

South Tees Hospitals   
 NHS Foundation Trust

<b>Meeting / Committee:</b>	Board of Directors	<b>Meeting Date:</b>	26 August 2014
-----------------------------	--------------------	----------------------	----------------

<b>This paper is for: (Only 1 column to be marked with x as appropriate)</b>	Action/Decision	Assurance	Information X
--	-----------------	-----------	------------------

<b>Title:</b>	Sickness Absence
---------------	------------------

<b>Purpose:</b>	The purpose of this report is to provide an update on the rates of sickness absence across the organisation and the steps being taken to manage poor attendance due to sickness. The paper also provides comparisons with other organisations in terms of both absence levels and best practice.
-----------------	--

<b>Summary:</b>	The paper provides information on: <ul style="list-style-type: none"> <li>• Trust/Divisional levels of sickness absence</li> <li>• Trust's approach to managing sickness</li> <li>• Comparison data</li> <li>• Best Practice</li> </ul>
-----------------	---

<b>Prepared By:</b>	Andrew Thacker Assistant Director of Human Resources	<b>Presented By:</b>	Chris Harrison Director of Human Resources
---------------------	--	----------------------	--

<b>Recommendation:</b>	The Board of Directors is asked to note the contents of the report
------------------------	--

<b>Implications (mark with x in appropriate column(s))</b>	Legal	Financial X	Clinical	Strategic	Risk & Assurance X
--	-------	----------------	----------	-----------	-----------------------

# **BOARD OF DIRECTORS**

**26 AUGUST 2014**

## **SICKNESS ABSENCE**

### **1. Introduction**

Over the last 12 months, the organisation has seen sickness absence rates increase. This paper aims to explore some of the reasons for this and describes the actions being taken to manage sickness absence. Best practice, as identified by NHS Employers is also detailed.

The paper compares sickness absence rates across divisions and staff groups and compares these with those at national and regional levels.

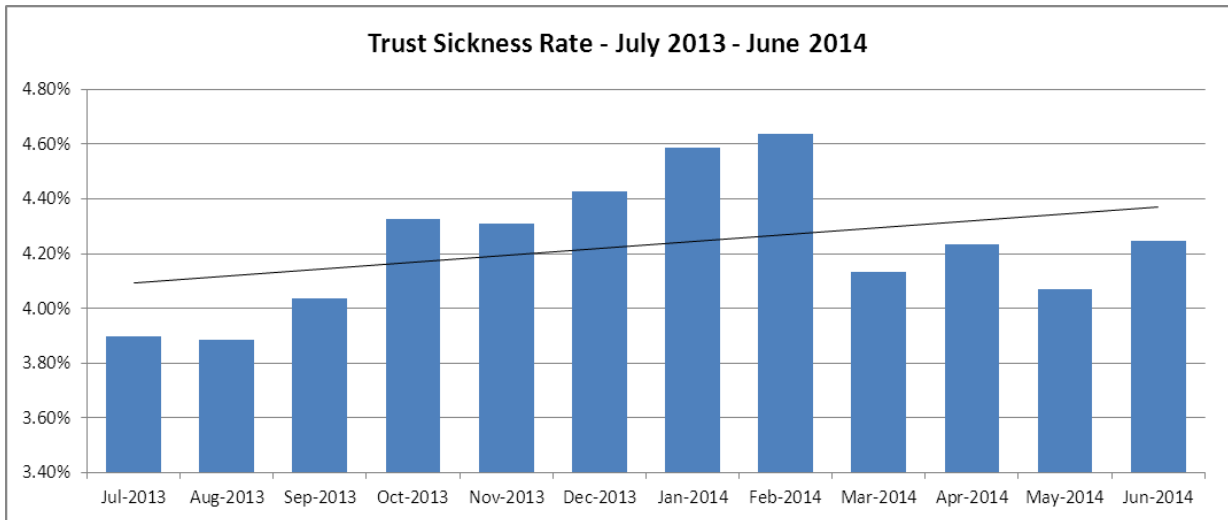
The sickness absence percentage rate is calculated by dividing the FTE (Full Time Equivalent) Days lost by the FTE Days available. Whilst this is recognised nationally as the 'correct' way in which to calculate absence rates and is the calculation used by reports within the ESR system, this method does not take into account the size of ward/department (in staffing terms). This should be considered when comparing sickness absence of wards/departments.

### **2. Performance**

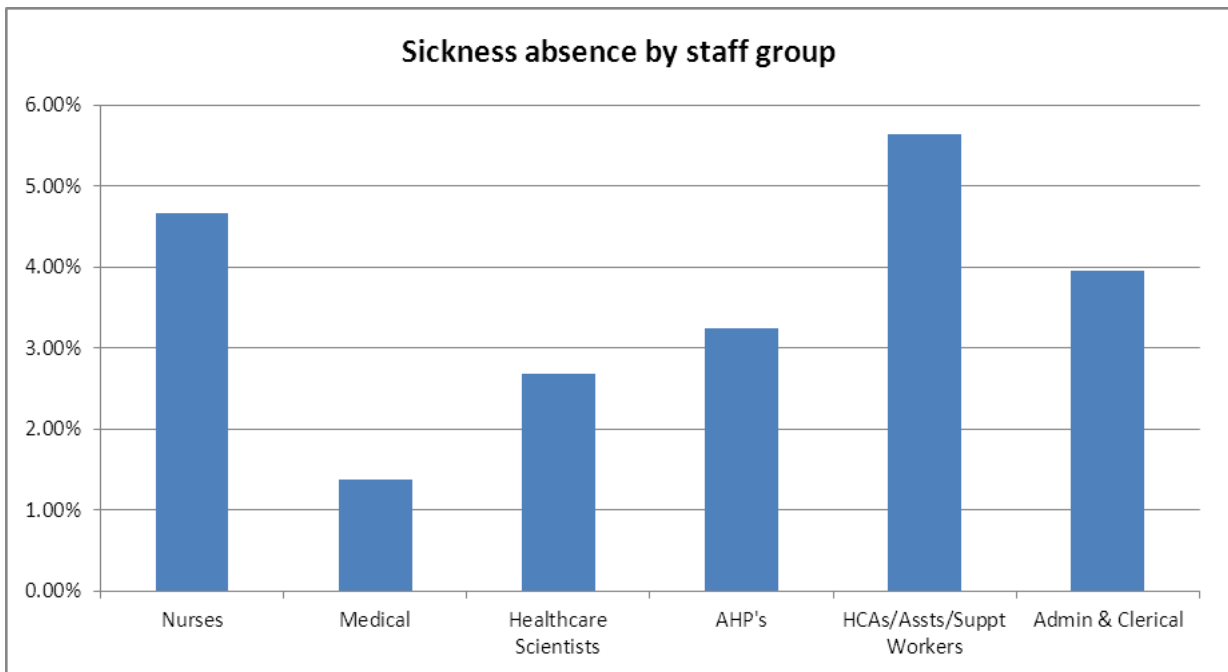
#### **2.1. Trust**

In the period July 2013 through to June 2014, sickness absence rates have increased from a low of 3.89%, reported in August 2013, to a high of 4.63% reported in February 2014. The latest available position (June 2014) is reported as 4.25%, and gives a cumulative year-to-date figure for this financial year (cYTD) of 4.20% against a target of 3.90%

Across the year reported, the organisation recorded 9938 episodes of sickness absence resulting in a total of 116,926 FTE Days lost to sickness. In financial terms, this is a cost to the organisation of £9.68m. Whilst this figure includes employers costs (on-costs), it does not reflect the expenditure associated with replacement costs (e.g. NHS Professionals, agency, locum cover, overtime etc.).



Perhaps unsurprisingly (them being two of the largest), the staff groups who report the highest rates of sickness absence are Nursing & Midwifery and Healthcare Assistants & Support Workers.



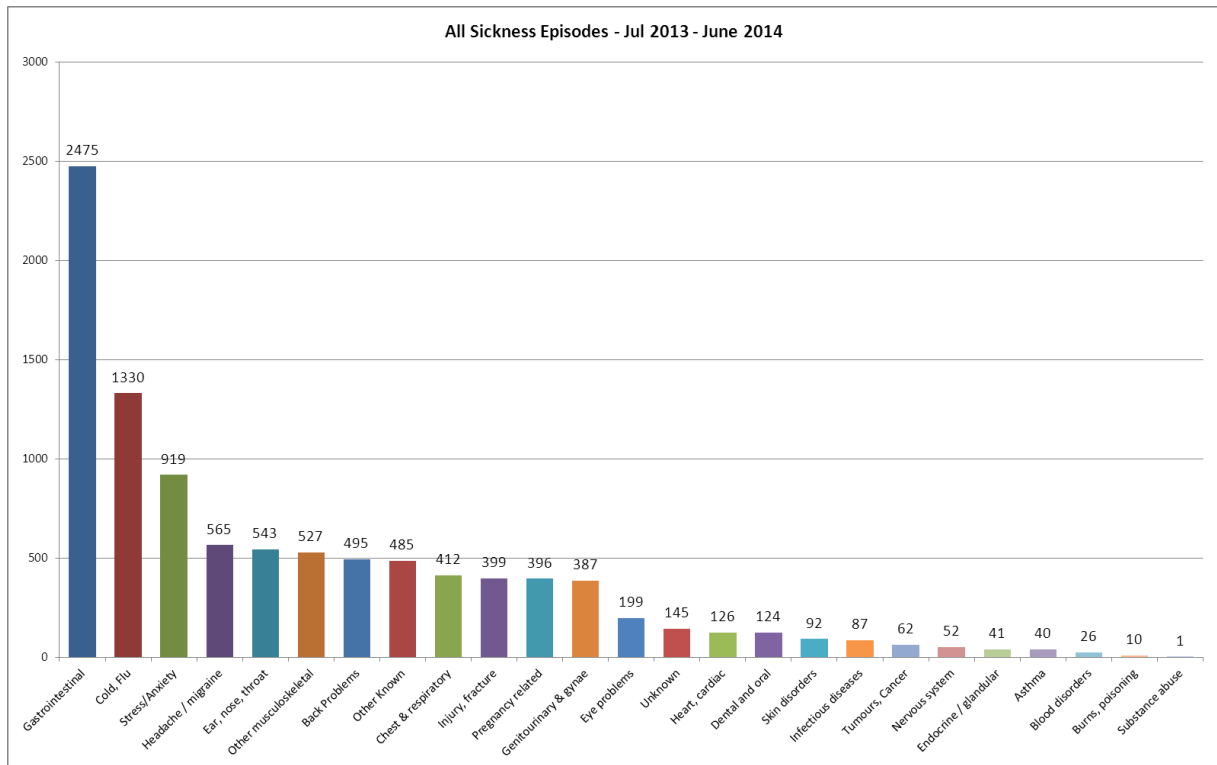
When considering the reasons for sickness absence, there are two main headlines to consider:-

1. Reasons associated with the number of episodes of sickness absence
2. Reasons associated with the number of days lost to sickness

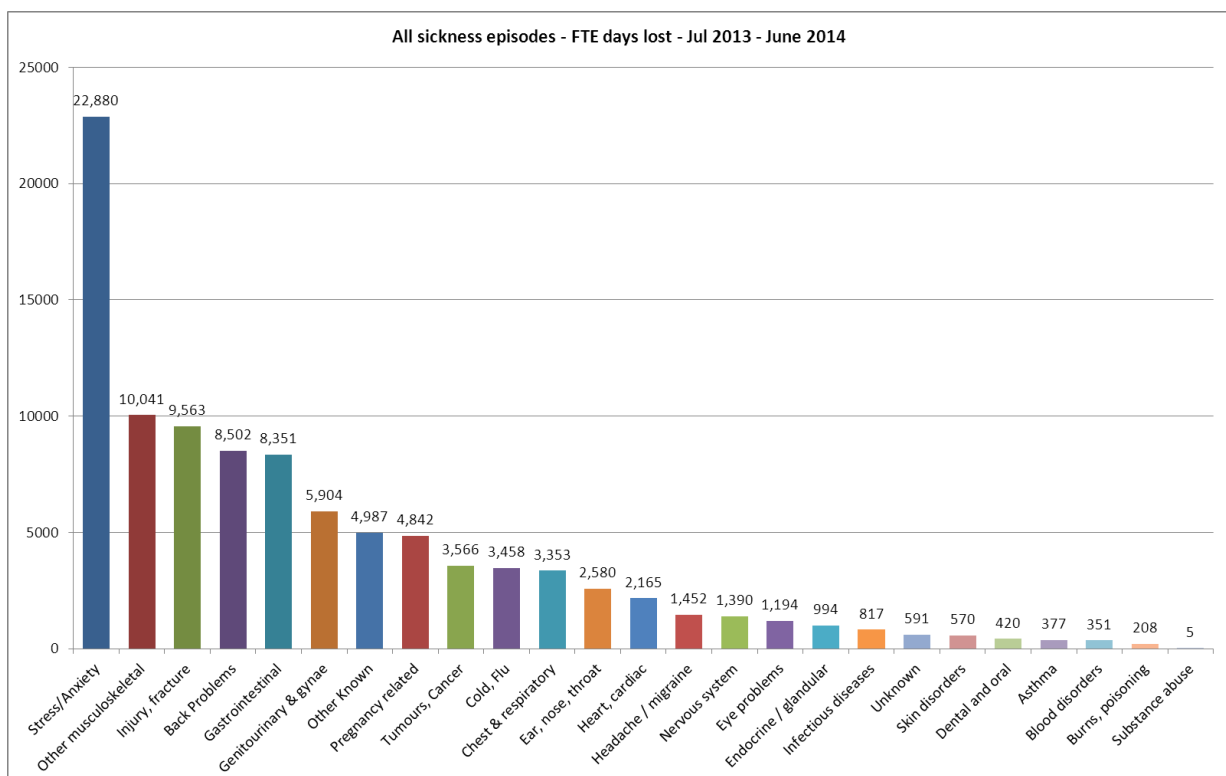
The main reason for the number of episodes of sickness absence reported is due to gastrointestinal complaints which accounts for almost 25% of episodes of sickness absence. A requirement of Infection Control<sup>1</sup> is that staff who report gastrointestinal complaints are usually excluded from work for at least 48 hours, which is important when considering patient safety. The following chart shows

<sup>1</sup> Communicable Diseases in Staff and the Immunisation of Staff Against Disease Policy (HIC 17), Page 6

the reasons for episodes of sickness absence along with details on the number of episodes for each of the reasons. In the period monitored, organisationally we recorded 9,938 separate episodes of sickness absence.



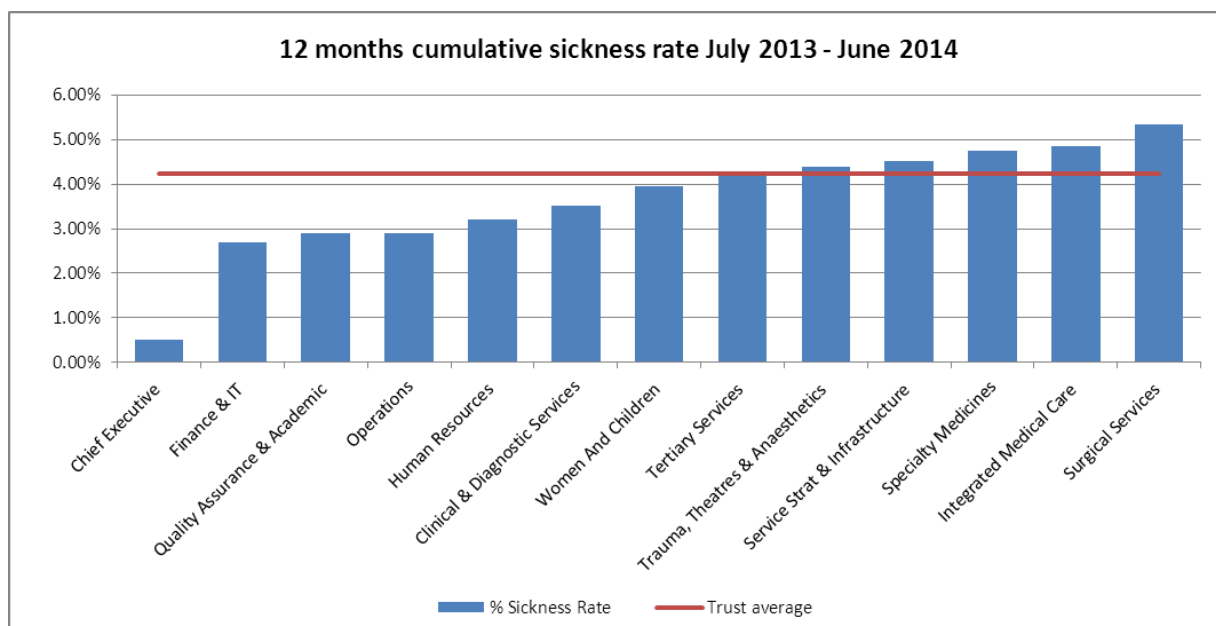
If, on the other hand, we were to consider the reasons for sickness absence that caused staff to have the most time away from work, there is a difference. The top reason associated with the most time away from work is stress/anxiety.



As is probably expected, the reasons for absence above correlate with the term of absence, be it short-term (with gastrointestinal recorded as the most common reason) or long-term (with stress/anxiety recorded as the most common reason).

## 2.2. Clinical Centres/Corporate Directorates

The following table provides details of the best and worst performing Clinical Centres/Corporate Directorates across the same period.



With the exception of Service Strategy & Infrastructure, the Corporate Directorates report lower rates of sickness absence than the Clinical Centres. As discussed earlier, it should be acknowledged that the Corporate Directorates are significantly smaller, in staffing terms, than the Clinical Centres.

Whilst the Surgical Services Centre shows a cumulative absence rate of 5.35% for the period July 2013 through to June 2014 this position changes slightly when we compare the cYTD figures. Specialty Medicine shows a worsening position with a cYTD figure of 5.71% with Surgical Services ranking second bottom with a cYTD figure of 4.88%.

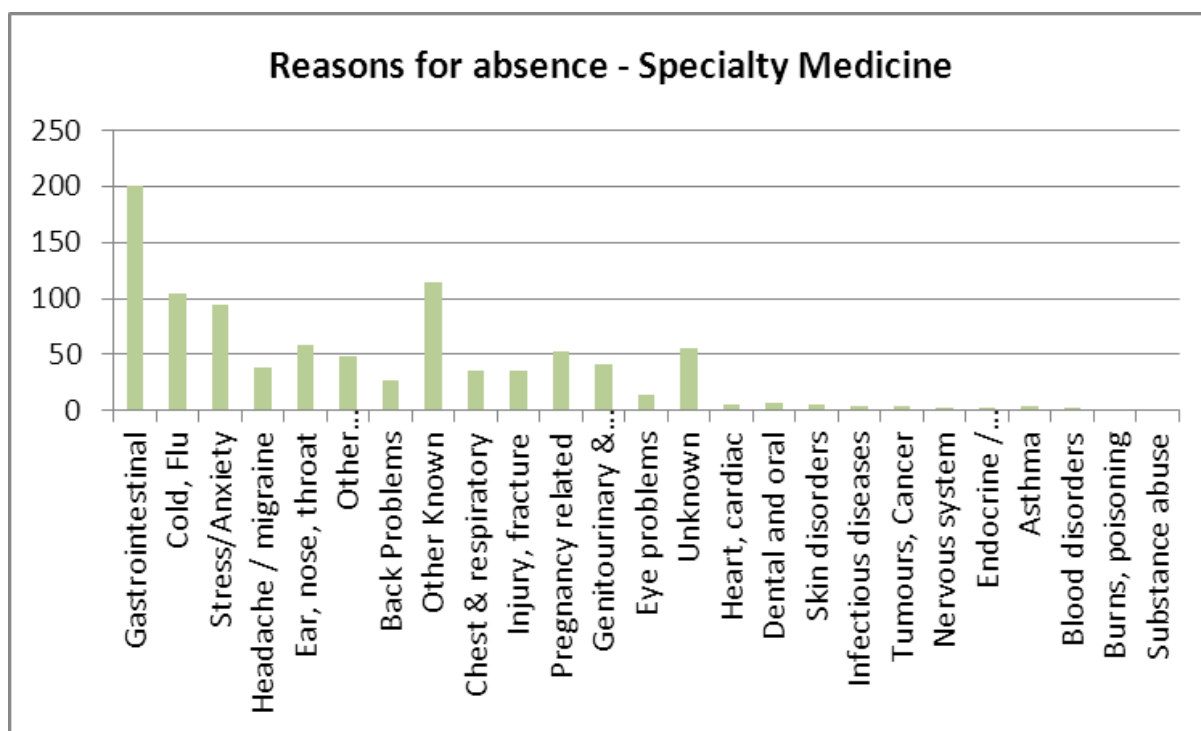
	Jul-2013	Aug-2013	Sep-2013	Oct-2013	Nov-2013	Dec-2013	Jan-2014	Feb-2014	Mar-2014	Apr-2014	May-2014	Jun-2014	YTD 2014/2015	Twelve month trend
<b>Trust</b>	3.90%	3.89%	4.04%	4.33%	4.31%	4.43%	4.59%	4.63%	4.13%	4.23%	4.07%	4.25%	4.18%	
<b>Balance Sheet</b>	1.26%	0.33%	0.00%	10.28%	7.58%	7.84%	6.86%	0.97%	0.00%	0.00%	0.00%	0.00%	0.00%	
<b>Chief Executive</b>	2.85%	2.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.77%	0.10%	0.00%	0.00%	0.03%	
<b>Clinical &amp; Diagnostic Services</b>	2.70%	3.02%	3.69%	3.59%	3.43%	3.81%	3.95%	4.23%	3.45%	3.67%	3.48%	3.61%	3.59%	
<b>Finance &amp; IT</b>	3.61%	2.87%	2.30%	2.53%	3.13%	2.09%	2.15%	3.38%	2.44%	2.64%	2.43%	3.06%	2.71%	
<b>Human Resources</b>	3.56%	2.65%	4.53%	2.74%	2.09%	1.09%	4.43%	2.89%	3.85%	4.81%	3.12%	2.78%	3.57%	
<b>Integrated Medical Care</b>	4.91%	4.70%	4.31%	4.96%	4.58%	5.04%	5.88%	5.47%	4.70%	4.33%	4.41%	4.94%	4.56%	
<b>Operations</b>	3.61%	2.33%	2.34%	4.39%	3.64%	2.31%	2.80%	2.85%	2.75%	3.64%	2.10%	2.20%	2.65%	
<b>Quality Assurance &amp; Academic</b>	3.45%	2.98%	2.34%	2.87%	2.44%	2.88%	2.67%	2.76%	3.57%	3.37%	2.23%	3.16%	2.92%	
<b>Service Strat &amp; Infrastructure</b>	3.86%	3.21%	4.55%	4.55%	4.78%	4.63%	6.13%	6.38%	4.90%	3.30%	3.57%	4.18%	3.68%	
<b>Specialty Medicines</b>	4.09%	4.09%	3.72%	3.90%	4.94%	4.91%	4.02%	4.79%	4.54%	5.03%	5.93%	6.19%	5.71%	
<b>Surgical Services</b>	4.42%	4.99%	5.48%	5.90%	5.94%	5.53%	6.03%	5.84%	5.28%	5.29%	4.94%	4.40%	4.88%	
<b>Tertiary Services</b>	3.56%	4.29%	4.56%	4.83%	4.41%	4.66%	4.19%	4.08%	3.86%	4.48%	3.88%	4.49%	4.28%	
<b>Trauma, Theatres &amp; Anaesthetics</b>	3.86%	4.05%	4.31%	4.13%	4.55%	4.57%	4.24%	4.60%	4.68%	4.75%	4.54%	4.49%	4.59%	
<b>Women And Children</b>	4.08%	3.52%	3.69%	4.04%	4.16%	4.60%	4.53%	4.48%	3.40%	3.65%	3.70%	3.34%	3.56%	

If we were to break down this analysis further, it could be argued that the amalgamation of Divisions into Clinical Centres has had a negative impact on the sickness absence rate for Specialty Medicine with Primary Care recording a cYTD figure of 11.64%. However, we must not ignore the fact that sickness has risen in other parts of the Centre too, such as Nephrology and Specialist Services.

Centre	Area	Jul-2013	Aug-2013	Sep-2013	Oct-2013	Nov-2013	Dec-2013	Jan-2014	Feb-2014	Mar-2014	Apr-2014	May-2014	Jun-2014	YTD 2014/2015	Twelve month trend
Specialty Medicines	Dermatology	0.65%	1.92%	1.92%	2.50%	3.74%	3.76%	4.66%	2.48%	0.00%	1.52%	1.69%	2.25%	1.82%	
Specialty Medicines	Gastroenterology	1.53%	4.20%	3.81%	5.83%	6.68%	7.26%	4.13%	4.30%	4.50%	5.07%	6.15%	6.38%	5.87%	
Specialty Medicines	Medicine Haematology	4.29%	4.38%	9.23%	7.86%	5.32%	7.54%	7.82%	10.60%	6.48%	6.25%	6.55%	5.35%	6.05%	
Specialty Medicines	Medicine N-Ton	1.12%	0.00%	0.07%	0.35%	0.00%	0.00%	1.85%	1.45%	8.46%	0.00%	0.00%	0.00%	0.00%	
Specialty Medicines	Medicine Speciality Divisional Management	4.10%	2.10%	1.82%	0.00%	2.28%	1.49%	2.65%	6.07%	6.17%	8.44%	4.23%	8.41%	7.03%	
Specialty Medicines	Nephrology	6.73%	5.32%	3.79%	2.19%	4.03%	4.11%	4.65%	4.49%	6.13%	6.69%	8.33%	8.94%	7.99%	
Specialty Medicines	Primary Care	11.60%	7.16%	3.27%	3.07%	4.57%	4.87%	4.48%	3.83%	2.97%	8.07%	15.52%	11.34%	11.64%	
Specialty Medicines	Radiotherapy/Oncology	3.43%	4.15%	3.30%	3.31%	5.15%	4.69%	3.98%	4.63%	4.52%	3.94%	4.49%	4.90%	4.44%	
Specialty Medicines	Rheumatology	6.53%	5.26%	3.46%	4.12%	4.42%	3.76%	0.36%	1.65%	0.35%	0.35%	2.65%	4.19%	2.40%	
Specialty Medicines	Specialist Services	3.52%	0.79%	1.57%	4.06%	4.24%	1.67%	0.75%	3.93%	3.28%	7.95%	7.36%	7.33%	7.55%	

A detailed breakdown of all Clinical Centres and Corporate Directorates is available in Appendix 1.

The main reasons for absence in the Specialty Medicine Centre are consistent with those for sickness absence for the whole trust, with the top three reasons being gastrointestinal complaints, cold/flu and stress/anxiety.



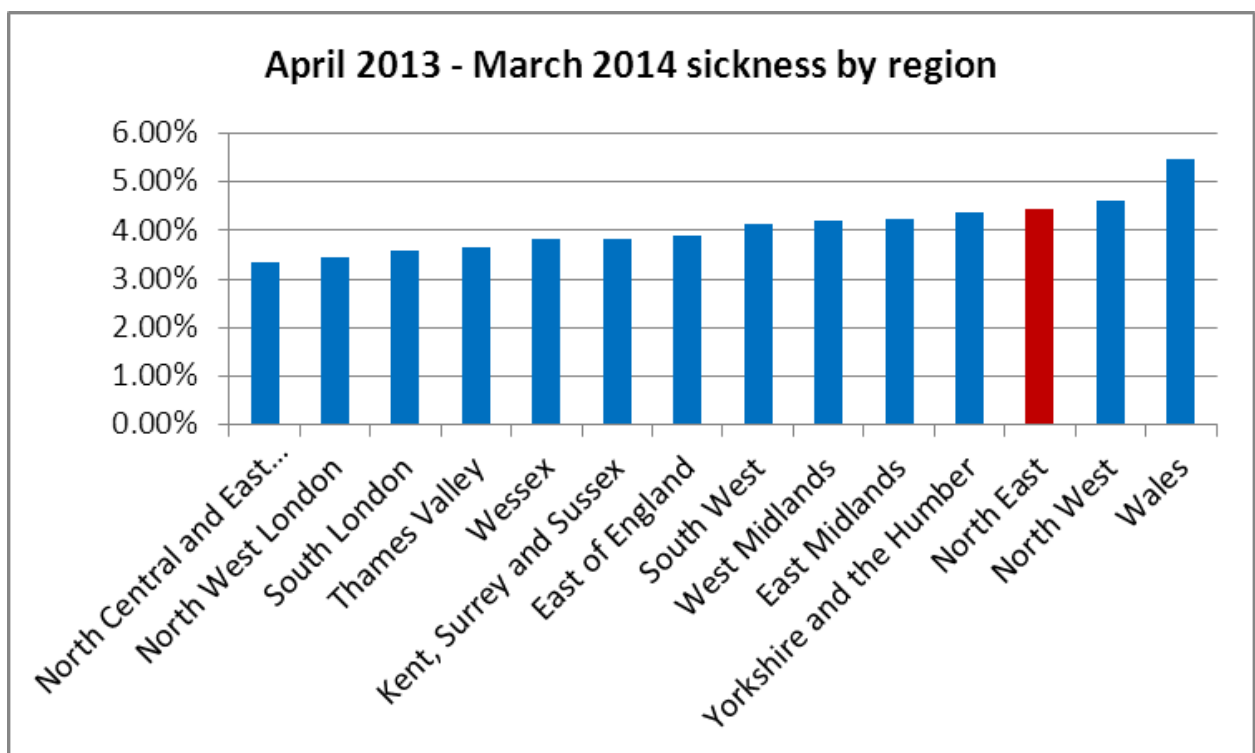
### 3. Benchmarking

#### 3.1. National

A recent publication from NHS Employers highlights that the latest figures released by the Health & Social Care Informatics Centre (HSCIC) show a decrease in overall sickness absence of 0.04% to 4.04% across the NHS in March 2014 when compared to the same period the previous year.

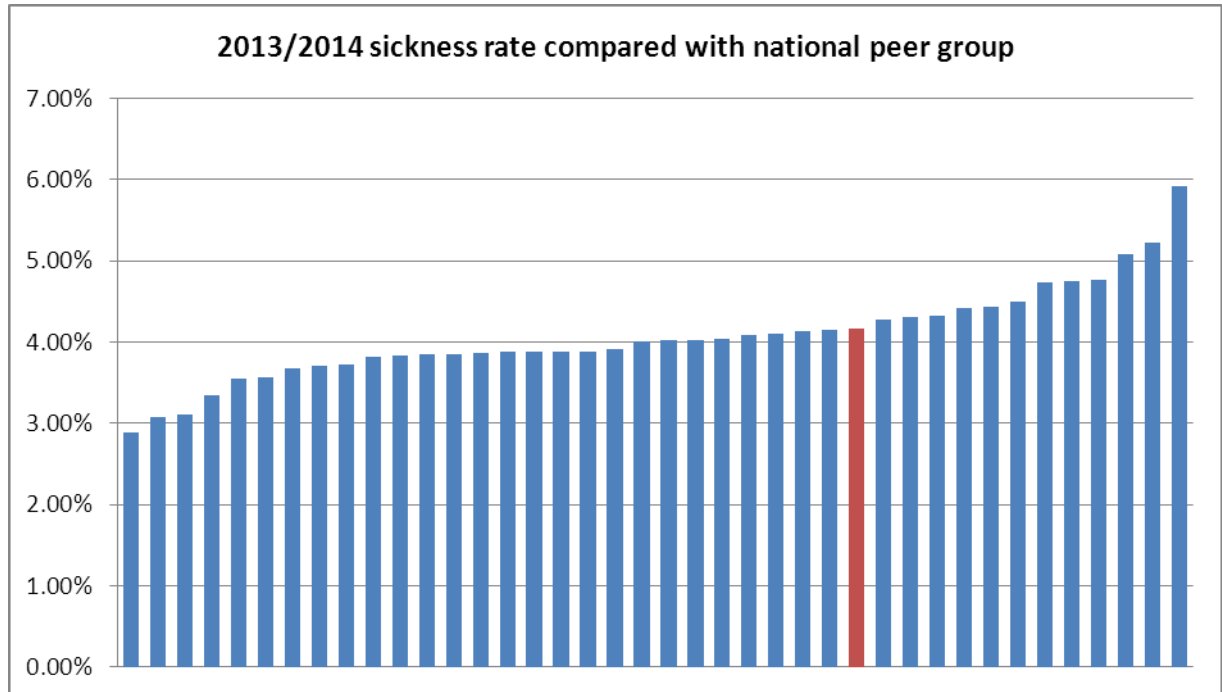
The data also considers sickness absence rates and total days lost by Health Education England (HEE) region and organisation. The publication advises that;

- Most staff groups have shown a reduction in sickness rate with the largest reduction being in nursing, midwifery and health visiting staff from 4.92% in March 2013 to 4.73% in March 2014
- The lowest staff sickness rate of any group were medical and dental staff, decreasing by 0.02% from 1.27% to 1.25%
- Within England, North Central and East London have the lowest regional sickness absence rate at 3.36% whilst North East and North West have the highest rates at 4.43% and 4.60% respectively. Wales shows the highest rate of absence at 5.48%.



The latest national and regional data available for comparison from iView (a national reporting tool from ESR) is also for March 2014. This is unpublished data for management information only and has therefore been anonymised.

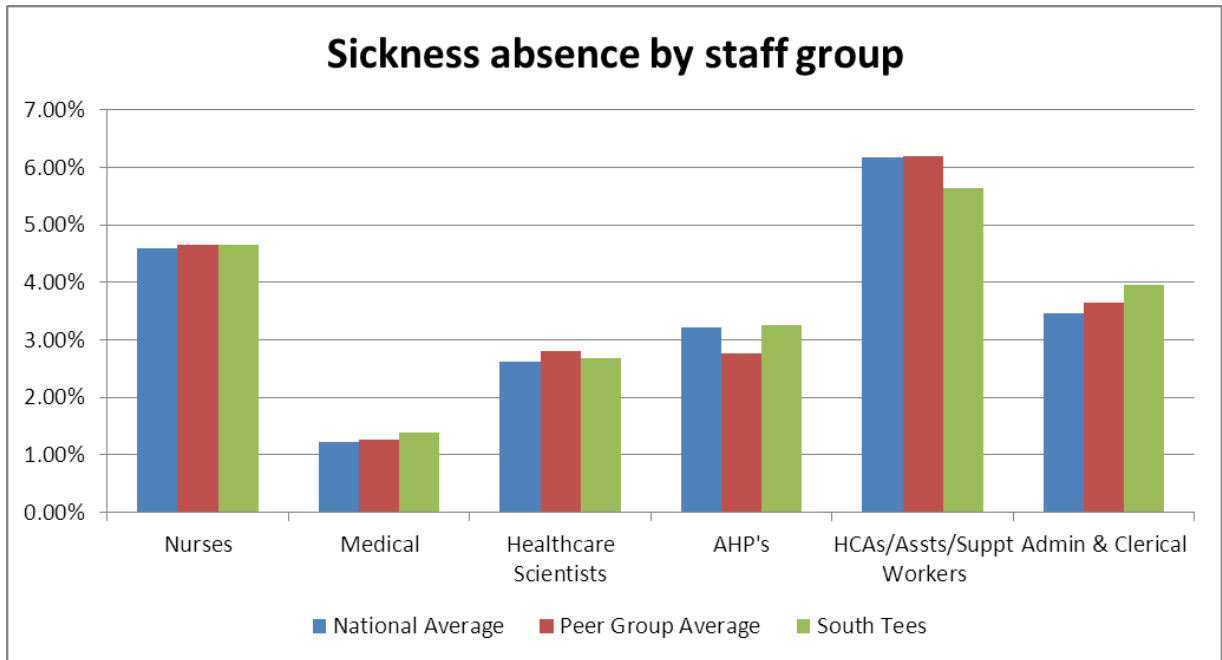
Our sickness rate of 4.16% was higher than the overall peer group average of 4.07% and the national average of 4.04%.



N.B. South Tees is shown in red

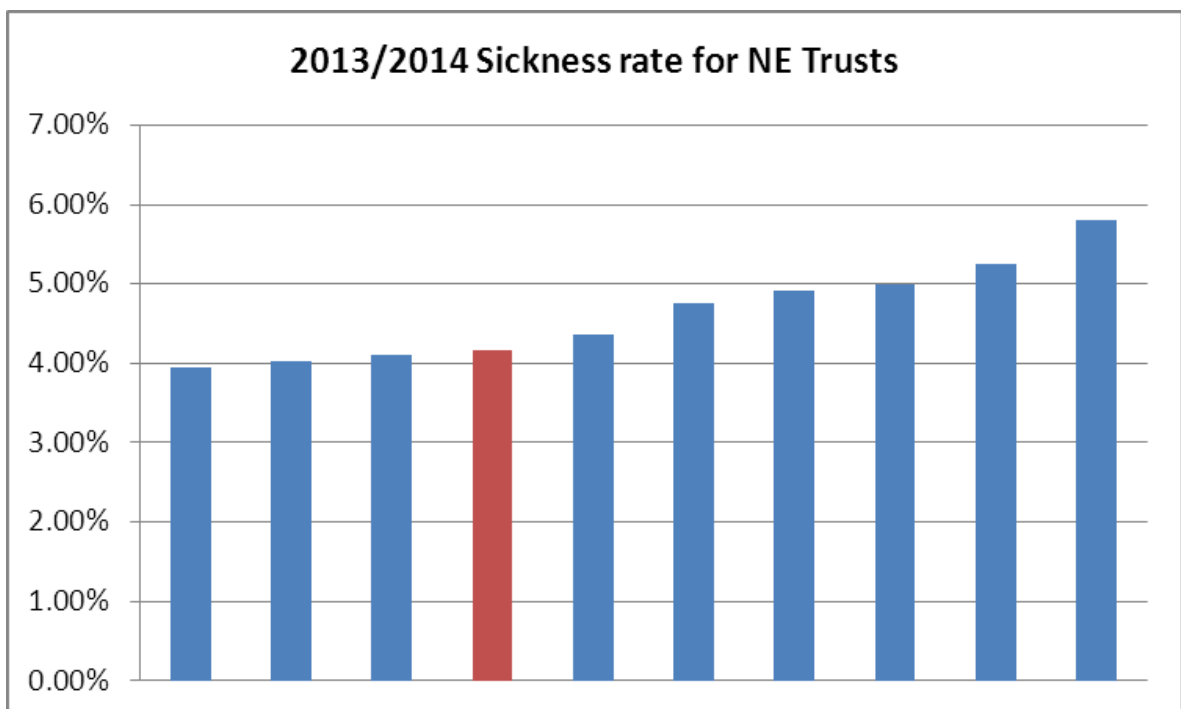
When considering absence by staff groups, the trust's position is consistent with both the national and peer group averages in that sickness rates for Support Workers and Nursing & Midwifery staff are recorded as the highest. The Trust appears to be an outlier amongst AHPs and Admin & Clerical staff, reporting rates which are above both the national and peer group averages for those groups of staff.





### 3.2. Regional

Regional benchmarking information is collected separately on a quarterly basis from local organisations and shared with participating trusts for benchmarking purposes. Against the regional absence rate of 4.43%, the Trust performs reasonably well with an average rate of 4.16%, ranking us 4<sup>th</sup> out of the 10 contributing organisations.

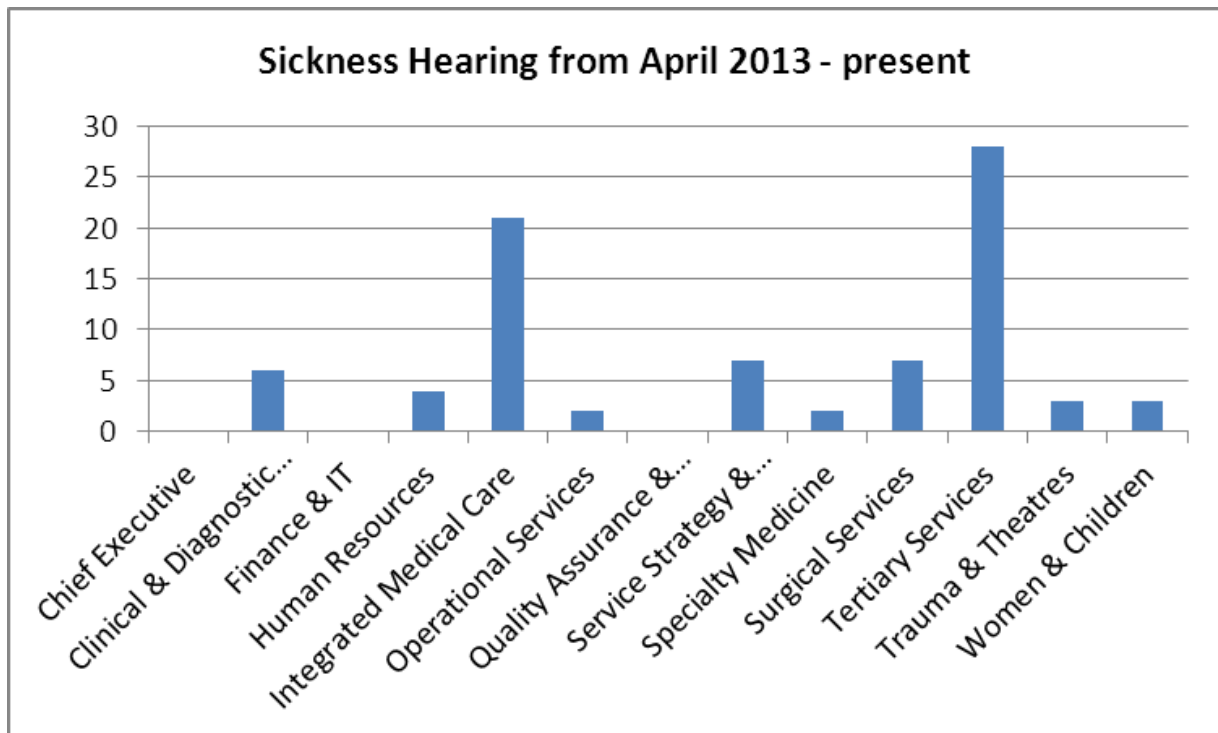


N.B. South Tees shown in red

#### **4. Management Interventions to Manage Sickness Absence**

There are a series of actions taken to support the organisation in its management of staff absence. These include:-

- 4.1. Monthly sickness absence reports are generated by the Workforce Information team which are then disseminated to the relevant Centres/Directorates and link HR representative.
- 4.2. From these reports HR staff can identify wards/departments across the organisation that has high sickness absence rates. Contact is then made with the relevant managers to discuss the management of sickness absence in that area
- 4.3. The reports also identify staff who are absent from work on long term sickness. In addition to supporting managers with the management of long-term sickness, HR staff work proactively with managers to identify ways in which shifts and/or responsibilities can be flexed to minimise the impact on an individual's health.
- 4.4. Reports also provide detail on the number of staff who have been absent during the previous month. In addition to the monthly sickness absence report an additional report is run for the HR operational team which identifies those staff who have met one of the Attendance Indicators as outlined within the Trust's policy. Using this report, the HR representative liaises with the relevant manager to discuss how sickness is being managed in that area and to offer support.
- 4.5. The HR representative will maintain regular contact with managers within their Centres/Directorates to discuss on going sickness cases and to ensure the Management of Attendance Policy is being adhered to. The following is a breakdown of the number of sickness hearings conducted by Centre/Directorate.



4.6. The workforce reports that are now available to the HR operational team allows for analysis of sickness data which can highlight any departments that need specific support. In such cases regular meetings have been set up between HR and the responsible manager so that sickness absence is more robustly managed. The reports have also allowed for analysis of the reasons of sickness absence and actions to address the reasons have been put in place and included in the action plans for the Centre's Staff Survey results.

4.7. The Maintaining a Healthy Workforce training session which supports the application of the Trust's Management of Attendance at Work Policy continues to be available to line managers. The session does not only cover the Management of Attendance at Work Policy but also the Stress Policy, the management of stress at work, occupational health and manual handling from a health perspective. To date 15 sessions have been provided since April 2013. Overall 175 managers have attended the training which has received very positive feedback.

4.8. To support more difficult sickness absence cases, Occupational Health provides a case conference service on a monthly basis. Case conferences provide the opportunity for managers to discuss the complex cases an Occupational Health Representative in detail. It can also be facilitated for the staff member and their representative to attend the case conference to allow for openness and transparency.

4.9. A small number of clinical centres have adopted a slightly different approach to the management of sickness absence in that they also recognise good attendance. Staff who have not any absence for 12 months receive a letter of recognition from the Managing Director of the centre. Whilst this can be

seen as a positive tool for engaging with staff, it is difficult to evidence whether or not this is having an impact on sickness levels.

## **5. Health and Wellbeing Services**

In order to promote a healthy lifestyle and to encourage staff to manage their own health and wellbeing a number of strategies and initiatives are currently being implemented.

The Occupational Health Department offer a number of services, such as a back care service and sports injury clinic for staff in addition to a range of self-help materials and an advice line which staff can access during office hours. For those staff who work outside of office hours, a range of materials as well as details of the services the Occupational Health team can offer are available on-line. Staff can self-refer to any of the clinics or services offered through Occupational Health.

A confidential service is available for staff who require the help of counsellors. Hour long counselling sessions, which are held off-site, are available through the Occupational Health Department.

Self-help and health promotion strategies for staff and their families are currently being implemented and are very much seen to be the way forward in supporting staff to help themselves to maintain fit and healthy lifestyles. The development of the Health Promoting Hospitals work is driving this agenda within the Trust with the introduction of Health Checks and other self-help interventions such as stopping smoking, weight loss clinics and healthy heart sessions through the Tees Cardiovascular Disease Prevention Programme. Resilience and mindfulness training sessions have been offered to staff to help them develop the personal capacity required to manage the excessive demands and stresses of work and home life without experiencing any personal stress.

More recently, a range of complimentary therapies have been made available for staff to access through the Trinity Holistic Centre.

## **6. Health Needs Assessment of Staff**

In January of this year, as part of the Health Promoting Hospitals work, a Health Needs Assessment of staff was undertaken in an attempt to measure the health and wellbeing of our staff. More importantly, this work will help us understand what level and type of support our staff need to remain healthy and develop their resilience. The needs assessment focussed on areas such as mental health, physical health, healthy eating and long-term conditions. A report on the detailed analysis, which is being carried out by Teesside University, is expected by the autumn. Action plans will be created and monitored from the results.

We know, from other organisations using the Health Promoting Hospitals framework, that changes to existing policies or the introduction of new initiatives aimed at

promoting staff health are likely outcomes of the assessment. Better promotion and co-ordination of healthy initiatives is needed if we are to shift the balance between managing sickness absence and developing healthy, resilient staff.

## **7. Best Practice**

Best practice identified by organisations such as the CIPD (Chartered Institute for Personnel and Development), ACAS (Advisory, Conciliation and Arbitration Service) and NHS Employers, for example; maintaining contact with employees during periods of sickness, return to work interviews, early occupational health interventions, phased returns to work and the management of short-term persistent absence by identifying patterns of short-term sickness absence through monitoring periods and the use of health improvement action plans is already well embedded into the Trust's organisational policies.

On reviewing other NHS organisations' policies, they are aligned to that in place within our own Trust. What does appear to differ between organisations is the level of dedicated resource allocated to the management of sickness absence.

Currently, the management of sickness absence is the responsibility of the line manager of an employee. More often than not, the responsibility for managing staff absence is in addition to other general and staff management responsibilities. Human Resources and Occupational Health have supporting roles in that they can guide, provide an opinion and advice to managers to help support them, but ultimately the decision taken on whether or how absence is managed is that of the managers.

Research and discussion with colleagues has highlighted that other organisations do employ dedicated resources to help line managers manage sickness absence and to ensure the policy is followed implicitly and consistently. The allocation of the resource varies between the HR operational team, Occupational Health and managed within services. This dedicated resource is responsible for monitoring sickness levels, providing targeted interventions to 'hot spots' and ensuring all necessary paperwork and health assessments are completed and followed up in a timely manner. Ultimately the decisions are taken by managers across the Trust, but the processing and facilitation of absence management is carried out in a controlled environment. This dedicated focus, which could be argued to be an invest to save opportunity, is similar to the operational performance review support given to achieve service targets

## **8. Summary**

It is recognised that sickness absence rates in the organisation are increasing. The reasons behind this can be many and varied. Contributing factors can include workload and work pressures and periods of uncertainty associated with organisational change; both of which are acknowledged as being evident in our

organisation at this time. Staff engagement remains a key intervention through times of change to help minimise the impact on individuals.

When comparing our current rate of sickness absence with that of other Trusts in the local patch, we compare more favourably and would not necessarily be seen as an outlier since our rate is lower than the regional average.

Existing trust policy and practices recognise and contain 'best practice' as identified through external partner organisations. Whilst there is little variance in the way in which sickness absence is managed when comparing with other Trusts, the amount of resource dedicated to the management of sickness absence is variable.

Andrew Thacker  
Assistant Director of Human Resources  
7 August 2014

**Appendix 1 – Detailed breakdown of absence.**

Centre	Area	Jul-2013	Aug-2013	Sep-2013	Oct-2013	Nov-2013	Dec-2013	Jan-2014	Feb-2014	Mar-2014	Apr-2014	May-2014	Jun-2014	Year	Twelve month trend
Chief Executive	Chief Executive	5.28%	3.81%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.81%	
Chief Executive	Organisational Development	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.96%	0.22%	0.00%	0.00%	0.19%	
Chief Executive	Trust Board	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Centre	Area	Jul-2013	Aug-2013	Sep-2013	Oct-2013	Nov-2013	Dec-2013	Jan-2014	Feb-2014	Mar-2014	Apr-2014	May-2014	Jun-2014	Year	Twelve month trend
Finance & IT	Finance	4.47%	3.60%	2.67%	1.67%	2.73%	1.63%	1.85%	4.34%	2.57%	2.73%	3.02%	3.06%	2.85%	
Finance & IT	Information Technology	2.28%	1.61%	1.30%	2.84%	2.72%	1.94%	1.89%	1.99%	1.78%	2.02%	1.32%	2.55%	2.02%	
Finance & IT	Other Information Departments	12.00%	10.89%	10.31%	7.50%	10.67%	7.05%	6.67%	7.18%	7.50%	8.26%	8.26%	8.26%	8.47%	
Centre	Area	Jul-2013	Aug-2013	Sep-2013	Oct-2013	Nov-2013	Dec-2013	Jan-2014	Feb-2014	Mar-2014	Apr-2014	May-2014	Jun-2014	Year	Twelve month trend
Human Resources	Human Resources	3.56%	2.65%	4.53%	2.74%	2.09%	1.09%	4.43%	2.89%	3.85%	4.81%	3.12%	2.78%	3.21%	
Centre	Area	Jul-2013	Aug-2013	Sep-2013	Oct-2013	Nov-2013	Dec-2013	Jan-2014	Feb-2014	Mar-2014	Apr-2014	May-2014	Jun-2014	Year	Twelve month trend
Operations	Bed Management	2.97%	1.15%	0.63%	0.83%	4.90%	5.18%	2.92%	1.58%	0.15%	5.82%	1.84%	5.57%	2.77%	
Operations	Cancer Services	0.35%	2.14%	1.67%	4.14%	0.00%	0.00%	0.53%	0.00%	0.93%	3.52%	4.51%	2.23%	1.68%	
Operations	Medical Records	5.46%	3.36%	2.09%	4.77%	4.33%	3.02%	3.17%	3.90%	4.47%	4.79%	3.55%	2.78%	3.81%	
Operations	Operation Management	2.57%	0.76%	1.01%	0.92%	1.34%	0.57%	0.72%	0.18%	1.09%	0.43%	0.00%	0.21%	0.89%	
Operations	Operations And Maintenance	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.08%	0.00%	0.47%	0.00%	0.00%	0.48%	0.55%	
Operations	Performance Management	2.36%	2.20%	4.23%	6.99%	4.26%	1.85%	3.31%	3.64%	2.02%	2.84%	0.62%	1.37%	2.98%	
Centre	Area	Jul-2013	Aug-2013	Sep-2013	Oct-2013	Nov-2013	Dec-2013	Jan-2014	Feb-2014	Mar-2014	Apr-2014	May-2014	Jun-2014	Year	Twelve month trend
Quality Assurance & Academic	Academic	4.62%	2.47%	0.44%	0.00%	0.00%	0.28%	0.00%	0.00%	1.25%	0.76%	0.43%	0.00%	0.88%	
Quality Assurance & Academic	Healthcare Governance	2.72%	3.41%	2.45%	2.87%	3.63%	3.79%	3.44%	2.81%	4.70%	4.95%	4.58%	7.14%	3.87%	
Quality Assurance & Academic	Industry Research Projects	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Quality Assurance & Academic	Nursing Directorate	5.92%	4.13%	3.87%	4.35%	3.98%	3.80%	3.00%	2.46%	3.33%	3.26%	2.75%	2.91%	3.66%	
Quality Assurance & Academic	PGMC	1.46%	0.00%	0.00%	0.00%	0.11%	0.00%	1.03%	4.24%	5.44%	3.49%	0.00%	2.19%	1.50%	
Quality Assurance & Academic	Research And Development	2.30%	3.46%	2.92%	3.17%	1.50%	4.29%	2.81%	3.16%	3.19%	1.53%	0.47%	0.00%	2.43%	
Quality Assurance & Academic	SIFT	3.45%	1.22%	1.28%	5.50%	1.36%	0.00%	4.60%	4.85%	1.38%	5.47%	0.00%	0.00%	2.41%	
Centre	Area	Jul-2013	Aug-2013	Sep-2013	Oct-2013	Nov-2013	Dec-2013	Jan-2014	Feb-2014	Mar-2014	Apr-2014	May-2014	Jun-2014	Year	Twelve month trend
Service Strat & Infrastructure	Estates Services	4.38%	3.75%	5.90%	7.20%	4.36%	8.52%	8.33%	13.99%	10.75%	8.33%	17.37%	15.56%	8.78%	
Service Strat & Infrastructure	Hotel Services	4.84%	4.26%	5.09%	5.44%	6.78%	6.00%	8.54%	8.26%	6.16%	4.65%	4.09%	3.67%	5.66%	
Service Strat & Infrastructure	Planning Services	1.11%	1.16%	3.14%	2.07%	1.34%	0.68%	0.61%	1.38%	1.18%	0.16%	0.70%	3.00%	1.37%	
Service Strat & Infrastructure	Residual Services - JCUH	0.00%	0.00%	1.24%	0.00%	0.41%	8.24%	6.43%	5.94%	6.00%	0.00%	1.32%	8.20%	3.15%	
Service Strat & Infrastructure	Specialist Services (Planning)	3.97%	1.58%	4.34%	3.79%	0.91%	0.00%	0.00%	0.00%	0.56%	0.00%	0.00%	1.87%	1.45%	
Service Strat & Infrastructure	Utilities	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	



Centre	Area	Jul-2013	Aug-2013	Sep-2013	Oct-2013	Nov-2013	Dec-2013	Jan-2014	Feb-2014	Mar-2014	Apr-2014	May-2014	Jun-2014	Year	Twelve month trend
Clinical & Diagnostic Services	CT	2.64%	0.88%	0.29%	0.28%	2.60%	0.96%	4.33%	4.71%	7.49%	2.59%	1.10%	0.43%	2.35%	
Clinical & Diagnostic Services	Cellular Pathology	1.05%	1.74%	2.38%	2.46%	0.65%	1.75%	1.70%	2.16%	1.53%	0.99%	0.43%	0.52%	1.44%	
Clinical & Diagnostic Services	Chemistry	3.16%	1.11%	1.06%	0.34%	1.21%	1.59%	0.71%	3.24%	1.98%	2.64%	3.33%	5.38%	2.10%	
Clinical & Diagnostic Services	Children and Specialist Services (NYYPCT)	0.21%	1.80%	7.45%	7.79%	11.94%	11.87%	9.14%	7.22%	3.79%	5.83%	4.91%	12.22%	6.95%	
Clinical & Diagnostic Services	DCSS Divisional Management	0.12%	0.30%	4.27%	5.96%	6.94%	11.26%	4.33%	10.05%	3.97%	0.76%	0.00%	0.47%	4.00%	
Clinical & Diagnostic Services	Day Unit	0.00%	0.00%	0.36%	0.00%	0.00%	0.00%	4.38%	14.72%	8.61%	0.00%	0.00%	0.00%	2.65%	
Clinical & Diagnostic Services	Dietetics	1.07%	0.38%	0.00%	0.00%	0.00%	0.00%	0.92%	0.00%	0.00%	0.00%	0.00%	0.00%	0.21%	
Clinical & Diagnostic Services	Fluoroscopy	1.21%	0.00%	11.24%	12.14%	27.61%	25.14%	20.68%	21.59%	13.24%	7.07%	9.90%	8.66%	12.60%	
Clinical & Diagnostic Services	Haematology - Pathology	0.16%	3.78%	4.86%	6.54%	6.94%	6.92%	6.36%	5.46%	6.47%	11.31%	3.61%	3.80%	5.49%	
Clinical & Diagnostic Services	Immunology	0.00%	0.55%	0.00%	0.00%	1.28%	0.00%	1.10%	2.44%	0.00%	3.14%	0.00%	0.00%	0.69%	
Clinical & Diagnostic Services	MRI	0.00%	0.00%	4.56%	6.88%	6.88%	7.16%	2.22%	5.85%	0.56%	2.59%	19.85%	17.81%	6.29%	
Clinical & Diagnostic Services	Mammography	0.00%	26.00%	30.37%	0.00%	0.00%	0.00%	0.00%	0.00%	3.02%	0.00%	0.00%	0.00%	5.08%	
Clinical & Diagnostic Services	Medical Illustration	0.00%	1.08%	0.00%	1.61%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.65%	0.00%	0.31%	
Clinical & Diagnostic Services	Medical Physics	2.57%	0.89%	0.22%	3.45%	1.11%	4.61%	1.90%	4.97%	3.58%	4.32%	3.44%	2.17%	2.78%	
Clinical & Diagnostic Services	Microbiology	3.83%	7.49%	6.97%	4.10%	3.75%	3.71%	1.63%	1.41%	1.10%	1.26%	2.63%	1.76%	3.32%	
Clinical & Diagnostic Services	Neuroradiology	2.37%	5.66%	5.45%	12.52%	15.53%	14.50%	13.78%	12.03%	11.59%	8.42%	7.81%	4.78%	9.53%	
Clinical & Diagnostic Services	Nutrition/Dietetics	2.85%	1.72%	0.92%	1.11%	3.60%	3.08%	3.28%	1.02%	1.62%	0.60%	0.34%	1.54%	1.81%	
Clinical & Diagnostic Services	Occupational Therapy	3.84%	3.69%	3.29%	3.86%	4.30%	3.57%	6.42%	5.97%	4.68%	4.01%	3.44%	3.75%	4.24%	
Clinical & Diagnostic Services	Orthotics	21.12%	18.78%	30.92%	14.58%	0.00%	0.64%	12.10%	20.32%	18.80%	10.13%	0.00%	0.00%	12.34%	
Clinical & Diagnostic Services	Other Services - Pathology	4.25%	5.15%	8.43%	8.93%	3.64%	4.13%	2.74%	4.16%	4.01%	2.54%	6.33%	6.21%	5.03%	
Clinical & Diagnostic Services	Pharmacy	1.53%	2.69%	2.53%	3.17%	2.66%	3.60%	2.21%	2.97%	2.30%	1.69%	2.21%	3.00%	2.54%	
Clinical & Diagnostic Services	Physiotherapy	3.35%	3.94%	4.36%	3.38%	3.80%	4.22%	4.74%	5.05%	4.10%	4.39%	3.96%	4.16%	4.12%	
Clinical & Diagnostic Services	Plain Film	3.81%	0.80%	2.54%	3.09%	1.41%	0.74%	1.80%	2.30%	1.29%	1.45%	2.04%	0.80%	1.83%	
Clinical & Diagnostic Services	Podiatry	1.64%	2.30%	3.98%	5.40%	0.64%	3.35%	3.23%	4.84%	3.79%	3.91%	7.19%	8.33%	4.09%	
Clinical & Diagnostic Services	Psychology	0.20%	0.24%	0.25%	0.16%	0.31%	0.37%	4.53%	0.26%	1.32%	5.97%	5.65%	5.70%	2.23%	
Clinical & Diagnostic Services	Radiology - ECH	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.35%	2.81%	7.89%	0.00%	0.00%	0.00%	1.37%	
Clinical & Diagnostic Services	Radiology - FHN	0.00%	0.81%	0.00%	0.64%	4.49%	2.99%	0.00%	0.40%	0.34%	0.00%	0.00%	0.00%	0.89%	
Clinical & Diagnostic Services	Radiology - GGH	0.00%	0.00%	0.00%	0.00%	0.00%	4.48%	28.48%	3.00%	0.00%	6.67%	0.00%	0.00%	3.25%	
Clinical & Diagnostic Services	Radiology - JCUH	4.38%	2.94%	2.63%	3.27%	2.66%	3.51%	3.79%	4.72%	5.86%	8.05%	5.87%	3.61%	4.30%	
Clinical & Diagnostic Services	Radiology - Redcar PCH	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Clinical & Diagnostic Services	Radiology Divisional Management	0.33%	0.33%	0.17%	0.00%	0.00%	0.17%	0.47%	3.88%	0.34%	0.17%	0.52%	0.00%	0.51%	
Clinical & Diagnostic Services	Radiology	0.00%	2.63%	5.21%	6.58%	9.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.97%	
Clinical & Diagnostic Services	Specialist Community Nursing Equipment	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.00%	0.00%	0.00%	0.82%	
Clinical & Diagnostic Services	Speech Therapy	2.42%	2.40%	4.01%	1.36%	1.99%	2.23%	3.28%	2.12%	0.34%	0.07%	1.97%	3.31%	2.12%	
Clinical & Diagnostic Services	Sterile Services	0.75%	1.45%	2.73%	2.25%	3.51%	5.46%	4.91%	4.95%	5.32%	6.70%	4.71%	6.87%	4.09%	
Clinical & Diagnostic Services	Ultrasound	6.42%	5.37%	6.51%	4.59%	2.55%	3.23%	6.67%	1.48%	1.01%	7.40%	3.84%	1.80%	4.28%	

Centre	Area	Jul-2013	Aug-2013	Sep-2013	Oct-2013	Nov-2013	Dec-2013	Jan-2014	Feb-2014	Mar-2014	Apr-2014	May-2014	Jun-2014	Year	Twelve month trend
Integrated Medical Care	Acute Medicine	4.08%	4.77%	3.84%	3.53%	3.48%	3.03%	3.07%	2.49%	4.07%	3.56%	3.47%	4.53%	3.67%	
Integrated Medical Care	CS Divisional Management	4.83%	5.42%	3.46%	3.95%	6.67%	7.44%	3.85%	4.08%	2.49%	2.48%	7.26%	3.22%	4.59%	
Integrated Medical Care	Chest Medicine	2.66%	4.20%	3.97%	6.20%	4.70%	5.42%	6.69%	3.61%	3.33%	2.10%	1.80%	3.70%	4.04%	
Integrated Medical Care	Diabetes Care	8.73%	4.29%	2.04%	2.59%	2.46%	5.07%	4.99%	4.73%	4.15%	3.05%	4.89%	5.81%	4.39%	
Integrated Medical Care	ICU	6.88%	4.44%	2.53%	3.66%	4.37%	3.61%	3.93%	3.88%	2.12%	2.61%	2.06%	4.54%	3.70%	
Integrated Medical Care	Infectious Diseases	0.18%	0.00%	0.10%	3.74%	0.77%	0.69%	0.28%	3.13%	3.81%	1.56%	2.41%	1.65%	1.56%	
Integrated Medical Care	Medicine Acute Divisional Management	3.12%	3.84%	4.62%	4.31%	3.06%	0.34%	2.04%	2.98%	2.26%	0.15%	0.05%	0.19%	1.83%	
Integrated Medical Care	Medicine For The Elderly	4.17%	5.39%	5.53%	3.98%	2.76%	4.05%	6.26%	6.41%	4.41%	3.92%	5.13%	5.27%	4.75%	
Integrated Medical Care	Medicine Northallerton	2.54%	4.11%	4.73%	5.88%	3.91%	3.56%	5.16%	5.70%	4.26%	4.85%	4.66%	5.05%	4.53%	
Integrated Medical Care	Middlesbrough Locality	6.18%	5.47%	6.28%	8.84%	8.03%	9.48%	11.30%	9.75%	7.93%	6.46%	5.89%	5.71%	7.61%	
Integrated Medical Care	North Yorkshire	4.24%	4.51%	4.08%	4.71%	4.37%	6.06%	8.02%	5.50%	5.27%	4.36%	4.41%	4.19%	4.99%	
Integrated Medical Care	Redcar & Cleveland Locality	6.85%	5.53%	5.51%	6.16%	7.12%	6.44%	5.99%	6.52%	6.60%	7.11%	6.81%	6.43%	6.43%	
Integrated Medical Care	Senior Nurse	0.00%	0.00%	0.00%	0.00%	0.00%	9.03%	5.81%	6.25%	10.00%	6.50%	5.00%	7.17%	4.12%	
Centre	Area	Jul-2013	Aug-2013	Sep-2013	Oct-2013	Nov-2013	Dec-2013	Jan-2014	Feb-2014	Mar-2014	Apr-2014	May-2014	Jun-2014	Year	Twelve month trend
Specialty Medicines	Dermatology	0.65%	1.92%	1.92%	2.50%	3.74%	3.76%	4.66%	2.48%	0.00%	1.52%	1.69%	2.25%	2.26%	
Specialty Medicines	Gastroenterology	1.53%	4.20%	3.81%	5.83%	6.68%	7.26%	4.13%	4.30%	4.50%	5.07%	6.15%	6.38%	5.03%	
Specialty Medicines	Medicine Haematology	4.29%	4.38%	9.23%	7.86%	5.32%	7.54%	7.82%	10.60%	6.48%	6.25%	6.55%	5.35%	6.79%	
Specialty Medicines	Medicine N-Ton	1.12%	0.00%	0.07%	0.35%	0.00%	0.00%	1.85%	1.45%	8.46%	0.00%	0.00%	0.00%	1.15%	
Specialty Medicines	Medicine Specialty Divisional Management	4.10%	2.10%	1.82%	0.00%	2.28%	1.49%	2.65%	6.07%	6.17%	8.44%	4.23%	8.41%	3.96%	
Specialty Medicines	Nephrology	6.73%	5.32%	3.79%	2.19%	4.03%	4.11%	4.65%	4.49%	6.13%	6.69%	8.33%	8.94%	5.46%	
Specialty Medicines	Primary Care	11.60%	7.16%	3.27%	3.07%	4.57%	4.87%	4.48%	3.83%	2.97%	8.07%	15.52%	11.34%	6.72%	
Specialty Medicines	Radiotherapy/Oncology	3.43%	4.15%	3.30%	3.31%	5.15%	4.69%	3.98%	4.63%	4.52%	3.94%	4.49%	4.90%	4.21%	
Specialty Medicines	Rheumatology	6.53%	5.26%	3.46%	4.12%	4.42%	3.76%	0.36%	1.65%	0.35%	0.35%	2.65%	4.19%	3.17%	
Specialty Medicines	Specialist Services	3.52%	0.79%	1.57%	4.06%	4.24%	1.67%	0.75%	3.93%	3.28%	7.95%	7.36%	7.33%	3.45%	

Centre	Area	Jul-2013	Aug-2013	Sep-2013	Oct-2013	Nov-2013	Dec-2013	Jan-2014	Feb-2014	Mar-2014	Apr-2014	May-2014	Jun-2014	Year	Twelve month trend
Surgical Services	ENT	2.58%	1.90%	2.11%	3.52%	3.10%	2.88%	3.26%	3.21%	1.81%	1.43%	1.15%	1.54%	2.37%	
Surgical Services	General Surgery	4.28%	4.20%	3.84%	4.40%	4.71%	4.98%	6.42%	6.59%	5.50%	5.14%	5.53%	5.60%	5.11%	
Surgical Services	Ophthalmology	3.44%	6.41%	7.69%	9.12%	7.72%	7.98%	8.14%	7.16%	6.82%	6.82%	5.39%	3.53%	6.69%	
Surgical Services	Oral Surgery / Orthodontics	5.46%	5.29%	6.98%	7.25%	9.24%	7.12%	6.44%	3.48%	3.72%	3.83%	5.61%	3.71%	5.69%	
Surgical Services	Plastic Surgery / Burns	3.45%	5.53%	3.73%	2.53%	4.81%	5.23%	6.30%	5.47%	4.97%	8.15%	5.49%	6.89%	5.22%	
Surgical Services	Surgery Div. Mgmt	0.42%	1.05%	6.64%	3.17%	4.60%	7.29%	8.31%	13.08%	11.01%	7.47%	2.59%	0.00%	5.52%	
Surgical Services	Surgery Outpatients	0.73%	0.32%	0.00%	12.77%	10.42%	9.99%	5.42%	9.02%	8.41%	6.14%	9.30%	5.88%	6.52%	
Surgical Services	Urology	9.97%	9.72%	12.56%	10.23%	8.77%	5.00%	4.34%	4.94%	6.36%	6.13%	6.20%	4.59%	7.36%	
Centre	Area	Jul-2013	Aug-2013	Sep-2013	Oct-2013	Nov-2013	Dec-2013	Jan-2014	Feb-2014	Mar-2014	Apr-2014	May-2014	Jun-2014	Year	Twelve month trend
Tertiary Services	Cardio Division	3.03%	3.82%	7.29%	5.18%	3.71%	4.13%	2.50%	1.44%	0.85%	2.50%	2.06%	5.30%	3.49%	
Tertiary Services	Cardio Northallerton	1.55%	7.42%	2.50%	2.11%	3.28%	2.05%	0.26%	0.00%	1.56%	3.20%	0.56%	0.00%	2.03%	
Tertiary Services	Cardiology	3.72%	3.12%	3.10%	3.46%	3.55%	3.55%	2.77%	3.61%	3.48%	4.05%	3.35%	3.18%	3.41%	
Tertiary Services	Cardiothoracic	4.27%	5.77%	5.32%	6.04%	5.82%	5.82%	5.56%	5.95%	5.53%	7.47%	6.72%	6.75%	5.92%	
Tertiary Services	D.S.C.	0.96%	0.00%	2.04%	0.00%	3.49%	0.96%	2.20%	1.74%	1.88%	0.89%	0.00%	5.46%	1.63%	
Tertiary Services	Neuro Divisional Management	0.00%	0.29%	5.19%	0.00%	0.00%	0.00%	0.00%	0.00%	7.03%	0.00%	0.00%	0.00%	1.08%	
Tertiary Services	Neuro Rehab	1.70%	1.42%	1.63%	4.27%	1.22%	2.40%	4.76%	2.00%	2.88%	2.67%	1.87%	0.82%	2.30%	
Tertiary Services	Neurology	4.49%	6.61%	6.57%	7.19%	5.45%	5.46%	5.11%	5.88%	4.93%	3.91%	1.75%	2.93%	4.99%	
Tertiary Services	Neurophysiology	8.60%	9.14%	10.28%	0.81%	0.00%	0.27%	5.11%	1.19%	0.00%	0.00%	0.00%	0.34%	3.02%	
Tertiary Services	Neurosurgery	1.72%	3.05%	3.84%	5.65%	5.45%	7.57%	6.63%	2.68%	2.45%	1.86%	3.59%	5.16%	4.14%	
Tertiary Services	Sleep	0.00%	0.00%	0.00%	2.09%	0.00%	0.00%	0.55%	6.58%	8.48%	0.00%	0.00%	3.77%	1.76%	

Centre	Area	Jul-2013	Aug-2013	Sep-2013	Oct-2013	Nov-2013	Dec-2013	Jan-2014	Feb-2014	Mar-2014	Apr-2014	May-2014	Jun-2014	Year	Twelve month trend
Trauma, Theatres & Anaesthetics	Accident And Emergency	2.19%	1.86%	2.26%	2.20%	3.08%	3.32%	3.09%	3.68%	3.08%	2.29%	3.11%	2.53%	2.73%	
Trauma, Theatres & Anaesthetics	Acute Pain	0.00%	0.00%	0.00%	0.00%	3.80%	4.50%	11.71%	1.19%	0.52%	3.19%	0.00%	0.00%	2.07%	
Trauma, Theatres & Anaesthetics	Anaesthetics	0.00%	5.98%	0.20%	0.00%	1.07%	0.00%	0.66%	0.00%	1.07%	10.82%	6.36%	7.21%	2.81%	
Trauma, Theatres & Anaesthetics	Chronic Pain	0.39%	4.48%	9.25%	3.07%	1.83%	0.28%	2.60%	8.26%	12.32%	13.93%	9.33%	1.77%	5.59%	
Trauma, Theatres & Anaesthetics	Orthopaedic	3.01%	3.07%	4.15%	4.28%	6.44%	7.08%	6.29%	5.26%	5.42%	5.49%	4.60%	4.87%	5.01%	
Trauma, Theatres & Anaesthetics	Spinal Injuries	7.46%	5.37%	6.23%	3.72%	4.43%	4.58%	1.03%	3.28%	3.10%	4.63%	5.15%	4.99%	4.50%	
Trauma, Theatres & Anaesthetics	Surgical Day Unit	3.99%	4.13%	7.06%	6.84%	4.93%	5.43%	3.48%	4.87%	8.29%	6.03%	5.96%	6.10%	5.59%	
Trauma, Theatres & Anaesthetics	Theatres	4.45%	5.05%	4.08%	4.19%	4.11%	3.62%	4.22%	3.89%	4.00%	4.93%	4.83%	4.49%	4.33%	
Trauma, Theatres & Anaesthetics	Trauma Div. Mgmt (Trauma)	8.91%	11.36%	0.98%	0.00%	0.65%	0.32%	0.86%	7.73%	6.58%	0.00%	0.00%	0.50%	3.20%	
Trauma, Theatres & Anaesthetics	Trauma Outpatients	6.69%	6.55%	6.55%	7.67%	5.67%	4.53%	6.30%	11.63%	4.67%	4.11%	3.95%	8.03%	6.32%	
Centre	Area	Jul-2013	Aug-2013	Sep-2013	Oct-2013	Nov-2013	Dec-2013	Jan-2014	Feb-2014	Mar-2014	Apr-2014	May-2014	Jun-2014	Year	Twelve month trend
Women And Children	Community Child Health	0.00%	0.00%	2.85%	0.36%	0.38%	0.00%	0.34%	0.35%	0.00%	0.45%	0.00%	0.38%	0.41%	
Women And Children	Gynaecology	4.00%	2.77%	2.59%	5.51%	8.63%	9.88%	9.54%	10.87%	6.82%	5.20%	5.72%	4.58%	6.35%	
Women And Children	Health Visiting & School Nursing	5.09%	4.39%	3.65%	4.43%	3.50%	3.28%	3.68%	2.28%	1.80%	2.57%	3.36%	4.06%	3.50%	
Women And Children	Medical Staff	0.00%	0.26%	1.10%	2.32%	2.75%	4.14%	3.46%	3.42%	3.39%	2.65%	2.01%	2.03%	2.31%	
Women And Children	Neo-Natal	3.05%	2.60%	3.08%	3.53%	4.27%	5.41%	5.06%	5.31%	3.51%	3.48%	4.82%	3.71%	3.99%	
Women And Children	Obstetrics	3.79%	3.37%	2.76%	2.15%	2.82%	3.34%	3.10%	2.87%	1.87%	2.08%	2.62%	2.69%	2.79%	
Women And Children	Paediatrics	6.62%	6.20%	7.99%	6.83%	4.39%	4.33%	5.33%	5.93%	5.98%	7.17%	5.61%	3.34%	5.80%	
Women And Children	W And C Div Management	1.28%	0.00%	1.70%	5.76%	7.91%	7.91%	5.01%	6.08%	3.68%	4.22%	1.84%	3.98%	4.10%	