

Board of Directors (Public) – Blue Box

24 November 2021



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19.1	Full Integrated Business Report	<u>03</u>
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Integrated Business Report

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

October-2021

Produced November-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

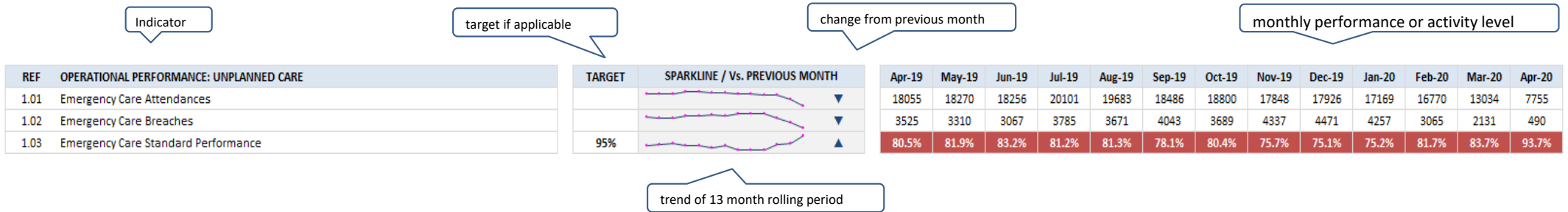
Report produced by:
Information Team

Integrated Performance Report : October-2021

Understanding the Report

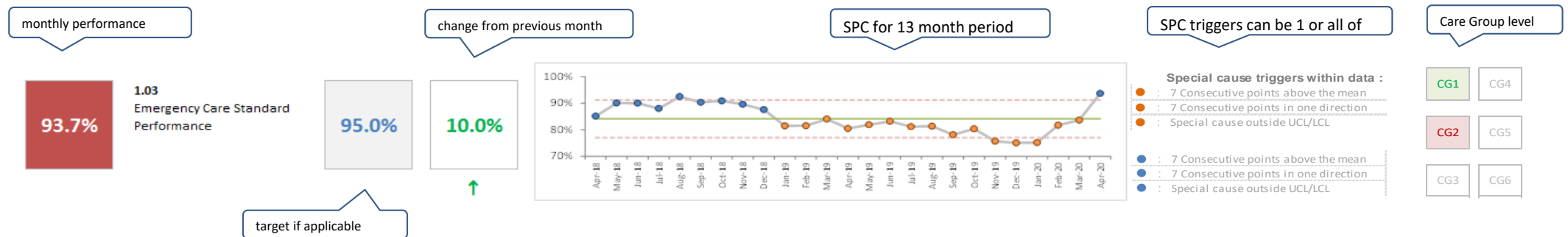
1. Operational Performance Summary

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



2. Focus Sections

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



QUALITY AND SAFETY REPORT

October-2021

Produced November-2021



The Board Assurance Framework is structured around the Trust's three Strategic Goals:

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

To support an engaged, healthy and resilient workforce

To ensure financial stability

Report produced by:
Information Team

Quality and Safety Report: October-2021

Executive Summary

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Purpose of the Report:

To provide the Board with an integrated overview of Quality and Safety indicators within the Trust

Executive Summary:

Key discussion points for the Board are:

- 16 Serious Incidents declared in October.
- % Compliance with Stage 2 (Written) Duty of Candour is 92%
- Regrettably we have seen an increased incidence of both pressure ulcers and falls in the month of October. Workforce shortfalls continue to be a contributing factor as discussed at the Trust Improvement Groups. The impact is the inability to provide consistent care as per planned frequency, e.g. intentional rounds, position change and enhanced supervision. This has been escalated within Care Groups and through the Quality and Patient Safety Group.
- There were 129 medication incidents during October which is within the normal variation. Although this report states there were 4 medication incidents causing moderate or above harm one of these is a duplicate incident which will be rejected and one has been investigated and the harm downgraded. These are monitored at Medication Safety Group upon investigation completion.
- The sustained increase in new complaint cases (61 this month) has had an impact on performance and care groups have struggled to deal with the increase at this challenging time. Overall performance is at 51% for closed complaints within timescales.
- 14 hr post take compliance has improved slightly at York (80.2%), however Scarborough performance has dropped by 0.8% to 80.0%. NEWS compliance within 1 hour has decreased further at York (now 86.0%), however Scarborough has increased further (93.2%).
- Increased referrals to Outreach at both Scarborough and York in October reflective of winter workload pre covid, with slight increase in cardiac arrests at Scarborough but slightly below the mean in York.
- Deaths per 1,000 bed days have increased slightly from previous month to 8.78 deaths per 1,000 bed days. This is higher than the October 2020 figure. There were 12 SJCR's requested by the Medical Examiners in September. These are monitored at the Learning from Deaths Group.
- The Trust has had a total of 85 cases of C.Diff from April 2021; of which 43 were community-onset healthcare-associated (COHA) and 42 healthcare-onset healthcare-associated (HOHA) cases. There were 12 HOHA and COHA cases in October 2021. It appears unlikely that the target will be met (133 in total for financial year). An external review of our C.Diff position from NHSEI has taken place, report expected in mid-November 2021.
- The emergency caesarean section rate at York has increased to 21.6% for October, the highest percentage in the data set provided.
- There were 10 occasions where the Maternity units had to close; 9 at York and 1 in Scarborough.

Recommendation:

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

Author(s): Liam Wilson, Lead Nurse Patient Safety

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

TRUST BOARD REPORT : October-2021

QUALITY AND SAFETY SUMMARY: (i)

REF	SERIOUS INCIDENTS (data is based on SI declaration date except given final report)	Sparkline / Previous Month	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
1.01	Number of SI's reported		9	12	18	10	6	14	14	12	20	21	11	13	16
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)		9	10	15	5	6	13	14	11	17	17	10	12	16
1.04	Number of SIs Where Stage 2 (Written) Duty Of Candour is Outstanding (Moderate or Above Harm)		0	1	0	0	0	0	0	0	0	0	0	1	3
1.05	% Compliance with Stage 2 (Written) Duty of Candour for Serious Incidents (Moderate or Above Harm)		100%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	92%	81%
1.06	-Invitation to be involved in Investigation (Clinical SIs Only)		4	2	10	3	1	6	3	2	10	9	6	0	0
1.07	-Given Final Report (If Requested - Clinical SIs Only - based on Investigation End Date)*		5	1	2	4	3	6	3	1	7	2	2	5	3

*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 01/11/20 and 17/10/21
1.10	Incident Graded Moderate or Above			302	
1.11	Stage 1 - Verbal Apology Given			281	
1.12	Stage 2 - Written Apology Given			277	
1.14	% Compliance with Stage 2 (Written) Duty of Candour			92%	
1.15	Stage 3 - Final Written Summary Due (for incidents between Jan and Apr 21)			91	
1.16	Stage 3 - Final Written Summary Completed (for incidents reported Between Jan and Apr 21)			69	

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	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
1.20	Number of Negligence Claims		20	12	11	9	17	13	11	11	8	13	12	16	10
1.21	Number of Claims settled per Month		2	1	1	2	2	1	4	1	1	1	13	8	2
1.22	Amount paid out per month		12,510,000	10,654,648	7,500	29,000	39,841	32,500	739,500	287,582	20,000	9,500	1,444,144	103,700	1,040,000
1.23	Reasons for the payment		Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability

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

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 and September. 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	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
1.30	Incidents Reported			1,394	1,365	1,309	1,499	1,322	1,419	1,365	1,465	1,460	1,504	1,430	1,574	1,473
1.31	Incidents Resulting in No or Minor Low Harm Not Completed Within 1 Month of Reporting			-	-	-	-	-	-	-	-	-	655	886	887	853
1.32	Patient Falls			222	220	185	261	221	214	208	213	191	199	243	224	241
1.33	Pressure Ulcers - Newly Developed Ulcer			74	102	94	138	117	94	89	94	83	92	98	93	122
1.34	Pressure Ulcers - Deterioration of Pressure Ulcer			14	7	22	22	15	20	25	23	23	12	15	19	26
1.35	Pressure Ulcers - Present on Admission			142	145	159	174	164	201	166	167	149	185	195	183	166
1.36	Degree of harm: serious or death			9	7	6	9	5	8	7	4	8	7	5	6	15
1.37	Medication Related Errors			100	140	105	157	116	125	128	165	158	150	126	154	113
1.38	VTE risk assessments *	95%		95.2%	95.0%	94.3%	94.7%	94.4%	94.2%	93.3%	94.1%	92.5%	92.9%	93.3%	87.8%	86.8%
1.39	Never Events	0		0	0	0	0	0	1	0	0	0	0	0	0	0

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

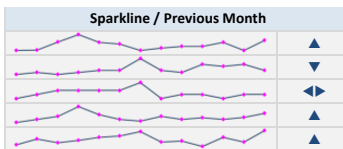
Incident reporting monitoring now shows the number of investigations resulting in no or minor/low harm where the investigation has not been completed within 1 month of the incident being reported (excluding incidents which are subject to more in-depth investigation via the SI or 72 Hour reporting process. 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).

* VTE risk assessment percentage from Sep-21 is now calculated using the VTE Assessments dashboard. New rules have been agreed with the Pharmacy team.

TRUST BOARD REPORT : October-2021

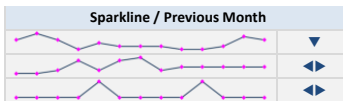
QUALITY AND SAFETY SUMMARY: (ii)

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



Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
57	58	74	89	73	70	57	62	65	65	73	57	77
1	2	1	2	3	3	9	3	2	6	5	6	3
0	1	2	2	2	2	4	0	1	1	0	1	1
62	74	87	127	94	74	67	87	74	81	75	82	99
26	35	29	33	38	40	47	30	32	23	38	30	49

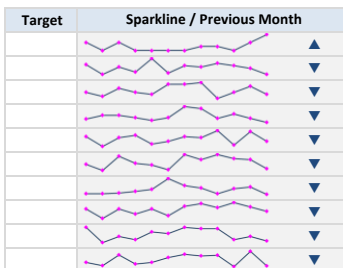
REF	FALLS****
1.50	Number of falls with moderate harm
1.51	Number of falls with severe harm
1.52	Number of falls resulting in death



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

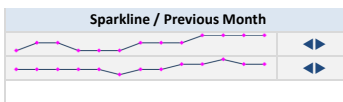
Note *** and **** - falls and pressure ulcers are subject to ongoing validation. The degree of harm for incidents reported within the last week of the reporting period have not been validated as investigations are ongoing. The degree of harm may change from the reporter's initial depending on the outcome of the investigation. Inpatients developing pressure ulcers in Community Hospitals are now counted in the Acute care data above (as the care they receive is the same as patients on acute wards) so this data has been recalculated. Community pressure ulcers includes the RATS and DN Teams.

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



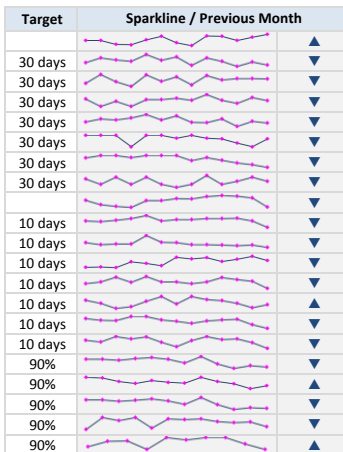
Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
1	2	0	2	0	0	0	0	1	1	0	2	4
7	15	7	13	9	20	8	14	13	16	14	12	7
10	14	12	16	14	13	18	18	19	11	14	17	13
28	25	30	30	27	23	27	43	40	26	32	26	20
16	14	6	13	15	8	10	14	13	19	7	18	10
21	24	14	38	26	23	15	41	32	41	34	32	17
14	11	11	12	14	17	32	22	19	11	18	20	10
31	33	18	33	25	33	22	37	41	35	43	36	29
7	14	4	8	6	11	10	14	13	13	6	8	5
45	58	52	73	55	58	68	74	71	72	50	80	51

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



Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
86%	87%	87%	86%	86%	86%	87%	87%	87%	88%	88%	88%	88%
87%	87%	87%	87%	87%	86%	87%	87%	88%	88%	89%	88%	88%

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



Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
46	46	37	36	48	56	41	34	57	56	46	54	61
58%	71%	65%	61%	81%	64%	74%	50%	71%	61%	47%	60%	51%
37%	71%	43%	25%	69%	44%	61%	31%	67%	50%	55%	55%	53%
75%	33%	61%	33%	70%	70%	78%	67%	100%	67%	50%	82%	65%
60%	75%	71%	82%	100%	71%	92%	57%	56%	75%	36%	63%	54%
100%	100%	100%	-	100%	100%	75%	100%	75%	67%	33%	-	67%
80%	100%	100%	83%	100%	100%	100%	60%	83%	63%	43%	29%	8%
63%	50%	67%	50%	67%	50%	43%	50%	71%	50%	57%	67%	57%
134	104	92	86	132	132	144	142	159	166	160	150	88
71%	69%	73%	77%	86%	71%	74%	74%	77%	77%	78%	71%	53%
73%	67%	69%	69%	92%	74%	73%	67%	67%	66%	65%	66%	60%
58%	59%	56%	78%	72%	63%	96%	90%	95%	80%	88%	100%	83%
63%	69%	85%	67%	88%	68%	68%	63%	69%	84%	77%	71%	46%
91%	83%	71%	75%	88%	100%	82%	100%	92%	90%	83%	73%	80%
86%	75%	71%	100%	100%	77%	67%	55%	69%	76%	82%	44%	20%
74%	68%	88%	79%	86%	67%	50%	72%	67%	76%	79%	65%	44%
91.7%	91.7%	90.4%	93.0%	94.3%	91.5%	86.4%	96.0%	85.0%	78.2%	82.3%	80.2%	-
93.9%	92.6%	87.1%	83.9%	88.4%	85.7%	84.3%	93.5%	87.1%	83.3%	75.6%	80.5%	-
92.2%	91.9%	90.0%	91.6%	93.5%	90.7%	86.0%	95.5%	85.4%	78.8%	81.2%	80.3%	-
94.9%	98.7%	97.7%	98.8%	95.3%	98.2%	98.0%	98.3%	97.4%	97.1%	97.2%	95.8%	-
98.7%	99.5%	99.5%	98.4%	100.0%	99.7%	100.0%	100.0%	99.1%	98.4%	98.6%	100.0%	-

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

TRUST BOARD REPORT : October-2021

QUALITY AND SAFETY SUMMARY: (iii)

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

Target	Sparkline / Previous Month
90%	
90%	
93%	

Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
83%	83%	81%	79%	82%	79%	79%	79%	81%	79%	78%	80%	80%
78%	80%	77%	78%	81%	82%	81%	82%	83%	81%	79%	81%	80%
89.9%	89.8%	89.6%	87.7%	89.6%	91.0%	91.8%	91.1%	90.8%	90.3%	90.5%	89.0%	89.1%
92.2%	93.3%	93.2%	93.9%	94.8%	94.1%	93.8%	94.1%	92.8%	90.2%	91.6%	91.8%	94.5%

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

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

Target	Sparkline / Previous Month
100	

Apr 17 - Mar 18	Jul 17 - Jun 18	Oct 17 - Sep 18	Jan 18 - Dec 18	Apr 18 - Mar 19	Jul 18 - Jun 19	Oct 18 - Sep 19	Jan 19 - Dec 19	Apr 19 - Mar 20	Oct 19 - Sep 20	Jan 20 - Dec 20	Apr 20 - Mar 21	Jul 20 - Jun 21
99	99	98	100	100	98	100	99	99	97	95	94	94

REF	4AT ASSESSMENT
5.01	4AT Screening

Target	Sparkline / Previous Month
90%	

Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
60.0%	59.4%	58.8%	54.8%	53.4%	62.2%	63.1%	64.3%	67.8%	76.1%	73.5%	70.0%	68.1%

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

Target*	Sparkline / Previous Month
0	
95%	
95%	

Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
4	11	6	10	5	6	7	12	12	13	13	16	12
40	51	57	67	72	78	7	19	31	44	57	73	85
0	0	0	0	0	0	0	0	0	0	1	0	0
6	7	11	7	7	3	5	7	8	7	7	8	4
27	34	45	52	59	62	5	12	20	27	34	42	46
23	14	6	20	7	17	15	12	20	11	13	16	15
95	109	115	135	142	159	15	27	47	58	71	87	102
7	4	4	6	6	3	5	3	4	7	7	7	5
33	37	41	47	53	56	5	8	12	19	26	33	38
2	3	0	3	2	0	3	4	1	4	2	3	4
12	15	15	18	20	20	3	7	8	12	14	17	21
88.5%	84.7%	82.5%	87.0%	75.7%	87.9%	80.3%	83.3%	84.8%	89.7%	91.0%	80.4%	85.0%
94.7%	93.7%	93.6%	92.3%	93.8%	94.9%	94.4%	95.0%	94.4%	92.6%	93.3%	89.5%	88.9%

* 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

† The MRSA Screening data has been refreshed from Sep-20 to align with the Oversight & Assurance Report for Quality and Safety, using the same data model

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

Target	Sparkline / Previous Month

Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
4	8	6	9	5	6	4	32	12	8	19	4	2
19	54	25	34	34	31	44	15	61	53	23	40	11
20	17	14	8	21	11	9	9	8	16	5	8	28
0	0	0	0	1	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0
9	10	6	14	10	13	6	21	8	10	7	10	29
6	11	4	8	8	9	11	4	8	11	7	7	7
10	11	13	9	7	4	5	4	6	6	5	15	22

TRUST BOARD REPORT : October-2021

QUALITY AND SAFETY SUMMARY: (iv) QUANTITATIVE TABLE

REF	Indicator	Consequence of Breach	Threshold	Sparkline / Previous Month	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Jul-21	Aug-21	Sep-21	Oct-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	8	22	51	24	11	16	8
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%		99.91%	99.93%	99.95%	99.90%	99.81%	99.89%	99.88%	-
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%		99.51%	99.52%	99.78%	99.61%	99.25%	99.50%	99.48%	-
9.07	Failure to ensure that 'sufficient appointment slots' are made available on the Choose and Book System	General Condition 9	>4% slot unavailability if		8.04%	7.61%	5.81%	3.97%	5.07%	6.41%	8.13%	-
	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%		85.06%	88.78%	88.16%	84.72%	83.91%	82.35%	82.89%	58.18%
	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%		93.03%	91.36%	94.32%	92.67%	91.18%	89.42%	90.76%	89.20%
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%		-	-	-	-	-	-	-	-
	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

† The number of Sleeping Accommodation breaches for July-21 has been updated to 24 from 18 on last month's report

TRUST BOARD REPORT : October-2021

QUALITY AND SAFETY: CARE OF DETERIORATING PATIENT

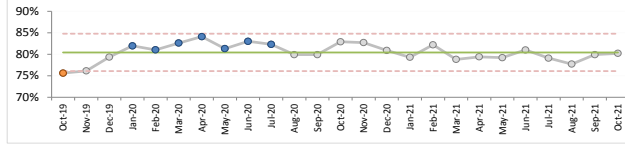
Oct-21 METRIC : TARGET : vs LM :

80.2%

3.01
14 hour Post Take - York

90.0%

0.3%
↑



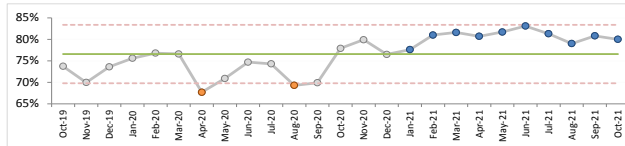
CG1 CG4
CG2 CG5
CG3 CG6

80.0%

3.02
14 hour Post Take - Scarborough

90.0%

-0.8%
↓



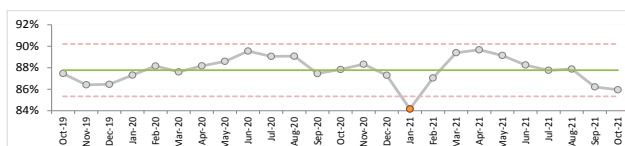
CG1 CG4
CG2 CG5
CG3 CG6

86.0%

10.01
NEWS within 1 hour (York)

90.0%

-0.3%
↓



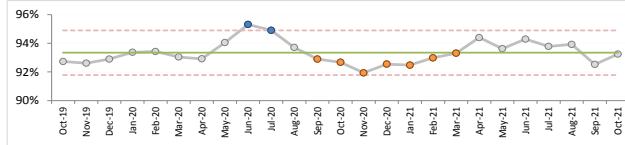
CG1 CG4
CG2 CG5
CG3 CG6

93.2%

10.02
NEWS within 1 hour (Scarb)

90.0%

0.7%
↑



CG1 CG4
CG2 CG5
CG3 CG6

HIGHLIGHTS FOR BOARD TO NOTE :

14 hr post take compliance has improved slightly at York (80.2%), however Scarborough performance has dropped by 0.8% to 80.0%. This is monitored at SAFER Group monthly.

NEWS compliance has decreased further at York (now 86.0%), however Scarborough has increased further (93.2%). This will be monitored at the newly combined group of Deteriorating Patient and Sepsis group starting in November 2021.

TRUST BOARD REPORT : October-2021

QUALITY AND SAFETY: CARE OF DETERIORATING PATIENT

Oct-21

METRIC :

TARGET :

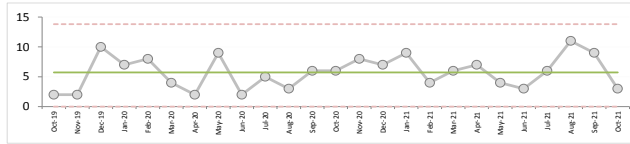
vs LM :

3

10.10
Crash Calls (York)

-

-6

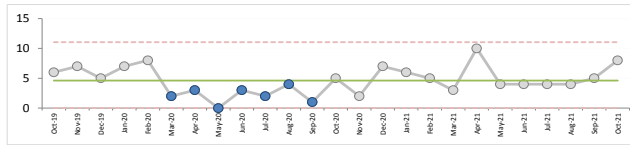


8

10.12
Crash Calls (Scarb)

-

3

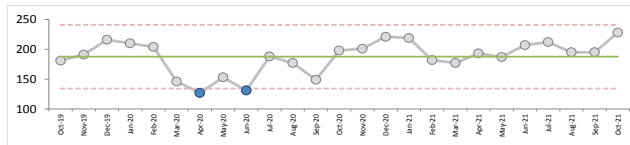


228

10.13
Calls to Outreach Team (York)

-

33

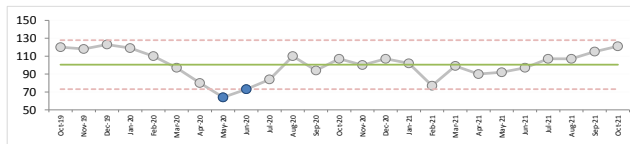


121

10.14
Calls to Outreach Team (Scarb)

-

6



HIGHLIGHTS FOR BOARD TO NOTE :

Increased referrals to Outreach at both Scarborough and York in October reflective of winter workload pre covid, with slight increase in cardiac arrests at Scarborough but slightly below the mean in York. The importance of prompt discussions with patients regarding Treatment Escalation Plans remains a key focus and there is still work to be done. There is ongoing requirement to mitigate risk when CCU are unable to attend Medical Emergency calls including Critical Care Outreach carrying extra equipment. Team attendance is identified morning and evening at crash huddles.

TRUST BOARD REPORT : October-2021

QUALITY AND SAFETY: MEDICATION INCIDENTS

Oct-21	METRIC :	TARGET :	vs LM :	
4	10.20 Medication Incidents Resulting in Moderate Harm, Serious/Severe Harm or Death	-	2	
7	10.21 Insulin Incidents	-	-5	
13	10.22 Antimicrobial Incidents	-	-4	
20	10.23 Opiate Incidents	-	-6	
10	10.24 Anticoagulant Incidents	-	-8	
17	10.25 Missed Dose Incidents	-	-15	
10	10.26 Discharges Incidents	-	-10	
29	10.27 Prescribing Errors	-	-7	
5	10.28 Preparation and Dispensing Incidents	-	-3	
51	10.29 Administrating and Supply Incidents	-	-29	

HIGHLIGHTS FOR BOARD TO NOTE :

There were 129 medication incidents during October which is within the normal variation

Although this report states there were 4 medication incidents causing moderate or above harm one of these is a duplicate incident which will be rejected and one has been investigated and the harm downgraded

Of the 2 remaining:-

- One relates to a patient who sadly died following a PE. The patient was discharged from orthopaedics on VTE prophylaxis but then readmitted and the medication was stopped on discharge. A 72 hour report has been requested and will be reviewed at Quality and Safety
- A patient transferred from Hull following neurosurgery did not have their anti epileptic and steroid medication prescribed, suffering a seizure and deterioration of their condition, this was due to a delay in clerking and lack of clarity as to who was responsible for this . A SI has been declared

All types of incidents and incidents relating to high risk medicines remain within normal variation. There appears to be trend of patients receiving duplicate doses of anticoagulants which will be reviewed at Medication Safety Group and actions agreed

TRUST BOARD REPORT : October-2021

QUALITY AND SAFETY : MORTALITY



HIGHLIGHTS FOR BOARD TO NOTE :

In October 2021 the top 3 causes of death were Pneumonia, Sepsis and Covid 19. There were 14 deaths that mentioned Covid 19 as 1a Cause of Death. In October , overall deaths increased in the Emergency Department and the Acute Sites, but declined in the Community.

The number of deaths per 1000 bed days was calculated and is shown below:

- 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
- September 2021-8.42 per 1000 bed days
- October 2021 - 8.78 per 1000 bed days

When compared to October 2020, the number of deaths per 1000 bed days has increased in October 2021.

In October 2021 there were 12 Structured Judgement Casenote Reviews (SJCR's) commissioned. The SJCR's requested were as a result of the following; 12 x medical examiner review.

TRUST BOARD REPORT : October-2021

PATIENT EXPERIENCE: NEW COMPLAINTS AND PALS CASES

New complaints and PALS cases by care group and site

Care Group	COMPLAINTS				PALS			
	York	Scarb	Brid	Total	York	Scarb	Brid	Total
CG1	18	0	0	18	19	0	0	19
CG2	0	6	1	7	0	17	0	17
CG3	9	3	1	13	25	3	0	28
CG4	5	1	1	7	1	2	0	3
CG5	4	6	0	10	7	4	1	12
CG6	3	2	0	5	8	1	0	9
Corporate	1	0	0	1	0	0	0	0
Total	40	18	3	61	60	27	1	88

The sustained increase in new cases has had an impact on performance and care groups have struggled to deal with the increase at this challenging time.

Top 5 sub-subjects

COMPLAINTS	York	Scarb	Brid	Total	PALS	York	Scarb	Brid	Total
Delay or failure in treatment or procedure	8	4	0	12	Communication with Patient	10	3	0	13
Communication with Patient	4	6	0	10	Attitude of medical staff	8	2	0	10
Discharge Arrangements	4	5	0	9	Communication with relatives/carers	5	2	1	8
Delay or failure to diagnose	7	0	2	9	Care needs not adequately met	7	1	0	8
Care needs not adequately met	4	4	0	8	Inadequate pain management	3	3	0	6
Total	27	19	2	48	Total	33	11	1	45

Top 5 Services for all New Complaints/PALS

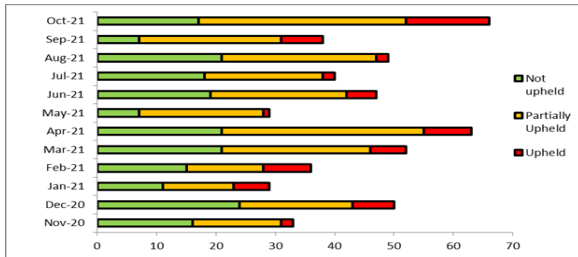
Services/Teams	York	Scarb	Brid	Total
Emergency Department (ED)	11	9	0	20
General Surgery Medical Team	13	2	0	15
Obs and Gynae Medical Team	2	5	0	7
Trauma and Orthopaedic Medical Team	5	1	0	6
General Medicine Medical Team	4	1	0	5

The main issues for ED were delays, inadequate pain management and slips/trips/falls.

The main issues for the General Surgery medical team were referral and treatment delays.

PATIENT EXPERIENCE: CLOSED CASES

Proportion of closed complaints by outcome



Awaiting 13 outstanding outcomes from all the Care Groups

Closed Complaints

Care Group	<30		30-50		51-100		>100		Total Closed	Total Average No of	% Within Target
	Closed	Average No of	Closed	Average No of	Closed	Average No of	Closed	Average No of			
CG1	10	14	6	38	3	63	0	0	19	29	53%
CG2	13	16	7	35	0	0	0	0	20	23	65%
CG3	7	14	2	31	3	65	1	102	13	35	54%
CG4	4	18	1	44	1	71	0	0	6	31	67%
CG5	1	1	7	40	5	68	0	0	13	48	8%
CG6	4	21	3	43	0	0	0	0	7	31	57%
Corporate	1	11	0	0	0	0	0	0	1	11	100%
Total	40	15	26	38	12	66	1	102	79	32	51%

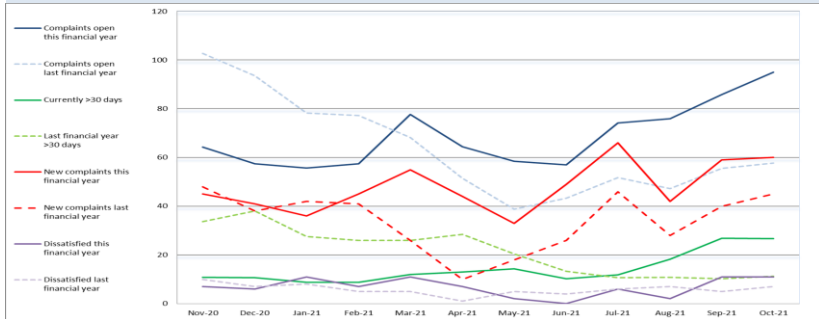
47% closed complaints were in target (↓ from 60% in September). 33% were addressed within 30-50 days, 15% within 51-100 working days and 1% took over 100 days. 56% of the cases over target were extended in agreement with the complainant.

Closed PALS

Care Group	<10		10-20		21-50		51-100		>100		Total Closed	Total Average of No of Days	% Within Target
	Closed	Average of No of Days	Closed	Average of No of Days	Closed	Average of No of Days	Closed	Average of No of Days	Closed	Average of No of Days			
CG1	15	3	6	16	4	32	0	0	0	0	25	10	60%
CG2	15	6	2	12	1	29	0	0	0	0	18	8	83%
CG3	16	4	14	15	4	23	1	53	0	0	35	12	46%
CG4	4	4	0	0	1	29	0	0	0	0	5	9	80%
CG5	3	5	5	14	6	30	1	60	0	0	15	22	20%
CG6	4	4	3	12	2	35	0	0	0	0	9	13	44%
Corporate	1	7	1	10	0	0	0	0	0	0	2	9	50%
Total	58	4	31	14	18	29	2	57	0	0	109	12	53%

53% closed PALS cases were in target (↓ from 71% in September). 28% were addressed within 10-20 working day, 17% in 21-50 working days and 2% within 51-100 working days.

PATIENT EXPERIENCE: COMPLAINT PERFORMANCE HANDLING



Note: All PET data is based on the primary data logged on Datix

TRUST BOARD REPORT : October-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	320	237	275	234	251	266	236		
		Bookings <10 weeks	No. of mothers	≥90%	76%-89%	≤75%		92.6%	93.2%	87.7%	82.5%	82.3%	79.3%	74.8%	72.5%	75.2%	70.3%		
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	< 10%	10.1%-19.9%	>20%		4.1%	2.5%	2.8%	2.8%	3.0%	3.6%	3.4%	6.8%	3.4%	3.4%		
		Births	No. of babies	≤245	246-266	≥267		230	241	258	238	230	261	248	234	257	276		
		No. of women delivered	No. of mothers	≤242	243-263	≥264		226	239	254	234	226	257	245	232	255	269		
		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%	0.4%	1.1%		
	Closures	Homebirth service suspended	No. of suspensions	0-3		4 or more		9	13	11	5	10	13	17	13	21	25		
		Women affected by suspension	No. of women	0		1 or more		3	2	5	0	2	3	2	3	4	3		
		Community midwife called in to unit	No. of times	3	4-5	6 or more		1	5	4	5	4	3	5	2	6	12		
		Maternity Unit Closure	No. of closures	0		1 or more		0	3	1	0	2	0	5	1	6	9		
		SCBU at capacity	No. of times					3	3	0	0	0	0	0	0	22	2		
		SCBU at capacity of intensive cots	No. of times					25	3	16	14	8	4	16	31	30	11		
		SCBU no of babies affected	No. of babies affected	0	1	2 or more		1	0	0	0	0	0	0	2	0	0	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	31	32		
		1 to 1 care in Labour	CPD	100%		≤99.9%	n/a	96.8%	97.6%	96.7%	97.2%	100.0%	99.6%	98.6%	97.0%	94.6%	93.0%		
		LW 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%	95.0%	92.8%		
		Anaesthetic cover on LW	av.sessions/week	10	4-9	≤3		10	10	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%	59.1%	50.4%		
		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%	12.9%	14.5%		
		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%	26.7%	34.6%		
		Elective caesarean	%	≤13.2%	≥13.3-16%	≥16.1%	13%	8.8%	12.6%	15.4%	11.1%	11.9%	13.2%	13.9%	15.1%	12.2%	13.0%		
		Emergency caesarean	%	≤16.9%	≥17-20%	≥20.1%	18%	18.1%	16.7%	14.6%	19.2%	12.8%	15.6%	18.4%	17.7%	14.5%	21.6%		
		HDU on LW	No. of women	5 or less	6-9	10 or more		12	13	16	13	14	21	18	19	16	13		
		BBA	No. of women	2 or less	3-4	5 or more		5	6	3	2	3	1	2	3	7	8		
	HSIB cases	No. of babies	0		1 or more		0	0	0	0	0	0	0	2	0	0	0		
	Morbidity	Neonatal Death	No. of babies	0		1 or more		0	0	0	1	0	0	0	0	0	0		
		Antepartum Stillbirth	No. of babies	0	1	2 or more	n/a	2	2	1	0	1	0	0	0	0	0		
		Intrapartum Stillbirths	No. of babies	0		1 or more	n/a	0	0	0	0	0	0	1	0	0	0		
	Risk Management	Cold babies	No. of babies admitted to SCBU	1 or less	2-3	2 or more		3	5	1	3	5	4	5	6	8	4		
		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%	68.8%	71.9%	72.8%		
		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%	7.1%	8.2%		
		SI's	No. of SI's declared	0		1 or more		1	1	1	0	0	0	0	2	0	0		
		PPH > 1.5L	No. of women	3 or less	4-5	6 or more		7	9	7	7	6	11	13	12	9	6		
		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	5.1	3.4	2.2		
		Shoulder Dystocia	No. of women	2 or less	3-4	5 or more		4	1	1	5	3	1	3	4	2	1		
		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%	1.8%	1.7%		
	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%	6.1%	5.1%			
New Complaints	Informal	No. of Informal complaints	0	1-4	5 or more		3	4	2	4	2	2	7	4	7	2			
	Formal	No. of Formal complaints	0	1-4	5 or more		1	2	1	1	1	2	7	2	0	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 : October-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	160	110	149	163	165	167	150		
		Bookings <10 weeks	No. of mothers	≥90%	76%-89%	≤75%		94.7%	95.5%	84.3%	79.4%	86.4%	80.5%	76.1%	77.6%	74.3%	78.0%		
		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%	5.5%	6.7%	4.2%	3.3%		
		Births	No. of babies	≤113	114-134	≥135		96	94	105	105	93	121	128	110	120	131		
		No. of women delivered	No. of mothers	≤112	113-133	≥134		96	93	104	103	92	119	126	109	120	129		
		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%	1.0%	1.0%		
	Closures	Homebirth service suspended	No. of suspensions	0-3		4 or more		21	18	17	18	18	16	22	29	21	26		
		Women affected by suspension	No. of women	0		1 or more		0	0	0	0	0	0	1	0	0	1		
		Community midwife called in to unit	No. of times	3	4-5	6 or more		1	1	0	3	1	2	5	0	5	5		
		Maternity Unit Closure	No. of closures	0		1 or more		1	0	0	0	0	0	1	0	0	1		
		SCBU at capacity	No. of times					0	0	0	0	0	0	1	0	0	8		
		SCBU at capacity of intensive care cots	No. of times					0	0	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	0	0		
WELL LED																			
Workforce	Staffing	MW to birth ratio	Ratio	≤29.5	29.6-30.9	>31	DH	23.0	20.0	20.0	22	22	22	23	22	22			
		1 to 1 care in Labour	CPD	≥100%		≤99.9%		96.5%	97.5%	98.9%	97.9%	97.6%	94.8%	92.7%	100.0%	93.9%	99.0%		
		LW Co-ordinator supernumary %	Shift Handover Sheets	≥100%		≤99.9%		100.0%	100.0%	100.0%	95.0%	100.0%	98.3%	93.5%	100.0%	98.3%	98.6%		
		Anaesthetic cover on LW	av.sessions/week	≥10	4-9	≤3		5	5	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%	64.2%	62.4%		
		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%	6.7%	5.4%		
		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%	29.2%	31.8%		
		Elective caesarean	%	≤13.2%	≥13.3-16%	≥16.1%	13%	10.4%	15.1%	13.5%	8.7%	13.0%	16.0%	11.9%	21.1%	16.7%	18.6%		
		Emergency caesarean	%	≤16.9%	≥17.20%	≥20.1%	18%	19.8%	9.7%	20.2%	18.4%	26.1%	21.8%	25.4%	17.4%	12.5%	13.2%		
		HDU on LW	No. of women	5 or less	6-9	10 or more		3	4	3	6	7	6	5	1	11	2		
		BBA	No. of women	2 or less	3-4	5 or more		1	1	0	2	0	4	4	0	2	4		
	HSIB cases	No. of babies	0	1	2 or more		0	0	0	1	0	0	0	0	0	1			
	Morbidity	Neonatal Death	No. of babies	0		1 or more		0	0	0	0	0	0	1	0	0	0		
		Antepartum Stillbirth	No. of babies	0	1	2 or more	N/A	1	1	0	0	0	1	0	1	1	0		
		Intrapartum Stillbirths	No. of babies	0		1 or more	N/A	0	0	0	1	0	0	0	0	0	1		
	Risk Management	Cold babies	No. of babies admitted to SCBU co	1 or less	2-3	4 or more		3	2	3	0	2	4	2	2	0	11		
		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%	54.6%	61.5%		
		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%	19.2%	13.2%		
		SI's	No. of SI's declared	0		1 or more		0	0	0	0	0	0	0	0	0	1		
		PPH > 1.5L	No. of women	3 or less	4-5	6 or more		1	3	3	5	5	3	4	1	3	2		
		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	2.5	1.5		
		Shoulder Dystocia	No. of women	2 or less	3-4	5 or more		0	1	1	2	0	2	2	0	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%	0.9%	0.8%		
		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%	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	3	1	
	Formal		No. of Formal complaints	0	1-4	5 or more		1	0	0	0	0	0	1	1	0	3		

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

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

WORKFORCE PERFORMANCE REPORT

October-2021

Produced November 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 : October 2021

Executive Summary

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Purpose of the Report:

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

Executive Summary:

Key discussion points for the Board are:

The Winter Vaccination Programme commenced on 5th October with almost 29% of frontline staff having received their flu vaccine and almost 30% of frontline staff receiving their Covid booster by 1st November.

A number of initiatives which form the Workforce Resilience Programme were approved by the Executive Committee in October. These initiatives, which are intended to mitigate workforce challenges across the organisation, will be put into action throughout November and December.

Work continues with regards to embedding the new Trust values and awareness sessions have started with the aim of supporting all staff in becoming values ambassadors.

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

TRUST BOARD REPORT : October-2021

WORKFORCE

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

REF	Vacancies	SPARKLINE / PREVIOUS MONTH	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
1.01	Trust vacancy factor		7.0%	6.0%	7.0%	6.0%	5.0%	5.0%	6.0%	7.0%	7.3%	6.8%	5.0%	5.0%	8.0%
1.02	Nursing and Midwifery vacancy rate - Trust		6.5%	7.0%	7.7%	7.4%	7.1%	7.8%	8.6%	8.8%	8.8%	5.1%	5.6%	5.7%	8.0%
1.03	Nursing and Midwifery vacancy rate - York		4.1%	4.0%	5.3%	5.0%	4.4%	4.8%	6.6%	6.3%	6.3%	3.0%	3.9%	3.7%	6.1%
1.04	Nursing and Midwifery staff group vacancy rate - Scarborough		12.2%	14.2%	13.2%	13.1%	13.6%	14.8%	13.5%	14.6%	14.6%	10.2%	9.6%	10.5%	12.5%
1.05	Medical and Dental vacancy rate - Trust		9.5%	9.6%	9.7%	8.5%	8.5%	8.9%	8.9%	9.7%	9.7%	9.7%	10.5%	10.5%	11.4%
1.06	Medical and Dental vacancy rate - York		9.2%	8.7%	9.3%	7.8%	7.9%	8.2%	8.2%	10.3%	10.3%	9.7%	9.7%	9.7%	10.6%
1.07	Medical and Dental vacancy rate - Scarborough		10.0%	11.9%	10.9%	10.4%	10.1%	10.6%	10.6%	11.7%	11.7%	11.7%	12.6%	12.6%	13.2%
1.08	AHP vacancy rate - Trust		1.5%	1.0%	2.1%	1.8%	1.8%	2.0%	6.6%	6.2%	6.1%	5.9%	6.4%	5.0%	6.2%
1.09	Other Registered Healthcare Scientists vacancy rate - Trust		4.9%	5.1%	6.9%	8.6%	8.3%	9.1%	6.9%	5.4%	4.7%	-1.8%	-0.3%	-0.5%	-2.3%

REF	Retention	SPARKLINE / PREVIOUS MONTH	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
2.01	Trust stability (Headcount)		89.8%	89.7%	89.6%	90.3%	90.3%	90.8%	90.9%	90.5%	90.6%	89.1%	89.9%	89.7%	89.34%

REF	Temporary Workforce	SPARKLINE / PREVIOUS MONTH	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
3.01	Total FTE Medical and Dental roles covered by bank and agency		111.9	118.6	107.4	115.0	98.7	122.7	110.3	123.8	126.1	169.3	168.4	137.8	158.3
3.02	Temporary medical and dental shifts covered by bank (% as proportion of all coverage by bank and agency)		51.0%	61.0%	59.0%	66.0%	65.0%	65.0%	63.0%	69.0%	67.0%	76.0%	74.0%	61.0%	63.0%
3.03	Temporary medical and dental shifts covered by agency (% as proportion of all coverage by bank and agency)		49.0%	39.0%	41.0%	34.0%	35.0%	35.0%	37.0%	31.0%	33.0%	24.0%	26.0%	39.0%	37.0%
3.04	Total FTE nurse staffing roles covered by bank and agency (RN's and HCA's)		455.0	477.0	432.0	493.0	450.0	488.0	403.0	417.0	387.0	392.0	449.0	397.0	390.0
3.05	Temporary nurse staffing bank filled (FTE)		353.0	378.0	334.0	403.0	365.0	390.0	311.0	320.0	295.0	300.0	359.0	309.0	297.0
3.06	Temporary nurse staffing agency filled (FTE)		102.0	99.0	98.0	90.0	85.0	98.0	92.0	97.0	92.0	92.0	90.0	88.0	93.0
3.07	Temporary nurse staffing unfilled (FTE)		201.0	215.0	232.0	229.0	199.0	212.0	145.0	156.0	148.0	222.0	210.0	232.0	271.0
3.08	Temporary nurse shifts covered by bank (% as proportion of all coverage by bank and agency)		77.6%	79.2%	77.3%	81.7%	81.1%	79.9%	77.2%	76.7%	76.2%	76.5%	80.0%	77.8%	76.2%
3.09	Temporary nurse shifts covered by agency (% as proportion of all coverage by bank and agency)		22.4%	20.8%	22.7%	18.3%	18.9%	20.1%	22.8%	23.3%	23.8%	23.5%	20.0%	22.2%	23.8%
3.10	Unfilled temporary nurse staffing requests (%)		31.0%	31.0%	35.0%	32.0%	31.0%	30.0%	26.0%	27.0%	28.0%	36.0%	37.0%	37.0%	41.0%
3.11	Pay Expenditure - Total (£000)		£32,110	£32,623	£34,367	£34,006	£33,374	£32,624	£33,047	£33,237	£33,059	£33,584	£34,047	£39,327	£34,479
3.12	Pay Expenditure - Contracted (£000)		£26,384	£26,616	£27,808	£27,580	£26,772	£25,919	£27,126	£26,942	£27,169	£27,053	£27,657	£31,896	£28,072
3.13	Pay Expenditure - Locums (£000)		£122	£75	£351	£185	£198	£230	£229	£233	£211	£243	£107	£71	£207
3.14	Pay Expenditure - Bank (£000)		£1,963	£2,522	£2,143	£2,473	£2,512	£2,527	£1,953	£1,993	£1,881	£2,194	£2,413	£2,491	£1,946
3.15	Pay Expenditure - Agency (£000)		£1,576	£1,231	£1,406	£1,118	£1,084	£1,418	£1,384	£1,453	£1,335	£1,401	£1,375	£1,352	£1,638
3.16	Pay Expenditure - Additional Hours (£000)		£1,942	£2,002	£2,472	£2,509	£2,575	£2,283	£2,105	£2,445	£2,292	£2,515	£2,308	£2,823	£2,439
3.17	Pay Expenditure - Overtime (£000)		£122	£176	£187	£141	£233	£247	£250	£171	£171	£177	£188	£694	£178

REF	Absence Management	SPARKLINE / PREVIOUS MONTH	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
4.01	Absence Rate Trust (excluding YTHFM)		4.9%	5.7%	5.2%	5.7%	4.9%	3.9%	4.4%	4.6%	4.6%	5.0%	4.8%	5.3%	-

REF	COVID-19 Absence Management	SPARKLINE / PREVIOUS WEEK	17-Sep	24-Sep	01-Oct	08-Oct	15-Oct	22-Oct	29-Oct
5.01	All absence		542.43	553.57	585.14	579.43	597.43	619.14	610.29
5.02	COVID-19 related absence		97.71	107.14	134.43	129.14	125.86	128	111.71

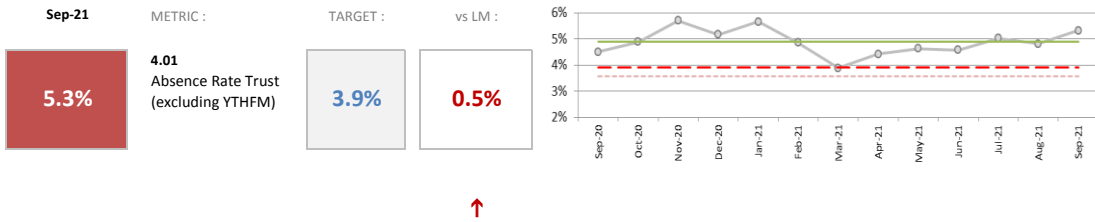
REF	Disciplinary and Grievance	SPARKLINE / PREVIOUS MONTH	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
6.01	Live disciplinary or bullying and harassment cases (Including investigations)		3	4	4	4	6	9	8	5	7	7	6	8	8
6.02	Live grievance cases		9	6	5	7	8	10	11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

REF	Learning and Organisational Development	SPARKLINE / PREVIOUS MONTH	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
7.01	Trust Stat & Mand Training compliance		87.0%	87.0%	87.0%	85.0%	85.0%	85.0%	86.0%	87.0%	87.0%	87.0%	88.0%	87.0%	87.0%
7.02	Trust Corporate Induction Compliance		95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	94.0%	95.0%	95.0%	94.0%	94.0%	94.0%
7.03	Non-medical staff core training compliance		87.0%	87.0%	87.0%	87.0%	87.0%	87.0%	88.0%	88.0%	88.0%	89.0%	90.0%	90.0%	90.0%
7.05	Non-medical staff corporate induction compliance		96.0%	96.0%	96.0%	96.0%	97.0%	95.0%	95.0%	95.0%	96.0%	96.0%	96.0%	95.0%	95.0%
7.06	Medical staff core training compliance		70.0%	72.0%	72.0%	73.0%	74.0%	75.0%	76.0%	76.0%	75.0%	77.0%	72.0%	71.0%	71.0%
7.08	Medical staff corporate induction compliance		88.0%	89.0%	90.0%	90.0%	90.0%	91.0%	91.0%	91.0%	91.0%	91.0%	92.0%	86.0%	88.0%

REF	Appraisal Compliance	SPARKLINE / PREVIOUS MONTH	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
8.01	Trust (excluding medical and dental)		83.6%	89.6%	93.4%	93.4%	93.4%	93.4%	93.4%	0.7%	6.5%	17.4%	32.7%	45.8%	57.2%

TRUST BOARD REPORT : October-2021

WORKFORCE : SICKNESS ABSENCE RATE



HIGHLIGHTS FOR BOARD TO NOTE :

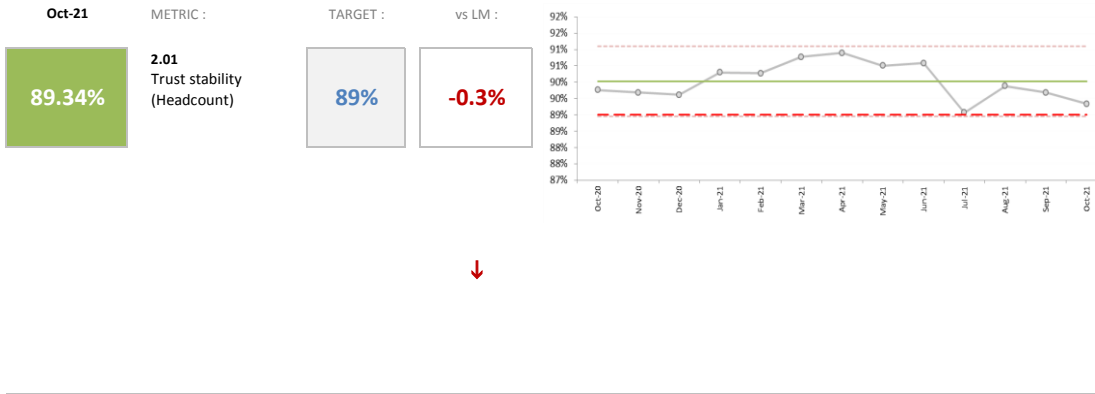
Absences have increased across September by 0.5% and currently sit at 5.32%. Our current monthly absence rate is 0.93% higher than the same period 2 years ago (September 2019, 4.39%). Daily absence reporting for SitRep purposes have indicated an increase in absences throughout October, compared to September.

The top three reasons for absence in September were: mental health (which includes anxiety/stress/depression/other psychiatric illnesses) accounting for 29.4% of absence. This was followed by musculoskeletal problems (including back problems) at 15.2%. The third highest absence reason for September was infectious diseases (primarily covid) with a rate of 12%.

During September the Care Group with the highest monthly absence rate was CG3 with an absence rate of 6.57%. CG1 is the next highest Care Group with an absence rate of 5.85%.

TRUST BOARD REPORT : October-2021

WORKFORCE : RETENTION RATE



HIGHLIGHTS FOR BOARD TO NOTE :

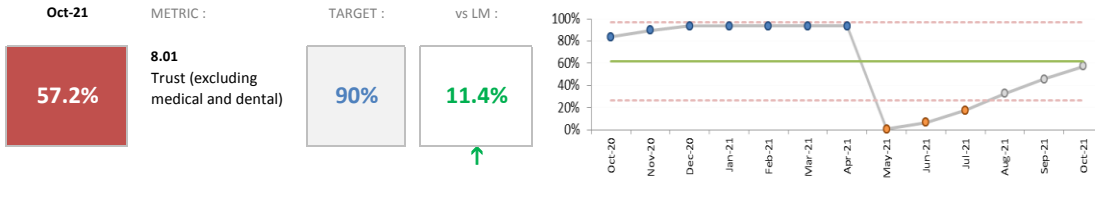
The Trust has seen a further decrease in stability, and fell to 89.34% in October. Although, the overall trust rate still remains above the set target of 89%. Our current stability rate places us in quartile 3, according to data available through Model Hospital. Quartile 4 is reserved for the top 25% of stability rates achieved by trusts nationwide. YTH is currently around 1% beneath the threshold to reach the upper quartile. Our highest scoring peer trust (University Hospitals Sussex NHS Foundation Trust) has a stability rate of 95.4%.

CG4 is returning a stability rate of over 90%, while Corporate Services and CG6 follow closely with stability rates of over 87%.

The greatest loss in stability has been experienced in CG1. This has been the case throughout 2021. One driving factor behind the care group's decreasing stability rate has been due to the number of fixed term Trust Doctors who have left the organisation - many of whom have been successful in securing training numbers at trusts elsewhere, while others have taken advantage of restrictions being lifted in order to travel, or to leave the medical profession entirely.

TRUST BOARD REPORT : October-2021

WORKFORCE : APPRAISAL COMPLIANCE



HIGHLIGHTS FOR BOARD TO NOTE :

The total appraisal rate stands at 57.17% in October for non-medical staff which is a significant reduction from the same time last year when we reported 83.6% completion. Over the last month the appraisal rate has increased by 11.39% although it is apparent the impact operational pressures is having on this indicator. The appraisal window has been open since 1st June and is due to close this month on 30th November.

TRUST BOARD REPORT : October-2021

WORKFORCE : PAY EXPENDITURE (£000)



HIGHLIGHTS FOR BOARD TO NOTE :

General Recruitment

There are an additional 28 FTE international nurses joining the trust in December. As these positions are yet to be allocated, they remain as reported vacancies in the attached report.

Since last month's report, the budgeted establishment for Registered Nursing and Health Care Support Workers has increased which impacts the overall vacancy % figure. This is predominantly the first phase of investment in nurse staffing as a result of the establishment reviews undertaken at the start of this year.

Current vacancy rates across nursing and HCAs reveal a trust wide rate of 8.03%. York returned a vacancy rate of 6.14%, while the vacancy rate at Scarborough was 12.5%.

The current reported vacancy rate for medical staffing is 11.4% (10.6% at the York site and 13.2% at the Scarborough site).

Maternity International Recruitment

The Trust has made a successful bid to NHSEI for funding and support for maternity international recruitment. The Trust will receive £7k for each midwife recruited and has been accepted to recruit 6 FTE midwives. The Trust will also host OSCE training for maternity international recruits at our training space.

Temporary Staffing

Finance reports show increased expenditure on agency staffing since last month. The number of both nursing and medical temporary staffing shifts filled by agency increased in October compared to the previous month.

Overall for nursing and HCA temporary staffing, there was a 5% increase in shift requests in October compared to the previous month with a total of 662 FTE shifts requested for these staff groups. Of this, 297 FTE shift requests were filled by our own bank of workers. This equated to a bank fill rate of 45%, a reduction from 49% the previous month. The agency fill rate remained static at 14%, the equivalent of 93 FTE staff (although these figures differ by site with an agency fill rate of 17% at York and 10% at Scarborough). The total shift requests that remained unfilled last month was 271 FTE which was 41% of all requests. This is the highest unfilled rate since April 2020.

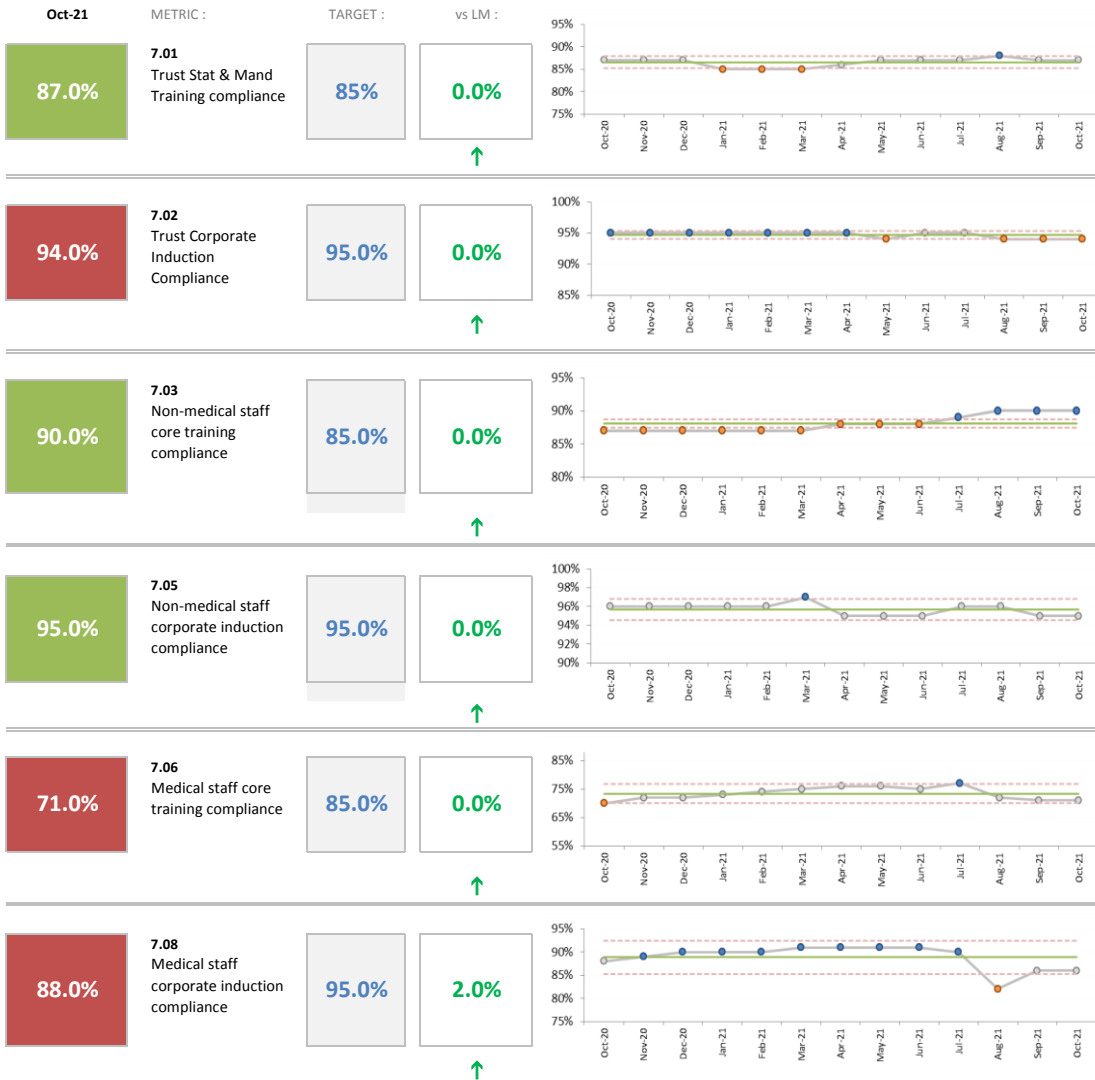
Medical and Dental agency and bank figures for October revealed a total of 158.34 FTE shifts that were covered by bank employees and agency workers. 63% of shift pick-up came from our bank employees, while 37% came from agency workers.

Workforce Resilience Programme

The Workforce Resilience proposal detailed in October's report was approved by Executive Committee on 20 October and is being implemented throughout November and December. There are thirteen planned actions overall, and work has begun to recruit Health Care Support Workers for both sites, with more than 70 applicants being conditionally offered roles following a recruitment event on 3 November. Flexible measures intended to be used to increase workforce coverage when needs arise, for example use of overtime rates due to unplanned absences and/or extraordinary operational requirements, have been briefed across the Trust and will be overseen by Care Group Management Teams. Additional shift incentives, including for Bank Radiographers, Dietitians and Midwives, are also being worked-up for use. Meanwhile workforce systems are being tested to support the payment of Health Care Support Workers and registered nurses who are required to work on a different site and/or in a different specialty group for the duration of their shifts. A further proposal to implement a Retention Premia for Staff Nurses working on selected Care of the Elderly and Medical Wards (both main hospitals) will be considered by a Recruitment and Retention Panel shortly.

TRUST BOARD REPORT : October-2021

WORKFORCE : STATUTORY AND MANDATORY TRAINING AND EDUCATION



HIGHLIGHTS FOR BOARD TO NOTE :

ODIL Updates

ODIL are currently piloting a new approach to how leadership development in the organisation is offered. There will be three levels to this to encompass those starting their leadership journey to those more senior leaders. Staff will be able to 'pick & mix' those modules that have most relevance to their role and development journey, rather than undertake all of the modules, some of which they may not need.

Management modules are also being introduced within this new approach following concerns that some staff have not had the opportunity for formal management training. Staff undertaking this development will also be offered action learning sets, coaching and mentoring to support them on their leadership and management journey. Introduction sessions for staff nominated across the LLP in December. Introduction workshops for staff from YSTH are to be held in early January 2022.

The Trust's reverse mentoring programme continues, with paired conversations for 17 mentor/mentee partnerships underway. Key themes will be collected throughout the programme and interim evaluation workshops offered in December. Feedback from conversations so far is positive.

The Trust continues its collaborative approach to development with Hull Hospitals and the senior management team of the Scarborough, Hull & York Pathology Services Partnership (SHYPS).

TRUST BOARD REPORT : October-2021

WORKFORCE : OTHER AND WIDER UPDATES

WORKFORCE: OTHER

Winter Vaccination Programme

On 5th October 2021, the Trust commenced the winter vaccination campaign with vaccination hubs in York and Scarborough delivering both flu and covid-19 vaccinations to our workforce and a number of local health partner organisations. Staff have the opportunity to have both vaccines independently or can request that they are co-administered at the same appointment. Early indications suggest that over 70% of booked appointments are for co-administration of their winter vaccines.

As at 1st November 2021, in total 2792 staff have received their flu vaccine, of which 1956 are frontline healthcare staff (this equates to 28.8% of the frontline workforce). In terms of covid boosters, in total 2885 staff have received their covid -19 boosters, of which 2021 are frontline healthcare staff (this equates to 29.76% of the frontline workforce).

General Medical Council National Training Survey (GMC NTS)

All Doctors in training are asked to complete the annual GMC National Training Survey (GMC NTS) which is a tool to monitor and report on the quality of postgraduate Medical Education and Training across the UK. The last survey was undertaken April to June 2021. The results from this survey show significant areas of improvement and other areas which require improvement.

We are pleased to report that Emergency Medicine Scarborough and Obstetrics and Gynaecology York and Scarborough have areas of significant improvement across all domains. For example, the average rating for EM Scarborough in 2020 was 55.03%, whereas in 2021 this has risen to 66.9%. This is a real credit to the teams in EM and O&G cross-site to show such improvement, especially when clinical and staffing pressures have been challenging.

The report also highlights areas for improvement, of which Gastroenterology Scarborough and Acute Medicine York are two of these areas. Driving factors on areas in need of improvement are due to covid related pressures and the redeployment of our medical workforce during this period. Although the GMC does not provide specific narrative relating to areas in need of improvement, safety concerns are highlighted to the trust.

Post Specialty	Trust / Board	Site	Indicator	2019	2021
Acute Internal Medicine	York Teaching Hospital NHS Foundation Trust	York Hospital - RCBS5	Overall Satisfaction	75.00	55.00
Gastroenterology	York Teaching Hospital NHS Foundation Trust	Scarborough General Hospital - RCBCA	Overall Satisfaction	70.00	43.75

Data is shared with College Tutors and Clinical Leads to draw-up plans looking at how to improve the Quality Education and Training but also to celebrate the improvements made.

Agile & Flexible Working

Internal Audit has recently undertaken a review of the implementation of the revised Agile and Flexible Working Policy which was updated in September 2020. The policy, which reflects the key objectives within the NHS People Plan, is a key element to reducing the gender pay gap and recognises that through looking at alternative approaches to work, a better work-life balance can be achieved, staff are more engaged and productive, and a more diverse workforce can be attracted and retained. The policy sets out the process by which individuals can request flexible working, and includes an appeal procedure. The policy stresses that managers should be proactive in finding flexible working solutions that work for both the staff member and the organisation, and how this might include compromises on both sides. This audit showed that managers are aware of the policy and associated processes and returned an overall opinion of significant assurance.

A paper was discussed at the Executive Committee on 3rd November which presented options regarding the support that the organisation might offer to those staff working remotely for all or part of their time, to ensure that their working environment is safe, comfortable and appropriate. An agreement has been made to offer some financial support where a DSE/home working risk assessment identifies a specific need or risk. Further work is to be undertaken regarding the detail, practicalities and logistics of implementing this.

Values Ambassador Development Update – November 2021

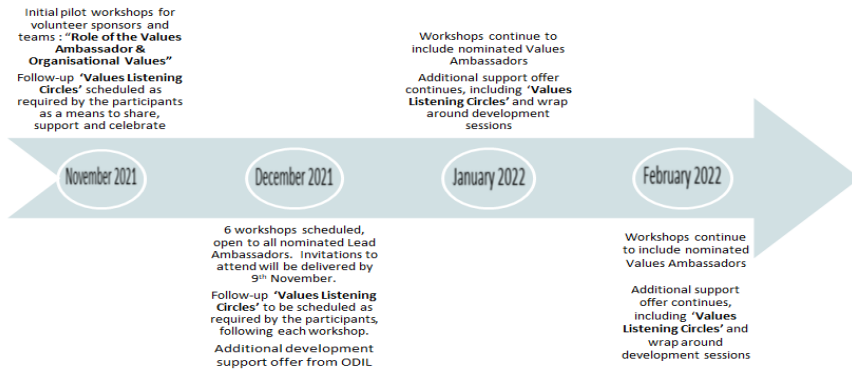
Awareness meetings regarding development on offer to support the embedding of the Organisational Values and the move to all staff becoming Values Ambassadors have commenced throughout the organisation between ODIL (Organisational development & Improvement Learning), Values Sponsors and their nominated Lead Values Ambassadors and Values Ambassadors.

Development sessions for Lead and Values Ambassadors are currently in the testing phase with Sponsors and their teams who have volunteered to trial this in November 2021 before it is rolled out wider in early December 2021. The sessions have been designed to be short awareness sessions, outlining the role of the lead ambassadors and early ambassadors in gaining momentum for a social movement across the organisation.

There will be the offer of further short wrap around development sessions starting in December to support the Lead & Value Ambassadors in their roles including 'giving & receiving feedback', and 'understanding the impact of personal values'. In addition they will be signposted to all of the development and support on offer to them from ODIL.

Values Listening Circles, facilitated by ODIL, will also be an integral part of their development and where Values Ambassadors can hear from others on how they are supporting the embedding of the values and gaining momentum for more Values Ambassadors and using a solution focused approach, to discuss those areas of difficulty people may be having.

ODIL senior team members will continue to meet regularly with Values Sponsors in their specific areas of responsibility to discuss their progress in supporting and developing Values Ambassadors.



Disciplinary & Grievance Cases Trust Wide

No. of open disciplinary cases

8
No. of open investigations exceeded policy timescales
3

No. of open B&H/Grievance cases

4
No. of open cases exceeded policy timescales
3

No. of open MHPS cases

5
No. of open investigations exceeded timescales
2

TRUST BOARD REPORT : October-2021

WORKFORCE : CARE GROUP CORE COMPLIANCE BY STAFF GROUP

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

Oct-21

Monthly Care Group Core Compliance by Staff Group

	Adult Advanced Life Support 4 years	Adult Life Support (CSTF) 1 year	Conflicts 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	
CG1 Acute Elderly Emergency General Medicine and Community Services York																											
Add Prof Scientific and Technic		100%	100%		100%	100%		100%		100%	100%	100%	100%	100%			100%			100%			100%	100%	100%	100%	100%
Additional Clinical Services		79%	89%	60%	81%	84%	95%	88%	97%	90%	88%	67%	84%	88%	60%	80%			76%	90%	69%	100%	85%	100%	87%	100%	
Administrative and Clerical		71%	97%	96%			96%	98%	98%		97%	98%		98%	92%				97%	97%		95%		97%	96%		
Allied Health Professionals		93%	98%		92%	93%	97%	98%		97%	94%	100%	95%	95%			90%					97%	100%	94%		100%	
Healthcare Scientists		93%	93%				100%	100%	93%		93%	93%		93%					93%			100%		93%			
Medical and Dental	56%	65%	83%		71%	84%	63%	84%		80%	81%		74%	81%			72%	71%	14%		81%		78%		78%	100%	
Nursing and Midwifery Registered	73%	89%	96%		89%	93%	95%	94%		95%	94%	100%	88%	94%			87%		82%		96%	100%	95%		84%	100%	
Students		100%	100%		100%		100%	100%		100%	100%		75%	75%		100%				100%		100%		100%			
CG2 Acute Emergency and Elderly Medicine-Scarborough																											
Additional Clinical Services		85%	88%		82%	84%	100%	88%	96%	90%	85%	100%	88%	86%		82%			72%	92%	42%		85%	100%	86%	100%	
Administrative and Clerical		67%	93%	87%			89%	95%	92%	100%	94%	90%	100%	89%	87%				93%		91%		94%	89%			
Allied Health Professionals		89%	96%		89%		98%	96%		96%	96%	100%	86%	98%			85%				94%		91%		94%		
Estates and Ancillary		50%	91%	82%			82%	91%	82%		91%	73%		91%	82%					100%		100%			91%		
Healthcare Scientists		88%	75%				75%	75%	88%		88%	63%		88%					50%	88%				75%			
Medical and Dental	90%	81%	90%		81%	95%	67%	91%		88%	89%		86%	89%			79%	79%	73%		89%		88%		84%	0%	
Nursing and Midwifery Registered	66%	90%	94%		88%	93%	88%	94%		96%	94%		92%	94%				88%		95%		93%		93%	87%		
CG3 Surgery																											
Add Prof Scientific and Technic		87%	92%		81%	96%	100%	97%	100%	92%	92%	95%	79%	92%		84%			81%	100%	96%	100%	86%	100%	89%	100%	
Additional Clinical Services		84%	89%	0%	77%	83%	95%	89%	93%	86%	89%	90%	85%	88%	0%	76%		89%	91%	56%	92%	84%	97%	84%			
Administrative and Clerical		50%	94%	81%	100%		96%	95%	95%		97%	92%	100%	93%	81%	100%			95%		94%	100%	96%	96%			
Allied Health Professionals		84%	90%		84%	67%	100%	100%		95%	95%		90%	100%		79%			50%	94%		90%		95%			
Estates and Ancillary		100%	94%	73%			94%	88%	94%		94%	59%		94%	73%				94%		94%		87%	100%			
Healthcare Scientists		78%	97%		87%		94%	100%	100%		97%	94%		97%		87%			97%		100%	94%	94%				
Medical and Dental	100%	73%	82%		79%	85%	57%	85%		84%	86%		73%	85%		78%			88%		88%		84%		79%	100%	
Nursing and Midwifery Registered	89%	92%	94%		85%	93%	91%	94%		94%	90%		86%	92%		85%		81%		94%		91%		91%			
CG4 Cancer and Support Services																											
Add Prof Scientific and Technic		86%	98%		100%	100%	98%	98%	98%	100%	99%	97%	75%	98%		100%			99%	100%	99%	100%	100%	99%			
Additional Clinical Services		88%	96%		89%	100%	96%	95%	96%	97%	95%	94%	91%	95%		87%			95%	86%	97%	94%	97%	93%			
Administrative and Clerical		100%	94%	67%			94%	92%	94%		92%	94%		92%	67%				92%		94%		94%	91%			
Allied Health Professionals		92%	93%		81%	92%	90%	93%	67%	93%	92%	67%	89%	92%		79%			75%	98%	50%	87%	0%	90%			
Estates and Ancillary			100%				100%	100%	100%		100%	100%	100%	100%					100%		100%		100%				
Healthcare Scientists			97%				98%	97%	94%		97%	95%	100%	96%					94%		95%		98%				
Medical and Dental	67%	77%	85%		71%	90%	87%	89%	85%	83%	89%	75%	79%	88%		71%			75%	90%	85%	81%	80%	85%			
Nursing and Midwifery Registered	100%	96%	96%		88%	100%	90%	98%		97%	96%		93%	96%		88%			100%	100%		95%	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%				100%	
Additional Clinical Services		85%	89%	92%	79%	86%	94%	90%	94%	90%	87%	100%	85%	89%		82%		75%	91%	76%		85%		91%	85%	100%	
Administrative and Clerical		75%	96%	90%			98%	96%	95%		96%	91%		96%	89%	100%			95%	100%	95%	100%	98%	83%	100%		
Allied Health Professionals		95%	98%		93%	100%	100%	100%		98%	95%	100%	94%	98%		86%			92%		100%		96%		100%	90%	
Estates and Ancillary			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	80%	70%	89%		77%	83%	94%	88%	100%	86%	87%	100%	86%	83%		75%	58%	89%		87%		82%		100%	79%	83%	
Nursing and Midwifery Registered		90%	93%		100%	85%	92%	93%	94%		94%	90%		85%	93%		85%		100%	100%		90%		100%	91%	87%	
CG6 Specialised Medicine & Outpatients Services																											
Add Prof Scientific and Technic		93%	99%		94%	100%	97%	95%	95%	100%	95%	89%	100%	99%		94%			98%	100%	100%	98%	100%	98%	100%	100%	
Additional Clinical Services		91%	94%	100%	88%	75%	96%	96%	92%	95%	94%		87%	97%	100%	88%			94%	80%	100%	93%	91%	94%			
Administrative and Clerical		50%	95%	93%			95%	95%	95%		95%	96%		96%	100%				95%		95%		96%	83%	100%		
Allied Health Professionals		93%	98%		91%		93%	97%		94%	95%		89%	97%		91%				97%		94%		94%			
Estates and Ancillary			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%	82%		79%	84%	84%	83%		82%	83%		80%	84%		77%		100%		85%		81%		82%			
Nursing and Midwifery Registered		92%	92%		87%	95%	96%	93%		94%	92%	100%	82%	95%		84%				99%		91%		89%	100%		
Students		100%	100%				100%	100%	100%		100%		100%	100%					100%		100%		100%				

TRUST BOARD REPORT : October-2021

WORKFORCE : CARE GROUP CORE COMPLIANCE BY STAFF GROUP

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

Oct-21

Monthly Care Group Core Compliance by 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	65%	80%		29%	0%	79%	71%	75%	63%	71%	70%	50%	77%		29%		0%	82%	57%	82%	43%	93%	52%			
Additional Clinical Services	67%	81%		77%	80%	82%	81%	87%	81%	79%	86%	77%	82%		77%			82%	57%	88%	80%	84%	82%			
Administrative and Clerical	53%	93%	56%	0%		93%	92%	91%	50%	91%	93%	50%	93%	63%	0%		0%	94%	0%	93%	0%	93%	42%			
Allied Health Professionals	74%	62%		68%	68%	100%	68%		62%	68%		59%	62%		68%				74%		74%	58%			100%	
Estates and Ancillary			100%			100%	90%	100%		90%	90%		100%					100%		90%		100%				
Healthcare Scientists			86%			86%	100%	100%		100%	86%		86%					100%		75%	100%		100%	100%		
Medical and Dental	49%	56%	48%	42%	51%	81%	48%		49%	48%		40%	48%		41%	14%	18%		54%		48%	45%	50%	29%		
Nursing and Midwifery Registered		85%	88%	81%	85%	95%	88%	83%	87%	86%	83%	82%	87%		80%				93%	100%	86%	100%	87%	100%	75%	
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%		100%					100%		100%		100%				
LLP CG Estates & Facilities																										
Additional Clinical Services			100%			100%	100%	100%		100%	100%		100%					100%		100%		100%				
Administrative and Clerical			97%			95%	96%	96%		96%	88%		97%					95%		96%		97%				
Estates and Ancillary			90%	54%		89%	91%	89%		87%	74%	82%	88%	53%				85%		88%		88%				
Healthcare Scientists			100%			100%	100%	100%		100%	96%		100%					100%		100%		100%				

TRUST BOARD REPORT : October-2021

WORKFORCE: MEDICAL AND DENTAL VACANCIES

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

Oct-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	35	14	0	5	25.7%	21	4	0	1	14.3%	66	15	0	5	15.2%	26	1	0	1	0.0%	148	34	0	12	14.9%
Elderly Medicine	6	2	0	1	16.7%	2	0	0	0	0.0%	15	5	0	2	20.0%	1	0	0	0	0.0%	24	7	0	3	16.7%
Emergency & Acute Medicine	12	4	0	1	25.0%	15	4	0	1	20.0%	22	4	0	0	18.2%	22	1	0	1	0.0%	71	13	0	3	14.1%
General Medicine	17	8	0	3	29.4%	4	0	0	0	0.0%	29	6	0	3	10.3%	3	0	0	0	0.0%	53	14	0	6	15.1%
Care Group 3	19	4	0	1	15.8%	15	1	1	0	13.3%	17	2	0	0	11.8%	11	1	0	1	0.0%	62	8	1	2	11.3%
General Surgery & Urology	1	0	0	0	0.0%	6	1	1	0	33.3%	8	2	0	0	25.0%	11	1	0	1	0.0%	26	4	1	1	15.4%
Head & Neck						2	0	0	0	0.0%											2	0	0	0	0.0%
Theatres, Anaesthetics & CC	18	4	0	1	16.7%	7	0	0	0	0.0%	9	0	0	0	0.0%						34	4	0	1	8.8%
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	21	5	1	2	19.0%	3	0	0	0	0.0%	18	2	1	1	11.1%	6	1	0	1	0.0%	48	8	2	4	12.5%
Child Health	11	3	1	0	36.4%	1	0	0	0	0.0%	9	1	1	0	22.2%	4	1	0	1	0.0%	25	5	2	1	24.0%
Obstetrics & Gynaecology	10	2	0	2	0.0%	2	0	0	0	0.0%	9	1	0	1	0.0%	2	0	0	0	0.0%	23	3	0	3	0.0%
Care Group 6	18	1	1	0	11.1%	9	1	0	0	11.1%	6	1	0	0	16.7%	2	0	0	0	0.0%	35	3	1	0	11.4%
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	1	0	12.5%	5	0	0	0	0.0%	5	1	0	0	20.0%	2	0	0	0	0.0%	20	1	1	0	10.0%
Total	96	24	2	8	18.8%	48	6	1	1	12.5%	107	20	1	6	14.0%	45	3	0	3	0.0%	296	53	4	18	13.2%

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	82	16	0	3	15.9%	15	2	1	0	20.0%	85	25	1	10	18.8%	41	1	0	0	2.4%	223	44	2	13	14.8%
Community						1	0	0	0	0.0%											1	0	0	0	0.0%
Elderly Medicine	15	2	0	0	13.3%	2	1	0	0	50.0%	14	4	0	0	28.6%	2	0	0	0	0.0%	33	7	0	0	21.2%
Emergency & Acute Medicine	28	9	0	2	25.0%	8	1	1	0	25.0%	34	9	0	5	11.8%	8	0	0	0	0.0%	78	19	1	7	16.7%
General Medicine	39	5	0	1	10.3%	4	0	0	0	0.0%	37	12	1	5	21.6%	31	1	0	0	3.2%	111	18	1	6	11.7%
Care Group 3	117	6	4	0	8.5%	36	3	0	0	8.3%	69	10	0	1	13.0%	21	0	0	0	0.0%	243	19	4	1	9.1%
General Surgery & Urology	45	2	2	0	8.9%	12	0	0	0	0.0%	20	2	0	0	10.0%	14	0	0	0	0.0%	91	4	2	0	6.6%
Head & Neck	21	1	1	0	9.5%	12	1	0	0	8.3%	19	5	0	1	21.1%	4	0	0	0	0.0%	56	7	1	1	12.5%
Theatres, Anaesthetics & CC	51	3	1	0	7.8%	8	1	0	0	12.5%	30	2	0	0	6.7%	3	0	0	0	0.0%	92	6	1	0	7.6%
Care Group 4	61	8	0	3	8.2%	4	1	0	0	25.0%	18	1	0	0	5.6%	3	0	0	0	0.0%	86	10	0	3	8.1%
Haematology & Oncology	13	1	0	0	7.7%	3	1	0	0	33.3%	7	1	0	0	14.3%						23	3	0	0	13.0%
Laboratory Medicine	15	1	0	0	6.7%	1	0	0	0	0.0%	5	0	0	0	0.0%	3	0	0	0	0.0%	24	1	0	0	4.2%
Radiology	33	6	0	3	9.1%						6	0	0	0	0.0%						39	6	0	3	7.7%
Care Group 5	40	5	1	1	12.5%	10	4	0	0	40.0%	33	3	0	0	9.1%	5	0	0	0	0.0%	88	12	1	1	13.6%
Child Health	18	0	0	0	0.0%	2	0	0	0	0.0%	17	2	0	0	11.8%	3	0	0	0	0.0%	40	2	0	0	5.0%
Obstetrics & Gynaecology	19	4	1	1	21.1%	1	0	0	0	0.0%	15	1	0	0	6.7%	2	0	0	0	0.0%	37	5	1	1	13.5%
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	67	3	1	0	6.0%	18	3	0	0	16.7%	21	1	0	0	4.8%	4	0	0	0	0.0%	110	7	1	0	7.3%
Ophthalmology	22	1	0	0	4.5%	6	1	0	0	16.7%	6	0	0	0	0.0%						34	2	0	0	5.9%
Specialist Medicine	31	2	0	0	6.5%	5	1	0	0	20.0%	12	0	0	0	0.0%	1	0	0	0	0.0%	49	3	0	0	6.1%
Trauma & Orthopaedics	14	0	1	0	7.1%	7	1	0	0	14.3%	9	1	0	0	11.1%	3	0	0	0	0.0%	33	2	1	0	9.1%
Total	367	38	6	7	10.1%	79	12	1	0	16.5%	232	39	1	11	12.5%	74	1	0	0	1.4%	752	90	8	18	10.6%

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

FINANCE PERFORMANCE REPORT

October-2021

Produced November-2021



The Board Assurance Framework is structured around the Trust's three Strategic Goals:

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

To support an engaged, healthy and resilient workforce

To ensure financial stability

Finance Performance Report : October-2021

Executive Summary

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Purpose of the Report:

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

Executive Summary:

Key discussion points for the Board are:

This paper and individual summary reports on Trust's financial position for period to October 2021 (Month 7).

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 was initially rolled forward and applied to the first half year (April 2021 - September 2021) only.

In late September 2021, NHSE&I announced the financial framework that will be in place for the second half year, 2021/22, which primarily signalled a continuation of the approach adopted in the first half year with some further adjustments for inflation including the meeting the cost of the 3% pay deal; together with an increased efficiency requirement over that required in the first half of the year. The final financial plan for the second 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 4 November 2021 meeting. The agreed plan results in a balanced I&E position for both the second half of the year, and the full year in total.

Month 7 Position

For October, the Trust is reporting a pre adjusted I&E position of £155k surplus against a £59k deficit plan, placing it £214k ahead of the plan agreed by the Board, and to submitted as part of the ICS plan to NHSE&I on 16 November. This is primarily driven by the net impact of ERF income in the first half of the year being behind plan with the associated cost of delivery also being behind plan; offset by other net underlying Trust performance being broadly equally ahead of plan.

The Trusts overall CIP target for 2021/22 totals £8.1m, of which the Trust has delivered £1.8m.

The Trust's compliance with the Better Payments Practice Code (BPPC) is currently averaging around 94% of suppliers being paid within 30 days.

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: November 2021

TRUST BOARD REPORT : October-2021

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Oct-21 METRIC: PLAN:

6.01
Income and Expenditure

£155

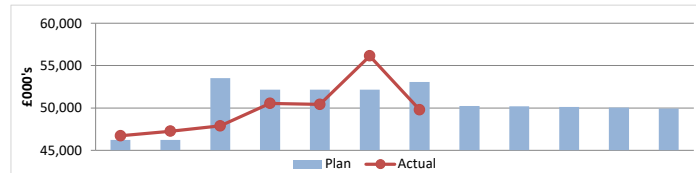
-£59



6.02
Operational Expenditure against Plan (exc. COVID)

£49,792

£53,056

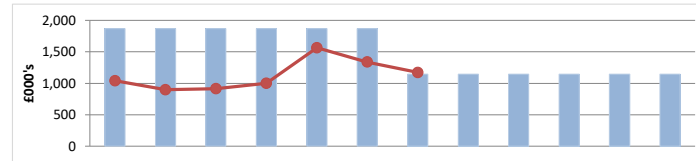


6.03
COVID-19 'Inside the Envelope' Expenditure

£1,171

Monthly % Covid Spend of Operational Spend: **2.4%**

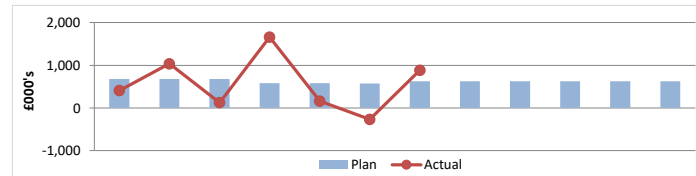
£1,146



6.04
COVID-19 'Outside the Envelope' Expenditure

£883

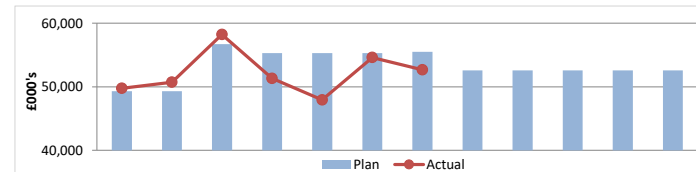
£627



6.05
Income against plan

£52,672

£55,491



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 was initially rolled forward and applied to the first half year (April 2021 - September 2021) only. In late September 2021 NHSE&I announced the financial framework that will be in place for the second half year, 2021/22, which primarily signalled a continuation of the approach adopted in the first half year with some further adjustments for inflation including the meeting the cost of the 3% pay deal; together with an increased efficiency requirement over that required in the first half of the year.

The final financial plan for the second 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 4 November 2021 meeting. The agreed plan results in a balanced I&E position for both the second half of the year, and the full year in total.

Month 7 Position

The graphs show the plans for the whole of 2021/22, with the plan and actual performance for the first half of the year being presented alongside the plan for the second half of the year. For October, the Trust is reporting an unadjusted I&E position for the year to date of £155k surplus against a £59k unadjusted planned deficit, placing it £214k ahead of the unadjusted system plan to be submitted to NHSE&I.

Income is £11.4m behind plan, resulting primarily from ERF in H1 and other income being behind plan, partially offset by excluded drugs & devices outside of the envelope, and Education & Training income being ahead of plan.

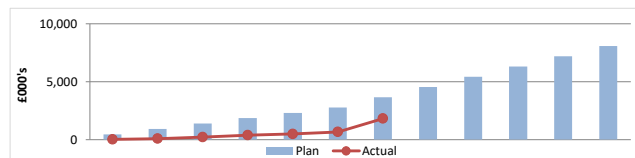
Operational expenditure is £11.6m behind plan, primarily linked to planned spend on ERF and Covid schemes in H1 being behind plan, partially compensated by expenditure on excluded high cost drugs being ahead of plan, and the CIPs being behind plan.

TRUST BOARD REPORT : October-2021

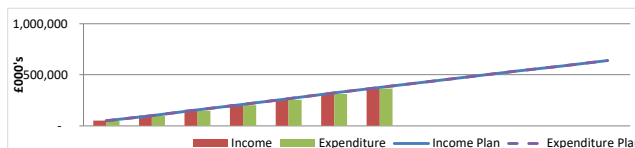
SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

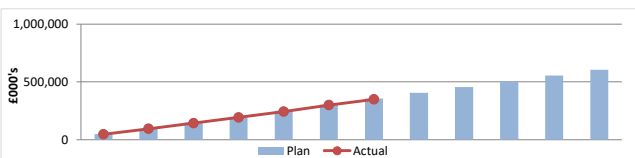
Oct-21	METRIC:	PLAN:
£1,824	6.06 Efficiency Programme	£3,656



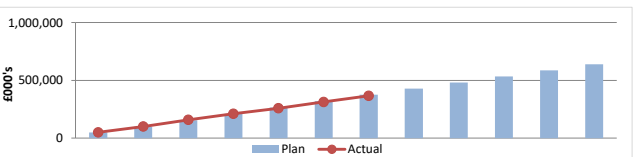
£155	6.07 Cumulative Income and Expenditure Position against Plan	-£59
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£348,751	6.08 Cumulative Operational Expenditure against Plan (exc. COVID)	£355,570
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£365,270	6.09 Cumulative Income against plan (exc. Truing Up)	£376,682
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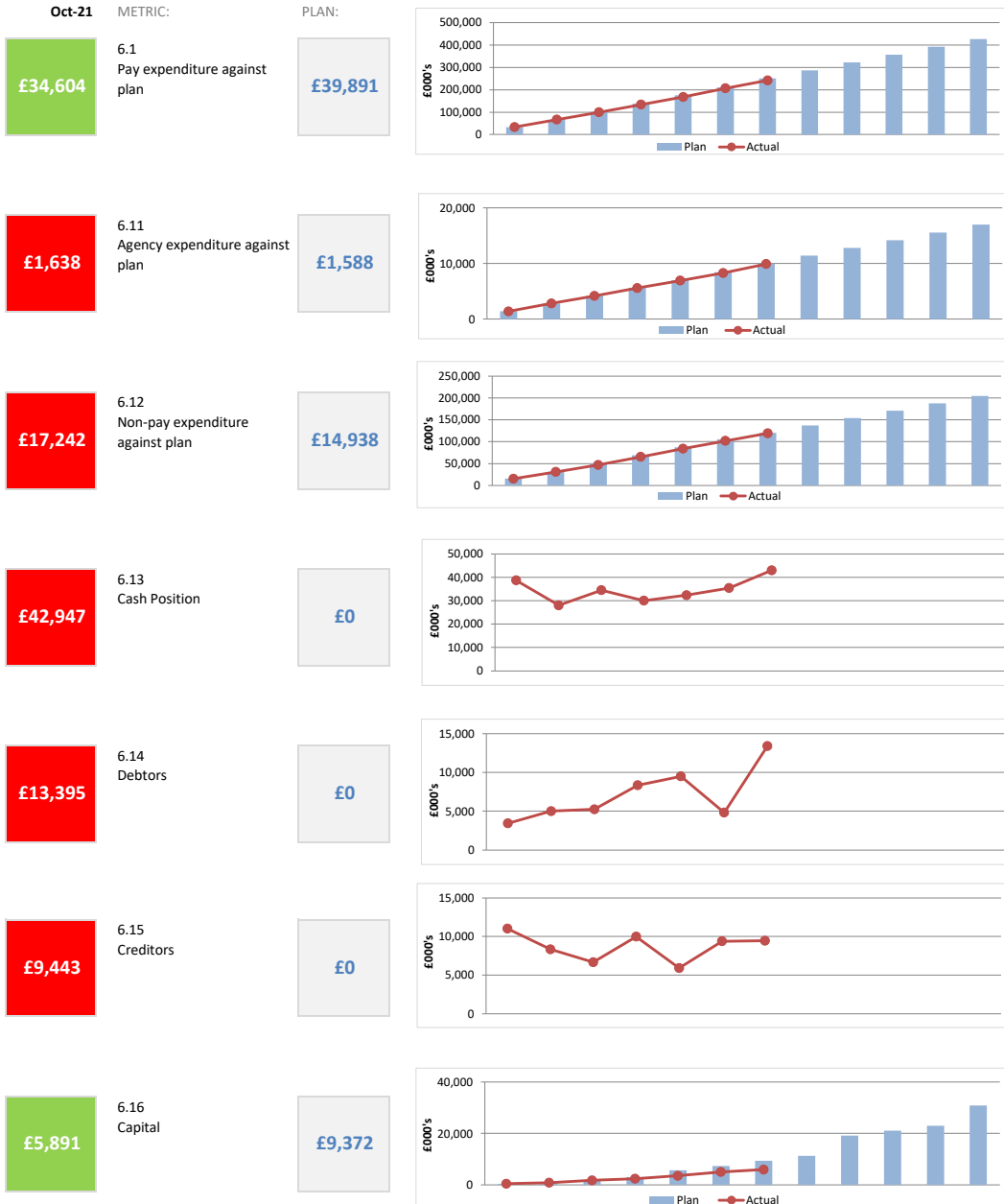
Income and Expenditure Account

	Annual Plan £000's	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's
NHS England	66,734	39,003	44,816	5,813
Clinical commissioning groups	494,708	296,062	279,168	-16,894
Local authorities	4,718	2,726	2,695	-31
Non-NHS: private patients	263	152	199	47
Non-NHS: other	1,780	1,029	784	-245
Operating Income from Patient Care Activities	568,203	338,972	327,662	-11,310
Research and development (both IFRS 15 and non-IFRS 15 income)	2,484	1,432	1,539	107
Education and training (excluding notional apprenticeship levy income)	19,867	11,121	12,954	1,833
Other income	49,117	25,157	23,116	-2,041
Other Operating Income	71,468	37,710	37,609	-101
Employee Expenses	-427,025	-250,881	-241,644	9,237
Drugs Costs	-56,638	-34,568	-38,623	-4,055
Supplies and Services - Clinical	-57,994	-33,752	-32,424	1,328
Depreciation	-11,034	-6,433	-6,437	-4
Amortisation	-1,336	-777	-779	-2
CIP	5,559	1,834	0	-1,834
Other Costs	-83,250	-47,719	-40,778	6,941
Total Operating Expenditure	-631,718	-372,296	-360,685	11,611
OPERATING SURPLUS/(DEFICIT)	7,953	4,386	4,586	200
Finance income	25	8	16	8
Finance expense	-464	-292	-281	11
PDC dividends payable/refundable	-7,542	-4,161	-4,161	0
NET FINANCE COSTS	-28	-59	160	219
Other gains/(losses) including disposal of assets	0	0	-5	-5
Share of profit/ (loss) of associates/ joint ventures	0	0	0	0
Gains/(losses) from transfers by absorption	0	0	0	0
Movements in fair value of investments, investment property and financial	0	0	0	0
Corporation tax expense	0	0	0	0
SURPLUS/(DEFICIT)	-28	-59	155	214

TRUST BOARD REPORT : October-2021

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY



Pay Expenditure Analysis

Staff Group	Annual Plan	Year to Date					Total	Variance
		Plan	Contract	WLI/ Overtime	Bank	Agency		
Consultants	65,276	38,465	36,576	662	0	1,263	38,501	-36
Medical and Dental	54,932	32,383	28,680	170	0	2,587	31,438	945
Nursing	121,888	71,442	54,181	527	8,546	4,475	67,729	3,713
Healthcare Scientists	13,254	7,864	7,392	16	22	159	7,589	275
Scientific, Therapeutic and technical	18,347	10,778	9,788	121	13	0	9,921	857
Allied Health Professionals	28,279	16,649	15,500	327	0	884	16,711	-62
HcAs and Support Staff	59,821	34,852	32,181	687	44	570	33,482	1,370
Exec Board and Senior managers	16,912	9,953	9,310	6	0	0	9,316	637
Admin & Clerical	47,124	27,800	25,988	15	0	0	26,004	1,796
Pay Reserves	0	0	0	0	0	0	0	0
Apprenticeship Levy	1,192	695	952	0	0	0	952	-257
TOTAL	427,025	250,881	220,548	2,532	8,625	9,938	241,644	9,238

TRUST BOARD REPORT : October-2021

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Oct-21 METRIC: PLAN:

6.17 Capital Service Cover

£0 **£0**

6.18 Liquid Ratio

£0 **£0**

6.19 I&E Margin

£0 **£0**

6.2 I&E Margin Variance from Plan

£0 **£0**

6.21 Agency Spend against Agency Cap

£1,638 **£1,404**

BPPC Performance

Within 30 days **94%** 6.22 BPPC - % paid in 30 days

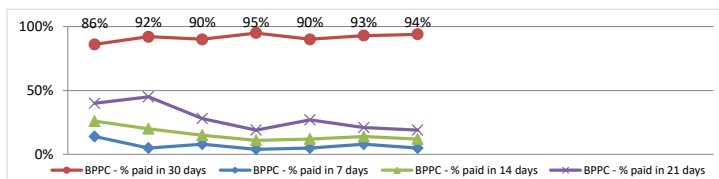
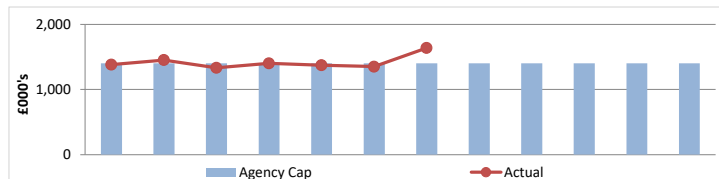
Within 14 days **12%** 6.23 BPPC - % paid in 7 days

6.24 BPPC - % paid in 14 days

6.25 BPPC - % paid in 21 days

Within 7 days **5%**

Within 21 days **19%**



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 are 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 was £2.8m (£5.6m for the full year). This is comprised of a national efficiency requirement of 0.28%; an equal share of the local systems efficiency requirement (£0.4m); and a further requirement to meet agreed essential investments (£3.2m). Of this target only £0.6m was delivered in full year terms, leaving the full year balance of £5.0m to be delivered in H2. For the second half of the year, there is a further new national efficiency improvement requirement implicit in the announced allocations of 0.82%, which equates to a further target for the Trust of £2.5m. The full year target is therefore £8.1m of which £7.5m remains to be achieved during the second half of the year. CIPs totalling £1.8m have been delivered in the year to the end of October.

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 more agency staff than planned.

The Trust's compliance with the Better Payments Practice Code (BPPC) is currently averaging around 94% of suppliers being paid within 30 days.

RESEARCH AND DEVELOPMENT REPORT

October-2021

Produced November-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

Research & Development Performance Report : October-2021

Executive Summary

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Purpose of the Report:

To provide the Board with an integrated overview of 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:

- We have had another strong month for our accruals and we are still on track to reach our CRN target of 4020 accruals by 31st March 2022. Our biggest recruiters this month have been Clinical Characterisation Protocol a global study recording data from Covid positive patients (168 accruals this month)
- No grants have been submitted in the last month
- Congratulations to Dr James Turvill who has had a success as a co applicant on a large national Health Technology Assessment Grant. The study aims to look at Faecal Immunochemical Test (FIT) based tools to triage patients in primary care
- We are working in partnership with Hull York Medical School, to arrange several clinical academic posts, and the first appointment in Ophthalmology will be interviewing soon, as the post has now closed for advert
- Commercial Research Manager interviews are being held mid-November and we are confident we should make an appointment this time
- We continue to support our Emergency Department by redeploying some Research Nurses each and every week, and anticipate this will continue until March 2022.
- We are creating several working groups at present to take on and deliver the different work packages of the new research strategy

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: November 2021

TRUST BOARD REPORT : October 2021

CLINICAL RESEARCH PERFORMANCE REPORT

Recruitment

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2021-22	75	163	128	1062	646	471	328						2873
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



Another strong month for our accruals and we are still on track to reach our CRN target of 4020 accruals by 31st March 2022. Our biggest recruiters this month have been Clinical Characterisation Protocol a global study recording data from Covid positive patients (168 accruals this month) Thank you to everyone for all their hard work.

Breakdown as of end October 21

CG & Directorate	Accruals Running Total 21/22
CG1 Total	290
ED	10
Elderly Medicine	0
Stroke	1
Cardiology	1
Cardio Respiratory	0
CF & Respiratory	89
Hepatology	0
Sleep Services	0
Renal	54
Gastroenterology	135
Palliative Care	0
Community	0
Dietetics	0
Tissue Viability	0
CG2 - S'boro Total	438
ED	0
Elderly	5
Stroke	0
Cardiology	0
Respiratory	7
Renal	2
Gastroenterology	36
Hepatology	0
Palliative Care	0
Critical Care/ICU	42
Microbiology & Infection	343
Surgery - Non Cancer	3
CG3 Total	339
Anaesthetics/Peri-Operative	120
Critical Care/ICU	102
Surgery - Non Cancer	47
Restorative Dentistry	0
ENT	28
Pain	0
Infection	42

Breakdown of Open and Closed Trials	
Recruitment Target for Year	4022
Open Trials	90
Total Due to Close 21/22	25

Breakdown of Trial Category	
Commercial	6%
Non-Commercial	94%
Interventional	40%
Observational	60%
I & O	0%

CG & Directorate	Accruals Running Total
CG4 Total	557
Oncology (inc surgery)	113
Haematology	3
Endoscopy	0
Microbiology & Infection	441
CG5 Total	5
Obs & Gynae	5
Paediatrics	0
Sexual Health	0
CG6 Total	61
Rheumatology	23
Dermatology	1
Neurology	0
Diabetes & Endocrinology	0
MSK	6
Orthopaedics	0
Ophthalmology	31
Psychological Medicine	0
All Diagnostic Services & AHP's	0
CG Total Accruals	1690
Psychological Impact - Cross Trust Study	1183
TOTAL Accruals	2873

Covid Accruals Included in Monthly CRN Return Total (York)	640	
Covid Accruals Included in Monthly CRN Return Total (S'boro)	363	
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

OPERATIONAL PERFORMANCE REPORT

October-2021

Produced November-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: October-2021

Executive Summary

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Purpose of the Report:

To provide the Board with an integrated overview of performance within the Trust.

Executive Summary:

Key discussion points for the Board are:

Nationally, the COVID-19 Pandemic NHS Emergency Preparedness, Resilience and Response incident level moved back to a level 3 national response on the 25th of March 2021. 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 10th of November there were 78 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 3,642 COVID-19 positive inpatients since 17th March 2020, with 2,852 patients discharged, sadly 711 patients have died. Since the beginning of July 2021 there have been 823 new COVID-19 positive inpatients and ninety six deaths.

As at the 10th of November, York Hospital has two COVID-19 positive wards with one COVID-19 positive ward at Scarborough Hospital, isolation rooms on Beech ward are also being utilised for COVID-19 positive patients on the Scarborough site. The three dedicated wards equate to fifty four beds that are COVID-19 only and are not available for general non-elective admissions. Not all of the COVID-19 patients are on the COVID-19 dedicated wards; a number are on a critical care ward or have been stepped down to an amber ward following clinical as they are over their fourteen day infectious period.

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

Trust Planning

The workforce risk that the Trust highlighted as part of the H1 2021-22 activity plan materialised to a greater extent than was anticipated through quarters one and two. This 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 over the last three months, limiting the availability of support from the system to reduce delays to patients or support urgent care demand. The Trust currently has a sickness absence rate of circa 8% of which approximately 14% are COVID-19 related. The first week of November 2021 saw 552 daily absences and reduced bank/agency pick up of shifts. This is however an improved position from mid-August 2021 (circa 800 daily absences).

Executive Summary (cont.):

Key discussion points for the Board are:

The pressure on medical staffing has contributed to the cancellation of 287 outpatient clinics within fourteen days of the planned date and there were 138 elective patients cancelled by the Trust for either COVID-19 reasons (Staff isolating) or clinician/nursing unavailability during October 2021.

Elective inpatients are required to have a COVID-19 PCR test prior to admission, unfortunately in October 2021 forty six patients did not attend their test and subsequently had their surgery or endoscopy cancelled (July 2021; 72, August and September 2021; 49). This is 'lost' activity as the Trust is unable to reallocate the theatre to other patients due to the need for them to have a PCR test before they attend.

Compared to the activity outturn in October 2019 the Trust delivered the following levels of elective care activity:

Point of Delivery	October 2019 Outturn	October 2021 Actual	Variance	Proportion of October 2019 delivered in October 2021
First Outpatient Appts	15,975	12,617	-3,358	79%
Follow up Outpatient Appts	35,683	33,122	-2,561	93%
Ordinary Electives*	773	460	-313	60%
Day Cases	6,839	5,702	-1,137	83%

*Ordinary Elective figures are based on discharge date.

Planning guidance for the period October 2021 to March 2022 was released on the 30th of September. The Trust has engaged with partners in the HCV ICS and has submitted the Trust plan ahead of the final HCV ICS submission on the 16th of November.

An additional £1bn Elective Recovery Fund (ERF) has been made available to the NHS in the second half of 2021-22 to support activity above the level funded within system financial envelopes.

Systems that achieve completed referral to treatment (RTT) pathway activity above a 2019/20 threshold of 89% will be able to draw down from the ERF. In October 2021 the Trust completed 80% of the RTT pathways that were completed in October 2019.

October 2021 Performance Headlines:

- 69.1% of ED patients were admitted, transferred or discharged within four hours during October 2021.
- The Trust reported eighty one 12 hour Trolley Breaches.
- September 2021 saw challenging cancer performance with the Trust achieving three out of the seven core national standards.
- 1,688 fifty-two week wait pathways have been declared for the end of October 2021.
- 137 104+ week wait pathways have been declared for the end of October 2021, this is ahead of the Improvement Trajectory (157) that has been submitted to NHSI/E.
- 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 66.2% in September to 65.3% at the end of October 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
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Director Sponsor: Wendy Scott, Chief Operating Officer

Date: Nov 2021

TRUST BOARD REPORT: October-2021

OPERATIONAL PERFORMANCE SUMMARY

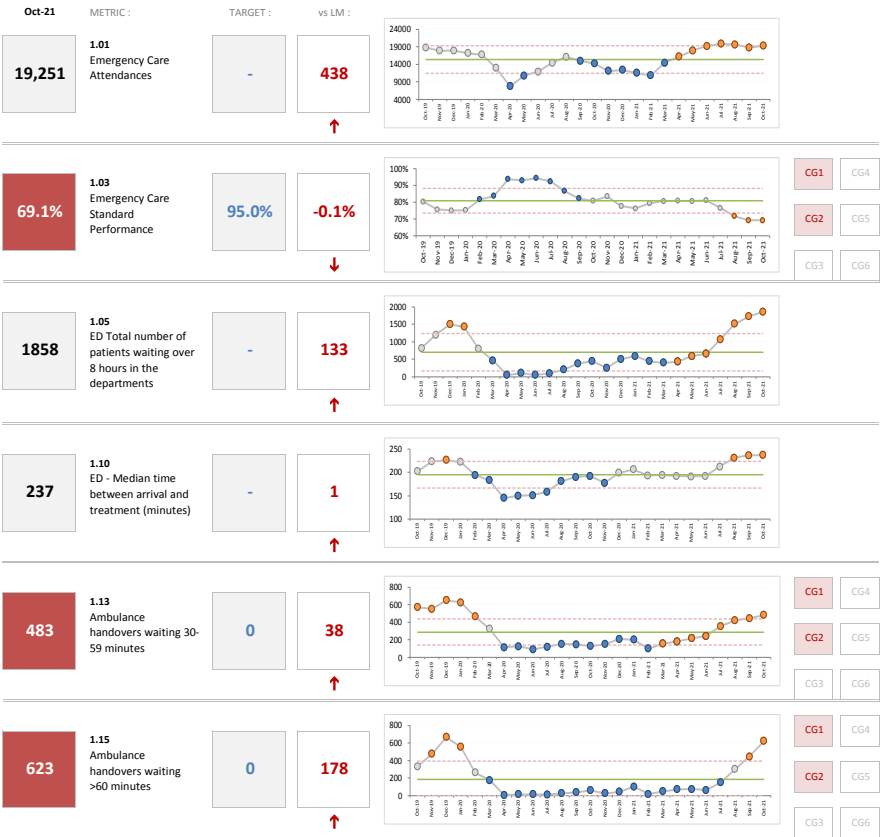
REF	OPERATIONAL PERFORMANCE: UNPLANNED CARE	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
1.01	Emergency Care Attendances			14254	12112	12370	11553	10842	14452	16159	17920	19218	19876	19642	18813	19251
1.02	Emergency Care Breaches			2734	2001	2766	2752	2241	2801	3111	3474	3642	4678	5557	5790	5941
1.03	Emergency Care Standard Performance	95%		80.8%	83.5%	77.6%	76.2%	79.3%	80.6%	80.7%	80.6%	81.0%	76.5%	71.7%	69.2%	69.1%
1.04	ED Conversion Rate: Proportion of ED attendances subsequently admitted			42%	44%	43%	43%	43%	43%	39%	38%	37%	41%	41%	40%	39%
1.05	ED Total number of patients waiting over 8 hours in the departments			444	258	503	593	445	402	429	594	658	1072	1517	1725	1858
1.06	ED 12 hour trolley waits	0		0	7	14	21	43	0	4	1	13	43	43	98	81
1.07	ED: % of attendees assessed within 15 minutes of arrival			61%	65%	63%	65%	69%	66%	64%	64%	62%	49%	44%	39%	36%
1.08	ED: % of attendees seen by doctor within 60 minutes of arrival			49%	58%	58%	60%	62%	55%	49%	47%	39%	34%	28%	25%	26%
1.09	ED - Percentage of patients who Left Without Being Seen (LWBS)	5%		1.6%	1.1%	1.7%	1.4%	1.5%	1.8%	1.7%	1.6%	2.3%	3.3%	4.3%	4.4%	4.1%
1.10	ED - Median time between arrival and treatment (minutes)			192	177	199	206	193	194	192	191	192	212	231	236	237
1.11	Ambulance handovers waiting 15-29 minutes			613	561	696	710	598	681	653	757	769	846	836	772	814
1.12	Ambulance handovers waiting 15-29 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.13	Ambulance handovers waiting 30-59 minutes			129	151	209	200	101	155	180	218	243	356	421	445	483
1.14	Ambulance handovers waiting 30-59 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.15	Ambulance handovers waiting >60 minutes			60	26	44	102	19	48	71	74	62	151	302	445	623
1.16	Ambulance handovers waiting >60 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.17	Ambulance handovers: Percentage waiting within 15 mins (shadow monitoring)			76.6%	72.0%	71.1%	69.5%	74.5%	74.2%	74.2%	73.9%	72.1%	65.1%	57.6%	52.9%	43.3%
1.18	ED - Mean time in department (mins) for non-admissions (shadow monitoring)			190	170	185	192	183	183	189	191	195	218	254	257	260
1.19	ED - Mean time in department (mins) for admissions (shadow monitoring)			269	247	310	341	314	275	276	286	297	348	400	443	473
1.21	ED - Mean time between RFT and admission (mins) for admissions (shadow monitoring)			92	89	134	170	146	101	100	106	114	142	164	192	220
1.22	ED - Number of non-admissions waiting 12+ hours (shadow monitoring)			36	23	38	40	39	18	23	38	46	92	141	197	202
1.23	ED - Number of admissions waiting 12+ hours (shadow monitoring)			132	81	225	323	232	132	148	171	265	395	621	757	950
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			4692	4383	4482	4233	3881	4884	4794	4941	4960	4888	4659	4550	4570
2.02	Non Elective Admissions (Paediatrics) - based on date of admission			454	471	382	351	381	478	512	631	724	785	803	759	837
2.05	Patients with LOS 0 Days (Elective & Non-Elective)			1973	1903	1737	1479	1549	1917	1990	2103	2194	2146	2035	1976	1992
2.06	Total number of patients during the month with a LoS >= 7 Midnights (Elective & Non-Elective)			985	946	982	1062	883	1014	981	959	948	1082	1045	1079	1093
2.07	Ward Transfers - Non clinical transfers after 10pm	100		50	39	47	35	53	56	44	65	53	54	78	95	110
2.08	Emergency readmissions within 30 days			997	931	810	761	679	881	897	911	903	877	772	-	-
2.09	Stranded Patients at End of Month - York, Scarborough and Bridlington			273	266	266	325	291	275	260	270	252	271	322	313	372
2.10	Average Bed Days Occupied by Stranded Patients - York, Scarborough and Bridlington			266	278	264	303	287	253	237	251	247	260	292	335	359
2.12	Super Stranded Patients at End of Month - York, Scarborough and Bridlington			87	63	67	81	86	68	70	74	60	62	84	99	126
2.13	Average Bed Days Occupied by Super Stranded Patients - York, Scarborough and Bridlington			80	78	72	79	85	68	54	55	64	58	71	92	108

REF	OPERATIONAL PERFORMANCE: PLANNED CARE	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
3.01	Outpatients: All Referral Types			21453	19863	20001	17413	17059	22597	21672	20311	22774	22356	19368	21115	20380
3.02	Outpatients: GP Referrals			8576	8003	7788	6555	7174	10197	9251	8364	9434	9486	8317	9366	9459
3.03	Outpatients: Consultant to Consultant Referrals			1696	1657	1667	1589	1585	1851	1880	1755	1971	2070	1640	1842	1702
3.04	Outpatients: Other Referrals			11181	10203	10546	9269	8300	10549	10541	10192	11369	10800	9411	9907	9219
3.05	Outpatients: 1st Attendances			12100	12708	12067	12061	11169	14394	12408	12782	14263	13020	11819	12995	12627
3.06	Outpatients: Follow Up Attendances			31458	32679	30247	31240	30114	36585	32657	32516	35683	33544	31445	35326	33137
3.07	Outpatients: 1st to FU Ratio			2.60	2.57	2.51	2.59	2.70	2.54	2.63	2.54	2.50	2.58	2.66	2.72	2.62
3.08	Outpatients: DNA rates			6.4%	6.6%	6.2%	7.1%	6.4%	5.8%	5.7%	5.1%	5.6%	5.9%	6.3%	6.2%	6.0%
3.09	Outpatients: Cancelled Clinics with less than 14 days notice	180		188	263	216	333	248	215	242	165	152	251	269	247	287
3.10	Outpatients: Hospital Cancelled Outpatient Appointments for non-clinical reasons			1461	1276	1271	1036	1002	1133	1170	974	1005	1383	957	1265	800
3.11	Outpatients: Follow-up Partial Booking (FUPB) Overdue			28225	28182	27550	25782	24835	24778	24421	24624	24504	24826	25984	25610	26252
4.01	Elective Admissions - based on date of admission			557	505	513	436	505	537	468	486	559	555	469	561	467
4.02	Day Case Admissions			5902	5628	5430	4653	4478	5551	5801	5703	6710	6416	5697	6163	5678
4.03	Cancelled Operations within 48 hours - Bed shortages			5	8	10	121	10	4	1	0	2	6	15	28	1
4.04	Cancelled Operations within 48 hours - Non clinical reasons			65	89	37	183	87	73	114	38	75	102	84	109	57
4.05	Theatres: Utilisation of planned sessions			68%	69%	68%	57%	62%	69%	75%	76%	76%	73%	74%	72%	75%
4.06	Theatres: number of sessions held			726	712	675	604	639	636	629	641	755	663	572	653	678

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 NHS/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

TRUST BOARD REPORT: October-2021

OPERATIONAL PERFORMANCE: ED



HIGHLIGHTS FOR BOARD TO NOTE:

69.1% of ED patients were admitted, transferred or discharged within four hours during October 2021. This compares with 80.8% in October 2020. Across the Scarborough and York localities attendances at the Emergency Departments and Urgent Care and Treatment Centres have returned to above 2019-20 levels (October 2021; 19,063 compared to 18,771 in October 2019).

In the latest nationally available data (September 2021), the NHS England position was 75.2%. Nationally the Trust placed 89th 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). No Trust achieved 95% plus against the ECS. The 95% standard was last met nationally in July 2015.

Attendances at both Emergency Departments (EDs) have returned to pre-pandemic levels, this along with the staffing issues in October 2021 has exasperated the pressures that the Trust is experiencing.

York Locality ECS Performance was 68.4%. 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 10th of November.

Scarborough Locality ECS Performance was 69.3%. Demand at the three independent Sector run services; Bridlington Urgent Treatment Centre, Malton Urgent Care Centre and the Urgent Treatment Centre (UTC) co-located at Scarborough Hospital, are yet to return to pre-pandemic levels. This has impacted the Scarborough locality's overall performance as the number of Type 3 attendances has significantly reduced; -24% YTD compared to April to October 2019. Like many system colleagues, Vocare who operate the UTC at Scarborough Hospital have had significant challenges staffing their service during October 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 10th of November in addition isolation rooms on Beech ward are also being utilised for COVID-19 positive patients on the Scarborough site.

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. 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 three 2021-22 to remodel acute pathways, creating two short stay wards to improve patient flow in quarter three.

There were eighty one twelve-hour trolley waits in October 2021; sixty eight on the Scarborough site and thirteen 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.

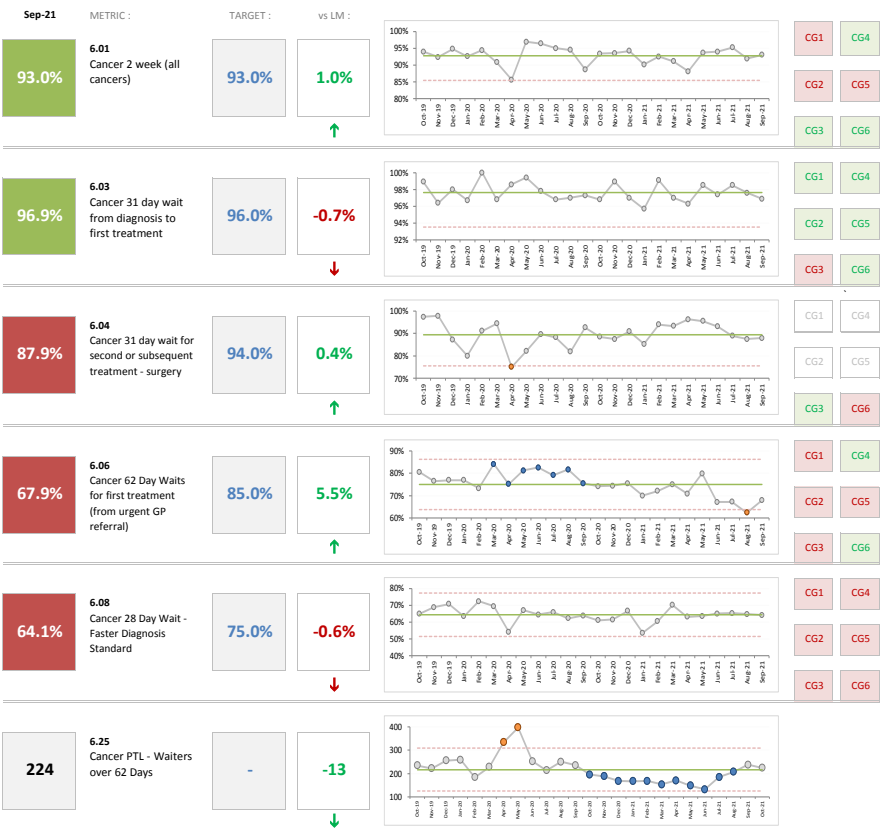
Adult Non-Elective admissions were slightly lower level than seen in October 2021 compared to the same period last year; down 3% (-122 admissions). Paediatric Non-Electives are detailed within the Children and Young Persons section.

As at the 10th of November, York Hospital has two COVID-19 positive wards with one COVID-19 positive ward at Scarborough Hospital. The three wards equate to fifty four beds that are COVID-19 only and are not available for general non elective (NEL) admissions, this coupled with demand above pre COVID-19 pandemic levels is contributing to the pressures that the Trust is experiencing.

Super-Stranded (Length of Stay of 21+ Days) patients at the end of October 2021 increased compared to the end of September 2021 (99 to 126 patients). Unfortunately this position is a direct consequence of capacity and workforce issues that our Local Authorities are experiencing; these are likely to continue for some time.

TRUST BOARD REPORT: October-2021

OPERATIONAL PERFORMANCE: CANCER



HIGHLIGHTS FOR BOARD TO NOTE:

Trust cancer performance in September 2021 continued to be challenged, with three out of the seven cancer standards met;

- 14 Day Fast Track (breast symptoms).
- 31 day wait from diagnosis to first treatment.
- 31 day wait for second or subsequent treatment - Drug treatments.

The Trust achieved the Cancer two week waiting times for urgent referrals target with performance of 93% in September (August; 92.9%). The latest available data shows the national position to be 84.7% in August 2021.

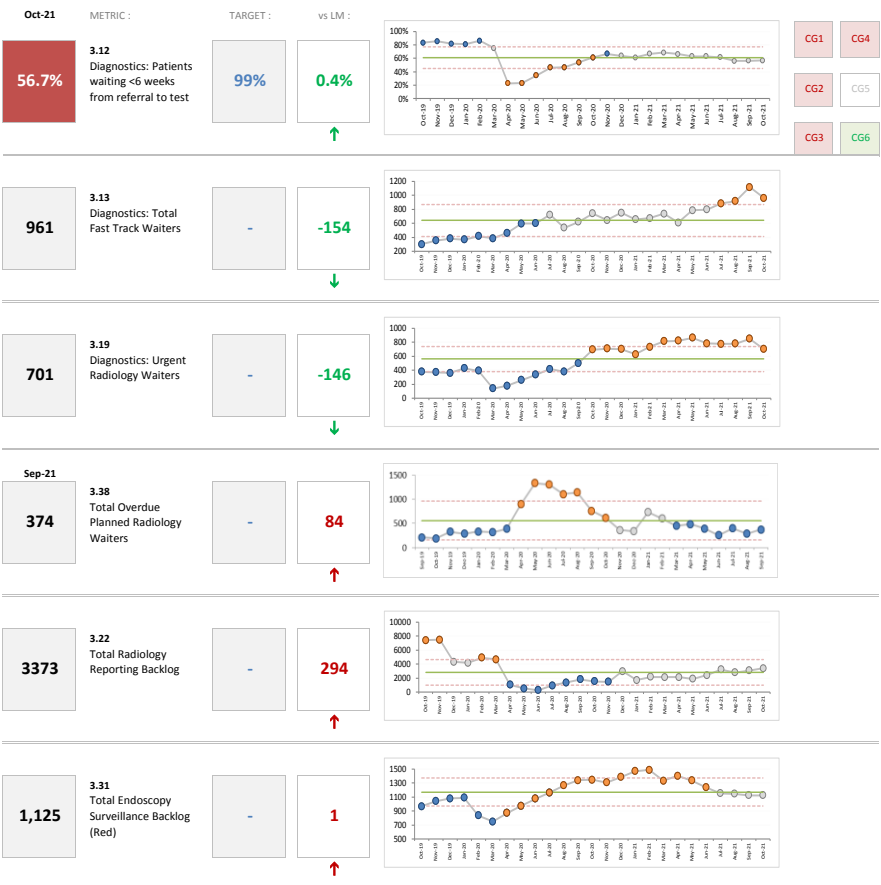
Performance against the 62 day wait for first treatment target was particularly challenging at 67.9%, but did improve from the 62.4% in August 2021. All patients are tracked through the operational teams, with weekly escalations to senior managers.

At the end of October 2021 there were 224 patients on the Trust's Patient Tracking List (PTL) that had waited over 62 days, a decrease of thirteen against the end of September 2021 position. Of those waiting over 62 days, 165 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 H2 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 were over and above what had planned been for; a mix of COVID-19 related absence and other sickness. The Trust continues to prioritise urgent and cancer work and have escalated the situation to 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 and three 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 September 2021, there were seventeen patients who had waited more than 104 days with the majority due to Health Care Provider delays. There has been a real focus on the long wait patients at the Trust's weekly PTL Cancer Wall meetings. On the 27th July 2020 there were 108 over 104 days; at the end of October 2021 there were forty five. 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 ensure patient safety.

The latest available data shows the national position to be 70.7% against the 62 day wait for first treatment target in August 2021.



HIGHLIGHTS FOR BOARD TO NOTE:

The diagnostics target performance for October 2021 was unchanged with 56.7% of patients provisionally waiting less than 6 weeks for their diagnostic test at the end of the month (September 2021; 56.4%). The latest available data shows the national position at the end of August was 72.9%.

The Endoscopy performance was 54.1% (September; 54.0%). 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 saw a small improvement in diagnostics performance at the end of October; up to 55.3% (September; 54.8%).

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.

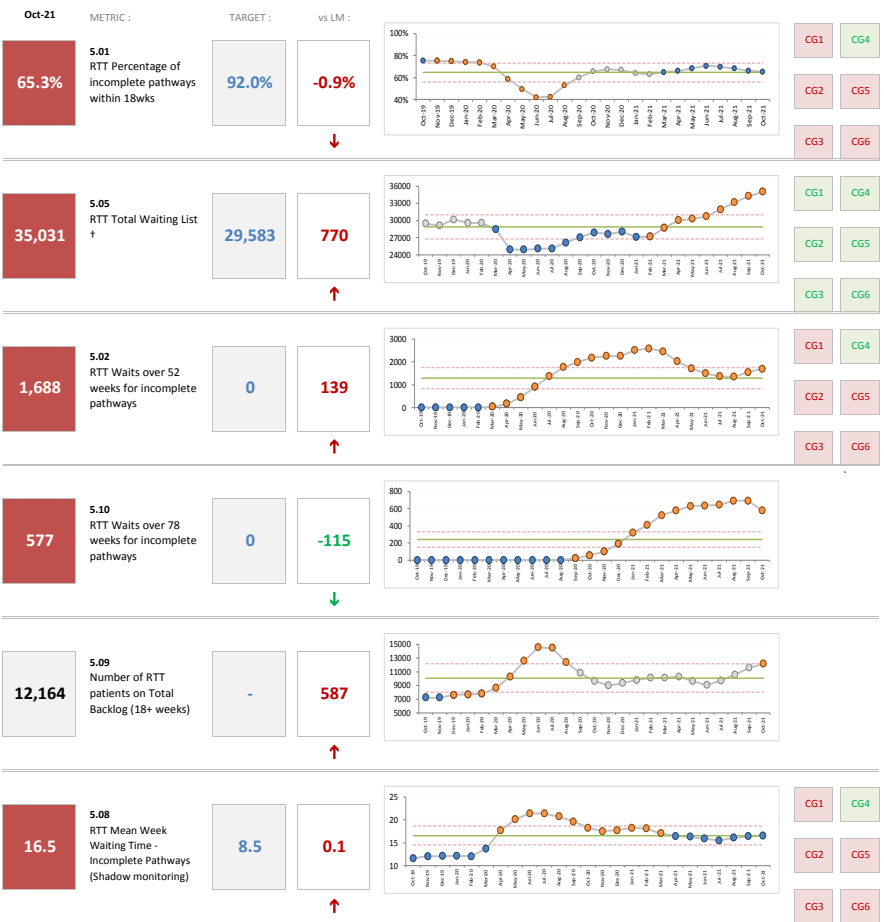
Currently in Radiology, the MRI radiographer workforce is under 50% capacity which means that the service is unable to run additional lists in order to meet the increased demand. The Cancer & Support Services Care Group continues to push forward with recruitment and training to urgently address this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

The Trust's new Radiology Information System (RIS) is now live; 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 previous 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.

TRUST BOARD REPORT: October-2021

OPERATIONAL PERFORMANCE: REFERRAL TO TREATMENT (RTT)



HIGHLIGHTS FOR BOARD TO NOTE :

The proportion of patients waiting more than 18 weeks declined slightly in September 2021, with the overall RTT position decreasing from 66.2% of patients waiting less than 18 weeks from referral to treatment to 65.3%. The latest available data shows the national position at the end of August 2021 was 67.6%.

The Trust's RTT Total Waiting List (TWL) increased by 770 from the end of September and stood at 35,031. The increase in the Trust's overall RTT position was primarily driven by the cancellation of outpatient clinics, elective procedures as well a reduced level of planned elective activity caused by the staffing issues the Trust has experienced since the beginning of July 2021.

The Trust had 1,688 patients waiting 52 weeks or longer at the end of October 2021. 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.

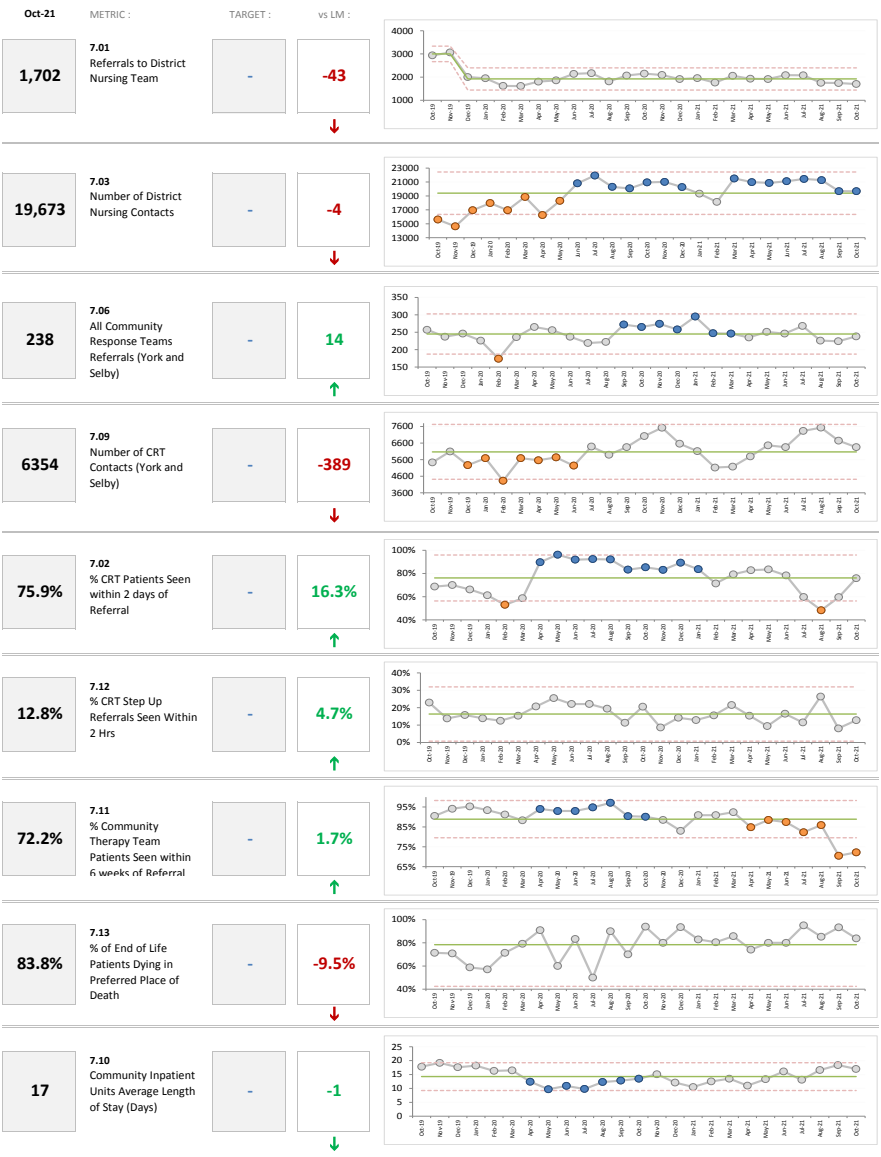
The Trust is reporting 137 RTT 104 plus week waiters at the end of October 2021; NHSI/E has mandated that Trusts have zero 104 week RTT waiters by the end of March 2022. A specialty specific trajectory to achieve this has been submitted to NHSI/E as part of the October 2021 to March 2022 planning submission. This trajectory is being monitored at Care Group weekly performance meetings to ensure delivery. At the end of October the Trust was ahead of the end of month trajectory by twenty patients (trajectory; 157).

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; this position has improved to 75% at the end of October 2021. Care Groups are continuing to focus on this cohort of patients with weekly corporate oversight at weekly performance meetings.

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

TRUST BOARD REPORT: October-2021

OPERATIONAL PERFORMANCE: COMMUNITY ACTIVITY



HIGHLIGHTS FOR BOARD TO NOTE :

As noted in previous Performance Reports, 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) continues to impact across our intermediate care provision. Length of stay for the community inpatient units has risen to a level not seen during the pandemic (although slightly improved in October) 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 in recent months although this improved in October with a return to 75% of patients commencing within 2 days of a referral being received. However, we continue to report a deterioration in the percentage of patients who were seen within 6 weeks of a community therapy referral with a series of actions being undertaken to risk assess patients who are waiting and identify alternative pathways of support for patients.

All community teams are reporting an increase in the number of people requiring end of life care in the community. As well as an increase in demand (likely linked to effects of COVID) there is a reduction in available hospice capacity and challenges in arranging care for patients who are eligible for fast track funding. District nursing, specialist nursing and community response teams continue to work alongside Hospice at Home to ensure patients and their families receive the best possible support but this impacts on available capacity to meet other demand for their services.

TRUST BOARD REPORT: October-2021

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

Oct-21	METRIC :	TARGET :	vs LM :		
83.9%	8.01 ECS Performance (Type 1 only)	95%	-1.0%		CG1 CG4 CG2 CG5 CG3 CG6
17	8.02 ED patients waiting over 8 hours in department	-	-9		
100.0%	8.03 Cancer 14 day performance	93%	0.0%		CG1 CG4 CG2 CG5 CG3
53.6%	8.05 Diagnostics	99%	-8.0%		CG1 CG4 CG2 CG5 CG3 CG6
71.4%	8.06 RTT performance	92%	-1.3%		CG1 CG4 CG2 CG5 CG3 CG6
2,924	8.07 RTT TWL	2567	121		CG1 CG4 CG2 CG5 CG3 CG6
136	8.08 RTT 52 week waiters	0	17		CG1 CG4 CG2 CG5 CG3 CG6

HIGHLIGHTS FOR BOARD TO NOTE:

Performance against the ECS for patients aged 0-17 was below target at 83.9% in October 2021. Both EDs have experienced an increase in paediatric attendances since June 2021; although the majority of these children attending are discharged home this increase in activity has coincided with 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.

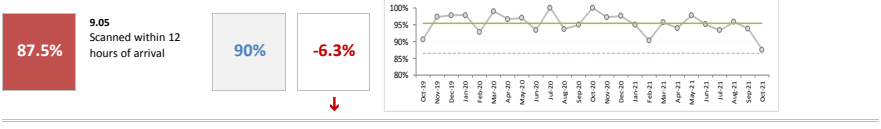
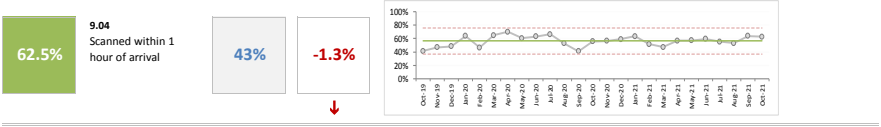
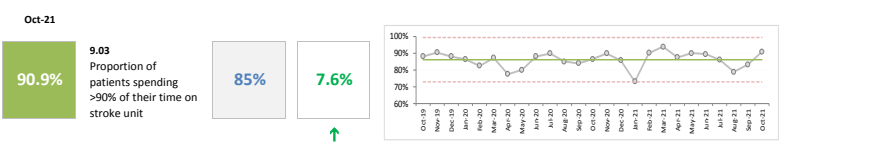
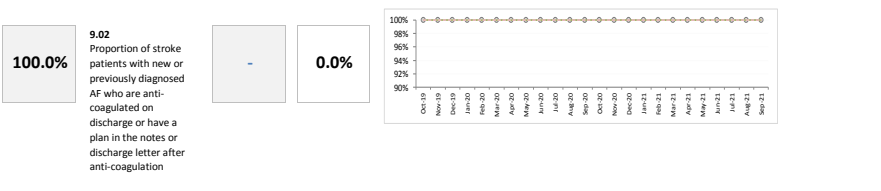
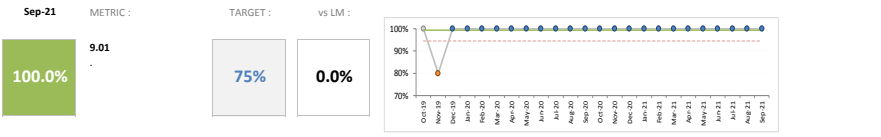
The pressure from the respiratory surge has inevitably had an impact on ED performance however the resilience plans have been enacted to support additional child health team nursing and medical staffing capacity across ED and CAU has enabled the teams to extend CAU opening hours and manage this additional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

A pilot Paediatric Ambulatory Treatment Hub scheme commenced at Askham Bar in York on the 4th November 2021 to help prevent babies and young children coming into hospital with breathing difficulties.

A joint venture between the Trust, North Yorkshire CCG, Vale of York CCG and Nimbuscare, the pilot offers a bespoke and dedicated GP and paediatric nurse-led service, which will manage children under the age of five years with bronchiolitis, who do not need an admission to the Children's Wards at the hospital. Instead, they are seen by an experienced children's nurse from York Hospital, working alongside a GP, in a child and family friendly 'Hub' at Askham Bar. To date the Hub has been seeing ten to twelve children each day with RSV/respiratory illness who would normally attend ED.

October 2021 has seen an increase in non-elective admissions for children, up 17% from September 2021 (+78 admissions).

RTT performance against the 92% target is higher than the Trust overall performance (71.4% compared to 65.3%). The Trust is declaring 136 RTT fifty-two week waiters relating to children and young people at the end of October 2021; up from 119 at the end of September 2021. Children comprise approximately 8% of the total number of the fifty-two week waiters that the Trust is declaring for the end of October 2021 (1,688).



HIGHLIGHTS FOR BOARD TO NOTE:

The latest Sentinel Stroke National Audit Programme (SSNAP) report for the period April to June 2021 was published in September 2021. For this period the Trust achieved a score of 70.3 which equates to a B rating. This represents an improvement on our January to March 2021 performance (C rating). The proportion of patients being admitted directly to the Stroke Unit within four hours increased. The previous drop in performance against this metric 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 were 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, therefore the service expected the rating for the period April to June 2021 to return to a B rating.

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.

TRUST BOARD REPORT : October-2021

OPERATIONAL PERFORMANCE SUMMARY - SCARBOROUGH

REF	OPERATIONAL PERFORMANCE: UNPLANNED CARE
1.01	Locality Emergency Care Attendances
1.02	Locality Emergency Care Breaches
1.03	Locality Emergency Care Standard Performance
1.04	ED Conversion Rate: Proportion of ED attendances subsequently admitted
1.05	ED Total number of patients waiting over 8 hours in the departments
1.06	ED 12 hour trolley waits
1.07	ED: % of attendees assessed within 15 minutes of arrival
1.08	ED: % of attendees seen by doctor within 60 minutes of arrival
1.09	ED – Percentage of patients who Left Without Being Seen (LWBS)
1.10	ED - Median time between arrival and treatment (minutes)
1.11	Ambulance handovers waiting 15-29 minutes
1.13	Ambulance handovers waiting 30-59 minutes
1.14	Ambulance handovers waiting 30-59 minutes - improvement trajectory
1.15	Ambulance handovers waiting >60 minutes
1.16	Ambulance handovers waiting >60 minutes - improvement trajectory
1.17	Ambulance handovers: Percentage waiting within 15 mins (shadow monitoring)
1.18	ED - Mean time in department (mins) for non-admissions (shadow monitoring)
1.19	ED - Mean time in department (mins) for admissions (shadow monitoring)
1.21	ED - Mean time between RFT and admission (mins) for admissions (shadow monitoring)
1.22	ED - Number of non-admissions waiting 12+ hours (shadow monitoring)
1.23	ED - Number of admissions waiting 12+ hours (shadow monitoring)
1.24	ED - Critical time standards (shadow monitoring - awaiting guidance on metrics)
2.01	Non Elective Admissions (excl Paediatrics & Maternity)
2.02	Non Elective Admissions - Paediatrics
2.05	Patients with LOS 0 Days (Elective & Non-Elective)
2.06	Total number of patients during the month with a LoS >= 7 Midnights (Elective & Non-Elective)
2.07	Ward Transfers - Non clinical transfers after 10pm
2.08	Emergency readmissions within 30 days
2.09	Stranded Patients at End of Month (Scarborough & Bridlington)
2.10	Average Bed Days Occupied by Stranded Patients (Scarborough & Bridlington)
2.12	Super Stranded Patients at End of Month (Scarborough & Bridlington)
2.13	Average Bed Days Occupied by Super Stranded Patients (Scarborough & Bridlington)

TARGET	SPARKLINE / PREVIOUS MONTH
95%	
0	
5%	
33	

Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
5998	4830	4881	4608	4436	5824	6718	7508	8303	8707	8785	8043	7906
1357	965	1251	1018	1098	1217	1466	1732	2057	2220	2517	2682	2399
77.4%	80.0%	74.4%	77.9%	75.2%	79.1%	78.2%	76.9%	75.2%	74.5%	71.4%	66.7%	69.7%
52%	53%	53%	53%	51%	55%	52%	50%	49%	45%	44%	41%	45%
303	152	318	359	276	230	290	422	516	635	791	948	896
0	7	14	17	43	0	4	1	13	42	40	75	68
33%	34%	33%	40%	44%	47%	46%	44%	40%	33%	26%	27%	28%
44%	54%	61%	67%	63%	60%	57%	50%	36%	35%	27%	22%	28%
2.3%	1.8%	1.6%	1.1%	1.8%	2.6%	2.2%	2.0%	4.0%	3.9%	5.2%	5.3%	4.0%
236	221	237	227	237	231	235	238	268	263	318	343	334
289	311	376	368	314	353	374	419	463	517	472	412	453
78	100	135	82	54	98	122	165	160	216	228	246	265
-	-	-	-	-	-	-	-	-	-	-	-	-
51	24	27	20	7	34	44	65	31	67	143	241	255
-	-	-	-	-	-	-	-	-	-	-	-	-
73.6%	66.5%	64.0%	67.2%	69.3%	68.1%	62.3%	63.7%	61.8%	54.6%	48.0%	40.4%	36.7%
251	217	237	219	236	227	238	248	271	272	334	342	329
326	299	371	351	398	307	331	347	377	415	465	528	529
115	109	179	169	205	105	128	135	158	181	184	221	228
30	20	29	22	25	14	16	26	43	70	111	143	121
118	71	168	152	186	90	128	151	239	301	346	418	470
-	-	-	-	-	-	-	-	-	-	-	-	-
1536	1322	1403	1360	1226	1575	1593	1649	1641	1634	1484	1397	1490
165	151	153	124	135	178	204	291	316	315	317	271	251
618	527	475	468	454	567	683	763	794	786	664	591	594
371	347	364	386	327	358	390	358	339	387	367	382	405
16	11	12	5	17	16	19	31	14	19	22	25	25
287	278	247	230	211	283	283	303	274	302	239	-	-
117	102	100	131	124	102	102	121	102	108	118	121	130
111	111	117	115	117	96	102	100	102	100	113	132	129
44	29	27	28	41	26	29	36	25	30	38	42	42
40	38	30	31	34	29	27	26	32	24	36	39	41

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

TARGET	SPARKLINE / PREVIOUS MONTH
60	

Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
7904	6939	7229	6069	5939	7955	7632	7175	8355	8259	6879	7655	7102
2802	2567	2609	2348	2423	3423	3081	2900	3330	3484	2966	3355	3372
518	456	516	522	465	569	622	548	592	647	501	545	512
4584	3916	4104	3199	3051	3963	3929	3727	4433	4128	3412	3755	3218
3684	3760	3596	3767	3677	4336	3905	3848	4580	4457	3898	4055	4269
7844	8359	8227	8455	8169	9431	8247	8208	9268	8704	8162	9588	8608
2.13	2.22	2.29	2.24	2.22	2.18	2.11	2.13	2.02	1.95	2.09	2.36	2.02
7.4%	7.8%	7.4%	8.3%	7.1%	6.5%	6.0%	5.6%	6.1%	6.6%	6.7%	6.7%	6.9%
57	108	93	109	86	97	109	74	59	88	130	97	111
239	344	451	336	309	309	363	351	375	528	337	461	349
198	180	154	174	209	180	141	163	195	209	111	191	162
1846	1750	1728	1656	1610	1945	1828	1734	2056	2026	1812	1996	1849
1	3	0	0	0	0	0	0	0	2	2	0	0
7	18	3	24	31	9	46	9	10	20	16	15	15
70%	72%	70%	64%	64%	62%	70%	70%	73%	70%	68%	70%	74%
203	209	205	208	198	206	176	187	222	179	148	190	244

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 NHS/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

TRUST BOARD REPORT : October-2021

OPERATIONAL PERFORMANCE SUMMARY - SCARBOROUGH

REF	18 WEEKS REFERRAL TO TREATMENT
5.01	RTT Percentage of incomplete pathways within 18wks
5.02	RTT Waits over 52 weeks for incomplete pathways
5.10	RTT Waits over 78 weeks for incomplete pathways
5.11	RTT Waits over 104 weeks for incomplete pathways
5.05	RTT Total Waiting List
5.06	Number of RTT patients on Admitted Backlog (18+ weeks)
5.07	Number of RTT patients on Non Admitted Backlog (18+ weeks)
5.08	RTT Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring from Oct-2019)
5.12	Number of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways at end of month*
5.13	Percentage of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways under 4 weeks at end of month*

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

TARGET	SPARKLINE / PREVIOUS MONTH
	▼
	▲
	▼
	▲
	▲
	▲
	▼
	▲
	▲
	▲

Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
68.2%	69.4%	68.6%	66.0%	66.1%	69.5%	70.7%	72.8%	74.6%	74.1%	72.4%	71.2%	71.1%
627	669	676	722	713	665	514	407	348	312	317	332	356
21	27	51	79	106	124	128	136	149	139	152	145	126
0	0	0	0	0	0	0	3	3	12	20	23	33
9068	9057	9200	8856	8640	9205	9766	9917	10044	10495	10890	11124	11208
1510	1378	1266	1239	1229	1245	1242	1185	1106	1150	1221	1287	1338
1370	1389	1620	1768	1698	1564	1624	1508	1450	1573	1790	1920	1903
17.2	16.8	16.8	17.0	16.6	15.3	14.6	14.4	14.1	13.4	14.1	14.2	14.4
-	-	-	-	-	-	-	133	109	99	94	90	96
-	-	-	-	-	-	-	57%	78%	81%	69%	71%	73%

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

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

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

Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
91.8%	91.1%	92.9%	91.9%	93.8%	90.4%	91.3%	90.8%	90.6%	94.2%	90.4%	91.4%	-
-	-	-	-	-	-	-	-	-	-	-	-	-
96.8%	96.6%	96.7%	97.6%	98.0%	95.6%	98.4%	96.5%	93.4%	100.0%	94.9%	96.2%	-
85.7%	100.0%	80.0%	50.0%	66.7%	100.0%	100.0%	92.3%	100.0%	100.0%	100.0%	88.9%	-
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
83.9%	77.8%	67.9%	57.1%	69.6%	77.8%	71.7%	75.9%	57.0%	61.4%	62.3%	47.5%	-
0.0%	0.0%	-	0.0%	-	0.0%	-	-	-	-	0.0%	48.8%	-
53.2%	50.0%	53.9%	41.1%	50.3%	64.6%	51.2%	57.0%	49.4%	52.6%	48.0%	54.0%	-

TRUST BOARD REPORT : October-2021

OPERATIONAL PERFORMANCE SUMMARY - YORK

REF	OPERATIONAL PERFORMANCE: UNPLANNED CARE
1.01	Locality Emergency Care Attendances
1.02	Locality Emergency Care Breaches
1.03	Locality Emergency Care Standard Performance
1.04	ED Conversion Rate: Proportion of ED attendances subsequently admitted
1.05	ED Total number of patients waiting over 8 hours in the departments
1.06	ED 12 hour trolley waits
1.07	ED: % of attendees assessed within 15 minutes of arrival
1.08	ED: % of attendees seen by doctor within 60 minutes of arrival
1.09	ED – Percentage of patients who Left Without Being Seen (LWBS)
1.10	ED – Median time between arrival and treatment (minutes)
1.11	Ambulance handovers waiting 15-29 minutes
1.13	Ambulance handovers waiting 30-59 minutes
1.14	Ambulance handovers waiting 30-59 minutes - improvement trajectory
1.15	Ambulance handovers waiting >60 minutes
1.16	Ambulance handovers waiting >60 minutes - improvement trajectory
1.17	Ambulance handovers: Percentage waiting within 15 mins (shadow monitoring)
1.18	ED - Mean time in department (mins) for non-admissions (shadow monitoring)
1.19	ED - Mean time in department (mins) for admissions (shadow monitoring)
1.21	ED - Mean time between RFT and admission (mins) for admissions (shadow monitoring)
1.22	ED - Number of non-admissions waiting 12+ hours (shadow monitoring)
1.23	ED - Number of admissions waiting 12+ hours (shadow monitoring)
1.24	ED - Critical time standards (shadow monitoring - awaiting guidance on metrics)
2.01	Non Elective Admissions (excl Paediatrics & Maternity)
2.02	Non Elective Admissions - Paediatrics
2.05	Patients with LOS 0 Days (Elective & Non-Elective)
2.06	Total number of patients during the month with a LoS >= 7 Midnights (Elective & Non-Elective)
2.07	Ward Transfers - Non clinical transfers after 10pm
2.08	Emergency readmissions within 30 days
2.09	Stranded Patients at End of Month
2.10	Average Bed Days Occupied by Stranded Patients
2.12	Super Stranded Patients at End of Month
2.13	Average Bed Days Occupied by Super Stranded Patients

TARGET	SPARKLINE / PREVIOUS MONTH
95%	
0	
5%	
67	

Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
8256	7282	7489	6945	6406	8628	9441	10412	10915	11169	10857	10770	11345
1377	1036	1515	1734	1143	1584	1645	1742	1585	2458	3040	3108	3542
83.3%	85.8%	79.8%	75.0%	82.2%	81.6%	82.6%	83.3%	85.5%	78.0%	72.0%	71.1%	68.8%
36%	40%	38%	38%	39%	37%	33%	32%	31%	39%	39%	39%	36%
141	106	185	359	169	172	139	172	142	437	726	777	962
0	0	0	4	0	0	0	0	0	1	3	23	13
74%	79%	77%	76%	79%	74%	72%	72%	71%	59%	54%	47%	41%
52%	60%	56%	57%	62%	52%	45%	45%	41%	33%	29%	26%	25%
1.3%	0.8%	1.7%	1.6%	1.3%	1.4%	1.5%	1.4%	1.5%	3.0%	3.8%	3.9%	4.2%
170	155	176	191	170	175	174	169	171	192	210	213	219
324	250	320	342	284	328	279	338	306	329	364	360	361
51	51	74	118	47	57	58	53	83	140	193	199	218
-	-	-	-	-	-	-	-	-	-	-	-	-
9	2	17	82	12	14	27	9	31	84	159	204	368
-	-	-	-	-	-	-	-	-	-	-	-	-
79.2%	77.5%	77.1%	71.2%	78.4%	80.1%	82.8%	82.1%	80.4%	73.9%	64.9%	62.8%	48.8%
167	152	165	182	162	168	173	171	168	197	220	220	235
228	214	269	334	259	252	236	239	236	299	355	388	433
75	75	103	170	108	98	80	83	80	113	151	173	214
6	3	9	18	14	4	7	12	3	22	30	54	81
14	10	57	171	46	42	20	20	26	94	275	339	480
-	-	-	-	-	-	-	-	-	-	-	-	-
3156	3061	3079	2873	2655	3309	3201	3292	3319	3254	3175	3153	3080
289	320	229	227	246	300	308	340	408	470	486	488	586
1355	1376	1262	1011	1095	1350	1307	1340	1400	1360	1371	1385	1398
614	599	618	676	556	656	591	601	609	695	678	697	688
34	28	35	30	36	40	25	34	39	35	56	70	85
710	653	563	531	468	598	614	608	629	575	533	-	-
156	164	166	194	167	173	158	149	150	163	204	192	242
155	167	147	188	170	157	135	151	145	160	179	203	230
43	34	40	53	45	42	41	38	35	32	46	57	84
40	40	42	48	51	39	27	29	32	34	35	52	68

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

TARGET	SPARKLINE / PREVIOUS MONTH
120	

Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
13549	12924	12772	11344	11120	14642	14040	13136	14419	14097	12489	13460	13278
5774	5436	5179	4207	4751	6774	6170	5464	6104	6002	5351	6011	6087
1178	1201	1151	1067	1120	1282	1258	1207	1379	1423	1139	1297	1190
6597	6287	6442	6070	5249	6586	6612	6465	6936	6672	5999	6152	6001
8416	8948	8471	8294	7492	10058	8503	8934	9683	8563	7921	8940	8358
23614	24320	22020	22785	21945	27154	24410	24308	26415	24840	23283	25738	24529
2.81	2.72	2.60	2.75	2.93	2.70	2.87	2.72	2.73	2.90	2.94	2.88	2.93
6.0%	6.2%	5.8%	6.6%	6.1%	5.5%	5.5%	4.9%	5.3%	5.6%	6.1%	6.0%	5.7%
131	155	123	224	162	118	133	91	93	163	139	150	176
1222	932	820	700	693	824	807	623	630	855	620	804	451
359	325	359	262	296	357	327	323	364	346	358	370	305
4056	3878	3702	2997	2868	3606	3973	3969	4654	4390	3885	4167	3829
4	5	10	121	10	4	1	0	2	4	13	28	1
58	71	34	159	56	64	68	29	65	82	68	94	42
67%	68%	66%	54%	61%	73%	77%	78%	77%	75%	75%	73%	76%
523	503	470	396	441	430	453	454	533	484	424	463	434


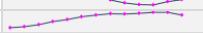



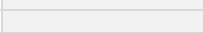

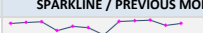


Outpatient appointments data from June 2021 now excludes CAS (Clinical Assessment Service) clinics, in line with SUS reporting. Outpatient appointments data for 1st Attendances and Follow Up attendances has been updated from April 2021 to match NHSI/E counting methodology. All Referrals figures in the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

TRUST BOARD REPORT : October-2021

OPERATIONAL PERFORMANCE SUMMARY - YORK

REF	18 WEEKS REFERRAL TO TREATMENT
5.01	RTT Percentage of incomplete pathways within 18wks
5.02	RTT Waits over 52 weeks for incomplete pathways
5.10	RTT Waits over 78 weeks for incomplete pathways
5.11	RTT Waits over 104 weeks for incomplete pathways
5.05	RTT Total Waiting List
5.06	Number of RTT patients on Admitted Backlog (18+ weeks)
5.07	Number of RTT patients on Non Admitted Backlog (18+ weeks)
5.08	RTT Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring from Oct-2019)
5.12	Number of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways at end of month*
5.13	Percentage of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways under 4 weeks at end of month*

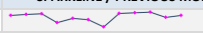




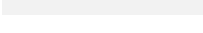


*Priority 2: includes all P2 pathways where there is a surgical decision to treat, not just open RTT pathways.

TARGET	SPARKLINE / PREVIOUS MONTH
	 ▼
	 ▲
	 ▼
	 ▼
	 ▲
	 ▲
	 ▲
	 ▲
	 ▼
	 ▼

Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
64.1%	66.5%	65.8%	62.9%	61.2%	62.5%	63.5%	66.1%	68.6%	67.3%	66.1%	63.8%	62.5%
1549	1581	1575	1784	1868	1781	1509	1306	1140	1049	1031	1217	1332
37	72	140	240	304	399	449	496	489	505	540	547	451
0	0	0	0	0	1	8	29	37	44	73	107	104
18840	18589	18840	18298	18553	19486	20303	20404	20663	21464	22297	23137	23823
3808	3338	3109	3102	3099	3110	3064	2888	2756	2672	2676	2829	2905
2953	2886	3343	3685	4094	4202	4344	4023	3742	4343	4892	5541	6018
18.7	17.9	18.2	18.8	18.8	17.8	17.3	17.2	16.8	16.5	17.0	17.4	17.5
-	-	-	-	-	-	-	505	465	409	475	554	452
-	-	-	-	-	-	-	70%	74%	75%	70%	75%	69%

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

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

TARGET	SPARKLINE / PREVIOUS MONTH
93%	 ▲
93%	 ▼
96%	 ▼
94%	 ▼
98%	 ◀▶
85%	 ▲
90%	 ▼
75%	 ▼

Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
93.9%	94.4%	94.7%	89.7%	92.1%	91.4%	87.3%	94.9%	95.3%	95.8%	92.7%	93.9%	-
88.0%	93.9%	97.3%	80.0%	92.6%	92.6%	92.8%	91.5%	93.6%	93.5%	96.0%	92.9%	-
97.2%	99.6%	97.1%	95.0%	99.4%	97.5%	95.5%	99.0%	98.6%	98.3%	98.3%	97.7%	-
88.6%	86.4%	92.1%	92.9%	96.4%	91.7%	95.8%	94.7%	91.3%	87.1%	87.0%	86.4%	-
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	100.0%	100.0%	100.0%	-
71.2%	73.0%	79.1%	73.4%	72.6%	72.8%	70.4%	80.5%	71.0%	68.7%	62.4%	74.9%	-
96.8%	97.7%	86.7%	91.7%	97.6%	97.1%	96.5%	83.7%	93.2%	84.0%	93.5%	74.9%	-
63.2%	63.7%	69.0%	56.9%	62.8%	71.1%	65.0%	65.2%	69.7%	68.0%	70.6%	66.6%	-

DIGITAL AND INFORMATION SERVICE

October-2021

Produced November-2021



The Board Assurance Framework is structured around the Trust's three Strategic Goals:

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

To support an engaged, healthy and resilient workforce

To ensure financial stability

Report produced by:
Information Team

Digital and Information Service: October-2021

Executive Summary

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Purpose of the Report:

To provide the Board with an integrated overview of the Digital and Information Service

Executive Summary:

Key discussion points for the Board are:

Limited number of things to report this month as work on Essential services programme is progressing as planned and we are waiting with baited breath for the response to our Unified Tech Fund bid of just over £2m, that if successful will help us deliver the smart foundations we need.

Of frustration is the increased amount of rigour and work that will have to be put into our Electronic Patient Record case. A process equivalent to the Scarborough ED case has been stipulated which means we need to consider where to get the specialists skills and expertise in to support that process and that recognise the elongated time and effort required for that process.

The Intelligence and Insight Team continue to receive an unprecedented number of data requests from NHSE/I (up 170%) and FOIs. Unfortunately this results in limiting the ability to support the Trust in developing internal operational reporting. This issue is being experienced by all acute providers, we are working closely with colleagues in the analytical teams within HCV and joint push back is taken where appropriate.

In addition, we have received early insight to a change in national SUS and ECS reporting which will create significant burden. A paper with further details on both the required reporting, operational and process changes will be taken to Executive Committee shortly.

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.

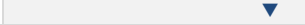


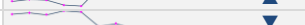

Author(s): Dylan Roberts, Chief Digital Information Officer
Simon Hayes, IT Service and Infrastructure Transformational Lead

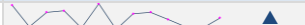
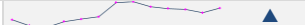

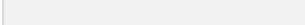
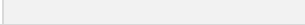
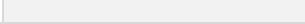
Director Sponsor: Dylan Roberts, Chief Digital Information Officer

Date: November-2021

TRUST BOARD REPORT: October-2021

DIGITAL AND INFORMATION SERVICE

REF	INFRASTRUCTURE & SERVICE MANAGEMENT TRANSFORMATION	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
9.03	Number of end user devices over 4 years old			-	-	-	-	-	4533	4483	4300	4220	4150	4130	4100	4050
9.04	Total number of calls to Service Desk			5763	5214	4780	5613	5190	5006	4178	3780	4227	4355	3951	4088	4324
9.05	Total number of calls abandoned			2546	2114	1761	2437	2584	1665	1224	722	982	994	802	1068	1052
9.06	Percentage of Service Desk Calls Resolved at First Point of Contact			9.4%	9.8%	9.7%	8.7%	8.5%	12.0%	11.3%	12.3%	12.2%	12.0%	11.7%	11.0%	12.3%
9.07	Number of Open calls (last day of month)			2965	3075	2932	3250	3146	1965	2212	1811	1608	1705	1768	1834	1769

REF	INFORMATION GOVERNANCE	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
9.10	Number of incidents reported and investigated			43	28	38	39	27	44	26	37	38	33	28	27	34
9.11	Number of Patient SARs			154	122	112	144	157	170	247	252	224	214	210	192	217
9.12	Number of Patient SARS processed within one calendar month*			153	122	112	144	157	170	288	252	197	213	145	180	217
9.13	Number of FOIs received (quarterly)			-	-	173	-	-	192	-	-	151	-	-	123	-
9.14	Percentage of FOIs responded to within 20 working days (quarterly)			-	-	78%	-	-	51%	-	-	77%	-	-	76%	-
9.15	Number of IG complaints made about Trust data handling to ICO			0	0	0	0	0	0	0	0	1	0	0	0	0

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

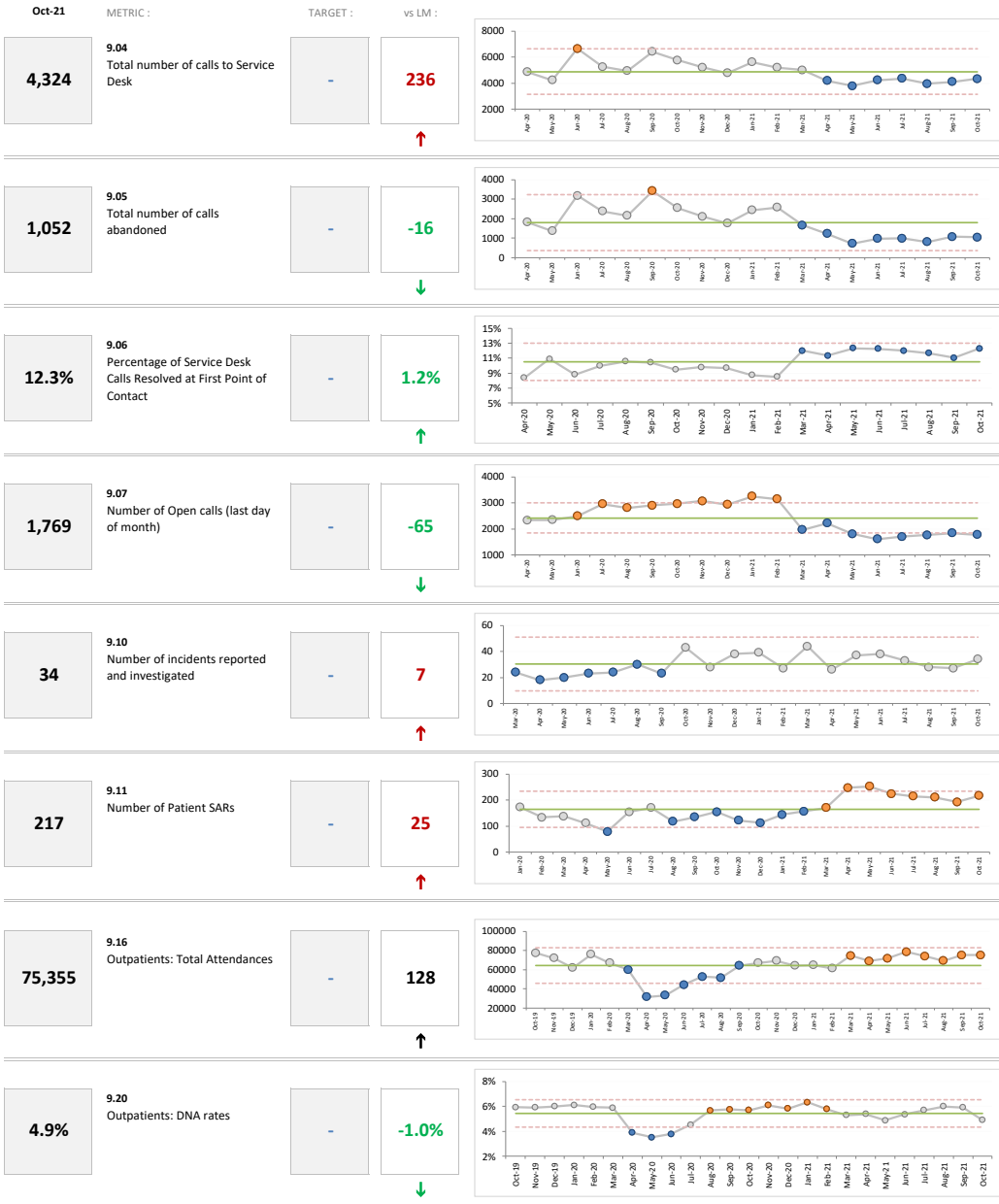
REF	OUTPATIENT TRANSFORMATION	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
9.16	Outpatients: Total Attendances			67135	69385	64356	64910	61506	74655	69093	71742	78557	74008	69448	75227	75355
9.20	Outpatients: DNA rates			5.7%	6.1%	5.8%	6.3%	5.8%	5.3%	5.4%	4.9%	5.4%	5.7%	6.0%	5.9%	4.9%

KEY:

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

TRUST BOARD REPORT: October-2021

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



HIGHLIGHTS FOR BOARD TO NOTE:

Infrastructure and Service Management Transformation

Operations - The service and operations teams have continued to deliver improvement against a backdrop of illness, annual leave, high demand and transformation demands. The service desk continues to drive the abandoned rate, first time fix and outstanding tickets (there is a meet in November to drive this one significantly).

While driving operational change the team are engaged in operational improvement, including:

- Work has been initiated on the development and delivery of best practise process to manage, govern and control service utilising ITIL methodology, starting with basics (Incident, Request, Major Incident, Problem and Change)
- The Network, Platform and End User teams are in different stages of developing and implmenting new operating models for their function
- The CPD team continue to deliver quality project and operational change against a very demanding portfolio

Transformation - the team have:

- Migrated 99.99% of devices to Windows 10 which will allow the Trust to close down a non compliance notice from NHSX in November
- Completed 30% (over 2500 devices) update to the new Windows 10 version (H2 which includes new functionality and security updates) - the team have a plan to complete by end of this calendar year (this will close down a compliance requirement from NHSX)
- The team have completed the migration of devices and servers to the new end point solution (microsoft ATP)

Outpatient Transformation

The number of outpatients seen via either telephone or video in October equated to 22.5% of attendances (excluding radiology).



**York and Scarborough
Teaching Hospitals**
NHS Foundation Trust

STAR AWARD

A MONTHLY AWARD WHICH RECOGNISES THE
ACHIEVEMENTS OF STAFF AND VOLUNTEERS

NOMINATION BOOKLET

December 2021





Nominations for December 2021

Linda Hirst, Healthcare Assistant	Selby	Nominated by a patient
<p>We wish to record our thanks to Linda, who kindly showed such competence and courtesy while in our home caring for John. She noticed myself quite ill and used her ability to see that proper help soon arrived. Now she has identified herself, we wish to express our thanks for showing us much kindness. She is a credit to her calling.</p>		
Kent Ward	Bridlington	Nominated by Sue North, patient
<p>The whole team from the beginning of my knee replacement operation. Pre-op team, Mr Andrews, nurses, theatre, cleaners and physio and night nurses were absolutely wonderful they reassured me and were so kind and helpful they all worked together so well. They are a credit to the NHS - well done.</p>		
Willow Ward, Eye Unit	Scarborough	Nominated by a relative
<p>The amazing team on Willow ward without exception are quite simply exceptional. Their care, patience and dedication know no bounds and whether it be a consultation with invaluable advice from the wonderful Mr Narendran or reassurance on operation day from the caring nurses, or advice given to me over the phone it is always of the same quality and consistency which is priceless - especially with an elderly parent. I cannot praise the staff enough....fabulous.</p>		
Emergency Department	Scarborough	Nominated by Sally Ellis, patient
<p>Everyone involved in Scarborough A&E has been fantastic in giving myself care and treatment for my ongoing complex issues. There are many members of staff that deserve their own individual awards but as a whole I could not be more grateful to everyone here. Attending the department multiple times really opens your eyes to the pressures and challenges this team goes through, no matter what they still deliver the upmost fantastic care and push on no matter what. Their morale is always high, nothing ever seems to be too much and they have helped me in areas I wouldn't have expected. There are numerous occasions where they have gone above and beyond. I have never appreciated a group of people as much as I do everyone within A&E, and that just isn't doctors and nurses, it is absolutely everyone that works in the department. A star award doesn't seem enough for the amount of times they have helped me but all their hard work and efforts will never go unnoticed by myself. I will forever be thankful.</p>		



Darren Ford and the CT Scanning team	Scarborough	Nominated by Ed Smith, colleague
<p>Darren's CT team went above and beyond over the period 25-28 October. When faced with a CT breakdown situation in the solitary permanent scanner on the Scarborough site, they remained unfillable and worked tirelessly to ensure that not only was the CT repair plan coordinated and facilitated, but also that the patient's were provided with safe and efficient care in the mobile scanner.</p> <p>The CT radiographers continue to deliver despite increasing pressure on the service and really do pay an absolutely key part in delivering high quality safe care. They embody the Trust values and it is a privilege to work along side them at all times.</p>		
Susan Kelly, Sister	York	Nominated by Peter Carlyle, colleague
<p>This women is a incredible person. Her kindness and sincerity to wards not just the patents but her staff who tries to accommodate staff requests when she can. She has helped me through my dyslexia to become more confident in what I do.</p>		
Helen Cartlidge, Mary Allison and Fiona McIntosh	York	Nominated by Imogen Fairburn, colleague
<p>Helen, Mary and Fiona always work exceptionally hard but have had to do so even more so this last month when their colleague has had to take some time away from work in difficult circumstances and then they have each had periods of leave booked at the same time. This has left us light handed but they have all dug deep, done extra hours and gone the extra mile to make sure the work gets done.</p> <p>I am really appreciative of them all for being so professional in very tough times.</p>		



Acute Stroke Unit	York	Nominated by a colleague an Anna Morley, colleague
<p>The Acute Stroke Unit has worked so very hard and have worked brilliantly together as a team, even when they are very under staffed. Not once have they failed to provide great care, especially through the pandemic to now. They are a brilliant team and please continue with the hard and brilliant service they provide.</p> <p><i>Second nomination</i></p> <p>My neighbour was admitted to ward 23 in October. He lived with his wife but they have no close family, they only really had each other. The care and support provided to his wife Katie was remarkable and all the ward staff went above and beyond in a really difficult time. Every sister, nurse, HCA , domestic and PSA who looked after them both should be really proud of themselves because they made a huge difference to Katie whilst Brian was in hospital and after he passed away.</p> <p>Katie herself has said numerous times to me that the ward were 'marvellous' and showed her so much empathy and support. I just wanted to make sure that they got the recognition for their incredible work. Id like to also specifically mention Hans the nurse who was just wonderful and ensured that Katie was included in everything and dealt with Brian and Katie with kindness and compassion.</p>		
Maria Richardson, Facilities Assistant Manager	Scarborough	Nominated by a colleague
<p>Maria has worked tirelessly to keep the facilities department functioning even though staffing levels have been down due to under staffing, COVID, sickness and holidays. Maria has stepped in to cover anything from deep cleaning, portering, training new staff and stepping into cover supervising so her staff can take their holidays, as well as juggling her own demanding workload. Maria has worked on her days off and even cancelled her holiday as this would impact on the staffing levels across facilities. As for most it has been a difficult time but she has gone over and above to make sure this has not impacted on the patients and the Trust.</p>		



Tim Hamilton, Physiotherapist	York	Nominated by Amber Thompson, colleague
<p>Tim joined us in the height of the pandemic and hit the ground running, and made himself an invaluable member of the team in no time at all. He always goes the extra mile for patients and always helps in any way he can. After a student nurse had experience their first cardiac arrest he struggled a little to make sense of what had happened, but Tim took the time (having been at the same arrest) to explain what had happened how that compared to other similar situations and reassured the student nurse that he had done well and carried out his role exactly as was expected and needed of him.</p> <p>Just listening from the side lines you could tell that Tim had managed to meet the student exactly where he needed him to and was able to use their shared experience to provide reassurance and support. Tim is an important part of the team in so many ways but I don't think any of us will ever know just how much he helped that day but that student looked a lot happier and walked a little taller after that interaction. Thanks Tim.</p>		
Emma Peel, Maternity Support Worker	Scarborough	Nominated by Emily Martin, patient
<p>Emma looked after me amazingly post birth. I was having a really hard time while my daughter was going through tests and Emma spent the extra time to make sure I was ok. She never failed to pick up the phone even if she wasn't at work that day. Even before my daughter was born she ran around Scarborough trying to make sure I had what I needed for the extra tests I had to have. She was just amazing and I am so great full for her help. Despite being busy I never felt like I'd over stayed or that she was trying to get rid of me. I feel she went above and beyond what is expected of her.</p>		
Jean Scaum, Healthcare Assistant	York	Nominated by Ward 16 Sisters
<p>Jean has been nominated for a star award for her hardworking, friendly, positive attitude she brings every shift. Jean works incredibly hard to keep morale boosted on the ward by organising the staff lottery monthly, and Bingo nights. Jean will make it her mission to assist bathing or showering patients every time she is on duty, making sure all patients basic needs are met. Every morning she is on shift, she will ask all patients if they want a newspaper/magazine and will go to the hospital shop to get one. Jean will go above and beyond and nothing is too much trouble. We think Jean deserves recognition for all of the hard work she puts in with both patients and staff. Thank you Jean.</p>		



Lesley Johnson, Ward Clerk	York	Nominated by Ward 16
<p>We think Lesley deserves a star award because she is always polite, friendly and positive. During some really challenging days on the ward, Lesley has remained calm, answering numerous phone calls, booking in relatives for a visit and assisting where she can to take pressure from the nursing staff.</p> <p>Lesley keeps patients and relatives well informed and her calm approach is reassuring. She does her role with a smile on her face and never complains, despite having a high workload herself. We feel Lesley's friendly attitude helps to keep the environment a positive one, particularly during challenging times.</p> <p>Thank you Lesley.</p>		
ICU team	York	Nominated by Charlotte Wilson, relative
<p>I want to nominate the ICU team because of the exceptional care they gave my mum during her time with them. She sadly passed away but they went above and beyond caring for her and us when the time came. I want to especially thank and recognise nurse Meg who was with my mum until the end. Meg supported me before, during and after her death by allowing me and my partner to be with mum, and giving me the opportunity to talk about my mum and supporting me through next steps kindly once she had passed.</p> <p>I will never forget the moment Meg said my mum had passed away but I am so grateful for her kindness and care when it mattered the most. Meg made the hardest thing ever just that bit easier.</p>		
Sofia Walker, Student Nurse	York	Nominated by Lillie Scott, patient
<p>I recently had the worst experience of losing my first pregnancy, and Sofia was such a lifeline throughout the whole process. Sofia held my hand, cuddled me and gave me so much reassurance and kindness.</p> <p>Sofia works tirelessly and adores her job and caring for other people, she deserves this so much - I can't thank you enough, Sofia. You're a fantastic nurse.</p>		



Muhammed Khan, Highly Specialist Respiratory Physiologist	York	Nominated by Liz McDonald, relative
<p>This gentleman was absolutely fantastic with my mum at her recent appointment. She's deaf and disabled and he did his utmost to ensure that he could communicate with her in the best way possible, even though I was present. He was so pleasant and relaxing and managed to keep my mum calm and relaxed throughout even though she was struggling with the tests. The patience and kindness of Muhammed was amazing to see. Thank you.</p>		
Caitlin Pollard, Generic Support Worker	Community	Nominated by Emma Bower, colleague
<p>Caitlin has gone above and beyond for a patient. Caitlin has formed a relationship with an anxious patient, who has recently received a cancer diagnosis. The patient lives alone and towards the end of the catchment area. The patient was waiting for a hospital bed to be delivered, which was delayed. Caitlin has offered to go back to the patient, after finishing the planned visits, to help with moving furniture ready the hospital bed. Caitlin also gave her work contact number to the patient, to ring to let her know when the hospital bed is expected to be delivered. This reduced the patient's anxiety, by having a close point of contact and continuity of care.</p> <p>Caitlin has delivered high-quality and person-centred care for the patient, as can be difficult with traveling in such a big catchment area. Thank you Caitlin, you star.</p>		
Transfer Team, Patient Flow	York	Nominated by Michael Scott, colleague and volunteer
<p>The Transfer team at York Hospital work hard to transfer patients between the Emergency Department and the wards, and between wards. They always come onto AMB (Ward 21) while I am on shift as a Ward Support Volunteer, always willing to help transfer patients from AMB to other wards in the hospital really quickly - which helps free up beds which helps the Emergency Department. The Transfer team also helps the Discharge Lounge when the Lounge is under pressure by taking people to the toilet, helping to collect people from the wards and manage the desk. We would be really lost without the Transfer team at York Hospital - they are superstars.</p>		



Caroline Harris, Deputy Service Manager	York	Nominated by the Ward Clerk team, colleagues
<p>The whole maternity ward clerk team would like to nominate Caroline as she has been working incredibly hard for us all since becoming our manager. It's been a tough time recently with us being so short staffed but Caroline doesn't let it faze her. Caroline is always there to help and offer support which is very much appreciated during a busy shift on maternity. Thank you for everything you do for us.</p>		
Cashiers	York	Nominated by Emma Dunnill, colleague
<p>The team at York work tirelessly, dealing with staff and patient queries and they process large quantities of charity donations. They all work so hard and deserve so much credit for the speed they power through their work. The charity certainly couldn't function without them. Their quick work means the charity can send thank you letters to donors within 24-48hrs of receiving the donation. Nothing is too much for them. Well done and thank you to cashiers.</p>		
Swabbing team	Scarborough	Nominated by Chris Blackstone, colleague
<p>This team, led by Edwin, have carried out COVID swabs from a diverse range of facilities. I have seen Edwin and his team stood out in the rain, trying to give ambulatory patients dignity while being swabbed in the open air. Edwin has gone the extra step, working out of hours, to test new doctors to allow them to start their new posts the following day and travelled to the far side of Pickering to swab the mother of a child due for surgery the following day to allow her to accompany the child in hospital. Edwin is moving to a new post and I wish him all the best.</p>		
Nelsons Court, Nursing Ward 2	Community	Nominated by a colleague
<p>We were extremely short staffed when a patient became acutely unwell suddenly while working with the physios. I came to help thinking I needed to help hoist the lady onto the bed when it became apparent more help was needed. The ACP who had just started that day, Adrian, and the staff nurse Carol Wolf came immediately, calmly assessed the situation and with the physios help, Susan Dodd and Rachel Vardy, (physio student) who was in fact new that day also, managed to get the lady comfortably onto the bed. The lady was very poorly but the team quickly got her stable again. Everyone worked well as a team and I feel proud to be part of it.</p>		



Bryony Cappleman, Niamh Dixon, Rachel Wilson and Rihanna Evans	Scarborough	Nominated by a colleague
<p>After we were informed by the police that one of our colleagues was missing from home, these four ladies made no hesitation in going out and helping to search for her that evening. One of the girls is on maternity leave, two on days off and one just finishing a 13 hour shift. They did not let that stop them! These ladies show what it is like to be part of a team and how much we care about each other. They are amazing.</p>		
Rachael Snowden, Healthcare Assistant and Roxy Judson, Senior Discharge Liaison Officer	York	Nominated by Sue Nightingale, colleague
<p>Rachael was working in the discharge lounge with Roxy when an incident in the hospital car park happened. Both Roxy and Rachael were very quick to respond ensuring the people involved were taken care of and that they received the correct treatment. Roxy continued to look after the gentleman's wife and made sure she was safe and kept informed about her husband as much as possible while he was receiving treatment in the hospital. They were both very professional.</p>		
Special Care Baby Unit	York	Nominated by Jemma Brett, relative
<p>After a traumatic experience having an emergency C-section 11 weeks early in Lancaster Infirmary, I was relieved to find out that our little baby boy was going to be transferred closer to home. Our baby son was transferred to York SCBU and from the minute we arrived the team were so supportive and reassuring. Nothing was too much and they helped us to care for him, training us on feeds and routine checks. I would like particular recognition to go to Becky and Amelia who looked after our baby son in the first 48 hours. Amelia used the vCreate app to share photos of our baby when we were home in Scarborough, which helped us to know that he was in excellent hands and was well looked after. And to Becky for the fun and laughter during a tough time, you kept our spirits up.</p> <p>The whole team deserve the recognition for the amazing job they do - they are all heroes.</p>		



Debbie Scott, Matron	York	Nominated by colleagues
All of us in maternity really appreciate Debbie and all the work she does. She is friendly, approachable, reliable, and always willing to listen despite the enormous amount of work that she has on. We are lucky to have her.		
Sarah Wright, Ward Clerk	Bridlington	Nominated by colleagues
We had a complicated and complex pain list on a difficult day. Sarah spent a very long time rearranging the admission times after liaison with Dr Jacob, Sharon in waiting list and the theatre staff. She then contacted all the patients, some more than once, to explain there may be delays during the list and they may be in hospital longer than expected. Everyone was kept informed at all times.		
The whole surgical team were grateful for this as patients were not unduly worried about delays in their treatment. All of the patients said they had been told to expect a longer than usual stay and had brought something to do to keep themselves occupied.		
Ward 24	York	Nominated by a relative
There are no words to express the loss of our precious mom, who sadly passed away. We are all heartbroken. Mum was a lovely lady. Your care, kindness and understanding towards Mum and us as a family during mum's final days was so very much appreciated. You are all very special people and we will never forget your constant attentive care.		
THANK YOU is not enough as you all went above and beyond to help us through this extremely sad difficult time.		
Ann Kemp, Healthcare Assistant	York	Nominated by Helen Elliott, patient
I had a video urodynamic x-ray in radiology today and Ann went above and beyond to make sure the whole procedure was carried out in a dignified manner and continually asked if I was okay. Thanks Ann.		



Hayley Hartevelde, Clerical Officer	York	Nominated by Edith Myers, relative
<p>My daughter who has learning disabilities needed to attend at the x-ray department for an ultrasound at your York Hospital. I was due to attend with her but due to an emergency I was unable to do so which left me very anxious.</p> <p>My daughter attended instead with a care worker. It was an understandably extremely anxious visit for my daughter Elizabeth due to communication barriers. Elizabeth was having difficulty communicating that she needed to go to the toilet as well as other things and the care worker was struggling to understand her. Luckily a lovely young woman waking past noticed Elizabeth's agitated state realising she was using Makaton this young lady introduced herself as Hayley and helped the care worker talk with Elizabeth and calmed the matter in hand.</p> <p>I can't explain how grateful I am to Hayley for stopping to help and what an impact she had on Elizabeth and the difference she made to my daughter that day. She particularly liked the nursery rhyme Hayley signed in Makaton and was signing it all evening. As a parent not being able to be there to support your child in such a difficult situation plays heavy on your heart but knowing that there are staff members that go that extra mile is a great comfort. Such kindness she showed my daughter will not be forgotten. Thank you.</p>		
Elaine White, Staff Nurse	Community	Nominated by Louise Cole, patient
<p>After visiting out of hours Saturday evening, after my son become unwell throughout the afternoon, we visited Selby out of hours and my son was seen by Elaine, who went over and beyond to ensure my little boy had the correct pathway of care.</p>		
Donna Coop, Patient Service Operative	York	Nominated by Verity Sedgwick, colleague
<p>Donna always has time available for everyone, while being considerate and compassionate. She will be happy to do whatever anyone is asking including of late, coming in earlier to support the ward. The ward has been very short staffed lately so Donna has been flexible to assist with the patient care when she was able to work extra hours and do extra jobs. She has done all of this with an empathetic manner.</p>		



Susan Birkitt, Staff Nurse	Community	Nominated by Stacey Torres, relative
<p>Sue was amazing. She came out often to our mum when she was discharged from hospital on EOL she went above and beyond. My mum really liked Sue. She came out one night to do a sub cut and managed to persuade our mum to get in bed when she was suffering with a bit of delirium/confusion due to an infection because she hadn't been to bed for two days. Sue always checked we were okay and were coping.</p> <p>Sue is an asset to the team. We cannot thank you enough.</p>		
Rachel Baxter, Community Staff Nurse	Community	Nominated by Stacey Torres, relative
<p>Rachel came out to our mum very often. Rachel was always very kind and caring. Rachel went above and beyond. When our mum passed away Rachel came out to certify her death and washed and dressed our mum ready to go to the funeral directors. We can't thank you enough Rachel. You are an asset to the team.</p>		
The Science and Engineering Week team	Scarborough	Nominated by Phil Dickinson, colleague
<p>Scarborough Science and Engineering week is an opportunity to inspire the NHS workforce of the future. The team had to coordinate this event with 20 days' notice and it is a testament to all that we delivered a really impressive selection of 'Hands On' events for the 2,000 young people that attended over three days. Thank you for rallying round, mucking in and pulling it off in what we have come to see as the 'Scarborough Way! The passion and enthusiasm across the three days was really tangible and we know you will have inspired potential future members of #TeamNHS.</p> <p>It makes us really proud that we formed a team of colleagues from over 20 different career paths, including partners from HUFT and HCV Health and Social Care Workforce Consortium.</p>		



Sarah York, Advanced Nurse Practitioner	York	Nominated by Helena Lee, patient
<p>Sarah York saw that I was extremely anxious and distressed when I attended the Colposcopy Suite for a hysteroscopy appointment. I had received the letter twice and in both letters it said there was a booklet enclosed to explain the procedure. On both occasions I had not received the booklet. The letter in itself was extremely misleading because it was in fact just to confirm my procedure not for the actual procedure on the day. I was all worked up and worrying about the fact that I would have to undergo the procedure with a local anaesthetic.</p> <p>Sarah was so kind and understanding and helped me though an extremely stressful time. She calmed me and explained clearly what would happen when I had the hysteroscopy and that it would be done under a general anaesthetic. She was just brilliant at her job and I'm sure I won't be the only person who recommends her for a Star Award.</p>		
Dominic Smith, Consultant, Children's Services	York	Nominated by a colleague
<p>This consultant recognised that a young person had a diagnosis that is difficult to make, requiring a sensitive approach and more time than usual. Went on to stay late to talk to the family involved. Following this, the family were visibly relieved and you could appreciate that this was a turning point for them in their understanding and ability to move forward. This consultant has set a high standard for patient care in their skills of listening, being respectful and genuinely caring.</p>		
York Community Response Team	Community	Nominated by Anne and David Yeadon, patient
<p>Impressed by immediate response when my husband needed care, Anna, OT and Taz PT provided next day visits and special equipment with instructions for use. This meant my husband could help himself and we were freed of accidents and falls that affected us both. We could not have continued without their support and the morning carers were superb...promoting independence, skills, respectful support with lots of smiles, Yorkshire humour, and patience. Lists of community resources and exercises were also shared.</p> <p>A very big thanks of appreciation to each and everyone.</p>		



Nailia Rafique, Speciality Doctor	York	Nominated by a patinet
<p>I was due to attend a clinic appointment for a invasive procedure. Prior to going I was very nervous and struggled to bring myself to even attend the appointment. From the moment I met Dr Rafique she showed so much kindness and compassion towards me. Dr Rafique listened to all my queries and concerns. I am aware of how stretched the NHS as a whole is at the moment, but I never once felt rushed. Dr Rafique helped me by discussing through all my options, in order to help make an informed decision. Throughout my consultation she ensured patient-centered remained her key focus, taking into consideration my personal circumstance and lifestyle. I was made to feel very comfortable throughout my consultation and procedure. The service I received as a whole was of extremely high standard. Thank you so much, you are an asset to the service.</p>		
Gary Hardwick, Cleaning Operative	York	Nominated by Verity Sedgwick, colleague
<p>Gary provides a very discreet and respectful domestic service. He supports the patients and staff so that they know they are not forgotten. Whenever there is the need, he voluntarily steps into help with tea trolley duties or anything required. He will assist with telephone queries when the ward is very busy and with limited staff available. Gary takes a lot of pride in being there for everyone, especially with being able to lift the spirits of the staff.</p>		
Grace Greenwood, Staff Nurse	York	Nominated by Jade Hope, patinet
<p>Unfortunately I suffered a bad miscarriage after a termination of pregnancy due to my own medical reasons. Grace was my staff nurse from start to finish while being in A&E she went above and beyond making sure I was comfortable and constantly checking on me and my needs. Her natural ability of being a perfect example of a nurse, I couldn't have felt more cared for. She was emotional there for me when I had no one else could talk to, in them few hours I felt like I had known her my whole life she made me so at ease and made a horrible situation more bearable. She listened and respected me, empowering me in my treatment and my own choices. She made sure I had a side room and kept me as comfortable as I could be, ensuring I had all the appropriate toiletries and comforts. I will never forget Grace and the care that she gave me that day - the Trust is really lucky to have such an amazing young nurse. I have no doubt she will do extremely well in her career.</p>		



DIS Training team	Trust-wide	Nominated by Sue Bennington, colleague
<p>I want my team to be recognised for their tireless efforts throughout the last year, they have shown great tenacity, determination and flexibility to ensure that we maintain all of our training courses and services that we offer to all our users.</p> <p>They have all shown great strength of character in the way they have behaved throughout this period, going above and beyond in so many ways that to document them all would take me a while. They have looked for different and inventive ways to deliver both face to face and virtual training and how to support users, and I want the trust to know that when we had our backs against the wall, each and everyone one stepped up the pace.</p> <p>I am very proud to be their manager and immensely proud of what they have achieved over this last year. In everything they do they are focused on providing the very best experience to our users, not always getting the support we need or require, but they battle on to ensure that ultimately, through their determination the ultimate beneficiary will be our patients.</p> <p>Our patients care is at the forefront of what we do; our aim is to provide an excellent experience to our users every time we interact with them. A huge thank you to my team, you are amazing.</p>		



Nelsons Court, Nursing Ward 1	Community	Nominated by Tracy Means, colleague
<p>Due to severe pressures during the week of 18/10/21 consultation took place on how we could manage the increasing numbers of COVID positive patients. These patients were fit for discharge but were unable to leave due to still being within 15 days of their diagnosis and needing either a care home or care package to support a safe discharge. As such a decision was made to prepare NC 1 for the role of COVID rehabilitation. As such much had to happen to enable this including identifying where the current cohort of patients would be housed, swapping vulnerable staff with none vulnerable staff, checking all necessary IPC recommendations were in place.</p> <p>All the staff that work at NC1 and the ward sister of NC2 Helen Helps worked diligently to ensure that by last night a plan was in place. This would ensure that patients could be safely moved to alternate accommodation and the ward would be ready to receive a cohort of COVID positive patients. The staff on duty were really keen to support the changes and went above and beyond to make sure that we could do this, no barrier was too big to cross.</p> <p>They all went above and beyond, including NC1 Ward Sister Marianne Jordon who was isolating and working from home to support this change. They certainly stepped up to the mark and deserve a huge thanks you for this.</p>		
AMB Ward	York	Nominated by Wendy Whittaker, relative
<p>My mum was placed on this ward; we did not think she would make it through the night but she lived for a further five days. The staff on the ward are absolutely amazing. Their care and support is second to none. They are a credit to their profession. My family cannot praise them highly enough, nothing was too much trouble. They deserve to be winners.</p>		



<p>Jane O'Neill, Breast Cancer Specialist Nurse</p>	<p>York</p>	<p>Nominated by Dan Palmer, colleague</p>
<p>Jane acted as an advocate for a patient. On the patient's first day on admission she was suffering a lot of pain and the cancer specialist nurse suggested to her that it was referred pain from the fluid around her heart and once that was address she would be able to go home. During her stay, the patient felt there was a push to place a DNACPR and an emphasis on palliation from the medical team, which was made worse by delays in prescribing medication. The patient felt like people were giving up on her, despite there being a revisable cause. Jane did everything she could to act as an advocate for the patient, finishing her day job then going to AMU to work as a nurse just to ensure the patient was looked after. Jane was emailing and texting consultants on her days off and weekend off just to ensure the patient had the best chance of being treated. The patient is not at home with her family and feels if it was not for Jane acting as her advocate during this admission she could have been made palliative during this admission.</p>		
<p>Karina Szumilas, Healthcare Assistant</p>	<p>Scarborough</p>	<p>Nominated by Kerry Headlam, colleague</p>
<p>Karina goes above and beyond her role as a healthcare. She is very friendly and caring and works really hard under pressure, especially with the pandemic and staff shortages. Karina makes patients feel at ease when in her care and that's what you want when in hospital poorly. Karina is holistic about every patient and ensures there needs are all met. It's always nice to feel appreciated and I feel that Karina deserves the acknowledgement of her work and care.</p>		
<p>Hamal, Divaka, F1 Doctor</p>	<p>Scarborough</p>	<p>Nominated by Tanya Barber, colleague</p>
<p>For the last two days Chestnut Ward has had a few end of life patients, which Dev has been responsible for. He has shown great compassion, not only to patients but to their relatives as well, taking time out of his day to speak directly to them and give them all the information that they require. Dev has also been very informative towards staff that are looking after his patients asking advice when he's not too sure where to go and generally being there when he's needed. Nothing is too much trouble for him he's always happy to help and answer questions.</p>		
<p>A fantastic doctor in the making.</p>		



<p>Debbie Ward, Staff Nurse; Emily Murphy-King, Staff Nurse; Rory Tranter, Staff Nurse; and Racquel Montesdeoca Garcia, Healthcare Assistant / Endoscopy technician</p>	<p>York</p>	<p>Nominated by Michelle Robinson, colleague</p>
<p>Dr Chandler and the nursing team managed three Upper GI bleeds in a row, in about an hour, thanks to the endoscopy staff doing the ward transfers themselves and turning the room around quickly. The team showed great empathy to all three patients and worked with great efficiency and skill. If it wasn't for the speed in which Rory and Dr Chandler acted when the team realised how bad the variceal bleed was, it could have had a very different patient outcome. This patient needed a lifesaving scope.</p>		
<p>Matthew Holmes, Medical Secretary</p>	<p>York</p>	<p>Nominated by Mark Halliday, patient</p>
<p>Matthew has gone above and beyond in supporting my referral to Rheumatology. I've personally been through a challenging year health-wise and he has helped to process my referral faster in the initial and diagnosis stages. He has communicated extremely well to make it clear what stage I'm at and what info we are waiting on. He's a credit to the team and York Hospital.</p>		
<p>Jon Hunter, IM&T Engineer</p>	<p>York</p>	<p>Nominated by Catherine Leatherbarrow</p>
<p>Jon is a great asset to the IT team; he's helpful, supportive and knowledgeable. He is always happy to help and never complains about anything. He always helps when we ask, at short notice too. If he can come in person he will. He gets on with everyone and is always happy and willing to drop a Dad joke or two (or three). If there's anything he can do for us he will. I honestly don't know what we would have done without him - especially over these last few months as we've had a number of IT issues recently. Even if it's not in his job description, if he can help he will. He's great - a positive person and a lovely colleague.</p>		



Kate Walsh, Clinical Governance Coordinator	York	Nominated by Mark Quinn, colleague
<p>Kate has found herself without the Clinical Governance Lead and Associate Chief Nurse through illness, who deliver the Quality and Safety agenda for the Care Group. Kate has stepped up to the mark, working beyond her role to not only to prepare papers for our key performance meetings such as the Quality and Assurance committee, but also presented them and has chaired our Quality and Safety committee with assurance and professionalism. The extra work she has put in across the board to ensure dissemination of learning and documentation is a real credit and above and beyond the expectations of her role.</p>		
Stuart Pitts, Facilities Technician	Bridlington	Nominated by Nigel Watkinson, colleague
<p>Stuart has gone above and beyond. Throughout the recent power issues at Scarborough, Stuart has helped the team enormously and without him we would not have the temporary generators working today which would have put patients in grave danger. Even through this work Stuart still had time to teach apprentices about what we were doing. Stuart did 12 days straight at work with the rest of the team with no break; he even turned up in the middle of the night to help the team pull in very large cables to get the generators connected. An external specialist even commented that most hospitals would not have been able to do what the team did without Stuart.</p>		
Jack Morritt, Healthcare Assistant	York	Nominated by William Oram, colleague
<p>Jacks recognised a colleague was deeply emotional and upset about personal reasons. Jack took it upon himself to help comfort this colleague and reduce their anxiety by giving them his time and effort whilst suggesting he would take on their work load to help relieve stress for the afternoon. While this was very kind of Jack, this situation isn't a one off as Jack regularly goes above and beyond for all his colleagues on main outpatients department.</p>		



James Waugh, Biomedical Scientist	Scarborough	Nominated by Gemma Maxwell
<p>James is a biomedical Scientist and with the effects of the COVID pandemic affecting all staff both personally and professionally, James decided to open a conversation in the department with regards to mental health and wellbeing. James has displayed a real interest in working to help staff in the department. With this in mind James has updated all the staff notice boards in the department including the health and wellbeing board and training board. He has posted social events and local activities to help staff. The boards are now inviting and interesting to read and he has ensured they have colour and character to be more appealing. He has also volunteered to be a mental health first aider for the Trust and will undertake the training required.</p>		
Donna Scaife, Staff Nurse	York	Nominated by Helen Green, colleague
<p>Donna is our rota creator; she works many more hours than is allocated creating a good rota which safely covers the ward whilst taking into account everyone's requests, where possible. Donna often takes the shifts that are not covered for her own rota, even if they are not always her ideal pattern. I can tell that she feels responsible for the ward to be covered. Today, Donna came in at very short notice to work and help her colleagues, who were struggling because of unplanned sickness, the ward was extremely busy. Everyone was very grateful for her commitment to the unit. This is a regular occurrence for Donna and she always arrives on the unit with a smile and happy to help. I know that we do have a lot of nurses who help out willingly, and I almost feel bad having singled out Donna, but she will accept this Star Award nomination reluctantly, as "it's my job" and on behalf of the whole SCBU team. Thank you Donna for always giving more than asked of you.</p>		
Plaster Technicians	Scarborough	Nominated by Jules Rennison, patient
<p>Having recently received treatment (currently ongoing) for a fractured ankle, I have found all staff within the fracture clinic department to be friendly, courteous and professional when dealing with my injury. I would particularly like to nominate Elaine in the plaster room for her attention, caring nature - and for going the extra mile to provide excellent care and service. In my opinion she would be more than worthy in receiving a further Star Award to be recognised for her efforts. Thank you</p>		