


SUMMARY REPORT		South Tees Hospitals 
Council of Governors		NHS Foundation Trust Date of meeting 21st July 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 Council of Governors with a summary of the quality, finance and performance of the Trust as at the end of May 2015. To describe any exceptions to agreed plan / standards and to forecast the position for the coming quarter	Decision	
	Approval	
	Information	●
	Assurance	●

Executive Summary The report highlights on-going concerns in relation to Clostridium Difficile; the number of cases at the end of May was 13 against a trajectory for the month of no more than 10. The financial forecast for Q2 is amber due to the phasing of the income plan and the on-going work on the CIP programme
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Next Steps

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

May 15

		14/15			15/16													Trend (April 14- to date)	Forecast					
		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	Q1	Q2	Q3	Q4	Forecast Q2		
Quality & Patient Safety	MRSA (zero tolerance)	0	1	0	0	1	0																	
	Clostridium difficile (cumulative position)	50				5	13																	
	Rate of falls per 1000 bed days (flag SPC)	5.7	5.8	5.6	5.3	5.7	4.7																	
	Category 3 or 4 pressure ulcers (20% reduction)	4	10	4	1	3	10																	
	Medication incidents (flag SPC)		66	71	71	49	46																	
	% of incidents graded as moderate or above (not greater than previous year)	3.30%	2.5%	2.2%	2.1%	2.6%	2.0%																	
	Rate of formal complaints per 1000 spells (flag SPC)	2.5	1.2	1.2	1.4	1.3	1.1																	
	Inpatient FFT - % highly likely or likely to recommend	90%	98.3%	98.4%	98.3%	97.6%	98.1%																	
	Inpatient FFT - Response rate	30%	38.4%	39.4%	43.9%	40.8%	41.4%																	
	SHMI (rolling 12 months - 4 months behind)	As expected	103	102	103	103	105																	
HSMR (rolling 12 months - 3 months behind)	As expected	108	108	107	112	113																		
Sustainability	Goal achievement	>95%																						
Business	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%	93.2%																	
	Non-admitted Pathways - % Referral to treatment waiting times within 18 weeks	95%	97.7%	97.8%	97.8%	97.6%	98.4%																	
	Incomplete pathways - % of patients on an RTT pathway waiting 18 weeks or less	92%	95.4%	96.0%	94.1%	95.5%	94.7%																	
	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%	95.6%																	
	Cancer waits 2 week wait target	93%	94.2%	96.1%	95.7%	94.0%	95.6%																	
	2 week wait breast symptom referrals - % seen within 2 weeks	93%	95.7%	94.0%	96.4%	92.1%	93.8%																	
	Cancer wait 31 day wait for first definitive treatment for all cancers	96%	98.3%	98.8%	97.1%	98.1%	97.7%																	
	Cancer wait 31 day wait for subsequent drug treatments for all cancers	98%	99.0%	100.0%	100.0%	100.0%	100.0%																	
	Cancer wait 31 day wait for subsequent surgery treatments all cancers	94%	97.9%	98.3%	98.0%	94.2%	94.1%																	
	Cancer wait 31 day wait for subsequent radiotherapy treatments all cancers	94%	98.8%	99.4%	99.2%	99.4%	100.0%																	
	Cancer wait 62 day wait for the first definitive treatment for all cancers	85%	86.1%	82.2%	87.1%	82.5%	84.1%																	
	Cancer wait 62 day wait for treatment of all cancers referred from a National screening service.	90%	100.0%	83.3%	75.0%	75.0%	100.0%																	
	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%	90.0%	90.9%																	
	Bed occupancy (average per month)	85%	92.0%	93.2%	90.4%	91.4%	86.0%																	
	Delayed Transfers of Care	<=4%	4.1%	3.5%	2.1%	2.8%	2.5%																	
Total outlying patient bed days		1825	1342	1033	1150	908																		
Closed Beds (average per month)		18	32	35	37	35																		
Cancelled operations		29	39	36	34	17																		
HR	% sickness absence	Within normal confidence	5.0%	5.0%	4.8%	4.8%	4.5%																	
	% attendance at mandatory training	80%	70.9%	71.0%	71.0%	76.5%	76.0%																	
	% appraisals completed	80%	66.5%	67.1%	68.0%	68.4%	68.4%																	
	Vacancy rate		5%	4%	8%	3%	5%																	

* 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 8 Trust apportioned cases in May bringing the year to date total to 13 against a trajectory of no more than 10. Numbers of grade 3 and 4 pressure ulcers has spiked in May, initial analysis has not identified any underlying systematic issue. The HSMR remains high as previously reported, the forecast is for further increase when the data is refreshed, the appointment of an additional palliative care consultant and band 6 nurse has been approved, this increase in capacity in the palliative care team will increase the specialist palliative care input into the care plan of patients at end of life, this activity when coded will have an additional benefit of reducing the HSMR.

The Trusts underlying financial performance is in line with the annual plan submitted to Monitor in May. The Trusts retained deficit is ahead of plan by £0.9m due to lower than anticipated restructuring costs by the end of May. NHS clinical income is behind plan by £5.1m, a proportion of this driven by underperformance in both elective activity and outpatient procedures in many centres across the Trust but the major reason for the variance is due to the phasing of the plan, which was driven by prior year activity profiles. Taking this into account if the Trust applied a working and calendar day profile, this would indicate that the Trust would achieve the full plan by year end.

The Trust has recognised CIP of £1.5m against a planned value of £1.6m. The marginally lower than expected CIP delivery is due to delays in implementation of a small number of CIP schemes. A number of key schemes will deliver at by the end of Q1 ensuring the Trust meets its Q1 target. The Trust does not anticipate that these delays will cause issues in the delivery of the overall CIP plan for the year of £36.0m

The positive 18 week performance continues to be sustained with all three of the 18 week targets being delivered in May. The cancer 62 day first definitive treatment target is currently non-compliant for Q1. The 62 day screening target was non-compliant for Q4 with just 1 breach (2 shared) and 6.5 treatments. The trust is waiting for confirmation from Monitor if this will be counted as a breach of target for Q4.

A & E performance for May has improved in comparison to the previous month and is compliant with the 95% target. However, for the quarter the A & E is forecasted to be non-compliant resulting in a 3rd consecutive quarter remaining below the required 95% target. A performance trajectory is in place to monitor progress during Q2 and Q3 in line with the key milestones of the emergency care plan with compliance expected to be achieved in Q3.

A revised approach to induction and mandatory training has been approved which focuses on staff undertaking core induction before commencing work, greater focus on role specific training requirements and increased used of e-learning through a web based portal. This work has already had a positive impact on the compliance with core mandatory training and further improvement is expected over coming months as the new training portal is rolled out.

Section 2.12 shows current average fill rates for nurse staff shifts.

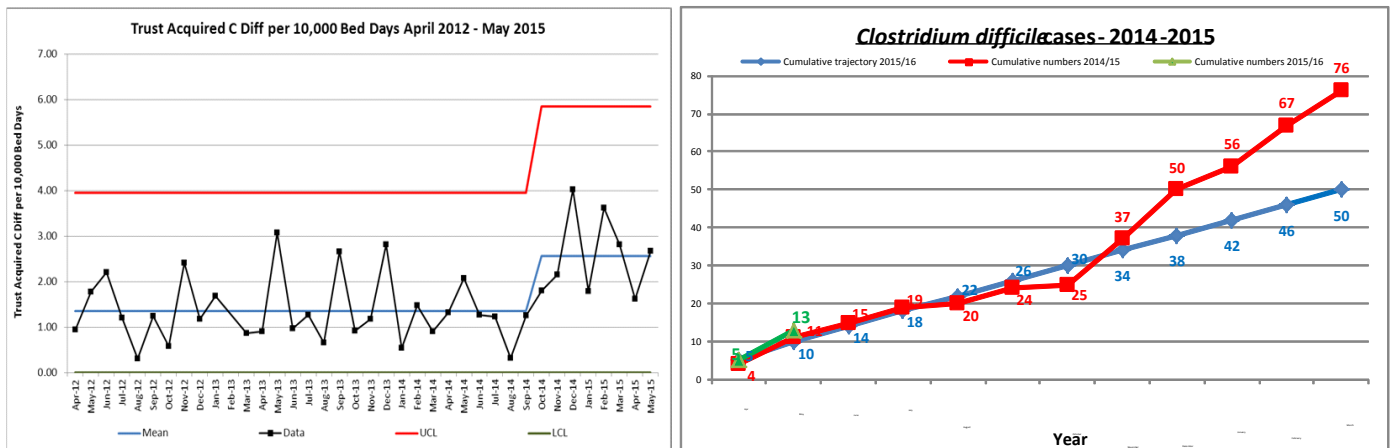
2. Exception reporting

2.1 Clostridium Difficile

Current position

There were 8 cases of trust apportioned Clostridium Difficile reported in May against a threshold for the month of 5 cases. Progress is being made across a number of the KPIs as shown below, the main area of focus is cleaning. Further detail is included in the Infection Prevention and Control Report

CDI Key Performance Indicators Dashboard



	Target	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Diarrhoea control							
Compliance with assessment of diarrhoea in A&E	>=90%					62%	93.0%
Stool chart compliance	>=95%	100.0%	98.3%	99.2%	98.8%	97.5%	96.0%
C. Diff patients isolated within 2 hours	>=90%	56.0%	50.0%	38.0%	83.3%	67.0%	93.0%
Antibiotic prescribing							
Antibiotic audit - Audit of choice of antibiotic regimen	>=90%	99%	99.8%	98.3%	98.5%	99.5%	98.6%
Antibiotic audit - Stop date recorded	>=90%	33.5%	68.0%	64.9%	68.9%	71.0%	68.0%
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%	86.4%
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%	94.0%

**** Reporting quarterly

Forecast position

The Trust is forecasting continuing risks to the delivery of the Clostridium Difficile target for quarter 2 due to the further work needed to ensure that cleaning standards are met.

2.2 Grade 3 and 4 pressure ulcers.

Current position

The number of grade 3 and 4 pressure ulcers increased to 10 in May, this exceeds the monthly improvement target of no more than 4 and is an increase on previous months. All grade 3 and 4 pressure ulcers are reviewed at a panel chaired by the deputy director of nursing, not all of the pressure ulcers from May have been through the review panel but to date there are no underlying themes other than complex patients with multiple co-

morbidities. Preliminary data for June suggests the number reported to be within the monthly improvement target.

Forecast position

It is forecast that improvement in pressure ulcer numbers will be delivered for Q2.

2.3 HSMR

Current position

The HSMR position is unchanged from last month. An additional palliative care consultant and band 6 palliative care nurse have been approved and recruitment has commenced

Forecast position

The increase in palliative care capacity and associated increase in specialist palliative care coding will take 6 months to be reflected in the HSMR from the point at which these staff are in post. It is therefore likely that the HSMR will continue to flag as higher than expected until March 2016 assuming a three month recruitment period. This position will be kept under review. Pending these actions future reports will include HSMR on an exception basis

2.4 Financial summary

Current position

Key Issue	Executive Summary	Year to date vs budget	Forecast Outturn	Action Plan
EBITDA	EBITDA was £1.4m against a year to date plan of £1.3m. The Trust is forecasting to remain on plan as the financial year progresses. Both the Month 2 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 (£4.3m) deficit which is £0.1m ahead of plan at month 2. Year to date lower than expected income has been offset against lower expenditure. The underlying position remains in line with month 1 actuals and month 2 plan.	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 £1.5m CIP, £0.1m behind plan. The full year effect of the CIP savings is £6.7m.	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 monitored across the Trust to ensure achievement. The Trust is internally performance managing against a £40.0m CIP plan.
Cash and Liquidity	The Trust held £32.6m of cash at 31 May 2015 which was £13.5m above plan. A backlog in the payment of invoices following the implementation of the financial ledger system is in the process of being resolved. The Trust anticipates that this will be resolved by the end of June, and cash will be in line with plan.	G	G	The rephasing of the contractual payments with our main commissioners is now in place to delay the utilisation of the remaining loan until February 2016. The Trust is working closely with the provider of the new ledger system in conjunction with with key suppliers to pay the outstanding invoices.
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 Trust's Capital Group, Investment Management Committee and Executive Directors and approved in principle through the Trust's annual planning process.	G	G	The annual plan submitted to Monitor on 14 May 2015 included a capital plan of £26.5m. It is anticipated that the remaining support amounting to £10.0m in 2015/16 will solely be required 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 Trust's 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 May 2015 is shown in the supplementary report.

Forecast position

The forecast position for Q2 is amber due to slippage on the delivery of the CIP plan and the phasing of the income plan over the year. As the financial year progresses the Trust is forecasting to remain on plan, delivering by the financial year end a retained deficit of £13.7m and underlying deficit of £3.1m.

2.5 18 Week Pathways

Current Position

In May 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.

There has also been a recent government announcement that 2 of the RTT targets are to be abolished. However, the trust is awaiting the official confirmation of this and Monitor have confirmed it is business as usual until the trust receives official notification.

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 (actual)	June 2015 (forecasted)	Quarter 1 (forecasted)
Number of completed admitted pathways	3,349	3,214	3,122	9,685
Number of over 18 week waiters seen	272	218	209	699
Admitted Target = 90%	91.9%	93.22%	93.3%	92.7%
Number of completed non-admitted pathways	8,748	8,191	9,490	26,429
Number of over 18 week waiters seen	211	135	99	445
Non Admitted Target = 95%	97.6%	98.4%	98.96%	98.3%
Number of patients on incomplete pathways	27,629	28,310	26,014	81,953
Number of over 18 week	1,242	1,493	1,285	4,020

waiters waiting				
Incomplete Pathways Target = 92%	95.5%	94.7%	95.1%	95.1%

Further information on 18 weeks including benchmarking of all the 18 week targets across the region and nationally can be found in section 5 of the supplementary pack.

2.6 A & E

Current Position

In May the trust achieved the national target of 95% for the first time since September 2014 with an overall compliance of 95.6%, this was an increase of 3% in comparison to the previous month. Performance nationally has also improved from 93.3% in April to 94.3% in May against the 95% target so the trust is performing above the national level for May.

The table below demonstrates the regional A & E performance for May and shows that the majority of the trusts in the region achieved compliance with the target and South Tees Hospitals NHS Trust is ranked 5th in the region for the performance in May.

	May	Regional Rank
Northumbria Healthcare NHS Foundation Trust	97.60%	1
North Tees and Hartlepool NHS Foundation Trust	97.20%	2
Harrogate and District NHS Foundation Trust	97.10%	3
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	96.20%	4
South Tees Hospitals NHS Foundation Trust	95.60%	5
City Hospitals Sunderland NHS Foundation Trust	95.50%	6
South Tyneside NHS Foundation Trust	95.30%	7
Gateshead Health NHS Foundation Trust	95.10%	8
County Durham and Darlington NHS Foundation Trust	94.10%	9
North Cumbria University Hospitals NHS Trust	89.90%	10
England	94.30%	

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

- A performance trajectory has been developed for Q2 and Q3 in line with the emergency care implementation plans and will monitor progress against compliance in Q2 and Q3
- 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

- New standard operating procedures have been developed of the 5 task and finish groups to support the key issues identified through the emergency care pathway review

A copy of the KPI dashboard for the A & E breaches in April and the performance trajectory can be found in section 4 of the supplementary 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 does not expect to be compliant with the A & E 95% target at the end of the Q1 period. Significant improvements in performance have been made in May with the 95% target being achieved and currently for June, but the trust will be non-compliant with this target at the end of the Q1 period and for 3 consecutive quarters. The trust will potentially be in breach of its governance and subjected to further scrutiny from Monitor as part of a formal investigation.

The performance trajectories (see section 4 of the supplementary pack) for Q2 and Q3 indicate an improved position in Q2 but still marginally non-compliant with the 95% target and compliant from Q3.

Site	April 2015 (Actual)	May 2015 (Actual)	June 2015 (Forecast)	Quarter1 (Forecast)
James Cook	86.9%	92.3%	93.1%	90.5%
Friarage	95.0%	97.7%	96.1%	96.2%
Type 3 – MIU and Resolution	100%	100%	100%	100%
Forecasted trust compliance	92.6%	95.6%	95.8%	94.5%

2.7 Cancer Targets

Current Position

In April the 2ww breast symptomatic target, 62 day first definitive treatment target and the 62 day screening target were non-compliant. All the other cancer targets were achieved.

The 2ww breast symptomatic target was non-compliant with all breaches due to patient choice directly linked to the Easter holiday break. All other trusts in the region with the exception of 2 were also non-compliant with this target in April. However, the trust expects to deliver this target for the Q2 period although currently this is just on the cusp.

Actions taken to improve compliance with this target particularly at peak holiday times include written communication to GPs about the importance of informing patients of why they are being referred and to book their appointment before leaving the practice. A choose and book newsletter produced by the trust last month also included this as the top item for GPs. The 2ww central appointments office has also been given guidance to try and encourage patients not to cancel their appointments when they ring in.

The 62 day screening target was non-compliant due to one shared breach and just 2 treatments. Indicative figures show that the trust is compliant for May and currently for June and expects to be compliant for the Q2 period. However, the number of treatments for the screening target in the Q1 period continues to be very low with just 6.5 for Q4 and 5 for Q1. Monitor does not count this target if the treatments are 5 or less in the quarter or one breach in the quarter. The trust awaits confirmation from Monitor in relation to the Q4 period where there was one breach although this was made up from two shared breaches.

The 62 day first definitive treatment was non-compliant achieving a compliance of 82.5% analysis has shown the main reasons for the breaches were due to a combination of complex diagnostic pathway, patient's choice and late referrals from the local trust providers. Indicative figures for May show that the trust will be non-compliant however; further validation is underway to improve this ahead of the national deadline of 3rd July.

April 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 82.5% against the 85% national target. Across the NESCN regional compliance was 84.6% and nationally compliance was 83.0%.

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

National compliance = 85% April compliance = 82.5%	Total Number of Treatments 126	Total number of breaches = 22 Total number of patients = 27
Complex diagnostic pathway	12	Representing 44% of all breaches
Patient choice – delays during diagnostics or after decision to treat	3	Representing 11% of all breaches
Late referrals from tertiary trusts after day 62	3	Representing 11% of all breaches
Late referrals from tertiary trusts after day 42	5	Representing 19% of all breaches

Surgical capacity	2	Representing 7% of all breaches
Medical reason (patient poorly)	1	Representing 4% of all breaches
Outpatient Capacity	1	Representing 4% of all breaches

Forecast Position

The table below demonstrates performance forecasting of 62 day first definitive treatment compliance for Q1 [based upon actual for April, indicative for May and forecast for June based upon past 2 years performance] This suggests that the trust will be non-compliant with the 62 day first definitive treatment target at the end of the Q1 period.

The key actions being taken to improve compliance are:

- Weekly surgical PTL meeting with improved escalation processes.
- A meeting is taking place on 3rd August with representation from the region and the national cancer task force to discuss cancer waiting times and breach reallocation.
- Cancer clinical leads have been reminded that routine cancer patients do not necessarily need to be discussed in an MDT.
- The NESCN are providing resources to the trust to review the upper GI cancer pathway to identify any bottlenecks and work through solutions to improve the pathway.

	April 2015 (Actual)	May 2015 (Indicative)	June 2015 (Forecast)	Quarter 1 (Forecast)
Average number of treatments	126	138.5	147	411.5
Average number of breaches	22	22	24.5	68.5
trust compliance	82.5%	84.1%	83.3%	83.3%

2.8 Summary of Year to Date Monitor Compliance Framework (May 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:

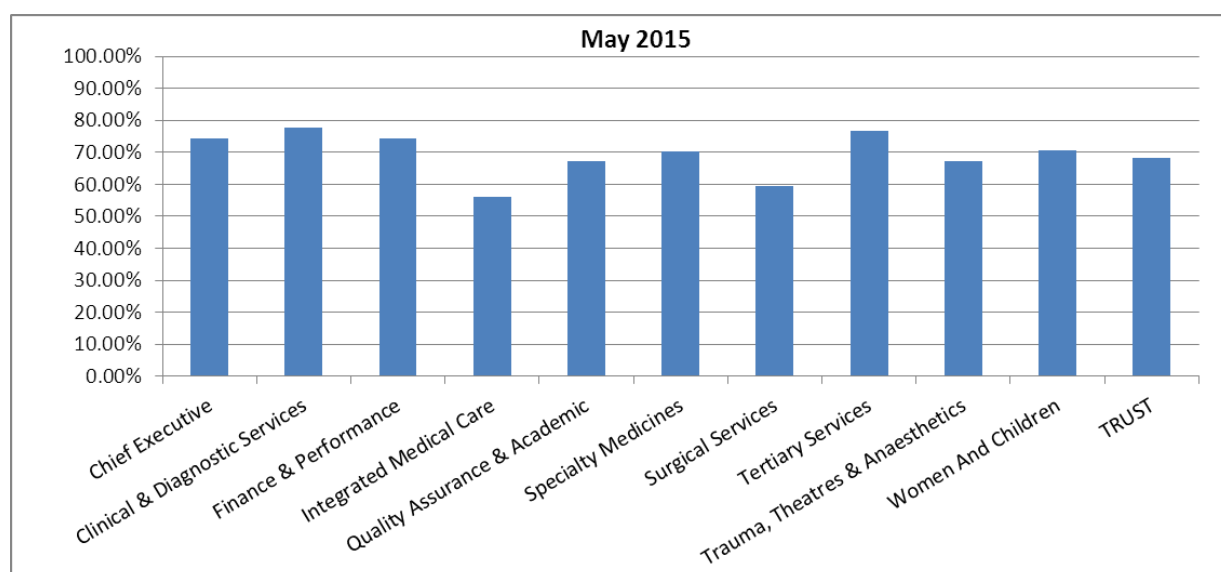
18 week targets compliant in Q4 (14/15) and expect to remain compliant in Q1 (15/16).
 A & E target non-compliant in Q3 and Q4 and expects to be non-compliant in Q1 (15/16).
 Cancer 62 day screening target is non-compliant in Q4 (14/15) and there is a risk to compliance with the 62 day cancer targets in Q1 (15/16).
 C-difficile target is off trajectory with a total year to date of 13 cases against a trajectory of 10.

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. The trust is already under investigation by Monitor for the C-difficile target and is receiving external support from Monitor in working through an agreed action plan to improve compliance.

2.9 Appraisal

Current position

The trust continues to fail to achieve the 80% target. The compliance with the SDR target by centre / directorate is shown below:



The overall trust figure for the number of non-medical staff with a valid staff development review decreased slightly in May and now stands at 68.35%. This was highlighted by the CQC in their assessment of the safety and quality of services.

Key actions include:

- Validation of staffing lists and appraisal data
- Drive an improvement in performance over coming months, the CQC action plan includes an action to achieve 100% of staff at work having had an appraisal within the last 12 months by the end of September

Forecast position

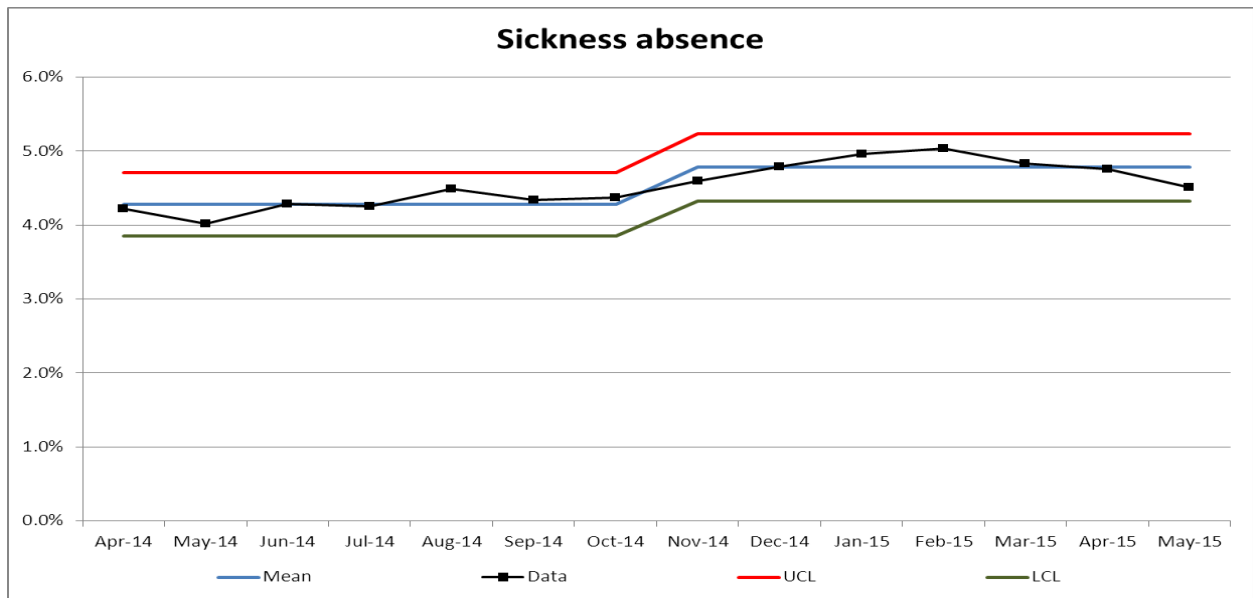
To achieve the 100% target by the end of September improvement must be made during Q2, on this basis the forecast is amber as it is expected that progress will be made through Q2.

2.10 Sickness Absence

Current position

The sickness rate decreased for the third month in a row and now stands at 4.51%, a decrease of 0.25% on the April figure. However it is uncertain if all the sickness is being captured following the transfer of the payroll services and this will need to be monitored. The sudden sharp decrease in recorded short term sickness which now stands at 1.51% may also suggest that some sickness data is missing. In contrast the long term sickness is now at its highest since before June 2013 at 3.00%.

The most up-to-date data on NHS sickness levels shows that the NHS average sickness level between October and February was 4.7%, the trust average for this period was 4.8%.



The escalation of sickness absence has been revised so that levels of sickness absence outside of the range of historical variation will flag as red.

Key actions to manage sickness absence include:

- The sickness absence policy has been reviewed and reformatted to simplify the process that managers should follow; there have been no changes in the policy which impact on terms and conditions.

- Reminders will be issued to managers about the importance of recording sickness and absence on the ETAD forms or through E Rostering as these are now the only two methods of data capture for sickness absence data.
- 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.

Forecast position

It is forecast that sickness absence will remain within the upper and lower confidence limits in Q2.

2.11 Attendance at Mandatory Training

Current position

The overall Trust compliance rate for core mandatory training is 76%, this is an improvement on previous months which is partly due to a revision of the core mandatory training elements as agreed at a previous Board meeting.

The table below shows compliance for the individual elements of training, safeguarding training was highlighted as an area for action by the CQC.

Training Requirement	Does not meet requirement	Meets Requirement	Grand Total	% Compliance	Last Month's %
Fire Safety	2956	5764	8720	66.10%	66.71%
Health & Safety	2186	6534	8720	74.93%	73.68%
Infection prevention and control	1539	7181	8720	82.35%	82.14%
Information Governance	1735	6985	8720	80.10%	81.45%
Safeguarding Adults (Basic)	2372	6348	8720	72.80%	71.94%
Safeguarding Children (Basic)	418	1858	2276	81.63%	81.18%
Dignity at work	1905	6815	8720	78.15%	77.50%
Grand Total	13111	41485	54596	75.99%	75.80%

Key actions include:

- A video has been developed for safeguarding adults L1 training and, if successful, will be rolled out for safeguarding children L1.
- The development and roll out of a web based training portal so that staff can select role specific training and link directly to the training packages.

Forecast position

Targets for improvement has been set at 80% by October and 90% by December 2015

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

Current position

The fill rate for unregistered staff overnight across the majority of centres continues to run above 100%, particularly in Tertiary services. This 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. Within Tertiary services the Head of Nursing is reviewing the nursing establishment in view of this trend.

Ward 3 and Romanby ward have increased their night time RN staffing levels from 2 to 3. They have been unable to fill all the shifts therefore have utilised unregistered staff during these periods to maintain safety. NHSP fill rates for May 2015 for RN's was 60.1% and 80.6% for nursing assistants. The therapeutic Care Volunteers continue to compliment wards and departments across the trust.

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 May on a temporary basis due to a combination of sickness and vacancies.

Plans are in place to receive the first group of Romanian nurses at the beginning of August with the remainder travelling once NMC registration is complete. Four of these RN's will be placed at the Friarage Hospital Northallerton as accommodation has now been secured.

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%

	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	91.8%	100.9%	100.4%	123.3%
Surgical service Centre	95.5%	105.2%	96.9%	112.5%
Tertiary services Centre	99.3%	119.2%	99.8%	173.0%
Women & Children centre	93.2%	101.8%	97.6%	114.9%
Trauma, anaes & Theatre	92.3%	105.2%	105.6%	144.0%
Specialty Services Centre	98.0%	117.9%	101.2%	134.8%
Trust Average	95.0%	108.4%	100.2%	133.7%

Further detail on staffing levels is included in the supplementary performance report.