.7									
		Shoulder Dystocia	No. of women	2 or less	3-4	5 or more		0	1	1	2									
		3rd/4th Degree Tear - normal birth	No of women	≤2.8%	2.9- 4.5%	≥4.6%	1.90%	0.0%	0.0%	0.0%	0.0%									
		3rd/4th Degree Tear - Assisted birth	No of women	≤6.05%	≥6.1-8%	≥8.1%	6%	0.0%	20.0%	18.2%	0.0%									
New Complaints	Informal	No. of Informal complaints	0	1-4	5 or more		1	1	1	0										
	Formal	No. of Formal complaints	0	1-4	5 or more		1	0	0	0										

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

Formatting and benchmarking amended April 2021 to reflect the most current National averages. Insert of Regional figures from the Regional dashboard where available. These will be changed when new quarterly figures are published.

WORKFORCE PERFORMANCE REPORT

April-2021

Produced May 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

Workforce Performance Report : April-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 Workforce Performance within the Trust

Executive Summary:

Key discussion points for the Board are:

Following engagement work undertaken initially in 2019, the newly co-created values of Kindness, Openness and Excellence and associated behaviours are now being launched across the Trust. Senior managers across the Trust will be the sponsors for this programme of cultural change, being responsible for embedding the new values and behaviours in their services.

Staff health and wellbeing continues to be a priority with the Trust offering an expanded programme of interventions to support the workforce with their mental health and wellbeing. Additional funding has already been agreed to increase capacity of the Staff Psychological Wellbeing Team. Additional wellbeing support has also been put in place for those staff who have been shielding.

Recommendation:

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

Author(s): Sian Longhorne, Deputy Head of Resourcing

Director Sponsor: Polly McMeekin, Director of Workforce & Organisation Development

TRUST BOARD REPORT : April-2021

WORKFORCE

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

REF	Vacancies	TARGET	SPARKLINE / PREVIOUS MONTH	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
1.01	Trust vacancy factor			8.0%	7.0%	6.0%	6.0%	4.1%	7.0%	7.0%	6.0%	7.0%	6.0%	5.0%	5.0%	6.0%
1.02	Nursing and Midwifery vacancy rate - Trust			8.1%	8.6%	8.0%	4.6%	4.9%	6.5%	6.5%	7.0%	7.7%	7.4%	7.1%	7.8%	8.6%
1.03	Nursing and Midwifery vacancy rate - York			5.1%	6.4%	5.0%	0.8%	1.4%	3.2%	4.1%	4.0%	5.3%	5.0%	4.4%	4.8%	6.6%
1.04	Nursing and Midwifery staff group vacancy rate - Scarborough			14.8%	13.8%	14.9%	13.3%	13.2%	14.3%	12.2%	14.2%	13.2%	13.1%	13.6%	14.8%	13.5%
1.05	Medical and Dental vacancy rate - Trust			10.6%	10.0%	10.0%	6.9%	6.9%	9.7%	9.5%	9.6%	9.7%	8.5%	8.5%	8.9%	8.9%
1.06	Medical and Dental vacancy rate - York			10.7%	9.7%	9.7%	5.5%	5.5%	9.9%	9.2%	8.7%	9.3%	7.8%	7.9%	8.2%	8.2%
1.07	Medical and Dental vacancy rate - Scarborough			10.6%	10.6%	10.6%	10.6%	10.6%	9.0%	10.0%	11.9%	10.9%	10.4%	10.1%	10.6%	10.6%
1.08	AHP vacancy rate - Trust			3.1%	1.6%	4.8%	6.2%	2.7%	2.5%	1.5%	1.0%	2.1%	1.8%	1.8%	2.0%	6.6%
1.09	Other Registered Healthcare Scientists vacancy rate - Trust			-1.5%	-2.2%	-1.4%	3.1%	3.5%	3.9%	4.9%	5.1%	6.9%	8.6%	8.3%	9.1%	6.9%

REF	Retention	TARGET	SPARKLINE / PREVIOUS MONTH	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
2.01	Trust stability (Headcount)			88.3%	88.6%	88.8%	88.8%	89.5%	89.8%	89.8%	89.7%	89.6%	90.3%	90.3%	90.8%	90.89%

REF	Temporary Workforce	TARGET	SPARKLINE / PREVIOUS MONTH	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
3.01	Total FTE Medical and Dental roles covered by bank and agency			116.0	119.7	118.9	128.4	124.3	115.5	111.9	118.6	107.4	115.0	98.7	122.7	110.3
3.02	Temporary medical and dental shifts covered by bank (% as proportion of all coverage by bank and agency)			58.0%	54.0%	55.0%	56.0%	55.0%	52.0%	51.0%	61.0%	59.0%	66.0%	65.0%	65.0%	63.0%
3.03	Temporary medical and dental shifts covered by agency (% as proportion of all coverage by bank and agency)			42.0%	46.0%	45.0%	44.0%	45.0%	48.0%	49.0%	39.0%	41.0%	34.0%	35.0%	35.0%	37.0%
3.04	Total FTE nurse staffing roles covered by bank and agency (RN's and HCA's)			368.6	406.4	352.5	383.0	427.0	424.0	455.0	477.0	432.0	493.0	450.0	488.0	403.0
3.05	Temporary nurse staffing bank filled (FTE)			299.8	337.1	305.1	313.0	339.0	334.0	353.0	378.0	334.0	403.0	365.0	390.0	311.0
3.06	Temporary nurse staffing agency filled (FTE)			68.7	69.3	47.5	70.0	88.0	90.0	102.0	99.0	98.0	90.0	85.0	98.0	92.0
3.07	Temporary nurse staffing unfilled (FTE)			289.3	179.1	86.7	91.0	121.0	161.0	201.0	215.0	232.0	229.0	199.0	212.0	145.0
3.08	Temporary nurse shifts covered by bank (% as proportion of all coverage by bank and agency)			81.4%	83.0%	86.5%	81.7%	79.4%	78.8%	77.6%	79.2%	77.3%	81.7%	81.1%	79.9%	77.2%
3.09	Temporary nurse shifts covered by agency (% as proportion of all coverage by bank and agency)			18.6%	17.0%	13.5%	18.3%	20.6%	21.2%	22.4%	20.8%	22.7%	18.3%	18.9%	20.1%	22.8%
3.10	Unfilled temporary nurse staffing requests (%)			44.0%	30.6%	19.7%	19.0%	22.0%	28.0%	31.0%	31.0%	35.0%	32.0%	31.0%	30.0%	26.0%
3.11	Pay Expenditure - Total (£000)			£30,698	£32,678	£32,383	£31,639	£32,544	£33,131	£32,110	£32,623	£34,367	£34,006	£33,374	£32,624	£33,047
3.12	Pay Expenditure - Contracted (£000)			£25,456	£25,970	£26,148	£26,087	£26,293	£27,130	£26,384	£26,616	£27,808	£27,580	£26,772	£25,919	£27,126
3.13	Pay Expenditure - Locums (£000)			£203	£182	£231	£268	£189	£206	£122	£75	£351	£185	£198	£230	£229
3.14	Pay Expenditure - Bank (£000)			£1,592	£2,508	£1,990	£1,688	£2,347	£1,758	£1,963	£2,522	£2,143	£2,473	£2,512	£2,527	£1,953
3.15	Pay Expenditure - Agency (£000)			£1,168	£1,342	£1,222	£1,139	£1,442	£1,463	£1,576	£1,231	£1,406	£1,118	£1,084	£1,418	£1,384
3.16	Pay Expenditure - Additional Hours (£000)			£1,993	£2,419	£2,609	£2,327	£2,165	£2,448	£1,942	£2,002	£2,472	£2,509	£2,575	£2,283	£2,105
3.17	Pay Expenditure - Overtime (£000)			£286	£257	£184	£130	£108	£127	£122	£176	£187	£141	£233	£247	£250

REF	Absence Management	TARGET	SPARKLINE / PREVIOUS MONTH	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
4.01	Absence Rate Trust (excluding YTHFM)	3.9%		5.9%	5.8%	4.5%	4.3%	4.4%	4.5%	4.9%	5.7%	5.2%	5.7%	4.9%	3.9%	-

REF	COVID-19 Absence Management	TARGET	SPARKLINE / PREVIOUS WEEK	19-Mar	26-Mar	02-Apr	09-Apr	16-Apr	23-Apr	30-Apr
5.01	All absence			498	491.14	474.14	472	479.71	501.71	535.71
5.02	COVID-19 related absence			189.14	185.57	179	168.86	154	152.14	160

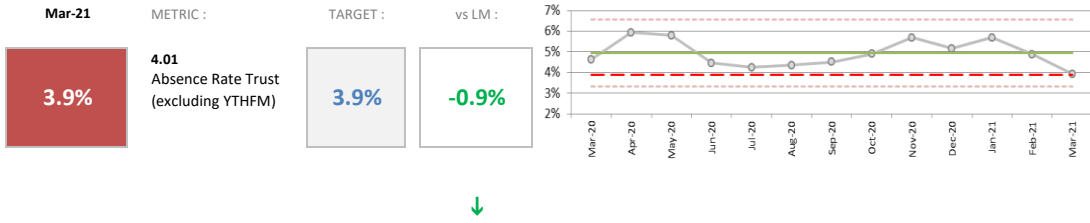
REF	Disciplinary and Grievance	TARGET	SPARKLINE / PREVIOUS MONTH	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
6.01	Live disciplinary or bullying and harassment cases (Including investigations)			2	2	2	3	6	3	3	4	4	4	6	9	8
6.02	Live grievance cases			1	1	2	1	3	8	9	6	5	7	8	10	11

REF	Learning and Organisational Development	TARGET	SPARKLINE / PREVIOUS MONTH	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
7.01	Trust Stat & Mand Training compliance	85%		87.0%	87.0%	87.0%	88.0%	88.0%	86.0%	87.0%	87.0%	87.0%	85.0%	85.0%	85.0%	86.0%
7.02	Trust Corporate Induction Compliance	95%		94.0%	94.0%	94.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
7.03	Non-medical staff core training compliance	85%		87.0%	87.0%	87.0%	88.0%	89.0%	88.0%	87.0%	87.0%	87.0%	87.0%	87.0%	87.0%	88.0%
7.05	Non-medical staff corporate induction compliance	95%		94.0%	94.0%	94.0%	95.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	97.0%	95.0%	95.0%
7.06	Medical staff core training compliance	85%		71.0%	72.0%	73.0%	74.0%	68.0%	70.0%	70.0%	72.0%	72.0%	73.0%	74.0%	75.0%	76.0%
7.08	Medical staff corporate induction compliance	95%		93.0%	94.0%	95.0%	95.0%	88.0%	88.0%	88.0%	89.0%	90.0%	90.0%	90.0%	91.0%	91.0%

REF	Appraisal Compliance	TARGET	SPARKLINE / PREVIOUS MONTH	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
8.01	Trust (excluding medical and dental)	90%		3.7%	6.8%	13.1%	22.0%	36.3%	70.5%	83.6%	89.6%	93.4%	93.4%	93.4%	93.4%	93.4%

TRUST BOARD REPORT : April-2021

WORKFORCE : SICKNESS ABSENCE RATE



HIGHLIGHTS FOR BOARD TO NOTE :

The overall trust sickness absence percentage continues to decrease and was 3.94% by the end of March. The absence rate for the trust has not been below 4% since May 2019, and is the first time since then that we have seen the absence rate come close to our target of 3.9%.

There has been a significant reduction in sickness absence rates over the last two months. This is reflective of a trend that is typically seen at this time of year when absence rates reduce following a peak over the winter period. Higher rates of annual leave during February and March (which is the end of the annual leave year for most staff) are also likely to have contributed to the lower sickness absence rates in these months.

Health and Wellbeing updates

The Trust continues with its varied programme of interventions to support staff mental health and wellbeing, many of which have been previously detailed in this report. In addition to these, 'Wellbeing Conversations' will be launched shortly across the Trust and will be included in both the appraisal and job planning processes. Funding has been agreed to increase capacity with the Trust's Staff Psychological Wellbeing team, enabling the provision of additional 1:1 and team support as well as supporting wider preventative wellbeing promotion.

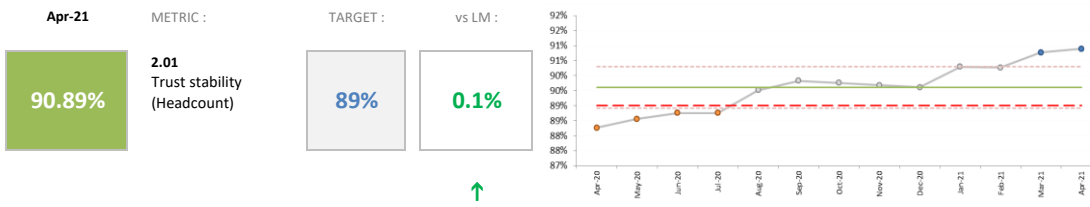
Additional wellbeing support has been introduced for staff who have been shielding, including a virtual coffee morning and updated CV-19 personal risk assessments and communications to support return to the physical workspace or continued work in alternative ways as appropriate. A people recovery and wellbeing document is being developed to support the workforce's recovery following the pressures presented during the pandemic, bringing all of the wellbeing support information together in one place.

An options appraisal is being undertaken, involving relevant stakeholders, to identify some space to be developed as a fit-for-purpose wellbeing hub.

The OH&WB team have developed strong links with the regional Resilience Hub to ensure the best combined service.

TRUST BOARD REPORT : April-2021

WORKFORCE : RETENTION RATE



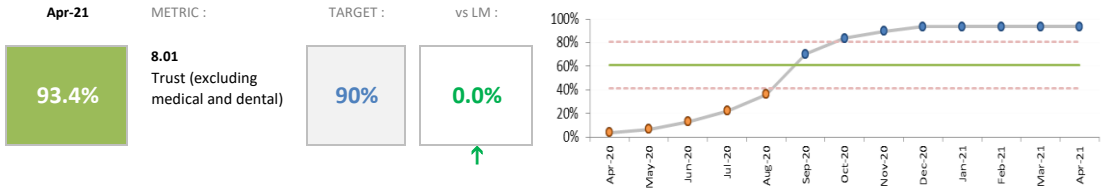
HIGHLIGHTS FOR BOARD TO NOTE :

April returned a stability rate of 90.89%. This is the highest stability rate ever recorded for the trust, which is unsurprising in the current climate and to be expected. The highest stability rate recorded was in Care Group 4, which returned a rate of 90.70%. This was followed by Corporate Services at 89.82%. All other care groups returned stability rates over 86%.

The stability rate for the Trust is greater than the highest scoring areas across the care groups due to the trust percentage incorporating internal movers.

TRUST BOARD REPORT : April-2021

WORKFORCE : APPRAISAL COMPLIANCE



HIGHLIGHTS FOR BOARD TO NOTE :

The first phase of this years appraisal window opened on 1st May and will run up to and including 31st May. The first phase will be when the Board, senior management teams, Care Group Directors, Associate Chief Operating Officers, care group nursing and AHP leads have their appraisals. The phase two appraisal window will open for all staff on 1st June and run until 30th September.

TRUST BOARD REPORT : April-2021

WORKFORCE : PAY EXPENDITURE (£000)



HIGHLIGHTS FOR BOARD TO NOTE :

Nursing and Midwifery

Reports from the Financial General Ledger show an increase in budgeted establishment for the Registered Nursing and Midwifery staff group. The majority of this increase is a result of the CQC recommendations relating to nurse staffing levels on the East Coast. This has resulted in the reporting of a higher vacancy factor for this staff group across the Trust. By the end of April, the Trust vacancy factor for nursing and midwifery was 8.63%. Split across each site, York returned 6.57% and Scarborough 13.53% respectively.

Temporary staffing expenditure has reduced this month, of particular note is the reduction in bank spend of 22.7% compared to the previous month. In terms of requirements for temporary nurse staffing (RNs and HCAs), requests in April totalled 548 FTE, compared to 699 FTE in March. 74% of these shift requests were filled, either through bank or agency.

Medical and Dental

The M&D vacancy figures will now be provided on a bi-monthly basis. The next update is due in June's performance report. M&D agency and bank figures for April revealed a total of 110.26 FTE equivalent shifts that were covered by bank employees and agency workers. 63% FTE shifts were covered by our bank employees, while 37% of the vacant shifts were fulfilled by agency workers.

TRUST BOARD REPORT : April-2021

WORKFORCE : STATUTORY AND MANDATORY TRAINING COMPLIANCE



HIGHLIGHTS FOR BOARD TO NOTE :

Additional Training Updates

The Trust has welcomed Professor Michael West CBE to deliver two inspirational and motivational masterclass sessions on the subject of compassionate leadership. Professor West is a Senior Visiting Fellow for The King's Fund and Professor of Organisational Psychology at Lancaster University. 230 members of staff attended these virtual sessions over the two dates.

In support of the forthcoming appraisal window the Trust has launched two workshops to support staff with 'Getting the Most out of your Appraisal' and 'Talent Management Conversations'. These workshops launch in May and will continue through the appraisal process.

Training compliance figures for Corporate Services (detailed on the CG Core Compliance tab) are impacted by the inclusion of bank workers, for whom we are aware that compliance is currently poor. Actions have been identified and agreed to address this, including a simplified version of Corporate Induction for the nurse bank, enabling completion remotely via Learning Hub and reintroducing the need for new starters to have undertaken all of their elearning before they commence work. (which had been paused during the pandemic). It has also been agreed that all bank nursing staff must be up to date with their training to be able to undertake work and this action has a planned implementation of 1st September 2021. Scoping work is underway to look at a similar approach for bank medics.

Core training and corporate induction compliance for medical staff continues to be below the agreed target. This has been discussed at Quality & Safety committee and an action agreed around developing a new process to support improvements in compliance.

TRUST BOARD REPORT : April-2021

WORKFORCE : OTHER AND WIDER UPDATES

WORKFORCE: OTHER

Values and Behaviours

In 2019 the Trust engaged with the workforce to discuss #ourvoiceourfuture and new values and behaviours were co-created. Colleagues agreed that above all we value Kindness, Openness and Excellence, underpinning these values were an agreed set of behaviours:



Due to the COVID pandemic these values and behaviours were not launched immediately; on 29th April 2021 the Board held a further session to re-connect to the journey and to start the roll out. Sessions will now be held with the most senior managers within the Trust and the LLP during June to reconnect with the journey and reintroduce the values, these senior managers will be the Sponsors and will be responsible for ensuring the new values and behaviours become embedded within their services with team members and through every employee and patient touchpoint within the department. Cultural Ambassadors will be nominated to help the sponsors with this journey and further sessions, facilitated by the Trust's ODIL team will support the cultural ambassadors to achieve this.

Further communications will be launched to help to embed the values and behaviours within the organisation, touchpoints with employees, patients and service users will be key in ensuring the start of an effective cultural change programme.

TRUST BOARD REPORT : April-2021

WORKFORCE : CARE GROUP CORE COMPLIANCE BY STAFF GROUP

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

Apr-21

Monthly Care Group Core Compliance by Staff Group

	Adult Advanced Life Support (CSTF)	Adult Life Support (CSTF)	Conflict Resolution (STF)	Deprivation of Liberty Safeguards/DOLS Level 1 (CSTF)	Deprivation of Liberty Safeguards/DOLS Level 2 (CSTF)	Fire Safety Awareness High Risk (CSTF)	Fire Safety Awareness Low Risk (CSTF)	Health, Safety and Welfare (CSTF)	Infection Prevention and Control Level 1 (CSTF)	Infection Prevention and Control Level 2 (CSTF)	Information Governance and Data Security (CSTF)	Manual Handling Practical Level 1 (CSTF)	Manual Handling Practical Level 2 (CSTF)	Manual Handling Theory (CSTF)	Mental Capacity Act Level 1 (CSTF)	Mental Capacity Act Level 2 (CSTF)	Paediatric Advanced Life Support (CSTF)	Paediatric Life Support (CSTF)	PREVENT Awareness Basic (CSTF)	PREVENT Awareness Level 3 (CSTF)	Safeguarding Adults Level 1 (CSTF)	Safeguarding Adults Level 2 (CSTF)	Safeguarding Children Level 1 (CSTF)	Safeguarding Children Level 2 (CSTF)	Safeguarding Children Level 3 Core (CSTF)	Safeguarding Children Level 3 Specialist (CSTF)
CG1 Acute Elderly Emergency General Medicine and Community Services York																										
Add Prof Scientific and Technic		100%	100%		100%	100%		100%		100%	100%	67%	100%			100%				75%		100%		100%	100%	100%
Additional Clinical Services		83%	88%	67%	82%	85%	89%	88%	93%	91%	88%	100%	86%	88%	67%	81%		82%	89%	49%	89%	86%	100%	86%	46%	
Administrative and Clerical		61%	92%	79%			94%	93%	95%		95%	96%		95%	80%				94%		94%		95%	86%		
Allied Health Professionals		91%	98%		92%	94%	97%	97%		95%	95%	93%	94%	98%		89%				97%		95%	100%	93%		100%
Healthcare Scientists		94%	100%				100%	100%	100%		100%	89%	94%	94%				83%	89%		100%		100%			
Medical and Dental	61%	76%	85%		78%	94%	71%	91%		87%	89%		76%	87%		78%	52%	30%		87%		86%		86%	72%	
Nursing and Midwifery Registered	60%	90%	94%		89%	93%	93%	95%		93%	94%	100%	87%	95%		88%		79%		95%	100%	100%	91%	80%	100%	
Students		100%	100%		100%		100%	100%		100%	100%		100%	100%		100%			100%				100%			
CG2 Acute Emergency and Elderly Medicine-Scarborough																										
Additional Clinical Services		88%	89%		82%	89%	100%	89%	100%	86%	89%	0%	85%	91%		83%		91%	92%	61%		90%	100%	88%	83%	
Administrative and Clerical		100%	93%	59%			88%	93%	91%	100%	91%	91%	100%	93%	67%				90%		91%		91%	75%		
Allied Health Professionals		96%	98%		93%		100%	98%		94%	96%	100%	90%	98%		89%			98%			94%		98%		
Estates and Ancillary		100%	100%	70%			90%	100%	90%		80%	60%		90%	80%				100%		100%		100%		100%	
Healthcare Scientists		100%	86%				86%	100%	100%		100%	71%		100%				57%	86%		86%		86%		86%	
Medical and Dental	70%	80%	86%		73%	94%	79%	92%		86%	88%		81%	87%		76%	78%	50%		84%		85%		81%	70%	
Nursing and Midwifery Registered	68%	91%	96%		90%	95%	100%	97%		94%	96%		90%	96%		89%		88%		97%		95%		95%	87%	
419 General Medicine Scarborough Dir																										
Medical and Dental		0%	100%		0%		100%	100%		100%	100%		100%	0%		0%				100%		100%		100%		
CG3 Surgery																										
Add Prof Scientific and Technic		86%	96%		88%	92%	95%	92%	83%	94%	90%	91%	84%	91%		89%		81%	100%	93%	100%	93%	83%	93%	100%	
Additional Clinical Services		83%	87%		78%	84%	97%	86%	93%	83%	85%	99%	83%	87%		78%		100%	87%	53%	88%	85%	95%	85%		
Administrative and Clerical		100%	94%	73%	100%		93%	95%	95%		94%	93%	100%	93%	82%	100%			93%		95%	100%	95%	92%		
Allied Health Professionals		93%	100%		100%		100%	100%		100%	100%		100%	100%		93%			93%		100%		100%		93%	
Estates and Ancillary		100%	94%	69%			89%	89%	89%		89%	78%		94%	69%				100%		100%		100%		100%	
Healthcare Scientists		94%	91%		84%		97%	94%	88%		94%	88%		94%		84%		88%		88%	100%	94%		84%		
Medical and Dental	67%	75%	85%		81%	91%	86%	90%		87%	88%		74%	88%		74%	88%		89%		86%	88%		83%	100%	0%
Nursing and Midwifery Registered	73%	92%	94%		87%	95%	93%	95%		94%	92%		86%	92%		86%		86%		96%		93%		93%		
CG4 Cancer and Support Services																										
Add Prof Scientific and Technic		83%	98%		100%	100%	100%	97%	99%	100%	97%	97%	100%	98%		75%			97%	96%	100%	100%	100%	94%		100%
Additional Clinical Services		85%	95%		85%	76%	94%	95%	96%	84%	93%	93%	87%	94%		84%			94%	58%	94%	88%	95%	91%		
Administrative and Clerical			95%	75%			99%	96%	96%		95%		96%	96%	75%				95%		95%		96%	91%		
Allied Health Professionals		87%	90%		90%	92%	96%	93%	100%	92%	94%	67%	94%	95%		91%			100%	97%	100%	93%	100%	91%		
Estates and Ancillary			100%				100%	100%	100%		100%	50%		50%					100%		100%		100%		100%	
Healthcare Scientists							94%	94%	94%		97%	94%		94%				90%		90%		100%		95%		
Medical and Dental	67%	83%	81%		77%	78%	90%	86%	79%	84%	84%	74%	75%	86%		78%		79%	90%	74%	78%	74%	88%			
Nursing and Midwifery Registered	0%	96%	95%		92%	96%	98%	98%		92%	92%		94%	94%		90%		100%	99%		96%	100%	96%			
CG5 Family Health & Sexual Health																										
Add Prof Scientific and Technic		0%	100%		100%		100%	100%	100%		100%	100%		100%		100%		0%		100%		100%				100%
Additional Clinical Services		91%	91%		81%	91%	94%	92%	94%	88%	91%	100%	89%	94%		83%		85%	86%	67%		85%		93%	85%	50%
Administrative and Clerical				82%	100%		96%	95%	96%		95%	92%		95%	82%	100%			90%	80%	93%	100%	96%	100%	80%	
Allied Health Professionals		91%	97%		95%	100%	97%	95%		91%	93%	100%	95%	97%		95%			96%		98%		98%		100%	94%
Estates and Ancillary			100%	50%			100%	100%	50%		100%	100%		100%	100%				100%		50%			100%		
Healthcare Scientists							100%	100%	100%		100%	100%		100%	100%				100%		100%		100%		100%	
Medical and Dental	60%	73%	87%		80%	88%	97%	88%		80%	82%		76%	82%		76%	49%	71%		88%		86%		88%	80%	80%
Nursing and Midwifery Registered		93%	94%		88%	94%	90%	95%		91%	93%		89%	93%		88%		92%		97%		92%		95%	93%	86%
CG6 Specialised Medicine & Outpatients Services																										
Add Prof Scientific and Technic		80%	100%		94%	100%	97%	99%	98%	100%	100%	91%		100%		94%			96%	100%	100%	94%	100%	98%		100%
Additional Clinical Services		93%	98%	100%	91%	67%	98%	95%	96%	96%	97%		92%	97%	100%	90%			96%	67%	100%	93%	100%	94%		
Administrative and Clerical		67%	97%	71%			96%	95%	96%		96%	95%		96%	86%				91%	93%			96%	94%	100%	
Allied Health Professionals		91%	99%		90%		96%	96%		93%	96%		84%	92%		93%				97%		88%		93%		
Estates and Ancillary			100%	100%			100%	100%	100%		100%	100%		100%	100%				100%		100%		100%		100%	
Healthcare Scientists		67%	100%				100%	100%	100%		100%	100%		100%	100%				100%		100%		100%		88%	
Medical and Dental	67%	68%	85%		81%	88%	84%	83%		82%	81%		76%	86%		79%		100%		88%		82%		84%		
Nursing and Midwifery Registered	100%	94%	91%		82%	94%	93%	92%		90%	93%	0%	88%	92%		85%			99%		93%		87%	100%		

TRUST BOARD REPORT : April-2021

WORKFORCE : CARE GROUP CORE COMPLIANCE BY STAFF GROUP

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

Apr-21

Monthly Care Group Core Compliance by Staff Group

	Adult Advanced Life Support (CSTF)	Adult Life Support (CSTF)	Conflict Resolution (CSTF)	Deprivation of Liberty Safeguards/DOLS Level 1 (CSTF)	Deprivation of Liberty Safeguards/DOLS Level 2 (CSTF)	Fire Safety Awareness High Risk (CSTF)	Fire Safety Awareness Low Risk (CSTF)	Health, Safety and Welfare (CSTF)	Infection Prevention and Control Level 1 (CSTF)	Infection Prevention and Control Level 2 (CSTF)	Information Governance and Data Security (CSTF)	Manual Handling Practical Level 1 (CSTF)	Manual Handling Practical Level 2 (CSTF)	Manual Handling Theory (CSTF)	Mental Capacity Act Level 1 (CSTF)	Mental Capacity Act Level 2 (CSTF)	Paediatric Advanced Life Support (CSTF)	Paediatric Life Support (CSTF)	PREVENT Awareness Basic (CSTF)	PREVENT Awareness Level 3 (CSTF)	Safeguarding Adults Level 1 (CSTF)	Safeguarding Adults Level 2 (CSTF)	Safeguarding Children Level 1 (CSTF)	Safeguarding Children Level 2 (CSTF)	Safeguarding Children Level 3 Core (CSTF)	Safeguarding Children Level 3 Specialist (CSTF)	
CG Corporate Services																											
Add Prof Scientific and Technic		33%	77%		25%		68%	71%	76%	0%	74%	68%		68%		25%		50%	81%	25%	81%	38%	100%	45%			
Additional Clinical Services		57%	67%		59%	64%	90%	66%	90%	63%	64%	64%	65%	72%		58%			69%	50%	84%	66%	89%	65%			
Administrative and Clerical		0%	88%	0%			89%	88%	89%	100%	89%	89%	100%	89%	0%			88%			89%		88%	100%			
Allied Health Professionals		60%	66%		63%	69%	67%	60%		57%	63%		63%	63%		63%			63%			66%	100%	58%		100%	
Estates and Ancillary			73%				82%	73%	91%		73%	83%	40%	100%					100%		100%		91%				
Healthcare Scientists		29%	36%				36%	27%	36%		46%	36%		27%					50%	0%	27%		100%	13%			
Medical and Dental	63%	60%	55%		50%	64%	95%	59%		60%	56%		39%	60%		49%	100%		14%	53%		56%		52%	80%	88%	
Nursing and Midwifery Registered		81%	80%		72%	77%	97%	80%	83%	77%	80%	85%	72%	80%		73%			86%	100%		78%	82%	82%		58%	
CG Trust Estates and Facilities Management																											
Administrative and Clerical			100%				100%	100%	100%		100%	100%		100%					100%		100%		91%				
Estates and Ancillary			100%				100%	100%	100%		100%	100%		100%					100%		100%		100%				
LLP CG Estates & Facilities																											
Additional Clinical Services			100%				100%	100%	100%		100%	100%		100%					100%		100%				50%		
Administrative and Clerical			90%				88%	92%	93%		91%	88%		92%					89%		93%		90%				
Estates and Ancillary			85%	56%			81%	89%	83%		80%	73%	84%	80%	56%				72%		82%		83%				
Healthcare Scientists			100%				100%	100%	100%		100%	100%		100%					100%		100%		100%				

TRUST BOARD REPORT : April-2021

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

Apr-21

	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (WTE)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
TRUST	2180.05	105.14	1038.40	1985.56	170.66	1002.63	29.34	4.64	10.32	35.71	0.00	14.18	188.12	-60.88	31.91	8.63%	-57.90%	3.07%
YORK	1535.14	84.98	695.73	1436.74	111.49	683.39	22.60	4.64	8.72	20.11	0.00	10.18	100.89	-21.87	10.88	6.57%	-25.74%	1.56%
SCARBOROUGH & BRIDLINGTON	644.91	20.16	342.67	548.82	59.17	319.24	6.74	0.00	1.60	15.60	0.00	4.00	87.23	-39.01	21.03	13.53%	-193.50%	6.14%

CARE GROUP 1	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (wte)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
YORK																		
Acute	423.63	33.38	267.51	380.99	49.80	286.18	9.40	4.64	6.20	14.00	0.00	2.82	38.04	-11.78	-15.29	8.98%	-35.29%	-5.72%
Community	150.54	19.60	120.45	158.83	11.40	112.59	3.40	0.00	1.52	1.58	0.00	3.60	-6.47	8.20	5.78	-4.30%	41.84%	4.80%
Total	574.17	52.98	387.96	539.82	61.20	398.77	12.80	4.64	7.72	15.58	0.00	6.42	31.57	-3.58	-9.51	5.50%	-6.76%	-2.45%

CARE GROUP 2	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (wte)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
SCARBOROUGH																		
	290.32	10.76	194.97	230.56	36.60	191.16	1.40	0.00	1.00	13.00	0.00	1.00	48.16	-25.84	3.81	16.59%	-240.15%	1.95%
Total	290.32	10.76	194.97	230.56	36.60	191.16	1.40	0.00	1.00	13.00	0.00	1.00	48.16	-25.84	3.81	16.59%	-240.15%	1.95%

CARE GROUP 3	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (wte)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
YORK																		
Wards/Units	278.01	9.20	102.47	259.58	23.20	100.28	2.60	0.00	0.00	4.00	0.00	2.76	17.03	-14.00	-0.57	6.13%	-152.17%	-0.56%
Theatres	121.00	0.00	46.32	103.23	1.00	41.32	0.00	0.00	0.00	0.00	0.00	0.00	17.77	-1.00	5.00	14.69%	0.00%	10.79%
sub-total York	399.01	9.20	148.79	362.81	24.20	141.60	2.60	0.00	0.00	4.00	0.00	2.76	34.80	-15.00	4.43	8.72%	-163.04%	2.98%
SCARBOROUGH																		
Wards/Units	133.72	3.80	48.00	116.58	12.80	42.96	3.80	0.00	0.60	1.60	0.00	3.00	19.34	-9.00	2.64	14.46%	-236.84%	5.50%
Theatres	55.37	0.00	23.50	45.62	1.80	19.53	0.00	0.00	0.00	0.00	0.00	0.00	9.75	-1.80	3.97	17.61%	0.00%	16.89%
sub-total Scarborough	189.09	3.80	71.50	162.20	14.60	62.49	3.80	0.00	0.60	1.60	0.00	3.00	29.09	-10.80	6.61	15.38%	-284.21%	9.24%
CG Total	588.10	13.00	220.29	525.01	38.80	204.09	6.40	0.00	0.60	5.60	0.00	5.76	63.89	-25.80	11.04	10.86%	-198.46%	5.01%

CARE GROUP 4	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (wte)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
YORK																		
	117.19	4.51	27.92	106.09	6.45	29.09	4.00	0.00	0.00	1.00	0.00	0.00	14.10	-1.94	-1.17	12.03%	-43.02%	-4.19%
SCARBOROUGH																		
	25.68	3.60	5.00	25.20	6.17	2.61	0.00	0.00	0.00	0.00	0.00	0.00	0.48	-2.57	2.39	1.87%	-71.39%	47.80%
Total	142.87	8.11	32.92	131.29	12.62	31.70	4.00	0.00	0.00	1.00	0.00	0.00	14.58	-4.51	1.22	10.21%	-55.61%	3.71%

CARE GROUP 5	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (wte)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
YORK																		
Registered Midwives	105.98	0.00	0.00	110.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-4.59	0.00	0.00	-4.33%	0.00%	0.00%
Registered Nurses	147.83	0.00	0.00	132.15	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	16.68	0.00	0.00	11.28%	0.00%	0.00%
Other	0.00	11.36	58.55	0.00	13.64	49.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-2.28	9.07	0.00%	-20.07%	15.49%
sub-total York	253.81	11.36	58.55	242.72	13.64	49.48	1.00	0.00	0.00	0.00	0.00	0.00	12.09	-2.28	9.07	4.76%	-20.07%	15.49%
SCARBOROUGH																		
Registered Midwives	62.63	0.00	0.00	68.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-6.07	0.00	0.00	-9.69%	0.00%	0.00%
Registered Nurses	41.87	0.00	0.00	34.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.24	0.00	0.00	17.29%	0.00%	0.00%
Other	0.00	1.00	32.46	0.00	1.80	31.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-0.80	0.87	0.00%	-80.00%	2.68%
sub-total Scarborough	104.50	1.00	32.46	103.33	1.80	31.59	0.00	0.00	0.00	0.00	0.00	0.00	1.17	-0.80	0.87	1.12%	-80.00%	2.68%
CG Total	358.31	12.36	91.01	346.05	15.44	81.07	1.00	0.00	0.00	0.00	0.00	0.00	13.26	-3.08	9.94	3.70%	-24.92%	10.92%

CARE GROUP 6	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (wte)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
YORK																		
	117.53	5.60	72.11	109.33	4.40	64.45	2.20	0.00	1.00	0.53	0.00	1.00	9.87	1.20	7.66	8.40%	21.43%	10.62%
SCARBOROUGH																		
	34.65	1.00	38.74	26.38	0.00	31.39	1.54	0.00	0.00	0.00	0.00	0.00	9.81	1.00	7.35	28.31%	100.00%	18.97%
CG Total	152.18	6.60	110.85	135.71	4.40	95.84	3.74	0.00	1.00	0.53	0.00	1.00	19.68	2.20	15.01	12.93%	33.33%	13.54%

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

FINANCE PERFORMANCE REPORT

April-2021

Produced May-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

Finance Performance Report : April-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 Finance Performance within the Trust

Executive Summary:

Key discussion points for the Board are:

The report for April 2021 marks the first of the new financial year 2021/22.

Emergency Financial Regime

For 2021/22, NHSE&I have decided to continue to employ a similar emergency financial regime used during 2020/21, in supporting the NHS address the Covid-19 pandemic.

With regard to the first half year of 2021/22 only (April 2021 to September 2021), the Trust will be subject to the same allocation based approach used in the second half year of 2020/21. NHSE&I have as yet made no announcement regarding the financial framework that will be in place for the second half year of 2021/22.

Under the announced framework, the Trust has received a base allocation to cover normal activities linked to its actual performance in Q3, 2020/21 doubled to give a half year allocation, and then adjusted for inflation and other issues. A secondary allocation to cover additional costs resulting from the Covid-19 pandemic will also be received at a similar level to that seen in the second half year, 2020/21. In addition, the Trust has also planned to receive other 'non-patient' activity income at similar levels seen in Q3, 2020/21.

A notable change to the 2020/21 regime is the reintroduction for 2021/22 of national and local efficiency targets, which had been suspended throughout the previous financial year.

The final financial plan for the first half year of 2021/22 (with an indicative full year plan for information only), was submitted to and agreed by the Board at its 28 April 2021 meeting. The agreed plan produces a balanced I&E position.

Month 1 Position

For April, the Trust is reporting an I&E position of £1.0m surplus against a balanced I&E position, placing it £1.0m ahead of the system plan submitted to NHSE&I.

The Trusts overall CIP target for the first half of 2021/22 is £2.8m. In April the Trust has delivered £233k of the £462k month's target.

The Trust's compliance with the Better Payments Practice Code (BPPC) is currently averaging around 86% of suppliers being paid within 30 days, whereas those paid in response to the national ask to accelerate payments down to 7 days where possible is averaging around 14%.

Recommendation:

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

Author(s): Graham Lamb, Deputy Finance Director

Director Sponsor: Andrew Bertram, Finance Director

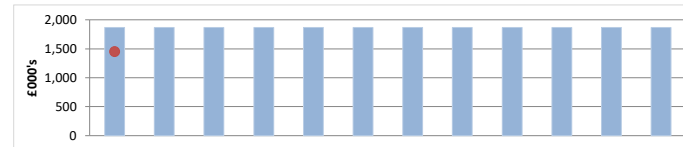
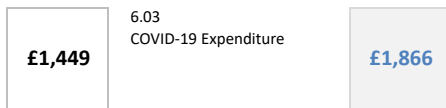
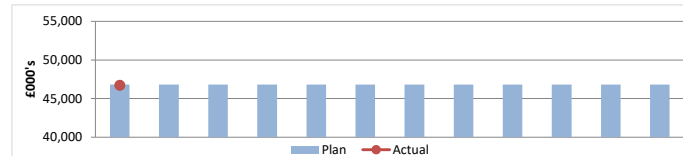
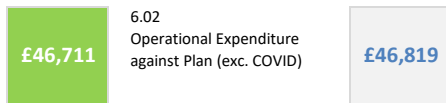
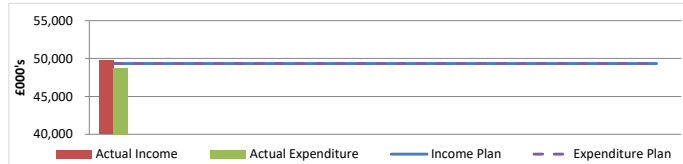
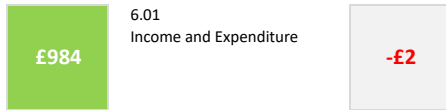
TRUST BOARD REPORT : April-2021

SUMMARY INCOME AND EXPENDITURE POSITION

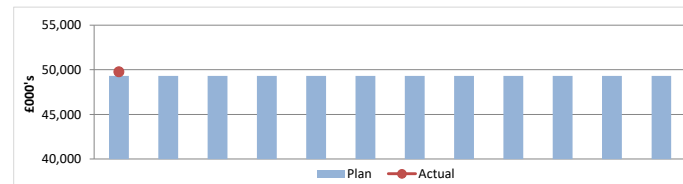
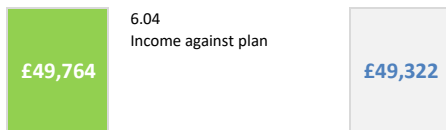
STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Apr-21 METRIC:

PLAN:



Monthly % Covid Spend of Operational Spend: 3.1%



Highlights for the Board to Note:

Emergency Financial Regime

During 2020/21, to support the NHS in its response to COVID-19 all normal financial arrangements were suspended and a new national, temporary, emergency financial framework was put in operation. This saw an arrangement where for the first half year of 2020/21 the focus was on providing whatever resources organisations needed, within reason, in responding to the pandemic; with the second half of the year seeing a change in focus through the reintroduction of financial control with the Trust being expected to live within a defined allocation agreed with system partners.

For 2021/22, the allocation based approach used in the second half year of 2020/21 has been rolled forward and applied to the first half year (April 2021 - September 2021) only. Currently, NHSE&I have yet to announce the financial framework that will be in place for the second half year, 2021/22. The base allocation to cover normal activities for the first half of the year is closely linked to the actual performance in Q3, 2020/21 doubled to give a half year allocation, and then adjusted for inflation and other issues. A secondary allocation to cover additional costs resulting from the Covid-19 pandemic will also be received at a similar level to that seen in the second half year, 2020/21. The Trust has also planned to receive other 'non-patient' activity income at similar levels seen in Q3, 2020/21. A notable change to the 2020/21 regime is the reintroduction for 2021/22 of national and local efficiency targets.

The final financial plan for the first half of the year, 2021/22 (with an indicative full year plan for information only), was submitted to and agreed by the Board at its 28 April 2021 meeting. The agreed plan results in a balanced I&E position. The Trust plan approved by the Board formed part of an overall Humber, Coast & Vale HCP plan submission to NHSE&I on 6 May 2021, with an individual Trust planning submission due to NHSE&I w/c 24 May 2021.

Month 1 Position

The graphs show the plans for the whole of 2021/22, although only months 1 to 6 feature as approved by the Board, and are against which actual performance will be measured. For April, the Trust is reporting an I&E position of £1.0m surplus against a balanced I&E position, placing it £1.0m ahead of the system plan submitted to NHSE&I.

Income is £0.4m ahead of plan, resulting primarily from income for excluded drugs & devices, R&D, and Education & Training income being ahead of plan, partially offset by other income being behind plan.

Operational expenditure overall is £0.6m behind plan. Pay, Clinical Supplies and Other Expenses are behind plan; partially offset by Drugs linked to increased spending on excluded drugs & devices being ahead of plan, and CIPs being behind plan.

TRUST BOARD REPORT : April-2021

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

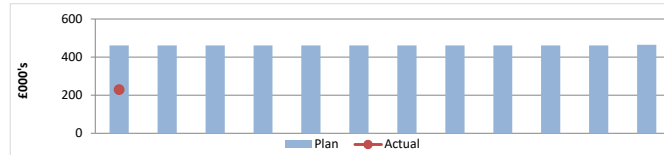
Apr-21 METRIC:

PLAN:

£229

6.06
Efficiency Programme

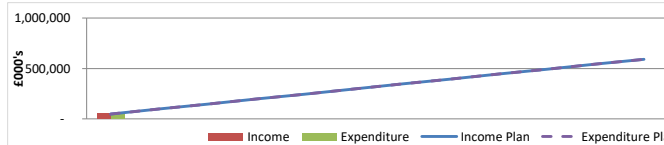
£462



£984

6.07
Cumulative Income and Expenditure Position against Plan

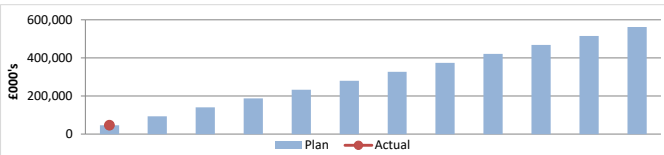
-£2



£46,711

6.08
Cumulative Operational Expenditure against Plan (exc. COVID)

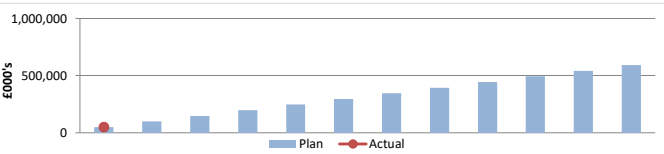
£46,819



£49,764

6.09
Cumulative Income against plan (exc. Truing Up)

£49,322



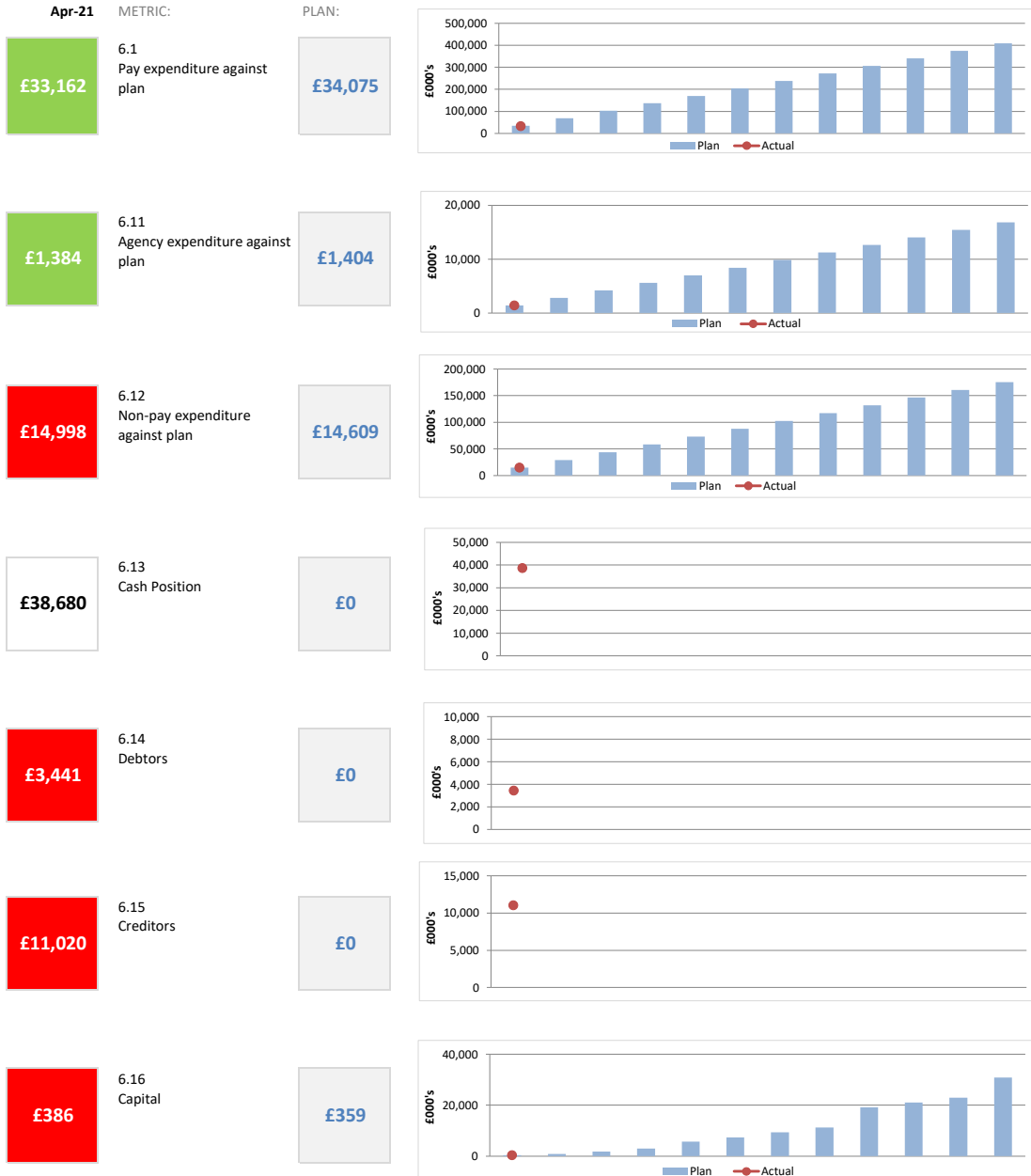
Income and Expenditure Account

	Annual Plan £000's	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's
NHS England	65,830	5,486	6,082	596
Clinical commissioning groups	462,398	38,533	38,531	-2
Local authorities	4,656	388	382	-6
Non-NHS: private patients	260	22	11	-11
Non-NHS: other	1,553	129	151	22
Operating Income from Patient Care Activities	534,697	44,558	45,157	599
Research and development (both IFRS 15 and non-IFRS 15 income)	2,100	175	235	60
Education and training (excluding notional apprenticeship levy income)	17,684	1,474	1,675	201
Other income	37,387	3,115	2,697	-418
Other Operating Income	57,171	4,764	4,607	-157
Employee Expenses	-408,826	-34,076	-33,163	913
Drugs Costs	-52,195	-4,350	-5,230	-880
Supplies and Services - Clinical	-53,768	-4,468	-3,892	576
Depreciation	-12,040	-1,004	-920	84
Amortisation	-330	-28	-111	-84
CIP	5,318	443	0	-443
Other Costs	-62,559	-5,203	-4,844	359
Total Operating Expenditure	-584,400	-48,685	-48,160	525
OPERATING SURPLUS/(DEFICIT)	7,468	637	1,604	967
Finance income	10	1	2	1
Finance expense	-537	-60	-41	19
PDC dividends payable/refundable	-6,969	-581	-581	0
NET FINANCE COSTS	-28	-3	984	987
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)	-28	-3	984	987

TRUST BOARD REPORT : April-2021

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	66,786	5,574	5,069	-17	-	144	5,196	378	
Medical and Dental	44,497	3,717	3,977	29	-	361	4,366	-649	
Nursing	101,399	8,387	7,423	86	1,112	667	9,288	-901	
Healthcare Scientists	12,444	1,032	1,046	4	3	4	1,057	-25	
Scientific, Therapeutic and technical	16,884	1,400	1,325	12	2	-	1,339	61	
Allied Health Professionals	26,782	2,220	2,109	46	-	96	2,250	-31	
HcAs and Support Staff	57,048	4,689	4,438	75	5	113	4,632	57	
Exec Board and Senior managers	16,022	1,332	1,287	0	-	-	1,287	45	
Admin & Clerical	43,761	3,635	3,613	3	-	-	3,617	18	
Pay Reserves	22,011	1,990	-	0	-	-	0	1,990	
Apprenticeship Levy	1,192	99	130	0	0	0	130	-31	
TOTAL	408,826	34,075	30,418	238	1,122	1,384	33,162	914	

TRUST BOARD REPORT : April-2021

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Apr-21 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

£1,384 **£1,404**

BPPC Performance

Within 30 days **86%** BPPC - % paid in 30 days

Within 7 days **14%** BPPC - % paid in 7 days

Within 14 days **26%** BPPC - % paid in 14 days

Within 21 days **40%** BPPC - % paid in 21 days



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:

For 2021/22 the Board should be aware that the delivery of national and local efficiency targets has been reintroduced; in comparison to 2020/21 where as part of the emergency financial regime the delivery of the Trust's Cost Improvement Programme (CIP) was suspended.

The Trusts overall CIP target for the first half of 2021/22 is £2.8m. This is comprised of a national efficiency requirement of 0.28% (£0.8m); an equal share of the local systems efficiency requirement (£0.4m); and a further requirement to meet agreed essential investments (£1.6m). Whilst actual delivery of the CIP was suspended during 2020/21, work continued 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. This has assisted in the CIP avoiding a 'cold restart', and enabled CIPs of £233k to be delivered in April, although this remains below the target for the month by £229k.

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 currently averaging around 86% of suppliers being 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 14%.

RESEARCH AND DEVELOPMENT REPORT

April-2021

Produced May-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 : April-2021

CLINICAL RESEARCH PERFORMANCE REPORT

Recruitment

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2021-22	68												68
2020-21	615	597	440	461	421	331	259	484	293	513	201	145	4760
2019-20	334	275	284	298	348	220	464	615	477	426	365	166	4272
2018-19	249	322	562	354	731	531	365	408	145	319	442	512	4940



April has been a very busy month as we set up the new Covid Vaccine trial that we are running out of the University of York, which is a very important study for us strategically.

Breakdown as of end April 21

CG & Directorate	Accruals Running Total 21/22
CG1 Total	5
ED	0
Elderly Medicine	0
Stroke	0
Cardiology	0
Cardio Respiratory	0
CF & Respiratory	0
Hepatology	0
Sleep Services	0
Renal	5
Gastroenterology	0
Palliative Care	0
Community	0
Dietetics	0
Tissue Viability	0
CG2 - Scarborough Total	4
ED	0
Elderly	4
Stroke	0
Cardiology	0
Respiratory	0
Renal	0
Gastroenterology	0
Hepatology	0
Palliative Care	0
CG3 Total	31
Anaesthetics/Peri-Operative	12
Critical Care/ICU	19
Surgery - Non Cancer	0
Restorative Dentistry	0
ENT	0
Pain	0

Breakdown of Open and Closed Trials

Recruitment Target for Year	4022
Open Trials	68
Total Due to Close 21/22	28

Breakdown of Trial Category

Commercial	9%
Non-Commercial	91%
Interventional	30%
Observational	70%
I & O	0%

CG & Directorate	Accruals Running Total 21/22
CG4 Total	22
Oncology (inc surgery)	6
Haematology	0
Endoscopy	0
Microbiology & Infection	16
CG5 Total	0
Obs & Gynae	0
Paediatrics	0
Sexual Health	0
CG6 Total	6
Rheumatology	0
Dermatology	1
Neurology	0
Diabetes & Endocrinology	0
MSK	5
Orthopaedics	0
Ophthalmology	0
Psychological Medicine	0
All Diagnostic Services & AHP's	0
Total Accruals	68

Covid Accruals Included in Monthly CRN Return Total	33
Covid Accruals Not Included in Monthly CRN Return Total	17

OPERATIONAL PERFORMANCE REPORT

April-2021

Produced May-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: April-2021

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 moved back to a level 3 national response on the 25th of March. A level 3 national response is defined as “an incident that requires the response of a number of health organisations across geographical areas within a NHS England region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level”.

The Trust has continued to operate within its COVID-19 Command and Control structure throughout April and as at the 6th of May there was one COVID-19 positive inpatient in our acute and community hospitals. The number of COVID-19 positive inpatients peaked on the 26th of January at 216.

The Trust has had 2,775 COVID-19 positive inpatients since 17th March 2020, with 2,161 patients discharged, sadly 612 patients have died.

As the number of COVID-19 positive inpatients has reduced the number of COVID-19 wards has been decreased. As at the 6th of May, York Hospital had one COVID-19 positive ward with a process in place for any new cases on the Scarborough site to be transferred to York.

The Trusts' Theatre prioritisation panel has continued to run throughout the third COVID-19 wave. There were no patients cancelled by the Trust for COVID-19 reasons during April 2021.

Trust Planning

National planning guidance was released on the 25th of March covering the period April to September 2021.

An additional £1bn Elective Recovery Fund (ERF) has been made available to the NHS in 2021-22 to support the start of the recovery of elective activity, and the recovery of cancer services.

Executive Summary (cont.):

Key discussion points for the Board are:

Systems were asked to rapidly draw up delivery plans across elective inpatient, outpatient and diagnostic services for adults and children (including specialised services) for April 2021 to September 2021.

The Trust has engaged with partners in the ICS and the finalised draft operational plan for the first half of 2021-22 was submitted on the 6th of May.

Our ambition for 2021/22 is to over-achieve the national ask on our hospital sites, focussing on delivering clinically urgent work within reasonable timescales (cancer and Priority 2 surgical patients) and to stabilise the long wait position. Over-achieving on the national activity ask, will enable us to access the ERF and support further improvement in patient care and timely treatments.

The Trust over-achieved the national activity ask against all elective points of delivery in April 2021.

Point of Delivery	April 2019 Outturn	April 2021 Actual	Variance	Proportion of April 2019 delivered in April 2021
First Outpatient Appts	14,528	16,434	1,906	113% ●
Follow up Outpatient Appts	37,207	42,169	4,962	113% ●
Ordinary Electives	616	444	-172	72% ●
Day Cases	5,940	5,781	-159	97% ●

Please note: colour key denotes performance against national activity ask. For April 2021 any elective Point of Delivery above 70% achieved the national activity ask.

April Performance Headlines:

- 80.7% of ED patients were admitted, transferred or discharged within four hours during April 2021.
- March saw challenging cancer performance with the Trust achieving 2 of the core national standards, and narrowly missing national compliance on three others by less than 1%.
- 2,023 fifty-two week wait pathways have been declared for the end of April 2021.
- The Trust saw improvement against the overall Referral to Treatment backlog, with the percentage of patients waiting under 18 weeks at month end, increasing from 64.7% in March to 65.8% at the end of April 2021.

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: May 2021

TRUST BOARD REPORT: April-2021

OPERATIONAL PERFORMANCE SUMMARY

REF	OPERATIONAL PERFORMANCE: UNPLANNED CARE	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
1.01	Emergency Care Attendances			7755	10753	11889	14453	16142	15001	14254	12112	12370	11553	10842	14452	16159
1.02	Emergency Care Breaches			490	766	673	1098	2146	2661	2734	2001	2766	2752	2241	2801	3111
1.03	Emergency Care Standard Performance	95%		93.7%	92.9%	94.3%	92.4%	86.7%	82.3%	80.8%	83.5%	77.6%	76.2%	79.3%	80.6%	80.7%
1.04	ED Conversion Rate: Proportion of ED attendances subsequently admitted			43%	42%	42%	41%	39%	41%	42%	44%	43%	43%	43%	43%	39%
1.05	ED Total number of patients waiting over 8 hours in the departments			55	105	53	102	209	384	444	258	503	593	445	402	429
1.06	ED 12 hour trolley waits	0		0	0	0	0	0	0	0	7	14	21	43	0	4
1.07	ED: % of attendees assessed within 15 minutes of arrival			71%	71%	70%	65%	61%	60%	61%	65%	63%	65%	69%	66%	64%
1.08	ED: % of attendees seen by doctor within 60 minutes of arrival			88%	79%	77%	68%	52%	48%	49%	58%	58%	60%	62%	55%	49%
1.09	ED - Percentage of patients who Left Without Being Seen (LWBS)	5%		0.8%	0.8%	0.8%	1.4%	1.8%	1.8%	1.6%	1.1%	1.7%	1.4%	1.5%	1.8%	1.7%
1.10	ED - Median time between arrival and treatment (minutes)			145	150	151	158	181	190	192	177	199	206	193	194	192
1.11	Ambulance handovers waiting 15-29 minutes			477	542	502	586	611	542	613	561	696	710	598	681	653
1.12	Ambulance handovers waiting 15-29 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.13	Ambulance handovers waiting 30-59 minutes			113	126	91	118	152	147	129	151	209	200	101	155	180
1.14	Ambulance handovers waiting 30-59 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.15	Ambulance handovers waiting >60 minutes			6	15	14	13	27	37	60	26	44	102	19	48	71
1.16	Ambulance handovers waiting >60 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.17	Ambulance handovers: Percentage waiting within 15 mins (shadow monitoring)			75.2%	75.3%	78.1%	77.0%	76.9%	77.4%	76.6%	72.0%	71.1%	69.5%	74.5%	74.9%	74.2%
1.18	ED - Mean time in department (mins) for non-admissions (shadow monitoring)			133	138	140	150	177	184	190	170	185	192	183	183	189
1.19	ED - Mean time in department (mins) for admissions (shadow monitoring)			187	196	183	194	234	269	269	247	310	341	314	275	276
1.21	ED - Mean time between RFT and admission (mins) for admissions (shadow monitoring)			51	58	47	48	66	87	92	89	134	170	146	92	72
1.22	ED - Number of non-admissions waiting 12+ hours (shadow monitoring)			1	8	0	7	15	15	36	23	38	40	39	18	23
1.23	ED - Number of admissions waiting 12+ hours (shadow monitoring)			3	15	2	8	45	94	132	81	225	323	232	132	148
1.24	ED - Critical time standards (shadow monitoring - awaiting guidance on metrics)			-	-	-	-	-	-	-	-	-	-	-	-	-
2.01	Non Elective Admissions (excl Paediatrics & Maternity)			2936	3572	3989	4545	4707	4678	4692	4383	4482	4232	3878	4861	4373
2.02	Non Elective Admissions - Paediatrics			305	345	352	369	364	479	454	471	382	351	381	476	510
2.05	Patients with LOS 0 Days (Elective & Non-Elective)			1089	1375	1628	1899	1861	1930	1903	1737	1737	1479	1549	1917	1991
2.06	Total number of patients during the month with a LoS >= 7 Midnights (Elective & Non-Elective)			622	710	705	766	934	962	985	946	982	1062	883	1014	981
2.07	Ward Transfers - Non clinical transfers after 10pm	100		65	39	15	25	25	41	50	39	47	35	53	56	44
2.08	Emergency readmissions within 30 days			454	575	698	760	788	842	997	931	810	761	679	-	-
2.09	Stranded Patients at End of Month - York, Scarborough and Bridlington			176	185	184	149	230	264	273	266	266	325	291	275	260
2.10	Average Bed Days Occupied by Stranded Patients - York, Scarborough and Bridlington			144	178	176	175	203	253	266	278	264	303	287	253	237
2.12	Super Stranded Patients at End of Month - York, Scarborough and Bridlington			38	40	34	30	35	70	87	63	67	81	86	68	70
2.13	Average Bed Days Occupied by Super Stranded Patients - York, Scarborough and Bridlington			39	42	43	40	40	57	80	78	72	79	85	68	54

REF	OPERATIONAL PERFORMANCE: PLANNED CARE	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
3.01	Outpatients: All Referral Types			7570	10899	15772	18223	16920	20974	21442	19800	19869	17226	16898	22265	20738
3.02	Outpatients: GP Referrals			2062	3985	5950	7383	6857	8070	8575	8000	7782	6549	7160	10167	9237
3.03	Outpatients: Consultant to Consultant Referrals			894	1039	1220	1430	1351	1709	1690	1653	1660	1578	1579	1829	1692
3.04	Outpatients: Other Referrals			4614	5875	8602	9410	8712	11195	11177	10147	10427	9099	8159	10269	9809
3.05	Outpatients: 1st Attendances			4865	5680	7771	9692	9323	11726	12286	12865	12287	12453	11479	14952	14007
3.06	Outpatients: Follow Up Attendances			16493	17379	21634	25145	24383	30129	31459	32688	30269	31287	30233	36832	33377
3.07	Outpatients: 1st to FU Ratio			3.39	3.06	2.78	2.59	2.62	2.57	2.56	2.54	2.46	2.51	2.63	2.46	2.38
3.08	Outpatients: DNA rates			4.2%	4.1%	4.3%	5.1%	6.3%	6.4%	6.4%	6.2%	6.2%	7.1%	6.4%	5.7%	5.5%
3.09	Outpatients: Cancelled Clinics with less than 14 days notice	180		1331	653	734	707	236	249	188	263	216	333	248	215	242
3.10	Outpatients: Hospital Cancelled Outpatient Appointments for non-clinical reasons			3855	3191	3571	4441	2192	1867	1461	1276	1271	1036	1002	1133	1170
3.11	Outpatients: Follow-up Partial Booking (FUPB) Overdue			16876	19525	21994	24726	26543	28149	28225	28182	27550	25782	24835	24778	24421
4.01	Elective Admissions			109	170	254	341	351	416	557	505	513	436	505	537	468
4.02	Day Case Admissions			1953	2447	3414	4435	4447	5439	5902	5629	5430	4653	4478	5550	5791
4.03	Cancelled Operations within 48 hours - Bed shortages			14	0	3	0	2	3	5	8	10	121	10	4	1
4.04	Cancelled Operations within 48 hours - Non clinical reasons			21	4	19	28	37	57	65	89	37	183	87	73	114
4.05	Theatres: Utilisation of planned sessions			16%	25%	41%	66%	72%	66%	68%	69%	68%	57%	62%	69%	75%
4.06	Theatres: number of sessions held			104	98	264	537	586	693	726	712	675	604	639	636	629

TRUST BOARD REPORT: April-2021

OPERATIONAL PERFORMANCE SUMMARY

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

TARGET	SPARKLINE / Vs. PREVIOUS MONTH
99%	

Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
22.6%	23.0%	34.3%	46.2%	46.6%	53.7%	61.0%	66.4%	63.5%	61.0%	66.6%	68.5%	66.2%
462	596	597	723	537	618	740	645	750	655	671	735	608
176	259	337	417	379	502	695	707	702	627	733	814	819
894	1333	1300	1103	1137	760	617	367	341	735	605	451	485
1040	503	260	926	1346	1804	1530	1441	2962	1718	2176	2140	2124
870	973	1073	1161	1264	1337	1345	1307	1384	1467	1485	1331	1402

REF	18 WEEKS REFERRAL TO TREATMENT
5.01	RTT Percentage of incomplete pathways within 18wks
5.02	RTT Waits over 52 weeks for incomplete pathways
5.10	RTT Waits over 78 weeks for incomplete pathways
5.11	RTT Waits over 104 weeks for incomplete pathways
5.05	RTT Total Waiting List
5.06	Number of RTT patients on Admitted Backlog (18+ weeks)
5.07	Number of RTT patients on Non Admitted Backlog (18+ weeks)
5.08	RTT Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring)
5.12	Number of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways at end of month*
5.13	Percentage of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways under 4 weeks at end of month*

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

Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
58.7%	49.5%	42.0%	42.3%	52.7%	60.0%	65.5%	67.5%	66.7%	63.9%	62.8%	64.7%	65.8%
158	452	910	1360	1764	1986	2176	2250	2251	2506	2581	2446	2023
0	0	0	0	0	20	58	99	191	319	410	523	577
0	0	0	0	0	0	0	0	0	0	0	1	8
24947	24888	25057	25107	26141	27042	27908	27646	28040	27154	27193	28691	30069
5506	6442	7114	7182	6654	6019	5318	4716	4375	4341	4328	4355	4306
4797	6133	7429	7296	5711	4787	4323	4275	4963	5453	5792	5766	5968
17.7	20.1	21.4	21.4	20.7	19.6	18.2	17.5	17.7	18.2	18.1	17.0	16.4
-	-	-	-	-	-	-	-	-	-	-	-	604
-	-	-	-	-	-	-	-	-	-	-	-	68.0%

*Priority 2: includes all P2 pathways where there is a surgical decision to treat, not just open RTT pathways.

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%	

Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
85.6%	96.9%	96.4%	95.0%	94.5%	88.7%	93.4%	93.5%	94.2%	90.2%	92.5%	91.1%	-
90.9%	95.7%	97.6%	96.4%	95.1%	95.1%	88.0%	93.9%	88.0%	80.0%	92.6%	92.6%	-
98.6%	99.4%	97.8%	96.8%	97.0%	97.3%	96.8%	98.9%	97.0%	95.7%	99.1%	97.0%	-
75.0%	82.1%	89.7%	88.2%	81.8%	92.6%	88.4%	87.5%	90.9%	85.3%	93.9%	93.3%	-
100.0%	100.0%	100.0%	100.0%	98.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
75.1%	81.2%	82.5%	79.1%	81.6%	75.5%	74.2%	74.3%	75.5%	70.0%	72.1%	75.0%	-
100.0%	-	-	-	-	-	91.2%	91.1%	86.7%	80.5%	97.6%	87.2%	-
54.2%	67.1%	64.4%	65.9%	62.3%	63.9%	61.1%	61.5%	66.7%	53.6%	60.5%	70.2%	-

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

REF	COMMUNITY
7.01	Referrals to District Nursing Team
7.02	% CRT Patients Seen within 2 days of Referral
7.03	Number of District Nursing Contacts
7.04	Referrals to York Community Response Team
7.05	Referrals to Selby Community Response Team
7.07	Number of York CRT Contacts
7.08	Number of Selby CRT Contacts
7.10	Community Inpatient Units Average Length of Stay (Days)
7.11	% Community Therapy Team Patients Seen within 6 weeks of Referral
7.12	% CRT Step Up Referrals Seen Within 2 Hrs

TARGET	SPARKLINE / Vs. PREVIOUS MONTH

Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
1806	1857	2139	2169	1816	2068	2148	2091	1913	1956	1761	2056	1942
89.7%	96.2%	91.9%	92.4%	92.1%	83.3%	85.3%	83.1%	89.1%	83.8%	71.5%	78.7%	83.0%
16259	18289	20800	21927	20296	20081	20941	21013	20271	19905	18131	21242	20832
208	189	179	171	157	214	196	216	198	227	190	182	175
57	67	58	48	65	58	69	58	60	69	57	64	54
4197	4469	3711	4653	4444	4782	5265	5793	5218	4852	3840	3688	4382
1365	1269	1529	1734	1451	1574	1759	1731	1342	1266	1288	1492	1436
12.4	9.7	10.9	9.8	12.3	12.8	13.5	15.1	12.1	10.5	12.5	13.5	11.0
61.2%	65.3%	71.7%	70.8%	64.8%	62.8%	54.9%	53.0%	56.3%	52.9%	54.4%	49.9%	36.0%
20.7%	25.5%	22.1%	22.1%	19.4%	11.3%	20.6%	8.6%	14.2%	12.9%	15.6%	21.5%	16.7%

REF	CHILDREN AND YOUNG PERSONS (0-17 YEARS)
8.01	Emergency Care Standard Performance (Type 1 only)
8.02	ED patients waiting over 8 hours in department
8.03	Cancer 2 week (all cancers)
8.05	Diagnostics: Patients waiting <6 weeks from referral to test
8.06	RTT Percentage of incomplete pathways within 18wks
8.07	RTT Total Waiting List
8.08	RTT Waits over 52 weeks for incomplete pathways

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

Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
98.3%	98.4%	98.5%	97.5%	94.1%	92.6%	93.6%	94.9%	96.6%	97.3%	97.1%	96.5%	96.2%
2	1	0	2	1	2	5	7	1	1	2	1	5
100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
17.1%	14.6%	34.2%	41.4%	44.8%	52.0%	57.8%	55.5%	54.5%	51.8%	50.9%	62.2%	62.4%
67.3%	55.5%	44.6%	41.1%	51.7%	59.8%	67.4%	70.7%	70.5%	66.8%	66.3%	70.3%	71.8%
2056	1994	2009	1903	1997	2179	2195	2081	2040	2026	2102	2285	2395
7	24	51	102	147	192	224	227	211	225	218	191	156

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

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

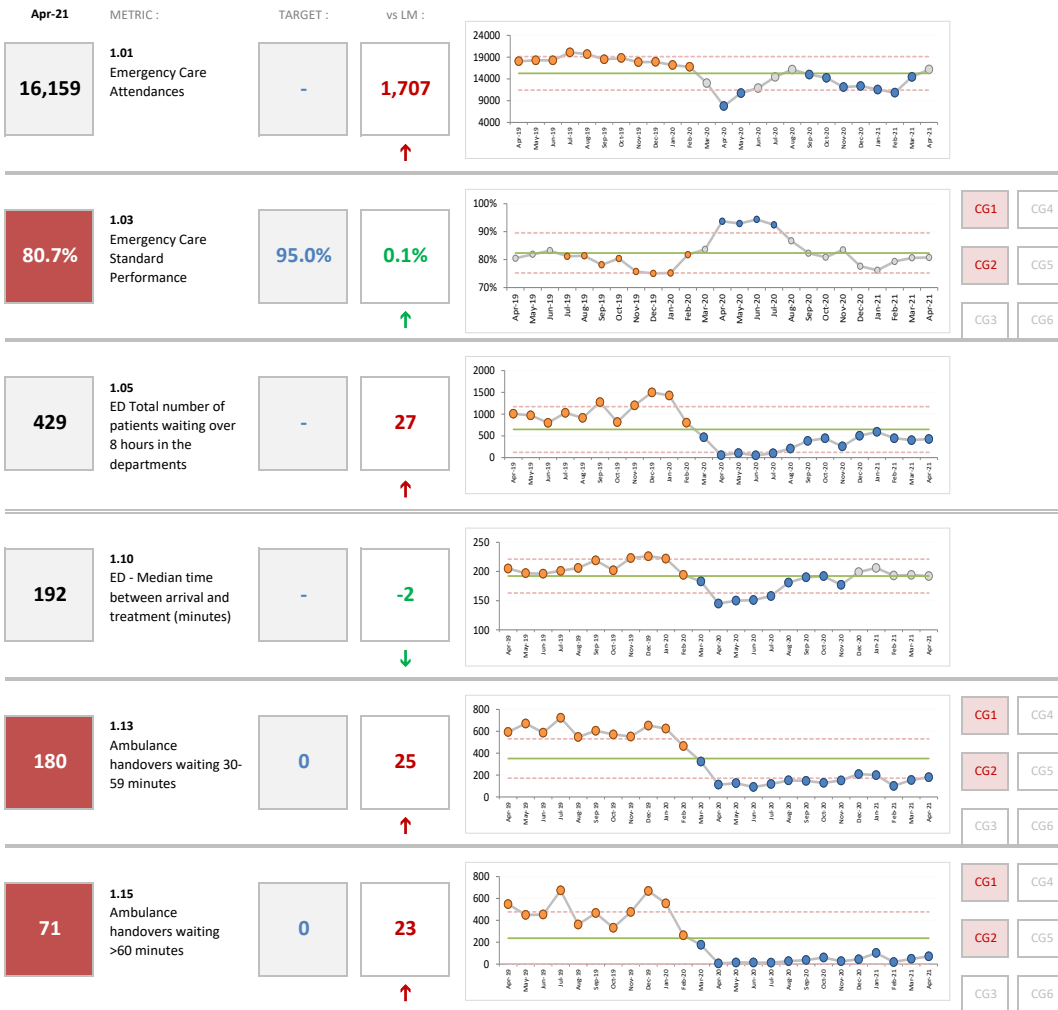
Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	-
Apr-20*	May-20*	Jun-20*	Jul-Sep 20			Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
77.5% (D)	80% (C)	88.1% (B)	85.6% (B)			86.5% (B)	89.9% (B)	85.7% (B)	73.2% (E)	90.1% (A)	95.3% (A)	84.6% (C)
70% (A)	60.2% (A)	63.1% (A)	51.9% (A)			55.6% (A)	56.3% (A)	59% (A)	63.3% (A)	51.4% (A)	47.8% (B)	84.6% (A)
96.6% (A)	97% (A)	93.4% (B)	95.3% (A)			100% (A)	97.2% (A)	97.6% (A)	95% (B)	90.3% (B)	95.5% (A)	100% (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 caseload delays and patients not yet being discharged. The January figures for the 90% time in Stroke services are low because unfortunately the acute stroke unit at York had a COVID outbreak which meant the SSNAP Data Administrators were not allowed up on to the clinical ward to start records. Also the ward was only taking potential Thrombolysis patients, so many stroke patients initially were admitted to other wards and therefore were not admitted to Stroke services in a timely manner.

TRUST BOARD REPORT: April-2021

OPERATIONAL PERFORMANCE: ED



HIGHLIGHTS FOR BOARD TO NOTE:

80.7% of ED patients were admitted, transferred or discharged within four hours during April 2021. This compares with 93.7% in April 2020 however it should be noted that there was a full national lockdown in place at that time. Root cause analysis of Emergency Care Standard (ECS) breaches continues at both sites. Attendances at both Emergency Departments have returned to pre-pandemic levels; however the bed base remains reduced due to social distancing. This has created pressure within the emergency care flows across the Trust.

York Hospital Locality ECS Performance was 82.6%. The estate has been reconfigured throughout the third wave to support the COVID-19 Surge Plan, with one COVID-19 positive ward in operation as at the 7th of May.

Scarborough Hospital Locality ECS Performance was 78.2%. Scarborough locality's overall performance has been impacted by a significant reduction in the number of Type 3 attendances (a reduction of 37% compared to April 2019).

The Quality and Performance Summit for Scarborough Hospital Emergency Care was held on the 22nd of March, as a result of challenged performance in February and to identify improvements against the new emergency care metrics. Six immediate action areas were agreed, including process mapping of the acute model, bed modelling refresh, workforce recommendations and surge planning. These are timetabled to report by the end of May overall, with the action plan monitored through the Operational Performance and Assurance Meeting for Care Group 2 (OPAM).

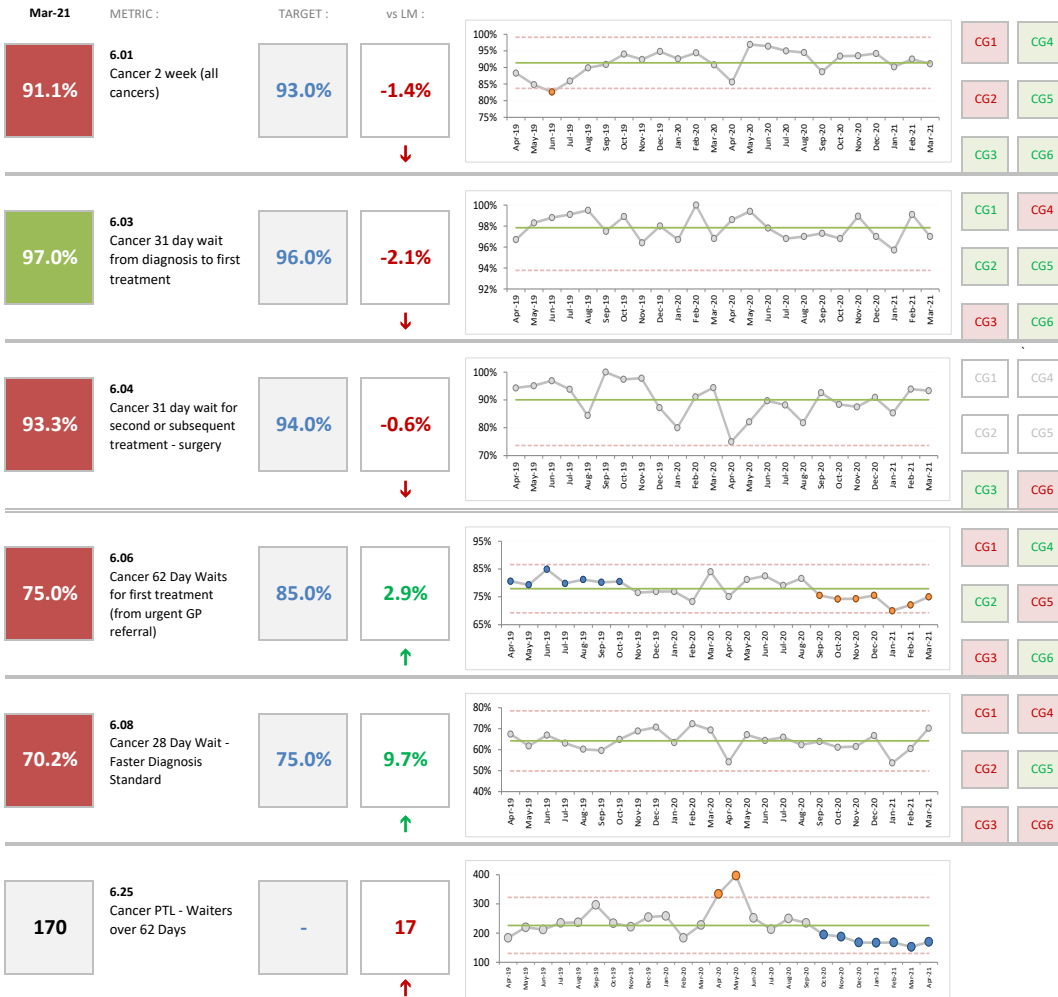
There were four twelve-hour trolley waits in April 2021; all on the Scarborough site.

Non-Elective admissions rose in April 2021 compared to the same period last year; up 49% (+1,437 admissions) however it must be noted that the first national lockdown was in place throughout April 2020 which resulted in a significant fall in non-elective demand. York Hospital saw an increase of 1,025 admissions (+54%) with Scarborough seeing a rise of 400 admission (+40%) compared to April 2020.

Super-Stranded (Length of Stay [LoS] of 21+ Days) patients at the end of April 2020 were up slightly compared to the end of March (68 to 70 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: April-2021

OPERATIONAL PERFORMANCE: CANCER



HIGHLIGHTS FOR BOARD TO NOTE:

Trust cancer performance in March 2021 was challenged, with two out of the seven cancer standards met. The Cancer Team completed a Cancer Deep Dive across the Trust, with findings presented back to the Chief Operating Officer and Medical Director in early April. A series of recommendations were identified; including a refresh of the best practice pathways, additional tracking support through pathway navigators and administrative processes. A paper was presented to and approved by Executive Committee in April 2021.

The Trust saw a decline against the Cancer two week waiting times for urgent referrals target, with performance of 91.1% in March (February; 92.5%). This corresponds with March seeing the highest ever number of Fast Track referrals received.

For 25% of the patients that were not seen within 14 days, the delay was initiated by the patient. March was a month where COVID-19 prevalence was a concern and this may have influenced patient decisions to delay their appointments. This was particularly notable in Colorectal referrals (100% of breaches were due to patient choice), with Breast and Gynaecological also seeing more than 50% of breaches due to patient choice. Issues were identified in the Upper GI straight to test process, this has been rectified and 14 day performance is expected to be improved from May 2021 onwards.

April 2021 was the second highest month on record for cancer fast track referrals into the Trust with 1,908 received; 20% more than average monthly number received in 2019-20 prior to the COVID-19 pandemic.

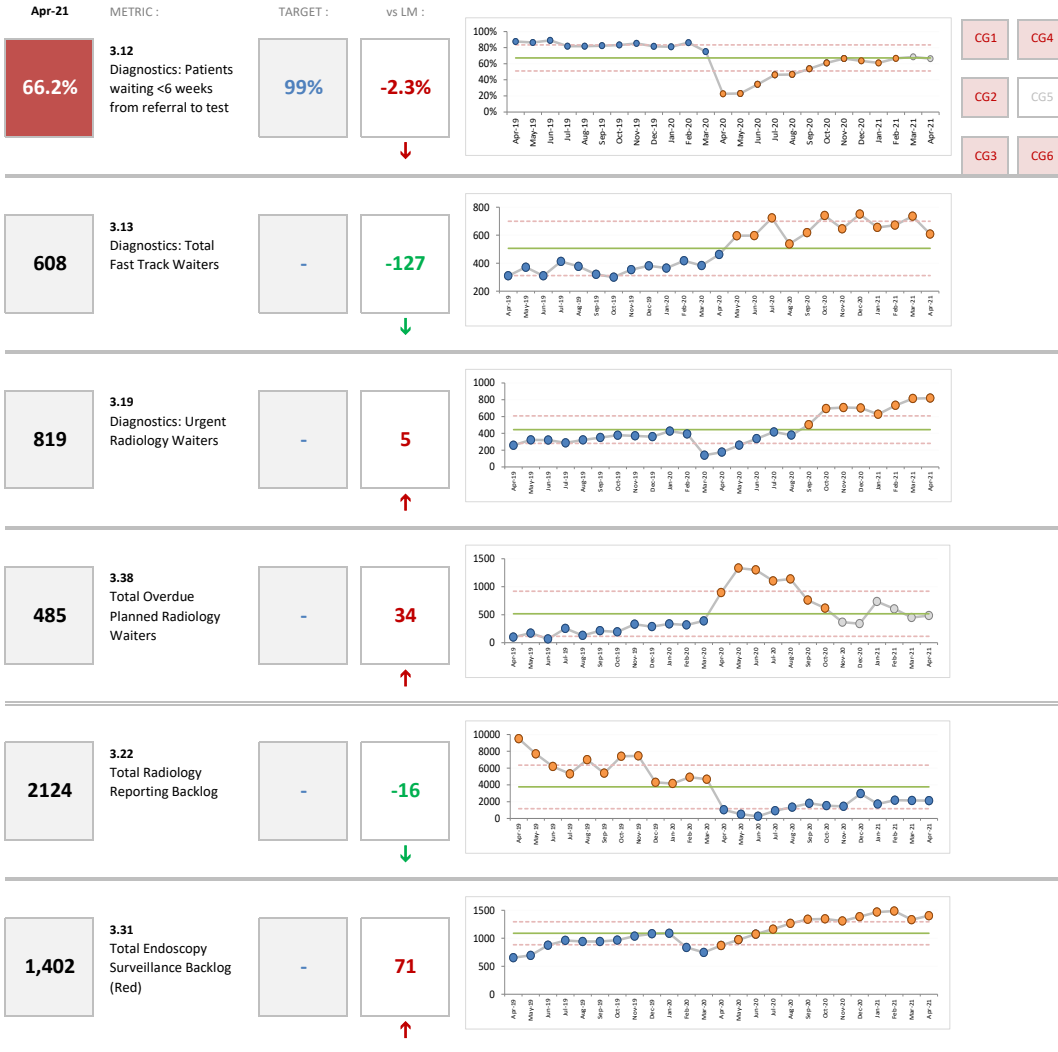
Performance against the 62 day wait for first treatment target was 75%, improved from 72.5% in February 2021. This equates to 36 breaches, with 44% percent on Colorectal and Upper GI pathways. Overall 59% of the breaches were due to capacity or health care initiated delays. All patients are tracked through the operational teams, with weekly escalations to senior managers.

At the end of April 2021 there were 170 patients on the Trust's Patient Tracking List (PTL) that had waited over 62 days, an increase of 17 against the end of March 2021 position. Of those waiting over 62 days, 134 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.

Of the patients treated in March, there were 10 patients who had waited more the 105 days. The majority were due to health care initiated delays. There has been a real focus on the long wait patients at the Trust's weekly PTL Cancer Wall meetings. There were 108 on the 27th July 2020, as at the end of April 2021 there were 31. To understand the impact of longer waits for patients the Trust undertakes Clinical Harm Reviews (CHR). All long waiting (105+ 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: April-2021

OPERATIONAL PERFORMANCE: DIAGNOSTICS



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

HIGHLIGHTS FOR BOARD TO NOTE:

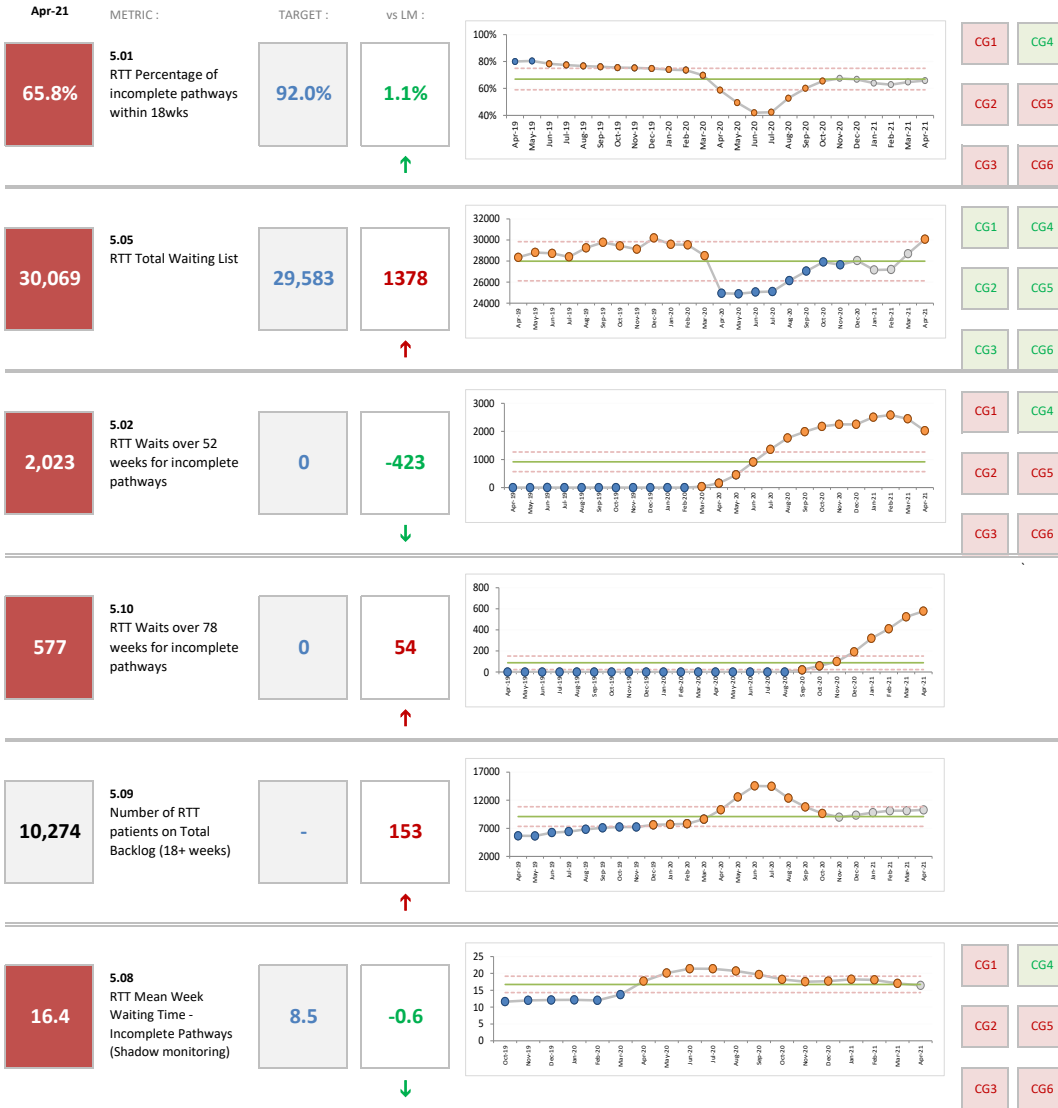
April saw a decline against the diagnostics target with 66.2% of patients provisionally waiting less than 6 weeks for their diagnostic test at the end of the month; this is a 2% decrease compared to the end of March position. The latest available data shows the national position at the end of February was 71.5%.

The Endoscopy performance was 51.1% (March; 53.3%). Outsourcing opportunities with the Independent Sector and Humber, Coast and Vale provider partners are being explored and additional booking capacity has been put in place which will aid the recovery of this position.

Radiology continues to be affected by the COVID-19 pandemic with a small decline seen in the radiology diagnostics performance at the end of April; down to 69.1% (March; 71.3%), with MRI performing at 64% and CT; 87%.

TRUST BOARD REPORT: April-2021

OPERATIONAL PERFORMANCE: REFERRAL TO TREATMENT (RTT)



HIGHLIGHTS FOR BOARD TO NOTE :

The proportion of patients waiting more than 18 weeks decreased in April, with the overall RTT position improving from 64.7% of patients waiting less than 18 weeks from referral to treatment to 65.8%. The latest available data shows the national position at the end of February was 64.5%.

The Trust's RTT Total Waiting List (TWL) increased by 1,378 from the end of March and stood at 30,069.

The significant increase in the Trust's overall RTT position was primarily driven by referrals from GPs returning to pre-COVID-19 pandemic levels. The 11,135 RTT 'clock starts' in April 2021 was the 2nd highest since February 2020 and was almost 50% higher than the average monthly RTT 'clock starts' previously seen in 2020/21 (average; 8,260 RTT 'clock starts' per month).

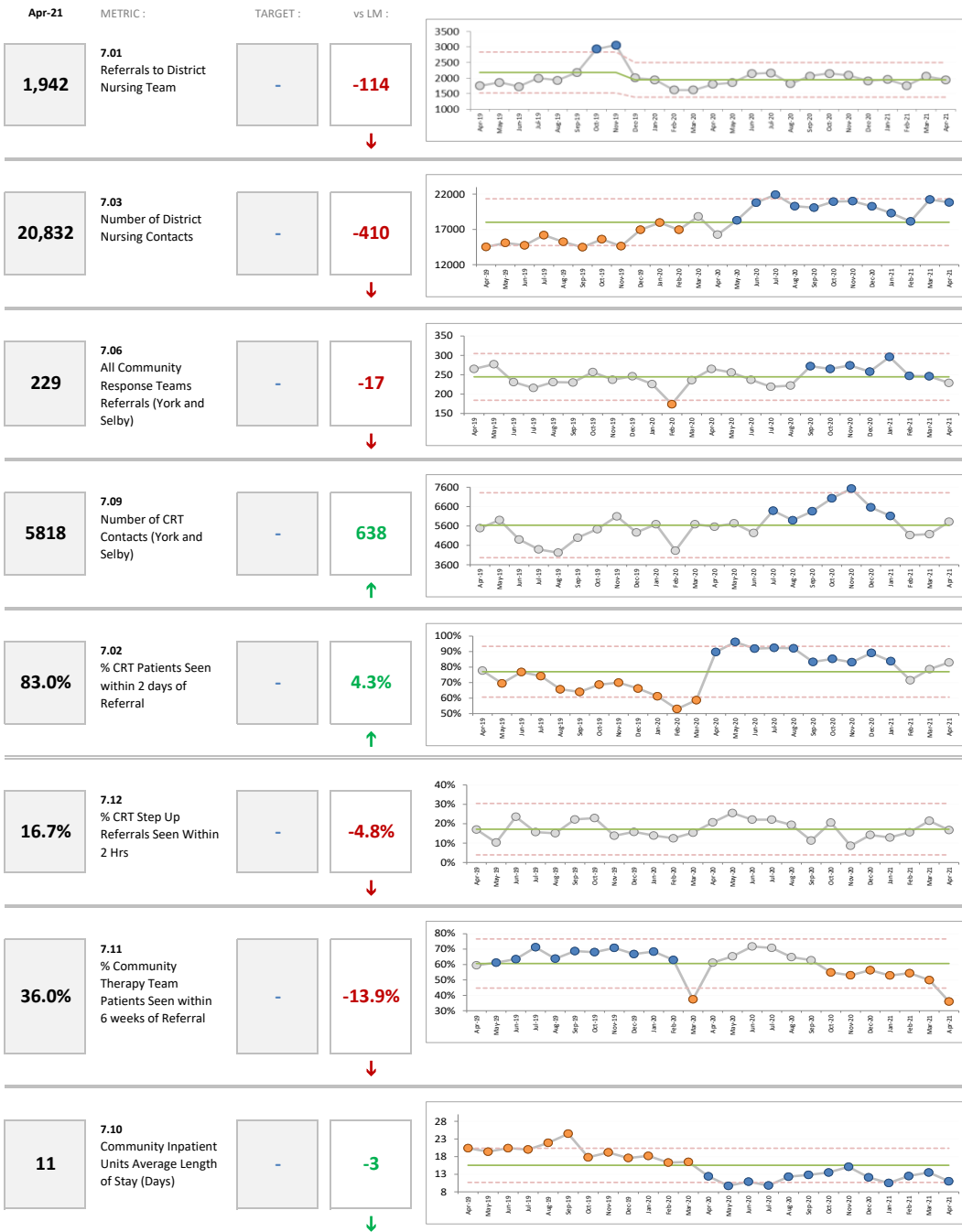
Due to the reintroduction of routine surgery following the COVID-19 third wave the number of long waiter patients decreased in April. The Trust had 2,023 patients waiting 52 weeks or longer at the end of April 2021.

A key focus of the National Planning Guidance for 2021-22 is the treatment of the most urgent elective patients within agreed timescales. Surgical patients who are clinically prioritised as a priority 2 should be treated within 4 weeks of being added to the waiting list. At the end of March 2021, 51% of priority 2 surgical patients had been waiting less than four weeks, therefore the Trust has set an improvement trajectory to increase this to 90% by the end of September 2021. The Trust has already made significant progress; with 68% of priority patients waiting less than four weeks at the end of April 2021, up 17%.

The Trust is developing its approach to sustainable recovery as COVID-19 prevalence reduces. The Trust has embarked upon a comprehensive programme for elective transformation focussed on Outpatient Transformation, maximising capacity through internal productivity, use of estate and working collaboratively across Humber Coast and Vale Integrated Care System.

TRUST BOARD REPORT: April-2021

OPERATIONAL PERFORMANCE: COMMUNITY ACTIVITY



HIGHLIGHTS FOR BOARD TO NOTE :

This month sees the addition of a new metric showing the percentage of Community Response Team (CRT) patients referred from the community that were seen within 2hrs. This is a proxy measure of our baseline performance in the new Urgent Community Response standard. Whilst not all patients currently referred would require a 2hr response, understanding that currently around 20% of patients receive a response in this timeframe is supporting planning for sufficient capacity to meet the target.

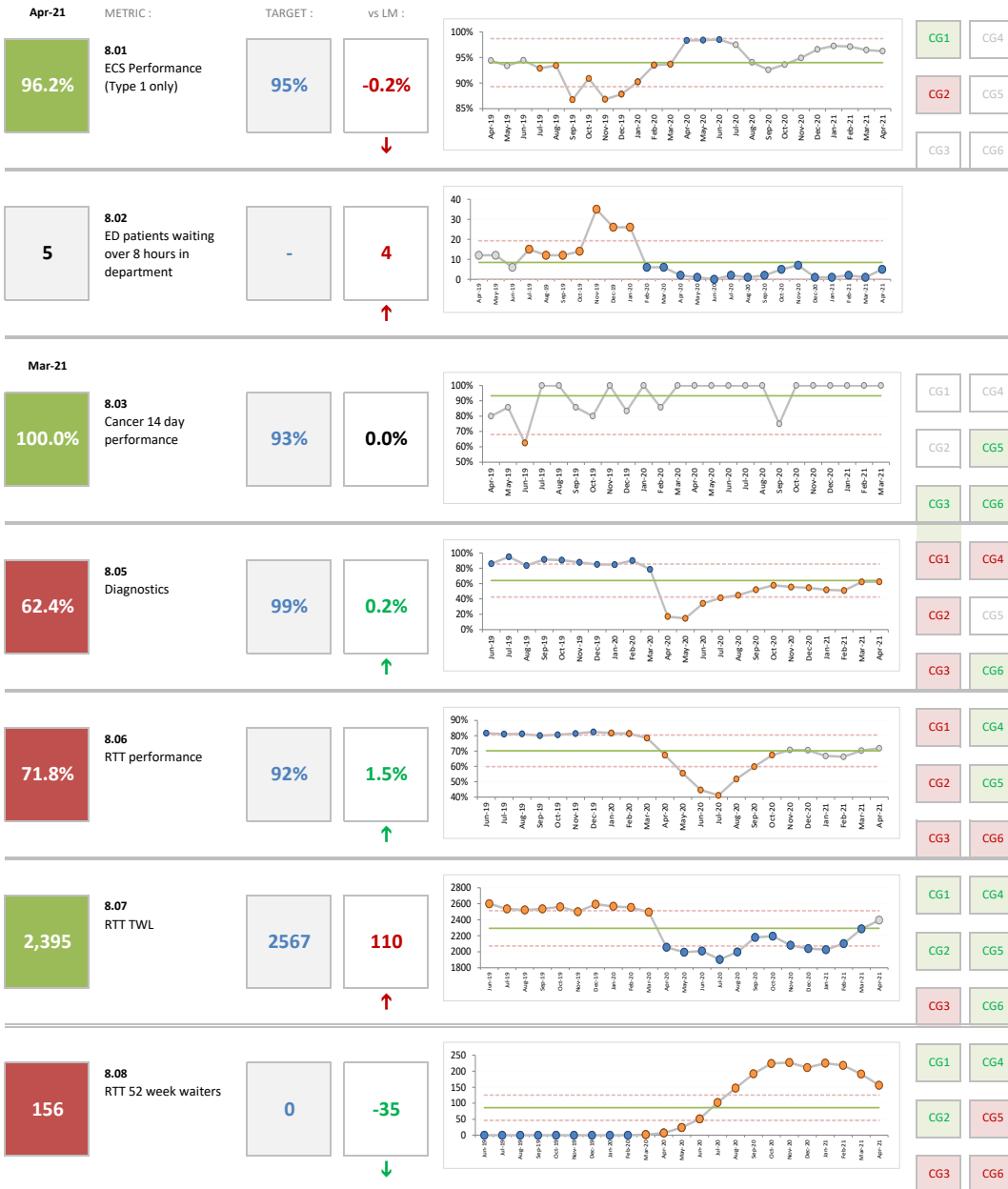
As discussed last month, staff from our Community Therapy Teams have been redeployed over recent months to maintain capacity in the Community Response Teams to ensure rapid discharge from hospital and provide alternatives to admission despite increases in demand and COVID-related staff absence. Despite a small fall in February, it can be seen that this has enabled the CRTs to maintain the improved performance on the 2 day standard. However, this has been to the detriment of routine referrals in the Community Therapy Teams where we have seen a further decline in the percentage of patients seen within six weeks. Staff have now returned to their normal roles and work to tackle the backlog has commenced, with ongoing review and clinical prioritisation taking place.

Demand for District Nursing services remains high, with contacts returning to upper control levels through March and April. A workforce review of community nursing is being undertaken which will need to reflect the higher demand for services.

Length of stay in community inpatient units continues below the historical average through a combination of a transformation programme that began in autumn 2019 and the new national discharge guidelines that came into effect in April 2021.

TRUST BOARD REPORT: April-2021

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



HIGHLIGHTS FOR BOARD TO NOTE:

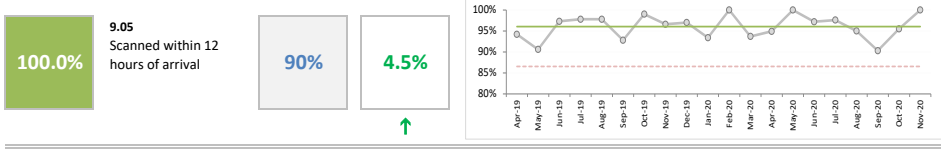
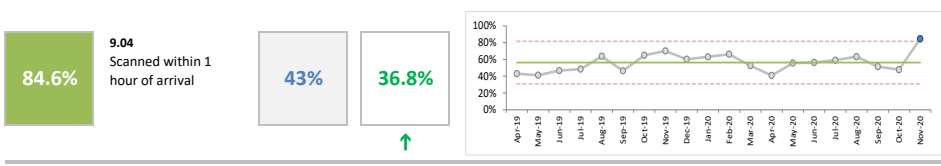
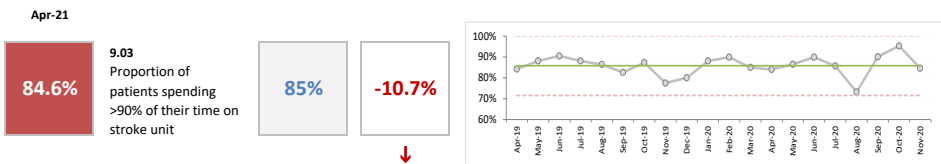
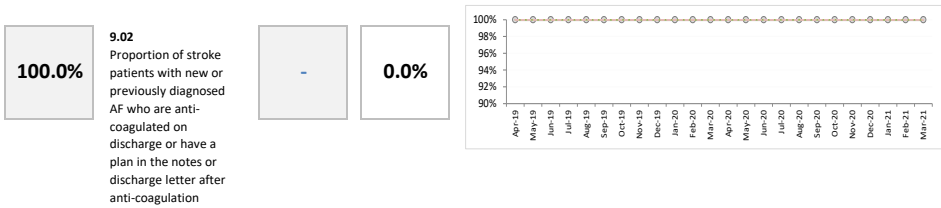
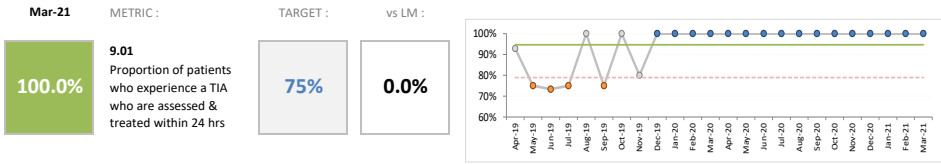
Performance against the ECS for patients aged 0-17 achieved target at 96.2% in April 2021, the fifth consecutive month that the target was achieved. April 2021 has seen an increase in non-elective admissions for children, up 11% from March (+34), although overall this remains 30% lower than April 2019. This may reflect the relaxing of lockdown and return to school for children.

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

RTT performance against the 92% target is higher than the Trust overall performance (71.8% compared to 65.8%). The Trust is declaring 156 RTT fifty-two week waiters relating to children and young people at the end of April 2021; down from 191 at the end of March 2021. Children comprise approximately 8% of the total number of the fifty-two week breaches that the Trust is declaring for the end of April 2021 (2,023).

TRUST BOARD REPORT: April-2021

OPERATIONAL PERFORMANCE: STROKE



HIGHLIGHTS FOR BOARD TO NOTE:

The Sentinel Stroke National Audit Programme (SSNAP) report for the period October to December 2020 was published in April 2021. For this period the Trust achieved a score of 76 which equates to a B rating. This represents an improvement on our pre-pandemic performance, and was attained during the months where there was increasing pressure as COVID-19 cases were rising (73 for the period January to March 2020).

Domains associated with the new 'Direct Admission Model' have performed well, and even improved which signals that the model employed by this Trust is working.

The rate of thrombolysis within one hour (Door to needle time) has fallen, however the time at which patients present at hospital is out of our control. The service is hoping the new FAST campaign due to be released shortly will educate individuals and lead to earlier presentation at hospital.

Speech and Language Therapy continues to be an area of concern, with the service well sighted on the reasons and there is ongoing work to improve this.

TRUST BOARD REPORT : April-2021

OPERATIONAL PERFORMANCE SUMMARY - SCARBOROUGH

REF	OPERATIONAL PERFORMANCE: UNPLANNED CARE
1.01	Locality Emergency Care Attendances
1.02	Locality Emergency Care Breaches
1.03	Locality Emergency Care Standard Performance
1.04	ED Conversion Rate: Proportion of ED attendances subsequently admitted
1.05	ED Total number of patients waiting over 8 hours in the departments
1.06	ED 12 hour trolley waits
1.07	ED: % of attendees assessed within 15 minutes of arrival
1.08	ED: % of attendees seen by doctor within 60 minutes of arrival
1.09	ED – Percentage of patients who Left Without Being Seen (LWBS)
1.10	ED - Median time between arrival and treatment (minutes)
1.11	Ambulance handovers waiting 15-29 minutes
1.13	Ambulance handovers waiting 30-59 minutes
1.14	Ambulance handovers waiting 30-59 minutes - improvement trajectory
1.15	Ambulance handovers waiting >60 minutes
1.16	Ambulance handovers waiting >60 minutes - improvement trajectory
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)
1.21	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 (Scarborough & Bridlington)
2.10	Average Bed Days Occupied by Stranded Patients (Scarborough & Bridlington)
2.12	Super Stranded Patients at End of Month (Scarborough & Bridlington)
2.13	Average Bed Days Occupied by Super Stranded Patients (Scarborough & Bridlington)

TARGET	SPARKLINE / PREVIOUS MONTH
95%	
0	
5%	
33	

Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
3395	4496	4930	6483	7486	6415	5998	4830	4881	4608	4436	5824	6718
322	478	375	650	1089	1088	1357	965	1251	1018	1098	1217	1466
90.5%	89.4%	92.4%	90.0%	85.5%	83.0%	77.4%	80.0%	74.4%	77.9%	75.2%	79.1%	78.2%
52%	54%	52%	50%	47%	52%	52%	53%	53%	53%	51%	55%	52%
37	79	38	75	139	169	303	152	318	359	276	230	290
0	0	0	0	0	0	0	7	14	17	43	0	4
38%	36%	34%	25%	27%	32%	33%	34%	33%	40%	44%	47%	46%
86%	77%	85%	71%	51%	50%	44%	54%	61%	67%	63%	60%	57%
0.9%	1.3%	1.4%	2.1%	2.3%	1.9%	2.3%	1.8%	1.6%	1.1%	1.8%	2.6%	2.2%
179	184	181	191	213	217	236	221	237	227	237	231	235
290	293	272	304	317	293	289	311	376	368	314	353	374
80	82	56	74	100	93	78	100	135	82	54	98	122
-	-	-	-	-	-	-	-	-	-	-	-	-
5	13	13	12	24	21	51	24	27	20	7	34	44
-	-	-	-	-	-	-	-	-	-	-	-	-
68.3%	71.4%	75.2%	75.9%	73.6%	74.7%	73.6%	66.5%	64.0%	67.2%	69.3%	68.1%	62.3%
170	176	169	184	217	212	251	217	237	219	236	227	238
206	224	209	221	274	291	326	299	371	351	398	307	331
47	59	45	47	77	86	115	109	179	169	205	104	111
1	7	0	6	11	11	30	20	29	22	25	14	16
3	14	2	8	41	64	118	71	168	152	186	90	128
-	-	-	-	-	-	-	-	-	-	-	-	-
1025	1233	1307	1551	1579	1520	1536	1322	1403	1359	1224	1569	1437
110	125	132	160	144	170	165	151	153	124	135	178	203
305	399	481	594	537	587	618	527	475	468	454	567	683
231	284	253	291	390	362	371	347	364	386	327	358	390
31	11	4	10	5	10	16	11	12	5	17	16	19
177	209	231	250	233	261	287	278	247	230	211	-	-
58	66	60	52	104	111	117	102	100	131	124	102	102
57	63	66	67	88	113	111	111	117	115	117	96	102
14	9	11	10	16	37	44	29	27	28	41	26	29
15	14	16	16	19	29	40	38	30	31	34	29	27

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

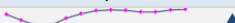
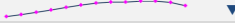




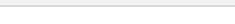

TARGET	SPARKLINE / PREVIOUS MONTH
60	

Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
2317	3609	5234	6338	5906	7784	7935	6951	7243	6088	5971	8045	7664
809	1420	2031	2485	2253	2857	2833	2581	2626	2377	2473	3504	3219
252	302	364	408	465	551	515	453	514	520	463	577	583
1256	1887	2839	3445	3188	4376	4587	3917	4103	3191	3035	3964	3862
1357	1464	1885	2413	2573	3489	3691	3762	3585	3820	3736	4480	4321
4207	4342	5082	6232	6074	7408	7848	8360	8201	8417	8183	9437	8535
3.10	2.97	2.70	2.58	2.36	2.12	2.13	2.22	2.29	2.20	2.19	2.11	1.98
5.3%	4.0%	4.4%	5.7%	7.1%	7.2%	7.4%	7.8%	7.4%	8.3%	7.1%	6.5%	6.0%
434	218	290	208	63	89	57	108	93	109	86	97	109
1234	1126	1170	1049	442	285	239	344	451	336	309	309	363
22	63	105	76	74	119	198	180	154	174	209	180	141
691	1041	1145	1386	1459	1695	1846	1750	1728	1656	1610	1945	1829
5	0	0	0	1	0	1	3	0	0	0	0	0
8	1	2	3	1	17	7	18	3	24	31	9	46
0%	20%	32%	53%	64%	64%	70%	72%	70%	64%	64%	62%	70%
38	61	97	112	159	182	203	209	205	208	198	206	176

TRUST BOARD REPORT : April-2021

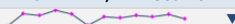


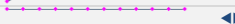

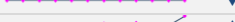
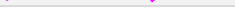

OPERATIONAL PERFORMANCE SUMMARY - SCARBOROUGH

REF	18 WEEKS REFERRAL TO TREATMENT
5.01	RTT Percentage of incomplete pathways within 18wks
5.02	RTT Waits over 52 weeks for incomplete pathways
5.10	RTT Waits over 78 weeks for incomplete pathways
5.11	RTT Waits over 104 weeks for incomplete pathways
5.05	RTT Total Waiting List
5.06	Number of RTT patients on Admitted Backlog (18+ weeks)
5.07	Number of RTT patients on Non Admitted Backlog (18+ weeks)
5.08	RTT Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring from Oct-2019)

TARGET	SPARKLINE / PREVIOUS MONTH
	
	
	
	
	
	
	
	

Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
62.4%	53.2%	44.9%	45.5%	56.3%	63.4%	68.2%	69.4%	68.6%	66.0%	66.1%	69.5%	70.7%
54	136	234	335	445	544	627	669	676	722	713	665	514
0	0	0	0	0	8	21	27	51	79	106	124	128
0	0	0	0	0	0	0	0	0	0	0	0	0
7856	7716	7860	7896	8374	8939	9068	9057	9200	8856	8640	9205	9766
1362	1639	1845	1836	1625	1710	1510	1378	1266	1239	1229	1245	1242
1590	1970	2484	2469	2034	1564	1370	1389	1620	1768	1698	1564	1624
16.8	19.1	20.2	20.0	19.2	18.2	17.2	16.8	16.8	17.0	16.6	15.3	14.6

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%	

Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
84.7%	94.3%	92.9%	96.9%	94.0%	85.6%	91.8%	91.1%	92.9%	91.9%	93.8%	90.4%	-
-	-	-	-	-	-	-	-	-	-	-	-	-
98.0%	100.0%	95.3%	98.0%	95.1%	95.8%	96.8%	96.6%	96.7%	97.6%	98.0%	95.6%	-
0.0%	54.5%	100.0%	100.0%	90.0%	66.7%	85.7%	100.0%	80.0%	50.0%	66.7%	100.0%	-
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
73.1%	72.2%	75.0%	70.3%	77.8%	79.1%	83.9%	77.8%	67.9%	57.1%	69.6%	77.8%	-
-	-	-	-	-	-	0.0%	0.0%	-	0.0%	-	0.0%	-
43.1%	45.8%	48.5%	50.2%	45.4%	46.1%	53.2%	50.0%	53.9%	41.1%	50.3%	64.6%	-

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

TRUST BOARD REPORT : April-2021

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)
1.21	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	

Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
4360	6257	6959	7970	8656	8586	8256	7282	7489	6945	6406	8628	9441
168	288	298	448	1057	1573	1377	1036	1515	1734	1143	1584	1645
96.2%	95.4%	95.7%	94.4%	87.8%	81.7%	83.3%	85.8%	79.8%	75.0%	82.2%	81.6%	82.6%
38%	36%	36%	36%	35%	35%	36%	40%	38%	38%	39%	37%	33%
18	26	15	27	70	215	141	106	185	359	169	172	139
0	0	0	0	0	0	0	0	0	4	0	0	0
91%	88%	88%	86%	78%	74%	74%	79%	77%	76%	79%	74%	72%
89%	80%	73%	66%	52%	47%	52%	60%	56%	57%	62%	52%	45%
0.8%	0.5%	0.6%	1.1%	1.5%	1.8%	1.3%	0.8%	1.7%	1.6%	1.3%	1.4%	1.5%
123	131	133	139	161	175	170	155	176	191	170	175	174
187	249	230	282	294	249	324	250	320	342	284	328	279
33	44	35	44	52	54	51	51	74	118	47	57	58
-	-	-	-	-	-	-	-	-	-	-	-	-
1	2	1	1	3	16	9	2	17	82	12	14	27
-	-	-	-	-	-	-	-	-	-	-	-	-
81.9%	79.0%	81.0%	78.3%	80.1%	80.2%	79.2%	77.5%	77.1%	71.2%	78.4%	80.1%	82.8%
116	125	129	135	159	174	167	152	165	182	162	168	173
171	175	165	173	206	254	228	214	269	334	259	252	236
54	56	48	48	57	88	75	75	103	170	108	83	43
0	1	0	1	4	4	6	3	9	18	14	4	7
0	1	0	0	4	30	14	10	57	171	46	42	20
-	-	-	-	-	-	-	-	-	-	-	-	-
1911	2339	2682	2994	3128	3158	3156	3061	3079	2873	2654	3292	2936
195	220	220	209	220	309	289	320	229	227	246	298	307
784	976	1147	1305	1324	1343	1355	1376	1262	1011	1095	1350	1308
391	426	452	475	544	600	614	599	618	676	556	656	591
34	28	11	15	20	31	34	28	35	30	36	40	25
277	398	467	510	555	581	710	653	563	531	468	-	-
118	119	124	97	126	153	156	164	166	194	167	173	158
87	116	110	108	115	140	155	167	147	188	170	157	135
24	31	23	20	19	33	43	34	40	53	45	42	41
24	28	27	24	20	28	40	42	48	51	39	27	27

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

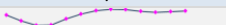
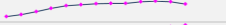





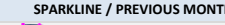
TARGET	SPARKLINE / PREVIOUS MONTH
120	

Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
5253	7290	10538	11885	11014	13190	13507	12849	12626	11138	10927	14220	13074
1253	2565	3919	4898	4604	5213	5742	5419	5156	4172	4687	6663	6018
642	737	856	1022	886	1158	1175	1200	1146	1058	1116	1252	1109
3358	3988	5763	5965	5524	6819	6590	6230	6324	5908	5124	6305	5947
3508	4216	5886	7279	6750	8237	8595	9103	8702	8633	7743	10472	9686
12286	13037	16552	18913	18309	22721	23611	24328	22068	22870	22050	27395	24842
3.50	3.09	2.81	2.60	2.71	2.76	2.75	2.67	2.54	2.65	2.85	2.62	2.56
3.8%	4.1%	4.2%	4.8%	6.0%	6.1%	6.0%	6.2%	5.8%	6.6%	6.1%	5.4%	5.4%
897	435	444	499	173	160	131	155	123	224	162	118	133
2621	2065	2401	3392	1750	1582	1222	932	820	700	693	824	807
87	107	149	265	277	297	359	325	359	262	296	357	327
1262	1406	2269	3049	2988	3744	4056	3879	3702	2997	2868	3605	3962
9	0	3	0	1	3	4	5	10	121	10	4	1
13	3	17	25	36	40	58	71	34	159	56	64	68
41%	34%	47%	70%	75%	66%	67%	68%	66%	54%	61%	73%	77%
66	37	167	425	427	511	523	503	470	396	441	430	453

TRUST BOARD REPORT : April-2021

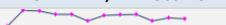

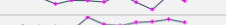



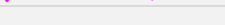

OPERATIONAL PERFORMANCE SUMMARY - YORK

REF	18 WEEKS REFERRAL TO TREATMENT
5.01	RTT Percentage of incomplete pathways within 18wks
5.02	RTT Waits over 52 weeks for incomplete pathways
5.10	RTT Waits over 78 weeks for incomplete pathways
5.11	RTT Waits over 104 weeks for incomplete pathways
5.05	RTT Total Waiting List
5.06	Number of RTT patients on Admitted Backlog (18+ weeks)
5.07	Number of RTT patients on Non Admitted Backlog (18+ weeks)
5.08	RTT Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring from Oct-2019)

TARGET	SPARKLINE / PREVIOUS MONTH
	
	
	
	
	
	
	
	

Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
57.0%	47.8%	40.6%	40.9%	51.0%	58.4%	64.1%	66.5%	65.8%	62.9%	61.2%	62.5%	63.5%
104	316	676	1025	1319	1442	1549	1581	1575	1784	1868	1781	1509
0	0	0	0	0	12	37	72	140	240	304	399	449
0	0	0	0	0	0	0	0	0	0	0	1	8
17091	17172	17197	17211	17767	18103	18840	18589	18840	18298	18553	19486	20303
4144	4803	5269	5346	5029	4309	3808	3338	3109	3102	3099	3110	3064
3207	4163	4945	4827	3677	3223	2953	2886	3343	3685	4094	4202	4344
18.1	20.6	21.9	22.0	21.4	20.3	18.7	17.9	18.2	18.8	18.8	17.8	17.3

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%	

Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
85.7%	97.8%	97.2%	94.5%	94.5%	89.8%	93.9%	94.4%	94.7%	89.7%	92.1%	91.4%	-
90.9%	95.7%	97.6%	96.4%	95.1%	95.1%	88.0%	93.9%	97.3%	80.0%	92.6%	92.6%	-
98.9%	99.2%	98.6%	96.6%	97.7%	97.6%	97.2%	99.6%	97.1%	95.0%	99.4%	97.5%	-
75.0%	85.7%	85.0%	85.2%	79.2%	100.0%	88.6%	86.4%	92.1%	92.9%	96.4%	91.7%	-
100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
74.9%	86.6%	86.3%	82.3%	83.6%	74.9%	71.2%	73.0%	79.1%	73.4%	72.6%	72.8%	-
100.0%	-	-	-	-	-	96.8%	97.7%	86.7%	91.7%	97.6%	97.1%	-
55.1%	72.1%	67.1%	68.5%	65.1%	66.8%	63.2%	63.7%	69.0%	56.9%	62.8%	71.1%	-

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

DIGITAL AND INFORMATION SERVICE

April-2021

Produced May 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

Digital and Information Service: April-2021

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 the Digital and Information Service

Executive Summary:

Key discussion points for the Board are:

The Digital and Information Service is making exciting progress across many fronts which in of itself is a challenge with due consideration for the capacity of the service to do all of these things in parallel.

These include:

- The initial £2M out of £11.3M investment has been allocated by the trust to deliver the Essential IT Services Programme, which is to address the backlog maintenance for critical IT infrastructure necessary in order to mitigate the risks of major IT failure and cyber security attack. Detailed planning and prioritisation work is being completed, with the support of a third party that includes the majority of the teams, to deliver by mid to late June with a view of delivering the projects themselves from that date.
- In order to secure external funds from NHSX the Trust are progressing with the development of a Strategic Outline Case for the future Electronic Patient Record (EPR) Strategy for both the Trust and the ICS which brings into question the future of CPD our current system.
- Our review of our business intelligence and reporting capabilities is close to completion with recommendations and an outline case for how we improve this area and in particular integrate work across the ICS.
- A future structure and proposal has been developed for the future of the Digital and Information Service which will involve extensive staff consultation and change

This is alongside 49 current “in flight” priority programmes of work which are on a critical path for delivery that include, not exclusively, technology to manage Rapid Expert Input, the rationalisation and digitisation of Clinical Nursing Documentation, the migration to Microsoft Office 365, the implementation of a new Radiology Information System, a regional Laboratory Information Management System as examples.

The trust have gone through a prioritisation process to bring the number of projects down to 49

As such it is important that no more new initiatives are added to that which is already on without stopping something first.

Recommendation:

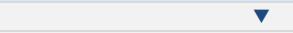
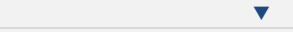

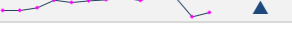
The Board is asked to receive the report and note the impact on the DIS KPIs and the actions being taken to address the performance challenges.




Author(s): Dylan Roberts, Chief Digital Information Officer
Simon Hayes, IT Service and Infrastructure Transformational Lead

Director Sponsor: Dylan Roberts, Chief Digital Information Officer
Date: Apr 2021

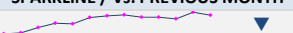

TRUST BOARD REPORT: April-2021

DIGITAL AND INFORMATION SERVICE

REF	INFRASTRUCTURE & SERVICE MANAGEMENT TRANSFORMATION	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
9.03	Number of end user devices over 4 years old		 ▼	-	-	-	-	-	-	-	-	-	-	-	4533	4483
9.04	Total number of calls to Service Desk		 ▼	-	-	-	-	-	-	-	-	-	-	-	4271	4178
9.05	Total number of calls abandoned		 ▼	-	-	-	-	-	-	-	-	-	-	-	1425	1224
9.07	Number of Open calls (last day of month)		 ▲	2329	2339	2491	2950	2808	2903	2965	3075	2932	3250	3146	1965	2212

REF	INFORMATION GOVERNANCE	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
9.10	Number of incidents reported and investigated		 ▼	18	20	23	24	30	23	43	28	38	39	27	44	26
9.11	Number of Patient SARs		 ▲	111	79	154	170	118	134	154	122	112	144	157	170	247
9.12	Number of Patient SARs processed within one calendar month*		 ▲	110	79	153	169	118	134	153	122	112	144	157	170	288
9.13	Number of FOIs received (quarterly)			-	-	105	-	-	162	-	-	173	-	-	192	-
9.14	Percentage of FOIs responded to within 20 working days (quarterly)			-	-	81%	-	-	69%	-	-	78%	-	-	51%	-
9.15	Number of IG complaints made about Trust data handling to ICO			0	0	0	0	0	0	0	0	0	0	0	0	0

* Refers to SARs received in previous calendar month but completed in report month.

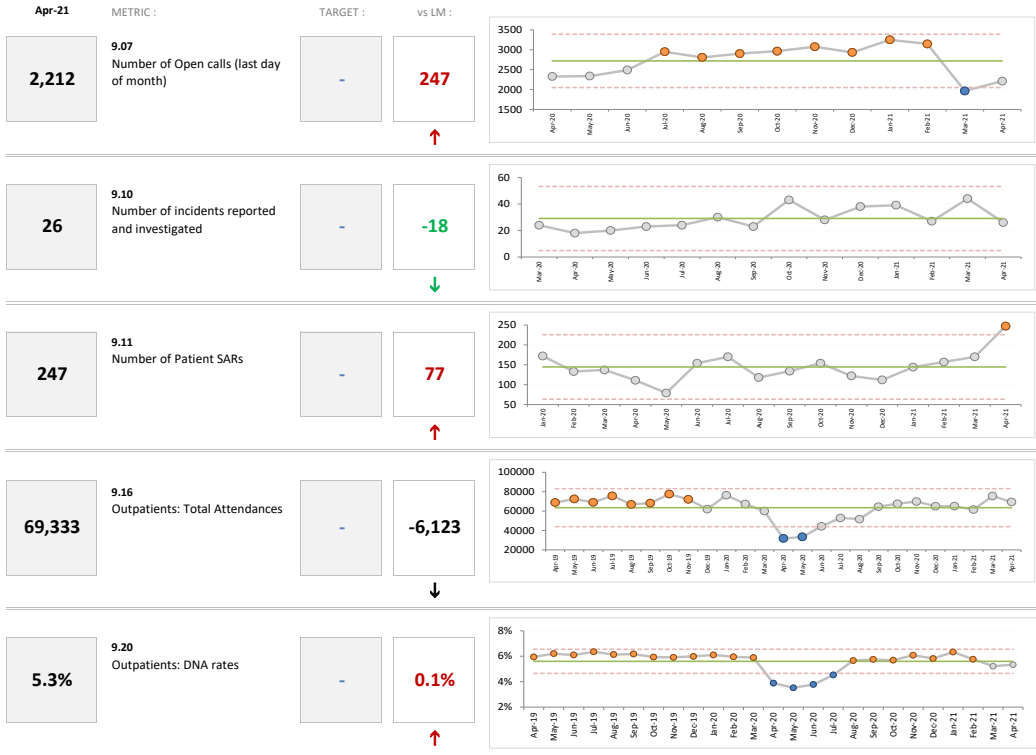
REF	OUTPATIENT TRANSFORMATION	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
9.16	Outpatients: Total Attendances		 ▼	31802	33448	44264	52912	51707	64566	67502	69798	64922	65000	61502	75456	69333
9.20	Outpatients: DNA rates		 ▲	3.9%	3.5%	3.8%	4.5%	5.7%	5.7%	5.7%	6.1%	5.8%	6.3%	5.8%	5.2%	5.3%

KEY:

- SAR Subject Access Request
- FOI Freedom of Information
- IG Information Governance
- ICO Information Commissioner's Office
- DNA Did Not Attend

TRUST BOARD REPORT: April-2021

DIGITAL AND INFORMATION SERVICE: Infrastructure and Service Management Transformation; Information Governance; Outpatient Transformation



HIGHLIGHTS FOR BOARD TO NOTE:

Infrastructure and Service Management Transformation

The Infrastructure, Service and operations team(s) within DIS continue to mature the development of management and governance including KPI management and reporting (internal within DIS and external out in to the Trust). The development centres around ensuring Infrastructure, Service and Operations implement and report against the right KPI's that provide information and value across the Trust. The team are currently working on a new set of KPI's (including systems availability, major incident numbers and associated downtime) and the tools that will provide the information to manage and govern them once initiated. The introduction of new KPI's will be iteratively delivered over the next six months.

In the period of time up until new KPI's being introduced the team will continue to report against the current set of KPI's and carry out actions (as part of service improvement and the Essential Services Programme) to drive ongoing improvement.

Current KPI's:

Aged end user estate - April's data shows the same number as March due to the fact that devices ordered (desktop and laptop) are just landing with DIS, and the refresh has just recently started in earnest, focused on core impact areas i.e. devices over 8 years old (circa 1800 devices) and those in critical areas i.e. wards.

The key areas of focus in DIS Service Desk (focused on the current KPI's) is enhancing ways of operation to reduce the number of abandoned calls, reduce the on hold wait time (KPI to come) and reduction of aged incidents.

Outpatient Transformation

The number of outpatients seen via either telephone or video in April equated to 25.9% of all attendances.