

AGENDA ITEM NO 8

Meeting/ Committee:	Board of Directors	Meeting Date:	25 th November 2014
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This paper is for:	Action/Decision	Assurance X	Information
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Title:	Trust Performance Report
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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.
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Summary:	<p>The paper provides a summary of performance in October 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 October.</p> <p>The trust achieved 94.8% in October against the national 4 hour A&E target of 95%.</p> <p>The trust achieved all the national cancer targets in Q2 with the exception of the 62 day screening target. Indicative figures for October show that all cancer targets will be achieved with the exception of the breast symptomatic target and the 62 day first definitive treatment target.</p> <p>There were 6 reported cases of C.difficile in October, this brings the trust total to 30 cases, 1 above the year to date trust trajectory. The 2014/15 year-end target has been set at 49 cases.</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 week 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 orthopaedics.</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 monthly sickness rate for October showed an increase on the previous month of 0.03% and now stands at 4.37%. The percentage of staff completing mandatory training for October has increased by 3.8% to 71.6% against a target of 80%.</p> <p>Section 6: Nursing and Midwifery Report: For October the trust averages for registered nurses is: (day time fill rate 92.2% and night time 94.3%) health care assistants: (day time 89.6% and night time 115.7%).</p>
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Prepared By:	Nicki Hurn Deputy Head of Performance Management	Presented By:	Sarah Danieli Deputy Director of Performance Management
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Recommendation:	The Board of Directors is asked to note the in-year performance and the actions being taken to address the targets.
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Implications	Legal	Financial X	Clinical X	Strategic X	Risk & Assurance X
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2014/15 Performance Report
Monitor Risk Assessment Framework

Category	Performance Indicator Information	2014/15												STHFT Performance		Current Indicative Quarter Governance Risk Rating	Previous Quarters Governance Risks			
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Latest Quarterly position	2014/15		Q3 2014/15	Q2 2014/15	Q1 2014/15	Q4 2013/14
ACCESS	Meeting national access targets and outcome measures																			
	Admitted Pathways - % Referral to treatment waiting times within 18 weeks	90.1%	94.0%	94.2%	94.6%	95.4%	94.4%	94.1%							94.1%	90%	No	No	No	Yes
	NoN-Admitted Pathways - % Referral to treatment waiting times within 18 weeks	98.7%	98.8%	98.8%	98.9%	98.7%	98.1%	98.5%							98.5%	95%	No	No	No	No
	Incomplete Pathways - % of patients on an RTT pathway waiting 18 weeks or less	96.6%	96.7%	96.3%	96.5%	96.4%	95.2%	95.3%							95.3%	92%	No	No	No	No
	Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	97.3%	96.3%	96.6%	96.1%	95.7%	94.8%	94.8%							94.8%	95%	No	No	No	No
	*Cancer results for the current month are predicted values only															* PLEASE NOTE October CANCER PERCENTAGES ARE INDICATIVE ONLY AS FURTHER VALIDATION REQUIRED *				
	Cancer waits 2 week wait target	93.4%	94.2%	93.9%	93.8%	92.6%	94.7%	94.9%							94.9%	93%	No	No	No	No
	2 week wait breast symptom referrals - % seen within 2 weeks	93.6%	95.7%	95.2%	91.8%	93.2%	94.9%	92.6%							92.6%	93%	No	No	No	No
	Cancer wait 31 day wait for first definitive treatment for all cancers	96.7%	98.9%	97.6%	97.9%	97.0%	98.2%	98.6%							98.6%	96%	No	No	No	No
	Cancer wait 31 day wait for subsequent drug treatments for all cancers	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%	98.7%							98.7%	98%	No	No	No	No
Cancer wait 31 day wait for subsequent surgery treatments all cancers	98.2%	100.0%	98.5%	100.0%	98.1%	98.6%	97.8%							97.8%	94%	No	No	No	No	
Cancer wait 31 day wait for subsequent radiotherapy treatments all cancers	98.9%	99.4%	100.0%	98.6%	100.0%	96.7%	99.4%							99.4%	94%	No	No	No	No	
Cancer wait 62 day wait for the first definitive treatment for all cancers	89.2%	85.1%	83.8%	88.4%	86.3%	79.1%	83.4%							83.4%	85%	No	Yes	No	Yes	
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	100.0%	100.0%	92.6%	100.0%	100.0%	90.9%	75.0%							93.1%	90%	No	Yes	No	Yes	
Cancer wait 62 day wait for treatment of all cancers referred from a National screening service.	92.3%	100.0%	93.8%	90.9%	80.0%	100.0%	100.0%							100.0%	90%	No	Yes	No	Yes	
OUTCOMES	Clostridium difficile (cumulative position)	4	7	4	4	1	4	6						30	49	No	No	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	96.7%	96.9%	97.1%	100.0%	100.0%	100.0%	96.9%							98.3%	50%	No	No	No	No
	Community services data set - Referrals activity data completeness	98.6%	99.0%	98.7%	99.9%	98.7%	98.8%	98.7%							99.0%	50%	No	No	No	No
	Community services data set - Care contact activity data completeness	99.8%	99.9%	99.9%	99.9%	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	2014/15												STHFT Performance		Current Quarter Governance Risk	Previous Quarters Governance Risks		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2014/15 Month / Year to date position	2014/15 target		Q2 2014/15	Q1 2014/15	Q4 2013/14
CQC	Care Quality Commission judgments 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	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				2		0									No	No	No
QUALITY GOVERNANCE	Quality Governance Indicators Patient Metrics - Patient Satisfaction (Using the Trust's Friend's & Family Test score comparison against the national average as a proxy)	75	71	68	78	83	80	78							77	> 64.1	No	No	No
	Staff Metrics - Executive team turnover (includes all executive and non-executive directors). Reported over a 12 month rolling period	0%	0%	0%	7%	0%	0%	0%							13%	To be agreed	No	No	No
	Staff Metrics - staff satisfaction																		
	Staff Metrics - sickness / absence rate (in month)	4.22%	4.02%	4.29%	4.26%	4.49%	4.34%	4.37%							4.35%	<5.5%	No	No	No
	Staff Metrics - proportion of wte temporary staff (Bank, Agency & Locum)																		
	Staff Metrics - staff turnover (reported over a 12 month rolling period)	10.00%	10.08%	10.11%	10.26%	10.67%	10.81%	10.69%							10.37%	<15%	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%	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	1	1							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

Summary of Risk Assessment Framework Governance rating

Category	Current Quarter Governance Concerns Triggered	Previous Quarters Governance Risks		
	Q3 2014/15	Q2 2014/15	Q1 2014/15	Q4 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	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 October. Compliance continues to be sustained against the admitted pathways achieving 94.1% against a target of 90% and South Tees is still one of the best performing trusts in the region and performing well above the national average.

Further information is provided in the 18 week section of the supplementary pack.

A & E 4 hour waiting time

The trust was non-compliant with the A & E 4 hour target in October achieving 94.8% against a target of 95%. A & E performance nationally in October was 93.7%.

Progress against the A & E action plan is monitored weekly. A number of additional actions have been implemented in October to help improve A & E performance with social media continuing to be used to signpost patients to walk in centres or minor injuries units if clinically appropriate. A more detailed action plan is provided in the A & E section of the supplementary pack.

Cancer Waiting Times

The trust achieved all the national cancer targets in Q2 with the exception of the 62 day screening target, achieving 89.7% against a target of 90% with 1.5 breaches and just 14.5 treatments. Although the confirmed monthly position for September for the 62 day first definitive treatment was 79.1%, the overall Q2 position was 85.1% achieving compliance.

Indicative figures for October suggest that all cancer targets will be met with the exception of the breast symptomatic target and the 62 day first definitive treatment target. For the breast symptomatic target this was due to patient choice with all patients being offered an appointment within the 2 week time frame. For the 62 day first definitive treatment target this in the main is due to capacity constraints and increases in demand for urology cancer. The Urology Directorate are continuing to work through an action plan to improve compliance going forward during Q3.

Healthcare Associated Infections

The trust has reported 6 cases of C.difficile in October, this brings the trust total to 30 cases, 1 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 the Monitor data completeness levels in October with referral-to-treatment data 96.9%, 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 reduced to 3.48% in October which is below the 4.0% threshold. The trust continues to work with its partners to sustain this improvement.

28 Day Rebooking Target

The trust reported one breach of the 28 day rebooking target in Orthopaedics for October. The patient's procedure requires 2 orthopaedic and 1 anaesthetic consultants. Due to the availability of all consultants this could not be re-arranged within the 28 days. A date has now been agreed with the patient.

3: Community services contractual requirements

All performance measures have been achieved.

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

Key performance indicator submissions for October have been made to the commissioners. In October both practices have commenced the winter campaign for flu vaccinations for patients over 65, uptake rates currently have significantly increased upon the previous month achieving 61% in comparison to 4% the previous month at Resolution Health Centre and 52% (6% previous month) at Marske Medical Centre.

5: HR

The monthly sickness rate for October showed a marginal increase on the previous month of 0.03% and now stands at 4.37%. Once again the gap between long term and short term sickness has closed significantly with a reduction in the long term sickness rate to 2.24% but an increase in the short term to 2.13%.

The overall month on month trust compliance rate for mandatory training increased by 3.8% in October and now stands at 71.67%.

6: 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 have been required to make their data available on both the Trust website and NHS Choices. This section of the report details data in relation to the nursing and midwifery staffing information from September 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, 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									< 80	80-95	> 95																	
Oct-14	Hours								DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHT S 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	10490	9456	2307	1728	10044	9228	744	744	90.1%	74.6%	91.9%	100.0%	17%	4%	4%	0%	0%	2%	26%	15%	0%	13%	0%	0%	2%	30%		
FAU JCUH (Female Admissions Unit)	2232	2041	1164	1074	1488	1452	1116	1079	91.4%	92.3%	97.6%	96.7%	13%	3%	6%	1%	0%	5%	28%	19%	0%	6%	0%	0%	0%	25%		
JC02 Resp (Ward 2)	1860	1730	1488	1086	744	744	1116	780	93.0%	73.0%	100.0%	69.5%	13%	0%	1%	4%	1%	3%	21%	16%	0%	15%	0%	0%	0%	32%		
JC08 (Ward 8)	1783	1467	1426	1357	1070	1047	713	853	82.3%	95.2%	97.8%	119.6%	16%	8%	9%	2%	0%	4%	39%	14%	3%	5%	2%	0%	2%	26%		
JC09 (Ward 9)	1860	1849	1488	1152	1116	1128	744	828	99.4%	77.4%	101.1%	111.3%	13%	0%	0%	3%	0%	7%	24%	22%	0%	3%	1%	0%	0%	25%		
JC12 (Ward 12)	2213	1978	1584	1697	1056	768	1020	1068	89.4%	107.2%	72.7%	104.7%	18%	11%	1%	0%	0%	9%	39%	13%	0%	1%	0%	0%	0%	15%		
JC28 (Ward 28)	1860	1733	1116	969	1116	1116	744	874	93.2%	86.8%	100.0%	117.5%	12%	9%	4%	0%	0%	2%	25%	12%	0%	13%	0%	0%	0%	25%		
MAU JCUH (Male Admissions Unit)	2532	2248	1488	1428	1488	1488	744	895	88.8%	96.0%	100.0%	120.3%	13%	14%	3%	1%	0%	2%	33%	19%	0%	7%	0%	0%	0%	26%		
Ward 3	1783	1487	1426	1358	713	714	713	1314	83.4%	95.2%	100.1%	184.2%	12%	8%	9%	4%	0%	3%	38%	16%	0%	15%	0%	0%	0%	31%		
Ward 10	2604	2188	1488	750	744	744	744	744	84.0%	50.4%	100.0%	100.0%	12%	4%	7%	2%	0%	0%	26%	13%	7%	14%	0%	0%	0%	35%		
JC05 (Ward 5)	1836	1616	1848	1871	1056	912	744	780	88.0%	101.3%	86.4%	104.8%	13%	0%	5%	5%	0%	9%	32%	15%	0%	3%	1%	0%	1%	20%		
JC35 (Ward 35)	1860	1908	1488	1147	1056	873	744	863	102.6%	77.1%	82.7%	116.0%	9%	11%	6%	1%	0%	9%	37%	14%	7%	7%	0%	0%	1%	28%		
Ward 6	2448	2029	1176	943	1212	1104	648	625	82.9%	80.2%	91.1%	96.4%	12%	7%	3%	0%	1%	7%	29%	14%	5%	10%	5%	1%	0%	34%		
Ward 7	2976	2485	1488	1383	1116	1128	1116	1184	83.5%	92.9%	101.1%	106.1%	16%	9%	4%	1%	0%	7%	37%	15%	0%	15%	0%	0%	0%	31%		
JC04 (Ward 4)	1644	1523	1020	900	1116	912	744	684	92.6%	88.2%	81.7%	91.9%	13%	0%	5%	1%	0%	2%	21%	8%	0%	9%	1%	0%	0%	18%		
JC14 Oncology (Ward 14)	1860	1758	1302	1385	1116	1082	744	794	94.5%	106.3%	96.9%	106.7%	15%	4%	8%	1%	0%	6%	34%	9%	12%	0%	1%	0%	9%	31%		
JC33 Specialty (merger of ward 18 and ward 27)	2976	2797	1860	1716	1860	1705	1116	970	94.0%	92.2%	91.6%	86.9%	14%	0%	12%	3%	2%	5%	36%	12%	7%	17%	1%	0%	0%	38%		
JC34 (Ward 34)	2022	1786	1602	1561	1116	981	744	965	88.3%	97.4%	87.9%	129.8%	13%	0%	10%	4%	0%	1%	28%	17%	6%	7%	1%	0%	0%	32%		
JC36 (Ward 36)	2163	2022	1105	1043	828	771	909	925	93.5%	94.4%	93.1%	101.8%	15%	0%	3%	3%	0%	8%	29%	14%	12%	8%	0%	0%	4%	38%		
JC37 (Ward 37)	1860	1626	1488	1042	744	757	744	1279	87.4%	70.0%	101.7%	171.9%	15%	0%	4%	1%	0%	2%	21%	14%	0%	13%	3%	0%	0%	29%		
Spinal Injuries	2508	2279	1944	1590	1284	1240	1116	1092	90.9%	81.8%	96.6%	97.8%	14%	0%	9%	1%	0%	8%	33%	17%	0%	5%	0%	0%	0%	22%		
Cardio MB	744	721	372	304	744	744	0	0	96.9%	81.8%	100.0%	-	14%	8%	17%	2%	0%	5%	46%	0%	0%	40%	2%	0%	4%	46%		
CCU JCUH	2772	2424	372	192	1860	1824	0	0	87.4%	51.6%	98.1%	-	15%	6%	2%	0%	0%	6%	28%	15%	0%	0%	0%	0%	0%	15%		
CICU JCUH	4824	3936	750	545	4500	3768	0	72	81.6%	72.6%	83.7%	-	12%	5%	14%	2%	0%	2%	34%	8%	0%	17%	0%	0%	1%	25%		
JC24 (Ward 24)	2604	2549	1392	1851	2232	2129	1116	1826	97.9%	133.0%	95.4%	163.6%	14%	2%	8%	1%	0%	8%	33%	14%	6%	12%	2%	0%	0%	34%		
JC25 (Ward 25)	1323	1317	1129	1019	723	736	840	770	99.5%	90.3%	101.8%	91.7%	19%	0%	6%	0%	0%	4%	29%	17%	0%	5%	1%	0%	0%	23%		
JC26 (Ward 26)	804	846	912	1529	744	749	372	1164	105.2%	167.7%	100.7%	312.9%	16%	0%	3%	2%	0%	7%	27%	7%	0%	3%	2%	0%	0%	12%		
JC29 (Ward 29)	1440	1396	1116	1162	1116	1092	372	432	96.9%	104.1%	97.8%	116.2%	15%	0%	3%	2%	0%	7%	27%	17%	0%	4%	2%	0%	0%	23%		
JC30 (Ward 30)	612	576	552	384	432	432	12	0	94.1%	69.6%	100.0%	-	22%	0%	1%	0%	0%	5%	28%	13%	0%	22%	0%	0%	0%	35%		
JC31 (Ward 31)	1116	1098	744	770	744	744	372	457	98.4%	103.5%	100.0%	122.8%	13%	0%	13%	1%	0%	11%	37%	13%	0%	7%	0%	0%	4%	24%		
JC32/HDU (Ward 32/HDU)	3348	2694	1116	1157	2700	1860	372	756	80.5%	103.7%	68.9%	203.2%	12%	8%	6%	1%	0%	10%	37%	15%	0%	1%	0%	0%	2%	17%		
JC19 (Gynae Ward)	1020	985	744	693	744	741	0	23	96.5%	93.2%	99.5%	-	15%	6%	6%	1%	0%	8%	36%	8%	0%	36%	0%	1%	0%	47%		
JC21 (Ward 21)	2718	2632	1116	666	1920	1860	372	360	96.8%	59.7%	96.9%	96.8%	14%	0%	6%	5%	0%	9%	34%	17%	0%	3%	2%	0%	0%	22%		
JC22 (Ward 22)	1110	1018	594	446	1056	936	96	108	91.7%	75.1%	88.6%	112.5%	17%	3%	2%	3%	0%	7%	31%	25%	0%	1%	2%	0%	8%	36%		
JCDS (Central Delivery Suite)	3569	3257	930	505	3288	3157	744	732	91.3%	54.3%	96.0%	98.4%	12%	3%	5%	3%	0%	4%	26%	9%	7%	1%	0%	0%	0%	17%		
Neonatal Unit	3228	3209	372	260	3228	3038	0	204	99.4%	69.9%	94.1%	-	15%	4%	4%	1%	0%	3%	27%	20%	0%	11%	0%	0%	0%	31%		
Maternity Assessment Unit	1152	1107	0	0	744	732	0	0	96.1%	-	98.4%	-	10%	0%	4%	3%	0%	6%	24%	24%	0%	0%	0%	0%	0%	24%		
Paediatric Intensive Care Unit (PICU)	1488	1305	233	207	1524	1375	0	0	87.7%	88.8%	90.2%	-	9%	3%	12%	6%	0%	6%	36%	16%	0%	0%	0%	0%	0%	16%		
Ward 17 JCUH	2220	2255	941	681	1488	1489	0	0	101.6%	72.4%	100.0%	-	13%	0%	4%	3%	0%	6%	26%	12%	0%	12%	0%	0%	0%	24%		
									Site average	92.1%	87.4%	94.4%	121.7%	14%	4%	6%	2%	0%	6%	31%	14%	2%	9%	1%	0%	1%	27%	

Planned versus actual staffing – Friarage Hospital

									< 80	80-95	> 95																
FHN	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	
Oct-14																											
Ainderby FHN	1690	1521	1070	1023	713	702	713	943	90.0%	95.6%	98.4%	132.2%	12%	5%	3%	4%	0%	1%	25%	14%	6%	5%	1%	0%	0%	0%	26%
Clinical Decisions Unit FHN	1426	1243	1070	1110	1070	1001	713	690	87.2%	103.8%	93.5%	96.8%	16%	0%	6%	3%	0%	6%	30%	12%	6%	7%	2%	0%	4%	31%	
FHCU (ICU FHN)	1116	1109	138	90	1116	1104	0	0	99.4%	65.2%	98.9%	-	17%	0%	5%	1%	0%	9%	31%	23%	0%	0%	0%	0%	0%	23%	
Romanby FHN	1845	1491	1177	1334	713	713	713	759	80.8%	113.3%	100.0%	106.5%	12%	9%	4%	1%	0%	3%	30%	17%	2%	5%	1%	0%	0%	26%	
Rutson FHN	1043	948	1496	1374	713	713	357	644	90.9%	91.8%	100.0%	180.6%	15%	0%	0%	0%	0%	1%	16%	14%	0%	14%	0%	0%	0%	29%	
Allerton Ward FHN	1488	1378	1116	1075	744	744	744	649	92.6%	96.3%	100.0%	87.3%	14%	6%	0%	2%	0%	13%	35%	14%	0%	6%	1%	0%	0%	21%	
Gara Orthopaedic FHN	1177	992	872	747	713	695	357	345	79.2%	85.6%	97.4%	96.8%	12%	17%	8%	2%	0%	3%	42%	10%	0%	24%	2%	0%	0%	36%	
Maternity FHN	947	928	372	360	924	900	60	36	98.0%	96.8%	97.4%	60.6%	13%	6%	1%	2%	0%	2%	24%	15%	0%	0%	0%	0%	2%	17%	
								Site Average	89.8%	93.6%	98.2%	108.6%	14%	5%	3%	2%	0%	5%	29%	15%	2%	8%	1%	0%	1%	26%	

Planned versus actual staffing – Lambert Community Hospital

									< 80	80-95	> 95																	
Lambert community hosp	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		
Oct-14																												
Lambert Community Hospital	930	930	930	900	700	700	350	350	100.0%	96.8%	100.0%	100.0%																
								Site Average	100.0%	96.8%	100.0%	100.0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	

Planned versus actual staffing – Guisborough Community Hospital Site

									< 80	80-95	> 95																
Guisborough	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	Actual RN	Planned HCA	Actual HCA	Planned RN	Actual RN	Planned HCA	Actual HCA					Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total	
Oct-14																											
Priory Ward Guisborough	878	993	1087	1005	713	702	713	726	113.1%	92.4%	98.4%	101.8%	18%	0%	4%	2%	4%	4%	33%	8%	0%	3%	4%	6%	0%	21%	
								Site Average	113.1%	92.4%	98.4%	101.8%															

Planned versus actual staffing – East Cleveland Community Hospital

East Cleveland									< 80	80-95	> 95																
Hours									DAYS	DAYS	NIGHTS	NIGHTS	Registered				Unregistered										
Oct-14	Planned RN	Actual RN	Planned HCA	Actual HCA	Planned RN	Actual RN	Planned HCA	Actual HCA	Average fill rate - RN/RMs	Average fill rate - HCA (%)	Average fill rate - RN/RMs	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 Hd	833	822	1076	1011	713	713	713	706	98.7%	93.9%	100.0%	98.9%	16%	0%	9%	3%	0%	1%	29%	10%	0%	14%	2%	0%	12%	38%	
Site Average									98.7%	93.9%	100.0%	98.9%															

Planned versus actual staffing – Carter Bequest Community Hospital

Carter Bequest									< 80	80-95	> 95																	
Hours									DAYS	DAYS	NIGHTS	NIGHTS	Registered				Unregistered											
Oct-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	Average fill rate - RN/RMs (%)	Average fill rate - HCA (%)	Average fill rate - RN/RMs (%)	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	1804	1725	2142	2606	1426	1495	1070	1909	96.6%	121.6%	104.8%	178.5%	15%	2%	8%	2%	0%	9%	36%	15%	0%	10%	0%	0%	0%	26%		
Site Average									96.6%	121.6%	104.8%	178.5%																

Planned versus actual staffing – Redcar Community Hospital

Redcar									< 80	80-95	> 95																	
Hours									DAYS	DAYS	NIGHTS	NIGHTS	Registered				Unregistered											
Oct-14	Planned RN day	Actual RN day	Planned HCA day	Actual HCA day	Planned RN Nigh	Actual RN nigh	Planned HCA nigh	Actual HCA nigh	Average fill rate - RN/RMs	Average fill rate - HCA (%)	Average fill rate - RN/RMs	Average fill rate - HCA (%)	Leave	Parenti	Sickne	Study	Unkno	Workin g Day	Total	Leave	Parenti	Sickne	Study	Unkno	Workin g Day	Total		
Zetland	1442	1274	1675	1615	1070	1045	1070	1070	88.3%	96.4%	97.7%	100.0%	15%	0%	6%	4%	0%	1%	27%	15%	8%	10%	2%	0%	2%	37%		
Site Average									88.3%	96.4%	97.7%	100.0%																

Planned versus actual staffing – Friary Community Hospital

Friary Community Hospital									< 80	80-95	> 95																	
Hours									DAYS	DAYS	NIGHTS	NIGHTS	Registered				Unregistered											
Oct-14	Planned RN day	Actual RN day	Planned HCA day	Actual HCA day	Planned RN Nigh	Actual RN nigh	Planned HCA nigh	Actual HCA nigh	Average fill rate - RN/RMs	Average fill rate - HCA (%)	Average fill rate - RN/RMs	Average fill rate - HCA (%)	Leave	Parenti	Sickne	Study	Unkno	Workin g Day	Total	Leave	Parenti	Sickne	Study	Unkno	Workin g Day	Total		
Friary Community Hospital	957	999	974	1182	620	620	310	370	104.4%	121.4%	100.0%	119.4%	16%	4%	0%	0%	0%	3%	23%	12%	0%	0%	1%	0%	0%	13%		
Site Average									104.4%	121.4%	100.0%	119.4%																

Trust Averages

	< 80	80-95	> 95	
Oct-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	92.5%	92.4%	97.8%	116.9%
Surgical service Centre	89.9%	89.5%	92.2%	102.1%
Tertiary services Centre	93.8%	97.8%	94.6%	168.4%
Women & Children centre	95.5%	76.3%	95.7%	91.9%
Trauma, anaes & Theatre	87.9%	85.8%	95.3%	119.6%
Specialty Services Centre	93.7%	95.6%	90.1%	95.2%
Trust Average	92.2%	89.6%	94.3%	115.7%

Discussion

October saw an overall increased fill rate for unregistered staff overnight (115.7%); this action was in response to an increasing number of dependent patients in a number of areas where additional staff were required to provide enhanced observations.

Within Cardiothoracic Surgery (CICU / Ward 32) vacancies combined with sickness resulted in a lower fill rate, this was managed within the area in line with bed occupancy and activity to maintain safety.

Gara ward on the Friarage site had a low RN fill rate, predominantly due to high sickness and parenting leave. Safety has been maintained due to low bed occupancy. Military colleagues have also worked on the ward and this may not have been captured consistently on the electronic roster.

Following establishment review the RN template on Ward 12, JCUH has been increased overnight to improve the RN: patient ratio. Recruitment is underway to fill the additional vacancies, in the interim cover is being sought via NHSP where possible.

The day time nursing assistant fill rate was low on a number of areas within Integrated Medicine (Wards 2, 9 and 10), this was due to a combination of sickness and vacancies. NHSP fill rate for nursing assistants is around 75%. There are also 217 active therapeutic volunteers in post across the organisation.

The day time nursing / midwifery assistant fill rate was low within the Women and Children's areas in October and this has been discussed with the Head of Nursing and Head of Midwifery. The actual number of unregistered staff in these areas is low (with a higher ratio of registered staff) which can result in much lower percentages if even a small number of staff have unplanned leave. The RN / RM fill rate was good and the professional leads in those areas have no safety concerns in relation to this.

Similarly the day time unregistered fill rate was low in both CCU and CICU on the JCUH site, the numbers of unregistered staff in these areas is low (3 Wte and 4 Wte respectively) which results in a low fill rate even if a small number of staff have unplanned leave.

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

A formal escalation process is in place to manage occasion where staffing levels fall short of those planned.

All avenues for RN recruitment are being actively pursued including international recruitment and with NHSP a cohort of 19 care support workers have been recruited and are due to start in January 2015. Intensive work has commenced with the aim of reducing sickness levels which clearly has a significant impact on fill rates

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 allows us to highlight trends and take decisive action if there are areas where staffing capacity frequently falls short of what is required.