

AGENDA ITEM NO 8

| | | | | | |
|----------------------------|---|----------------|----------------------|---------------------------------------|-----------------------|
| Meeting/ Committee: | Board of Directors | | Meeting Date: | 26 th August 2014 | |
| This paper is for: | Action/Decision | Assurance X | Information | | |
| Title: | Trust Performance Report | | | | |
| Purpose: | The purpose of this report is to inform the Board of Directors of the trust's performance against current national indicators and local targets. | | | | |
| Summary: | <p>The paper provides a summary of performance in July 2014 against all the key national targets and a range of local performance indicators.</p> <p>Section 1: Monitor Compliance</p> <p>The trust continues to be compliant with all the 18 week targets; the incomplete, non-admitted pathways and admitted pathways in July. Performance based on the capacity and demand tools suggests that the trust expects to continue to meet the 18 week targets over the Q2 period.</p> <p>The 4 hour A&E target was achieved at 96.1% in July.</p> <p>The trust achieved all the cancer targets in Q1; performance for June was in line with the trusts predictions with the non-compliance of the 62 day first definitive treatment. Indicative figures for July show that all cancer targets are achieved although it is anticipated that Q2 will be challenging.</p> <p>There were 4 reported cases of C-Difficile in July which is in line with the trust's monthly trajectory of 4. The trust is reporting a total of 19 cases to date against a year-end target of 49.</p> <p>The community information dataset (CIDS) data completeness levels continue to be achieved and the trust remains compliant with these Monitor requirements.</p> <p>Sections 2, 3, & 4: Local Contractual Acute and Community Performance</p> <p>The trust is non-compliant with some of the 18 weeks targets at CCG level in a few specialties for admitted, non-admitted and incomplete pathways.</p> <p>There was 1 breach of the 28 day rebooking target in neuroradiology.</p> <p>All community outcome measures have been achieved.</p> <p>APMS GP Performance Section – steady improvements are being made in the challenging areas.</p> <p>Section 5: HR Measures: The trust's sickness level has increased in July to 4.26% which is above the target of 3.9%. The percentage of staff completing mandatory training continues to improve.</p> <p>Section 6: Nursing and Midwifery Report: For July the trust averages for registered nurses (day time fill rate 92.6% and night time 91.1%) health care assistants (day time 96.9% and night time 113.6%)</p> <p>Section 7: Overview of orthopaedic surgical RTT position: following the appointment of the new managing director and her internal review a number of issues have been identified that impact on the team's ability to deliver the 18 week RTT. An action plan has been developed.</p> | | | | |
| Prepared By: | Nicki Hurn, Deputy Head of Performance Management | | Presented By: | Susan Watson, Chief Operating Officer | |
| Recommendation: | The Board of Directors is asked to note the in-year performance and the actions being taken to address the targets. | | | | |
| Implications | Legal | Financial X | Clinical X | Strategic X | Risk & Assurance X |

2014/15 Performance Report
Monitor Risk Assessment Framework

| Category | Performance Indicator Information | 2013/14 | | | | | | 2014/15 | | | | | | STHFT Performance | | Current Indicative Quarter Governance Risk Rating | Previous Quarters Governance Risks | | | |
|--|---|---------|--------|--------|--------|--------|--------|---------|--------|--------|--------|-----|-------|---------------------------|---------|---|---|------------|------------|------------|
| | | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Latest Quarterly position | 2014/15 | | | | | |
| ACCESS | Meeting national access targets and outcome measures | | | | | | | | | | | | | | | | Q1 2014/15 | Q4 2013/14 | Q3 2013/14 | Q2 2013/14 |
| | Admitted Pathways - % Referral to treatment waiting times within 18 weeks | 86.9% | 85.5% | 87.2% | 85.1% | 85.8% | 86.6% | 90.1% | 94.0% | 94.2% | 94.6% | | | 92.8% | 90% | No | Yes | Yes | Yes | |
| | NoN-Admitted Pathways - % Referral to treatment waiting times within 18 weeks | 98.7% | 98.2% | 98.1% | 98.3% | 98.5% | 98.5% | 98.7% | 98.8% | 98.8% | 98.9% | | | 98.8% | 95% | No | No | No | No | |
| | Incomplete Pathways - % of patients on an RTT pathway waiting 18 weeks or less | 93.9% | 94.6% | 93.3% | 94.9% | 95.7% | 96.5% | 96.6% | 96.7% | 96.3% | 96.5% | | | 96.5% | 92% | No | No | No | No | |
| | Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge | 96.6% | 96.3% | 95.6% | 96.9% | 98.0% | 97.8% | 97.3% | 96.3% | 96.6% | 96.1% | | | 96.6% | 95% | No | No | No | No | |
| | *Cancer results for the current month are predicted values only | | | | | | | | | | | | | | | | * PLEASE NOTE July CANCER PERCENTAGES ARE INDICATIVE ONLY AS FURTHER VALIDATION REQUIRED * | | | |
| | Cancer waits 2 week wait target | 96.0% | 94.7% | 94.7% | 94.6% | 95.3% | 95.4% | 93.4% | 94.2% | 93.9% | 93.7% | | | 93.8% | 93% | No | No | No | No | |
| | 2 week wait breast symptom referrals - % seen within 2 weeks | 98.9% | 95.7% | 93.8% | 98.2% | 95.7% | 96.5% | 93.6% | 95.7% | 95.2% | 91.8% | | | 94.6% | 93% | No | No | No | No | |
| | Cancer wait 31 day wait for first definitive treatment for all cancers | 99.0% | 98.6% | 99.0% | 99.0% | 97.4% | 97.3% | 96.7% | 98.9% | 97.6% | 97.4% | | | 97.8% | 96% | No | No | No | No | |
| | Cancer wait 31 day wait for subsequent drug treatments for all cancers | 100.0% | 98.7% | 100.0% | 98.3% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | | 100.0% | 98% | No | No | No | No | |
| Cancer wait 31 day wait for subsequent surgery treatments all cancers | 98.4% | 100.0% | 100.0% | 100.0% | 100.0% | 98.6% | 98.2% | 100.0% | 98.5% | 100.0% | | | 98.9% | 94% | No | No | No | No | | |
| Cancer wait 31 day wait for subsequent radiotherapy treatments all cancers | 96.2% | 97.2% | 98.8% | 99.5% | 99.4% | 99.5% | 98.9% | 99.4% | 100.0% | 98.5% | | | 99.4% | 94% | No | No | No | No | | |
| Cancer wait 62 day wait for the first definitive treatment for all cancers | 81.8% | 82.5% | 92.1% | 82.1% | 82.2% | 86.8% | 89.2% | 85.1% | 83.8% | 85.8% | | | 85.7% | 85% | No | Yes | No | Yes | | |
| Cancer wait 62 day wait for first definitive treatment following consultant upgrade | 100.0% | 100.0% | 100.0% | 88.9% | 100.0% | 75.0% | 100.0% | 100.0% | 92.6% | 100.0% | | | 95.8% | 85% | No | Yes | No | Yes | | |
| Cancer wait 62 day wait for treatment of all cancers referred from a National screening service. | 80.0% | 100.0% | 100.0% | 100.0% | 93.8% | 94.1% | 92.3% | 100.0% | 93.8% | 91.7% | | | 94.9% | 90% | No | Yes | No | Yes | | |
| OUTCOMES | Clostridium difficile (cumulative position) | 3 | 4 | 10 | 2 | 5 | 3 | 4 | 7 | 4 | 4 | | | 19 | 49 | Yes | Yes | Yes | Yes | |
| | Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability. | | | | | | | | | | | | | | | No | No | No | No | |
| | Community services data set - RTT data completeness | 94.8% | 95.6% | 95.0% | 96.2% | 96.1% | 96.8% | 96.7% | 96.9% | 97.1% | 100.0% | | | 97.7% | 50% | No | No | No | No | |
| | Community services data set - Referrals activity data completeness | 98.4% | 98.4% | 97.1% | 98.7% | 98.7% | 98.8% | 98.6% | 99.0% | 98.7% | 99.9% | | | 99.1% | 50% | No | No | No | No | |
| Community services data set - Care contact activity data completeness | 99.7% | 99.7% | 97.5% | 99.8% | 99.7% | 99.8% | 99.8% | 99.9% | 99.9% | 99.9% | | | 99.9% | 50% | No | No | No | No | | |

2014/15 Performance Report

Monitor Risk Assessment Framework

(Continued)

| Category | Performance Indicator Information | 2013/14 | | | | | | 2014/15 | | | | | | STHFT Performance | | Current Quarter Governance Risk | Previous Quarters Governance Risks | | | |
|--|---|---------|-------|-------|-------|-------|-------|---------|--------|--------|--------|-----|-----|---------------------------------------|----------------|---------------------------------|------------------------------------|----|----|----|
| | | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | 2014/15 Month / Year to date position | 2014/15 target | | | | | |
| Care Quality Commission judgments | | | | | | | | | | | | | | | | | | | | |
| CQC | Number of CQC judgements received during the month. This includes any CQC warning notices issued; plus any CQC civil or criminal actions. | Nil | Nil | Nil | Nil | Nil | Nil | Nil | Nil | Nil | Nil | Nil | Nil | Nil | Nil | Nil | No | No | No | No |
| Third Party Reports | | | | | | | | | | | | | | | | | | | | |
| THIRD PARTY REPORTS | Governance Risk raised by Monitor as a consequence of third party information. This information could be supplied to Monitor by the Trust or brought directly to them from other sources, and may include ad hoc reports from GMC, the Ombudsman, Commissioners, Healthwatch England, Auditor reports, Health and Safety Executive, etc. | | | | | | | | 1 | | | | | 1 | | | No | No | No | No |
| Quality Governance Indicators | | | | | | | | | | | | | | | | | | | | |
| QUALITY GOVERNANCE | Patient Metrics - Patient Satisfaction (Using the Trust's Friend's & Family Test score comparison against the national average as a proxy) | 79 | 81 | 80 | 64 | 76 | 73 | 75 | 71 | 68 | 78 | | | 77 | > 64.1 | No | No | No | No | |
| | Staff Metrics - Executive team turnover (includes all executive and non-executive directors). Reported over a 12 month rolling period | 7% | 0% | 0% | 0% | 0% | 7% | 0% | 0% | 0% | 0% | 7% | | | 13% | To be agreed | No | No | No | No |
| | Staff Metrics - staff satisfaction | | | | | | | | | | | | | | | | | | | |
| | Staff Metrics - sickness / absence rate (in month) | 4.35% | 4.19% | 4.49% | 4.59% | 4.62% | 4.15% | 4.22% | 4.02% | 4.29% | 4.26% | | | 4.26% | <5.5% | No | No | No | No | |
| | Staff Metrics - proportion of wte temporary staff (Bank, Agency & Locum) | | | | | | | | | | | | | | | | | | | |
| | Staff Metrics - staff turnover (reported over a 12 month rolling period) | 9.09% | 9.00% | 8.96% | 9.24% | 9.19% | 9.69% | 10.00% | 10.08% | 10.11% | 10.26% | | | 10.11% | <15% | No | No | No | No | |
| Cost reduction plans as a proportion of income (Expected level nationally is around 4 - 5%. Locally, if levels exceeds 5% this would need to be reviewed in light of any potential quality governance concerns that may impact on quality and patient safety.) | <5% | <5% | <5% | <5% | <5% | <5% | <5% | <5% | <5% | <5% | <5% | | <5% | <5% | No | No | No | No | | |
| Financial Risk | | | | | | | | | | | | | | | | | | | | |
| FINANCIAL RISK | Continuity of Service risk rating. Monitor expect well-governed trusts to remain solvent and to be able to demonstrate financial efficiency and robust financial planning and decision making processes. Where Monitor identifies a material risk to a trust's financial sustainability or overall compliance with the continuity of service licence, it will consider whether this also reflects a governance issue. | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | | | 2 | 1 | 2 | | | | |

Explanation of Monitor governance triggers:

| Category | Governance concerns triggered by: |
|-------------------------------|---|
| Access and outcome metrics | 3 consecutive quarter breaches of a single access target or breaching target for year. |
| CQC Judgements | CQC warning notice issued or CQC civil / criminal action. |
| Third Party Reports | Judgement will be based on the severity and frequency of reports received. (Monitor's initial response will likely be to request further information from the Trust) |
| Quality Governance Indicators | Material risk highlighted by governance indicators and confirmed by Monitor through further information and assessment. Trust will be expected to address specific risk through an action plan. |
| Financial Risk | Breaching the Continuity of Service licence condition |

Governance Rating Method

| Rating | Description |
|--------|--|
| Green | No categories triggering a governance concern |
| Amber | Local RAG rating to indicate where a metric has breached in the quarter but has not yet triggered a governance concern. |
| Red | Monitor instigated formal regulatory action due to unresolved governance concerns as a result of one or more categories triggering governance issues; OR a breach of the governance licence condition with formal condition. |

Continuity of Service Risk Rating

| Rating | Description | Regulatory Activity |
|--------|--|--|
| 4 | No evident concerns | None |
| 3 | Emerging or minor concern potentially requiring scrutiny | None |
| 2* | Level of risk material but stable. (Only Monitor can assign a 2* rating) | None |
| 2 | Material Risk | Consideration for potential investigation |
| 1 | Significant Risk | Potential investigation. Potential appointment of contingency planning team. |

Summary of Risk Assessment Framework Governance rating

| Category | Current Quarter Governance Concerns Triggered | Previous Quarters Governance Risks | | |
|-------------------------------|---|------------------------------------|------------|------------|
| | | Q4 2013/14 | Q3 2013/14 | Q2 2013/14 |
| Access and outcome metrics | Green | Amber | Amber | Amber |
| CQC Judgements | Green | Green | Green | Green |
| Third party Information | Green | Green | Green | Green |
| Quality Governance Indicators | Green | Green | Green | Green |
| Financial Risk | Amber | | | |

South Tees Hospitals NHS Foundation Trust

Monthly Performance Report

1: Monitor Compliance Framework

18 week referral to treatment times

The trust was fully compliant with all referral to treatment targets in July. Compliance against the admitted pathways was 94.64% against a target of 90%.

Work is continuing with all specialties to ensure compliance and to mitigate any risk of non-compliance. Further information can be found in the 18 week section of the supplementary pack.

Prospective modelling indicates the trust expects to maintain its 18 week RTT compliance throughout Q2.

A & E 4 hour waiting time

The trust has maintained compliance against the 4 hour A&E target of 95%, with a compliance of 96.1% in July.

Cancer Waiting Times

The trust was fully compliant with all the cancer targets in Q1, performance for June was in line with the trusts predictions with the non-compliance of the 62 day first definitive treatment 83.5% (indicative 83.3%).

Indicative figures for July show that the trust will be compliant with all cancer targets. Early indications suggest that Q2 will be challenging particularly around the 62 day first definitive treatment.

Healthcare Associated Infections

There were 4 reported cases of C-Difficile in July, this brings the trust total to 19 cases, 2 above the year to date trust trajectory. The 2014/15 year-end target has been set at 49 cases. The trust continues to implement a number of key actions focused on reducing the number of C-Difficile cases.

Community Services Information Dataset

The trust continues to meet Monitor's data completeness levels in July with referral-to-treatment data 100%, referral data 99.9% and care contact activity data 99.9%.

2: Acute Services Contractual Requirements

18 week referral to treatment times at Specialty and CCG level

The trust did not meet the 18 week standards at specialty and CCG level for all the admitted, non-admitted and incomplete pathways. Patients are admitted by clinical priority and chronological order in accordance with best practice.

Delayed transfers of care (acute)

Delayed transfers of care as a percentage of occupied beds were 3.55% in July, remaining below the 4.0% threshold. The trust continues to work with its partners to sustain this improvement.

28 Day Rebooking Target

The trust reported 1 breach of the 28 day rebooking target in neuroradiology for July. The reason for the cancellation of the surgery was lack of anaesthetic time as the previous case ran over. The specialty was unable to date this patient within the 28 days specified due to their consultant availability. The patient has now been dated for surgery 7 days after their breach date.

Third Party Reports

The Parliamentary & Health Service Ombudsman (PHSO) have upheld two complaints in 2014/15, the trusts response and action plan is reviewed at the Quality Assurance Committee before being sent to the CCGs, CQC and Monitor as requested by the PHSO.

3: Community services contractual requirements

All performance measures have been achieved.

4: Alternative Provider Medical Services (APMS) contract - KPI Report

Key performance indicators submission for July has been made to the commissioners; resolution health centre has demonstrated a slight increase in performance in relation to the weight management indicators. Challenging areas for both practices continue to be in smoking, weight management, CVD.

5: HR

The monthly sickness rate for July showed a slight decrease on the previous month of just 0.03% and now stands at 4.26%. However the gap between long term and short term sickness has now widened with long term sickness now accounting for almost 60% of all sickness.

The overall trust compliance rate for mandatory training for July shows a figure of 68.19%. This is a slight increase of 0.12% on the previous month's performance.

6: Nursing and Midwifery Monthly Staffing Report

6.1 Summary

The requirement to publish nursing and midwifery staffing levels on a monthly basis is explicit and is one of the ten expectations specified by the National Quality Board (2013). From June 2014 provider organisations were required to make their data available on both the Trust website and NHS Choices. We were fully compliant in terms of meeting all expectations within the required timescales. This section of the report details data in relation to the nursing and midwifery staffing information from July 2014.

6.2 Context

All wards with inpatient beds have been included, with detail broken down into day and night hours. This data takes no account of baseline staffing levels, bed occupancy or patient acuity and dependency. Day case areas are excluded as are any temporary beds which have been opened in response to surge. The data is inputted as either nights (defined as the shift period within which midnight falls) or days (all the periods not included in night hours).

The overriding principle underpinning the transparent and open approach is to provide assurance that we have the right number of nursing and midwifery staff in place to deliver high quality, safe and effective care. The information is used as part of the Director of Nursing's Clinical Standards meeting with Heads of Nursing and Clinical Matrons for each Clinical Centre. It will also be an integral part of performance management with Clinical Centre Managing Directors and Chiefs of Service.

Whilst RAG rating thresholds have not yet been decided nationally and will not appear on the NHS Choices website in June, within this report we have rated our results by applying the following thresholds:

| | |
|--------------|-----------------|
| Red | ≤ 85% |
| Amber | 85 – 95% |
| Green | ≥ 95% |

Data has been presented by site (as it appears on NHS Choices) and summarised by Clinical Centre at organisational level. Additional information in relation to staff unavailability (due to sickness and leave) has been included in this report; this does not form part of the national core return.

Planned versus actual staffing - James Cook University Hospital

| James Cook | | | | | | | | | < 85 | 85-95 | > 95 | Unavailability | | | | | | | | | | | | | | |
|--|-----------------------|----------------------|------------------------|-----------------------|-------------------------|------------------------|--------------------------|-------------------------|--|---|---|---|------------|-----------|----------|-----------|---------|----------------|-------|--------------|-----------|----------|-----------|---------|----------------|-------|
| Jul-14 | Hours | | | | | | | | DAYS Average fill rate - RN/RMs (%) | DAYS Average fill rate - HCA (%) | NIGHTS Average fill rate - RN/RMs (%) | NIGHTS Average fill rate - HCA (%) | Registered | | | | | | | Unregistered | | | | | | |
| | Planned RN days | Actual RN days | Planned HCA days | Actual HCA days | Planned RN Nights | Actual RN nights | Planned HCA nights | Actual HCA nights | | | | | Leave | Parenting | Sickness | Study Day | Unknown | Working Day | Total | Leave | Parenting | Sickness | Study Day | Unknown | Working Day | Total |
| Critical Care | 12555 | 12495 | 2790 | 2032 | 10044 | 8928 | 744 | 768 | 99.5% | 72.8% | 88.9% | 103.2% | 16% | 5% | 5% | 0% | 0% | 3% | 28% | 16% | 0% | 4% | 0% | 0% | 0% | 20% |
| FAU JCUH (Female Admissions Unit) | 2232 | 2091 | 1164 | 1008 | 1488 | 1464 | 1116 | 1140 | 93.7% | 86.6% | 98.4% | 102.2% | 18% | 0% | 2% | 0% | 0% | 3% | 23% | 16% | 0% | 0% | 0% | 0% | 4% | 20% |
| JC02 Resp (Ward 2) | 1860 | 1625 | 1488 | 1116 | 744 | 744 | 1116 | 863.67 | 87.4% | 75.0% | 100.0% | 77.4% | 17% | 3% | 2% | 0% | 0% | 0% | 23% | 18% | 0% | 12% | 0% | 0% | 0% | 31% |
| JC08 (Ward 8) | 1782.5 | 1773 | 805 | 1211 | 977.5 | 713.5 | 805 | 1038.8 | 99.5% | 150.4% | 73.0% | 129.0% | 12% | 5% | 4% | 0% | 0% | 5% | 25% | 11% | 3% | 7% | 0% | 0% | 0% | 21% |
| JC09 (Ward 9) | 1860 | 1787 | 1488 | 1338 | 1116 | 1119.8 | 744 | 780 | 96.1% | 89.9% | 100.3% | 104.8% | 14% | 0% | 3% | 1% | 0% | 1% | 18% | 18% | 0% | 9% | 0% | 0% | 0% | 28% |
| JC12 (Ward 12) | 2584.5 | 1878 | 1488 | 1615 | 744 | 744 | 1020 | 1080 | 72.7% | 108.5% | 100.0% | 105.9% | 16% | 12% | 10% | 0% | 0% | 1% | 39% | 15% | 0% | 9% | 1% | 0% | 5% | 29% |
| JC28 (Ward 28) | 3148.5 | 2597 | 1116 | 985.5 | 1116 | 1116 | 744 | 888 | 82.5% | 88.3% | 100.0% | 119.4% | 18% | 8% | 1% | 0% | 0% | 1% | 27% | 21% | 0% | 5% | 0% | 0% | 0% | 27% |
| MAU JCUH (Male Admissions Unit) | 2892 | 2484 | 1488 | 1411 | 1488 | 1475.3 | 744 | 983.26 | 85.9% | 94.8% | 99.1% | 132.2% | 16% | 16% | 5% | 0% | 0% | 0% | 37% | 12% | 0% | 18% | 0% | 0% | 0% | 30% |
| Ward 3 | 1782.5 | 1766 | 1426 | 1244 | 713 | 771.5 | 713 | 772 | 99.1% | 87.2% | 108.2% | 108.3% | 16% | 8% | 3% | 1% | 0% | 1% | 29% | 16% | 0% | 18% | 0% | 0% | 0% | 34% |
| Ward 10 | 2232 | 1951 | 1488 | 1036 | 744 | 744 | 744 | 936 | 87.4% | 69.6% | 100.0% | 125.8% | 18% | 4% | 8% | 1% | 0% | 1% | 32% | 15% | 7% | 8% | 0% | 0% | 0% | 30% |
| JC05 (Ward 5) | 1572 | 1576 | 1800 | 1716 | 744 | 744 | 744 | 751.25 | 100.3% | 95.3% | 100.0% | 101.0% | 21% | 0% | 1% | 1% | 0% | 6% | 30% | 18% | 0% | 10% | 1% | 0% | 0% | 29% |
| JC35 (Ward 35) | 1860 | 1745 | 1488 | 924.4 | 744 | 802.92 | 744 | 780.42 | 93.8% | 62.1% | 107.9% | 104.9% | 12% | 3% | 7% | 1% | 1% | 7% | 30% | 17% | 0% | 20% | 0% | 0% | 1% | 39% |
| Ward 6 | 2136 | 2035 | 1488 | 1296 | 1116 | 1143.1 | 744 | 688.34 | 95.3% | 87.1% | 102.4% | 92.5% | 14% | 5% | 5% | 1% | 1% | 4% | 29% | 14% | 10% | 3% | 2% | 1% | 1% | 32% |
| Ward 7 | 2610 | 2349 | 1344 | 1525 | 1116 | 1080.7 | 1116 | 972 | 90.0% | 113.5% | 96.8% | 87.1% | 16% | 10% | 10% | 1% | 0% | 2% | 38% | 18% | 0% | 4% | 1% | 0% | 3% | 26% |
| JC04 (Ward 4) | 1656 | 1567 | 1020 | 939.8 | 1116 | 947.5 | 744 | 713.33 | 94.6% | 92.1% | 84.9% | 95.9% | 15% | 0% | 17% | 1% | 0% | 5% | 39% | 16% | 0% | 5% | 1% | 0% | 2% | 24% |
| JC14 Oncology (Ward 14) | 1860 | 1770 | 1302 | 1295 | 1116 | 1072.3 | 744 | 726.16 | 95.2% | 99.5% | 96.1% | 97.6% | 16% | 7% | 5% | 1% | 3% | 7% | 37% | 12% | 8% | 17% | 0% | 0% | 0% | 38% |
| JC33 Specialty (merger of ward 18 and ward 27) | 1860 | 1746 | 1116 | 1126 | 1116 | 1092 | 744 | 840.35 | 93.9% | 100.9% | 97.8% | 113.0% | 13% | 0% | 13% | 0% | 5% | 2% | 33% | 15% | 11% | 4% | 1% | 0% | 1% | 32% |
| JC34 (Ward 34) | 2227 | 2104 | 1488 | 1561 | 1116 | 1092 | 744 | 864 | 94.5% | 104.9% | 97.8% | 116.1% | 16% | 4% | 7% | 0% | 0% | 1% | 29% | 17% | 7% | 4% | 2% | 0% | 0% | 31% |
| JC36 (Ward 36) | 2316 | 1886 | 1116 | 1070 | 816.5 | 799 | 920 | 954.5 | 81.4% | 95.9% | 97.9% | 103.8% | 22% | 0% | 4% | 1% | 0% | 2% | 28% | 13% | 13% | 7% | 0% | 0% | 5% | 38% |
| JC37 (Ward 37) | 1860 | 1442 | 1488 | 1083 | 744 | 744 | 744 | 853 | 77.5% | 72.8% | 100.0% | 114.7% | 13% | 0% | 15% | 0% | 0% | 0% | 28% | 19% | 0% | 11% | 0% | 0% | 0% | 30% |
| Spinal Injuries | 2508 | 2254 | 2136 | 1702 | 1296 | 1176.7 | 1116 | 1087.3 | 89.9% | 79.7% | 90.8% | 97.4% | 16% | 4% | 13% | 1% | 0% | 2% | 35% | 18% | 0% | 1% | 1% | 0% | 3% | 23% |
| Cardio MB | 744 | 785 | 372 | 244.8 | 744 | 744 | 0 | 0 | 105.5% | 65.8% | 100.0% | - | 14% | 0% | 9% | 2% | 0% | 6% | 32% | 9% | 0% | 68% | 0% | 0% | 0% | 77% |
| CCU JCUH | 2760 | 2472 | 372 | 330 | 1860 | 1848 | 0 | 24.33 | 89.6% | 88.7% | 99.4% | - | 17% | 6% | 7% | 2% | 0% | 2% | 34% | 7% | 0% | 18% | 0% | 0% | 0% | 25% |
| CICU JCUH | 4824 | 4211 | 750 | 522 | 4500 | 3984 | 0 | 96 | 87.3% | 69.6% | 88.5% | - | 19% | 2% | 0% | 1% | 0% | 7% | 29% | 11% | 0% | 0% | 0% | 0% | 0% | 11% |

| James Cook | | | | | | | | | < 85 | 85-95 | > 95 | Unavailability | | | | | | | | | | | | | | |
|---------------------------------------|-----------------------|----------------------|------------------------|-----------------------|-------------------------|------------------------|--------------------------|-------------------------|---|---|---|---|------------|-----------|----------|-----------|---------|----------------|-------|--------------|-----------|----------|-----------|---------|----------------|-------|
| Jul-14 | Hours | | | | | | | | DAYS Average fill rate - RNRMs (%) | DAYS Average fill rate - HCA (%) | NIGHTS Average fill rate - RN/RMs (%) | NIGHTS Average fill rate - HCA (%) | Registered | | | | | | | Unregistered | | | | | | |
| | Planned RN days | Actual RN days | Planned HCA days | Actual HCA days | Planned RN Nights | Actual RN nights | Planned HCA nights | Actual HCA nights | | | | | Leave | Parenting | Sickness | Study Day | Unknown | Working Day | Total | Leave | Parenting | Sickness | Study Day | Unknown | Working Day | Total |
| JC24 (Ward 24) | 2604 | 2719 | 1392 | 1944 | 2232 | 2241.7 | 1116 | 2072.2 | 104.4% | 139.6% | 100.4% | 185.7% | 15% | 4% | 11% | 1% | 0% | 4% | 35% | 17% | 4% | 2% | 2% | 0% | 0% | 25% |
| JC25 (Ward 25) | 1321.7 | 1351 | 1123.08 | 1907 | 723.23 | 743.21 | 851.68 | 1658.6 | 102.2% | 169.8% | 102.8% | 194.7% | 19% | 0% | 4% | 2% | 0% | 6% | 31% | 15% | 4% | 5% | 2% | 0% | 0% | 26% |
| JC26 (Ward 26) | 804 | 834.9 | 912 | 1414 | 744 | 744 | 372 | 780 | 103.8% | 155.0% | 100.0% | 209.7% | 18% | 0% | 2% | 3% | 0% | 8% | 31% | 15% | 0% | 0% | 3% | 0% | 0% | 19% |
| JC29 (Ward 29) | 1440 | 1439 | 1116 | 1112 | 1116 | 1115.7 | 372 | 371.67 | 99.9% | 99.6% | 100.0% | 99.9% | 15% | 0% | 1% | 1% | 0% | 7% | 25% | 13% | 0% | 12% | 3% | 0% | 0% | 28% |
| JC30 (Ward 30) | 600 | 588 | 552 | 357 | 456 | 444 | 0 | 0 | 98.0% | 64.7% | 97.4% | - | 12% | 0% | 4% | 5% | 0% | 9% | 30% | 21% | 0% | 21% | 0% | 0% | 0% | 41% |
| JC31 (Ward 31) | 1116 | 1040 | 744 | 816 | 744 | 744 | 372 | 372 | 93.2% | 109.7% | 100.0% | 100.0% | 19% | 0% | 2% | 1% | 0% | 8% | 30% | 13% | 0% | 10% | 0% | 0% | 2% | 25% |
| JC32/HDU (Ward 32/HDU) | 3348 | 2936 | 1116 | 1048 | 2700 | 2184 | 372 | 515.66 | 87.7% | 93.9% | 80.9% | 138.6% | 17% | 6% | 6% | 2% | 0% | 5% | 36% | 19% | 0% | 11% | 2% | 0% | 0% | 32% |
| JC19 (Ward 19) | 1020 | 985 | 744 | 571 | 744 | 744 | 0 | 0 | 96.6% | 76.7% | 100.0% | 0.0% | 17% | 8% | 4% | 0% | 0% | 6% | 36% | 13% | 0% | 30% | 0% | 0% | 0% | 43% |
| JC21 (Ward 21) | 2724 | 2568 | 1116 | 642 | 1704 | 1494 | 372 | 396 | 94.3% | 57.5% | 87.7% | 106.5% | 16% | 0% | 2% | 2% | 0% | 5% | 25% | 22% | 0% | 0% | 1% | 0% | 0% | 24% |
| JC22 (Ward 22) | 1092 | 1021 | 600 | 362.5 | 744 | 822 | 96 | 240 | 93.5% | 60.4% | 110.5% | 250.0% | 19% | 7% | 2% | 1% | 0% | 6% | 36% | 19% | 0% | 10% | 1% | 0% | 0% | 30% |
| JCDS (Central Delivery Suite) | 3852 | 3068 | 1674 | 627 | 3192 | 2962 | 744 | 723 | 79.6% | 37.5% | 92.8% | 97.2% | 17% | 0% | 4% | 2% | 0% | 3% | 27% | 17% | 7% | 5% | 0% | 0% | 3% | 32% |
| Neonatal Unit | 3180 | 2895 | 372 | 372 | 2604 | 2568 | 0 | 168 | 91.0% | 100.0% | 98.6% | - | 16% | 6% | 5% | 1% | 0% | 2% | 30% | 19% | 0% | 0% | 4% | 0% | 0% | 23% |
| Maternity Assessment Unit | 1596 | 1368 | 372 | 288 | 744 | 744 | 0 | 0 | 85.7% | 77.4% | 100.0% | - | 18% | 6% | 0% | 3% | 0% | 1% | 29% | 9% | 0% | 20% | 0% | 0% | 0% | 29% |
| Paediatric Intensive Care Unit (PICU) | 1860 | 1426 | 232.5 | 149.5 | 1764 | 1361.5 | 0 | 24 | 76.7% | 64.3% | 77.2% | - | 22% | 0% | 3% | 3% | 0% | 5% | 32% | 38% | 0% | 0% | 4% | 0% | 0% | 42% |
| Ward 17 JCUH | 2730 | 2153 | 1155 | 592 | 1488 | 1476 | 0 | 0 | 78.9% | 51.3% | 99.2% | - | 13% | 3% | 5% | 1% | 1% | 3% | 25% | 22% | 0% | 3% | 2% | 0% | 0% | 26% |
| | | | | | | | | Site Average | 91.7% | 90.0% | 96.8% | 116.6% | 16% | 4% | 5% | 1% | 0% | 4% | 31% | 16% | 2% | 10% | 1% | 0% | 1% | 30% |

Planned versus actual staffing – Friarage Hospital

| | | | | | | | | | < 85 | 85-95 | > 95 | Unavailability | | | | | | | | | | | | | | |
|----------------------------------|----------------------|------------------------|-----------------------|-------------------------|------------------------|--------------------------|-------------------------|-----------------|---|---|---|---|------------|----------|-----------|---------|----------------|-------|-------|--------------|----------|-----------|---------|----------------|-------|-----|
| Hours | | | | | | | | | DAYS Average fill rate - RN/RMs (%) | DAYS Average fill rate - HCA (%) | NIGHTS Average fill rate - RN/RMs (%) | NIGHTS Average fill rate - HCA (%) | Registered | | | | | | | Unregistered | | | | | | |
| Planned RN days | Actual RN days | Planned HCA days | Actual HCA days | Planned RN Nights | Actual RN nights | Planned HCA nights | Actual HCA nights | Leave | | | | | Parenting | Sickness | Study Day | Unknown | Working Day | Total | Leave | Parenting | Sickness | Study Day | Unknown | Working Day | Total | |
| FHN | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-14 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ainderby FHN | 1689.9 | 1527.7 | 763.7 | 1031 | 713 | 715 | 713 | 897.5 | 90.4% | 135.0% | 100.3% | 125.9% | 20% | 9% | 3% | 2% | 0% | 1% | 34% | 17% | 7% | 4% | 2% | 0% | 0% | 30% |
| Clinical Decisions Unit FHN | 1782.5 | 1741.1 | 1069.5 | 990.7 | 1069.5 | 1035 | 713 | 690 | 97.7% | 92.6% | 96.8% | 96.8% | 17% | 0% | 2% | 2% | 0% | 3% | 25% | 11% | 6% | 9% | 2% | 0% | 8% | 36% |
| FHICU (ICU FHN) | 1116 | 1085.7 | 138 | 97.5 | 1116 | 1093 | 0 | 0 | 97.3% | 70.7% | 97.9% | | 17% | 0% | 5% | 1% | 0% | 10% | 33% | 28% | 0% | 0% | 0% | 0% | 0% | 28% |
| Romanby FHN | 1856.7 | 1423.9 | 1135.9 | 1132 | 713 | 701.5 | 713 | 770.5 | 76.7% | 99.7% | 98.4% | 108.1% | 13% | 10% | 8% | 1% | 0% | 4% | 36% | 16% | 5% | 8% | 0% | 0% | 0% | 29% |
| Rutson FHN | 987 | 1070.5 | 1426.6 | 1294 | 713 | 713 | 356.5 | 356.5 | 108.5% | 90.7% | 100.0% | 100.0% | 17% | 0% | 1% | 0% | 0% | 2% | 20% | 15% | 0% | 10% | 0% | 0% | 0% | 25% |
| Allerton Ward FHN | 1488 | 1455 | 1116 | 1218 | 744 | 744 | 744 | 708 | 97.8% | 109.1% | 100.0% | 95.2% | 19% | 0% | 0% | 2% | 0% | 5% | 26% | 15% | 0% | 4% | 2% | 0% | 0% | 20% |
| Gara Orthopaedic FHN | 1304.6 | 1093.5 | 1149.2 | 988.5 | 713 | 667 | 356.5 | 391 | 83.8% | 86.0% | 93.5% | 109.7% | 18% | 18% | 6% | 1% | 0% | 1% | 44% | 16% | 0% | 0% | 1% | 0% | 0% | 17% |
| Childrens Health Unit | 744 | 703 | 276 | 144 | 744 | 720 | 0 | 0 | 94.5% | 52.2% | 96.8% | - | 18% | 0% | 4% | 1% | 0% | 1% | 24% | 23% | 0% | 0% | 0% | 0% | 0% | 23% |
| Special Care Baby Unit (SCBU) | 744 | 751.5 | 0 | 0 | 744 | 744 | 0 | 0 | 101.0% | - | 100.0% | - | 11% | 6% | 8% | 0% | 0% | 2% | 27% | 6% | 0% | 0% | 0% | 0% | 0% | 6% |
| Maternity FHN | 1935 | 1815.5 | 372 | 264 | 1860 | 1860 | 372 | 336 | 93.8% | 71.0% | 100.0% | 90.3% | 20% | 4% | 5% | 2% | 0% | 2% | 32% | 11% | 19% | 5% | 2% | 0% | 0% | 37% |
| | | | | | | | | Site Average | 94.1% | 89.7% | 98.4% | 103.7% | 17% | 5% | 4% | 1% | 0% | 3% | 30% | 16% | 4% | 4% | 1% | 0% | 1% | 25% |

Planned versus actual staffing – Lambert Community Hospital

| | | | | | | | | | < 85 | 85-95 | > 95 | Unavailability | | | | | | | | | | | | | | |
|-------------------------------|----------------------|------------------------|-----------------------|-------------------------|------------------------|--------------------------|-------------------------|-----------------|---|---|---|---|------------|----------|-----------|---------|----------------|-------|-------|--------------|----------|-----------|---------|----------------|-------|----|
| Hours | | | | | | | | | DAYS Average fill rate - RN/RMs (%) | DAYS Average fill rate - HCA (%) | NIGHTS Average fill rate - RN/RMs (%) | NIGHTS Average fill rate - HCA (%) | Registered | | | | | | | Unregistered | | | | | | |
| Planned RN days | Actual RN days | Planned HCA days | Actual HCA days | Planned RN Nights | Actual RN nights | Planned HCA nights | Actual HCA nights | Leave | | | | | Parenting | Sickness | Study Day | Unknown | Working Day | Total | Leave | Parenting | Sickness | Study Day | Unknown | Working Day | Total | |
| Lambert community hosp | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-14 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lambert Community Hospital | 930 | 930 | 465 | 465 | 703 | 691 | 351 | 351.23 | 100.0% | 100.0% | 98.3% | 100.1% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| | | | | | | | | Site Average | 100.0% | 100.0% | 98.3% | 100.1% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | |

Planned versus actual staffing – Guisborough Community Hospital Site

| | | | | | | | | | < 85 | 85-95 | > 95 | | | | | | | | | | | | | | | |
|-----------------------------|-----------------|----------------|------------------|-----------------|-------------------|------------------|--------------------|-------------------|-------------------------------------|----------------------------------|---------------------------------------|------------------------------------|------------|-----------|----------|-----------|---------|-------------|-------|-------|--------------|----------|-----------|---------|-------------|-------|
| Guisborough | | | | | | | | | Hours | | | | Registered | | | | | | | | Unregistered | | | | | |
| Jul-14 | Planned RN days | Actual RN days | Planned HCA days | Actual HCA days | Planned RN Nights | Actual RN nights | Planned HCA nights | Actual HCA nights | DAYS Average fill rate - RN/RMs (%) | DAYS Average fill rate - HCA (%) | NIGHTS Average fill rate - RN/RMs (%) | NIGHTS Average fill rate - HCA (%) | Leave | Parenting | Sickness | Study Day | Unknown | Working Day | Total | Leave | Parenting | Sickness | Study Day | Unknown | Working Day | Total |
| Priory Ward Guisborough PCH | 1281.4 | 1122 | 1191.1 | 972 | 713 | 709.33 | 713 | 752 | 87.5% | 81.6% | 99.5% | 105.5% | 14% | 0% | 12% | 2% | 0% | 15% | 43% | 11% | 0% | 2% | 3% | 4% | 3% | 24% |
| | | | | | | | | Site Average | 87.5% | 81.6% | 99.5% | 105.5% | 14% | 0% | 12% | 2% | 0% | 15% | 43% | 11% | 0% | 2% | 3% | 4% | 3% | 24% |

Planned versus actual staffing – East Cleveland Community Hospital

| | | | | | | | | | < 85 | 85-95 | > 95 | | | | | | | | | | | | | | | |
|---------------------------------------|-----------------|----------------|------------------|-----------------|-------------------|------------------|--------------------|-------------------|-------------------------------------|----------------------------------|---------------------------------------|------------------------------------|------------|-----------|----------|-----------|---------|-------------|-------|-------|--------------|----------|-----------|---------|-------------|-------|
| East Cleveland | | | | | | | | | Hours | | | | Registered | | | | | | | | Unregistered | | | | | |
| Jul-14 | Planned RN days | Actual RN days | Planned HCA days | Actual HCA days | Planned RN Nights | Actual RN nights | Planned HCA nights | Actual HCA nights | DAYS Average fill rate - RN/RMs (%) | DAYS Average fill rate - HCA (%) | NIGHTS Average fill rate - RN/RMs (%) | NIGHTS Average fill rate - HCA (%) | Leave | Parenting | Sickness | Study Day | Unknown | Working Day | Total | Leave | Parenting | Sickness | Study Day | Unknown | Working Day | Total |
| Tocketts Ward East Cleveland Hospital | 1056.8 | 997.5 | 847.8 | 815.85 | 713 | 713 | 598 | 595 | 94.4% | 96.2% | 100.0% | 99.5% | 14% | 6% | 4% | 1% | 0% | 2% | 27% | 11% | 0% | 14% | 3% | 0% | 8% | 36% |
| | | | | | | | | Site Average | 94.4% | 96.2% | 100.0% | 99.5% | 14% | 6% | 4% | 1% | 0% | 2% | 27% | 11% | 0% | 14% | 3% | 0% | 8% | 36% |

Planned versus actual staffing – Carter Bequest Community Hospital

| | | | | | | | | | < 85 | 85-95 | > 95 | Unavailability | | | | | | | | | | | | | | |
|-----------------------|-----------------|----------------|------------------|-----------------|-------------------|------------------|--------------------|-------------------|-------------------------------------|----------------------------------|---------------------------------------|------------------------------------|------------|-----------|----------|-----------|---------|-------------|-------|-------|--------------|----------|-----------|---------|-------------|-------|
| Carter Bequest | | | | | | | | | Hours | | | | Registered | | | | | | | | Unregistered | | | | | |
| Jul-14 | Planned RN days | Actual RN days | Planned HCA days | Actual HCA days | Planned RN Nights | Actual RN nights | Planned HCA nights | Actual HCA nights | DAYS Average fill rate - RN/RMs (%) | DAYS Average fill rate - HCA (%) | NIGHTS Average fill rate - RN/RMs (%) | NIGHTS Average fill rate - HCA (%) | Leave | Parenting | Sickness | Study Day | Unknown | Working Day | Total | Leave | Parenting | Sickness | Study Day | Unknown | Working Day | Total |
| Carter Bequest PCH | 2115.2 | 2120.3 | 2152.3 | 3098.9 | 1426 | 1380 | 1069.5 | 1922 | 100.2% | 144.0% | 96.8% | 179.7% | 15% | 7% | 3% | 2% | 1% | 4% | 32% | 17% | 0% | 4% | 1% | 0% | 0% | 21% |
| | | | | | | | | Site Average | 100.2% | 144.0% | 96.8% | 179.7% | 15% | 7% | 3% | 2% | 1% | 4% | 32% | 17% | 0% | 4% | 1% | 0% | 0% | 21% |

Planned versus actual staffing – Redcar Community Hospital

| | | | | | | | | | | < 85 | 85-95 | > 95 | | | | | | | | | | | | | | |
|-----------------|--------------------|----------------------|------------------------|-----------------------|-------------------------|------------------------|--------------------------|-------------------------|--------|--|---|--|---|------------|----------|-----------|---------|----------------|-------|-------|--------------|----------|-----------|---------|----------------|-------|
| Redcar | | | | | | | | | | DAYS Average fill rate - RN/RMs (%) | DAYS Average fill rate - HCA (%) | NIGHTS Average fill rate - RN/RMs (%) | NIGHTS Average fill rate - HCA (%) | Registered | | | | | | | Unregistered | | | | | |
| Jul-14 | Planned RN days | Actual RN days | Planned HCA days | Actual HCA days | Planned RN Nights | Actual RN nights | Planned HCA nights | Actual HCA nights | Leave | | | | | Parenting | Sickness | Study Day | Unknown | Working Day | Total | Leave | Parenting | Sickness | Study Day | Unknown | Working Day | Total |
| Zetland | 1438.2 | 1556.9 | 1679.5 | 1793 | 1069.5 | 1039.3 | 1069.5 | 1069.5 | 108.3% | 106.8% | 97.2% | 100.0% | 15% | 3% | 9% | 1% | 0% | 1% | 30% | 19% | 5% | 5% | 3% | 0% | 0% | 31% |
| Site Average | | | | | | | | | 108.3% | 106.8% | 97.2% | 100.0% | 15% | 3% | 9% | 1% | 0% | 1% | 30% | 19% | 5% | 5% | 3% | 0% | 0% | 31% |

Planned versus actual staffing – Friary Community Hospital

| | | | | | | | | | | < 85 | 85-95 | > 95 | | | | | | | | | | | | | | |
|----------------------------------|-----------------------|----------------------|------------------------|-----------------------|-------------------------|------------------------|--------------------------|-------------------------|--------|--|---|--|---|------------|----------|-----------|---------|----------------|-------|-------|--------------|----------|-----------|---------|----------------|-------|
| Friary Community Hospital | | | | | | | | | | DAYS Average fill rate - RN/RMs (%) | DAYS Average fill rate - HCA (%) | NIGHTS Average fill rate - RN/RMs (%) | NIGHTS Average fill rate - HCA (%) | Registered | | | | | | | Unregistered | | | | | |
| Jul-14 | Planned RN days | Actual RN days | Planned HCA days | Actual HCA days | Planned RN Nights | Actual RN nights | Planned HCA nights | Actual HCA nights | Leave | | | | | Parenting | Sickness | Study Day | Unknown | Working Day | Total | Leave | Parenting | Sickness | Study Day | Unknown | Working Day | Total |
| Friary Community Hospital | 992 | 992 | 1024 | 1024 | 620 | 620 | 310 | 310 | 100.0% | 100.0% | 100.0% | 100.0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| Site Average | | | | | | | | | 100.0% | 100.0% | 100.0% | 100.0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |

Trust Averages

| | < 85 | 85-95 | > 95 | |
|--------------------------------|--|---|--|---|
| Jul-14 | DAYS Average fill rate - RN/RMs (%) | DAYS Average fill rate - HCA (%) | NIGHTS Average fill rate - RN/RMs (%) | NIGHTS Average fill rate - HCA (%) |
| <u>Trust Average</u> | | | | |
| Integrated Medical Care Centre | 93.6% | 97.2% | 97.8% | 111.2% |
| Surgical service Centre | 95.4% | 93.4% | 101.4% | 96.1% |
| Tertiary services Centre | 97.2% | 105.6% | 96.9% | 154.8% |
| Women & Children centre | 89.6% | 64.8% | 96.6% | 108.8% |
| Trauma, anaes & Theatre | 85.4% | 87.9% | 96.0% | 108.3% |
| Specialty Services Centre | 94.6% | 97.5% | 92.9% | 102.1% |
| | | | | |
| Trust Average | 92.6% | 91.1% | 96.9% | 113.6% |

6.3 Discussion

The need to ensure data held centrally on the E-Roster system is robust and accurately captures the actual staffing levels is imperative and will ensure that the monthly reports can be centrally produced and reduces the potential demand on frontline teams.

To enable this to happen Ward Senior Sisters / Charge Nurses must:

- Report bed closures / template changes in real time
- Capture staff movement (often informal and on the day)
- Book NHSP staff via the interface
- Finalise rosters regularly and in a timely manner

We are seeing an improved position in relation to this but there is still some work to do to ensure this level of rigour is consistent and embedded across all areas. It is essential that the informal measures taken to ensure safe and effective care is delivered are captured electronically to provide assurance. Work is required in maternity services where staff work flexibly between acute and community services but this movement has not been consistently captured. A low fill rate in PICU on the JCUH site was associated with a low bed occupancy level during the month.

Heads of Nursing / Midwifery within the Clinical Centres are assured that safe care is delivered and systems and processes are in place should staffing levels fall short of those planned, we will continue to work to ensure consistent capture of the data.

This regular monthly report will allow us to highlight trends and take decisive action if there are areas where staffing capacity frequently falls short of what is required.

TRAUMA AND THEATRE CENTRE

Executive Summary on analysis of 18 week delivery in the Orthopaedic Directorate

Introduction

The board of directors commissioned a piece of work to review the orthopaedic RTT plan and delivery against plan due to the lack of assurance of the ability to deliver the 18 week RTT target and sustain it.

The directorate has significantly reduced the percentage of patients waiting more than 18 weeks for treatment since 2013 but remains non-compliant at specialty level. There has been a focus on profiling the capacity and demand at sub specialty level following the advice of the national IMAS team; namely spinal, foot and ankle, upper limb and lower limb and this supports the team in reviewing the issues at a more detailed level with the relevant clinical teams and in turn a more focussed approach.

Analysis

The directorate has faced a number of issues relating to the medical workforce. Spinal surgery have been carrying a vacancy for 2 years, foot and ankle have managed a short term vacancy which is now filled with a locum and the upper limb team through the capacity and demand work have been able to demonstrate that another surgeon is required to manage the demand. The lower limb team have appointed 3 additional consultants to the team who have all now commenced in post. However the full benefit of this additional workforce has not been realised as a lower limb surgeon has been on sick leave for the past 4 months.

An analysis has been carried out to understand why in all but lower limb surgery the trajectories have remained off plan and in foot and ankle and upper limb have moved significantly off plan.

Upper Limb

Activity from April 1st – June 30th 2014 has been reviewed. This has identified a number of issues leading to the trajectory being off plan including: patient DNA, hospital initiated theatre short notice cancellations and theatre closures. In terms of activity versus planned: monthly demand is 153, planned core capacity is 124 and over the 3 month period on average 139 cases were operated on. This leaves a gap of 14 cases per month. The plan for closing this gap on a sustainable basis is to employ an additional hand surgeon – the business case is now complete but there remains a risk in terms of appointment potential. In order to close the gap and reduce the waiting list size to be compliant an additional 6 cases are required to be operated on per week from September 2014. The team is reviewing how this can be delivered.

Lower Limb

On review of the activity from April 1st – June 30th 2014 whilst the trajectories have remained on plan there have been a number of lists lost due to patient DNA and hospital initiated short notice cancellations. Whilst one of the consultants has been absent from work on sick leave only five of his sessions were cancelled at FHN due to the team picking these up. In terms of activity versus planned: monthly demand is 240, planned core capacity is 218 and over the 3 month period on average 228 cases were operated on. This leaves a gap of 12 cases per month. The plan for closing this gap on a sustainable basis has been to employ 3 additional lower limb surgeons – all of whom are now in post. In order to close the gap and reduce the waiting list size to be compliant an additional 5 cases are required to be operated on per week from September 2014. The team is reviewing how this can be delivered.

Foot and Ankle

On review of the activity from April 1st – June 30th 2014 due to the agreed trajectories moving off plan there have been a number of patient DNA and hospital initiated short notice cancellations . In terms of activity versus planned : monthly demand is 75, planned core capacity is 62 and over the 3 month period on average 42 cases were operated on. This leaves a gap of 33 cases per month. The plan for closing this gap on a sustainable basis is to employ an additional foot and ankle surgeon substantively – currently there is a trust locum in place who commenced in June. In order to close the gap and reduce the waiting list size to be compliant an additional 4 cases are required to be operated on per week from September 2014. The team is reviewing how this can be delivered.

Spinal

Activity from April 1st – June 30th 2014 has been reviewed and identified that there have been a number of patient DNAs and hospital initiated short notice cancellations. In terms of activity versus planned : monthly demand is 57, planned core capacity is 45 and over the 3 month period on average 80 cases were operated on. This leaves no gap however the on-going issue is the reduction in the backlog. The plan for closing this gap on a sustainable basis is to employ an additional spinal surgeon – a recent advert failed to appoint and the team is seeking to identify potential candidates. The team is also actively developing potential in-house trainees. In order to close the gap and reduce the waiting list size to be compliant an additional 3 cases are required to be operated on per week from September 2014 and the team is developing plans to address this.

General Housekeeping

The investigation has identified that the directorate's compliance with the trust access policy is not robust. New processes are therefore being developed and put in place to ensure full compliance including DNA management and hospital initiated theatre cancellation.

Processes to monitor delivery of the planned activity require attention. A new management report supported by performance meetings is anticipated to closely monitor any issues related to delivery with corrective actions agreed and monitored weekly.

Management of consultant annual leave is now being closely aligned at sub specialty level. There have been issues whereby a number of the same sub specialty teams have been on leave at the same time which has led to issues relating to the delivery of RTT.

A data base is being developed to ensure there is a robust tool to review the delivery of the core job planned activity versus that actually delivered. This will support the team in monitoring additional work carried out and ensure that the flexible annualised sessions now being agreed through the current job planning meetings are delivered.

Management of the sub specialty waiting lists are currently supported by individual secretaries. The directorate is moving towards a team approach in order that there is a single point of contact and more supported control over the waiting lists.

Summary

A systematic review of all processes is underway within the directorate of orthopaedics. It has been demonstrated that as well as gaps in the medical workforce to support delivery of the demand there are also a number of issues related to adherence to the trust access policy and general good housekeeping which need to be addressed urgently to ensure compliance with the 18 week target. In addition to the process review the directorate is also supporting the work streams to increase efficiency – specifically the theatre work stream where to add additional

cases per session at no additional cost and the non-elective work stream to reduce length of stay of trauma patients.

The full report and supporting action plan is attached for information in the supplementary papers.