

Board of Directors Meeting

Report

Subject: Integrated Performance Report - Exception Summary Report

Date: 24th April 2014

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Executive Summary

Performance Summary: March 2014

Monitor Compliance

The Trusts performance for Quarter 4 2013/14 remains at a projection of four Monitor compliance points these are due to underachievement against RTT Non-Admitted and Admitted, A&E 4 hour wait, and the overall position for Clostridium Difficile Infection against the annual target.

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 Admitted RTT standards in March 2014 with all three standards having failing when grouped specialties; these are detailed in the table below.

At the February board, it was reported that the volume of backlog patients is creating a significant risk to achievement of the non-admitted and admitted pathways target. Improvements in the clock stop process for non-admitted patients has resulted in patients moving from non-admitted to the admitted pathway after they have breached. To address the situation additional admitted patients had to be booked. This has resulted in the Trust breaching the 90% target.

A risk still remains in achievement of the non-admitted position for April 2014, in-depth work is continuing with specialties to address patients at 14 weeks for both pathways and ensure they could still be treated however in some specialties clinical ownership remains but in others this has improved.

The Trust has reported 4 patients on an Incomplete Pathway waiting over 52 weeks at March 2014 month end, these relate solely to Orthodontics. Of the four patients two have a treatment date in April 2014 and two are awaiting clinical decision.

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	90.45%	95.40%	90.94%	94.33%	96.72%	75.93%	92.77%	100.00%	92.15%	90.30%	97.47%	92.29%	92.13%	97.58%	93.49%	94.79%	91.16%	92.35%
Admitted	78.57%	92.22%	90.17%	90.00%	88.04%	89.89%	96.43%		97.78%	94.44%	100.00%		100.00%			88.70%	89.92%	86.05%
Non-Admitted	84.55%	90.05%	90.03%	93.40%	96.06%	90.46%	96.15%		88.94%	91.90%	97.55%	92.98%	96.82%	99.03%	98.92%	95.10%	94.51%	94.11%

As a result of failure to achieve the original trajectories for RTT from February 2014 a more significant management restructure was implemented in early February for Planned Care and Surgery Division. This was to support the significant recovery action plan which required additional capacity and experience in order to drive through improvements to sustainably deliver these standards.

With new management structures and improvement plans in place performance management meetings that review down to patient level will continue to monitor all areas of RTT performance. This will ensure performance is sustained for those that already achieve the RTT standards as well as for those specialties that currently underachieve. Although the impact of these meetings and restructures has yet to be fully quantified it is anticipated that it will deliver a much greater level of assurance than previously was in place.

Should the Trust fail to achieve the recovery plans and trajectories agreed with commissioners a *Failure to Deliver a Remedial Action Plan* notice will be enacted along with the financial penalty, which is 2% of elective clinical income.

April 2014 will show a substantial improvement in RTT Admitted building on work completed in March 2014. It is not anticipated that all specialties will achieve the standard and this risk echoes discussion with our commissions.

ED

In 2013/2014 the trust exceeded the annual 95% 4 hour standard. Achieving 95.66%.

Throughout the year there were significant pressure points where the target was not met. Q4 was the worst performing quarter with 93.54% achievement. This represented the substantial impact of winter pressures. More specifically it exposed the increased demand on inpatient beds and frail elderly services within and outside of the trust.

Whilst the poor performance in Q4 was unacceptable there were a number of lessons learnt and successful schemes that delivered the overall positive position in 2013/14. This learning from successful schemes is now combined with a number of new schemes to form the 2014/2015 emergency pathway improvement programme. The test of this programme will only truly be felt in Q3 and Q4 when demand and complexity will build to similar if not higher levels than that experience in 2013/2014.

April month has historically represented a significant challenge to the trust in managing the emergency care pathway. 2014 has been no exception to this and in the first two weeks of the month similar winter pressures activity was experienced. During this period there was one instance of breaching the 12 hour trolley wait national indicator. We believe this to be an exceptional and an isolated incident. This standard is not part of formal access target within the contract with commissioners or part of the monitor compliance risk framework. Separate actions and learning from this incident have specifically been incorporated into the improvement plan.

Un-coded Activity

The level of un-coded admitted patient care spells at the 5th working day of the month has increased slightly to 21.58% 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 backlog has significantly decreased and by continuing to reduce the current backlog whilst processing the current month this will give a more sustainable position going forward, current projections indicate that the volume of un-coded March 2014 FCE's at the initial SUS submission in April 2014 will be approximately 5% (400 FCEs). During the first 9 months of 13/14 the average un-coded position was 19% (1767 FCEs).

Following the visit to Newcastle upon Tyne Hospitals NHS Foundation Trust as part of the *buddy* arrangements with the Trust the sharing of coding working processes will begin during May 2014 with a view to adopting areas of best practice.

ASI Rates

For the month of March 2014 Choose and Book Available Slot Issue (ASI) rate was 13% against a target of 5%. This is a substantial deterioration from February's achievement.

A formal investigation is under way by commissioners to understand the extent of referral backlog at the Newark and Sherwood commissioned referral gateway. From internal investigations it has been highlighted that the backlog of referrals was at an average of 30 days delay from gateway to Trust. In response to this the commissioners enforced an improvement trajectory which resulted in a considerable increase in referrals to the Trust over a short period of time.

Further investigation to ascertain the impact of these delays on the RTT standards is underway and will be combined with CCG formal investigation in discussions regarding penalties/formal compliance against standards.

Cancelled Operations

In March 2014 0.8% of patients were cancelled on the day for their elective procedure against a target of $\leq 0.8\%$. This is an improvement from February 2014 position. The overall volume of patients cancelled during the month equated to 30 with 19 (63%) being cancelled due to list overrun. The overall volume of cancellations has reduced from February by 7 patients.

Quality

Patient Safety Incidents (Datix reported)

Datix Reported Incidents with severity coding of either 'Catastrophic death' or 'Severe harm' will be revalidated and re categorised to either patient safety related or Non patient safety related. Datix does not have the functionality at the present time.

The Clinical Governance Lead reviews the incidents coded as 'Catastrophic death' or 'Severe harm' incidents each month to identify those incidents that may be Trust apportioned and require further investigation. The Trust apportioned 'Catastrophic death' or 'Severe harm' incidents are identified within the IPR and non-Trust apportioned incidents are now not included in the numbers.

The monthly figure for Serious Incidents reported on STEIS for the year 2013-2014 have been refreshed within the IPR to ensure accuracy of reporting.

March 2014 Successes

The Trust has maintained the 'excellent' rating for the NHS Friends and Family Test, with a consistent performance above the national thresholds for all four quarters.

The number of complaints received has fallen for a second month.

Q1 14/15 Forecast Risks

As detailed above the key risks identified are:

- Non-Admitted RTT achievement if of 95% Monitor standard
- A&E 4hrs Wait achievement of 95% Monitor standard
- ASI Rates breaching 5% Acute Contract Operational standard

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)

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

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

Ref	CONTRACTUAL PERFORMANCE METRICS	Target	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	In month change	Q4 2013/14	Q1 2013/14	Q2 2013/14	Q3 2013/14	YTD 2013/14	Q4 2012/13	Full Year 2012/13
	SFHFT (% <4 hour wait) Total Time in A&E Dept	>=95%	96.14%	96.87%	94.28%	93.85%	92.72%	93.96%	↑	93.54%	96.73%	96.66%	95.74%	95.66%	93.43%	94.34%
	Unplanned re-attendance rate within 7 days of original attendance	<=5%	4.99%	5.39%	5.38%	5.00%	5.22%	5.42%	↓	5.22%	5.53%	5.45%	5.20%	5.16%	5.02%	5.20%
	Left without being seen rate	<=5%	1.84%	1.58%	1.76%	1.50%	1.87%	2.12%	↔	1.84%	1.73%	1.73%	1.73%	1.74%	1.73%	2.08%
	A&E Clinical Quality:															
	Time to Initial Assessment for patients arriving by emergency ambulance (95th percentile - Mins)	<=15	25	26	28	26	32	35	↓	31	28	28	27	25	31	30
	Time to Initial Assessment for patients arriving by emergency ambulance (Median Minutes)	<=16	3	4	4	4	5	5	↔	5	4	4	4	4	5	6
	Time to Treatment (Median minutes wait: from arrival to treatment)	<=60	47	48	44	46	54	58	↔	53	45	46	45	49	55	56
	Ambulance Turnaround Times	>=65%	60.68%	60.98%	60.87%	65.83%	57.07%	57.85%	↑	60.32%	60.84%	62.16%	60.84%	61.18%	54.69%	55.64%
	Delayed Transfer of Care	3.50%	4.18%	6.6%	6.7%	4.1%	5.4%	5.4%	↑	4.9%	4.5%	4.7%	5.0%	5.0%	3.6%	4.0%
	Cancelled Operations:	<=0.8%	0.48%	0.8%	1.3%	1.0%	1.1%	0.8%	↑	1.0%	0.8%	0.5%	0.8%	0.7%	0.8%	0.7%
	% Breached 28 day guarantee	<=5%	0.00%	3.6%	0.0%	2.9%	0.0%	0.0%	↔	1.0%	1.2%	2.2%	1.2%	1.1%	0.0%	0.8%
	Diagnostic waiting times <6weeks	>=99%	99.90%	99.5%	98.4%	98.9%	99.8%	99.8%	↔	-	-	-	-	-	-	-
	Choose & Book:	<0.05	0.07	0.11	0.08	0.04	0.05	0.13	↓	-	-	-	-	-	-	-
	SUS data:	<20%	23.18%	25.16%	30.9%	12.7%	20.4%	21.6%	↓	-	-	-	-	-	-	-
	Referral to Treatment:															
	Admitted Patient Care (90% of patients treated within 18 weeks)	>=90%	91.86%	91.84%	92.3%	89.4%	88.9%	86.1%	↓	88.0%	92.0%	94.0%	92.0%	92.4%	93.3%	88.9%
	Non Admitted Patient Care (95% of patients treated within 18 weeks)	>=95%	95.00%	93.93%	94.3%	94.3%	94.2%	94.1%	↓	94.2%	94.3%	95.6%	94.4%	94.7%	95.5%	94.7%
	Incomplete Pathways (92% of patients complete pathway within 18 weeks)	>=92%	92.43%	92.27%	91.3%	92.1%	92.1%	92.4%	↑	-	-	-	-	-	-	-
	18week RTT for direct access audiology completed pathways (treated)	>=95%	99.43%	99.68%	100.0%	99.5%	100.0%	99.7%	↔	99.7%	99.7%	99.6%	99.7%	99.7%	99.4%	99.7%
	Patients on an Incomplete Pathway waiting 52 weeks & Over	0	0	1	23	10	4	4	↑	-	-	-	-	-	-	-
	2 week wait: All Cancers	>=93%	95.75%	95.37%	95.3%	96.9%	96.4%	(95.5%)	↔	(96.2%)	95.5%	93.7%	95.5%	(94.9%)	95.5%	95.8%
	2 week wait: Breast Symptomatic	>=93%	84.21%	94.59%	100.0%	96.6%	87.9%	(96.4%)	↑	(94.0%)	95.2%	95.1%	93.2%	(95.0%)	95.1%	95.5%
	31 day wait: from diagnosis to first treatment	>=96%	100.00%	100.00%	100.0%	99.2%	100.0%	(100.0%)	↑	(99.3%)	100.0%	99.7%	100.0%	(99.7%)	99.3%	99.4%
	31 day wait: for subsequent treatment - surgery	>=94%	100.00%	100.00%	100.0%	100.0%	100.0%	(100.0%)	↔	(100.0%)	100.0%	100.0%	100.0%	(99.0%)	100.0%	98.7%
	31 day wait: for subsequent treatment - drugs	>=98%	100.00%	100.00%	100.0%	100.0%	100.0%	(100.0%)	↔	(98.0%)	100.0%	100.0%	100.0%	(99.4%)	100.0%	100.0%
	62 day wait: urgent referral to treatment	>=85%	88.00%	88.80%	94.3%	89.4%	80.2%	(88.7%)	↑	(96.4%)	90.3%	88.5%	90.3%	(99.1%)	89.3%	90.3%
	62 day wait: for first treatment - screening	>=90%	100.00%	100.00%	100.0%	100.0%	75.0%	(100.0%)	↑	(94.1%)	100.0%	100.0%	100.0%	(98.0%)	97.7%	95.0%
	62 day wait: consultant upgrade	>=91%	100.00%	100.00%	100.0%	100.0%	100.0%	(75.0%)	↓	(93.3%)	100.0%	100.0%	100.0%	(92.4%)	86.4%	93.6%
	Infection Prevention Control:															
	MRSA Bacteraemia (No. of cases attributed to Trust)	0	0	0	0	0	0	0	↔	0/0	2/0	2/0	0/0	1/0	0	0
	Clostridium difficile infections (No. of cases attributed to Trust)	2	4	5	2	1	5	5	↓	8/6	11/6	9/7	11/6	38/25	12/0	29/36

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

Metric	Target	In month												In month change	YTD										
		Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Q1 2024/24	Q2 2024/24	Q3 2024/24	Q4 2024/24	2023/23	2024/24												
HSMR	<=100	-	>100												56.8		N/A	N/A							
Patient Incidents (Datix reported)	Catastrophic-Death	0%	0%	5 (<1%)	4 (<1%)	3 (<1%)	1 (<1%)	1 (<1%)	1 (<1%)	2	3	3	6	21											
	Severe harm	0%	0%	9 (<1%)	9 (<1%)	2 (<1%)	0 (<1%)	0 (<1%)	0 (<1%)	12	23	5	1	3	41										
	Moderate harm	<=5%	>5%	65 (6.6%)	46 (5.5%)	53 (5.7%)	67 (7.1%)	67 (7.1%)	67 (7.1%)	165	166	110	60	20	154										
	Low harm	<=25%	>25%	285 (28.9%)	221 (29.4%)	299 (31.1%)	225 (24.5%)	232 (25.2%)	232 (25.2%)	679	785	323	228	90	240	787									
	No harm	>=72%	<72%	591 (64.4%)	473 (63.0%)	584 (60.7%)	551 (66.1%)	621 (67.3%)	621 (67.3%)	1807	1648	1406	1293	473	1325	4152									
Never Event (number of reported events)	0	>0	0	0	0	0	0	0	0	0	0	0	0	0											
Serious Incidents (reported externally to CCG)	<21	21-27	>28												25	23	17	38	31	98	103				
Infection Prevention Control:	MSSA Bacteraemia (No. of hospital acquired cases)	0	0	1	2	3	0	1	1	1	3	1	3	1	0	0	0	0	0	0	0				
	E. Coli bacteraemia (No. of Hospital acquired cases)	0	2	4	14	4	3	0	0	6	4	14	3	0	10	10	13	19	19	32	19				
	E. Coli Urinary Catheter Associated Bacteraemia (No. of hospital acquired cases)	0	0	0	2	1	0	0	0	1	0	2	1	0	3	1	3	1	0	0	2	8			
	Other Urinary Catheter Associated Bacteraemia (No. of hospital acquired cases)	0	0	1	1	0	0	0	0	0	0	1	0	0	2	0	2	1	0	0	3	3			
	Surgical Site Infections (Total Knee Replacement surgery)	0	0	1	0	0	0	0	0	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	0	0	0	0	0	1	0	0	0	2	1			
Total number of Inpatient Falls	-	-	-	182	170	215	195	189	185	185	185	185	185	185	569	567	478	462			2076				
Falls rate per 1000 occupied bed days	-	-	-	8.20	8.11	9.79	9.19	10.21	8.55	8.55	8.55	8.55	8.55	8.55	9.30	8.70	7.73	7.44			New methodology agreed for 2023/24	8.29			
Number of Inpatient Falls resulting in harm	-	-	-	39	46	50	38	36	34	34	34	34	34	34	108	72	122	135				437			
Falls rate per 1000 occupied bed days resulting in harm	-	-	-	1.75	2.20	2.28	1.68	1.82	1.48	1.48	1.48	1.48	1.48	1.48	1.66	2.08	1.98	1.16				New methodology agreed for 2023/24	1.72		
Grade 2	<5	>=5<=10	>10	17	6	7	9	5	7	7	7	7	7	7	17	6	7	7							
Grade 3	<2	>=2<=4	>4	2	1	1	2	0	0	0	0	0	0	0	3	4	1	1							
Grade 4	0	>=1	>=1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
Total Number of medication errors resulting in any harm	-	-	-	10	11	24	7	9	12	12	12	12	12	12	28	43	9	5							
Number of medication errors per 1000 occupied bed days resulting in serious harm	-	-	-	0.00	0.00	0.00	0.00	0.00	0.52	0.52	0.52	0.52	0.52	0.52	0.17	0.00	0.34	0.00				New methodology agreed for 2023/24	0.34		
Cardiac Arrest Calls (outside of ICU) - 1-5 per 1000 admissions	<=3.5 per 1000	>3.5 per 1000	>5 per 1000	3.0	1.4	3.3	1.2	2.5	2.5	2.5	2.5	2.5	2.5	2.5	1.8	2.6	1.5	2.2					2.1		
Eliminating Same Sex Accommodation Breaches (No. of breaches)	0	>=1	>=1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					0		
Complaints	No. of complaints received in month	0.11% - 0.19%	>=0.20%	70	48	64	62	34	27	27	27	27	27	27	123	182	197	169					174	688	671
	% against activity complaints received in month	<=0.10%	>0.10%	0.16%	0.12%	0.17%	0.14%	0.09%	0.06%	0.06%	0.06%	0.06%	0.06%	0.06%	0.16%	0.07%	0.12%	0.11%					New methodology agreed for 2023/24	0.14%	
	(Acknowledgement)	>=95%	<=80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%					84%	89%	97%
	Complaints	-	-	-	58	46	120	77	111	83	83	83	83	83	271	224	231	317	240				246	915	1043
	Concerns - volume received	<=0.10%	>0.10%	>=0.20%	355	293	242	218	152	235	235	235	235	235	1000	1000	1000	1000	1000					1052	3822
Concerns - % against activity	<=0.10%	>0.10%	>=0.20%	0.75%	0.69%	0.64%	0.50%	0.38%	0.56%	0.56%	0.56%	0.56%	0.56%	0.75%	0.69%	0.69%	0.69%					New methodology agreed for 2023/24	0.75%		
First Line Complaints - volume received	<=0.10%	>0.10%	>=0.20%	9	7	11	13	7	9	9	9	9	9	9	29	27	41	57					67	201	125
First Line Complaints - % against activity	<=0.10%	>0.10%	>=0.20%	0.02%	0.02%	0.03%	0.03%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.03%	0.03%					New methodology agreed for 2023/24	0.03%	
NHS Friends and Family Test (5 star rating scoring)	>=4	<=3.5	<=3.5	4.6	4.5	4.5	4.5	4.5	4.6	4.6	4.6	4.6	4.6	4.6	4.5	4.6	4.6	4.6					202/23 data not collected in Five Star rating method	N/A	
NHS Friends and Family Test (proportional score) (DH deem above 50 as excellent)	50	45	40	64	62	62	63	63	63	63	63	63	63	63	63	67.8	60	61					202/23 data not collected in Five Star rating method	N/A	
Midwife to birth ratio	1.28	1.30	>1.30	0.00	0.00	1.28	0.00	1.27	1.27	1.27	1.27	1.27	1.27	1.27	1.27	1.26	1.30	1.28					202/23 data not collected in Five Star rating method	N/A	
Information Governance (Scores for IG Toolkit)	>=70% scored at Level 2	<70% scored at Level 2	<70% scored at Level 2	72%	72%	72%	72%	72%	72%	72%	72%	72%	72%	72%	72%	72%	72%	72%					72%	72%	
	Continence Assessment	>90%	<85%	90%	89%	84%	83%	90%	88%	88%	88%	88%	88%	88%	90%	90%	90%	90%					90%	90%	
	Dementia	>90%	<85%	68%	76%	63%	71%	83%	84%	84%	84%	84%	84%	84%	94%	94%	94%	94%					94%	96%	
	Falls	>90%	<85%	97%	97%	97%	97%	97%	96%	96%	96%	96%	96%	96%	97%	97%	97%	97%					97%	97%	
	Infection control	>90%	<85%	97%	97%	97%	97%	96%	96%	96%	96%	96%	96%	96%	97%	97%	97%	97%					97%	97%	
Nursing Metrics:	Meds	>90%	<85%	96%	96%	94%	94%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%					96%	96%	
	Nutritional	>90%	<85%	96%	96%	94%	94%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%					96%	96%	
	Observations	>90%	<85%	99%	90%	92%	90%	91%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%					90%	90%	
	Pain	>90%	<85%	91%	83%	85%	87%	85%	85%	85%	85%	85%	85%	85%	97%	97%	97%	97%					97%	97%	
	Privacy	>90%	<85%	99%	99%	100%	99%	100%	100%	100%	100%	100%	100%	100%	99%	99%	99%	99%					99%	99%	
Safeguarding	>90%	<85%	92%	84%	83%	83%	85%	84%	84%	84%	84%	84%	84%	85%	85%	85%	85%					85%	85%		
Staff	>90%	<85%	91%	96%	94%	94%	93%	93%	93%	93%	93%	93%	93%	92%	92%	92%	92%					92%	92%		
Tissue Viability	>90%	<85%	84%	84%	86%	87%	87%	87%	86%	86%	86%	86%	86%	87%	87%	87%	87%					87%	86%		

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

Monthly Trend
 ↑ Improved performance in line with previous period
 ↔ Determination in Performance
 ↓ Deterioration in Performance

Achieving threshold Improving performance
 ↓ Achieving threshold Deteriorating performance
 ↑ Falling threshold Improving performance
 ↓ Falling threshold Deteriorating performance

Data not available prior to use of FOCUS IT

Data not available prior to use of FOCUS IT

Data not available prior to use of FOCUS IT

Data not available prior to use of FOCUS IT

Data not available prior to use of FOCUS IT

Attendance & Wellbeing

- a) Occupational Health activity - During March 2014 there have been a total of 72 referrals to Occupational Health to support staff at work/returning to work, this compares to last month's figure that stood at 62 referrals.
- b) The highest working days lost were due to anxiety/stress/depression which totalled 921 days.
- c) The highest number of episodes, which can be mapped back to short term sickness absence was gastrointestinal problems accounting for 154 episodes of absence.

Workforce Productivity & Staff Costs

- a) Pay Spend - In month the total pay spend was £14.93m, of which £12.60m was fixed pay spend. £2.19m of central reserves has been deducted from the total pay spend which meant that the closing pay bill stood at £12.73m.
- b) Variable Pay - spend was £2.3m for March 2014.

Recruitment & Selection

- a) There was one consultant appointment during March 2014 within General Surgery.
- b) There were 50 adverts placed in March 2014.
- c) Nursing Recruitment - International recruitment continues and 52 nurses were offered employment throughout March. International recruitment to medical staff has been less successful.

Health & Safety

- a) There has been no formal contact between the Trust and the Health and Safety Executive (HSE) this month.

Serious Disciplinary & Tribunal Cases

- a) Activity Summary- There are currently 19 on-going employee relations cases all being managed in conjunction with Human Resources:
- Disciplinary – 6
 - Grievance – 4
 - Harassment & Bullying – 2
 - Capability – 5 (this includes sickness capability cases)
 - Referral – 1
 - Whistleblowing – 1
- b) Since last report one Tribunal case remaining in process.

BOARD OF DIRECTORS REPORT

Subject: Workforce Report
Date: Thursday 17th April 2014
Author: Kate Lorenti - Deputy Director of Human Resources
 Lauren Tilstone - Workforce Information Manager
Lead Director: Karen Fisher, Executive Director of Human Resources

Executive Summary

1.0 Budgeted Establishment, Staff in Post, Vacancy Position

- Budgeted establishment increased in March to 3812 wte's from 3809 wte's in February.
- Staff in post increased by 21 wte's in March which totalled 3606 wte's, the highest increase was within the nursing staff group which improved by 11 wte's.
- Vacancies decreased overall by 18 wte's from February 2014, bringing the total vacancy rate to 250 wte's meaning that 6.58% of the budgeted establishment remains vacant. Registered Nursing vacancies decreased by 11 wte's in March 2014.

2.0 Pay – Fixed & Variable

- Fixed Pay increased by £640k in March 2014 totalling £12.68m. The area with the highest increase was non clinical pay.
- Variable Pay increased by £401k in March 2014 totalling £2.32m. Non clinical pay was the area with the highest increase totalling £222k.
- £2.2m is held in central reserves and therefore the total pay bill decreased to £12.73m in March 2014.

3.0 Recruitment

- 50 job adverts were placed on NHS jobs throughout March 2014, this compares to February 2014 when 41 adverts were placed.
- 60 offers of employment were made in March 2014, February position stood at 34.
- There are a number of specialties and professions that have been identified by the divisions as hard to fill areas.

4.0 Sickness Absence

- Sickness rate in March 2014 was 4.48%.
- Short term sickness has decreased since January and at the end of March the figure stood at 2.67%.
- Long term sickness has increased in March to 1.81%.
- Work continues to address the Trust's sickness absence rates.

5.0 Appraisals (AFC)

- Appraisal compliance has decreased in March 2014 by 1.88%, the compliance rate now stands at 73.66%.
- 19% of staff who are at the top of their payscale have not received an appraisal.

6.0 Mandatory Training

- Mandatory training has improved by 1% since January 2014. Overall compliance now stands at 78%.

Recommendation

The Board are asked to note the content of this paper.

Relevant Strategic Objectives (please mark in bold)

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

Links to the BAF and Corporate Risk Register	Several key workforce issues and targets are highlighted within the risk register.
Details of additional risks associated with this paper (may include CQC Essential Standards, NHSLA, NHS Constitution)	---
Links to NHS Constitution	NHS pledges to staff and staff responsibilities
Financial Implications/Impact	Impact on budgeted establishment/pay and additional costs required to fund the high volume of recruitment activity.
Legal Implications/Impact	None
Partnership working & Public Engagement Implications/Impact	
Committees/groups where this item has been presented before	
Monitoring and Review	Trust Management Board and divisional performance review meetings.
Is a QIA required/been completed? If yes provide brief details	No

Sherwood Forest Hospitals NHS Foundation Trust
Board of Directors – April 2014
Workforce Report

Monitoring of Key Performance Indicators

A number of key workforce performance indicators are reported, analysed and monitored across the Trust each month. The Trust has an established performance management escalation process for workforce key performance indicators. The feedback from meetings held in relation to March data are described below:

- There is concern that sickness absence is not being managed at the appropriate level and the divisions are working through how this can be improved.
- Managers are engaged with the performance management process and are given actions to address and report back the following month.
- The appraisal rate has improved in some areas but dropped in others, managers are asked to plan their appraisals in advance and support is being provided by HR in order to avoid significant numbers of appraisal meetings being scheduled throughout the winter period.

Key Performance Indicators – Information and Actions

1.0 Staff Numbers

The number of staff in post has increased by 21 wte to 3606.10 wte in March 2014. Nursing staff in post increased by nearly 11 wte.

There are currently 206 wte vacant posts across the Trust which equates to a 5.9% vacancy rate. Registered Nursing vacancies decreased by 11 wte to 89.57 wte's. The nursing establishment has increased by 57.25 wte's since 1st April 2013. In the Medical staff group there are 30 wte vacant posts.

The Trust now employs 217 additional wte staff when compared to 1st April 2013, the most significant number of increases being within the administrative and clerical and registered nurse workforce.

The budgeted establishment remains higher than plan due to assumptions around workforce reductions, cost improvements not being achieved and variable pay budget that was set at the beginning of the financial year being converted to fixed pay.

1.1 Recruitment Activity

- Diagnostics and Rehabilitation remains higher than other divisions.
- The HR department continues to engage with international recruitment for nursing and medical staff, during March approximately 50 nurses were offered employment as a result of international recruitment. Standard employment checks are currently being undertaken and all employment is subject to NMC registration.
- International recruitment for medical staff has proven less successful than nursing, the divisions are tasked with developing alternative staffing models.
- One Consultant appointment was made in General Surgery.

1.2 Actions for Improvement

- Continued focus on International recruitment for Medical and Nursing Staff
- Support the development new roles identified in workforce planning process.

- Ensure appropriate support and training in the workplace for International recruits to ensure retention
- Review effectiveness of current advertising activity and consider innovative advertising campaigns.

2.0 Pay Spend

Total pay spend increased by £900k in March 2014 to £14.93m. Variable pay increased by £400k in March with the main increase attributable to non-clinical pay which includes administrative and clerical staff, this includes staff that support clinical services, the total variable pay spend in this area amounted to £514,908k and increase of £222,567k in month.

Vacancies continue to impact on the nursing and medical spend. Nursing variable pay spend totalled £912,719k which was an increase of £20k compared to February 2014. The agency cost to the Trust for Nursing in February 2014 was £340,765k which decreased from February 2014 (£511,089k). The spend with the Trust's bank increased by £166,859k totalling £323,070k in month.

Pay spend is significantly higher due to:

- All potential variable pay costs that would be paid in April 2014, being accounted for at the end of the financial year (£384k).
- One off redundancy costs which totalled £455k.
- £2.19m currently sits within central reserves, this decreases the total pay bill to £12.73m.

2.1 Actions for Improvement

- Continue to monitor variable pay spend to ensure an overall reduction in line with the recruitment activities that are taking place
- The HR department are focusing work on the Nurse Bank and further recruitment is being undertaken, in February 24 Nurses and Health Care Support workers were started on the Trust Bank.

3.0 Sickness Absence

Sickness absence remains an area of concern and is significantly above the Trust target of 3.5%. In March 2014 the rate was 4.48%. There were 701 episodes of sickness absence throughout March, 622 of these episodes were attributable to short term sickness. Short term sickness absence remains an issue with 2.67% of the workforce taking time off sick in March due to short term sickness absence. Long term sickness absence increased in March 2014 to 1.81% from 1.66% in February, there has been a concerted effort within the divisions during previous months to tackle long term sickness absence, this work continues. The cost of paying staff off sick remains high for the Trust totalling £4.85m since April 2013.

3.1 Absence Reasons

- Of the total 5036 working days lost due to sickness, the most significant reason was anxiety/stress/depression which totalled 921 days (18.28% of total absence).
- The **highest number of episodes**, which can be mapped back to short term sickness absence remains consistent with gastrointestinal problems accounting for 154 episodes of absence, 442 days.

3.2 Actions Taken Place

- Line managers and HR have been working together within the Divisions to tackle those staff who have exceeded targets and ensuring that meetings take place to discuss absence.
- Confirm and challenge meetings continue to take place where managers are challenged on their workforce information and are supported to address arising concerns.

3.3 Actions for Improvement

- Continue consultation on the revised Sickness Absence Policy. The new policy incorporates stricter short term sickness absence triggers, allows managers to consider long and short term sickness as a whole and provides a mechanism for managing particular patterns of absence, for example members of staff who have repeated sickness on Bank Holidays.
- The Human Resources department will continue to work closely with line managers and head of services to ensure management of absence in line with Trust policy
- A review of sickness absence workforce information to be completed throughout March and April to ensure information is accessible and understood by managers.

4.0 Agenda for Change Staff Appraisal Completion

The Trust appraisal completion rate for Agenda for Change staff for March 2014 is 73.66%, this is a decrease from the February position which was 75.54%. This is the third month running that the appraisal rate has decreased.

The increased appraisal rate in year for 2013 is a positive achievement; the focus will be on reinstating the upward trend, developing management skills for conducting appraisals and identifying and implementing quality assurance measures. Managers are stating they have found it difficult completing appraisals during the winter period.

4.1 Actions Taken Place

- Work has taken place to identify and target hot spot areas of low appraisal completion and work with the managers on undertaking appraisals.
- On-going coaching and advice continues to be provided to managers on undertaking an appraisal.

4.2 Actions for Improvement

- Review of appraisal training and ensure roll out to all appraising managers
- Undertake work to build in the Trust values 'Quality for All' into the appraisal process.
- HR to support line managers on planning appraisals at appropriate points in the year to ensure that appraisals do not need to be undertaken during Winter pressures.

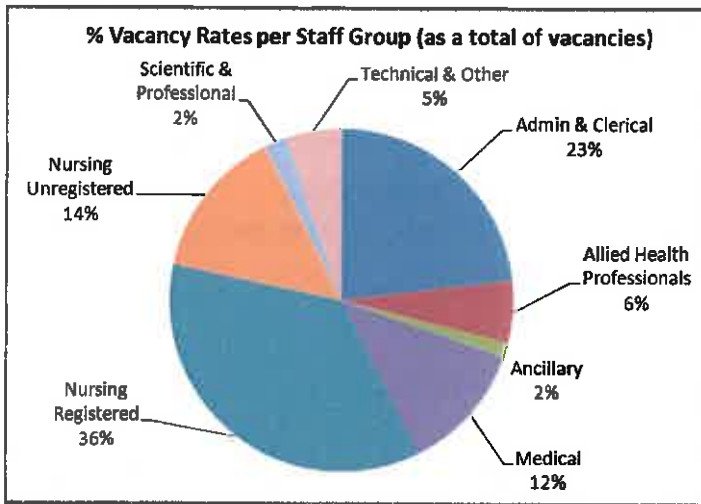
5.0 Employee Relations

There are currently 19 on-going employee relations cases all being managed in conjunction with Human Resources:

- **Disciplinary** – 6
- **Grievance** – 4
- **Harassment & Bullying** – 2
- **Capability** – 5 (this includes sickness capability cases)
- **Referral** – 1
- **Whistleblowing** – 1

Workforce Performance Indicators – Data for March 2014

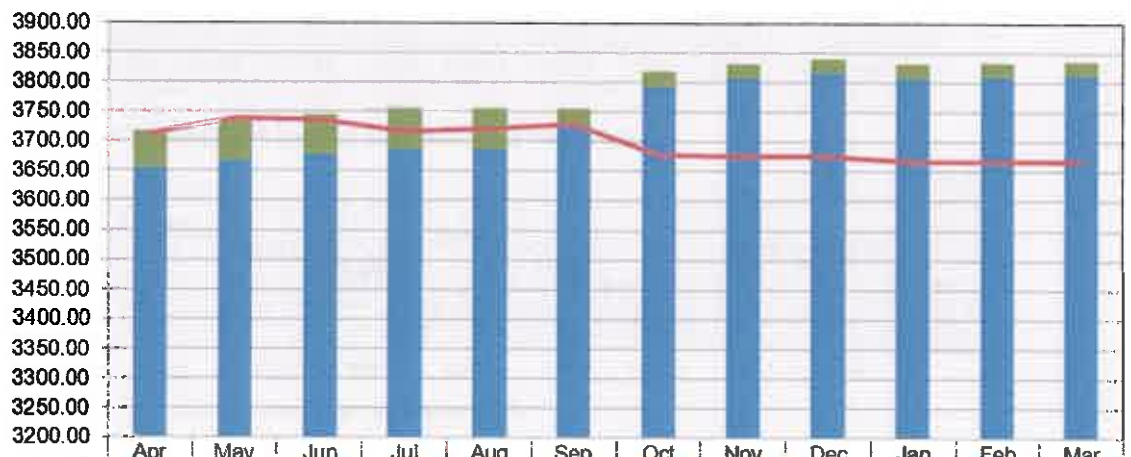
1.0 Staff Numbers – Source – Finance Integra System



Vacancy Rate against Budgeted Establishment	%
Admin & Clerical	6.00%
Allied Health Professionals	7.00%
Ancillary	8.00%
Medical	7.00%
Nursing Registered	7.00%
Scientific & Professional	3.00%
Technical & Other	6.00%
Nursing Unregistered	6.00%

- **Budgeted Establishment** has increased from 3809.70 wte in February 2014 to 3812.68 in March 2014
- **Staff in Post** has increased from 3585.08 wte in February 2014 to 3606.10 wte in March 2014. Registered Nursing staff in post increased by 11 wte in March.
- The number of **Vacant Posts** for March 2014 stood at 206.58 wte, this compares to February 2014 when the number of wte vacant were 224.62 wte. This means that the current Trust vacancy rate is 5.42% compared to 5.90% in February 2014. Nursing vacancies stand at 89 wte. Medical vacancies decreased in March 2014 to 30 wte from 33 wte in February 2014.

Trust Budgeted Establishment Compared with Trust Annual Plan 13-14 (WTE)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total Budgeted Reserves	64.20	68.20	68.20	69.20	69.20	25.90	25.90	24.90	24.65	24.65	24.65	24.65
Actual Budgeted Establishment	3653.84	3668.10	3678.00	3687.56	3686.34	3729.32	3793.23	3807.90	3817.00	3808.00	3809.70	3812.68
Variance (Budgeted Est - Plan)	-59.88	-70.73	-59.42	-29.27	-34.18	-0.22	114.71	131.82	140.89	141.38	143.13	146.10
Staff in Post	3389.19	3412.90	3433.86	3437.74	3451.19	3482.15	3513.16	3544.61	3549.38	3575.88	3585.08	3606.10
Monitor Plan (net CIPs)	3713.72	3738.83	3737.42	3716.83	3720.52	3729.54	3678.52	3676.08	3676.11	3666.62	3666.57	3666.58

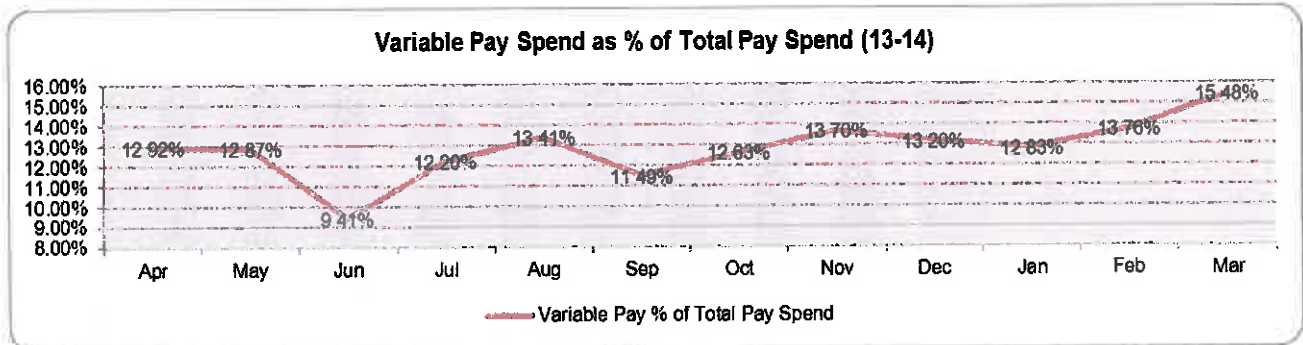
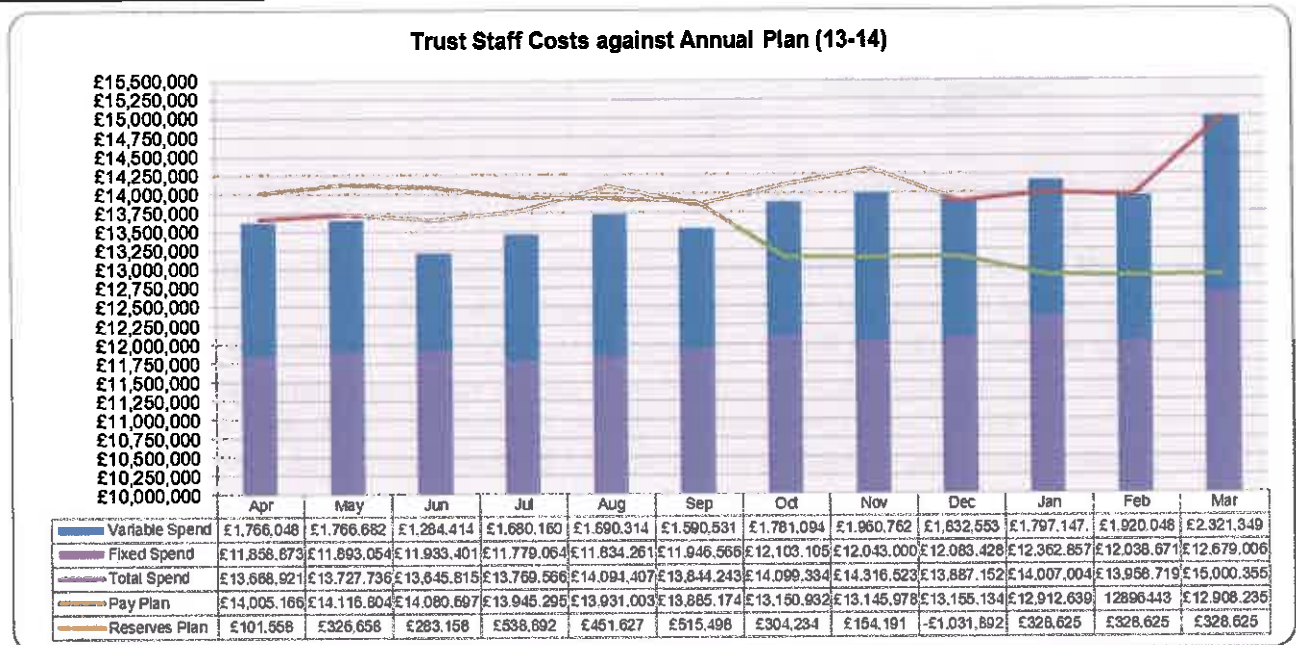
- Variable pay budget from the beginning of the year has been converted to fixed pay throughout the year which is the reason why the establishment figures have gone above plan.
- Staff in post has increased month on month since the beginning of the financial year.

1.1 Recruitment Activity

Staff Group	Number of Adverts Placed	Posts Offered in March 14	
Additional Clinical Services	5	Please note Bank Recruitment is included in Corporate Recruitment Figures	
Administrative & Clerical	21		
Allied Health Professionals	3		
Estates & Ancillary	1		
Healthcare Scientists	1		
Medical & Dental	8		
Nursing & Midwifery Registered	11		
Grand Total	50		
			Division
		Corporate	17
		D and R	37
		Emergency Care	14
		Planned Care	19
		Medical Staffing (Junior Doctors)	17
		Grand Total	104

- There were a total of 50 adverts placed throughout March 2014.
- 104 people were offered a post during March and are currently going through the recruitment process.

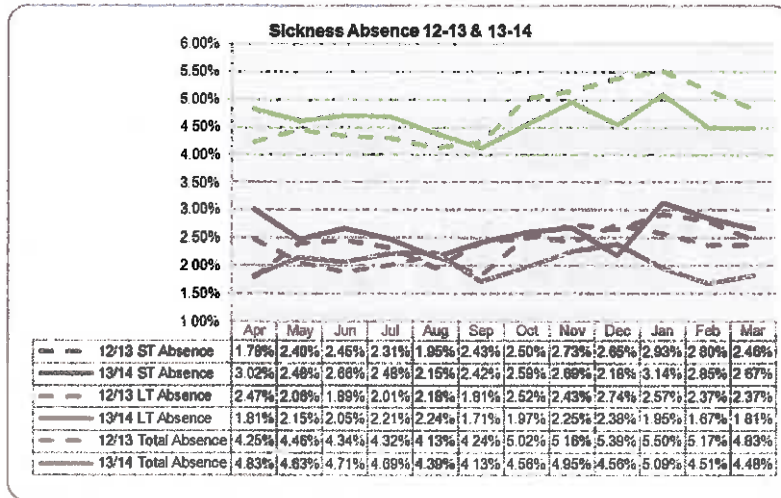
2.0 Pay – Fixed & Variable



- **Total pay** expenditure increased in March 2014 to £14.93m from £13.95m in February 2014.
- **Fixed pay** increased in March 2014 to £12.60m from 12.03m, an increase of £64k.
- **Variable pay** has increased in March to £2.3m from £1.9m in February 2014.
- £2.19m central reserves has been deducted from the total pay spend which meant that the overall pay bill for March 2014 stood at 12.73m.

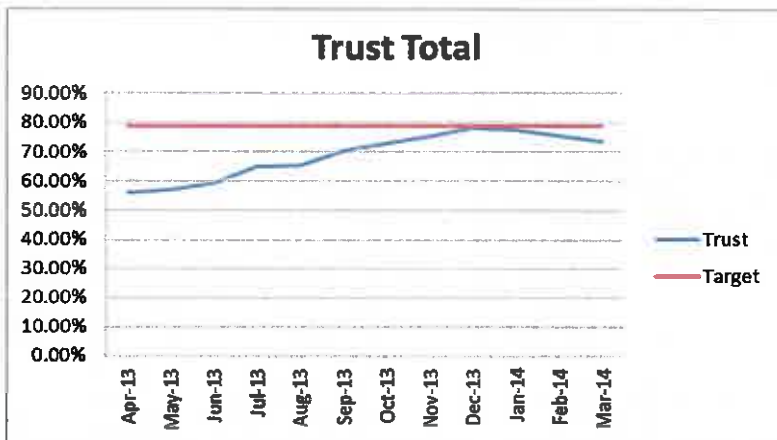
Pay Type	Feb-14	Mar-14	Difference
Fixed Medical Pay	£2,960,231	£3,073,422	£113,191
Fixed Non Clinical Pay	£2,453,950	£2,721,353	£267,403
Fixed Nursing Pay	£4,961,484	£4,998,557	£37,073
Fixed Other Clinical Pay	£1,663,006	£1,885,674	£222,668
Variable Medical Pay	£602,798	£782,198	£179,400
Variable Non Clinical Pay	£292,342	£514,908	£222,567
Variable Nursing Pay	£891,740	£912,719	£20,979
Variable Other Clinical	£133,168	£111,524	£-21,644

3.0 Sickness Absence – please see Dashboard 1 for further sickness absence information



- The total sickness absence rate for March 2014 decreased to 4.48% from 4.51% in February.
- Short term sickness absence was 2.67%.
- Long term sickness absence was 1.81%, an increase from the previous month.
- The rolling 12 month figure for March 2014 stood at 4.63%.
- The cost of sickness absence for March 2014 totalled £440k. Since April 2013 the Trust has spent £4.85m on sickness absence, this figure represents the cost of paying staff who are absent from work, it does not include the cost of cover or any other on costs that may be related to sickness absence.

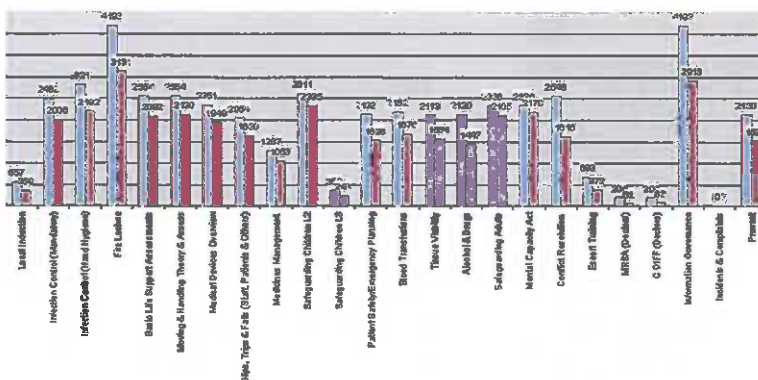
4.0 Agenda for Change Appraisals - please see Dashboard 2 for further appraisal information



- The Trust appraisal rate for March 2014 stood at 73.66%, this is a decrease from the February position which was 75.54%.
- This is the third month running that the appraisal rate has decreased.
- The Trust appraisal rate continues to remain below target.

5.0 Mandatory Training

Overall Trust Mandatory Training Analysis as at 31 March 2014 Shows 78% Compliance



Division	Compliance Rate	Movement
Central	81%	+5%
D&R	76%	+1%
ECM	79%	No movement
PCS	78%	-1%
Pool	67%	+2%

Legend: No. staff required to attend Mandatory Training (Blue bar), No. of staff compliant with training as at 31 March 2014 (Red bar)

Dashboard 1: Sickness Absence

Dashboard 1: Sickness Absence Summary - March 2014

	% Absence Lost in Trust			Progress since last month/ RAG	Direct cost of paying staff whilst absent from work due to sickness		
	Mar-14	Feb-14	Rolling 12 Month		Mar-14	Feb-14	Rolling 12 Month
Short Term	2.67%	2.86%	2.61%	↓	£258,589	£246,087	£2,702,238
Long Term	1.81%	1.66%	2.02%	↓	£181,798	£163,451	£2,146,471
Total	4.48%	4.51%	4.63%	↓	£440,388	£398,538	£4,847,709

Sickness Absence 12-13 & 13-14

Month	12/13 ST Absence	13/14 ST Absence	12/13 LT Absence	13/14 LT Absence	12/13 Total Absence	13/14 Total Absence
Apr	1.78%	2.40%	2.45%	2.51%	1.65%	2.43%
May	2.40%	2.68%	2.48%	2.15%	2.42%	2.69%
Jun	2.68%	2.48%	2.15%	2.02%	2.69%	2.69%
Jul	2.48%	2.15%	2.02%	1.81%	2.52%	2.43%
Aug	2.15%	1.81%	1.81%	1.71%	1.67%	2.25%
Sep	1.81%	1.71%	1.71%	1.67%	1.67%	1.67%
Oct	1.71%	1.67%	1.67%	1.67%	1.67%	1.67%
Nov	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%
Dec	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%
Jan	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%
Feb	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%
Mar	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%

TOTAL

Top 3 Staff Groups	Cost		% Absence	
	In Month	Last Month	In Month	Last Month
Unregistered Nurse	£69,029	£75,957	7.96%	6.73%
Technical & Other	£40,094	£29,503	7.02%	6.31%
Nursing & Midwifery Registered	£168,428		4.61%	

Divisions

Division	Cost		% Absence	
	Mar 14	Last Month	Mar 14	Last Month
Corporate	£27,587	£32,538	2.51%	2.91%
DRD	£99,841	£104,659	4.36%	5.16%
ECM	£189,663	£136,297	6.61%	4.75%
PCS	£143,299	£126,425	4.36%	4.37%

Top 3 SMT's

SMT	In Month	Last Month
Finance	3.20%	9.53%
SPCD	3.20%	
Corporate Services	2.40%	

Divisions

Division	Cost		% Absence	
	Mar 14	Last Month	Mar 14	Last Month
Corporate	£21,214	£17,846	1.87%	1.63%
DRD	£54,388	£64,735	2.13%	3.03%
ECM	£80,684	£86,004	3.21%	3.22%
PCS	£94,283	£78,216	2.88%	2.73%

Top 3 SMT's

SMT	In Month	Last Month
Finance	6.04%	
Human Resources	5.85%	2.71%
SPCD	3.20%	

Divisions

Division	Cost		% Absence	
	In Month	Last Month	In Month	Last Month
Corporate	£8,373	£14,692	0.66%	1.28%
DRD	£45,460	£39,824	2.23%	2.16%
ECM	£89,969	£49,234	2.30%	1.43%
PCS	£48,016	£47,209	1.48%	1.64%

Top 3 SMT's

SMT	In Month	Last Month
Corporate Services	2.80%	
Finance	2.73%	8.00%
NHIS	2.23%	2.00%

Divisions

Division	Cost		% Absence	
	In Month	Last Month	In Month	Last Month
Corporate	£32,600	£33,620	1.95%	1.95%

Top 3 SMT's

SMT	In Month	Last Month
Corporate Services	2.80%	
Finance	2.73%	8.00%
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DRD	£99,841	£104,659	4.36%	5.16%
ECM	£189,663	£136,297	6.61%	4.75%
PCS	£143,299	£126,425	4.36%	4.37%

Top 3 SMT's

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SPCD	3.20%	
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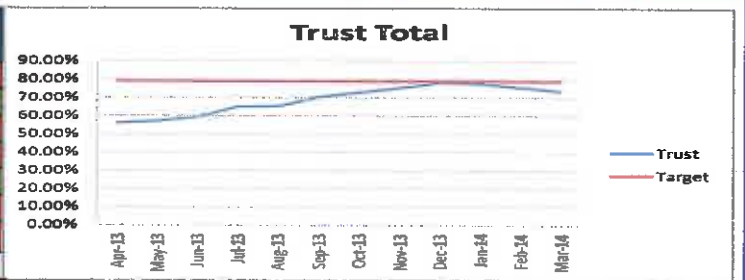
Division	Cost		% Absence	
	Mar 14	Last Month	Mar 14	

Dashboard 2: Agenda for Change Appraisals

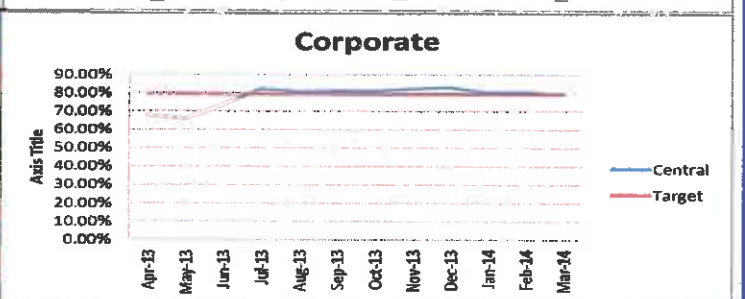
Dashboard 2 - Appraisal Summary - March 2014

Appraisal Status	Corporate		DRD		ECM		PCS		Grand Total		Progress
	Mar-14	Feb-14	Mar-14	Feb-14	Mar-14	Feb-14	Mar-14	Feb-14	Mar-14	Feb-14	
1) Completed	376	382	888	929	759	782	765	754	2788	2847	-59
2) Outstanding >12 months old	34	30	78	54	141	122	218	214	471	420	51
3) No Appraisal date reported	2	3	29	30	37	35	51	47	119	115	4
4) Appraisal Not Due - New to post	63	58	110	103	132	129	102	97	407	387	20
Grand Total	475	473	1105	1116	1069	1068	1136	1112	3785	3769	16
Appraisal Rate	79.16%	80.76%	80.36%	83.24%	71.00%	73.22%	67.34%	67.81%	73.66%	75.54%	-1.88%

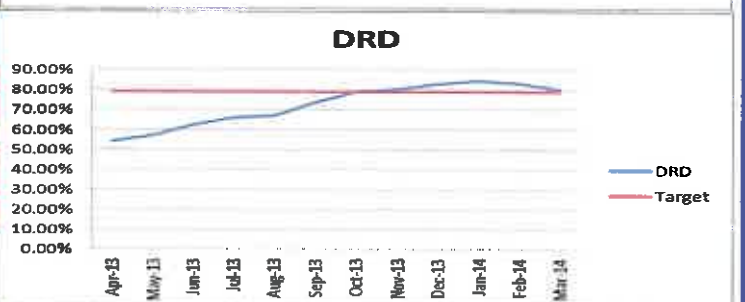
Trust	Staff Group	Mar-14	Feb-14	Progress
73.66%	A & C	76.86%	77.98%	-1.12%
	AHP	87.26%	83.18%	4.08%
Feb-14 75.54%	Ancillary	72.73%	78.18%	-5.45%
	Nursing Reg	68.26%	71.09%	-2.83%
	Sci & Prof	80.00%	73.08%	6.92%
	Tech & Other	75.24%	80.92%	-5.68%
	Nursing Unreg	72.05%	80.53%	-8.48%



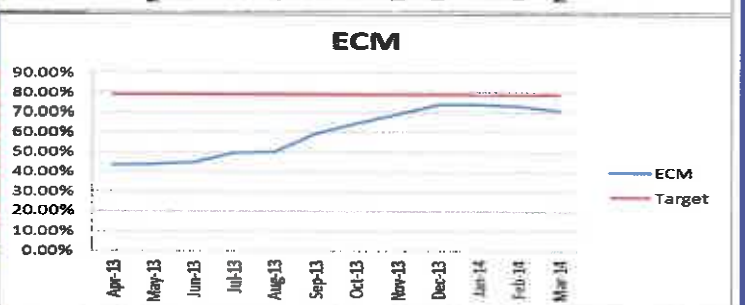
Corporate	SMT	Mar-14	Feb-14	Progress
78.11%	Corp Services	82.75%	82.86%	-0.11%
	Finance	81.56%	83.46%	-1.90%
Feb-14 80.76%	HR	80.51%	80.00%	0.51%
	Info Services	85.71%	83.48%	2.23%
	NHS	89.93%	88.57%	1.36%
	Nursing Services	85.26%	91.30%	-6.04%
	SPCD	82.86%	58.54%	24.32%
	Strategy & Dev	69.00%	70.59%	-1.59%



DRD	SMT	Mar-14	Feb-14	Progress
80.38%	New ark	74.42%	74.42%	0.00%
	Pathology	80.00%	85.26%	-5.26%
Feb-14 83.24%	Radiology	90.44%	88.41%	2.03%
	Sexual Health	78.72%	87.50%	-8.78%
	Support Services	77.96%	82.48%	-4.52%
	Therapy Services	84.97%	86.71%	-1.74%



ECM	SMT	Mar-14	Feb-14	Progress
71.00%	Cardio-Respiratory	68.27%	71.56%	-3.29%
	Community Serv	72.25%	82.69%	-10.44%
Feb-14 73.22%	Emergency Care	73.66%	73.76%	-0.10%
	Gastro Endocrine	63.38%	66.44%	-3.06%
	HOOP	75.00%	78.42%	-3.42%
	Non Acute Med	81.11%	66.67%	14.44%
	Support Services	72.78%	69.68%	3.12%



PCS	SMT	Mar-14	Feb-14	Progress
67.34%	Anaesthetics	77.01%	80.68%	-3.67%
	General Surgery	78.40%	81.29%	-2.89%
Feb-14 67.81%	Head & Neck	81.63%	75.51%	6.12%
	HOOP	0.00%	0.00%	0.00%
	Maternity & Gynae	68.09%	65.60%	2.49%
	Paed & Neo	49.00%	48.92%	0.08%
	Support Services	64.53%	62.50%	2.03%
	T & O	77.32%	82.11%	-4.79%

