Board of Directors – Blue Box

30 September 2021

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

August-2021

Produced September-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
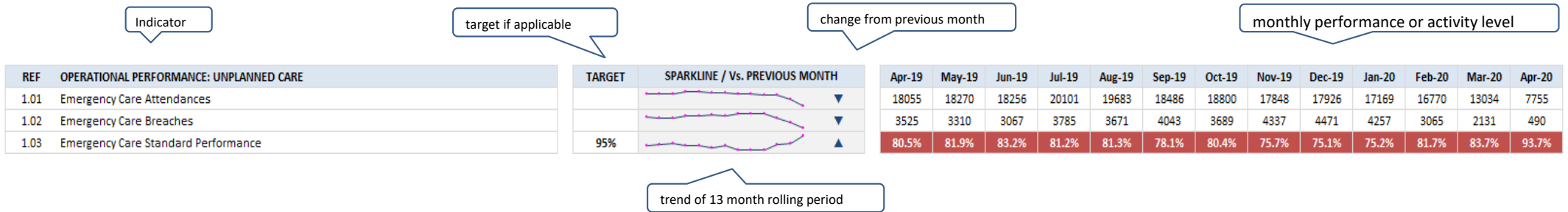To ensure financial stability

Report produced by:
Information Team

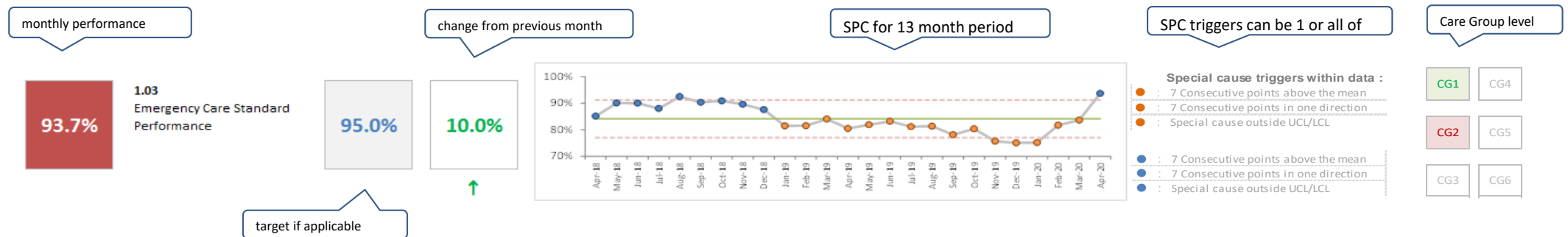# Integrated Performance Report : August-2021

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.

Indicator

target if applicable

change from previous month

monthly performance or activity level

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

trend of 13 month rolling period

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.

monthly performance

change from previous month

SPC for 13 month period

SPC triggers can be 1 or all of

Care Group level

93.7%

1.03
Emergency Care Standard Performance

95.0%

10.0% ↑

target if applicable

Special cause triggers within data :
● : 7 Consecutive points above the mean
● : 7 Consecutive points in one direction
● : Special cause outside UCL/LCL

● : 7 Consecutive points above the mean
● : 7 Consecutive points in one direction
● : Special cause outside UCL/LCL

CG1 CG4
CG2 CG5
CG3 CG6

4

QUALITY AND SAFETY REPORT

August-2021

Produced September-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

5

Quality and Safety Report: August-2021

Executive Summary

Trust Strategic Goals:

X	to deliver safe and high quality patient care as part of an integrated system
X	to support an engaged, healthy and resilient workforce
X	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:

11 Serious Incidents were in August. These investigations are underway.

The amount of incidents that remain open more than 1 month has increased to 886 incidents. The Care Groups are working to review and close these.

There appears to be more claims settled this month; however this is due to a backlog of data for the claim to settle, this is explained in further detail on page 3.

There has been an increase in Falls and Pressure Ulcers, although there is a reduction in Medication incidents. These 3 categories of incidents have regular monthly meetings which focus on improvements.

Unfortunately, complaints data has not been updated. This will be resolved and updated in October's IBR.

There has been 1 confirmed case of MRSA in August, the first in over 12 months. A post incident review (PIR) is being undertaken.

Trust compliance with 14 hour post take remains below 80%, however Trust compliance with NEWS2 scores within 1 hour has improved and remains above 90% compliance. These are monitored by Care Groups and the SAFER meeting.

When compared to August 2020, the number of deaths per 1000 bed days has increased in August 2021 to 8.55 per 1,000 bed days. There were 11 Structured Judgement Casenote Reviews (SJCR's) requested. The SJCR's requested were as a result of the following; 7 x medical examiner review, 1 x Nok Concern/Complaint 3 x - learning disabilities.

In August 2021 the top 3 causes of death were Pneumonia, Sepsis and Myocardial Infarction. The learning from deaths group will focus on learning from deaths; the quarterly report will identify learning and actions.

For Maternity, there were 2 cases referred to HSIB for external investigations which met the national criteria.

The rate for caesarean sections has increased further at both sites; although emergency caesarean section rate at both sites reduced in August.

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

6

QUALITY AND SAFETY SUMMARY: (i)

REF	SERIOUS INCIDENTS (data is based on SI declaration date except given final report)	Sparkline / Previous Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
1.01	Number of SI's reported	▼	6	10	9	12	18	10	6	14	14	12	21	20	11
1.02	% SI's notified within 2 working days of SI being identified	◄►	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
1.03	Number of SIs where Duty of Candour is Applicable (Moderate or Above Harm)	▼	5	7	9	10	15	5	6	13	14	12	16	20	9
1.04	Number of SIs Where Stage 2 (Written) Duty Of Candour is Outstanding (Moderate or Above Harm)	▲	0	0	0	1	0	0	0	0	0	0	1	1	2
1.05	% Compliance with Stage 2 (Written) Duty of Candour for Serious Incidents (Moderate or Above Harm)	▼	100%	100%	100%	90%	100%	100%	100%	100%	100%	100%	94%	95%	78%
1.06	-Invitation to be involved in Investigation (Clinical SIs Only)	▼	1	3	4	2	10	3	1	6	3	2	10	8	3
1.07	-Given Final Report (If Requested - Clinical SIs Only - based on Investigation End Date)*	◄►	4	0	5	1	2	4	3	6	3	1	7	2	2

*Data for 1.07 has been refreshed prior to Feb-21 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)	Target	Sparkline / Previous Month	TOTAL	* For Incidents Reported Between 01/09/20 and 17/08/21
1.10	Incident Graded Moderate or Above			304	
1.11	Stage 1 - Verbal Apology Given			285	
1.12	Stage 2 - Written Apology Given			274	
1.14	% Compliance with Stage 2 (Written) Duty of Candour			90%	
1.15	Stage 3 - Final Written Summary Due (for incidents reported in Jan or Feb 21)			32	
1.16	Stage 3 - Final Written Summary Completed (for incidents reported in Jan 21 or Feb 21)			29	

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.

The Trust introduced a three stage Duty of Candour process on 18 January 21, which requires a final written summary of the investigation findings and actions taken being sent within 6 months of the incident being reported. Data on the third stage of Duty of Candour is now included above. However, compliance with Duty of Candour continues to be measured as compliance with Stage 2 where an initial written apology is provided, due to the long time period for completion of the third stage.

REF	CLAIMS	Sparkline / Previous Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
1.20	Number of Negligence Claims	▼	11	19	20	12	11	9	17	13	11	11	8	13	12
1.21	Number of Claims settled per Month	▲	4	3	2	1	1	2	2	1	4	1	1	1	13
1.22	Amount paid out per month	▲	111,000	415,686	12,510,000	10,654,648	7,500	29,000	36,500	32,500	739,500	287,582	20,000	9,500	1,453,644
1.23	Reasons for the payment		Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability

Please note that damages data may be adjusted some time after a claim has been settled if there is a delay in agreeing a final settlement, hence data is subject to change.

Significant work has recently been undertaken by care groups to identify learning points from all claims settled in the last year. In order to capture this information in the weekly report to the Quality & Safety meeting the actual date of settlement has been omitted from the datix claim record until such point the learning information has been available for circulation. This has resulted in a slight backlog of claims settlement dates being recorded on Datix, hence the apparent rise in the number of claims settled in August. This may also occur in September whilst the backlog is cleared, but going forward the learning information will be available at a much earlier stage, before settlement is agreed, and so the settlement dates will be more accurately reflected.

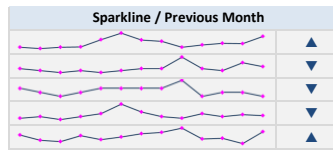| REF	MEASURES OF HARM	Target	Sparkline / Previous Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
1.30	Incidents Reported		▼	1,263	1,262	1,392	1,363	1,309	1,497	1,319	1,416	1,364	1,462	1,458	1,493	1,365
1.31	Incidents Resulting in No or Minor Low Harm Not Completed Within 1 Month of Reporting		▲	-	-	-	-	-	-	-	-	-	-	-	655	886
1.32	Patient Falls		▲	178	198	222	221	187	261	221	214	208	212	191	199	242
1.33	Pressure Ulcers - Newly Developed Ulcer		▲	87	90	74	102	94	138	117	94	89	94	82	93	105
1.34	Pressure Ulcers - Deterioration of Pressure Ulcer		▲	16	12	14	7	22	22	15	20	25	23	24	12	15
1.35	Pressure Ulcers - Present on Admission		▲	148	111	142	145	159	174	164	201	167	167	150	185	193
1.36	Degree of harm: serious or death		▲	4	5	8	7	6	9	5	8	9	4	7	7	8
1.37	Medication Related Errors		▼	108	125	100	140	105	157	115	124	128	165	156	150	124
1.38	VTE risk assessments	95%	▲	94.2%	95.3%	95.2%	95.0%	94.3%	94.7%	94.4%	94.2%	93.3%	94.1%	92.5%	92.9%	93.3%
1.39	Never Events	0	◄►	0	0	0	0	0	0	0	1	0	0	0	0	0

As at the beginning of November, the degree of harm is being determined by the incident reporter at the time of reporting rather than being determined during the investigation. 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.

Incident reporting monitoring now shows the number of investigations resulting in no or minor/low harm where the investigation has not been completed within 1 month of the incident being reported (excluding incidents which are subject to more in-depth investigation via the SI or 72 Hour reporting process. This data also excludes incidents referred to external organisations for investigation). The data shows the position for the last 11 months in the reporting period (as incidents in the most recently reported month may not yet be completed).

7
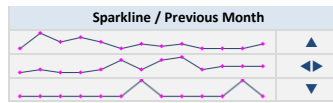
TRUST BOARD REPORT : August-2021

QUALITY AND SAFETY SUMMARY: (ii)

PRESSURE ULCERS***

REF	PRESSURE ULCERS***	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
1.40	Number of Category 2	57	54	57	58	74	89	73	70	57	62	66	65	81
1.41	Number of Category 3	3	2	1	2	1	2	3	3	9	3	2	6	4
1.42	Number of Category 4	2	1	0	1	2	2	2	2	4	0	1	1	0
1.43	Total no. developed/deteriorated while in our care (care of the org) - acute	67	74	62	74	87	127	94	74	67	87	75	82	79
1.44	Total no. developed/deteriorated while in our care (care of the org) - community	36	28	26	35	29	33	38	40	47	30	31	23	41

FALLS****

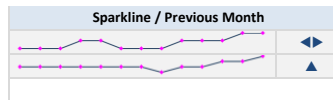| REF	FALLS****	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
1.50	Number of falls with moderate harm	2	9	5	7	5	2	4	3	4	2	2	2	4
1.51	Number of falls with severe harm	0	1	0	0	1	4	1	4	5	1	2	2	2
1.52	Number of falls resulting in death	0	0	0	0	0	0	1	0	0	0	0	1	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.

DRUG ADMINISTRATION

REF	DRUG ADMINISTRATION	Target	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
10.20	Medication Incidents Resulting in Moderate Harm, Serious/Severe Harm or Death		0	2	1	2	0	2	0	0	0	0	1	1	0
10.21	Insulin Incidents		15	16	7	15	7	13	9	19	8	14	13	16	14
10.22	Antimicrobial Incidents		13	15	10	14	12	16	14	13	18	18	19	11	13
10.23	Opiate Incidents		23	20	28	25	30	30	27	23	27	43	39	26	29
10.24	Anticoagulant Incidents		9	6	16	14	6	13	15	8	10	14	13	19	7
10.25	Missed Dose Incidents		18	28	21	24	14	38	26	23	15	41	32	41	34
10.26	Discharges Incidents		11	9	14	11	11	12	14	17	32	22	19	11	16
10.27	Prescribing Errors		22	42	31	33	18	33	25	32	22	37	42	35	46
10.28	Preparation and Dispensing Incidents		6	13	7	14	4	8	6	11	10	14	12	12	5
10.29	Administrating and Supply Incidents		58	49	45	58	52	73	54	58	68	75	70	72	51

SAFEGUARDING

REF	SAFEGUARDING	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
1.70	% of staff compliant with training (children)	86%	86%	86%	87%	87%	86%	86%	86%	87%	87%	87%	88%	88%
1.71	% of staff compliant with training (adult)	87%	87%	87%	87%	87%	87%	87%	86%	87%	87%	88%	88%	89%
1.72	% of staff working with children who have review DBS checks													

PATIENT EXPERIENCE: COMPLAINTS, PALS AND FFT

REF	PATIENT EXPERIENCE: COMPLAINTS, PALS AND FFT	Target	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
2.01	New complaints this month †		29	39	46	46	37	36	48	56	41	34	57	56	-
2.02	% Complaint responses closed within target timescale	30 days	57%	50%	58%	71%	65%	61%	81%	64%	74%	50%	71%	61%	-
	CG1	30 days	63%	63%	37%	71%	43%	25%	69%	44%	61%	31%	67%	50%	-
	CG2	30 days	60%	43%	75%	33%	61%	33%	70%	70%	78%	67%	100%	67%	-
	CG3	30 days	54%	40%	60%	75%	71%	82%	100%	71%	92%	57%	56%	75%	-
	CG4	30 days	50%	0%	100%	100%	100%	-	100%	100%	75%	100%	75%	67%	-
	CG5	30 days	75%	100%	80%	100%	100%	83%	100%	100%	100%	60%	83%	63%	-
	CG6	30 days	40%	33%	63%	50%	67%	50%	67%	50%	43%	50%	71%	50%	-
2.03	New PALS concerns this month		149	174	134	104	92	86	132	132	144	142	159	166	-
2.04	% PALS responses closed within target timescale	10 days	74%	76%	71%	69%	73%	77%	86%	71%	74%	74%	77%	77%	-
	CG1	10 days	64%	71%	73%	67%	69%	69%	92%	74%	73%	67%	67%	66%	-
	CG2	10 days	63%	72%	58%	59%	56%	78%	72%	63%	96%	90%	95%	80%	-
	CG3	10 days	71%	70%	63%	69%	85%	67%	88%	68%	68%	63%	69%	84%	-
	CG4	10 days	100%	88%	91%	83%	71%	75%	88%	100%	82%	100%	92%	90%	-
	CG5	10 days	86%	86%	86%	75%	71%	100%	100%	77%	67%	55%	69%	76%	-
	CG6	10 days	77%	82%	74%	68%	88%	79%	86%	67%	50%	72%	87%	76%	-
2.05	FFT - York ED Recommend % ‡	90%	85.6%	90.7%	91.7%	91.7%	90.4%	93.0%	94.3%	91.5%	86.4%	96.0%	85.0%	78.2%	-
2.06	FFT - Scarborough ED Recommend % ‡	90%	82.9%	87.9%	93.9%	92.6%	87.1%	83.9%	88.4%	85.7%	84.3%	93.5%	83.3%		-
2.07	FFT - Trust ED Recommend % ‡	90%	84.8%	89.7%	92.2%	91.9%	90.0%	91.6%	93.5%	90.7%	86.0%	95.5%	85.4%	78.8%	-
2.08	FFT - Trust Inpatient Recommend % ‡	90%	95.3%	96.1%	94.9%	98.7%	97.7%	98.8%	95.3%	98.2%	98.0%	98.3%	97.4%	97.0%	-
2.09	FFT - Trust Maternity Recommend % ‡	90%	-	-	98.7%	99.5%	99.5%	98.4%	100.0%	99.7%	100.0%	100.0%	99.1%	98.4%	-

† Please note that the Feb-21 figure for New Complaints has been corrected to 48. On previous reports it was stated as 42.

‡ Due to unforeseen circumstances the August-21 data for Complaints and PALS is unavailable for this month's report. Care group data is available on their Datix patient experience dashboards to help manage cases.

TRUST BOARD REPORT : August-2021

QUALITY AND SAFETY SUMMARY: (iii)

REF	CARE OF THE DETERIORATING PATIENT	Target	Sparkline / Previous Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
3.01	14 hour Post Take - York *	90%	▼	80%	80%	83%	83%	81%	79%	82%	79%	79%	79%	81%	79%	78%
3.02	14 hour Post Take - Scarborough *	90%	▼	69%	70%	78%	80%	77%	78%	81%	82%	81%	82%	83%	81%	79%
3.03	NEWS within 1 hour of prescribed time	90%	▲	91.2%	89.9%	89.9%	89.8%	89.6%	87.7%	89.6%	91.0%	91.8%	91.1%	90.8%	90.3%	90.5%
3.04	Elective admissions: EDD within 24 hours of admission	93%	▲	94.1%	90.1%	92.2%	93.3%	93.2%	93.9%	94.8%	94.1%	93.8%	94.1%	92.8%	90.2%	91.6%

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

REF	MORTALITY INFORMATION	Target	Sparkline / Previous Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
10.33	Summary Hospital Level Mortality Indicator (SHMI)	1.00	◄►	0.99	0.99	1.00	0.99	0.99	0.99	0.97	0.96	0.95	0.95	-	-	-

REF	4AT ASSESSMENT	Target	Sparkline / Previous Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
5.01	4AT Screening	90%	▼	63.6%	58.7%	60.0%	59.4%	58.8%	54.8%	53.4%	62.2%	63.1%	64.3%	67.8%	76.1%	73.5%

REF	INFECTION PREVENTION	Target*	Sparkline / Previous Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
6.01	Clostridium Difficile - meeting the C.Diff objective		◄►	7	11	4	11	6	10	5	6	7	12	12	13	13
6.02	Clostridium Difficile - meeting the C.Diff objective - cumulative			25	36	40	51	57	67	72	78	7	19	31	44	57
6.03	MRSA - meeting the MRSA objective	0	▲	0	0	0	0	0	0	0	0	0	0	0	0	1
6.04	MSSA			3	4	6	7	11	7	7	3	5	7	8	7	7
6.05	MSSA - cumulative			17	21	27	34	45	52	59	62	5	12	20	27	34
6.06	ECOLI		▲	13	9	23	14	6	20	7	17	15	12	20	11	13
6.07	ECOLI - cumulative			63	72	95	109	115	135	142	159	15	27	47	58	71
6.08	Klebsiella		◄►	4	8	7	4	4	6	6	3	5	3	4	7	7
6.09	Klebsiella - cumulative			18	26	33	37	41	47	53	56	5	8	12	19	26
6.10	Pseudomonas		▼	1	2	2	3	0	3	2	0	3	4	1	4	2
6.11	Pseudomonas - cumulative			8	10	12	15	15	18	20	20	3	7	8	12	14
6.12	MRSA Screening - Elective	95%	▼	82.47%	86.44%	83.08%	79.49%	78.15%	82.46%	81.34%	83.64%	78.83%	85.44%	84.24%	90.56%	89.87%
6.13	MRSA Screening - Non Elective	95%	▲	92.42%	91.12%	92.12%	89.59%	89.78%	87.57%	90.04%	91.93%	90.71%	91.15%	90.58%	87.69%	87.72%

* Thresholds to be confirmed for 2021-22 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
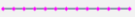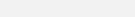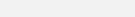
REF	DOLS	Target	Sparkline / Previous Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
8.01	Standard Authorisation Status Unknown: Local Authority not informed the Trust of outcome		▲	1	1	4	8	6	9	5	6	4	32	12	8	19
8.02	Standard Authorisation Not Required: Patient no longer in Trust's care and within 7 day self-authorisation		▼	6	31	19	54	25	34	34	31	44	15	61	53	23
8.03	Under Enquiry: Safeguarding Adults team reviewing progress of application with Local Authority or progress with ward		▼	24	9	20	17	14	8	21	11	9	9	8	16	5
8.04	Standard Authorisation Granted: Local Authority granted application		◄►	0	0	0	0	0	0	1	0	0	0	0	0	0
8.05	Application Not Granted: Local Authority not granted application		◄►	1	0	0	0	0	0	0	0	0	0	0	0	0
8.06	Application Unallocated as Given Local Authority Prioritisation: Local Authority confirmed receipt but not yet actioned application		▼	20	10	9	10	6	14	10	13	6	21	8	10	7
8.07	Safeguarding Adults concerns reported to the Local Authority against the Trust		▼	3	6	6	11	4	8	8	9	11	4	8	11	7
8.08	Application Withdrawn: Patient no longer in Trust's care within the Local Authority 8 week period for assessment		▼	15	9	10	11	13	9	7	4	5	4	6	6	5

9

QUALITY AND SAFETY SUMMARY: (iv) QUANTITATIVE TABLE

REF	Indicator	Consequence of Breach	Threshold	Sparkline / Previous Month		Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	May-21	Jun-21	Jul-21	Aug-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		◄►	-	-	-	-	-	-	-	-
9.02	No urgent operation should be cancelled for a second time*	£5,000 per incidence in the relevant month	0		◄►	-	-	-	-	-	-	-	-
9.03	Sleeping Accommodation Breach	£250 per day per Service User affected	0		▲	0	0	8	22	16	15	18	-
9.04	% Compliance with WHO safer surgery checklist (not currently recorded)	No financial penalty	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%		▼	99.95%	99.91%	99.93%	99.95%	99.95%	99.90%	99.81%	-
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%		▼	99.58%	99.51%	99.52%	99.78%	99.67%	99.61%	99.25%	-
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		▲	12.10%	8.04%	7.61%	5.81%	5.22%	3.97%	5.07%	-
	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%		▲	75.17%	85.06%	88.78%	88.16%	69.39%	84.72%	83.91%	83.82% (Prov.)
	Stroke Performance against Sentinel Stroke National Audit Programme (SSNAP)	As set out in Service Condition 3 and General Condition 9	Best Practice Standards	Quarterly summary of performance against SSNAP indicators as submitted to RCP. Stroke service exception action plan to be produced and tabled at sub CMB quarterly.									
9.09	Number/Percentage women who have seen a midwife by 12 weeks and 6 days (as per IPMR definition)	General Condition 9	90.00%		▼	93.29%	93.03%	91.36%	94.32%	95.68%	92.67%	90.43%	87.93%
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 (not currently recorded)	General Condition 9	95.00%			-	-	-	-	-	-	-	0.00%
	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

† Due to a recent change in validation process, the August-21 figure for Rapid Access Chest Pain Clinic is provisional only

10

TRUST BOARD REPORT : August-2021

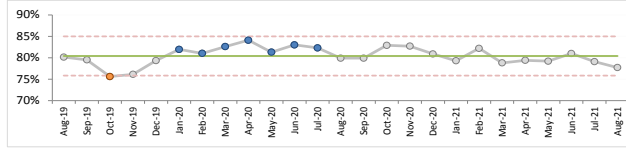## QUALITY AND SAFETY: CARE OF DETERIORATING PATIENT

Aug-21	METRIC :	TARGET :	vs LM :		
77.7%	**3.01** 14 hour Post Take - York	90.0%	-1.4% ↓		CG1 CG4 / CG2 CG5 / CG3 CG6
79.0%	**3.02** 14 hour Post Take - Scarborough	90.0%	-2.3% ↓		CG1 CG4 / CG2 CG5 / CG3 CG6
87.9%	**10.01** NEWS within 1 hour (York)	90.0%	0.1% ↑		CG1 CG4 / CG2 CG5 / CG3 CG6
93.9%	**10.02** NEWS within 1 hour (Scarb)	90.0%	0.1% ↑		CG1 CG4 / CG2 CG5 / CG3 CG6
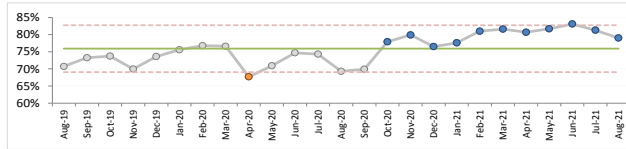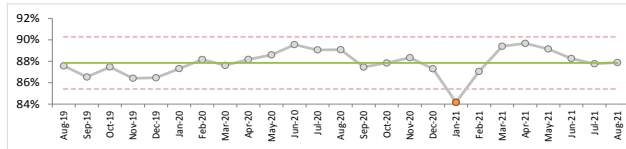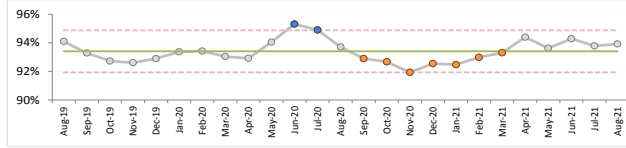
HIGHLIGHTS FOR BOARD TO NOTE :

Compliance with 14 hour post take has reduced further in August at both sites.
York has reduced by 1.4% and Scarborough by 2.3% respectively.
Looking at the data, Scarborough, although compliance has reduced further, there is a trend of points above the mean which indicate sustained increased. Albeit, the recent two data points, show a downward trend in compliance.
Compliance for undertaking NEWS compliance within 1 hour has increased at both sites in August; both York and Scarborough have increased by 0.1%.
York is now 87.9% with Scarborough at 93.9%.

TRUST BOARD REPORT : August-2021

QUALITY AND SAFETY: CARE OF DETERIORATING PATIENT
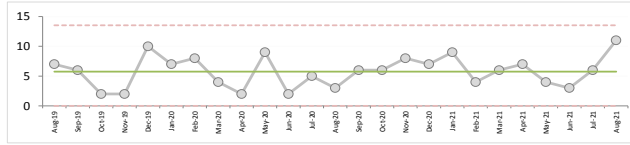
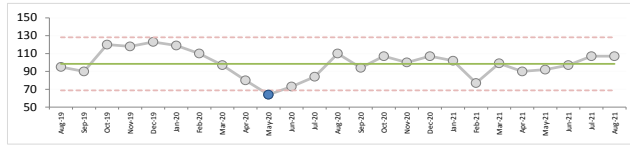| Aug-21	METRIC :	TARGET :	vs LM :		
11	**10.10** Crash Calls (York)	-	**5** ↑		
4	**10.12** Crash Calls (Scarb)	-	**0**		
195	**10.13** Calls to Outreach Team (York)	-	**-17** ↓		
107	**10.14** Calls to Outreach Team (Scarb)	-	**0**		
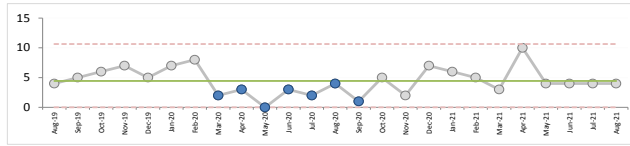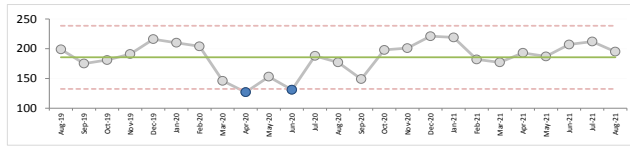
HIGHLIGHTS FOR BOARD TO NOTE :

Cardiac arrests in SGH remain static and low. There has been a jump in cardiac arrests on the York site to 11 which is significantly more than the previous months. Conclusions are unable to be drawn at present as we await a meeting next week. We are in the process of encouraging calls for help via the 2222 bleep, in addition to cardiac arrests. There may be some calls for help included within this dataset, but cannot confirm yet.
Calls to outreach have remained static at both sites.

12

TRUST BOARD REPORT : August-2021

QUALITY AND SAFETY: MEDICATION INCIDENTS

Aug-21	METRIC :	TARGET :	vs LM :	
0	**10.20** Medication Incidents Resulting in Moderate Harm, Serious/Severe Harm or Death	-	-1 ↓	
14	**10.21** Insulin Incidents	-	-2 ↓	
13	**10.22** Antimicrobial Incidents	-	2 ↑	
29	**10.23** Opiate Incidents	-	3 ↑	
7	**10.24** Anticoagulant Incidents	-	-12 ↓	
34	**10.25** Missed Dose Incidents	-	-7 ↓	
16	**10.26** Discharges Incidents	-	5 ↑	
46	**10.27** Prescribing Errors	-	11 ↑	
5	**10.28** Preparation and Dispensing Incidents	-	-7 ↓	
51	**10.29** Administrating and Supply Incidents	-	-21 ↓	

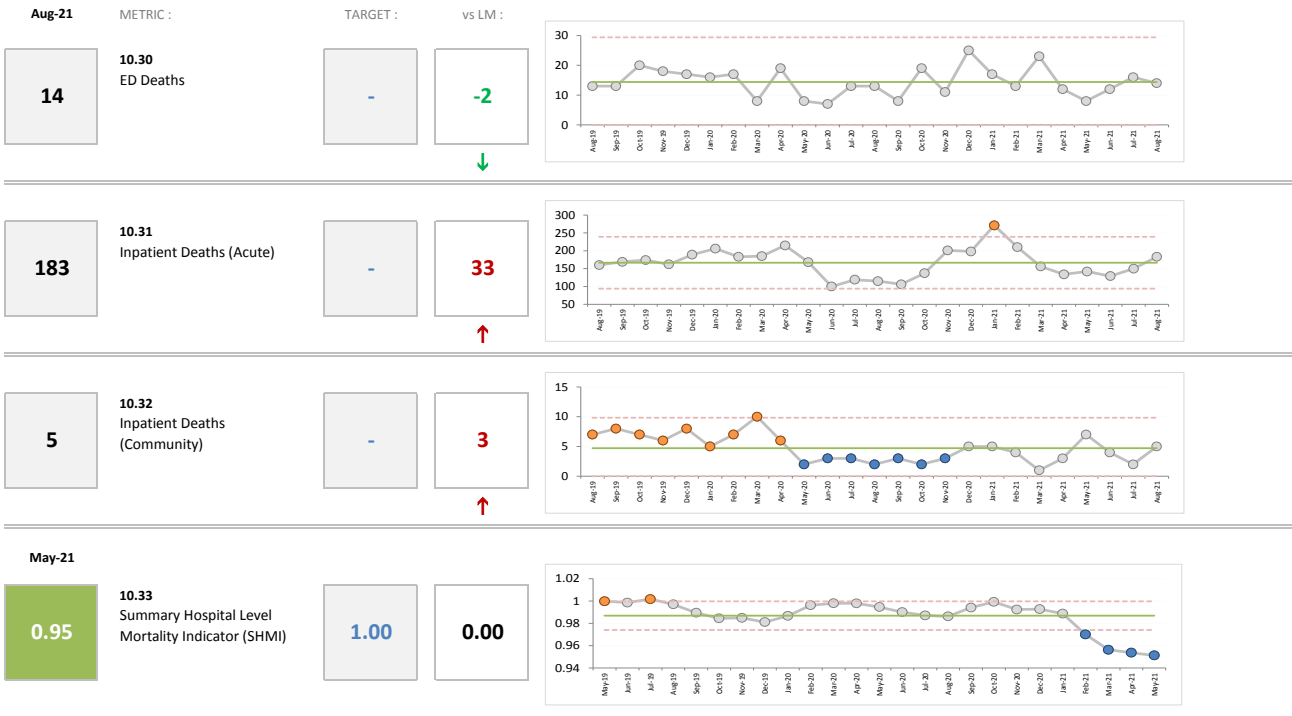**HIGHLIGHTS FOR BOARD TO NOTE :**

There were 129 medication related incidents during August, none of which caused moderate or above harm

All categories of incidents and those relating to high risk medicines remained within normal variance

There appears to be an increase in incidents relating to delays in prescribing or inaccuracies with patient's usual medication on admission which is probably a reflection of the service pressures. These have been escalated in the Care Group Medicines Optimisation reports and Care Groups asked to support juniors in prescribing. Pharmacy Staff are already supporting medication history taking within ED at Scarborough and there is a post been advertised for a similar role at YDH

13

QUALITY AND SAFETY : MORTALITY

Aug-21	METRIC :	TARGET :	vs LM :	
14	10.30 ED Deaths	-	-2 ↓	
183	10.31 Inpatient Deaths (Acute)	-	33 ↑	
5	10.32 Inpatient Deaths (Community)	-	3 ↑	

May-21				
0.95	10.33 Summary Hospital Level Mortality Indicator (SHMI)	1.00	0.00	

HIGHLIGHTS FOR BOARD TO NOTE :

In August 2021 the top 3 causes of death were Pneumonia, Sepsis and Myocardial Infarction.
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
May 2021 - 7.10 per 1000 bed days
June 2021 - 6.90 per 1000 bed days
July 2021 - 6.76 per 1000 bed days
August 2021 - 8.55 per 1000 bed days
When compared to August 2020, the number of deaths per 1000 bed days has increased significantly in August 2021.
In August 2021 there were 11 Structured Judgement Casenote Reviews (SJCR's) commissioned. The SJCR's requested were as a result of the following; 7 x medical examiner review, 1 x Nok Concen/Complaint 3 x - learning disabilties.

14

TRUST BOARD REPORT : August-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	≤312	313-340	≥341	N/A	270	236	326	319	237	274	210	232				
		Bookings <10 weeks	No. of mothers	≥90%	76%-89%	≤75%		92.6%	93.2%	87.7%	81.8%	82.3%	79.3%	74.4%	69.6%				
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	< 10%	10.1%-19.9%	>20%		4.1%	2.5%	2.8%	2.5%	3.0%	3.6%	3.4%	5.8%				
		Births	No. of babies	≤245	246-266	≥267		230	241	258	238	230	261	248	234				
		No. of women delivered	No. of mothers	≤242	243-263	≥264		226	239	254	234	226	257	245	232				
		Planned homebirths	No. of mothers	≥2.1%	≤2-1.6%	≤1.5%	1.50%	2.2%	1.3%	0.8%	1.3%	0.9%	0.4%	0.0%	0.4%				
	Closures	Homebirth service suspended	No. of suspensions	0-3		4 or more		9	13	11	5	10	13	17	13				
		Women affected by suspension	No. of women	0		1 or more		3	2	5	0	2	3	2	3				
		Community midwife called in to unit	No. of times	3	4-5	6 or more		1	5	4	5	4	3	5	2				
		Maternity Unit Closure	No. of closures	0		1 or more		0	3	1	0	2	0	5	1				
		SCBU at capacity	No of times					3	3	0	0	0	0	0	0				
		SCBU at capacity of intensive cots	No. of times					25	3	16	14	8	4	16	31				
		SCBU no of babies affected	No. of babies affected	0	1	2 or more		1	0	0	0	0	0	2	0				
WELL LED																			
Workforce	Staffing	MW to birth ratio	Ratio	≤29.5	29.6 - 30.9	>31	DH	29	29	29	31	31	30	32	32				
		1 to 1 care in Labour	CPD	100%		≤99.9%	n/a	96.6%	97.6%	96.7%	97.2%	100.0%	99.6%	98.6%	96.9%				
		L/W Co-ordinator supernumary %	Shift Handover Sheets	100%		≤99.9%		97.0%	91.0%	92.0%	88.3%	93.5%	80.0%	80.6%	87.1%				
		Anaesthetic cover on L/W	av.sessions/week	10	4-9	≤3		10	10	10	10	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%	56.1%	50.4%	53.0%	49.4%				
		Assisted Vaginal Births	No. of instr. Births - %	≤12.4%	≥12.5-14%	≥14.1%	11%	15.0%	15.5%	13.4%	9.8%	19.0%	20.2%	14.3%	17.2%				
		C/S Births	Em & elect - %	≤30.1%	≥30.2-32%	>32.1%	31%	27.0%	29.3%	29.9%	30.3%	24.8%	28.8%	32.2%	32.8%				
		Elective caeserean	%	≤13.2%	≥13.3-16%	≥16.1%	13%	8.8%	12.6%	15.4%	11.1%	11.9%	13.2%	13.9%	15.1%				
		Emergency caeserean	%	≤16.9%	≥17-20%	≥20.1%	18%	18.1%	16.7%	14.6%	19.2%	12.8%	15.6%	18.4%	17.7%				
		HDU on L/W	No. of women	5 or less	6-9	10 or more		12	13	16	13	14	21	18	19				
		BBA	No. of women	2 or less	3-4	5 or more		5	6	3	2	3	1	2	4				
		HSIB cases	No. of babies	0		1 or more		0	0	0	0	0	0	1	2				
	Morbidity	Neonatal Death	No of babies	0		1 or more		0	0	0	1	0	0	0	0				
		Antepartum Stillbirth	No. of babies	0	1	2 or more	n/a	2	2	1	0	1	0	0	0				
		Intrapartum Stillbirths	No. of babies	0		1 or more	n/a	0	0	0	0	0	0	1	1				
	Risk Management	Cold babies	No of babies admitted to SCBU co	1 or less	2-3	2 or more		3	5	1	3	5	4	5	6				
		Breastfeeding Initiation rate	% of babies feeding at birth	≥75%	≤74.9-71%	≤70.9%	68%	75.0%	72.8%	68.9%	71.4%	69.4%	73.2%	68.7%	69.2%				
		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%	10.2%	7.4%	5.3%	8.2%				
		SI's	No. of Si's declared	0		1 or more		1	1	1	0	0	0	0	2				
		PPH > 1.5L	No. of women	3 or less	4-5	6 or more		7	9	7	7	6	11	13	9				
		PPH > 1.5L as % of all women	% of births				3.9	3.0	3.7	2.7	2.9	2.6	4.1	5.2	3.8				
		Shoulder Dystocia	No. of women	2 or less	3-4	5 or more		4	1	1	5	3	1	3	3				
		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%	1.1%	1.4%	1.9%	1.0%				
		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%	2.3%	3.8%	2.9%	2.5%				
	New Complaints	Informal	No. of Informal complaints	0	1-4	5 or more		3	4	2	4	2	2	7	3				
		Formal	No. of Formal complaints	0	1-4	5 or more		1	2	1	1	1	2	7	2				

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 : August-2021

QUALITY AND SAFETY: MATERNITY (SCARBOROUGH)

SCARBOROUGH - 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	≤171	172-185	≥186	N/A	188	156	178	158	110	149	163	152				
		Bookings <10 weeks	No. of mothers	≥90%	76%-89%	≤75%		94.7%	95.5%	84.3%	79.2%	85.5%	80.5%	74.2%	73.5%				
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	< 10%	10%-20%	>20%		2.1%	1.9%	4.5%	5.0%	1.8%	2.7%	5.3%	5.3%				
		Births	No. of babies	≤113	114-134	≥135		96	94	105	105	93	121	128	110				
		No. of women delivered	No. of mothers	≤112	113-133	≥134		96	93	104	103	92	119	126	109				
		Planned homebirths	No of mothers	≥2.1%	≤2-1.5%	≤1.5%	1.50%	3.1%	2.2%	3.8%	1.0%	3.3%	2.5%	0.8%	0.0%				
	Closures	Homebirth service suspended	No. of suspensions	0-3		4 or more		21	18	17	18	18	16	22	29				
		Women affected by suspension	No. of women	0		1 or more		0	0	0	0	0	0	1	0				
		Community midwife called in to unit	No. of times	3	4-5	6 or more		1	1	0	3	1	2	5	0				
		Maternity Unit Closure	No. of closures	0		1 or more		1	0	0	0	0	0	1	0				
		SCBU at capacity	No of times					0	0	0	0	0	0	1	0				
		SCBU at capacity of intensive care cots	No. of times					0	0	0	0	0	0	0	0				
		SCBU no of babies affected	No. of babies affected	0	1	2 or more		0	0	0	0	0	0	0	0				
WELL LED																			
Workforce	Staffing	M/W to birth ratio	Ratio	≤29.5	29.6-30.9	>31	DH	23.0	20.0	20.0	22	22	22	23	22				
		1 to 1 care in Labour	CPD	≥100%		≤99.9%		96.5%	97.5%	98.9%	97.9%	97.8%	94.8%	92.7%	100.0%				
		L/W Co-ordinator supernumary %	Shift Handover Sheets	≥100%		≤99.9%		100.0%	100.0%	100.0%	95.0%	100.0%	98.3%	-	100.0%				
		Anaesthetic cover on L/W	av.sessions/week	≥10	4-9	≤3		5	5	5	5	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%	53.1%	57.4%	57.7%	57.3%				
		Assisted Vaginal Births	No. of instr. Births - %	≤12.4%	≥12.5-14%%	≥14.1%	11%	5.2%	5.4%	10.6%	5.8%	5.4%	4.2%	4.8%	4.6%				
		C/S Births	Em & elect - %	≤30.1%	≥30.2-32%	≥32.1%	31%	30.2%	24.7%	33.7%	27.2%	39.1%	37.8%	37.3%	38.5%				
		Elective caeserean	%	≤13.2%	≥13.3-16%	≥16.1%	13%	10.4%	15.1%	13.5%	8.7%	13.0%	16.0%	11.9%	21.1%				
		Emergency caeserean	%	≤16.9%	≥17.20%	≥20.1%	18%	19.8%	9.7%	20.2%	18.4%	26.1%	21.8%	25.4%	17.4%				
		HDU on L/W	No. of women	5 or less	6-9	10 or more		3	4	3	6	7	6	5	1				
		BBA	No. of women	2 or less	3-4	5 or more		1	1	0	2	0	4	4	0				
		HSIB cases	No. of babies	0	1	2 or more		0	0	0	1	0	0	0	0				
	Morbidity	Neonatal Death	No of babies	0		1 or more		0	0	0	0	0	0	1	0				
		Antepartum Stillbirth	No. of babies	0	1	2 or more	N/A	1	1	0	0	0	1	0	1				
		Intrapartum Stillbirths	No. of babies	0		1 or more	N/A	0	0	0	1	0	0	0	0				
	Risk Management	Cold babies	No of babies admitted to SCBU co	1 or less	2-3	4 or more		3	2	3	0	2	4	2	2				
		Breastfeeding Initiation rate	% of babies feeding at birth	>75%	74.9-71%	≤70.9%	68%	61.1%	73.1%	63.8%	59.6%	67.7%	57.5%	66.1%	63.3%				
		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%	9.8%	17.6%	15.9%	14.7%				
		SI's	No. of Si's declared	0		1 or more		0	0	0	0	0	1	0	0				
		PPH > 1.5L	No. of women	3 or less	4-5	6 or more		1	3	3	5	5	3	4	1				
		PPH > 1.5L as % of all women	% of births				3.9	1.0	3.1	2.7	4.7	5.2	2.5	3.1	0.9				
		Shoulder Dystocia	No. of women	2 or less	3-4	5 or more		0	1	1	2	0	2	2	0				
		3rd/4th Degree Tear - normal births	No of women	≤2.8%	2.9- 4.5%	≥4.6%	1.90%	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%	0.8%	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%	0.0%	0.0%	0.0%	0.0%				
	New Complaints	Informal	No. of Informal complaints	0	1-4	5 or more		1	1	1	0	1	0	1	0				
		Formal	No. of Formal complaints	0	1-4	5 or more		1	0	0	0	0	0	1	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.

16

WORKFORCE PERFORMANCE REPORT

August-2021

Produced September 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 : August-2020

Executive Summary

Trust Strategic Goals:

- [X] to deliver safe and high quality patient care as part of an integrated system
- [X] to support an engaged, healthy and resilient workforce
- [X] 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:

Staff sickness absence and unavailability has proved to be very challenging during August 2021, relative to the level of demand on the organisation. Analysis suggests that unavailability in the Trust has been slightly above the national average for the nursing and midwifery staff group. Temporary Staffing fill-rates have held up well despite these pressures, with August showing the 2nd highest FTE fill-rate in the last 6-months.

In August, the Trust reported a +84.26 FTE increase in the number of registered nursing and midwifery staff in post compared with 12-months previously. This position will improve further with the upcoming intake of newly qualified nurses. A total of 60 nurses are due to start in our hospitals throughout the period September to November 2021.

Recommendation:

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

Author(s):   Will Thornton, Head of Resourcing

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

18

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

REF	Vacancies	SPARKLINE / PREVIOUS MONTH	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
1.01	Trust vacancy factor	▼	4.1%	7.0%	7.0%	6.0%	7.0%	6.0%	5.0%	5.0%	6.0%	7.0%	7.3%	6.8%	5.0%
1.02	Nursing and Midwifery vacancy rate - Trust	▲	4.9%	6.5%	6.5%	7.0%	7.7%	7.4%	7.1%	7.8%	8.6%	8.8%	8.8%	5.1%	5.6%
1.03	Nursing and Midwifery vacancy rate - York	▲	1.4%	3.2%	4.1%	4.0%	5.3%	5.0%	4.4%	4.8%	6.6%	6.3%	6.3%	3.0%	3.9%
1.04	Nursing and Midwifery staff group vacancy rate - Scarborough	▼	13.2%	14.3%	12.2%	14.2%	13.2%	13.1%	13.6%	14.8%	13.5%	14.6%	14.6%	10.2%	9.6%
1.05	Medical and Dental vacancy rate - Trust	▲	6.9%	9.7%	9.5%	9.6%	9.7%	8.5%	8.5%	8.9%	8.9%	9.7%	9.7%	9.7%	10.5%
1.06	Medical and Dental vacancy rate - York	▼	5.5%	9.9%	9.2%	8.7%	9.3%	7.8%	7.9%	8.2%	8.2%	10.3%	10.3%	10.3%	9.7%
1.07	Medical and Dental vacancy rate - Scarborough	▲	10.6%	9.0%	10.0%	11.9%	10.9%	10.4%	10.1%	10.6%	10.6%	11.7%	11.7%	11.7%	12.6%
1.08	AHP vacancy rate - Trust	▲	2.7%	2.5%	1.5%	1.0%	2.1%	1.8%	1.8%	2.0%	6.6%	6.2%	6.1%	5.9%	6.4%
1.09	Other Registered Healthcare Scientists vacancy rate - Trust	▲	3.5%	3.9%	4.9%	5.1%	6.9%	8.6%	8.3%	9.1%	6.9%	5.4%	4.7%	-1.8%	-0.3%

REF	Retention	SPARKLINE / PREVIOUS MONTH	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
2.01	Trust stability (Headcount)	▲	89.5%	89.8%	89.8%	89.7%	89.6%	90.3%	90.3%	90.8%	90.9%	90.5%	90.6%	89.1%	89.88%

REF	Temporary Workforce	SPARKLINE / PREVIOUS MONTH	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
3.01	Total FTE Medical and Dental roles covered by bank and agency	▼	124.3	115.5	111.9	118.6	107.4	115.0	98.7	122.7	110.3	123.8	126.1	169.3	168.4
3.02	Temporary medical and dental shifts covered by bank (% as proportion of all coverage by bank and agency)	▼	55.0%	52.0%	51.0%	61.0%	59.0%	66.0%	65.0%	65.0%	63.0%	69.0%	67.0%	76.0%	74.0%
3.03	Temporary medical and dental shifts covered by agency (% as proportion of all coverage by bank and agency)	▲	45.0%	48.0%	49.0%	39.0%	41.0%	34.0%	35.0%	35.0%	37.0%	31.0%	33.0%	24.0%	26.0%
3.04	Total FTE nurse staffing roles covered by bank and agency (RN's and HCA's)	▲	427.0	424.0	455.0	477.0	432.0	493.0	450.0	488.0	403.0	417.0	387.0	392.0	449.0
3.05	Temporary nurse staffing bank filled (FTE)	▲	339.0	334.0	353.0	378.0	334.0	403.0	365.0	390.0	311.0	320.0	295.0	300.0	359.0
3.06	Temporary nurse staffing agency filled (FTE)	▼	88.0	90.0	102.0	99.0	98.0	90.0	85.0	98.0	92.0	97.0	92.0	92.0	90.0
3.07	Temporary nurse staffing unfilled (FTE)	▼	121.0	161.0	201.0	215.0	232.0	229.0	199.0	212.0	145.0	156.0	148.0	222.0	210.0
3.08	Temporary nurse shifts covered by bank (% as proportion of all coverage by bank and agency)	▲	79.4%	78.8%	77.6%	79.2%	77.3%	81.7%	81.1%	79.9%	77.2%	76.7%	76.2%	76.5%	80.0%
3.09	Temporary nurse shifts covered by agency (% as proportion of all coverage by bank and agency)	▼	20.6%	21.2%	22.4%	20.8%	22.7%	18.3%	18.9%	20.1%	22.8%	23.3%	23.8%	23.5%	20.0%
3.10	Unfilled temporary nurse staffing requests (%)	▲	22.0%	28.0%	31.0%	31.0%	35.0%	32.0%	31.0%	30.0%	26.0%	27.0%	28.0%	36.0%	32.0%
3.11	Pay Expenditure - Total (£000)	▲	£32,544	£33,131	£32,110	£32,623	£34,367	£34,006	£33,374	£32,624	£33,047	£33,237	£33,059	£33,584	£34,047
3.12	Pay Expenditure - Contracted (£000)	▲	£26,293	£27,130	£26,384	£26,616	£27,808	£27,580	£26,772	£25,919	£27,126	£26,942	£27,169	£27,053	£27,657
3.13	Pay Expenditure - Locums (£000)	▼	£189	£206	£122	£75	£351	£185	£198	£230	£233	£211	£243	£243	£107
3.14	Pay Expenditure - Bank (£000)	▲	£2,347	£1,758	£1,963	£2,522	£2,143	£2,473	£2,512	£2,527	£1,953	£1,993	£1,881	£2,194	£2,413
3.15	Pay Expenditure - Agency (£000)	▼	£1,442	£1,463	£1,576	£1,231	£1,406	£1,118	£1,084	£1,418	£1,384	£1,453	£1,335	£1,401	£1,375
3.16	Pay Expenditure - Additional Hours (£000)	▼	£2,165	£2,448	£1,942	£2,002	£2,472	£2,472	£2,509	£2,283	£2,105	£2,445	£2,292	£2,515	£2,308
3.17	Pay Expenditure - Overtime (£000)	▲	£108	£127	£122	£176	£187	£141	£233	£247	£250	£171	£171	£177	£188

REF	Absence Management	SPARKLINE / PREVIOUS MONTH	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
4.01	Absence Rate Trust (excluding YTHFM)	▲	4.4%	4.5%	4.9%	5.7%	5.2%	5.7%	4.9%	3.9%	4.4%	4.6%	4.6%	5.0%	-

REF	COVID-19 Absence Management	SPARKLINE / PREVIOUS WEEK	16-Jul	23-Jul	30-Jul	06-Aug	13-Aug	20-Aug	27-Aug						
5.01	All absence	▲	521.14	604.14	629.29	662.57	712.86	712	726.14						
5.02	COVID-19 related absence	▼	169.29	236	207.71	215.57	241.14	212	198.14						

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

REF	Learning and Organisational Development	SPARKLINE / PREVIOUS MONTH	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
7.01	Trust Stat & Mand Training compliance	◄►	88.0%	86.0%	87.0%	87.0%	87.0%	85.0%	85.0%	85.0%	86.0%	87.0%	87.0%	87.0%	88.0%
7.02	Trust Corporate Induction Compliance	◄►	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	94.0%	95.0%	95.0%	94.0%
7.03	Non-medical staff core training compliance	▲	89.0%	88.0%	87.0%	87.0%	87.0%	87.0%	87.0%	87.0%	88.0%	88.0%	88.0%	89.0%	90.0%
7.05	Non-medical staff corporate induction compliance	▲	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	97.0%	95.0%	95.0%	95.0%	95.0%	96.0%	96.0%
7.06	Medical staff core training compliance	▲	68.0%	70.0%	70.0%	72.0%	72.0%	73.0%	74.0%	75.0%	76.0%	76.0%	75.0%	77.0%	72.0%
7.08	Medical staff corporate induction compliance	▼	88.0%	88.0%	88.0%	89.0%	90.0%	90.0%	90.0%	91.0%	91.0%	91.0%	91.0%	90.0%	82.0%

REF	Appraisal Compliance	SPARKLINE / PREVIOUS MONTH	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
8.01	Trust (excluding medical and dental)	▲	36.3%	70.5%	83.6%	89.6%	93.4%	93.4%	93.4%	93.4%	93.4%	0.7%	6.5%	17.4%	32.7%

TRUST BOARD REPORT : August-2021

WORKFORCE : SICKNESS ABSENCE RATE

Jul-21	METRIC :	TARGET :	vs LM :
5.0%	**4.01** Absence Rate Trust (excluding YTHFM)	**3.9%**	**0.4%** ↑
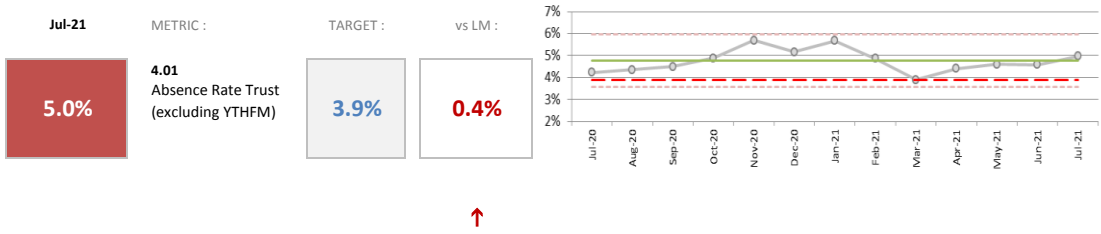
HIGHLIGHTS FOR BOARD TO NOTE :

The Trust has seen a rise in absences throughout July and August. Absence records have been validated up to and including July 2021 and show an absence percentage of 4.98%. The process of local daily absence reporting in departments indicates a further increase in August 2021.

During July, absences were highest in the Additional Clinical Services (clinical support staff) group at 8.02%, followed by the Registered Nursing and Midwifery staff group (5.18%) and the Additional Professional Scientific and Technical Group (4.14%).

The top five reasons for absence were: mental health; musculoskeletal/back problems; Covid-19/infectious diseases; gastrointestinal problems; and injuries/fractures. July saw a small reduction in absence occurrences from June related to three of these reasons (mental health, MSK and injuries) and a nominal increase in gastrointestinal absences. Recorded absences related to Covid-19 increased by 151% from June 2021 as community transmission increased in line with the national cessation of pandemic restrictions outside of hospitals.

Meanwhile, in the four week period to 15 August, data from our nursing rosters showed that 7.1% of rostered staff (primarily Registered Nurses and Health Care Support Workers) on adult inpatient wards were unavailable due to sickness absence. This compares with a national average position of 6.8%. The Trust has responded by offering incentives for temporary staff to pick-up vacant shifts throughout this period, which has seen a strong response with an observable increase in Bank pick-up in August (359 FTE vs 300 FTE in July).

The Trust continues to work hard to support the health and wellbeing of all of its staff, with the use of wellbeing conversations and mental health first aiders being notable areas of development durin recent times. Work is also ongoing to finalise plans for staff to receive flu vaccinations and COVID booster vaccinations during the autumn.

20

TRUST BOARD REPORT : August-2021

WORKFORCE : RETENTION RATE

Aug-21	METRIC :	TARGET :	vs LM :
89.88%	**2.01** Trust stability (Headcount)	**89%**	**0.8%** ↑
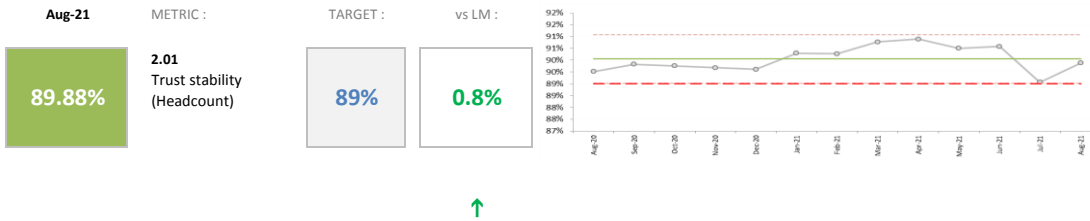
HIGHLIGHTS FOR BOARD TO NOTE :

The Trust continues to perform well in relation to staff retention, and is ranked 38/124 Trusts nationally in the Model Hospital data to March 2021. Locally, the current 12-month retention rate to the end of August sits at 89.88%, which is a 0.81% rise since July. Turnover remains notably low in the registered nursing and midwifery group at 8.55% to the end of August.

As part of its retention work programme, the Trust has signed up for NHS England Improvement's Flex for the Future programme. The programme aims to support organisations to deliver more flexible working opportunities for staff and increase staff satisfaction. The programme commences at the end of September 2021.

TRUST BOARD REPORT : August-2021

WORKFORCE : APPRAISAL COMPLIANCE

Aug-21	METRIC :	TARGET :	vs LM :
32.7%	**8.01** Trust (excluding medical and dental)	**90%**	**15.3%** ↑
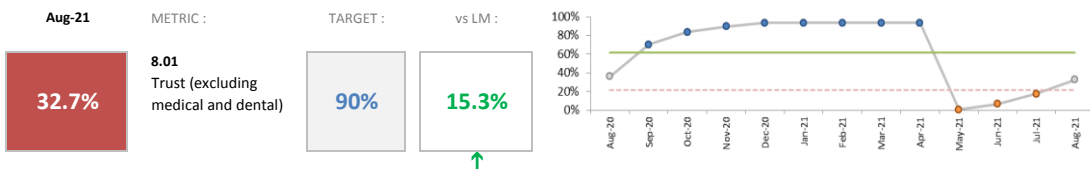
HIGHLIGHTS FOR BOARD TO NOTE :

The number of completed appraisals continues to increase steadily. The total appraisal rate stands at 32.67% in August for non-medical staff. We expect this trend to continue and anticipate another rise next month. The appraisal window is due to close on 30 November.

21

WORKFORCE : PAY EXPENDITURE (£000)

Aug-21	METRIC :	TARGET :	vs LM :	
£34,047	3.11 Pay Expenditure - Total (£000)	-	1.4% ↑	
£27,657	3.12 Pay Expenditure - Contracted (£000)	-	2.2% ↑	
£107	3.13 Pay Expenditure - Locums (£000)	-	-56.0% ↓	
£2,413	3.14 Pay Expenditure - Bank (£000)	-	10.0% ↑	
£1,375	3.15 Pay Expenditure - Agency (£000)	-	-1.9% ↓	
£2,308	3.16 Pay Expenditure - Additional Hours (£000)	-	-8.2% ↓	
£188	3.17 Pay Expenditure - Overtime (£000)	-	6.2% ↑	

HIGHLIGHTS FOR BOARD TO NOTE :

Since August 2020, the Trust has increased the number of full-time equivalent Registered Nursing and Midwifery staff on its payroll by 84.16. This will increase further, with 60 newly qualified nurses expected to join our Hospitals between September and November. The International Nurse Recruitment Programme will also contribute a further 90 new starters to the Trust before the start of 2022.

In the same period, the Trust has increased the number of Doctors and Dentists on its payroll by 24.10 FTE. Recent new starters have included four new Consultants in Ophthalmology (two Locum Consultants), two Consultants in Emergency Medicine (one Locum Consultant) and two Radiologists (one Locum Consultant).

Temporary Staffing

Finance expenditure reports show that pay expenditure increased in the month of August compared to the previous month. This increase is focused on bank expenditure and payments for overtime. Other areas show that expenditure has reduced for locums, agency workers and additional hours undertaken.

Requests for temporary nurse staffing (registered and unregistered shifts) increased throughout August, linked to the unavailability mentioned in the sickness absence section of the report. A total of 659 FTE shift requests were received (up from 614 FTE in July). Trust bank staff filled 359 FTE shifts, while agency workers filled the vacancies for 90 FTE shifts.

Medical and Dental agency and bank figures for August revealed a total of 168.44 FTE shifts that were covered by bank employees and agency workers - a figure which is almost identical to the position in July. 74% of shift pick-up came from our bank employees.

To support the quality and safety of work being undertaken by the Trust's Bank staff, the organisation has agreed that from September, bank workers must be up to date with their training before they can book shifts. Bank workers have been asked to update any outstanding training over the summer. Those who are non-compliant at 1st October will be restricted from working bank shifts until their training is brought up to date, with a final deadline for completion then being set. New bank starters will have 12 weeks to undertake their training once in role.

WORKFORCE : STATUTORY AND MANDATORY TRAINING AND EDUCATION

Aug-21	METRIC :	TARGET :	vs LM :
88.0%	**7.01** Trust Stat & Mand Training compliance	85%	1.0% ↑
94.0%	**7.02** Trust Corporate Induction Compliance	95.0%	-1.0% ↓
90.0%	**7.03** Non-medical staff core training compliance	85.0%	1.0% ↑
96.0%	**7.05** Non-medical staff corporate induction compliance	95.0%	0.0%
72.0%	**7.06** Medical staff core training compliance	85.0%	-5.0% ↓
82.0%	**7.08** Medical staff corporate induction compliance	95.0%	-8.0% ↓

HIGHLIGHTS FOR BOARD TO NOTE :

Statutory & Mandatory Training
The recent Medical and Dental trainee rotation in August accounts for the sharp drop in compliance for medical core training and corporate induction, but work is being undertaken to support an improvement in this position and progress will be reported back during the Autumn months.

Organisational culture programme
The Trust continue to work to embed its values of kindness, openness and excellence by working across the organisation to help shape action in relation to cultural change. There has been a temporary pause with the roll out of the values and behaviours sessions in response to the operational pressure.

As part of its culture programme, the Trust has begun working with Hull Hospitals and the senior management team of the Scarborough, Hull & York Pathology Services Partnership (SHYPS) to help support an effective change programme for staff who are transferring to the Network from November.

The Trust's reverse mentoring programme will kick-off this month following a process to match mentors and mentees. Key themes will be collected throughout the programme and interim evaluation workshops will take place in December.

23

WORKFORCE: OTHER

Annual Review Assessment: SEQOHS

The trust has completed an annual review assessment and has successfully met the requirements for the 'Safe, Effective, Quality Occupational Health Service' (SEQOHS) accreditation. The SEQOHS is a professionally led accreditation scheme, which sets the standards for occupational health services across the UK. The process of accreditation aims to help raise the overall standard of care provided by occupational health services.

Disciplinary & Grievance Cases Trust Wide

No. of open disciplinary cases
6
No. of open investigations exceeded policy timescales
1
No. of open B&H/Grievance cases
3
No. of open cases exceeded policy timescales
2
No. of open MHPS cases
3
No. of open investigations exceeded timescales
3

Workforce Planning

Throughout September, the Trust is holding meetings with Care Groups to discuss and review workforce plans, covering a horizon period up to five-years. The planning process, which examines service planning, workforce models and resourcing plans (including talent pipelines and apprenticeships) will be used to support the development of an overarching Trust plan, which will then feed into the plan for the Humber Coast and Vale Partnership. Analysis conducted to support the meetings shows that the Trust is currently spending 56% of its £1.59 millon apprenticeship levy (£881,868 spend over 12-months). 319 staff across the Trust are currently being supported through apprenticeship programmes, with strong utilisation across Pharmacy and Nursing programmes.

24

TRUST BOARD REPORT : August-2021

WORKFORCE : CARE GROUP CORE COMPLIANCE BY STAFF GROUP

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

Column key (left → right):
1. Adult Advanced Life Support 4 years
2. Adult Life Support (CSTF) 1 year
3. Conflict Resolution (CSTF) 3 years
4. Deprivation of Liberty Safeguards/DoLS Level 1 3 years
5. Deprivation of Liberty Safeguards/DoLS Level 2 3 years
6. Fire Safety Awareness High Risk (CSTF) 2 years
7. Fire Safety Awareness Low Risk (CSTF) 2 years
8. Health, Safety and Welfare (CSTF) 3 years
9. Infection Prevention and Control Level 1 (CSTF) 3 years
10. Infection Prevention and Control Level 2 (CSTF) 1 year
11. Information Governance and Data Security (CSTF) 1 year
12. Manual Handling Practical Level 1 (CSTF) 3 years
13. Manual Handling Practical Level 2 (CSTF) 2 years
14. Manual Handling Theory (CSTF) 3 years
15. Mental Capacity Act Level 1 3 years
16. Mental Capacity Act Level 2 3 years
17. Paediatric Advanced Life Support 4 years
18. Paediatric Life Support (CSTF) 1 year
19. PREVENT Awareness Basic (CSTF) 3 years
20. PREVENT Awareness Level 3 (CSTF) 3 years
21. Safeguarding Adults Level 1 (CSTF) 3 years
22. Safeguarding Adults Level 2 (CSTF) 3 years
23. Safeguarding Children Level 1 (CSTF) 3 years
24. Safeguarding Children Level 2 (CSTF) 3 years
25. Safeguarding Children Level 3 Core (CSTF) 3 years
26. Safeguarding Children Level 3 Specialist (CSTF) 3 years

Monthly Care Group Core Compliance by Staff Group

Staff Group	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
CG1 Acute Elderly Emergency General Medicine and Community Services York																										
Add Prof Scientific and Technic		100%	100%	100%	100%		100%		100%	100%	100%	67%	100%		100%					75%			100%		100%	100%
Additional Clinical Services		84%	92%	67%	85%	89%	95%	91%	95%	91%	90%	100%	85%	90%	67%	83%		87%	91%	78%	100%	89%	100%	89%	83%	100%
Administrative and Clerical		100%	98%	96%			98%	98%	99%		96%	98%		98%	92%				96%		97%		97%	96%		
Allied Health Professionals		94%	98%		91%	100%	97%	97%		98%	95%	95%	95%	99%		91%			0%		100%		96%	50%	95%	100%
Healthcare Scientists		100%	94%				100%	100%	94%		94%	94%		94%				88%	94%		100%		94%			
Medical and Dental	56%	74%	81%		69%	83%	69%	84%		77%	78%		68%	80%		68%	77%	13%		77%		77%		74%	78%	100%
Nursing and Midwifery Registered	60%	90%	98%		91%	96%	95%	96%		95%	96%	100%	89%	95%		89%			88%		97%	100%	96%		88%	100%
Students		100%	100%		100%		100%	100%		100%	100%		100%	100%		100%			100%		100%		100%			
CG2 Acute Emergency and Elderly Medicine-Scarborough																										
Additional Clinical Services		87%	96%		90%	93%	96%	96%	96%	94%	95%	100%	89%	94%		89%			82%	96%	71%		92%	100%	94%	100%
Administrative and Clerical		60%	94%	79%			90%	94%	95%	100%	94%	93%	100%	93%	81%				96%		94%		97%	90%		
Allied Health Professionals		100%	100%		94%		98%	96%		98%	100%	100%	96%	100%		92%			100%		100%		100%	100%		
Estates and Ancillary		100%	100%	82%			91%	100%	91%		100%	73%		91%	82%				100%		100%		100%			
Healthcare Scientists		100%	100%				86%	86%	100%		100%	71%		100%				57%	100%		100%		86%			
Medical and Dental	73%	85%	88%		75%	98%	67%	95%		86%	89%		86%	83%		77%	61%	75%		79%		86%		81%	52%	0%
Nursing and Midwifery Registered	68%	92%	95%		90%	94%	100%	96%		94%	96%		92%	95%		90%			92%		98%		95%	100%	95%	88%
CG3 Surgery																										
Add Prof Scientific and Technic		88%	96%		83%	95%	100%	95%	100%	91%	91%	100%	88%	94%		84%		85%	100%	98%	100%	88%	95%	100%	90%	100%
Additional Clinical Services		84%	93%		81%	91%	95%	92%	94%	91%	92%	92%	90%	92%		80%		100%	91%	72%	90%	88%	94%	89%		
Administrative and Clerical		67%	92%	82%	100%		98%	95%	95%		97%	94%	100%	94%	82%	100%			96%		97%	100%	96%	100%		
Allied Health Professionals		94%	94%		89%	75%	100%	89%		94%	94%		94%	94%		89%			94%		94%		94%	100%		
Estates and Ancillary		100%	94%	73%			94%	94%	94%		94%	71%		94%	73%				94%		94%		93%	100%		
Healthcare Scientists		84%	84%		83%		100%	97%	90%		97%	90%		97%		87%			94%		100%		90%	97%		
Medical and Dental	50%	73%	85%		77%	87%	86%	87%		85%	86%		71%	85%		76%			83%		79%		78%	100%		
Nursing and Midwifery Registered	86%	93%	94%		86%	93%	96%	94%		95%	92%		87%	92%		85%		85%	96%		92%		92%			
CG4 Cancer and Support Services																										
Add Prof Scientific and Technic		86%	99%	100%	100%	98%	100%	100%	100%	99%	100%	88%	98%		100%			100%	100%	100%	100%	100%	99%			
Additional Clinical Services		85%	94%	94%	100%	94%	95%	95%	98%	94%	94%	90%	95%		90%			95%	100%	97%	95%	96%	94%			
Administrative and Clerical			94%	75%		92%	94%	94%		94%	94%		94%	75%					93%		94%		95%	91%		
Allied Health Professionals		92%	93%		86%	95%	90%	92%	67%	92%	91%	67%	87%	92%		83%			78%	98%	50%	91%	0%	92%		
Estates and Ancillary			100%			100%	100%	100%		100%	100%		100%					100%		100%		100%				
Healthcare Scientists			96%			98%	97%	95%		98%	91%	0%	98%					94%		97%		97%				
Medical and Dental	0%	80%	81%		76%	74%	92%	86%	85%	84%	84%	75%	74%	86%		76%			75%	86%	80%	80%	85%	88%		
Nursing and Midwifery Registered	100%	94%	94%		91%	100%	93%	98%		94%	94%	100%	95%	92%		91%			100%	99%		94%	100%	96%		
CG5 Family Health & Sexual Health																										
Add Prof Scientific and Technic		100%	100%	100%		100%	100%	100%		100%	100%		100%		100%		100%		100%		100%					100%
Additional Clinical Services		86%	93%	92%	81%	88%	94%	92%	83%	90%	90%	50%	88%	91%		83%		88%	93%	88%	84%		90%	90%	100%	
Administrative and Clerical		100%	97%	95%			96%	96%	96%		96%	96%		96%	95%	100%			95%	100%	95%	100%	98%	80%	100%	
Allied Health Professionals		90%	97%		93%	95%	100%	98%		100%	97%	100%	94%	97%		90%		91%		100%		97%		100%	100%	94%
Estates and Ancillary			100%	100%			100%	100%	100%		100%	100%		100%	100%				100%		100%			100%		
Medical and Dental	80%	68%	84%		83%	81%	93%	81%	100%	81%	80%	100%	84%	82%		79%	63%	89%		85%		81%		73%	67%	83%
Nursing and Midwifery Registered		91%	94%	97%	86%	92%	92%	93%		94%	91%		87%	93%		87%			88%		96%		91%	100%	96%	88%
CG6 Specialised Medicine & Outpatients Services																										
Add Prof Scientific and Technic		83%	99%		89%	100%	97%	95%	98%	100%	94%	89%	100%	97%		89%			96%	100%	100%	96%	100%	97%	100%	100%
Additional Clinical Services		92%	95%	100%	92%	100%	97%	96%	93%	96%	95%		87%	96%	100%	90%			96%	71%	100%	94%	100%	93%		
Administrative and Clerical		75%	94%	87%			95%	94%	96%		94%	96%		96%	93%				94%		95%		95%	94%	100%	
Allied Health Professionals		92%	98%		92%		95%	98%		95%	97%		86%	98%		93%				97%		95%		92%		
Estates and Ancillary			100%	100%			100%	100%	100%		100%	100%		100%	100%				100%		100%			100%		
Healthcare Scientists		100%	100%				100%	100%	100%		100%	100%		100%					100%		100%		100%			
Medical and Dental	50%	73%	83%		79%	87%	85%	85%		80%	83%		78%	82%		77%		100%		86%		82%		80%		
Nursing and Midwifery Registered	100%	92%	92%		87%	90%	93%	95%		93%	92%	100%	84%	94%		87%		0%		99%		92%		91%	100%	
Students		100%	100%				100%	100%	100%		100%			100%	100%				100%		100%		100%			

Aug-21

Monthly Care Group Core Compliance by Staff Group

Staff Group	Adult Advanced Life Support 4 years	Adult Life Support (CSTF) 1 year	Conflict Resolution (CSTF) 3 years	Deprivation of Liberty Safeguards/DoLS Level 1 3 years	Deprivation of Liberty Safeguards/DoLS Level 2 3 years	Fire Safety Awareness High Risk (CSTF) 2 years	Fire Safety Awareness Low Risk (CSTF) 2 years	Health, Safety and Welfare (CSTF) 3 years	Infection Prevention and Control Level 1 (CSTF) 3 years	Infection Prevention and Control Level 2 (CSTF) 1 year	Information Governance and Data Security (CSTF) 1 year	Manual Handling Practical Level 1 (CSTF) 3 years	Manual Handling Practical Level 2 (CSTF) 2 years	Manual Handling Theory (CSTF) 3 years	Mental Capacity Act Level 1 3 years	Mental Capacity Act Level 2 3 years	Paediatric Advanced Life Support 4 years	Paediatric Life Support (CSTF) 1 year	PREVENT Awareness Basic (CSTF) 3 years	PREVENT Awareness Level 3 (CSTF) 3 years	Safeguarding Adults Level 1 (CSTF) 3 years	Safeguarding Adults Level 2 (CSTF) 3 years	Safeguarding Children Level 1 (CSTF) 3 years	Safeguarding Children Level 2 (CSTF) 3 years	Safeguarding Children Level 3 Core (CSTF) 3 years	Safeguarding Children Level 3 Specialist (CSTF) 3 years
CG Corporate Services																										
Add Prof Scientific and Technic		58%	77%		25%		74%	74%	77%	40%	66%	60%		71%		25%		25%	82%	50%	82%	38%	93%	52%		
Additional Clinical Services		61%	75%	69%	73%		78%	75%	84%	75%	72%	64%	73%	77%		68%			75%	67%	79%	73%	73%	74%		
Administrative and Clerical		56%	93%	71%	0%		93%	93%	90%	50%	90%	94%	50%	93%	77%	0%		0%	93%	0%	93%	0%	93%	75%		
Allied Health Professionals		66%	66%	69%	70%		100%	66%		69%	66%		59%	66%		69%				72%		75%		61%		100%
Estates and Ancillary			100%				100%	90%	100%		90%	90%		100%					100%		90%		100%			
Healthcare Scientists			80%				80%	100%	100%		100%	100%		80%					100%	50%	100%		100%			
Medical and Dental	50%	59%	51%	47%	51%		86%	52%		52%	49%		39%	53%		47%	16%	18%				52%	51%	46%	56%	33%
Nursing and Midwifery Registered		81%	83%	77%	80%		98%	84%	83%	81%	83%	81%	77%	84%		75%			90%	88%	82%	96%	83%	100%		63%
CG Trust Estates and Facilities Management																										
Administrative and Clerical			100%				100%	100%	100%		100%	100%		100%					100%		100%		100%			
Estates and Ancillary			100%				100%	100%	100%		100%	100%		75%					100%		100%		100%			
LLP CG Estates & Facilities																										
Administrative and Clerical			95%				94%	96%	96%		92%	87%		94%					92%		94%		92%			
Estates and Ancillary			89%	60%			88%	90%	88%		87%	76%	86%	88%	58%				84%		88%		87%			
Healthcare Scientists			100%				100%	100%	100%		100%	96%		100%					100%		100%		96%			

26

TRUST BOARD REPORT : August-2021

WORKFORCE: MEDICAL AND DENTAL VACANCIES
STRATEGIC OBJECTIVE : To support an engaged, healthy and resilient workforce

Aug-21

Scarborough

Directorate	Consultant					SAS Grades					Training Grades (inc Trust Grades)					Foundation Grades					Total				
	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %
Care Group 2	**30**	**11**	**0**	**4**	**23.3%**	**20**	**3**	**0**	**0**	**15.0%**	**62**	**12**	**0**	**4**	**12.9%**	**26**	**1**	**0**	**1**	**0.0%**	**138**	**27**	**0**	**9**	**13.0%**
Elderly Medicine	5	1	0	1	0.0%	2	0	0	0	0.0%	11	4	0	1	27.3%	1	0	0	0	0.0%	19	5	0	2	15.8%
Emergency & Acute Medicine	14	6	0	2	28.6%	3	0	0	0	0.0%	33	7	0	2	15.2%	23	1	0	1	0.0%	73	14	0	5	12.3%
General Medicine	11	4	0	1	27.3%	15	3	0	0	20.0%	18	1	0	1	0.0%	2	0	0	0	0.0%	46	8	0	2	13.0%
Care Group 3	**19**	**3**	**0**	**0**	**15.8%**	**15**	**2**	**0**	**0**	**13.3%**	**16**	**2**	**0**	**1**	**6.3%**	**11**	**1**	**0**	**0**	**9.1%**	**61**	**8**	**0**	**1**	**11.5%**
General Surgery & Urology	1	0	0	0	0.0%	5	0	0	0	0.0%	7	2	0	1	14.3%	11	1	0	0	9.1%	24	3	0	1	8.3%
Head & Neck						3	1	0	0	33.3%											3	1	0	0	33.3%
Theatres, Anaesthetics & CC	18	3	1	1	16.7%	7	1	0	0	14.3%	9	0	0	0	0.0%						34	4	1	1	11.8%
Care Group 4	**3**	**0**	**0**	**0**	**0.0%**																**3**	**0**	**0**	**0**	**0.0%**
Radiology	3	0	0	0	0.0%																3	0	0	0	0.0%
Care Group 5	**20**	**5**	**0**	**0**	**25.0%**	**3**	**0**	**0**	**0**	**0.0%**	**19**	**3**	**1**	**1**	**15.8%**	**7**	**0**	**0**	**0**	**0.0%**	**49**	**8**	**1**	**1**	**16.3%**
Child Health	11	4	0	0	36.4%	1	0	0	0	0.0%	10	1	1	0	20.0%	5	0	0	0		27	5	1	0	22.2%
Obstetrics & Gynaecology	9	1	0	0	11.1%	2	0	0	0	0.0%	9	2	0	1	11.1%	2	0	0	0	0.0%	22	3	0	1	9.1%
Care Group 6	**18**	**1**	**0**	**0**	**5.6%**	**9**	**1**	**0**	**0**	**11.1%**	**6**	**1**	**0**	**0**	**16.7%**	**2**	**0**	**0**	**0**	**0.0%**	**35**	**3**	**0**	**0**	**8.6%**
Ophthalmology	4	0	0	0	0.0%	3	1	0	0	33.3%	1	0	0	0	0.0%						8	1	0	0	12.5%
Specialist Medicine	6	1	0	0	16.7%	1	0	0	0	0.0%											7	1	0	0	14.3%
Trauma & Orthopaedics	8	0	0	0	0.0%	5	0	0	0	0.0%	5	1	0	0	20.0%	2	0	0	0	0.0%	20	1	0	0	5.0%
Total	**90**	**20**	**1**	**5**	**17.8%**	**47**	**6**	**0**	**0**	**12.8%**	**103**	**18**	**1**	**6**	**12.6%**	**46**	**2**	**0**	**1**	**2.2%**	**286**	**46**	**2**	**12**	**12.6%**

York

Directorate	Consultant					SAS Grades					Training Grades (inc Trust Grades)					Foundation Grades					Total				
	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %
Care Group 1	**78**	**14**	**0**	**2**	**15.4%**	**16**	**3**	**0**	**0**	**18.8%**	**79**	**20**	**0**	**5**	**19.0%**	**40**	**1**	**0**	**0**	**2.5%**	**213**	**38**	**0**	**7**	**14.6%**
Community						1	0	0	0	0.0%											1	0	0	0	0.0%
Elderly Medicine	15	3	0	0	20.0%	2	1	0	0	50.0%	14	4	0	0	28.6%	2	0	0	0	0.0%	33	8	0	0	24.2%
Emergency & Acute Medicine	26	8	0	1	26.9%	9	2	0	0	22.2%	34	10	0	3	20.6%	7	0	0	0	0.0%	76	20	0	4	21.1%
General Medicine	37	3	0	1	5.4%	4	0	0	0	0.0%	31	6	0	2	12.9%	31	1	0	0	3.2%	103	10	0	3	6.8%
Care Group 3	**116**	**4**	**0**	**0**	**3.4%**	**32**	**3**	**1**	**1**	**9.4%**	**66**	**6**	**0**	**0**	**9.1%**	**21**	**0**	**0**	**0**	**0.0%**	**235**	**13**	**1**	**1**	**5.5%**
General Surgery & Urology	43	1	0	0	2.3%	12	0	0	0	0.0%	20	1	0	0	5.0%	14	0	0	0	0.0%	89	2	0	0	2.2%
Head & Neck	22	0	0	0	0.0%	12	2	1	1	16.7%	18	3	0	0	16.7%	4	0	0	0	0.0%	56	5	1	1	8.9%
Theatres, Anaesthetics & CC	51	3	0	0	5.9%	8	1	0	0	12.5%	28	2	0	0	7.1%	3	0	0	0	0.0%	90	6	0	0	6.7%
Care Group 4	**62**	**10**	**0**	**0**	**16.1%**	**2**	**1**	**0**	**0**	**50.0%**	**19**	**1**	**0**	**0**	**5.3%**	**2**	**0**	**0**	**0**	**0.0%**	**85**	**12**	**0**	**0**	**14.1%**
Haematology & Oncology	13	1	0	0	7.7%	2	1	0	0	50.0%	8	1	0	0	12.5%						23	3	0	0	13.0%
Laboratory Medicine	16	1	0	0	6.3%						5	0	0	0	0.0%	2	0	0	0	0.0%	23	1	0	0	4.3%
Radiology	33	8	0	0	24.2%						6	0	0	0	0.0%						39	8	0	0	20.5%
Care Group 5	**36**	**1**	**0**	**0**	**2.8%**	**10**	**4**	**0**	**0**	**40.0%**	**34**	**3**	**0**	**0**	**8.8%**	**7**	**0**	**0**	**0**	**0.0%**	**87**	**8**	**0**	**0**	**9.2%**
Child Health	18	0	0	0	0.0%	2	0	0	0	0.0%	18	2	0	0	11.1%	5	0	0	0	0.0%	43	2	0	0	4.7%
Obstetrics & Gynaecology	15	0	0	0	0.0%	1	0	0	0	0.0%	15	1	0	0	6.7%	2	0	0	0	0.0%	33	1	0	0	3.0%
Sexual Health	3	1	0	0	33.3%	7	4	0	0	57.1%	1	0	0	0	0.0%						11	5	0	0	45.5%
Care Group 6	**66**	**3**	**0**	**0**	**4.5%**	**17**	**2**	**0**	**0**	**11.8%**	**28**	**2**	**0**	**0**	**7.1%**	**4**	**0**	**0**	**0**	**0.0%**	**115**	**7**	**0**	**0**	**6.1%**
Ophthalmology	22	1	0	0	4.5%	6	0	0	0	0.0%	6	0	0	0	0.0%						34	1	0	0	2.9%
Specialist Medicine	30	2	0	0	6.7%	4	1	0	0	25.0%	13	1	0	0	7.7%	1	0	0	0	0.0%	48	4	0	0	8.3%
Trauma & Orthopaedics	14	0	0	0	0.0%	7	1	0	0	14.3%	9	1	0	0	11.1%	3	0	0	0	0.0%	33	2	0	0	6.1%
Total	**358**	**32**	**0**	**2**	**8.4%**	**77**	**13**	**1**	**1**	**16.9%**	**226**	**32**	**0**	**5**	**11.9%**	**74**	**1**	**0**	**0**	**1.4%**	**735**	**78**	**1**	**8**	**9.7%**

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

27

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

Aug-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	**2214.38**	**121.69**	**1077.78**	**2017.89**	**134.48**	**999.07**	**23.11**	**1.00**	**19.32**	**96.20**	**0.00**	**31.36**	**123.40**	**-11.79**	**66.67**	**5.57%**	**-9.69%**	**6.19%**
YORK	**1561.31**	**89.90**	**694.93**	**1454.22**	**86.51**	**671.95**	**20.00**	**0.00**	**16.60**	**66.60**	**0.00**	**16.60**	**60.49**	**3.39**	**22.98**	**3.87%**	**3.77%**	**3.31%**
SCARBOROUGH & BRIDLINGTON	**653.07**	**31.79**	**382.85**	**563.67**	**47.97**	**327.12**	**3.11**	**1.00**	**2.72**	**29.60**	**0.00**	**14.76**	**62.91**	**-15.18**	**43.69**	**9.63%**	**-47.75%**	**11.41%**

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	403.96	33.38	259.71	366.16	48.80	265.76	11.20	0.00	8.68	25.60	0.00	13.40	23.40	-15.42	-10.77	5.79%	-46.20%	-4.15%
Community	154.90	19.60	120.45	162.86	4.80	111.50	3.40	0.00	2.80	4.00	0.00	2.20	-8.56	14.80	9.55	-5.53%	75.51%	7.93%
Total	**558.86**	**52.98**	**380.16**	**529.02**	**53.60**	**377.26**	**14.60**	**0.00**	**11.48**	**29.60**	**0.00**	**15.60**	**14.84**	**-0.62**	**-1.22**	**2.66%**	**-1.17%**	**-0.32%**

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																		
	307.24	20.59	238.34	241.32	31.40	199.19	1.80	1.00	2.00	20.00	0.00	11.00	47.72	-9.81	30.15	15.53%	-47.64%	12.65%
Total	**307.24**	**20.59**	**238.34**	**241.32**	**31.40**	**199.19**	**1.80**	**1.00**	**2.00**	**20.00**	**0.00**	**11.00**	**47.72**	**-9.81**	**30.15**	**15.53%**	**-47.64%**	**12.65%**

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	277.78	10.20	102.47	256.29	10.40	95.47	4.00	0.00	0.00	24.60	0.00	1.00	0.89	-0.20	6.00	0.32%	-1.96%	5.86%
Theatres	121.27	0.00	45.74	104.42	3.00	42.41	0.00	0.00	0.00	2.00	0.00	0.00	14.85	-3.00	3.33	12.25%	0.00%	7.28%
sub-total York	**399.05**	**10.20**	**148.21**	**360.71**	**13.40**	**137.88**	**4.00**	**0.00**	**0.00**	**26.60**	**0.00**	**1.00**	**15.74**	**-3.20**	**9.33**	**3.94%**	**-31.37%**	**6.30%**
SCARBOROUGH																		
Wards/Units	129.01	5.60	48.00	117.50	9.60	42.93	0.80	0.00	0.00	6.00	0.00	3.00	6.31	-4.00	2.07	4.89%	-71.43%	4.31%
Theatres	56.17	0.00	21.18	49.37	0.00	17.98	0.00	0.00	0.00	2.00	0.00	0.00	4.80	0.00	3.20	8.55%	0.00%	15.11%
sub-total Scarborough	**185.18**	**5.60**	**69.18**	**166.87**	**9.60**	**60.91**	**0.80**	**0.00**	**0.00**	**8.00**	**0.00**	**3.00**	**11.11**	**-4.00**	**5.27**	**6.00%**	**-71.43%**	**7.62%**
CG Total	**584.23**	**15.80**	**217.39**	**527.58**	**23.00**	**198.79**	**4.80**	**0.00**	**0.00**	**34.60**	**0.00**	**4.00**	**26.85**	**-7.20**	**14.60**	**4.60%**	**-45.57%**	**6.72%**

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																		
	140.11	8.07	26.19	108.76	2.65	29.23	0.00	0.00	0.00	2.00	0.00	0.00	29.35	5.42	-3.04	20.95%	67.16%	-11.61%
SCARBOROUGH																		
	23.68	3.60	5.00	20.69	5.37	2.51	0.00	0.00	0.00	0.00	0.00	0.00	2.99	-1.77	2.49	12.63%	-49.17%	49.80%
Total	**163.79**	**11.67**	**31.19**	**129.45**	**8.02**	**31.74**	**0.00**	**0.00**	**0.00**	**2.00**	**0.00**	**0.00**	**32.34**	**3.65**	**-0.55**	**19.74%**	**31.28%**	**-1.76%**

CARE GROUP 5	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (wte)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
YORK																		
Registered Midwives	106.04	0.00	0.00	107.57	0.00	0.00	0.40	0.00	2.00	1.80	0.00	0.00	-2.93	0.00	2.00	-2.76%	0.00%	0.00%
Registered Nurses	148.10	0.00	0.00	136.21	0.00	0.00	0.00	0.00	0.00	5.60	0.00	0.00	6.29	0.00	0.00	4.25%	0.00%	0.00%
Other	0.00	11.05	56.53	0.00	11.15	47.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-0.10	8.77	0.00%	-0.90%	15.51%
sub-total York	**254.14**	**11.05**	**56.53**	**243.78**	**11.15**	**47.76**	**0.40**	**0.00**	**2.00**	**7.40**	**0.00**	**0.00**	**3.36**	**-0.10**	**10.77**	**1.32%**	**-0.90%**	**19.05%**
SCARBOROUGH																		
Registered Midwives	62.66	0.00	0.00	69.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-6.44	0.00	0.00	-10.28%	0.00%	0.00%
Registered Nurses	41.61	0.00	0.00	36.31	0.00	0.00	0.00	0.00	0.00	1.60	0.00	0.00	3.70	0.00	0.00	8.89%	0.00%	0.00%
Other	0.00	1.00	32.39	0.60	0.60	30.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.40	1.67	0.00%	40.00%	5.16%
sub-total Scarborough	**104.27**	**1.00**	**32.39**	**105.41**	**0.60**	**30.72**	**0.00**	**0.00**	**0.00**	**1.60**	**0.00**	**0.00**	**-2.74**	**0.40**	**1.67**	**-2.63%**	**40.00%**	**5.16%**
CG Total	**358.41**	**12.05**	**88.92**	**349.19**	**11.75**	**78.48**	**0.40**	**0.00**	**2.00**	**9.00**	**0.00**	**0.00**	**0.62**	**0.30**	**12.44**	**0.17%**	**2.49%**	**13.99%**

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																		
	122.01	5.60	72.44	114.11	4.80	69.02	1.00	0.00	3.12	1.00	0.00	0.00	7.90	0.80	6.54	6.47%	14.29%	9.03%
SCARBOROUGH																		
	32.03	1.00	37.94	28.23	1.00	33.79	0.51	1.00	0.72	0.00	0.00	0.76	4.31	1.00	4.11	13.46%	100.00%	10.83%
CG Total	**154.04**	**6.60**	**110.38**	**142.34**	**5.80**	**102.81**	**1.51**	**1.00**	**3.84**	**1.00**	**0.00**	**0.76**	**12.21**	**1.80**	**10.65**	**7.93%**	**27.27%**	**9.65%**

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

28

FINANCE PERFORMANCE REPORT

August-2021

Produced September-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

<u>**Trust Strategic Goals:**</u>

x   to deliver safe and high quality patient care as part of an integrated system

x   to support an engaged, healthy and resilient workforce

x   to ensure financial sustainability

<u>**Purpose of the Report:**</u>

To provide the Board with an integrated overview of Finance Performance within the Trust

<u>**Executive Summary:**</u>

Key discussion points for the Board are:

This paper and individual summary reports on Trust's financial position for period to August 2021 (Month 5).

<u>Emergency Financial Regime</u>

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 formal 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 has also been 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 produced a balanced I&E position.

Since the April Board meeting, and at the request of NHSE&I, the Trust has submitted an updated plan to reflect both the income and costs of delivery associated with the Elective Recovery Fund. Initial projections for the Trust identify that our forecast activity levels for H1 could deliver an additional £21.5m of income under this scheme. The cost of delivering this activity has been estimated at £13m, although for planning purposes a risk provision has been created in the sum of £8.5m, thereby having a net neutral impact on the bottom line I&E plan.

30

Executive Summary (cont.):

Key discussion points for the Board are:

Elective Recovery Fund (ERF)

The ERF is a system implemented at national level that incentivises provider organisations to accelerate the delivery of elective care to address the backlog that has developed during the covid-19 pandemic. Additional funding is being made available to providers to support this process.

The estimated income and expenditure linked to ERF is now included in the position to date and in the forecast, although this is not guaranteed and is subject to change. The amount of funding that the Trust will receive is dependent upon a number of factors including the performance of the other provider organisations within our Integrated Care System (ICS), and the actual receipt of ERF will be on a basis agreed by the ICS. The income figures included in the I&E position and forecast position at August are calculated based on the information available at present, and reflect an agreed position with our ICS partners. The figures will be refined as appropriate in the coming months as actual income allocations are notified to the ICS by NHSE&I. Due to the nature of counting the activity linked to the ERF scheme there is a three month delay in learning the actual income.

Month 5 Position

For August, the Trust is reporting an I&E position of £3.26m surplus against a £0.07m deficit plan, placing it £3.33m ahead of the system plan submitted to NHSE&I. This is primarily driven by the net impact of ERF income being behind plan with the associated cost of delivery also being behind plan (£7.3m); partially offset by other net underlying Trust performance being £4.0m ahead of plan.

The Trusts overall CIP target for the first half of 2021/22 is £2.8m. In August the Trust has delivered £0.5m of the £2.3m year to date target.

The Trust's compliance with the Better Payments Practice Code (BPPC) is currently averaging around 90% of suppliers being paid within 30 days.

Forecast H1 Position

The forecast outturn position for H1 2021/22 (1st April 2021 to 30th September 2021) is a break even I&E position.

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
Date:	September 2021
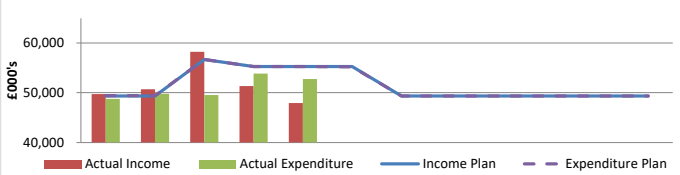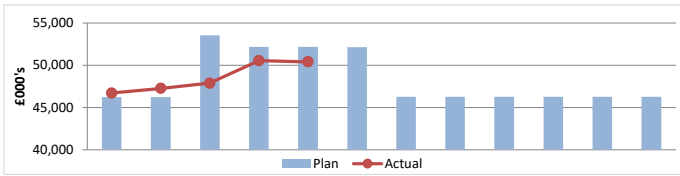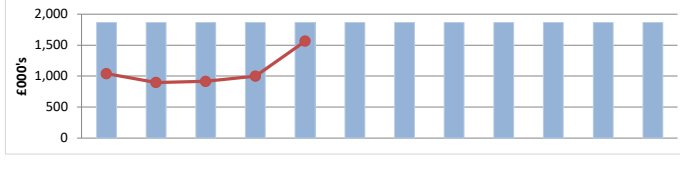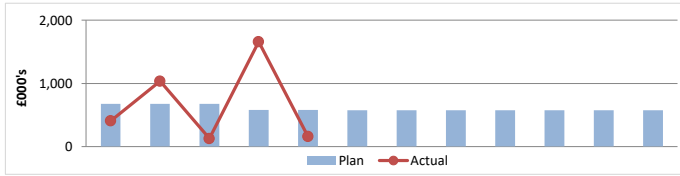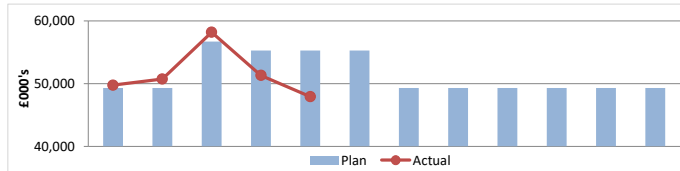
31

TRUST BOARD REPORT : August-2021

SUMMARY INCOME AND EXPENDITURE POSITION
STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY
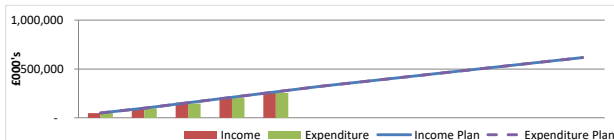
Aug-21	METRIC:	PLAN:
£3,264	6.01 Income and Expenditure	**-£70**
£50,410	6.02 Operational Expenditure against Plan (exc. COVID)	**£52,177**
£1,565	6.03 COVID-19 'Inside the Envelope' Expenditure	**£1,866**
	Monthly % Covid Spend of Operational Spend:	3.1%
£161	6.04 COVID-19 'Outside the Envelope' Expenditure	**£579**
£47,947	6.05 Income against plan	**£55,276**

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. At NHSE&Is request the plan was resubmitted in June for the purpose of including the estimated I&E impact of the Elective Recovery Fund (ERF) scheme. Estimated additional income of £21.5m was matched by an identical estimated increase in costs, thereby having a net neutral impact on the overall plan.

Month 5 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 August, the Trust is reporting an I&E position of £3.26m surplus against a £0.07m planned deficit, placing it £3.33m ahead of the system plan submitted to NHSE&I.

Income is £7.9m behind plan, resulting primarily from ERF and other income being behind plan, partially offset by excluded drugs & devices outside of the envelope, and Education & Training income being ahead of plan.

Operational expenditure is £11.3m behind plan, primarily linked to planned spend on ERF and Covid schemes being behind plan, partially compensated by expenditure on excluded high cost drugs being ahead of plan, and the CIPs being behind plan.

Forecast H1 Position

The forecast outturn position for H1 2021/22 (1st April 2021 to 30th September 2021) is a balanced position as per plan.

32

TRUST BOARD REPORT : August-2021

SUMMARY INCOME AND EXPENDITURE POSITION
STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Aug-21	METRIC:	PLAN:
£487	6.06 Efficiency Programme	**£2,310**
£3,264	6.07 Cumulative Income and Expenditure Position against Plan	**-£70**
£242,811	6.08 Cumulative Operational Expenditure against Plan (exc. COVID)	**£250,360**
£257,983	6.09 Cumulative Income against plan (exc. Truing Up)	**£265,918**
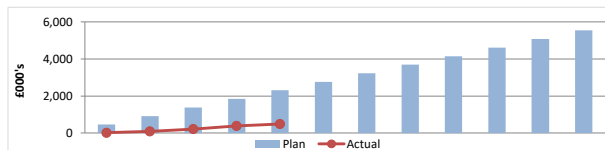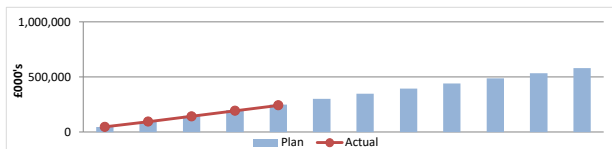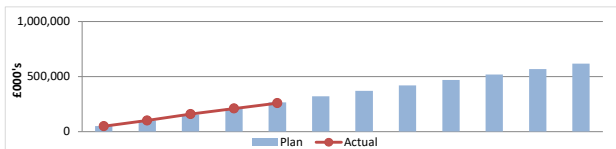
Income and Expenditure Account	Annual Plan £000's	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's	H1 Plan £000's	H1 Forecast Outturn £000's
NHS England	65,830	27,429	31,176	3,747	32,915	36,494
Clinical commissioning groups	483,898	208,791	198,089	-10,702	252,699	240,323
Local authorities	4,656	1,940	1,925	-15	2,328	2,328
Non-NHS: private patients	260	108	134	26	130	130
Non-NHS: other	1,553	647	548	-99	878	878
Operating Income from Patient Care Activities	**556,197**	**238,915**	**231,872**	**-7,043**	**288,950**	**280,153**
Research and development (both IFRS 15 and non-IFRS 15 income)	2,100	875	1,083	208	1,222	1,222
Education and training (excluding notional apprenticeship levy income)	17,684	7,368	8,823	1,455	9,372	9,072
Other income	41,144	18,760	16,205	-2,555	21,647	18,185
Other Operating Income	**60,928**	**27,003**	**26,111**	**-892**	**32,241**	**28,479**
Employee Expenses	-413,434	-176,651	-167,673	8,978	-211,812	-204,491
Drugs Costs	-55,135	-23,647	-26,646	-2,999	-30,145	-32,800
Supplies and Services - Clinical	-57,515	-25,601	-22,472	3,129	-29,720	-23,588
Depreciation	-11,038	-4,599	-4,598	2	-5,514	-5,514
Amortisation	-1,332	-555	-557	-2	-666	-666
CIP	4,477	1,826	0	-1,826	0	0
Other Costs	-75,702	-33,646	-29,674	3,972	-39,610	-37,854
Total Operating Expenditure	**-609,679**	**-262,873**	**-251,620**	**11,253**	**-317,467**	**-304,913**
OPERATING SURPLUS/(DEFICIT)	**7,446**	**3,045**	**6,362**	**3,317**	**3,724**	**3,719**
Finance income	10	4	12	8	5	10
Finance expense	-516	-215	-201	14	-258	-258
PDC dividends payable/refundable	-6,969	-2,904	-2,904	0	-3,485	-3,485
NET FINANCE COSTS	**-29**	**-70**	**3,269**	**3,339**	**-14**	**-14**
Other gains/(losses) including disposal of assets	0	0	-5	-5	0	0
Share of profit/ (loss) of associates/ joint ventures	0	0	0	0	0	0
Gains/(losses) from transfers by absorption	0	0	0	0	0	0
Movements in fair value of investments, investment property and financial	0	0	0	0	0	0
Corporation tax expense	0	0	0	0	0	0
SURPLUS/(DEFICIT)	**-29**	**-70**	**3,264**	**3,334**	**-14**	**-14**

33

TRUST BOARD REPORT : August-2021

SUMMARY INCOME AND EXPENDITURE POSITION
STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Aug-21	METRIC:	PLAN:
£33,614	6.1 Pay expenditure against plan	£36,306

| £1,374 | 6.11 Agency expenditure against plan | £1,404 |

| £18,521 | 6.12 Non-pay expenditure against plan | £17,737 |

| £32,327 | 6.13 Cash Position | £0 |

| £9,498 | 6.14 Debtors | £0 |

| £5,899 | 6.15 Creditors | £0 |

| £3,509 | 6.16 Capital | £5,678 |

Pay Expenditure Analysis

| Staff Group | Annual Plan | Year to Date | | | | | | |
		Plan	Contract	WLI/ Overtime	Bank	Agency	Total	Variance
Consultants	68,311	30,625	25,960	132	0	754	26,847	3,777
Medical and Dental	51,691	21,539	19,757	424	0	1,751	21,931	-393
Nursing	120,490	52,384	37,601	256	5,844	3,254	46,955	5,430
Healthcare Scientists	12,563	5,248	5,114	34	16	112	5,276	-27
Scientific, Therapeutic and technical	17,045	7,096	6,667	121	7	0	6,796	301
Allied Health Professionals	26,447	11,023	10,786	202	0	609	11,597	-574
HCAs and Support Staff	55,545	23,128	22,400	295	41	468	23,204	-76
Exec Board and Senior managers	15,898	6,631	6,453	6	0	0	6,458	173
Admin & Clerical	44,252	18,478	17,956	11	0	0	17,967	510
Pay Reserves	0	0	0	0	0	0	0	0
Apprenticeship Levy	1,192	497	642	0	0	0	642	-145
TOTAL	**413,433**	**176,650**	**153,336**	**1,480**	**5,909**	**6,948**	**167,673**	**8,976**

34

SUMMARY INCOME AND EXPENDITURE POSITION
STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Aug-21	METRIC:	PLAN:
£0	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
£1,374	6.21 Agency Spend against Agency Cap	£1,404

BPPC Performance

Within 30 days	6.22 BPPC - % paid in 30 days	Within 7 days
90%	6.23 BPPC - % paid in 7 days	5%
Within 14 days	6.24 BPPC - % paid in 14 days	Within 21 days
12%	6.25 BPPC - % paid in 21 days	27%
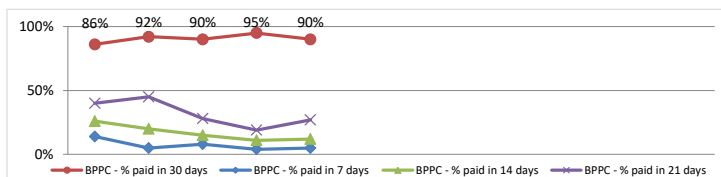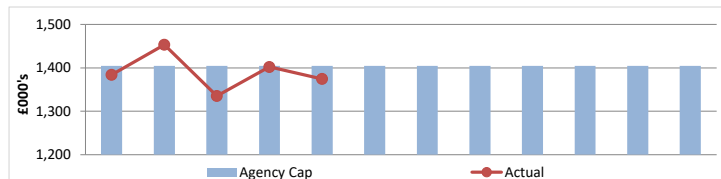
Highlights for the Board to Note:

	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 effciency 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. CIPs totalling £487k have been delivered to August against a year to date target of £2.310m.

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 slightly less agency staff than plan.

The Trust's compliance with the Better Payments Practice Code (BPPC) is currently averaging around 90% of suppliers being paid within 30 days.

35

RESEARCH AND DEVELOPMENT REPORT

August-2021

Produced September-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 Strategic Goals:

x to deliver safe and high quality patient care as part of an integrated system

x to support an engaged, healthy and resilient workforce

x to ensure financial sustainability

Purpose of the Report:

To provide the Board with an integrated overview of Research Development Performance within the Trust

Executive Summary:

Key discussion points for the Board are:

Our key outcomes in the last month are as follows:

• Our accruals (number of patients entered into a clinical trial) are very low at the moment, mainly due to the fact we are not seeing patients as much as we normally do, so this is really impacting on our service.

• We are currently designing a study to look at the Patient Experience of using Colon capsules to take photos of the gut and send them back to clinical staff to review. We are now extending this work to also assist (we hope) with the backlog of surveillance colonoscopies. This work will be funded by NHSE and sees our Trust at the forefront of this study as we will yet again be managing this England wide research study.

• The following grants for external funding were submitted in the last month

o NIHR HTA application (£986K)

o Rehabilitation study with a Canadian Group (£250K)

o York Translational Haematology Unit – Research Nurse funding with UoY to support Jules Thorn application

• Commercial Research Manager post has gone back out for advert as no suitable candidate were identified at shortlisting

• We have held the first seeing group for the jointly funded Trust and CRN multimorbidity research Hub at Scarborough which went very well. We have appointed to the research practitioner post with the research fellow to follow. The Hub will go live in November 2021

• We are beginning a piece of work to try and create an academic research career pathway for our staff to model some of the larger Teaching Hospitals in England. We are bringing together key internal stakeholders to a meeting in October to begin planning this.

This is alongside delivering a large portfolio of clinical trials spread throughout all our six Care Groups. The challenges now are how to support this portfolio, alongside our Covid 19 trials (that still require a lot of support) and open up new opportunities, with the staff we have.

We are a very busy team!

Recommendation:

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

Author(s):   Lydia Harris Head of R&D

Director Sponsor: Polly McMeekin Director of WOD

Date: September 2021

37

TRUST BOARD REPORT : August-2021

CLINICAL RESEARCH PERFORMANCE REPORT

Recruitment

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2021-22	76	163	128	1061	526								1954
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

Recruitment Accruals

Legend: 2020-21, 2019-20, 2018-19, 2017-18, Target

Thankfully our accruals have seen a sharp increase in the past two months thanks to three studies the teams have really thrown their weight behind. Clinical Characterisation Protocol a global study recording data from Covid positive patients (148 accruals this month), the psychological Impact of COVID19 survey (146 accruals this month) and FIT 5 a gastro study funded by NHSE to evaluate colon capsules (82 accruals this month). This is fantastic news as it means we are almost back on track against our accrual target.

Breakdown as of end August 21

CG & Directorate	Accruals Running Total 21/22
CG1 Total	**197**
ED	10
Elderly Medicine	0
Stroke	0
Cardiology	0
Cardio Respiratory	0
CF & Respiratory	58
Hepatology	0
Sleep Services	0
Renal	39
Gastroenterology	90
Palliative Care	0
Community	0
Dietetics	0
Tissue Viability	0
CG2 - S'boro Total	**249**
ED	0
Elderly	5
Stroke	0
Cardiology	0
Respiratory	7
Renal	0
Gastroenterology	23
Hepatology	0
Palliative Care	0
Critical Care/ICU	29
Microbiology & Infection	185
CG3 Total	**211**
Anaesthetics/Peri-Operative	78
Critical Care/ICU	68
Surgery - Non Cancer	12
Restorative Dentistry	0
ENT	53
Pain	0

CG & Directorate	Accruals Running Total
CG4 Total	**343**
Oncology (inc surgery)	68
Haematology	1
Endoscopy	0
Microbiology & Infection	274
CG5 Total	**4**
Obs & Gynae	4
Paediatrics	0
Sexual Health	0
CG6 Total	**50**
Rheumatology	0
Dermatology	1
Neurology	0
Diabetes & Endocrinology	0
MSK	23
Orthopaedics	0
Ophthalmology	26
Psychological Medicine	0
All Diagnostic Services & AHP's	0
CG Total Accruals	**1054**
Psychological Impact - Cross Trust Study	**900**
TOTAL Accruals	**1954**

Covid Accruals Included in Monthly CRN Return Total (York)	406
Covid Accruals Included in Monthly CRN Return Total (S'boro)	203
Covid Accruals Not Included in Monthly CRN Return Total (York)	16 COVID-19 PD UK
Covid Accruals Not Included in Monthly CRN Return Total (S'boro)	31 COVID-19 PD UK

Breakdown of Open and Closed Trials	
Recruitment Target for Year	4022
Open Trials	77
Total Due to Close 21/22	22

Breakdown of Trial Category	
Commercial	6%
Non-Commercial	94%
Interventional	39%
Observational	61%
I & O	0%

38

OPERATIONAL PERFORMANCE REPORT

August-2021

Produced September-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: August-2021
Executive Summary

Trust Strategic Goals:

x to deliver safe and high quality patient care as part of an integrated system

x to support an engaged, healthy and resilient workforce

x 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 August and as at the 9th of September there were forty seven COVID-19 positive inpatients in our acute and community hospitals. The number of COVID-19 positive inpatients peaked on the 26th of January 2021 at 216.

The Trust has had 3,191 COVID-19 positive inpatients since 17th March 2020, with 2,487 patients discharged, sadly 656 patients have died. Since the end of July 2021 there have been 161 new COVID-19 positive inpatients and twenty two deaths.

As at the 9th of September, York Hospital has two COVID-19 positive wards with one COVID-19 positive ward at Scarborough Hospital. The three wards equate to sixty three beds that are COVID-19 only and are not available for general non elective admissions.

The Trust's COVID-19 surge plan is in place to respond to further requirements for additional wards.

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. 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 HCV ICS and the finalised operational plan for the first half of 2021-22 was submitted on the 3rd of June.

40

Key discussion points for the Board are:

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 the Trust to access the ERF and support further improvement in patient care and timely treatments.

The workforce risk that the Trust highlighted as part of the H1 2021-22 activity plan has materialised to a greater extent than was anticipated through quarter 1. This has affected not just the Trust but all partners. NYCC, TEWV, YAS, Primary Care and VOCARE who have all been operating at their highest level of escalation due to workforce pressures during August, limiting the availability of support from the system to reduce delays to patients or support urgent care demand. The Trust is currently circa 7-8% absence (circa 25% COVID-19 related). Currently at 580 daily absences, with summer annual leave and reduced bank/ agency pick up of shifts. This is an improved position from mid-August 2021 (circa 800 daily absences), with forecasted improvements in September and October in the nursing workforce.

The pressure on medical staffing has contributed to the cancellation of 269 outpatient clinics within fourteen days of the planned date and there were 109 elective patients cancelled by the Trust for either COVID-19 reasons (Staff isolating) or clinician/nursing unavailability during August 2021.

Elective inpatients are required to have a COVID-19 PCR test prior to admission, unfortunately in August 2021 forty nine patients did not attend their test and subsequently had their surgery or endoscopy cancelled (July 2021; 72). This is 'lost' activity as the Trust is unable to reallocate the theatre to other patients due to the need for the PCR test. This is a newly captured cancellation reason and the service modified the booking process on the 18th of August. This issue will continue to be monitored.

The above have contributed to the Trust not delivering the expected levels of activity in August 2021 although the Trust did achieve against the national activity 'ask' for follow up outpatient and day case elective points of delivery.

Point of Delivery	August 2019 Outturn	August 2021 Actual	Variance	Proportion of August 2019 delivered in August 2021	
First Outpatient Appts	13,115	11,806	-1,309	90%	🔴
Follow up Outpatient Appts	29,309	31,638	2,329	108%	🟢
Ordinary Electives*	619	439	-180	71%	🔴
Day Cases	5,994	5,696	-298	95%	🟢

Please note: colour key denotes performance against national activity 'ask'. For August 2021 any elective Point of Delivery above 95% achieved the national activity 'ask'. *Ordinary Elective figures are based on discharge date.

Planning guidance for the period October 2021 to March 2023 is due to be released on the 16th of September, the Trust will engage with partners in the HCV ICS ahead of finalising the operational plan.

August 2021 Performance Headlines:

• 71.7% of ED patients were admitted, transferred or discharged within four hours during August 2021.
• July 2021 saw challenging cancer performance with the Trust achieving four out of the seven core national standards.
• 1,348 fifty-two week wait pathways have been declared for the end of August 2021.
• The Trust saw a decline against the overall Referral to Treatment backlog, with the percentage of patients waiting under 18 weeks at month end decreasing from 69.5% in July to 68.1% at the end of August 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, Operational Planning and Performance Manager
Lynette Smith, Deputy Director of Planning and Performance
Steve Reed, Head of Community Services

Director Sponsor: Wendy Scott, Chief Operating Officer

Date: Sep 2021

41

TRUST BOARD REPORT: August-2021

OPERATIONAL PERFORMANCE SUMMARY

REF	OPERATIONAL PERFORMANCE: UNPLANNED CARE	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
1.01	Emergency Care Attendances		▼	16142	15001	14254	12112	12370	11553	10842	14452	16159	17920	19218	19876	19642
1.02	Emergency Care Breaches		▲	2146	2661	2734	2001	2766	2241	2752	2801	3111	3474	3642	4678	5557
1.03	Emergency Care Standard Performance	95%	▼	86.7%	82.3%	80.8%	83.5%	77.6%	76.2%	79.3%	80.6%	80.7%	80.6%	81.0%	76.5%	71.7%
1.04	ED Conversion Rate: Proportion of ED attendances subsequently admitted		▼	39%	41%	42%	44%	43%	43%	43%	43%	39%	38%	37%	41%	41%
1.05	ED Total number of patients waiting over 8 hours in the departments		▲	209	384	444	258	503	593	445	402	429	594	658	1072	1517
1.06	ED 12 hour trolley waits	0	◄►	0	0	0	7	14	21	43	0	4	1	13	43	43
1.07	ED: % of attendees assessed within 15 minutes of arrival		▼	61%	60%	61%	65%	63%	65%	69%	66%	64%	64%	62%	49%	44%
1.08	ED: % of attendees seen by doctor within 60 minutes of arrival		▼	52%	48%	49%	58%	58%	60%	62%	55%	49%	47%	39%	34%	28%
1.09	ED – Percentage of patients who Left Without Being Seen (LWBS)	5%	▲	1.8%	1.8%	1.6%	1.1%	1.7%	1.4%	1.5%	1.8%	1.7%	1.6%	2.3%	3.3%	4.3%
1.10	ED - Median time between arrival and treatment (minutes)		▲	181	190	192	177	199	206	193	194	192	191	192	212	231
1.11	Ambulance handovers waiting 15-29 minutes		▼	611	542	613	561	696	710	598	681	653	757	769	846	836
1.12	Ambulance handovers waiting 15-29 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.13	Ambulance handovers waiting 30-59 minutes		▲	152	147	129	151	209	200	101	155	180	218	243	356	421
1.14	Ambulance handovers waiting 30-59 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.15	Ambulance handovers waiting >60 minutes		▲	27	37	60	26	44	102	19	48	71	74	62	151	302
1.16	Ambulance handovers waiting >60 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.17	Ambulance handovers: Percentage waiting within 15 mins (shadow monitoring)		▼	76.9%	77.4%	76.6%	72.0%	71.1%	69.5%	74.5%	74.9%	74.2%	73.9%	72.1%	65.1%	57.6%
1.18	ED - Mean time in department (mins) for non-admissions (shadow monitoring)		▲	177	184	190	170	185	192	183	183	189	191	195	218	254
1.19	ED - Mean time in department (mins) for admissions (shadow monitoring)		▲	234	269	269	247	310	341	314	275	276	286	297	348	400
1.21	ED - Mean time between RFT and admission (mins) for admissions (shadow monitoring)		▲	66	87	92	89	134	170	146	101	100	106	114	142	164
1.22	ED - Number of non-admissions waiting 12+ hours (shadow monitoring)		▲	15	15	36	23	38	40	39	18	23	38	46	92	141
1.23	ED - Number of admissions waiting 12+ hours (shadow monitoring)		▲	45	94	132	81	225	323	232	132	148	171	265	395	621
1.24	ED - Critical time standards (shadow monitoring - awaiting guidance on metrics)			-	-	-	-	-	-	-	-	-	-	-	-	-
2.01	Non Elective Admissions (excl Paediatrics & Maternity) - based on date of admission		▼	4707	4678	4692	4383	4482	4233	3881	4884	4794	4941	4960	4888	4659
2.02	Non Elective Admissions (Paediatrics) - based on date of admission		▲	364	479	454	471	382	351	381	478	512	631	724	785	803
2.05	Patients with LOS 0 Days (Elective & Non-Elective)		▼	1861	1930	1973	1903	1737	1479	1549	1917	1990	2103	2194	2146	2035
2.06	Total number of patients during the month with a LoS >= 7 Midnights (Elective & Non-Elective)		▼	934	962	985	946	982	1062	883	1014	981	959	948	1082	1045
2.07	Ward Transfers - Non clinical transfers after 10pm	100	▲	25	41	50	39	47	35	53	56	44	65	53	54	78
2.08	Emergency readmissions within 30 days		▼	788	842	997	931	810	761	679	881	897	911	903	-	-
2.09	Stranded Patients at End of Month - York, Scarborough and Bridlington		▲	230	264	273	266	266	325	291	275	260	270	252	271	322
2.10	Average Bed Days Occupied by Stranded Patients - York, Scarborough and Bridlington		▲	203	253	266	278	264	303	287	253	237	251	247	260	292
2.12	Super Stranded Patients at End of Month - York, Scarborough and Bridlington		▲	35	70	87	63	67	81	86	68	70	74	60	62	84
2.13	Average Bed Days Occupied by Super Stranded Patients - York, Scarborough and Bridlington		▲	40	57	80	78	72	79	85	68	54	55	64	58	71

REF	OPERATIONAL PERFORMANCE: PLANNED CARE	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
3.01	Outpatients: All Referral Types		▼	16926	20988	21453	19863	20001	17413	17059	22597	21667	20293	22737	22158	18595
3.02	Outpatients: GP Referrals		▼	6857	8070	8576	8003	7788	6555	7174	10197	9250	8361	9430	9459	8267
3.03	Outpatients: Consultant to Consultant Referrals		▼	1355	1721	1696	1657	1667	1589	1585	1851	1879	1749	1956	2059	1611
3.04	Outpatients: Other Referrals		▼	8714	11197	11181	10203	10546	9269	8300	10549	10538	10183	11351	10640	8717
3.05	Outpatients: 1st Attendances		▼	9281	11611	12100	12708	12067	12061	11169	14394	12388	12747	14193	12992	11805
3.06	Outpatients: Follow Up Attendances		▼	24384	30125	31458	32679	30247	31240	30114	36585	32680	32554	35669	33728	31661
3.07	Outpatients: 1st to FU Ratio		▲	2.63	2.59	2.60	2.57	2.51	2.59	2.70	2.54	2.64	2.55	2.51	2.60	2.68
3.08	Outpatients: DNA rates		▲	6.3%	6.4%	6.4%	6.6%	6.2%	7.1%	6.4%	5.8%	5.7%	5.1%	5.6%	5.9%	6.3%
3.09	Outpatients: Cancelled Clinics with less than 14 days notice	180	▲	236	249	188	263	216	333	248	215	242	165	152	251	269
3.10	Outpatients: Hospital Cancelled Outpatient Appointments for non-clinical reasons		▼	2192	1867	1461	1276	1271	1036	1002	1133	1170	974	1005	1383	957
3.11	Outpatients: Follow-up Partial Booking (FUPB) Overdue		▲	26543	28149	28225	28182	27550	25782	24835	24778	24421	24624	24504	24826	25984
4.01	Elective Admissions - based on date of admission		▼	351	416	557	505	513	436	505	537	468	486	509	555	469
4.02	Day Case Admissions		▼	4447	5440	5902	5628	5430	4653	4478	5551	5801	5703	6710	6416	5697
4.03	Cancelled Operations within 48 hours - Bed shortages		▲	2	3	5	8	10	121	10	4	1	0	2	6	15
4.04	Cancelled Operations within 48 hours - Non clinical reasons		▲	37	57	65	89	37	183	87	73	114	38	75	102	84
4.05	Theatres: Utilisation of planned sessions		▲	72%	66%	68%	69%	68%	57%	62%	69%	75%	76%	76%	73%	74%
4.06	Theatres: number of sessions held		▼	586	693	726	712	675	604	639	636	629	641	755	663	572

Outpatient appointments data from June 2021 now excludes CAS (Clinical Assessment Service) clinics, in line with SUS reporting. Outpatient appointments data for 1st Attendances and Follow Up attendances has been updated from April 2021 to match NHSI/E counting methodology.
All Referrals figures in the table above (3.01-3.04 for 13 months) have been refreshed due to a data filtering error

OPERATIONAL PERFORMANCE SUMMARY

REF	DIAGNOSTICS	TARGET	SPARKLINE / Vs. PREVIOUS MONTH		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
3.12	Diagnostics: Patients waiting <6 weeks from referral to test	99%		▼	46.6%	53.7%	61.0%	66.4%	63.5%	61.0%	66.6%	68.5%	66.2%	62.9%	62.8%	61.4%	55.9%
3.13	Diagnostics: Total Fast Track Waiters			▲	537	618	740	645	750	655	671	735	608	786	796	883	916
3.19	Diagnostics: Urgent Radiology Waiters			▲	379	502	695	707	702	627	733	814	819	862	781	774	780
3.38	Total Overdue Planned Radiology Waiters			▼	1137	760	617	367	341	735	605	451	485	393	259	401	290
3.22	Total Radiology Reporting Backlog			▼	1346	1804	1530	1441	2962	1718	2176	2140	2124	1889	2418	3202	2780
3.31	Total Endoscopy Surveillance Backlog (Red)			▼	1264	1337	1345	1307	1384	1467	1485	1331	1402	1334	1235	1150	1146

REF	18 WEEKS REFERRAL TO TREATMENT	TARGET	SPARKLINE / Vs. PREVIOUS MONTH		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
5.01	RTT Percentage of incomplete pathways within 18wks	92%		▼	52.7%	60.0%	65.5%	67.5%	66.7%	63.9%	62.8%	64.7%	65.8%	68.3%	70.5%	69.5%	68.1%
5.02	RTT Waits over 52 weeks for incomplete pathways	0		▼	1764	1986	2176	2250	2251	2506	2581	2446	2023	1713	1488	1361	1348
5.10	RTT Waits over 78 weeks for incomplete pathways	0		▲	0	20	58	99	191	319	410	523	577	632	638	644	692
5.11	RTT Waits over 104 weeks for incomplete pathways	0		▲	0	0	0	0	0	0	0	1	8	32	40	56	93
5.05	RTT Total Waiting List			▲	26141	27042	27908	27646	28040	27154	27193	28691	30069	30321	30707	31959	33187
5.06	Number of RTT patients on Admitted Backlog (18+ weeks)			▲	6654	6019	5318	4716	4375	4341	4328	4355	4306	4073	3862	3822	3897
5.07	Number of RTT patients on Non Admitted Backlog (18+ weeks)			▲	5711	4787	4323	4275	4963	5453	5792	5766	5968	5531	5192	5916	6682
5.08	RTT Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring)	8.5		▲	20.7	19.6	18.2	17.5	17.7	18.2	18.1	17.0	16.4	16.3	15.9	15.5	16.1
5.12	Number of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways at end of month*				-	-	-	-	-	-	-	-	604	638	574	508	569
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*				-	-	-	-	-	-	-	-	68%	67%	75%	76%	70%

*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)	TARGET	SPARKLINE / PREVIOUS MONTH		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
6.01	Cancer 2 week (all cancers)	93%		▲	94.5%	88.7%	93.4%	93.5%	94.2%	90.2%	92.5%	91.1%	88.1%	93.7%	94.0%	95.2%	-
6.02	Cancer 2 week (breast symptoms)	93%		▼	95.1%	95.1%	88.0%	93.9%	97.3%	80.0%	92.6%	92.6%	92.8%	91.5%	93.6%	93.5%	-
6.03	Cancer 31 day wait from diagnosis to first treatment	96%		▲	97.0%	97.3%	96.8%	98.9%	97.0%	95.7%	99.1%	97.0%	96.3%	98.5%	97.4%	98.5%	-
6.04	Cancer 31 day wait for second or subsequent treatment - surgery	94%		▼	81.8%	92.6%	88.4%	87.5%	90.9%	85.3%	93.9%	93.3%	96.2%	95.5%	93.1%	88.9%	-
6.05	Cancer 31 day wait for second or subsequent treatment - drug treatments	98%		◀▶	98.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.8%	100.0%	100.0%	100.0%	-
6.06	Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%		▲	81.6%	75.5%	74.2%	74.3%	75.5%	70.0%	72.1%	75.0%	70.9%	79.9%	67.1%	67.2%	-
6.07	Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)**	90%		▼	-	-	91.2%	91.1%	86.7%	80.5%	97.6%	87.2%	96.5%	83.7%	93.2%	84.0%	-
6.08	Cancer 28 Day Wait - Faster Diagnosis Standard	75%		▲	62.3%	63.9%	61.1%	61.5%	66.7%	53.6%	60.5%	70.2%	63.1%	63.6%	65.0%	65.3%	-

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

REF	COMMUNITY	TARGET	SPARKLINE / Vs. PREVIOUS MONTH		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
7.01	Referrals to District Nursing Team			▼	1816	2068	2148	2091	1913	1956	1761	2057	1929	1916	2084	2078	1747
7.02	% CRT Patients Seen within 2 days of Referral			▼	92.1%	83.3%	85.3%	83.1%	89.3%	83.7%	71.4%	79.3%	82.8%	83.5%	78.3%	59.9%	49.7%
7.03	Number of District Nursing Contacts			▼	20296	20081	20941	21013	20271	19317	18139	21505	20984	20859	21103	21337	20884
7.04	Referrals to York Community Response Team			▼	157	214	196	216	198	227	190	182	179	200	206	204	168
7.05	Referrals to Selby Community Response Team			▼	65	58	69	58	60	68	57	64	56	51	40	65	52
7.07	Number of York CRT Contacts			▲	4444	4782	5265	5793	5218	4847	3839	3691	4367	4949	4911	5490	5694
7.08	Number of Selby CRT Contacts			▼	1451	1574	1759	1731	1342	1269	1284	1486	1431	1513	1477	1799	1675
7.10	Community Inpatient Units Average Length of Stay (Days)			▲	12.3	12.8	13.5	15.1	12.1	10.1	12.5	13.5	11.0	13.3	16.1	13.1	16.4
7.11	% Community Therapy Team Patients Seen within 6 weeks of Referral			▲	97.1%	90.4%	90.1%	88.5%	83.0%	90.9%	90.9%	92.4%	84.8%	88.5%	87.4%	82.3%	85.7%
7.12	% CRT Step Up Referrals Seen Within 2 Hrs			▲	19.4%	11.3%	20.6%	8.6%	14.2%	12.9%	15.6%	21.5%	15.4%	9.4%	16.5%	11.7%	23.5%
7.13	% of End of Life Patients Dying in Preferred Place of Death			▼	90.0%	70.0%	93.9%	80.0%	93.5%	82.9%	80.5%	85.7%	74.1%	78.8%	80.0%	92.1%	85.2%

REF	CHILDREN AND YOUNG PERSONS (0-17 YEARS)	TARGET	SPARKLINE / Vs. PREVIOUS MONTH		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
8.01	Emergency Care Standard Performance (Type 1 only)	95%		▼	94.1%	92.6%	93.6%	94.9%	96.6%	97.3%	97.1%	96.5%	96.2%	95.5%	94.5%	91.6%	87.7%
8.02	ED patients waiting over 8 hours in department			▲	1	2	5	7	1	1	2	1	5	11	7	14	22
8.03	Cancer 2 week (all cancers)	93%		▲	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
8.05	Diagnostics: Patients waiting <6 weeks from referral to test	99%		▲	44.8%	52.0%	57.8%	55.5%	54.5%	51.8%	50.9%	62.2%	62.4%	72.7%	58.9%	64.1%	57.4%
8.06	RTT Percentage of incomplete pathways within 18wks	92%		▼	51.7%	59.8%	67.4%	70.7%	70.5%	66.8%	66.3%	70.3%	71.8%	73.0%	75.8%	75.3%	73.2%
8.07	RTT Total Waiting List			▲	1997	2179	2195	2081	2040	2026	2102	2285	2395	2433	2511	2702	2741
8.08	RTT Waits over 52 weeks for incomplete pathways			▲	147	192	224	227	211	225	218	191	156	123	102	99	103

REF	STROKE	Target	Sparkline / Previous Month		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
9.01	Proportion of patients who experience a TIA who are assessed & treated within 24 hrs	75%		◀▶	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
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			◀▶	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	-

	SSNAP Scores:				Jul-Sep 20			Oct-Dec 20			Jan-Mar 21			Apr-21	May-21	Jun-21	Jul-21	Aug-21
9.03	Proportion of patients spending >90% of their time on stroke unit	85%		▲	77.0% D			77.4% D			86.1% B			87.5% B	90.0% A	89.5% B	87.5% B	100.0% A
9.04	Scanned within 1 hour of arrival	43%		▲	53.4% A			57.6% A			52.4% A			56.7% A	57.1% A	59.3% A	58.6% A	100.0% A
9.05	Scanned within 12 hours of arrival	90%		▲	95.7% A			98.2% A			94.3% B			94.0% B	97.8 A	95.1% A	96.6% A	100.0% A

*COVID data set for the period April to June 2020. The full SSNAP data set is now being used. Please note the SSNAP quarters Jul-Sep and Oct-Dec 2020 have been refreshed due to error; many of the patients admitted during that period were transferred to and from Covid wards.
The latest month's SSNAP data is subject to change due to casenote 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.

43

Aug-21	METRIC :	TARGET :	vs LM :			
19,642	1.01 Emergency Care Attendances	-	**-234** ↓			
71.7%	1.03 Emergency Care Standard Performance	95.0%	**-4.8%** ↓		CG1 / CG2 / CG3	CG4 / CG5 / CG6
1517	1.05 ED Total number of patients waiting over 8 hours in the departments	-	**445** ↑			
231	1.10 ED - Median time between arrival and treatment (minutes)	-	**19**			
421	1.13 Ambulance handovers waiting 30-59 minutes	0	**65** ↑		CG1 / CG2 / CG3	CG4 / CG5 / CG6
302	1.15 Ambulance handovers waiting >60 minutes	0	**151** ↑		CG1 / CG2 / CG3	CG4 / CG5 / CG6
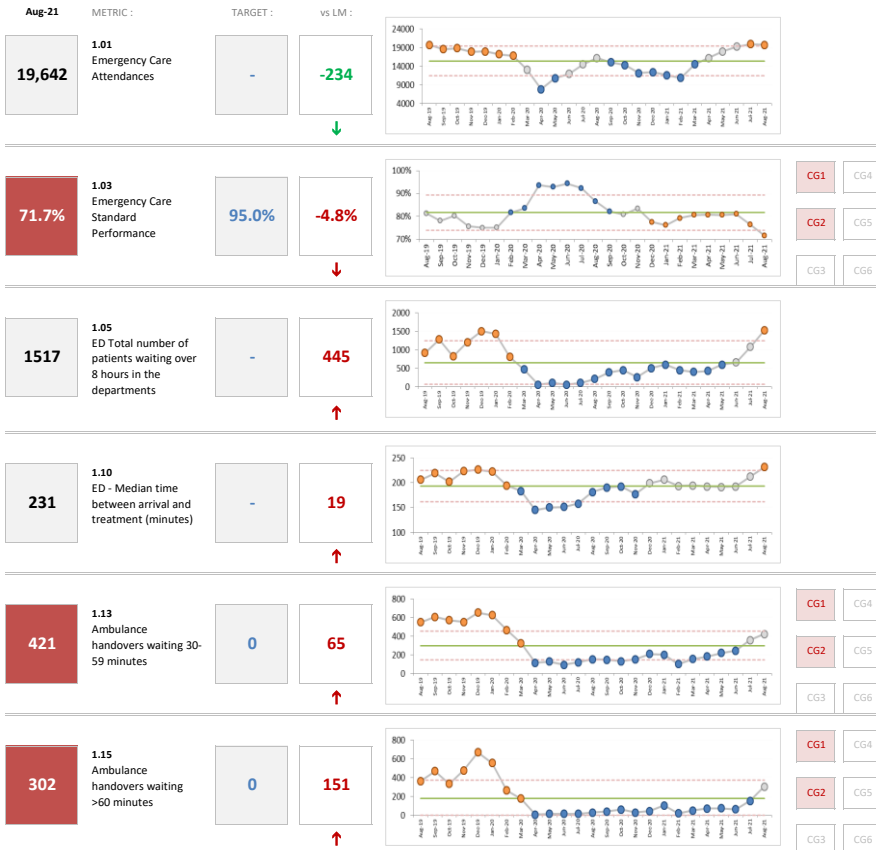
HIGHLIGHTS FOR BOARD TO NOTE:

71.7% of ED patients were admitted, transferred or discharged within four hours during August 2021. This compares with 86.7% in August 2020. Across the Scarborough and York localities attendances at the Emergency Departments and Urgent Care and Treatment Centres have returned to 2019-20 levels (August 2021; 19,642 compared to 19,683 in August 2019).

In the latest nationally available data (August 2021), the NHS England position was 77.0%. Nationally the Trust placed 77th out of 126 Trusts (of note, 14 of the 126 Trusts are not required to submit ECS performance as they were the pilots for the new ED metrics and thus are exempt). Only one Trust achieved 95% plus (Sheffield Children's NHS Foundation Trust) against the ECS. The 95% standard was last met nationally in July 2015.

In terms of the North East & Yorkshire region, the Trust placed 15th out of 22 providers. Our HCV ICS acute provider partners achieved the following performance in August 2021; HDFT 80.5%, NLAG 59.8% and HUTH 56.7% in August 2021.

Attendances at both Emergency Departments (EDs) have returned to pre-pandemic levels, this along with the staffing issues in August 2021 has created pressure within the emergency care flows across the Trust. Both Scarborough and York EDs and the Acute Medical Unit admitting wards on both sites saw significant levels of sickness, annual leave and unfilled shifts throughout August 2021; combined with demand returning to pre COVID-19 pandemic levels has exasperated the pressures that the Trust is experiencing.

York Hospital Locality ECS Performance was 70%. The hospital inpatient estate has been reconfigured throughout the third wave to support the COVID-19 Surge Plan, with two COVID-19 positive wards in operation as at the 9th of September.

Scarborough Hospital Locality ECS Performance was 64.4%. Demand at the three independent Sector run services; Bridlington Urgent Treatment Centre, Malton Urgent Care Centre and the Urgent Care Centre (UCC) co-located at Scarborough Hospital, are yet to see demand return to pre-pandemic levels. This has impacted the Scarborough locality's overall performance as the number of Type 3 attendances has significantly reduced; -25% YTD compared to April to August 2019. Like many system colleagues, Vocare who operate the UCC at Scarborough Hospital have had significant challenges staffing their service during August 2021, particularly at the weekends. The Trust continues to collaborate with Vocare and has, when possible, backfilled several of their staffing gaps. Weekend planning meetings are now in place between Vocare and the Trust to maximise resilience.

The Scarborough Hospital inpatient 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 9th of September.

The Scarborough Hospital Quality and Performance Summit (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. A follow up workshop was held on the 9th of June and actions to reduce congestion in the Emergency Department and a range of options to improve flow across the Hospital have been developed. These include re-establishing the First Assessment for ED Walk-ins (ED nurse) and Ambulances (ACP). Next Day Emergency Care (NDEC) has also been relocated to Willow Ward, creating additional space in the Emergency Assessment Unit to stream more patients and achieve the 30% target. The Acute Physician team will in-reach into ED for early post take and enable direct admissions. In addition, work is underway in quarter two 2021-22 to remodel acute pathways, creating two short stay wards to improve patient flow in quarter three.

There were forty-three twelve-hour trolley waits in August 2021; forty on the Scarborough site and three at York. The Trust has submitted a multi-faceted improvement plan to NHSE/I who will hold oversight and to the Care Quality Commission. The improvement plan covers the following areas:

• Demand – Urgent Treatment Centre.
• Demand – ED Front Door Activity.
• ED Build Resilience.
• Demand – Same Day Emergency Care.
• Capacity – Use of Estate.
• Patient Flow – Internal Transfers.
• Patient Flow – SAFER.
• Patient Flow – Hospital Discharge Service.
• Clinical Oversight/Assessment of impact of delays.
• Capacity – Workforce.

Adult Non-Elective admissions were at a similar level in August 2021 compared to the same period last year; down 1% (-48 admissions). York Hospital saw a small increase compared to August 2020; up 47 admissions (+2%) with Scarborough seeing a fall of 95 admissions (-6%) compared to July 2020. Paediatric Non-Electives are detailed within the Children and Young Persons section.

As at the 9th of September, York Hospital has two COVID-19 positive wards with one COVID-19 positive ward at Scarborough Hospital. The three wards equate to sixty three beds that are COVID-19 only and are not available for general non elective (NEL) admissions. In addition staffing issues & social distancing requirements on our inpatient wards have led to a further forty seven beds being closed. The Trust is therefore operating with 110 beds unavailable for general NEL admissions; this coupled with demand at pre COVID-19 pandemic levels is contributing to the pressures that the Trust is experiencing.

44

Jul-21	METRIC :	TARGET :	vs LM :			
95.2%	**6.01** Cancer 2 week (all cancers)	**93.0%**	**1.2%** ↑		CG1 / CG4	CG2 / CG5 / CG3 / CG6
98.5%	**6.03** Cancer 31 day wait from diagnosis to first treatment	**96.0%**	**1.1%** ↑		CG1 / CG4	CG2 / CG5 / CG3 / CG6
88.9%	**6.04** Cancer 31 day wait for second or subsequent treatment - surgery	**94.0%**	**-4.2%** ↓		CG1 / CG4	CG2 / CG5 / CG3 / CG6
67.2%	**6.06** Cancer 62 Day Waits for first treatment (from urgent GP referral)	**85.0%**	**0.1%** ↑		CG1 / CG4	CG2 / CG5 / CG3 / CG6
65.3%	**6.08** Cancer 28 Day Wait - Faster Diagnosis Standard	**75.0%**	**0.3%** ↑		CG1 / CG4	CG2 / CG5 / CG3 / CG6
207	**6.25** Cancer PTL - Waiters over 62 Days	**-**	**22** ↑			
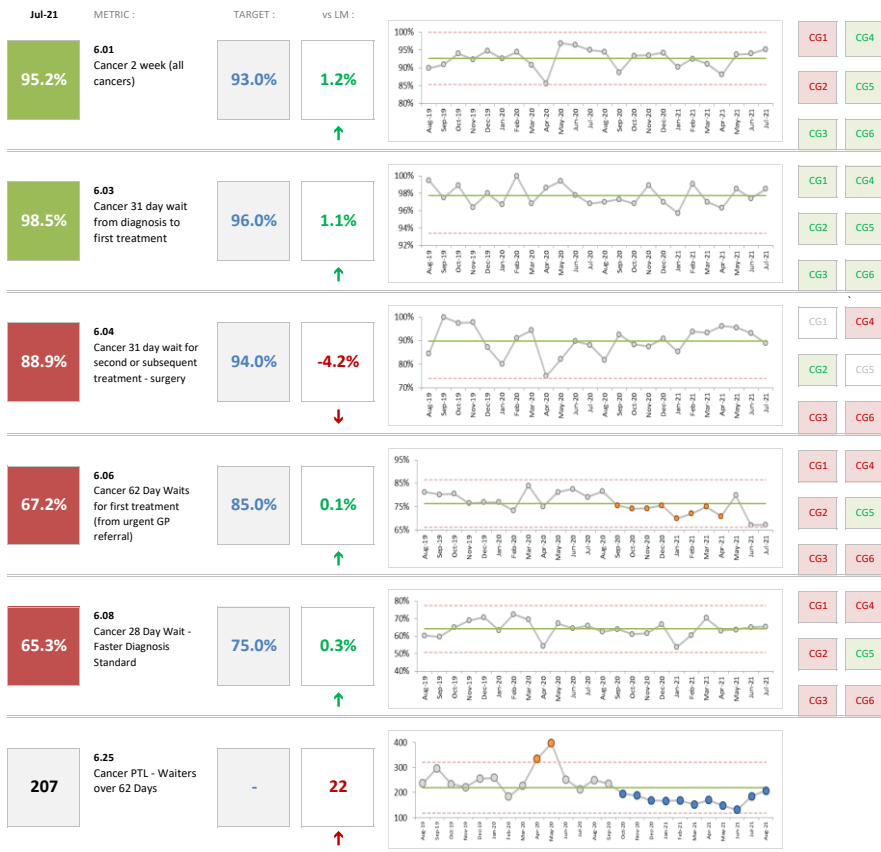
HIGHLIGHTS FOR BOARD TO NOTE:

Trust cancer performance in July 2021 continues to be challenged, with four out of the seven cancer standards met;

- 14 Day Fast Track
- 31 day wait from diagnosis to first treatment.
- 31 day wait for second or subsequent treatment - Drug treatments.
- 62 Day first treatment following a referral from a screening programme.

The Trust saw an improvement against the Cancer two week waiting times for urgent referrals, achieving the target with performance of 95.2% in July (June; 94.0%). The latest available data shows the national position to be 85.6% in July 2021.

For 37% of the patients that were not seen within 14 days, the delay was initiated by the patient. This was particularly notable in Breast (67% of breaches were due to patient choice) and Colorectal (75%).

Performance against the 62 day wait for first treatment target was particularly challenging at 67.2%, in line with 67.1% in June 2021. This equates to 52.5 breaches, with approximately 50% percent on Colorectal and Lung pathways. Overall, 85% 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 August 2021 there were 207 patients on the Trust's Patient Tracking List (PTL) that had waited over 62 days, an increase of 22 against the end of July 2021 position. Of those waiting over 62 days, 158 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.

The Trust was not anticipating improvements in our diagnostic position during the first half of 2021-22. However the Trust has been affected by significant staff absence, including in diagnostics services, that are over and above what had planned been for; a mix of COVID-19 related absence and other sickness. The Trust continues to prioritise our urgent and cancer work and have escalated the situation to our Quality and Executive Committees. Actions being taken include the implementation of recommendations from the Cancer Deep Dive completed in June, full review of pathway analysers by tumour site to refresh all recovery plans through quarter two of 2021-22, exploring carve out of diagnostic capacity for cancer for high risk pathways and ongoing outsourcing and insourcing across diagnostic modalities.

Of the patients treated in July 2021, there were thirteen patients who had waited more the 104 days. The majority were due to either 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; at the end of August 2021 there were 36. 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. The Trust is reviewing the clinical harm process to ensure we are doing everything we can to keep our patients safe.

The latest available data shows the national position to be 72.1% against the 62 day wait for first treatment target in July 2021.

45

Aug-21	METRIC :	TARGET :	vs LM :		
55.9%	3.12 Diagnostics: Patients waiting <6 weeks from referral to test	99%	-5.5% ↓		CG1 CG4 / CG2 CG5 / CG3 CG6
916	3.13 Diagnostics: Total Fast Track Waiters	-	33 ↑		
780	3.19 Diagnostics: Urgent Radiology Waiters	-	6 ↑		
290	3.38 Total Overdue Planned Radiology Waiters	-	-111 ↓		
2780	3.22 Total Radiology Reporting Backlog	-	-422 ↓		
1,146	3.31 Total Endoscopy Surveillance Backlog (Red)	-	-4 ↓		
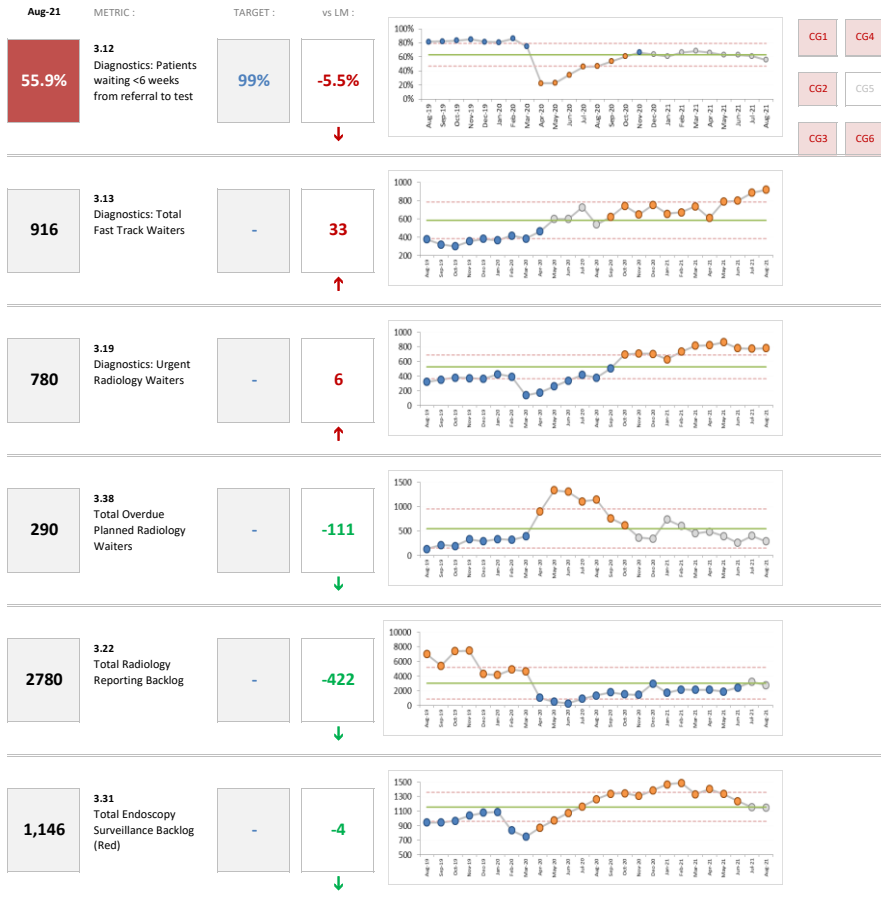
HIGHLIGHTS FOR BOARD TO NOTE:

The diagnostics target performance for August 2021 declined with 55.9% of patients provisionally waiting less than 6 weeks for their diagnostic test at the end of the month (July 2021; 61.4%). The latest available data shows the national position at the end of July was 76.5%.

The Endoscopy performance was 59.2% (July; 58.9%). Outsourcing opportunities with the Independent Sector and Humber, Coast and Vale provider partners have been secured which will aid the recovery of this position. The Trust has also allocated £0.5m for insourcing to tackle the endoscopy surveillance backlog, this is expected to commence in quarter three of 2021-22. It is planned that the backlog will be cleared by quarter four 2021-22.

Radiology continues to be affected with a decline seen in the radiology diagnostics performance at the end of August; down to 53.9% (July; 58.9%), with CT performing at 68%.

The decline in performance against the Diagnostic standard appears to be driven by the increase in referrals; in particular cancer referrals that has required services to prioritise fast track and urgent patients. This has resulted in reduced capacity for routine patients and a decrease in performance against the 6 week target.

Currently in Radiology, the MRI radiographer workforce is under 50% capacity which means that the service is unable to run additional lists in order to meet the increased demand. The Cancer & Support Services Care Group is actively pushing forward with recruitment and training to urgently address this workforce issue.

The Trust's new Radiology Information System (RIS) is due to go live at the end of September 2021; this is an exciting and necessary development which will bring a number of quality and safety benefits and will enable a fully electronic workflow for processing radiology requests. This will significantly reduce the risks associated with the current paper based system.

Notifications for critical findings will be displayed electronically in the Trust's Patient Administration System so that referrers in the Trust are alerted to them as soon as the radiology examination is reported.

46

OPERATIONAL PERFORMANCE: REFERRAL TO TREATMENT (RTT)

Aug-21	METRIC :	TARGET :	vs LM :		
68.1%	**5.01** RTT Percentage of incomplete pathways within 18wks	92.0%	-1.4% ↓		CG1 CG4 CG2 CG5 CG3 CG6
33,187	**5.05** RTT Total Waiting List	29,583	1228 ↑		CG1 CG4 CG2 CG5 CG3 CG6
1,348	**5.02** RTT Waits over 52 weeks for incomplete pathways	0	-13 ↓		CG1 CG4 CG2 CG5 CG3 CG6
692	**5.10** RTT Waits over 78 weeks for incomplete pathways	0	48 ↑		
10,579	**5.09** Number of RTT patients on Total Backlog (18+ weeks)	-	841 ↑		
16.1	**5.08** RTT Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring)	8.5	0.6 ↑		CG1 CG4 CG2 CG5 CG3 CG6

HIGHLIGHTS FOR BOARD TO NOTE :

The proportion of patients waiting more than 18 weeks increased slightly in August 2021, with the overall RTT position decreasing from 69.5% of patients waiting less than 18 weeks from referral to treatment to 68.1%. The latest available data shows the national position at the end of July 2021 was 68.3%.

The Trust's RTT Total Waiting List (TWL) increased by 1,228 from the end of July and stood at 33,187. The increase in the Trust's overall RTT position was primarily driven by the cancellation of outpatient clinics and elective procedures caused by the staffing issues the Trust has experienced since the beginning of July 2021 and throughout August 2021.

The Trust continues to make progress in reducing the number of long waiter patients. The Trust had 1,348 patients waiting 52 weeks or longer at the end of July 2021; a reduction of 13 on the end of July 2021 position. This position is a significant reduction from the 'peak' at the end of February 2021 when the Trust declared 2,581 fifty-two week RTT waiters.

The Trust is reporting ninety three 104 week RTT waiters at the end of August 2021; NHSI/E has mandated that Trusts have zero 104 week RTT waiters by the end of March 2022. A specialty specific trajectory to achieve this has been submitted to NHSI/E which is being monitored at Care Group weekly performance meetings to ensure delivery.

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 set a month by month improvement trajectory to increase this to 90% by the end of September 2021. Due to the staffing pressures experienced throughout August performance has dipped to 70% at the end of August 2021 (July; 76%). Care Groups are refocusing on delivery of this target with weekly corporate oversight at weekly performance meetings.

The Trust is developing its approach to sustainable recovery as COVID-19 prevalence reduces through a transformational 'Building Better Care' Programme, targeted at high impact actions across urgent care, outpatients, surgical pathways, cancer and diagnostics over the next two years.

47

Aug-21	METRIC :	TARGET :	vs LM :	
1,747	**7.01** Referrals to District Nursing Team	-	**-331** ↓	
20,884	**7.03** Number of District Nursing Contacts	-	**-453** ↓	
220	**7.06** All Community Response Teams Referrals (York and Selby)	-	**-49** ↓	
7369	**7.09** Number of CRT Contacts (York and Selby)	-	**80** ↑	
49.7%	**7.02** % CRT Patients Seen within 2 days of Referral	-	**-10.2%** ↓	
23.5%	**7.12** % CRT Step Up Referrals Seen Within 2 Hrs	-	**11.8%** ↑	
85.7%	**7.11** % Community Therapy Team Patients Seen within 6 weeks of Referral	-	**3.4%** ↑	
85.2%	**7.13** % of End of Life Patients Dying in Preferred Place of Death	-	**-6.9%** ↓	
17	**7.10** Community Inpatient Units Average Length of Stay (Days)	-	**4** ↑	

HIGHLIGHTS FOR BOARD TO NOTE :

As noted in the July Performance Report, the continued capacity challenges in the social care market (in particular for domiciliary care in all areas and for all care provision in the Selby area) is impacting across our intermediate care provision. Length of stay for the community inpatient units has risen to a level not seen during the pandemic (although still at the improved levels delivered prior to April 2020) and stranded patient numbers are significantly higher. Delays in patients moving into long term service provision (together with workforce pressures) have impacted on the responsiveness of the Community Response Teams with only 50% of patients commencing within 2 days of a referral being received.

There has been an improvement in the percentage of 'step up' patients (those referred who are in their own homes) who were seen within 2 hours of a referral being received, with nearly 25% being seen in this timeframe. Following the approval of the business case to deliver an Urgent Community Response service, recruitment is underway which will allow improvements in this metric to be sustainably delivered.

The volume of District Nursing and Community Response Team contacts remains high against historical averages, demonstrating a sustained higher demand for community services. A business case is expected to be presented to the October Board setting out the case for investment in increased community provision to deliver on our prevention and integratation agendas.

48

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

Aug-21	METRIC :	TARGET :	vs LM :			
87.7%	8.01 ECS Performance (Type 1 only)	95%	-3.9% ↓		CG1	CG4
					CG2	CG5
					CG3	CG6
22	8.02 ED patients waiting over 8 hours in department	-	8 ↑			

Jul-21						
100.0%	8.03 Cancer 14 day performance	93%	0.0%		CG1	CG4
					CG2	CG5
					CG3	CG6
57.4%	8.05 Diagnostics	99%	-6.7% ↓		CG1	CG4
					CG2	CG5
					CG3	CG6
73.2%	8.06 RTT performance	92%	-2.1% ↓		CG1	CG4
					CG2	CG5
					CG3	CG6
2,741	8.07 RTT TWL	2567	39 ↑		CG1	CG4
					CG2	CG5
					CG3	CG6
103	8.08 RTT 52 week waiters	0	4 ↑		CG1	CG4
					CG2	CG5
					CG3	CG6

HIGHLIGHTS FOR BOARD TO NOTE:

Performance against the ECS for patients aged 0-17 was below at target at 87.7% in August 2021. Both EDs have experienced an increase in paediatric attendances since June; although the majority of these children attending are discharged home this increase in activity has coincided with a Trust-wide workforce capacity shortages and increasing adult attendances during the summer holiday period.

A review of the respiratory presentations has confirmed that there has been an increase in respiratory attendances in children, especially in the under-fives. This is in line with the Public Health England forecast for a respiratory surge in children as a direct consequence of the reduced mixing of children and young people during the lockdown periods of the COVID-19 response since March 2020. This surge has occurred earlier than expected and the forecast is for this to continue throughout the autumn and winter.

Roughly a third of admissions to the Children's Assessment Unit (CAU) and paediatric wards have been due to respiratory conditions. The acuity of some paediatric inpatients with bronchiolitis has been much higher than previously seen which has created longer inpatient stays and requirements for more intensive paediatric and anaesthetic support for those children.

This increased pressure from the respiratory surge has inevitably had an impact on ED performance however the resilience plans enacted during July to support additional child health team nursing and medical staffing capacity across ED and CAU has enabled the teams to extend CAU opening hours and manage this additional activity and higher levels of need/acuity.

August 2021 has seen an increase in non-elective admissions for children, up 5% from July 2021 (+18 admissions), and was 28% higher than August 2019 (+177 admissions).

Cancer 14 Day performance for those aged 0-17 was 100% in July 2021. 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 (73.2% compared to 68.1%). The Trust is declaring 103 RTT fifty-two week waiters relating to children and young people at the end of August 2021; up from 99 at the end of July 2021. Children comprise approximately 7% of the total number of the fifty-two week waiters that the Trust is declaring for the end of August 2021 (1,348).

49

Jul-21	METRIC :	TARGET :	vs LM :	
100.0%	**9.01** Proportion of patients who experience a TIA who are assessed & treated within 24 hrs	75%	0.0%	
100.0%	**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	-	0.0%	

Aug-21				
100.0%	**9.03** Proportion of patients spending >90% of their time on stroke unit	85%	12.5% ↑	
100.0%	**9.04** Scanned within 1 hour of arrival	43%	41.4% ↑	
100.0%	**9.05** Scanned within 12 hours of arrival	90%	3.4% ↑	
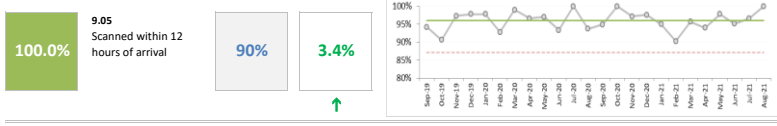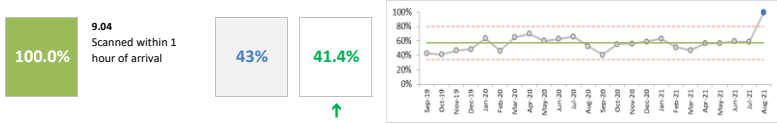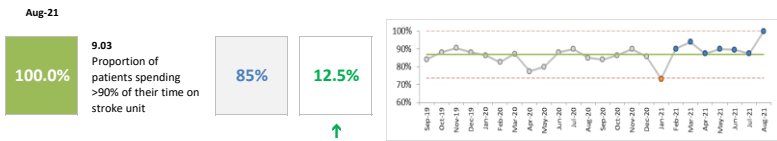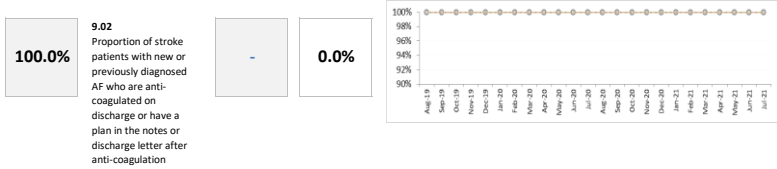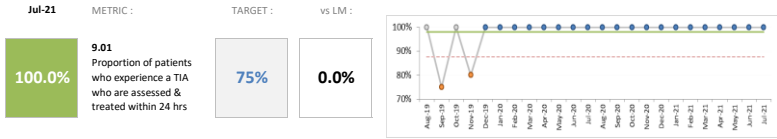
HIGHLIGHTS FOR BOARD TO NOTE:

The latest Sentinel Stroke National Audit Programme (SSNAP) report for the period January to March 2021 was published in July 2021.For this period the Trust achieved a score of 67.5 which equates to a C rating. This represents a decline on our October to December 2020 performance (B rating), and was a result of increasing pressure as COVID-19 cases were rising. The proportion of patients being admitted directly to the Stroke Unit within four hours fell. The cause of this reduction was due to the Acute Stroke Unit at York experiencing a COVID-19 outbreak during January 2021 leading to the ward only taking potential Thrombolysis patients. As a result many stroke patients were initially admitted to other wards and therefore were not admitted to the dedicated Stroke Unit in a timely manner. This along with the restriction on administration staff being allowed to enter the ward during this time in order to access patient records for upload to the SSNAP system are the primary reasons for the reduction in the overall score. Post the January 2021 COVID-19 outbreak there have been no issues on the Acute Stroke Unit, the service therefore expect the rating for the period April to June 2021 to return to a B rating when published in October 2021.

Domains associated with Specialist Assessments, Occupational Therapy and Standards of Discharge have continued to perform well.

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 'Act FAST' campaign will educate individuals and lead to earlier presentation at hospital.

50

TRUST BOARD REPORT : August-2021

OPERATIONAL PERFORMANCE SUMMARY - SCARBOROUGH

REF	OPERATIONAL PERFORMANCE: UNPLANNED CARE	TARGET	Trend	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
1.01	Locality Emergency Care Attendances		▲	7486	6415	5998	4830	4881	4608	4436	5824	6718	7508	8303	8707	8785
1.02	Locality Emergency Care Breaches		▲	1089	1088	1357	965	1251	1018	1217	1466	1732	2057	2220	2517	
1.03	Locality Emergency Care Standard Performance	95%	▼	85.5%	83.0%	77.4%	80.0%	74.4%	77.9%	75.2%	79.1%	78.2%	76.9%	75.2%	74.5%	71.4%
1.04	ED Conversion Rate: Proportion of ED attendances subsequently admitted		▼	47%	52%	52%	53%	53%	53%	51%	55%	52%	50%	49%	45%	44%
1.05	ED Total number of patients waiting over 8 hours in the departments		▲	139	169	303	152	318	359	276	230	290	422	516	635	791
1.06	ED 12 hour trolley waits	0	▼	0	0	0	7	14	17	43	0	4	1	13	42	40
1.07	ED: % of attendees assessed within 15 minutes of arrival		▼	27%	32%	33%	34%	33%	40%	44%	47%	46%	44%	40%	33%	26%
1.08	ED: % of attendees seen by doctor within 60 minutes of arrival		▼	51%	50%	44%	54%	61%	67%	63%	60%	57%	50%	36%	35%	27%
1.09	ED – Percentage of patients who Left Without Being Seen (LWBS)	5%	▲	2.3%	1.9%	2.3%	1.8%	1.6%	1.1%	1.8%	2.6%	2.2%	2.0%	4.0%	3.9%	5.2%
1.10	ED - Median time between arrival and treatment (minutes)		▲	213	217	236	221	237	227	237	231	235	238	268	263	318
1.11	Ambulance handovers waiting 15-29 minutes		▼	317	293	289	311	376	368	314	353	374	419	463	517	472
1.13	Ambulance handovers waiting 30-59 minutes		▲	100	93	78	100	135	82	54	98	122	165	160	216	228
1.14	Ambulance handovers waiting 30-59 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.15	Ambulance handovers waiting >60 minutes		▲	24	21	51	24	27	20	7	34	44	65	31	67	143
1.16	Ambulance handovers waiting >60 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.17	Ambulance handovers: Percentage waiting within 15 mins (shadow monitoring)		▼	73.6%	74.7%	73.6%	66.5%	64.0%	67.2%	69.3%	68.1%	62.3%	63.7%	61.8%	54.6%	48.0%
1.18	ED - Mean time in department (mins) for non-admissions (shadow monitoring)		▲	217	212	251	217	237	219	236	227	238	248	271	272	334
1.19	ED - Mean time in department (mins) for admissions (shadow monitoring)		▲	274	291	326	299	371	351	398	307	331	347	377	415	465
1.21	ED - Mean time between RFT and admission (mins) for admissions (shadow monitoring)		▲	77	86	115	109	179	169	205	105	128	135	158	181	184
1.22	ED - Number of non-admissions waiting 12+ hours (shadow monitoring)		▲	11	11	30	20	29	22	25	14	16	26	43	70	111
1.23	ED - Number of admissions waiting 12+ hours (shadow monitoring)		▲	41	64	118	71	168	152	186	90	128	151	239	301	346
1.24	ED - Critical time standards (shadow monitoring - awaiting guidance on metrics)			-	-	-	-	-	-	-	-	-	-	-	-	-
2.01	Non Elective Admissions (excl Paediatrics & Maternity)		▼	1579	1520	1536	1322	1403	1360	1226	1575	1593	1649	1641	1634	1484
2.02	Non Elective Admissions - Paediatrics		▲	144	170	165	151	153	124	135	178	204	291	316	315	317
2.05	Patients with LOS 0 Days (Elective & Non-Elective)		▼	537	587	618	527	475	468	454	567	683	763	794	786	664
2.06	Total number of patients during the month with a LoS >= 7 Midnights (Elective & Non-Elective)		▼	390	362	371	347	364	386	327	358	390	358	339	387	367
2.07	Ward Transfers - Non clinical transfers after 10pm	33	▲	5	10	16	11	12	5	17	16	19	31	14	19	22
2.08	Emergency readmissions within 30 days		▼	233	261	287	278	247	230	211	283	283	303	274	-	-
2.09	Stranded Patients at End of Month (Scarborough & Bridlington)		▲	104	111	117	102	100	131	124	102	121	102	108	118	
2.10	Average Bed Days Occupied by Stranded Patients (Scarborough & Bridlington)		▲	88	113	111	111	117	115	117	96	102	100	102	100	113
2.12	Super Stranded Patients at End of Month (Scarborough & Bridlington)		▲	16	37	44	29	27	28	41	26	29	36	25	30	38
2.13	Average Bed Days Occupied by Super Stranded Patients (Scarborough & Bridlington)		▲	19	29	40	38	30	31	34	29	27	26	32	24	36

REF	OPERATIONAL PERFORMANCE: PLANNED CARE	TARGET	Trend	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
3.01	Outpatients: All Referral Types		▼	5899	7753	7904	6939	7229	6069	5939	7955	7668	7206	8384	8293	6880
3.02	Outpatients: GP Referrals		▼	2242	2826	2802	2567	2609	2348	2423	3423	3103	2929	3365	3528	3048
3.03	Outpatients: Consultant to Consultant Referrals		▼	466	551	518	456	516	522	465	569	625	551	594	647	488
3.04	Outpatients: Other Referrals		▼	3191	4376	4584	3916	4104	3199	3051	3963	3940	3726	4425	4118	3344
3.05	Outpatients: 1st Attendances		▼	2574	3465	3684	3760	3596	3767	3677	4336	3898	3830	4578	4486	3966
3.06	Outpatients: Follow Up Attendances		▼	6102	7440	7844	8359	8227	8455	8169	9431	8228	8217	9258	8710	8261
3.07	Outpatients: 1st to FU Ratio		▲	2.37	2.15	2.13	2.22	2.29	2.24	2.22	2.18	2.11	2.15	2.02	1.94	2.08
3.08	Outpatients: DNA rates		▲	7.1%	7.2%	7.4%	7.8%	7.4%	8.3%	7.1%	6.5%	6.0%	5.6%	6.2%	6.6%	6.8%
3.09	Outpatients: Cancelled Clinics with less than 14 days notice	60	▲	63	89	57	108	93	109	86	97	109	74	59	88	130
3.10	Outpatients: Hospital Cancelled Outpatient Appointments for non-clinical reasons		▼	442	285	239	344	451	336	309	309	363	351	375	528	337
4.01	Elective Admissions		▼	74	119	198	180	154	174	209	180	163	195	209	111	
4.02	Day Case Admissions		▼	1459	1695	1846	1750	1728	1656	1610	1945	1828	1734	2056	2026	1812
4.03	Cancelled Operations within 48 hours - Bed shortages		◄►	1	0	1	3	0	0	0	0	0	0	0	2	2
4.04	Cancelled Operations within 48 hours - Non clinical reasons		▼	1	17	7	18	3	24	31	9	46	9	10	20	16
4.05	Theatres: Utilisation of planned sessions		▼	64%	64%	70%	72%	70%	64%	64%	62%	70%	70%	73%	70%	68%
4.06	Theatres: number of sessions held		▼	159	182	203	209	205	204	208	198	206	176	187	222	179

Outpatient appointments data from June 2021 now excludes CAS (Clinical Assessment Service) clinics, in line with SUS reporting. Outpatient appointments data for 1st Attendances and Follow Up attendances has been updated from April 2021 to match NHSI/E counting methodology.

All Referrals figures in the table above (3.01-3.04 for 13 months) have been refreshed due to a data filtering error

51

TRUST BOARD REPORT : August-2021

OPERATIONAL PERFORMANCE SUMMARY - SCARBOROUGH

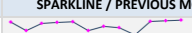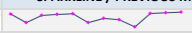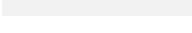| REF	18 WEEKS REFERRAL TO TREATMENT	TARGET	SPARKLINE / PREVIOUS MONTH	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
5.01	RTT Percentage of incomplete pathways within 18wks		▼	56.3%	63.4%	68.2%	69.4%	68.6%	66.0%	66.1%	69.5%	70.7%	72.8%	74.6%	74.1%	72.4%
5.02	RTT Waits over 52 weeks for incomplete pathways		▲	445	544	627	669	676	722	713	665	514	407	348	312	317
5.10	RTT Waits over 78 weeks for incomplete pathways		▲	0	8	21	27	51	79	106	124	128	136	149	139	152
5.11	RTT Waits over 104 weeks for incomplete pathways		▲	0	0	0	0	0	0	0	0	0	3	3	12	20
5.05	RTT Total Waiting List		▲	8374	8939	9068	9057	9200	8856	8640	9205	9766	9917	10044	10495	10890
5.06	Number of RTT patients on Admitted Backlog (18+ weeks)		▲	1625	1710	1510	1378	1266	1239	1229	1245	1242	1185	1106	1150	1221
5.07	Number of RTT patients on Non Admitted Backlog (18+ weeks)		▲	2034	1564	1370	1389	1620	1768	1698	1564	1624	1508	1450	1573	1790
5.08	RTT Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring from Oct-2019)		▲	19.2	18.2	17.2	16.8	16.8	17.0	16.6	15.3	14.6	14.4	14.1	13.4	14.1
5.12	Number of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways at end of month*		▼	-	-	-	-	-	-	-	-	-	133	109	99	94
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*		▼	-	-	-	-	-	-	-	-	-	57%	78%	81%	69%

*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)	TARGET	SPARKLINE / PREVIOUS MONTH	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
6.01	Cancer 2 week (all cancers)	93%	▲	94.0%	85.6%	91.8%	91.1%	92.9%	91.9%	93.8%	90.4%	91.3%	90.8%	90.6%	94.2%	-
6.02	Cancer 2 week (breast symptoms)	93%	◄►	-	-	-	-	-	-	-	-	-	-	-	-	-
6.03	Cancer 31 day wait from diagnosis to first treatment	96%	▲	95.1%	95.8%	96.8%	96.6%	96.7%	97.6%	98.0%	95.6%	98.4%	96.5%	93.4%	100.0%	-
6.04	Cancer 31 day wait for second or subsequent treatment - surgery	94%	◄►	90.0%	66.7%	85.7%	100.0%	80.0%	50.0%	66.7%	100.0%	100.0%	92.3%	100.0%	100.0%	-
6.05	Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	◄►	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
6.06	Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%	▲	77.8%	79.1%	83.9%	77.8%	67.9%	57.1%	69.6%	77.8%	71.7%	75.9%	57.0%	61.4%	-
6.07	Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	90%	◄►	-	-	0.0%	0.0%	-	0.0%	-	0.0%	-	-	-	-	-
6.08	Cancer 28 Day Wait - Faster Diagnosis Standard	75%	▲	45.4%	46.1%	53.2%	50.0%	53.9%	41.1%	50.3%	64.6%	51.2%	57.0%	49.4%	52.6%	-

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

52

OPERATIONAL PERFORMANCE SUMMARY - YORK

REF	OPERATIONAL PERFORMANCE: UNPLANNED CARE	TARGET	SPARKLINE / PREVIOUS MONTH	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
1.01	Locality Emergency Care Attendances		▼	8656	8586	8256	7282	7489	6945	6406	8628	9441	10412	10915	11169	10857
1.02	Locality Emergency Care Breaches		▲	1057	1573	1377	1036	1515	1734	1143	1584	1645	1742	1585	2458	3040
1.03	Locality Emergency Care Standard Performance	95%	▼	87.8%	81.7%	83.3%	85.8%	79.8%	75.0%	82.2%	81.6%	82.6%	83.3%	85.5%	78.0%	72.0%
1.04	ED Conversion Rate: Proportion of ED attendances subsequently admitted		▲	35%	35%	36%	40%	38%	38%	39%	37%	33%	32%	31%	39%	39%
1.05	ED Total number of patients waiting over 8 hours in the departments		▲	70	215	141	106	185	359	169	172	139	172	142	437	726
1.06	ED 12 hour trolley waits	0	▲	0	0	0	0	0	4	0	0	0	0	0	1	3
1.07	ED: % of attendees assessed within 15 minutes of arrival		▲	78%	74%	74%	79%	77%	76%	79%	74%	72%	72%	71%	59%	54%
1.08	ED: % of attendees seen by doctor within 60 minutes of arrival		▼	52%	47%	52%	60%	56%	57%	62%	52%	45%	45%	41%	33%	29%
1.09	ED – Percentage of patients who Left Without Being Seen (LWBS)	5%	▲	1.5%	1.8%	1.3%	0.8%	1.7%	1.6%	1.3%	1.4%	1.5%	1.4%	1.5%	3.0%	3.8%
1.10	ED - Median time between arrival and treatment (minutes)			161	175	170	155	176	191	170	175	174	169	171	192	210
1.11	Ambulance handovers waiting 15-29 minutes		▲	294	249	324	250	320	342	284	328	279	338	306	329	364
1.13	Ambulance handovers waiting 30-59 minutes		▲	52	54	51	51	74	118	47	57	58	53	83	140	193
1.14	Ambulance handovers waiting 30-59 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.15	Ambulance handovers waiting >60 minutes		▲	3	16	9	2	17	82	12	14	27	9	31	84	159
1.16	Ambulance handovers waiting >60 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.17	Ambulance handovers: Percentage waiting within 15 mins (shadow monitoring)		▼	80.1%	80.2%	79.2%	77.5%	77.1%	71.2%	78.4%	80.1%	82.8%	82.1%	80.4%	73.9%	64.9%
1.18	ED - Mean time in department (mins) for non-admissions (shadow monitoring)		▲	159	174	167	152	165	182	162	168	173	171	168	197	220
1.19	ED - Mean time in department (mins) for admissions (shadow monitoring)		▲	206	254	228	214	269	334	259	252	236	239	236	299	355
1.21	ED - Mean time between RFT and admission (mins) for admissions (shadow monitoring)		▲	57	88	75	75	103	170	108	98	80	83	80	113	151
1.22	ED - Number of non-admissions waiting 12+ hours (shadow monitoring)		▲	4	4	6	3	9	18	14	4	7	12	3	22	30
1.23	ED - Number of admissions waiting 12+ hours (shadow monitoring)		▲	4	30	14	10	57	171	46	42	20	20	26	94	275
1.24	ED - Critical time standards (shadow monitoring - awaiting guidance on metrics)			-	-	-	-	-	-	-	-	-	-	-	-	-
2.01	Non Elective Admissions (excl Paediatrics & Maternity)		▼	3128	3158	3156	3061	3079	2873	2655	3309	3201	3292	3319	3254	3175
2.02	Non Elective Admissions - Paediatrics		▲	220	309	289	320	229	227	246	300	308	340	408	470	486
2.05	Patients with LOS 0 Days (Elective & Non-Elective)		▲	1324	1343	1355	1376	1262	1011	1095	1350	1307	1340	1400	1360	1371
2.06	Total number of patients during the month with a LoS >= 7 Midnights (Elective & Non-Elective)		▼	544	600	614	599	618	676	556	656	591	601	609	695	678
2.07	Ward Transfers - Non clinical transfers after 10pm	67	▲	20	31	34	28	35	30	36	40	25	34	39	35	56
2.08	Emergency readmissions within 30 days		▲	555	581	710	653	563	531	468	598	614	608	629	-	-
2.09	Stranded Patients at End of Month		▲	126	153	156	164	166	194	167	173	158	149	150	163	204
2.10	Average Bed Days Occupied by Stranded Patients		▲	115	140	155	167	147	188	170	157	135	151	145	160	179
2.12	Super Stranded Patients at End of Month		▲	19	33	43	34	40	53	45	42	41	38	35	32	46
2.13	Average Bed Days Occupied by Super Stranded Patients		▲	20	28	40	40	42	48	51	39	27	29	32	34	35

REF	OPERATIONAL PERFORMANCE: PLANNED CARE	TARGET	SPARKLINE / PREVIOUS MONTH	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
3.01	Outpatients: All Referral Types		▼	11027	13235	13549	12924	12772	11344	11120	14642	13999	13087	14353	13865	11715
3.02	Outpatients: GP Referrals		▼	4615	5244	5774	5436	5179	4207	4751	6774	6147	5432	6065	5931	5219
3.03	Outpatients: Consultant to Consultant Referrals		▼	889	1170	1178	1201	1151	1067	1120	1282	1254	1198	1362	1412	1123
3.04	Outpatients: Other Referrals		▼	5523	6821	6597	6287	6442	6070	5249	6586	6598	6457	6926	6522	5373
3.05	Outpatients: 1st Attendances		▼	6707	8146	8416	8948	8471	8294	7492	10058	8490	8917	9615	8506	7839
3.06	Outpatients: Follow Up Attendances		▼	18282	22685	23614	24320	22020	22785	21945	27154	24452	24337	26411	25018	23400
3.07	Outpatients: 1st to FU Ratio		▲	2.73	2.78	2.81	2.72	2.60	2.75	2.93	2.70	2.88	2.73	2.75	2.94	2.99
3.08	Outpatients: DNA rates		▲	6.0%	6.1%	6.0%	6.2%	5.8%	6.6%	6.1%	5.5%	5.5%	4.9%	5.3%	5.6%	6.1%
3.09	Outpatients: Cancelled Clinics with less than 14 days notice	120	▼	173	160	131	155	123	224	162	118	133	91	93	163	139
3.10	Outpatients: Hospital Cancelled Outpatient Appointments for non-clinical reasons		▼	1750	1582	1222	932	820	700	693	824	807	623	630	855	620
4.01	Elective Admissions		▲	277	297	359	325	359	262	296	357	327	323	364	346	358
4.02	Day Case Admissions		▼	2988	3745	4056	3878	3702	2997	2868	3606	3973	3969	4654	4390	3885
4.03	Cancelled Operations within 48 hours - Bed shortages		▲	1	3	4	5	10	121	10	4	1	0	2	4	13
4.04	Cancelled Operations within 48 hours - Non clinical reasons		▼	36	40	58	71	34	159	56	64	68	29	65	82	68
4.05	Theatres: Utilisation of planned sessions		▲	75%	66%	67%	68%	66%	54%	61%	73%	77%	78%	77%	75%	75%
4.06	Theatres: number of sessions held		▲	427	511	523	503	470	396	441	430	453	454	533	484	424
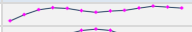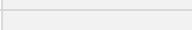
Outpatient appointments data from June 2021 now excludes CAS (Clinical Assessment Service) clinics, in line with SUS reporting. Outpatient appointments data for 1st Attendances and Follow Up attendances has been updated from April 2021 to match NHSI/E counting methodology.

All Referrals figures in the table above (3.01-3.04 for 13 months) have been refreshed due to a data filtering error

53

OPERATIONAL PERFORMANCE SUMMARY - YORK

REF	18 WEEKS REFERRAL TO TREATMENT	TARGET	SPARKLINE / PREVIOUS MONTH	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
5.01	RTT Percentage of incomplete pathways within 18wks		▼	51.0%	58.4%	64.1%	66.5%	65.8%	62.9%	61.2%	62.5%	63.5%	66.1%	68.6%	67.3%	66.1%
5.02	RTT Waits over 52 weeks for incomplete pathways		▼	1319	1442	1549	1581	1575	1784	1868	1781	1509	1306	1140	1049	1031
5.10	RTT Waits over 78 weeks for incomplete pathways		▲	0	12	37	72	140	240	304	399	449	496	489	505	540
5.11	RTT Waits over 104 weeks for incomplete pathways		▲	0	0	0	0	0	0	0	1	8	29	37	44	73
5.05	RTT Total Waiting List		▲	17767	18103	18840	18589	18840	18298	18553	19486	20303	20404	20663	21464	22297
5.06	Number of RTT patients on Admitted Backlog (18+ weeks)		▲	5029	4309	3808	3338	3109	3102	3099	3110	3064	2888	2756	2672	2676
5.07	Number of RTT patients on Non Admitted Backlog (18+ weeks)		▲	3677	3223	2953	2886	3343	3685	4094	4202	4344	4023	3742	4343	4892
5.08	RTT Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring from Oct-2019)		▲	21.4	20.3	18.7	17.9	18.2	18.8	18.8	17.8	17.3	17.2	16.8	16.5	17.0
5.12	Number of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways at end of month*		▲	-	-	-	-	-	-	-	-	-	505	465	409	475
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*		▼	-	-	-	-	-	-	-	-	-	70%	74%	75%	70%

*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)	TARGET	SPARKLINE / PREVIOUS MONTH	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
6.01	Cancer 2 week (all cancers)	93%	▲	94.5%	89.8%	93.9%	94.4%	94.7%	89.7%	92.1%	91.4%	87.3%	94.9%	95.3%	95.8%	-
6.02	Cancer 2 week (breast symptoms)	93%	▼	95.1%	95.1%	88.0%	93.9%	97.3%	80.0%	92.6%	92.6%	92.8%	91.5%	93.6%	93.5%	-
6.03	Cancer 31 day wait from diagnosis to first treatment	96%	▼	97.7%	97.6%	97.2%	99.6%	97.1%	95.0%	99.4%	97.5%	95.5%	99.0%	98.6%	98.3%	-
6.04	Cancer 31 day wait for second or subsequent treatment - surgery	94%	▼	79.2%	100.0%	88.6%	86.4%	92.1%	92.9%	96.4%	91.7%	95.8%	94.7%	91.3%	87.1%	-
6.05	Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	◄►	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	100.0%	-
6.06	Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%	▼	83.6%	74.9%	71.2%	73.0%	79.1%	73.4%	72.6%	72.8%	70.4%	80.5%	71.0%	68.7%	-
6.07	Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)*	90%	▼	-	-	96.8%	97.7%	86.7%	91.7%	97.6%	97.1%	96.5%	83.7%	93.2%	84.0%	-
6.08	Cancer 28 Day Wait - Faster Diagnosis Standard	75%	▼	65.1%	66.8%	63.2%	63.7%	69.0%	56.9%	62.8%	71.1%	65.0%	65.2%	69.7%	68.0%	-

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

54

DIGITAL AND INFORMATION SERVICE

August-2021

Produced September-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

55

Digital and Information Service: August-2021

Executive Summary

Trust Strategic Goals:

x to deliver safe and high quality patient care as part of an integrated system

x to support an engaged, healthy and resilient workforce

x 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:

August has been quiet in terms of progress due to the necessity for folk to take much needed leave.

Although a quiet month overall it is great to see significant movements downwards in total number of service desk calls (circa 1000 down from the same time last year (20%)) and abandoned calls (down by 1300 on this time last year (over 50%)).

It is hoped that this is due to the resolution of some long term trust wide issues such as AO VPN, this reduction enables the Service Desk team to focus time and effort on other underlying problems and the reduction of backlog.

Within the Essential Services Programme the team are working in collaboration with Procurement on a large scale tender exercise, working through the NHS SBS framework to engage a strategic partner to augment the team in the delivery of services from concept to architecture/design, business case development, planning, delivery and adoption. Once completed this will simplify what has been a sporadic procurement approach in the past and bring in the necessary skills to help us deliver the Digital and Information Strategy as and when business cases are approved and funding secured. Further to this it will help raise the capabilities of the in-house teams.

NB – one issue of concern within the Essential Services Programme is the major delays in getting new devices and hardware due to issues with the supply chain worldwide and in particular into the UK.

• For example HP laptops due this month are delayed by a further two which impacts our ability to make necessary changes.

On the 31st August NHS X issued three online documents to support organisations and ICS improve, sustain, and to continually develop the use of digital technologies to support the delivery of high-quality patient care. The documents have also been developed from the learning gained on the use of digital technologies during the COVID pandemic.

The three online documents are;
• What Good Looks Like - builds on established good practice to provide clear guidance for health and care leaders to digitise, connect and transform services safely and securely.
These will include an assessment framework to measure our level of digital maturity that we will need to demonstrate progress on.
• Who Pays for What – a proposal that all money for Digital investment will be devolved to the ICS level where spend will be determined from 2022/23 onwards which is out for consultation.
• Unified Tech Fund – a prospectus for what the ICS and organisations in the ICS, including our own, can bid for to improve their digital maturity.
Our current strategic outline cases and bids for funds for essential infrastructure and electronic patient record work may need to be adapted again to be in line with these policy documents and this will amend the timelines and approaches for funds from where we were.

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.
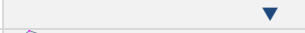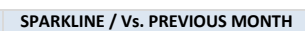
Author(s):   Dylan Roberts, Chief Digital Information Officer
                Simon Hayes, IT Service and Infrastructure Transformational Lead
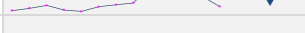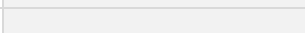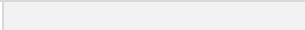
Director Sponsor: Dylan Roberts, Chief Digital Information Officer
Date: September-2021

56

TRUST BOARD REPORT: August-2021

DIGITAL AND INFORMATION SERVICE

REF	INFRASTRUCTURE & SERVICE MANAGEMENT TRANSFORMATION	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
9.03	Number of end user devices over 4 years old		▼	-	-	-	-	-	-	-	4533	4483	4300	4220	4150	4130
9.04	Total number of calls to Service Desk		▼	4936	6406	5763	5214	4780	5613	5190	5006	4178	3780	4227	4355	3951
9.05	Total number of calls abandoned		▼	2151	3425	2546	2114	1761	2437	2584	1665	1224	722	982	994	802
9.06	Percentage of Service Desk Calls Resolved at First Point of Contact		▼	10.6%	10.4%	9.4%	9.8%	9.7%	8.7%	8.5%	12.0%	11.3%	12.3%	12.2%	12.0%	11.7%
9.07	Number of Open calls (last day of month)		▲	2808	2903	2965	3075	2932	3250	3146	1965	2212	1811	1608	1705	1768

REF	INFORMATION GOVERNANCE	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
9.10	Number of incidents reported and investigated		▼	30	23	43	28	38	39	27	44	26	37	38	33	28
9.11	Number of Patient SARs		▼	118	134	154	122	112	144	157	170	247	252	224	214	210
9.12	Number of Patient SARS processed within one calendar month*		▼	118	134	153	122	112	144	157	170	288	252	197	213	145
9.13	Number of FOIs received (quarterly)			-	162	-	-	173	-	-	192	-	-	151	-	-
9.14	Percentage of FOIs responded to within 20 working days (quarterly)			-	69%	-	-	78%	-	-	51%	-	-	77%	-	0%
9.15	Number of IG complaints made about Trust data handling to ICO			0	0	0	0	0	0	0	0	0	0	1	0	0

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

REF	OUTPATIENT TRANSFORMATION	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
9.16	Outpatients: Total Attendances		▼	51555	64295	67135	69385	64356	64910	61506	74655	69093	71742	78557	74008	69448
9.20	Outpatients: DNA rates		▲	5.7%	5.7%	5.7%	6.1%	5.8%	6.3%	5.8%	5.3%	5.4%	4.9%	5.4%	5.7%	6.0%

KEY:

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

TRUST BOARD REPORT: August-2021

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

Aug-21	METRIC :	TARGET :	vs LM :	
3,951	**9.04** Total number of calls to Service Desk	-	**-404** ↓	
802	**9.05** Total number of calls abandoned	-	**-192** ↓	
11.7%	**9.06** Percentage of Service Desk Calls Resolved at First Point of Contact	-	**-0.3%** ↓	
1,768	**9.07** Number of Open calls (last day of month)	-	**63** ↑	
28	**9.10** Number of incidents reported and investigated	-	**-5** ↓	
210	**9.11** Number of Patient SARs	-	**-4** ↓	
69,448	**9.16** Outpatients: Total Attendances	-	**-4,560** ↓	
6.0%	**9.20** Outpatients: DNA rates	-	**0.3%** ↑	

HIGHLIGHTS FOR BOARD TO NOTE:

Infrastructure and Service Management Transformation
From an end user perspective the number of devices refreshed in the last month is minimal due to order placed on laptops and desktops now taking months to be delivered due to worldwide shortages. On the end user service we have now completed 99.5% of the windows 7 to 10 migration which means we are now compliant against standards set at NHS.

From a service desk perspective we have seen the following improvements in service:
o Number of calls down by 1000 (20%) on this time last year
o Number of abandoned calls down by 60% on this time last year
o Number of outstanding tickets down by 33% on this time last year
o Average speed to answer last month was 2 mins 34 seconds, which is half that in March 2021 (5 mins 12 secs)

As part of the ongoing remediation of underlying problems the team deployed the latest version of the G2 software across the Trust on the 9th September

Outpatient Transformation

The number of outpatients seen via either telephone or video in August equated to 24.6% of attendances (excluding radiology).

58

Auditor's Annual Report

York Teaching Hospital NHS Foundation Trust – year ended 31 March 2021

September 2021

mazars

Contents

mazars

01

Section 01:

Introduction

1. Introduction

Purpose of the Auditor's Annual Report

Our Auditor's Annual Report (AAR) summarises the work we have undertaken as the auditor for York Teaching Hospital NHS Foundation Trust ('the Trust') for the year ended 31 March 2021. Although this report is addressed to the Trust, it is designed to be read by a wider audience including members of the public and other external stakeholders.

Our responsibilities are defined by the Local Audit and Accountability Act 2014 and the Code of Audit Practice ('the Code') issued by the National Audit Office ('the NAO'). The remaining sections of the AAR outline how we have discharged these responsibilities and the findings from our work. These are summarised below.

Opinion on the financial statements
We issued our audit report on 14 June 2021. Our opinion on the financial statements was modified. This was due to us not being able to obtain sufficient appropriate audit evidence, through stocktake attendance, on the inventory balances within the Trust's financial statements as a result of relevant COVID-19 government guidance.

Wider reporting responsibilities
In line with group audit instructions issued by the NAO, on 14 June 2021 we reported that the Trust's consolidation schedules were consistent with the audited financial statements.

Value for Money arrangements
In our audit report issued on the 14 June 2021 we reported that we had not completed our work on the Trust's arrangements to secure economy, efficiency and effectiveness in its use of resources and had not issued recommendations in relation to identified significant weaknesses in those arrangements at the time of reporting. Section 3 confirms that we have now completed this work and provides our commentary on the Trust's arrangements.

Following the completion of our work we have issued our audit certificate which formally closes the audit for the 2020-21 financial year. In the audit certificate we included reference to a significant weaknesses identified and a summary of our recommendations since we issued our audit report

02

Section 02:

Audit of the financial statements

2. Audit of the financial statements

The scope of our audit and the results of our opinion

Our audit was conducted in accordance with the requirements of the Code, and International Standards on Auditing (ISAs).

The purpose of our audit is to provide reasonable assurance to users that the financial statements are free from material error. We do this by expressing an opinion on whether the statements are prepared, in all material respects, in line with the financial reporting framework applicable to the Trust and whether they give a true and fair view of the Trust's financial position as at 31 March 2021 and of its financial performance for the year then ended. Our audit report, issued on 14 June 2021 gave a modified opinion on the financial statements for the year ended 31 March 2021. This was due to us not being able to obtain sufficient appropriate audit evidence, through stocktake attendance, regarding the condition and existence of inventory as at 31 March 2021 and 31 March 2020 as a result of relevant COVID-19 government guidance.

Qualitative aspects of the Trust's accounting practices

We reviewed the Trust's accounting policies and disclosures and concluded they comply with Department of Health and Social Care Group Accounting Manual 2020-21, appropriately tailored to the Trust's circumstances.

Draft accounts were received from the Trust on 27 April 2021 and were of a good quality.

Significant difficulties during the audit

We did not encounter any significant difficulties during the course of the audit and we had the full co-operation of management. It is however worth noting that our audit work was carried out through remote working arrangements as a result of the constraints imposed by the COVID-19 pandemic. Whilst challenging at times, through the effective use of technology and close liaison with finance and other officers of the Trust these challenges were overcome. We would like to thank the Finance Team for the quality of their supporting working papers and for being available throughout the audit work to answer our queries.

Internal control recommendations

As part of our audit we considered the internal controls in place that are relevant to the preparation of the financial statements. We did this to design audit procedures that allow us to express our opinion on the financial statements, but this did not extend to us expressing an opinion on the effectiveness of internal controls.

We did not identify any significant deficiencies in internal control as part of our audit.

Introduction | Audit of the financial statements | Commentary on VFM arrangements | Other reporting responsibilities and our fees

mazars

6

64

03

Section 03:

Commentary on VFM arrangements

3. VFM arrangements – Overall summary

Approach to Value for Money arrangements work

We are required to consider whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The NAO issues guidance to auditors that underpins the work we are required to carry out and sets out the reporting criteria that we are required to consider. The reporting criteria are:

- **Financial sustainability** - How the Trust plans and manages its resources to ensure it can continue to deliver its services

- **Governance** - How the Trust ensures that it makes informed decisions and properly manages its risks

- **Improving economy, efficiency and effectiveness** - How the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

At the planning stage of the audit, we undertake work so we can understand the arrangements that the Trust has in place under each of the reporting criteria; as part of this work we may identify risks of significant weaknesses in those arrangements. Where we identify significant risks, we design a programme of work (risk-based procedures) to enable us to decide whether there is a significant weakness in arrangements. Although we describe this work as planning work, we keep our understanding of arrangements under review and update our risk assessment throughout the audit to reflect emerging issues that may suggest there are further risks of significant weaknesses. We outline the risks that we have identified and the work we have done to address those risks on page 9.

Where our risk-based procedures identify actual significant weaknesses in arrangements, we are required to report these and make recommendations for improvement.

The table below summarises the outcomes of our work against each reporting criteria. On the following page we outline further detail of the work we have undertaken against each reporting criteria, including the judgements we have applied.

Reporting criteria	Commentary page reference	Risks of significant weaknesses in arrangements identified?	Actual significant weaknesses in arrangements identified?
Financial sustainability	11	No	No
Governance	13	Yes – see risk on page 9	Yes – see recommendation on page 10
Improving economy, efficiency and effectiveness	15	No	No

Introduction — Audit of the financial statements — Commentary on VFM arrangements — Other reporting responsibilities and our fees

mazars   8

66

3. VFM arrangements – Risks of significant weakness in arrangements

Risks of significant weaknesses in arrangements

We have outlined below the risks of significant weaknesses in arrangements that we have identified as part of our continuous planning procedures, and the work undertaken to respond to each of those risks.

Risk of significant weakness in arrangements	Work undertaken and the results of our work
1 **Care Quality Commission (CQC) inspection of the Emergency Department** In January 2020, the CQC carried out an unannounced focused inspection of the Trust's Emergency Department. In their report, published in March 2020, the CQC rated the service as 'inadequate' and set out a number of areas for improvement that the Trust must address to comply with the conditions of registration. These matters indicate a risk of significant weaknesses in proper arrangements against the Governance reporting criteria detailed on page 8.	**Work undertaken** We reviewed the Trust's response to the CQC inspection and resulting report. This included: • reviewing the documentary evidence presented in Board papers in relation to the Trust's response to the CQC findings, the action plans developed to address the issues raised and the regular monitoring of progress; • reviewing key correspondence to / from the CQC; and • discussing these issues with management. **Results of our work** In recognition of the good progress made by the Trust in addressing the matters raised by the CQC, in June 2021, the CQC removed five of the seven conditions of registration. However, two conditions of registration remain in place (in relation to patients who present to the emergency department with mental health needs). In our view, the continuation of the conditions of registration imposed by the CQC represents a significant weakness in arrangements. On the 16 September 2021 we reported this significant weakness to the Trust and supported it with a recommendation for improvement. A summary of the significant weakness in arrangements identified and the supporting recommendation for improvement are provided on page 10.

Introduction | Audit of the financial statements | Commentary on VFM arrangements | Other reporting responsibilities and our fees

mazars

9

67

3. VFM arrangements - Identified significant weaknesses and our recommendations

Identified significant weaknesses in arrangements and recommendations for improvement

As a result of our work we have identified a significant weakness in the Trust's arrangements to secure economy, efficiency and effectiveness it its use of resources. The identified weaknesses have been outlined in the table below.

Identified significant weakness in arrangements	Financial sustainability	Governance	Improving the 3Es	Recommendation for improvement	Our views on the actions taken to date
Care Quality Commission (CQC) inspection of the Emergency Department In January 2020, the CQC carried out an unannounced focused inspection of the Trust's Emergency Departments. In their report, published in March 2020, the CQC rated the service as 'inadequate' and set out a number of areas for improvement that the Trust must address to comply with the conditions of registration. In June 2021, the CQC removed five of the seven conditions of registration originally imposed. However, two conditions of registration (in relation to patients who present to the emergency departments at York and Scarborough Hospitals with mental health needs) were not removed and remain in place. The Trust recognises that a failure to continue to address the weaknesses identified by the CQC could adversely impact upon services provided to users of the emergency departments (particularly those with mental health needs) and has has developed an action plan to address the continuing conditions of registration and established additional internal oversight arrangements to drive the required improvements.		●		The Trust should implement and embed the action plans it has developed to address the patient care issues identified by the Care Quality Commission in order to deliver sustainable improvements for patients. In particular, it should ensure that robust monitoring and reporting processes are maintained, and that challenge, scrutiny and escalation arrangements drive the required improvements for patients and maintain the progress made to-date in implementing the actions to address the remaining issues raised by the CQC.	We issued our recommendation for improvement to the Trust on the 16 September 2021. As a result, there has not yet been time for the Trust to address our recommendation in full. We are however aware that the Trust continues its efforts to address the remaining issues identified by the CQC and maintains the additional oversight arrangements established to monitor progress.

Introduction | Audit of the financial statements | Commentary on VFM arrangements | Other reporting responsibilities and our fees

mazars

10

68

3. VFM arrangements – Financial Sustainability

Overall commentary on the Financial Sustainability reporting criteria

Background to the NHS financing regime in 2020-21

Following the onset of the Covid-19 pandemic in March 2020, the original NHS Planning Guidance 2020-21 was suspended and a new financial regime was implemented. For the first half of the year (H1 - April to September 2020) all NHS trusts and NHS foundation trusts were moved to block contract payments 'on account'. The Financial Recovery Fund was also suspended and NHS providers were able to claim for additional costs due to COVID-19. Whilst commissioner allocations for 2020-21 had already been notified, individual commissioner financial positions were kept under review and top-up payments were issued to commissioners to cover the difference between allocations and expected costs to pass on to providers.

For the second half of the year (H2 - October 2020 to March 2021) there was a move to "system envelopes" with funding allocations covering most NHS activity made at the health economy or system level, including resources to meet the additional costs of the Covid-19 pandemic. There were no further general retrospective top-up payments and all Covid-19 costs from that point were funded through the fixed Covid-19 funding allocation with a few exceptions. Systems were expected to achieve financial balance within this envelope and individual organisations were able to deliver surplus or deficit positions by mutual agreement within the system. However, NHS trusts and foundation trusts were still required to meet statutory break-even duty and CCGs required to meet their resource limits.

The Trust's financial planning and monitoring arrangements

We considered the 'Integrated Business Report' routinely presented to the Trust Board during the 2020-21 financial year. In these reports the Trust reported its monthly and year end forecast outturn position. These reports were adapted to reflect the impact and pressures created by the COVID-19 pandemic. We reviewed reports presented for 2020-21, which contain evidence of a clear summary of the Trust's performance, detailed any variances and provided adequate explanation of the causes.

As reported in the Annual Report and Accounts the Trust reported a £0.987m deficit (after technical accounting adjustments, totalling £4.78m). The reported adjusted outturn for the Group was a £1.27m surplus, which was £6.67m ahead of the regulator assessed Group plan of a £5.4m deficit. The position reported was consistent with that reported to the Board during the year.

During the year the Trust began plans for returning services to pre-COVID levels. This was known as the 'Recovery Plan' with the Trust setting up action plans needed to return services to a more normal footing. The plan is financially backed by NHS England/Improvement (NHSEI) through the Elective Recovery Fund (ERF).

The Trust has prepared activity & financial plans for 2021-22, which include planned investment in additional capacity, matched by projected ERF income. The Recovery Plan is also linked to the Annual Operating Plan, which links activity and plans, which have been submitted to NHSEI via the Integrated Care System (ICS).

The second wave of the pandemic hindered the Trust's ability to deliver to the original plan. Financial Plans for H2 were aligned to regional ICS arrangements. We observed evidence and confirmed in discussions with management that individual organisational plans and targets were formalised across the ICS for 2020-21, which have been replicated for H1 in 2021-22. These arrangements include a formal risk share agreement and forecasts which will be monitored at both a Trust and ICS level. Both the 2020-21 and 2021-22 Financial Plans have been approved by the Trust Board

While we have noted the Trust has prepared its Financial Plan for 2021-22, NHSEI's financial regime and income allocations have only been made for H1, so the Trust plans to make adjustments in Q3 and Q4 predicated by any changes to the funding regime and income allocations. The Trust has also resurrected its Cost Improvement Programme (CIP) planning and governance arrangements which will feed into H2 2021-22 and 2022-23 financial planning. At this stage it is too early to comment on these arrangements.

The Trust's arrangements and approach to 2021-22 financial planning

On 25 March 2021 NHSEI published the priorities and operational planning guidance for 2021-22. This overarching document sets out six priorities for the year ahead and asks systems to develop fully triangulated plans across activity, workforce and money for the next six months. These arrangements are supported by an additional £8.1bn of funding to reflect the ongoing impact of Covid-19. This included the details of the finance and contracting arrangements for the first half of 2021-22 (April to September). The financial arrangements are similar to the latter half of 2020-21, including:

- a financial envelope for the local health system based on the financial envelope for October to March 2021, adjusted for known pressures and policy changes;

- the continuation of block contract payments and no requirement for signed contracts between commissioners and providers;

- uplifting specialised and directly commissioned services from NHS England by 0.5%; and

- additional funding to support the delivery of the Mental Health Investment Standard and Long-Term Plan priorities.

3. VFM arrangements – Financial Sustainability

Overall commentary on the Financial Sustainability reporting criteria

As detailed previously, within the context of the temporary financial framework, the Trust has worked with the ICS partners. Financial planning, both capital and revenue, has been consider in line with the local healthcare system and agreements on planning positions are agreed both at ICS level, with development of regional ICS plans now coming to the fore from the 2021-22 planning round. The Trust worked with ICS partners to develop plans in line with the national timetable. Plans for 2021-22 have been based on actual expenditure from Q3 2020/21. The planning position was co-ordinated and agreed with the Trust's ICS partners before submission to NHSEI.

We have confirmed through review of minutes and discussions with officers that the Trust is working with ICS partners to deliver to the financial planning timetables. The plan includes identified efficiencies that the Trust will need to deliver to achieve a balanced position.

Conclusion

Given the above, we are satisfied there is not a significant weakness in the Trust's arrangements in relation to the financial sustainability reporting criteria.

Introduction | Audit of the financial statements | Commentary on VFM arrangements | Other reporting responsibilities and our fees

mazars

12

70

3. VFM arrangements – Governance

Overall commentary on the Governance reporting criteria

Governance structure

The governance structure is detailed in the Trust's Standing Orders. We have reviewed the Trust's Board and appropriate Committee Reports during the year. The Trust Board is accountable for the Trust's strategies, policies and performance actions as set out in the Codes of Conduct and Accountability issued by the Secretary of State. Each Executive Director is responsible for their specific area to ensure the Trust fulfils its responsibility.

The Trust has established committees with responsibility for specific areas, such as finance and performance, and the quality of care, including:

- Remuneration Committee;
- Group Audit Committee;
- Quality Assurance Committee;
- Executive Committee; and
- Resource Assurance Committee.

Our review has not identified any matters to suggest a weakness in the committee structure of the Trust. It is designed to provide assurance that decision making, risk and performance management is subject to appropriate levels of oversight and challenge.

Our review of Board and Committee papers confirms that a standard template covering report is used for all reports. This is designed to ensure the purpose, strategic context, governance issues, and recommendations are clear. Committee minutes are published to evidence the matters discussed, appropriate challenge and decisions made. Minutes are reviewed by the Board to ensure appropriate oversight and further ensure effective decision making.

The Trust's risk management and monitoring arrangements

Risk management arrangements are in place at the Trust and are set out in the Trust's Risk Management Framework. The Framework sets out respective responsibilities for risk management across the Trust including for the Board, its Committees and for key individuals across the Trust.

Risk management arrangements are also set out in the Trust's 2020-21 Annual Governance Statement. The Trust's Executive Committee provides oversight of risk management arrangements and provides assurance to the Trust Board and the Audit Committee, that risks are being managed. We have confirmed through review of minutes that the Board Assurance Framework (BAF) was presented to the Trust Board on a quarterly basis. Our review of reports as well as attendance at Audit Committee meetings confirms the BAF is regularly reviewed and updated. Directorate and Care Group registers are also maintained, in accordance with the Risk Management Framework and feed into the Trust Level Risk Register, which inform the BAF.

Given the unprecedented impact of the COVID-19 response the Trust established 'Gold Command' arrangements which had responsibility for strategic operational and finance decisions. These arrangements included the maintenance of a live risk log, which considered the impact of COVID-19 and fed into the Trust's risk register and reported to the relevant Board committee.

The Trust also maintained is financial standing orders during the pandemic and implemented an additional financial approval process for Covid related spend proposals via Gold Command that were also approved by the Executive Committee.

Due to the impact of COVID-19, Internal Audit considered how the Trust implemented NHSEI guidance, issued to support them in responding to COVID-19, whilst still discharging their stewardship responsibilities. As part of this review Internal Audit has considered the Trust's key governance arrangements including:

- the Board assurance framework; and
- Risk Management.

Internal Audit provided significant assurance opinions for each of these areas and we have considered the findings of their reviews. The Head of Internal Audit Opinion also provided a significant assurance opinion, for the Trust's governance, risk management and internal control arrangements for 2020-21.

The Trust has a suite of governance arrangements in place. These are detailed in the Annual Report and Annual Governance Statement for the year ending 31 March 2021. We have considered both documents against our understanding of the Trust as part of our audit. This included consideration of registers of interest. No matters were identified to indicate a weakness in arrangements.

Introduction | Audit of the financial statements | Commentary on VFM arrangements | Other reporting responsibilities and our fees

mazars

13

71

3. VFM arrangements – Governance

Overall commentary on the Governance reporting criteria - continued

Internal audit and Counter Fraud

The Trust employ an Internal Audit provider (Audit Yorkshire) to provide an opinion on the Trust's system of internal control, whether the governance and risk management arrangements are designed to meet the Trust's objectives, and that controls are being applied consistently. An Internal Audit Plan was developed for the 2020-21 financial year and progress has been regularly reported to the Trust Audit Committee. Sufficient work on the plan was performed allowing the Head of Internal Audit opinion for 2020-21 to be issued.

The Trust has an Anti-Fraud Policy and counter fraud arrangements are publicised via the Trust's website. Whistleblowing arrangements are in place allowing staff to report any concerns they may have. Counter Fraud and investigation services are provided by an external provider (Audit Yorkshire) and they are intended to provide assurance to the Audit Committee that fraud arrangements are in place. We confirmed through our attendance at meeting that counter fraud reports are presented at each Audit Committee meeting.

As noted above there were regular reports to the Audit Committee on completion of Internal Audit findings and recommendations. This includes monitoring of management responses against target completion dates. Where dates are missed explanations are provided and considered by the Audit Committee.

Performance management

Performance management is monitored by the Board as part of the Integrated Business Report. This report includes a performance summary, key performance indicators, more detailed metrics for specific areas, e.g. infection control and patient safety and exception reports for the mandated NHS targets, e.g. cancer waiting times and referral to treat (RTT).

Covid- 19 expenditure

The Trust closely monitored, through its Gold command arrangements, COVID-19 expenditure and put arrangements in place to comply with the NHSEI requirements to obtain reimbursement. Our consideration of COVID-19 spend in the year for which reimbursement was obtained did not identify any evidence to indicate a weakness in arrangements.

Inspection reports

In the last Care Quality Commission (CQC) inspection (dated July 2019) the Trust was assessed overall as 'requires improvement'. There was regular reporting to the Trust Board on the Trust's Action Plan to address the matters raised by the CQC. Due to the Covid-19 pandemic, the planned follow up visit by CQC has been delayed. We have considered the Trust's governance arrangements for responding to the CQC report.

Audit Committee

The Trust Committee structure includes an Audit Committee. The Committee's membership includes three Non-Executive Directors. Terms of reference are in place for the Audit Committee and these are in line with expectations. The terms of reference includes; seeking assurance in respect of the Trust's risk management, control and governance systems and seeking assurance on anti-fraud controls. The Audit Committee Chair reports into the Trust Board after each meeting and an Annual Report of the work of the Committee is produced and presented to the Board. We have attended Audit Committee meetings held during the year. While all meetings were held remotely we identified no evidence that this impacted on the objectives and performance of the Committee.

The Audit Committee considers the risk management arrangements, including the BAF, the Annual Report and Accounts, Quality Report, Annual Governance Statement and progress with internal and external audit plans. It also regularly receives updates on losses and special payments, single source tenders and waivers of Standing Financial Instructions.

We have attended Audit Committee meetings and reviewed supporting documents and confirmed the Committee has agreed terms of reference, meets regularly and reviews its programme of work to ensure there is a focus on key aspects of governance and internal control. Our attendance at Audit Committee has confirmed there is an appropriate level of challenge of management and the Committee provides an effective and independent oversight of the Trusts' system of internal control.

Conclusion

Notwithstanding the above, as highlighted on page 10, we have identified a significant weakness in arrangements against the Governance reporting criteria as a result of the matters arising from the CQC inspection of the emergency department.

Introduction | Audit of the financial statements | Commentary on VFM arrangements | Other reporting responsibilities and our fees

mazars

14

72

3. VFM arrangements – Improving Economy, Efficiency and Effectiveness

Overall commentary on the Improving Economy, Efficiency and Effectiveness reporting criteria

Performance management

There has been regular reporting on the Trust's financial and operational performance throughout the year. The reports include appropriate analysis including current period data compared to prior periods or targets. This provides opportunity for the Trust to identify and investigate any areas of under delivery. Reports are presented to the Trust Board and give an opportunity for performance to be scrutinised. Performance reporting has incorporated specific COVID measures including activity and also measures associated with the Recovery Plan. The Trust worked with local partners in the ICS to develop the recovery plans.

We have read and reviewed the Trust's Annual Report and Quality Report, which set out its performance against key indicators and how it evaluates and assesses performance and improvement opportunities.

The Board agenda includes Patient Safety and Patient Experience Reports which include an opportunity for the Board to hear experiences of individual patients. Patient Experience metrics are produced and reported to the Board. Review of minutes indicates appropriate consideration of matters raised. Patients of the Trust are also requested to complete a Friends and Family (FFT) survey. The survey data is used by the Trust to assess performance and also identify opportunities for improvements. We confirmed through minutes review the results of the survey have been fed-back, including to individual care groups. No significant matters reported indicating a weakness in arrangements.

Partnership working

The Trust is a member of the Humber, Coast and Vale Integrated Care System (ICS). We have confirmed through discussions with officers and review of minutes that the Trust are an active participant in ICS arrangements. The Chief Executive provides regular updates on ICS activity to the Trust Board. The Trust has worked with the ICS in planning and submission. This required the Trust to work with ICS partners in developing a financial plan within the funding allocated.

The Trust's arrangements for commissioning services

As set out earlier in this report, a revised financial regime has been in place for 2020-21 and in 2021-22 to date, to support the NHS response to the pandemic. The Trust has, however, continued to monitor performance in spite of block contracts being in place, as part of understanding and monitoring performance.

For services that cannot be resourced by the Trust, or can be provided on a more cost effective basis by another organisation, the Trust uses procurement frameworks to commission these services. When this is not appropriate Divisional Management teams, supported by the Finance and Procurement departments manage the procurement process. For externally provided services, the Trust routinely reviews costs against national tariffs or internal capacity options.

The Procurement Department controls purchases including goods and services through a fully electronic catalogue based purchase order system. The items contained in the system are approved for use and the process is supported by an overarching governance framework within the Trust as set out and detailed in the Standing Orders, Standing Financial Instructions and Procurement Policy.

There is appropriate oversight of contract and quotation waivers by the Audit Committee.

Conclusion

Given the above, we are satisfied there is not a significant weakness in the Trust's arrangements in relation to the economy, efficiency and effectiveness reporting criteria.

Introduction | Audit of the financial statements | Commentary on VFM arrangements | Other reporting responsibilities and our fees

mazars

15

73

04

Section 04:

Other reporting responsibilities and our fees

4. Other reporting responsibilities and our fees

Matters we report by exception

The NHS Act 2006 provide auditors with specific powers where matters come to our attention that, in their judgement, require specific reporting action to be taken. Auditors have the power to:

- issue a report in the public interest; and

- make a referral to the regulator

We have not exercised any of these statutory reporting powers.

We are also required to report if, in our opinion, the governance statement does not comply with relevant guidance or is inconsistent with our knowledge and understanding of the Trust. We did not identify any matters to report in this regard.

Reporting to the NAO in respect of consolidation data

The NAO, as group auditor, requires us to report to them whether consolidation data that the Trust has submitted is consistent with the audited financial statements. We completed the required procedures and concluded and reported, on the 14 June 2021, that the consolidation data is consistent with the audited financial statements.

Introduction　　　　　Audit of the financial statements　　　　　Commentary on VFM arrangements　　　　　Other reporting responsibilities and our fees

mazars

17

75

4. Other reporting responsibilities and our fees

Fees for work as the Trust's auditor

We reported our proposed fees for the delivery of our work under the Code of Audit Practice in our Audit Strategy Memorandum presented to the 9 March 2020, Audit Committee. Having completed our work for the 2020-21 financial year, we can confirm that our fees are as follows:.

Area of work	2020-21 fees
Fee in respect of our work under the Code of Audit Practice	£74,750
Total fees	**£74,750**

Due to the COVID-19 pandemic our work on the Trust's Quality Report was cancelled in 2020-21. There were no fees arising in relation to this work in 2020-21.

Fees for other work

Area of work	2020-21 fees
Planned fee in respect of our audit of York Teaching Hospital Charity	£6,003
Planned fee in respect of our audit of the subsidiary (YTHFM LLP)	£12,925
Total fees	**£18,928**

We confirm that we have not undertaken any non-audit services for the Trust in the year.

Introduction | Audit of the financial statements | Commentary on VFM arrangements | Other reporting responsibilities and our fees

mazars

18

76

Mark Dalton, Director – Public Services

mark.dalton@mazars.co.uk

Mazars

5th Floor
3 Wellington Place
Leeds
LS1 4AP

Mazars is an internationally integrated partnership, specialising in audit, accountancy, advisory, tax and legal services*. Operating in over 90 countries and territories around the world, we draw on the expertise of 40,400 professionals – 24,400 in Mazars' integrated partnership and 16,000 via the Mazars North America Alliance – to assist clients of all sizes at every stage in their development.

*where permitted under applicable country laws.

mazars

Blank page

NHS

York and Scarborough Teaching Hospitals
NHS Foundation Trust

ST★R
A W A R D

A MONTHLY AWARD WHICH RECOGNISES THE
ACHIEVEMENTS OF STAFF AND VOLUNTEERS

NOMINATION BOOKLET

October 2021

Podiatry Team	York	Nominated by a colleague

I was caring for a patient whose family had said they were struggling to care for her feet. Her feet were in pretty good condition and perhaps didn't warrant a referral to podiatry. However I thought I'd do the referral and see what happened, expecting it to be rejected, as I know all services are stretched at present. I requested for podiatry advice on care in the community which I could pass on to the family. At best I thought I'd get a phone call. Later that day Claire from podiatry was on the ward. Assessing the patient's feet, providing treatment and giving advice. So my nomination is for going above and beyond expectations to provide care.

Gwen Haley, Radiographer Principal and Kim Murphy, Radiographer	York	Nominated by Emma Garner and Debbie Kendall, colleagues

The critical care outreach team were bleeped to CT scan as the radiology team were concerned about a patient who was deteriorating and nearing the end of life having a scan. They showed courage by questioning the rationale and appropriateness of the scan and escalated the situation when they felt the patient's best interests were not being met. From their actions, the patient was quickly returned to the ward and passed away peacefully with their family by their side. Had Gwen and Kim not escalated their concerns the patient would have likely passed away before returning to the ward.

Zoe Dunning, Patient Admin Officer and Denis Tonner, Patient Admin Officer	York	Nominated by Dominique Phillips, colleague

Zoe and Denis were the administrators on the reception desk of the very busy RTC clinic, at the new York Community Stadium site (Kathryn Avenue) on 22/07/21. There had been a power cut the previous evening which impacted on the cooling system the following day. Although the maintenance issue was resolved, this took time to reduce the temperature within the clinical areas. Zoe and Denis took the initiative to request if they could purchase some water and ice lollies for both the staff and the patients, as the condition was extremely uncomfortable to be in. This suggestion was authorised and they went out to make the purchases using their own funds (these are being reimbursed to them from the department). Both patients and staff greatly received the refreshments and Zoe and Denis's quick reactive, kind gesture was a roaring success on what was becoming a very uncomfortable setting.

Alison Blackborrow, Medical Secretary	Scarborough	Nominated by Ken Mannan, colleague
Alison is an outstanding member of staff and a credit to the Trust. She always does her upmost for all patients. We have been inundated with calls regarding various problems in our outpatient community. The workload has been high and the secretarial team, who are all excellent, has been minimal over the last few days. Alison has kept everything running smoothly, picked up on follow ups, phone contacts and investigations and done it all with a cheerful disposition. She certainly deserves a star award!		
Sharon Bartle, Staff Nurse	York	Nominated by Dawn Lowe, colleague
This lady always goes above and beyond for the patients and is always helpful to the admin staff is always the first to offer in any way she can. The way she deals with our elderly patients with care and respect putting them at ease when they are upset or confused.		
David Burton, Consultant Ophthalmology	York	Nominated by Donna Kemp, colleague
David is a shining example to us all. He goes above and beyond for all of his patients, often forgoing lunch to do so. He is the politest person in the whole department and nothing is too much trouble for him. He makes time to say hello and ask about your day, making you feel that you are important cog in the wheel and not just a faceless admin member.		
Emma Airey, Ward Clark	York	Nominated by Laura Wade, colleague
Emma has been exceptional, her hard work and amazing organisational skills has kept the ward in order. She has worked hard doing a job that requires three people on her own. I feel she deserves the recognition for going that extra mile. She is kind, caring individual and is a great credit to this ward.		
Ward 32	York	Nominated by, Abigail Luxton, colleague; Diane Tyas, patient; and Georgia Symonds, patient
I would like to nominate ward 32 for being a lovely and supportive placement while on my nursing internship. The team work incredibly hard to ensure patient safety. Thank you for all of your support in preparing me to be a nurse! All the staff on Ward 32 is extremely professional, they motivate patients, and		

provide excellent care.

The team on Ward 32 are fantastic, they motivate me when I have a bad day and go out of their way to cheer me up. They work so hard, running around trying to help everybody. The team are professional, friendly and very good at their jobs. I wouldn't improve as much without them.

Victoria Gossip, Assistant Medical Secretary	York	Rachel Grace, colleague

Vicky is a wonderful assistant medical secretary in our small Elderly Medicine team. She assists the whole team going above and beyond on a daily basis and is involved in supporting and training new staff members. She is conscientious and hardworking. We can rely on her to cover when necessary knowing she will do a good job. The Trust values are demonstrated in every aspect of her work. We all value her work ethic and friendship. We would like to thank Vicky for all her hard work and give her the recognition she well deserves.

Suzanne Burnett and Elaine McQuade, PALS Advisers	Trust-wide	Nominated by Justine Harle, colleague

When Suzanne and Elaine were on a lunchtime walk they came across a man who had fallen and cut himself. He was on his own and crying and saying he needed to get home to his 90 year old mother. On gentle questioning he mentioned the Arc Light Centre. Elaine stayed with the man while Suzanne went to the Changing Lives Centre to request assistance. They then waited with the man until three members of staff came with a wheelchair to take him back to the centre. It would have been easy to walk past the man as others had done but Suzanne and Elaine demonstrated the Trust values and went out of their way to help him.

Natalie Fettes, Senior Biomedical Scientist	York	Nominated by a colleague

Nat is amazing! She has only been in her current role for a week, and has really stepped up to the challenge. During a sudden workload increase due to COVID-19 daily inpatient testing, she managed staff and delegated tasks with a positive attitude while also doing her normal bacteriology work, and training members of staff on a new analyser. Additionally to this, she is also very pregnant. She is very appreciated by all the team.

Anne Greaves, Cleaning Operative	York	Nominated by Natalie Garnett, colleague
Anne always goes above and beyond for the ward, helps where ever she can, always very friendly, and keeps spirits up. Loved by staff and patients alike. She takes pride in her work and it shows; she is an asset to the ward.		
Dr Muhammad Arif, Louise Metcalfe, Staff Nurse; and Sally Collison, Staff Nurse	Scarborough	Nominated by Becky Godding, relative
Isabella, my little girl, came on to Duke of Kent with low saturation and an increase work of breathing. Sally recognised how unwell my little girl was and got help immediately. Dr Arif also helped with preparing Isabella for transfer, alongside Louise, who made me feel calmer and reassured me about everything that happened and what was happening to Isabella. They made sure she was settled and was always on the ball with recording her observations and asking if they needed assistance.		
St Nelsons, Ward 1	St Nelsons	Nominated by Lynn Briggs, relative
The team on ward 1 cared for my father in law for nearly four weeks. He passed away yesterday and I felt I needed to make sure that they are recognised for their kind, compassionate upmost caring team. He was transferred from York Hospital for rehabilitation but unfortunately did not respond to treatment and become more frail and unwell. He was then cared for as end of life care. The manager allowed him to stay at the unit and allowed family to access when needed too, but if course abiding by coronavirus rules. My mother in law, husband, myself and other family members were impressed at the kind and caring team within the unit. The staff provided fantastic end of life care to my father in law. They were incredibly caring, empathetic and listened to my mother in law with any concerns and questions. Keith my father in law was always clean, shaved and put in his own pyjamas which is enormously comforting. Being a nurse myself, giving the basic nurse caring is of utmost importance to a person who is at the end of their life and preserving dignity whilst treating them as an individual. So with that said, this team needs to be recognised and rewarded for the hard work and caring team that they are.		
Craig Kavanagh, Ward Sister	York	Nominated by Daniel Palmer, colleague; and Tracy Keyter, colleague

For being very kind and giving time to patients and relatives. For always asking what you can do to help and for supporting in the training of our international nurses.

I would like to nominate Craig for a Star Award because he always goes the extra mile on every shift that I, as the weekend Ward Clerk, have seen. He is always willing to take calls, even updating relatives on patients that are not his. If I can't find the staff nurse I can always rely on him. When he is on the phone he takes his time explaining in plain English not medical terms to the relatives showing care, compassion and consideration to them. Nothing is too much for Craig and he has always helped if I have needed help and never refuses to speak to relatives even if he is busy. He is an absolute star and an asset to AMU.

Assistant practitioners, Ward 24	York	Nominated by Daniel Palmer, colleague

The assistant practitioners on Ward 24 are absolutely amazing. During COVID they worked tirelessly picking up extra shifts to help the team out along with other staff; however they also stayed committed to their training for the ILES course to get their Band 5 registration. This training is still ongoing and they are still committed to Ward 24 and to help RAFA out where able, and when RAFA is short they have slotted in to keep the service open.

Kylie Theaker, Cleaning Operative	York	Nominated by a colleague

Kylie is always smiling and always helpful. Nothing is ever too much trouble for her. She is a genuinely lovely person to work with and always puts in 100%.

Lisa Shelbourn Head of Operations - Radiology	Trust-wide	Nominated by Rebecca Gammon and Joanne Hopkins, colleagues

Lisa has put a huge amount of work and effort in to the nuclear medicine service review, while making sure staff were heard and any comments considered. Lisa has made the nuclear medicine teams on both sites feel supported during the whole process. Keeping staff in the loop throughout has been invaluable in making staff on both sites feel valued and this has reduced the stress that is normal for service reviews, while being open about steps and findings. Both Nuclear Medicine leads want to nominate Lisa as her support is very much appreciated during a stressful time, where Lisa has gone above and beyond to make sure that nuclear medicine staff are informed, supported

and feel valued.

Catherine Bristow, Staff Nurse	St Nelsons	Nominated by a colleague

Cathy came in on her day off to bring a card and some gifts for a patient whose birthday it was, but who had no relatives. The patient was very happy and we all were happy at her gesture.

Michaela Edens, Therapy Assistant	Community	Nominated by Stuart Goodall, colleague

Michaela has played an instrumental role in the rehabilitation of a patient who three months ago was largely confined to a self-propelling wheelchair after breaking his leg in a fall. Michaela has shown great innovation, patience and kindness in working closely with the patient to help him identify and achieve his rehabilitation goals. He is now mobile with a four wheeled walker and able to get in/out of his car with minor supervision, meaning he can now go on days out with his wife.

Melanie Hill, Heart Failure Administrative Assistant / Secretary	York	Nominated by Sarah Bainbridge, colleague

When a gentleman rang to cancel his heart scan, Mel recognised that it regarded as an urgent scan. Using initiative, kindness and patience she established why he wanted to cancel. By doing so she convinced him of the importance of coming and therefore we were able to detect critical problems which needed urgent medical treatment. Mel's kindness and patience is typical of her approach on the phone supporting our patients to receive the best care we possibly can.

Hannah Blackshire, Clinical support worker	Scarborough	Nominated by, Theresa Devanney, colleague

Together with her friend, Hannah has set about raising money for various charities via a Facebook group. In her free time, and whilst running a family, Hannah and her friend have created an enormous community response that has raised an unfathomable £30,000 through online auctions. With no personal gain, they organise and coordinate complex fundraising activities and then hand deliver prizes to lucky winners. If that isn't living the Trust values it is hard to imagine what is. It is a staggering effort, their energy and determination is incredible. We should be proud of them.

Diane Cavenche, Head of Nursing; Harriett Lynch, Matron; and Carol Halton, Matron	Trust-wide and Scarborough	Nominated by Samantha Pickering, colleague

I have started a new post and have had to cope with a serious issue regarding bullying. This has been very difficult to cope with and has caused me lots of stress and upset. Harriett and Carol and Di have been so supportive and have really helped me to cope with a very emotional and difficult time; nothing was too much trouble they have listened to my concerns and acted upon them. They have supported me and the team with outstanding professionalism and care - always willing to help and support us no matter how busy they are - and I am very grateful knowing they are there.

Jackie Brown, Medical Secretary and Julie Hunt, Switchboard Operative	Scarborough	Nominated by a patient

I was unfortunately taken to hospital by an ambulance as I had suffered a seizure. This was stopped in June but re-started when symptoms returned. As I have to use my car for essential shopping I enquired about an appointment to discuss driving again, as am aware that I shouldn't until cleared. I phoned appointments and explained. A very helpful telephonist listened and checked the computer for me. She did not just look and say "No appointment listed" but cared enough to make further enquires. This operator was obviously listening and said she would contact the neurologist consultant secretary. This person called me back the same day and checked the computer. It would appear that the incident was not referred by the GP or A&E. This, Jackie Brown felt it should be brought to the attention of the consultant. She advised me she had left a note on his desk.

Her conscientious actions reflect all the Trust values. This appears to be a team effort of communications and it was outpatient appointments that set the ball rolling. I appreciate how hard the hospital staff are working and NHS staff should all be commended as many, many referrals are being sent in.

Record Services Operatives	York	Nominated by John Fox, colleague

For the whole time of COVID, this team has worked tirelessly to ensure case notes are delivered in a timely manner, and under great pressure of time and resources. Well done.

Ward 33	York	Nominated by Zoe Priestley, colleague
All the staff on ward 33 work hard to make sure patients are well cared for and all their needs are met. Throughout my time on the ward as a student nurse, all members of staff have been willing to teach me and help me learn. They are a great team and deserve a Star Award.		
Roman Matusik, Imaging Support Worker	York	Nominated by Louisa Coxon, colleague
Roman always goes above and beyond to help anyone. He has currently been assisting the Garden Project team in his own time to sand benches down before they are painted. Roman always demonstrates all the Trust values and will do all he can to help patients and colleagues beyond what is expected of him.		
Dr Zaid Al-Saffar, Consultant Rheumatologist	Bridlington	Nominated by Peter White, patient
I would like to nominate Dr Al-Saffar for a Star Award because he is very professional in his work. He will go the extra mile to help you, he listens to your problems and he is very helpful to his patients. He is an asset to York and Scarborough Teaching Hospitals and the wider NHS. I am certain he is the best doctor in his profession and I feel he deserves this award for his service and help to the people he continues to help and support. We are very fortunate to have such a great doctor in his field of professionalism.		
Deborah Harsley Data and Information Coordinator	York	Nominated by Laura Pycraft, colleague
Due to the CT, US and Nuclear Admin team being in isolation for 10 days there was no experienced cover during this time. Debbie went above and beyond to support in a team she doesn't usually work in, to coordinate work, working over her hours. She has shown team work and willingness to get stuck into a department that she is not used to, doing your best to continue a service for patients. She has gone completely above and beyond to ensure the CT, US and Nuclear med patients have not suffered due to admin staffing shortages. Debbie did not hesitate to come forward to help above and beyond her job role in a difficult situation. She took on coordinating the outstanding work for each day to ensure urgent and FT patients have not been delayed.		

Vicki Fenton, Clerical Officer	Selby War Memorial Hospital	Nominated by Laura Pycraft, colleague
At the start of August we had the entire CT, US and Nuclear isolating due to COVID; this meant that nobody with experience of booking these appointments were around for 10 days. Vicki currently works in Selby for the Radiology Admin team, although has previously worked within York CT admin team. Without being asked she contacted me with a willingness to complete her work in Selby and drive to York to support with bookings in order to keep patient flow within the department. This included working on her non working days. She has gone completely above and beyond to ensure the CT, US and Nuclear med patients did not suffer due to admin staffing shortages. Vicki did not hesitate to come forward to help above and beyond your job role in a difficult situation. She has taken on coordinating the outstanding work for each day to ensure urgent and FT patients have not been delayed.		
Kerry Pentland, Staff Nurse	Community	Nominated by Sophie Weston, colleague
Two occupational therapists were with a patient completing a shopping assessment in the community when the patient fell unwell and had a vasovagal. The patient was assisted to the ground. At this time, Kerry drove past and immediately offered her assistance. Without hesitation she was supporting the patient and assessed their blood pressure. The patient became responsive again but could not mobilise back to White Cross Court. Kerry cleared space in her car and offered a lift for the patient and supported the patient back to the hospital where he could then be transferred into a wheelchair and back on to the ward. We are so appreciative of the kindness and support Kerry provided. She went the extra mile to support a patient and us.		
Plaster Technicians	Trust-wide	Nominated by Joanne Bradley-Smith, Lead Plaster Technician, colleague
During extreme shortfalls in staffing the plaster room staff have really shown amazing teamwork and commitment to providing a service. The support that I have received as their manager makes me so proud to have them as part of my team. This also includes Claire Grover, fracture clinic sister, for her continued support and help during these times.		

AMB team	York	Nominated by Lynn Duggan, relative
My father was admitted to the red resus area where they diagnosed pneumonia and sepsis. After several conversations with the doctors we were told how ill my father was and that it was a possibility that he would not make it. Due to the COVID situation in the hospital guidelines, we were unable to be with my father during his stay in resus and we were devastated the thought of him dying on his own was too much to bear. They finally found a bed for him on AMB and arranged his transfer. Knowing the situation Deputy Sister Catherine worked tirelessly to find him a room so that we could be with him. She maintained contact with us throughout and eventually rang to tell us to make our way in. We arrived at the hospital around 06.00am and we were greeted by Catherine who took us straight to my father. From that moment on the nurses and nursing associate (mentioned above) took over my father's care. The dedication, support and care they gave to my father was absolutely second to none. I can honestly say that as a health professional myself, I could not fault this team on their skill, knowledge and professionalism; they went above and beyond not just caring for my father but also showed kindness, compassion and empathy to us. I once read that this type of caring and compassion is what truly separates a good nurse from a great nurse and on this occasion I was lucky enough to experience it first-hand. York Hospital, you are very lucky to have such amazing staff working within your Trust and a team I feel need to be recognised and rewarded for their hard work and dedication. Because of their care my father remained stable and his health began to improve. He is still not out of the woods yet but it looks like he is going in the right direction. I cannot thank them enough.		
AMB team	York	Nominated by Jack Appleby, colleague
For the care they gave to a patient in there last hours and to the relatives of the patient. Especially with one of the relatives been one of their own work colleagues from the ward. They really went above and beyond in the care they gave and have done since that day, as well as for the relatives. We can't thank them enough for what they did, they truly are amazing.		
Susanna Ferro, Cleaning Operative	York	Nominated by Tracy Newsome, colleague
Susanna has worked on ward 33 today, and from start to finish she has been absolutely exceptional. She has gone above and beyond her duties by recognising the ward pressures today and assisting staff in such a humble and professional manner. Her presence on the ward today has not only lifted staff		

89

morale but also enhanced patient flow massively. Thank you so much Susanna - you were just what we needed today.		
Samuel Konadu, Specialist Doctor	**York**	**Nominated by Lucy Glanfield, colleague**
Sam is a fantastic colleague and nothing is ever too much for him. He does everything with a smile on his face, even when working under incredible pressure. He supports the nurses and junior medical staff well, and is a very reliable. He recently stayed over an hour late to sort out a colleague who had sustained a needlestick injury, without so much as a grumble. He is an asset to our department.		
Claire Platts, Community Nurse	**Community**	**Nominated by Julie Rae, colleague**
Claire was referred a new patient to administer a once daily insulin while her daughter, who usually administers it, was away. Claire visited the patient's address which was stated on the care plan and on System 1 which proved incorrect. Claire tried contacting the patients daughter on several occasions and was unable to get through and no voice mail service available to leave a message. Claire escalated this to the weekend triage sister whom found a previous address for the patient that we had visited. Claire amongst all this searching for the patient had a palliative patient to see whom required pain medication. Claire then went to the patient's house to administer the insulin only to find there was no prescription chart. Claire checked the patient's blood sugar and gave advice advising she would have to return once she had sourced an out of hours GP to write up the prescription chart. Again this was not straight forward for Claire as the GP could not find any information with regards to dosage. The patient's System 1 records were checked and a previous dose documented passed to the GP. The GP then had to contact the medical registrar ay York Hospital for advice. The prescription given to Claire was not available at the pharmacy thus an alternative had to be sourced. The patient finally got her insulin later that afternoon. Claire has gone above and beyond to ensure the patient received their insulin.		
Sarah Arthur, Community Healthcare Assistant	**Community**	**Nominated by Julie Rae, colleague**
Sarah is quite new in post started in the team in April 2021. Last week Sarah went to visit a patient in their own home to obtain a venous blood sample. On arrival at the house Sarah found the patient sat in the garden saying they had been there since 7am and it was now 10.30am and the daughter whom she lives with would not let her back into the house. A neighbour called over and		

informed she had passed the patient a warm drink earlier. The daughter then came out of the house shouting and using some choice language and clearly indicating she wanted something doing with her mother or she would hurt. The daughter then went back into the house Sarah reassured the patient that she would escalate the situation. The daughter once again came out still saying the same things before going back in. Immediately Sarah contacted her manager and was supported in making a referral to safeguarding. Several days later Sarah visited a local residential care home only to be called over by a resident to find it was the patient that she had raised a safeguarding for. The patient remembered Sarah and informed her she was very happy in the home. By raising the safeguarding Sarah had supported both the patient and daughter as the patient was not known to the District Nurse Team and we were unaware of any pressures the daughter was under for her to act in the way she did. Sarah clearly demonstrated the values of the Trust in the actions she took.

Daniel Taylor, Charge Nurse	York	Nominated by Amy Holgate, colleague

I worked with Dan a couple of months ago on a busy set on night shifts. He was coordinating on AMU when a very unwell patient was admitted from the emergency department. The patient was managed amazingly well by Dan with prompt and immediate care when she deteriorated. Once we arrived to help, Dan continued to be a supportive and helpful presence to me, while we attempted to stabilise the patient. All while he coordinated a busy AMU and supported other junior members of staff with other unwell patients. Dan consistently fulfils the Trust values and works very hard to meet the demands of the ward. He is supportive to his colleagues, provides excellent patient care and is an excellent role model. Thank you Dan!

Joanne Clark, Advanced Specialist Nurse	York	Nominated by Laura Milburn, colleague

I would like to nominate Jo for a star award as she has gone above and beyond supporting the delivery of the Rapid Diagnostic Centre service throughout the pandemic. The service has struggled to recruit and the team have been managing patient volumes much larger than what the establishment could support. Jo has worked many, many hours over her contract to ensure all patients referred into the RDC have received the same quality of care. Jo has ensured each patient has been rapidly triaged and investigated. She has provided personal support to them all as they are investigated for cancer, maintaining the ethos of the RDC. Jo has embodied

the Trust values delivering excellence and unremitting kindness even when under immense stress herself. Thank you Jo.

Amy Jacks Midwife	York	Nominated by Hannah Baker, patient

Amy and student Ellen were absolutely fantastic with me and my baby. It was an extremely difficult pregnancy as my waters went at 20 weeks. Amy was always available at any time of the day and night. Unfortunately we didn't get the happy ending after delivery at 27 weeks but these two wonderful ladies could not have done a better job with love and care. They are an absolute credit to the NHS. Nothing has ever been too much trouble. Care after Freya was born was fantastic and they stayed with me even after their shift had finished.

Gynaecology team	York	Nominated by Heidi Campbell, patient

As a phobic patient, the team took massive care to ensure I was calm and well supported before my appointment. Sarah rang and showed great kindness and understanding of my issues and fears. On arrival I was dealt with kindly by all the ladies present, even when I initially refused to go into the care room out of fear, they dealt very calmly and kindly with me. I am very thankful for all of them.

Donna Allan Health care assistant	York	Nominated by Luke White, patient

Donna is an absolute credit to York hospital. In what was such a scary time for me, she was an incredible shining star. When she came to collect me to take me for surgery she instantly recognised that I was alone, scared and upset. She sat, held my hand and explained the next steps. Once on the trolley she stroked my hair and held my hand and without her I would have felt so alone and so terrified. She told me everything that was going to happen and when, which was the kindest thing anyone has ever done for me. Please extend my thanks to her and please recognise her as one of your stars. She absolutely deserves it. She is such a kind, gentle and considerate lady and she really deserves recognition.

Emergency Assessment Unit	Scarborough	Nominated by Gemma Arnall, colleague

Acute Oncology CNS Team in Scarborough Hospital wish to nominate EAU for a Star Award for their exceptionally supportive and proactive approach to Haematology/Oncology patients. EAU always go above and beyond when a

patient requires further investigation. The team really makes such a difference to patient care. From providing further medical examinations, to overnight observations avoiding an inpatient stay or assistance with palliative symptom control relief. Each team member always has such a supportive approach. We always receive such positive feedback from Haematology/Oncology patients; they are relieved that their initial complaint has been quickly addressed. It is an absolute pleasure to work with a team which has the same values as ours and with the aim to deliver excellent patient care. Our team wish to highlight 'excellence.'

Karen Gover, Operations Department Orderly	York	Nominated by Mark Lee, colleague
Karen is a valuable member of the theatre department team and has recently gone beyond her own job role to assist myself and my colleague when we are really busy in theatre stores. Karen is one of the original members of the ODO job role in the theatre department and is always on hand to collect patients from the wards ready for surgery, always polite and putting the patients at ease. Karen would fully deserve an award in recognition for all her fantastic efforts in the theatre department.		

Helen Stather, Physiotherapist	Scarborough	Nominated by Emma Palmer, colleague
I work alongside Helen as a therapy assistant on holly ward. On 27 July I was returning to the ward after an appointment in outpatients and while walking down the corridor I had severe abdominal pain which knocked me off my feet. I managed miraculously to get to the door where Helen was on the ward. I alerted her to my problem and from that moment she took charge. I was all for getting help to my car and driving home. Helen could see I needed urgent help and didn't stop until I was in the resus room getting the help I needed for what turned out to be a large haematoma to my pelvic abdominal area. I am so grateful to Helen for her professionalism and care and she deserves the star award.		

Ward 11	York	Nominated by Emma palmer, patient
I was recently transferred from Scarborough to York hospital with complications from a haematoma. The staff on ward 11 were fantastic, in particular Katie Gledhill who spent time with me putting my worries to rest and explaining things to me. This was on a busy shift when she really didn't have the time but recognised that I needed that chat. Thank you for the fantastic		

work you do.		
Bronwyn Pope-Wilby, Occupational therapist	**Scarborough**	**Nominated by Emma palmer, patient**
Bronwyn, you were so kind to me during my recent hospital stay and health scare. You went out of your way to visit me in York Hospital, bringing me things I needed and even taking my clothes home to wash and returning them to me the next day. Thank you so much, keep doing what you do and being you. I appreciate you so much and have lots of love for you.		
Georgia Adams, Healthcare Assistant	**Scarborough**	**Nominated by, Vicky Connolly, colleague**
Georgia is so kind to everyone, staff and patients alike - nothing is too much trouble. She is a credit to the outpatients department. I am proud to say I work with Georgia		
Melanie Linley, Senior Community Nurse and Jude Seagrave, Macmillan Nurse Specialist	**Community**	**Nominated by Julie Rae, colleague**
The district nursing team were contacted by ambulance service requesting urgent call back. They had a palliative patient whom had deteriorated at a rapid pace and required assistance as they did could not leave as the patient was in acute pain and family distressed. Mel went straight out to assess the situation, finding that due to the rapid deterioration, a plan for palliative care had been unable to be put in place. Mel contacted the GP and Macmillan who all worked together to ensure the patient was made comfortable and the family supported in the stressful situation. Arrangements were made for further support and urgent admission for palliative care in an appropriate setting. All parties remained with the patient and family until this was organised which took several hours. The reason for this being that it was only the paramedics that could administer pain relief as the patient had a chart but no drugs; again this was due to the rapid deterioration. All involved went above and beyond to ensure the patient was comfortable and the family were supported.		
Lorna Arnall, Buyer	**Scarborough**	**Nominated by Sean Johnson, colleague**
Lorna is always extremely helpful and very polite when she contacts us with IT issues. The Star Award means so much to her and I know she'd be incredibly proud to receive an award.		

Joey Parkinson, Facilities Operative	Scarborough	Nominated by Julie Thompson, colleague
Joey goes above and beyond in his role as a facilities operative when working in the emergency department. Nothing is ever too much for him to help with. If the domestics are busy and the cubicles are needed, he will not think twice to grab cleaning equipment and clean the cubicle ready for the next patient. Unlike other colleagues, Joey helps out in any area needed no matter who has asked him to. He never grumbles, is always happy and polite to patients and staff, and is a very approachable individual.		
Suzanne Hadfield, Midwife	York	Nominated by Alexandra Metcalfe, patient
Suzanne was my midwife overnight on two nights during my induction for my second child. Despite the medical setting and procedure, Suzanne succeeded in making me feel safe, secure and supported. She took the time to talk to me and get to know me as an individual as well as a patient. I saw several other midwives during my stay and, while they were all great, none of them invested so much of themselves in my care as Suzanne. Above and beyond doesn't do it justice; she was remarkable. I truly felt as though I had one of my best friends with me. While I understand this can't always be possible, Suzanne's practice should be the benchmark all midwives work towards. The difference between my first labour (adequate but perfunctory care) and the sympathetic, uplifting and generous care offered by Suzanne was profound and I am so grateful to Suzanne for giving me that experience.		
Zoe Todd, Healthcare Assistant	Scarborough	Nominated by Julie Knight, colleague
Zoe is an exceptional team player; always striving to do her best and be as helpful as possible. The reason I am nominating Zoe though is because due to COVID-19 my manual handling training had lapsed. I explained to Zoe that I would not be able to do any bank shifts without my training due to bank office rules that mandatory training needs to be up to date. Zoe was aware of staffing shortages in the hospital and as link nurse for manual handling offered to do my training during the night shift we were on. This has now enabled me to help staff the hospital as my training is now up to date.		
Hayley Bingham, Support Worker	Community	Nominated by Pamela Hindmarsh, patient
After recently having a fall and breaking some ribs I needed some support at home. Hayley was one of the support workers that cared for me at home. She was so bright and bubbly, and showed great empathy and kindness. She		

brightened my day and definitely deserves recognition for this. She would go above and beyond to meet my needs. We need more Hayley's in the world.

Donna Ginders, Sister	Scarborough	Nominated by Louise Hayes, colleague
There was a patient who attended EPAU with an ectopic pregnancy, due to problems accessing the medication on Friday, Donna came in on Saturday to administer the medication so the patient could have medical treatment for her condition and avoid having to have a surgical procedure. She runs our EPAU with great enthusiasm and compassion for our patients.		

Andrew Thompson, Vascular Surgeon; Amaran Krishnan, General Surgeon; and Phillip Dickinson, Intensivist	Trust-wide	Nominated by Ed Smith
Although I appreciate that it is the job of senior surgeons to save life, in this instance I believe that further recognition is required. This was a very unusual case of a 19 year old girl who had been retrieved from the sea (her father had sadly died in the same immersion incident). She was haemodynamically unstable and the CT scans showed severe internal bleeding. As a result, she was critically ill and therefore the decision was to take her to the operating theatre in Scarborough, rather than transfer to the major trauma centre at Hull. Unfortunately it was not easy to stop the bleeding and so Mr Krishnan packed her abdomen, in an attempt to settle down the bleeding, and then called for help from Mr Thompson. Rather than attempt a risky and potentially fatal patient transfer, Mr Thompson travelled to Scarborough in the middle of the night and used his skills and expertise to perform lifesaving surgery on the patient - this is no exaggeration as she was too unstable to transfer to the major trauma centre. The patient made a rapid and uneventful recovery, thanks to the incredible efforts of the surgical and anaesthetic team. Thank you.		

Lizzie O'Hara, Nurse	Scarborough	Nominated by Rachel Doherty, colleague
Lizzie went over and above her role to help members of staff and a patient. As the gynaecology team we needed to examine an urgent case in a secure room, despite working on outpatients and not ED, Lizzie helped us to find a suitable space and chaperoned the patient whilst she had the opportunity to do so. She was delicate and caring with a young lady in a very emotional and		

distressing situation. She provided the patient with emotional support. Lizzie would have made a significant difference to the experience of this patient in a difficult situation. Lizzie could have not got involved at all, but she chose to and she had such a positive impact. Thank you.

01904 726491
events@york.nhs.uk

Follow us:
Twitter @YorkTeachingNHS
Facebook York Teaching Hospital NHS Foundation Trust
Instagram YorkTeaching NHS