

## AGENDA ITEM NO 8.1

<b>Meeting/ Committee:</b>	Board of Directors			<b>Meeting Date:</b>	24 <sup>th</sup> June 2014
<b>This paper is for:</b>	Action/Decision	Assurance X	Information		
<b>Title:</b>	Trust Performance Report				
<b>Purpose:</b>	The purpose of this report is to inform the Board of Directors of the trust's performance against current national indicators and local targets.				
<b>Summary:</b>	<p>The paper provides a summary of performance in May 2014 against all the key national targets and a range of local performance indicators.</p> <p><b>Section 1: Monitor Compliance</b></p> <p>The trust has remained compliant with <b>all</b> the 18 week targets; the incomplete, non-admitted pathways and admitted pathways in May.</p> <p>The 4 hour A&amp;E target was achieved at 96.35% in May 2014.</p> <p>In April 2014 the trust was compliant with all the cancer targets and indicative figures for May also show that the trust is compliant with all the cancer targets.</p> <p>In May there were 7 reported cases of C-Difficile which is above the trust's monthly trajectory of 4. The trust is reporting a total of 11 cases to date against a year-end target of 49.</p> <p>The community information dataset (CIDS) data completeness levels continue to be achieved and the trust remains compliant with these Monitor requirements.</p> <p><b>Sections 2, 3, &amp; 4: Local Contractual Acute and Community Performance</b></p> <p>The trust has failed 18 weeks targets at CCG level for some specialties for admitted, non-admitted and incomplete pathways.</p> <p>There was one breach of the 28 day rebooking target in urology.</p> <p>All community outcome measures have been achieved.</p> <p>APMS GP Performance Section – Key performance indicators are still to be agreed for 2014/15 with the commissioners.</p> <p><b>Section 5: HR Measures:</b> The trust's sickness level in May is 4.02% which is above the target of 3.9%. The percentage of staff completing mandatory training continues to improve.</p> <p><b>Section 6: Nursing and Midwifery Report:</b> providers are expected to publish this report from June 2014.</p>				
<b>Prepared By:</b>	Sarah Danieli, Head of Performance Management		<b>Presented By:</b>	Susan Watson, Chief Operating Officer	
<b>Recommendation:</b>	The Board of Directors is asked to note the in-year performance and the actions being taken to address the targets.				
<b>Implications</b>	Legal	Financial X	Clinical X	Strategic X	Risk & Assurance X

2014/15 Performance Report  
Monitor Risk Assessment Framework

Category	Performance Indicator Information	2013/14						2014/15						STHFT Performance		Current Indicative Quarter Governance Risk Rating	Previous Quarters Governance Risks			
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Latest Quarterly position	2014/15					
ACCESS	<b>Meeting national access targets and outcome measures</b>															Q1 2014/15	Q4 2013/14	Q3 2013/14	Q2 2013/14	
	Admitted Pathways - % Referral to treatment waiting times within 18 weeks	86.9%	85.5%	87.2%	85.1%	85.8%	86.6%	90.1%	94.0%						92.1%	90%	No	Yes	Yes	Yes
	NoN-Admitted Pathways - % Referral to treatment waiting times within 18 weeks	98.7%	98.2%	98.1%	98.3%	98.5%	98.5%	98.7%	98.8%						98.7%	95%	No	No	No	No
	Incomplete Pathways - % of patients on an RTT pathway waiting 18 weeks or less	93.9%	94.6%	93.3%	94.9%	95.7%	96.5%	96.6%	96.7%						96.6%	92%	No	No	No	No
	Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	96.6%	96.3%	95.6%	96.9%	98.0%	97.8%	97.3%	96.3%						96.8%	95%	No	No	No	No
	<b>*Cancer results for the current month are predicted values only</b>																			
	<b>* PLEASE NOTE MAY CANCER PERCENTAGES ARE INDICATIVE ONLY AS FURTHER VALIDATION REQUIRED *</b>																			
	Cancer waits 2 week wait target	96.0%	94.7%	94.7%	94.6%	95.3%	95.4%	93.4%	94.2%						93.8%	93%		No	No	No
	2 week wait breast symptom referrals - % seen within 2 weeks	98.9%	95.7%	93.8%	98.2%	95.7%	96.5%	93.6%	95.7%						94.4%	93%		No	No	No
	Cancer wait 31 day wait for first definitive treatment for all cancers	99.0%	98.6%	99.0%	99.0%	97.4%	97.3%	96.7%	98.9%						97.8%	96%		No	No	No
Cancer wait 31 day wait for subsequent drug treatments for all cancers	100.0%	98.7%	100.0%	98.3%	100.0%	100.0%	100.0%	100.0%						100.0%	98%		No	No	No	
Cancer wait 31 day wait for subsequent surgery treatments all cancers	98.4%	100.0%	100.0%	100.0%	100.0%	98.6%	98.2%	100.0%						99.1%	94%		No	No	No	
Cancer wait 31 day wait for subsequent radiotherapy treatments all cancers	96.2%	97.2%	98.8%	99.5%	99.4%	99.5%	98.9%	99.4%						99.1%	94%		No	No	No	
Cancer wait 62 day wait for the first definitive treatment for all cancers	81.8%	82.5%	92.1%	82.1%	82.2%	86.8%	89.2%	85.0%						87.0%	85%		Yes	No	Yes	
Cancer wait 62 day wait for first definitive treatment following consultant upgrade	100.0%	100.0%	100.0%	88.9%	100.0%	75.0%	100.0%	100.0%						100.0%	85%		Yes	No	Yes	
Cancer wait 62 day wait for treatment of all cancers referred from a National screening service.	80.0%	100.0%	100.0%	100.0%	93.8%	94.1%	92.3%	100.0%						94.9%	90%		Yes	No	Yes	
OUTCOMES	Clostridium difficile (cumulative position)	3	4	10	2	5	3	4	7					11	49	No	Yes	Yes	Yes	
	Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability.															No	No	No	No	
	Community services data set - RTT data completeness	94.8%	95.6%	95.0%	96.2%	96.1%	96.8%	96.7%	96.9%						96.8%	50%	No	No	No	No
	Community services data set - Referrals activity data completeness	98.4%	98.4%	97.1%	98.7%	98.7%	98.8%	98.6%	99.0%						98.8%	50%	No	No	No	No
Community services data set - Care contact activity data completeness	99.7%	99.7%	97.5%	99.8%	99.7%	99.8%	99.8%	99.9%						99.8%	50%	No	No	No	No	

**2014/15 Performance Report**  
**Monitor Risk Assessment Framework**

(Continued)

Category	Performance Indicator Information	2013/14						2014/15						STHFT Performance		Current Quarter Governance Risk	Previous Quarters Governance Risks			
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	2014/15 Month / Year to date position	2014/15 target					
<b>Care Quality Commission judgments</b>																				
<b>CQC</b>	<b>Number of CQC judgements received during the month.</b> This includes any CQC warning notices issued; plus any CQC civil or criminal actions.	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil					Nil	Nil	No	No	No	No	
<b>Third Party Reports</b>																				
<b>THIRD PARTY REPORTS</b>	<b>Governance Risk raised by Monitor as a consequence of third party information.</b> 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.															No	No	No	No	
<b>Quality Governance Indicators</b>																				
<b>QUALITY GOVERNANCE</b>	<b>Patient Metrics - Patient Satisfaction</b> (Using the Trust's Friend's & Family Test score comparison against the national average as a proxy)	79	81	80	64	76	73	75	71					77	> 64.1	No	No	No	No	
	<b>Staff Metrics - Executive team turnover</b> (includes all executive and non-executive directors). Reported over a 12 month rolling period	7%	0%	0%	0%	0%	7%	0%	0%					13%	To be agreed	No	No	No	No	
	<b>Staff Metrics - staff satisfaction</b>																			
	<b>Staff Metrics - sickness / absence rate</b> (in month)	4.35%	4.19%	4.49%	4.59%	4.62%	4.15%	4.22%	4.02%					4.18%	<5.5%	No	No	No	No	
	<b>Staff Metrics - proportion of wte temporary staff</b> (Bank, Agency & Locum)																			
	<b>Staff Metrics - staff turnover</b> (reported over a 12 month rolling period)	9.09%	9.00%	8.96%	9.24%	9.19%	9.69%	10.00%	10.08%					10.04%	<15%	No	No	No	No	
<b>Cost reduction plans as a proportion of income</b> (Expected level nationally is around 4 - 5%. Locally, if levels exceeds 5% this would need to be reviewed in light of any potential quality governance concerns that may impact on quality and patient safety.)	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%					<5%	<5%	No	No	No	No		
<b>Financial Risk</b>																				
<b>FINANCIAL RISK</b>	<b>Continuity of Service risk rating.</b> Monitor expect well-governed trusts to remain solvent and to be able to demonstrate financial efficiency and robust financial planning and decision making processes. Where Monitor identifies a material risk to a trust's financial sustainability or overall compliance with the continuity of service licence, it will consider whether this also reflects a governance issue.	2	2	2	2	2	2	2	2					2	1	2				

**Explanation of Monitor governance triggers:**

Category	Governance concerns triggered by:
<b>Access and outcome metrics</b>	3 consecutive quarter breaches of a single access target or breaching target for year.
<b>CQC Judgements</b>	CQC warning notice issued or CQC civil / criminal action.
<b>Third Party Reports</b>	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)
<b>Quality Governance Indicators</b>	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.
<b>Financial Risk</b>	Breaching the Continuity of Service licence condition

**Governance Rating Method**

Rating	Description
<b>Green</b>	No categories triggering a governance concern
<b>Amber</b>	Local RAG rating to indicate where a metric has breached in the quarter but has not yet triggered a governance concern.
<b>Red</b>	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
<b>4</b>	No evident concerns	None
<b>3</b>	Emerging or minor concern potentially requiring scrutiny	None
<b>2*</b>	Level of risk material but stable. (Only Monitor can assign a 2* rating)	None
<b>2</b>	Material Risk	Consideration for potential investigation
<b>1</b>	Significant Risk	Potential investigation. Potential appointment of contingency planning team.

**Summary of Risk Assessment Framework Governance rating**

Category	Current Quarter Governance Concerns Triggered	Previous Quarters Governance Risks			
		Q1 2014/15	Q4 2013/14	Q3 2013/14	Q2 2013/14
<b>Access and outcome metrics</b>	<b>Green</b>	<b>Green</b>	<b>Amber</b>	<b>Amber</b>	<b>Amber</b>
<b>CQC Judgements</b>	<b>Green</b>	<b>Green</b>	<b>Green</b>	<b>Green</b>	<b>Green</b>
<b>Third party Information</b>	<b>Green</b>	<b>Green</b>	<b>Green</b>	<b>Green</b>	<b>Green</b>
<b>Quality Governance Indicators</b>	<b>Green</b>	<b>Green</b>	<b>Green</b>	<b>Green</b>	<b>Green</b>
<b>Financial Risk</b>	<b>Green</b>				

# **South Tees Hospitals NHS Foundation Trust Monthly Performance Report**

## **1: Monitor Compliance Framework**

### **18 week referral to treatment times**

The trust has met all of the 18 week targets achieving compliance with the non-admitted target, the incomplete target and there has been a significant improvement in compliance of the admitted target achieving 94% against a target of 90%.

Work continues with a small number of teams to mitigate risks and the 18 week graphs and updated sustainability plans can be found in the supplementary pack.

### **A & E 4 hour waiting time**

The A&E department has had extremely busy periods throughout the month; however the trust has maintained compliance against the 4 hour A & E target achieving a compliance of 96.35% in May.

### **Cancer Waiting Times**

In April 2014 the trust was fully compliant with all the cancer targets including the 62 day first definitive treatment target; compliance reported was 89.2% (against an 85% target).

Early indications for May also show that the trust will be compliant with all the cancer targets.

The trust is continuing to implement actions from the trust's action plan to improve compliance and with other local providers to improve the timeliness of referrals.

### **Healthcare Associated Infections**

There were 7 reported cases of C-Difficile in May 2014, which brings the trust's year to date position to 11 cases against a year-end target of 49 cases. A significant number of actions have been implemented to prevent C-Difficile cases and work continues to make further improvements.

### **Community Services Information Dataset**

The trust continues to meet Monitor's data completeness levels in May with referral-to-treatment data 96.9%, referral data 99.0% 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 total percentage of bed days in May is 3.43%. This is a marginal reduction compared to April performance of 3.1% and remains below the 4% threshold. The trust continues to work with its partners to maintain a level below the threshold.

## **28 Day Rebooking Target**

There has been one breach of the 28 day rebooking target in urology. The reason for the breach was due to capacity issues. The patient has agreed the first available appointment.

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

All performance measures have been achieved.

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

The Key Performance Indicators (KPIs) for 2014/15 have not been agreed with the commissioners and discussions are on-going. It is envisaged the KPI's will predominantly remain the same as 2013/14 with some minor adjustments.

## **5: HR**

The monthly sickness rate reduced marginally in May in comparison to the previous month to 4.02% which is above the trust target of 3.9%. A dedicated working group continues to 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.

The overall trust compliance rate for mandatory training continues to improve and for May shows a figure of 67.83%. This is an overall increase of just 1.18% on the previous month's figure.

## **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). NHS England has further clarified that systems should be in place by June 2014 to enable provider organisations to make their data available on both the Trust website and NHS Choices.

The purpose of this report is to inform the Board of progress in this area and provide data and analysis in relation to the nursing and midwifery staffing information from May 2014.

### Context

All Trusts with inpatient beds are required to publish their staffing fill rates (actual versus planned) in hours on the NHS Choices website during June 2014.

NHS England produced a standard template which was made available 2 June 2014, with the first data collection period being 1 to 31 May. The data from South Tees was returned in line with the specified deadline of 10 June and will be automatically uploaded to the Choices website via UNIFY on 24 June.

Initial guidance stated that the percentage fill rate (i.e. actual against planned) would be RAG rated and this would appear on the NHS Choices website. The RAG rating thresholds have yet to be finalised by NHS England and therefore will not be applied to the May data set.

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 will be utilised 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.

During April 2014 all inpatient areas introduced staffing boards to publically display planned versus actual staff on duty on a daily basis. An escalation plan was implemented in conjunction with this to ensure staff have clarity in terms of process when actual numbers are not in line with those planned.

A safe staffing page has been prepared on the Trust internet site, a link will be available from the NHS Choices website and the monthly staffing reports will be available to the public.

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

<b>Red</b>	<b>≤ 85%</b>
<b>Amber</b>	<b>85 – 95%</b>
<b>Green</b>	<b>≥ 95%</b>

Data has been presented by site (as it will appear on NHS Choices) and summarised by Clinical Centre at organisational level. Additional information in relation to staff unavailability (due to sickness and leave) and performance against the quality metrics contained in the ward dashboard (where available) has been included in this report; this does not form part of the national core return.

### 3.0 Planned versus actual staffing - James Cook University Hospital

James Cook	Hours								< 85	85-95	> 95	Unavailability														Ward Dashboards		
	Planned RN days	Actual RN days	Planned HCA days	Actual HCA days	Planned RN Nights	Actual RN nights	Planned HCA nights	Actual HCA nights	DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)	Registered							Unregistered								
													Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total	Leave	Parenting	Sickness	Study Day	Unknown	Working Day			Total
Critical Care	12555	9466	2790	2094	10044	9288	744	744	75.4%	75.1%	92.5%	100.0%	14%	4%	3%	0%	0%	3%	25%	15%	0%	5%	0%	0%	3%	24%		
FAU JCUH (Female Admissions Unit)	2232	2015	1140	1092	1488	1476	1116	1267.7	90.3%	95.8%	99.2%	113.6%	15%	0%	1%	1%	1%	4%	22%	12%	0%	21%	1%	1%	2%	36%	5	24
JC02 Resp (Ward 2)	1860	1683	1488	1282	744	743.7	744	863.34	90.5%	86.1%	100.0%	116.0%	13%	3%	3%	1%	0%	3%	24%	14%	0%	12%	0%	0%	0%	26%	3	27
JC08 (Ward 8)	1782.5	1872	816.5	1350	713	736	1070	981.58	105.0%	165.4%	103.2%	91.8%	13%	11%	4%	1%	0%	7%	35%	13%	3%	8%	0%	0%	7%	31%	7	22
JC09 (Ward 9)	1860	1887	1116	1200	1116	1104	756	897	101.5%	107.5%	98.9%	118.7%	14%	0%	3%	1%	0%	1%	20%	14%	0%	3%	3%	0%	0%	19%	6	25
JC12 (Ward 12)	2349	2109	1488	1578	744	720	744	1038.1	89.8%	106.1%	96.8%	139.5%	15%	7%	7%	2%	0%	2%	33%	15%	1%	8%	0%	0%	0%	24%	5	26
JC28 (Ward 28)	3141	2873	1116	974	1116	1176	744	744	91.5%	87.2%	105.4%	100.0%	14%	3%	2%	0%	0%	1%	20%	19%	1%	5%	0%	0%	0%	26%	8	23
MAU JCUH (Male Admissions Unit)	2496	2354	1752	1490	1488	1488	744	883.05	94.3%	85.0%	100.0%	118.7%	13%	9%	2%	0%	0%	1%	24%	17%	0%	5%	0%	0%	0%	22%	9	20
Ward 3	2139	1986	1679	1546	713	714	713	990.85	92.8%	92.1%	100.1%	139.0%	15%	6%	3%	0%	0%	6%	31%	13%	0%	12%	0%	0%	0%	24%	6	25
Ward 10	2232	2277	1488	1157	744	792	744	849.03	102.0%	77.7%	106.5%	114.1%	15%	4%	9%	0%	0%	0%	28%	16%	0%	7%	0%	0%	0%	24%	7	23
JC05 (Ward 5)	1500	1353	1956	1830	744	767.9	744	708	90.2%	93.6%	103.2%	95.2%	12%	0%	15%	3%	0%	11%	41%	14%	0%	6%	1%	0%	1%	21%	6	24
JC35 (Ward 35)	1860	1741	1488	1127	744	838.4	744	848.6	93.6%	75.8%	112.7%	114.1%	11%	3%	5%	1%	2%	7%	29%	10%	3%	13%	0%	0%	0%	26%	5	25
Ward 6	2976	2864	1488	1208	1116	1134	1116	1159.1	96.3%	81.2%	101.6%	103.9%	11%	3%	5%	1%	0%	2%	23%	11%	5%	4%	2%	6%	0%	27%	8	22
Ward 7	2333	2011	1488	1416	1116	1127	744	769.34	86.2%	95.2%	101.0%	103.4%	12%	3%	4%	0%	0%	6%	25%	9%	0%	15%	3%	0%	0%	27%	7	23
JC04 (Ward 4)	1653	1453	1008	952	2232	2049	1488	1344	87.9%	94.4%	91.8%	90.3%	16%	0%	12%	3%	0%	1%	32%	13%	0%	6%	0%	0%	1%	20%	8	23
JC14 Oncology (Ward 14)	1860	1798	1302	1260	1116	1104	744	802.68	96.6%	96.7%	98.9%	107.9%	11%	8%	5%	1%	2%	7%	33%	16%	7%	6%	1%	0%	0%	30%	12	19
JC33 Specialty (merger of ward 18 and ward 27)	1794	1778	1212	1315	1212	1247	606	750.23	99.1%	108.5%	102.9%	123.8%	17%	0%	4%	5%	3%	7%	35%	17%	7%	7%	1%	0%	0%	32%	6	24
JC34 (Ward 34)	2352	1744	1488	1793	1116	972	744	1002.3	74.2%	120.5%	87.1%	134.7%	14%	4%	16%	0%	0%	0%	34%	16%	6%	6%	1%	0%	0%	30%	6	24
JC36 (Ward 36)	2280	2101	1152	1105	828	810	874	920	92.1%	95.9%	97.8%	105.3%	13%	3%	1%	1%	0%	3%	22%	14%	6%	2%	1%	0%	7%	30%	5	25
JC37 (Ward 37)	1860	1651	1488	1045	744	744	744	739.52	88.7%	70.2%	100.0%	99.4%	12%	5%	4%	1%	0%	1%	23%	12%	0%	8%	1%	0%	0%	21%	7	22
Spinal Injuries	2496	2199	2124	1696	1272	1104	1116	1106	88.1%	79.8%	86.8%	99.1%	10%	9%	10%	1%	0%	5%	36%	13%	0%	1%	1%	0%	4%	19%	2	23

James Cook									< 85	85-95	> 95	Unavailability																
									DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)	Registered								Unregistered						Ward Dashboards	
Planned RN days	Actual RN days	Planned HCA days	Actual HCA days	Planned RN Nights	Actual RN nights	Planned HCA nights	Actual HCA nights	Leave					Parenting	Sickness	Study Day	Unknown	Working Day	Total	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total			
Critical Care	12555	9466	2790	2094	10044	9288	744	744	75.4%	75.1%	92.5%	100.0%	14%	4%	3%	0%	0%	3%	25%	15%	0%	5%	0%	0%	3%	24%		
FAU JCUH (Female Admissions Unit)	2232	2015	1140	1092	1488	1476	1116	1267.7	90.3%	95.8%	99.2%	113.6%	15%	0%	1%	1%	1%	4%	22%	12%	0%	21%	1%	1%	2%	36%	5	24
JC02 Resp (Ward 2)	1860	1683	1488	1282	744	743.7	744	863.34	90.5%	86.1%	100.0%	116.0%	13%	3%	3%	1%	0%	3%	24%	14%	0%	12%	0%	0%	0%	26%	3	27
JC08 (Ward 8)	1782.5	1872	816.5	1350	713	736	1070	981.58	105.0%	165.4%	103.2%	91.8%	13%	11%	4%	1%	0%	7%	35%	13%	3%	8%	0%	0%	7%	31%	7	22
JC09 (Ward 9)	1860	1887	1116	1200	1116	1104	756	897	101.5%	107.5%	98.9%	118.7%	14%	0%	3%	1%	0%	1%	20%	14%	0%	3%	3%	0%	0%	19%	6	25
Cardio MB	744	738	372	295	744	744	0	0	99.2%	79.3%	100.0%	-	12%	0%	9%	3%	0%	3%	28%	8%	0%	61%	0%	0%	0%	69%	2	23
CCU JCUH	2604	2448	372	300	1860	1860	0	36.01	94.0%	80.6%	100.0%	-	13%	2%	1%	2%	0%	5%	22%	15%	0%	7%	0%	0%	0%	21%	6	23
CICU JCUH	4752	3783	727.5	432	4416	3743	0	12	79.6%	59.4%	84.8%	-	23%	13%	3%	5%	0%	0%	44%	0%	0%	0%	0%	0%	0%	0%	5	18
JC24 (Ward 24)	2820	2753	1380	1951	2604	2335	1116	1763.3	97.6%	141.4%	89.7%	158.0%	12%	2%	6%	3%	0%	4%	27%	12%	0%	3%	2%	0%	0%	16%	6	25
JC25 (Ward 25)	1320.9	1298	1123.6	1529	723.23	743.4	858.7	1268.4	98.2%	136.0%	102.8%	147.7%	13%	7%	5%	5%	0%	5%	34%	12%	4%	4%	1%	0%	0%	23%	9	22
JC26 (Ward 26)	804	781	906	1251	744	744	372	624.67	97.1%	138.0%	100.0%	167.9%	18%	0%	3%	3%	0%	9%	33%	14%	0%	2%	2%	0%	0%	18%	7	24
JC29 (Ward 29)	1416	1453	1116	1122	1116	1081	372	371.67	102.6%	100.6%	96.9%	99.9%	14%	0%	1%	2%	0%	6%	24%	7%	0%	12%	7%	0%	1%	26%	6	24
JC30 (Ward 30)	744	744	744	636	744	720	0	34.67	100.0%	85.5%	96.8%	-	12%	0%	4%	0%	0%	6%	22%	16%	0%	0%	0%	0%	1%	17%	6	25
JC31 (Ward 31)	1116	1079	744	756	744	732	372	372	96.7%	101.5%	98.4%	100.0%	14%	0%	1%	2%	0%	4%	22%	12%	0%	14%	1%	0%	2%	28%	7	24
JC32/HDU (Ward 32/HDU)	3348	3086	1116	1059	2700	2208	372	407.83	92.2%	94.9%	81.8%	109.6%	14%	5%	5%	1%	0%	6%	32%	14%	0%	6%	3%	0%	2%	25%	8	23
JC19 (Ward 19)	1008	838	744	712	744	755.5	0	57.5	83.1%	95.7%	101.5%	-	13%	13%	10%	0%	0%	9%	46%	14%	0%	0%	2%	0%	0%	16%	5	15
JC21 (Ward 21)	1860	1574	744	486	2232	1955	372	372	84.6%	65.3%	87.6%	100.0%	14%	0%	6%	2%	0%	6%	29%	14%	13%	1%	0%	0%	0%	28%	5	15
JC22 (Ward 22)	1092	1023	540	413	744	762	108	270	93.6%	76.5%	102.4%	250.0%	13%	4%	14%	3%	0%	4%	37%	15%	0%	0%	0%	0%	0%	15%	3	15
JCDS (Central Delivery Suite)	3861	3275	1674	567	2976	2976	1488	835	84.8%	33.9%	100.0%	56.1%	15%	0%	3%	2%	0%	5%	25%	16%	6%	6%	1%	0%	1%	30%		
Neonatal Unit	2604	2516	372	396	2604	2523	0	252	96.6%	106.5%	96.9%	-	13%	5%	4%	2%	0%	2%	26%	4%	0%	0%	0%	0%	0%	4%	4	7
Maternity Assessment Unit	1695	1327	372	336	744	732	0	0	78.3%	90.3%	98.4%	-	4%	0%	0%	0%	0%	0%	4%	13%	0%	7%	0%	0%	0%	20%		
Paediatric Intensive Care Unit (PICU)	1860	1370	232.5	209	1752	1357	0	0	73.7%	89.9%	77.5%	-	12%	0%	4%	2%	0%	7%	25%	11%	0%	0%	0%	0%	0%	11%	4	11
Ward 17 JCUH	2172	2031	900	648	1488	1464	0	0	93.5%	72.0%	98.4%	-	17%	2%	5%	2%	0%	2%	28%	17%	0%	0%	0%	0%	0%	17%	5	15
								Site average	91.6%	93.3%	97.4%	117.3%	14%	4%	5%	2%	0%	4%	28%	13%	2%	7%	1%	0%	1%	24%		



### 3.0 Planned versus actual staffing – Friarage Hospital

FHN	Hours								< 85	85-95	> 95	Unavailability																Ward Dashboards		
	Planned RN days	Actual RN days	Planned HCA days	Actual HCA days	Planned RN Nights	Actual RN nights	Planned HCA nights	Actual HCA nights	DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)	Registered								Unregistered								6	25
													Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total				
Ainderby FHN	1690.1	1556	1152.5	976	1426	1426	1069.5	1458.5	92.1%	84.7%	100.0%	136.4%	12%	11%	2%	2%	0%	3%	31%	13%	0%	2%	1%	0%	0%	16%	6	25		
Clinical Decisions Unit FHN	1426	1376	1069.5	995	1426	1415	1069.5	1069.5	96.5%	93.1%	99.2%	100.0%	15%	0%	1%	1%	1%	4%	22%	12%	0%	21%	1%	1%	2%	36%	9	22		
FHICU (ICU FHN)	1116	1157	132	102	1829	1853	356.5	448.5	103.6%	77.3%	101.3%	125.8%	12%	0%	4%	2%	0%	9%	27%	23%	0%	0%	0%	0%	23%	5	18			
Romanby FHN	2068.2	1568	1167.5	1189	713	701.5	713	793.5	75.8%	101.8%	98.4%	111.3%	13%	5%	7%	0%	0%	3%	27%	15%	10%	4%	0%	0%	29%	5	23			
Rutson FHN	1074.3	1070	1464.7	1287	713	713	356.5	448.5	99.6%	87.9%	100.0%	125.8%	13%	0%	3%	2%	0%	3%	20%	16%	0%	7%	0%	0%	24%	4	22			
Allerton Ward FHN	1488	1304	1116	1055	744	744	744	696	87.7%	94.5%	100.0%	93.5%	13%	0%	4%	1%	0%	10%	28%	15%	0%	8%	0%	0%	11%	34%	10	20		
Gara Orthopaedic FHN	1562.2	1133	1150.9	912	713	701.5	356.5	368	72.5%	79.2%	98.4%	103.2%	12%	11%	7%	1%	0%	2%	34%	9%	0%	2%	3%	0%	1%	16%	5	25		
Childrens Health Unit	1488	1488	264	60	744	744.5	0	0	100.0%	22.7%	100.1%	-	13%	0%	3%	2%	0%	1%	19%	53%	0%	8%	0%	0%	60%	5	9			
Special Care Baby Unit (SCBU)	1488	1455	0	0	744	744	0	0	97.7%	-	100.0%	-	16%	0%	11%	1%	0%	1%	30%	0%	0%	0%	0%	0%	0%	4	7			
Maternity FHN	2092.5	1929	372	300	1860	1825	372	372	92.2%	80.6%	98.1%	100.0%	14%	3%	4%	3%	0%	3%	27%	9%	16%	1%	0%	0%	27%	4	9			
								Site Average	91.8%	80.2%	99.5%	112.0%	13%	3%	5%	1%	0%	4%	26%	17%	3%	5%	1%	0%	1%	27%				

### 3.0 Planned versus actual staffing – Lambert Community Hospital

<u>Lambert community hosp</u>									< 85	85-95	> 95			
Hours									DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)	Ward Dashboards	
Planned RN days	Actual RN days	Planned HCA days	Actual HCA days	Planned RN Nights	Actual RN nights	Planned HCA nights	Actual HCA nights							
Lambert Community Hospital	750	750	750	750	566.75	566.75	283.25	283.25	100.0%	100.0%	100.0%	100.0%	4	15
Site Average									100.0%	100.0%	100.0%	100.0%		

### 3.0 Planned versus actual staffing – Guisborough Community Hospital Site

<u>Guisborough</u>													< 85	85-95	> 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					Ward Dashboards	
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				
Priory Ward Guisborough PCH	1572.8	1437	1081.1	1257	713	718	713	923.75	91.4%	116.2%	100.7%	129.6%	13%	0%	8%	2%	0%	0%	23%	13%	0%	12%	3%	0%	2%	30%	4	22		
Site Average									91.4%	116.2%	100.7%	129.6%	13%	0%	8%	2%	0%	0%	23%	13%	0%	12%	3%	0%	2%	30%				

### 3.0 Planned versus actual staffing – East Cleveland Community Hospital

<u>East Cleveland</u>													< 85	85-95	> 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					Ward Dashboards	
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	1401.2	1168	1079.5	1003	713	714	713	643	83.4%	93.0%	100.1%	90.2%	11%	11%	5%	2%	0%	5%	35%	18%	0%	0%	2%	0%	4%	24%	4	14		
Site Average									83.4%	93.0%	100.1%	90.2%	11%	11%	5%	2%	0%	5%	35%	18%	0%	0%	2%	0%	4%	24%				

### 3.0 Planned versus actual staffing – Carter Bequest Community Hospital

Carter Bequest									< 85	85-95	> 95	Unavailability																
Hours									DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)	Registered							Unregistered							Ward Dashboards	
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			
Carter Bequest PCH	2246.1	2097	2146	2073	1426	1265	1069.5	1013.5	93.4%	96.6%	88.7%	94.8%	16%	2%	1%	2%	0%	2%	23%	22%	0%	8%	1%	0%	0%	31%	4	15
Site Average								93.4%	96.6%	88.7%	94.8%	16%	2%	1%	2%	0%	2%	23%	22%	0%	8%	1%	0%	0%	31%			

### 3.0 Planned versus actual staffing – Redcar Community Hospital

Redcar									< 85	85-95	> 95	Unavailability																
Hours									DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)	Registered							Unregistered							Ward Dashboards	
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	1676.2	1763	1754.9	1703	1069.5	1035	1069.5	1231	105.1%	97.0%	96.8%	115.1%	14%	3%	14%	1%	0%	1%	32%	14%	5%	8%	1%	0%	9%	37%	5	12
Site Average								105.1%	97.0%	96.8%	115.1%	14%	3%	14%	1%	0%	1%	32%	14%	5%	8%	1%	0%	9%	37%			

### 3.0 Planned versus actual staffing – Friary Community Hospital

Friary Community Hospital									< 85	85-95	> 95	Unavailability																
Hours									DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)	Registered							Unregistered							Ward Dashboards	
Planned RN days	Actual RN days	Planned HCA days	Actual HCA days	Planned RN Nights	Actual RN nights	Planned HCA nights	Actual HCA nights	Leave					Parenting	Sickness	Study Day	Unknown	Working Day	Total	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total			
Friary Community Hospital	992	992	1024	1024	620	620	310	310	100.0%	100.0%	100.0%	100.0%	0%	0%	0%	0%	0%	0%	4%	0%	0%	0%	0%	0%	0%	0%	4	21
Site Average								100.0%	100.0%	100.0%	100.0%	0%	0%	0%	0%	0%	4%	0%	0%	0%	0%	0%	0%	0%	0%	0%		

### 3.0 Trust Averages

	< 85	85-95	> 95	
	<b>DAYS</b> Average fill rate - RN/RMs	<b>DAYS</b> Average fill rate - HCA (%)	<b>NIGHTS</b> Average fill rate - RN/RMs (%)	<b>NIGHTS</b> Average fill rate - HCA (%)
Trust Average				
Integrated Medical Care Centre	94.0%	96.5%	99.4%	113.3%
Surgical service Centre	90.8%	88.0%	103.7%	102.0%
Tertiary services Centre	95.7%	101.7%	95.1%	130.5%
Women & Children centre	88.9%	73.3%	96.4%	126.5%
Trauma, anaes & Theatre	83.1%	89.1%	94.0%	108.3%
Specialty Services Centre	94.6%	99.9%	97.9%	107.3%
Trust Average	91.2%	91.4%	97.8%	114.7%

## Discussion

A significant amount of work has been undertaken during April and May to ensure data held centrally on the E-Roster system is robust and accurately captures the actual staffing levels. This will ensure that the monthly reports can be centrally produced and reduces the potential demand on frontline teams.

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

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

We have seen a much improved position in relation to this but there is still some work to do to ensure this level of rigour becomes embedded across all areas. It is essential that the informal measures taken to ensure safe and effective care is delivered are captured electronically to provide assurance.

In relation to the May data presented in this report the following context needs to be considered.

- **Critical Care**  
Staff were redeployed from other areas to maintain safe staffing levels but this was not robustly captured
- **Ward 34**  
Utilised Assistant Practitioners (B4) to compensate for the fill rate in relation to Registered Nurses
- **CICU**  
Used staff flexibly in line with activity, this needs to be reflected in their staffing template going forward
- **Paediatric areas**  
Depending on activity staff were redeployed to other areas (ward 21, 22 or PSDU), this was not reflected in templates
- **Gara ward**  
Low fill rate due to sickness, maternity leave and vacancies. Staff from other areas have worked on the ward but this was not robustly captured consistently
- **Romanby**  
Nurse practitioners and matrons have covered the shortfall this needs to be reflected on future rosters
- **Maternity Services**  
There are a number of vacancies within the service (with new starters recruited but not yet in post). A shift has been added to the e-roster template for a service which has not yet started, the template will be amended to reflect this going forward. The Head of Midwifery reports that staff are used flexibly across hospital and community services during times of increased activity or reduced staffing levels. She is assured of safe staffing but feels this flexibility has not been captured consistently on the E-roster system. Mechanisms to address this are being explored

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

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

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