

# Board of Directors Meeting

# Report

**Subject:** Integrated Performance Report - Exception Summary Report  
**Date:** 300 January 2014  
**Author:**  
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## Executive Summary

Performance Summary: December 2013

### Monitor Compliance

Performance covering Quarter 3 has resulted in three Monitor compliance points this is due to underachievement against RTT Non-Admitted and Incomplete Pathways targets and the overall position for Clostridium Difficile Infection against the annual target. Please note from October 2013 onwards MRSA is no longer part of the targets and indicators with the Monitor Assessment Framework.

As a consequence of the Trusts financial and governance risk ratings the Trust remains in breach of its authorisation with automatic over-ride applying a red governance risk rating.

### Acute Contract

#### RTT

The Trust has failed to achieve the bottom-line position for Non Admitted and Incomplete RTT standards in December 2013 with all three standards having failing reportable grouped specialties; these are detailed below. The Trust has reported 23 patients on an Incomplete Pathway waiting over 52 weeks at December 2013 month end, these relate solely to Orthodontics. The Board has been previously briefed on the issue identified within this specialty and the actions being taken to resolve the matter.

The Trust revised specialty level recovery action plans and trajectories for non-admitted specialties and T&O calculated a substantial level of breach patients to be treated during Quarter 3 and January 2014 to ensure a sustainable future position. Due to the volume of breach patients against the overall number of non-breaches the Trust non-admitted bottom-line was breached for the months of November and December which has resulted in a Monitor breach point in the quarter. The trajectory calculated the Trust to achieve all specialties to achieve the non-admitted 95% standard for the month of February 2014; projections indicate this will not be achieved within the timeframe.

RTT Specialty	General Surgery	Urology	T&O	ENT	Ophthalmology	MaxFax	Plastic Surgery	Cardiothoracic	Gastroenterology	Cardiology	Dermatology	Respiratory Medicine	Neurology	Rheumatology	Geriatrics	Gynaecology	Others	Total
Incomplete	87.53%	93.33%	87.80%	93.38%	94.63%	86.64%	93.15%	-	89.70%	92.55%	97.02%	93.12%	95.95%	94.19%	98.18%	92.13%	89.20%	91.25%
Admitted	89.23%	92.68%	85.42%	94.25%	89.29%	94.59%	100%	-	100%	95.24%	99.55%	-	100%	-	-	97.40%	86.30%	92.26%
Non-Admitted	95.76%	93.82%	87.41%	98.73%	97.41%	97.53%	100%	-	78.14%	93.94%	98.21%	91.67%	95.68%	97.65%	99.30%	96.67%	95.94%	94.30%

Significant work is being undertaken to understand the causation of the non-trajectory specialties underachieving against the relevant standards and action plans being formulated

to recover the position during quarter 4. A verbal update on the expectation of delivery in Quarter 4 will be provided at the Board meeting.

However, if the Trust fails to achieve the recovery plans and trajectories a Failure to Deliver a Remedial Action Plan notice will be enacted along with the financial consequences, which is 2% of clinical income.

#### ED

The number of ED un-planned re-attendances has increased from 4.99% in October 2013 to 5.38% in December 2013 against a 5% target. This standard is variable from month to month with a marginal improvement from the previous month. The department continues to reiterate messages to patients regarding when to return, displaying messages to patients in the waiting room, working with high volume service users and revisiting advice leaflets to offer more specific advice.

#### Un-coded Activity

The level of un-coded admitted patient care spells at the 5th working day of the month has increased to 30.89% against the Clinical Commissioning Group target of 20%. The volume of un-coded episodes impacts the calculated HSMR rate as any patients not fully coded will fall within residual coding and not into the actual diagnosis group creating an incorrect HSMR rate, the rate is corrected on receipt of the final SUS reconciliation date for the relevant month. Crude mortality rates purely reviewing the volume of deaths of 2012 compared to 2013 indicates a reduction in the number of patients dying in hospital. The coding team have put in place a further process to ensure all deceased notes are coded within a timely manner ensuring the patients will be grouped into the relevant HSMR Diagnosis group.

The increase in un-coded episodes has been partly due to a significant growth in FCEs from the previous months, the Clinical Coding Team attending mandatory Clinical Coding Refresher and Training Courses and annual leave over the December period. To significantly decrease the volume of outstanding FCEs to be coded additional hours are being offered to the clinical coding team over the next 9 weeks (up to 31<sup>st</sup> March 2014) to clear the backlog, this is commencing from 22<sup>nd</sup> January 2014. By reducing the current backlog whilst continuing with the current month this will give a sustainable position going forward, the internal target being set from April 2014 is at the time of initial SUS submission no more than 2% of FCEs for the month of submission will be un-coded.

#### ASI Rates

For the month of December 2013 Choose and Book Available Slot Issue (ASI) rate was 8% against a target of 5%; this is a significant decrease from the previous month of 11%. Current performance for January 2014 projects the Trust being at an ASI rate of 4% which would be a considerable reduction from December 2013 position. Ophthalmology, Gastroenterology, Cardiology and Urology all have seen a reduction in ASI rates and a much improved position.

#### Diagnostic Waiting Times <6Weeks

For the month of December 2013 the Trust has underachieved against the target of 99% or above of patients waiting for a diagnostic test are under 6 weeks at 98.42%. The majority of over 6 week waits are within the Sleep Study diagnostic category followed by CT and Cystoscopy diagnostic tests. Sleep Study patients are highly likely to be cancelled due to bed flow pressures experienced within the Trust, the division have been addressing this issue with a series of meetings to agree on the actions to reduce the volumes of patients waiting. With alternative ways of providing the service building on earlier evaluations of the Home Oximetry Diagnostic Service.

To mitigate the capacity issues being experienced for a CT Colonoscopy additional lists are being run at Newark with reporting of the images being completed same day. The impact of underachieving against this standard is a penalty of 2% of revenue derived from the provision of the locally defined service line in the month of the underachievement as per the Quality Schedule.

#### Cancelled Operations

In December 2013 1.22% of patients were cancelled on the day for their elective procedure against a target of  $\leq 0.8\%$ . The overall volume of patients cancelled during the month equated to 36 with 18 (50%) being cancelled due to clinician sickness, 5 (14%) cancelled due to the first patient on the list having complications during the procedure which resulted in a list overrun and the remainder within either equipment failure/unavailable, list overrun or ITU/HDU bed availability. All patients have been rebooked within 28 days.

#### Quality

The monthly Quality and Safety Report written by the Executive Director of Nursing and Executive Medical Director will cover key quality domains.

#### HR/Workforce

A summary of the key workforce issues are grouped below, these will be expressed in more detail within the HR paper:

Workforce Numbers & Cost – The budgeted establishment in month was 3817.00 wte an increase of 9.10 wte and staff in post was 3549.38 wte an increase of 4.77 wte. Pay spend in month was £13.89m (decrease of £0.43m), of which £12.08m was fixed pay spend and £1.83m was variable pay spend (decrease of £0.13m since last month) which equates to 13.20%.

Sickness Absence – Staff absence levels have decreased in month. In November 2013 total absence was 4.95% decreasing by 0.39% to 4.56% in December 2013. Short term absence has decreased from 2.69% to 2.18% (0.51%) and long term has increased from 2.25% to 2.38% (0.13%). The month rate is 4.56% with the rolling 2013 12 month rate at 4.75% which is 0.11% higher than 2012 (4.64%). Absence must be effectively managed in order to ensure levels of care are maintained and cost levels are reduced.

Agenda for Change Appraisal Completion – The current appraisal rate is 78.27% which has increased since last month by 3.48%. Since April 2013, appraisal rates have increased by 23.67% from 54.60%.

#### Quarter 3 2013 Successes

A&E 4hour waits for the quarter and YTD remain above 95% even with December 2013 being a significant challenge and falling below the standard.

The Trust continues to receive 'excellent' for the NHS Friends and Family Test, with a consistent performance above the national thresholds.

Performance against all Cancer Targets has been maintained despite increases in demand within 2ww referrals received.

#### Q4 13/14 Forecast Risks

Achievement of the Choose and Book appointment slot issues (ASI) continues to rely heavily on waiting list initiatives to meet shortfalls in capacity.

There is a potential for January 2014 diagnostic waiting times <6Weeks at month end to fall below 99%. Work is being undertaken by divisions to address the issues encountered.

Non-Admitted RTT Trust bottom-line 95% achievement remains a significant risk for quarter 4 as the Trust continues to address breach patients on an Incomplete Pathway. The current position for 92% Incomplete Pathways for January 2013 is 91.08%, work is being undertaken to validate the position and provide mitigating actions to achieve the standard.

Achievement of acquired C. Difficile infection against trajectory. Root cause analysis of cases has taken place and does not suggest any issue with cross-infection

**Recommendation**

For the Executive Board to receive this high level summary report for information and to raise any queries for clarification.

**Relevant Strategic Objectives (please mark in bold)**

<b>Achieve the best patient experience</b>	<b>Achieve financial sustainability</b>
<b>Improve patient safety and provide high quality care</b>	<b>Build successful relationships with external organisations and regulators</b>
<b>Attract, develop and motivate effective teams</b>	

<b>Links to the BAF and Corporate Risk Register</b>	
<b>Details of additional risks associated with this paper</b> <i>(may include CQC Essential Standards, NHSLA, NHS Constitution)</i>	
<b>Links to NHS Constitution</b>	Key Quality and Performance Indicators provides assurances on delivery of rights of patients accessing NHS care.
<b>Financial Implications/Impact</b>	The financial implications associated with any performance indicators underachieving against the standards are identified.
<b>Legal Implications/Impact</b>	Failure to deliver key indicators results in Monitor placing the trust in breach of its authorisation
<b>Partnership working &amp; Public Engagement Implications/Impact</b>	
<b>Committees/groups where this item has been presented before</b>	The Board receives monthly updates on the reporting areas identified with the IPR.
<b>Monitoring and Review</b>	
<b>Is a QIA required/been completed? If yes provide brief details</b>	

**TRUST KEY PERFORMANCE INDICATORS**  
Monitor compliance  
December 2013



Ref.	MONITOR COMPLIANCE FRAMEWORK		Target	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	In month Change	Q3 2013/14	Q2 2013/14	Q1 2013/14	YTD 13/14	Q4 2012/13	Q3 2012/13	2012/13
	Referral to Treatment:	Admitted Patient Care (90% of patients treated within 18 weeks)	>=90%	94.39%	95.33%	93.57%	91.86%	91.84%	92.26%	↑	91.97%	94.36%	95.49%	93.93%	93.34%	86.44%	88.86%
		Non Admitted Patient Care (95% of patients treated within 18 weeks)	>=95%	96.07%	95.50%	95.15%	95.00%	93.93%	94.30%	↑	94.42%	95.59%	95.65%	95.21%	95.52%	93.91%	94.71%
		Incomplete Pathways (92% of patients complete pathway within 18 weeks)	>=92%	95.06%	94.59%	93.83%	92.43%	92.27%	91.25%	↓	91.25% Dec 13 Snapshot position	93.83% Sept 13 Snapshot position	95.11% June 13 Snapshot position	-	95.24% March 13 Snapshot position	93.51% December 12 Snapshot position	95.24% March 13 Snapshot position
A&E Clinical Quality: Total Time in A&E Dept	SFHFT (% <4 hour wait)	>=95%	96.37%	97.81%	95.77%	96.14%	96.87%	94.28%	↓	95.74%	96.66%	96.73%	96.38%	93.43%	92.74%	94.34%	
	Kings Mill (% <4 hour wait)	>=95%	95.26%	97.04%	94.13%	94.70%	95.70%	91.69%	↓	94.04%	95.48%	95.67%	95.07%	91.13%	90.66%	92.85%	
	Newark (% <4 hour wait)	>=95%	97.99%	99.06%	99.29%	99.06%	99.20%	98.86%	↓	99.04%	98.75%	98.63%	98.79%	98.78%	99.13%	99.20%	
Cancer	2 week wait: All Cancers	>=93%	94.47%	92.67%	94.04%	95.75%	95.37%	(95.32%)	↓	(95.47%)	93.74%	94.13%	(94.69%)	95.48%	96.23%	95.83%	
	2 week wait: Breast Symptomatic	>=93%	95.35%	93.33%	96.55%	84.21%	94.59%	(100.00%)	↑	(93.04%)	95.10%	97.60%	(96.20%)	95.08%	94.87%	95.54%	
	31 day wait: from diagnosis to first treatment	>=96%	100.00%	99.11%	100.00%	100.00%	100.00%	(100.00%)	↔	(100.00%)	99.71%	99.70%	(99.85%)	99.30%	99.39%	99.43%	
	31 day wait: for subsequent treatment - surgery	>=94%	100.00%	100.00%	100.00%	100.00%	100.00%	(100.00%)	↔	(100.00%)	100.00%	96.67%	(98.90%)	100.00%	100.00%	98.65%	
	31 day wait: for subsequent treatment - drugs	>=98%	100.00%	100.00%	100.00%	100.00%	100.00%	(100.00%)	↔	(100.00%)	100.00%	100.00%	(99.36%)	100.00%	100.00%	100.00%	
	62 day wait: urgent referral to treatment	>=85%	90.00%	86.51%	88.57%	88.67%	88.80%	(93.27%)	↑	(89.71%)	88.46%	91.37%	(90.62%)	89.29%	89.56%	90.78%	
	62 day wait: for first treatment - screening	>=90%	100.00%	100.00%	100.00%	100.00%	100.00%	(100.00%)	↔	(100.00%)	100.00%	100.00%	(98.85%)	97.67%	90.57%	94.95%	
Data Completeness:	Community Referral to Treatment information	>=50%	86.41%	86.10%	85.92%	86.76%	87.55%	84.24%	↓	86.22%	86.14%	81.81%	84.64%	78.46%	72.94%	74.35%	
	Community Referral information	>=50%	53.82%	54.20%	54.77%	54.01%	53.49%	54.37%	↑	53.96%	54.26%	54.16%	54.13%	54.28%	54.03%	54.37%	
	Community Treatment activity - and care contact	>=50%	77.11%	76.85%	77.36%	75.51%	75.44%	75.56%	↑	75.50%	77.11%	76.69%	76.48%	67.82%	68.54%	68.77%	
Infection Prevention Control:	MRSA Bacteraemia (No. of cases attributed to Trust) - NB Not applicable for Monitor Compliance @ 01/10/2013	0	1	0	1	0	0	0	↔	0/0	2/0	1/0	3/0	0	0	0	
	Clostridium Difficile Infections (No. of cases attributed to Trust)	2	2	4	3	4	5	2	↑	9/6	11/7	8/6	28/25	12/9	8/9	29/36	
Access to Healthcare for people with learning disabilities	Compliance	Compliant							↔								
CQC Compliance	compliance points relative to site visits	0							↔								
Monitor Compliance Points												1.0	1.0		2.0	3.0	N/A
Governance Risk Rating (GRR)												RED	RED		RED	RED	N/A

Ref	CONTRACTUAL PERFORMANCE METRICS	Target	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	In month change	Q3 2013/14	Q2 2013/14	Q1 2013/14	YTD 2013/14	Q4 2012/13	Q3 2012/13	Full Year 2012/13
A&E Clinical Quality:	SFHTT (% <4 hour wait) Total Time in A&E Dept	>=95%	96.37%	97.81%	95.77%	96.14%	96.87%	94.28%	↓	95.74%	96.66%	96.73%	96.38%	93.43%	92.74%	94.34%
	Unplanned re-attendance rate within 7 days of original attendance	<=5%	5.51%	5.46%	5.36%	4.99%	5.39%	5.38%	↑	5.25%	5.45%	5.53%	5.41%	5.02%	5.94%	5.70%
	Left without being seen rate	<=5%	2.10%	1.58%	1.46%	1.84%	1.58%	1.76%	↓	1.73%	1.73%	1.66%	1.71%	1.73%	2.11%	2.08%
	Time to Initial Assessment for patients arriving by emergency ambulance (95th percentile - Mins)	<=15	29	26	27	25	26	28	↓	27	28	29	28	33	42	39
	Time to Initial Assessment for patients arriving by emergency ambulance (Median Minutes)	<=16	4	4	4	3	4	4	↔	4	4	4	4	5	7	6
	Time to Treatment (Median minutes wait from arrival to treatment)	<=60	57	40	43	47	48	44	↑	46	46	52	48	55	57	56
Ambulance Turnaround Times	Average Clinical Handover Time (%)	>=65%	59.72%	61.89%	64.79%	60.68%	60.98%	60.87%	↓	60.84%	62.16%	61.52%	61.48%	54.69%	51.17%	55.64%
Delayed Transfer of Care	Trust Total % (at snapshot position)	3.50%	4.65%	4.94%	4.37%	4.18%	6.56%	6.68%	↓	5.81%	4.65%	4.54%	5.00%	3.63%	6.75%	5.97%
Cancelled Operations:	% Of elective admissions	<=0.8%	0.40%	0.29%	0.65%	0.48%	0.78%	1.22%	↓	0.80%	0.45%	0.42%	0.56%	0.82%	0.98%	0.71%
	% Breached 28 day guarantee	<=5%	0.00%	11.11%	0.00%	0.00%	3.57%	0.00%	↑	1.23%	2.22%	0.00%	1.18%	0.00%	0.95%	0.75%
Diagnostic waiting times <6weeks	%	>=99%	99.84%	99.82%	99.84%	99.90%	99.47%	98.42%	↓	-	-	-	-	-	-	-
Choose & Book:	Ratio: Slot issues per booking	<0.05	0.08	0.08	0.08	0.07	0.11	0.08	↑	-	-	-	-	-	0.08	-
SUS data:	% uncoded within 5 days of month end	<20%	27.92%	20.59%	22.22%	23.18%	25.16%	30.89%	↓	-	-	-	-	-	-	-
Referral to Treatment:	Admitted Patient Care (90% of patients treated within 18 weeks)	>=90%	94.39%	95.33%	93.57%	91.86%	91.84%	92.26%	↑	91.97%	94.36%	95.49%	93.93%	93.34%	86.44%	88.86%
	Non Admitted Patient Care (95% of patients treated within 18 weeks)	>=95%	96.07%	95.50%	95.15%	95.00%	93.93%	94.30%	↓	94.42%	95.59%	95.65%	95.21%	95.52%	93.91%	94.71%
	Incomplete Pathways (92% of patients complete pathway within 18 weeks)	>=92%	95.05%	94.59%	93.83%	92.43%	92.27%	91.25%	↓	-	-	-	-	-	-	-
	18week RTT for direct access audiology completed pathways (treated)	>=95%	99.47%	99.63%	99.62%	99.43%	99.68%	100.00%	↑	99.69%	99.56%	99.65%	99.63%	99.35%	99.75%	99.69%
	Patients on an Incomplete Pathway waiting 52 weeks & Over	0	2	1	0	0	1	23	↓	-	-	-	-	-	-	-
Cancer	2 week wait: All Cancers	>=93%	94.47%	92.67%	94.04%	95.75%	95.37%	(95.32%)	↓	(95.47%)	93.74%	94.13%	(94.69%)	95.48%	96.23%	95.83%
	2 week wait: Breast Symptomatic	>=93%	95.35%	93.33%	96.55%	84.21%	94.59%	(100.00%)	↑	(93.04%)	95.10%	97.60%	(96.20%)	95.08%	94.87%	95.54%
	31 day wait: from diagnosis to first treatment	>=96%	100.00%	99.11%	100.00%	100.00%	100.00%	(100.00%)	↔	(100.00%)	99.71%	99.70%	(99.85%)	99.30%	99.39%	99.43%
	31 day wait: for subsequent treatment - surgery	>=94%	100.00%	100.00%	100.00%	100.00%	100.00%	(100.00%)	↔	(100.00%)	100.00%	96.67%	(98.90%)	100.00%	100.00%	98.65%
	31 day wait: for subsequent treatment - drugs	>=98%	100.00%	100.00%	100.00%	100.00%	100.00%	(100.00%)	↔	(100.00%)	100.00%	100.00%	(99.36%)	100.00%	100.00%	100.00%
	62 day wait: urgent referral to treatment	>=85%	90.00%	86.51%	88.57%	88.00%	88.80%	(93.27%)	↑	(89.71%)	88.46%	91.37%	(90.62%)	89.29%	89.56%	90.78%
	62 day wait: for first treatment - screening	>=90%	100.00%	100.00%	100.00%	100.00%	100.00%	(100.00%)	↔	(100.00%)	100.00%	100.00%	(98.85%)	97.67%	90.57%	94.95%
	62 day wait: consultant upgrade	>=91%	100.00%	100.00%	100.00%	100.00%	100.00%	(100.00%)	↔	(100.00%)	100.00%	100.00%	(100.00%)	86.36%	91.67%	93.64%
Infection Prevention Control:	MRSA Bacteraemia (No. of cases attributed to Trust)	0	1	0	1	0	0	0	↔	0/0	2/0	1/0	3/0	0	0	0
	Clostridium Difficile Infections (No. of cases attributed to Trust)	2	2	4	3	4	5	2	↑	11/6	9/7	8/6	28/25	12/9	8/9	29/36

denotes when the target is a contractual and Monitor performance target that is replicated in the Monitor compliance dashboard

Ref.	QUALITY & SAFETY METRICS	Target			Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	In month change	Q3 2013/14	Q2 2013/14	Q1 2013/14	Q4 2012/13	Q3 2012/13	2012/13	YTD 2013/14	
		G	A	R															
	HSMR	<=100	-	>100							N/A				96.8	118.5	N/A	N/A	
	Patient Safety Incidents (Datix reported)	Catastrophic-Death	0%	-	0%	1 (<1%)	0 (0%)	2 (<1%)	2 (<1%)	2 (<1%)	5 (<1%)	↔	9	3	0	2	3	6	12
		Severe harm	0%	-	0%	0 (0%)	1 (<1%)	4 (<1%)	10 (<1%)	4 (<1%)	9 (<1%)	↔	23	5	1	0	1	3	29
		Moderate harm	<=5%	-	>5%	22 (4%)	15 (3%)	73 (10%)	50 (5.4%)	51 (6.8%)	65 (6.8%)	↔	166	110	60	20	52	154	336
		Low harm	<=23%	-	>23%	82 (14%)	82 (15%)	159 (21.8%)	265 (28.9%)	221 (29.4%)	299 (31.1%)	↑	785	323	228	90	240	787	1336
		No harm	>=72%	-	<72%	488 (82%)	426(81%)	492 (67.4%)	591 (64.4%)	473 (63.0%)	584 (60.7%)	↓	1648	1406	1293	473	1325	4152	4347
	Never Event (number of reported events)	0	-	>0	1	0	0	0	0	1	↑	1	1	0	0	0	0	2	
	Serious incidents (reported externally to CCG)	<21	21-27	>28	9	2	5	10	6	6	↔	22	16	34	32	31	98	72	
	Infection Prevention Control:	MSSA Bacteremia (No. of hospital acquired cases)	0	0	2.5	0	0	3	1	1	2	↑	4	3	6	3	6	13	13
		E Coli bacteremia (No. of Hospital acquired cases)	0	2	4	2	3	5	6	4	14	↑	24	10	10	13	19	32	44
		E. Coli Urinary Catheter Associated Bacteremia (No. of hospital acquired cases)	0	0	12	0	0	1	1	0	2	↑	3	1	3	1	0	2	7
		Other Urinary Catheter Associated Bacteremia (No. of hospital acquired cases)	0	0	1	0	0	0	0	1	1	↔	2	0	2	1	0	3	4
		Surgical Site Infections (Total Knee Replacement surgery)	0	0	1	0	0	0	0	0	0	↔	0	0	0	0	0	0	0
		Surgical Site Infections (Total Hip Replacement surgery)	0	0	1	0	0	0	0	0	0	↔	0	0	1	0	0	2	1
	Slips, trips and falls	Total number of Inpatient Falls	-	-	-	162	164	152	182	170	215	↑	567	478	462				1507
		Falls rate per 1000 occupied bed days	-	-	-	7.90	7.99	7.30	8.20	8.11	9.79	↑	8.70	7.73	7.44	New methodology agreed for 2013/14			7.96
		Number of Inpatient Falls resulting in harm				38	52	32	39	46	50	↑	72	122	135				329
		Falls rate per 1000 occupied bed days resulting in harm	-	-	-	1.85	2.56	1.54	1.76	2.20	2.28	↑	2.08	1.98	1.16	New methodology agreed for 2013/14			1.74
	Pressure Ulcer (post admission/avoidable)	Grade 2	<5	>=5<=10	>10	8	7	5	17	6	7	↑	30	20	43	54	30	135	93
		Grade 3	<2	>=2<=4	>4	0	1	0	2	1	1	↔	4	1	11	9	6	23	16
		Grade 4	0	-	>=1	0	0	0	0	0	0	↔	0	0	0	0	1	2	0
	Medication related incidents	Total Number of medication errors resulting in any harm	-	-	-	2	1	6	10	11	24	↑	45	9	5				59
		Number of medication errors per 1000 occupied bed days resulting in serious harm	-	-	-	0.00	0.05	0.29	0.00	0.00	0.00	↔	0.00	0.34	0.00	New methodology agreed for 2013/14			0.34
	Cardiac Arrest Calls (outside of ICCU) - 1-5 per 1000 admission	<3.5 per 1000	>3.5 per 1000	>5 per 1000	1.3	1.4	2.0	3.0	1.4	3.3	↑	2.6	1.6	2.2	2.1	3.1	3.0	2.1	
	Eliminating Same Sex Accommodation Breaches (No of breaches)	0	-	>=1	0	0	0	0	0	0	↔	0	0	0	0	0	0	0	
	Complaints	No of complaints received in month	<=0.10%	0.11% - 0.19%	>=0.20%	60	72	44	70	48	64	↓	182	197	169	219	174	683	548
		% against activity complaints received in month				0.13%	0.19%	0.03%	0.02%	0.02%	0.03%	↓	0.02%	0.12%	0.14%	New methodology agreed for 2013/14			0.09%
		(Acknowledgement)	>=96%	81-95%	<=80%	100%	100%	100%	100%	100%	100%	↔	100%	100%	69%	77%	84%	89%	90%
	PALS	Compliments	-	-	-	58	80	93	58	46	120	↑	224	231	317	240	246	915	772
		Concerns - volume received	<=0.10%	0.11% - 0.19%	>=0.20%	347	334	319	335	293	242	↓	870	1000	800	779	1052	3822	2670
		Concerns - % against activity				0.77%	0.88%	0.77%	0.75%	0.69%	0.64%	↓	0.69%	0.80%	0.66%	New methodology agreed for 2013/14			0.72%
		First Line Complaints - volume received	<=0.10%	0.11% - 0.19%	>=0.20%	12	15	14	9	7	11	↑	27	41	57	67	55	201	125
		Complaints - % against activity				0.03%	0.04%	0.03%	0.02%	0.02%	0.03%	↑	0.02%	0.03%	0.05%	New methodology agreed for 2013/14			0.03%
	Net Promoter	NHS Friends and Family Test (5 start rating scoring)	>=4	>=3.5	<3.5	4.6	4.8	4.5	4.6	4.6	4.6	↔	4.6	4.6	4.6	2012/13 data not collected in Five Star rating method		N/A	N/A
		NHS Friends and Family Test (proportional score) (DH deem above 50 as excellent)	50	45	40	60	61	60	64	62	62	↔	62.8	60	61	2012/13 data not collected in Five Star rating method		N/A	N/A
	Midwife to birth ratio	1.28	1.30	>1.30			01:30	00:00	00:00	00:00	↔	0.00	1.30	1.28	01:34	01:33	01:32.1	0.86	
	Information Governance (Scores for IG Toolkit)	>=70% scored at level 2	-	<70% scored at level 2	72%	72%	72%	72%	72%	72%	↔	72%	72%	72%	72%	49%	64%	72%	
	Nursing Metrics:	Continence Assessment	>90%	>85%	<85%		88%	84%	90%	83%	84%	-	90%		94%	93%	94%	93%	90%
		Dementia	>90%	>85%	<85%				68%	76%	63%	-	69%	Data not available prior to use of FOCUS IT					69%
		Falls	>90%	>85%	<85%		92%	95%	97%	97%	96%	-	97%		93%	94%	96%	96%	97%
		Infection control	>90%	>85%	<85%		94%	96%	97%	97%	97%	-	97%	Data not available prior to use of FOCUS IT					97%
		Meds	>90%	>85%	<85%		93%	96%	97%	97%	97%	-	97%		90%	94%	93%	94%	97%
		Nutritional	>90%	>85%	<85%		93%	93%	96%	96%	94%	-	96%		90%	82%	87%	86%	96%
		Observations	>90%	>85%	<85%		90%	89%	93%	90%	92%	-	93%		88%	90%	88%	87%	93%
		Pain	>90%	>85%	<85%		86%	88%	91%	83%	85%	-	91%		90%	86%	89%	88%	91%
		Privacy	>90%	>85%	<85%		-	-	99%	99%	100%	-	99%		95%	98%	95%	96%	99%
		Safeguarding	>90%	>85%	<85%				92%	84%	83%	-	86%	Data not available prior to use of FOCUS IT					
		Staff	>90%	>85%	<85%				91%	96%	94%	-	94%	Data not available prior to use of FOCUS IT					
		Tissue Viability	>90%	>85%	<85%		81%	85%	84%	84%	86%	-	84%		94%	94%	96%	94%	84%

Denotes not applicable at time of report  
Not available at time of report publication

Monthly Trend	
↕	Improved Performance
↔	In line with previous period
↓	Deterioration in Performance

↕	Achieving threshold improving performance
↔	Achieving threshold deteriorating performance
↓	Failing threshold improving performance
↓	Failing threshold deteriorating performance

Code	HR WORKFORCE METRICS	Target effective from 1st April 13 (establishment target based on end of year target requirement)			Oct-13	Nov-13	Dec-13	In month change	Q3 2013/14	Q2 2013/14	Q1 2013/14	Q4 2012/13	Q3 2012/13	YTD 2013/14
		G	A	R										
Workforce Numbers	Establishment	< or = 3666.58		>3666.58	3793.23	3807.90	3817.00	9.10	3806.04	3701.07	3666.65	3484.59	3489.59	3724.59
	Staff in Post	-	-	-	3513.16	3544.61	3549.38	4.77	3535.72	3457.03	3411.98	3346.16	3352.58	3468.24
	Vacancies (Diff between Bud. Est. & SIP)	< or = 7.50%	> 7.50% & < 10.00%	>10.00%	-280.07	-263.29	-267.62	-4.33	-270.33	-247.17	-254.66	-138.44	-137.01	-256.35
	Turnover Rate (%)	<9.45%	>9.45% & <10.40%	>10.40%	5.74%	6.55%	7.17%	0.62%	7.17%	4.99%	2.33%	9.73%	7.35%	4.02%
Attendance and Wellbeing - * This is the cost of salary paid to those who were absent due to sickness.	Sickness Absence (%) - Short Term	<1.52%	>1.52% & <1.68%	>1.68%	2.59%	2.69%	2.18%	-0.51%	2.49%	2.35%	2.72%	2.73%	2.63%	2.52%
	Sickness Absence (%) - Long Term	<1.64%	>1.64% & <1.82%	>1.82%	1.97%	2.25%	2.38%	0.13%	2.20%	2.05%	2.00%	2.44%	2.56%	2.09%
	Sickness Absence (%) - Total	<3.51%	>3.51% & <3.85%	>3.85%	4.56%	4.95%	4.56%	-0.39%	4.69%	4.40%	4.72%	5.17%	5.19%	4.61%
	Absence Cost (£) - Short Term*	-	-	-	£191,367	£236,107	£214,768	-£21,339	£642,242	£569,107	£660,615	£658,287	£654,933	£1,871,964
	Absence Cost (£) - Long Term*	-	-	-	£145,490	£207,837	£232,234	£24,397	£585,561	£509,357	£559,857	£613,486	£660,186	£1,654,775
	Absence Cost (£) - Total*	-	-	-	£336,857	£443,944	£447,002	£3,058	£1,227,803	£1,078,464	£1,220,472	£1,271,773	£1,315,119	£3,526,739
	Absence 12 month rolling rate (%) - Short Term	<1.52%	>1.52% & <1.68%	>1.68%	2.61%	2.61%	2.57%	-0.04%	2.60%	2.60%	2.55%	2.43%	2.33%	2.58%
	Absence 12 month rolling rate (%) - Long Term	<1.64%	>1.64% & <1.82%	>1.82%	2.22%	2.20%	2.17%	-0.03%	2.20%	2.27%	2.25%	2.28%	2.29%	2.24%
	Absence 12 month rolling rate (%) - Total	<3.51%	>3.51% & <3.85%	>3.85%	4.83%	4.81%	4.75%	-0.06%	4.80%	4.87%	4.80%	4.70%	4.62%	4.82%
	Maternity (WTE on maternity in month)	-	-	-	76.67	80.00	78.43	-1.57	78.37	84.76	88.53	87.33	88.50	83.89
Income and Staff Costs	Annual Clinical Income per WTE (£)	-	-	-	£62,110	£61,862	£61,198	-£664	£61,723	£62,205	£62,068	£62,514	£62,187	£61,999
	Annual Average Salary per WTE (£)	-	-	-	£45,544	£45,267	£45,159	-£108	£45,323	£46,035	£46,218	£45,752	£45,221	£45,859
Staff Performance	AFC Rolling 12 month Appraisal completion rate	>79%	>79% & <71%	<71%	73.04%	74.79%	78.27%	3.48%	78.27%	69.48%	59.37%	46.81%	48.00%	78.27%
	Mandatory Training Completion	>98%	>88% & <98%	<88%	75.00%	76.00%	76.00%	0.00%	76.00%	75.00%	75.00%	74.00%	71.00%	76.00%



#### Workforce Summary

##### Key Issues:-

- Workforce Numbers & Cost – The budgeted establishment in month was 3817.00 wte an increase of 9.10 wte and staff in post was 3549.38 wte an increase of 4.77 wte. Pay spend in month was £13.89m (decrease of £0.43m), of which £12.08m was fixed pay spend and £1.83m was variable pay spend (decrease of £0.13m since last month) which equates to 13.20%.
- Sickness Absence – Staff absence levels have decreased in month. In November 2013 total absence was 4.95% decreasing by 0.39% to 4.56% in December 2013. Short term absence has decreased from 2.69% to 2.18% (0.51%) and long term has increased from 2.25% to 2.38% (0.13%). The month rate is 4.56% with the rolling 2013 12 month rate at 4.75% which is 0.11% higher than 2012 (4.64%). Absence must be effectively managed in order to ensure levels of care are maintained and cost levels are reduced.
- Agenda for Change Appraisal Completion – Tith current appraisal rate is 78.27% which has increased since last month by 3.48%. Since April 2013, appraisal rates have increased by 23.67% from 54.60%.

#### Workforce Numbers

- Budgeted Establishment - In comparison to last month, budgeted establishment has increased by 9.10 wte to 3817.00 wte. Budgeted establishment (3817.00 wte) is above the annual plan projection of 140.89 wte.
- Staff in post - has increased by 4.77 wte to 3549.38 wte in December 13 from 3544.61 wte in November 13.
- The number of vacant posts is currently 267.62 wte which is an increase of 4.33 wte since November 13. The Trust vacancy rate is 7.01%, the majority of vacancies continue to be in registered Nursing (124.31 wte/9.86% vacancy rate).
- Comparison with 12/13 - The current budgeted establishment is 3817.00 wte which is 324.90 wte above than the budgeted establishment position of 3492.10 wte at December 12. When comparing current staff in post 3549.38 wte is 202.25 wte above December 12, 3347.13 wte.
- Against Annual Plan - In terms of annual plan, the Trust is significantly above projections set at the commencement of the financial year of 3676.11 wte and are above plan by 140.89 wte.
- Turnover - current FYTD turnover is 7.17% which is consistent with the rate for the same period 12/13 of 7.35%. This does not include junior doctors leaving for rotation.

#### Attendance & Wellbeing

- In Month - Trust absence levels have decreased in month by 0.39% to 4.56%. When comparing against December 12, the absence rate was 5.39%, with absence for December 13 0.83% is below the same period last year.
- Rolling 12 Months Absence - The rolling 12 month period absence is currently 4.75% which is 1.25% above the target of 3.50%. This is 0.11% above the same period for January 12 to December 12 of 4.64%.
- Absence Cost - The cost of salary paid to absent staff for December was £447k, for the 12 month rolling year this equates to £4.80m. This is the direct cost of paying staff whilst they are on sick leave and does not account for additional hours/overtime/bank/agency used.
- Occupational Health activity - During December 13 there have been a total of 66 referrals to Occupational Health to support staff at work/returning to work, this is a decrease since last month of 41.07%.
- Sickness Actions - The Executive Team has agreed a new performance and escalation process to appropriately support and challenge areas of poor performance against KPI's which has been launched in January 13. The meetings will not only address sickness, but will look at areas of concern for vacancies, appraisal and variable pay expenditure. All managers continue to be provided on a monthly basis absence dashboards to assist them in the management of sickness absence within their area of responsibility.
- The top three absence reasons for all staff : 1) Anxiety/ stress/ depression/ other psychiatric illnesses (20.25%), 2) Gastrointestinal problems (10.86%), 3) Other MSK Problems (8.62%)

#### Workforce Productivity & Staff Costs

- Clinical Income - Current financial year to date clinical income is £61k per WTE which is slightly below the 12 month trend of £62k per WTE.
- Average Salary - Average salary per WTE of £45k in December 13 which remains static since January 13.
- Pay Spend - In month the total pay spend was £13.89m, of which £12.08m was fixed pay spend. Total pay spend is above total pay spend plan of £13.16m by £0.73m.
- Variable Pay - spend was £1.83m for November 13 (13.20% of total pay spend), which is an decrease against last month, and remains above the variable pay spend plan of £0.13m.

#### Staff Training & Development

- Mandatory training - the current rate is 76% which is a 1% increase from the Oct 13 position of 75%.
- Workforce planning and training needs analysis have commenced to formulate the workforce plan.

#### Recruitment & Selection

- New Consultants:  
- No update
- Consultants Leaving:  
- No update

#### Workforce Change

- The CIP target of £13.3m requires workforce savings of £9.6m. Activity is underway to commence planning for 2014/15 CIP schemes with workforce planning cycle also launched in tandem.

#### Health & Safety

- There has been no formal contact between the Trust and the Health and Safety Executive (HSE) this month.
- The HSE has recently updated a number of Approved Codes of Practice (ACoPs) including those concerning workplace health, safety and welfare, the control of hazardous substances and the control of legionella. These changes will be incorporated in to health and safety policies as they are reviewed and updated. There are no obvious significant changes for duty holders in the revised ACoPs.

#### Serious Disciplinary & Tribunal Cases

- Activity Summary - As at the end of December 2013 there are 23 formal cases in process with HR under Trust Policies, of which 9 have been disciplinary related, 2 case relates to capability issues, 4 harassment/bullying cases, 3 referrals, 4 grievance and 1 whistleblowing.
- Since last report, one of the Tribunal cases has been resolved, with one Tribunal case remaining in process.
- The Information Commissioner's Office wrote a letter dated 10th December 2013 regarding a complaint from a patient in relation to a Registered Nurse accessing personal records inappropriately and therefore a breach of the Data protection Act. The Information Commissioner's Office requested a copy of all documentation in relation to the incident including internal investigation report, documentary evidence, audit trails, outcome of disciplinary investigations and the nature of the personal data that had been obtained. This incident occurred in 2012 and the Registered Nurse was subject to a internal disciplinary proceedings and was issued a final written warning. The patient who made the complaint was informed that their demographic information has been accessed and the internal disciplinary process was being followed. The Information Governance Department and HR department collated all the information requested by the Information Commissioner's Office and this was subsequently sent to the Information Commissioner's Office within the timescale specified. The Information Commissioner's Office has responded. The Information Commissioner's Office has reviewed the evidence supplied by the Trust and is satisfied that the Trust has taken the appropriate remedial measures and taken disciplinary action against the employee, and therefore the Information Commissioner's Office will take no further action against the Trust or the nurse. Information Commissioner's Office state that they appreciate there is no single measure to combat a 'rogue employee'. Despite how 'information aware' an organisation may be, there will still be a risk to data by an employee who acts in this manner, however they are satisfied with the steps the Trust has taken post incident. Information Commissioner's Office stated that in future they would encourage the Trust to report any Data Protection Act breaches to the Information Commissioner's Office in order that they can intervene, with the Trust's cooperation, when further action is necessary.