York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors (Public) – Blue Box

25 May 2022

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Agenda Item	ITEM	PAGE
9.	**Nurse Staffing Report** To receive the report.	
9.1	Appendix 1-2	03
12.	**CQC Update** To receive the report. Appendix A	11
16.	**Integrated Business Report** To receive and discuss the IBR, highlighting any areas of concern not already discussed.	87
8.	**Any other business including questions from the public**	
19.1	• May Executive Committee minutes	151
19.2	• Star Award nominations - June	161

Appendix 1

Care Group	Day				Night				AHP	
	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - registered allied health professionals (AHP) (%)	Average fill rate - non-registered allied health professionals (AHP) (%)
CG1	79%	73%	19%	-	91%	96%	0%	-	-	-
CG2	77%	89%	15%	-	88%	95%	28%	-	-	-
CG3	79%	80%	-	-	90%	98%	-	-	-	-
CG4	67%	73%	-	-	100%	80%	-	-	-	-
CG5	70%	62%	-	-	82%	63%	-	-	-	-
CG6	-	-	-	-	-	-	-	-	-	-
Total	77%	78%	21%	-	89%	93%	10%	-	-	-

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				AHP	
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - registered allied health professionals (AHP) (%)	Average fill rate - non-registered allied health professionals (AHP) (%)
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Ann Wright	430 - GERIATRIC MEDICINE - RISK MANAGED		100%	103%	-	-	98%	98%	-	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Ash	100 - GENERAL SURGERY - RISK MANAGED		81%	81%	-	-	93%	99%	-	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Beech	300 - GENERAL MEDICINE - RISK MANAGED		79%	75%	-	-	94%	89%	-	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Cherry	326 - ACUTE INTERNAL MEDICINE - RISK MANAGED	300 - GENERAL MEDICINE - RISK MANAGED	78%	76%	19%	-	81%	83%	-	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Chestnut	301 - GASTROENTEROLOGY - RISK MANAGED	300 - GENERAL MEDICINE - RISK MANAGED	74%	82%	0%	-	77%	83%	-	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Coronary Care Unit	320 - CARDIOLOGY - RISK MANAGED		70%	82%	-	-	90%	84%	-	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Duke of Kent	420 - PAEDIATRICS - RISK MANAGED		80%	90%	-	-	102%	98%	-	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Graham	430 - GERIATRIC MEDICINE - RISK MANAGED		-	-	-	-	-	-	-	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Hawthorn	501 - OBSTETRICS - RISK MANAGED		89%	96%	-	-	97%	90%	-	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Holly	110 - TRAUMA & ORTHOPAEDICS - RISK MANAGED		71%	88%	-	-	100%	98%	-	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Intensive Therapy Unit	192 - CRITICAL CARE MEDICINE - RISK MANAGED		74%	21%	-	-	80%	4%	-	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Lilac	101 - UROLOGY - RISK MANAGED		75%	101%	3%	-	91%	107%	0%	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Maple	100 - GENERAL SURGERY - RISK MANAGED		103%	137%	-	-	122%	139%	-	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Oak	430 - GERIATRIC MEDICINE - RISK MANAGED		96%	104%	-	-	91%	108%	-	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Stroke	328 - STROKE MEDICINE - RISK MANAGED		50%	103%	-	-	69%	100%	-	-	-	-
RCBNH	BRIDLINGTON AND DISTRICT HOSPITAL	Johnson	430 - GERIATRIC MEDICINE - RISK MANAGED		81%	96%	-	-	105%	98%	-	-	-	-
RCBNH	BRIDLINGTON AND DISTRICT HOSPITAL	Kent	110 - TRAUMA & ORTHOPAEDICS - RISK MANAGED		71%	66%	-	-	56%	-	-	-	-	-
RCBNH	BRIDLINGTON AND DISTRICT HOSPITAL	Lloyd	100 - GENERAL SURGERY - RISK MANAGED		40%	30%	-	-	0%	0%	-	-	-	-
RCB55	YORK HOSPITAL	11	100 - GENERAL SURGERY - RISK MANAGED		76%	94%	-	-	95%	97%	-	-	-	-
RCB55	YORK HOSPITAL	Acute Surgical Area	100 - GENERAL SURGERY - RISK MANAGED		69%	82%	-	-	81%	88%	-	-	-	-
RCB55	YORK HOSPITAL	16	100 - GENERAL SURGERY - RISK MANAGED		78%	85%	-	-	86%	98%	-	-	-	-
RCB55	YORK HOSPITAL	15	430 - GERIATRIC MEDICINE - RISK MANAGED		80%	83%	-	-	99%	85%	-	-	-	-
RCB55	YORK HOSPITAL	17	420 - PAEDIATRICS - RISK MANAGED		89%	85%	-	-	90%	78%	-	-	-	-
RCB55	YORK HOSPITAL	23	430 - GERIATRIC MEDICINE - RISK MANAGED		82%	78%	-	-	98%	85%	-	-	-	-
RCB55	YORK HOSPITAL	25	430 - GERIATRIC MEDICINE - RISK MANAGED		81%	57%	0%	-	105%	72%	0%	-	-	-
RCB55	YORK HOSPITAL	26	430 - GERIATRIC MEDICINE - RISK MANAGED		81%	79%	-	-	114%	116%	-	-	-	-
RCB55	YORK HOSPITAL	28	110 - TRAUMA & ORTHOPAEDICS - RISK MANAGED		84%	98%	-	-	97%	100%	-	-	-	-
RCB55	YORK HOSPITAL	29	110 - TRAUMA & ORTHOPAEDICS - RISK MANAGED		68%	61%	0%	-	117%	79%	0%	-	-	-
RCB55	YORK HOSPITAL	31	370 - MEDICAL ONCOLOGY - RISK MANAGED		67%	73%	-	-	100%	80%	-	-	-	-
RCB55	YORK HOSPITAL	32	320 - CARDIOLOGY - RISK MANAGED		74%	75%	-	-	98%	86%	-	-	-	-
RCB55	YORK HOSPITAL	33	301 - GASTROENTEROLOGY - RISK MANAGED		67%	72%	-	-	91%	93%	-	-	-	-
RCB55	YORK HOSPITAL	34	340 - RESPIRATORY MEDICINE - RISK MANAGED		88%	78%	-	-	92%	101%	-	-	-	-
RCB55	YORK HOSPITAL	35	430 - GERIATRIC MEDICINE - RISK MANAGED		90%	55%	0%	-	102%	67%	0%	-	-	-
RCB55	YORK HOSPITAL	36	328 - STROKE MEDICINE - RISK MANAGED		81%	77%	-	-	96%	96%	-	-	-	-
RCB55	YORK HOSPITAL	37	430 - GERIATRIC MEDICINE - RISK MANAGED		81%	68%	-	-	96%	141%	-	-	-	-
RCB55	YORK HOSPITAL	39	328 - STROKE MEDICINE - RISK MANAGED		68%	99%	-	-	88%	137%	-	-	-	-
RCB55	YORK HOSPITAL	Acute Medical Unit	326 - ACUTE INTERNAL MEDICINE - RISK MANAGED		72%	69%	-	-	86%	98%	-	-	-	-
RCB55	YORK HOSPITAL	Frailty Unit	430 - GERIATRIC MEDICINE - RISK MANAGED		71%	66%	-	-	88%	85%	-	-	-	-
RCB55	YORK HOSPITAL	Coronary Care Unit	320 - CARDIOLOGY - RISK MANAGED		74%	69%	13%	-	74%	-	-	-	-	-
RCB55	YORK HOSPITAL	G1	120 - ENT - RISK MANAGED		41%	31%	-	-	0%	0%	-	-	-	-
RCB55	YORK HOSPITAL	G2	501 - OBSTETRICS - RISK MANAGED		85%	73%	-	-	93%	85%	-	-	-	-
RCB55	YORK HOSPITAL	G3	501 - OBSTETRICS - RISK MANAGED		81%	79%	-	-	83%	-	-	-	-	-
RCB55	YORK HOSPITAL	Intensive Care Unit	192 - CRITICAL CARE MEDICINE - RISK MANAGED		95%	-	-	-	95%	-	-	-	-	-
RCB07	SELBY AND DISTRICT WAR MEMORIAL HOSPITAL	Inpatient Unit	925 - COMMUNITY CARE SERVICES - RISK MANAGED		86%	96%	-	-	81%	140%	-	-	-	-
RCBP9	WHITE CROSS REHABILITATION HOSPITAL	Nelson Court Ward 1	925 - COMMUNITY CARE SERVICES - RISK MANAGED		90%	96%	-	-	61%	187%	-	-	-	-
RCBTV	ST HELENS REHABILITATION HOSPITAL	Nelson Court Ward 2	925 - COMMUNITY CARE SERVICES - RISK MANAGED		96%	93%	-	-	67%	165%	-	-	-	-
RCB05	ST MONICAS HOSPITAL	St Monicas	925 - COMMUNITY CARE SERVICES - RISK MANAGED		98%	99%	-	-	113%	100%	-	-	-	-

YORK & SCARBOROUGH HOSPITALS

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

STANDARD OPERATING PROCEDURE	Q-Pulse reference:	**DOCUMENTATION CONTROL** Documents must not be printed from Q-pulse
Daily Nursing and AHP Workforce and Escalation Meetings **Adult Inpatients Wards**		Complete if making a controlled copy: This copy was made by: …… Reason for copy:
		Controlled copies must be recorded on Q-pulse. Copies printed from an electronic source or photocopied from controlled copies will be void.

PURPOSE:

This SOP is intended to detail the process for holding the daily staffing meetings' escalation.

INTRODUCTION:

This SOP is designed to ensure that there is an organisational response and escalation when nurse staffing levels are having an impact on patient care and how we respond to this.

Expectation 1	Expectation 2	Expectation 3
Right Staff 1.1 evidence-based workforce planning 1.2 professional judgement 1.3 compare staffing with peers	**Right Skills** 2.1 mandatory training development and education 2.2 working as a multi-professional team 2.3 recruitment and retention	**Right Place and Time** 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency

It is important that the language used to describe the staffing required for a safely managed ward environment is clearly understood across the Trust.

Safer staffing requirements are a dynamic process. Although it is important to set

a nursing establishment for each ward to recruit to, it is recognised that this establishment requires monitoring against patient acuity and dependency and professional judgement for its impact on patient outcome. Professional judgement will always override any planned nursing hours based on several factors which include skill mix, occupied beds, acuity and dependency and activity within the clinical area. All of which can change from hour to hour in the clinical setting. It is therefore critical that the responsibility of the senior nursing team is to agree the numbers of nurses required to maintain patient safety at that point in time through discussion with ward staff and the use of professional judgement.

The daily deployment of staff is based on staffing numbers, patient acuity, dependency and professional judgement.
Firstly there is a requirement for:

- Local mitigation at ward/Care Group level through redistribution of staff or use of non-direct patient facing roles
- Wider redistribution of staff from other Care Groups following escalation to MoD
- Use of over time, additional hours from part time staff and going out to bank and agency (consider request to increase agency rates ‘over cap’)
- Escalation to daily staffing meeting if not able to mitigate staffing requirements within the Care Group or through mutual aid, and request additional support.
- For any urgent staffing concerns this should be escalated immediately to the most appropriate person (Matron/ACN/Head of Nursing/Silver Nurse).
- Consider reduction in beds or services with Matron/ACN/ Corporate Nursing/Silver Command

PROCESS:

07:00

Bed manager to send overnight report prior to the 08.30 meeting to relevant site Matron group/ACNs and HONs

08:30

Cross Care Group Meeting – Site Specific

York and IPUs

Scarborough and Bridlington

The aim of this meeting is to discuss any areas that are **not mitigated** for the early and late shift, to escalate to the senior nurse of the day and discuss any further mitigation before silver to ensure we can articulate the risk to patients on specific wards at both silver and operational meetings.

Prior to the meeting Matrons for each area will need to complete the staffing sheet (appendix 1) to RAG rate their areas.

NB

As multiple Matrons will need access to the Q drive in a short timescale it is acceptable to save your care group form in the folder for that day which can then be merged following the meeting.

Q:\MATRONS-York\CQC Daily Staffing - York\2022\April\

Red Flags - **this should be undertaken by each Care Group prior to the meeting and the shift RAG rated**

Red Flags are designed to act as an alert to indicate if patient care might be compromised due to staffing levels. Red Flags allow staff to clearly articulate the impact of the staffing pressures to ensure the areas in most need are prioritise

1. Number or skill mix of nurse staffing below requirements (based on base line shift requirements + enhanced supervision needs)
2. Inability to provide enhanced supervision where DoLS/vulnerable patients are identified
3. Clinical treatment/intervention delayed or missed.
4. Delay over 30 minutes in providing symptomatic relief
5. Patient vital signs not assessed/recorded as planned
6. Inability to meet personal care needs
7. Delay/omission of regular checks on patients
8. Challenging behaviour from a visitor
9. Staff unable to take breaks

There should be a Matron from each Care Group at this meeting, along with an AHP representative and the coordinator for deployment of non-clinical staff.

The ACN/HoN may, for ease, share the staffing sheet on the screen for whole meeting awareness & update in real time as able.

Points to discuss in the meeting

- How many patients waiting for a bed in ED for acute floor

  Less than 10 = green, 10-15 = amber and 15 = red, as this will determine the added impact on acute admission flow

- Review the early and the late shift
- Acute admitting wards – should not go below 'unmitigated red flag' levels
- Discuss wards that are 'unmitigated' and any further deployment required
- Any escalations from overnight operational report to discuss

- Describe the impact where fundamental care is/will not be achieved / DOLs and enhanced supervision on the unmitigated wards dependent on skill mix etc
- Plan of action re any additional support - redeployment of staff, further staff moves to specific areas and to consider the closure of services to support
- Utilise SAFECARE and acuity and dependency
- Following this meeting SGH to provide update to ACN/HoN of the Day
- Escalations / actions to be recorded on staffing sheet

09:30

- Escalation/update to Silver nurse from ACN/HoN of the Day via telephone and electronic RAG rated form to be sent showing unmitigated wards, risks identified and escalations required
- Silver nurse to feedback to ACN/HoN/ of the Day updates from escalations made.

12:00

- Site specific staffing telephone call from ACN/HoN of the Day to MoD for an update of site position and wards still not mitigated/deteriorating situation

14:30

- ACN/HoN of the Day attends the early/late MoD handover to allow full oversight going into the late/night shifts
- Escalations / actions to be recorded on staffing sheet

15:00

- MOD attends the Ops meeting - if senior support is required ACN/HoN of the Day may be asked to attend if escalation required and further action, for example closing capacity is required

16.30 (16:00 pre-weekend/BH)

- ACN/HoN of the Day attends for handover to on-call teams cross site to provide a sit rep across sites, actions required and to alert to risks identified.
- Escalations / actions to be recorded on staffing sheet
- Following handover further MoD escalations will be addressed by the on call team once the ACN/HoN of the Day deems it appropriate to leave the site

21:00 (16:00 on weekends/BH)

- MoD to handover to Bed Managers & send electronic staffing form with updated escalations/actions

REFERENCES:

NHSi (2018) *Developing workforce safeguards - supporting providers to deliver high quality care through safe and effective staffing*. https://improvement.nhs.uk/documents/3320/Developing_workforce_safeguards.pdf

Appendix 1

staffing sheet template V26.docx

28 March 2022

CQC Insight for Acute NHS Trusts

York and Scarborough Teaching Hospitals NHS Foundation Trust

For any content or access queries please email: acute.insight@cqc.org.uk

What was new in the March 2022 release of CQC Insight for Acute NHS Trusts … (Insight is updated daily for internal CQC users)

Facts and figures

Refreshed data streams:

HES activity figures

Workforce statistics

SOF has not been updated in this product but trusts receiving mandated intensive support as part of the Recovery Support Programme are indicated on page 4

Featured data sources

Pages refreshed since the January 2022 release to trusts:

Featured data sources refreshed:
A&E Waiting times, Incidents, NBoCAP and NELA

The index list at the beginning of the National Clinical audits section has been removed.

The National Hip Fracture feature page has also been removed while we make improvements to its visualisations.

Outliers featured data source page was removed in January: Due to Covid-19 pressures and recovery from them, the identification and publication of new outliers for maternity and mortality was suspended in March 2020.

Trust and core service analysis

Refreshed data streams:

Trust	STEIS Never Events, CAS, Whistleblowing, NRLS, ESR, C.diff, MRSA, Complaints, Data Quality Maturity Index
A&E	STEIS Never Events, A&E Quality, A&E Sitreps, Ambulance turnaround times
Medicine	STEIS Never Events, RTT, SSNAP, HES readmissions by CCS groups
Surgery	STEIS Never Events, RTT, National Hip Fracture Database, NELA, PROMs, Cancelled operations, NJR, NBoCAP
Critical Care	STEIS Never Events
Maternity	STEIS Never Events, Ratio of births to midwifery staff, Ratio of senior midwives to midwives, Maternity survey 2021
CYP	STEIS Never Events, CYP Survey
End of Life	No refreshed data streams
Outpatients	STEIS Never Events, RTT, HES DNAs, Diagnostic waiting times, Cancer waits

Notes

Next date for sharing: By the end of May 2022

As previously communicated to providers, we will continue to share Acute Insight reports with NHS providers every two months during the COVID-19 crisis and recovery period.

Similarly, analysts and inspection teams will continue to take the effects of Covid-19 into account when considering trust data. Publication of some data collections continues to be suspended, but we will recommence refreshes as soon we can

Version **1.29** of the methodology and indicator guidance contains the specifications of indicators used in this release of CQC Insight for acute NHS trusts.

York and Scarborough Teaching Hospitals NHS Foundation Trust

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Facts, figures and ratings

FACTS, FIGURES & RATINGS | TRUST & CORE SERVICE ANALYSIS | FEATURED DATA SOURCES | DEFINITIONS

TRUST | LOCATION | URGENT & EMERGENCY | MEDICAL CARE | SURGERY | CRITICAL CARE | MATERNITY | CHILDREN & YOUNG PEOPLE | END OF LIFE CARE | OUTPATIENTS | RATINGS

Activity levels at trust, location and core service level
Capacity (staffing, beds)
Financial information

Population served
Ratings overview - latest ratings with indication of changes in intelligence

Trust and core service analysis

FACTS, FIGURES & RATINGS | TRUST & CORE SERVICE ANALYSIS | FEATURED DATA SOURCES | DEFINITIONS

OVERVIEW | TRUST WIDE | URGENT & EMERGENCY | MEDICAL CARE | SURGERY | CRITICAL CARE | MATERNITY | CHILDREN & YOUNG PEOPLE | END OF LIFE CARE | OUTPATIENTS

Intelligence overview of key messages

Indicator detail pages - trust wide and for each core service

Featured data sources

FACTS, FIGURES & RATINGS | TRUST & CORE SERVICE ANALYSIS | FEATURED DATA SOURCES | DEFINITIONS

INCIDENTS | MORTALITY | NATIONAL CLINICAL AUDITS | A&E WAITING TIMES | PATIENT SURVEYS | STAFF SURVEYS | WRES

Incident reporting (NRLS)
Mortality (SHMI and HSMR)

National Clinical Audits (HQIP)
A&E waits
WRES
Surveys - NHS Staff Survey, Staff friends and family and Inpatient Survey

Definitions

FACTS, FIGURES & RATINGS | TRUST & CORE SERVICE ANALYSIS | FEATURED DATA SOURCES | DEFINITIONS

KEY | DATA

Key of symbols and colours

Data definitions and download

York and Scarborough Teaching Hospitals NHS Foundation Trust

Facts and figures > Trust level

Trust level rating:

Date of last inspection: 25/07/2019

Safe	Effective	Caring	Responsive	Well led	Overall
RI 16/10/2019	G 16/10/2019	G 16/10/2019	G 16/10/2019	RI 16/10/2019	RI 16/10/2019

Trust organisation history

Under development

Registered locations

- St Helen's Rehabilitation Hospital
- Selby War Memorial Hospital
- The York Hospital
- Scarborough Hospital
- Bridlington Hospital
- White Cross Court Rehabilitation Hospital
- Harrogate Satellite Renal Unit
- Easingwold Satellite Renal Unit
- St Monicas Hospital

Population estimate: 474,651

These experimental population estimates have been calculated by PHE derived from HES admissions and small area population estimates for 2013. Estimates are only presented for non-specialist trusts.

Activity	Previous	Latest	Change	National comparison
Inpatient admissions	119,963 Dec 19 - Nov 20	136,629 Dec 20 - Nov 21	(+14%)	
Outpatient appointments	1,106,787 Dec 19 - Nov 20	1,127,739 Dec 20 - Nov 21	(+2%)	
A&E attendances	113,303 Dec 19 - Nov 20	135,488 Dec 20 - Nov 21	(+20%)	
Number of deliveries	3,893 Oct 19 - Sep 20	3,904 Oct 20 - Sep 21	(0%)	
Number of deaths	1,987 Dec 19 - Nov 20	2,202 Dec 20 - Nov 21	(+11%)	

Capacity National Guardian Freedom to Speak Up	Previous	Latest	Change	National comparison
Number of general and acute beds	736 Oct 20 - Dec 20	986 Oct 21 - Dec 21	(+34%)	
Number of maternity beds	46 Oct 20 - Dec 20	49 Oct 21 - Dec 21	(+7%)	
Number of critical care beds	21 Feb 19	21 Feb 20	(0%)	
Number of bed days	309,519 Dec 19 - Nov 20	338,309 Dec 20 - Nov 21	(+9%)	
Number of staff (WTE):	7,448	7,955	(+7%)	
Medical	840 Nov 20	837 Nov 21	(0%)	
Nursing	1,739 Nov 20	1,822 Nov 21	(+5%)	
Other(s)	4,869 Nov 20	5,296 Nov 21	(+9%)	
Care hours	Data not yet available	Data not yet available		

Finance and governance	Previous	Latest	Change	National comparison
Projected surplus [£000s] (deficit)		Data not available		
Turnover [£000s]	556,539	616,373	(+11%)	
NHSI Single Oversight Framework segmentation	NA	Providers offered targeted support.	NA	
Recovery Support Programme		No		

Source(s): Hospital Episode Statistics; NHS England - Bed occupancy; NHS Digital - Workforce statistics; NHS Improvement

York and Scarborough Teaching Hospitals NHS Foundation Trust

Facts and figures > Trust level inpatient admissions

Trust level rating:

Date of last inspection: 25/07/2019

Safe	Effective	Caring	Responsive	Well led	Overall
RI 16/10/2019	G 16/10/2019	G 16/10/2019	G 16/10/2019	RI 16/10/2019	RI 16/10/2019

Trust organisation history

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Registered locations

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- Harrogate Satellite Renal Unit
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Population estimate: 474,651

These experimental population estimates have been calculated by PHE derived from HES admissions and small area population estimates for 2013. Estimates are only presented for non-specialist trusts.

	Inpatient admissions	Previous	Latest	Change	National comparison
	Inpatient admissions (total)	119,963	136,629	(+14%)	
Service	Children	5,044	7,823	(+55%)	
	Medicine	66,371	74,186	(+12%)	
	Surgery	43,707	51,101	(+17%)	
Condition (Top 3)	Miscellaneous	17,549	22,741	(+30%)	
	Gastroenterology and hepatology	17,975	21,031	(+17%)	
	Oncology	18,417	19,061	(+3%)	
Age group (%)	Under 1	1.8%	1.8%	(0%)	
	1 to 3	1.6%	2.0%	(0%)	
	4 to 15	2.9%	2.9%	(0%)	
	16 to 17	0.7%	0.6%	(0%)	
	18 to 74	61.9%	61.8%	(0%)	
	75 and over	31.1%	30.9%	(0%)	
Ethnicity (%)	White	79.1%	79.1%	(0%)	
	Not known	15.2%	15.1%	(0%)	
	Not stated	4.7%	4.7%	(0%)	
	Asian	0.3%	0.3%	(0%)	
	Mixed	0.2%	0.3%	(0%)	
	Other	0.2%	0.3%	(0%)	
	Black	0.1%	0.1%	(0%)	
		Dec 19 - Nov 20	Dec 20 - Nov 21		

Source(s): Hospital Episode Statistics

York and Scarborough Teaching Hospitals NHS Foundation Trust

Facts and figures > Locations

Location level rating:	Safe	Effective	Caring	Responsive	Well led	Overall
Overall	RI 16/10/2019	G 16/10/2019	G 16/10/2019	G 16/10/2019	RI 16/10/2019	RI 16/10/2019
Bridlington Hospital	G 16/10/2019	G 16/10/2019	G 16/10/2019	G 16/10/2019	RI 16/10/2019	G 16/10/2019
Scarborough Hospital	I 16/10/2019	RI 16/10/2019	G 16/10/2019	RI 16/10/2019	RI 16/10/2019	RI 16/10/2019
The York Hospital	RI 28/2/2018	G 28/2/2018	G 28/2/2018	G 28/2/2018	G 28/2/2018	G 28/2/2018

Activity	Bridlington Hospital	Scarborough Hospital	The York Hospital		
Inpatient admissions Dec 20 - Nov 21	5,857	38,299			
Outpatient appointments Dec 20 - Nov 21	65,534	190,520			
Number of deaths (under development)					

Location level facilities	Bridlington Hospital	Scarborough Hospital	The York Hospital		
Neonatal unit type	-	SCU	-		

Source(s): Hospital Episode Statistics; National Neonatal Audit Programme

York and Scarborough Teaching Hospitals NHS Foundation Trust

Facts and figures > Core services > Urgent and emergency care

Location ratings for urgent and emergency care:	Safe	Effective	Caring	Responsive	Well led	Overall
Bridlington Hospital	NA	NA	NA	NA	NA	NA
Scarborough Hospital	I 24/3/2020	RI 16/10/2019	G 16/10/2019	I 24/3/2020	I 24/3/2020	I 24/3/2020
The York Hospital	I 24/3/2020	G 28/2/2018	G 28/2/2018	I 24/3/2020	I 24/3/2020	I 24/3/2020

Current enforcement and regulatory action

Under development

Outstanding practice

Under development

Registered locations where urgent and emergency care service has been rated

- Scarborough Hospital
- The York Hospital

Activity	Previous	Latest	Change	National comparison
A&E attendances (total)	113,303 Dec 19 - Nov 20	135,488 Dec 20 - Nov 21	(+20%)	
Children attending A&E (total)	15,581 Dec 19 - Nov 20	21,436 Dec 20 - Nov 21	(+38%)	
Attendees arriving by ambulance (total)	47,030	51,874	(+10%)	
% of total attendances	41.5% Dec 19 - Nov 20	38.3% Dec 20 - Nov 21	(-3%)	
Number of A&E attendances admitted	44,620	48,296	(+8%)	
% of total attendances	39.4% Dec 19 - Nov 20	35.6% Dec 20 - Nov 21	(-4%)	
Patients left without being seen (%)	3.0% Jan 21	5.0% Jan 22	(+2%)	
Reattendances within 7 days (%)	8.7% Jan 21	7.2% Jan 22	(-2%)	

Source(s): Hospital Episode Statistics; NHS Digital - A&E Quality

Capacity National Guardian Freedom to Speak Up	Previous	Latest	Change	National comparison
Under development				

Source(s):

York and Scarborough Teaching Hospitals NHS Foundation Trust

Facts and figures > Core services > Medical care

Location ratings for medicine:	Safe	Effective	Caring	Responsive	Well led	Overall
Bridlington Hospital	G 16/10/2019	G 16/10/2019	G 16/10/2019	G 16/10/2019	RI 16/10/2019	G 16/10/2019
Scarborough Hospital	I 24/3/2020	RI 16/10/2019	G 16/10/2019	RI 16/10/2019	RI 16/10/2019	RI 16/10/2019
The York Hospital	G 28/2/2018	RI 28/2/2018	G 28/2/2018	G 28/2/2018	G 28/2/2018	G 28/2/2018

Current enforcement and regulatory action

Under development

Outstanding practice

Under development

Registered locations where medicine service has been rated

- Bridlington Hospital
- Scarborough Hospital
- The York Hospital

Activity	Previous	Latest	Change	National comparison
Admissions (total)	66,371	74,186	(+12%)	
Elective admissions	796	686	(-14%)	
Emergency admissions	38,989	38,845	(0%)	
Day case	26,586	34,655	(+30%)	
By specialty (top 3):				
General medicine	8,792	15,133	(+72%)	
Gastroenterology	7,452	11,180	(+50%)	
Geriatric medicine	9,027	10,711	(+19%)	
	Dec 19 - Nov 20	Dec 20 - Nov 21		
Average length of stay (days)	4.6 Dec 19 - Nov 20	5.0 Dec 20 - Nov 21	(+9%)	

Source(s): Hospital Episode Statistics

Capacity National Guardian Freedom to Speak Up	Previous	Latest	Change	National comparison
Medical wards (number)	Data not yet available	Data not yet available		
Medical beds (number)	Data not yet available	Data not yet available		
Medical consultants (WTE)	90 Nov 20	91.3 Nov 21	(+1%)	

Source(s): NHS Digital - Workforce statistics

York and Scarborough Teaching Hospitals NHS Foundation Trust

Facts and figures > Core services > Surgery

Location ratings for surgery:	Safe	Effective	Caring	Responsive	Well led	Overall
Bridlington Hospital	G 16/10/2019	G 16/10/2019	G 16/10/2019	G 16/10/2019	G 16/10/2019	G 16/10/2019
Scarborough Hospital	G 16/10/2019	G 16/10/2019	G 16/10/2019	RI 16/10/2019	RI 16/10/2019	RI 16/10/2019
The York Hospital	G 28/2/2018	G 28/2/2018	G 28/2/2018	RI 28/2/2018	G 28/2/2018	G 28/2/2018

Current enforcement and regulatory action

Under development

Outstanding practice

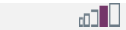
Under development

Registered locations where surgery service has been rated

- Bridlington Hospital
- Scarborough Hospital
- The York Hospital

Activity	Previous	Latest	Change	National comparison
Elective admissions (number)	2,932 Dec 19 - Nov 20	3,949 Dec 20 - Nov 21	(+35%)	
Emergency admissions (number)	12,037 Dec 19 - Nov 20	14,645 Dec 20 - Nov 21	(+22%)	
Day admissions (number)	28,738 Dec 19 - Nov 20	32,507 Dec 20 - Nov 21	(+13%)	
Operations (number)	Data not yet available	Data not yet available		

Source(s): Hospital Episode Statistics

Capacity National Guardian Freedom to Speak Up	Previous	Latest	Change	National comparison
Operating theatres (number)	Data not yet available	Data not yet available		
Number of wards (number)	Data not yet available	Data not yet available		
Inpatient beds (number)	Data not yet available	Data not yet available		
Day case beds (number)	Data not yet available	Data not yet available		
Consultant surgeons (WTE)	161.8 Nov 20	160 Nov 21	(-1%)	

Source(s): NHS Digital - Workforce statistics

York and Scarborough Teaching Hospitals NHS Foundation Trust

Facts and figures > Core services > Critical care

Location ratings for critical care:	Safe	Effective	Caring	Responsive	Well led	Overall
Bridlington Hospital	NA	NA	NA	NA	NA	NA
Scarborough Hospital	G 28/2/2018	RI 28/2/2018	G 28/2/2018	RI 28/2/2018	RI 28/2/2018	RI 28/2/2018
The York Hospital	G 28/2/2018	G 28/2/2018	G 28/2/2018	G 28/2/2018	G 28/2/2018	G 28/2/2018

Is there a critical care outreach team?

Data not available

Current enforcement and regulatory action

Under development

Outstanding practice

Under development

Registered locations where critical care service has been rated

- Scarborough Hospital
- The York Hospital

Activity	Previous	Latest	Change	National comparison
Discharges (number)	1,530 Dec 19 - Nov 20	1,552 Dec 20 - Nov 21	(+1%)	
Deaths (number)	0 Dec 19 - Nov 20	0 Dec 20 - Nov 21	NA	

Source(s): Hospital Episode Statistics

Capacity	Previous	Latest	Change	National comparison
Beds (total)	Data not yet available	Data not yet available		
Level 1	Data not yet available	Data not yet available		
Level 2	Data not yet available	Data not yet available		
Level 3	Data not yet available	Data not yet available		
Consultants (WTE)	Data not yet available	Data not yet available		
Registered nurses (WTE)	Data not yet available	Data not yet available		

Source(s): NHS Digital - Workforce statistics

York and Scarborough Teaching Hospitals NHS Foundation Trust

Facts and figures > Core services > Maternity

Location ratings for maternity:	Safe	Effective	Caring	Responsive	Well led	Overall
Bridlington Hospital	NA	NA	NA	NA	NA	NA
Scarborough Hospital	G 16/10/2019	G 16/10/2019	G 16/10/2019	G 16/10/2019	G 16/10/2019	G 16/10/2019
The York Hospital	G 8/10/2015	RI 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015

Current enforcement and regulatory action

Under development

Outstanding practice

Under development

Registered locations where maternity service has been rated

- Scarborough Hospital
- The York Hospital

Activity	Previous	Latest	Change	National comparison
Deliveries (number)	3,893 Oct 19 - Sep 20	3,904 Oct 20 - Sep 21	(0%)	
Caesarean sections rate (%)	26.5% Oct 19 - Sep 20	30.8% Oct 20 - Sep 21	(+4%)	
Instrumental delivery rate (%)	11.7% Oct 19 - Sep 20	12.7% Oct 20 - Sep 21	(+1%)	
Non-interventional delivery rate (%)	61.1% Oct 19 - Sep 20	55.8% Oct 20 - Sep 21	(-5%)	

Source(s): Hospital Episode Statistics

Capacity National Guardian Freedom to Speak Up	Previous	Latest	Change	National comparison
Antenatal beds (number)	Data not yet available	Data not yet available		
Beds on labour suites (number)	Data not yet available	Data not yet available		
Postnatal beds (number)	Data not yet available	Data not yet available		
Midwives (WTE)	164.1 Nov 20	164.6 Nov 21	(0%)	
Consultant obstetricians/gynaecologists (WTE)	21.3 Nov 20	21.3 Nov 21	(0%)	

Source(s): NHS Digital - Workforce statistics

York and Scarborough Teaching Hospitals NHS Foundation Trust

Facts and figures > Core services > Children and young people

Location ratings for children and young people:	Safe	Effective	Caring	Responsive	Well led	Overall
Bridlington Hospital	NA	NA	NA	NA	NA	NA
Scarborough Hospital	RI 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015
The York Hospital	RI 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015

Current enforcement and regulatory action

Under development

Outstanding practice

Under development

Registered locations where children and young people service has been rated

- Scarborough Hospital
- The York Hospital

Activity	Previous	Latest	Change	National comparison
Admissions (total)	8,443	10,037	(+19%)	
Under 1	2,133	2,400	(+13%)	
1 to 3	1,978	2,797	(+41%)	
4 to 15	3,506	3,955	(+13%)	
16 to 17	826	885	(+7%)	
	Dec 19 - Nov 20	Dec 20 - Nov 21		

Source(s): Hospital Episode Statistics

Capacity National Guardian Freedom to Speak Up	Previous	Latest	Change	National comparison
Wards (number)	Data not yet available	Data not yet available		
Beds (number)	Data not yet available	Data not yet available		
Paediatric consultants (WTE)			NA	
Paediatric nurses (WTE)			NA	
Neonatal cots (total)	Data not yet available	Data not yet available		
Level 1	Data not yet available	Data not yet available		
Level 2	Data not yet available	Data not yet available		
Level 3	Data not yet available	Data not yet available		

Source(s): NHS Digital - Workforce statistics

York and Scarborough Teaching Hospitals NHS Foundation Trust

Facts and figures > Core services > End of life care

Location ratings for end of life care:	Safe	Effective	Caring	Responsive	Well led	Overall
Bridlington Hospital	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015
Scarborough Hospital	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015
The York Hospital	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015

Service availability

Data not yet available

Current enforcement and regulatory action

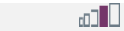
Under development

Outstanding practice

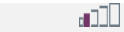
Under development

Registered locations where end of life care service has been rated

- Bridlington Hospital
- Scarborough Hospital
- The York Hospital

Activity	Previous	Latest	Change	National comparison
In-hospital deaths (number)	1,987 Dec 19 - Nov 20	2,202 Dec 20 - Nov 21	(+11%)	
Referrals to specialist palliative care team (number)	Data not yet available	Data not yet available		
Cancer referrals (number)	Data not yet available	Data not yet available		
Non-cancer referrals (number)	Data not yet available	Data not yet available		

Source(s): Hospital Episode Statistics

Capacity **National Guardian** Freedom to Speak Up	Previous	Latest	Change	National comparison
Specialist palliative care consultants (WTE)	1.8 Nov 20	0		
Specialist palliative care nurses (WTE)	Data not yet available	Data not yet available		

Source(s): NHS Digital - Workforce statistics

York and Scarborough Teaching Hospitals NHS Foundation Trust

Facts and figures > Core services > Outpatients

Location ratings for outpatients:	Safe	Effective	Caring	Responsive	Well led	Overall
Bridlington Hospital	RI 16/10/2019	NA	G 16/10/2019	RI 16/10/2019	RI 16/10/2019	RI 16/10/2019
Scarborough Hospital	RI 16/10/2019	NA	G 16/10/2019	RI 16/10/2019	RI 16/10/2019	RI 16/10/2019
The York Hospital	G 8/10/2015	NA	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015

Current enforcement and regulatory action

Under development

Outstanding practice

Under development

Registered locations where outpatient service has been rated

- Bridlington Hospital
- Scarborough Hospital
- The York Hospital

Activity	Previous	Latest	Change	National comparison
Number of appointments (total)	1,106,787	1,127,739	(+2%)	
Ophthalmology	115,058	127,049	(+10%)	
Dermatology	41,833	43,870	(+5%)	
Medical specialties	426,786	408,604	(-4%)	
Surgical specialties	209,653	227,038	(+8%)	
Oncology	61,018	32,869	(-46%)	
Other(s)	252,439 Dec 19 - Nov 20	288,309 Dec 20 - Nov 21	(+14%)	
Number of outpatient clinics held per week	Data not yet available	Data not yet available		

Source(s): Hospital Episode Statistics

Capacity **National Guardian** Freedom to Speak Up	Previous	Latest	Change	National comparison
Under development				

Source(s):

York and Scarborough Teaching Hospitals NHS Foundation Trust

Ratings overview

National Guardian Freedom to Speak Up

CareQuality Commission

This page displays the latest ratings and the direction of travel for core service and trust level key question intelligence indicators. Click on the arrows to see the indicator detail.

Key messages

Intelligence indicates that

- Overall performance for this trust is about the same
- Caring, Effective, Responsive, Safe, Well led performance is stable
- Urgent and emergency care, Outpatients performance is declining
- Critical care, Children and young people, Maternity and gynaecology, Medical care, Surgery performance is stable

		Safe	Effective	Caring	Responsive	Well led	Overall	
	Overall	RI 16/10/2019	G 16/10/2019	G 16/10/2019	G 16/10/2019	RI 16/10/2019	RI 16/10/2019	
Urgent and emergency care	Bridlington Hospital	NA	NA	NA	NA	NA	NA	↓
	Scarborough Hospital	I 24/3/2020	RI 16/10/2019	G 16/10/2019	I 24/3/2020	I 24/3/2020	I 24/3/2020	
	The York Hospital	I 24/3/2020	G 28/2/2018	G 28/2/2018	I 24/3/2020	I 24/3/2020	I 24/3/2020	
Medical care	Bridlington Hospital	G 16/10/2019	G 16/10/2019	G 16/10/2019	G 16/10/2019	RI 16/10/2019	G 16/10/2019	→
	Scarborough Hospital	I 24/3/2020	RI 16/10/2019	G 16/10/2019	RI 16/10/2019	RI 16/10/2019	RI 16/10/2019	
	The York Hospital	G 28/2/2018	RI 28/2/2018	G 28/2/2018	G 28/2/2018	G 28/2/2018	G 28/2/2018	
Surgery	Bridlington Hospital	G 16/10/2019	G 16/10/2019	G 16/10/2019	G 16/10/2019	G 16/10/2019	G 16/10/2019	→
	Scarborough Hospital	G 16/10/2019	G 16/10/2019	G 16/10/2019	RI 16/10/2019	RI 16/10/2019	RI 16/10/2019	
	The York Hospital	G 28/2/2018	G 28/2/2018	G 28/2/2018	RI 28/2/2018	G 28/2/2018	G 28/2/2018	
Critical care	Bridlington Hospital	NA	NA	NA	NA	NA	NA	→
	Scarborough Hospital	G 28/2/2018	RI 28/2/2018	G 28/2/2018	RI 28/2/2018	RI 28/2/2018	RI 28/2/2018	
	The York Hospital	G 28/2/2018	G 28/2/2018	G 28/2/2018	G 28/2/2018	G 28/2/2018	G 28/2/2018	
Maternity	Bridlington Hospital	NA	NA	NA	NA	NA	NA	→
	Scarborough Hospital	G 16/10/2019	G 16/10/2019	G 16/10/2019	G 16/10/2019	G 16/10/2019	G 16/10/2019	
	The York Hospital	G 8/10/2015	RI 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	
Children and young people	Bridlington Hospital	NA	NA	NA	NA	NA	NA	→
	Scarborough Hospital	RI 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	
	The York Hospital	RI 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	
End of life care	Bridlington Hospital	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	NA
	Scarborough Hospital	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	
	The York Hospital	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	
Outpatients	Bridlington Hospital	RI 16/10/2019	NA	G 16/10/2019	RI 16/10/2019	RI 16/10/2019	RI 16/10/2019	↓
	Scarborough Hospital	RI 16/10/2019	NA	G 16/10/2019	RI 16/10/2019	RI 16/10/2019	RI 16/10/2019	
	The York Hospital	G 8/10/2015	NA	G 8/10/2015	G 8/10/2015	G 8/10/2015	G 8/10/2015	

Source(s): CQC ratings data

York and Scarborough Teaching Hospitals NHS Foundation Trust

Trust and core service analysis > Overview

National Guardian Freedom to Speak Up

CareQuality Commission

Trust level rating:

Date of last inspection: 25/07/2019

Safe	Effective	Caring	Responsive	Well led	Overall
RI 16/10/2019	G 16/10/2019	G 16/10/2019	G 16/10/2019	RI 16/10/2019	RI 16/10/2019

Trust wide and core service indicators

Of the 71 trust wide indicators, 1 (1%) are categorised as much better, 0 (0%) as better, 8 (11%) as worse and 1 (1%) as much worse. 48 indicators have been compared to data from 12 months previous, of which 1 (2%) have shown an improvement and 6 (13%) have shown a decline

Much better compared nationally

- Sick days for medical and dental staff-[set target 3.5%] (%)

Much worse compared nationally

- Whistleblowing alerts

Improved

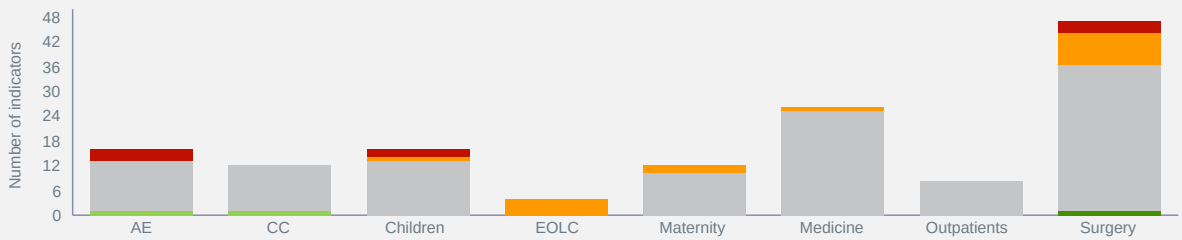
- Turnover rate for medical and dental staff (%)

Declined

- Team Working
- Never events (total events with rule-based risk assessment)
- CAS alerts closed late in preceding 12 months
- Stability of other clinical staff
- Equality, diversity & inclusion
- Never events (total events with statistical comparison to bed days)

For each core service, there are different numbers of indicators. When compared nationally, each has been categorised as much better, better, about the same, worse or much worse. The graph shows the number of Indicators for each core service and the number within each category:

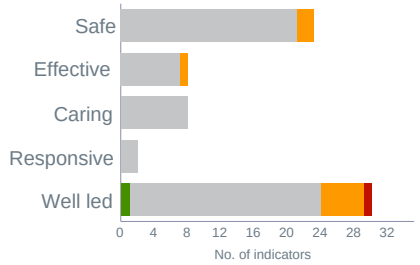
National comparisons of indicators by core service (much better to much worse)



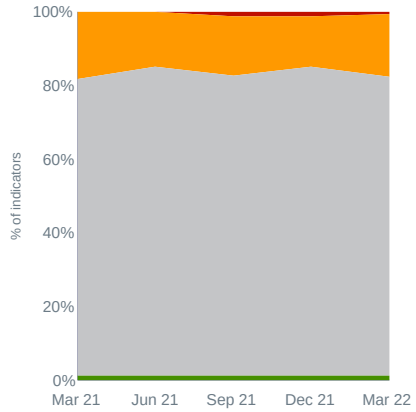
York and Scarborough Teaching Hospitals NHS Foundation Trust

Trust and core service analysis > Trust-wide indicators

What's the current performance of trust wide indicators?



How has the trust-wide indicator performance changed over time?



Key question	KLOE	Indicator	National average	Performance			National comparison
				Previous	Latest	Change	
Safe	S1	**Clostridium difficile infection alert in three months?** Public Health England - PHE - CDIFF (28 Feb 2022)		NA	No Oct 21 - Dec 21	NA	
	S1	**Clostridium difficile infections (hospital-onset, healthcare associated)** Public Health England - PHE - CDIFF (28 Feb 2022)	-	NA	69 Jan 21 - Dec 21	NA	
	S1	**MRSA bacteraemia (hospital-onset, healthcare associated)** Public Health England - PHE - MRSA (28 Feb 2022)	-	NA	1 Jan 21 - Dec 21	NA	
	S1	**MRSA bacteraemia alert in three months?** Public Health England - PHE - MRSA (28 Feb 2022)		NA	No Oct 21 - Dec 21	NA	
	S1	**Patient-led assessment of cleanliness of environment (%)** NHS Digital - PLACE (30 Jan 2020)	98.6%	94.8% Mar 18 - Jun 18	97.4% Sep 19 - Nov 19	NA	
	S1	**Patient-led assessment of environment for dementia care (%)** NHS Digital - PLACE (30 Jan 2020)	80.1%	59.1% Mar 18 - Jun 18	71.4% Sep 19 - Nov 19	NA	
	S1	**Patient-led assessment of facilities (%)** NHS Digital - PLACE (30 Jan 2020)	96.6%	86.6% Mar 18 - Jun 18	95.8% Sep 19 - Nov 19	NA	
	S2	**Ratio of consultant to non-consultant doctors** Electronic Staff Record - ESR: Contracted FTEs - Medical and Dental (03 Mar 2022)	0.70	0.74 Dec 20	0.75 Dec 21		
	S2	**Ratio of occupied beds to medical and dental staff** Electronic Staff Record - ESR: Contracted FTEs - All Staff (03 Mar 2022)	3.28	3.69 Jan 20 - Dec 20	4.23 Jan 21 - Dec 21		
	S2	**Ratio of occupied beds to nursing staff** Electronic Staff Record - ESR: Contracted FTEs - All Staff (03 Mar 2022)	1.72	1.91 Jan 20 - Dec 20	2.13 Jan 21 - Dec 21		
	S2	**Ratio of occupied beds to other clinical staff** Electronic Staff Record - ESR: Contracted FTEs - All Staff (03 Mar 2022)	1.45	1.35 Jan 20 - Dec 20	1.46 Jan 21 - Dec 21		
	S2	**Ratio of senior staff nurses to staff nurses** Electronic Staff Record - ESR: Contracted FTEs - Nursing and Midwifery (26 Mar 2022)	0.55	0.58 Dec 20	0.53 Dec 21		
	S2	**Ratio of ward manager nurses to senior and staff nurses** Electronic Staff Record - ESR: Contracted FTEs - Nursing and Midwifery (26 Mar 2022)	0.21	0.19 Dec 20	0.18 Dec 21		
	S2	**Ward staff who are registered nurses (%)** Electronic Staff Record - ESR: Contracted FTEs - All Staff (03 Mar 2022)	70.1%	64.4% Dec 20	63.6% Dec 21		
	S5	**Never event alert in the last three months?** NHS Improvement - OBIEE NRLS STEIS (26 Mar 2022)		NA	No Dec 21 - Feb 22	NA	

York and Scarborough Teaching Hospitals NHS Foundation Trust

Trust and core service analysis > Trust-wide indicators

Key question	KLOE	Indicator	National average	Performance			National comparison
				Previous	Latest	Change	
	S5	**Never events (total events with rule-based risk assessment)** NHS Improvement - OBIEE NRLS STEIS (26 Mar 2022)	-	2 Mar 20 - Feb 21	3 Mar 21 - Feb 22	↓	S
	S5	**Never events (total events with statistical comparison to bed days)** NHS Improvement - OBIEE NRLS STEIS (26 Mar 2022)	-	2 Mar 20 - Feb 21	3 Mar 21 - Feb 22	↓	S
	S5	**Proportion of reported patient safety incidents reported as resulting in harm (%)** NHS Improvement - OBIEE NRLS STEIS (26 Mar 2022)	26.4%	29.2% Feb 20 - Jan 21	32.1% Feb 21 - Jan 22	→	S
	S6	**CAS alerts closed late in preceding 12 months** MHRA - CAS Alerts (23 Feb 2022)		< 25% of alerts closed late Feb 20 - Jan 21	>=25% & <50% alerts closed late Feb 21 - Jan 22	↓	W
	S6	**CAS alerts not closed by the trust in the preceding 12 months** MHRA - CAS Alerts (23 Feb 2022)		NA	1-4 alerts still open Feb 21 - Jan 22	NA	W
	S6	**CAS alerts not closed by the trust more than 12 months before** MHRA - CAS Open Alerts (23 Feb 2022)		NA	0 alerts still open Aug 14 - Jan 21	NA	S
	S6	**Risk of under-reporting patient safety incidents resulting in death or severe harm to the National Reporting and Learning System (NRLS)** NHS Improvement - OBIEE NRLS STEIS (26 Mar 2022)	1.00	0.71 Feb 20 - Jan 21	1.02 Feb 21 - Jan 22	→	S
	S6	**Risk of under-reporting patient safety incidents to the National Reporting and Learning System (NRLS)** NHS Improvement - OBIEE NRLS STEIS (26 Mar 2022)	1.00	0.93 Feb 20 - Jan 21	0.96 Feb 21 - Jan 22	→	S
Effective	E1	**Help with eating** Care Quality Commission - CQC Inpatient Survey (19 Oct 2021)	-	-	8.0 Nov 20	NA	S
	E1	**Patient-led assessment of food (%)** NHS Digital - PLACE (30 Jan 2020)	91.9%	79.2% Mar 18 - Jun 18	85.0% Sep 19 - Nov 19	NA	S
	E2	**Hospital Standardised Mortality Ratio (HSMR)** Dr Foster - Dr Foster - HSMR (30 Dec 2021)	100.0	100.5 Jul 19 - Jun 20	96.6 Jul 20 - Jun 21	→	S
	E2	**Hospital Standardised Mortality Ratio (Weekday)** Dr Foster - Dr Foster - HSMR (30 Dec 2021)	100.0	97.0 Jul 19 - Jun 20	96.5 Jul 20 - Jun 21	→	S
	E2	**Hospital Standardised Mortality Ratio (Weekend)** Dr Foster - Dr Foster - HSMR (30 Dec 2021)	100.0	110.8 Jul 19 - Jun 20	97.7 Jul 20 - Jun 21	→	S

York and Scarborough Teaching Hospitals NHS Foundation Trust

Trust and core service analysis > Trust-wide indicators

Key question	KLOE	Indicator	National average	Performance			National comparison
				Previous	Latest	Change	
	E2	**Summary Hospital-level Mortality Indicator (SHMI)** NHS Digital - SHMI (30 Dec 2021)	1.00	0.99 Jul 19 - Jun 20	0.94 Jul 20 - Jun 21	→	S
	E3	**Active professional registration (medical and dental) (%)** Electronic Staff Record - ESR: Valid Registrations - Medical and Dental (03 Mar 2022)	98.7%	95.4% Dec 20	99.6% Dec 21	→	S
	E3	**Active professional registration (nursing and midwifery) (%)** Electronic Staff Record - ESR: Valid Registrations - Nursing and Midwifery (03 Mar 2022)	97.9%	90.3% Dec 20	92.7% Dec 21	→	W
Caring	C1	**Confidence and trust in the doctors** Care Quality Commission - CQC Inpatient Survey (19 Oct 2021)	-	-	9.2 Nov 20	NA	S
	C1	**Confidence and trust in the nurses** Care Quality Commission - CQC Inpatient Survey (19 Oct 2021)	-	-	9.1 Nov 20	NA	S
	C1	**Overall experience as an inpatient** Care Quality Commission - CQC Inpatient Survey (19 Oct 2021)	-	-	8.2 Nov 20	NA	S
	C1	**Speaking to staff about worries and fears** Care Quality Commission - CQC Inpatient Survey (19 Oct 2021)	-	-	8.07 Nov 20	NA	S
	C2	**Involvement in decisions** Care Quality Commission - CQC Inpatient Survey (19 Oct 2021)	-	-	7.1 Nov 20	NA	S
	C3	**Pain control by staff** Care Quality Commission - CQC Inpatient Survey (19 Oct 2021)	-	-	8.7 Nov 20	NA	S
	C3	**Patient-led assessment of privacy, dignity, and well being (%)** NHS Digital - PLACE (30 Jan 2020)	85.1%	74.6% Mar 18 - Jun 18	81.1% Sep 19 - Nov 19	NA	S
	C3	**Treatment with respect and dignity** Care Quality Commission - CQC Inpatient Survey (19 Oct 2021)	-	-	9.2 Nov 20	NA	S
Responsive	R3	**Ratio of delayed transfers and number of occupied beds** NHS England - Delayed Transfers of Care (09 Dec 2020)	0.02	0.04 Oct 18 - Dec 18	0.03 Oct 19 - Dec 19	→	S
	R4	**Complaints about the provider received by CQC** Care Quality Commission - OBIEE Notifications/Whistle Blowing/Complaints (26 Mar 2022)	-	42 Dec 19 - Nov 20	52 Dec 20 - Nov 21	→	S
Well led	W3	**Equality, diversity & inclusion** PICKER - NHS staff survey themes and questions (11 Mar 2021)	9.0	9.3 Sep 19 - Dec 19	9.2 Sep 20 - Dec 20	↓	S

York and Scarborough Teaching Hospitals NHS Foundation Trust

Trust and core service analysis > Trust-wide indicators

Key question	KLOE	Indicator	National average	Performance			National comparison
				Previous	Latest	Change	
	W3	**Flu vaccination uptake (%)** NHS England - Flu Vac (28 Jun 2021)	76.9%	71.2% Sep 19 - Feb 20	71.8% Sep 20 - Feb 21		S
	W3	**GMC - Enhanced monitoring** General Medical Council - GMC Enhanced Monitoring (03 Mar 2022)		NA	No concerns Mar 22	NA	S
	W3	**Health & wellbeing** PICKER - NHS staff survey themes and questions (11 Mar 2021)	6.1	6.2 Sep 19 - Dec 19	6.1 Sep 20 - Dec 20		S
	W3	**Immediate managers** PICKER - NHS staff survey themes and questions (11 Mar 2021)	6.8	6.8 Sep 19 - Dec 19	6.7 Sep 20 - Dec 20		S
	W3	**Morale** PICKER - NHS staff survey themes and questions (11 Mar 2021)	6.2	6.2 Sep 19 - Dec 19	6.2 Sep 20 - Dec 20		S
	W3	**Overall trainee satisfaction (trust score compared to doctors' scores)** General Medical Council - GMC National Training Survey (28 Jul 2021)		In middle 50% of scores Mar 19 - May 19	In middle 50% of scores Apr 21 - May 21		S
	W3	**Quality of care** PICKER - NHS staff survey themes and questions (11 Mar 2021)	7.5	7.2 Sep 19 - Dec 19	7.2 Sep 20 - Dec 20		W
	W3	**Safe Environment - Bullying & Harassment** PICKER - NHS staff survey themes and questions (11 Mar 2021)	8.0	8.1 Sep 19 - Dec 19	8.1 Sep 20 - Dec 20		S
	W3	**Safe Environment - Violence** PICKER - NHS staff survey themes and questions (11 Mar 2021)	9.5	9.4 Sep 19 - Dec 19	9.4 Sep 20 - Dec 20		S
	W3	**Safety Culture** PICKER - NHS staff survey themes and questions (11 Mar 2021)	6.8	6.4 Sep 19 - Dec 19	6.5 Sep 20 - Dec 20		W
	W3	**Sick days due to back problems (%)** Electronic Staff Record - ESR: Sicknesss Absence by Staff Group (03 Mar 2022)	0.24%	0.22% Jan 20 - Dec 20	0.27% Jan 21 - Dec 21		S
	W3	**Sick days due to stress (%)** Electronic Staff Record - ESR: Sicknesss Absence by Staff Group (03 Mar 2022)	1.25%	1.42% Jan 20 - Dec 20	1.50% Jan 21 - Dec 21		S
	W3	**Sick days for medical and dental staff-[set target 3.5%] (%)** Electronic Staff Record - ESR: Sicknesss Absence by Staff Group (03 Mar 2022)	1.52%	1.64% Jan 20 - Dec 20	1.76% Jan 21 - Dec 21		MB
	W3	**Sick days for non-clinical staff (%)** Electronic Staff Record - ESR: Sicknesss Absence by Staff Group (03 Mar 2022)	4.88%	5.39% Jan 20 - Dec 20	5.86% Jan 21 - Dec 21		S
	W3	**Sick days for nursing and midwifery staff (%)** Electronic Staff Record - ESR: Sicknesss Absence by Staff Group (03 Mar 2022)	5.50%	5.51% Jan 20 - Dec 20	5.79% Jan 21 - Dec 21		S

York and Scarborough Teaching Hospitals NHS Foundation Trust

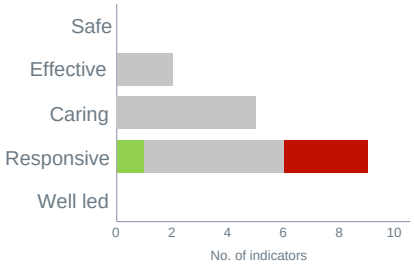
Trust and core service analysis > Trust-wide indicators

Key question	KLOE	Indicator	National average	Performance			National comparison
				Previous	Latest	Change	
	W3	**Sick days for other clinical staff (%)** Electronic Staff Record - ESR: Sicknesss Absence by Staff Group (03 Mar 2022)	5.81%	5.82% Jan 20 - Dec 20	6.01% Jan 21 - Dec 21	→	S
	W3	**Stability of Medical and Dental staff** Electronic Staff Record - ESR: Stability - Period End (05 Mar 2022)	0.90	0.87 Jan 20 - Dec 20	0.92 Jan 21 - Dec 21	→	S
	W3	**Stability of non clinical staff** Electronic Staff Record - ESR: Stability - Period End (05 Mar 2022)	0.86	0.89 Jan 20 - Dec 20	0.88 Jan 21 - Dec 21	→	S
	W3	**Stability of Nursing and Midwifery staff** Electronic Staff Record - ESR: Stability - Period End (05 Mar 2022)	0.86	0.88 Jan 20 - Dec 20	0.87 Jan 21 - Dec 21	→	S
	W3	**Stability of other clinical staff** Electronic Staff Record - ESR: Stability - Period End (05 Mar 2022)	0.85	0.90 Jan 20 - Dec 20	0.80 Jan 21 - Dec 21	↓	W
	W3	**Staff Engagement** PICKER - NHS staff survey themes and questions (11 Mar 2021)	7.0	6.9 Sep 19 - Dec 19	6.9 Sep 20 - Dec 20	→	W
	W3	**Team Working** PICKER - NHS staff survey themes and questions (11 Mar 2021)	6.5	6.5 Sep 19 - Dec 19	6.3 Sep 20 - Dec 20	↓	W
	W3	**Turnover rate for medical and dental staff (%)** Electronic Staff Record - ESR: Stability - Turnover Leavers All (05 Mar 2022)	6.8%	12.2% Jan 20 - Dec 20	6.9% Jan 21 - Dec 21	↑	S
	W3	**Turnover rate for nursing and midwifery staff (%)** Electronic Staff Record - ESR: Stability - Turnover Leavers All (05 Mar 2022)	11.1%	8.3% Jan 20 - Dec 20	8.7% Jan 21 - Dec 21	→	S
	W3	**Turnover rate for other clinical staff (%)** Electronic Staff Record - ESR: Stability - Turnover Leavers All (05 Mar 2022)	14.3%	12.0% Jan 20 - Dec 20	12.2% Jan 21 - Dec 21	→	S
	W3	**Turnover rate for other non-clinical staff (%)** Electronic Staff Record - ESR: Stability - Turnover Leavers All (05 Mar 2022)	13.1%	9.2% Jan 20 - Dec 20	12.1% Jan 21 - Dec 21	→	S
	W3	**Whistleblowing alerts** Care Quality Commission - OBIEE Notifications/Whistle Blowing/Complaints (26 Mar 2022)		NA	1 or more Mar 22	NA	MW
	W4	**Identified level of potential support needs by the provider shadow segmentation** NHS Improvement - SOF (15 Jun 2021)	-	NA	Providers offered targeted support. Jun 21	NA	S
	W6	**Data Quality Maturity Index Percentage Score-monthly** Monthly Data Quality Maturity Index (03 Mar 2022)	90.1%	93.1% Nov 20	91.9% Nov 21	→	S

York and Scarborough Teaching Hospitals NHS Foundation Trust

Trust and core service analysis > Urgent and emergency care indicators

What's the current performance of urgent and emergency care indicators?



Key question	KLOE	Indicator	National average	Performance			National comparison
				Previous	Latest	Change	
Safe	S2	**Time from arrival by ambulance to initial assessment** NHS Digital - A&E Quality (10 Mar 2022)	-	13 Jan 21	19 Jan 22	NA	
	S5	**Never events in urgent and emergency care** NHS Improvement - OBIEE NRLS STEIS (26 Mar 2022)		0 Mar 20 - Feb 21	0 Mar 21 - Feb 22	→	
Effective	E1	**Knowing who to contact after leaving hospital** Care Quality Commission - A&E Survey - Benchmarking (14 Sep 2021)	-	7.7 Sep 18	8.0 Sep 20	→	S
	E2	**Unplanned reattendance to A&E within 7 days (%)** NHS Digital - A&E Quality (10 Mar 2022)	8.2%	8.7% Jan 21	7.2% Jan 22	→	S
Caring	C1	**Confidence and trust in the doctors and nurses** Care Quality Commission - A&E Survey - Benchmarking (14 Sep 2021)	-	8.9 Sep 18	8.7 Sep 20	→	S
	C3	**Getting help when needed** Care Quality Commission - A&E Survey - Benchmarking (14 Sep 2021)	-	8.0 Sep 18	8.0 Sep 20	→	S
	C3	**Pain control by staff** Care Quality Commission - A&E Survey - Benchmarking (14 Sep 2021)	-	7.7 Sep 18	7.6 Sep 20	NA	S
	C3	**Privacy during examination or treatment** Care Quality Commission - A&E Survey - Benchmarking (14 Sep 2021)	-	9.3 Sep 18	9.2 Sep 20	→	S
	C3	**Treatment with respect and dignity** Care Quality Commission - A&E Survey - Benchmarking (14 Sep 2021)	-	9.1 Sep 18	9.0 Sep 20	→	S
Responsive	R2	**Total median time in A&E (all patients)** NHS Digital - A&E Quality (10 Mar 2022)	1.1	1.2 Jan 21	1.2 Jan 22	→	S
	R3	**A&E Attendees spending more than 12 hours from decision to admit to admission** NHS England - A&E SitReps (16 Mar 2022)	-	43 Feb 21	583 Feb 22	↓	MW
	R3	**Admissions waiting 4-12 hours from the decision to admit (%)** NHS England - A&E SitReps (16 Mar 2022)	29%	22% Feb 21	28% Feb 22	↓	S
	R3	**Ambulances remaining at hospital for more than 60 minutes (%)** National Ambulance Information Group - Ambulance Turnaround (01 Mar 2022)	19.0%	7.7% Jan 21	29.3% Jan 22	↓	S
	R3	**Patients spending less than 4 hours in (any type of) A&E (%)** NHS England - A&E SitReps (16 Mar 2022)	70.3%	79.3% Feb 21	71.9% Feb 22	↓	MW

York and Scarborough Teaching Hospitals NHS Foundation Trust

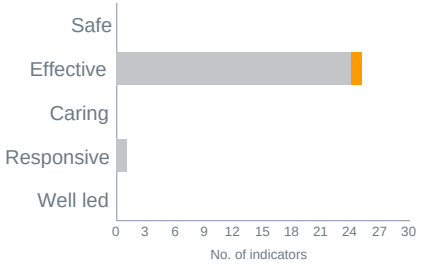
Trust and core service analysis > Urgent and emergency care indicators

Key question	KLOE	Indicator	National average	Performance			National comparison
				Previous	Latest	Change	
	R3	**Patients spending less than 4 hours in major A&E (%)** NHS England - A&E SitReps (16 Mar 2022)	60.9%	70.8% Feb 21	48.7% Feb 22	↓	MW
	R3	**Patients spending less than 4 hours in single-specialty A&E (%)** NHS England - A&E SitReps (16 Mar 2022)	96.4%	100.0% Feb 21	100.0% Feb 22	→	B
	R3	**Patients spending less than 4 hours in type 3 A&E, including MIUs (%)** NHS England - A&E SitReps (16 Mar 2022)	95.2%	99.9% Feb 21	96.8% Feb 22	→	S
	R3	**Time to treatment (minutes)** NHS Digital - A&E Quality (10 Mar 2022)	-	44.0 Jan 21	80.0 Jan 22	NA	
	R3	**Waiting time from arrival to examination by doctor or nurse** Care Quality Commission - A&E Survey - Benchmarking (14 Sep 2021)	-	6.4 Sep 18	6.3 Sep 20	→	S

York and Scarborough Teaching Hospitals NHS Foundation Trust

Trust and core service analysis > Medical care indicators

What's the current performance of medicine indicators?



Key question	KLOE	Indicator	National average	Performance			National comparison
				Previous	Latest	Change	
Safe	S5	**Never events in medical care** NHS Improvement - OBIEE NRLS STEIS (26 Mar 2022)		1 Mar 20 - Feb 21	0 Mar 21 - Feb 22	↑	
Effective	E1	**Case mix adjusted percentage of fit patients with advanced Non Small Cell Lung Cancer (NSCLC) receiving Systemic Anti-Cancer Treatment (%)** Royal College of Physicians - National Lung Cancer Audit (NLCA) (03 Jul 2019)	65.0%	NA	62.0% Jan 17 - Dec 17	NA	S
	E1	**Case mix adjusted percentage of patients with Non Small Cell Lung Cancer (NSCLC) receiving surgery (%)** Royal College of Physicians - National Lung Cancer Audit (NLCA) (03 Jul 2019)	18.4%	NA	13.1% Jan 17 - Dec 17	NA	W
	E1	**Case mix adjusted percentage of patients with Small Cell Lung Cancer (SCLC) receiving chemotherapy (%)** Royal College of Physicians - National Lung Cancer Audit (NLCA) (03 Jul 2019)	71.0%	NA	68.3% Jan 17 - Dec 17	NA	S
	E1	**SSNAP Domain 2: overall team-centred rating score for key stroke unit indicator** Royal College of Physicians - Sentinel Stroke National Audit Programme (SSNAP) - Clinical Quarterly audit - The York Hospital (31 Jan 2022)		Level D Oct 19 - Dec 19	Level C Jun 21 - Sep 21	NA	S
	E2	**Case mix adjusted one year relative survival rate (%)** Royal College of Physicians - National Lung Cancer Audit (NLCA) (03 Jul 2019)	37.0%	NA	37.3% Jan 17 - Dec 17	NA	S
	E2	**Emergency readmissions: Acute and unspecified renal failure** Hospital Episode Statistics - HES - Readmissions by CCS group (17 Mar 2022)	100	80.5 Oct 19 - Sep 20	94.2 Oct 20 - Sep 21	→	S
	E2	**Emergency readmissions: Acute bronchitis** Hospital Episode Statistics - HES - Readmissions by CCS group (17 Mar 2022)	100	94.6 Oct 19 - Sep 20	83.2 Oct 20 - Sep 21	→	S
	E2	**Emergency readmissions: Acute cerebrovascular disease** Hospital Episode Statistics - HES - Readmissions by CCS group (17 Mar 2022)	100	97.5 Oct 19 - Sep 20	96.8 Oct 20 - Sep 21	→	S
	E2	**Emergency readmissions: Acute myocardial infarction** Hospital Episode Statistics - HES - Readmissions by CCS group (17 Mar 2022)	100	111.5 Oct 19 - Sep 20	105.5 Oct 20 - Sep 21	→	S

Key question	KLOE	Indicator	National average	Performance			National comparison
				Previous	Latest	Change	
	E2	**Emergency readmissions: Chronic obstructive pulmonary disease and bronchiectasis** Hospital Episode Statistics - HES - Readmissions by CCS group (17 Mar 2022)	100	92.7 Oct 19 - Sep 20	105.7 Oct 20 - Sep 21	→	S
	E2	**Emergency readmissions: Fluid and electrolyte disorders** Hospital Episode Statistics - HES - Readmissions by CCS group (17 Mar 2022)	100	78.4 Oct 19 - Sep 20	86.4 Oct 20 - Sep 21	↓	S
	E2	**Emergency readmissions: Fracture of neck of femur (hip)** Hospital Episode Statistics - HES - Readmissions by CCS group (17 Mar 2022)	100	94.7 Oct 19 - Sep 20	115.0 Oct 20 - Sep 21	→	S
	E2	**Emergency readmissions: Pneumonia** Hospital Episode Statistics - HES - Readmissions by CCS group (17 Mar 2022)	100	87.0 Oct 19 - Sep 20	91.2 Oct 20 - Sep 21	→	S
	E2	**Emergency readmissions: Septicaemia (except in labour)** Hospital Episode Statistics - HES - Readmissions by CCS group (17 Mar 2022)	100	82.5 Oct 19 - Sep 20	87.2 Oct 20 - Sep 21	→	S
	E2	**Emergency readmissions: Urinary tract infections** Hospital Episode Statistics - HES - Readmissions by CCS group (17 Mar 2022)	100	94.6 Oct 19 - Sep 20	101.7 Oct 20 - Sep 21	→	S
	E2	**In-hospital mortality: Acute and unspecified renal failure** Hospital Episode Statistics - CQC - HES Mortality (15 Jan 2022)	100	74.9 Jul 19 - Jun 20	61.6 Jul 20 - Jun 21	→	S
	E2	**In-hospital mortality: Acute bronchitis** Hospital Episode Statistics - CQC - HES Mortality (15 Jan 2022)	100	136.3 Jul 19 - Jun 20	151.7 Jul 20 - Jun 21	→	S
	E2	**In-hospital mortality: Acute cerebrovascular disease** Hospital Episode Statistics - CQC - HES Mortality (15 Jan 2022)	100	100.1 Jul 19 - Jun 20	93.1 Jul 20 - Jun 21	→	S
	E2	**In-hospital mortality: Acute myocardial infarction** Hospital Episode Statistics - CQC - HES Mortality (15 Jan 2022)	100	92.9 Jul 19 - Jun 20	98.0 Jul 20 - Jun 21	→	S
	E2	**In-hospital mortality: Chronic obstructive pulmonary disease and bronchiectasis** Hospital Episode Statistics - CQC - HES Mortality (15 Jan 2022)	100	110.3 Jul 19 - Jun 20	86.6 Jul 20 - Jun 21	→	S

York and Scarborough Teaching Hospitals NHS Foundation Trust

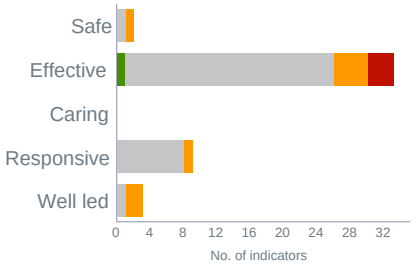
Trust and core service analysis > Medical care indicators

Key question	KLOE	Indicator	National average	Performance			National comparison
				Previous	Latest	Change	
	E2	**In-hospital mortality: Fluid and electrolyte disorders** Hospital Episode Statistics - CQC - HES Mortality (15 Jan 2022)	100	79.9 Jul 19 - Jun 20	132.1 Jul 20 - Jun 21	→	S
	E2	**In-hospital mortality: Fracture of neck of femur (hip)** Hospital Episode Statistics - CQC - HES Mortality (15 Jan 2022)	100	70.4 Jul 19 - Jun 20	110.8 Jul 20 - Jun 21	→	S
	E2	**In-hospital mortality: Pneumonia** Hospital Episode Statistics - CQC - HES Mortality (15 Jan 2022)	100	92.5 Jul 19 - Jun 20	82.5 Jul 20 - Jun 21	→	S
	E2	**In-hospital mortality: Septicaemia (except in labour)** Hospital Episode Statistics - CQC - HES Mortality (15 Jan 2022)	100	106.0 Jul 19 - Jun 20	103.2 Jul 20 - Jun 21	→	S
	E2	**In-hospital mortality: Urinary tract infections** Hospital Episode Statistics - CQC - HES Mortality (15 Jan 2022)	100	91.8 Jul 19 - Jun 20	94.7 Jul 20 - Jun 21	→	S
Responsive	R3	**Referral to treatment, on completed admitted pathways in Medicine, within 18 weeks (%)** NHS England - RTT Admitted (10 Mar 2022)	79.6%	88.1% Jan 21	63.2% Jan 22	↓	S

York and Scarborough Teaching Hospitals NHS Foundation Trust

Trust and core service analysis > Surgery indicators

What's the current performance of surgery indicators?



Key question	KLOE	Indicator	National average	Performance			National comparison
				Previous	Latest	Change	
Safe	S5	**Crude percentage of patients documented as not developing a pressure ulcer (%)** Royal College of Physicians - National Hip Fracture Database (NHFD) - York District Hospital (01 Mar 2022)	96.0%	89.4% Jan 19 - Dec 19	95.1% Jan 20 - Dec 20	↑	S
	S5	**Crude percentage of patients documented as not developing a pressure ulcer (%)** Royal College of Physicians - National Hip Fracture Database (NHFD) - Scarborough Hospital (01 Mar 2022)	96.0%	95.7% Jan 19 - Dec 19	80.5% Jan 20 - Dec 20	↓	W
	S5	**Never events in surgery** NHS Improvement - OBIEE NRLS STEIS (26 Mar 2022) **National Guardian** Freedom to Speak Up		0 Mar 20 - Feb 21	2 Mar 21 - Feb 22	↓	
Effective	E1	**Crude proportion of cases with pre-operative documentation of risk of death** Royal College of Anaesthetists - National Emergency Laparotomy Audit (NELA) - York District Hospital (29 Jan 2022)	84.0%	82.6% Dec 17 - Nov 18	87.3% Dec 18 - Nov 19	↑	S
	E1	**Crude proportion of cases with pre-operative documentation of risk of death** Royal College of Anaesthetists - National Emergency Laparotomy Audit (NELA) - Scarborough Hospital (29 Jan 2022)	84.0%	60.6% Dec 17 - Nov 18	61.0% Dec 18 - Nov 19	→	W
	E1	**Crude proportion of high-risk cases with consultant surgeon & anaesthetist present in theatre AND admitted to critical care post-operatively** Royal College of Anaesthetists - National Emergency Laparotomy Audit (NELA) - York District Hospital (29 Jan 2022)	77.1%	-	90.6% Dec 18 - Nov 19	NA	S
	E1	**Crude proportion of high-risk cases with consultant surgeon & anaesthetist present in theatre AND admitted to critical care post-operatively** Royal College of Anaesthetists - National Emergency Laparotomy Audit (NELA) - Scarborough Hospital (29 Jan 2022)	77.1%	-	80.0% Dec 18 - Nov 19	NA	S
	E1	**Crude proportion of patients aged 80 and over OR aged 65+ and frail who were assessed by a geriatrician** Royal College of Anaesthetists - National Emergency Laparotomy Audit (NELA) - Scarborough Hospital (29 Jan 2022)	28.4%	-	13.6% Dec 18 - Nov 19	NA	MW

York and Scarborough Teaching Hospitals NHS Foundation Trust

Trust and core service analysis > Surgery indicators

Key question	KLOE	Indicator	National average	Performance			National comparison
				Previous	Latest	Change	
	E1	**Crude proportion of patients aged 80 and over OR aged 65+ and frail who were assessed by a geriatrician** Royal College of Anaesthetists - National Emergency Laparotomy Audit (NELA) - York District Hospital (29 Jan 2022)	28.4%	-	19.4% Dec 18 - Nov 19	NA	MW
	E1	**Crude proportion of patients having perioperative medical assessment (%)** Royal College of Physicians - National Hip Fracture Database (NHFD) - Scarborough Hospital (01 Mar 2022)	89.0%	79.3% Jan 19 - Dec 19	56.0% Jan 20 - Dec 20	→	W
	E1	**Crude proportion of patients having perioperative medical assessment (%)** Royal College of Physicians - National Hip Fracture Database (NHFD) - York District Hospital (01 Mar 2022)	89.0%	92.9% Jan 19 - Dec 19	91.0% Jan 20 - Dec 20	→	S
	E2	**Abdominal aortic aneurysm risk-adjusted post-operative in-hospital mortality rate (%)** Royal College of Surgeons - National Vascular Registry (NVR) (15 Jul 2021)	1.4%	NA	1.8% Jan 17 - Dec 19	NA	S
	E2	**Carotid Endarterectomy risk-adjusted 30-day mortality and stroke rate (%)** Royal College of Surgeons - National Vascular Registry (NVR) (15 Jul 2021)	1.9%	NA	2.5% Jan 17 - Dec 19	NA	S
	E2	**PROMs: Primary Hip Replacement EQ-5D score** NHS Digital - PROMS (22 Feb 2022)		Nil Significance Apr 19 - Mar 20	Nil Significance Apr 20 - Mar 21	→	S
	E2	**PROMs: Primary Hip Replacement Oxford score** NHS Digital - PROMS (22 Feb 2022)		Nil Significance Apr 19 - Mar 20	Nil Significance Apr 20 - Mar 21	→	S
	E2	**Risk adjusted 30-day mortality rate (%)** Royal College of Anaesthetists - National Emergency Laparotomy Audit (NELA) - Scarborough Hospital (29 Jan 2022)	9.3%	9.6% Dec 17 - Nov 18	10.5% Dec 18 - Nov 19	→	S
	E2	**Risk adjusted 30-day mortality rate (%)** Royal College of Anaesthetists - National Emergency Laparotomy Audit (NELA) - York District Hospital (29 Jan 2022)	9.3%	15.9% Dec 17 - Nov 18	10.2% Dec 18 - Nov 19	↑	S
	E2	**Risk-adjusted 30-day mortality rate (%)** Royal College of Physicians - National Hip Fracture Database (NHFD) - York District Hospital (01 Mar 2022)	8.3%	8.5% Jan 19 - Dec 19	9.8% Jan 20 - Dec 20	↓	MW
	E2	**Risk-adjusted 30-day mortality rate (%)** Royal College of Physicians - National Hip Fracture Database (NHFD) - Scarborough Hospital (01 Mar 2022)	8.3%	3.5% Jan 19 - Dec 19	10.2% Jan 20 - Dec 20	↓	S
	E2	**Risk-adjusted 30-day unplanned readmission rate (%)** NHS Digital - National Bowel Cancer Audit (NBOCAP) - York District Hospital (18 Dec 2021)	11.8%	-	15.1% Apr 18 - Mar 19	NA	S

York and Scarborough Teaching Hospitals NHS Foundation Trust

Trust and core service analysis > Surgery indicators

Key question	KLOE	Indicator	National average	Performance			National comparison
				Previous	Latest	Change	
	E2	**Risk-adjusted 30-day unplanned readmission rate (%)** NHS Digital - National Bowel Cancer Audit (NBOCAP) - Scarborough Hospital (18 Dec 2021)	11.8%	6.8% Apr 17 - Mar 18	6.7% Apr 18 - Mar 19	→	S
	E2	**Risk-adjusted 5-year hip revision ratio** National Joint Registry - NJR Hip - Scarborough Hospital (21 Apr 2021)		1.3 Apr 18 - Mar 19	1.1 Apr 19 - Mar 20	→	S
	E2	**Risk-adjusted 5-year hip revision ratio** National Joint Registry - NJR Hip - York District Hospital (21 Apr 2021)		1.6 Apr 18 - Mar 19	1.7 Apr 19 - Mar 20	→	W
	E2	**Risk-adjusted 5-year hip revision ratio** National Joint Registry - NJR Hip - Bridlington Hospital (21 Apr 2021)		1.2 Apr 18 - Mar 19	1.5 Apr 19 - Mar 20	↓	W
	E2	**Risk-adjusted 5-year knee revision ratio** National Joint Registry - NJR Knees - York District Hospital (21 Apr 2021)		1.6 Apr 18 - Mar 19	1.2 Apr 19 - Mar 20	→	S
	E2	**Risk-adjusted 5-year knee revision ratio** National Joint Registry - NJR Knees - Scarborough Hospital (21 Apr 2021)		1.0 Apr 18 - Mar 19	1.0 Apr 19 - Mar 20	→	S
	E2	**Risk-adjusted 5-year knee revision ratio** National Joint Registry - NJR Knees - Bridlington Hospital (21 Apr 2021)		1.5 Apr 18 - Mar 19	1.3 Apr 19 - Mar 20	↑	S
	E2	**Risk-adjusted 90-day post-operative mortality rate (%)** NHS Digital - National Bowel Cancer Audit (NBOCAP) - York District Hospital (18 Dec 2021)	2.9%	-	4.4% Apr 18 - Mar 19	NA	S
	E2	**Risk-adjusted 90-day post-operative mortality rate (%)** NHS Digital - National Bowel Cancer Audit (NBOCAP) - Scarborough Hospital (18 Dec 2021)	2.9%	2.4% Apr 17 - Mar 18	1.2% Apr 18 - Mar 19	→	S
	E2	**Risk-adjusted hip 90-day mortality ratio for 5-year period** National Joint Registry - NJR Hip - York District Hospital (21 Apr 2021)		1.4 Apr 18 - Mar 19	1.4 Apr 19 - Mar 20	→	S
	E2	**Risk-adjusted hip 90-day mortality ratio for 5-year period** National Joint Registry - NJR Hip - Bridlington Hospital (21 Apr 2021)		0.8 Apr 18 - Mar 19	0.9 Apr 19 - Mar 20	→	S
	E2	**Risk-adjusted hip 90-day mortality ratio for 5-year period** National Joint Registry - NJR Hip - Scarborough Hospital (21 Apr 2021)		0.8 Apr 18 - Mar 19	1.7 Apr 19 - Mar 20	→	S
	E2	**Risk-adjusted knee 90-day mortality ratio for 5-year period** National Joint Registry - NJR Knees - Scarborough Hospital (21 Apr 2021)		1.0 Apr 18 - Mar 19	1.0 Apr 19 - Mar 20	→	S

Key question	KLOE	Indicator	National average	Performance			National comparison
				Previous	Latest	Change	
	E2	**Risk-adjusted knee 90-day mortality ratio for 5-year period** National Joint Registry - NJR Knees - York District Hospital (21 Apr 2021)		1.6 Apr 18 - Mar 19	1.6 Apr 19 - Mar 20	→	S
	E2	**Risk-adjusted knee 90-day mortality ratio for 5-year period** National Joint Registry - NJR Knees - Bridlington Hospital (21 Apr 2021)		0.8 Apr 18 - Mar 19	0.9 Apr 19 - Mar 20	→	S
	E2	**Risk-adjusted posterior capsule rupture rate** Royal College of Ophthalmologists - National Ophthalmology Database Audit (26 Jan 2021)	1.1%	0.6% Sep 17 - Aug 18	0.6% Sep 18 - Aug 19	→	MB
Responsive	R3	**Cancelled operations as a percentage of elective activity (%)** NHS England - Cancelled Operations (18 Feb 2020)	1.1%	1.0% Oct 18 - Dec 18	1.1% Oct 19 - Dec 19	→	S
	R3	**Cancelled operations not treated within 28 days of non-clinical cancellation (%)** NHS England - Cancelled Operations (15 Feb 2022)	23.7%	8.7% Oct 19 - Dec 19	15.9% Oct 21 - Dec 21	↓	S
	R3	**Crude overall hospital length of stay** Royal College of Physicians - National Hip Fracture Database (NHFD) - Scarborough Hospital (01 Mar 2022)	15.9	16.2 Jan 19 - Dec 19	14.0 Jan 20 - Dec 20	→	S
	R3	**Crude overall hospital length of stay** Royal College of Physicians - National Hip Fracture Database (NHFD) - York District Hospital (01 Mar 2022)	15.9	23.8 Jan 19 - Dec 19	18.1 Jan 20 - Dec 20	↑	S
	R3	**Crude proportion of cases with access to theatres within clinically appropriate time frames** Royal College of Anaesthetists - National Emergency Laparotomy Audit (NELA) - Scarborough Hospital (29 Jan 2022)	82.8%	93.0% Dec 17 - Nov 18	89.2% Dec 18 - Nov 19	→	S
	R3	**Crude proportion of cases with access to theatres within clinically appropriate time frames** Royal College of Anaesthetists - National Emergency Laparotomy Audit (NELA) - York District Hospital (29 Jan 2022)	82.8%	83.8% Dec 17 - Nov 18	87.9% Dec 18 - Nov 19	↑	S
	R3	**Crude proportion of patients having surgery on the day or day after admission (%)** Royal College of Physicians - National Hip Fracture Database (NHFD) - Scarborough Hospital (01 Mar 2022)	69.0%	75.9% Jan 19 - Dec 19	70.0% Jan 20 - Dec 20	→	S
	R3	**Crude proportion of patients having surgery on the day or day after admission (%)** Royal College of Physicians - National Hip Fracture Database (NHFD) - York District Hospital (01 Mar 2022)	69.0%	52.7% Jan 19 - Dec 19	51.7% Jan 20 - Dec 20	→	W

York and Scarborough Teaching Hospitals NHS Foundation Trust

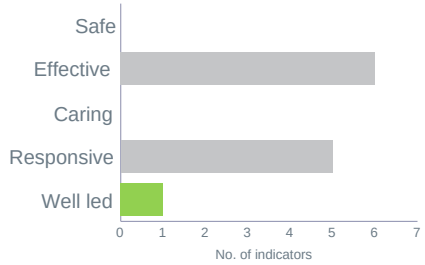
Trust and core service analysis > Surgery indicators

Key question	KLOE	Indicator	National average	Performance			National comparison
				Previous	Latest	Change	
	R3	**Referral to treatment, on completed admitted pathways in Surgery, within 18 weeks (%)** NHS England - RTT Admitted (10 Mar 2022)	59.4%	50.2% Jan 21	56.3% Jan 22	↑	S
Well led	W8	**Patients consented to have personal details included in the NJR** National Joint Registry - NJR Hip - York District Hospital (21 Apr 2021)		A Apr 18 - Mar 19	A Apr 19 - Mar 20	→	W
	W8	**Patients consented to have personal details included in the NJR** National Joint Registry - NJR Hip - Scarborough Hospital (21 Apr 2021)		G Apr 18 - Mar 19	G Apr 19 - Mar 20	→	S
	W8	**Patients consented to have personal details included in the NJR** National Joint Registry - NJR Hip - Bridlington Hospital (21 Apr 2021)		A Apr 18 - Mar 19	A Apr 19 - Mar 20	→	W

York and Scarborough Teaching Hospitals NHS Foundation Trust

Trust and core service analysis > Critical care indicators

What's the current performance of critical care indicators?



Key question	KLOE	Indicator	National average	Performance			National comparison
				Previous	Latest	Change	
Safe	S5	**Never events in critical care** NHS Improvement - OBIEE NRLS STEIS (26 Mar 2022) **National Guardian** Freedom to Speak Up		0 Mar 20 - Feb 21	0 Mar 21 - Feb 22		
Effective	E2	**Risk-adjusted hospital mortality ratio** ICNARC - ICNARC - York Hospital, Intensive Care/High Dependency Unit (23 Jan 2021)	1.00	1.00 Apr 17 - Mar 18	1.10 Apr 18 - Mar 19		S
	E2	**Risk-adjusted hospital mortality ratio** ICNARC - ICNARC - Scarborough Hospital, Intensive Care Unit (23 Jan 2021)	1.00	0.98 Apr 17 - Mar 18	1.15 Apr 18 - Mar 19		S
	E2	**Risk-adjusted hospital mortality ratio for patients with predicted risk of death <20% (lower risk)** ICNARC - ICNARC - York Hospital, Intensive Care/High Dependency Unit (23 Jan 2021)	1.00	1.04 Apr 17 - Mar 18	1.30 Apr 18 - Mar 19		S
	E2	**Risk-adjusted hospital mortality ratio for patients with predicted risk of death <20% (lower risk)** ICNARC - ICNARC - Scarborough Hospital, Intensive Care Unit (23 Jan 2021)	1.00	0.39 Apr 17 - Mar 18	1.26 Apr 18 - Mar 19		S
	E4	**Crude, non-delayed, out-of-hours discharge to ward proportion (%)** ICNARC - ICNARC - Scarborough Hospital, Intensive Care Unit (23 Jan 2021)	1.9%	7.9% Apr 17 - Mar 18	1.2% Apr 18 - Mar 19		S
	E4	**Crude, non-delayed, out-of-hours discharge to ward proportion (%)** ICNARC - ICNARC - York Hospital, Intensive Care/High Dependency Unit (23 Jan 2021)	1.9%	2.4% Apr 17 - Mar 18	1.3% Apr 18 - Mar 19		S
Responsive	R1	**Crude non-clinical transfers (%)** ICNARC - ICNARC - Scarborough Hospital, Intensive Care Unit (23 Jan 2021)	0.34%	1.17% Apr 17 - Mar 18	0.91% Apr 18 - Mar 19		S
	R1	**Crude non-clinical transfers (%)** ICNARC - ICNARC - York Hospital, Intensive Care/High Dependency Unit (23 Jan 2021)	0.34%	0.10% Apr 17 - Mar 18	0.00% Apr 18 - Mar 19		S
	R3	**Crude delayed discharge (% bed-days occupied by patients with discharge delayed >8 hours) (%)** ICNARC - ICNARC - York Hospital, Intensive Care/High Dependency Unit (23 Jan 2021)	4.4%	3.4% Apr 17 - Mar 18	4.3% Apr 18 - Mar 19		S
	R3	**Crude delayed discharge (% bed-days occupied by patients with discharge delayed >8 hours) (%)** ICNARC - ICNARC - Scarborough Hospital, Intensive Care Unit (23 Jan 2021)	4.4%	1.5% Apr 17 - Mar 18	3.0% Apr 18 - Mar 19		S

York and Scarborough Teaching Hospitals NHS Foundation Trust

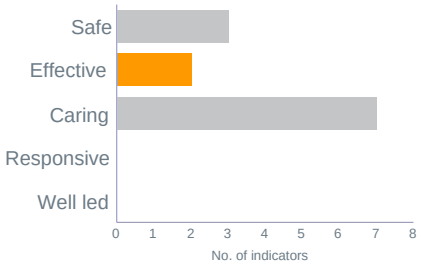
Trust and core service analysis > Critical care indicators

Key question	KLOE	Indicator	National average	Performance			National comparison
				Previous	Latest	Change	
	R3	**Full bed occupancy levels for adult critical care beds** NHS England - Critical Care Bed Occupancy (14 Apr 2020)		0-1 month of full occupancy Dec 18 - Feb 19	0-1 month of full occupancy Dec 19 - Feb 20		S
Well led	W6	**Participation in the ICCQIP - Adult critical care services** NHS England - Critical Care Bed Occupancy (12 Jan 2021)		-	All units have authorised local administrator Dec 19	NA	B

York and Scarborough Teaching Hospitals NHS Foundation Trust

Trust and core service analysis > Maternity indicators

What's the current performance of maternity indicators?



Key question	KLOE	Indicator	National average	Performance			National comparison
				Previous	Latest	Change	
Safe	S1	**Cleanliness of rooms and wards** Care Quality Commission - Maternity Survey - Benchmarking (16 Mar 2022)	-	9.1 Feb 19	9.3 Feb 21	→	S
	S2	**Ratio of births to midwifery staff** Electronic Staff Record - ESR: Contracted FTEs - Midwifery (08 Mar 2022)	22.70	21.70 Oct 19 - Sep 20	22.87 Oct 20 - Sep 21	→	S
	S2	**Ratio of senior midwives to midwives** Electronic Staff Record - ESR: Contracted FTEs - Midwifery (03 Mar 2022)	0.27	0.19 Dec 20	0.19 Dec 21	→	S
	S5	**Never events in maternity and gynaecology** NHS Improvement - OBIEE NRLS STEIS (26 Mar 2022) **National Guardian** Freedom to Speak Up		0 Mar 20 - Feb 21	0 Mar 21 - Feb 22	→	
Effective	E2	**Stabilised and risk-adjusted extended perinatal mortality rate (per 1,000 births)** MBRRACE-UK - MBRRACE - Perinatal Mortality Surveillance (24 Oct 2020)	4.8	4.9 Jan 16 - Dec 16	4.8 Jan 17 - Dec 17	NA	W
	E2	**Stabilised and risk-adjusted extended perinatal mortality rate excluding congenital anomalies (per 1,000 births)** MBRRACE-UK - MBRRACE - Perinatal Mortality Surveillance (24 Oct 2020)	4.2	-	4.1 Jan 17 - Dec 17	NA	W
Caring	C1	**Being left alone** Care Quality Commission - Maternity Survey - Benchmarking (16 Mar 2022)	-	8.6 Feb 19	7.5 Feb 21	↓	S
	C1	**Raising concerns** Care Quality Commission - Maternity Survey - Benchmarking (16 Mar 2022)	-	8.6 Feb 19	7.7 Feb 21	→	S
	C1	**Staff introduction** Care Quality Commission - Maternity Survey - Benchmarking (16 Mar 2022)	-	9.2 Feb 19	9.0 Feb 21	→	S
	C2	**Advice at the start of labour** Care Quality Commission - Maternity Survey - Benchmarking (16 Mar 2022)	-	8.5 Feb 19	8.3 Feb 21	→	S
	C2	**Comfortable atmosphere during labour** Care Quality Commission - Maternity Survey - Benchmarking (16 Mar 2022)	-	8.1 Feb 19	7.5 Feb 21	→	S
	C2	**Information or explanations given after birth** Care Quality Commission - Maternity Survey - Benchmarking (16 Mar 2022)	-	7.3 Feb 19	7.5 Feb 21	→	S
	C3	**Treatment with respect and dignity** Care Quality Commission - Maternity Survey - Benchmarking (16 Mar 2022)	-	9.4 Feb 19	9.2 Feb 21	→	S

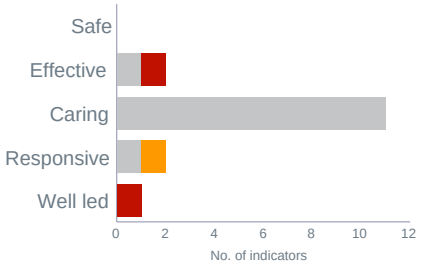
York and Scarborough Teaching Hospitals NHS Foundation Trust

Trust and core service analysis > Children and young people indicators

National Guardian Freedom to Speak Up

CareQuality Commission

What's the current performance of children and young people indicators?



Key question	KLOE	Indicator	National average	Performance			National comparison
				Previous	Latest	Change	
Safe	S5	**Never events in children and young people** NHS Improvement - OBIEE NRLS STEIS (26 Mar 2022)		0 Mar 20 - Feb 21	0 Mar 21 - Feb 22	→	
Effective	E1	**Case mix adjusted mean HbA1c; blood glucose control** Royal College of Paediatrics and Child Health - National Paediatric Diabetes Audit (NPDA) - York District Hospital (06 Jul 2021)	65.0	70.2 Apr 18 - Mar 19	72.2 Apr 19 - Mar 20	→	MW
	E1	**Case mix adjusted mean HbA1c; blood glucose control** Royal College of Paediatrics and Child Health - National Paediatric Diabetes Audit (NPDA) - Scarborough Hospital (06 Jul 2021)	65.0	64.8 Apr 18 - Mar 19	62.9 Apr 19 - Mar 20	→	S
Caring	C1	**Being well looked after** PICKER - CQC CYP Survey (03 Mar 2022)	-	9.2 Nov 18 - Dec 18	9.3 Nov 20 - Jan 21	→	S
	C1	**Confidence and trust** PICKER - CQC CYP Survey (03 Mar 2022)	-	8.9 Nov 18 - Dec 18	9.1 Nov 20 - Jan 21	→	S
	C1	**Parents view of child being well looked after** PICKER - CQC CYP Survey (03 Mar 2022)	-	9.0 Nov 18 - Dec 18	9.1 Nov 20 - Jan 21	→	S
	C2	**Explanations parents and carers could understand** PICKER - CQC CYP Survey (03 Mar 2022)	-	9.1 Nov 18 - Dec 18	9.4 Nov 20 - Jan 21	→	S
	C2	**Information about next steps** PICKER - CQC CYP Survey (03 Mar 2022)	-	7.8 Nov 18 - Dec 18	7.8 Nov 20 - Jan 21	→	S
	C2	**Involvement** PICKER - CQC CYP Survey (03 Mar 2022)	-	6.5 Nov 18 - Dec 18	6.7 Nov 20 - Jan 21	→	S
	C2	**Parent and carer involvement** PICKER - CQC CYP Survey (03 Mar 2022)	-	8.5 Nov 18 - Dec 18	8.7 Nov 20 - Jan 21	→	S
	C2	**Parents and carers being given information about next steps** PICKER - CQC CYP Survey (03 Mar 2022)	-	8.6 Nov 18 - Dec 18	8.4 Nov 20 - Jan 21	→	S
	C2	**Understanding what staff say** PICKER - CQC CYP Survey (03 Mar 2022)	-	8.6 Nov 18 - Dec 18	8.3 Nov 20 - Jan 21	→	S
	C3	**Pain management** PICKER - CQC CYP Survey (03 Mar 2022)	-	9.0 Nov 18 - Dec 18	8.9 Nov 20 - Jan 21	→	S
	C3	**Parent and carer views on pain management** PICKER - CQC CYP Survey (03 Mar 2022)	-	8.5 Nov 18 - Dec 18	8.7 Nov 20 - Jan 21	→	S
Responsive	R1	**Appropriate equipment or adaptations** PICKER - CQC CYP Survey (03 Mar 2022)	-	9.0 Nov 18 - Dec 18	8.9 Nov 20 - Jan 21	→	S
	R1	**Type of ward stayed on** PICKER - CQC CYP Survey (03 Mar 2022)	-	9.7 Nov 18 - Dec 18	9.6 Nov 20 - Jan 21	→	SW
	R3	**Full bed occupancy levels for neonatal intensive care beds** NHS England - Critical Care Bed Occupancy (14 Apr 2020)		3 months of full occupancy Dec 18 - Feb 19	2 months of full occupancy Dec 19 - Feb 20	↑	W

York and Scarborough Teaching Hospitals NHS Foundation Trust

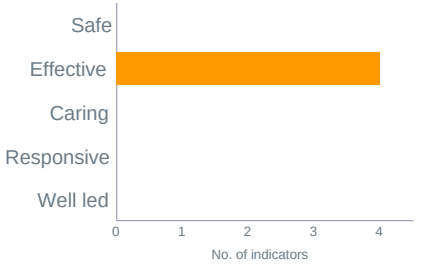
Trust and core service analysis > Children and young people indicators

Key question	KLOE	Indicator	National average	Performance			National comparison
				Previous	Latest	Change	
Well led	W6	**Participation in the ICCQIP - Neonatal critical care services** NHS England - Critical Care Bed Occupancy (12 Jan 2021)		-	No units registered Dec 19	NA	MW

York and Scarborough Teaching Hospitals NHS Foundation Trust

Trust and core service analysis > End of life care indicators

What's the current performance of end of life care indicators?

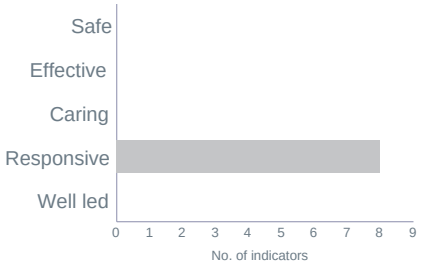


Key question	KLOE	Indicator	National average	Performance			National comparison
				Previous	Latest	Change	
Effective	E4	**Is face-to-face palliative care available 8hrs/7days?** National Audit of Care at the End of Life (NACEL) - Scarborough Hospital (29 Jun 2021)		-	No - not 8 hours a day, 7 days a week Apr 18 - Mar 19	NA	W
	E4	**Is face-to-face palliative care available 8hrs/7days?** National Audit of Care at the End of Life (NACEL) - The York Hospital (29 Jun 2021)		-	No - not 8 hours a day, 7 days a week Apr 18 - Mar 19	NA	W
	E4	**Is face-to-face palliative care available 8hrs/7days?** National Audit of Care at the End of Life (NACEL) - St Monicas Hospital (29 Jun 2021)		-	No - not 8 hours a day, 7 days a week Apr 18 - Mar 19	NA	W
	E4	**Is face-to-face palliative care available 8hrs/7days?** National Audit of Care at the End of Life (NACEL) - Selby War Memorial Hospital (29 Jun 2021)		-	No - not 8 hours a day, 7 days a week Apr 18 - Mar 19	NA	W

York and Scarborough Teaching Hospitals NHS Foundation Trust

Trust and core service analysis > Outpatients indicators

What's the current performance of outpatients indicators?



Key question	KLOE	Indicator	National average	Performance			National comparison
				Previous	Latest	Change	
Safe	S5	**Never events in outpatients and diagnostic imaging** NHS Improvement - OBIEE NRLS STEIS (26 Mar 2022) **National Guardian** Freedom to Speak Up		0 Mar 20 - Feb 21	1 Mar 21 - Feb 22	↓	
Responsive	R3	**Cancer - First treatment in 31 days of decision to treat (%)** NHS England - Cancer Waits 31 Days All Cancers (10 Feb 2022)	93.3%	97.6% Oct 20 - Dec 20	97.2% Oct 21 - Dec 21	→	S
	R3	**Cancer - First treatment in 62 days of urgent GP/dentist referral (%)** NHS England - Cancer Waits 62 Days All Cancers (10 Feb 2022)	66.9%	74.7% Oct 20 - Dec 20	70.8% Oct 21 - Dec 21	→	S
	R3	**Cancer - First treatment in 62 days of urgent national screening referral (%)** NHS England - Cancer Waits 62 Days Screening (10 Feb 2022)	73.4%	89.5% Oct 20 - Dec 20	81.7% Oct 21 - Dec 21	↓	S
	R3	**Cancer - Seen by specialist in 14 days of urgent GP/dentist referral (%)** NHS England - Cancer Waits 14 Days All Cancers (10 Feb 2022)	79.0%	93.7% Oct 20 - Dec 20	85.6% Oct 21 - Dec 21	↓	S
	R3	**Outpatient DNAs (%)** Hospital Episode Statistics - HES Outpatients (17 Mar 2022)	7.8%	5.0% Nov 20	5.4% Nov 21	→	S
	R3	**Patients waiting over 6 weeks for diagnostic test (%)** NHS England - Diagnostics Waiting Times (17 Mar 2022)	30.9%	39.0% Jan 21	48.3% Jan 22	↓	S
	R3	**Referral to treatment, on incomplete pathways, within 18 weeks (%)** NHS England - RTT Incomplete (10 Mar 2022)	62.5%	63.9% Jan 21	62.4% Jan 22	→	S
	R3	**Referral to treatment, on non-admitted pathways, within 18 weeks (%)** NHS England - RTT NonAdmitted (10 Mar 2022)	74.3%	83.7% Jan 21	80.9% Jan 22	→	S

York and Scarborough Teaching Hospitals NHS Foundation Trust

Featured data sources > Incidents

National Guardian Freedom to Speak Up

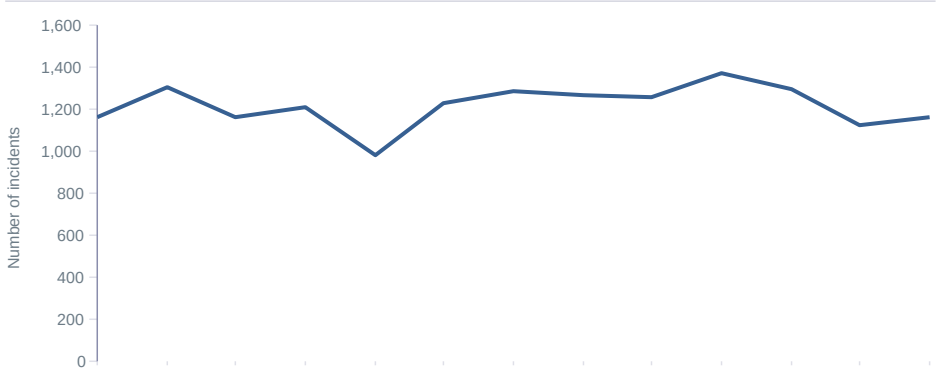
CareQuality Commission

Key messages

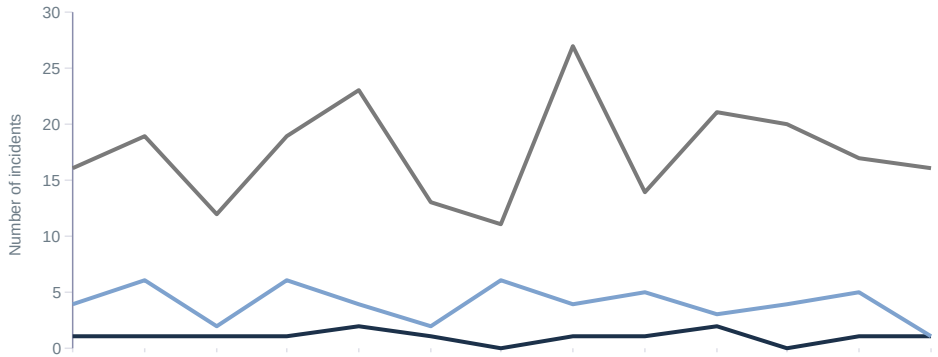
Not currently available

This trust
Highest 25% of reporters
Middle 50% of reporters
Lowest 25% of reporters
Median

All reported incidents

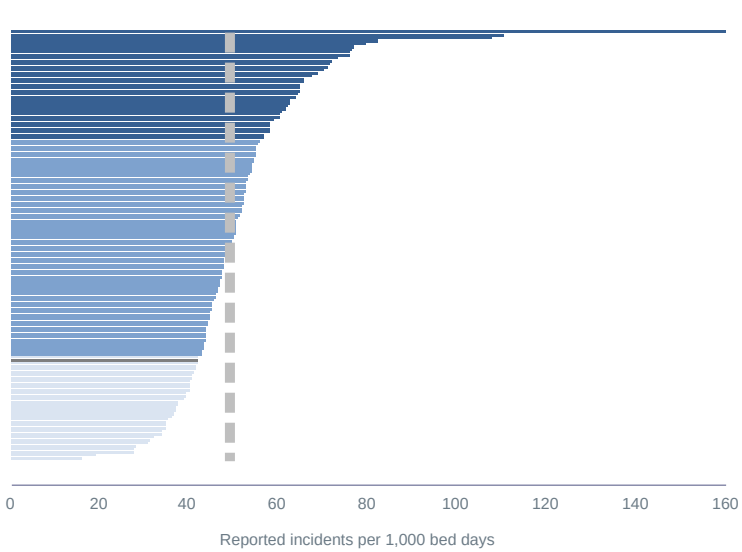


Reported incidents that resulted in moderate, severe harm or death



	Year-month	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12
	1. Death	1	1	1	1	2	1	0	1	1	2	0	1	1
	2. Severe	4	6	2	6	4	2	6	4	5	3	4	5	1
	3. Moderate	16	19	12	19	23	13	11	27	14	21	20	17	16
	4. Low	308	352	346	315	298	341	373	391	368	398	454	372	351
	5. No Harm	833	927	802	871	657	869	891	844	871	942	816	724	794
	6. Total	1,162	1,305	1,163	1,212	984	1,226	1,281	1,267	1,259	1,366	1,294	1,119	1,163

Comparative reporting rate for incidents in all acute trusts



Indicator	Trend	Performance
Proportion of reported patient safety incidents reported as resulting in harm (%)		
Risk of under-reporting patient safety incidents resulting in death or severe harm to the National Reporting and Learning System (NRLS)		
Risk of under-reporting patient safety incidents to the National Reporting and Learning System (NRLS)		

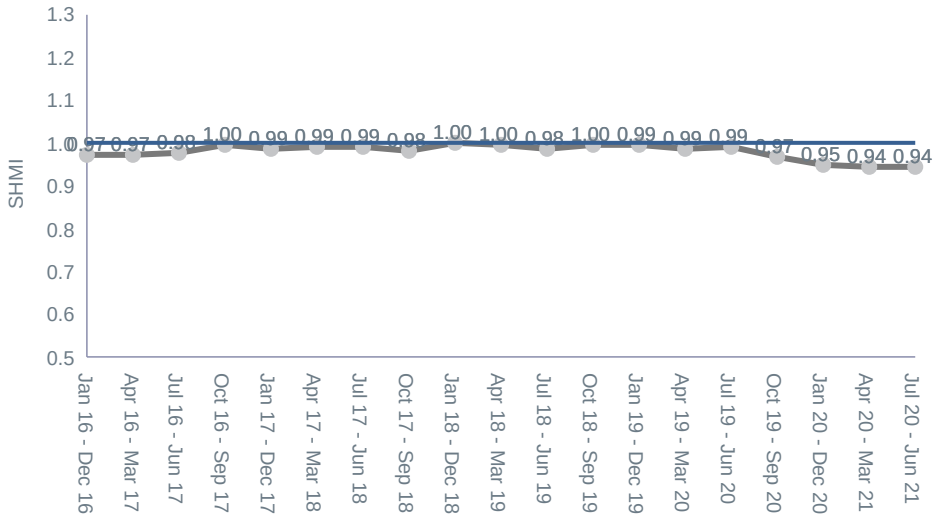
Source: NRLS (Oct 19 - Mar 20)

Key messages

- For the 12-month period from Jul 20 - Jun 21, SHMI was within expected range.
- For the 12-month period from Jul 20 - Jun 21, HSMR was as expected.

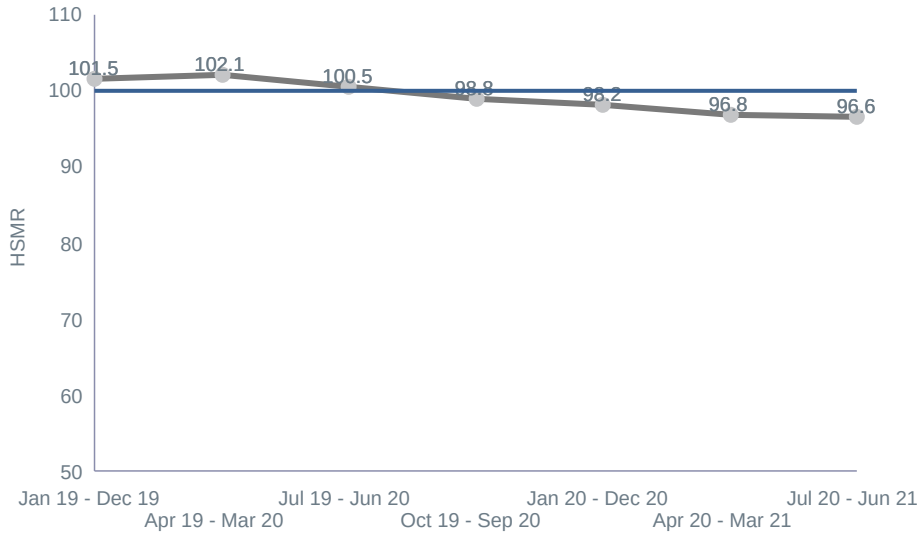
Summary Hospital-level Mortality indicator (SHMI)

For the 12-month period from Jul 20 - Jun 21, SHMI was within expected range with a value of 0.94 (compared to 1.0 for England) and 2,550 deaths compared to an expected 2,705 deaths.



Hospital Standardised Mortality Ratio (HSMR)

For the 12-month period from Jul 20 - Jun 21, HSMR was as expected with a value of 96.63 (compared to 100 for England) and 1,500 deaths compared to an expected 1,552 deaths. Weekend HSMR is within expected range for this time period.



England standardised mortality ratio

This trust

Higher than expected

Within expected range

Lower than expected

Source: NHS Digital and Dr Foster Intelligence

National clinical audits are priority information to inform discussions about quality improvement.

- Audit results should be followed-up during engagement meetings:
  - Better or worse than expected performance should be used to drive quality improvement
  - Where performance is much worse than expected we would expect this to prompt an investigation by the trust
- National clinical audits are reported here only if the trust participated

Do you have a query or suggestion for national clinical audits? **Contact us.**

York Hospitals NHS FT

	Metric	CQC Key Question	2017 Report[1]	2019 Report[2]	National Aggregate (England and Wales)	National Audit Standard	Comparison to other hospitals	
All patients 350 cases	Crude proportion of patients seen by a Cancer Nurse Specialist	Responsive	56.8%	**21.1%**	**n/a**	90%*	Does not meet the audit standard of 90%	
	Case mix adjusted one year relative survival rate	Effective	Within the expected range	**37.3%**	**37.0%**	none	Within expected range	
NSCLC 51 cases	Case mix adjusted % of fit patients with advanced Non Small Cell Lung Cancer (NSCLC) receiving Systemic Anti-Cancer Treatment	Effective	Within the expected range	**62.0%**	**65.0%**	65%*	Within expected range	
SCLC 28 cases	Case mix adjusted % of patients with Small Cell Lung Cancer (SCLC) receiving chemotherapy	Effective	Within the expected range	**68.3%**	**71.0%**	70%*	Within expected range	
	Case mix adjusted % of patients with NSCLC receiving curative intent treatment (Stage 1-2, Performance status 0-2)	Effective	Not available	**Not available**	**80.8%**	80%*	Not available	

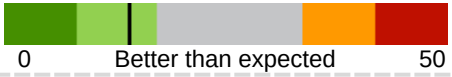
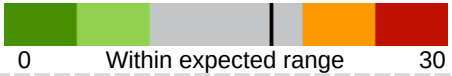
All trusts in England participate in the audit, and data is submitted for approximately 100% of patients. Case ascertainment is therefore not presented separately.

Royal College of Physicians | National Lung Cancer Audit

[1] Jan 16 - Dec 16
[2] Jan 17 - Dec 17

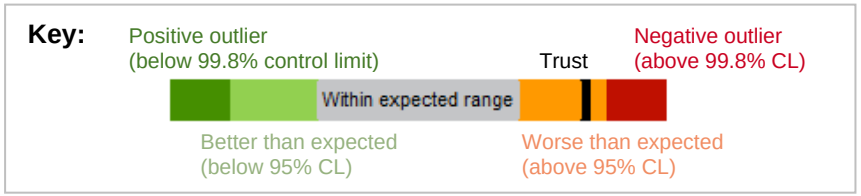
*Audit standard based on NICE guideline

York Teaching Hospital NHS Foundation Trust - The York Hospital

	Metric	CQC Key Question	2019 Report	2020 Report	National Aggregate (England and Wales)	National Standard	Comparison to other hospitals
224 operations	Case ascertainment	Well Led	Not Reported[1]	100.4%[4]	90.3%	none	Good (over 80%)
121 operations	Risk-adjusted post-operative length of stay >5 days after major resection*	Responsive	Not Reported[1]	48.2%[4]	62.0%	none	Better than national aggregate
141 operations	Risk-adjusted 90-day post-operative mortality rate	Effective	Not Reported[1]	4.4%[4]	2.9%	none	
163 operations	Risk-adjusted 2-year post-operative mortality rate	Effective	Not Reported[2]	11.4%[5]	18.4%	none	
136 operations	Risk-adjusted 30-day unplanned readmission rate	Effective	Not Reported[1]	15.1%[4]	11.8% *	none	

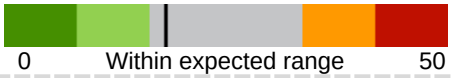
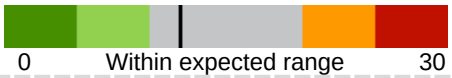
NBOCA | National Bowel Cancer Audit

Key:

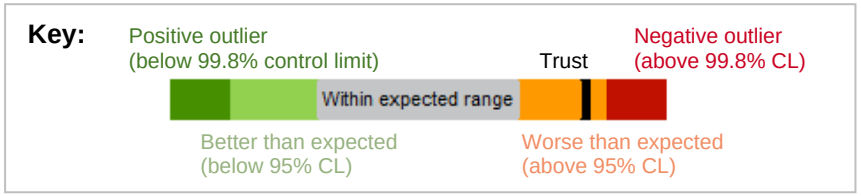


[1] Apr 17 - Mar 18 [2] Apr 15 - Mar 16 [3] Apr 14 - Mar 17 *England only
[4] Apr 18 - Mar 19 [5] Apr 16 - Mar 17 [6] Apr 15 - Mar 18

York Teaching Hospital NHS Foundation Trust – Scarborough Hospital

	Metric	CQC Key Question	2019 Report	2020 Report	National Aggregate (England and Wales)	National Standard	Comparison to other hospitals
115 operations	Case ascertainment	Well Led	109.1%[1]	**105.5%[4]**	**90.3%**	none	Good (over 80%)
52 operations	Risk-adjusted post-operative length of stay >5 days after major resection*	Responsive	66.8%[1]	**72.0%[4]**	**62.0%**	none	Worse than national aggregate
62 operations	Risk-adjusted 90-day post-operative mortality rate	Effective	2.4%[1]	**1.2%[4]**	**2.9%**	none	
67 operations	Risk-adjusted 2-year post-operative mortality rate	Effective	29.0%[2]	**10.7%[5]**	**18.4%**	none	
60 operations	Risk-adjusted 30-day unplanned readmission rate	Effective	6.8%[1]	**6.7%[4]**	**11.8% ***	none	

NBOCA | National Bowel Cancer Audit

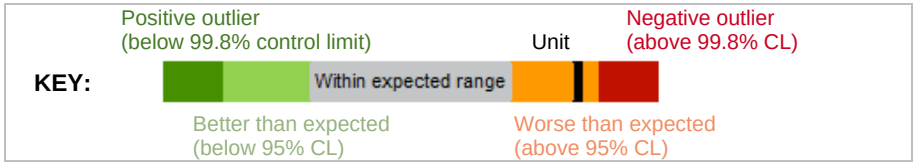


[1] Apr 17 - Mar 18 [2] Apr 15 - Mar 16 [3] Apr 14 - Mar 17 *England only
[4] Apr 18 - Mar 19 [5] Apr 16 - Mar 17 [6] Apr 15 - Mar 18

York Hospital, Intensive Care/High Dependency Unit

	Metric	CQC Key Question	2017/18[1] Report	2018/19[2] Report	National Aggregate (England, Wales & N. Ireland)	National Standard	Comparison to other Units
	Case Ascertainment	Well Led	Not reported for this audit			none	n/a
1097 admissions	Crude non-clinical transfers	Responsive	0.1%	**0.0%**	**0.3%**	0%*	0.0 Within expected range 6.0
769 admissions	Crude, non-delayed, out-of-hours discharge to ward proportion	Responsive	2.4%	**1.3%**	**1.9%**	0%*	0.0 Within expected range 25.0
6205 available critical care bed days	Crude delayed discharge (% bed-days occupied by patients with discharge delayed >8 hours)	Responsive	3.4%	**4.3%**	**4.4%**	0%*	Not in the worst 5% of units
1027 admissions	Risk-adjusted hospital mortality ratio (all patients)	Effective	1.0[3]	**1.1**[4]	**1.0**	none	0.2 Within expected range 2.8
678 admissions	Risk-adjusted hospital mortality ratio for patients with predicted risk of death <20% (lower risk)	Effective	1.0[3]	**1.3**[4]	**1.0**	none	0.2 Within expected range 2.8

icnarc intensive care national audit & research centre



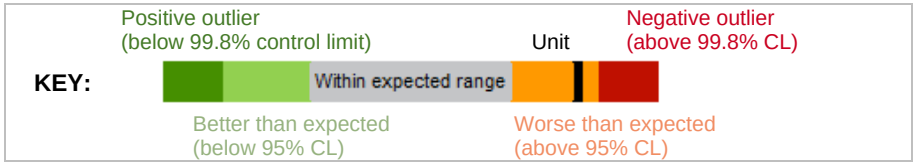
[1] Apr 17 - Mar 18
[2] Apr 18 - Mar 19
[3] ICNARC$_{H\text{-}2015}$ risk adjustment model
[4] ICNARC$_{H\text{-}2018}$ risk adjustment model

* FICM/ICS guideline

Scarborough Hospital, Intensive Care Unit

	Metric	CQC Key Question	2017/18[1] Report	2018/19[2] Report	National Aggregate (England, Wales & N. Ireland)	National Standard	Comparison to other Units
	Case Ascertainment	Well Led	Not reported for this audit			none	n/a
441 admissions	Crude non-clinical transfers	Responsive	1.2%	**0.9%**	**0.3%**	0%*	0.0 Within expected range 6.0
164 admissions	Crude, non-delayed, out-of-hours discharge to ward proportion	Responsive	7.9%	**1.2%**	**1.9%**	0%*	0.0 Within expected range 25.0
2920 available critical care bed days	Crude delayed discharge (% bed-days occupied by patients with discharge delayed >8 hours)	Responsive	1.5%	**3.0%**	**4.4%**	0%*	Not in the worst 5% of units
419 admissions	Risk-adjusted hospital mortality ratio (all patients)	Effective	1.0[3]	**1.2**[4]	**1.0**	none	0.2 Within expected range 2.8
284 admissions	Risk-adjusted hospital mortality ratio for patients with predicted risk of death <20% (lower risk)	Effective	0.4[3]	**1.3**[4]	**1.0**	none	0.2 Within expected range 2.8

icnarc intensive care national audit & research centre

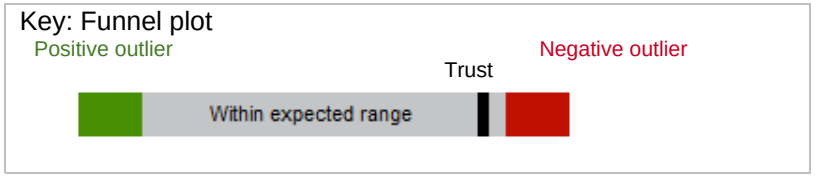


[1] Apr 17 - Mar 18
[2] Apr 18 - Mar 19
[3] ICNARC$_{H\text{-}2015}$ risk adjustment model
[4] ICNARC$_{H\text{-}2018}$ risk adjustment model

* FICM/ICS guideline

	Metric	CQC Key Question	2019[1] Report	2020[2] Report	National Aggregate (England & Wales)	National Standard	Comparative performance
225 cases	Case ascertainment	Well Led	75-84%	**85-100%**	**90%***	none	85-100% ▲
133 cases	Crude proportion of patients with stage 0-3 cancer with curative treatment plan	Effective	58.5%	**57.9%**	**60.0%**	none	Within expected range
163 cases	Age and sex adjusted proportion of patients diagnosed after an emergency admission	Effective	19.2%	**Poor quality data**	**13.3%**	none	N/A – poor quality data
Not eligible	Risk-adjusted 90-day post-operative mortality rate	Effective	Not eligible	**Not eligible**	**3.3%**	none	Not eligible

National Oesophago-Gastric Cancer Audit



[1] Apr 16 - Mar 18
[2] Apr 17 - Mar 19

*England only

York Teaching Hospital NHS Foundation Trust

		Metric	CQC Key Question	2019 Report	2020 Report	National Aggregate (UK)	National Standard	Comparative performance
Abdominal Aortic Aneurysm	56 cases	Case ascertainment (%)	Well Led	125%[1]	**108%[3]**	**94.0%**	90%	
		Risk-adjusted post-operative in-hospital mortality rate	Effective	1.8%[2]	**1.8%[4]**	**1.4%**	none	0 Within expected range 20
Carotid Endarterectomy	109 cases	Case Ascertainment (%)	Well Led	102%[1]	**102%[3]**	**97.0%**	90%	
		Crude median time from symptom to surgery	Responsive	4 days[1]	**5 days[3]**	**12 days**	14 days*	Better than audit standard
		Risk-adjusted 30-day mortality and stroke rate	Effective	3.1%[2]	**2.5%[4]**	**1.9%**	none	0 Within expected range 15

VSQIP VASCULAR SERVICES QUALITY IMPROVEMENT PROGRAMME

KEY:

[1] Jan 18 - Dec 18
[2] Jan 16 - Dec 18

* NICE guideline

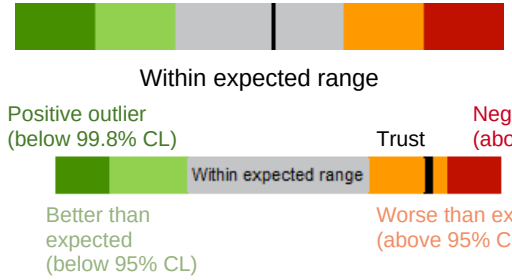
[3] Jan 19 - Dec 19
[4] Jan 17 - Dec 19

York and Scarborough Teaching Hospitals NHS Foundation Trust

Featured data sources > National audits > Emergency Laparotomy Audit

Scarborough Hospital

		Metric	CQC Key Question	Year 5[1]	Year 6[2]	National Aggregate (England & Wales)	National Standard	Hospital performance
Proportion of patients for which each process of care was met	118 cases	M1 Case Ascertainment	Well Led	96.5%	**100.0%**	84.5%	85%	85% and over
	118 cases	M2 Crude proportion of cases with pre-operative documentation of risk of death	Effective	60.6%	**61.0%**	84.0%	85%	From 55% to less than 85%
	111 cases	M3 Crude proportion of cases with access to theatres within clinically appropriate time frames	Responsive	93.0%	**89.2%**	82.8%	85%	85% and over
	65 cases	M7 Crude proportion of high-risk cases (>=5% predicted mortality) with consultant surgeon & anaesthetist present in theatre AND admitted to critical care post-operatively	Effective	n/a	**80.0%**	77.1%	80%	80% and over
	44 cases	M8 Crude proportion of patients aged 80+ OR aged 65+ and frail (CFS>=4) who were assessed by a geriatrician	Effective	n/a	**13.6%**	28.4%	80%	Less than 55%
	118 cases	M6 Risk adjusted 30-day mortality	Effective	9.6%	**10.5%**	9.3%	None	Within expected range



Key:

Metrics M1, M2 & M3		Metrics M7 and M8	
▲	≥85%	◆	≥ 80%
▬	≥ 55% and <85%	▬	≥ 55% and < 80%
●	<55%	●	< 55%

[1] Dec 17 - Nov 18
[2] Dec 18 - Nov 19

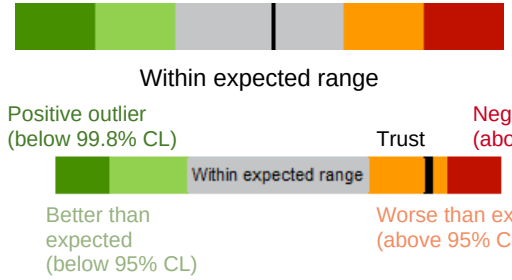
For a given metric, if cases are less than 10, the hospital is ineligible for that metric. A case count of <10 is reported, the metric value is suppressed and the hospital performance is not assessed.

York and Scarborough Teaching Hospitals NHS Foundation Trust

Featured data sources > National audits > Emergency Laparotomy Audit

York Hospital

		Metric	CQC Key Question	Year 5[1]	Year 6[2]	National Aggregate (England & Wales)	National Standard	Hospital performance
Proportion of patients for which each process of care was met	204 cases	M1 Case Ascertainment	Well Led	99.0%	**91.9%**	84.5%	85%	85% and over
	204 cases	M2 Crude proportion of cases with pre-operative documentation of risk of death	Effective	82.6%	**87.3%**	84.0%	85%	85% and over
	157 cases	M3 Crude proportion of cases with access to theatres within clinically appropriate time frames	Responsive	83.8%	**87.9%**	82.8%	85%	85% and over
	85 cases	M7 Crude proportion of high-risk cases (>=5% predicted mortality) with consultant surgeon & anaesthetist present in theatre AND admitted to critical care post-operatively	Effective	n/a	**90.6%**	77.1%	80%	80% and over
	72 cases	M8 Crude proportion of patients aged 80+ OR aged 65+ and frail (CFS>=4) who were assessed by a geriatrician	Effective	n/a	**19.4%**	28.4%	80%	Less than 55%
	204 cases	M6 Risk adjusted 30-day mortality	Effective	15.9%	**10.2%**	9.3%	None	Within expected range



Key:

Metrics M1, M2 & M3	Metrics M7 and M8
≥85%	≥ 80%
≥ 55% and <85%	≥ 55% and < 80%
<55%	< 55%

[1] Dec 17 - Nov 18
[2] Dec 18 - Nov 19

For a given metric, if cases are less than 10, the hospital is ineligible for that metric. A case count of <10 is reported, the metric value is suppressed and the hospital performance is not assessed.

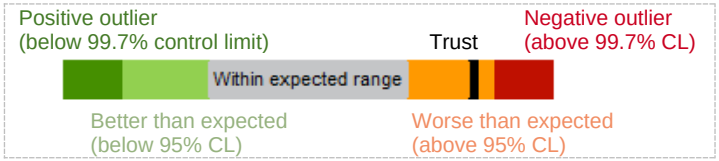
Scarborough General Hospital

		Metric	CQC Key Question	2018/19[1] Report	2019/20[2] Report	National Aggregate (England & Wales)	National Aspirational Standard	Comparison to other units
Process measures	36 cases	Completion rate for key health checks for patients aged 12+	Effective	95.4%	**95.6%**	88.6%	n/a	64% Within expected range 98%
Blood glucose diabetes control (HbA1c)	81 cases	**Organisation compared with nationally:** Case-mix adjusted mean HbA1c (mmol/mol)	Effective	Within expected range	**62.9**	65.0	n/a	55 Within expected range 72
	81 cases	**Organisational performance compared between years:** Median HbA1c (mmol/mol)	Effective	62.8	**61.0**	62.0	n/a	Clinically important improvement

NPDA National Paediatric Diabetes Audit

HbA1c levels are an indicator of how well an individual's blood glucose levels are controlled over time. Higher values indicate poorer control.

Key:



[1] Apr 18 - Mar 19
[2] Apr 19 - Mar 20

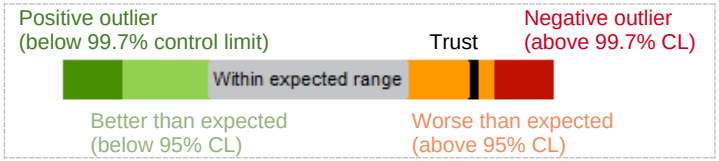
The York Hospital

		Metric	CQC Key Question	2018/19[1] Report	2019/20[2] Report	National Aggregate (England & Wales)	National Aspirational Standard	Comparison to other units
Process measures	74 cases	Completion rate for key health checks for patients aged 12+	Effective	75.0%	**91.1%**	88.6%	n/a	64% Within expected range 98%
Blood glucose diabetes control (HbA1c)	142 cases	**Organisation compared with nationally:** Case-mix adjusted mean HbA1c (mmol/mol)	Effective	Negative outlier	**72.2**	65.0	n/a	55 Negative outlier 72
	142 cases	**Organisational performance compared between years:** Median HbA1c (mmol/mol)	Effective	66.5	**66.8**	62.0	n/a	No clinically important change

NPDA National Paediatric Diabetes Audit

HbA1c levels are an indicator of how well an individual's blood glucose levels are controlled over time. Higher values indicate poorer control.

Key:



[1] Apr 18 - Mar 19
[2] Apr 19 - Mar 20

York Teaching Hospital NHS Foundation Trust

Key messages

• The table below summarises York Teaching Hospital NHS Foundation Trust performance in the 2019 MBRRACE-UK Perinatal Mortality Surveillance Report for births in 2017. Mortality rates are presented both with and without deaths due to congenital anomalies.

• When compared against trusts with a similar service provision, York Teaching Hospital NHS Foundation Trust was up to 5% higher or up to 5% lower than the average for the comparator group in both measures.

	Metric	CQC Key Question	2018[1] Report	2019[2] Report	Comparator group[4] average (UK)	National Standard	Comparison to other trusts with similar service provision	
4,674 births	Stabilised and risk-adjusted extended perinatal mortality rate (per 1,000 births)	Effective	4.89 (4.29 to 6.09)[3]	4.78 (4.17 to 5.96)[3]	4.79	n/a	Up to 5% higher or up to 5% lower than the average for the comparator group[4]	●
4,670 births	Stabilised and risk-adjusted extended perinatal mortality rate, **excluding congenital anomalies** (per 1,000 births)	Effective	Not reported	4.10 (3.63 to 5.16)[3]	4.16	n/a	Up to 5% higher or up to 5% lower than the average for the comparator group[4]	●

MBRRACE-UK
Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK

1 Jan 16 - Dec 16
2 Jan 17 - Dec 17

3 Upper and lower 95% confidence intervals
4 (4,000 or more births per annum at 24 weeks or later)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Featured data sources > National audits > Paediatric Intensive Care Audit

Audit results guide for Inspectors (Internal CQC users only)

SCARBOROUGH GENERAL HOSPITAL

Key messages

• Comparing this unit to other units in the 2018 National Neonatal Audit, performance was better in 0, worse in 0 metrics and similar in 6 metrics. In this context, 'similar' means that the hospital's performance fell within the expected range, or fell within the middle 50% of units.

• The audit standard was met in 1 of 6 of the relevant metrics.

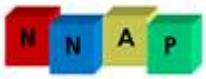
	Cases	Metric	Core Service	CQC Key Question	2017[1] Report	2018[2] Report	National Aggregate (England & Wales)	Audit Standard	Comparison
Unit level	28	Mothers who deliver babies between 24 and 34 weeks gestation and were given any dose of antenatal steroids	Maternity	Safe	85.4%	**86.5%**	89.1%	85%*	Within expected range
	Suppressed due to low numbers	Mothers who deliver babies below 30 weeks gestation given Magnesium Sulphate in the 24 hours prior to delivery	Maternity	Safe	25.0%	**Suppressed due to low numbers**	65.1%	none	Not applicable
	7	Babies <32 weeks gestation who had temperature taken within an hour of admission that was 36.5ºc-37.5ºc	Children and young people	Safe	62.4%	**60.2%**	64.5%	90%*	Within expected range
	107	Documented consultation with parents/carers by a senior member of the neonatal team within 24 hours of admission	Children and young people	Caring	87.8%	**89.9%**	94.7%	100%*	Within expected range
	6	Babies of very low birthweight or <32 weeks gestation who receive appropriate screening for retinopathy of prematurity	Children and young people	Effective	96.3%	**96.6%**	94.4%	100%**	Within expected range
	7	Babies with gestation at birth <30 weeks who had received documented follow-up at 2 years gestationally corrected age	Children and young people	Effective	0.0%	**61.0%**	62.3%	100%*	Within expected range

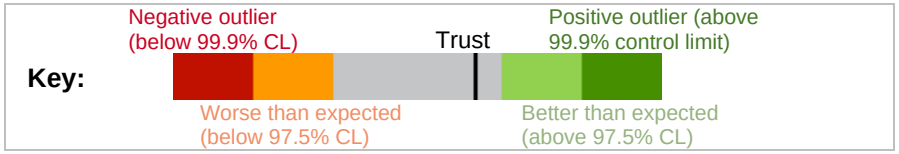
Please scroll down for more metrics

York and Scarborough Teaching Hospitals NHS Foundation Trust

Featured data sources > National audits > Neonatal Audit

	Cases	Metric	Core Service	CQC Key Question	2017[1] Report	2018[2] Report	National Aggregate (England & Wales)	Audit Standard	Comparison
Network level	138	Babies born at less than 27 weeks who were born in a hospital with a Neonatal Intensive Care Unit onsite	Children and young people	Effective	Not Reported	**68.8%**	73.2%	85%*	Within expected range





[1] Jan 16 - Dec 16
[2] Jan 17 - Dec 17

*Audit recommendation
**Audit recommendation based on specialist guideline

YORK DISTRICT HOSPITAL

Key messages

• Comparing this unit to other units in the 2018 National Neonatal Audit, performance was better in 0, worse in 0 metrics and similar in 7 metrics. In this context, 'similar' means that the hospital's performance fell within the expected range, or fell within the middle 50% of units.
• The audit standard was met in 1 of 6 of the relevant metrics.

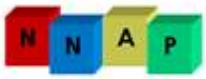
	Cases	Metric	Core Service	CQC Key Question	2017[1] Report	2018[2] Report	National Aggregate (England & Wales)	Audit Standard	Comparison
Unit level	74	Mothers who deliver babies between 24 and 34 weeks gestation and were given any dose of antenatal steroids	Maternity	Safe	86.1%	**88.0%**	89.1%	85%*	Within expected range
	6	Mothers who deliver babies below 30 weeks gestation given Magnesium Sulphate in the 24 hours prior to delivery	Maternity	Safe	50.0%	**63.4%**	65.1%	none	Within expected range
	33	Babies <32 weeks gestation who had temperature taken within an hour of admission that was 36.5ºc-37.5ºc	Children and young people	Safe	55.7%	**64.3%**	64.5%	90%*	Within expected range
	230	Documented consultation with parents/carers by a senior member of the neonatal team within 24 hours of admission	Children and young people	Caring	85.9%	**86.2%**	94.7%	100%*	Within expected range
	42	Babies of very low birthweight or <32 weeks gestation who receive appropriate screening for retinopathy of prematurity	Children and young people	Effective	96.1%	**97.7%**	94.4%	100%**	Within expected range
	15	Babies with gestation at birth <30 weeks who had received documented follow-up at 2 years gestationally corrected age	Children and young people	Effective	82.1%	**64.0%**	62.3%	100%*	Within expected range

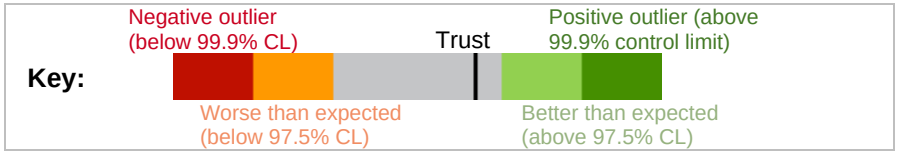
Please scroll down for more metrics

York and Scarborough Teaching Hospitals NHS Foundation Trust

Featured data sources > National audits > Neonatal Audit

	Cases	Metric	Core Service	CQC Key Question	2017[1] Report	2018[2] Report	National Aggregate (England & Wales)	Audit Standard	Comparison
Network level	138	Babies born at less than 27 weeks who were born in a hospital with a Neonatal Intensive Care Unit onsite	Children and young people	Effective	Not Reported	**68.8%**	73.2%	85%*	Within expected range





[1] Jan 16 - Dec 16
[2] Jan 17 - Dec 17

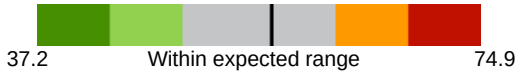
*Audit recommendation
**Audit recommendation based on specialist guideline

Scarborough Hospital

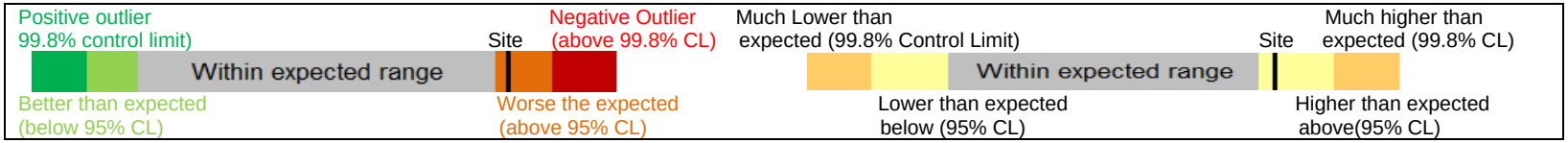
Key messages

Comparing this site to other sites on the 2019 National Maternity and Perinatal Audit:

- Case ascertainment did not meet the national standard of 95%.
- The 'case-mix adjusted overall caesarean section rate for single, term babies' was within expected limits.The audit advises that a RAG rating is not appropriate for this measure as performance that's either lower or higher than expected should start a conversation.
- The site was in the bottom 25% for the 'Proportion of live born babies who received breast milk for the first feed and at discharge from the maternity unit
- For the other metrics, rates were a negative outlier in 0, higher in 0, similar in 3, lower in 1 and a positive outlier in 0 metric(s) where benchmarking has been applied. In this context, 'similar' means within expected range. For these metrics, higher rates can be interpreted as worse performance, and lower rates can be interpreted as better performance.
- For all metrics, particularly low rates may reflect poor detection/measurement.

		Metric	CQC Key Question	2018[1] Report	2019[2] Report	National Aggregate	National Standard	Comparison to other sites
		Case ascertainment (Trust level)*	Well-Led	98.8%	**Not reported**	97.3%		N/A
Ante-natal	103 cases	Case-mix adjusted proportion of all babies at term who are <10th centile, who are born at or after 40+0 weeks	Effective	n/a	**54.0%**	52.3%	N/A	
Intra-partum	1,423 cases	Case-mix adjusted overall caesarean section rate for single, term babies	Effective	25.6%	**25.9%**	25.5%	N/A	

NMPA National Maternity & Perinatal Audit



*May be greater than 100% due to do inconsistencies in hospital coding

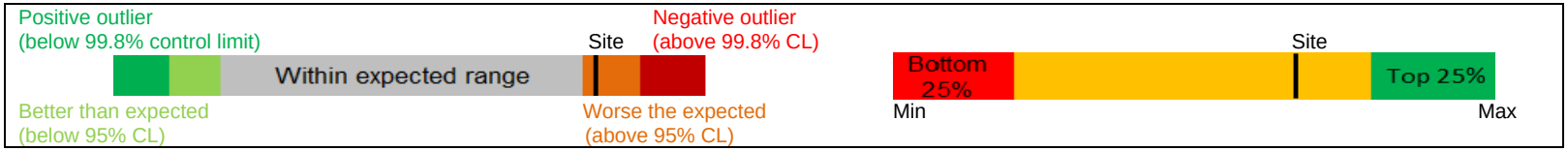
1 Apr 15 - Mar 16
2 Apr 16 - Mar 17

York and Scarborough Teaching Hospitals NHS Foundation Trust

Featured data sources > National audits > National Maternity and Perinatal Audit

		Metric	CQC Key Question	2018[1] Report	2019[2] Report	National Aggregate	National Standard	Comparison to other sites
Intra-Partum	1,361 cases	Case-mix adjusted proportion of single, term infants with a 5-minute Apgar score of less than 7	Effective	n/a	**0.8%**	1.1%	N/A	0.4 Within expected range 3.8
	1,120 cases	Case-mix adjusted proportion of vaginal births with a 3rd or 4th degree perineal tear	Safe	2.5%	**2.3%**	3.4%	N/A	1.4 Better than expected 6.6
	1,384 cases	Case-mix adjusted proportion of women with severe post partum haemorrhage of greater than or equal to 1500 ml	Safe	1.6%	**2.4%**	2.8%	N/A	0.8 Within expected range 5.8
Post-Partum	1,530 cases	Proportion of live born babies who received breast milk for the first feed	Effective	n/a	**60.4%**	73.6%	N/A	41.9 Bottom 25% 96.0

NMPA National Maternity & Perinatal Audit



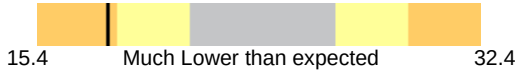
1 Apr 15 - Mar 16
2 Apr 16 - Mar 17

York Hospital

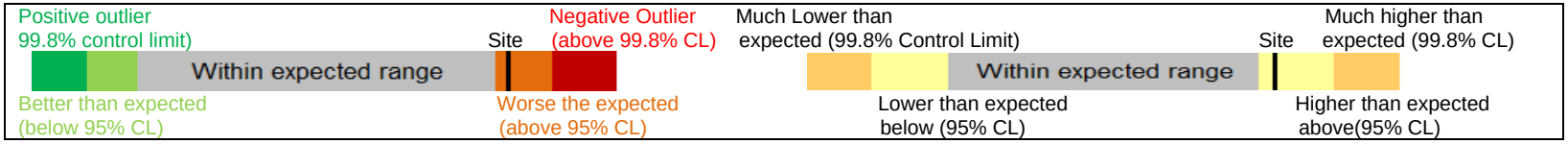
Key messages

Comparing this site to other sites on the 2019 National Maternity and Perinatal Audit:

- Case ascertainment did not meet the national standard of 95%.
- The 'case-mix adjusted overall caesarean section rate for single, term babies' was much lower than expectedThe audit advises that a RAG rating is not appropriate for this measure as performance that's either lower or higher than expected should start a conversation.
- The site was in the middle 50% for the 'Proportion of live born babies who received breast milk for the first feed and at discharge from the maternity unit
- For the other metrics, rates were a negative outlier in 0, higher in 0, similar in 3, lower in 1 and a positive outlier in 0 metric(s) where benchmarking has been applied. In this context, 'similar' means within expected range. For these metrics, higher rates can be interpreted as worse performance, and lower rates can be interpreted as better performance.
- For all metrics, particularly low rates may reflect poor detection/measurement.

		Metric	CQC Key Question	2018[1] Report	2019[2] Report	National Aggregate	National Standard	Comparison to other sites
		Case ascertainment (Trust level)*	Well-Led	98.8%	**Not reported**	97.3%		N/A
Ante-natal	180 cases	Case-mix adjusted proportion of all babies at term who are <10th centile, who are born at or after 40+0 weeks	Effective	56.3%	**51.9%**	52.3%	N/A	
Intra-partum	3,005 cases	Case-mix adjusted overall caesarean section rate for single, term babies	Effective	25.2%	**23.6%**	25.5%	N/A	

NMPA National Maternity & Perinatal Audit

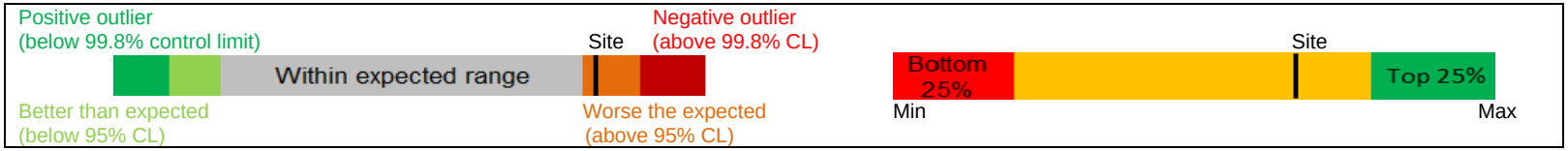


*May be greater than 100% due to do inconsistencies in hospital coding

1 Apr 15 - Mar 16
2 Apr 16 - Mar 17

		Metric	CQC Key Question	2018[1] Report	2019[2] Report	National Aggregate	National Standard	Comparison to other sites
Intra-Partum	2,949 cases	Case-mix adjusted proportion of single, term infants with a 5-minute Apgar score of less than 7	Effective	0.9%	**1.3%**	1.1%	N/A	0.4 Within expected range 3.8
	2,330 cases	Case-mix adjusted proportion of vaginal births with a 3rd or 4th degree perineal tear	Safe	2.8%	**2.4%**	3.4%	N/A	1.4 Better than expected 6.6
	2,903 cases	Case-mix adjusted proportion of women with severe post partum haemorrhage of greater than or equal to 1500 ml	Safe	3.0%	**2.4%**	2.8%	N/A	0.8 Within expected range 5.8
Post-Partum	3,193 cases	Proportion of live born babies who received breast milk for the first feed	Effective	77.1%	**76.3%**	73.6%	N/A	41.9 Middle 50% 96.0

NMPA National Maternity & Perinatal Audit

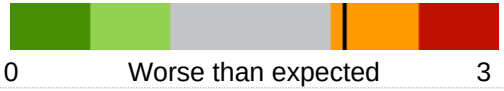


1 Apr 15 - Mar 16
2 Apr 16 - Mar 17

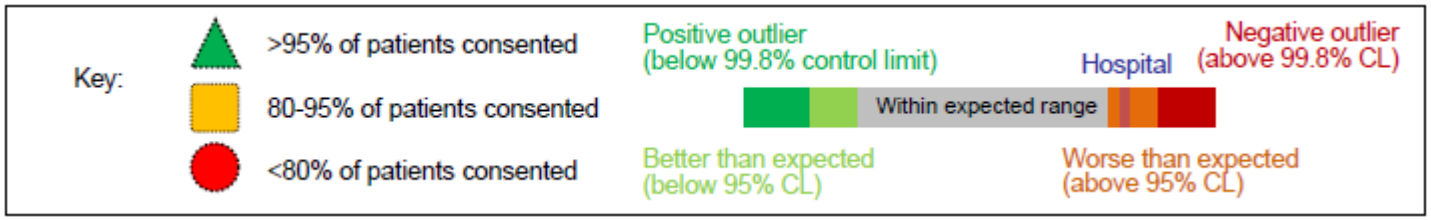
Bridlington and District Hospital

Key Messages

• Comparing this hospital to other hospitals on the 2020 National Joint Registry, performance was better in 0 metric(s), worse in 1 metric(s) and similar in 5 metric(s). In this context, 'similar' means that the hospital's performance fell within the expected range, or had an 'amber' rag rating.

		Metric	CQC Key Question	2019 Report[1]	2020 Report[2]	National Aggregate	National Audit Standard	Comparison to other Independent and NHS hospitals
Trust-level	1296 cases	Case ascertainment (hips, knees, ankles and elbows)	Well Led	100%[5]	**99%[3]**	Not reported	>95%	As expected
Hospital-level	670 cases	Proportion of patients consented to have personal details included (hips, knees, ankles and elbows)	Well Led	88.5%[5]	**94.0%[3]**	Not reported	95%	
	1516 cases	Risk adjusted 5 year revision ratio (for hips excluding tumours and NOF#)	Effective	1.2[6]	**1.5[4]**	1.0	1.0	 0 Worse than expected 3
	1476 cases	Risk adjusted 90 day mortality ratio (for hips excluding tumours and NOF#)	Effective	0.8[6]	**0.9[4]**	1.0	1.0	0 Within expected range 3
	1523 cases	Risk adjusted 5 year revision ratio (for knees excluding tumours)	Effective	1.5[6]	**1.3[4]**	1.0	1.0	0 Within expected range 4
	1488 cases	Risk adjusted 90 day mortality ratio (for knees excluding tumours)	Effective	0.8[6]	**0.9[4]**	1.0	1.0	0 Within expected range 5

National Joint Registry
www.njrcentre.org.uk
Working for patients, driving forward quality



NOF#: Neck of femur fracture

1 Apr 18 - Mar 19
2 Apr 19 - Mar 20
3 Apr 19 - Mar 20
4 Aug 15 - Aug 20
5 Apr 18 - Mar 19
6 Aug 14 - Aug 19

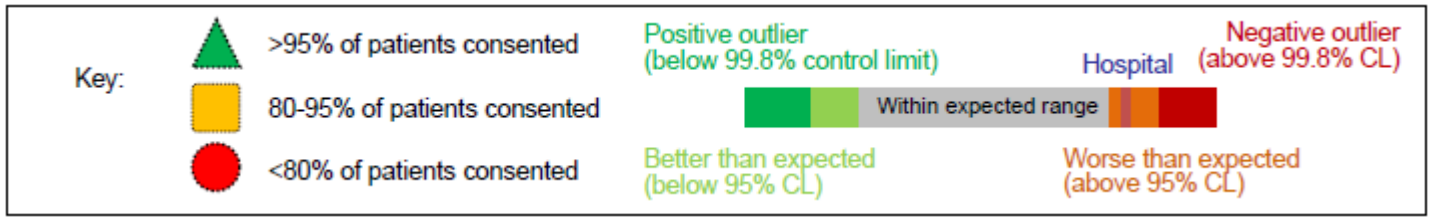
Scarborough General Hospital

Key Messages

• Comparing this hospital to other hospitals on the 2020 National Joint Registry, performance was better in 1 metric(s), worse in 0 metric(s) and similar in 5 metric(s). In this context, 'similar' means that the hospital's performance fell within the expected range, or had an 'amber' rag rating.

		Metric	CQC Key Question	2019 Report[1]	2020 Report[2]	National Aggregate	National Audit Standard	Comparison to other Independent and NHS hospitals
Trust-level	1296 cases	Case ascertainment (hips, knees, ankles and elbows)	Well Led	100%[5]	**99%[3]**	Not reported	>95%	As expected
Hospital-level	67 cases	Proportion of patients consented to have personal details included (hips, knees, ankles and elbows)	Well Led	100.0%[5]	**100.0%[3]**	Not reported	95%	
	208 cases	Risk adjusted 5 year revision ratio (for hips excluding tumours and NOF#)	Effective	1.3[6]	**1.1[4]**	1.0	1.0	
	24 cases	Risk adjusted 90 day mortality ratio (for hips excluding tumours and NOF#)	Effective	0.8[6]	**1.7[4]**	1.0	1.0	
	3 cases	Risk adjusted 5 year revision ratio (for knees excluding tumours)	Effective	1.0[6]	**1.0[4]**	1.0	1.0	
	3 cases	Risk adjusted 90 day mortality ratio (for knees excluding tumours)	Effective	1.0[6]	**1.0[4]**	1.0	1.0	

National Joint Registry
www.njrcentre.org.uk
Working for patients, driving forward quality



NOF#: Neck of femur fracture

1 Apr 18 - Mar 19
2 Apr 19 - Mar 20

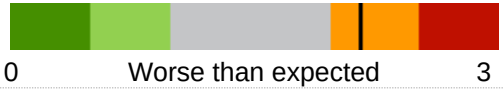
3 Apr 19 - Mar 20
4 Aug 15 - Aug 20

5 Apr 18 - Mar 19
6 Aug 14 - Aug 19

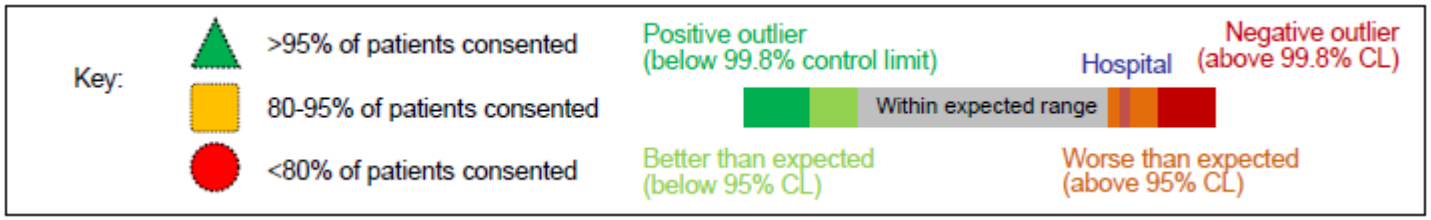
York Hospital

Key Messages

• Comparing this hospital to other hospitals on the 2020 National Joint Registry, performance was better in 0 metric(s), worse in 1 metric(s) and similar in 5 metric(s). In this context, 'similar' means that the hospital's performance fell within the expected range, or had an 'amber' rag rating.

		Metric	CQC Key Question	2019 Report[1]	2020 Report[2]	National Aggregate	National Audit Standard	Comparison to other Independent and NHS hospitals
Trust-level	1296 cases	Case ascertainment (hips, knees, ankles and elbows)	Well Led	100%[5]	**99%[3]**	Not reported	>95%	As expected
Hospital-level	552 cases	Proportion of patients consented to have personal details included (hips, knees, ankles and elbows)	Well Led	84.4%[5]	**89.5%[3]**	Not reported	95%	
	1125 cases	Risk adjusted 5 year revision ratio (for hips excluding tumours and NOF#)	Effective	1.6[6]	**1.7[4]**	1.0	1.0	 0 Worse than expected 3
	866 cases	Risk adjusted 90 day mortality ratio (for hips excluding tumours and NOF#)	Effective	1.4[6]	**1.4[4]**	1.0	1.0	0 Within expected range 3
	874 cases	Risk adjusted 5 year revision ratio (for knees excluding tumours)	Effective	1.6[6]	**1.2[4]**	1.0	1.0	0 Within expected range 4
	858 cases	Risk adjusted 90 day mortality ratio (for knees excluding tumours)	Effective	1.6[6]	**1.6[4]**	1.0	1.0	0 Within expected range 5

National Joint Registry
www.njrcentre.org.uk
Working for patients, driving forward quality



NOF#: Neck of femur fracture

1 Apr 18 - Mar 19
2 Apr 19 - Mar 20

3 Apr 19 - Mar 20
4 Aug 15 - Aug 20

5 Apr 18 - Mar 19
6 Aug 14 - Aug 19

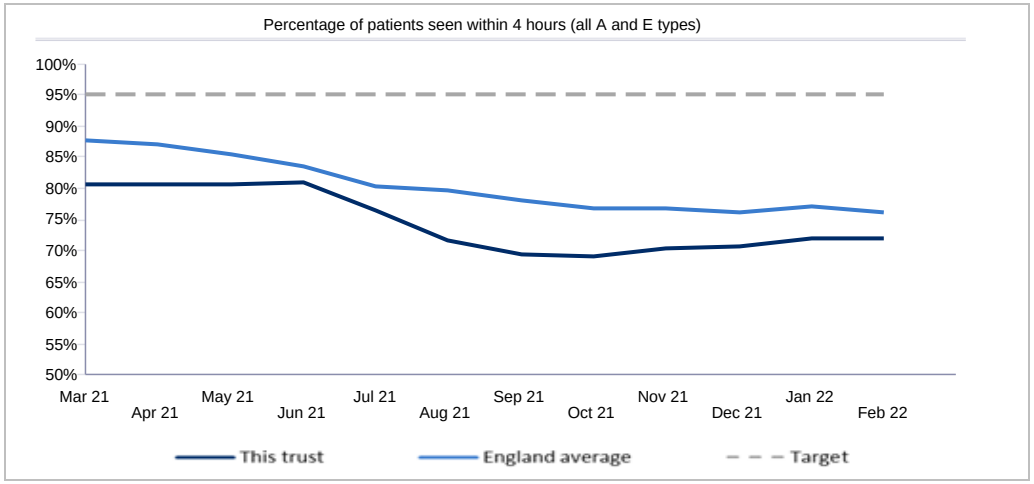
York and Scarborough Teaching Hospitals NHS Foundation Trust

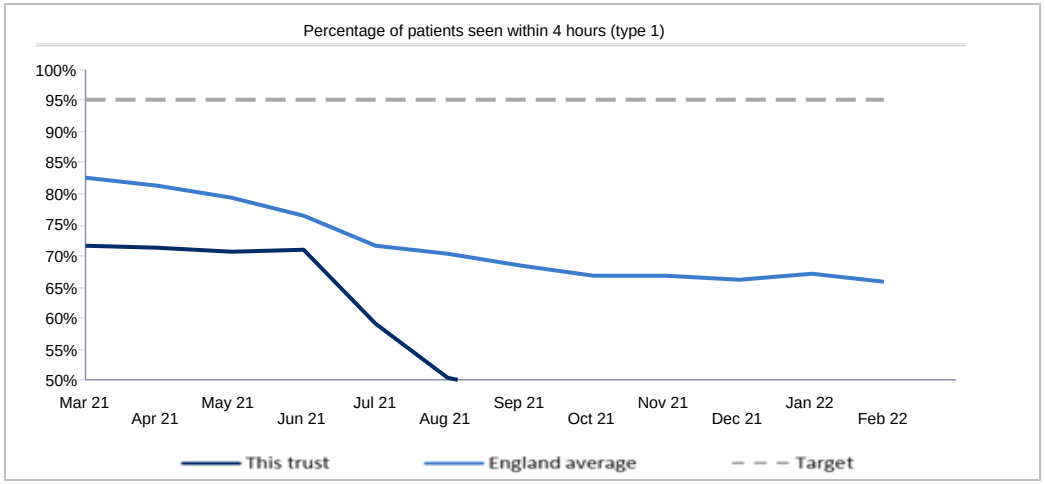
Featured data sources > A&E waiting times

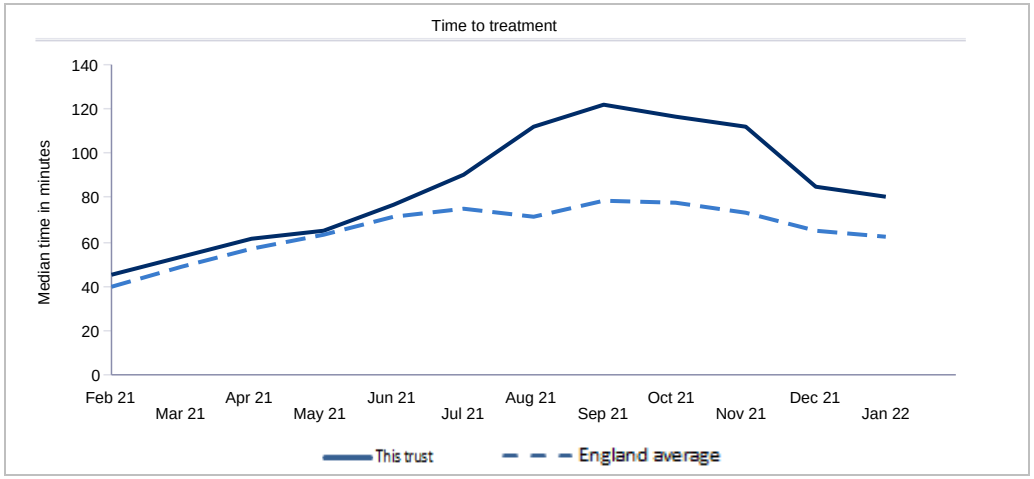
Key messages

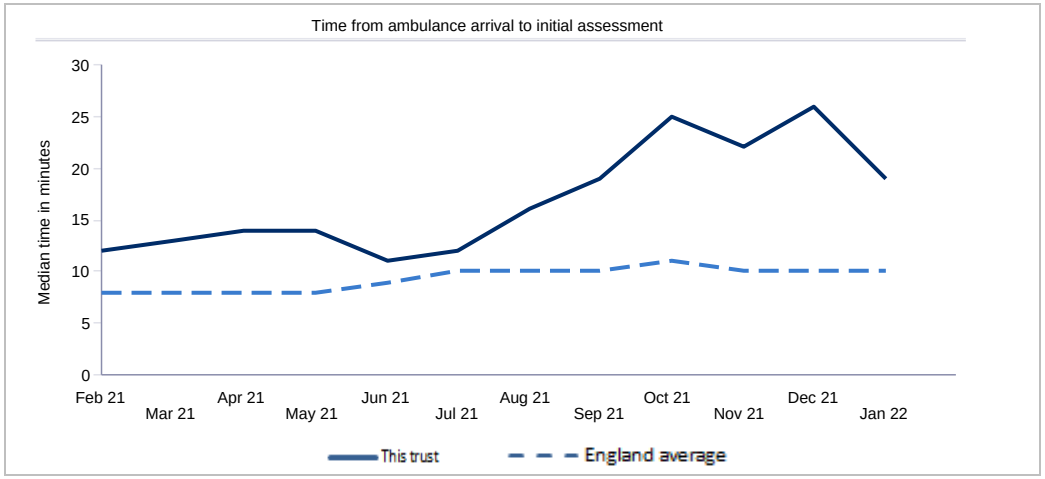
- 74% Patients spending less than 4 hours in A&E (all types) in 12 months.
- 58% Patients spending less than 4 hours in A&E (type 1) in 12 months.

Please click here to access the daily SITREP reports (Internal CQC users only)









Source: NHS England

Concern status: 2018 | 2019 | 2020

No concern
Concern
High concern

Concerns live	Escalated to inspector	Action taken	Closed
Under development			

Click **here** to contact the Surveys Team to discuss survey data

Concerns are flagged where a high proportion of people told us their experience of care was in line with the worst possible answer to a wide range of questions across the entire survey.

The CQC Adult inpatient survey collects feedback from adult inpatients (aged 16 or over) who spent at least one night in hospital during 2020

The results from the inpatient survey 2020 are not comparable to the results in any previous year. Notable changes since the 2019 survey are:

- The survey is now mixed mode
- The sampling period of the survey changed from July to November
- Results of the survey were presented in three bands previously (worse, about the same and better). From 2020 they will be shown in seven bands which are much worse, worse, somewhat worse, about the same, somewhat better, better and much better than/as expected

Trust results can be seen in the benchmarking reports at https://nhssurveys.org/all-files/02-adults-inpatients/05-benchmarks-reports/2020/

Source: Inpatient survey

Key messages

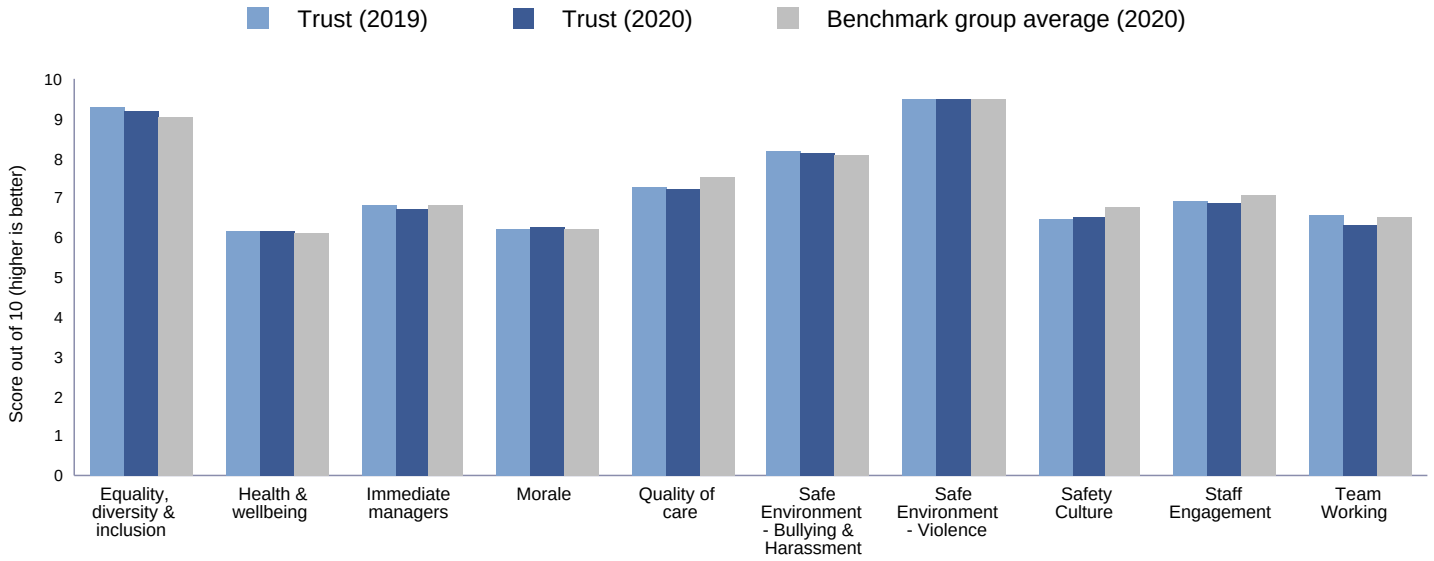
• The 2020 NHS staff survey has used the same methodology and timings as in previous years but a key focus of the survey this year has been on understanding the experience of staff during the Covid-19 pandemic period. Results of the 2020 NHS staff survey should be seen within this context.

• The provider's staff survey results are being compared to a group of 128 Acute non-specialist trusts across ten themes all scored 0-10 with 0 the worst possible score and 10 the best.

• The provider scored significantly above average for no themes and significantly below average for Team Working; Staff Engagement; Safety Culture; Quality of care.

[See the full benchmark report on the NHS staff survey website]

Sampling approach
Census
Response rate
36%
Average response rate for similar trusts
45%
Completed Questionnaires
2831



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe Environment - Bullying & Harassment	Safe Environment - Violence	Safety Culture	Staff Engagement	Team Working
Score	9.2	6.1	6.7	6.2	7.2	8.1	9.4	6.5	6.9	6.3
Trend	↓	→	→	→	→	→	→	→	→	↓
Rank* (out of 128, 1 is best)	39	54	86	61	120	55	81	116	104	108
National comparison	S	S	S	S	W	S	S	W	W	W

Key to tables

- ↑ Statistically significant improvement
- → No statistically significant change
- ↓ Statistically significant deterioration
- MB Much better
- B Better
- S About the same
- W Worse
- MW Much worse

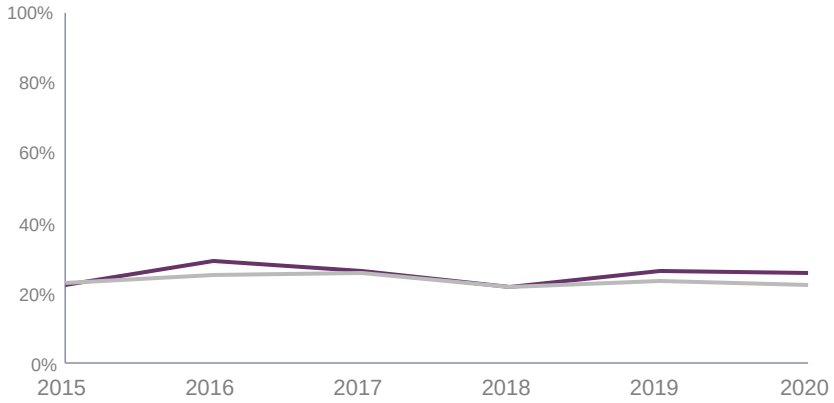
*Rank and national comparison are based on the peer group of 128 Acute non-specialist

SOURCES: NHS Staff Survey

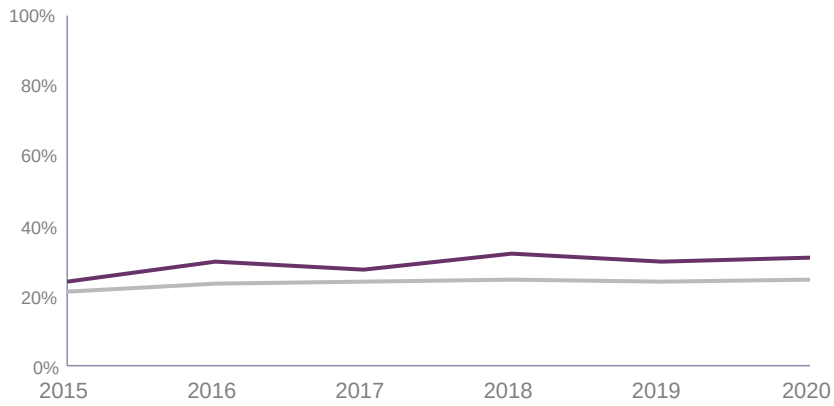
Key messages

These graphs show how BME and White staff at this trust have answered the four WRES staff survey questions over time. See the WRES section of Insight for additional analysis

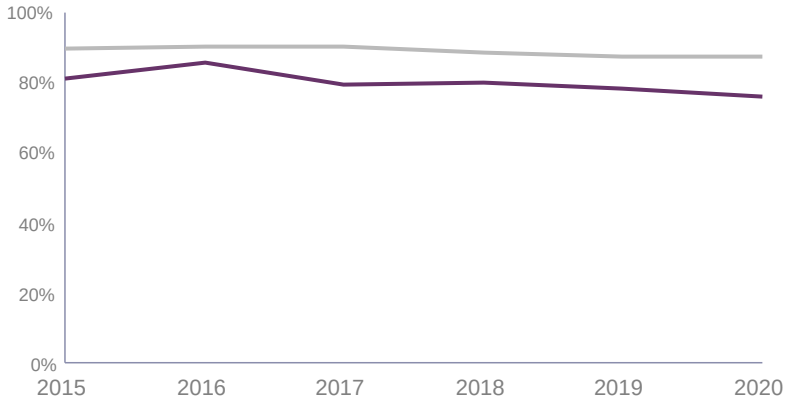
Staff who experienced harassment, bullying or abuse from patients, relatives or the public



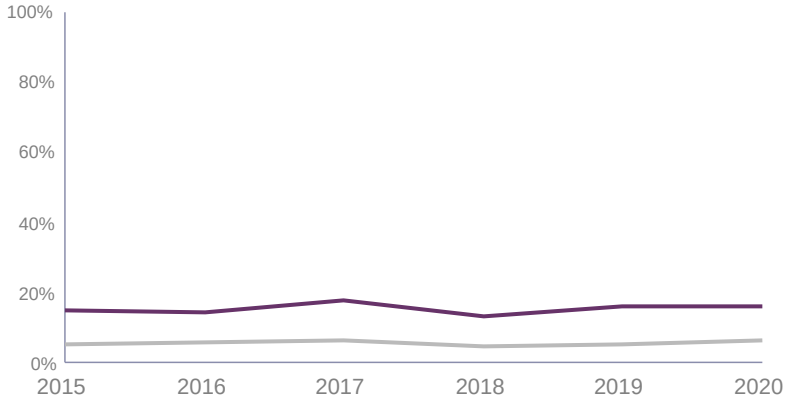
Staff who experienced harassment, bullying or abuse from staff



Staff believing the trust offers equal opportunities for career progression and promotion



Staff experiencing discrimination from their manager and/or colleagues



BME Staff | White Staff

SOURCES: NHS Staff Survey

Introduction

The Workforce Race Equality Standard (WRES) now includes HR indicators derived from Electronic Staff Records (ESR) in addition to findings from the NHS Staff Survey, see box 1 for more details.

This page includes key messages from the WRES indicators which are detailed on the following page. The last WRES page includes some background staffing data and information about the NHS Staff Survey for the trust.

Key Messages

- The difference between the experiences of BME and White staff was significant for 3 indicators at this trust (out of 9)
- When compared with other trusts in its peer group, Acute and Acute & Community Trusts, for the four staff survey indicators, this trust had 1 positive finding and 0 negative findings.
- The experiences of BME staff at this trust have significantly improved for 1 indicator and significantly deteriorated for 0 indicators
- The table (next page) shows whether the experiences of BME and White staff were significantly different for each indicator. The presence of a statistically significant difference between the experiences of BME and White staff may be caused by a variety of factors. Whether such differences are of regulatory significance will depend on individual trusts' circumstances.

Indicator 4, access to non-mandatory training and CPD, is not included in the above summary due to data quality concerns.

Box 1: The 9 WRES Indicators

1a	Proportion of clinical (nursing and midwifery) staff in senior roles, band 8a+
1b	Proportion of non-clinical staff in senior roles, band 8+
2	Proportions of shortlisted staff being appointed to positions
3	Proportion of staff entering formal disciplinary processes
4	Proportion of staff accessing non-mandatory training and CPD
5	Staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months
6	Staff experiencing harassment, bullying or abuse from staff in the last 12 months
7	Staff believing that the trust provides equal opportunities for career progression or promotion
8	Staff experiencing discrimination at work from a manager / team leader or other colleague
9	Board compared to overall staff demographic

Sources: 1 to 4 and 9: ESR, 5 - 8 : NHS Staff Survey

SOURCES: NHS Staff Survey

WRES Indicators from ESR (HR data) (*)	BME Staff	White Staff	Are there statistically significant difference between…	
			BME and White staff?	Last year and this year? (BME staff)
1a. Proportion of clinical (nursing and midwifery) staff in senior roles, band 8a+	2.0%	4.0%	●	0.6% ➡
1b. Proportion of non-clinical staff in senior roles, band 8+	1.4%	5.0%	●	-0.1% ➡
2. Proportions of shortlisted candidates being appointed to positions	13.4%	21.2%	●	10.4% ⬆
3. Proportion of staff entering formal disciplinary processes	1.2%	0.7%	●	0.7% ➡
4. Proportion of staff accessing non-mandatory training and CPD	90.5%	74.8%	Not assessed	

WRES Indicators from the NHS staff survey (**)		Proportion of respondents answering "Yes"			Are there significant differences between…		
		BME staff	White staff	All staff	BME and white staff?	This trust and its peer group?	Last year and this year? (BME)
5. Staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	Trust	25.5%	22.5%	23.5%	●	●	-1.0% ➡
	Peer group	*28.9%*	*25.4%*	*26.3%*			
6. Staff experiencing harassment, bullying or abuse from staff in the last 12 months	Trust	31.0%	24.8%	26.5%	●	●	1.0% ➡
	Peer group	*29.6%*	*24.3%*	*25.6%*			
7. Staff believing that the trust provides equal opportunities for career progression or promotion	Trust	75.8%	87.1%	85.7%	●	●	-2.6% ➡
	Peer group	*69.2%*	*87.4%*	*83.7%*			
8. Staff experiencing discrimination at work from a manager / team leader or other colleague?	Trust	16.0%	6.3%	7.7%	●	●	0.0% ➡
	Peer group	*17.1%*	*6.2%*	*8.7%*			

Trust staffing numbers (*)	2019		2018	
9. [BME Voting Board Members] and Board compared to overall staff demographic	[0]	●	[0]	●

Key

●	Statistically significant difference
●	Not statistically significant
●	Negative finding
●	Positive finding
○	Statistical analysis not undertaken as less than 30 BME staff responded
⬆	Statistically significant improvement
➡	No statistically significant change
⬇	Statistically significant deterioration

(*) SOURCES: NHS England (31/03/2019)

(**) SOURCES: NHS Staff Survey (2020)

Trust staffing numbers (*)	2019	2018
BME staff	692	637
White staff	7,736	7,853
BME Voting Board Members	0	0
White Voting Board Members	13	13

NHS Staff Survey Details (**)		2020	2019
Sampling method	Trust	Census	Census
Total number of recipients (ineligible staff removed)	Trust	7,923	7,429
Response rate from total recipients (rec. min. 50%)	Trust	35.7%	43.1%
	Peer group	44.9%	46.5%

Trusts are encouraged to perform a census rather than a basic or extended sample in order to best understand experiences of different staff groups and to get more of their staff to participate in the survey so the trust can better understand issues affecting their staff. CQC inspection staff should follow up on what the trust is doing to understand the potential underlying causes and improve the experience of staff.

(*) SOURCES: NHS England (31/03/2019)

(**) SOURCES: NHS Staff Survey (2020)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Definitions > Key

Performance level

- MB — Much better
- B — Better
- SB — Somewhat better (CYP, Inpatient & Maternity surveys only)
- S — About the same
- SW — Somewhat worse (CYP, Inpatient & Maternity surveys only)
- W — Worse
- MW — Much worse
- No data

Performance change

- Improving
- About the same
- Declining

Ratings

- O — Outstanding
- G — Good
- RI — Requires improvement
- I — Inadequate
- NR* — Inspected but not formally rated
- NA — Not rated

Others

- National Guardian Freedom to Speak Up — Data that is relevant for 'speaking up'

Understanding data

What do these boxes show?

The boxes represent all Acute NHS trusts from smallest to largest in five groups, or quintiles. The purple highlighted box shows you where this trust lies relative to the other trusts. If the smallest box is highlighted this trust is in the group of the smallest trust or lowest activity level, and if the second largest box is highlighted the trust is in the second largest group, or quintile, for higher activity levels.

What do N/A, *, and - mean when they are used for data values?

n/a Value is not applicable
- Data is not available for trust or time period.
***** Suppressed values between 1 and 7. We apply a strict statistical disclosure control in accordance with the HES protocol to all published data. This requires that small numbers are supressed to prevent individuals being identified and to ensure that patient confidentiality is maintained.

Definitions and guidance documents: (available to internal CQC users only)

- Statistical methods of analysis guidance
- Trust-wide and core service indicator definitions
- Facts and figures item list (under development)

More information about Insight can be found on the CQC Insight intranet home page

CQC REF (Template version): Acute Insight v1.78 BURST

Download the current data:

Data file link here (Internal CQC users only)

Blank page

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report

Name of Meeting
May 2022 (April data)
Integrated Business Report Executive Summaries

/ 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**

/ Recommendation

For information	☒	For approval	☐
For discussion	☒	A regulatory requirement	☐
For assurance	☐		

/ Purpose of the Report

Executive Summaries from Integrated Performance Report

/ Executive Summary – Key Points

As contained in individual summaries

/ Recommendation

The Board is asked to receive the summaries and note the impact on KPIs and actions been taken to address performance challenges

Author: Shown on individual Executive Summaries

Director Sponsor: Shown on individual Executive Summaries

Date: May 2022

EXECUTIVE SUMMARIES

Quality & Safety

Incidents:

- The incidence of both pressure ulcers and falls remains high although there has been a slight improvement in month. Workforce factors continue to be a contributing factor and this has impacted on both the completion of timely risk assessments and delivery of care. Staffing concerns are highlighted daily through the Associate Chief Nurse of the Day so that additional mitigations can be instigated where possible. Datix has been amended to better capture the impact of these incidents. A new Care Needs Summary sheet has been implemented to provide an 'at a glance' view of care required at the bedside. This will help staff, especially those who are redeployed or temporary staff, to quickly identify the level of risk for patients. Priorities for both falls and pressure ulcers have been reviewed and the Trust-wide improvement plans are being refreshed in line with current themes. There is insufficient resource within the Tissue Viability Team to deliver ward-based training and the lack of a Falls Advanced Clinical Specialist is limiting the targeted work previously delivered at ward level. This issue has been raised to Chief Nurse and a paper requesting resource is been taken to Executive Committee in May.
- There was a new Never Event declared in April, now 4 in total over the last 12 months. Each incident has a specific investigation under the Serious Incident Framework.

Medication Incidents/Pharmacy:

- Whilst all incident types remain within normal variation there continues to be a run above average for both prescribing and administration incidents. These reflect the ongoing pressures in acute admissions.
- There is also a run on incidents involving antimicrobials but on review of these there are no specific trends.
- VTE risk assessments remain below the threshold continuously over the last 12 months. VTE committee have specific actions to address the compliance such as ensuring risk assessments are completed in Paediatrics, meetings around functionality of EPMA and risk assessments with DIS.

Complaints:

- Overall Trust performance with complaints 52%, target is above 90%. Only Care Group 2 and Corporate are meeting this target. Each Care Group meets with the Patient Experience Team weekly to address this performance and progress complaint investigations.

Deteriorating Patient:

- Observation (NEWS2) compliance across the York site remains an issue and currently stands at 83.8% within 1 hour staffing shortages are impacting on this too. The changes on Datix will also allow for better capture of the impact of staffing incidents with observations. There are now 8 points above the mean at York, which demonstrates special cause variation. Discussions with DIS are planned that are aimed to remove and amend areas currently being monitored such as community inpatient units, ICU, PACU etc. where stringent patient monitoring is already in

place. This issue is being escalated to Quality Committee from QPaS and the Deteriorating Patient Group.

Infection Prevention & Control:

- There have been a total of 17 Community Onset Healthcare Associated (COHA) + Hospital Onset Healthcare Associated (HOHA) *Clostridium difficile* cases for the month of April 2022. The Trust *C.difficile* trajectory for 2022/23 has not yet been set. Following the NHSE/I recommendations for improvement last year, the C. difficile meeting structure has been reviewed to ensure productivity and meaningful outputs from the meetings. There will be an internal cross-site C. difficile improvement group which will review each site's position of C. difficile and actions to be completed within the improvement plan. This meeting will be held monthly. The C. difficile Improvement Group actions and escalations paper will go to TIPSG where external partners will be invited.
- The C. difficile improvement plan has been re-written with smaller actions grouped in broader headlines to facilitate follow up of completed and outstanding actions to be agreed at the Improvement Group and provide assurance at TIPSG.

Maternity:

- The number of women smoking at Booking in Scarborough has decreasing steadily from 21% in January to 16% in April.
- Labour ward co-ordinators at Scarborough have been unable to work supernumerary for 19% of the time in April, this figure has been increasing monthly. Discussed with labour manager, rotas checked and all shifts had staffing shortages. Birthrate plus also checked to look at what the acuity on delivery suit and within the unit was at the time. Labour ward manager to prepare a report.

Mortality:

- ED deaths are demonstrating special cause variation, with 8 points above the mean. A deep dive is to be undertaken looking into the ED deaths at York, as existing processes are in place to review all ED deaths at Scarborough.

Author	Liam Wilson, Lead Nurse Patient Safety
Director Sponsors	James Taylor, Medical Director Heather McNair, Chief Nurse

Workforce

Last month it was reported that an increase in sickness absence rates for March was anticipated and indeed the latest validated sickness absence data shows that the absence rate in March 2022 was 6.58% which was an increase of 0.95% compared to the previous month. The SPC charts included within this report highlight that there has been special cause for concern with regards to the monthly sickness absence rates in each month since September 2021. Concerns remain about the impact that this level of sickness absence has on the welfare of our staff.

Workforce stability rates continue to fall; since April 2021 the rate has fallen from 90.89% to a rate of 85.97% in the year to the end of April 2022. Turnover rates have also increased from 7.80% to 11.60% over the same time period.

Work is continuing in terms of the Trust's response to the 2021 Staff Survey results, with a review and reprioritisation of the approach to staff engagement. Work is ongoing to review the 'Fix the Basics' ideas that have previously been suggested by staff but immediate actions have already been taken to update appraisal paperwork and training with the aim of improving experiences for our staff.

Author	Sian Longhorne, Deputy Head of Resourcing
Director Sponsor	Polly McMeekin, Director of Workforce & Organisation Development

Finance

The report for April 2022 marks the first of the new financial year 2022/23.

Trust financial plan

The financial plan for 2022/23 was submitted to and agreed by the Board at its 27th April 2022 meeting. The agreed plan is consistent with the system and individual provider plans submitted to NHSE&I during April 2022. The plan results in a deficit position of £11.8m for the Trust. The expectation from NHSE&I is a balanced position and there may be a requirement placed on the Trust to review the position in order to deliver a balanced plan.

Month 1 position

At the end of April 2022 the Trust is reporting an adjusted I&E position of a deficit of £1.018m against a planned deficit of £0.990m, placing it £0.028m behind plan. This is primarily driven by income being £0.143m ahead of plan and operational expenditure being £0.248m ahead of plan.

The Trust's compliance with the Better Payments Practice Code (BPPC) is currently averaging around 89% of suppliers being paid within 30 days.

Author	Richard Parker, Head of Financial Management
Director Sponsor	Andrew Bertram, Finance Director

Research & Development

Our key outcomes in the last month are as follows:

- One grant was submitted in the last month for a research funding others are in preparation
    - 59K to **Obstetric Anaesthetists' Association** the study is called ICalM - Intraoperative Calcium to reduce Maternal Haemorrhage:
- We have met again with the ICS to talk about how research will fit into their governance structure and how we can facilitate the ICS research objectives going forward, we are keen to be involved.

- We have arranged a critical friend review, a review by external R&D staff to review our services, governance and our processes, to see if there are any observations and opportunities for shared learning.
- We have held the third cross York strategic Research Committee this month, with local and regional research collaborators
- We have just closed the third round of fee waivered PhDs along with University of St John. We have two very strong applicants going through to the full application stage
- Upcoming events- dates for your diaries
    - Health and Society Research Showcase at York St John University 29th June 2022 09:00-17:00

The programme is currently being drawn up, there will be showcase talks from Y&STH staff and YSJU staff followed by breakout groups with a focus on some joint key themes for both organisations for research. All interested parties should contact lisa.ballantine@york.nhs.uk

    - Pint of Science is back and Luke Madge and Jillian Webster 2 of our PhD students are organisers

We are a very busy team!

Author(s)	Lydia Harris Head of R&D
Director Sponsor	Polly McMeekin Director of WOD

Operational Performance

Nationally, the COVID-19 Pandemic NHS Emergency Preparedness, Resilience and Response incident level moved to a level 4 national response on the 12th of January 2022. A level 4 national response is defined as “An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level”.

In response to the Omicron variant the Trust has continued to operate within its Pandemic Command and Control structure and as at the 9th of May there were 111 COVID-19 positive inpatients in our acute and community hospitals having peaked at 287 on the 30th of March 2022 (reported via Trust’s external SitRep submission).

The Trust has had 5,744 COVID-19 positive inpatients since 17th March 2020, with 4,676 patients discharged, sadly 966 patients have died. Since the beginning of July 2021 there have been 2,932 new COVID-19 positive inpatients and 352 deaths.

As at the 9th of May, York Hospital has one COVID-19 positive wards with two COVID-19 positive wards/areas at Scarborough Hospital. The majority of COVID-19 positive patients are not being treated for COVID-19 as their primary complaint. However, the need to manage high risk patients separately and cohort COVID-19 positive patients due to Infection Prevention Control (IPC) requirements creates flow (bed) issues and impacts on the Trust’s ability to admit elective patients as patients cannot be admitted onto wards where there are COVID-19 positive patients.

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 2021-22 activity plan materialised to a greater extent than was anticipated and continued into April. 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 six months, limiting the availability of support from the system to reduce delays to patients or support urgent care demand. Overall the Trust's sickness absence rate is 6.2% with 604 absent as at the 9th of May, 21% of the absences relate to COVID-19.

The pressure on medical staffing contributed to the cancellation of 247 outpatient clinics within fourteen days of the planned date and there were 163 elective patients cancelled by the Trust within forty eight hours of their intended surgery date due to non-clinical reasons. As in the previous COVID-19 'waves' cancer, urgent priority (P2) and long wait elective procedures are being prioritised.

Point of Delivery	April 2019 Outturn	April 2022 Actual	Variance	Proportion of April 2019 delivered in April 2022
First Outpatient Appts	13,619	11,628	-1,991	85%
Follow up Outpatient Appts	30,757	29,840	-917	97%
Ordinary Electives*	622	507	-115	82%
Day Cases	5,952	5,776	-176	97%

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

*Ordinary Elective figures are based on discharge date.

April 2022 Performance Headlines:

• 70.8% of ED patients were admitted, transferred or discharged within four hours.

• The Trust reported 750 twelve hour Trolley Breaches.

• March 2022 saw challenging cancer performance with the Trust achieving one out of the eight core national standards however performance against the 14 Day Fast Track Cancer 62 Day Waits for first treatment (from urgent GP referral) and Cancer 62 Day Waits for first treatment (from urgent GP referral) improved compared to February 2022.

• 2,541 fifty-two week wait pathways have been declared for the end of April 2022.

• Seventy three 104+ week wait pathways have been declared for the end of April 2022. This number, as per national guidance, excludes those patients who have requested to defer their treatment. There were three such patients at the end of April 2022. The Trust therefore achieved the trajectory submitted as part of 2022-23 planning to have less than seventy six patients waiting at the end of April 2022.

• The Trust saw a decline against the overall Referral to Treatment backlog, with the percentage of patients waiting under eighteen weeks at month end decreasing from 59.4% in March 2022 to 58% at the end of April 2022.

Author(s)	Andrew Hurren, Operational Planning and Performance Manager Lynette Smith, Deputy Director of Operational Planning and Performance Steve Reed, Head of Community Services
Director Sponsor	Wendy Scott, Chief Operating Officer

Digital and Information Service

People

- The Interim CDIO (Andy Williams) continues to attend key meetings, including Board of Directors and to establish key working relationships across the organisation in line with new ways of working. Senior Leadership and Management Team meetings are being held to ensure the new structure and operating model, culture and values are being embedded. EPR Strategic Outline Case is being refreshed as part of alignment with the overall ICS EPR Strategy. This will need Financial and Commercial support to understand the impact on capital and revenue streams.
- Interviews for the permanent CDIO were carried out on 28th April and due HR process is being followed prior to announcement.
- A Head of Delivery has been appointed and due HR process is being followed prior to announcement.
- The new CTO (Luke Stockdale) started on 4th May and a structured handover from Simon Hayes is in progress to ensure safe transition of responsibilities.
- The new CNIO (Nik Coventry) is exploring where this role can ensure DIS keeps patient safety, clinical priorities and User Centred Design at the heart of everything we do.
- CPD Developer recruitment continues
- Congratulations to the team for their successful deployment of GP Connect integration with CPD; this marks a large milestone in information sharing across care sectors.
- The team are still heavily focussed on delivery of the Office 365, NHSmail and Teams solutions over the next period and support from colleagues in the organisation is appreciated at this time of heavy workload.

Processes

- IT Service management - have initiated the 12 action improvement plan, which covers a number of areas across service including abandoned calls, outstanding tickets, self-service, first time fix, call answering management. During quarters 2 and 3 of 2022 this will see a marked improvements on KPI's and user experience

- The team are also designing a new major incident process and communication/reporting set for all incidents that have significant impact on service (P1 and P2).
- The team are designing new processes for the management of IT incidents and requests

Technology

- The team are about to embark upon a discovery exercise regarding IT assets, licenses and contracts (Software and maintainence)
- Infrastructure - the team are close to completing the migration to the upgraded windows 10 software.
- Throughout quarters 1 and 2 the end user team will be looking to deploy circa 2000 new devices (laptops and desktops) in to the estate to refresh 30% of the aged devices across the Trust
- The team continue to plan in the work required to make major changes to our data centres, network and server estate, with delivery starting in quarter 2
- Enabling solutions - the team are active in the delivery of the 365 solution (365 client, NHS mail and Teams) across the Trust, with significant work taking place in quarter 2
- Application Development - the team continue to deliver projects to underpin the Trust's portfolio, with a key success in the past week, with the successful roll out of GPConnect
- The team continue to plan the integration and delivery of the major priority programmes for 22/23;

    1. Laboratory Information Management System
    2. Maternity IT System (MITS)
    3. Cancer Information System (Somerset)
    4. Patient Held Record (PKB) Phase 2

- The constraint in our ability to develop and in some cases maintain CPD further necessitates progress in move away from it. This is something we are doing incrementally through replacing the specialist elements with third party "off the shelf" systems whilst in parallel progressing with the ICS business case with the Frontline Digitisation programme to secure the funds for a bigger and more ambitious move. We are exploring what development capacity we will have left to move towards HIMSS Level 5 by December 2023 as per Secretary of State target in parallel.

Author(s)	Andy Williams, Interim Chief Digital Information Officer
Director Sponsor	Andy Williams, Interim Chief Digital Information Officer

Integrated Business Report

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

April-2022

Produced May-2022

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

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

To support an engaged, healthy and resilient workforce

To ensure financial stability

Report produced by:

Information Team

Integrated Performance Report : April-2022

Understanding the Report

1. Operational Performance Summary

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

Indicator

target if applicable

change from previous month

monthly performance or activity level

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

trend of 13 month rolling period

2. Focus Sections

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

monthly performance

change from previous month

SPC for 13 month period

SPC triggers can be 1 or all of

Care Group level

target if applicable

QUALITY AND SAFETY REPORT

April-2022

Produced May-2022

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

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

To support an engaged, healthy and resilient workforce

To ensure financial stability

Report produced by:

Information Team

Quality and Safety Report: April-2022

Executive Summary

Trust Strategic Goals:

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

Purpose of the Report:

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

Executive Summary:

Key discussion points for the Board are:

Incidents:
•The incidence of both pressure ulcers and falls remains high although there has been a slight improvement in month. Workforce factors continue to be a contributing factor and this has impacted on both the completion of timely risk assessments and delivery of care. Staffing concerns are highlighted daily through the Associate Chief Nurse of the Day so that additional mitigations can be instigated where possible. Datix has been amended to better capture the impact of these incidents. A new Care Needs Summary sheet has been implemented to provide an 'at a glance' view of care required at the bedside. This will help staff, especially those who are redeployed or temporary staff, to quickly identify the level of risk for patients. Priorities for both falls and pressure ulcers have been reviewed and the Trust-wide improvement plans are being refreshed in line with current themes. There is insufficient resource within the Tissue Viability Team to deliver ward-based training and the lack of a Falls Advanced Clinical Specialist is limiting the targeted work previously delivered at ward level. This issue has been raised to Chief Nurse and a paper requesting resource is been taken to Executive Committee in May.
•There was a new Never Event declared in April, now 4 in total over the last 12 months. Each incident has a specific investigation under the Serious Incident Framework.

Medication Incidents/Pharmacy:
•Whilst all incident types remain within normal variation there continues to be a run above average for both prescribing and administration incidents. These reflect the ongoing pressures in acute admissions.
•There is also a run on incidents involving antimicrobials but on review of these there are no specific trends.
•VTE risk assessments remain below the threshold continuously over the last 12 months. VTE committee have specific actions to address the compliance such as ensuring risk assessments are completed in Paediatrics, meetings around functionality of EPMA and risk assessments with DIS.

Complaints:
•Overall Trust performance with complaints 52%, target is above 90%. Only Care Group 2 and Corporate are meeting this target. Each Care Group meets with the Patient Experience Team weekly to address this performance and progress complaint investigations.

Deteriorating Patient:
•Observation (NEWS2) compliance across the York site remains an issue and currently stands at 83.8% within 1 hour staffing shortages are impacting on this too. The changes on Datix will also allow for better capture of the impact of staffing incidents with observations. There are now 8 points above the mean at York, which demonstrates special cause variation. Discussions with DIS are planned that are aimed to remove and amend areas currently being monitored such as community inpatient units, ICU, PACU etc. where stringent patient monitoring is already in place. This issue is being escalated to Quality Committee from QPaS and the Deteriorating Patient Group.

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•There have been a total of 17 Community Onset Healthcare Associated (COHA) + Hospital Onset Healthcare Associated (HOHA) Clostridium difficile cases for the month of April 2022. The Trust C.difficile trajectory for 2022/23 has not yet been set. Following the NHSE/I recommendations for improvement last year, the C. difficile meeting structure has been reviewed to ensure productivity and meaningful outputs from the meetings. There will be an internal cross-site C. difficile improvement group which will review each site's position of C. difficile and actions to be completed within the improvement plan. This meeting will be held monthly. The C. difficile Improvement Group actions and escalations paper will go to TIPSG where external partners will be invited.
•The C. difficile improvement plan has been re-written with smaller actions grouped in broader headlines to facilitate follow up of completed and outstanding actions to be agreed at the Improvement Group and provide assurance at TIPSG.

Maternity:
•The number of women smoking at Booking in Scarborough has decreasing steadily from 21% in January to 16% in April.
•Labour ward co-ordinators at Scarborough have been unable to work supernumerary for 19% of the time in April, this figure has been increasing monthly. Discussed with labour manager, rotas checked and all shifts had staffing shortages. Birthrate plus also checked to look at what the acuity on delivery suit and within the unit was at the time. Labour ward manager to prepare a report.

Mortality:
•ED deaths are demonstrating special cause variation, with 8 points above the mean. A deep dive is to be undertaken looking into the ED deaths at York, as existing processes are in place to review all ED deaths at 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 : April-2022

QUALITY AND SAFETY SUMMARY: (i)

REF	SERIOUS INCIDENTS (data is based on SI declaration date except given final report)	Sparkline / Previous Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
1.01	Number of SI's reported	▲	14	12	20	21	11	13	16	25	17	10	14	12	13
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)	▲	14	11	18	15	10	10	14	20	14	9	14	12	13
1.04	Number of SIs Where Stage 2 (Written) Duty Of Candour is Outstanding (Moderate or Above Harm)	◀▶	0	0	1	0	1	0	0	0	1	0	0	0	0
1.05	% Compliance with Stage 2 (Written) Duty of Candour for Serious Incidents (Moderate or Above Harm)	◀▶	100%	100%	94%	100%	90%	100%	100%	100%	93%	100%	100%	100%	100%
1.06	-Invitation to be involved in Investigation (Clinical SIs Only)	◀▶	3	2	10	11	6	5	7	10	4	2	2	2	2
1.07	-Given Final Report (If Requested - Clinical SIs Only - based on Investigation End Date)*	▼	4	1	7	2	3	11	8	4	4	5	5	3	0

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 01/05/21 and 17/04/22)
1.10	Incident Graded Moderate or Above			369	
1.11	Stage 1 - Verbal Apology Given			346	
1.12	Stage 2 - Written Apology Given			336	
1.14	% Compliance with Stage 2 (Written) Duty of Candour			91%	
1.15	Stage 3 - Final Written Summary Due (for incidents between May and Oct 21)			154	
1.16	Stage 3 - Final Written Summary Completed (for incidents reported Between May and Oct 21)			134	

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	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
1.20	Number of Negligence Claims	◀▶	11	11	8	13	12	16	10	17	13	15	17	13	13
1.21	Number of Claims settled per Month	◀▶	4	1	1	1	13	8	3	3	3	1	7	4	4
1.22	Amount paid out per month	▲	739,500	287,582	20,000	9,500	1,406,144	103,700	1,040,000	73,946	115,000	52,500	314,500	106,204	331,000
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	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
1.30	Incidents Reported		▼	1,364	1,463	1,467	1,510	1,437	1,590	1,584	1,585	1,569	1,638	1,469	1,796	1,610
1.31	Incidents Resulting in No or Minor Low Harm Not Completed Within 1 Month of Reporting		▼	-	-	-	655	886	887	853	635	777	918	1,033	1,027	709
1.32	Patient Falls		▼	208	213	192	198	243	224	241	264	255	312	276	328	313
1.33	Pressure Ulcers - Newly Developed Ulcer		▲	89	94	82	92	97	89	123	126	137	129	103	147	150
1.34	Pressure Ulcers - Deterioration of Pressure Ulcer		▼	25	22	23	12	13	17	27	19	17	22	14	24	18
1.35	Pressure Ulcers - Present on Admission		▲	166	167	150	185	196	185	170	159	212	184	176	180	183
1.36	Degree of harm: serious or death		▲	8	3	8	6	3	4	7	8	7	8	11	8	10
1.37	Medication Related Errors		▼	128	164	157	151	125	156	132	161	130	120	136	162	141
1.38	VTE risk assessments *	95%	▲	93.3%	94.1%	92.5%	92.9%	93.3%	87.9%	87.3%	85.2%	85.1%	86.6%	86.9%	83.8%	86.7%
1.39	Never Events	0	▲	0	0	0	0	0	0	0	2	1	0	0	0	1

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 : April-2022

QUALITY AND SAFETY SUMMARY: (ii)

REF	PRESSURE ULCERS***	Sparkline / Previous Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
1.40	Number of Category 2	▲	58	61	64	64	73	57	79	82	82	83	60	98	101
1.41	Number of Category 3	▲	9	3	2	6	5	5	3	5	5	2	5	4	6
1.42	Number of Category 4	▼	4	0	1	1	0	2	2	1	0	2	3	2	1
1.43	Total no. developed/deteriorated while in our care (care of the org) - acute	▼	67	86	74	81	74	76	100	103	107	114	77	127	117
1.44	Total no. developed/deteriorated while in our care (care of the org) - community	▲	47	30	31	23	36	30	50	42	47	37	40	44	51

REF	FALLS****	Sparkline / Previous Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
1.50	Number of falls with moderate harm	▼	3	4	2	2	3	6	4	6	2	8	2	8	3
1.51	Number of falls with severe harm	▲	5	0	2	2	2	1	2	5	2	6	6	3	5
1.52	Number of falls resulting in death	◀▶	0	0	0	1	0	0	0	0	0	0	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	Target	Sparkline / Previous Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
10.20	Medication Incidents Resulting in Moderate Harm, Serious/Severe Harm or Death		▲	0	0	1	0	0	1	2	3	0	2	0	2	5
10.21	Insulin Incidents		▼	8	14	13	16	14	12	10	12	14	14	11	17	7
10.22	Antimicrobial Incidents		▲	18	17	19	11	14	17	18	26	15	15	16	15	19
10.23	Opiate Incidents		▼	27	43	40	26	31	26	25	33	22	18	30	27	17
10.24	Anticoagulant Incidents		▲	10	14	13	19	7	18	11	19	14	13	17	13	14
10.25	Missed Dose Incidents		▼	15	41	32	41	34	32	23	41	30	32	26	36	25
10.26	Discharges Incidents		▼	32	22	19	11	18	20	20	10	16	10	7	21	15
10.27	Prescribing Errors		▼	22	36	41	36	43	37	37	45	34	33	33	35	33
10.28	Preparation and Dispensing Incidents		▲	10	14	13	13	6	10	5	10	3	7	9	14	18
10.29	Administrating and Supply Incidents		▼	68	74	70	71	48	80	62	65	64	62	64	74	69

REF	SAFEGUARDING	Sparkline / Previous Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
1.70	% of staff compliant with training (children)	▲	87%	87%	87%	88%	88%	88%	88%	88%	88%	88%	88%	88%	89%
1.71	% of staff compliant with training (adult)	◀▶	87%	87%	88%	88%	89%	88%	88%	88%	88%	88%	89%	89%	89%
1.72	% of staff working with children who have review DBS checks														

REF	PATIENT EXPERIENCE: COMPLAINTS, PALS AND FFT	Target	Sparkline / Previous Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
2.01	New complaints this month †		▼	41	34	57	56	46	54	61	61	41	39	62	67	49
2.02	% Complaint responses closed within target timescale	30 days	▼	74%	50%	71%	61%	47%	60%	51%	54%	53%	52%	52%	63%	52%
	CG1	30 days	▼	61%	31%	67%	50%	55%	55%	53%	42%	52%	50%	28%	50%	41%
	CG2	30 days	▼	78%	67%	100%	67%	50%	82%	65%	100%	100%	75%	100%	100%	91%
	CG3	30 days	▼	92%	57%	56%	75%	36%	63%	54%	38%	67%	50%	38%	53%	33%
	CG4	30 days	▼	75%	100%	75%	67%	33%	-	67%	50%	-	50%	-	60%	20%
	CG5	30 days	▲	100%	60%	83%	63%	43%	29%	8%	67%	13%	60%	56%	56%	57%
	CG6	30 days	▼	43%	50%	71%	50%	57%	67%	57%	43%	18%	25%	60%	78%	50%
2.03	New PALS concerns this month		▲	144	142	159	166	160	150	88	48	24	25	33	33	34
2.04	% PALS responses closed within target timescale	10 days	▲	74%	74%	77%	77%	78%	71%	53%	62%	57%	48%	67%	55%	62%
	CG1	10 days	▲	73%	67%	67%	66%	65%	66%	60%	69%	64%	25%	56%	44%	54%
	CG2	10 days	▲	96%	90%	95%	80%	88%	100%	83%	90%	100%	100%	100%	86%	100%
	CG3	10 days	▼	68%	63%	69%	84%	77%	71%	46%	60%	57%	50%	57%	57%	56%
	CG4	10 days	▲	82%	100%	92%	90%	83%	73%	80%	100%	33%	50%	75%	25%	100%
	CG5	10 days	▲	67%	55%	69%	76%	82%	44%	20%	29%	25%	75%	33%	40%	50%
	CG6	10 days	▼	50%	72%	87%	76%	79%	65%	44%	50%	100%	0%	100%	100%	56%
2.05	FFT - York ED Recommend %	90%	▲	86.4%	96.0%	85.0%	78.2%	82.3%	80.2%	81.3%	72.9%	89.5%	89.5%	86.0%	86.0%	-
2.06	FFT - Scarborough ED Recommend %	90%	▲	84.3%	93.5%	87.1%	83.3%	75.6%	80.5%	75.0%	72.1%	75.8%	79.4%	73.8%	78.9%	-
2.07	FFT - Trust ED Recommend %	90%	▲	86.0%	95.5%	85.4%	78.8%	81.2%	80.3%	80.2%	72.8%	86.3%	87.4%	83.5%	84.7%	-
2.08	FFT - Trust Inpatient Recommend %	90%	▲	98.0%	98.3%	97.4%	97.1%	97.2%	95.8%	98.3%	96.9%	97.0%	97.7%	96.8%	98.1%	-
2.09	FFT - Trust Maternity Recommend %	90%	▼	100.0%	100.0%	99.1%	98.4%	98.6%	100.0%	99.0%	97.5%	97.5%	97.6%	99.0%	98.5%	-

† 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 : April-2022

QUALITY AND SAFETY SUMMARY: (iii)

REF	CARE OF THE DETERIORATING PATIENT	Target	Sparkline / Previous Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
3.01	14 hour Post Take - York *	90%		79%	79%	81%	79%	78%	80%	80%	79%	79%	79%	79%	77%	77%
3.02	14 hour Post Take - Scarborough *	90%		81%	82%	83%	81%	79%	81%	80%	79%	83%	85%	84%	83%	84%
3.03	NEWS within 1 hour of prescribed time †	90%		91.8%	91.1%	90.8%	90.3%	90.5%	89.0%	89.1%	88.5%	87.6%	86.7%	87.8%	86.2%	87.3%
3.04	Elective admissions: EDD within 24 hours of admission	93%		93.8%	94.1%	92.8%	90.2%	91.6%	91.8%	94.5%	92.3%	94.2%	94.2%	91.7%	94.1%	94.3%

* 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.

† NEWS performance includes MEWS from Dec 2021

REF	MORTALITY INFORMATION	Target	Sparkline / Previous Month	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	Oct 20 - Sep 21
10.33	Summary Hospital Level Mortality Indicator (SHMI)	100		99	98	100	100	98	100	99	99	97	95	94	94	96

REF	INFECTION PREVENTION	Target*	Sparkline / Previous Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
6.01	Clostridium Difficile - meeting the C.Diff objective			7	12	12	13	13	16	12	6	17	10	8	8	17
6.02	Clostridium Difficile - meeting the C.Diff objective - cumulative			7	19	31	44	57	73	85	91	108	118	126	134	17
6.03	MRSA - meeting the MRSA objective	0		0	0	0	0	1	0	0	0	0	0	0	0	0
6.04	MSSA			5	7	8	7	7	8	4	5	6	6	2	12	8
6.05	MSSA - cumulative			5	12	20	27	34	42	46	51	57	62	65	77	8
6.06	ECOLI			15	12	20	11	13	16	15	15	14	14	12	12	18
6.07	ECOLI - cumulative			15	27	47	58	71	87	102	117	131	144	157	169	18
6.08	Klebsiella			5	3	4	7	7	7	5	4	4	5	6	3	4
6.09	Klebsiella - cumulative			5	8	12	19	26	33	38	42	46	51	57	60	4
6.10	Pseudomonas			3	4	1	4	2	3	4	1	1	2	1	4	1
6.11	Pseudomonas - cumulative			3	7	8	12	14	17	21	22	23	25	26	30	1
6.12	MRSA Screening - Elective †	95%		80.3%	83.3%	84.8%	89.7%	91.0%	80.4%	84.3%	82.0%	79.8%	77.8%	80.4%	73.8%	83.8%
6.13	MRSA Screening - Non Elective †	95%		94.4%	95.0%	94.4%	92.6%	93.3%	89.5%	89.8%	88.2%	87.4%	87.4%	84.9%	81.8%	84.7%

* 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	Target	Sparkline / Previous Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
8.01	Standard Authorisation Status Unknown: Local Authority not informed the Trust of outcome			4	32	12	8	19	4	2	21	19	9	11	12	6
8.02	Standard Authorisation Not Required: Patient no longer in Trust's care and within 7 day self-authorisation			44	15	61	53	23	40	11	29	34	21	6	25	32
8.03	Under Enquiry: Safeguarding Adults team reviewing progress of application with Local Authority or progress with ward			9	9	8	16	5	8	28	18	19	25	21	14	25
8.04	Standard Authorisation Granted: Local Authority granted application			0	0	0	0	0	0	0	0	0	0	0	0	0
8.05	Application Not Granted: Local Authority not granted application			0	0	0	0	0	0	0	0	0	0	0	0	0
8.06	Application Unallocated as Given Local Authority Prioritisation: Local Authority confirmed receipt but not yet actioned application			6	21	8	10	7	10	29	14	16	10	26	6	10
8.07	Safeguarding Adults concerns reported to the Local Authority against the Trust			11	4	8	11	7	7	7	6	3	9	10	12	8
8.08	Application Withdrawn: Patient no longer in Trust's care within the Local Authority 8 week period for assessment			5	4	6	6	5	15	22	14	16	6	10	9	10

TRUST BOARD REPORT : April-2022

QUALITY AND SAFETY SUMMARY: (iv) QUANTITATIVE TABLE

REF	Indicator	Consequence of Breach	Threshold	Sparkline / Previous Month		Q4 20/21	Q1 21/22 †	Q2 21/22 †	Q3 21/22	Jan-22	Feb-22	Mar-22	Apr-22
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		▲	-	-	-	39	24	22	14	-
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		▼	22	51	51	34	17	25	33	17
9.04	% Compliance with WHO safer surgery checklist (not currently recorded)	No financial penalty	100.00%			-	-	-	-	-	-	-	-
9.05	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	99.00%		▲	99.95%	99.93%	99.86%	99.92%	99.95%	99.93%	99.96%	-
9.06	Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	95.00%		▲	99.78%	99.66%	99.41%	99.57%	99.62%	99.61%	99.65%	-
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		▲	5.81%	4.52%	6.55%	10.54%	5.66%	9.19%	9.68%	-
	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%		▼	88.16%	75.63%	83.12%	82.28%	89.86%	98.90%	97.06%	95.51%
	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%		▼	94.32%	94.48%	90.77%	92.53%	92.47%	91.71%	93.46%	86.18%
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									

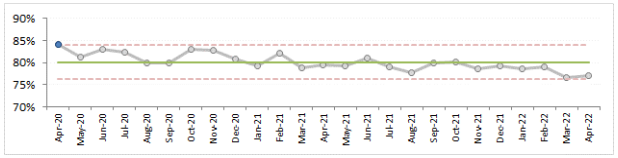
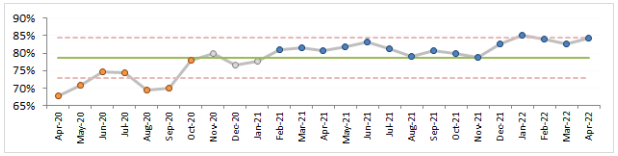
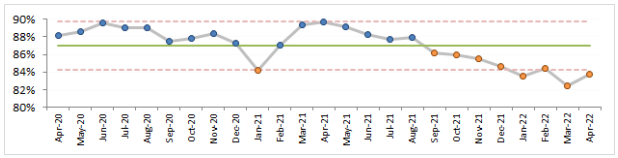
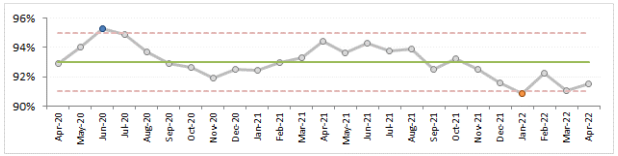
* QMCO and Monthly Sitrep Return suspended due to Covid-19, QMCO re-commenced for Q3 2021-22 submission

† The quarterly figures for Q1 & Q2 21/22 have been refreshed due to error

‡ The Sleeping Accommodation Breaches for Dec-21 are currently unvalidated. For Nov-21, 5 breaches were declared to NHSE but only 4 have been validated as breaches. This figure will be updated when the national window for corrections opens

TRUST BOARD REPORT : April-2022

QUALITY AND SAFETY: CARE OF DETERIORATING PATIENT

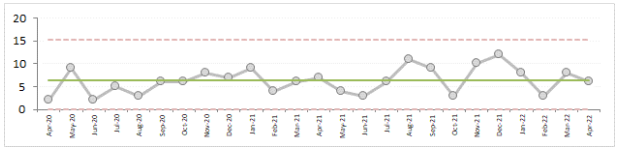
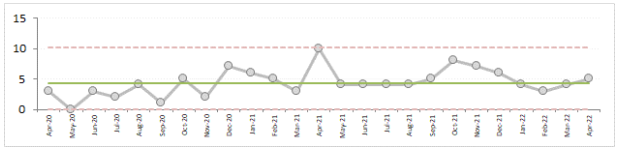
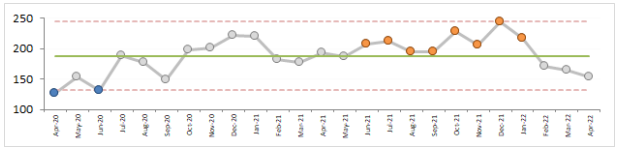
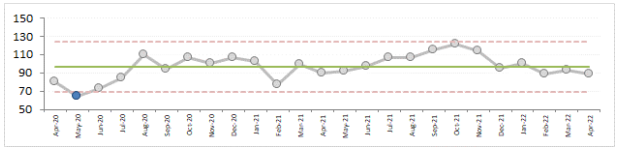
Apr-22	METRIC :	TARGET :	vs LM :		
77.0%	**3.01** 14 hour Post Take - York	90.0%	0.3% ↑		CG1 CG4 CG2 CG5 CG3 CG6
84.2%	**3.02** 14 hour Post Take - Scarborough	90.0%	1.5% ↑		CG1 CG4 CG2 CG5 CG3 CG6
83.8%	**10.01** NEWS within 1 hour (York)	90.0%	1.4% ↑		CG1 CG4 CG2 CG5 CG3 CG6
91.5%	**10.02** NEWS within 1 hour (Scarb)	90.0%	0.5% ↑		CG1 CG4 CG2 CG5 CG3 CG6

HIGHLIGHTS FOR BOARD TO NOTE :

It is noted that there is poor NEWS 1 hour compliance on the York site, this has been ongoing. As previously mentioned this and has been discussed at the deteriorating patient group in reference to Observation compliance on the wards, some actions have been put in place.
The out of Hours bleep filtering is due to go live in June.

TRUST BOARD REPORT : April-2022

QUALITY AND SAFETY: CARE OF DETERIORATING PATIENT

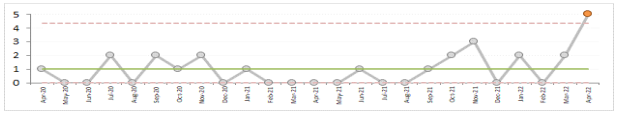
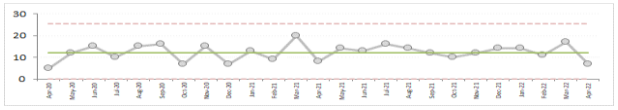
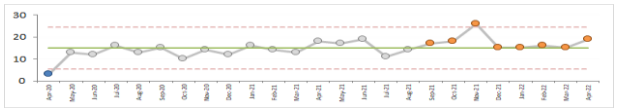
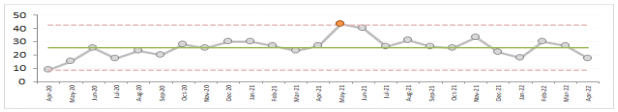
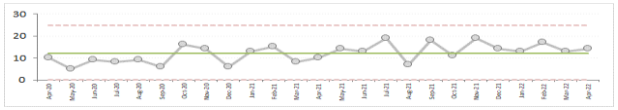
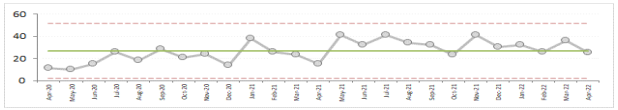
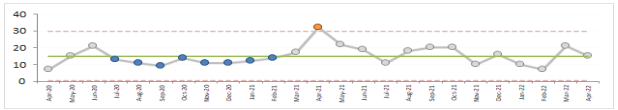
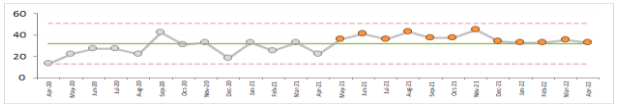
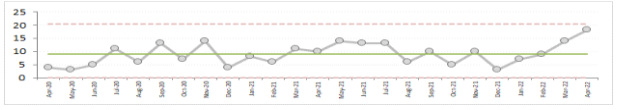
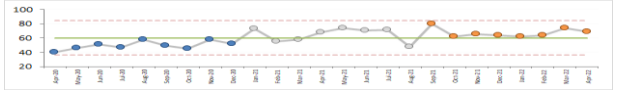
Apr-22	METRIC :	TARGET :	vs LM :	
6	**10.10** Crash Calls (York)	-	-2 ↓	
6	**10.12** Crash Calls (Scarb)	-	2 ↑	
153	**10.13** Calls to Outreach Team (York)	-	-11 ↓	
89	**10.14** Calls to Outreach Team (Scarb)	-	-4 ↓	

HIGHLIGHTS FOR BOARD TO NOTE :

Cardiac arrests numbers at both sites remains static around the median, no significant change from last month.
Outreach workload remains similar at the Scarborough site. There is reduced Outreach calls at the York site which has continued over the last 3 months.

TRUST BOARD REPORT : April-2022

QUALITY AND SAFETY: MEDICATION INCIDENTS

Apr-22	METRIC :	TARGET :	vs LM :	
5	**10.20** Medication Incidents Resulting in Moderate Harm, Serious/Severe Harm or Death	-	3 ↑	
7	**10.21** Insulin Incidents	-	-10 ↓	
19	**10.22** Antimicrobial Incidents	-	4 ↑	
17	**10.23** Opiate Incidents	-	-10 ↓	
14	**10.24** Anticoagulant Incidents	-	1 ↑	
25	**10.25** Missed Dose Incidents	-	-11 ↓	
15	**10.26** Discharges Incidents	-	-6 ↓	
33	**10.27** Prescribing Errors	-	-2 ↓	
18	**10.28** Preparation and Dispensing Incidents	-	4 ↑	
69	**10.29** Administrating and Supply Incidents	-	-5 ↓	

HIGHLIGHTS FOR BOARD TO NOTE :

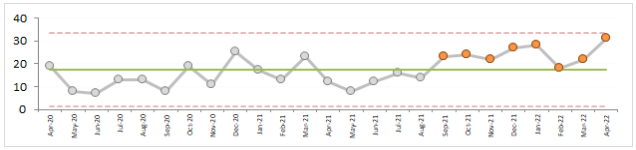
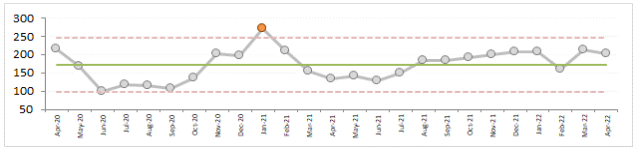
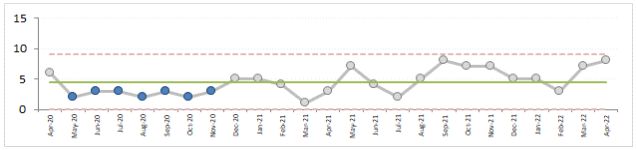
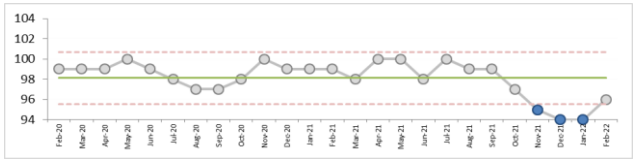
There were 152 medication incidents reported in April

There were three incidents categorised as moderate harm. Two incidents are likely to be downgraded following initial investigations. The third related to an in-patient who refused their normal anti epileptics, this was not escalated to the medical team and the patient developed seizures requiring ITU admission and ventilation. A PSIR is in process

Whilst all incident types remain within normal variation there continues to be a run above average for both prescribing and administration incidents. These reflect the ongoing pressures in acute admissions. There is also a run on incidents involving antimicrobials but on review of these there are no specific trends.

TRUST BOARD REPORT : April-2022

QUALITY AND SAFETY : MORTALITY

Apr-22	METRIC :	TARGET :	vs LM :	
31	**10.30** ED Deaths	-	9 ↑	
203	**10.31** Inpatient Deaths (Acute)	-	-10 ↓	
8	**10.32** Inpatient Deaths (Community)	-	1 ↑	
Oct 20 - Sep 21			vs LQ:	
96	**10.33** Summary Hospital Level Mortality Indicator (SHMI)	100	2 ↑	

HIGHLIGHTS FOR BOARD TO NOTE :

In April 2022 the top 3 causes of death were Pneumonia, Acute Ischaemic Stroke and Covid-19. There were 5 deaths that mentioned Covid 19 as 1a Cause of Death. In April , overall deaths increased in the Emergency Department and the community, but declined in the Acute sites.

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

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
November 2021 - 9.05 per 1000 bed days
December 2021- 12.63per 1000 bed days
January 2022- 7.03 per 1000 bed days
February 2022 - 4.46 per 1000 bed days
March 2022 - 6.69 per 1000 bed days
April 2022- 5.71 per 1000 bed days

When compared to April 2021, the number of deaths per 1000 bed days has Decreased in April 2022.

In April 2022 there were 6 Structured Judgement Casenote Reviews (SJCR's) commissioned. The SJCR's requested were as a result of the following; 6 x medical examiner review.

TRUST BOARD REPORT : April-2022

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	14	0	0	**14**	10	0	0	**10**
CG2	0	10	0	**10**	0	4	0	**4**
CG3	7	0	0	**7**	10	1	0	**11**
CG4	1	1	0	**2**	1	0	0	**1**
CG5	7	2	0	**9**	2	0	0	**2**
CG6	3	1	2	**6**	4	2	0	**6**
Corporate	1	0	0	**1**	0	0	0	**0**
Total	**33**	**14**	**2**	**49**	**27**	**7**	**0**	**34**

Main themes

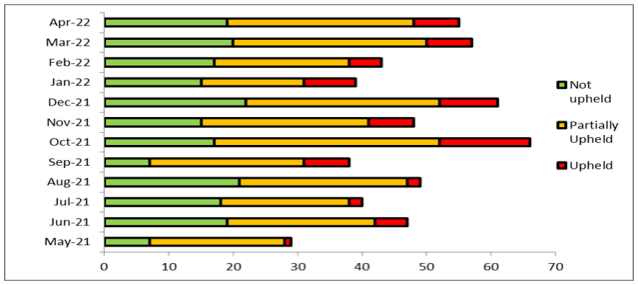
Complaints
- Care needs not adequately met
- Communication with relatives/carers
- Staffing levels
- Delay or Failure of Medical Assessment
- Attitude of nursing staff/midwives

PALS
- Communication with relatives/carers
- Attitude of nursing staff/midwives
- Emergency Dept/MIU waiting time
- Care Pathway Issues
- Communication - Clinical Advice

Themes are discussed at the PESG and care groups continue to provide evidence of learning and service improvements as a result of feedback.

PATIENT EXPERIENCE: CLOSED CASES

Proportion of closed complaints by outcome



Closed Complaints

Care Group	<30		30-50		51-100		>100		Total Closed	Total Average of No of Days	% Within Target
	Closed	Average of No of Days	Closed	Average of No of Days	Closed	Average of No of Days	Closed	Average of No of Days			
CG1	7	15	9	40	1	73	0	0	**17**	**32**	41%
CG2	10	13	1	31	0	0	0	0	**11**	**15**	91%
CG3	3	17	2	39	3	61	1	133	**9**	**49**	33%
CG4	1	12	4	34	0	0	0	0	**5**	**29**	20%
CG5	4	15	3	43	0	0	0	0	**7**	**27**	57%
CG6	3	18	2	35	1	57	0	0	**6**	**30**	50%
Corp	1	4	0	0	0	0	0	0	**1**	**4**	100%
Trust Total	**29**	**14**	**21**	**38**	**5**	**62**	**1**	**133**	**56**	**30**	52%

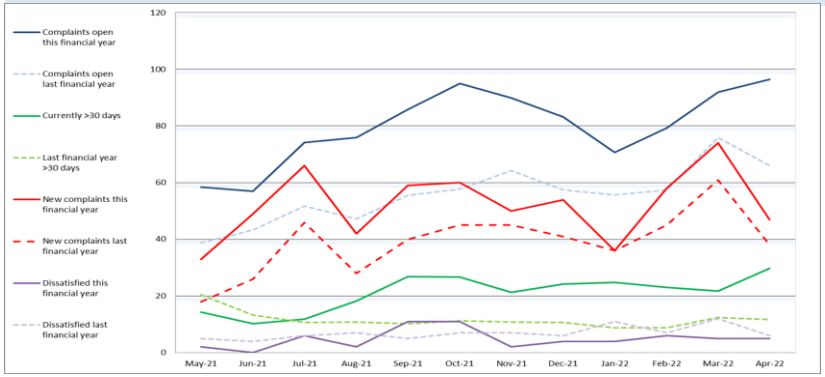
52% closed complaints were in target (↓ to 63% in March). 38% were addressed within 30-50 working days, 9% within 51-100 working days and 2% over 100 working days.
26% of cases over target were extended in agreement with the complainant.

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	7	4	4	16	2	33	0	0	0	0	**13**	12	54%
CG2	4	5	0	0	0	0	0	0	0	0	**4**	5	100%
CG3	5	4	3	14	0	0	1	66	0	0	**9**	14	56%
CG4	2	3	0	0	0	0	0	0	0	0	**2**	3	100%
CG5	1	8	0	0	1	28	0	0	0	0	**2**	18	50%
CG6	5	5	2	16	2	24	0	0	0	0	**9**	11	56%
Corporate	0	0	0	0	0	0	0	0	0	0	**0**	0	
Total	**24**	**4**	**9**	**15**	**5**	**28**	**1**	**66**	**0**	**0**	**39**	12	62%

55% closed PALS cases were in target (↓from 67% in February). 36% were addressed within 10-20 working days, 6% of cases were addressed in 21-50 working days and 3% were addressed with 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 : April-2022

QUALITY AND SAFETY: MATERNITY (YORK)

YORK - MATERNITY DASHBOARD			Measure	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Regional Average for last Quarter	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
RESPONSIVE																			
Activity	Births	Bookings	1st m/w visit	≤295	296-321	≥322	N/A	282	284	302	215								
		Bookings <10 weeks	No. of mothers	≥90%	76%-89%	≤75%		72.00%	73.60%	76.50%	74.00%								
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	< 10%	10.1%-19.9%	>20%		2.1%	4.2%	2.6%	3.3%								
		Births	No. of babies	≤245	246-266	≥267		227	236	223	224								
		No. of women delivered	No. of mothers	≤242	243-263	≥264		225	233	221	221								
		Planned homebirths	No. of mothers	≥2.1%	≤2-1.6%	≤1.5%	1.10%	0.0%	0.4%	0.5%	0.5%								
	Closures	Homebirth service suspended	No. of suspensions	0-3		4 or more		16	12	21	13								
		Women affected by suspension	No. of women	0		1 or more		1	3	2	2								
		Community midwife called in to unit	No. of times	0-3	4-5	6 or more		2	4	1	4								
		Maternity Unit Closure	No. of closures	0		1 or more		5	5	2	2								
		SCBU at capacity	No of times					0	0	0	1								
		SCBU at capacity of intensive cots	No. of times					21	27	31	30								
		SCBU no of babies affected	No. of babies affected	0	1	2 or more		1	0	0	0								
WELL LED																			
Workforce	Staffing	MW to birth ratio	Ratio	≤29.5	29.6 - 31	>31	DH	31											
		1 to 1 care in Labour	CPD	100%		≤99.9%	n/a	93.3%	96.0%	97.3%	93.5%								
		L/W Co-ordinator supernumary %	Shift Handover Sheets	100%		≤99.9%		96.7%	99.2%	100.0%	100.0%								
		Anaesthetic cover on L/W	av.sessions/week	10	4-9	≤3		10	10	10	10								
SAFE																			
Clinical Indicators	Neonatal/ Maternal	Normal Births	No. of svd - %	≥57%	≤56.9-54%	<54%	57%	61.0%	60.5%	61.9%	51.6%								
		Assisted Vaginal Births	No. of instr. Births - %	≤12.4%	≥12.5-14%	≥14.1%	11%	11.1%	9.9%	10.4%	11.3%								
		C/S Births	Em & elect - %			>32.1%	32%	27.6%	29.6%	28.1%	37.6%								
		Elective caesarean	%			≥16.1%	13%	12.9%	14.6%	15.4%	16.3%								
		Emergency caesarean	%			≥20.1%	19%	14.7%	15.0%	12.7%	21.3%								
		Induction of labour	%					37.8%	41.2%	42.5%	37.1%								
		HDU on L/W	No. of women	5 or less	6-9	10 or more		14	16	4	15								
		BBA	No. of women	2 or less	3-4	5 or more		2	1	2	3								
		HSIB cases	No. of babies	0		1 or more		1	0	0	1								
	Morbidity	Neonatal Death	No of babies	0		1 or more		0	0	0	0								
		Antepartum Stillbirth	No. of babies	0	1	2 or more	n/a	1	0	0	2								
		Intrapartum Stillbirths	No. of babies	0		1 or more	n/a	0	0	0	0								
	Neonatal Indicators	Cold babies	No of babies admitted to SCBU c	1 or less	2-3	4 or more		3	3	4	4								
		Preterm birth rate <37 weeks	% of babies born <37 weeks	≤6%	6-9%	≥10.1%		9.70%	6.40%	6.30%	8.10%								
		Preterm birth rate <34 weeks	% of babies born <34 weeks	≤2%	2.1-3%	≥3.1%		3.10%	1.30%	0.90%	2.30%								
		Preterm birth rate <28 weeks	% of babies born <28 weeks	≤0.5%	0.6-0.9%	≥1%		0.00%	0.00%	0.00%	0.00%								
		Low birthweight rate at term (2.2kg)	% of babies <2.2kg at term	0%	0.1-0.4%	≥0.5%		1.30%	0.00%	0.00%	0.00%								
		Right place of birth	% of preterm babies born in appro	100%		<99.9%		100.00%	100.00%	100.00%	100.00%								
	Public Health	Breastfeeding Initiation rate	% of babies feeding at birth	≥75%	≤74.9-71%	≤70.9%	67%	66.4%	67.4%	70.9%	72.5%								
		Breastfeeding rate at discharge	% of babies breastfeeding at disch	>65%	60.1-64.9%	<60%		54.9%	55.1%	58.3%	58.1%								
		Smoking at booking	% of women smoking at booking	≤6%	≥6.1-10%	≥10.1%		7.4%	8.5%	6.3%	7.4%								
		Smoking at 36 weeks	% of women smoking at 36 weeks	≤6%	≥6.1-10%	≥10.1%		10.1%	5.5%	7.6%	5.8%								
		Smoking at time of delivery	% of women smoking at del.	≤6%	≥6.1-10%	≥10.1%	12%	11.6%	7.7%	10.9%	7.7%								
		Carbon monoxide monitoring at booking	% CO completed	≥95%	80-95%	≤79.9%		88.3%	96.5%	83.8%	87.4%								
		Carbon monoxide monitoring at 36 weeks	% CO completed	≥95%	80-95%	≤79.9%		88.2%	94.1%	90.1%	82.7%								
	Risk Management	SI's	No. of Si's declared	0		1 or more		0	0	0	0								
		PPH > 1.5L as % of all women	% of births				3.6	3.9%	5.0%	1.30%	4.90%								
		Shoulder Dystocia	No. of women	2 or less	3-4	5 or more		4	2	1	1								
		3rd/4th Degree Tear - normal birth	No of women	≤2.8%	2.9- 4.5%	≥4.6%	2.10%	1.0%	0.9%	1.5%	0.0%								
		3rd/4th Degree Tear - Assisted birth	No of women	≤6.05%	≥6.1-8%	≥8.1%	5%	8.0%	4.3%	4.3%	0.0%								
	New Complaints	Informal	No. of Informal complaints	0	1-4	5 or more		0	0	0	2								
		Formal	No. of Formal complaints	0	1-4	5 or more		2	4	4	1								

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

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

TRUST BOARD REPORT : April-2022

QUALITY AND SAFETY: MATERNITY (SCARBOROUGH)

SCARBOROUGH - MATERNITY DASHBOARD			Measure	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Regional Average for last Quarter	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
RESPONSIVE																			
Activity	Births	Bookings	1st m/w visit	≤169	170-184	≥185	N/A	154	138	172	138								
		Bookings <10 weeks	No. of mothers	≥90%	76%-89%	≤75%		70.8%	68.1%	73.3%	68.8%								
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	< 10%	10%-20%	>20%		6.5%	5.8%	5.2%	7.2%								
		Births	No. of babies	≤113	114-134	≥135		115	115	102	109								
		No. of women delivered	No. of mothers	≤112	113-133	≥134		114	114	99	109								
		Planned homebirths	No of mothers	≥2.1%	≤2-1.5%	≤1.5%	1.10%	1.8%	0.0%	0.0%	0.0%								
	Closures	Homebirth service suspended	No. of suspensions	0-3		4 or more		23	22	24	23								
		Women affected by suspension	No. of women	0		1 or more		1	1	1	4								
		Community midwife called in to unit	No. of times	3	4-5	6 or more		8	3	5	13								
		Maternity Unit Closure	No. of closures	0		1 or more		1	0	9	0								
		SCBU at capacity	No of times					0	4	0	0								
		SCBU at capacity of intensive care cots	No. of times					0	0	5	0								
		SCBU no of babies affected	No. of babies affected	0	1	2 or more		0	0	0	0								
WELL LED																			
Workforce	Staffing	M/W to birth ratio	Ratio	≤29.5	29.6-30.9	>31	DH	23.0	24.0										
		1 to 1 care in Labour	CPD	≥100%		≤99.9%		94.8%	98.0%	96.4%	94.6%								
		L/W Co-ordinator supernumary %	Shift Handover Sheets	≥100%		≤99.9%		100.0%	96.7%	92.1%	80.5%								
		Anaesthetic cover on L/W	av.sessions/week	≥10	4-9	≤3		5	5	5	5								
SAFE																			
Clinical Indicators	Neonatal/ Maternal	Normal Births	No. of svd - %	≥57%	56.9-54%	<53.9%	57%	56.4%	61.2%	60.8%	63.4%								
		Assisted Vaginal Births	No. of instr. Births - %	≤12.4%	≥12.5-14%%	≥14.1%	11%	6.1%	8.8%	8.1%	1.8%								
		C/S Births	Em & elect - %				32%	36.0%	28.9%	31.3%	31.2%								
		Elective caesarean	%				13%	14.9%	11.4%	16.2%	11.0%								
		Emergency caesarean	%				19%	21.1%	17.5%	15.2%	20.2%								
		Induction of labour	%					36.0%	50.9%	38.4%	38.5%								
		HDU on L/W	No. of women	5 or less	6-9	10 or more		5	4	3	10								
		BBA	No. of women	2 or less	3-4	5 or more		3	4	1	2								
		HSIB cases	No. of babies	0	1	2 or more		0	0	0	0								
	Morbidity	Neonatal Death	No of babies	0		1 or more		0	0	0	0								
		Antepartum Stillbirth	No. of babies	0	1	2 or more	N/A	0	0	1	0								
		Intrapartum Stillbirths	No. of babies	0		1 or more	N/A	0	0	0	0								
	Neonatal Indicators	Cold babies	No of babies admitted to SCBU c	1 or less	2-3	4 or more		0	2	5	3								
		Preterm birth rate <37 weeks	% of babies born <37 weeks	≤6%	6-9%	≥10.%		8.7%	7.8%	13.90%	9.20%								
		Preterm birth rate <34 weeks	% of babies born <34 weeks	≤1%	1.1-2%	≥2.1%		2.6%	2.6%	3.0%	4.60%								
		Preterm birth rate <28 weeks	% of babies born <28 weeks	≤0.5%	0.6-0.9%	≥1%		0.00%	0.00%	1.00%	0.00%								
		Low birthweight rate at term (2.2kg)	% of babies <2.2kg at term	0%	0.1-0.4%	≥0.5%		0.0%	0.9%	0.0%	0.0%								
		Right place of birth	% of preterm babies born in appro	100%		≥99.9%		97.40%	97.40%	97.00%	95.40%								
	Public Health	Breastfeeding Initiation rate	% of babies feeding at birth	≥75%	71-74%	≤70%	67%	72.2%	46.1%	59.4%	57.8%								
		Breastfeeding rate at discharge	% of babies breastfeeding at disch	≥65%	61-64%	≤60%		53.90%	30.40%	40.60%	42.20%								
		Smoking at booking	% of women smoking at booking	≤6%	≥6.1-10%	≥10.1%		21.4%	18.1%	15.1%	15.9%								
		Smoking at 36 weeks	% of women smoking at 36 weeks	≤6%	≥6.1-10%	≥10.1%		13.7%	17.2%	9.8%	8.9%								
		Smoking at time of delivery	% of women smoking at del.	≤6%	≥6.1-10%	≥10.1%	12%	11.4%	19.3%	12.1%	18.3%								
		Carbon monoxide monitoring at booking	% CO completed	≥95%	80-95%	≤79.9%		79.9%	68.8%	82.6%									
		Carbon monoxide monitoring at 36 weeks	% CO completed	≥95%	80-95%	≤79.9%		76.90%	85.30%	74.50%									
	Risk Management	SI's	No. of Si's declared	0		1 or more		0	0	0	0								
		PPH > 1.5L as % of all women	% of births				3.6	5.10%	5.20%	2.90%	5.40%								
		Shoulder Dystocia	No. of women	2 or less	3-4	5 or more		0	0	2	0								
		3rd/4th Degree Tear - normal births	No of women	≤2.8%	2.9- 4.5%	≥4.6%	2.10%	1.9%	1.0%	1.1%	1.9%								
		3rd/4th Degree Tear - assisted birth	No of women	≤6.05%	≥6.1-8%	≥8.1%	5%	14.3%	0.0%	0.0%	0.00%								
	New Complaints	Informal	No. of Informal complaints	0	1-4	5 or more		0	1	2	0								
		Formal	No. of Formal complaints	0	1-4	5 or more		2	1	0	0								

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

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

WORKFORCE PERFORMANCE REPORT

April-2022

Produced May 2022

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

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

To support an engaged, healthy and resilient workforce

To ensure financial stability

Report produced by:

Information Team

Workforce Performance Report : April 2022

Executive Summary

Trust Strategic Goals:

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

Purpose of the Report:

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

Executive Summary:

Key discussion points for the Board are:

Last month it was reported that an increase in sickness absence rates for March was anticipated and indeed the latest validated sickness absence data shows that the absence rate in March 2022 was 6.58% which was an increase of 0.95% compared to the previous month. The SPC charts included within this report highlight that there has been special cause for concern with regards to the monthly sickness absence rates in each month since September 2021. Concerns remain about the impact that this level of sickness absence has on the welfare of our staff.

Workforce stability rates continue to fall; since April 2021 the rate has fallen from 90.89% to a rate of 85.97% in the year to the end of April 2022. Turnover rates have also increased from 7.80% to 11.60% over the same time period.

Work is continuing in terms of the Trust's response to the 2021 Staff Survey results, with a review and reprioritisation of the approach to staff engagement. Work is ongoing to review the 'Fix the Basics' ideas that have previously been suggested by staff but immediate actions have already been taken to update appraisal paperwork and training with the aim of improving experiences for our staff.

Recommendation:

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

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

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

TRUST BOARD REPORT : April-2022

WORKFORCE

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

REF	Vacancies	SPARKLINE / PREVIOUS MONTH	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
1.01	Trust vacancy factor	▲	6.0%	7.0%	7.3%	6.8%	5.0%	5.0%	8.0%	7.7%	8.0%	9.0%	8.0%	7.0%	8.0%
1.02	Nursing and Midwifery vacancy rate - Trust	▲	8.6%	8.8%	8.8%	5.1%	5.6%	5.7%	8.0%	8.3%	9.7%	9.0%	9.7%	9.7%	10.1%
1.03	Nursing and Midwifery vacancy rate - York	▲	6.6%	6.3%	6.3%	3.0%	3.9%	3.7%	6.1%	7.4%	8.1%	7.8%	9.1%	9.1%	9.1%
1.04	Nursing and Midwifery staff group vacancy rate - Scarborough	▲	13.5%	14.6%	14.6%	10.2%	9.6%	10.5%	12.5%	10.5%	13.6%	12.0%	11.3%	11.3%	12.5%
1.05	Medical and Dental vacancy rate - Trust	◀▶	8.9%	9.7%	9.7%	9.7%	10.5%	10.5%	11.4%	11.4%	10.9%	10.9%	9.3%	9.3%	9.3%
1.06	Medical and Dental vacancy rate - York	◀▶	8.2%	10.3%	10.3%	10.3%	9.7%	9.7%	10.6%	10.6%	10.3%	10.3%	8.8%	8.8%	8.8%
1.07	Medical and Dental vacancy rate - Scarborough	◀▶	10.6%	11.7%	11.7%	11.7%	12.6%	12.6%	13.2%	13.2%	12.4%	12.4%	10.7%	10.7%	10.7%
1.08	AHP vacancy rate - Trust	▲	6.6%	6.2%	6.1%	5.9%	6.4%	5.0%	6.2%	5.9%	6.4%	9.5%	8.5%	8.0%	10.3%
1.09	Other Registered Healthcare Scientists vacancy rate - Trust	▼	6.9%	5.4%	4.7%	-1.8%	-0.3%	-0.5%	-2.3%	-1.6%	-1.2%	-1.2%	0.4%	0.2%	-3.1%

REF	Retention	SPARKLINE / PREVIOUS MONTH	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
2.01	Trust stability (Headcount)	▼	90.9%	90.5%	90.6%	89.1%	89.9%	89.7%	89.3%	89.2%	88.7%	88.0%	87.8%	87.4%	85.97%

REF	Temporary Workforce	SPARKLINE / PREVIOUS MONTH	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
3.01	Total FTE Medical and Dental roles covered by bank and agency	▲	110.3	123.8	126.1	169.3	168.4	137.8	158.3	159.9	155.4	157.0	143.0	169.2	-
3.02	Temporary medical and dental shifts covered by bank (% as proportion of all coverage by bank and agency)	▲	63.0%	69.0%	67.0%	76.0%	74.0%	61.0%	63.0%	63.0%	57.0%	63.0%	63.0%	64.0%	-
3.03	Temporary medical and dental shifts covered by agency (% as proportion of all coverage by bank and agency)	▼	37.0%	31.0%	33.0%	24.0%	26.0%	39.0%	37.0%	37.0%	43.0%	37.0%	37.0%	36.0%	-
3.04	Total FTE nurse staffing roles covered by bank and agency (RN's and HCA's)	▼	403.0	417.0	387.0	392.0	449.0	397.0	390.0	388.0	375.0	470.0	418.0	460.0	405.0
3.05	Temporary nurse staffing bank filled (FTE)	▼	311.0	320.0	295.0	300.0	359.0	309.0	297.0	306.0	296.0	387.0	333.0	361.0	322.0
3.06	Temporary nurse staffing agency filled (FTE)	▼	92.0	97.0	92.0	92.0	90.0	88.0	93.0	82.0	79.0	83.0	85.0	99.0	83.0
3.07	Temporary nurse staffing unfilled (FTE)	▼	145.0	156.0	148.0	222.0	210.0	232.0	271.0	232.0	277.0	263.0	271.0	356.0	288.0
3.08	Temporary nurse shifts covered by bank (% as proportion of all coverage by bank and agency)		77.2%	76.7%	76.2%	76.5%	80.0%	77.8%	76.2%	78.9%	78.9%	82.3%	79.7%	78.5%	79.5%
3.09	Temporary nurse shifts covered by agency (% as proportion of all coverage by bank and agency)		22.8%	23.3%	23.8%	23.5%	20.0%	22.2%	23.8%	21.1%	21.1%	17.7%	20.3%	21.5%	20.5%
3.10	Unfilled temporary nurse staffing requests (%)		26.0%	27.0%	28.0%	36.0%	32.0%	37.0%	41.0%	37.0%	42.0%	36.0%	39.0%	44.0%	42.0%
3.11	Pay Expenditure - Total (£000)	▼	£33,047	£33,237	£33,059	£33,584	£34,047	£39,327	£34,479	£36,529	£35,498	£36,474	£37,090	£36,359	£36,060
3.12	Pay Expenditure - Contracted (£000)	▲	£27,126	£26,942	£27,169	£27,053	£27,657	£31,896	£28,072	£29,545	£28,765	£29,207	£29,659	£28,808	£29,582
3.13	Pay Expenditure - Locums (£000)	▼	£229	£233	£211	£243	£107	£71	£207	£254	£114	£196	£203	£338	£281
3.14	Pay Expenditure - Bank (£000)	▼	£1,953	£1,993	£1,881	£2,194	£2,413	£2,491	£1,946	£2,294	£2,279	£2,745	£2,740	£2,752	£2,025
3.15	Pay Expenditure - Agency (£000)	▲	£1,384	£1,453	£1,335	£1,401	£1,375	£1,352	£1,638	£1,731	£1,617	£1,443	£1,516	£1,347	£1,561
3.16	Pay Expenditure - Additional Hours (£000)	▼	£2,105	£2,445	£2,292	£2,515	£2,308	£2,823	£2,439	£2,522	£2,547	£2,726	£2,783	£2,429	£2,404
3.17	Pay Expenditure - Overtime (£000)	▼	£250	£171	£171	£177	£188	£694	£178	£182	£176	£157	£189	£684	£208

REF	Absence Management	SPARKLINE / PREVIOUS MONTH	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
4.01	Absence Rate Trust (excluding YTHFM)	▲	4.4%	4.6%	4.6%	5.0%	4.8%	5.3%	5.6%	5.6%	5.8%	6.6%	5.6%	6.6%	-

REF	COVID-19 Absence Management	SPARKLINE / PREVIOUS WEEK	18-Mar	25-Mar	01-Apr	08-Apr	15-Apr	22-Apr	29-Apr
5.01	All absence	▼	702.29	778	769.86	743	740.43	662.71	599.29
5.02	COVID-19 related absence	▼	338.57	449.14	448.57	385.71	401.71	324.71	238.57

REF	Disciplinary and Grievance	SPARKLINE / PREVIOUS MONTH	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
6.01	Live disciplinary or bullying and harassment cases (Including investigations)	▲	8	5	7	7	6	8	8	7	7	8	7	8	10
6.02	Live grievance cases	▲	11	2	5	4	3	4	4	5	2	3	1	3	5

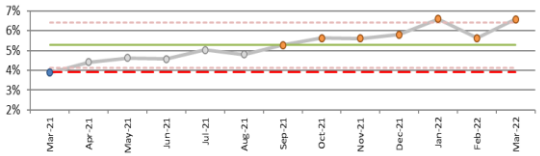
REF	Learning and Organisational Development	SPARKLINE / PREVIOUS MONTH	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
7.01	Trust Stat & Mand Training compliance	◀▶	86.0%	87.0%	87.0%	87.0%	88.0%	87.0%	87.0%	87.0%	87.0%	87.0%	87.0%	87.0%	87.0%
7.02	Trust Corporate Induction Compliance	◀▶	95.0%	94.0%	95.0%	95.0%	94.0%	94.0%	94.0%	92.0%	94.0%	94.0%	94.0%	94.0%	94.0%
7.03	Non-medical staff core training compliance	◀▶	88.0%	88.0%	88.0%	89.0%	90.0%	90.0%	90.0%	89.0%	89.0%	89.0%	90.0%	89.0%	89.0%
7.05	Non-medical staff corporate induction compliance	◀▶	95.0%	95.0%	95.0%	96.0%	96.0%	95.0%	95.0%	93.0%	95.0%	95.0%	96.0%	95.0%	95.0%
7.06	Medical staff core training compliance	▲	76.0%	76.0%	75.0%	77.0%	72.0%	71.0%	71.0%	72.0%	73.0%	73.0%	73.0%	73.0%	74.0%
7.08	Medical staff corporate induction compliance	◀▶	91.0%	91.0%	91.0%	90.0%	82.0%	86.0%	88.0%	87.0%	87.0%	87.0%	86.0%	87.0%	87.0%

REF	Appraisal Compliance	SPARKLINE / PREVIOUS MONTH	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
8.01	Trust (excluding medical and dental)	▼	93.4%	0.7%	6.5%	17.4%	32.7%	45.8%	57.2%	86.2%	89.6%	89.7%	89.7%	89.7%	0.3%

TRUST BOARD REPORT : April-2022

WORKFORCE : SICKNESS ABSENCE RATE

Mar-22	METRIC :	TARGET :	vs LM :
6.6%	4.01 Absence Rate Trust (excluding YTHFM)	3.9%	0.9% ↑



HIGHLIGHTS FOR BOARD TO NOTE :

The absence trends on monthly sickness figures reveal that the last time we were under our sickness target (3.9%), was at the end of March 2021. Following this period, there has been special cause for concern with the monthly absence rates since September 2021. These flags for concern have been shown through the SPC chart analysis. Although daily SitRep logs are indicating a reduction in absence during April, staff welfare remains a concern and it is anticipated the the absence data will continue to illustrate this issue.

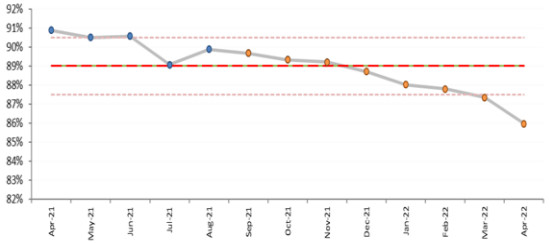
The latest validated absence figures showed a sickness absence rate of 6.58% for the month of March 2022. This was an increase of 0.95% from the previous validated figures recorded for February. This increase was indeed anticipated, as mentioned in last month's report, based on figures recorded through the daily logs.

Anxiety, stress, depression and other psychiatric illnesses remain the reasons accounting for the largest proportion of absences (26.4%). This absence reason was followed by infectious diseases (mainly covid), accounting for 16.4% of absences. Musculoskeletal problems, which include back problems, accounted for 13.4% of absences in March.

TRUST BOARD REPORT : April-2022

WORKFORCE : RETENTION RATE

Apr-22	METRIC :	TARGET :	vs LM :
85.97%	2.01 Trust stability (Headcount)	89%	-1.4% ↓



HIGHLIGHTS FOR BOARD TO NOTE :

The trust stability rate has fallen significantly since last month. In the year to the end of April 2022, the stability rate was 85.97% - this was a 1.39% reduction on the previous month's figure and compares to a figure of 90.89% in the year to the end of April 2021.

Turnover rates (which are a significant factor in stability) have increased from 7.80% in the year to the end of April 2021 to 11.60% in the year to the end of April 2022. As has previously been reported, turnover rates for clinical staff are particularly high currently for Allied Health Professionals (15.17%) and Additional Clinical Services (12.35%). The turnover rate for Administrative and Clerical staff is also higher than the Trust figure at 13.59%. By area, Corporate Functions have the higest turnover rate at 13.64% and Care Groups 3, 5 and 6 also have rates above 13%.

Wellbeing & Retention Updates

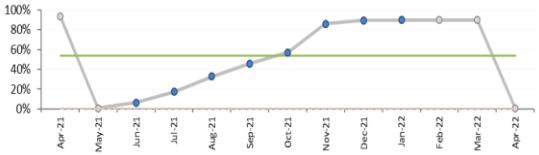
The Staff Wellbeing Psychology service is currently preparing some webinars looking at burnout, as evidence, including staff survey results indicate that this is currently a significant issue for staff. The webinars will look into what burnout is, how it might feel, and some ways to manage it.

Evidence also suggests that there is discontent across the national health service workforce, with staff thinking of leaving the NHS completely. There are plans to run webinars for staff who might be considering their options. These webinars will include stress management, listening and engagement to seek to prevent leavers. This is in addition to wider staff engagement as detailed under the Staff Survey section below.

TRUST BOARD REPORT : April-2022

WORKFORCE : APPRAISAL COMPLIANCE

Apr-22	METRIC :	TARGET :	vs LM :
0.3%	8.01 Trust (excluding medical and dental)	90%	-89.4% ↓

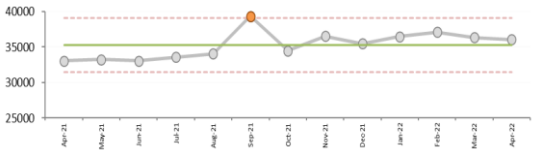
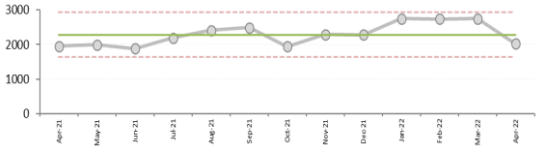
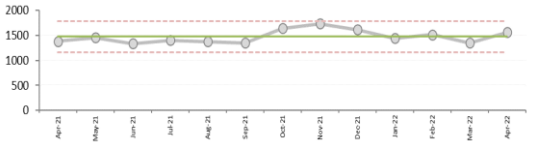
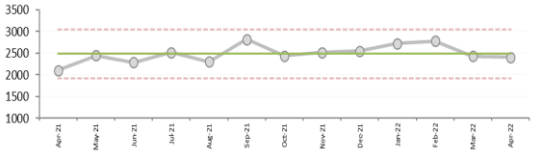
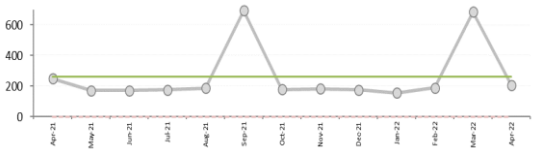


HIGHLIGHTS FOR BOARD TO NOTE :

The 2022 window for appraisals opened in April for Directors and Senior Managers and therefore appraisal compliance activity is being reported again through this report. At the end of April the appriasal compliance rate was 0.31% but we expect this to improve significantly over the coming months as the window is now open for all staff until the end of September 2022.

TRUST BOARD REPORT : April-2022

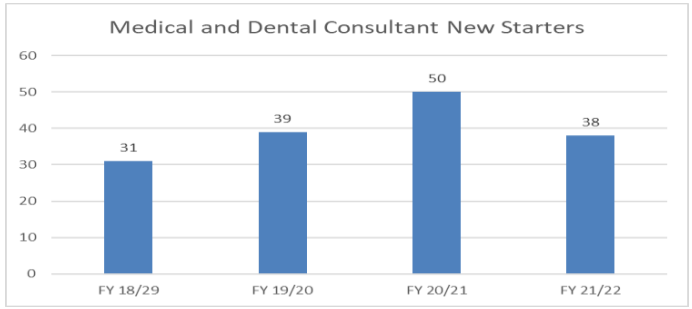
WORKFORCE : PAY EXPENDITURE (£000)

Apr-22	METRIC :	TARGET :	vs LM :	
£36,060	3.11 Pay Expenditure - Total (£000)	-	-0.8% ↓	
£29,582	3.12 Pay Expenditure - Contracted (£000)	-	2.7% ↑	
£281	3.13 Pay Expenditure - Locums (£000)	-	-16.9% ↓	
£2,025	3.14 Pay Expenditure - Bank (£000)	-	-26.4% ↓	
£1,561	3.15 Pay Expenditure - Agency (£000)	-	15.9% ↑	
£2,404	3.16 Pay Expenditure - Additional Hours (£000)	-	-1.0% ↓	
£208	3.17 Pay Expenditure - Overtime (£000)	-	-69.6% ↓	

HIGHLIGHTS FOR BOARD TO NOTE :

The current overall vacancy rate for the registered nursing group is 10.11% (233.48 FTE), at the York site the rate is 9.14% (150.13 WTE) whilst at the Scarborough site the rate is 12.51% (83.35 WTE).

Activity around Consultant recruitment remains high and in the first four months of this calendar year there have been 24 new consultants commence employment with the Trust with a further 16 having agreed start dates before the end of the year. The graph below shows numbers of new Consultant starters with the Trust over the last four financial years (these numbers exclude Consultants who have retired and returned and therefore numbers reflect genuine new starters). Recruitment activity and other factors (e.g. internal promotions, changes to FTE etc) have resulted in growth in Consultant numbers from 361 (342.87 FTE) in April 2018 to 401 (372.53 FTE) in April 2022. This represents more than an 11% growth in the Consultant workforce (based on headcount) over this period.



Demand for temporary nurse significantly reduced in April compared to the previous month. The total shift requests for April equated to 693 FTE nursing and HCA staff. 46% of these requests were filled by our internal bank which was a slight increase from the previous month whilst agency fill rate remained at 12% for the third month in a row. Overall of the temporary staffing that was requested, shifts equating to 288 FTE remained unfilled.

Medical and dental temporary staffing data for April shows that shifts equating to 94.15 FTE were filled by our internal bank of employees. Following a tendering process in 2021 where we appointed Medacs Healthcare as our new Master Vendor and Direct Engagement provide, we can confirm that transition between providers went ahead on Monday 25th April 2022.

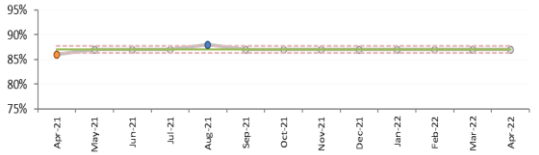
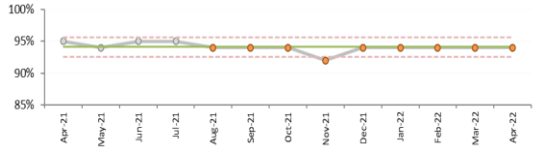
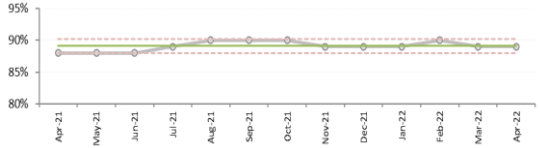
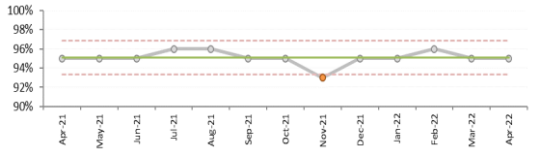
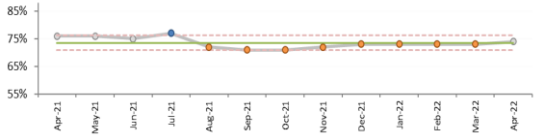
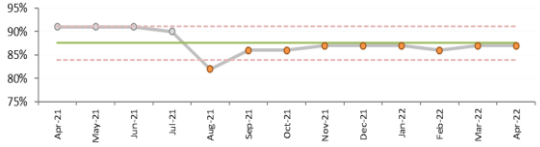
We look forward to working closely with Medacs to bring the Organisation cost savings and efficiencies on our Medical Agency spend over the duration of the contract.

We anticipate an increase in Direct Engagement bookings, and our expectation is that such bookings to increase from 70%+ of our total bookings to over 90% in time. We also expect to see a reduction in Agency commission brought through the use of Medacs rate card, which keeps strict control over Agency margins, and with their “reduce or replace” initiative, we hope to see a decrease in cost for the high cost bookings we have across the Organisation.

The charts opposite show spikes in overtime expenditure in September 21 and March 22. This doesn't reflect true increases in spend at these times but is the result of technical financial management of the annual leave payments made relating to additional hours worked in the 2021/22 year.

TRUST BOARD REPORT : April-2022

WORKFORCE : STATUTORY AND MANDATORY TRAINING AND EDUCATION

Apr-22	METRIC :	TARGET :	vs LM :	
87.0%	**7.01** Trust Stat & Mand Training compliance	85%	0.0%	
94.0%	**7.02** Trust Corporate Induction Compliance	95.0%	0.0%	
89.0%	**7.03** Non-medical staff core training compliance	85.0%	0.0%	
95.0%	**7.05** Non-medical staff corporate induction compliance	95.0%	0.0%	
74.0%	**7.06** Medical staff core training compliance	85.0%	1.0% ↑	
87.0%	**7.08** Medical staff corporate induction compliance	95.0%	0.0%	

HIGHLIGHTS FOR BOARD TO NOTE :

Statutory and Mandatory Training

There is currently a focus on compliance with ife support and safeguarding programmes in particular as subjects which are below target. In respect of the Basic Life, Basic Paediatrics Life and Advanced Life courses, subject leads have planned extra course dates which should help improve completions while the Safeguarding Team are seeing progress towards improved compliance rates for Mental Capaxcity Act and Safeguarding Children training.

Leadership Development

The Trust continues to promote and support leadership and management development across all staff groups, levels and backgrounds. The self-directed learning offered through the new internal, **'leadership and management journey',** programme allows staff to choose from both management & leadership modules appropriate to their current role and previous learning. 53 staff have attended introduction sessions since January 2022 with very positive evaluation to date.

The Trust's established internal leadership programmes continue to attract applicants with cohorts of First Steps in Leadership, Emerging Leaders and Senior Leaders starting May/June all fully booked. Further cohorts will continue. 118 members of staff attended the established programmes April 2021 to March 2022

Following excellent nominations from various clinical areas, Ward 15 has recently been successful in being selected to take part in a pilot study 'Lightening the Load' offered by the Improvement Academy; this study is a follow on to the 'Beyond Demoralised' research report published by the Improvement Academy. The learning from this initiative will be shared more widely across the organisation.

Many teams throughout the organisation will soon be participating in the 'Happier Working Lives' programme led by NHS Elect which builds on the Institute for Healthcare Improvement's 'Joy at Work' framework.

The Trust is launching a supportive network opportunity for new consultants starting in May. It brings together those who have recently joined the organisation to welcome them to the Trust and support their induction and development, co-creating a series of sessions exploring their challenges, sharing successes and building supportive networks.

Apprenticeships

The Trust is working towards enrolling four of our staff on Health Care Science apprenticeships (Assistant and Practitioner programmes) with Sheffield College and York St John University. The Trust currently has 230 apprentices on a range of clinical and non-clinical programmes, spanning roles from entry level to senior management.

TRUST BOARD REPORT : April-2022

WORKFORCE : OTHER AND WIDER UPDATES

WORKFORCE: OTHER

Disciplinary & Grievance Cases Trust Wide (including LLP)

No. of open disciplinary cases
10
No. of open investigations exceeded policy timescales (6 weeks)
5
No. of suspensions
2
No. of open B&H/Grievance cases
5
No. of open cases exceeded policy timescales (30 days)
2
No. of open MHPS cases
4
No. of open investigations exceeded timescales (4 weeks)
1
No. of exclusions
1

Audit
The Workforce and OD directorate has recently received the outcomes of three internal audits, all of which were given an outcome of significant assurance - Incremental Pay Progression Follow Up, Health and Wellbeing and Working Time Directive (WTD) Follow Up.

Staff Benefits update
A free service has been introduced, which enables Trust staff to swap school uniforms that are no longer needed. The uniform swap is a great way to help recycle old clothes and save money.

Utilising the Staff Benefits website, adverts will be added outlining what is available, and staff can then contact the advertiser. Further adverts will appear on the Staff Benefits social media and newsletter.

Visa delays and international recruitment
The trust is experiencing delays in the timely arrival and commencement of employment for internationally recruited nurses. This is due to the longer than usual delays with the UK Visas and Immigration service; this is the result of priority to the service currently being given to Ukrainian refugees. As a direct result, any new recruits in need of a visa to work in the UK are facing delays of 6 - 7 weeks before the appropriate documentation is granted - this is a process which ordinarily takes around 3 weeks. This is having an impact on the nurses who would usually arrive in cohorts and begin their OSCE preparation together, consequently impacting the time taken to become appropriately regsistered and able to work as a band 5 nurse. In response to this challenge the Trust is working closly with individuals impacted by this to ensure they are able to join alternative cohorts as appropriate.

Staff survey
The Trust is required to appoint a new external contractor to deliver the 2022 staff survey. It is intended to meet with potential provider bidders in July 2022 with the aim of awarding a three year contract and an option to extend for two years depending on performance. The 2022 staff survey will go live in September.

Following the 2021 the Staff Survey results the Trust is reviewing and reprioritising its approach to staff engagement; work is ongoing to review the 'Fix the basics' ideas that were put forward by staff through #OurVoiceOurFuture, the online platform which was supported by Clever Together. Whilst is it acknowledged that this work was delayed due to the Covid pandemic we will refresh through communication channels the work that has been completed whilst we look to achieve more. Based on the feedback from staff and our investment in staff engagement, we have updated the Trust name to make it more inclusive, launched new, co-designed values and behaviours and established three staff networks which are now active in the organisation. We have appointed to a new Equality, Diversity and Inclusion Lead position for the Trust and work is actively on going designing and developing the new intranet for staff which will be available during the summer of 2022, this will enable numerous other ideas and requests to be completed. The Trust has improved its health and wellbeing offer to staff throughout the pandemic but feedback demonstrates that more communication is needed around this offer and exploration of further options is still required. All of the Trust sites are now smoke free, something staff members felt strongly about, and we have updated signage across the sites, notwithstanding the ongoing building works. As an immediate response to the recent staff survey results we have updated the appraisal paperwork and training in hope that this will improve the experience for staff members. Following a focused Board Session during May we will have an updated Employee Engagement plan, developing further the improvements through #OurVoiceOurFuture.

TRUST BOARD REPORT : April-2022

WORKFORCE : CARE GROUP CORE COMPLIANCE BY STAFF GROUP

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

Apr-22

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
CG1 Acute Elderly Emergency General Medicine and Community Services York																												
Add Prof Scientific and Technic		100%	67%		100%	100%		100%		100%	100%		33%	100%		100%					67%		100%		100%	100%	100%
Additional Clinical Services		76%	89%	71%	77%	84%	93%	89%	97%	87%	83%	100%	85%	88%	71%	78%		62%	88%	61%	100%	85%	100%	85%	71%	
Administrative and Clerical		67%	94%	89%			94%	94%	94%		93%	93%		95%	87%				93%		92%		93%	100%		
Allied Health Professionals		86%	96%		86%	100%	95%	98%		94%	94%	97%	91%	97%		90%			100%	85%		95%	0%	93%		100%
Healthcare Scientists		88%	100%				94%	100%	100%		100%	88%		94%				81%	88%		100%			100%		
Medical and Dental	63%	66%	87%		62%	85%	55%	86%		75%	81%		78%	85%		69%	61%	14%		73%		79%		80%	72%	
Nursing and Midwifery Registered	72%	88%	94%		83%	94%	94%	95%		90%	89%	100%	87%	95%		85%		71%		81%	100%	93%	100%	92%	86%	0%
Students		50%	100%		100%		100%	100%		100%	100%		100%	100%		100%				75%		100%		100%		
CG2 Acute Emergency and Elderly Medicine-Scarborough																												
Additional Clinical Services		85%	91%		73%	88%	97%	93%	100%	93%	89%	100%	95%	91%		79%		63%	92%	60%		88%	100%	87%	69%	
Administrative and Clerical		80%	93%	86%			91%	97%	94%	100%	92%	92%	100%	94%	88%				96%		93%		97%	100%		
Allied Health Professionals		98%	93%		84%		96%	93%		95%	93%	75%	98%	98%		87%				89%		95%		95%		
Estates and Ancillary		100%	93%	86%			100%	93%	86%		93%	86%		86%	86%				86%		86%			93%		
Healthcare Scientists		86%	86%				57%	86%	86%		71%	57%		86%				29%	86%		86%			86%		
Medical and Dental	96%	83%	87%		67%	90%	69%	86%		81%	76%		79%	82%		74%	56%	67%		82%		81%		79%	69%	
Nursing and Midwifery Registered	78%	88%	96%		80%	95%	93%	97%		92%	93%	100%	92%	97%		83%		82%		83%		92%	100%	92%	93%	
CG3 Surgery																												
Add Prof Scientific and Technic		79%	95%		75%	97%	100%	98%	100%	95%	94%	86%	87%	88%		89%		84%	75%	80%	67%	95%	100%	92%	100%	
Additional Clinical Services		79%	86%	100%	72%	80%	90%	87%	97%	83%	83%	88%	83%	88%	100%	72%		57%	89%	55%	90%	86%	97%	81%		
Administrative and Clerical		71%	93%	86%	100%		94%	96%	95%	0%	91%	90%	0%	94%	86%	100%			95%		94%	100%	94%	100%		
Allied Health Professionals		85%	85%		70%	63%	92%	95%		85%	80%		95%	95%		75%			50%	78%		90%		90%		
Estates and Ancillary		100%	88%	75%			94%	88%	94%		77%	71%		94%	69%				82%		88%		88%	100%		
Healthcare Scientists		75%	94%		77%		97%	97%	97%		81%	97%		94%		81%			97%		100%	97%		97%		
Medical and Dental	100%	69%	86%		71%	89%	83%	88%		85%	86%		77%	86%		76%				76%		85%		82%	100%	
Nursing and Midwifery Registered	88%	89%	93%		80%	91%	97%	94%		89%	89%		88%	93%		84%		67%		81%		92%		91%		
CG4 Cancer and Support Services																												
Add Prof Scientific and Technic		100%	98%		75%	100%	99%	99%	98%	100%	98%	96%	100%	99%		88%			99%	97%	100%	100%	100%	100%		
Additional Clinical Services		87%	92%		81%	94%	93%	95%	96%	95%	91%	93%	92%	95%		82%			92%	83%	94%	89%	94%	93%		
Administrative and Clerical		50%	89%	80%			92%	92%	92%		86%	92%		92%	80%				90%		92%		94%	83%		
Allied Health Professionals		94%	93%		82%	92%	92%	94%	100%	91%	89%	80%	77%	94%		82%			86%	75%	100%	90%	100%	94%		
Estates and Ancillary			100%				100%	100%	100%		100%	100%		100%					100%		100%		100%			
Healthcare Scientists			95%				97%	98%	98%		93%	95%	100%	98%					93%		97%		96%			
Medical and Dental	50%	85%	90%		71%	89%	98%	84%	95%	86%	88%	90%	88%	91%		77%			85%	79%	85%	86%	90%	91%		
Nursing and Midwifery Registered	50%	92%	98%		85%	96%	88%	97%		96%	93%		93%	97%		88%			100%	85%		94%	100%	94%		
CG5 Family Health & Sexual Health																												
Add Prof Scientific and Technic		100%	100%		100%		100%	100%	100%		50%	100%		100%		100%		100%		100%		100%				100%
Additional Clinical Services		87%	88%	90%	78%	87%	87%	89%	89%	86%	85%	100%	87%	88%		82%		79%	92%	81%		87%	100%	91%	85%	100%
Administrative and Clerical		80%	98%	94%			99%	96%	95%		94%	96%		96%	92%	100%			94%	100%	95%	100%	98%	67%	100%	
Allied Health Professionals		97%	100%		95%	100%	100%	98%		98%	98%	94%	96%	100%		93%		91%		88%		98%		100%		91%
Estates and Ancillary			100%	100%			100%	100%	100%		100%	100%		100%	100%				100%		100%			100%		
Medical and Dental	67%	80%	92%		75%	91%	91%	91%	100%	89%	86%	100%	83%	90%		80%	65%	67%		77%		88%		92%	79%	80%
Nursing and Midwifery Registered		87%	90%	94%	76%	93%	91%	91%		89%	86%		81%	92%		81%		79%		79%		87%		100%	94%	86%
CG6 Specialised Medicine & Outpatients Services																												
Add Prof Scientific and Technic		78%	93%		84%	100%	97%	93%	94%	100%	89%	91%	75%	96%		94%			96%	91%	96%	94%	80%	96%	100%	100%
Additional Clinical Services		91%	95%	100%	84%	80%	95%	96%	93%	91%	92%		90%	97%	100%	86%			94%	83%	100%	95%	100%	93%		
Administrative and Clerical		67%	96%	85%			96%	96%	96%		92%	96%		95%	92%				94%		95%		96%	78%	100%	
Allied Health Professionals		87%	97%		82%		93%	93%		87%	89%		88%	97%		89%				79%		91%		89%		
Estates and Ancillary			100%	100%			100%	100%	100%		100%	100%		100%	100%				100%		100%			100%		
Healthcare Scientists		100%	86%				86%	100%	100%		100%	86%		100%					100%		100%			100%		
Medical and Dental	67%	72%	83%		72%	83%	95%	85%		79%	80%		79%	84%		75%		100%		69%		80%		84%		
Nursing and Midwifery Registered		92%	93%		83%	100%	94%	92%		89%	92%		83%	93%		84%				83%		93%		90%	100%	
Students		100%	100%				100%	100%	100%		100%		100%	100%					100%		100%			100%		

TRUST BOARD REPORT : April-2022

WORKFORCE : CARE GROUP CORE COMPLIANCE BY STAFF GROUP

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

Apr-22

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		25%	93%		75%		86%	89%	96%	100%	86%	79%		93%		50%				92%	100%	92%	100%	93%	92%		
Additional Clinical Services		68%	91%		80%	90%	93%	91%	89%	86%	86%	79%	82%	90%		86%				90%	75%	92%	89%	89%	89%		
Administrative and Clerical		44%	94%	85%	67%		93%	94%	93%	50%	90%	92%	33%	92%	90%	67%		0%		93%	67%	93%	67%	92%	33%		100%
Allied Health Professionals		81%	81%		84%	80%	100%	84%		77%	84%	100%	82%	87%		84%				50%	69%		84%		80%		100%
Estates and Ancillary			89%				89%	89%	100%		89%	89%		100%						100%		100%		100%			
Healthcare Scientists			100%				100%	100%	100%		100%	100%		100%						100%	80%	100%		100%	100%		
Medical and Dental	48%	53%	64%		43%	66%	72%	67%		56%	63%	100%	48%	62%		45%	15%	0%			55%		61%		61%	59%	48%
Nursing and Midwifery Registered		84%	96%		84%	96%	93%	97%	80%	92%	92%	97%	88%	94%		89%					85%	86%	94%	96%	96%	100%	89%
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%	83%		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%				97%	100%	97%		97%	87%		96%						96%		97%		99%			
Estates and Ancillary			85%	69%			86%	87%	84%		73%	67%	70%	84%	67%					81%		84%		84%			
Healthcare Scientists			96%				96%	100%	100%		100%	58%		100%						96%		100%		96%			

TRUST BOARD REPORT : April-2022

WORKFORCE: NURSING, MIDWIFERY AND CARE STAFF VACANCIES

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

Apr-22

	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (WTE)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
TRUST	**2309.62**	**129.62**	**1136.25**	**2077.97**	**152.11**	**992.21**	**13.03**	**0.00**	**5.64**	**11.20**	**0.00**	**17.73**	**233.48**	**-22.49**	**131.95**	**10.11%**	**-17.35%**	**11.61%**
YORK	**1643.16**	**91.32**	**738.36**	**1493.06**	**95.24**	**631.02**	**10.23**	**0.00**	**2.60**	**10.20**	**0.00**	**9.73**	**150.13**	**-3.92**	**100.21**	**9.14%**	**-4.29%**	**13.57%**
SCARBOROUGH & BRIDLINGTON	**666.46**	**38.30**	**397.89**	**584.91**	**56.87**	**361.19**	**2.80**	**0.00**	**3.04**	**1.00**	**0.00**	**8.00**	**83.35**	**-18.57**	**31.74**	**12.51%**	**-48.49%**	**7.98%**

0.1161

CARE GROUP 1	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (wte)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
YORK																		
Acute	450.04	38.00	281.00	391.69	56.00	246.59	0.00	0.00	0.00	3.40	0.00	5.44	54.95	-18.00	28.97	12.21%	-47.37%	10.31%
Community	164.60	19.60	133.40	159.75	4.76	98.34	0.00	0.00	0.00	0.00	0.00	0.00	4.85	14.84	35.06	2.95%	75.71%	26.28%
Total	**614.64**	**57.60**	**414.40**	**551.44**	**60.76**	**344.93**	**0.00**	**0.00**	**0.00**	**3.40**	**0.00**	**5.44**	**59.80**	**-3.16**	**64.03**	**9.73%**	**-5.49%**	**15.45%**

CARE GROUP 2	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (wte)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
SCARBOROUGH																		
	331.55	26.70	254.26	280.54	44.80	238.47	0.00	0.00	0.00	1.00	0.00	5.20	50.01	-18.10	10.59	15.08%	-67.79%	4.17%
Total	**331.55**	**26.70**	**254.26**	**280.54**	**44.80**	**238.47**	**0.00**	**0.00**	**0.00**	**1.00**	**0.00**	**5.20**	**50.01**	**-18.10**	**10.59**	**15.08%**	**-67.79%**	**4.17%**

CARE GROUP 3	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (wte)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
YORK																		
Wards/Units	306.21	8.80	107.34	267.88	16.40	95.78	0.00	0.00	0.00	1.00	0.00	1.00	37.33	-7.60	10.56	12.19%	-86.36%	9.84%
Theatres	121.27	0.00	42.94	116.04	1.00	37.62	0.00	0.00	0.00	1.00	0.00	0.49	4.23	-1.00	4.83	3.49%	0.00%	11.25%
sub-total York	**427.48**	**8.80**	**150.28**	**383.92**	**17.40**	**133.40**	**0.00**	**0.00**	**0.00**	**2.00**	**0.00**	**1.49**	**41.56**	**-8.60**	**15.39**	**9.72%**	**-97.73%**	**10.24%**
SCARBOROUGH																		
Wards/Units	122.34	4.80	48.09	106.42	6.47	39.31	0.00	0.00	0.00	0.00	0.00	0.80	15.92	-1.67	7.98	13.01%	-34.79%	16.59%
Theatres	56.50	1.00	21.13	48.27	1.00	16.49	0.00	0.00	0.00	0.00	0.00	2.00	8.23	0.00	2.64	14.57%	0.00%	12.49%
sub-total Scarborough	**178.84**	**5.80**	**69.22**	**154.69**	**7.47**	**55.80**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**2.80**	**24.15**	**-1.67**	**10.62**	**13.50%**	**-28.79%**	**15.34%**
CG Total	**606.32**	**14.60**	**219.50**	**538.61**	**24.87**	**189.20**	**0.00**	**0.00**	**0.00**	**2.00**	**0.00**	**4.29**	**65.71**	**-10.27**	**26.01**	**10.84%**	**-70.34%**	**11.85%**

CARE GROUP 4	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (wte)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
YORK																		
	143.53	8.07	26.19	111.56	2.65	19.89	0.00	0.00	0.00	1.00	0.00	0.00	30.97	5.42	6.30	21.58%	67.16%	24.05%
SCARBOROUGH																		
	23.68	3.00	4.00	20.94	4.00	2.51	0.00	0.00	0.00	0.00	0.00	0.00	2.74	-1.00	1.49	11.57%	-33.33%	37.25%
Total	**167.21**	**11.07**	**30.19**	**132.50**	**6.65**	**22.40**	**0.00**	**0.00**	**0.00**	**1.00**	**0.00**	**0.00**	**33.71**	**4.42**	**7.79**	**20.16%**	**39.93%**	**25.80%**

CARE GROUP 5	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (wte)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
YORK																		
Registered Midwives	118.92	0.00	0.00	109.75	0.00	0.00	0.00	0.00	0.00	1.80	0.00	0.00	7.37	0.00	0.00	6.20%	0.00%	0.00%
Registered Nurses	142.16	0.00	0.00	131.94	0.00	0.00	0.00	0.00	0.00	2.00	0.00	1.80	8.22	0.00	-1.80	5.78%	0.00%	0.00%
Other	1.37	11.05	59.19	1.80	9.72	53.41	0.00	0.00	0.00	0.00	0.00	0.00	-0.43	1.33	5.78	-31.39%	12.04%	9.77%
sub-total York	**262.45**	**11.05**	**59.19**	**243.49**	**9.72**	**53.41**	**0.00**	**0.00**	**0.00**	**3.80**	**0.00**	**1.80**	**15.16**	**1.33**	**3.98**	**5.78%**	**12.04%**	**6.72%**
SCARBOROUGH																		
Registered Midwives	59.46	0.00	0.00	62.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-3.14	0.00	0.00	-5.28%	0.00%	0.00%
Registered Nurses	40.23	0.00	0.00	36.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.86	0.00	0.00	9.59%	0.00%	0.00%
Other	0.00	1.80	32.47	0.00	0.60	32.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.20	0.01	0.00%	66.67%	0.03%
sub-total Scarborough	**99.69**	**1.80**	**32.47**	**98.97**	**0.60**	**32.46**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.72**	**1.20**	**0.01**	**0.72%**	**66.67%**	**0.03%**
CG Total	**362.14**	**12.85**	**91.66**	**342.46**	**10.32**	**85.87**	**0.00**	**0.00**	**0.00**	**3.80**	**0.00**	**1.80**	**15.88**	**2.53**	**3.99**	**4.39%**	**19.69%**	**4.35%**

CARE GROUP 6	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (wte)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
YORK																		
	118.34	3.80	76.90	117.71	2.80	70.34	0.00	0.00	0.00	0.00	0.00	1.00	0.63	1.00	5.56	0.53%	26.32%	7.23%
SCARBOROUGH																		
	32.03	1.00	37.94	28.22	0.00	31.95	0.00	0.00	0.00	0.00	0.00	0.00	3.81	1.00	5.99	11.90%	100.00%	15.79%
CG Total	**150.37**	**4.80**	**114.84**	**145.93**	**2.80**	**102.29**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**1.00**	**4.44**	**2.00**	**11.55**	**2.95%**	**41.67%**	**10.06%**

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

FINANCE PERFORMANCE REPORT

April-2022

Produced May-2022

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

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

To support an engaged, healthy and resilient workforce

To ensure financial stability

Finance Performance Report : April-2022

Executive Summary

Trust Strategic Goals:

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

Purpose of the Report:

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

Executive Summary:

Key discussion points for the Board are:

The report for April 2022 marks the first of the new financial year 2022/23.

Trust financial plan

The financial plan for 2022/23 was submitted to and agreed by the Board at its 27th April 2022 meeting. The agreed plan is consistent with the system and individual provider plans submitted to NHSE&I during April 2022. The plan results in a deficit position of £11.8m for the Trust. The expectation from NHSE&I is a balanced position and there may be a requirement placed on the Trust to review the position in order to deliver a balanced plan.

Month 1 position

At the end of April 2022 the Trust is reporting an adjusted I&E position of a deficit of £1.018m against a planned deficit of £0.990m, placing it £0.028m behind plan. This is primarily driven by income being £0.143m ahead of plan and operational expenditure being £0.248m ahead of plan.

The Trust's compliance with the Better Payments Practice Code (BPPC) is currently averaging around 89% 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: May 2022

TRUST BOARD REPORT : April-2022

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Income and Expenditure Account

	Annual Plan £000's	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's	FOT £000's
NHS England	74,373	6,197	6,502	305	74,373
Clinical commissioning groups	507,609	42,301	42,299	-2	507,609
Local authorities	4,718	393	386	-7	4,718
Non-NHS: private patients	514	43	30	-13	514
Non-NHS: other	1,186	99	153	54	1,186
Operating Income from Patient Care Activities	**588,400**	**49,033**	**49,370**	**337**	**588,400**
Research and development	1,815	151	256	105	1,815
Education and training	20,871	1,739	1,907	168	20,871
Other income	51,986	4,333	3,866	-467	51,986
Other Operating Income	**74,672**	**6,223**	**6,029**	**-194**	**74,672**
Employee Expenses	-476,239	-39,690	-37,155	2,535	-476,239
Drugs Costs	-53,020	-4,418	-5,463	-1,045	-53,020
Supplies and Services - Clinical	-63,751	-5,313	-4,688	625	-63,751
Depreciation	-18,291	-1,524	-1,524	0	-18,291
Amortisation	-1,521	-127	-127	0	-1,521
CIP	26,729	2,227	0	-2,227	26,729
Other Costs	-69,567	-5,797	-5,932	-135	-69,567
Total Operating Expenditure	**-655,660**	**-54,642**	**-54,890**	**-248**	**-655,660**
OPERATING SURPLUS/(DEFICIT)	**7,412**	**614**	**509**	**-105**	**7,412**
Finance income	30	3	34	31	30
Finance expense	-972	-81	-36	45	-972
PDC dividends payable/refundable	-9,175	-765	-765	0	-9,175
NET FINANCE COSTS	**-2,705**	**-229**	**-257**	**-28**	**-2,705**
Other gains/(losses) including disposal of assets	0	0	0	0	0
Share of profit/ (loss) of associates/ joint ventures	0	0	0	0	0
Gains/(losses) from transfers by absorption	0	0	0	0	0
Movements in fair value of investments and liabilities	0	0	0	0	0
Corporation tax expense	0	0	0	0	0
Surplus/(Deficit) for the Period	**-2,705**	**-229**	**-257**	**-28**	**-2,705**
Remove Donated Asset Income	-9,607	-801	-801	0	-9,607
Remove Donated Asset Depreciation	452	38	38	0	452
Remove Donated Asset Amortisation	28	2	2	0	28
Remove net impact of DHSC centrally procured inventories	0	0	0	0	0
Remove Impairments	0	0	0	0	0
Remove Gains/(losses) from transfers by absorption	0	0	0	0	0
NHSI Adjusted Financial Performance Surplus/(Deficit)	**-11,832**	**-990**	**-1,018**	**-28**	**-11,832**

Month 1 Summary Position

The table opposite and the graphs on the following pages show the plan for the whole of 2022/23. The Board of Directors approved the plan at their meeting in April which presents a deficit of £11.8m. NHSE/I are expecting the Trust to produce a balanced plan and there may be a requirement on the Trust to further refine the plan. For the period ending 30th April 2022, the Trust is reporting an adjusted I&E deficit of £1.018m against a planned deficit of £0.990m

Income is £0.143m ahead of plan, resulting primarily from excluded drugs and devices, Research and Development and Education and Training income being ahead of plan. This is partially offset by other non clinical income being behind plan.

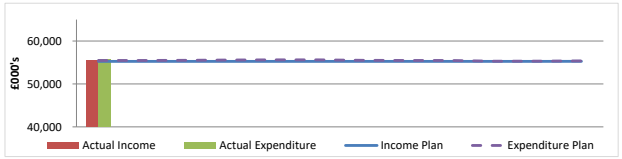
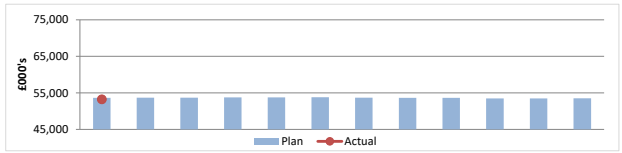
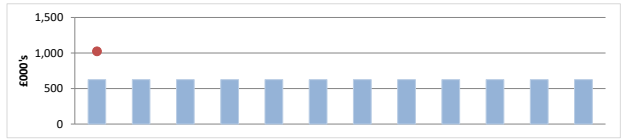
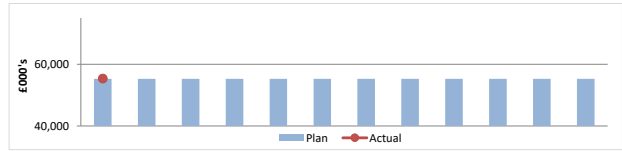
Operational expenditure is £0.248 ahead of plan. This is largely due to a shortfall in delivery against the CIP target offset by pay expenditure being behind plan.

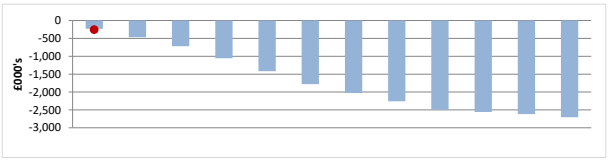
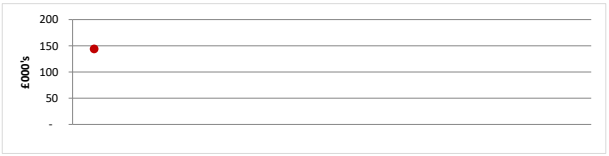
Matters of Concern and Risks to Escalate	Major Actions Undertaken and Work in Progress
1. The plan for 2022/23 has been approved by the Board and submitted to NHSE/I. The plan is a deficit of £11.8m; the expectation from NHSE/I is a balanced position. There may be a requirement placed on the Trust to further review and refine the plan	
Positive Updates and Assurance	**Decisions Made and Decisions Required of the Board**
1. The Trust has delivered to its I&E plan in April. 2. The Capital programme is currently £230k behind plan with a reported spend of £537k vs a plan of £770k at M1. 3. The cash position at the end of April was £51.8m	1. 2022/23 plan approved by the Board.

TRUST BOARD REPORT : April-2022

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

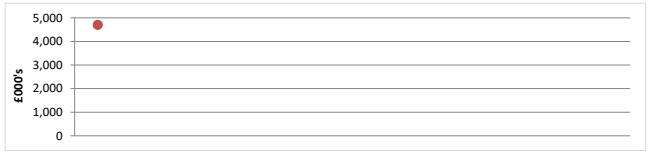
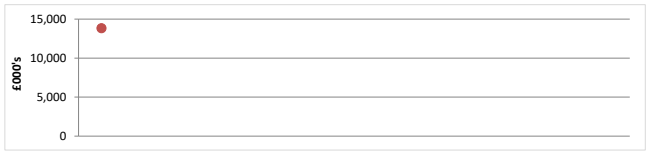
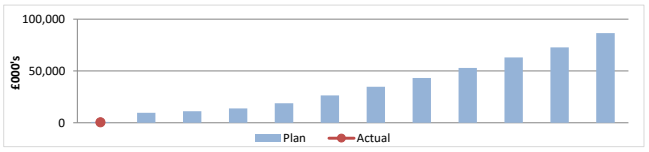
Apr-22	METRIC:	PLAN:	
-£258	6.01 Income and Expenditure	-£230	
£53,244	6.02 Operational Expenditure against Plan (exc. COVID)	£53,658	
£1,024	6.03 COVID-19 'Inside the Envelope' Expenditure	£624	
	Monthly % Covid Spend of Operational Spend:	1.9%	
£622	6.04 COVID-19 'Outside the Envelope' Expenditure	£360	
£55,399	6.05 Income against plan	£55,255	

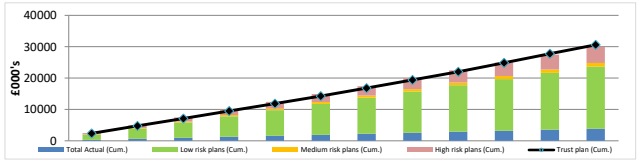
	METRIC:	PLAN:	
-£258	6.06 Cumulative net actual Income and Expenditure surplus/(deficit)	-£230	
-£28	6.07 Cumulative net Income and Expenditure surplus/(deficit) variance to plan	£0	
£144	6.08 Cumulative Income Variance to Plan	£0	
	Key Variances:		
-£172	6.09 Cumulative Expenditure Variance to Plan	£0	
	Key Variances:		

TRUST BOARD REPORT : April-2022

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Apr-22	METRIC:	PLAN:	
£2,535	6.10 Cumulative Pay Expenditure Variance to Plan	£0	
-£2,783	6.11 Cumulative Non-pay Expenditure Variance to Plan	£0	
£51,793	6.12 Cash Position	£64,116	
£4,705	6.13 Debtors	£0	
£13,836	6.14 Creditors	£0	
£537	6.15 Capital	£770	

	METRIC:	PLAN:	
£323	6.16 Efficiency programme - delivery against plan and forecast delivery	£2,374	
	Delivery ytd:		
	Recurrent £323		
	Non Recurrent £0		
£29,989	6.17 Efficiency programme - planning position full year	£30,600	

Planning (Gap)/Surplus	Apr £'000	EOY £'000	Comments
Target	2,374	30,600	
PLANS			
Low Risk	323	23,652	
Medium Risk		1,155	
High Risk		5,181	
Total Plans	323	29,989	
Planning (Gap)/Surplus	-2,051	-611	
Actions			**New Plans** - continue to work with CG's to identify u/spends; opportunities presented in Model Health System (more likely medium/longer term)

TRUST BOARD REPORT : April-2022

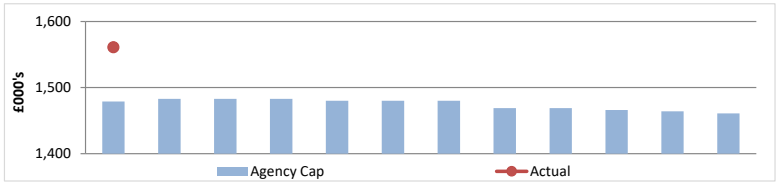
SUMMARY INCOME AND EXPENDITURE POSITION

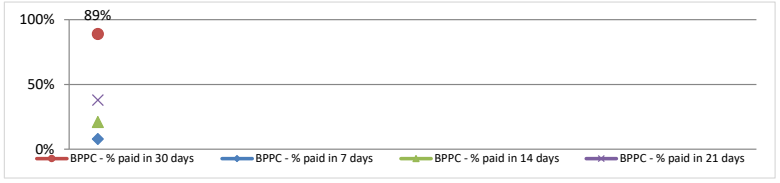
STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Apr-22	METRIC:	PLAN:
£0	6.2 Capital Service Cover	£0
£0	6.21 Liquid Ratio	£0
£0	6.22 I&E Margin	£0
£0	6.23 I&E Margin Variance from Plan	£0
£1,561	6.24 Agency Spend against Agency Cap	£1,479

BPPC Performance

Within 30 days	6.25 BPPC - % paid in 30 days	Within 7 days
89%		8%
Within 14 days	6.26 BPPC - % paid in 7 days 6.27 BPPC - % paid in 14 days	Within 21 days
21%		38%
	6.28 BPPC - % paid in 21 days	





Highlights for the Board to Note:

	Plan for Year	Plan for Year-to-date	Actual Year-to-date	Forecast for Year
Capital Service Cover (20%)				
Liquidity (20%)				
I&E Margin (20%)				
I&E Margin Variance From Plan (20%)				
Agency variation from Plan (20%)				
Overall Use of Resources Rating				

Other Financial Issues:

Metrics 6.2 through 6.24 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. 6.24 showing our agency spend against plan remains a live assessment metric and, for the year we used slightly less agency staff than planned.

The Trust's compliance with the Better Payments Practice Code (BPPC) is currently averaging around 89% of suppliers being paid within 30 days.

RESEARCH AND DEVELOPMENT REPORT

April-2022

Produced May-2022

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 : April-2022

Executive Summary

Trust Strategic Goals:

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

Purpose of the Report:

To provide the Board with an integrated overview of 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:

- One grant was submitted in the last month for a research funding others are in preparation
    - 59K to Obstetric Anaesthetists' Association the study is called ICalM - Intraoperative Calcium to reduce Maternal Haemorrhage:
- We have met again with the ICS to talk about how research will fit into their governance structure and how we can facilitate the ICS research objectives going forward, we are keen to be involved.
- We have arranged a critical friend review, a review by external R&D staff to review our services, governance and our processes, to see if there are any observations and opportunities for shared learning.
- We have held the third cross York strategic Research Committee this month, with local and regional research collaborators
- We have just closed the third round of fee waivered PhDs along with University of St John. We have two very strong applicants going through to the full application stage
- Upcoming events- dates for your diaries
    - Health and Society Research Showcase at York St John University

    29th June 2022 09:00-17:00

The programme is currently being drawn up, there will be showcase talks from Y&STH staff and YSJU staff followed by breakout groups with a focus on some joint key themes for both organisations for research. All interested parties should contact lisa.ballantine@york.nhs.uk

- Pint of Science is back and Luke Madge and Jillian Webster 2 of our PhD students are organisers

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: May 2022

TRUST BOARD REPORT : April 2022

CLINICAL RESEARCH PERFORMANCE REPORT

Recruitment

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2022-23	212												212
2021-22	77	166	127	1060	648	469	383	411	374	396	179	293	4583
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

Breakdown as of end April 22

Care Groups	Accruals Running Total 22/23
CG1 Total	21
CG2 Total	9
CG3 Total	32
CG4 Total	19
CG5 Total	1
CG6 Total	5
RP's Total	16
Cross Trust Studies Total	109
ACCRUAL TOTALS	212

Accruals Still Required	3808
Trials Open to Recruitment	82

Non-Commercial Studies 22/23 - Breakdown by Study Design

Study Design	% of all open studies	% of total 22/23 accruals to date	NIHR ABF Weighting
Interventional	25%	3%	*Weighted 11*
Observational	56%	78%	*Weighted 3.5*
Large Interventional	4%	11%	*Variable weighting by*
Large Observational	15%	8%	*Weighted 1*

Breakdown of Trial Category % - All Open Studies

Commercial	7%
Non Commercial	93%

If you would like a breakdown of Accruals per CG, please contact Angela.jackson2@york.nhs.uk

You may notice a difference between the study categories in this year's report. To more accurately match the NIHR's reporting methods we have now included a new 'Large Interventional' category which the NIHR use to capture activity with wider-scoped and less intensive Interventional studies (testing marketed products or non-invasive interventions). This will split off from the 'Interventional' total which is now there for the more intensive studies (e.g. blinded drug trials). Also, to more accurately match NIHR Portfolio reporting, the study breakdown section is only inclusive of Non-Commercial studies and excludes Commercial studies, this will additionally lower this total as most Commercial trials are Interventional.

OPERATIONAL PERFORMANCE REPORT

April-2022

Produced May-2022

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

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Operational Performance Report: April-2022

Executive Summary

Trust Strategic Goals:

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

Purpose of the Report:

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

Executive Summary:

Key discussion points for the Board are:

Nationally, the COVID-19 Pandemic NHS Emergency Preparedness, Resilience and Response incident level moved to a level 4 national response on the 12th of January 2022. A level 4 national response is defined as "An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level".

In response to the Omicron variant the Trust has continued to operate within its Pandemic Command and Control structure and as at the 9th of May there were 111 COVID-19 positive inpatients in our acute and community hospitals having peaked at 287 on the 30th of March 2022 (reported via Trust's external SitRep submission).

The Trust has had 5,744 COVID-19 positive inpatients since 17th March 2020, with 4,676 patients discharged, sadly 966 patients have died. Since the beginning of July 2021 there have been 2,932 new COVID-19 positive inpatients and 352 deaths.

As at the 9th of May, York Hospital has one COVID-19 positive wards with two COVID-19 positive wards/areas at Scarborough Hospital. The majority of COVID-19 positive patients are not being treated for COVID-19 as their primary complaint. However, the need to manage high risk patients separately and cohort COVID-19 positive patients due to Infection Prevention Control (IPC) requirements creates flow (bed) issues and impacts on the Trust's ability to admit elective patients as patients cannot be admitted onto wards where there are COVID-19 positive patients.

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 2021-22 activity plan materialised to a greater extent than was anticipated and continued into April. 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 six months, limiting the availability of support from the system to reduce delays to patients or support urgent care demand. Overall the Trust's sickness absence rate is 6.2% with 604 absent as at the 9th of May, 21% of the absences relate to COVID-19.

Executive Summary (cont.):

Key discussion points for the Board are:

The pressure on medical staffing contributed to the cancellation of 247 outpatient clinics within fourteen days of the planned date and there were 163 elective patients cancelled by the Trust within forty eight hours of their intended surgery date due to non-clinical reasons. As in the previous COVID-19 'waves' cancer, urgent priority (P2) and long wait elective procedures are being prioritised.

Point of Delivery	April 2019 Outturn	April 2022 Actual	Variance	Proportion of April 2019 delivered in April 2022
First Outpatient Appts	13,619	11,628	-1,991	85%
Follow up Outpatient Appts	30,757	29,840	-917	97%
Ordinary Electives*	622	507	-115	82%
Day Cases	5,952	5,776	-176	97%

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

*Ordinary Elective figures are based on discharge date.

April 2022 Performance Headlines:

• 70.8% of ED patients were admitted, transferred or discharged within four hours.

• The Trust reported 750 twelve hour Trolley Breaches.

• March 2022 saw challenging cancer performance with the Trust achieving one out of the eight core national standards however performance against the 14 Day Fast Track Cancer 62 Day Waits for first treatment (from urgent GP referral) and Cancer 62 Day Waits for first treatment (from urgent GP referral) improved compared to February 2022.

• 2,541 fifty-two week wait pathways have been declared for the end of April 2022.

• Seventy three 104+ week wait pathways have been declared for the end of April 2022. This number, as per national guidance, excludes those patients who have requested to defer their treatment. There were three such patients at the end of April 2022. The Trust therefore achieved the trajectory submitted as part of 2022-23 planning to have less than seventy six patients waiting at the end of April 2022.

• The Trust saw a decline against the overall Referral to Treatment backlog, with the percentage of patients waiting under eighteen weeks at month end decreasing from 59.4% in March 2022 to 58% at the end of April 2022.

Recommendation:

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

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

Director Sponsor: Wendy Scott, Chief Operating Officer

Date: Apr 2022

TRUST BOARD REPORT: April-2022

OPERATIONAL PERFORMANCE SUMMARY

REF	OPERATIONAL PERFORMANCE: UNPLANNED CARE	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
1.01	Emergency Care Attendances		▼	16159	17920	19218	19876	19642	18813	19251	17596	16420	15735	16086	18308	17873
1.02	Emergency Care Breaches		▼	3111	3474	3642	4678	5557	5790	5941	5238	4797	4426	4515	5316	5212
1.03	Emergency Care Standard Performance	95%	▼	80.7%	80.6%	81.0%	76.5%	71.7%	69.2%	69.1%	70.2%	70.8%	71.9%	71.9%	71.0%	70.8%
1.04	ED Conversion Rate: Proportion of ED attendances subsequently admitted		▲	39%	38%	37%	41%	41%	40%	39%	40%	43%	42%	42%	40%	40%
1.05	ED Total number of patients waiting over 8 hours in the departments		▼	429	594	658	1072	1517	1725	1858	1596	1661	1512	1521	1891	1683
1.06	ED 12 hour trolley waits	0	▲	4	1	13	43	43	98	81	159	298	463	583	696	750
1.07	ED: % of attendees assessed within 15 minutes of arrival		▲	64%	64%	62%	49%	44%	39%	36%	39%	42%	50%	47%	47%	52%
1.08	ED: % of attendees seen by doctor within 60 minutes of arrival		▲	49%	47%	39%	34%	28%	25%	26%	26%	32%	35%	30%	28%	28%
1.09	ED – Percentage of patients who Left Without Being Seen (LWBS)	5%	▲	1.7%	1.6%	2.3%	3.3%	4.3%	4.4%	4.1%	4.1%	2.8%	2.4%	3.2%	3.2%	3.8%
1.10	ED - Median time between arrival and treatment (minutes)			192	191	192	212	231	236	237	235	233	225	229	236	233
1.11	Ambulance handovers waiting 15-29 minutes		▼	653	757	769	846	836	772	814	745	704	759	654	621	612
1.12	Ambulance handovers waiting 15-29 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.13	Ambulance handovers waiting 30-59 minutes		▲	180	218	243	356	421	445	483	466	479	490	410	475	479
1.14	Ambulance handovers waiting 30-59 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.15	Ambulance handovers waiting >60 minutes		▲	71	74	62	151	302	445	623	541	675	525	549	702	704
1.16	Ambulance handovers waiting >60 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.17	Ambulance handovers: Percentage of Ambulance Handovers within 15 minutes (shadow monitoring)		▼	74.2%	73.9%	72.1%	65.1%	57.6%	52.9%	43.3%	43.2%	38.4%	40.3%	41.3%	34.8%	33.3%
1.18	ED - Mean time in department (mins) for non-admissions (shadow monitoring)		▼	189	191	195	218	254	257	260	254	249	247	255	268	265
1.19	ED - Mean time in department (mins) for admissions (shadow monitoring)		▲	276	286	297	348	400	443	473	473	521	553	563	579	604
1.21	ED - Mean time between RFT and admission (mins) for admissions (shadow monitoring)		▲	100	106	114	142	164	192	220	231	283	327	342	351	381
1.22	ED - Number of non-admissions waiting 12+ hours (shadow monitoring)		▼	23	38	46	92	141	197	202	163	202	192	226	295	269
1.23	ED - Number of admissions waiting 12+ hours (shadow monitoring)		▼	148	171	265	395	621	757	950	892	1088	1153	1084	1288	1233
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		▼	4794	4941	4960	4888	4659	4550	4570	4463	4441	4221	4113	4455	4233
2.02	Non Elective Admissions (Paediatrics) - based on date of admission		▼	512	631	724	785	803	759	837	889	719	586	708	693	658
2.05	Patients with LOS 0 Days (Elective & Non-Elective)		▼	1990	2103	2194	2146	2035	1976	1992	1969	1790	1770	1957	2100	1861
2.06	Total number of patients during the month with a LoS >= 7 Midnights (Elective & Non-Elective)		▼	981	959	948	1082	1045	1079	1093	1074	1141	1108	996	1134	0
2.07	Ward Transfers - Non clinical transfers after 10pm	100	▼	44	65	53	54	78	95	110	96	113	126	116	164	124
2.08	Emergency readmissions within 30 days		◀▶	897	911	903	877	772	745	751	718	727	-	-	-	-
2.09	Stranded Patients at End of Month - York, Scarborough and Bridlington		▼	260	270	252	271	322	313	372	376	392	466	449	419	400
2.10	Average Bed Days Occupied by Stranded Patients - York, Scarborough and Bridlington		▼	237	251	247	260	292	335	359	360	375	431	440	443	434
2.12	Super Stranded Patients at End of Month - York, Scarborough and Bridlington		▼	70	74	60	62	84	99	126	118	139	167	189	195	178
2.13	Average Bed Days Occupied by Super Stranded Patients - York, Scarborough and Bridlington		▼	54	55	64	58	71	92	108	124	126	161	179	192	177

REF	OPERATIONAL PERFORMANCE: PLANNED CARE	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
3.01	Outpatients: All Referral Types		▼	21685	20327	22784	22381	19448	21267	21294	22507	18551	18748	19021	21462	17583
3.02	Outpatients: GP Referrals		▼	9251	8365	9436	9487	8331	9385	9575	10415	8684	8747	9127	10996	8902
3.03	Outpatients: Consultant to Consultant Referrals		▼	1884	1758	1974	2085	1660	1871	1807	2032	1854	1621	1701	1915	1612
3.04	Outpatients: Other Referrals		▼	10550	10204	11374	10809	9457	10011	9912	10060	8013	8380	8193	8551	7069
3.05	Outpatients: 1st Attendances		▼	12408	12782	14263	13020	11819	12995	12627	14025	11592	12319	12742	14739	11724
3.06	Outpatients: Follow Up Attendances		▼	32657	32516	35683	33544	31445	35326	33137	36804	30704	32569	30985	36172	29811
3.07	Outpatients: 1st to FU Ratio		▲	2.63	2.54	2.50	2.58	2.66	2.72	2.62	2.62	2.65	2.64	2.43	2.45	2.54
3.08	Outpatients: DNA rates		▲	5.7%	5.1%	5.6%	5.9%	6.3%	6.2%	6.0%	7.0%	6.9%	6.8%	6.1%	6.2%	6.3%
3.09	Outpatients: Cancelled Clinics with less than 14 days notice	180	▼	242	165	152	251	269	247	287	298	250	367	258	395	247
3.10	Outpatients: Hospital Cancelled Outpatient Appointments for non-clinical reasons		▼	1170	974	1005	1383	957	1265	2869	2765	2526	2407	2293	2778	2429
3.11	Outpatients: Follow-up Partial Booking (FUPB) Overdue			24421	24624	24504	24826	25984	25610	26252	26784	27294	27318	27712	28497	29175
4.01	Elective Admissions - based on date of admission		▼	468	486	559	555	469	561	467	614	533	457	489	619	545
4.02	Day Case Admissions		▼	5801	5703	6710	6416	5697	6163	5678	6335	6164	6086	6073	6893	5786
4.03	Cancelled Operations within 48 hours - Bed shortages		▼	1	0	2	6	15	28	1	8	17	97	54	75	36
4.04	Cancelled Operations within 48 hours - Non clinical reasons		▼	114	38	75	102	84	109	57	70	129	358	252	251	163
4.05	Theatres: Utilisation of planned sessions		▲	75%	76%	76%	73%	74%	72%	75%	78%	72%	69%	73%	73%	74%
4.06	Theatres: number of sessions held		▼	629	641	755	663	572	653	678	661	575	609	568	654	546

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 in August-21 report due to a data filtering error
Hospital Cancelled Outpatient Appointments for non-clinical reasons have been refreshed from Oct-21 as dataset is now built in OBIEE

TRUST BOARD REPORT: April-2022

OPERATIONAL PERFORMANCE SUMMARY

REF	DIAGNOSTICS	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
3.12	Diagnostics: Patients waiting <6 weeks from referral to test	99%	▼	66.2%	62.9%	62.8%	61.4%	55.9%	56.4%	56.7%	56.4%	53.8%	51.7%	56.0%	54.8%	49.4%
3.13	Diagnostics: Total Fast Track Waiters		▼	608	786	796	883	916	1115	962	960	1138	1009	995	1047	997
3.19	Diagnostics: Urgent Radiology Waiters		▼	819	862	781	774	780	847	701	980	1085	1026	1025	1113	863
3.38	Total Overdue Planned Radiology Waiters		◀▶	485	393	259	401	290	374	-	-	-	-	-	-	-
3.22	Total Radiology Reporting Backlog		▼	2124	1889	2418	3202	2780	3079	3373	2121	1932	1749	2482	2739	2181
3.31	Total Endoscopy Surveillance Backlog (Red)		▲	1402	1334	1235	1150	1146	1124	1125	902	817	849	821	635	655

REF	18 WEEKS REFERRAL TO TREATMENT	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
5.01	RTT Percentage of incomplete pathways within 18wks	92%	▼	65.8%	68.3%	70.5%	69.5%	68.1%	66.2%	65.3%	64.8%	63.5%	62.4%	61.0%	59.4%	58.0%
5.02	RTT Waits over 52 weeks for incomplete pathways	0	▲	2023	1713	1488	1361	1348	1549	1688	1584	1586	1615	1721	2145	2541
5.10	RTT Waits over 78 weeks for incomplete pathways	0	▲	577	632	638	644	692	692	577	426	367	325	312	304	343
5.11	RTT Waits over 104 weeks for incomplete pathways (excludes patients who have deferred treatment P5 and P6 as per national guidance)*	0	▼	8	32	40	56	93	130	137	120	117	121	103	81	73
5.05	RTT Total Waiting List †	34261	▲	30069	30321	30707	31959	33187	34261	35031	35869	36897	37008	37478	39328	40866
5.06	Number of RTT patients on Admitted Backlog (18+ weeks)		▲	4306	4073	3862	3822	3897	4116	4243	4258	4410	4551	4655	4995	5092
5.07	Number of RTT patients on Non Admitted Backlog (18+ weeks)		▲	5968	5531	5192	5916	6682	7461	7921	8353	9040	9360	9955	10960	12078
5.08	RTT Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring)	8.5	▲	16.4	16.3	15.9	15.5	16.1	16.4	16.5	16.3	17.1	17.6	17.8	18.1	18.9
5.12	Number of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways at end of month*			604	638	574	508	569	644	548	592	600	577	566	674	693
5.13	Percentage of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways under 4 weeks at end of month*			68%	67%	75%	76%	70%	74%	70%	75%	66%	69%	70%	69%	62%

*Priority 2: includes all P2 pathways where there is a surgical decision to treat, not just open RTT pathways; P5: Patient Wishes To Defer Surgery Due To Covid-19 Concerns; P6: Patient Wishes To Defer Surgery Due To Non Covid-19 Concerns

† RTT TWL is being measured against the Sep-21 performance target from Oct-21

REF	CANCER (ONE MONTH BEHIND DUE TO NATIONAL REPORTING TIMETABLE)	TARGET	SPARKLINE / PREVIOUS MONTH	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
6.01	Cancer 2 week (all cancers)	93%	▲	88.1%	93.7%	94.0%	95.2%	92.0%	93.0%	88.8%	86.4%	81.6%	70.2%	74.3%	80.7%	-
6.02	Cancer 2 week (breast symptoms)	93%	▲	92.8%	91.5%	93.6%	93.5%	96.0%	92.9%	81.2%	57.8%	33.1%	16.0%	26.3%	38.4%	-
6.03	Cancer 31 day wait from diagnosis to first treatment	96%	▲	96.3%	98.5%	97.4%	98.5%	97.6%	96.9%	98.6%	95.0%	98.4%	92.5%	95.4%	97.2%	-
6.04	Cancer 31 day wait for second or subsequent treatment - surgery	94%	▲	96.2%	95.5%	93.1%	88.9%	87.5%	87.9%	96.9%	84.8%	94.7%	75.6%	82.9%	88.5%	-
6.05	Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	▼	98.8%	100.0%	100.0%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	98.6%	98.8%	97.3%	-
6.06	Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%	▲	70.9%	79.9%	67.1%	67.2%	62.4%	67.9%	70.8%	70.0%	71.6%	65.2%	59.4%	70.1%	-
6.07	Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)**	90%	▲	96.5%	83.7%	93.2%	84.0%	90.9%	82.5%	81.7%	71.4%	90.2%	79.4%	80.8%	84.2%	-
6.08	Cancer 28 Day Wait - Faster Diagnosis Standard	75%	▼	63.1%	63.6%	65.0%	65.3%	64.7%	64.1%	72.7%	68.8%	74.0%	61.7%	74.3%	73.2%	-

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

REF	COMMUNITY	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
7.01	Referrals to District Nursing Team		▼	1929	1916	2084	2078	1753	1745	1719	1765	1719	1745	1897	2050	1888
7.02	% CRT Patients Seen within 2 days of Referral		▲	83.7%	85.4%	79.8%	63.2%	53.7%	60.7%	77.1%	62.7%	65.3%	59.2%	49.5%	56.5%	70.8%
7.03	Number of District Nursing Contacts		▼	20984	20859	21103	21433	21270	19720	20606	20431	19815	19026	18479	19815	19137
7.04	Referrals to York Community Response Team		▼	179	200	206	203	175	170	177	207	201	209	199	202	194
7.05	Referrals to Selby Community Response Team		▼	56	51	40	65	52	52	64	54	66	62	59	86	78
7.07	Number of York CRT Contacts		▼	4367	4949	4890	5526	5735	4897	4635	4684	4593	5690	4720	4991	4761
7.08	Number of Selby CRT Contacts		▲	1431	1513	1463	1810	1707	1784	2091	2028	1787	1922	1820	1938	2013
7.10	Community Inpatient Units Average Length of Stay (Days)		▼	11.0	13.3	16.1	13.1	16.6	18.4	17.2	17.8	17.5	18.0	21.6	21.6	17.6
7.11	% Community Therapy Team Patients Seen within 6 weeks of Referral		▼	84.8%	88.5%	87.4%	82.3%	85.9%	70.5%	72.1%	78.9%	79.5%	75.0%	78.8%	78.0%	76.1%
7.12	% CRT Step Up Referrals Seen Within 2 Hrs		▲	15.4%	9.4%	16.5%	11.5%	26.0%	6.8%	13.4%	15.1%	11.7%	8.2%	14.8%	24.8%	25.3%
7.13	% of End of Life Patients Dying in Preferred Place of Death		▼	71.4%	80.0%	80.0%	90.2%	85.2%	90.6%	75.6%	81.8%	95.2%	85.7%	83.3%	78.6%	65.6%
7.14	Number of Urgent Care Response (UCR) Referrals		▲	0	0	0	0	4	3	3	0	2	2	1	7	-
7.19	UCR Compliancy %		▲	0.0%	0.0%	0.0%	0.0%	100.0%	75.0%	100.0%	-	100.0%	0.0%	0.0%	0.0%	-
7.15	Numbers on CTT Waiting Lists		▲	440	538	551	518	596	559	517	448	436	456	449	453	492
7.16	Numbers on DN Waiting Lists		▼	159	229	241	263	257	339	307	354	388	464	528	523	401
7.17	Numbers on SN Waiting Lists		▼	71	64	66	64	64	68	172	261	255	247	213	232	197
7.18	Virtual Ward Capacity		▼	0	0	0	0	0	0	15	15	15	15	15	15	0

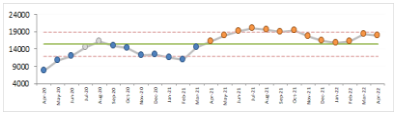
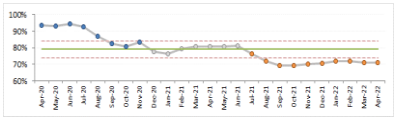
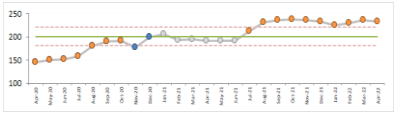
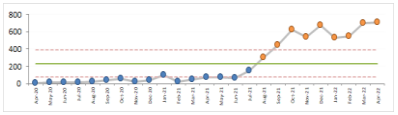
REF	CHILDREN AND YOUNG PERSONS (0-17 YEARS)	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
8.01	Emergency Care Standard Performance (Type 1 only)	95%	▲	96.2%	95.5%	94.5%	91.6%	87.7%	84.9%	83.9%	84.6%	86.9%	89.6%	88.4%	88.3%	89.1%
8.02	ED patients waiting over 8 hours in department		▼	5	11	7	14	22	26	17	14	11	8	6	20	9
8.03	Cancer 2 week (all cancers)	93%	▲	100.0%	100.0%	100.0%	100.0%	100.0%	-	100.0%	100.0%	100.0%	75.0%	100.0%	0.0%	-
8.05	Diagnostics: Patients waiting <6 weeks from referral to test	99%	▼	62.4%	72.7%	58.9%	64.1%	57.4%	61.6%	53.6%	52.5%	52.7%	58.4%	47.6%	51.3%	51.1%
8.06	RTT Percentage of incomplete pathways within 18wks	92%	▼	71.8%	73.0%	75.8%	75.3%	73.2%	72.6%	71.4%	70.5%	70.8%	69.6%	68.9%	67.3%	66.2%
8.07	RTT Total Waiting List		▲	2395	2433	2511	2702	2741	2803	2924	3055	3131	3166	3304	3532	3668
8.08	RTT Waits over 52 weeks for incomplete pathways		▲	156	123	102	99	103	119	136	123	112	110	130	168	199

REF	STROKE	Target	Sparkline / Previous Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
9.01	Proportion of patients who experience a TIA who are assessed & treated within 24 hrs	75%	◀▶	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
9.02	Proportion of stroke patients with new or previously diagnosed AF who are anti-coagulated on discharge or have a plan in the notes or discharge letter after anti-coagulation		◀▶	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	-
	SSNAP Scores:			Apr-Jun-21			Jul-Sep-21			Oct-Dec-21			Jan-Mar-22			Apr-22
9.03	Proportion of patients spending >90% of their time on stroke unit	85%	▼	89.2% B			82.6% C			80.6% C			78.1% D			70.8% E
9.04	Scanned within 1 hour of arrival	43%	▼	57.7% A			56.9% A			52.8% A			50.9% A			47.6% B
9.05	Scanned within 12 hours of arrival	90%	▼	96.0% A			94.4% B			96.3% A			96.5% A			94.4% A

The latest month's SSNAP data is subject to change due to casenote delays and patients not yet being discharged. The Oct-Dec 2021 figures have been refreshed on this month's report.

TRUST BOARD REPORT: April-2022

OPERATIONAL PERFORMANCE: ED

Apr-22	METRIC :	TARGET :	vs LM :	
17,873	**1.01** Emergency Care Attendances	-	-435 ↓	
70.8%	**1.03** Emergency Care Standard Performance	95.0%	-0.1% ↓	 CG1 CG4 CG2 CG5 CG3 CG6
1683	**1.05** ED Total number of patients waiting over 8 hours in the departments	-	-208 ↓	
233	**1.10** ED - Median time between arrival and treatment (minutes)	-	-3 ↓	
479	**1.13** Ambulance handovers waiting 30-59 minutes	0	4 ↑	CG1 CG4 CG2 CG5 CG3 CG6
704	**1.15** Ambulance handovers waiting >60 minutes	0	2 ↑	 CG1 CG4 CG2 CG5 CG3 CG6

HIGHLIGHTS FOR BOARD TO NOTE:

71% of ED patients were admitted, transferred or discharged within four hours during April 2022. Across the Scarborough and York localities attendances at the Emergency Departments and Urgent Care and Treatment Centres were above the 2021-22 levels by 10% (April 2022; 17,873 compared to 16,159 in April 2021).

Continued staffing issues and the number of inpatients without a 'Right to Reside' in April 2022 have again exasperated the pressures that the Trust is experiencing. The ED Capital Build at York which commenced at the beginning of November 2021 has meant that York Emergency Department continues to operate out of a smaller footprint.

The scheme to build a new urgent and emergency care centre for Scarborough Hospital commenced at the end of April 2022.

In the latest nationally available data (February 2022), the NHS England position was 73.3%. Nationally the Trust placed 48th out of 126 Trusts. No Trust achieved 95% plus against the Emergency Care Standard (ECS). The 95% standard was last met nationally in July 2015.

York Locality ECS Performance was 72.2%. The hospital inpatient estate has been reconfigured throughout the latest wave to support the COVID-19 Surge Plan, with one COVID-19 positive wards in operation as at the 9th of May.

Scarborough Locality ECS Performance was 68.9%. 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, whilst increasing through 2021-22 remains significantly reduced from pre-pandemic levels; -26% in April 2022 compared to April 2019. Like many system colleagues, Vocare who operate the UTC at Scarborough Hospital have had significant challenges staffing their service during April 2022, 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 latest wave to support the COVID-19 Surge Plan, with two COVID-19 positive wards/areas in operation as at the 9th of May on the Scarborough site.

There were 750 twelve-hour trolley waits in April 2022; 429 on the Scarborough site and 321 at York.

The Trust's Urgent and Emergency Care Project Board (UECB), as part of the 'Building Better Care' Programme, is in place, meeting monthly supported by a project manager to drive delivery. The aims and objectives of the UECB are:

Same Day Emergency Care (SDEC); the project aims to deliver Same Day Emergency Care on both acute sites to meet the requirements of the NHS Long Term Plan and Urgent and Emergency Care Network.

This includes meeting the national standards to:

- Provide SDEC services at least 12 hours a day, 7 days a week, providing an alternative to ward admission.
- Provide an acute frailty service at least 70 hours a week, with the aim to complete a clinical frailty assessment within 30 minutes of arrival in the ED/SDEC unit;
- Record all patient activity in EDs, urgent treatment centres and SDECs using same day emergency care data sets.

Urgent Care Pathways; aims to work with partners to deliver effective urgent care pathways across both acute sites to reduce ED attendances or direct admissions that do not require acute hospital care and/or can be managed with alternative care.

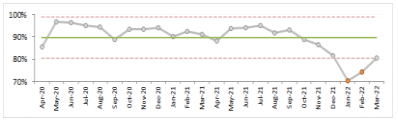
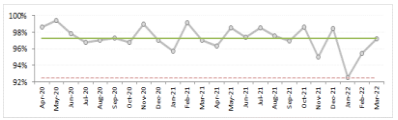
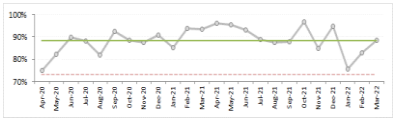
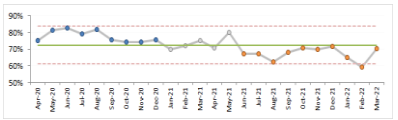
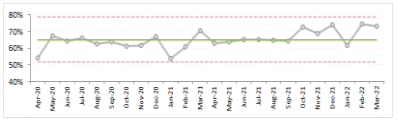
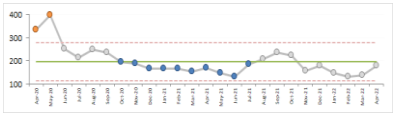
Flow and Site Management; to ensure timely admission for urgent and surgical patients to the appropriate clinical location the project aims to provide clear and effective 24/7 operational arrangements for site management issues and for the flow of patients across both acute hospital sites.

Adult Non-Elective admissions decreased in April 2022 when compared to the same period last year: down 12% (561 admissions). Paediatric Non-Electives are detailed within the Children and Young Persons section.

Super-Stranded (Length of Stay of 21+ Days) patients at the end of April 2022 decreased compared to the end of March 2022 (195 to 178 patients). Unfortunately the high level of delays is a direct consequence of capacity and workforce issues that our Local Authorities are experiencing and is likely to continue for some time.

TRUST BOARD REPORT: April-2022

OPERATIONAL PERFORMANCE: CANCER

Mar-22	METRIC :	TARGET :	vs LM :			
80.7%	6.01 Cancer 2 week (all cancers)	93.0%	6.4% ↑		CG1 CG2 CG3	CG4 CG5 CG6
97.2%	6.03 Cancer 31 day wait from diagnosis to first treatment	96.0%	1.8% ↑		CG1 CG2 CG3	CG4 CG5 CG6
88.5%	6.04 Cancer 31 day wait for second or subsequent treatment - surgery	94.0%	5.6% ↑		CG3	CG6
70.1%	6.06 Cancer 62 Day Waits for first treatment (from urgent GP referral)	85.0%	10.7% ↑		CG1 CG2 CG3	CG4 CG5 CG6
73.2%	6.08 Cancer 28 Day Wait - Faster Diagnosis Standard	75.0%	-1.1% ↓		CG1 CG2 CG3	CG4 CG5 CG6
178	6.25 Cancer PTL - Waiters over 62 Days	-	40 ↑			

HIGHLIGHTS FOR BOARD TO NOTE:

Trust cancer performance in March 2022 continued to be challenged, with one out of the eight cancer standards met;

• Cancer 31 day wait from diagnosis to first treatment.

The Trust's Cancer Team have reviewed and made changes to Cancer Governance and Oversight. The key areas for note are:

1. Care Groups have reinforced their weekly Care Group/tumour level PTL meeting to expedite any outstanding actions required to progress patients along their pathway to treatment as well as a focus on the 28 Day Faster Diagnosis target.

2. Care Group Directors, the Chief Operating Officer and the Planning and Performance Team receive as assurance a weekly cancer performance update that follows Cancer Wall with key information and the list of outstanding actions. This has a focus on size of PTL, 28 Day Faster Diagnosis and 62 Day standard. Remedial action will be undertaken to address any identified issues.

3. The cancer action plan is presented at Cancer Delivery Group on a monthly basis via the Project Management Office documentation. The Trust's Cancer Improvement and Performance Manager then outline where actions are off plan, as well as the barriers and mitigations to bring back on plan. In addition progress against the improvement actions will be a focus of Care Group Oversight and Assurance Meetings (with the Executive Team).

The Trust did not achieve the Cancer two week waiting times for urgent referrals target with performance of 80.7% in March (February: 74.3%). The decline in Trust performance has primarily been caused by a rise in the number of Breast referrals being seen within fourteen days. There was a 21% rise in referrals to Breast services seen across 2021-22 compared to 2019-20 (Pre-pandemic). This rise appears to be linked to recent celebrity deaths and awareness campaigns. The Breast service have tried to put on additional clinics to meet the demand but due to the pressure across diagnostic services, our radiology service has been unable to be able to support additional one stops clinics. This has resulted in a large number of patients having diagnostic scans at days nineteen to twenty one. The services have been working hard to address this and additional clinics, with radiological support, were organised in April with improved performance expected to be reflected in next month's report.

The latest available data shows the national position for two week waiting times for urgent referrals to be 75% in January 2022.

The Trust did not achieve the 28-day Faster Diagnosis (All Routes) target with performance of 73.2% in March (February: 74.3%). The latest available data shows the national position to be 63.8% in January 2022.

The Trust continues to prioritise urgent and cancer work and Care Groups have escalated the workforce situation to Quality and Executive Committees for discussion/action.

Work is ongoing with the completed NHS IST Pathway Analysers in Prostate and Lung with Lung receiving their first quarterly review in March and discussions on the key findings in progress. The UGI pathway analyser is now in development. The Trust has six Cancer Pathway Navigators in post covering the Lung, Scarborough Gynaecology, Upper GI, Lower GI, Urology and RDC services. Other Navigator recruitment is being considered through the RDC Cancer Alliance funding stream. The Somerset Cancer Register implementation is on track for the 1st of September implementation with the delivery of a test environment onto the Trust's servers in the first week of May.

Performance against the 62 day wait for first treatment target was particularly challenging at 70.1% (February: 59.4%). All patients are tracked through the operational teams, with weekly escalations to senior managers.

At the end of April 2022 there were 178 patients on the Trust's Patient Tracking List (PTL) that had waited over 62 days. On a positive note, this met the trajectory for the end of April submitted as part of the 2022-23 plans (178).

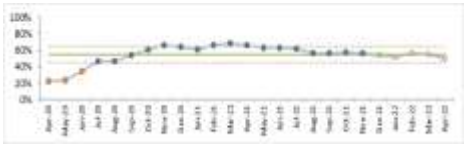
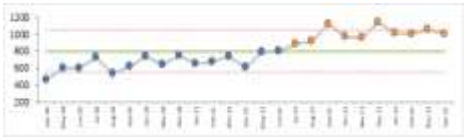
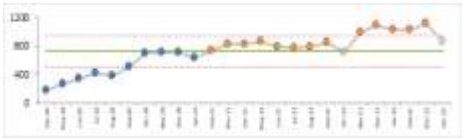
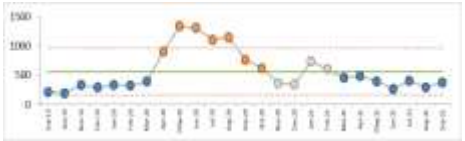
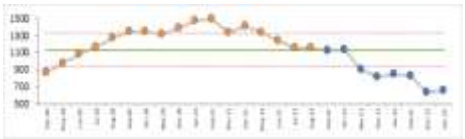
Of those waiting over 62 days, 128 are awaiting diagnosis; continuing to tackle this backlog is a top priority for the Trust and the Humber and North Yorkshire system.

There were twenty patients treated in March 2022 who had waited more than 104 days with the majority due to complex diagnostic pathways or health care provider delays. There is a continued 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 April 2022 there were twenty eight. 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 latest available data shows the national position to be 61.8% against the 62 day wait for first treatment target in January 2022.

TRUST BOARD REPORT: April-2022

OPERATIONAL PERFORMANCE: DIAGNOSTICS

Apr-22	METRIC :	TARGET :	vs LM :	
49.4%	3.12 Diagnostics: Patients waiting <6 weeks from referral to test	99%	-5.4% ↓	
997	3.13 Diagnostics: Total Fast Track Waiters	-	-50 ↓	
863	3.19 Diagnostics: Urgent Radiology Waiters	-	-250 ↓	
Sep-21 374	3.38 Total Overdue Planned Radiology Waiters	-	84 ↑	
Apr-22 2181	3.22 Total Radiology Reporting Backlog	-	-558 ↓	
655	3.31 Total Endoscopy Surveillance Backlog (Red)	-	20 ↑	

CG1 CG4 CG2 CG5 CG3 CG6

HIGHLIGHTS FOR BOARD TO NOTE:

The diagnostics target performance for April 2022 was 49.4% of patients waiting less than 6 weeks for their diagnostic test at the end of the month (March 2022; 54.8%). The latest available data shows the national position at the end of January 2022 was 70%.

The Endoscopy performance was 59.3% (March 2022; 67.6%). The Endoscopy performance was 59.3% (March 2022; 67.6%). Additional endoscopy staff have been appointed with a start date of June 2022. A period of training will be required with an ambition to open the sixth endoscopy room at York by the end of the summer.

Radiology performance at the end of April was 48.7% (March 2022; 53.8%).

The decline in performance against the Diagnostic standard compared to pre-COVID-19 appears to be driven by the increase in cancer referrals that has required services to prioritise fast track and urgent patients. This has resulted in reduced capacity for routine patients and the decrease in performance against the 6 week target.

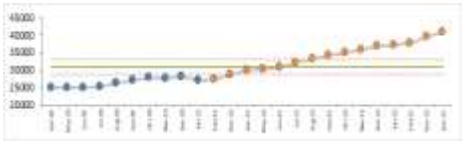
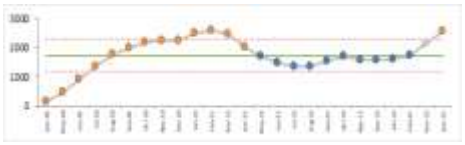
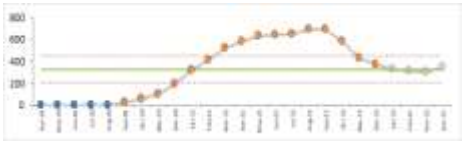
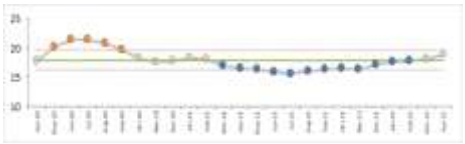
Currently in Radiology, the MRI radiographer workforce is under 50% capacity which means that the service is unable to run additional lists in order to meet the increased demand. The Cancer & Support Services Care Group continues to push forward with recruitment and training to address this workforce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

The Trust continues to progress the Community Diagnostic Centre (CDC) Project and is developing the design solution for North Yorkshire &York. The proposed solution being a 'network of hubs' in York, Scarborough and Harrogate; one large spoke (Catterick) and eight 'small spokes' at various locations (including Malton, Selby, Whitby and Bridlington).

The Short Form Business Case (SFBC) deadline for CDC projects has been deferred to Q1 2022/23. The ICS has indicated YSTHFT will be expected to be CDC 'host' provider for York and Scarborough hubs, and will co-author the required SFBCs. The Trust's strategic intent is to focus on York and Scarborough hubs in Q1 2022/23, rather than the smaller spokes. The York CDC Project Board is now meeting monthly.

TRUST BOARD REPORT: April-2022

OPERATIONAL PERFORMANCE: REFERRAL TO TREATMENT (RTT)

Apr-22	METRIC :	TARGET :	vs LM :		
58.0%	**5.01** RTT Percentage of incomplete pathways within 18wks	92.0%	-1.5% ↓		CG1 CG4 CG2 CG5 CG3 CG6
40,866	**5.05** RTT Total Waiting List †	29,583	1538 ↑		CG1 CG4 CG2 CG5 CG3 CG6
2,541	**5.02** RTT Waits over 52 weeks for incomplete pathways	0	396 ↑		CG1 CG4 CG2 CG5 CG3 CG6
343	**5.10** RTT Waits over 78 weeks for incomplete pathways	0	39 ↑		
17,175	**5.09** Number of RTT patients on Total Backlog (18+ weeks)	-	1220 ↑		
18.9	**5.08** RTT Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring)	8.5	0.7 ↑		CG1 CG4 CG2 CG5 CG3 CG6

HIGHLIGHTS FOR BOARD TO NOTE :

The proportion of patients waiting more than eighteen weeks declined in April 2022, with the overall RTT position decreasing from 59.4% (March 2022) of patients waiting less than eighteen weeks from referral to treatment to 58%. The latest available data shows the national position at the end of January 2022 was 62.8%.

The Trust's RTT Total Waiting List (TWL) increased by 1,538 from the end of March 2022 and stood at 40,866. The increase in the Trust's overall RTT position continues to be primarily driven by the delay in time to first appointment, cancellation of outpatient clinics and elective procedures as well as a reduced level of planned elective activity caused by high numbers of COVID-19 positive inpatients and the staffing issues the Trust has experienced as a result of the Omicron Variant.

The Trust had 2,541 patients waiting 52 weeks or longer at the end of April 2022, up 396 from the end of March 2022.

NHSI/E has mandated that Trusts have zero 104 week RTT waiters by the end of June 2022. A specialty specific trajectory to achieve this was submitted to NHSI/E as part of the 2022-23 planning submission. The Trust had signalled to NHSI/E that there would be seventy six patients waiting 104 weeks at the end of April 2022.

The Trust, excluding those patients who have requested to defer their treatment, reported seventy three RTT 104 plus week waiters at the end of April 2022 thus achieving the end of April 2022 trajectory.

The Trust has mobilised its approach to sustainable recovery 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.

RTT PTL by Ethnic Group
At end of April 2022

Ethnic Group	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
White	19	28045	98.20%	94.34%
Black, Black British, Caribbean or African	18	58	0.20%	0.94%
Mixed or multiple ethnic groups	18	147	0.51%	1.26%
Asian or Asian British	20	209	0.73%	2.97%
Other ethnic group	20	100	0.35%	0.49%
Unknown	20	9925	-	-
Not Stated	18	2454	-	-
Grand Total	**19**	**40938**	**-**	**-**

Data source for trust catchment area: Public Health England NHS Acute Catchment Areas.
*Proportion on waiting list excluding not stated and unknown.

RTT PTL by Indices of Multiple Deprivation (IMD) Quintile
At end of April 2022

IMD Quintile	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
1	17	4543	11.24%	8.88%
2	19	5587	13.83%	13.59%
3	19	8239	20.39%	20.94%
4	20	8936	22.11%	20.68%
5	20	13105	32.43%	35.90%
Unknown	20	528	-	-
Grand Total	**19**	**40938**	**-**	**-**

Data source for trust catchment area: Public Health England NHS Acute Catchment Areas.
*Proportion on waiting list excluding unknown.

HIGHLIGHTS FOR BOARD TO NOTE :

As per the 2022-23 national planning mandate, RTT Waiting List data has, in order to identify any potential health inequalities, been split to view Ethnic Groups and IMD Quintile.

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation. IMD is a combined measure of deprivation based on a total of thirty seven separate indicators that are grouped into seven domains, each of which reflects a different aspect of deprivation experienced by individuals living in an area.

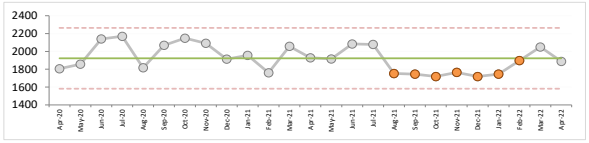
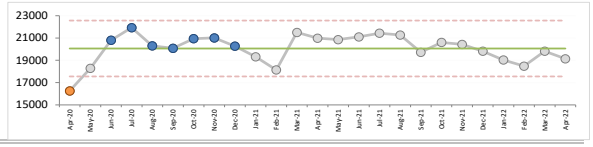
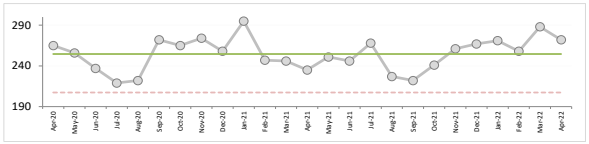
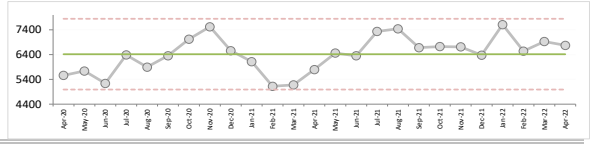
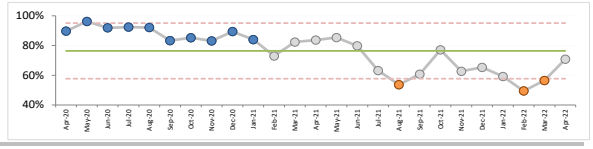
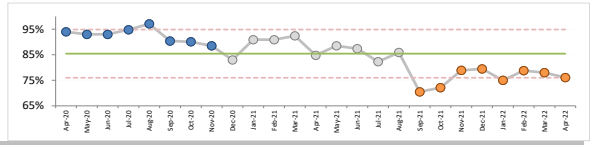
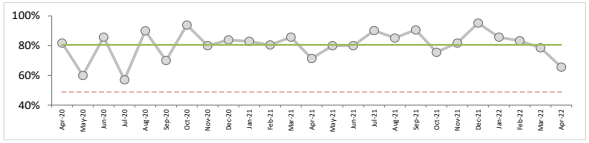
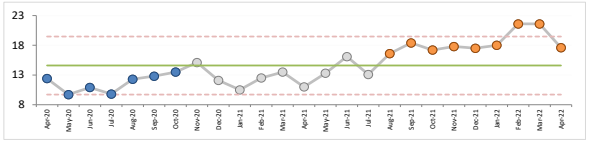
IMD quintiles range from one to five, where one is the most deprived. Please note that IMD quintiles are not available where we have no record of a patient postcode, the postcode is not an English postcode or is an unmatched postcode.

Ethnic codes have been grouped as per the 2021 census. Any patient where Ethnic Group is either 'Unknown' or 'Not Stated' is excluded from the PTL proportions. Areas to take into consideration when interpreting the data include the lack of available site split for Trust Catchment, and the variation that Clinical Prioritisation can bring to weeks waiting.

The next steps for this work will be to understand any differentials between the population base and the waiting list. Further analysis will be undertaken in coming months, and this piece of work will also be expanded to include Urgent Care, Cancer, Learning Disabilities and Military Veterans.

TRUST BOARD REPORT: April-2022

OPERATIONAL PERFORMANCE: COMMUNITY ACTIVITY

Apr-22	METRIC :	TARGET :	vs LM :	
1,888	**7.01** Referrals to District Nursing Team	-	-162 ↓	
19,137	**7.03** Number of District Nursing Contacts	-	-678 ↓	
272	**7.06** All Community Response Teams Referrals (York and Selby)	-	-16 ↓	
6774	**7.09** Number of CRT Contacts (York and Selby)	-	-155 ↓	
70.8%	**7.02** % CRT Patients Seen within 2 days of Referral	-	14.3% ↑	
25.3%	**7.12** % CRT Step Up Referrals Seen Within 2 Hrs	-	0.5% ↑	
76.1%	**7.11** % Community Therapy Team Patients Seen within 6 weeks of Referral	-	-1.9% ↓	
65.6%	**7.13** % of End of Life Patients Dying in Preferred Place of Death	-	-13.0% ↓	
18	**7.10** Community Inpatient Units Average Length of Stay (Days)	-	-4 ↓	

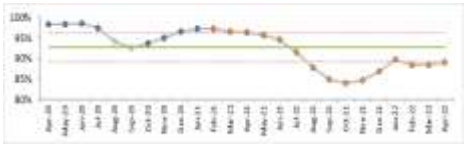
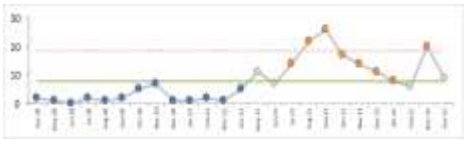
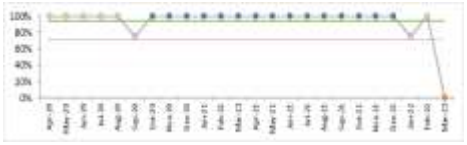
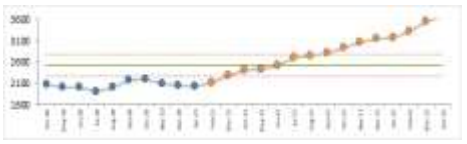
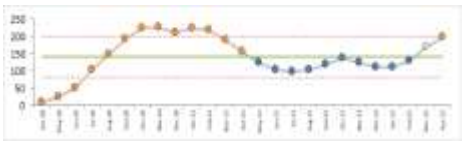
HIGHLIGHTS FOR BOARD TO NOTE :

This month sees the introduction of a number of new metrics in line with the national operational planning guidance including:

- Number of available virtual ward beds: whilst the COVID virtual ward established over winter has now closed, funding has been secured to establish a frailty virtual ward which will be in place in the autumn caring for patients with acute medical needs in the community;
- Number of referrals for Urgent Community Response and the percentage of those patients seen within the target of 2hrs (expectation is that 70% will be seen within that timeframe by December 2022): although Ageing Well funding is lower than anticipated for 2022-3, the service continues to develop within available resources including establishing partnerships with local primary care networks to deliver the initial assessment response and will be integrated with the frailty virtual ward;
- Waiting lists for adult and children's community services: an expectation that waiting lists for community services, which have grown through the COVID period, will reduce through 2022-3. This will be more challenging as the financial position means no additional funding in capacity to meet expected growth in demand although ongoing service redesign will aim to increase efficiency and therefore stabilise and reduce waiting lists where possible;

TRUST BOARD REPORT: April-2022

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

Apr-22	METRIC :	TARGET :	vs LM :			
89.1%	8.01 ECS Performance (Type 1 only)	95%	0.8% ↑		CG1 CG2 CG3	CG4 CG5 CG6
9	8.02 ED patients waiting over 8 hours in department	-	-11 ↓			
Mar-22						
0.0%	8.03 Cancer 14 day performance	93%			CG1 CG2 CG3	CG4 CG5
51.1%	8.05 Diagnostics	99%	-0.2% ↓		CG1 CG2 CG3	CG4 CG5 CG6
66.2%	8.06 RTT performance	92%	-1.0% ↓		CG1 CG2 CG3	CG4 CG5 CG6
3,668	8.07 RTT TWL	2567	136 ↑		CG1 CG2 CG3	CG4 CG5 CG6
199	8.08 RTT 52 week waiters	0	31 ↑		CG1 CG2 CG3	CG4 CG5 CG6

HIGHLIGHTS FOR BOARD TO NOTE:

Performance against the ECS for patients aged 0-17 years was below target at 89.1% in April 2022 (March 2022: 88.3%).

The Trust is continuing to work with Nimbuscare and now the wider Humber &North Yorkshire ICS partners (Childrens and Young Person Alliance) to explore how other conditions and pathways can be supported through a model of community based assessment and ambulatory care. This will focus on the asthma bundle of care for the next few months.

The paediatric team are also engaging with primary care partners across all our places to understand their capacity and needs to support managing children in the community better, and refreshed guidelines written for primary care in managing the most common conditions in children are now available.

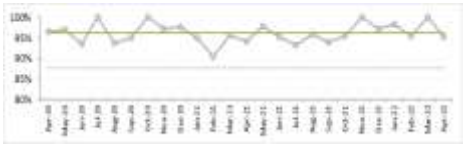
April 2022 has seen an increase in non-elective admissions for children, down 5% from March 2022 (-35 admissions).

There was one patient seen on day twenty of a cancer fast track pathway during March 2022, the patient was diagnosed at that appointment as not having cancer.

RTT performance against the 92% target is higher than the Trust overall performance (66.2% compared to 58%). The Trust is declaring 199 RTT fifty-two week waiters relating to children and young people at the end of April 2022. Children comprise approximately 8% of the total number of the fifty-two week waiters that the Trust is declaring for the end of April 2022 (2,541).

TRUST BOARD REPORT: April-2022

OPERATIONAL PERFORMANCE: STROKE

Mar-22	METRIC :	TARGET :	vs LM :	
100.0%	**9.01** Proportion of patients who experience a TIA who are assessed & treated within 24 hrs	75%	0.0%	
100.0%	**9.02** Proportion of stroke patients with new or previously diagnosed AF who are anti-coagulated on discharge or have a plan in the notes or discharge letter after anti-coagulation	-	0.0%	
Apr-22				
70.8%	**9.03** Proportion of patients spending >90% of their time on stroke unit	85%	-10.2% ↓	
47.6%	**9.04** Scanned within 1 hour of arrival	43%	-10.4% ↓	
95.2%	**9.05** Scanned within 12 hours of arrival	90%	-4.8% ↓	

HIGHLIGHTS FOR BOARD TO NOTE:

The latest Sentinel Stroke National Audit Programme (SSNAP) report for the period October to December 2021 was published in April 2022. For this period the Trust achieved a score of 61.4 which equates to a C rating. There has been no change in our July to September 2021 performance (C rating).

Compared to the same period last year the Trust saw a 13% increase in admissions to the Acute Stroke Unit. Despite this rise the service is ensuring patients are scanned in a timely manner, are admitted to the Stroke Unit with a median time of less than 4 hours and more patients are receiving their thrombolysis in less than 60 minutes than before the introduction of the direct admission model. The domains linked to physiotherapy and speech and language therapy have however continued to be challenging. The service is working to address the issues highlighted by the SSNAP report to improve the Trust's rating back to where it should be.

TRUST BOARD REPORT : April-2022

OPERATIONAL PERFORMANCE SUMMARY - SCARBOROUGH

REF	OPERATIONAL PERFORMANCE: UNPLANNED CARE	TARGET	SPARKLINE / PREVIOUS MONTH	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
1.01	Locality Emergency Care Attendances		▲	6718	7508	8303	8707	8785	8043	7906	7045	6840	6361	6387	7321	7377
1.02	Locality Emergency Care Breaches		▲	1466	1732	2057	2220	2517	2682	2399	2290	2249	1845	1919	2200	2294
1.03	Locality Emergency Care Standard Performance	95%	▼	78.2%	76.9%	75.2%	74.5%	71.4%	66.7%	69.7%	67.5%	67.1%	71.0%	70.0%	69.9%	68.9%
1.04	ED Conversion Rate: Proportion of ED attendances subsequently admitted		▼	52%	50%	49%	45%	44%	41%	45%	44%	43%	45%	47%	44%	43%
1.05	ED Total number of patients waiting over 8 hours in the departments		▼	290	422	516	635	791	948	896	840	837	705	764	934	911
1.06	ED 12 hour trolley waits	0	▲	4	1	13	42	40	75	68	124	237	282	364	309	429
1.07	ED: % of attendees assessed within 15 minutes of arrival		▼	46%	44%	40%	33%	26%	27%	28%	27%	29%	48%	41%	44%	40%
1.08	ED: % of attendees seen by doctor within 60 minutes of arrival		▼	57%	50%	36%	35%	27%	22%	28%	24%	31%	37%	28%	26%	26%
1.09	ED – Percentage of patients who Left Without Being Seen (LWBS)	5%	▲	2.2%	2.0%	4.0%	3.9%	5.2%	5.3%	4.0%	4.4%	3.4%	2.5%	4.2%	3.5%	4.0%
1.10	ED - Median time between arrival and treatment (minutes)			235	238	268	263	318	343	334	341	330	295	315	320	333
1.11	Ambulance handovers waiting 15-29 minutes		▼	374	419	463	517	472	412	453	415	363	395	326	348	327
1.13	Ambulance handovers waiting 30-59 minutes		▲	122	165	160	216	228	246	265	261	272	225	203	246	255
1.14	Ambulance handovers waiting 30-59 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.15	Ambulance handovers waiting >60 minutes		▲	44	65	31	67	143	241	255	283	293	183	257	364	422
1.16	Ambulance handovers waiting >60 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.17	Ambulance handovers: Percentage waiting within 15 mins (shadow monitoring)		▼	62.3%	63.7%	61.8%	54.6%	48.0%	40.4%	36.7%	34.8%	32.5%	42.6%	40.0%	35.5%	25.2%
1.18	ED - Mean time in department (mins) for non-admissions (shadow monitoring)		▲	238	248	271	272	334	342	329	325	327	304	351	347	357
1.19	ED - Mean time in department (mins) for admissions (shadow monitoring)		▲	331	347	377	415	465	528	529	575	617	626	692	625	713
1.21	ED - Mean time between RFT and admission (mins) for admissions (shadow monitoring)		▲	128	135	158	181	184	221	228	281	338	377	435	360	458
1.22	ED - Number of non-admissions waiting 12+ hours (shadow monitoring)		▲	16	26	43	70	111	143	121	105	136	100	152	157	168
1.23	ED - Number of admissions waiting 12+ hours (shadow monitoring)		▲	128	151	239	301	346	418	470	498	527	568	579	564	635
1.24	ED - Critical time standards (shadow monitoring - awaiting guidance on metrics)			-	-	-	-	-	-	-	-	-	-	-	-	-
2.01	Non Elective Admissions (excl Paediatrics & Maternity)		▼	1593	1649	1641	1634	1484	1397	1490	1462	1392	1414	1413	1574	1487
2.02	Non Elective Admissions - Paediatrics		▲	204	291	316	315	317	271	251	260	242	197	238	219	253
2.05	Patients with LOS 0 Days (Elective & Non-Elective)		▼	683	763	794	786	664	591	594	585	552	633	692	814	698
2.06	Total number of patients during the month with a LoS >= 7 Midnights (Elective & Non-Elective)		▼	390	358	339	387	367	382	405	406	376	373	355	397	0
2.07	Ward Transfers - Non clinical transfers after 10pm	33	▼	19	31	14	19	22	25	25	21	33	38	43	56	48
2.08	Emergency readmissions within 30 days		◀▶	283	303	274	302	239	234	236	241	246	-	-	-	-
2.09	Stranded Patients at End of Month (Scarborough & Bridlington)		▼	102	121	102	108	118	121	130	149	149	164	158	155	150
2.10	Average Bed Days Occupied by Stranded Patients (Scarborough & Bridlington)		▲	102	100	102	100	113	132	129	135	145	158	153	154	160
2.12	Super Stranded Patients at End of Month (Scarborough & Bridlington)		◀▶	29	36	25	30	38	42	42	53	55	63	61	73	73
2.13	Average Bed Days Occupied by Super Stranded Patients (Scarborough & Bridlington)		▲	27	26	32	24	36	39	41	44	57	63	62	63	70

REF	OPERATIONAL PERFORMANCE: PLANNED CARE	TARGET	SPARKLINE / PREVIOUS MONTH	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
3.01	Outpatients: All Referral Types		▼	7584	7118	8306	8215	6813	7533	7074	7373	6241	6373	6386	7281	6136
3.02	Outpatients: GP Referrals		▼	3050	2863	3296	3432	2905	3236	3264	3596	3017	3217	3342	4030	3440
3.03	Outpatients: Consultant to Consultant Referrals		▼	617	541	589	656	506	548	546	600	611	518	527	607	487
3.04	Outpatients: Other Referrals		▼	3917	3714	4421	4127	3402	3749	3264	3177	2613	2638	2517	2644	2209
3.05	Outpatients: 1st Attendances		▼	3905	3848	4580	4457	3898	4055	4269	4772	3794	3982	4135	4936	3554
3.06	Outpatients: Follow Up Attendances		▼	8247	8208	9268	8704	8162	9588	8608	9999	8207	8819	8302	9606	8049
3.07	Outpatients: 1st to FU Ratio		▲	2.11	2.13	2.02	1.95	2.09	2.36	2.02	2.10	2.16	2.21	2.01	1.95	2.26
3.08	Outpatients: DNA rates		▲	6.0%	5.6%	6.1%	6.6%	6.7%	6.7%	6.9%	7.8%	7.2%	7.7%	6.5%	6.6%	7.4%
3.09	Outpatients: Cancelled Clinics with less than 14 days notice	60	▼	109	74	59	88	130	97	111	123	104	112	93	119	91
3.10	Outpatients: Hospital Cancelled Outpatient Appointments for non-clinical reasons		▼	363	351	375	528	337	461	1025	944	888	665	660	810	638
4.01	Elective Admissions		▼	141	163	195	209	111	191	162	182	174	86	155	217	158
4.02	Day Case Admissions		▼	1828	1734	2056	2026	1812	1996	1849	1968	1906	1911	1816	2197	1794
4.03	Cancelled Operations within 48 hours - Bed shortages		◀▶	0	0	0	2	2	0	0	5	10	8	1	3	3
4.04	Cancelled Operations within 48 hours - Non clinical reasons		▲	46	9	10	20	16	15	15	14	43	63	27	47	56
4.05	Theatres: Utilisation of planned sessions		▼	70%	70%	73%	70%	68%	70%	74%	73%	62%	66%	74%	74%	68%
4.06	Theatres: number of sessions held		▼	176	187	222	179	148	190	244	192	168	175	181	208	152

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 in Aug-21 report due to a data filtering error
Hospital Cancelled Outpatient Appointments for non-clinical reasons have been refreshed from Oct-21 as dataset is now built in OBIEE

TRUST BOARD REPORT : April-2022

OPERATIONAL PERFORMANCE SUMMARY - SCARBOROUGH

REF	18 WEEKS REFERRAL TO TREATMENT	TARGET	SPARKLINE / PREVIOUS MONTH	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
5.01	RTT Percentage of incomplete pathways within 18wks		▼	70.7%	72.8%	74.6%	74.1%	72.4%	71.2%	71.1%	71.0%	70.6%	69.6%	67.7%	67.0%	65.6%
5.02	RTT Waits over 52 weeks for incomplete pathways		▲	514	407	348	312	317	332	356	343	330	323	317	351	401
5.10	RTT Waits over 78 weeks for incomplete pathways		▲	128	136	149	139	152	145	126	96	78	69	61	45	57
5.11	RTT Waits over 104 weeks for incomplete pathways (excludes patients with Prority 5 / Priority 6 code as per national guidance)*		▲	0	3	3	12	20	23	33	25	25	26	23	13	14
5.05	RTT Total Waiting List		▲	9766	9917	10044	10495	10890	11124	11208	11492	11746	11896	11978	12326	13190
5.06	Number of RTT patients on Admitted Backlog (18+ weeks)		▲	1242	1185	1106	1150	1221	1287	1338	1391	1463	1485	1512	1547	1594
5.07	Number of RTT patients on Non Admitted Backlog (18+ weeks)		▲	1624	1508	1450	1573	1790	1920	1903	1937	1996	2130	2354	2521	2943
5.08	RTT Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring from Oct-2019)		▲	14.6	14.4	14.1	13.4	14.1	14.2	14.4	14.0	14.4	14.6	14.7	14.8	15.4
5.12	Number of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways at end of month*		▼	-	133	109	99	94	90	96	110	105	96	95	102	93
5.13	Percentage of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways under 4 weeks at end of month*		▼	-	57%	78%	81%	69%	71%	73%	78%	70%	73%	77%	81%	65%

*Priority 2: includes all P2 pathways where there is a surgical decision to treat, not just open RTT pathways; Priority 5: Patient Wishes To Defer Surgery Due To Covid-19 Concerns; Priority 6: Patient Wishes To Defer Surgery Due To Non Covid-19 Concerns

REF	CANCER (ONE MONTH BEHIND DUE TO NATIONAL REPORTING TIMETABLE)	TARGET	SPARKLINE / PREVIOUS MONTH	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
6.01	Cancer 2 week (all cancers)	93%	▲	91.3%	90.8%	90.6%	94.2%	90.4%	91.4%	90.0%	93.6%	92.6%	81.3%	80.3%	90.9%	-
6.02	Cancer 2 week (breast symptoms)	93%	◀▶	-	-	-	-	-	-	-	-	-	-	-	-	-
6.03	Cancer 31 day wait from diagnosis to first treatment	96%	▲	98.4%	96.5%	93.4%	100.0%	94.9%	96.2%	96.9%	95.2%	96.8%	87.1%	93.1%	95.8%	-
6.04	Cancer 31 day wait for second or subsequent treatment - surgery	94%	▼	100.0%	92.3%	100.0%	100.0%	100.0%	88.9%	100.0%	90.9%	85.7%	58.3%	100.0%	80.0%	-
6.05	Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	◀▶	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
6.06	Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%	▲	71.7%	75.9%	57.0%	61.4%	62.3%	47.5%	58.3%	69.6%	70.7%	50.9%	49.5%	52.0%	-
6.07	Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	90%	◀▶	-	-	-	-	0.0%	48.8%	0.0%	-	-	-	-	-	-
6.08	Cancer 28 Day Wait - Faster Diagnosis Standard	75%	▼	51.2%	57.0%	49.4%	52.6%	48.0%	54.0%	60.6%	59.8%	64.5%	52.9%	66.5%	65.7%	-

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

TRUST BOARD REPORT : April-2022

OPERATIONAL PERFORMANCE SUMMARY - YORK

REF	OPERATIONAL PERFORMANCE: UNPLANNED CARE	TARGET	SPARKLINE / PREVIOUS MONTH	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
1.01	Locality Emergency Care Attendances		▼	9441	10412	10915	11169	10857	10770	11345	10551	9580	9374	9699	10987	10496
1.02	Locality Emergency Care Breaches		▼	1645	1742	1585	2458	3040	3108	3542	2948	2548	2581	2596	3116	2918
1.03	Locality Emergency Care Standard Performance	95%	▲	82.6%	83.3%	85.5%	78.0%	72.0%	71.1%	68.8%	72.1%	73.4%	72.5%	73.2%	71.6%	72.2%
1.04	ED Conversion Rate: Proportion of ED attendances subsequently admitted		▲	33%	32%	31%	39%	39%	39%	36%	39%	42%	41%	39%	37%	38%
1.05	ED Total number of patients waiting over 8 hours in the departments		▼	139	172	142	437	726	777	962	756	824	807	757	957	772
1.06	ED 12 hour trolley waits	0	▼	0	0	0	1	3	23	13	35	61	181	219	387	321
1.07	ED: % of attendees assessed within 15 minutes of arrival		▲	72%	72%	71%	59%	54%	47%	41%	46%	50%	52%	50%	49%	60%
1.08	ED: % of attendees seen by doctor within 60 minutes of arrival		▲	45%	45%	41%	33%	29%	26%	25%	27%	33%	33%	31%	29%	30%
1.09	ED – Percentage of patients who Left Without Being Seen (LWBS)	5%	▲	1.5%	1.4%	1.5%	3.0%	3.8%	3.9%	4.2%	4.0%	2.4%	2.4%	2.6%	3.0%	3.6%
1.10	ED - Median time between arrival and treatment (minutes)			174	169	171	192	210	213	219	215	203	204	207	214	208
1.11	Ambulance handovers waiting 15-29 minutes		▲	279	338	306	329	364	360	361	330	341	364	328	273	285
1.13	Ambulance handovers waiting 30-59 minutes		▼	58	53	83	140	193	199	218	205	207	265	207	229	224
1.14	Ambulance handovers waiting 30-59 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.15	Ambulance handovers waiting >60 minutes		▼	27	9	31	84	159	204	368	258	382	342	292	338	282
1.16	Ambulance handovers waiting >60 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.17	Ambulance handovers: Percentage waiting within 15 mins (shadow monitoring)		▲	82.8%	82.1%	80.4%	73.9%	64.9%	62.8%	48.8%	50.8%	43.3%	38.2%	42.4%	33.9%	41.5%
1.18	ED - Mean time in department (mins) for non-admissions (shadow monitoring)		▼	173	171	168	197	220	220	235	225	212	224	220	238	228
1.19	ED - Mean time in department (mins) for admissions (shadow monitoring)		▼	236	239	236	299	355	388	433	404	458	502	472	546	526
1.21	ED - Mean time between RFT and admission (mins) for admissions (shadow monitoring)		▼	80	83	80	113	151	173	214	196	247	292	276	344	326
1.22	ED - Number of non-admissions waiting 12+ hours (shadow monitoring)		▼	7	12	3	22	30	54	81	58	66	92	74	138	101
1.23	ED - Number of admissions waiting 12+ hours (shadow monitoring)		▼	20	20	26	94	275	339	480	394	561	585	505	724	598
1.24	ED - Critical time standards (shadow monitoring - awaiting guidance on metrics)			-	-	-	-	-	-	-	-	-	-	-	-	-
2.01	Non Elective Admissions (excl Paediatrics & Maternity)		▼	3201	3292	3319	3254	3175	3153	3080	3001	3049	2807	2700	2881	2746
2.02	Non Elective Admissions - Paediatrics		▼	308	340	408	470	486	488	586	629	477	389	470	474	405
2.05	Patients with LOS 0 Days (Elective & Non-Elective)		▼	1307	1340	1400	1360	1371	1385	1398	1384	1238	1137	1265	1286	1163
2.06	Total number of patients during the month with a LoS >= 7 Midnights (Elective & Non-Elective)		▼	591	601	609	695	678	697	688	668	765	735	641	737	0
2.07	Ward Transfers - Non clinical transfers after 10pm	67	▼	25	34	39	35	56	70	85	75	80	88	73	108	76
2.08	Emergency readmissions within 30 days		◀▶	614	608	629	575	533	511	515	477	481	-	-	-	-
2.09	Stranded Patients at End of Month		▼	158	149	150	163	204	192	242	227	243	302	291	264	250
2.10	Average Bed Days Occupied by Stranded Patients		▼	135	151	145	160	179	203	230	225	230	274	287	289	274
2.12	Super Stranded Patients at End of Month		▼	41	38	35	32	46	57	84	65	84	104	128	122	105
2.13	Average Bed Days Occupied by Super Stranded Patients		▼	27	29	32	34	35	52	68	80	69	99	117	129	107

REF	OPERATIONAL PERFORMANCE: PLANNED CARE	TARGET	SPARKLINE / PREVIOUS MONTH	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
3.01	Outpatients: All Referral Types		▼	14101	13209	14478	14166	12635	13734	14220	15134	12310	12375	12635	14181	11447
3.02	Outpatients: GP Referrals		▼	6201	5502	6140	6055	5426	6149	6311	6819	5667	5530	5785	6966	5462
3.03	Outpatients: Consultant to Consultant Referrals		▼	1267	1217	1385	1429	1154	1323	1261	1432	1243	1103	1174	1308	1125
3.04	Outpatients: Other Referrals		▼	6633	6490	6953	6682	6055	6262	6648	6883	5400	5742	5676	5907	4860
3.05	Outpatients: 1st Attendances		▼	8503	8934	9683	8563	7921	8940	8358	9253	7798	8337	8607	9803	8170
3.06	Outpatients: Follow Up Attendances		▼	24410	24308	26415	24840	23283	25738	24529	26805	22497	23750	22683	26566	21762
3.07	Outpatients: 1st to FU Ratio		▼	2.87	2.72	2.73	2.90	2.94	2.88	2.93	2.90	2.88	2.85	2.64	2.71	2.66
3.08	Outpatients: DNA rates		▼	5.5%	4.9%	5.3%	5.6%	6.1%	6.0%	5.7%	6.6%	6.7%	6.4%	5.9%	6.0%	5.8%
3.09	Outpatients: Cancelled Clinics with less than 14 days notice	120	▼	133	91	93	163	139	150	176	175	146	255	165	276	156
3.10	Outpatients: Hospital Cancelled Outpatient Appointments for non-clinical reasons		▼	807	623	630	855	620	804	1844	1821	1638	1742	1633	1968	1791
4.01	Elective Admissions		▼	327	323	364	346	358	370	305	432	359	371	334	402	387
4.02	Day Case Admissions		▼	3973	3969	4654	4390	3885	4167	3829	4367	4258	4175	4257	4696	3992
4.03	Cancelled Operations within 48 hours - Bed shortages		▼	1	0	2	4	13	28	1	3	7	89	53	72	33
4.04	Cancelled Operations within 48 hours - Non clinical reasons		▼	68	29	65	82	68	94	42	56	86	295	225	204	107
4.05	Theatres: Utilisation of planned sessions		▲	77%	78%	77%	75%	75%	73%	76%	80%	76%	71%	73%	72%	76%
4.06	Theatres: number of sessions held		▼	453	454	533	484	424	463	434	469	407	434	387	446	394

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 in Aug-21 report due to a data filtering error
Hospital Cancelled Outpatient Appointments for non-clinical reasons have been refreshed from Oct-21 as dataset is now built in OBIEE

TRUST BOARD REPORT : April-2022

OPERATIONAL PERFORMANCE SUMMARY - YORK

REF	18 WEEKS REFERRAL TO TREATMENT	TARGET	SPARKLINE / PREVIOUS MONTH	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
5.01	RTT Percentage of incomplete pathways within 18wks		▼	63.5%	66.1%	68.6%	67.3%	66.1%	63.8%	62.5%	61.9%	60.3%	59.0%	57.9%	56.0%	54.3%
5.02	RTT Waits over 52 weeks for incomplete pathways		▲	1509	1306	1140	1049	1031	1217	1332	1241	1256	1292	1404	1794	2140
5.10	RTT Waits over 78 weeks for incomplete pathways		▲	449	496	489	505	540	547	451	330	289	256	251	259	286
5.11	RTT Waits over 104 weeks for incomplete pathways (excludes patients with Prority 5 / Priority 6 code as per national guidance)*		▼	8	29	37	44	73	107	104	95	92	95	80	68	59
5.05	RTT Total Waiting List		▲	20303	20404	20663	21464	22297	23137	23823	24377	25151	25112	25500	27002	27676
5.06	Number of RTT patients on Admitted Backlog (18+ weeks)		▲	3064	2888	2756	2672	2676	2829	2905	2867	2947	3066	3143	3448	3498
5.07	Number of RTT patients on Non Admitted Backlog (18+ weeks)		▲	4344	4023	3742	4343	4892	5541	6018	6416	7044	7230	7601	8439	9135
5.08	RTT Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring from Oct-2019)		▲	17.3	17.2	16.8	16.5	17.0	17.4	17.5	17.3	18.3	19.0	19.2	19.7	20.5
5.12	Number of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways at end of month*		▲	-	505	465	409	475	554	452	482	495	481	471	572	600
5.13	Percentage of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways under 4 weeks at end of month*		▼	-	70%	74%	75%	70%	75%	69%	75%	65%	68%	68%	67%	62%

*Priority 2: includes all P2 pathways where there is a surgical decision to treat, not just open RTT pathways; Priority 5: Patient Wishes To Defer Surgery Due To Covid-19 Concerns; Priority 6: Patient Wishes To Defer Surgery Due To Non Covid-19 Concerns

REF	CANCER (ONE MONTH BEHIND DUE TO NATIONAL REPORTING TIMETABLE)	TARGET	SPARKLINE / PREVIOUS MONTH	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
6.01	Cancer 2 week (all cancers)	93%	▲	87.3%	94.9%	95.3%	95.8%	92.7%	93.9%	88.1%	83.5%	76.5%	64.8%	71.7%	76.8%	-
6.02	Cancer 2 week (breast symptoms)	93%	▲	92.8%	91.5%	93.6%	93.5%	96.0%	92.9%	81.2%	57.8%	33.1%	16.0%	26.3%	38.4%	-
6.03	Cancer 31 day wait from diagnosis to first treatment	96%	▲	95.5%	99.0%	98.6%	98.3%	98.3%	97.7%	99.1%	95.4%	98.9%	93.8%	96.8%	97.7%	-
6.04	Cancer 31 day wait for second or subsequent treatment - surgery	94%	▲	95.8%	94.7%	91.3%	87.1%	87.0%	86.4%	96.2%	82.1%	96.4%	83.3%	77.8%	90.5%	-
6.05	Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	▼	98.7%	100.0%	100.0%	100.0%	100.0%	100.0%	98.6%	100.0%	100.0%	97.1%	98.6%	95.0%	-
6.06	Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%	▲	70.4%	80.5%	71.0%	68.7%	62.4%	74.9%	73.9%	70.4%	72.1%	68.9%	64.7%	79.2%	-
6.07	Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)*	90%	▲	96.5%	83.7%	93.2%	84.0%	93.5%	74.9%	83.3%	71.4%	93.9%	79.4%	80.8%	84.2%	-
6.08	Cancer 28 Day Wait - Faster Diagnosis Standard	75%	▼	65.0%	65.2%	69.7%	68.0%	70.6%	66.6%	77.4%	72.5%	78.2%	66.0%	76.9%	76.3%	-

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

DIGITAL AND INFORMATION SERVICE

April-2022

Produced May-2022

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

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

To support an engaged, healthy and resilient workforce

To ensure financial stability

Report produced by:

Information Team

Digital and Information Service: April-2022

Executive Summary

Trust Strategic Goals:

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

Purpose of the Report:

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

Executive Summary:

Key discussion points for the Board are:

People

•The Interim CDIO (Andy Williams) continues to attend key meetings, including Board of Directors and to establish key working relationships across the organisation in line with new ways of working. Senior Leadership and Management Team meetings are being held to ensure the new structure and operating model, culture and values are being embedded. EPR Strategic Outline Case is being refreshed as part of alignment with the overall ICS EPR Strategy. This will need Financial and Commercial support to understand the impact on capital and revenue streams.
•Interviews for the permanent CDIO were carried out on 28th April and due HR process is being followed prior to announcement.
•A Head of Delivery has been appointed and due HR process is being followed prior to announcement.
•The new CTO (Luke Stockdale) started on 4th May and a structured handover from Simon Hayes is in progress to ensure safe transition of responsibilities.
•The new CNIO (Nik Coventry) is exploring where this role can ensure DIS keeps patient safety, clinical priorities and User Centred Design at the heart of everything we do.
•CPD Developer recruitment continues
•Congratulations to the team for their successful deployment of GP Connect integration with CPD; this marks a large milestone in information sharing across care sectors.
•The team are still heavily focussed on delivery of the Office 365, NHSmail and Teams solutions over the next period and support from colleagues in the organisation is appreciated at this time of heavy workload.

Processes

•IT Service management - have initiated the 12 action improvement plan, which covers a number of areas across service including abandoned calls, outstanding tickets, self-service, first time fix, call answering management. During quarters 2 and 3 of 2022 this will see a marked improvements on KPI's and user experience
•The team are also designing a new major incident process and communication/reporting set for all incidents that have significant impact on service (P1 and P2).
•The team are designing new processes for the management of IT incidents and requests

Technology

•The team are about to embark upon a discovery exercise regarding IT assets, licenses and contracts (Software and maintainence)
•Infrastructure - the team are close to completing the migration to the upgraded windows 10 software.
•Throughout quarters 1 and 2 the end user team will be looking to deploy circa 2000 new devices (laptops and desktops) in to the estate to refresh 30% of the aged devices across the Trust
•The team continue to plan in the work required to make major changes to our data centres, network and server estate, with delivery starting in quarter 2
•Enabling solutions - the team are active in the delivery of the 365 solution (365 client, NHS mail and Teams) across the Trust, with significant work taking place in quarter 2
•Application Development - the team continue to deliver projects to underpin the Trust's portfolio, with a key success in the past week, with the successful roll out of GPConnect
•The team continue to plan the integration and delivery of the major priority programmes for 22/23;

1. Laboratory Information Management System
2. Maternity IT System (MITS)
3. Cancer Information System (Somerset)
4. Patient Held Record (PKB) Phase 2

•The constraint in our ability to develop and in some cases maintain CPD further necessitates progress in move away from it. This is something we are doing incrementally through replacing the specialist elements with third party "off the shelf" systems whilst in parallel progressing with the ICS business case with the Frontline Digitisation programme to secure the funds for a bigger and more ambitious move. We are exploring what development capacity we will have left to move towards HIMSS Level 5 by December 2023 as per Secretary of State target in parallel.

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): Andy Williams, Interim Chief Digital Information Officer

Director Sponsor: Andy Williams, Interim Chief Digital Information Officer
Date: May-2022

TRUST BOARD REPORT: April-2022

DIGITAL AND INFORMATION SERVICE

REF	INFRASTRUCTURE & SERVICE MANAGEMENT TRANSFORMATION	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
9.03	Number of end user devices over 4 years old *			4483	4300	4220	4150	4130	4100	4050	3990	3960	5381	5370	5300	5215
9.04	Total number of calls to Service Desk			4178	3780	4227	4355	3951	4088	4324	3719	3533	3896	3276	4035	3847
9.05	Total number of calls abandoned			1224	722	982	994	802	1068	1052	1033	1070	979	539	861	755
9.06	Percentage of Service Desk Calls Resolved at First Point of Contact			11.3%	12.3%	12.2%	12.0%	11.7%	11.0%	12.3%	12.3%	15.0%	13.9%	14.8%	16.3%	16.6%
9.07	Number of Open calls (last day of month)			2212	1811	1608	1705	1768	1834	1769	1895	1733	1895	1882	1972	1930
9.08	Number of PCs that have been through W10 H2 update			-	-	-	-	-	3200	4000	4500	5700	6500	7700	7950	8000
9.09	Number of users that have had NHS mail account set up for N365			-	-	-	-	-	-	-	3410	3410	3450	3450	3500	3500

* The number of end user assets (laptops,desktops) over 4 years old rose in Jan-22 by circa 1500. This is due to a batch of devices triggering their anniversary and moving from 3 year plus to 4

REF	INFORMATION GOVERNANCE	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
9.10	Number of incidents reported and investigated			26	37	38	33	28	27	34	30	24	38	33	32	25
9.11	Number of Patient SARs			247	252	224	214	210	192	217	298	236	310	329	405	290
9.12	Number of Patient SARS processed within one calendar month*			288	252	197	213	145	180	217	194	235	309	327	404	290
9.13	Number of FOIs received (quarterly)			-	-	151	-	-	123	-	-	86	-	-	123	-
9.14	Percentage of FOIs responded to within 20 working days (quarterly)			-	-	77%	-	-	76%	-	-	87%	-	-	77%	-
9.15	Number of IG complaints made about Trust data handling to ICO			0	0	1	0	0	0	0	0	0	0	0	0	0

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

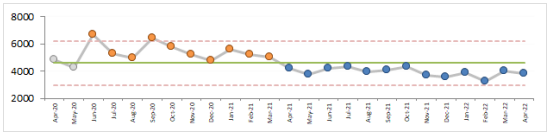
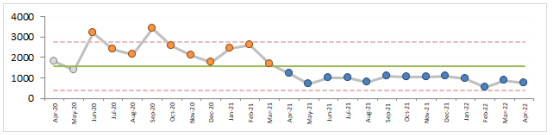
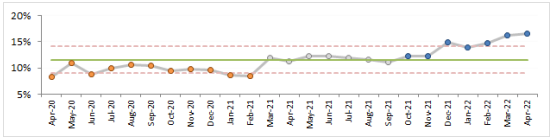
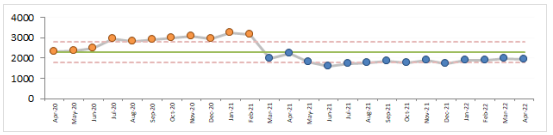
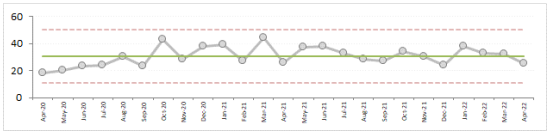
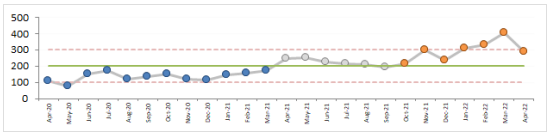
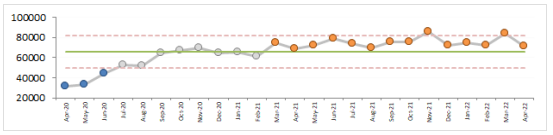
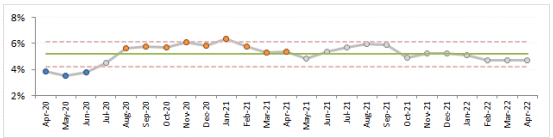
REF	OUTPATIENT TRANSFORMATION	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
9.16	Outpatients: Total Attendances			69093	71742	78557	74008	69448	75227	75355	85451	72234	74453	71734	83781	70918
9.20	Outpatients: DNA rates			5.4%	4.9%	5.4%	5.7%	6.0%	5.9%	4.9%	5.2%	5.2%	5.1%	4.7%	4.7%	4.7%

KEY:

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

TRUST BOARD REPORT: April-2022

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

Apr-22	METRIC :	TARGET :	vs LM :	
3,847	9.04 Total number of calls to Service Desk	-	-188 ↓	
755	9.05 Total number of calls abandoned	-	-106 ↓	
16.6%	9.06 Percentage of Service Desk Calls Resolved at First Point of Contact	-	0.3% ↑	
1,930	9.07 Number of Open calls (last day of month)	-	-42 ↓	
25	9.10 Number of incidents reported and investigated	-	-7 ↓	
290	9.11 Number of Patient SARs	-	-115 ↓	
70,918	9.16 Outpatients: Total Attendances	-	-12,863 ↓	
4.7%	9.20 Outpatients: DNA rates	-	0.0%	

HIGHLIGHTS FOR BOARD TO NOTE:

CTO Update

IT Service management - have initiated the 12 action improvement plan, which covers a number of areas across service including abandoned calls, outstanding tickets, self service, first time fix, call answering management. During quarters 2 and 3 of 2022 this will see a marked improvements on KPI's and user experience

The team are also designing a new major incident process and communication/reporting set for all incidents that have significant imapct on service (P1 and P2).

The team are designing new processes for the management of IT incidents and requests

The team are about to embark upon a discovery exercise regarding IT assets, licenses and contracts (Software and maintainence)

Infrastructure - the team are close to completing the migration to the upgraded windows 10 software. Throughout quarters 1 and 2 the end user team will be looking to deploy circa 2000 new devices (laptops and desktops) in to the estate to refresh 30% of athe aged devices across the Trust

The team continue to plan in the work required to make major changes to our data centres, network and server estate, with delivery starting in quarter 2

Enabling solutions - the team are active in the delivery of the 365 solution (365 client, NHS mail and Teams) across the Trust, with significant work taking place in quarter 2

Application Development - the team continue to deliver projects to underpin the Trusts portfolio, with a key success in the past week, with the successful roll out of GPConnect

Operating Model - the team welcomed the new permanent CTO (Luke Stockdale) this week

Outpatient Transformation

The number of outpatients seen via either telephone or video in April equated to 21.8% of attendances (excluding radiology).

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Action Notes

Executive Committee
04 May 2022

/ Attendance: Simon Morritt (SM) (Chair), Andrew Bertram (AB), Wendy Scott (WS), Heather McNair (HM), James Taylor (JT), Polly McMeekin (PM), Lucy Brown (LB), Andy Williams (AW), Amanda Vipond (AV), Jo Mannion (JM), Mike Harkness (MH), Mark Quinn (MQ), Ed Smith (ES), Stuart Parkes (SP), Michael Taylor (MT), Lisa Gray (LG) (action note taker), Kim Hinton (KH), Karen Cowley (CAS name change item only)

/ Apologies for Absence: Srinivas Chintapatla (SC), Gerry Robins (GR), Donald Richardson (DRi)

Agenda Item:	**Declaration of Interests**
/ Notes	No declarations of interest were declared.
/ Actions agreed	• Nil.

Agenda Item:	**Minutes of the meeting held on 20 April 2022**
/ Notes	The minutes were approved as an accurate record.
/ Actions agreed	• Nil.

Agenda Item:	**Matters Arising from the minutes and any outstanding actions**
/ Notes	Jenny Hey informed LG and WS outside of the meeting that the bed occupancy and reconfiguration update would need to be delayed to June 2022 as work was still ongoing with the CG's. Actions relating to items on today's agenda can be closed down.
/ Actions agreed	• LG to update action log.

Agenda Item:	**Chief Executives Update**
/ Notes	**Operational Update** WS highlighted operational pressures continue within the Trust. The May Day Bank Holiday had not been as challenging as Easter however yesterday had been extremely challenging and there were long waits in ED this morning. The Trust is currently the worst for ambulance waits within Humber, Coast & Vale (HCV).

Covid-19 inpatient numbers are continuing to reduce, and this is being seen across the HCV.

Similar plans to Easter Bank Holiday are being put in place for the Jubilee Bank Holiday weekend however, it is hoped the staffing position will be improved.

Board of Directors Priorities – Year Ahead
SM informed the committee that the Board of Directors (BoD) had a session on priorities for the next year when they met at the end of April. The two main things to highlight to the committee is that the BoD has agreed there is a need to publish the Trust Strategy into the wider domain given the amount of work that has gone into the strategy. SM is working with LB to do a soft launch, given the current pressures.

The BoD agreed there are four areas which they want to focus on over the coming year which are Workforce, Quality & Safety, Elective Recovery and, Flow.

SM confirmed it had been agreed to produce a narrative that supports these and develop some key measures that the BoD can look for progress against over the coming year. SM proposed a focussed session takes place at the next committee meeting in relation to narrative before it is submitted to the May BoD meeting.

The committee had a lengthy discussion in relation to the BoD's priorities, and agreed workforce was the one priority the committee should focus on at the next meeting given a lot of work is ongoing in relation to the other three priorities through the Building Better Care Programme.

The committee agreed there was a need to have two distinctive discussions around recruitment and retention. WS is to feedback to the Associate Chief Operating Officers (ACOO's) the requirement to attend the next meeting to present their CG's medium-long term plan and short term tactical plan. It was noted the conversation should focus on what the CG's/Trust needs to do and not go over the issues which are well known to both the committee and BoD.

CQC Update
SM highlighted the CQC wrote to the Trust yesterday to confirm a Section 29a warning notice will be issued following the unannounced CQC visit and the Trust submitting a response and action plan. The CQC are giving the Trust until the end of August 2022 to resolve the issues.

HM added the Section 29a was in relation to the fundamentals of care on the wards, as the CQC believe there are not effective systems in place. A report from the CQC will follow shortly and it may alter the Trust's CQC safety rating. HM noted systems are in place but due to issues with staffing levels it is difficult to deliver on them.

The Trust has ten days to factually check the accuracy and respond to

the CQC which the Chief Nurse Team are undertaking, alongside seeking legal advice.

The committee discussed the letter in detail highlighting the need to ask for amendments in terms of adding more context in on the day of the visit to allow the Trust to use this to seek assistance from the Integrated Care System (ICS) and provider partners in helping the Trust in resolving the issues the CQC have highlighted.

/ Actions agreed

BoD Priorities

- LG to add BoD priorities session to next meeting agenda and invite ACOO's.
- WS to inform ACOO's what they need to look to present.

Agenda Item:	**AHP Review**

/ Notes

WS noted the committee had previously commissioned for an external review of the AHP leadership structure, which Miriam Duffy (MD) has now completed. MD has provided the Trust with 17 recommendations under three key themes. From these WS has submitted four recommendations, outlined in the report for the committee to consider.

WS highlighted if the Chief AHP post recommendation is approved there is a need to look at how this will be funded as currently this is an add-on to the Deputy Chief Operating Officer role.

The committee discussed the review and felt the framework outlined, supported for AHP staff to be more embedded in CG's which is key.

The committee approved for the Chief AHP role to be created and appointed too. Once the Chief AHP is appointed they will explore taking forward the remaining external review recommendations and build a growth investment case to be submitted to the Integrated Care Board (ICB). The committee agreed the short-term fix for the funding would be to use AHP vacancies to cover the costs without removing these from the budgets entirely. The long term goal is for this to be included in the growth investment case.

/ Actions agreed

- The committee approved WS' recommendations.

Agenda Item:	**Trust Lead Healthcare Scientific Officer**

/ Notes

JT highlighted the committee were being asked to approve the establishment of a Lead Healthcare Scientific Officer role as per the national description. KH added it was an NHSE/I recommendation to have this role.

It is proposed the 0.2wte of band 8a funding is funded from all CG's as the postholder could be from any healthcare scientist discipline. The funding will be used to backfill time in the relevant clinical team given this role will be taken on by an existing band 8a and above healthcare

scientist.

The committee discussed and approved the recommendations.

/ Actions agreed

- The committee approved the recommendations.

Agenda Item:	**Learning from Deaths Policy**

/ Notes

JT highlighted the committee were being asked to approve the updated policy which takes into account changes introduced nationally and locally since 2020.

Both the Learning from Death Group and Quality and Patient Safety Group have previously considered and approved the policy.

The committee discussed and approved the policy.

/ Actions agreed

- The committee approved the policy.

Agenda Item:	**Recruitment and Retention Consultant Workshop – Feedback**

/ Notes

KH noted that given the discussion earlier in the meeting in relation to the workforce item at the next meeting, it would make more sense to join this up with the wider conversation so will not present this at today's meeting.

The committee agreed this was a sensible approach.

/ Actions agreed

- Nil.

Agenda Item:	**Clinical Assessment Services (CAS) name change within Directory of Services (DoS)**

/ Notes

SM welcomed KC to the meeting.

KC highlighted that currently CAS running in the Electronic Referral Service (eRS) is causing confusion and disruption for patients as dummy 2am appointment letters are being sent out when a referral is added into the system. This is resulting in complaints, calls to query the 2am time, patients arriving at 2pm thinking it was a typo, and on one occasion a patient attending site at 2am in the belief the time was correct. Additionally this is leading to staff spending a significant amount of time taking calls, managing attendances and the resultant complaints when their time could be used more effectively.

eRS have confirmed they are unable to change the dummy appointment being shown in the NHS App or a letter being sent out.

KC is therefore requesting approval to change the name of the CAS dummy appointment service in the DoS and eRS, in order to make

evident to patients that these appointments are not for attendance. It will be a significant piece of work to undertake however it is estimated it will reduce disruption to patients, complaints to the organisation and regain capacity currently lost in Outpatient Services managing the consequences of the error.

The committee discussed the request and approved for this work to be undertaken.

/ Actions agreed

- The committee approved the recommendation.

Agenda Item:	**Care Group Verbal Reports**

/ Notes

Care Group 6
MQ noted the CG was still experiencing the same issues as previously highlighted.

There is a potential interim solution to relocate the MES service from Peppermill Court which needs to be vacated. KC has visited facilities at Askham Bar which would be suitable until the service can move to its permanent home at the Community Stadium at the end of the year. The finer details are still being discussed, along with agreement in relation to rent which is looking to be a better rate than Peppermill.

Care Group 5
JM escalated the need for the works to be completed to provide the room for the obstetric ultrasound machine as this is now becoming a high risk as it is delaying scans taking place. There is only £5k of work to be undertaken however JM has been informed it has not been undertaken yet due to time and resource within the LLP. AB noted he was aware of this and was picking this up with Andrew Bennett and via the Capital Programme Executive Group.

Good recruitment for obstetricians is ongoing, with an open day taking place in Scarborough this week with one candidate being interested.

The obstetrics team had a successful time out last week.

There are some concerns with the midwifery leadership and midwifery service gaps.

Care Group 3
AV confirmed the robot was up and running in theatres as of last week, which has created a buoyant feeling within the team.

Work is ongoing with staff to organise a recruitment open day.

The CG were delighted Ward 15 had been selected as the area to pilot the Lightening the Load project with the Improvement Academy.

The Ramsay theatre will start to operate in two weeks' time. AB confirmed the contract for this was due to be signed today.

Insourcing begins next week.

AV noted despite the positives happening in the CG there were still the same issues previously highlighted in relation to workforce, flow and delays.

Care Group 4
KH noted diagnostic performance, particularly imaging, continues to deteriorate and the Trust is now in the bottom 6 in the country in relation to this standard. A robust conversation was had at the CG's oversight and assurance meeting last week and a paper is being prepared to allow for a discussion to take place at ICS level.

The capacity of the LLP is an issue as capital work being delayed is creating real problems in several areas but especially within nuclear medicine on both sites which is a vulnerable service.

The medical oncology workforce is struggling to provide on call due to sickness and one going off on maternity leave this week. SC is therefore looking into how this might be covered over the coming weeks.

Care Group 2
ES did not have a specific update for CG2 in the absence of GR however ES highlighted pressures continue on acute services, and there it is a battle to keep ambulances on the roads.

SM added the Scarborough new build launch took place last week for both staff and key stakeholders, and the day was a great success. During the day the charity appeal was also launched.

Care Group 1
MH noted an update had been circulated to the committee on the York ED build, adding the build is progressing and remains on track to complete in March 2023. Following feedback, signage improvements have been made which has made it easier for patients/visitors.

There are approximately 20 covid-19 patients that Owen Bebb is trying to manage and ongoing discussions are taking place in how that cohort of patients are managed going forwards.

There is a lot of sickness within the medical teams.

The CG are currently looking to find a Clinical Director replacement in ED and lead roles within cardiology and respiratory, which feeds into the integration piece between CG's 1 & 2 in particular.

/ Actions agreed

- Nil.

Agenda Item:	Business Cases
/ Notes	**2021/22-85 Obstetric Ultrasound Machine** JM noted this case was for the additional obstetric ultrasound machine. This was approved without a case in November 2021 due to time pressures and to allow for procurement to take place, therefore JM is seeking retrospective approval through the formal governance route. The committee discussed and approved the case. Noting AB was escalating the issue discussed during the CG updates in relation to the capital works needing to take place to allow use of the machine. HM highlighted that this was picked up on during a patient safety walkround recently so it will get escalated to BoD.
/ Actions agreed	• The committee approved BC 2021/22-85 Obstetric Ultrasound Machine.

Agenda Item:	Reflections on the meeting
/ Notes	The committee agreed it was helpful to meet in person again and requested that all meetings going forwards were in person. Noting a larger room than the Boardroom would be required for the next meeting given additional colleagues were being invited.
/ Actions agreed	• LG to source a room for the increased number of attendees for 18 May 2022 and update the second meeting of the month to take place in person.

Agenda Item:	Any other business
/ Notes	**Capital Prioritisation** AB thanked the CG's for their work on the capital prioritisation lists and reminded them their submissions need to be with him by next week. **DIS Updates** AW highlighted there was still pressure for all staff to accept the nhs.net Acceptable User Policy (AuP) and apologised for any confusion in relation to the Office 365 and nhs.net communications over the last few weeks. AW is going to work with LB to clarify the communications going out to ensure these are clear for staff. GP Connect has now gone live. A new Chief Technology Officer, Luke Stockdale has been recruited and started with the Trust yesterday. A Head of Delivery is being recruited to as well and a new Chief Digital and Information Officer has been recruited too. SM confirmed he would share further news on this once the recruitment checks have been completed.

/ Actions agreed

- CG's to ensure their capital prioritisation lists are returned to AB by next week.

Date of next meeting:
The next meeting will be held on Wednesday 18 May 2022 via Webex

ACTION LOG – Outstanding

Meeting Date	Action	Due	Owner
07.07.2021 21.07.2021 01.12.2021 02.02.2022 16.02.2022	Agree a solution offline for the Lead Clinician for Paediatric Emergency Medicine and seek approval from SM and AB, unless the solution is catastrophic as which point it would need to return to the committee for approval. JT confirmed he had a conversation with Gary Kitching and an ED consultant is interested in a 4PA role. DT noted he was calling the consultant this week to explore this further. An update is to be received in January 2022. JT highlighted the PEM consultant action was not resolved and he is in discussions with MH and is meeting with MH later in the day to look to try move this forwards. HM noted in the CQC update there was no further progress with this.	 January 2022	CGD 1, 2 & 5
05.01.2022	**DIS Funding Bids** A regular update to keep sight of the risk around the Essential Services Programme and procurement following the holistic partner challenge.	Ongoing	Andy Williams
02.02.2022	JT, WS and HM to get together and create a steering group to progress the pathway zero improvement work.	March 2022	James Taylor, Wendy Scott & Heather McNair
02.02.2022 20.04.2022	6 and 12 month review of the change to the management of the Trust's Cancer Nurse Specialist Teams. KH asked for the review dates to be two months later given the dates were from the approval date, and not when the change was implemented.	~~August 2022 & February 2023~~ October 2022 & April 2023	Srinivas Chintapatla
16.02.2022 11.04.2022	An update on the harmonisation of local pay is to be submitted to the committee in April 2022. PM confirmed Lydia Larcum needed to meet with the CG's following sharing an updated paper with them so this item will now come to a meeting in May.	~~April 2022~~ May 2022 – 2nd meeting	Polly McMeekin

16.02.2022	**2021/22-59 Community Stadium and Community Estate Utilisation Plan – Update** • Quarterly updates to be submitted from the Community Estate Working Group. • Expansion into any vacated space will require a business case as no funding is available to service or recommission these areas.	Various June 2022 Ongoing	Various Neil Wilson CGD & ACOO's
02.03.2022 04.05.2022	JH to submit an update on the bed occupancy and ward reconfiguration work by the end of May 2022. JH confirmed this work was ongoing with the CG's and would be ready for submission in June, WS is aware.	~~May 2022~~ June 2022	Wendy Scott
02.03.2022	To receive a review on the updated ICU discharges SOP in two months.	May 2022 – 2nd meeting	Amanda Vipond
02.03.2022 20.04.2022	**2021/22-89 Ensuring Sustainable Pancreatic, Biliary and Liver services (Medical and Surgical) Trust wide** • To be re-submitted once the conversations with Hull, Leeds and the ICS have taken place within the next month to allow for final sign off before TB starts his training. GR confirmed conversations are still ongoing in relation to this case.	~~April 2022~~ May 2022	Mike Harkness
20.04.2022	**Quality Reporting Proposal** • HM to clarify with Shaun McKenna whether the quality reporting proposal was an additional report or replacement and feed this back to the committee. • The committee confirmed the proposal was approved if this replaced the other quality reports however if it is in addition too then the committee does not approve it given it will create further work.	May 2022	Heather McNair
04.05.2022	**BoD Priorities** • LG to add BoD priorities session to next meeting agenda and invite ACOO's. • WS to inform ACOO's what they need to look to present.	May 2022	Lisa Gray & Wendy Scott
04.05.2022	LG to source a room for the increased number of attendees for 18 May 2022 and update the second meeting of the month to take place in person.	May 2022	Lisa Gray
04.05.2022	CG's to ensure their capital prioritisation lists are returned to AB by next week.	May 2022	All

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NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

June 2022

Laura Wilson, Sister and Gemma Salt, Healthcare Assistant	**Scarborough**	**Nominated by Joanne Howe, relative**

I attended the Emergency Department after being told by my GP to take my daughter to minor injuries as she had a splinter in a delicate area. At first we got told to go down to minor injuries, however the nurse we saw said we needed transferring down to paediatrics ED due to the nature of the splinter. Laura and Gemma were very calming for my daughter and played with her. Laura had the task of doing a Covid swab on my 8 year old, a challenge as she does not like having swabs. Both kept us informed of what was occurring whilst waiting for the regular doctor to arrive. Gemma kept my daughter replenished with drinks and food, whilst also coping with the busy pressures of the Emergency Department. Two amazing ladies, who deserve to be recognised for their commitment to the NHS.

Michael Scott, volunteer	**York**	**Nominated by Sue Nightingale, colleague**

Michael volunteers with us in the discharge lounge, he is always very helpful and polite both with patients and staff members. Michael is always cheerful and interested in everything that is happening in the Trust. It is a pleasure to have Michael volunteering with us.

Helen Pape, Skin Cancer Specialist Nurse	**York**	**Nominated by a colleague**

Helen has stepped up to the mark over the last few weeks. As with many teams, the skin cancer nurses have been affected by sickness within their team and among other allied clinicians who usually support them. Helen has maintained the CNS service throughout this period and made sure that all of our skin cancer patients continue to receive the care they require during this difficult time. Thank you Helen.

Vicky Wharram, Skin Cancer Care Co-ordinator	**York**	**Nominated by a colleague**
Vicky is a key member of the skin cancer service who is often overlooked. She acts as the first port of contact for current patients ringing up regarding questions about their skin cancer diagnosis/care, and generally organizes members of the skin cancer team to make sure any loose ends around clinical care are tidied up. Recently her job has been much harder due to sickness in her team and other clinicians who work closely with her. However, she has continued to keep the boat steady throughout. Thanks Vicky.		
Outpatients Department	**Scarborough**	**Nominated by a colleague**
I have recently been a TNA student in the Outpatients department at Scarborough and the team have all been really lovely to me and have made me feel very welcome. Everyone including the doctors, nurses, HCA's and housekeeper took the time to show me around and were happy to answer all my questions despite being busy. I have thoroughly enjoyed this placement, thank you once again to all the staff on OPD at Scarborough.		
Stacey Watkins, Catering Operative	**York**	**Nominated by Jo Dea, colleague**
During the Easter Bank Holiday, I had the pleasure of supporting and work shadowing Stacey. I was impressed by her professionalism and her knowledge was outstanding. She was very patient with me, wasn't fazed by any of my questioning and equally wasn't shy in making an observation regarding patient safety. The appreciation of individual patients' requirements, a point that really touched me, was her care about an end of life patient and her needs. She will make a great buddy to new starters as she had some 'knowledge of the trade' examples that simplifies and aids service. Her professionalism, communication and familiarity with clinical staff shone through service.		

COVID Medicines Decisions Unit	**York**	**Nominated by Mark Quinn, colleague**

The CMDU (Covid Medicines Decisions Unit) was set up in January 2022 within 2 weeks of the NHSE request just prior to Christmas. The service provides prophylactic Covid treatment for the most vulnerable patients if diagnosed with Covid.

With no additional staff or resource, a true multidisciplinary/cross care group (4 and 6) effort got this service off the ground. The OPAT team have done first line triage of vulnerable patients 7 days a week; the rheumatology team have prescribed the medications and pharmacy have delivered second drug safety triage due to complexity of treatments involved and delivery to patients.

Every member of each team has gone above and beyond their day jobs to deliver this service. The commitment and hard work from everyone was exemplified over the long Easter bank holiday. The team are driven to keep our most vulnerable patients safe, prevent hospital admissions and ultimately save lives.

Louise Young, PALS Advisor	**York**	**Nominated by Kathleen Merrick, colleague**

Lou offered to go out of her way to give practical support to a distressed and concerned patient who contacted her team and had been advised to attend for assessment. Her kindness and caring approach is appreciated.

Nicola Tuck, Physiotherapy Assistant	**Selby**	**Nominated by Eddie Stock, colleague**

Nic always strives to go above and beyond to deliver excellent patient centred care. This has been evident during her whole time here in her normal role and during her redeployed role. Today she really looked after a pregnant patient who was struggling to mobilise, she helped her on entering the department and saw her safely out after the appointment ended (which went well into her lunch break). This is not the 1st time this has happened, nor will it be the last.

Jane Kemp, Staff Nurse	York	Nominated by Lotte McCabe, colleague

Janey is a consistently hardworking and committed nurse. Her dedication to the ward, her patients and her colleagues is always shining. Janey recently suffered a personal loss, and in spite of this, managed to return to work and deal with all the challenges a day on the ward brings with it, in the same professional and dedicated manner she always shows - even holding the hand of a patient who was in their final moments. She is a particularly strong individual. On a lunch break recently, Janey used her own time to take a long stay patient out for a walk in the sun and to get a coffee. Janey is all about the little things that make a big difference.

Gemma Campayo-Losa, Ward Sister	Scarborough	Nominated by Josselyn Chukwuma, colleague

Gemma is very knowledgeable in her job role and practices effortlessly and with passion to delivering quality patient care. Gemma works excellently with all members of staff (including doctors), supporting and guiding everyone who needs help or is struggling with decision making. She is always available when needed to carry out her duty as well as assisting every member of staff to deliver quality patient care. She is an outstanding fellow colleague and she inspires me and everyone she works with. I truly lack words to describe her excellence, but to summarize it all, she is a Star.

Dr Marcus Nicholls, Consultant Radiologist and Vascular Imaging Unit	**Scarborough**	**Nominated by Lisa Shelbourn, colleague**

Dr Marcus Nicholls had a full interventional radiology list scheduled at Scarborough for Wednesday 13 April. It became apparent early that week that the number of acutely unwell patients who were on wards in Scarborough who also needed a procedure performing by Dr Nicholls was growing. On reviewing the number of patients he had to see on his list he realised that were more patients than could be seen on his list. This would mean either patients on Wards on the Scarborough site waiting longer in a bed until the next list could be arranged after the Easter holiday, or some suspected cancer patients who were awaiting a biopsy would need to be cancelled and rearranged for the following week.

Marcus discussed this with the nursing team, who were due to support his list that day, and they all agreed to work over breaks and run the list over if necessary in order to ensure all of the patients who were waiting had their procedure that day.

The team did an amazing job and didn't stop until all of the patients were seen, showing a fantastic dedication to patient care, and meaning the patients on ward areas had their pain relieved and could be discharged from hospital sooner. The radiographers also worked extremely hard rearranging patients to ensure they had beds. Loran also stayed until 20:00 catching up with the CT list after others had finished with all the intervention patients.

Samantha Williams, Registered Nurse Associate	**Community**	**Nominated by John Birch, patient**

Sam goes above and beyond, she has helped immensely with my legs and nothing is ever too much trouble. She is so caring, does a brilliant job, she has really taken time with me. I really appreciate everything she does for me and think she is marvellous.

Helen Lamb, Ward Sister, Gemma Grainger, Ward Sister	**York**	**Nominated by Emma Taylor, colleague**
Helen and Gemma have both gone above and beyond their roles to support me during a particularly challenging time in my personal life. Without their support over the past 6 months I feel that I would have been in a much worse place and unable to manage under the current stress I have. They have made me feel that while my world is falling apart the only thing I do not have to worry about is my work situation.		
Georgia Miles, Directorate PA and Lucy Brice, Ward Clerk	**Scarborough**	**Nominated by a colleague**
Georgia Potter and Lucy Brice on reception at Women's Unit Scarborough Hospital epitomise the trust values through and through. Nothing is too much trouble; they are always welcoming and friendly to patients and colleagues alike. If there is a problem, they will seek a solution without reluctance, even in a time pressured environment. They bring in special little treats for colleagues to keep up morale, as well as going out of their way to help other colleagues if they know they are busy. They definitely deserve to be recognised to know that we fully appreciate their smiles, kindness and support. Thank you ladies.		
Accident and Emergency, Paediatrics	**York**	**Nominated by Yasmina Robinson, relative**
My daughter Gia was brought in by ambulance last night and everyone who helped to look after us were just amazing, so helpful and kind. I have anxiety and have had previous bad experiences, but everyone who cared for us was brilliant, especially the doctor and the nurses who were just great. Thank you so much.		

Gemma Wilson, Retinal Screener	**York**	**Nominated by Adam Shaw, colleague and Richard Salt, colleague**

First Nomination
Gemma showed great care and empathy with a patient who attended for eye screening and suddenly became ill. Unfortunately, after the first part of her screening episode was completed the patient, who lives in a care home, became unwell and was in the waiting area. Gemma comforted and looked after the patient, getting her some water and reassuring her, and then proceeded to tidy up whilst arranging for a thorough deep clean of the area.

The patient was very distressed and upset about what had happened, but Gemma's manner and caring nature helped the patient to relax and feel better. Once the initial clean-up was completed, Gemma spoke with the carer and patient, arranging for the patient to be taken home and reassuring her that a replacement appointment would be arranged as soon as possible.

Second Nomination
A patient came to screening to enquire why her husband hadn't been screened for 5 years. Gemma said she would find out for this lady, took the patients' husband's details and passed it onto myself to find out. The patient had been referred to Ophthalmology but hadn't attended so was discharged and may have been lost to follow up. If it wasn't for Gemma's intuition this patient may have not been seen for quite some time. The patient is booked to have their eyes screened with us in a few weeks' time.

Kerry Gover, Staff Nurse	**York**	**Nominated by Beverley Marshall, patient**

On my second visit to this team for breast cancer treatment they were all amazing and looked after my every need. Kerry was so kind and caring, treating me with such dignity. She spent time with me, helping me, making sure I wanted for nothing and talking to me, which I needed, and making sure I wasn't in pain. Nothing was too much trouble. She is a beautiful person inside and out. Perfect in her role. Thank you Miss Piper, surgeon, Kerry and everyone on the ward. My care was first class.

Suzie Marsden-Hendrick, Administrative Assistant	**Scarborough**	**Nominated by Kelly Townend, colleague**
I'm nominating Suzie, as she recently had to step up and take on work that she wasn't overly familiar with, in order to keep service running within her department. The department had just gone through a restructure, her role was changing and she found herself running the service alone, on a part time basis. She went above and beyond what was expected of her, in order to ensure service users got the training required. Suzie you are amazing and deserve this award so much, well done.		
Tim Hamilton, Physiotherapist	**York**	**Nominated by Lucy Holmes, colleague**
Tim is an excellent physio, loved by patients and staff. Our patients on ICU are often very complex and the time and effort that Tim puts into their physio reviews is commendable. He is often around long after his finishing time because he stays to make sure that patients are all settled and returned to bed before he goes. He is a real team player, and one of the most patient people I've ever met. Sadly Tim is leaving us on ICU very soon, but I know he will be a huge asset to his new team, they are very lucky to have him.		
Ward 17, Paediatrics	**York**	**Nominated by Alexandra Damazar, colleague**
Overnight a teenage patient with mental health problems barricaded herself into a side room on the ward. It was impossible to open the door more than 5cm maximum, the patient refused to move the barricade and was making threats to her life. Staff made significant attempts to de-escalate the situation, but due to risk of harm to patient, staff security were called and broke down the door. The patient was safe, and staff all removed from risk of physical harm despite very high risk circumstances to all. All staff went above and beyond to achieve this, at personal risk. Specific staff on duty were Emma Sebag-Montefiore, Nicola Howden, Sandra Lund, Lauren Burgess, Cath Southon.		

Alex Bill, Cleaning Operative	**Community**	**Nominated by a colleague**

In February of this year, Tadcaster Health Centre was flooded affecting all the clinic rooms and offices in the downstairs area. Our colleague Alex who is part of the domestic services worked tremendously hard to clean up the building, clear out equipment and resources which can no longer be used. He has also supported services in the rooms so they can clear out resources and move cupboards to clean underneath. It has been an enormous job and he has done it with such a positive and helpful approach. We have some way to go before the health centre is up and running, but without Alex we would not be where we are now and to be able to use the upstairs part of the building. All his support and help are so greatly appreciated by everyone working at Tadcaster Health Centre and we want to say a big thank you.

Joanne Southwell, Strategic Capital Projects Manager and Sarah Barrow, Head of Business Development	**York**	**Nominated by Andrew Bennett**

Jo and Sarah have worked with passion and determination to deliver the Full Business Case for the Scarborough Urgent and Emergency Care Project, which has recently received approval by NHS England & Improvement ('NHSEI') and the Department of Health and Social Care ('DHSC'). This approval has unlocked £40m of central government funding for the project, which will be supplemented by £7m of other funding to enable the project to go ahead and deliver new state-of-the-art urgent, emergency and critical care facilities at Scarborough General Hospital as well as significant electrical engineering infrastructure improvements.

The project is currently commencing on site and will be completed early in 2024. Due to the value of the scheme, the Trust had to adhere to the HM Treasury and NHSEI Business Case guidelines that require three business cases – the Strategic Outline Case ('SOC'), Outline Business Case ('OBC') and Full Business Case ('FBC') – to be submitted sequentially and with Trust Board, NHSEI and the DHSC approvals at each stage. This process commenced in 2019 with the SOC, the OBC followed in 2020 and the FBC was completed at the end of 2021.

Jo and Sarah have worked tirelessly and diligently to marshal a huge amount of very detailed information into all three business cases – they have literally invested blood, sweat and tears. NHSEI confirmed that the FBC received great feedback from the approving committee – thoroughly deserved of course, but such positive feedback is apparently almost unheard of from this committee. Consequently, we have been asked if the business case can be provided to other trusts looking for a "good example" and also if it can be used for training purposes in the national Better Business Case training as an exemplar. Well done to Jo and Sarah on getting the business case completed and approved.

Agnieska Rystwej, Healthcare Assistant	**York**	**Nominated by Ellie O'Neill - on behalf of the Breast Care Nursing Team, colleague**
There was an incident within the reception area of the Magnolia Centre. Agnes noticed that the patient was experiencing difficulties and needed help. She offered help immediately. Ultimately, the crash team were needed and Agnes instigated this call. She remained with the patient until the appropriate help arrived. After the incident, Agnes highlighted the importance of asking people if they need help rather than just presume that they are ok, or that someone else will help. Agnes was a prime example of everything the Breast Unit aspires to be..... caring for our patients.		
Lizzie Verity, Midwife	**York**	**Nominated by Laura Marsden, patient and Bradley Marsden, relative**
First Nomination I was induced Thursday 21 April and when moved into the labour ward I was met with Lizzie who was absolutely amazing from the start to finish. I ended up needing an emergency caesarean due to foetal distress and he came out weighing 10.10lb born on 23/04/22. Lizzie explained everything in such great detail and made sure I was as ok as I could be throughout the whole experience and process, she honestly couldn't have done a better job. Myself, Bradley and baby Freddie cannot thank her enough. **Second Nomination** Lizzie was incredible from the minute she picked us up from the antenatal ward, making both my wife and I feel at ease and in great hands from minute one. In what became a stressful labour, resulting in an emergency c-section, Lizzie was calming and compassionate and provided great care to us all. As a first time dad, it was great to have someone with her personality and experience taking care of my wife.		

Marie Stephenson, Deputy Sister	**Scarborough**	**Nominated by Abby Fennell, colleague**

On the 26 April a patient was booked to attend the endoscopy department at Bridlington, unfortunately when transport arrived to collect the patient they were not in a condition suitable for collection. The patient had been trying to contact her carers to assist and transport were unable to help. Marie contacted the patient to discuss rebooking the appointment and recommended Inpatient prep.

After speaking to the patient Marie was concerned that she would be left until carers attended at 6pm to be cleaned and felt that personally she wasn't comfortable with the situation. Therefore Marie and one of her students contacted the patient and advised her that they would go round to help her. The patient was very grateful for this offer so they both went in their break to help. When they arrived she was upset with the situation. They helped to get her cleaned up and changed her clothes and made her more comfortable, and also ensured that everywhere in the house was cleaned. She thanked both for their kindness as felt they had been the only ones who had cared. Myself and my colleagues in Endoscopy were really moved by Marie and her colleague's kindness towards this patient and felt it was a true example of care within the Trust.

Mark Davies, Senior Physiotherapist	**Selby**	**Nominated by Joanne Chatham, colleague**

Mark is a highly motivated individual who goes above and beyond his duty of care with the patients on our Inpatient ward. Whenever I am passing I see him working with the patients in such a positive and encouraging manner. He displays much empathy, compassion and patience within his daily role and puts a smile on many of his patient's faces. When one of Mark's colleagues mentioned they didn't expect to see him on the Bank Holiday Monday he told them he thought 3 days would be too much of a break for some of the patients under his care certifying his utter dedication to his work. He is always pleasant, upbeat and professional and deserves some recognition.

Dr. Damian Mawer, Consultant	**York**	**Nominated by Dr. Neil Todd, colleague**
Damian has worked tirelessly throughout the COVID pandemic to ensure that as a healthcare organisation we have done everything possible to protect our patients, staff and visitors from the worst ravages of this awful infection. He has worked up myriad policies in consultation with a very wide range of staff across the Trust, often at very short notice. He has achieved consensus in many tricky areas and advised Silver and Gold commands on how best to tackle this infection. His working hours have been extremely long to deliver all of this. I believe that this level of commitment to human wellbeing is very rare and should be widely recognised.		
Glenn Hawthorne, Cardiac Outreach Nurse	**York**	**Nominated by Reece Dodsworth, colleague**
I was working in the waiting room in the Emergency Department whilst the department was under extreme stress. I had a patient whom I was concerned about with a raised trop and irregular ECG. The patient was anxious, crying and scared. I phoned and asked Glenn whether he could offer support to the department and to see the patient. Glenn promptly came down to ED and reviewed and offered support. Whilst this lady was scared and anxious, Glenn's kindness, openness and honesty reassured her. Glenn was able to get a CCU bed for the patient and ensured she received the care she needed.		
Ellis Birks, Midwife and Katie Collins, Midwife	**York**	**Nominated by Blossom Hill, patient**
The team who looked after me when my labour went wrong. The quick action saved my son's and my own life. Everyone who cared for us was truly kind, lovely and amazing. I wish I could thank everyone who was involved in our care.		

Karen Alton, Cleaning Operative, and Geoff Harrison, Cleaning Operative	**York**	**Nominated by Andrew Porter, patient**
They have a great work ethic and just get on with the job. The place is always clean, they are such hard workers, never stop and very pleasant. They will help if they can without hesitation and are a credit to the NHS.		
Nelson's Court Therapy Team	**York**	**Nominated by Eileen Watson, colleague**
This star award nomination goes to the whole therapy team that supported a dual physiotherapy clinical placement for two students with a new model of working 2:1. The demands for physiotherapy student placements are great at the moment and the team stepped out of their comfort zone to support the students in this way. The feedback was also fantastic; 'Overall I wouldn't change anything about this placement, I want to say thank you to the therapy team for making this a fulfilling and enjoyable place to be - my confidence has grown so much. I have appreciated the opportunity to carry out a self-directed research project, developing my understanding of in-patient practice and widening my knowledge.'		
Haematology and Transfusion Staff HRI	**York**	**Nominated by Mandy Bryan, colleague**
The team have worked tirelessly over the two years of the Covid Pandemic and even more so recently. An inspection by the United Kingdom Accreditation Service for laboratories, highlighted the commitment and enthusiasm of staff in the department and found it remarkable that despite high staff sickness levels and constant shifts requiring last minute cover, the team not only maintained accreditation but also improved on this. The visit this week lasted 3.5 days and there were 7/30 staff sick during this time, several on leave and several on night shifts or recovery. This team has been absolutely remarkable and resilient.		

Tina Burnes, Healthcare Assistant	**Bridlington**	**Nominated by Kerry Headlam, colleague**
Since the new unit opened on Thornton Ward known as Bridlington Care Unit, Tina has been doing bank shifts on here with the team. Tina is a kind, caring and supportive individual. I have worked with Tina frequently on BCU and have been amazed at how much dedication she has for the patients we look after. Tina has been going that extra mile to help comfort patients and highlight concerns before we send them home or for a placement. In particular we recently had a lady who had cancer and she became unwell, if it wasn't for Tina's concern and knowing her patients, we did a lateral flow and this lady was covid positive. The family were extremely grateful for all Tina had done and for looking after their mother. This lady was then made palliative and able to go home back with her family where she wished to see her last days. The empathy Tina shows is remarkable and I feel she should have some recognition her work. Showing all the trust values and also being a good person.		
York Community Response Team	**Community**	**Nominated by Emma Seabourne, colleague**
A patient was referred to York Community Response Team following multiple falls at home and concerns raised about her safety. Assessed by Charlotte Glover (Band 6 Nurse) at the patient's home it was felt that the patient required a step-up bed to support this ladies safe mobility whilst recovering from the falls, rather than un-necessary admission into hospital. Patient confidence was badly affected following the fall. Step up bed identified and accepted, Charlotte attempted to organise transport to take this lady to the step-up bed. Yorkshire Ambulance were unable to accept this request as only responding to emergency calls at this time – RATS nor GP were unable to support transport solutions, also family unable to support. YCRT attempted to access a wheelchair taxi (none available in the city that night and not taking advanced bookings) Also patient did not have a wheelchair to facilitate admission into step-up bed. Eventually YCRT able to book a wheelchair mini-bus for the following day. Jack Appleby visited that evening to ensure that patient was safe overnight and gave re-assurance as needed. Following a wheelchair being sourced from an In-patient Unit – Jack Appleby and Sam Bradley visited the patient the following morning to support morning routine, facilitated access out of the property and into the mini-bus; escorting the patient to the step-up unit. I have nominated these team members as they have showed commitment to patient safety, supporting patient wishes and thinking outside the box in preventing an un-necessary admission into hospital.		

Sophie McDowall, Healthcare Assistant	**Community**	**Nominated by Aivin Michael, colleague**
She was active in her job. She behaves well with others. She has good time management.		
Emergency Department	**Scarborough**	**Nominated by Sam McIntyre, colleague**
The team on ED, both nursing and medical, are working under extreme pressure to try and help maintain safe care to patients in the department. Care and hourly jobs in the waiting room, corridor, on ambulances, as well as trying to provide ward based care to people in ED for sometimes days, whilst waiting for beds. The team have had to adapt to the challenge, work under extreme pressure and work as such a cohesive unit, I believe it deserves recognition. The NICs and EPICs have been second to none.		
Adrian Soboczynski, Advanced Clinical Practitioner	**Selby**	**Nominated by Claire Ramsay, colleague**
Adrian truly represents the Trust Values every day, Adrian shows genuine care for staff and always demonstrates a professional, helpful and positive attitude even in challenging times. The ward has recently been through a challenging time with staffing due to an outbreak of Covid 19, on days where staffing has been depleted Adrian has responded to the needs of the ward, patients and staff by working in partnership with all members of the MDT and helping beyond his ACP role. Adrian has undertaken medication rounds and assisted patients with personal cares to ensure that both the needs and safety of the patients have been met and to ease the work load on other staff members. Adrian is a valued and respected team member who creates a positive and happy vibe on the ward, he also makes a great cup of tea :-)		
Mark Powell, Operating Department Orderly	**York**	**Nominated by Peter Redfern, colleague**
Mark is always cheerful. Very willing to help others. Really patient in explaining things to new team members so they are aware of what needs doing. He is a team player.		

Penny Furness, Healthcare Assistant	**Scarborough**	**Nominated by Adelle Whittaker, relative**

My son Billy Whittaker came to the Emergency Department where he was assessed for leg pain. We were moved into some cubicles close to where the ambulance brings patients in. While we were waiting for X-rays a lady called Penny was in the computer room and made my little boy happy. He was hungry and she went out of her way to create a little picnic on a tray for him and brought a toy dinosaur so he felt special. Not only that, she wanted to find him a teddy, she couldn't find any, but then remembered some made ones she had from family somewhere. She brought them in and let Billy choose one from the bag someone in her family had made. She even let him keep it to make him feel safer in hospital and not worried.

Everything she did made Billy feel happy and she really went above and beyond hospital care to ensure he wasn't worried. Thankyou Penny.

Steve Smith, Porter	**York**	**Nominated by Emily Poppleton, colleague**

Steve assisted myself to take a confused, aggressive patient to CT after the patient had a fall on the ward. Steve was amazing with this patient while in CT, he remained calm and I believe the patient would not have had the scan if it wasn't for him. His communication skills and approach to the patient has not gone unnoticed.

Clare Sherwood, Advanced Care Practitioner	**York**	**Nominated by Gillian Wroe, patient**

Having had a previous 12 hour traumatic experience in the Emergency Department, I was anxious when my GP advised I needed to go in again, with breathlessness, laboured speech and chest discomfort.

I was seen by Claire who listened regarding my symptoms of previous mini stroke. After all the blood tests and a chest X-ray she put in place a referral to the stroke unit and medication for if it had been a TIA, plus I've since had stroke Ward appointment and a carotid Doppler scan to make sure things are as they should be. She also listened concerning my long term lumbar problem flaring up with walking on crutches and the strong painkillers prescribed in orthopaedics which were causing some complications. Clare prescribed alternative medication which has helped tremendously.

Apart from being a good listener, she is also a very caring medic, who despite being very busy in ED, is polite, reassuring and explains each stage in the diagnosis. She makes you feel like a person and not just an NHS number patient who is a problem.

Gemma Coultas, Domestic Assistant	**Scarborough**	**Nominated by a colleague**

Gemma always has a smile on her face, she brings such joy to the ward. No job is ever too much for her. If she hears a nurse/HCA say they need something or ask for something for a patient, within moments Gemma has returned with whatever it was they needed.

Helen Chiplin, Datix Manager	**York**	**Nominated by Faye Howes, colleague**

During a particularly busy week where several members of the team were on leave and some were off with Covid, Helen took on some of the responsibilities of four different members of the team like an absolute superhero. She wasn't just asked to do this - she offered. The team would not have been able to function without this kind offer of support. I had only been in my new post for just over two weeks and was without my new manager whilst also helping to cover the work of a teammate on leave. Needless to say it was a big challenge when so new to my role, and at times felt insurmountable. Helen went above and beyond and took on so much extra work to support me and the team and make sure everything got done. Despite her huge workload, Helen still made the effort to check in on me and offer emotional support as well as noticing when I was struggling and offering to take on even more work just to help me out. Helen personifies great teamwork and the Trust values and she genuinely cares about those she works with and tries to make a difference to their work lives and emotional wellbeing. I honestly would have been lost without her. Thank you Helen.

Sarah Cranmer Staff Nurse	**York**	**Nominated by Amy Holgate, colleague**

Sarah is always so hard working on Ward 34. She is thorough, lovely with patients, leads by example and goes above and beyond to deliver a safe and excellent standard of care. Last week she was involved in the care of a poorly patient on Ward 34 who had expressed a wish to stroke a horse before she died. Sarah came in on her day off after arranging a friend to bring a horse to the hospital to visit. This was such a wonderful thing to do and made such a positive difference to what might have been this patient's final days. I know she will not ever forget the kindness you showed to her and your colleagues are very lucky to have you. Well done Sarah.

Hannah Fretwell-Bates Midwife	**Selby**	**Nominated by Emily Lewis-Ashley, patient**
I first met Hannah when I was eight weeks pregnant and from the moment I met her she made me feel at ease. Her professionalism and friendly manner helped ease any worries I had throughout my pregnancy. Hannah's personality and sense of humour lights up a room when you walk in. She is an inspiration and a fantastic midwife. You should be very proud Hannah.		
Heather Mather Community Physiotherapist	**St Nelson's Court**	**Nominated by Natalie Ross, colleague**
I wish to nominate Heather as she makes such a difference to the well-being of our team. Heather will always take the time to check in with her colleagues and to make sure that they are okay. She is always on hand to offer support and advice, taking on extra duties regularly on top of her already busy days. She goes above and beyond for her patients. She is a dedicated and hard-working and makes our days that much brighter because she is part of our team.		
Sue Smith Generic Therapy Assistant	**Bridlington**	**Nominated by Kerry Headlam**
Sue has been working on the new unit at Bridlington as a therapy assistant. Sue constantly goes above and beyond her role within patient care, safety and well-being. Sue is a great part of the team and is a pleasure to work with. Sue has a great understanding of patient's needs and wants, and always makes time to get to know them better so that the care she provides is the best it can be. Sue works very hard on the Unit enabling all the patients to keep moving and ensuring that everything is in place for patients to be discharged home or to a placement. Sue is a credit to the trust and always ensures she follows the trust values at all times. Just want to say a massive thank you.		

Rachel Corley, Team Leader	**York**	**Nominated by Victoria Clint, patient**
I rang the x-ray department to change the appointment I had been allocated. I was very pleased for my call to be answered by Rachel. Her telephone manner and how she dealt with me in such a friendly but professional way was above and beyond my expectations. Rachel found me another appointment as I was going on holiday and did not want to miss this important x-ray. As a first port of call Rachel gave excellent patient service. Well done Rachel. Please will you pass these comments on to Rachel and her line manager. Thank you.		
Procurement Team	**York**	**Nominated by Sheena Mason, colleague**
The Purchasing Team are always helpful and quick to offer their expertise when asked for. They work extremely hard and no matter how trivial or challenging the requests, you can rely on their support. I think they are all worthy of a star award.		
Stuart Ward, Advanced Clinical Practitioner	**Scarborough**	**Nominated by Adam, colleague**
On three very busy nights, Stuart went above and beyond. As well as working through patients as safely and efficiently as possible, he stayed two hours (minimum!) late on two of the nights. On one of the nights, with a nurse down due to a transfer, he stayed on as the nurse AND clinician in ED RAZ, beyond his shift finish time. He worked extraordinarily hard throughout the period (as he does always!) and managed a very challenging set of shifts with professionalism, dedication, and his usual enthusiasm. He demonstrated excellent team work, commitment to his colleagues and patients, and dedication to his profession. I am proud to call him a colleague.		

Sophie Hoult, Doctor	Scarborough	Nominated by Niamh Dixon, colleague

A young lady presented during a busy Saturday shift with collapse and other worrying symptoms. Dr Hoult prioritised the patient and thoroughly assessed her, where the patient had previously felt she had not been listened to, Dr Hoult took the time to listen to all of her concerns and gain a thorough history. Because of this history, Dr Hoult organised an urgent CT scan for the patient, which would not normally be undertaken on a weekend, but Dr Hoult insisted on the scan with radiographers due to the worrying nature of the patient's symptoms. It became apparent through the scan that the patient had a large saddle embolus PE and treatment and monitoring was able to begin immediately due to Dr Hoult's quick thinking and thorough assessment.

Not only did Sophie act as the patient's advocate to ensure quick diagnosis and treatment, but her bedside manner is exemplary and she always treats every patient with respect, kindness and patience. She is an absolute asset to EAU and this is just one brilliant example of how she exemplifies the trust values through her patient care.

Sian Jones, Senior Orthoptist	York	Nominated by Alex Campbell, relative

My daughter was referred to see and Sian in 2020 aged 5 during the pandemic, and I think the service has been amazing. We have had no disruptions in her care and appointments through this period. The care and attention Sian has shown has been wonderful, and has really helped my daughter's vision. She is 7 now and has been discharged, and we are a little sad we won't get to come see Sian again and wear the green and red glasses. Sian is an asset to the ophthalmology department and the NHS.

Sandra Agyemang, Staff Nurse	**York**	**Nominated by Virginia Russell, colleague**
Sandra is an international nurse and arrived in the UK from Ghana around 8 months ago. She is very proud of working on ward 39 and was supported by the Trust to take the NMC test of competence allowing her to work as a registered nurse in the UK. Sandra now spends time on her days off from the ward to support the new international nurses training for their NMC exams. She travels over to York University to work alongside Trust Clinical Educators and help in the classroom. Having taken the NMC exam herself Sandra feels her experience and understanding helps the new nurses to settle and not feel nervous as they prepare. Just Brilliant!		
POCT Team, SHYPS	**York**	**Nominated by Joanna Andrew, colleague**
The POCT team at Hull led by Alex Clubley had their first inspection under the UKAS standards in April and were successfully awarded accreditation. This is a huge achievement and means Hull is only the 5th laboratory in the country to gain accreditation. This is due to the hard work, expertise and dedication of Alex and her team. This also gives reassurance that the Trust is providing a safe POCT service for its patients.		