

Performance and Activity Report

August Performance 2018

Produced September 2018

The Board Assurance Framework is structured around the four ambitions of the Trust:

Quality and safety - Our patients must trust us to deliver safe and effective healthcare.

Finance and performance - Our sustainable future depends on providing the highest standards of care within our resources.

People and Capability - The quality of our services is wholly dependent on our teams of staff.

Facilities and environment - We must continually strive to ensure that our environment is fit for our future.

Assurance Framework
Responsive

Performance Summary by Month – Trust level

Operational Performance: Unplanned Care	
Emergency Care Attendances	
Emergency Care Breaches	
Emergency Care Standard Performance	
ED Conversion Rate: Proportion of ED attendances subsequently admitted	
ED Total number of patients waiting over 8 hours in the departments	
ED 12 hour trolley waits	
ED: % of attendees assessed within 15 minutes of arrival	
ED: % of attendees seen by doctor within 60 minutes of arrival	
Ambulance handovers waiting 15-29 minutes	
Ambulance handovers waiting 30-59 minutes	
Ambulance handovers waiting >60 minutes	
Non Elective Admissions (excl Paediatrics & Maternity)	
Non Elective Admissions - Paediatrics	
Delayed Transfers of Care - Acute Hospitals	
Delayed Transfers of Care - Community Hospitals	
Patients with LoS >= 7 Midnights (Elective & Non-Elective)	
Ward Transfers - Non clinical transfers after 10pm	
Emergency readmissions within 30 days	
Stranded Patients	
Super Stranded Patients	

Target	Sparkline / Previous Month
95%	
0	
0	
0	
0	
100	

Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
17134	15979	16570	15158	16236	14712	13719	15845	16374	17985	17242	18903	18215
2033	2697	2222	1263	2766	2728	2499	2983	2439	1786	1722	2266	1366
88%	83%	87%	92%	83%	81%	82%	81%	85%	90%	90%	88%	93%
37%	38%	38%	39%	41%	41%	40%	39%	39%	38%	38%	37%	38%
274	528	371	152	791	833	668	872	607	195	159	260	110
1	1	2	0	5	14	15	40	13	0	0	0	0
69%	68%	67%	69%	57%	63%	61%	57%	64%	67%	63%	62%	70%
44%	35%	35%	42%	41%	45%	43%	40%	41%	42%	40%	41%	50%
446	469	745	649	823	702	679	784	702	762	765	785	766
258	331	368	172	537	424	360	471	325	317	260	355	342
106	207	257	55	548	390	367	419	302	152	110	216	104
4411	4251	4411	4304	4575	4515	4092	4525	4442	4791	4603	4840	4727
495	673	790	800	934	736	654	844	703	734	639	668	537
1238	965	932	958	865	660	885	1010	1134	1092	1020	1071	1336
234	445	312	439	506	483	357	266	464	358	262	307	301
1015	1048	1057	1045	1130	1153	1034	1108	1002	1055	986	1056	1026
70	84	67	57	113	99	106	94	106	58	71	73	38
745	712	738	796	876	771	765	807	780	884	814	-	-
390	413	367	333	402	474	412	430	413	377	366	385	369
137	128	129	99	126	161	139	157	150	123	118	125	118

Operational Performance: Planned Care	
Outpatients: All Referral Types	
Outpatients: GP Referrals	
Outpatients: Consultant to Consultant Referrals	
Outpatients: Other Referrals	
Outpatients: 1st Attendances	
Outpatients: Follow Up Attendances	
Outpatients: 1st to FU Ratio	
Outpatients: DNA rates	
Outpatients: Cancelled Clinics with less than 14 days notice	
Outpatients: Hospital Cancelled Outpatient Appointments for non-clinical reasons	
Diagnostics: Patients waiting <6 weeks from referral to test	
Elective Admissions	
Day Case Admissions	
Cancelled Operations within 48 hours - Bed shortages	
Cancelled Operations within 48 hours - Non clinical reasons	
Theatres: Utilisation of planned sessions	
Theatres: number of sessions held	
Theatres: Lost sessions < 6 wks notice (list available but lost due to leave, staffing etc)	

Target	Sparkline / Previous Month
180	
99%	

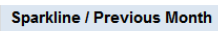



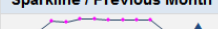

Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
18427	17830	19668	19490	16186	19348	17399	19132	18985	20009	19350	20161	18465
9737	9566	10440	10381	8247	10280	9220	10223	10065	10435	9923	10540	9679
2247	2014	2322	2216	1889	2145	1965	2062	2065	2183	2137	2244	1926
6443	6250	6906	6893	6050	6923	6214	6847	6855	7391	7290	7377	6860
11741	11721	12797	12665	10091	12309	11116	11657	10919	12504	11988	12291	11728
26558	26826	28311	29312	24019	29717	25312	26855	26789	28852	27695	29075	26781
2.26	2.29	2.21	2.31	2.38	2.41	2.28	2.30	2.45	2.31	2.26	2.37	2.28
7%	7%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%
121	188	176	167	133	210	213	194	168	149	145	184	173
823	817	862	780	702	949	757	844	849	728	885	945	1070
99%	99%	98%	98%	97%	98%	98%	97%	96%	96%	96%	96%	94%
721	683	790	790	597	568	604	531	636	781	759	741	612
6047	5846	6254	6151	5179	6069	5538	5827	5549	6185	6135	6203	6206
12	38	27	2	74	118	129	168	59	18	7	10	4
57	84	91	65	169	191	189	205	117	103	89	98	75
90%	89%	88%	93%	86%	83%	85%	84%	88%	92%	92%	92%	93%
590	619	704	718	542	599	543	520	565	628	636	608	553
56	77	57	54	76	74	50	105	76	60	61	74	63

**Assurance Framework
Responsive**

Performance Summary by Month – Trust level continued

18 Weeks Referral To Treatment

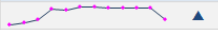






Incomplete Pathways	92%
Waits over 52 weeks for incomplete pathways	0
Waits over 36 weeks for incomplete pathways	0
Total Admitted and Non Admitted waiters	26303
Number of patients on Admitted Backlog (18+ weeks)	
Number of patients on Non Admitted Backlog (18+ weeks)	

Target	Sparkline / Previous Month
92%	
0	
0	
26303	
	
	

Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
88%	87%	87%	87%	86%	85%	85%	83%	84%	84%	84%	85%	84%
1	0	1	0	0	0	1	2	1	14	9	0	0
197	197	199	202	238	260	297	356	409	450	438	390	369
26148	25526	25174	24894	25006	25185	25334	26303	26967	27480	27425	27796	27756
1353	1457	1465	1448	1623	1818	1928	2223	2303	2334	2330	2273	2272
1976	1884	1699	1761	1816	1880	1921	2179	2070	2002	2041	2023	2245

Cancer (one month behind due to national reporting timetable)

Cancer 2 week (all cancers)	93%
Cancer 2 week (breast symptoms)	93%
Cancer 31 day wait from diagnosis to first treatment	96%
Cancer 31 day wait for second or subsequent treatment - surgery	94%
Cancer 31 day wait for second or subsequent treatment - drug treatments	98%
Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	90%

Target	Sparkline / Previous Month
93%	
93%	
96%	
94%	
98%	
85%	
90%	

Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
83%	85%	87%	93%	93%	94%	95%	94%	94%	94%	94%	87%	-
98%	99%	97%	95%	94%	95%	99%	99%	96%	96%	94%	95%	-
98%	98%	97%	99%	100%	99%	99%	99%	98%	99%	99%	98%	-
97%	96%	83%	97%	97%	94%	100%	97%	97%	97%	100%	98%	-
100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-
83%	76%	74%	86%	87%	85%	81%	86%	78%	78%	82%	72%	-
99%	93%	91%	91%	90%	96%	95%	94%	91%	84%	97%	91%	-

Assurance Framework
Responsive

Commissioning for Quality and Innovation (CQUIN): 2018-19

CQUIN Name & Description	Executive Lead	Operational Lead	Quarter 1 Outcome	Quarter 2 Risks & RAG	Quarter 3 RAG	Quarter 4 RAG
1a: NHS Staff Health & Well-being	Mike Proctor	Polly McMeekin	Amber - due to partial achievement in 2017-18			
1b. Healthy Food for NHS Staff, Visitors and Patients Maintain a) ban on price promotions, b) advertisement of HSSF, C) ban on HSSF from checkouts & d) ensure healthy options available 24/7.	Brian Golding	Pierre Gomez	Achieved	No risks identified	Green	Green
1c. Uptake of Flu Vaccinations Improving the uptake of flu vaccinations for frontline clinical staff within Providers to 75%.	Mike Proctor	Polly McMeekin	No risks identified			
2a. Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) Timely identification of patients with sepsis in emergency departments and acute inpatient settings	Jim Taylor	Rebecca Hoskins	Partially Achieved	Amber	Amber	Amber
2b. Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) Timely treatment of sepsis in emergency departments and acute inpatient settings.	Jim Taylor	Rebecca Hoskins	Partially Achieved	Amber	Amber	Amber
2c. Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours.	Jim Taylor	Rebecca Hoskins	Achieved	No risks identified	Green	Green
2d. Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	Jim Taylor	Anita Chalmers	Annual Return – no issues identified			
4. Improving services for people with mental health needs who present to A&E Where a 20% reduction in attendances to A&E was achieved in year 1 (for those within the selected cohort of frequent attenders) maintain this reduction. Identify a new cohort of frequent attenders to A&E during 17/18 who could benefit from psychosocial interventions and work to reduce by 20%, their attendances to A&E during 2018/19.	Beverley Geary	Sarah Freer & Jill Wilford	Achieved	No risks identified	Green	Green
6. Advice & Guidance The scheme requires providers to set up and operate A&G services for non-urgent GP referrals, allowing GPs to access consultant advice prior to referring patients in to secondary care.	Wendy Scott	Jenny Hey & Nicky Slater	Achieved	No risks identified	Green	54

Commissioning for Quality and Innovation (CQUIN): 2018-19

CQUIN Name & Description	Executive Lead	Operational Lead	Quarter 1 Outcome	Quarter 2 Risks & RAG	Quarter 3 RAG	Quarter 4 RAG
9a. Preventing ill health by risky behaviours - alcohol and tobacco Tobacco screening. Rolled out into Acute 2018/19	Beverley Geary	Melanie Liley	Community - Achieved	Community - No risks identified	Green	Green
			Acute - Achieved	Acute - No risks identified	Green	Green
9b. Preventing ill health by risky behaviours - alcohol and tobacco Tobacco brief advice. Rolled out into Acute 2018/19	Beverley Geary	Melanie Liley	Community - Achieved	Community - No risks identified	Green	Green
			Acute - Achieved	Acute - No risks identified	Green	Green
9c. Preventing ill health by risky behaviours - alcohol and tobacco Tobacco referral and medication. Rolled out into Acute 2018/19	Beverley Geary	Melanie Liley	Community - Achieved	Community - No risks identified	Green	Green
			Acute - Achieved	Acute - No risks identified	Green	Green
9d. Preventing ill health by risky behaviours - alcohol and tobacco Alcohol screening. Rolled out into Acute 2018/19	Beverley Geary	Melanie Liley	Community - Achieved	Community - No risks identified	Green	Green
			Acute - Achieved	Acute - No risks identified	Green	Green
9e. Preventing ill health by risky behaviours - alcohol and tobacco Alcohol brief advice or referral. Rolled out into Acute 2018/19	Beverley Geary	Melanie Liley	Community - Achieved	Community - No risks identified	Green	Green
			Acute - Achieved	Acute - No risks identified	Green	Green

Assurance Framework
Responsive

Commissioning for Quality and Innovation (CQUIN): 2018-19

CQUIN Name & Description	Executive Lead	Operational Lead	Quarter 1 Outcome	Quarter 2 Risks & RAG	Quarter 3 RAG	Quarter 4 RAG
10. Improving the assessment of wounds The indicator aims to increase the number of wounds which have failed to heal after 4 weeks that receive a full wound assessment.	Beverley Geary	Melanie Liley	Service and IT are working through a solution that will allow access to accurate data to facilitate analysis of the wound care work that is being undertaken.		Amber	Amber
11. Personalised care and support planning Personalised care and support planning which is; a) an intervention that supports people to develop the knowledge, skills and confidence to manage their own health and wellbeing and that leads to the development of a care plan and b) an enabler that supports patients to understand the local support mechanisms that are available to them.	Wendy Scott	Melanie Liley	No risks identified - Annual target			
CA2. Nationally standardised Dose banding for Adult Intravenous Anticancer Therapy (SACT) Implementation of nationally standardised doses of SACT across England using the dose-banding principles and dosage tables published by NHS England (developed through the Medicines Optimisation Clinical Reference Group).	Jim Taylor	Karen Cowley	Achieved	No issues identified	Green	Green
GE2. Activation System for Patients with Long Term Conditions CQUIN scheme therefore aims to encourage use of the "patient activation measurement" (PAM) survey instrument, firstly to assess levels of patient skills, knowledge, confidence and competence in self-management.	Jim Taylor	Eleanor King	Achieved	No issues identified	Green	Green
GE3. Medicines Optimisation This CQUIN scheme aims to support the procedural and cultural changes required fully to optimise use of medicines commissioned by specialised services.	Wendy Scott	Stuart Parkes	Achieved	No issues identified	Green	Green
CSAAS. Child Sexual Assault Assessment Services Implementation of the Sexually Transmitted Infections (STI) Pathway and referral to appropriate care	Wendy Scott	Liz Vincent	Achieved	No issues identified	Green	Green
Enhanced Armed Forces Covenant Embedding the Armed Forces Covenant and utilising local Armed Forces resources and support services to enable improved health outcomes for Serving Personnel, veterans and their families	Polly McMeekin	Katherine Quinn	Achieved	No issues identified	Green	Green 56

Operational Context

The Trust has achieved the planned trajectory for the Emergency Care Standard (ECS), reporting 92.5% (89% plan), including the achievement of the national ECS target for the York locality for August at 96%. This is also above the national position of 89.7%. This was achieved despite attendances to the Trust being 5% (+910) above plan. This increase in attendances is reflected nationally.

York Hospital performance was particularly strong as a result of a focussed team approach, both clinical and operational, with the Transformation plan, building on the work of ErnstYoung report, delivering improved clarity of actions within the York Emergency Department (ED). Performance was also supported by lower bed occupancy levels at York Hospital. For August York Hospital bed occupancy at midnight was below 85% on all days. In contrast, Scarborough Hospital has experienced higher levels of bed occupancy throughout the month, with only 5 days below 85% and declaring severe pressure on one day. The seasonal profile for Scarborough Hospital sees the busiest months for the ED through the summer period, due to population increases. As a consequence of ongoing pressure in ED, the Trust has reported 104 ambulance handovers which took more than 1 hour (99 at Scarborough). This is a focus for the Action on A&E Programme and is a core priority.

Delayed Transfers of Care (DtOC) rose significantly at York Hospital during August. Delays have been affected by pressures in home care and nursing home capacity during August. This increase has been escalated to system partners.

Targeted Actions in August

- Ongoing delivery of the ECS Transformation Plans at York Hospital. Clinical, Nursing and Managerial leads assigned to each project (targeting the Front Door & Handover, Assessment and Ambulatory Care and SAFER).
- Establishment of the ECS Transformation Group at Scarborough Hospital, with plan in development for September.
- Bed modelling refresh for Scarborough Hospital to improve flow as part of the winter planning process.
- Trust winter planning weekly meetings to refine the 2018-19 Winter Plan and support system preparations.
- Confirmation from NHSI of £950k winter capital funds to support the development of a trolley assessment area at Scarborough ED, with a planned completion date of 24th December.
- Refocus of the ECS performance weekly meeting at Scarborough Hospital to provide oversight and support to operational teams.
- Proposed Scarborough discharge hub review workshop held to inform next phase of development (to mirror the York Integrated Discharge hub).
- Local authorities identified additional workforce to support discharge hub.

Assurance Framework
Responsive

Emergency Care Standard

Standard(s):

Ensure at least 95% of attendees to Accident & Emergency are admitted, transferred or discharged within 4 hours of arrival. The Trust's operational plan trajectory for the August 2018 was 89%.

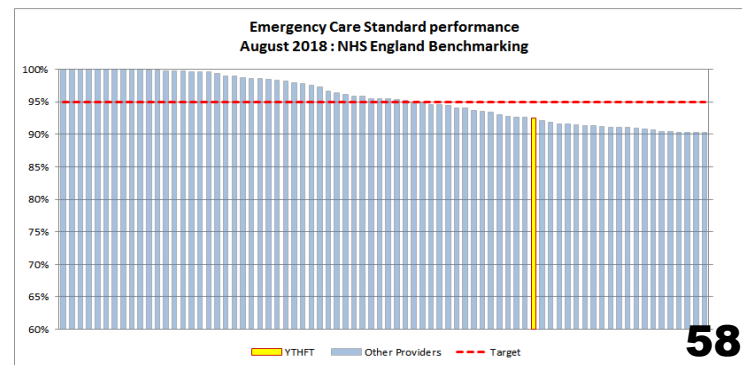
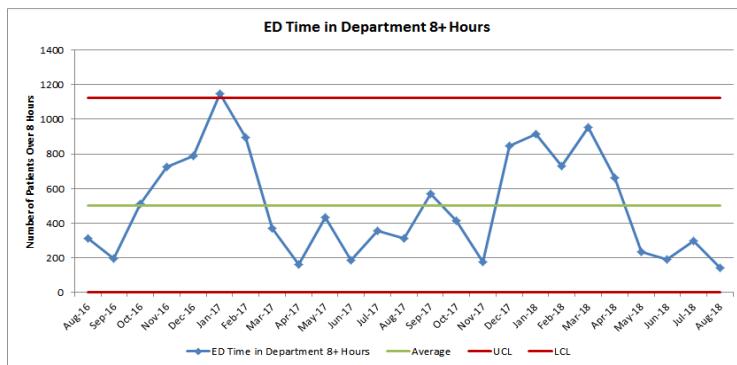
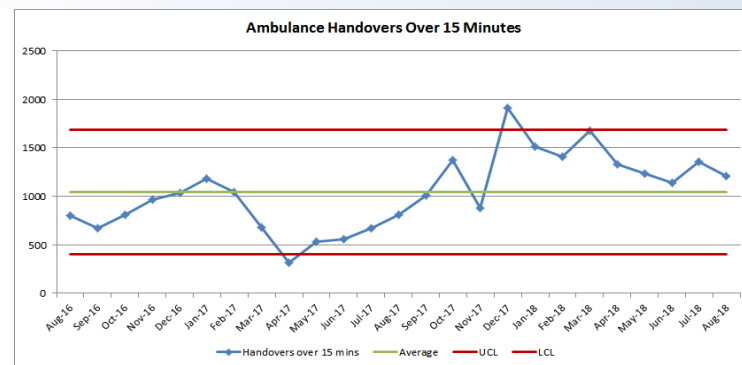
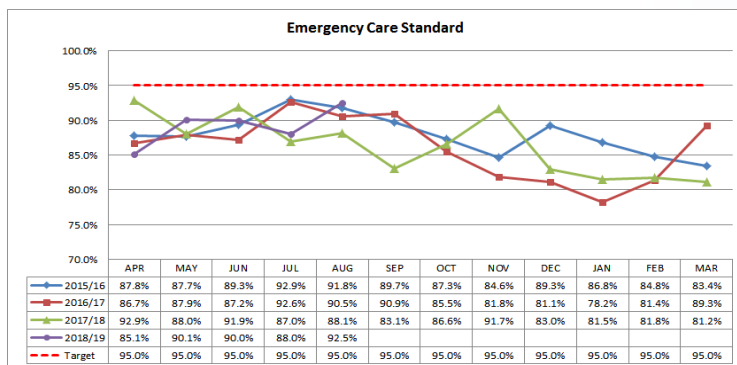
Consequence of
under-achievement

Patient experience, clinical outcomes, timely access to treatment, regulatory action and loss of the Provider Sustainability Fund (Access Element).

Performance Update:

- The Trust achieved 92.5% in August 2018 against the planned trajectory of 89%; the best performance in August for the last four years.
- The number of Type 1 attendances was over 10,000 for the 3rd time this financial year (there were no months with attendances over 10,000 in 2017-18). This represents a 6.8% (+640) increase compared to August 17.
- The number and percentage of patients waiting over 8 hours has decreased by 219% (-170) compared to August 2017, and is most notable at York Hospital.
- Ambulance Handovers remain a challenge, with 104 handover over 1 hour, 99 of which were at Scarborough Hospital. This is comparable with August 17, but represents a 52% reduction from July 18.

Performance:



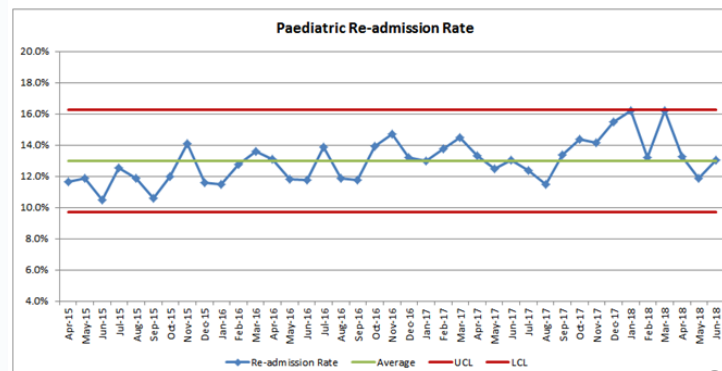
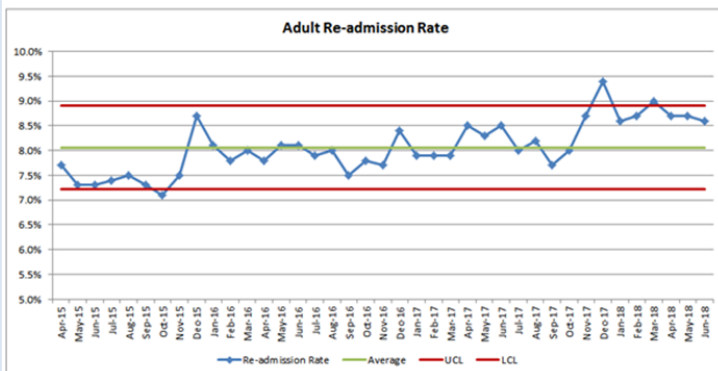
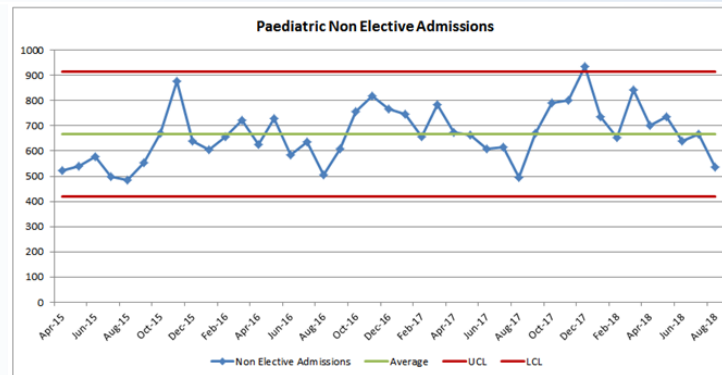
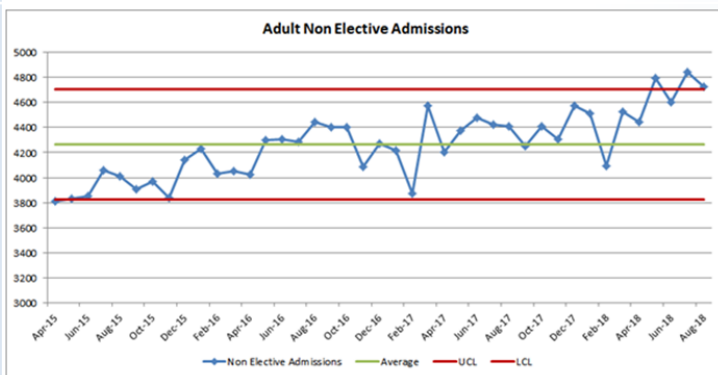
Assurance Framework
Responsive

Unplanned Care

Performance Update:

- The number of non-elective admissions in August 2018 of 4,727 shows an increase of 7.16% on August 2017 (4,411). It was also the 3rd highest number of non-elective admissions in a month in over 3 years, the other 2 higher months were also in 2018-19. The most notable increase was in General Surgery and Urology at Scarborough up 10% from July 18 and 11% compared to August 17.
- Non-elective GP admissions remained steady with only a slight increase over the previous month (+1.41%), though the increase on August 2017 showed a greater increase (+7.45%).
- The readmission rate of 8.6% for June 2018 was slightly lower than May (8.7%), but up on June 2017 (8.5%).
- Acute DTOCs have risen significantly in August: 25% (+265) increase from July 18, and 8% (+98) from August 17. This is most notable at York Hospital, up 58% (+359) from July 18.
- The number of beds occupied by super stranded patients (patients who stay more than 21 days) has seen a reduction (up to July) of 10%, against a target of 25% by December 2018.

Performance:



Operational Context

The Trust has not achieved the 14 day Fast Track referral from GP target in July at 86.6% (reported a month in arrears) for the first time since December 17. Nationally the Fast Track performance was not achieved for July (91.9%). This is primarily due to clinic capacity pressures in Dermatology (Malton). Referrals into the Trust have remained high, and significantly higher (+19%) than July last year. This has put pressure on outpatients capacity, and resulted in some longer polling ranges for routine cases as clinic capacity is converted to provide additional fast track clinics. Referrals have notably increased compared to July 2017 in Colorectal, Head and Neck, Urology and Dermatology. In contrast to other local providers Urology, Dermatology and Lung have also seen increases in the conversion rate despite the increase in referrals, meaning that more cancers are being diagnosed from the referrals. Whilst from a clinical outcomes perspective this is positive, it continues to place pressure on the Trust’s capacity.

The 62 day target from referral to treatment has not been met in July at 72% and is significantly lower than the Trust trajectory of 85%. Nationally the target was not met achieving 78.2%. The drop in Trust performance was anticipated as a number of long wait patients are being treated throughout July and August, in particular patients on Urological, Colorectal and Head and Neck pathways. For July East Coast patients have been particularly affected by capacity issues. For East Coast urological patients there have been specific delays in the diagnostic tests (TRUS) and treatments for some tumours, which have also affected other Trusts in the Humber, Coast and Vale Cancer Alliance. It has now been confirmed that Hull have secured funding for an additional robot to increase treatment capacity. NHSI are sighted on the challenges in relation to Cancer Waiting Times across the Number Coast and Vale Cancer Alliance.

All other Cancer Waiting Time targets have been met.

The Trust has nominated a strategic lead for Cancer, working alongside the Cancer Clinical Lead, Cancer Manager and Lead Nurse to refresh the Cancer Strategy and supporting action plans to improve timed pathways. The Trust is working through the Humber, Coast and Vale Cancer Alliance Board to develop and support a holistic 62 day recovery plan.

Targeted Actions in August

- Trust Cancer Stocktake and refresh of actions to support 62 day performance .
- Review of the Standard Operating Procedure for removing surveillance patients from the waiting list at Cancer Board (in line with NHSI Elective Intensive Support Team advice).
- Ongoing implementation of the timed pathways .
- Review of the Clinical Harm Review process and reporting arrangements.
- Development of the Humber, Coast and Vale Cancer Alliance 62 day recovery plan.
- Closure report for the NHSI Elective Intensive Support Team, following on site support on cancer waiting times.
- Ongoing patient tracking management, including escalation management of diagnostic requests.
- Further release of detailed Business Intelligence to inform cancer planning and recovery.

**Assurance Framework
Responsive**

14 Day Fast Track – Cancer Waiting Times

Standard(s):

Fast Track referrals should be seen within 14 days.

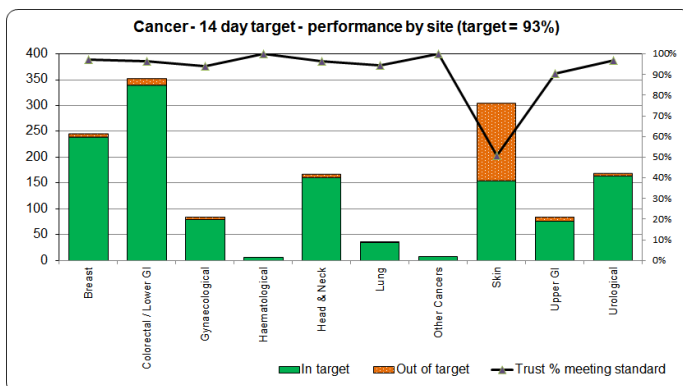
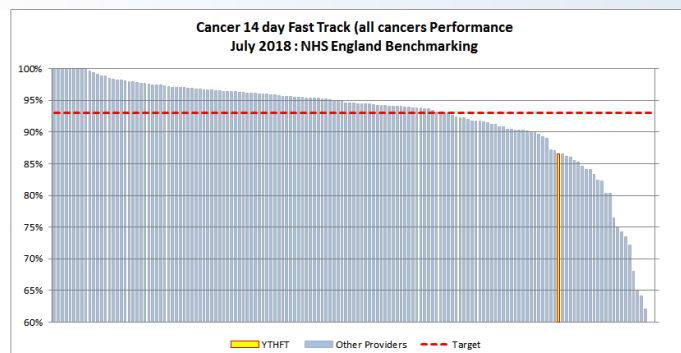
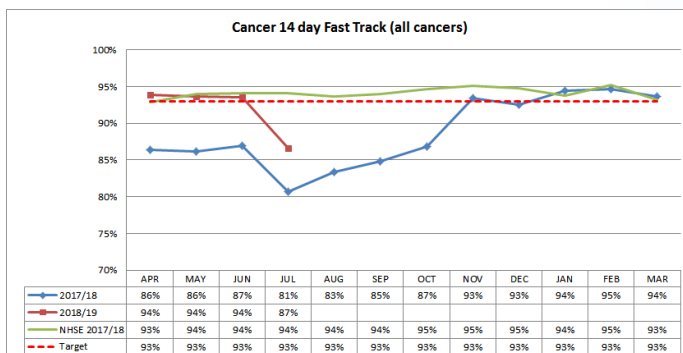
**Consequence of
under-achievement:**

Patient experience, clinical outcomes, timely access to treatment and regulatory action.

Performance Update:

- The Trust achieved 86.6% against the 93% target in July 2018.
- Of the 201 patients in breach of target, 75% were Dermatology referrals. Of the delayed Dermatology Fast Tracks 81% had no reported cancer.
- 12% of the breaches were due to patient choice (e.g. did not attend or could not attend within target).
- 17.8% of referrals were seen within 7 days.
- Fast Track referrals were 19% (+235) higher than July 2017.

Performance:



Assurance Framework Responsive

62 Day Fast Track – Cancer Waiting Times

Standard(s):

Ensure at least 85% of patients receive their first definitive treatment for cancer within 62 days of a Fast Track GP or Dental referral.

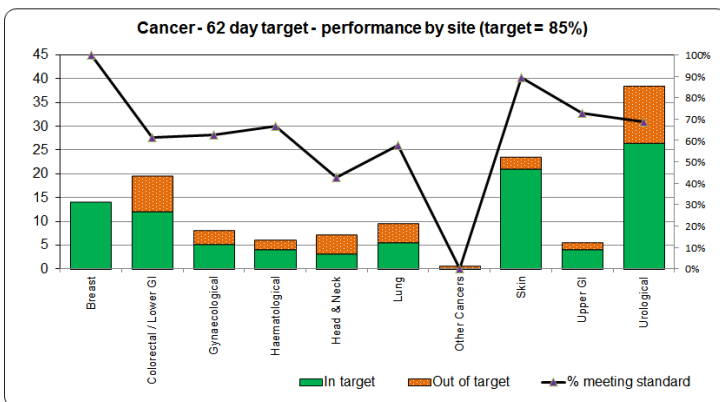
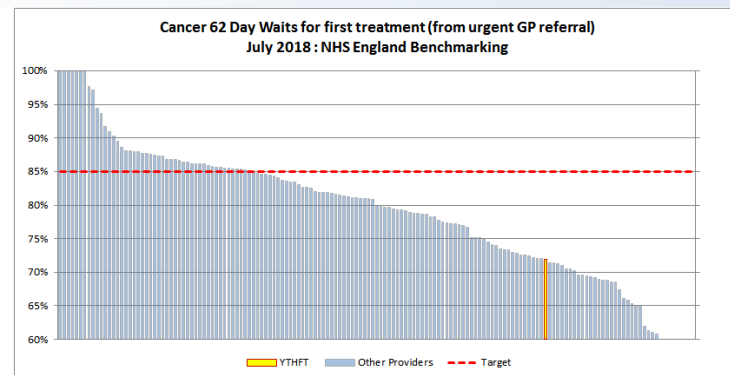
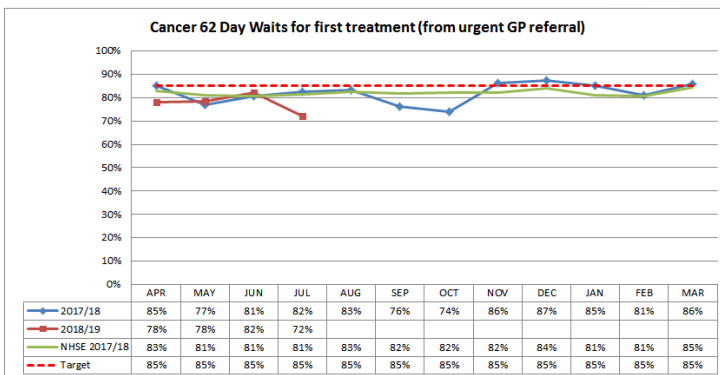
Consequence of under-achievement:

Patient experience, clinical outcomes, timely access to treatment, regulatory action and 62 day performance is linked financial allocation to the Humber, Coast and Vale Cancer Alliance.

Performance Update:

- The Trust achieved 72% against the 85% target for February, equating to 38 accountable breaches (56 patients).
- There were breaches across the majority of tumour sites with highest number of breaches in Urology.
- Of the reported patient breaches, 38% relate to delays to diagnostic tests or treatment plans/ lack of capacity; 21% relate to complex or inconclusive diagnostics and 18% were due to patient not attending or unavailability.

Performance:



Operational Context

The Trust has seen a marginal reduction in the total incomplete waiting list for August, the first reduction this financial year to 27,756. This is due to a reduction in GP and total referrals into the Trust in August over the holiday period. However, the waiting list remains higher than required to achieve the target of 26,303 by March 2019. This is particularly notable for General Surgery, General Medicine, Dermatology, Rheumatology and Ophthalmology.

The number of long wait patients (over 36 weeks) has continued to decrease in August, down 10% from April 18, following targeted validation and weekly meetings with directorates. This still remains a concern however, with 195 patients over 40 weeks at the time of writing the report. The Trust received the national letter from NHSI requiring the achievement of the 2018-19 performance expectations for planned care. The Trust has responded confirming the internal recovery actions and quantifying the potential cost of additional capacity required to achieve the waiting list target, if demand continues to increase as anticipated.

The Trust continues to deliver the Theatre Productivity Programme, targeting Bridlington theatre utilisation in the first phase. This works seeks to increase the number of operations that can be delivered within existing capacity. The Trust is part of the national NHSI Outpatients Productivity and has identified senior managerial and clinical leads. The Trust elective plan is seasonally profiled and accounts for a reduction in elective activity in August.

The Trust has not achieved the national diagnostic target at 93.6%, against the standard of 99%. There are particular pressures in MRI, Non-Obstetric Ultrasound, Endoscopy at Scarborough and Sleep Studies (although this has seen significant improvement and recovery is anticipated for the end of September). The Trust is developing a comprehensive diagnostic recovery plan supported by NHSI Productivity Team and NHS Elect, along with the corporate teams.

Targeted Actions in August

- Comprehensive Referral to Treatment Time (RTT) stocktake completed by speciality, including waiting list position, medical vacancies, premium cost work, referral changes, polling range for 1st Outpatient appointment and Follow-Up backlogs.
- Detailed analysis of progress against plan and pressures on the waiting list position.
- Identification of recovery actions for the waiting list position, including forecast models by speciality of the RTT position. This has identified a 'capacity gap' to meet increased demand. The Trust is working with commissioners to determine how any additional capacity would be funded.
- Short term actions identified to mitigate risks within Ophthalmology for Glaucoma patients, including using capacity at Harrogate District.
- Preparation for the Ophthalmology 'Deep Dive' with commissioners in September to identify a sustainable model for the medium term.
- Increased outsourcing of Radiology reporting to help mitigate risks in the radiology backlog.
- Commencement of the Radiology demand and capacity analysis to support a comprehensive recovery plan.
- Secured funding through the Cancer Alliance for the networked diagnostic STP procurement.
- PWC analysis of Endoscopy opportunities, and ongoing implementation of the Endoscopy recovery plan.

Assurance Framework
Responsive

18 Weeks Referral to Treatment

Standard(s):

The total waiting list must not be more than 26,303 open clocks by March 2019. The Trust must not exceed 3 x 52 week breaches in 2018-19.

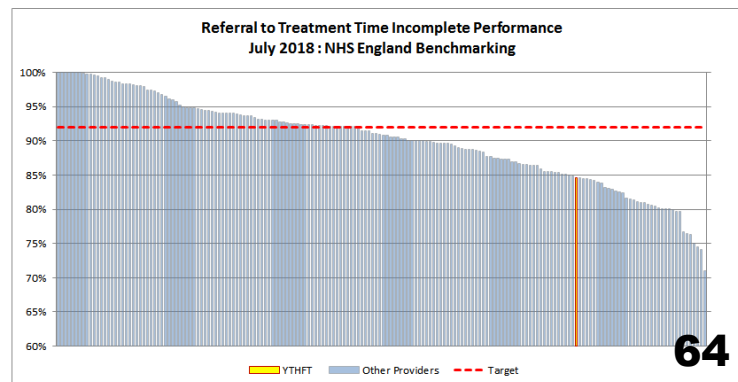
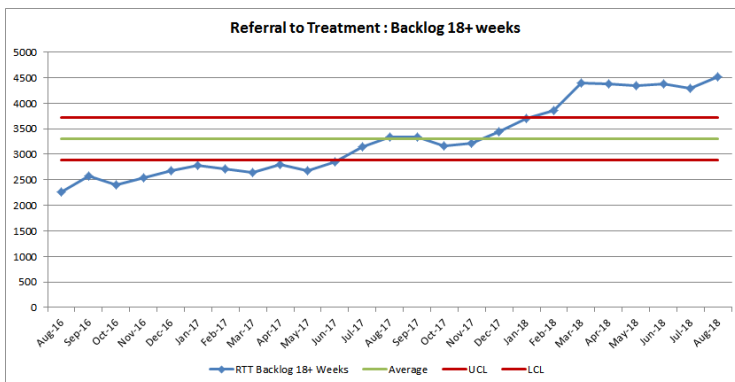
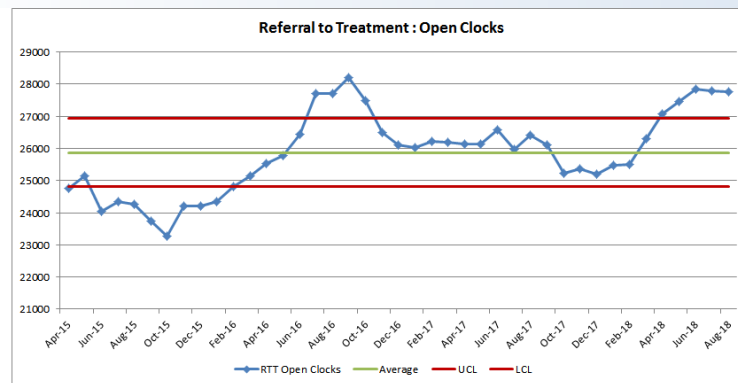
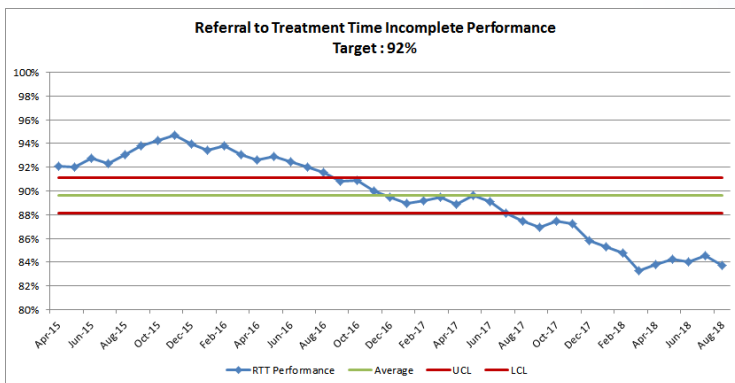
Consequence of under-achievement:

Patient experience, clinical outcomes, timely access to treatment and regulatory action.

Performance Update:

- The Trust achieved 84% RTT in August 2018, with 4,517 patients waiting over 18 weeks.
- The total number of patients on the RTT Incomplete pathway was 27,756 in August 2018, a slight improvement July's position (27,796). This remains 1790 clocks (6.9%) above plan for August.
- The Trust has declared 0 x 52 week wait patients.
- There were 16,407 referrals received in August 2018, a reduction of 10.5% on July and 3.5% on August 2017. GP referrals were over 1,000 less than July (-10.2%) , and over 200 less than August 2017 (-2.4%).
- Utilisation of planned sessions has improved at York Hospital to 95% in August.
- The Trust 'Did Not Attend/ Was Not Brought' (DNA) rate remains at 6%, although Scarborough Hospital DNA rate is higher at 8%.

Performance:



Assurance Framework
Responsive

Diagnostic Test Waiting Times

Standard(s):

Ensure at least 99% of patients wait no more than 6 weeks for a diagnostic test.

Consequence of under-achievement:

Patient experience, clinical outcomes, timely access to treatment and regulatory action.

Performance Update:

The Trust achieved 93.6% against the 99% target for August 2018. The majority of diagnostic breaches were for colonoscopy, Non-Obstetric Ultrasound and MRI.

Performance:

