

## AGENDA ITEM NO 8

<b>Meeting/ Committee:</b>	Board of Directors	<b>Meeting Date:</b>	29 <sup>th</sup> July 2014
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<b>This paper is for:</b>	Action/Decision	Assurance X	Information
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<b>Title:</b>	Trust Performance Report
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<b>Purpose:</b>	The purpose of this report is to inform the Board of Directors of the trust's performance against current national indicators and local targets.
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<b>Summary:</b>	<p>The paper provides a summary of performance in June 2014 against all the key national targets and a range of local performance indicators.</p> <p><b>Section 1: Monitor Compliance</b></p> <p>The trust continues to be compliant with <b>all</b> the 18 week targets; the incomplete, non-admitted pathways and admitted pathways in June. 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&amp;E target was achieved at 96.6% in June.</p> <p>In May the trust was compliant with all the cancer targets. Indicative figures for June show that all targets with the exception of the 62 day first definitive treatment target will be compliant. However it is expected that the trust will be compliant with all the cancer targets for the Q1 period.</p> <p>There were 4 reported cases of C-Difficile in June which is in line with the trust's monthly trajectory of 4. The trust is reporting a total of 15 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><b>Sections 2, 3, &amp; 4: Local Contractual Acute and Community Performance</b></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 were 3 breaches of the 28 day rebooking target, 2 in orthopaedics and 1 in urology.</p> <p>All community outcome measures have been achieved.</p> <p>APMS GP Performance Section – key performance indicators have now been agreed with commissioners, significant improvements in challenging areas have been made when compared with the same period last year.</p> <p><b>Section 5: HR Measures:</b> The trust's sickness level has increased in June to 4.29% which is above the target of 3.9%. The percentage of staff completing mandatory training continues to improve.</p> <p><b>Section 6: CQUIN – update on compliance with CQUIN measures.</b></p> <p><b>Section 7: Nursing and Midwifery Report:</b> Providers are expected to publish this report from June 2014.</p>
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<b>Prepared By:</b>	Sarah Danieli, Head of Performance Management	<b>Presented By:</b>	Susan Watson, Chief Operating Officer
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<b>Recommendation:</b>	The Board of Directors is asked to note the in-year performance and the actions being taken to address the targets.				
<b>Implications</b>	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	<b>Meeting national access targets and outcome measures</b>															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%				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%				98.8%	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%	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%				96.7%	95%	No	No	No	No
	<b>*Cancer results for the current month are predicted values only</b>															<b>* PLEASE NOTE June CANCER PERCENTAGES ARE INDICATIVE ONLY AS FURTHER VALIDATION REQUIRED *</b>			
	Cancer waits 2 week wait target	96.0%	94.7%	94.7%	94.6%	95.3%	95.4%	93.4%	94.2%	93.9%				93.8%	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%				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%	97.5%				97.7%	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%	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%				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%				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%	83.3%				85.6%	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%				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%	94.4%				95.1%	90%	No	Yes	No	Yes	
OUTCOMES	Clostridium difficile (cumulative position)	3	4	10	2	5	3	4	7	4				15	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%				96.9%	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%				98.8%	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%	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				
<b>CQC</b>	<b>Care Quality Commission judgements</b> 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	No	No	No	No
<b>THIRD PARTY REPORTS</b>	<b>Third Party Reports</b> 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								No	No	No	No
<b>QUALITY GOVERNANCE</b>	<b>Quality Governance Indicators</b> Patient Metrics - Patient Satisfaction (Using the Trust's Friend's & Family Test score comparison against the national average as a proxy) Staff Metrics - Executive team turnover (includes all executive and non-executive directors). Reported over a 12 month rolling period Staff Metrics - staff satisfaction Staff Metrics - sickness / absence rate (in month) Staff Metrics - proportion of wte temporary staff (Bank, Agency & Locum) Staff Metrics - staff turnover (reported over a 12 month rolling period) 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.)	79	81	80	64	76	73	75	71	68				77	> 64.1	No	No	No	No
<b>FINANCIAL RISK</b>	<b>Financial Risk</b> 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	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.

Summary of Risk Assessment Framework Governance rating

Category	Current Quarter Governance Concerns Triggered	Previous Quarters Governance Risks		
		Q1 2014/15	Q4 2013/14	Q3 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	Green			

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.

# South Tees Hospitals NHS Foundation Trust

## Monthly Performance Report

### 1: Monitor Compliance Framework

#### 18 week referral to treatment times

In June the trust was fully compliant with all referral to treatment targets. Compliance against the admitted pathways was 94.2% against a target of 90%.

Work is continuing with 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.

#### A & E 4 hour waiting time

The trust has maintained compliance against the 4 hour A&E target of 95%, with a compliance of 96.6% in June.

#### Cancer Waiting Times

In May the trust was fully compliant with all of the cancer targets. Indicative figures for June suggest that the trust will be compliant with all of the cancer targets with the exception of the 62 day first definitive treatment target. The majority of the 62 day first definitive treatment breaches for June occurred in urology and lung due to surgical capacity and late referrals from other local providers.

It is expected that the trust will be compliant with all of the cancer targets for the Q1 period.

#### Healthcare Associated Infections

There were 4 reported cases of C-Difficile in June, which brings the trust's year to date position to 15 cases against a year-end target of 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 June with referral-to-treatment data 97.1%, referral data 98.7% 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 3.49% in June, remaining below the 4.0% threshold. The trust continues to work with its partners to sustain this improvement.

#### 28 Day Rebooking Target

The trust has reported 3 breaches of the 28 day rebooking target in June (1 in urology, 2 in orthopaedics). The reasons for the breaches were capacity issues. The 2 orthopaedic patients have now agreed new dates. The urology patient is awaiting a new date.

### **3: Community services contractual requirements**

All performance measures have been achieved.

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

Key Performance Indicators for 2014/15 have now been agreed with the commissioners and are a rollover of last year's KPIs.

Challenging areas for both practices include cervical screening, smoking, and weight management. Good progress has been made in these areas when compared to the same period last year.

### **5: HR**

The monthly sickness rate for June shows an increase on the previous month of 0.27% and now stands at 4.29%. Long term sickness actually fell in June from 2.44% to 2.27%. However there was an increase of 0.52% on the short term sickness.

The overall trust compliance rate for mandatory training for June shows a figure of 68.07%. This is an overall increase of 0.24% on the previous month's figure.

### **6: CQUIN**

The CQUIN report is subject to approval by the relevant commissioners as the Q1 submission is not due until the 28<sup>th</sup> July 2014.

However, there are no areas of non-compliance in Q1 against agreed payment milestones but some areas where the final position needs to be clarified.

### **7: Nursing and Midwifery Monthly Staffing Report**

#### **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 June 2014.

#### **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.

# 1. Planned versus actual staffing - James Cook University Hospital

James Cook									< 85	85-95	> 95	Unavailability														
Jun-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	12150	8776	2700	1913	9720	8640	720	684	72.2%	70.9%	88.9%	95.0%	16%	4%	6%	0%	0%	2%	29%	12%	0%	10%	1%	0%	2%	25%
FAU JCUH (Female Admissions Unit)	2160	2034	1140	924	1440	1404	1080	1163.5	94.1%	81.1%	97.5%	107.7%	15%	0%	4%	0%	0%	2%	21%	16%	0%	3%	0%	0%	6%	25%
JC02 Resp (Ward 2)	1800	1633	1440	1268	720	720	900	828	90.7%	88.1%	100.0%	92.0%	14%	4%	3%	0%	0%	1%	21%	17%	0%	9%	0%	0%	0%	26%
JC08 (Ward 8)	1725	1784	793.5	1178	690	690.5	1035	858	103.4%	148.4%	100.1%	82.9%	13%	11%	12%	0%	0%	6%	41%	14%	4%	8%	0%	0%	1%	27%
JC09 (Ward 9)	1800	1830	1260	1155	1080	1056	744	696	101.7%	91.7%	97.8%	93.5%	13%	0%	5%	1%	0%	0%	19%	20%	0%	7%	1%	0%	1%	28%
JC12 (Ward 12)	2365.5	1848	1440	1428	720	720	852	923.5	78.1%	99.1%	100.0%	108.4%	15%	8%	9%	2%	0%	0%	34%	17%	0%	9%	0%	2%	5%	32%
JC28 (Ward 28)	3037.5	2711	1080	879	1080	1080	720	732	89.3%	81.4%	100.0%	101.7%	17%	6%	2%	0%	0%	1%	25%	21%	0%	6%	0%	0%	0%	27%
MAU JCUH (Male Admissions Unit)	2412	1957	1440	1391	1440	1440	720	852.02	81.1%	96.6%	100.0%	118.3%	14%	13%	2%	0%	0%	0%	30%	13%	0%	12%	0%	0%	0%	26%
Ward 3	2070	2019	1380	1242	690	759.5	690	817	97.5%	90.0%	110.1%	118.4%	16%	6%	2%	1%	0%	3%	28%	15%	0%	18%	0%	0%	0%	33%
Ward 10	2340	1976	1440	960	720	636	720	732	84.4%	66.7%	88.3%	101.7%	18%	4%	9%	1%	0%	0%	32%	15%	6%	6%	0%	0%	0%	28%
JC05 (Ward 5)	1692	1476	2160	1692	720	708	720	732	87.2%	78.3%	98.3%	101.7%	18%	0%	2%	3%	0%	12%	34%	15%	0%	9%	2%	0%	0%	27%
JC35 (Ward 35)	1800	1670	1440	1067	720	766.35	720	857.7	92.8%	74.1%	106.4%	119.1%	10%	3%	8%	0%	8%	6%	35%	8%	0%	15%	0%	0%	0%	24%
Ward 6	2229.5	2015	1440	1333	1080	1212	720	564	90.4%	92.6%	112.2%	78.3%	11%	4%	7%	1%	1%	5%	28%	14%	6%	10%	1%	2%	0%	33%
Ward 7	2880	2457	1440	1076	1080	1058.4	1080	1117.3	85.3%	74.7%	98.0%	103.5%	12%	6%	8%	1%	0%	5%	32%	16%	0%	18%	1%	0%	1%	35%
JC04 (Ward 4)	1661	1449	972	878	1080	911.22	720	618	87.3%	90.3%	84.4%	85.8%	10%	0%	20%	2%	0%	4%	36%	15%	0%	11%	1%	0%	0%	27%
JC14 Oncology (Ward 14)	1800	1759	1260	1277	1080	1057.2	720	814.69	97.7%	101.3%	97.9%	113.2%	14%	8%	8%	2%	1%	6%	39%	17%	7%	7%	1%	0%	0%	32%
JC33 Specialty (merger of ward 18 and ward 27)	1800	1677	1080	1034	1080	1032	720	720.02	93.2%	95.8%	95.6%	100.0%	15%	0%	9%	3%	3%	2%	32%	14%	10%	10%	1%	0%	4%	39%
JC34 (Ward 34)	2412	1806	1440	1580	1080	1008	720	953.01	74.9%	109.7%	93.3%	132.4%	13%	4%	9%	1%	0%	2%	29%	15%	7%	2%	1%	0%	0%	25%
JC36 (Ward 36)	2196	1796	1068	1037	782	767	885.5	865	81.8%	97.1%	98.1%	97.7%	18%	4%	3%	1%	0%	2%	28%	17%	8%	10%	0%	0%	4%	39%
JC37 (Ward 37)	1800	1567	1440	1080	720	792	720	762	87.1%	75.0%	110.0%	105.8%	13%	5%	5%	1%	0%	2%	26%	14%	0%	5%	0%	0%	0%	19%
Spinal Injuries	2412	2198	2052	1658	1224	1044	1080	1091.3	91.1%	80.8%	85.3%	101.0%	15%	6%	8%	2%	0%	2%	32%	16%	0%	0%	1%	0%	3%	19%



<b>James Cook</b>									< 85	85-95	> 95	Unavailability														
Jun-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
Cardio MB	720	731.7	360	276	720	720	0	0	101.6%	76.7%	100.0%	-	14%	0%	8%	1%	0%	5%	27%	8%	0%	61%	0%	0%	0%	69%
CCU JCUH	2520	2298	360	336	1800	1800	0	0	91.2%	93.3%	100.0%	-	16%	2%	1%	0%	0%	6%	24%	10%	0%	0%	0%	0%	0%	10%
CICU JCUH	4578	3702	697.5	487.4	4296	3576	0	36	80.9%	69.9%	83.2%	-	22%	6%	6%	2%	0%	2%	38%	19%	0%	16%	0%	0%	0%	34%
JC24 (Ward 24)	2700	2517	1332	1599	2340	2021.4	1080	1752	93.2%	120.1%	86.4%	162.2%	14%	3%	9%	2%	0%	5%	33%	13%	0%	6%	2%	0%	0%	22%
JC25 (Ward 25)	1276.1	1275	2267.51	2831	699.9	712.14	793.35	712.99	99.9%	124.9%	101.7%	89.9%	16%	3%	5%	0%	0%	6%	31%	13%	5%	5%	1%	0%	0%	24%
JC26 (Ward 26)	768	804.8	870	1418	720	708	360	924	104.8%	163.0%	98.3%	256.7%	13%	0%	2%	4%	0%	11%	30%	14%	0%	2%	3%	0%	0%	19%
JC29 (Ward 29)	1356	1378	1080	1070	1080	1080	360	347.67	101.6%	99.1%	100.0%	96.6%	15%	0%	2%	3%	0%	7%	27%	16%	0%	16%	2%	0%	0%	34%
JC30 (Ward 30)	720	725	720	578.7	720	720	0	0	100.7%	80.4%	100.0%	-	15%	0%	0%	1%	0%	5%	22%	16%	0%	15%	0%	0%	0%	31%
JC31 (Ward 31)	1080	1080	720	744	720	708	360	408	100.0%	103.3%	98.3%	113.3%	12%	0%	1%	2%	0%	4%	19%	15%	0%	12%	0%	0%	2%	28%
JC32/HDU (Ward 32/HDU)	3240	2914	1080	1040	2640	2124	360	431.83	89.9%	96.3%	80.5%	120.0%	16%	5%	7%	2%	0%	5%	35%	16%	0%	8%	4%	0%	2%	31%
JC19 (Ward 19)	972	945	720	545.3	720	718	0	34.5	97.2%	75.7%	99.7%	0.0%	14%	15%	0%	0%	0%	8%	38%	23%	0%	15%	1%	0%	0%	39%
JC21 (Ward 21)	1620	1641	720	402	1980	1914.5	360	318	101.3%	55.8%	96.7%	88.3%	15%	0%	2%	2%	0%	5%	23%	23%	2%	8%	1%	0%	0%	34%
JC22 (Ward 22)	1050	988	558	381	720	810	108	228.5	94.1%	68.3%	112.5%	211.6%	11%	4%	8%	3%	0%	9%	35%	10%	0%	5%	1%	0%	0%	16%
JCDS (Central Delivery Suite)	3793.5	3127	780	449.5	2880	2876	720	672	82.4%	57.6%	99.9%	93.3%	15%	0%	1%	5%	0%	4%	25%	14%	7%	7%	2%	0%	0%	30%
Neonatal Unit	2839	2680	360	324	2520	2420.5	0	204	94.4%	90.0%	96.1%	-	14%	6%	4%	1%	0%	5%	30%	20%	0%	0%	2%	0%	0%	22%
Maternity Assessment Unit	1497	1327	360	348	720	708	0	0	88.6%	96.7%	98.3%	-	12%	6%	3%	2%	0%	2%	25%	14%	0%	0%	2%	0%	0%	16%
Paediatric Intensive Care Unit (PICU)	1800	1342	225	200.5	1692	1361	0	0	74.6%	89.1%	80.4%	-	14%	0%	2%	3%	0%	9%	27%	11%	0%	0%	0%	0%	0%	11%
Ward 17 JCUH	2521.5	2173	975	564.5	1440	1390	0	0	86.2%	57.9%	96.5%	-	17%	3%	4%	4%	0%	3%	30%	4%	0%	4%	1%	0%	0%	9%
								Site Average	90.9%	89.8%	97.2%	109.4%	14%	4%	5%	1%	0%	4%	29%	15%	2%	9%	1%	0%	1%	28%

## Planned versus actual staffing – Friarage Hospital

										< 85	85-95	> 95	Unavailability													
										DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)	Registered							Unregistered					
FHN	Hours								Leave					Parenting	Sickness	Study Day	Unknown	Working Day	Total	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total
Jun-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																		
Ainderby FHN	1627.4	1584.2	1086.4	1017	690	680.5	690	910	97.3%	93.6%	98.6%	131.9%	18%	8%	4%	0%	0%	1%	31%	14%	0%	9%	0%	0%	24%	
Clinical Decisions Unit FHN	1725	1732	1035	1023	1035	1035	690	655.5	100.4%	98.8%	100.0%	95.0%	11%	0%	1%	2%	5%	2%	21%	12%	6%	14%	0%	0%	5%	37%
FHICU (ICU FHN)	1080	1089.1	126	118.5	1080	1041	0	0	100.8%	94.0%	96.4%		18%	0%	7%	1%	0%	6%	32%	6%	0%	0%	0%	0%	6%	
Romanby FHN	1576.8	1480.7	1049.5	1093	690	690	690	737	93.9%	104.1%	100.0%	106.8%	16%	5%	6%	0%	0%	4%	30%	16%	7%	9%	0%	0%	31%	
Rutson FHN	937	1044.5	1440	1222	690	690	345	345	111.5%	84.9%	100.0%	100.0%	15%	0%	0%	2%	0%	2%	20%	14%	0%	9%	1%	0%	25%	
Allerton Ward FHN	1440	1398.4	1080	1038	720	720	720	684	97.1%	96.1%	100.0%	95.0%	16%	0%	0%	1%	0%	8%	24%	20%	0%	1%	0%	0%	5%	26%
Gara Orthopaedic FHN	1665	1084.5	1350	830	690	682.5	345	345	65.1%	61.5%	98.9%	100.0%	10%	12%	8%	1%	0%	1%	32%	16%	0%	0%	2%	0%	17%	
Childrens Health Unit	720	705	252	120	720	720	0	0	97.9%	47.6%	100.0%	-	17%	0%	4%	1%	0%	0%	23%	16%	0%	0%	0%	0%	16%	
Special Care Baby Unit (SCBU)	720	733.25	0	0	720	720.5	0	0	101.8%	-	100.1%	-	18%	0%	10%	0%	0%	1%	29%	0%	0%	0%	0%	0%	0%	
Maternity FHN	1860	1852	360	204	1800	1757	360	360	99.6%	56.7%	97.6%	100.0%	15%	3%	2%	3%	0%	3%	27%	14%	18%	1%	4%	0%	38%	
								Site Average	96.6%	81.9%	99.2%	104.1%	15%	3%	4%	1%	0%	3%	27%	13%	3%	4%	1%	0%	22%	

NB Gara ward low bed occupancy during June

## Planned versus actual staffing – Lambert Community Hospital

										< 85	85-95	> 95	Unavailability												
										DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)	Registered							Unregistered				
Lambert community hosp	Hours								Leave					Parenting	Sickness	Study Day	Unknown	Working Day	Total	Leave	Parenting	Sickness	Study Day	Unknown	Working Day
Jun-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																	
Lambert Community Hospital	750	839.4	750	799	566.75	887.75	283.25	328.25	111.9%	106.5%	156.6%	115.9%	0%	0%	0%	0%	0%	0%	4%	0%	0%	0%	0%	0%	0%
								Site Average	111.9%	106.5%	156.6%	115.9%	0%	0%	0%	0%	0%	0%	4%	0%	0%	0%	0%	0%	0%

**Planned versus actual staffing – Guisborough Community Hospital Site**

									< 85	85-95	> 95															
<b>Guisborough</b>									Hours				Registered								Unregistered					
Jun-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
Priority Ward Guisborough PCH	1141	1102	981	1002	690	681	540	759.25	96.6%	102.1%	98.7%	140.6%	13%	0%	13%	1%	0%	6%	33%	15%	0%	10%	2%	0%	0%	28%
Site Average									96.6%	102.1%	98.7%	140.6%	13%	0%	13%	1%	0%	6%	33%	15%	0%	10%	2%	0%	0%	28%

**Planned versus actual staffing – East Cleveland Community Hospital**

									< 85	85-95	> 95															
<b>East Cleveland</b>									Hours				Registered								Unregistered					
Jun-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	1143	1051.5	1043	761.5	644	668	506	506	92.0%	73.0%	103.7%	100.0%	16%	6%	7%	3%	0%	6%	37%	14%	0%	6%	1%	0%	9%	31%
Site Average									92.0%	73.0%	103.7%	100.0%	16%	6%	7%	3%	0%	6%	37%	14%	0%	6%	1%	0%	9%	31%

**Planned versus actual staffing – Carter Bequest Community Hospital**

									< 85	85-95	> 95	Unavailability														
<b>Carter Bequest</b>									Hours				Registered								Unregistered					
Jun-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	1886.8	1956.3	2082.9	2611.1	1380	1368	1035	1598.25	103.7%	125.4%	99.1%	154.4%	14%	4%	3%	2%	0%	1%	23%	17%	0%	5%	1%	0%	0%	22%
Site Average									103.7%	125.4%	99.1%	154.4%	14%	4%	3%	2%	0%	1%	23%	17%	0%	5%	1%	0%	0%	22%

### Planned versus actual staffing – Redcar Community Hospital

										< 85	85-95	> 95														
<b>Redcar</b>	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						
Jun-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	1642.5	1720.8	1620.5	1780	1035	1012	1035	1230.5	104.8%	109.9%	97.8%	118.9%	13%	4%	8%	1%	0%	3%	28%	12%	5%	6%	2%	0%	2%	27%
								Site Average	104.8%	109.9%	97.8%	118.9%	13%	4%	8%	1%	0%	3%	28%	12%	5%	6%	2%	0%	2%	27%

### Planned versus actual staffing – Friary Community Hospital

										< 85	85-95	> 95														
<b>Friary Community Hospital</b>	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						
Jun-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	959	1024	1057	620	620	310	310	96.7%	103.2%	100.0%	100.0%	0%	4%	0%	0%	0%	0%	4%	0%	0%	0%	0%	0%	0%	
								Site Average	96.7%	103.2%	100.0%	100.0%	0%	4%	0%	0%	0%	0%	4%	0%	0%	0%	0%	0%	0%	

## Trust Averages

	< 85	85-95	> 95	
Jun-14	DAYS Average fill rate - RNR/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RNR/RMs (%)	NIGHTS Average fill rate - HCA (%)
Trust Average				
Integrated Medical Care Centre	95.3%	95.7%	101.6%	109.2%
Surgical service Centre	90.6%	83.2%	103.0%	99.5%
Tertiary services Centre	96.4%	102.7%	94.8%	139.8%
Women & Children centre	92.6%	69.5%	98.0%	98.6%
Trauma, anaes & Theatre	80.0%	84.8%	97.1%	107.4%
Specialty Services Centre	92.7%	95.8%	92.6%	99.7%
Trust Average	91.3%	88.6%	97.9%	109.0%

## **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 have seen a much improved position in relation to this but there is still some work to do to ensure this level of rigour becomes embedded across all areas, particularly in critical care areas. Within maternity services staff are used flexibly across hospital and community services during times of increased activity or reduced staffing levels, this flexibility has not been robustly captured.

It is essential that the informal measures taken to ensure safe and effective care is delivered are captured electronically to provide assurance. A presentation was given to over 100 nursing leaders in June 2014 where the process was shared and the importance emphasised.

Generally the data has shown that where the fill rate has fallen in either the registered nurse/midwife category or the unregistered category the other has been higher to mitigate.

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.

## **Conclusion**

The Board is asked to receive and note the content of this report