


SUMMARY REPORT		South Tees Hospitals  NHS Foundation Trust
Board of Directors		Date of meeting: 26 May 2015
Subject	Integrated Quality, Finance and Performance Report	
Prepared by	Emma Carter, Trust Governance Manager Brian Simpson, Head of Financial Control Nicki Hurn, Deputy Head of Performance	
Approved by	Ruth James, Director of Quality	
Presented by	Ruth James, Director of Quality Maxime Hewitt-Smith, Deputy Director of Finance Sarah Danieli, Deputy Director of Performance	
Name of meeting considered/approved by	Quality Assurance Committee reviewed the quality information. Finance and Investment Committee reviewed the financial information	

Purpose: To provide the Board with a summary of the quality, finance and performance of the Trust as at the end of April 2015. To describe any exceptions to agreed plan / standards and to forecast the position for the coming quarter	Decision	
	Approval	
	Information	●
	Assurance	●

Executive Summary
<p>The report highlights on-going concerns in relation to Clostridium Difficile, the number of cases in April was 5 against a trajectory for the month of no more than 5.</p> <p>The failure to achieve the A&E 4 hour target for April raised the risk that the trust may be non-compliant on this measure for 3 consecutive quarters.</p> <p>HR measures continue to fail to meet local targets; a revised approach to mandatory training is under consideration.</p> <p>The report included the April 2015 data on nursing and midwifery staffing numbers.</p>

Next Steps
<p>Consider revised approach to mandatory training.</p> <p>Note the risk relating to non-compliance with Monitor's performance targets.</p>

Supports Trust Strategy Map in the following areas							
quality & patient safety		business sustainability		operational excellence		organisational capability	
deliver integrated care		improved cost control	●	improved patient flow		improved information	
forefront of clinical innovation		increased productivity	●	improved innovation processes		continuous service improvement culture	
specialised services development		increased revenue & market share	●	strong governance & risk management	●	workforce development	●
service quality and safety	●	enhanced services				strong partnerships & engagement	

If a key risk(s) has been identified, please describe below
A&E 4 hour 95% target. Risk associated with non-compliance of a third consecutive quarter.

Integrated Quality, Finance, Performance and HR Dashboard 2015/16

April 15

			14/15			15/16																	
		Threshold	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Trend (April 14- to date)	Q1	Q2	Q3	Q4	Forecast
Quality & Patient Safety	MRSA (zero tolerance)	0	1	0	0	1																	
	Clostridium difficile (cumulative position)	50				5																	
	Rate of falls per 1000 bed days (flag SPC)	5.7	5.8	5.6	5.2	5.7																	
	Category 3 or 4 pressure ulcers (20% reduction)	4	10	4	1	3																	
	Medication incidents (flag SPC)		66	67	65	42																	
	% of incidents graded as moderate or above (not greater than previous year)	3.30%	2.1%	2.1%	1.7%	2.3%																	
	Rate of formal complaints per 1000 spells (flag SPC)	2.5	1.2	1.2	1.4	1.2																	
	Inpatient FFT - % highly likely or likely to recommend	90%	98.3%	98.4%	98.3%	97.6%																	
	Inpatient FFT - Response rate	30%	38.4%	39.4%	43.9%	40.8%																	
	HSMR (rolling 12 months - 3 months behind)	As expected	100	101	102	101																	
	SHMI (rolling 12 months - 6 months behind)	As expected	108	108	107	111																	
	CQUIN achievement	>95%																					
Business Sustainability	EBITDA	Per Plan																					
	Underlying surplus /(Deficit)	Per Plan																					
	CIP programme	Per Plan																					
	Cash and Liquidity	Per Plan																					
	Capital Expenditure	Per Plan																					
Continuity of Service risk rating.																							
Operational Excellence	Admitted pathways - % Referral to treatment waiting times within 18 weeks	90%	91.1%	91.0%	92.6%	91.9%																	
	Non-admitted Pathways - % Referral to treatment waiting times within 18 weeks	95%	97.7%	97.8%	97.8%	97.6%																	
	Incomplete pathways - % of patients on an RTT pathway waiting 18 weeks or less	92%	95.4%	96.0%	94.1%	95.5%																	
	Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	95%	92.5%	93.6%	94.9%	92.6%																	
	Cancer waits 2 week wait target	93%	94.2%	96.1%	95.7%	94.0%																	
	2 week wait breast symptom referrals - % seen within 2 weeks	93%	95.7%	94.0%	96.4%	92.1%																	
	Cancer wait 31 day wait for first definitive treatment for all cancers	96%	98.3%	98.8%	97.1%	97.8%																	
	Cancer wait 31 day wait for subsequent drug treatments for all cancers	98%	99.0%	100.0%	100.0%	100.0%																	
	Cancer wait 31 day wait for subsequent surgery treatments all cancers	94%	97.9%	98.3%	98.0%	94.1%																	
	Cancer wait 31 day wait for subsequent radiotherapy treatments all cancers	94%	98.8%	99.4%	99.2%	100.0%																	
	Cancer wait 62 day wait for the first definitive treatment for all cancers	85%	86.1%	82.2%	87.1%	82.0%																	
	Cancer wait 62 day wait for treatment of all cancers referred from a National screening service.	90%	100.0%	83.3%	75.0%	66.7%																	
	Cancer wait 62 day wait for first definitive treatment following consultant upgrade - please note the latest position is year to date as per local agreement	90%	85.7%	90.9%	90.9%	88.9%																	
	Bed occupancy (average per month)	85%	92.0%	93.2%	90.4%	91.4%																	
	Delayed Transfers of Care	<=4%	4.1%	3.5%	2.1%	2.8%																	
	Total outlying patient bed days		1825	1342	1033	1150																	
	Closed Beds (average per month)		18	32	35	37																	
Cancelled operations		29	39	36	34																		
HR	% sickness absence	3.90%	5.0%	5.0%	4.8%	4.8%																	
	% attendance at mandatory training	80%	70.9%	71.0%	71.0%	71.6%																	
	% appraisals completed	80%	66.5%	67.1%	68.0%	68.4%																	
	Vacancy rate		5%	4%	8%	3%																	

* current month cancer figures are indicative

Other significant exceptions to include CQC judgements, third party reports etc.

NONE

1. Executive summary

In relation to quality, C. Difficile continues to be a concern, there were 5 Trust apportioned cases in April against a target for the month of no more than 5. The HSMR remains high and it is of note that the forecast position is for possible further increase. The quarterly quality report presented to the Quality Assurance Committee identified the increase in claims arising from sharps injury as an issue for escalation to the Board.

The positive 18 week performance continues to be sustained with all three of the 18 week targets being delivered in April. The cancer 62 day first definitive treatment target has been delivered in Q4 of 2014/15 and all year round which is a great achievement for the organisation both regionally and nationally. The 62 day screening target was non-compliant for Q4 with just 1 shared breach and 6.5 treatments. Unfortunately the number of treatments is not low enough for Monitor to discount this as a breach of target and will count for Q4.

A & E performance for April reduced in compliance in comparison to the previous month, remaining below the required 95% target and increasing the risk of a 3rd consecutive quarter non-compliance. A performance trajectory is in place to monitor progress during Q1 and a 35% target has been applied to all wards to discharge patients before midday to improve patient flow earlier on during the day. Performance is improving for May and is currently compliant achieving above 95% but the continued risk to the Q1 performance means that this issue will need to stay on the corporate risk register with further escalation to the Board.

The Trust is not achieving local targets for HR measures although compliance with mandatory training is slowly improving. A revised approach to induction and mandatory training is to be considered by the Board which would focus on staff undertaking core induction before commencing work, more use of e-learning and mandatory training being more tailored to role, it is expected that this would improve compliance as well as providing more flexibility for staff in accessing training. It is proposed that the targets for appraisal and improvement in sickness are reviewed so that realistic improvement trajectories can be set.

Section 2.12 of this report details data in relation to the nursing and midwifery staffing information from April 2015. The fill rate for unregistered staff overnight across the majority of centres continues to run above 100% and reflects the increasing number of dependent patients in a number of areas where additional staff were required to provide enhanced observations to maintain safety and quality of care.

The day time fill rate for unregistered staff was low in a number of areas for April, notably the Women and Children's centre and Cardiology wards 30 and 29 monitored bay. The number of unregistered staff in these areas is small with a predominantly registered nurse / midwife workforce, therefore percentages are significantly affected if even a small number of staff have unplanned leave.

The overall trust vacancy rate has reduced from March to April, this reflects adjustment to budgets to remove longstanding vacancies rather than an increase in vacancies filled.

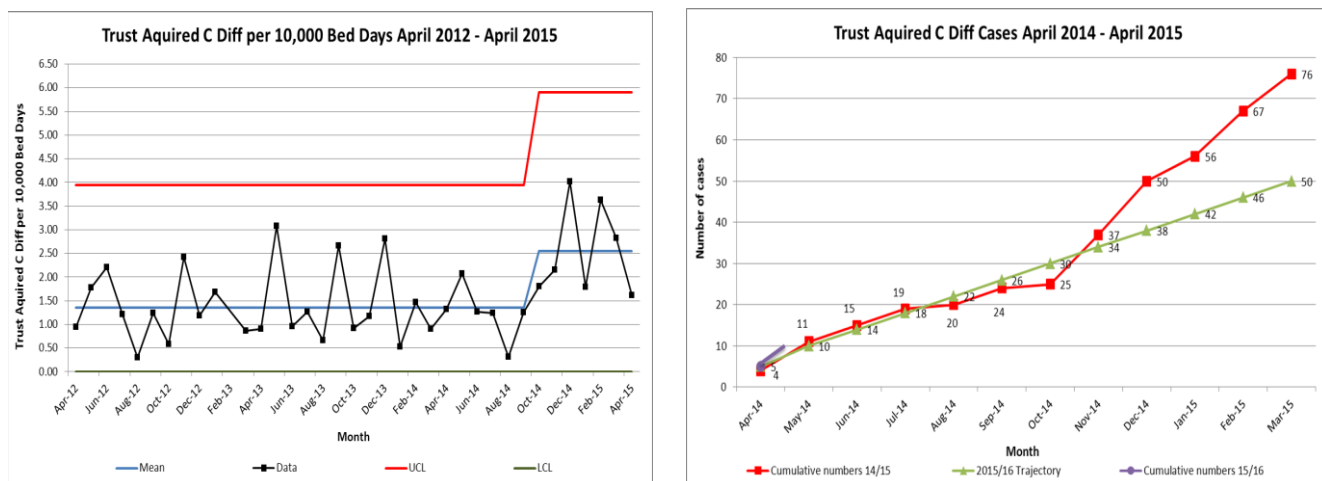
2. Exception reporting

2.1 Clostridium Difficile

Current position

There were 5 cases of trust apportioned Clostridium Difficile reported in April against a threshold for the month of 5 cases. Monitor has requested a review of the Clostridium Difficile action plan to include clear KPIs and milestone to give assurance on progress. The dashboard below has been developed to report the KPIs.

CDI Key Performance Indicators Dashboard



	Target	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15
Diarrhoea control						
Compliance with assessment of diarrhoea in A&E	>=90%					62%
Stool chart compliance	>=95%	100.0%	98.3%	99.2%	98.8%	97.5%
C. Diff patients isolated within 2 hours	>=90%	56.0%	50.0%	38.0%	83.0%	67.0%
Antibiotic prescribing						
Antibiotic audit - Audit of choice of antibiotic regimen	>=90%	99%	99.8%	98.3%	98.5%	99.5%
Antibiotic audit - Stop date recorded	>=90%	33.5%	68.0%	64.9%	68.9%	71.0%
Hand hygiene competencies						
Hand hygiene competencies	>=95%	31.0%	44.0%	47.0%	90.0%	****
Clean your Hands compliance	>=90%	83.4%	83.9%	86.2%	87.9%	87.9%
Environmental cleanliness and decontamination strategy						
Externally validated cleaning score						
Completion of daily ward manager commode monitoring tool	>=95%	87.7%	86.1%	82.1%	87.9%	91.9%

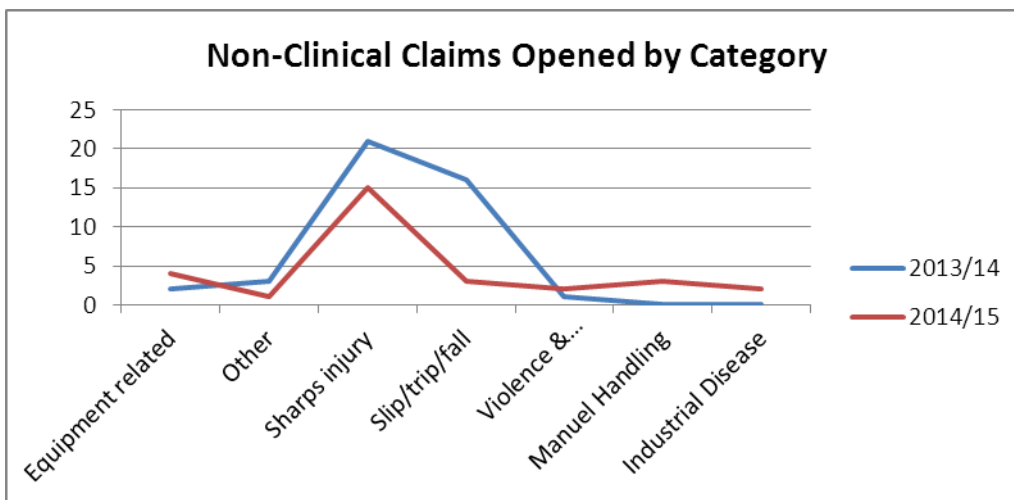
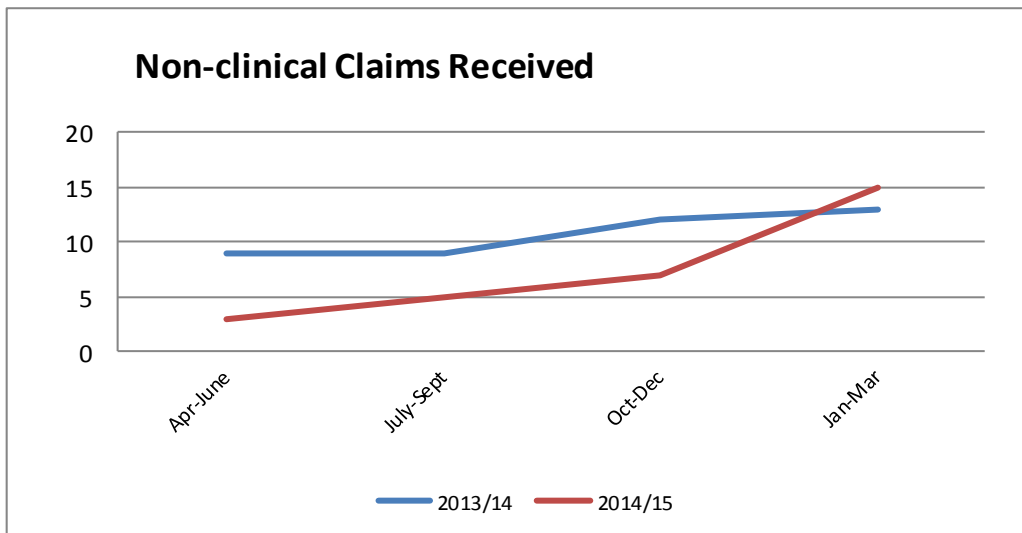
Forecast position

The Trust is forecasting continuing risks to the delivery of the Clostridium Difficile target for quarter 1 due to the further work needed to ensure that cleaning standards are met.

2.2 Non-clinical claims

Current position

The graph below shows the non-clinical claims that were received each quarter of 2014/15, the number has decreased slightly from last year with 30 being received in 2014/15 compared to 43 in the previous year. A sharp rise in claims received towards the end of the financial year can also be seen. Drilling down further this showed 19 claims received in quarter 4 with 13 being sharps injury related which is unprecedented



Sharps injuries have reduced from 21 in 2013/14 to 15 in 2014/15 but still remain half of the total number of non-clinical claims received by the Trust.

The Quality Assurance Committee have asked the Patient Safety Sub-group to undertake further review of the root cause, distribution and actions needed to reduce sharps injuries.

Forecast position

Sharps injuries, particularly needle stick injuries, have been an area of concern for some time and although a number of steps have been taken to improve the safety of staff when handling sharps the Trust continues to see higher than average number of this type of incident. The forecast position will be dependent on the recommendations of the review commissioned by the Quality Assurance Committee which will be completed by July 2015.

2.3 HSMR

Current Position

The SHMI for the Trust for the period October 2014 to September 2015 was published on the 29th April 2015 and is 103 which is well within expected limits. However, the latest HSMR, for the period March 2014 to February 2015 is 112 which is 'higher than expected'. The rolling 12 month value for the HSMR has been higher than expected in 8 of the last 12 months. The most important individual reason for this (accounting for 4-5 points) is the relatively low level of specialist palliative care coding in the Trust.

Forecast Position

The Trust has also experienced a relatively high number of deaths this winter. Since the beginning of January 2015, there have been 23 consecutive weeks with higher than average numbers of deaths. Public health information indicates this is due to a prolonged flu season and this may be worse in the north east than nationally and worse in Middlesbrough than in the north east. This may adversely affect our HSMR once all of the January to March 2015 data is included in the HSMR calculation. This is similar, though less severe, than the position experienced by the Trust in the winter of 2013-13. Since that time the Trust has introduced the weekly mortality review process commenced measurement of the delivery of a care bundle for patients with Community Acquired Pneumonia (CAP) and so will be in stronger position to evidence quality of care for this group of patients in due course.

2.4 Financial summary

Current position

Key Issue	Executive Summary	Year to date vs budget	Forecast Outcome	Action Plan
EBITDA	EBITDA was £0.7m against a year to date plan of £0.7m. The Trust is forecasting to remain on plan as the financial year progresses. Both the Month 1 position and forecast values are in line with the Trusts recently submitted 2015/16 annual plan.	G	G	The Trust has signed its contract with South Tees CCG and is in the final stages of negotiation with both Hambleton, Richmondshire and Whitby CCG and Specialised Commissioners.
Underlying Surplus/(Deficit)	The Trust is reporting a (£2.1m) deficit which is £0.1m ahead of plan at month 1. Lower than expected income in month 1 has been offset against lower expenditure. As the Trusts Annual plan was only submitted on the 14 May the Trust would not expect large financial variances.	G	G	Monthly performance review meetings will be held with Centres to ensure close monitoring and management of the Trusts income and expenditure position as the financial year progresses. Ensuring any variations from planned values are highlighted and action taken to address them as required.
CIP Programme	The Trust has achieved £0.7m CIP, £0.1m behind plan. The full year effect of the CIP savings is £4.0m.	A	G	The Trust is forecasting to achieve our overall CIP plan for 15/16 of £36m. Overall CIP plans are formally developed and in place, expected savings against the plan will be monitored across the Trust to ensure achievement.
Cash and Liquidity	In April 2015 the Trust repaid £3.0m of the £10.5m working capital loan that was received from the DoH in March. The Trust held £11.6m at 30 April 2015 in line with plan.	G	G	The Trust repaid £3.0m in April to ensure that the level of cash held was sufficient to maintain day to day operations. It is anticipated that once Monitor have fully reviewed our annual plan, the remaining element of the revolving capital facility will transfer to interim revenue and interim capital support agreements. The Trust has negotiated a rephrasing of the contractual payments with our main commissioners to delay the utilisation of the remaining loan until February 2016.
Capital Expenditure	Business cases have been prepared with Centre support to cover essential investment within the Trust. These have been presented and approved by the Trusts Capital Group and Investment Management Committee and approved in principle through the Trusts annual planning process.	G	G	The annual plan submitted to Monitor on 14 May 2015 included a capital plan of £24.6m. It is anticipated that the remaining support required for 2015/16 will solely be for capital purposes.
Continuity of Service Risk Ratings (CoSRR)	The CoSRR assesses the Capital Service Cover and Liquidity Ratio to determine a final rating. The Trusts overall CoSRR rating is 1.	G	G	The Trust has a rating of 1 for the capital service cover the liquidity rating, this will continue to be monitored on a monthly basis.

EBITDA/ Surplus

G	On or better than target
A	Between 0% and 5% below target
R	Greater than 5% below target

CIP Programme

G	On or better than target
A	Between 0% and 10% below target
R	Greater than 10% below target

Capital Expenditure

G	Within 5% of target
A	Between 6% and 15% of target
R	Greater than 15% of target

Cash and Liquidity

G	Higher cash balance or within 10% lower than plan
A	Cash balance lower than plan by 10% up to 20%
R	Cash balance lower than plan by greater than 20%

The full detail of the financial position at the end of March 2015 is shown in the supplementary report.

Forecast position

On the basis of current information the Trust is forecasting to be on plan for the end of Q1

2.5 18 Week Pathways

Current Position

In April the trust achieved all the 18 week targets. There are a small number of specialties that are non-compliant and actions to improve compliance are being addressed with these specialties through the monthly performance reviews.

Forecast Position

The table below demonstrates performance forecasting of the referral to treatment compliance for Q1. This shows that the trust expects to achieve compliance with all of the 18 week targets in Q1.

	April 2015 (actual)	May 2015 (forecasted)	June 2015 (forecasted)	Quarter 1 (forecasted)
Number of completed admitted pathways	3,349	3,173	3,122	9,644
Number of over 18 week waiters seen	272	222	209	703
Admitted Target = 90%	91.9%	93.0%	93.3%	92.7%
Number of completed non-admitted pathways	8,748	9,667	9,490	27,905
Number of over 18 week waiters seen	211	68	99	378
Non Admitted Target = 95%	97.6%	99.3%	98.96%	98.6%
Number of patients on incomplete pathways	27,629	26,075	26,014	79,718
Number of over 18 week waiters waiting	1,242	1,245	1,285	3,772
Incomplete Pathways Target = 92%	95.5%	95.2%	95.1%	95.3%

Further information on 18 weeks including benchmarking of all the 18 week targets across the region and nationally can be found in the supplementary report

2.6 A & E

Current Position

In April the trust achieved an overall compliance of 92.6% against a target of 95%, a reduction in performance in comparison to the previous month which was 94.9%. Performance nationally has improved slightly from 92.8% in March to 93.3% in April against the 95% target so the trust is performing below the national level for April.

The table below demonstrates the regional A & E performance for April and shows that only three trusts achieved compliance with the target and the trust is ranked 8th in the region for April performance.

	April	Regional Rank
Northumbria Healthcare NHS Foundation Trust	97.8%	1
Harrogate and District NHS Foundation Trust	96.4%	2
North Tees and Hartlepool NHS Foundation Trust	95.2%	3
Gateshead Health NHS Foundation Trust	94.7%	4
City Hospitals Sunderland NHS Foundation Trust	94.4%	5
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	94.3%	6
County Durham and Darlington NHS Foundation Trust	93.5%	7
South Tees Hospitals NHS Foundation Trust	92.6%	8
South Tyneside NHS Foundation Trust	91.5%	9
North Cumbria University Hospitals NHS Trust	85.8%	10
England	93.3%	11

A number of actions to increase A & E compliance are as follows:

- A performance trajectory has been developed for Q1 to monitor progress against compliance and demonstrates what the trust needs to achieve at the end of May and June to remain compliant and halt a 3rd consecutive quarter of non-compliance
- A 35% discharge target has been applied to all wards (except AAUs and CDU at FHN) for patients to be discharged before 12 midday and a daily report is being produced and distributed to performance manage this robustly
- A new standard operating procedure has been implemented to support escalation processes within the A & E department
- The eye casualty has relocated to eye outpatients during 8 am to 8 pm and the paediatric facility in A & E has relocated to where the eye casualty has been vacated to free up cubicle space during these hours of the day
- 5 separate task and finish work groups have been identified to address the key issues

A copy of the KPI dashboard for the A & E breaches in April and the performance trajectory can be found in section 4 of this report.

Forecast Position

The table below demonstrates A & E performance forecasting for Q1 based upon analysis of the last 3 years previous performance. The forecast shows that the trust expects to be compliant with the A & E 95% target at the end of the Q1 period. However, actual performance for April is below compliance and the forecasted position. The April compliance may not be sufficiently high enough to achieve the forecasted position resulting in the trust being non-compliant with this target at the end of the Q1 period and for 3 consecutive quarters. If this is the case then the trust will potentially be in breach of its regulations in relation to governance and subjected to further scrutiny from Monitor as part of a formal investigation.

Site	April 2015	May 2015	June 2015	Quarter 1
James Cook	95.1%	94.5%	95.6%	95.5%
Friarage	97.1%	95.8%	96.4%	96.4%
Type 3 – MIU and Resolution	100%	100%	100%	100%
Forecasted trust compliance	97.1%	96.6%	96.8%	96.8%
Actual trust compliance	92.6%	-	-	92.6%

2.7 Cancer Targets

Current Position

The trust achieved all the cancer targets in March with the exception of the 62 day screening target. There was just one shared breach due to a late referral from another local provider on day 77.

The indicative figures for April show that the trust is non-compliant with the 2ww breast symptomatic target, 62 day first definitive treatment target and the 62 day screening target. The reason for the non-compliance of the breast symptomatic target is due to patient choice. The performance team are liaising with commissioners to re-iterate the importance of the patients attending the first available appointment and reminding the patients that the trust continues to offer a shuttle bus service between the two hospital sites. The 62 day first definitive treatment breaches are due to a combination of patient's choice, surgical capacity and late referrals from the local trust providers. The surgical capacity is being addressed with the individual specialties in the monthly performance reviews. The 62 day screening target is small numbers with just 1.5 treatments for April and one shared breach. The breach was due to medical reasons, originally the patient was dated within target.

March benchmarking across the NESCN in relation to the 62 day first definitive treatment target is shown on page 8. South Tees achieved a compliance rate of 87.1% against the 85% national target. Across the NESCN regional compliance was 86.6% and nationally compliance was 83.9%.

The trust has achieved compliance at the end of the Q4 period for the 62 day first definitive treatment target achieving this target all year round and the benchmarking across the NESCN for the quarter is shown on page 9. The 62 day screening target was not achieved at the end of the Q4 period with just 6.5 treatments and 1 breach. Monitor will not consider a breach of this target if there are less than 5 cases in the quarter.

A meeting with the Director of the NESCN, Newcastle and representatives from South Tees took place on 30th April to discuss the on-going issues with late referrals from other providers. A representative from the NESCN is going to discuss breach reallocation at the next North Regional cancer task force meeting in May and the outcome from this meeting will be fed back to the Board meeting in June.

An analysis of the reasons for the 62 day breaches in Quarter 4 is shown in the table below:

National compliance = 85% Q4 compliance = 85.4%	Total Number of Treatments 399.5	Total number of breaches = 58.5 Total number of patients = 74
Complex diagnostic pathway	23	Representing 31% of all breaches
Patient choice – delays during diagnostics or after decision to treat	11	Representing 15% of all breaches
Late referrals from tertiary trusts after day 62	10	Representing 14% of all breaches
Late referrals from tertiary trusts after day 42	10	Representing 14% of all breaches
Surgical capacity	8	Representing 11% of all breaches
Medical reason (patient poorly)	7	Representing 9% of all breaches
SABR Capacity	1	Representing 1% of all breaches
Other (1 x 23 days to be dated for Octreotide scan) and 1 x inter trust investigations (Leeds), issues with imaging (1x 11 days to report histology from broncoscopy) (1 x multiple delays in pathway due to requiring Cantonese interpreter	4	Representing 5% of all breaches

Forecast Position

The table below demonstrates performance forecasting of 62 day first definitive treatment compliance for Q1 based upon analysis of the last 2 years previous performance. This shows that the trust expects to meet compliance of the 62 day first definitive treatment target at the end of the Q1 period. The indicative figures for April although are non-compliant are also below the expected forecast although further validation may improve this position going forward.

Urology remains an area of concern to deliver the cancer performance going forward and additional sessions are being planned to improve performance in this area. An assessment as to the number of sessions required has been made and a decision to subcontract activity to the independent sector will be made at the surgical centre performance review in May.

	April 2015	May 2015	June 2015	Quarter 1
Average number of treatments	134	128	147	409
Average number of breaches	15	18	24.5	57.5
forecasted compliance	88.6%	85.9%	83.3%	85.9%
current indicative compliance	82.04%			
actual compliance	-	-	-	-

2.8 Summary of Year to Date Monitor Compliance Framework (April 2015)

In order for Monitor to formally instigate regulatory action at least one target would need to be non-compliant for 3 consecutive quarters or 4 separate targets non-compliant in any one quarter.

The performance is as follows:

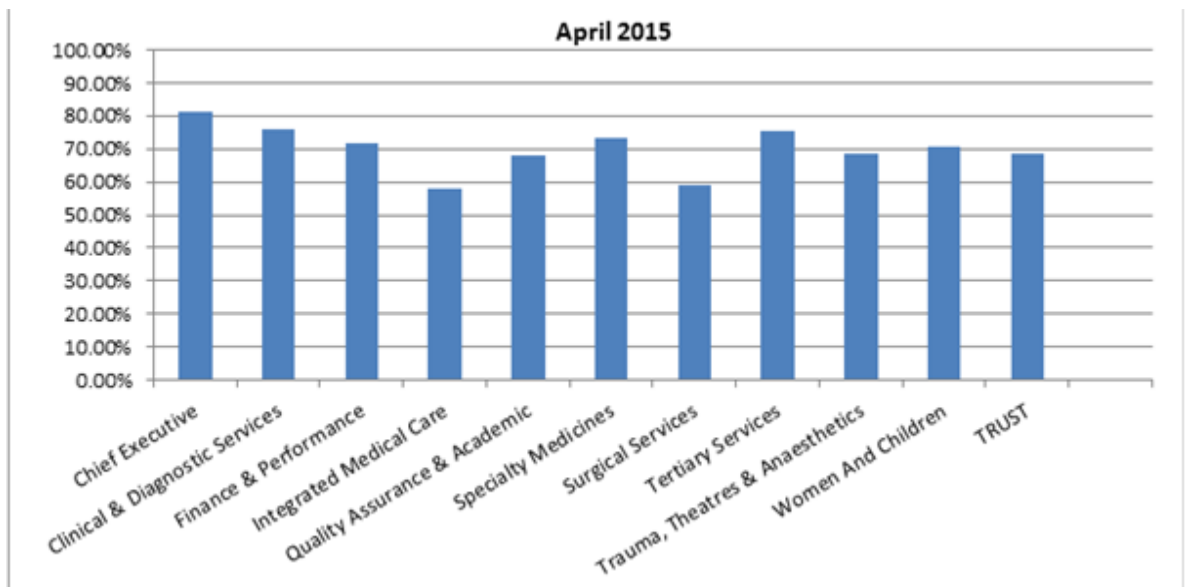
- 18 week targets compliant in Q3 and Q4 (14/15) and expects to remain compliant in Q1 (15/16).
- A & E target non-compliant in Q3 and Q4. There is also a high risk of non-compliance in Q1 (15/16).
- Cancer 62 day screening target non-compliant in Q4 (14/15) but a risk to compliance with the 62 day cancer targets in Q1 (15/16).
- C-difficile target is off trajectory for April with 5 cases against a trajectory of 4.

Currently A & E is the main risk to 3 consecutive quarter non-compliance of any one target with non-compliance in Q3 and Q4 and expected non-compliance for Q1.

2.9 Appraisal

Current position

The trust continues to fail to achieve the 80% target. The cumulative % of SDR's completed during the reporting month is shown below:



The overall trust figure for the number of non-medical staff with a valid staff development review increased in April by 0.43% against the March figure and now stands at 68.44%.

Key actions include:

- Continue with the production of activity reports to assist in the management of performance against the organisational target.

- Data accuracy reviews to continue with Centres/Directorates to ensure the accuracy and status of data held centrally.

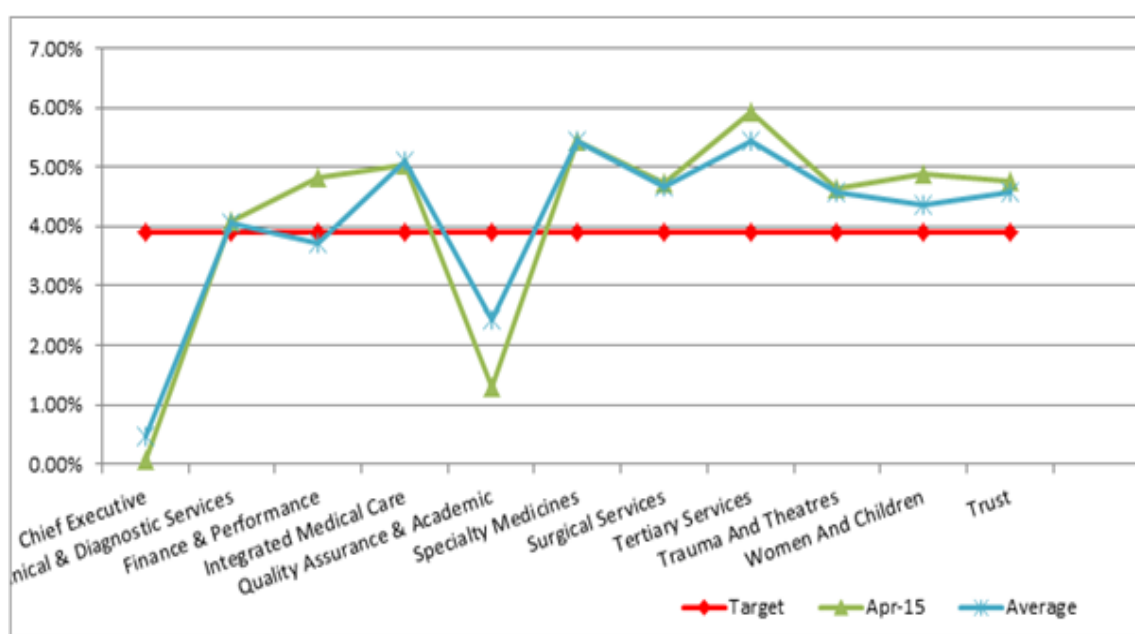
Forecast position

On the basis of historical performance the forecast position of Q1 is non-compliant. Action is needed to agree a realistic improvement trajectory and the actions which will support this so that reporting for 2015/16 is against a quarterly improvement target.

2.10 Sickness Absence

Current position

The sickness rate decreased once again in April and now stands at 4.76%, a decrease of 0.7% on the March figure. Whilst there is an improvement in the short term rate to 2.05%, there has been a rise in the long term figure to 2.71%.



Gastrointestinal was the reason which had the highest percentage number of episodes for the month with 18.73%; ahead of stress/anxiety with 17.13%. Together these two equated to 425 separate episodes. Gastrointestinal was also the most common short term sickness reason. However stress/anxiety, with a figure of 34.23% continues to be the highest long term reason with a total of 89 episodes recorded for the month; 3 more than the previous month. When analysing the total FTE days lost, anxiety/stress and depression once again account for more sickness than any other reason, recording a figure of 29.49%. In April, this equated to 3171.87 full time equivalent days lost.

Monday continues to be the most popular day overall to commence a sickness episode with 28% of all sickness episodes beginning on this day.

A dedicated working group continues to move forward and monitor a number of key objectives in partnership with staff side, to support improvement in the management of attendance and improve employee health and well-being.

Other key activities to date have included the enhancement of information reporting to assist managers implementation of the policy, case management reviews of long term and short term sickness absence cases; Occupational Health team, who have recently achieved the SEQOHS accreditation (Safe Effective Quality Occupational Health Service standards) and linkage with the Trust’s Health Improvement team to look at the wellbeing agenda for staff, in association with the ‘Health promoting hospitals’ initiative.

Key actions include:

- Continue to monitor sickness levels and provide information to assist the management of individual cases.
- The continued focus on the management of sickness absence through the sickness absence action plan.
- Training of managers in the implementation of the revised Management of Attendance Policy
- Individual case management by Managing Directors, HR Operational teams and Occupational Health.
- Investigation into the policies and practices adopted by other organisations associated with reducing sickness absence to learn from best practice.

Forecast position

Based on the action being taken and the historical position the current downward trend is forecast to continue though it is unlikely that the trust target of <3.9% will be achieved in the next quarter.

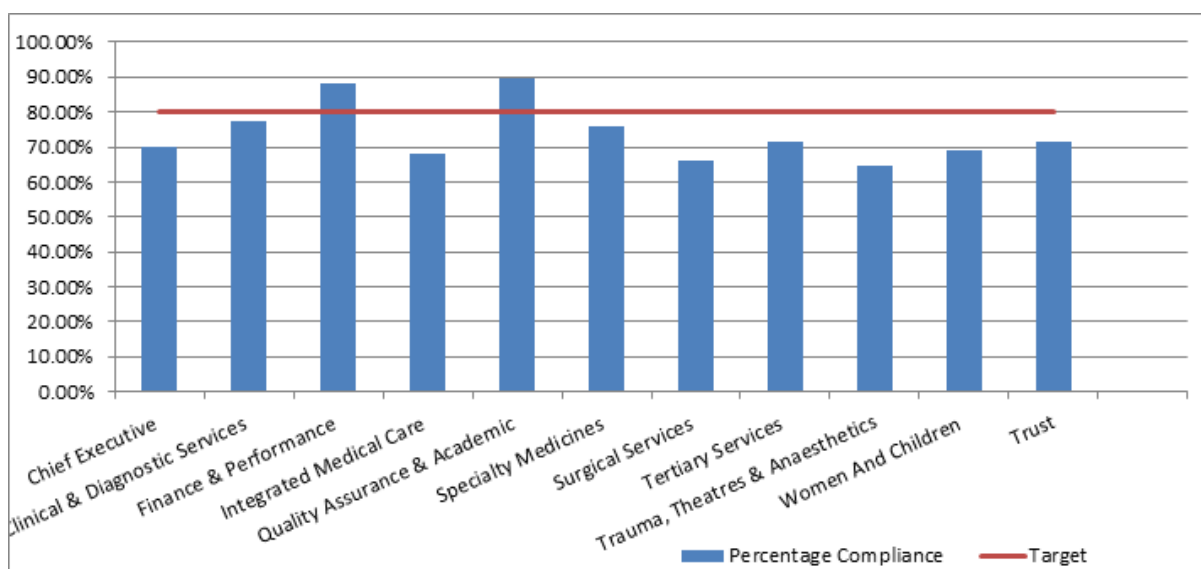
2.11 Attendance at Mandatory Training

Current position

The overall month on month Trust compliance rate for mandatory training showed a marginal increase in April of 0.11% and now stands at 71.57%.

All the clinical centres except for Tertiary Services, Women & Children and Specialty Medicine recorded an increase in their monthly training rate. Finance and Performance were the only corporate area to show a decrease. However they still have the second highest compliance figure of 88.24% behind Quality Assurance & Academic with 89.57%. These are currently the only two areas to achieve the 80% target.

April Mandatory Training Compliance



Key actions include:

- Continue to monitor and manage underperformance against target
- Proposal to introduce revised approach to induction and mandatory training to be considered by the Board

Forecast position

It is expected that the improvement which will result from the revised approach if approved will be reflected in the compliance position by the end of Q2, Q1 will remain non-compliant.

2.12 Monthly Nursing and Midwifery Staffing Report (data from April 2015)

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.

Whilst RAG rating thresholds have not yet been decided nationally and will not appear on the NHS Choices website, 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.

Current position

The fill rate for unregistered staff overnight across the majority of centres continues to run above 100% and reflects the increasing number of dependent patients in a number of areas where additional staff were required to provide enhanced observations to maintain safety and quality of care.

The day time fill rate for unregistered staff was low in a number of areas for April, notably the Women and Children's centre and Cardiology wards 30 and 29 monitored bay. The number of unregistered staff in these areas is small with a predominantly registered nurse / midwife workforce, therefore percentages are significantly affected if even a small number of staff have unplanned leave. Movement of staff across IMCC has occurred during April due to the closure of Carter Bequest Community Hospital

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 and this includes reducing capacity if safe staffing cannot be maintained. A number of centres reduced bed capacity (average of 30 beds closed) during April on a temporary basis due to a combination of sickness and vacancies.

Two band 5 assessment centres are planned for May with a number of student nurses due to qualify in September 2015 applying for their first destination employment. Recruitment of Band 5 Registered Nurses from Romania took place at the beginning of May in partnership with NHSP and Kings College London. Twenty one nurses have been recruited with a potential start date of August 2015.

1. Planned versus actual staffing - James Cook University Hospital

James Cook	Hours								< 80	80-95	> 95	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	DAYS	DAYS	NIGHTS	NIGHTS	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total
									Average fill rate - RNRMs (%)	Average fill rate - HCA (%)	Average fill rate - RNRMs (%)	Average fill rate - HCA (%)														
Critical Care	9720	8868	720	720	9720	9008	2160	1920	91.2%	100.0%	92.7%	88.9%	17%	3%	5%	0%	0%	3%	28%	12%	0%	8%	0%	0%	1%	21%
FAU JCUH (Female Admissions Unit)	2160	2094	1236	1110	1800	1572	1080	1236	96.9%	89.8%	87.3%	114.4%	15%	3%	2%	3%	0%	5%	28%	7%	6%	19%	0%	0%	2%	34%
JC02 Resp (Ward 2)	1800	1628	1440	1374	912	756	720	780	90.4%	95.4%	82.9%	108.3%	19%	0%	10%	2%	0%	1%	33%	15%	0%	1%	2%	0%	18%	
JC08 (Ward 8)	1725	1511	1380	1358	1035	1024	690	690	87.6%	98.4%	98.9%	100.0%	11%	5%	10%	0%	0%	1%	27%	14%	0%	1%	0%	0%	2%	16%
JC09 (Ward 9)	1788	1819	1044	1288	1044	1044	561	708	101.8%	123.3%	100.0%	126.1%	18%	0%	2%	1%	0%	3%	24%	15%	0%	1%	2%	0%	2%	19%
JC12 (Ward 12)	1968	1743	1536	1248	720	828	720	792	88.6%	81.3%	115.0%	110.0%	16%	6%	6%	0%	1%	4%	34%	9%	13%	13%	0%	0%	0%	35%
JC28 (Ward 28)	2520	2149	1207	1333	1080	1080	720	720	85.3%	110.4%	100.0%	100.0%	14%	6%	1%	1%	0%	0%	21%	18%	0%	0%	0%	0%	0%	19%
MAU JCUH (Male Admissions Unit)	2988	2949	1306	1332	1800	1740	562	900	98.7%	102.0%	96.7%	160.3%	19%	0%	3%	2%	0%	5%	29%	15%	6%	4%	0%	0%	0%	25%
Ward 3	1713	1746	1507	1416	1023	911	690	656	101.9%	93.9%	89.0%	95.1%	18%	1%	3%	1%	0%	2%	24%	18%	0%	3%	0%	0%	0%	20%
Ward 10	1440	1191	1680	1359	720	732	720	804	82.7%	80.9%	101.7%	111.7%	13%	0%	11%	0%	0%	1%	25%	11%	0%	17%	2%	0%	0%	30%
JC05 (Ward 5)	1329	1326	1315	1781	708	684	559	708	99.8%	135.5%	96.6%	126.7%	15%	5%	3%	1%	0%	11%	35%	15%	4%	3%	0%	0%	5%	28%
JC35 (Ward 35)	1368	1588	1266	1338	751	744	624	768	116.1%	105.7%	99.1%	123.1%	12%	5%	1%	1%	0%	5%	23%	15%	0%	4%	0%	0%	3%	22%
Ward 6	1902	1756	1326	1193	1055	1080	566	528	92.3%	90.0%	102.3%	93.2%	11%	13%	3%	1%	0%	2%	29%	8%	4%	7%	1%	0%	5%	25%
Ward 7	2880	2676	1270	1156	1080	1080	1007	984	92.9%	91.0%	100.0%	97.7%	13%	0%	6%	2%	0%	4%	25%	14%	0%	4%	2%	2%	7%	28%
JC04 (Ward 4)	1548	1497	806	792	827	668	645	480	96.7%	98.2%	80.8%	74.4%	14%	0%	8%	1%	0%	7%	30%	12%	0%	10%	2%	0%	4%	28%
JC14 Oncology (Ward 14)	1739	1689	1119	1344	1032	998	599	708	97.2%	120.1%	96.7%	118.2%	14%	0%	3%	2%	4%	7%	29%	15%	0%	3%	1%	0%	0%	18%
JC33 Specialty (merger of ward 18 and ward 27)	1800	1656	1140	1042	1080	1044	744	769	92.0%	91.4%	96.7%	103.4%	8%	0%	16%	2%	0%	1%	28%	13%	0%	14%	1%	0%	1%	29%
JC34 (Ward 34)	1440	1526	1280	1395	696	792	720	768	106.0%	109.0%	113.8%	106.7%	14%	3%	3%	1%	0%	4%	25%	13%	0%	2%	1%	0%	0%	15%
JC36 (Ward 36)	1893	1695	1346	1248	1070	967	690	1081	89.6%	92.8%	90.4%	156.7%	16%	0%	4%	1%	0%	5%	26%	13%	0%	8%	1%	0%	4%	25%
JC37 (Ward 37)	1800	1667	1296	1287	720	708	720	684	92.6%	99.3%	98.3%	95.0%	12%	4%	2%	0%	0%	3%	22%	13%	0%	4%	3%	0%	3%	22%
Spinal Injuries	2696	2189	2108	1690	1308	1266	1080	1068	81.2%	80.2%	96.8%	98.9%	13%	0%	6%	1%	0%	5%	26%	12%	0%	5%	0%	0%	1%	18%
Cardio MB	720	732	360	288	720	720	0	0	101.7%	80.0%	100.0%	-	13%	0%	6%	1%	0%	5%	26%	12%	0%	5%	0%	0%	1%	18%
CCU JCUH	2520	2244	360	324	1800	1800	0	0	89.0%	90.0%	100.0%	-	12%	11%	2%	1%	0%	3%	28%	8%	0%	0%	3%	0%	0%	11%
CICU JCUH	3936	3605	0	72	3624	3176	0	96	91.6%	-	87.6%	-	13%	7%	9%	1%	0%	4%	35%	4%	0%	31%	0%	0%	0%	35%
JC24 (Ward 24)	2748	2597	1331	1294	2388	2172	1044	1549	94.5%	97.2%	91.0%	148.4%	13%	3%	10%	2%	0%	3%	31%	17%	1%	10%	3%	0%	0%	30%
JC25 (Ward 25)	1276	1205	1062	956	700	707	844	1169	94.5%	90.0%	101.0%	138.5%	14%	0%	11%	0%	0%	3%	28%	14%	0%	2%	2%	0%	0%	18%
JC26 (Ward 26)	780	790	848	1350	720	721	252	756	101.3%	159.1%	100.1%	300.0%	11%	0%	7%	1%	0%	5%	24%	10%	0%	2%	2%	0%	0%	14%
JC29 (Ward 29)	1428	1447	1042	987	1080	1080	336	324	101.3%	94.7%	100.0%	96.4%	12%	8%	1%	2%	0%	5%	29%	12%	0%	10%	1%	0%	2%	25%
JC30 (Ward 30)	492	480	480	384	384	384	0	0	97.6%	80.0%	100.0%	-	25%	0%	13%	1%	0%	2%	41%	11%	0%	41%	0%	0%	0%	52%
JC31 (Ward 31)	1080	1068	720	708	720	696	360	360	98.9%	98.3%	96.7%	100.0%	13%	6%	0%	1%	0%	10%	30%	14%	0%	9%	2%	0%	2%	28%
JC32/HDU (Ward 32/HDU)	1080	1032	1080	1073	720	648	360	708	95.6%	99.4%	90.0%	196.6%	17%	5%	6%	1%	0%	6%	35%	15%	0%	0%	1%	0%	1%	18%
Gynae (Ward 19)	981	968	644	610	709	684	-47	0	98.7%	94.6%	96.5%	-	10%	0%	16%	2%	0%	9%	37%	15%	0%	44%	0%	0%	0%	59%
JC21 (Ward 21)	2160	1864	720	479	1800	1812	360	360	86.3%	66.5%	100.7%	100.0%	13%	2%	3%	2%	1%	6%	27%	12%	0%	4%	0%	0%	0%	16%
JC22 (Ward 22)	1080	1024	576	510	984	876	96	156	94.6%	88.5%	89.0%	162.5%	15%	3%	9%	2%	0%	7%	36%	14%	0%	2%	0%	0%	1%	17%
JCDS (Central Delivery Suite)	3741	3365	900	440	3589	3491	720	619	89.9%	48.8%	97.3%	85.9%	11%	3%	2%	2%	0%	13%	32%	8%	9%	16%	1%	0%	0%	34%
Neonatal Unit	3762	3601	360	284	3588	3150	0	216	95.7%	78.9%	87.8%	-	15%	2%	7%	3%	0%	2%	29%	11%	0%	9%	2%	0%	6%	28%
Maternity Assessment Unit	1051	1044	180	180	666	696	0	0	99.4%	100.0%	104.5%	-	14%	4%	1%	4%	0%	7%	30%	0%	0%	0%	2%	0%	0%	2%
Paediatric Intensive Care Unit (PICU)	1440	1386	225	94	1344	1381	0	0	96.3%	41.6%	102.8%	-	9%	16%	5%	2%	0%	5%	36%	12%	0%	47%	0%	0%	0%	59%
Ward 17 JCUH	2433	2228	936	802	1440	1440	0	0	91.6%	85.7%	100.0%	-	11%	0%	1%	4%	0%	3%	19%	18%	0%	9%	7%	0%	0%	34%
Ward 19 (anti-natal)	1413	1335	0	0	720	720	0	0	94.5%	-	100.0%	-	18%	0%	0%	0%	0%	1%	19%	12%	0%	0%	0%	0%	0%	12%
Site average									94.9%	94.3%	97.0%	121.2%														

Planned versus actual staffing – Friarage Hospital

FHN	Hours								< 80	80-95	> 95	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	DAYS	DAYS	NIGHTS	NIGHTS	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total
									Average fill rate - RNR/RMs (%)	Average fill rate - HCA (%)	Average fill rate - RNR/RMs (%)	Average fill rate - HCA (%)														
Ainderby FHN	1410	1271	1059	1110	690	691	690	700	90.2%	104.8%	100.1%	101.4%	13%	7%	7%	2%	0%	1%	30%	15%	0%	1%	0%	0%	3%	20%
Clinical Decisions Unit FHN	1725	1602	1035	1029	1035	1001	690	656	92.9%	99.4%	96.7%	95.0%	12%	8%	2%	1%	0%	5%	28%	16%	0%	6%	1%	2%	24%	
FHICU (ICU FHN)	1080	1009	132	102	1080	1080	0	0	93.4%	77.3%	100.0%	-	11%	7%	7%	1%	4%	1%	31%	31%	0%	0%	0%	0%	31%	
Romanby FHN	1763	1582	1170	885	794	794	666	587	89.7%	75.7%	100.0%	88.1%	16%	5%	1%	1%	0%	3%	26%	17%	14%	8%	0%	0%	39%	
Rutson FHN	946	925	1381	1257	690	690	345	357	97.8%	91.0%	100.0%	103.3%	12%	8%	0%	2%	0%	0%	22%	10%	0%	7%	1%	0%	7%	24%
Allerton Ward FHN	1440	1175	1080	1001	720	720	720	684	81.6%	92.7%	100.0%	95.0%	13%	7%	2%	0%	0%	5%	27%	10%	0%	12%	0%	2%	3%	27%
Gara Orthopaedic FHN	1185	1129	1088	745	690	690	345	334	95.3%	68.4%	100.0%	96.7%	15%	0%	0%	1%	0%	5%	22%	16%	0%	12%	0%	0%	4%	33%
Maternity FHN	720	720	360	360	720	696	0	0	100.0%	100.0%	96.7%	-	9%	0%	0%	3%	0%	2%	15%	5%	0%	0%	2%	0%	13%	20%
								Site Average	92.6%	88.7%	99.2%	96.6%														

Planned versus actual staffing – Lambert Community Hospital

Lambert community hosp	Hours								< 80	80-95	> 95	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	DAYS	DAYS	NIGHTS	NIGHTS	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total
									Average fill rate - RNR/RMs (%)	Average fill rate - HCA (%)	Average fill rate - RNR/RMs (%)	Average fill rate - HCA (%)														
Lambert Community Hospital	354	390	363	420	680	681	340	329	110.1%	115.7%	100.1%	96.7%	6%	14%	9%	4%	0%	2%	35%	8%	0%	0%	3%	0%	0%	12%
								Site Average	110.1%	115.7%	100.1%	96.7%														

Planned versus actual staffing – Guisborough Community Hospital Site

Guisborough	Hours								< 80	80-95	> 95	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	DAYS	DAYS	NIGHTS	NIGHTS	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total
									Average fill rate - RNR/RMs (%)	Average fill rate - HCA (%)	Average fill rate - RNR/RMs (%)	Average fill rate - HCA (%)														
Priory Ward Guisborough PCH	1114	1063	1379	934	690	685	648	667	95.5%	67.7%	99.2%	103.0%	18%	0%	2%	0%	0%	1%	20%	12%	0%	0%	0%	0%	0%	13%
								Site Average	95.5%	67.7%	99.2%	103.0%														

Planned versus actual staffing – East Cleveland Community Hospital

									< 80	80-95	> 95															
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				
Tocketts Ward East Cleveland Hospital	698	781	1045	1028	690	690	690	748	111.8%	98.4%	100.0%	108.3%	12%	0%	8%	2%	0%	2%	24%	7%	0%	7%	1%	0%	8%	23%
Site Average									111.8%	98.4%	100.0%	108.3%														

Planned versus actual staffing – Redcar Community Hospital

									< 80	80-95	> 95															
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				
Zetland	1498	1606	1745	1792	1035	967	1035	1116	107.2%	102.7%	93.4%	107.8%	8%	0%	9%	2%	0%	5%	24%	7%	3%	7%	1%	0%	3%	21%
Site Average									107.2%	102.7%	93.4%	107.8%														

Planned versus actual staffing – Friary Community Hospital

									< 80	80-95	> 95															
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				
Friary Community Hospital	921	893	800	1068	600	600	300	370	96.9%	133.5%	100.0%	123.3%	14%	0%	7%	0%	0%	7%	29%	8%	0%	0%	0%	0%	1%	9%
Site Average									96.9%	133.5%	100.0%	123.3%														

Trust Averages

	< 80	80-95	> 95	
	DAYS Average fill rate - RNRMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RNRMs (%)	NIGHTS Average fill rate - HCA (%)
Trust Average				
Integrated Medical Care Centre	95.5%	97.1%	97.7%	107.5%
Surgical service Centre	96.5%	103.0%	99.6%	107.1%
Tertiary services Centre	96.6%	98.8%	96.6%	163.3%
Women & Children centre	94.7%	78.3%	97.5%	116.1%
Trauma, anaes & Theatre	92.9%	89.9%	99.9%	110.8%
Specialty Services Centre	95.3%	103.2%	91.4%	98.7%
Trust Average	95.3%	95.0%	97.1%	117.2%

Section 1: Exception Report – Monitor Update