

Board of Directors Meeting

Report

Subject: Integrated Performance Report - Exception Summary Report

Date: 27th February 2014

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Executive Summary

Performance Summary: December 2014

Monitor Compliance

Performance covering January 2014 has resulted in projecting 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.

The IPR will be undergoing a review over the next 3 months to include an additional category covering a Data Quality Kitemark which will enable an assessment of data quality and robustness for each indicator. As an initial starting point the Monitor Compliance dashboard has a high level display indicating if the KPI has been subject to an external assurance review or internal audit conducted by the Trust in the last 12 months. External assurance covers Quality Assurance Data Quality Audit or Intensive Support Team review.

Acute Contract

RTT

The Trust has failed to achieve the bottom-line position for Non Admitted and Admitted RTT standards in January 2014 with all three standards having failing reportable grouped specialties; these are detailed in the table below. At the January board, it was reported that there was significant risk to achieving the non-admitted and incomplete pathways however there was confidence of achievement of admitted. Improvements to stopping clocks of non-admitted has resulted in patients moving from non-admitted to the admitted pathway after they have breached. In-depth work is continuing with specialties to address patients at 14 weeks and ensure they could still be treated as an admitted patient however clinical ownership of these issues is a continuing issue. The Trust has reported 21 patients on an Incomplete Pathway waiting over 52 weeks at January 2014 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.

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	88.66%	94.70%	89.01%	94.02%	94.96%	83.09%	92.77%	100%	92.05%	92.28%	98.23%	93.50%	95.18%	96.27%	99.24%	93.86%	90.42%	92.05%
Admitted	85.94%	86.43%	80.22%	90.72%	91.92%	91.58%	96.67%		100%	95.65%	98.00%					94.94%	86.67%	89.37%
Non-Admitted	95.79%	92.73%	85.27%	94.52%	93.93%	93.10%	95.24%		88.59%	95.54%	97.11%	92.63%	100%	97.30%	100%	95.08%	95.03%	94.28%

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. As a result of failure to achieve the original trajectories in addition to revised recovery action plans a more significant management restructure has been implemented in early February.

This restructure supports the action plans and trajectories with 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 detail will continue to monitor all areas of RTT performance. Sustaining performance for those that already achieve the RTT standards and subsequently 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.

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. There is also concern in relation to Monitor's view of this underachievement.

ED

The number of ED un-planned re-attendances has decreased from 5.38% in December 2013 to 5.00% in January 2014 against a 5% target. This standard is variable from month to month with marginal improvements from the previous months. 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.

In February Mansfield and Ashfield CCG led a high volume service users forum where it was identified that a number of preventative services that had previously been in place had stopped. An information governance restriction when PCTs become CCGs meant that invaluable reports detailing governance patients that could be reviewed at multi-disciplinary meetings could no longer be produced. The forum did however identify a strong action plan to work around these setbacks and will continue to monitor improvements that will impact the readmission target in future months.

Un-coded Activity

The level of un-coded admitted patient care spells at the 5th working day of the month has decreased significantly from 30.89% in December 2013 to 12.69% in January 2014 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. The coding team have put in place a further process to ensure all deceased notes are coding within a timely manner ensuring the patients will be grouped into the relevant HSMR Diagnosis group.

At 1st SUS submission February 2014 date the volume of un-coded FCEs was 901 (10%), this included 495 patients discharged in January, 205 discharged in February and 201 with no discharge date as yet. The volume of un-coded FCEs has reduced by over 50% compared to the previous month.

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 January 2014 Choose and Book Available Slot Issue (ASI) rate was 4% against a target of 5%; this is a significant decrease from the previous month of 8% and if the first month since April 2013 where the target has been achieved.

Current performance for February 2014 projects the Trust being at an ASI rate of 5% which would indicate the Trust is maintaining slot availability. Ophthalmology, Gastroenterology, Dermatology and Urology all have seen a reduction in ASI rates and a much improved position. The executive team have met with Service Directors and Heads of Service to reiterate the importance of having sufficient capacity in place to enable low waiting times and treat within the 18 week timeframe.

Diagnostic Waiting Times <6Weeks

For the month of January 2014 the Trust has underachieved against the target of 99% or above of patients waiting for a diagnostic test are under 6 weeks at 98.85%. The majority of over 6 week waits are within the Sleep Study diagnostic category followed by CT and Urodynamic diagnostic tests. Current projections for the end of February 2014 indicate the Trust will be within tolerance, this is very much dependant on patients not being cancelled due to bed flow pressures. The sleep service in its current format is being decommissioned and will significantly improve achievement of the 6 week wait for this diagnostic.

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 January 2014 0.98% of patients were cancelled on the day for their elective procedure against a target of $\leq 0.8\%$. This is an improvement from December 2013 position. The overall volume of patients cancelled during the month equated to 35 with 19 (54%) being cancelled due to trauma list requirement these were all Orthopaedic patients, 11 (31%) cancelled due to list overrun.

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 3808.00 wte an increase of 9.00 wte and staff in post was 3575.88 wte an increase of 26.50 wte. Pay spend in month was £14.16m (increase of £0.25m), of which £12.36m was fixed pay spend and £1.80m was variable pay spend (decrease of £0.03m since last month) which equates to 12.83%.

Sickness Absence – Staff absence levels have increased in month. In December 2013 total absence was 4.56% increasing by 0.53% to 5.09% in January 2014. Short term absence has increased from 2.69% to 3.14% (0.45%) and long term has decreased from 2.38% to 1.95% (0.43%). The rolling 12 month rate is 4.71% which is 0.04% higher than 2012

(4.67%). 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%.

Maternity leave has decreased by 12.15 wte in the month as there were a number of maternity absences that extended beyond the year entitlement that were open ended that have now been closed.

January 2014 Successes

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

Choose and Book Available Slot Issue (ASI) rate was achieved which is the first month since April 2013 and early predictions project this continuing through February 2014.

The volume of un-coded FCE’s has achieved against the 5th working day target of 20% for the first time since October 2012, this is projected to continue and reduce further.

Q4 13/14 Forecast Risks

Cancer 31 Day Subsequent Treatment Drugs is currently projected at 97.6% (target 98%). The volume of breach patients is two due to patient choice/unfit. An action plan is in place within the Cancer Pathway Team which includes putting extra resources in place to ensure that all treatments are captured with a view to look at bringing patients forward where appropriate.

The ED 4 hour standard trajectory forecast that Q4 performance would drop to 95.00%. It has been historically the most challenging quarter in previous years failing the 4 hour target with 2012/2013 all of England failing. 2013/2014 has been a much more successful year and both year to date and Q1-Q3 have achieved the 4 hour standard. January performance has failed to achieve the standard as predicted however February has not started well with significant challenges around flow despite increasing bed capacity above plan. It is now a significant risk that the 4 hour standard for Q4 is unlikely to be achieved however flow is being micro-managed and practices changed to prevent this.

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.

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)

Achieve the best patient experience	Achieve financial sustainability
Improve patient safety and provide high	Build successful relationships with

quality care	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 (<i>may include CQC Essential Standards, NHSLA, NHS Constitution</i>)	
Links to NHS Constitution	Key Quality and Performance Indicators provides 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	

TRUST KEY PERFORMANCE INDICATORS

Monitor compliance
January 2014

Data Quality
Audit/Assurance Performed
in last 12 months

Ref.	MONITOR COMPLIANCE FRAMEWORK		Target	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	In month Change	Q4 2013/14	Q3 2013/14	Q2 2013/14	Q1 2013/14	YTD 13/14	Q4 2012/13	2012/13	Externally	Internally	
	Referral to Treatment:	Admitted Patient Care (90% of patients treated within 18 weeks)	>=90%	95.33%	93.57%	91.86%	91.84%	92.26%	89.37%	↓	89.37%	91.97%	94.36%	95.49%	93.43%	93.34%	88.86%	Yes	Yes	
		Non Admitted Patient Care (95% of patients treated within 18 weeks)	>=95%	95.50%	95.15%	95.00%	93.93%	94.30%	94.28%	↔	94.28%	94.42%	95.59%	95.65%	95.21%	95.52%	94.71%	Yes	Yes	
		Incomplete Pathways (92% of patients complete pathway within 18 weeks)	>=92%	94.59%	93.83%	92.43%	92.27%	91.25%	92.05%	↑	-	91.25% Dec 13 Snapshot position	93.83% Sept 13 Snapshot position	95.11% June 13 Snapshot position	-	95.24% March 13 Snapshot position	95.24% March 13 Snapshot position	Yes	Yes	
	A&E Clinical Quality: Total Time in A&E Dept	SFHFT (% <4 hour wait)	>=95%	97.81%	95.77%	96.14%	96.87%	94.28%	93.85%	↓	93.85%	95.74%	96.66%	96.73%	96.13%	93.43%	94.34%	Yes	Yes	
		Kings Mill (% <4 hour wait)	>=95%	97.04%	94.13%	94.70%	95.70%	91.69%	91.39%	↓	91.39%	94.04%	95.48%	95.67%	94.71%	91.13%	92.85%	Yes	Yes	
		Newark (% <4 hour wait)	>=95%	99.06%	99.29%	99.06%	99.20%	98.86%	98.86%	↔	98.86%	99.04%	98.75%	98.63%	98.80%	98.78%	99.20%	Yes	Yes	
	Cancer	2 week wait: All Cancers	>=93%	92.67%	94.04%	95.75%	95.37%	95.26%	(96.00%)	↑	(96.00%)	95.46%	93.74%	94.13%	(94.72%)	95.48%	95.83%	Yes	Yes	
		2 week wait: Breast Symptomatic	>=93%	93.33%	96.55%	84.21%	94.59%	100.00%	(96.55%)	↓	(96.55%)	93.16%	95.10%	97.60%	(95.96%)	95.08%	95.54%	Yes	Yes	
		31 day wait: from diagnosis to first treatment	>=96%	99.11%	100.00%	100.00%	100.00%	100.00%	(98.80%)	↓	(98.80%)	100.00%	99.71%	99.70%	(99.77%)	99.30%	99.43%	Yes	Yes	
		31 day wait: for subsequent treatment - surgery	>=94%	100.00%	100.00%	100.00%	100.00%	100.00%	(100.00%)	↔	(100.00%)	100.00%	100.00%	96.67%	(98.92%)	100.00%	98.65%	Yes	Yes	
		31 day wait: for subsequent treatment - drugs	>=98%	100.00%	100.00%	100.00%	100.00%	100.00%	(93.33%)	↓	(93.33%)	100.00%	100.00%	100.00%	(99.36%)	100.00%	100.00%	Yes	Yes	
		62 day wait: urgent referral to treatment	>=85%	86.51%	88.57%	88.67%	88.80%	94.31%	(89.05%)	↓	(89.05%)	90.32%	88.46%	91.37%	(89.88%)	89.29%	90.78%	Yes	Yes	
		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%	100.00%	(97.69%)	97.67%	94.95%	Yes	Yes	
	Data Completeness:	Community Referral to Treatment information	>=50%	86.10%	86.37%	87.31%	88.22%	88.66%	88.96%	↑	88.96%	88.05%	86.30%	81.78%	85.67%	78.46%	74.35%	No	No	
		Community Referral information	>=50%	54.20%	54.77%	54.01%	53.49%	54.37%	54.38%	↑	54.38%	53.96%	54.26%	54.16%	54.16%	54.28%	54.37%	No	No	
		Community Treatment activity - and care contact	>=50%	76.85%	77.36%	75.51%	75.44%	75.56%	76.11%	↑	76.11%	75.50%	77.11%	76.69%	76.44%	67.82%	68.77%	No	No	
	Infection Prevention Control:	MRSA Bacteraemia (No. of cases attributed to Trust) - NB Not applicable for Monitor Compliance @ 01/10/2013	0	0	1	0	0	0	0	↔	0/0	0/0	2/0	1/0	3/0	0	0	No	Yes	
		Clostridium Difficile Infections (No. of cases attributed to Trust)	2	4	3	4	5	2	2	↔	2/6	9/6	11/7	8/6	30/25	12/9	29/36	Yes	Yes	
	Access to Healthcare for people with learning disabilities	Compliance	Compliant						↔									No	No	
	CQC Compliance	compliance points relative to site visits	0							↔										
	Monitor Compliance Points										4.0	3.0	1.0	1.0		2.0	N/A			
	Governance Risk Rating (GRR)										RED	RED	RED	RED	RED	RED	N/A			

Ref	CONTRACTUAL PERFORMANCE METRICS	Target	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	In month change	Q4 2013/14	Q3 2013/14	Q2 2013/14	Q1 2013/14	YTD 2013/14	Q4 2012/13	Full Year 2012/13
A&E Clinical Quality:	SFHFT (% <4 hour wait) Total Time in A&E Dept	>=95%	97.81%	95.77%	96.14%	96.87%	94.28%	93.85%	↓	93.85%	95.74%	96.66%	96.73%	96.13%	93.43%	94.34%
	Unplanned re-attendance rate within 7 days of original attendance	<=5%	5.46%	5.36%	4.99%	5.39%	5.38%	5.00%	↑	5.00%	5.25%	5.45%	5.53%	5.37%	5.02%	5.70%
	Left without being seen rate	<=5%	1.58%	1.46%	1.84%	1.58%	1.76%	1.50%	↑	1.50%	1.73%	1.73%	1.66%	1.69%	1.73%	2.08%
	Time to Initial Assessment for patients arriving by emergency ambulance (95th percentile - Mins)	<=15	26	27	25	26	28	26	↑	26	27	28	29	28	33	39
	Time to Initial Assessment for patients arriving by emergency ambulance (Median Minutes)	<=16	4	4	3	4	4	4	↔	4	4	4	4	4	5	6
	Time to Treatment (Median minutes wait from arrival to treatment)	<=60	40	43	47	48	44	46	↓	46	46	46	52	48	55	56
Ambulance Turnaround Times	Average Clinical Handover Time (%)	>=65%	61.89%	64.79%	60.68%	60.98%	60.87%	65.83%	↑	65.83%	60.84%	62.16%	61.52%	61.95%	54.69%	55.64%
Delayed Transfer of Care	Trust Total % (at snapshot position)	3.50%	4.94%	4.37%	4.18%	6.56%	6.68%	5.19%	↑	5.19%	5.81%	4.65%	4.54%	5.02%	3.63%	5.97%
Cancelled Operations:	% Of elective admissions	<=0.8%	0.29%	0.65%	0.48%	0.78%	1.25%	0.98%	↑	0.98%	0.81%	0.45%	0.42%	0.60%	0.82%	0.71%
	% Breached 28 day guarantee	<=5%	11.11%	0.00%	0.00%	3.57%	0.00%	2.86%	↓	2.86%	1.23%	2.22%	0.00%	1.47%	0.00%	0.75%
Diagnostic waiting times <6weeks	%	>=99%	99.82%	99.84%	99.90%	99.47%	98.42%	98.85%	↑	-	-	-	-	-	-	-
Choose & Book:	Ratio: Slot issues per booking	<0.05	0.08	0.08	0.07	0.11	0.08	0.04	↑	-	-	-	-	-	-	-
SUS data:	% uncoded within 5 days of month end	<20%	20.59%	22.22%	23.18%	25.16%	30.89%	12.69%	↑	-	-	-	-	-	-	-
Referral to Treatment:	Admitted Patient Care (90% of patients treated within 18 weeks)	>=90%	95.33%	93.57%	91.86%	91.84%	92.26%	89.37%	↓	89.37%	91.97%	94.36%	95.49%	93.43%	93.34%	88.86%
	Non Admitted Patient Care (95% of patients treated within 18 weeks)	>=95%	95.50%	95.15%	95.00%	93.93%	94.30%	94.28%	↔	94.28%	94.42%	95.59%	95.65%	95.21%	95.52%	94.71%
	Incomplete Pathways (92% of patients complete pathway within 18 weeks)	>=92%	94.59%	93.83%	92.43%	92.27%	91.25%	92.05%	↑	-	-	-	-	-	-	-
	18week RTT for direct access audiology completed pathways (treated)	>=95%	99.63%	99.62%	99.43%	99.68%	100.00%	99.51%	↓	99.51%	99.69%	99.56%	99.65%	99.63%	99.35%	99.69%
	Patients on an Incomplete Pathway waiting 52 weeks & Over	0	1	0	0	1	23	21	↑	-	-	-	-	-	-	-
Cancer	2 week wait: All Cancers	>=93%	92.67%	94.04%	95.75%	95.37%	95.26%	(96.00%)	↑	(96.00%)	95.46%	93.74%	94.13%	(94.72%)	95.48%	95.83%
	2 week wait: Breast Symptomatic	>=93%	93.33%	96.55%	84.21%	94.59%	100.00%	(96.55%)	↓	(96.55%)	93.16%	95.10%	97.60%	(95.96%)	95.08%	95.54%
	31 day wait: from diagnosis to first treatment	>=96%	99.11%	100.00%	100.00%	100.00%	100.00%	98.80%	↓	98.80%	100.00%	99.71%	99.70%	(99.77%)	99.30%	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%	100.00%	96.67%	(98.92%)	100.00%	98.65%
	31 day wait: for subsequent treatment - drugs	>=98%	100.00%	100.00%	100.00%	100.00%	100.00%	(93.33%)	↓	(93.33%)	100.00%	100.00%	100.00%	(99.36%)	100.00%	100.00%
	62 day wait: urgent referral to treatment	>=85%	86.51%	88.57%	88.00%	88.80%	94.31%	(89.05%)	↓	(89.05%)	90.32%	88.46%	91.37%	(89.88%)	89.29%	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%	100.00%	(97.69%)	97.67%	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%	(100.00%)	86.36%	93.64%
Infection Prevention Control:	MRSA Bacteraemia (No. of cases attributed to Trust)	0	0	1	0	0	0	0	↔	0/0	0/0	2/0	1/0	3/0	0	0
	Clostridium Difficile Infections (No. of cases attributed to Trust)	2	4	3	4	5	2	2	↔	2/6	11/6	9/7	8/6	30/25	12/9	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			Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	In month change	Q4 2013/14	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%	0 (0%)	2 (<1%)	2 (<1%)	2 (<1%)	5 (<1%)	4 (<1%)	↔	4	9	3	0	2	3	6	16
		Severe harm	0%	-	0%	1 (<1%)	4 (<1%)	10 (<1%)	4 (<1%)	9 (<1%)	9 (<1%)	↔	9	23	5	1	0	1	3	38
		Moderate harm	<=5%	-	>5%	15(3%)	73 (10%)	50 (5.4%)	51 (6.8%)	65 (6.8%)	46 (5.5%)	↔	46	166	110	60	20	52	154	382
		Low harm	<=23%	-	>23%	82 (15%)	159 (21.8%)	265 (28.9%)	221 (29.4%)	299 (31.1%)	222 (26.6%)	↓	222	785	323	228	90	240	787	1558
		No harm	>=72%	-	<72%	426(81%)	492 (67.4%)	591 (64.4%)	473 (63.0%)	584 (60.7%)	551 (66.1%)	↑	551	1648	1406	1293	473	1325	4152	4898
	Never Event (number of reported events)		0	-	>0	0	0	0	0	1	0	↓	0	1	1	0	0	0	0	2
	Serious Incidents (reported externally to CCG)		<21	21-27	>28	2	5	10	6	6	5	↓	5	22	16	34	32	31	98	72
	Infection Prevention Control:	MSSA Bacteraemia (No. of hospital acquired cases)	0	0	2.5	0	3	1	1	2	3	↑	3	4	3	6	3	6	13	16
		E Coli bacteraemia (No. of Hospital acquired cases)	0	2	4	3	5	6	4	14	4	↑	4	24	10	10	13	19	32	48
		E. Coli Urinary Catheter Associated Bacteraemia (No. of hospital acquired cases)	0	0	12	0	1	1	0	2	1	↓	1	3	1	3	1	0	2	8
		Other Urinary Catheter Associated Bacteraemia (No. of hospital acquired cases)	0	0	1	0	0	0	1	1	0	↓	0	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	0
		Surgical Site Infections (Total Hip Replacement surgery)	0	0	1	0	0	0	0	0	0	↔	0	0	0	1	0	0	2	1
	Slips, trips and falls	Total number of Inpatient Falls	-	-	-	164	152	182	170	215	195	↓	195	567	478	462				1702
		Falls rate per 1000 occupied bed days	-	-	-	7.99	7.30	8.20	8.11	9.79	8.41	↓	8.41	8.70	7.73	7.44	New methodology agreed for 2013/14			8.07
		Number of Inpatient Falls resulting in harm				52	32	39	46	50	39	↓	39	72	122	135				368
		Falls rate per 1000 occupied bed days resulting in harm	-	-	-	2.56	1.54	1.76	2.20	2.28	1.68	↓	1.68	2.08	1.98	1.16	New methodology agreed for 2013/14			1.73
	Pressure Ulcer (post admission/avoidable)	Grade 2	<5	>=5<=10	>10	7	5	17	6	7	9	↑	9	30	20	43	54	30	135	102
		Grade 3	<2	>=2<=4	>4	1	0	2	1	1	2	↑	2	4	1	11	9	6	23	18
		Grade 4	0	-	>=1	0	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	-	-	-	1	6	10	11	24	7	↓	7	45	9	5				59
		Number of medication errors per 1000 occupied bed days resulting in serious harm	-	-	-	0.05	0.29	0.00	0.00	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	1.4	2.0	3.0	1.4	3.3	Not Available at time	↑		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	0
	Complaints	No of complaints received in month	<=0.10%	0.11% - 0.19%	>=0.20%	72	44	70	48	64	62	↓	62	182	197	169	219	174	683	610
		% against activity complaints received in month				0.19%	0.16%	0.16%	0.12%	0.17%	0.14%	↑	0.14%	0.15%	0.12%	0.14%	New methodology agreed for 2013/14			0.15%
		(Acknowledgement)	>=96%	81-95%	<=80%	100%	100%	100%	100%	100%	100%	↔	100%	100%	100%	69%	77%	84%	89%	92%
	PALs	Compliments	-	-	-	80	93	58	46	120	77	↓	77	224	231	317	240	246	915	849
		Concerns - volume received	<=0.10%	0.11% - 0.19%	>=0.20%	334	319	335	293	242	218	↓	218	870	1000	800	779	1052	3822	1088
		Concerns - % against activity				0.88%	0.77%	0.75%	0.69%	0.64%	0.50%	↓	0.50%	0.69%	0.80%	0.66%	New methodology agreed for 2013/14			0.70%
		First Line Complaints - volume received	<=0.10%	0.11% - 0.19%	>=0.20%	15	14	9	7	11	13	↑	13	27	41	57	67	55	201	125
		First Line Complaints - % against activity				0.04%	0.03%	0.02%	0.02%	0.03%	0.03%	↑	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	4.8	4.5	4.6	4.6	4.6	4.6	↔	4.6	4.6	4.6	4.6	2012/13 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	61	60	64	62	62	63	↑	63	62.8	60	61	2012/13 data not collected in Five Star rating method			N/A
	Midwife to birth ratio		1.28	1.30	>1:30		01:30	0.00	0.00	1.28	0.00	↔	0.00	1.28	1.30	1.28	01:34	01:33	01:32.1	1.29
	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%	72%	49%	64%	72%
	Nursing Metrics:	Continence Assessment	>90%	>85%	<85%	88%	84%	90%	83%	84%	83%	-	83%	90%		94%	93%	94%	93%	90%
		Dementia	>90%	>85%	<85%			68%	76%	63%	71%	-	71%	69%	Data not available prior to use of FOCUS IT					70%
		Falls	>90%	>85%	<85%	92%	95%	97%	97%	96%	95%	-	95%	97%		93%	94%	96%	96%	96%
		Infection control	>90%	>85%	<85%	94%	96%	97%	97%	97%	97%	-	97%	97%	Data not available prior to use of FOCUS IT					97%
		Meds	>90%	>85%	<85%	93%	96%	97%	97%	97%	97%	-	97%	97%		90%	94%	93%	94%	97%
		Nutritional	>90%	>85%	<85%	93%	93%	96%	96%	94%	94%	-	94%	96%		90%	82%	87%	86%	95%
		Observations	>90%	>85%	<85%	90%	89%	93%	90%	92%	90%	-	90%	93%		88%	90%	88%	87%	92%
		Pain	>90%	>85%	<85%	86%	88%	91%	83%	85%	87%	-	87%	91%		90%	86%	89%	88%	89%
		Privacy	>90%	>85%	<85%	-	-	99%	99%	100%	99%	-	99%	99%		95%	98%	95%	96%	99%
		Safeguarding	>90%	>85%	<85%			92%	84%	83%	83%	-	83%	86%	Data not available prior to use of FOCUS IT					
		Staff	>90%	>85%	<85%			91%	96%	94%	94%	-	94%	94%	Data not available prior to use of FOCUS IT					
		Tissue Viability	>90%	>85%	<85%	81%	85%	84%	84%	86%	87%	-	87%	84%		94%	94%	96%	94%	86%

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

TRUST KEY PERFORMANCE INDICATORS

HR/Workforce
January 2014

Code	HR WORKFORCE METRICS	Target effective from 1st April 13 (establishment target based on end of year target requirement)			Nov-13	Dec-13	Jan-14	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	3807.90	3817.00	3808.00	-9.00	3806.04	3701.07	3666.65	3484.59	3489.59	3724.59
		Staff in Post	-	-	-	3544.61	3549.38	3575.88	26.50	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%	-263.29	-267.62	-232.12	35.50	-270.33	-247.17	-254.66	-138.44	-137.01	-256.35
		Turnover Rate (%)	<9.45%	>9.45% & <10.40%	>10.40%	6.55%	7.17%		-7.17%	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%	2.69%	2.18%	3.14%	0.96%	2.49%	2.35%	2.72%	2.73%	2.63%	2.52%
		Sickness Absence (%) - Long Term	<1.64%	>1.64% & <1.82%	>1.82%	2.25%	2.38%	1.95%	-0.43%	2.20%	2.05%	2.00%	2.44%	2.56%	2.09%
		Sickness Absence (%) - Total	<3.51%	>3.51% & <3.85%	>3.85%	4.95%	4.56%	5.09%	0.53%	4.69%	4.40%	4.72%	5.17%	5.19%	4.61%
		Absence Cost (£) - Short Term*	-	-	-	£236,107	£214,768	£291,631	£76,863.00	£642,242	£569,107	£660,615	£658,287	£654,933	£1,871,964
		Absence Cost (£) - Long Term*	-	-	-	£207,837	£232,234	£190,645	-£41,589.00	£585,561	£509,357	£559,857	£613,486	£660,186	£1,654,775
		Absence Cost (£) - Total*	-	-	-	£443,944	£447,002	£482,276	£35,274.00	£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%	2.57%	2.59%	0.02%	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%	2.20%	2.17%	2.12%	-0.05%	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%	4.81%	4.75%	4.71%	-0.04%	4.80%	4.87%	4.80%	4.70%	4.62%	4.82%
		Maternity (WTE on maternity in month)	-	-	-	80.00	78.43	66.28	-12.15	78.37	84.76	88.53	87.33	88.50	83.89
	Income and Staff Costs	Annual Clinical Income per WTE (£)	-	-	-	£61,862	£61,198	£60,636	-£562.00	£61,723	£62,205	£62,068	£62,514	£62,187	£61,999
		Annual Average Salary per WTE (£)	-	-	-	£45,267	£45,159	£44,873	-£286.00	£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%	74.79%	78.27%	77.63%	-0.64%	78.27%	69.48%	59.37%	46.81%	48.00%	78.27%
		Mandatory Training Completion	>98%	>88% & <98%	<88%	76.00%	76.00%	77.00%	1.00%	76.00%	75.00%	75.00%	74.00%	71.00%	76.00%

Workforce Summary

Key Issues:-

- a. Workforce Numbers & Cost – The budgeted establishment in month was 3808.00 wte an increase of 9.00 wte and staff in post was 3575.88 wte an increase of 26.50 wte. Pay spend in month was £14.16m (increase of £0.25m), of which £12.36m was fixed pay spend and £1.80m was variable pay spend (decrease of £0.03m since last month) which equates to 12.83%.
- b. Sickness Absence – Staff absence levels have increased in month. In December 2013 total absence was 4.56% increasing by 0.53% to 5.09% in January 2014. Short term absence has increased from 2.69% to 3.14% (0.45%) and long term has decreased from 2.38% to 1.95% (0.43%). The rolling 12 month rate is 4.71% which is 0.04% higher than 2012 (4.67%). Absence must be effectively managed in order to ensure levels of care are maintained and cost levels are reduced.
- c. 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%.
- d. Maternity leave has decreased by 12.15 wte in the month as there were a number of maternity absences that extended beyond the year entitlement that were open ended that have now been closed.

Workforce Numbers

- a) Budgeted Establishment - In comparison to last month, budgeted establishment has decreased by 9.00 wte to 3808.00 wte. Budgeted establishment (3808.00 wte) is above the annual plan projection of 3666.62 by 141.38 wte.
- b) Staff in post - has increased by 26.5 wte to 3575.88 wte in January 2014 from 3549.38 wte in December 2013.
- c) The number of vacant posts is currently 232.12 wte which is a decrease of 26.5 wte since December 2013. The Trust vacancy rate is 6.10%, the majority of vacancies continue to be in registered Nursing (113.69 wte/9.00% vacancy rate).
- d) Against Annual Plan - In terms of annual plan, the Trust is significantly above projections set at the commencement of the financial year of 3666.62 wte, above plan by 141.38 wte.
- e) Turnover - the turnover figure is currently unavailable for January 2014

Attendance & Wellbeing

- a) In Month - Trust absence levels have increased in month by 0.53% to 5.09%. When comparing against January 13, the absence rate was 5.50%, with absence for January 2014 being 0.41% lower than the same period last year.
- b) Rolling 12 Months Absence - The rolling 12 month period absence is currently 4.71% which is 1.21% above the target of 3.50%.
- c) Absence Cost - The cost of salary paid to absent staff for January 2014 was £482k, for the 12 month rolling year this equates to £4.83m. 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.
- d) Occupational Health activity - During January 2014 there have been a total of 92 referrals to Occupational Health to support staff at work/returning to work, this compares to last month's figure that stood at 66 referrals.
- f) The top three absence reasons for all staff : 1) Anxiety/ stress/ depression/ other psychiatric illnesses , 2) Chest & Respiratory , 3) Cold & Cough

Workforce Productivity & Staff Costs

- a) Clinical Income - Current financial year to date clinical income is £60.6k per WTE which is slightly below the 12 month trend of £62k per WTE.
- b) Average Salary - Average salary per WTE of £44k in January 2014.
- c) Pay Spend - In month the total pay spend was £14.16m, of which £12.36m was fixed pay spend. Total pay spend is above total pay spend plan of £13.52m by £0.64m.
- d) Variable Pay - spend was £1.80m for January 2014 (12.83% of total pay spend), which is an decrease against last month.

Staff Training & Development

- a) Mandatory training - the current rate is 77% which is a 1% increase from the December position of 76%.
- b) Workforce planning and training needs analysis have commenced to formulate the workforce plan.

Recruitment & Selection

- a) New Consultants:
- No update
- b) Consultants Leaving:
- No update
- c) Nursing Recruitment - the Trust has successfully recruited 9 wte nurses from international recruitment work, start dates are currently being worked through.

Workforce Change

- a) 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. HR have now received all workforce plans that were submitted by the divisions and analysis will be taking place during March 2014 ready for submissions to the LETB's.

Health & Safety

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

- a) Activity Summary - As at the end of January 2014 there are 19 formal cases in process with HR under Trust Policies, of which 6 have been disciplinary related, 5 case relates to capability issues, 3 harassment/bullying cases, 2 referrals, 2 grievance and 1 whistleblowing.
- b) Since last report one Tribunal case remaining in process.

Board of Directors

Report

Subject: Workforce Performance Information
Date: Thursday 27th February 2014
Author: Kate Lorenti – Deputy Director Human Resources, Lauren Tilstone– HR Manager (Workforce Information)
Lead Director: Karen Fisher – Director of HR

Executive Summary

The purpose of this paper is to highlight the key workforce issues which remain off target and require action for improvement.

Workforce Numbers & Cost

- The Trust employs 26 wte more staff in January 2014 as a result of a more proactive approach to recruitment.
- There are currently 232 wte vacant posts across the Trust with a vacancy rate of 7.01%.
- Nursing vacancies remain at a high level with 113.69 vacant posts.
- Variable pay spend which for January was £1.8 m

The level of vacant posts across the trust, particularly in relation to registered nursing and medical staff is driving the high levels of variable pay. Effective performance metrics are being developed to ensure the monitoring of staff in posts, vacancies, sickness and variable pay for each department to ensure the anticipated impact of increased staff is leading to the associated reductions in variable pay spend.

Sickness Absence

- In January 2014 the rate was 5.09% an increase of 0.53%.
- Short term absence increased in month from 1.94% to 3.14%
- Long term absence decreased from 2.38% to 1.95%.
- The rolling twelve month absence rate is 4.75% an increase of 0.11% for the same period last year
-

Sickness absence levels remain at unacceptable levels. Increased performance management of short term absence is beginning to lead to employment decisions being taken but this is not reflected in the levels for January which are disappointingly high. Work is ongoing to analyse the absences, particularly around school holidays.

Agenda for Change Appraisal Completion

- Agenda for Change appraisal rates for January 2014 - 77.63%
- January 2014 showed that 2894 appraisals were completed in the last 12 months
- The number of appraisals outstanding increased to 357
- The main reason for non- completion was staffing pressures.

Whilst appraisal rates have dropped slightly during January due to work pressures the trust remains on target to deliver the agreed target of 79% of staff receiving an appraisal in the last 12 months.

Recommendation

The Board are asked to note month 10 position in relation to key workforce indicators and the actions being taken to bring performance back to plan.

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 in the risk register.
Details of additional risks associated with this paper (<i>may include CQC Essential Standards, NHSLA, NHS Constitution</i>)	Key workforce initiatives integral to the successful delivery of the Keogh Action Plan
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	No implications
Partnership working & Public Engagement Implications/Impact	N/A
Committees/groups where this item has been presented before	
Monitoring and Review	Through the relevant committees 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 – February 2014
Workforce Report

Introduction

A number of key workforce performance indicators are reported, analysed and monitored across the Trust each month. There are clear escalation processes to review and address unacceptable performance, these include:

- **Stage 1: Frequency monthly**
Ward leaders, Department leaders and Nurse Specialist – confirm and challenge meeting as a group with the Heads of Nursing and Human Resources Manager.
- **Stage 2: Frequency monthly**
Heads of Nursing - confirm and challenge meeting with the Divisional Matron, Divisional General Manager and Deputy Director of HR.
(It is envisaged that this meeting would not just be for Heads of Nursing but would be held as one confirm and challenge meeting for the Senior Management Team within the Division with the Divisional General Manager , Divisional Matron and Deputy Director Human Resources)
- **Stage 3: Frequency quarterly**
Divisional General Managers and Divisional Matrons have a quarterly confirm and challenge meeting with the Director of Operations and Director of Human Resources.

Summarised below are the key workforce related performance indicators together with actions being taken to address those 'off target'.

Sickness Absence – Source ESR

Sickness absence remains an area of concern and is significantly above the Trust target of 3.5%. In January 2014 the rate was 5.09% an increase of 0.53% from the previous month. Short term absence increased in month from 1.94% to 3.14%, 722 staff had an episode of short term absence in January 2014 compared to 674 in December 2013. Long term absence decreased from 2.38% to 1.95%. The rolling twelve month absence rate is 4.75% an increase of 0.11% for the same period last year.

The top two reasons for absence were Anxiety/stress/depression/other psychiatric illnesses accounting for 1.17% an increase of 0.22% from December 2013 and Other Musculoskeletal problems accounting for 0.52% and increase of 0.02% from December 2013.

The Trust is now being more proactive in managing absence and since December 2013 there have been 4 dismissals for capability due to attendance and 2 staff have resigned from post before the capability hearings have taken place.

Actions for Improvement

- Conclude consultation and implement new sickness absence training with effect from 1st April 2014
- Implementation of the revised escalation process with effect from January 2014 to support effective management of absence
- Analysis of absence data for January 2014, to compare against absence data for May and October school holidays
- Emphasis on management of staff who do not meet absence management triggers but have a pattern of absence to include sickness absence during school holidays
- HR focus on management of short term absence
- Focus on health and well-being agenda

Staff Numbers & Pay Spend (Source – Integra System - Finance)

Staff in post has increased by 26 wte to 3575 wte in January 2014. The main increase was within the Registered Nursing Staff group increasing by 14 wte. There are currently 232 wte vacant posts across the Trust with a vacancy rate of 7.01%. Nursing vacancies remain at a high level with 113.69 vacant posts. These vacancies have an impact on variable pay spend which for January was £1.8 m with Nursing variable pay spend at £832k of which £560k was agency usage. Medical variable pay spend was £607k of which Agency and Locum costs totalled £432k.

To support international recruitment the Trust is working with three agencies, and has recently recruited 15 nurses from Italy and one doctor is currently shadowing staff in the Emergency Department. Since April 2013 the Trust has recruited 126.87 wte registered nursing posts, 88.29 wte registered nurses have left the Trust in the same time period; based on staff in post figures (which includes changes in existing staff hours) this equates to an improvement by 45.47 wte.

Workforce planning has identified the need to develop roles for Generic Workers and Advanced Nurse Practitioner and Emergency Nurse Practitioner roles to enable duties traditionally undertaken by Doctors and Nursing staff to be undertaken by other staff. The development of these roles will change the profile of our workforce, and therefore long term will reduce the reliance on the requirement for agency or locum staff.

Actions for Improvement

- Continued focus on international recruitment for Medical and Nursing Staff
- Develop robust recruitment plans to substantively recruit to posts
- Support the development of new roles identified in workforce planning process.
- Monitor variable pay spend to ensure reduction in line with recruitment activity

Staff Appraisal Completion – Agenda for Change (Source – ESR System – HR)

Agenda for Change appraisal rate for January 2014 is 77.63% this is a decrease of 0.66 % from December 2013. January 2014 showed that 2894 appraisals were completed in the last

12 months, the number of appraisals outstanding increased to 357 compared to 315 outstanding in December 2013. The main reason for non-completion was staffing pressures.

The increased appraisal rate in year for 2013 is an achievement, the rapid improvement in some areas has highlighted some concern over the quality of appraisals and the focus will be on developing management skills for conducting appraisals and identifying and implementing quality assurance measures.

Actions for Improvement

- HR to develop action plans with managers to achieve compliance rate
- Identify and implement quality assurance measures to promote high quality appraisal completion
- Review of Appraisal Training

Mandatory Training

The Trust compliance rate for mandatory training in January was 77%

Compliance by Division:

Central Division	76% Compliant
D&R Division	75% Compliant
ECM Division	79% Compliant
PCS Division	79% Compliant
Pool Division	65% Compliant

Actions for Improvement

- Continued focus on Mandatory Training completion
- Review of current Mandatory Training requirements
- Staff released to attend Mandatory Training
- Clinical Governance & Quality Committee to receive paper proposing options to support improved compliance

Recruitment Activity

Recruitment activity across the Trust has increased by 47% from 2012 -2103, and this trend is set to continue with the current vacancies for medical and nursing staff.

64 adverts were placed in January 2014

80 vacancies were active in January 2014

The Trust has partnered three international recruitment specialists to assist recruitment to both medical and nursing posts. The international recruitment market remains competitive with the majority of local Trust's recruiting internationally. To date the following staff have been recruited from the International Recruitment Initiative.

- 2 registered nurses have commenced employment with the Trust.
- 23 offers of employment have been made to registered nurses.
- 1 Doctor is shadowing in the Emergency Department with the view to offering employment

The Trust returns to Italy to recruit registered nurses in March 2014.

Improvements to the recruitment process are continuing, unfortunately the launch of NHS jobs 2 has been delayed with implementation commencing in March 2014. The electronic disclosure and barring check will be implemented in March 2014; this will improve recruitment timescales as 90% of checks will be completed within 4 working days.

Actions for Improvement

- Implementation and roll out of NHS jobs 2
- Implementation and roll out of Electronic DBS
- Focus on International Recruitment

Employee Relations

There were 19 active employee relations cases in January 2014

Disciplinary – 6

Grievance - 2

Harassment and Bullying - 3

Capability - 5

Referral - 2

Whistleblowing – 1

New Case -3

Dashboard 1

Dashboard 1: Sickness Absence Summary - January 14

	In month	Progress since last month/ RAG	FYTD	Rolling 12 month
Short Term	3.14%	↑	2.58%	2.59%
Long Term	1.95%	↓	2.07%	2.12%
Total	5.09%	↑	4.65%	4.71%

Direct cost of paying staff whilst absent from work due to sickness

	£291,631	£2,198,561	£2,616,390
Short Term	£291,631	£2,198,561	£2,616,390
Long Term	£190,645	£1,810,224	£2,216,467
Total	£482,276	£4,008,785	£4,832,857

Jan14

Top 3 Staff Groups	In Month	Progress
Unregistered Nurse	8.84%	↑
Technical & Other	7.91%	↑
Administrative and Clerical	5.27%	↑

5.09%

Divisions	In Month	Progress
PCS	5.46%	↑
DRD	5.32%	↓
ECM	5.26%	↑
Corporate	3.21%	↓

£482,276

SHORT-TERM

Top 3 Staff Groups	In Month	Progress
Technical & Other	6.44%	↑
Unregistered Nurse	5.18%	↑
Nursing and Midwifery Registered	3.23%	↑

3.14%

Divisions	In Month	Progress
ECM	3.70%	↑
PCS	3.28%	↑
DRD	2.98%	↑
Corporate	1.50%	↑

£291,631

LONG-TERM

Top 3 Staff Groups	In Month	Progress
Unregistered Nurse	3.66%	↓
Administrative and Clerical	2.47%	↓
Nursing and Midwifery Registered	1.63%	↓

1.95%

Divisions	In Month	Progress
DRD	2.34%	↓
PCS	2.18%	↓
Corporate	1.71%	↓
ECM	1.56%	↓

£190,645

6.00%
5.50%
5.00%
4.50%
4.00%
3.50%

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

--- 12/13 Total Absence
— 13/14 Total Absence

3.50%
3.00%
2.50%
2.00%
1.50%
1.00%

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

--- 12/13 ST Absence
— 13/14 ST Absence
--- 12/13 LT Absence
— 13/14 LT Absence

Top 3 SMT's	In Month	Progress
Maternity & Gynae	8.64%	↑
Trauma & Orthopaedics	6.42%	↑
Childrens Services	5.59%	↑
Support Services	7.17%	↓
Newark	5.55%	↓
Therapy Services	4.88%	↑
Cardio-Respiratory	6.95%	↑
Non Acute Medicine	6.69%	↑
HCOP	6.22%	↑
NHIS	5.32%	↑
Finance	4.94%	↓
Information Services	4.04%	↓

ECM - Non Acute Medicine has increased from 0.12% in Dec13 to 6.69% in Jan14

Top 3 SMT's	In Month	Progress
Cardio-Respiratory	5.47%	↑
Gastro Endocrine	4.64%	↑
Support Services	3.85%	↑
Maternity & Gynae	4.19%	↑
Trauma & Orthopaedics	4.15%	↑
Childrens Services	3.62%	↑
Therapy Services	4.19%	↑
Pathology	3.51%	↑
Support Services	3.25%	↑
NHIS	2.99%	↑
Human Resources	1.76%	↑
Nursing Services	1.69%	↓

ECM - Non Acute Medicine has increased from 0.00% in Dec13 to 3.77% in Jan14

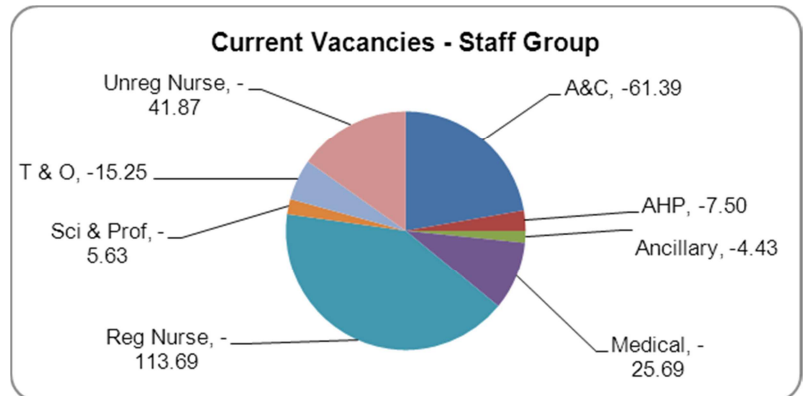
Top 3 SMT's	In Month	Progress
Support Services	3.92%	↓
Newark	3.52%	↑
Sexual Health	3.36%	↑
Maternity & Gynae	4.45%	↑
Trauma & Orthopaedics	2.27%	↓
Childrens Services	1.97%	↑
Finance	4.86%	↓
Information Services	2.60%	↓
NHIS	2.33%	↑
Non Acute Medicine	3.77%	↑
HCOP	2.60%	↑
Support Services	2.06%	↓

Workforce Performance Indicators - January 2014

1. Staff Numbers & Pay Spend (Source – Integra System - Finance)

Key points to note:

- Since last month budgeted establishment has decreased by 9 wte from 3817.00 wte to 3808.00 wte.
- Staff in post has increased by 26 wte to 3575 wte in January 2014. The main increase was within the Registered Nursing staff group, increasing by 14 wte's.
- The number of vacant posts is currently 232 wte. The vacancy rate is 6.10% compared to 7.01% in December 2013. Nursing vacancies stand at 113.69 wte.

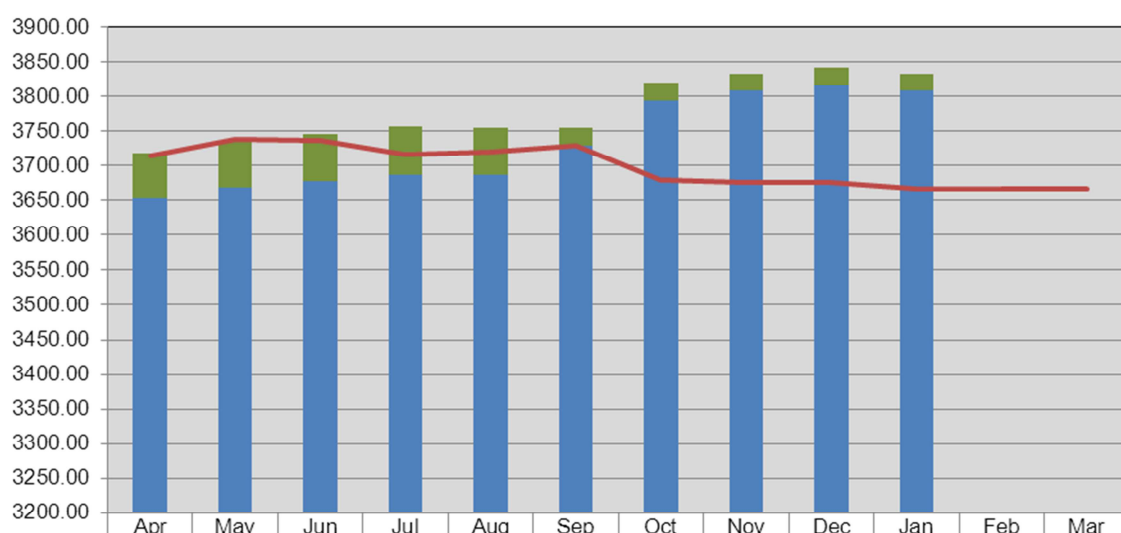


Staff Group	Vacancy Rate (%)
Admin & Clerical	6.83%
Allied Health Professionals	3.91%
Ancillary	10.95%
Medical	5.85%
Nursing Registered	9.00%
Nursing Unregistered	6.98%
Scientific & Professional	2.85%
Technical & Other	6.92%

Workforce Numbers (WTE)	Budgeted Establishment	Budgeted Reserves	Staff in Post	Vacancies excluding reserves
Apr 2013	3653.84	64.20	3389.19	264.65
May 2013	3668.10	68.20	3412.90	255.20
Jun 2013	3678.00	68.20	3433.86	244.14
Jul 2013	3687.56	69.20	3437.74	249.82
Aug 2013	3686.34	69.20	3451.19	235.15
Sep 2013	3729.32	25.90	3482.15	247.17
Oct 2013	3793.23	25.90	3513.16	280.07
Nov 2013	3807.90	24.90	3544.61	263.29
Dec 2013	3817.00	24.65	3549.38	267.62
Jan 2014	3808.00	24.65	3575.88	232.12

Budgeted establishment (3808.00 wte) is above the annual plan projection of 3676.11 wte, due to additional capacity being added to the budgeted establishment.

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		
Actual Budgeted Establishment	3653.84	3668.10	3678.00	3687.56	3686.34	3729.32	3793.23	3807.90	3817.00	3808.00		
Variance (Budgeted Est - Plan)	-59.88	-70.73	-59.42	-29.27	-34.18	-0.22	114.71	131.82	140.89	141.38		
Staff in Post	3389.19	3412.90	3433.86	3437.74	3451.19	3482.15	3513.16	3544.61	3549.38	3575.88	0.00	0.00
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

Key points to note:

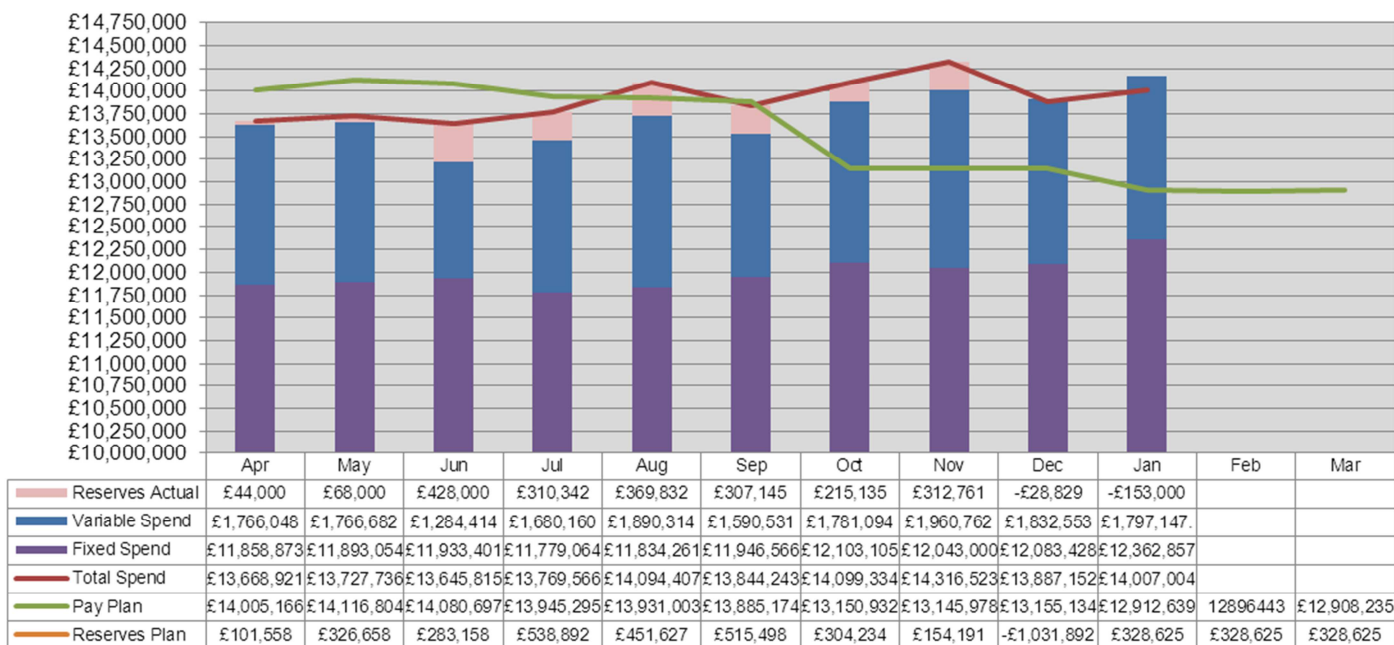
- In month total pay expenditure was £14.16. Pay expenditure has increased in month by £0.25m from £13.91m in December 2013.
- Fixed pay increased by £0.28m to £12.36m from £12.08m December 2013.
- Variable pay has decreased since last month by £0.03m with an expenditure of £1.80m.
- Variable pay accounts for 12.83% of total pay spend compared to 13.20% in December 2013.
- Fixed pay expenditure (£12.36m) continues to be below planned spend (£12.61m) by £0.25m which is consistent for financial year 2013/14. This indicates a continued need to translate variable pay into fixed/substantive pay.

Pay Spend	Planned Spend	Fixed Pay Spend	Variable Pay Spend	Reserves Spend	Total Pay Spend	Variance against plan	Variable Pay as a % of total Pay Spend.
Apr 2013	£14.01m	£11.86m	£1.77m	£44k	£13.77m	£234k	12.82%
May 2013	£14.12m	£11.89m	£1.77m	£68k	£14.05m	£64k	12.57%
Jun 2013	£14.08m	£11.93m	£1.28m	£428k	£13.93m	£152k	9.22%
Jul 2013	£13.95m	£11.78m	£1.68m	£310k	£13.77m	£180k	12.20%
Aug 2013	£13.93m	£11.83m	£1.89m	£370k	£14.09m	£163k	13.41%
Sep 2013	£13.89m	£11.95m	£1.59m	£370k	£13.84m	£41k	11.49%
Oct 2013	£13.15m	£12.10m	£1.78m	£215k	£14.10m	£948k	12.63%
Nov 2013	£13.15m	£12.04m	£1.96m	£313k	£14.32m	£1.17m	13.70%
Dec 2013	£13.16m	£12.08m	£1.83m	£29k	£13.89m	£0.73m	13.20%
Jan 2014	£13.52m	£12.36m	£1.80m	£153k	£14.16	£0.64m	12.71%

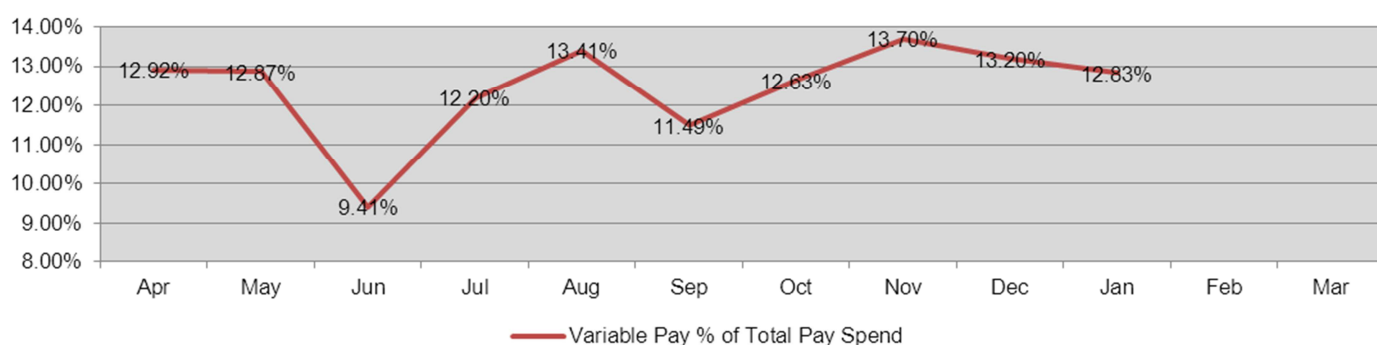
- The majority of variable pay relates to the nursing spend and stands at £832k in month
- Medical variable pay totalled £607k, Agency and Locum costs totalled £432k which is £184k above plan
- Total pay spend is above that planned for January 2014 by £1.09m

The graphs below identify pay spend for 2013/14 against plan, followed by a graph illustrating variable pay % of total pay spend.

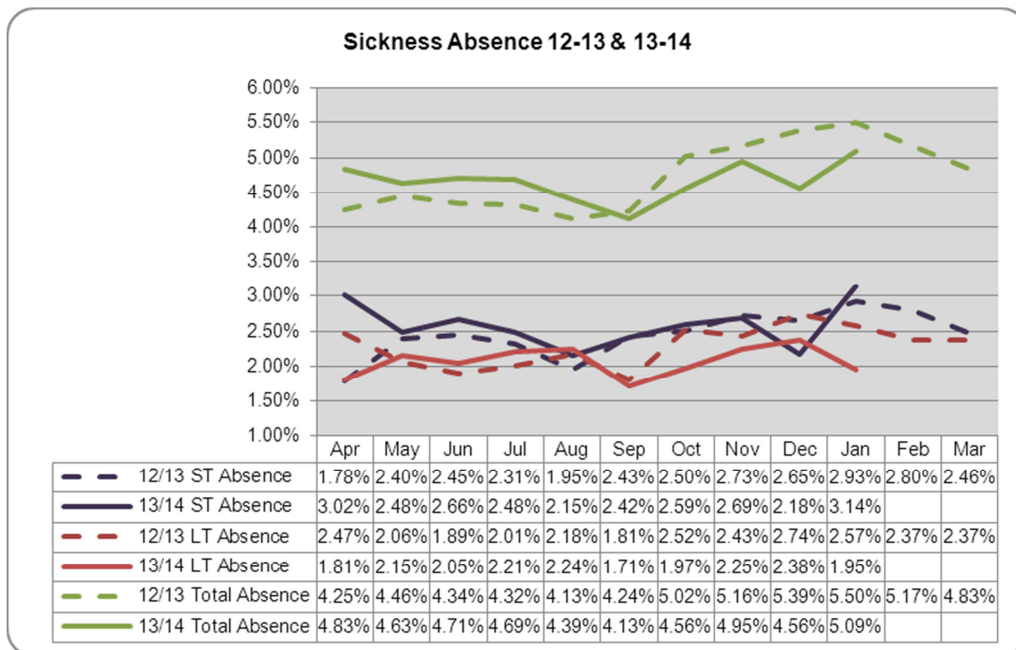
Trust Staff Costs against Annual Plan (13-14)



Variable Pay Spend as % of Total Pay Spend (13-14)



2. Sickness Absence (Source – ESR System – HR)



- In month absence rate 5.09% which increased from December 2013 by 0.53%, December rate stood at 4.56%
- Short term absence accounts for 3.14%
- Long term absence is currently 1.95%,
- The 12 month rolling absence rate is currently 4.72%.
- From April 2013 to January 2014, the cumulative financial year to date figure stands at 4.65%.
- The cost of paying absent staff in January 2014 was £482k.

See Dashboard 1 – Sickness Absence Summary

3. Staff Appraisal Completion – Agenda for Change (Source – ESR System – HR)

Appraisal Status	Corporate		DRD		ECM		PCS		Grand Total		Progress	
	Dec-13	Jan-14	Dec-13	Jan-14	Dec-13	Jan-14	Dec-13	Jan-14	Dec-13	Jan-14		
1) Completed	390	380	917	938	780	777	824	799	2911	2894	-17	-0.58%
2) Outstanding >12 months old	23	31	58	56	112	121	122	149	315	357	42	13.33%
4) No Appraisal date reported	2	3	32	25	44	33	55	51	133	112	-21	-15.79%
5) Appraisal Not Due - New to post	53	60	99	90	117	121	90	94	359	365	6	1.67%
Grand Total	468	474	1106	1109	1053	1052	1091	1093	3718	3728	10	0.27%
Appraisal Rates exc new to post	93.98%	91.79%	91.06%	92.05%	83.33%	83.46%	82.32%	79.98%	86.66%	86.05%		
Appraisal Rates	83.33%	80.17%	82.91%	84.58%	74.07%	73.86%	75.53%	73.10%	78.29%	77.63%		

The above table shows a break down of appraisal compliance by Division and Trust Total. For the purposes of this analysis, bank staff have been removed from the final total (although not exempt from taking part in appraisals) due to being employed on an irregular/unplanned basis.

- Agenda for Change appraisal rate is 77.63% (decrease of 0.66% from December 2013).
- The target for appraisal completion is 79% and the current rate is more than 2% below target. The chart details appraisal progress from last month.

See Dashboard 2 – Appraisal Summary

Code	HR WORKFORCE METRICS	Target effective from 1st April 13 (establishment target based on end of year target requirement)			Nov-13	Dec-13	Jan-14	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	3807.90	3817.00	3808.00	-9.00	3806.04	3701.07	3666.65	3484.59	3489.59	3724.59
	Staff in Post	-	-	-	3544.61	3549.38	3575.88	26.50	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%	-263.29	-267.62	-232.12	35.50	-270.33	-247.17	-254.66	-138.44	-137.01	-256.35
	Turnover Rate (%)	<9.45%	>9.45% & <10.40%	>10.40%	6.55%	7.17%		-7.17%	7.17%	4.99%	2.33%	9.73%	7.35%	4.02%
	Sickness Absence (%) - Short Term	<1.52%	>1.52% & <1.68%	>1.68%	2.69%	2.18%	3.14%	0.96%	2.49%	2.35%	2.72%	2.73%	2.63%	2.52%
Attendance and Wellbeing - * This is the cost of salary paid to those who were absent due to sickness.	Sickness Absence (%) - Long Term	<1.64%	>1.64% & <1.82%	>1.82%	2.25%	2.38%	1.95%	-0.43%	2.20%	2.05%	2.00%	2.44%	2.56%	2.09%
	Sickness Absence (%) - Total	<3.51%	>3.51% & <3.85%	>3.85%	4.95%	4.56%	5.09%	0.53%	4.69%	4.40%	4.72%	5.17%	5.19%	4.61%
	Absence Cost (£) - Short Term*	-	-	-	£236,107	£214,768	£291,631	£76,863.00	£642,242	£569,107	£660,615	£658,287	£654,933	£1,871,964
	Absence Cost (£) - Long Term*	-	-	-	£207,837	£232,234	£190,645	-£41,589.00	£585,561	£509,357	£559,857	£613,486	£660,186	£1,654,775
	Absence Cost (£) - Total*	-	-	-	£443,944	£447,002	£482,276	£35,274.00	£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%	2.57%	2.59%	0.02%	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%	2.20%	2.17%	2.12%	-0.05%	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%	4.81%	4.75%	4.71%	-0.04%	4.80%	4.87%	4.80%	4.70%	4.62%	4.82%
	Maternity (WTE on maternity in month)	-	-	-	80.00	78.43	66.28	-12.15	78.37	84.76	88.53	87.33	88.50	83.89
	Income and Staff Costs	Annual Clinical Income per WTE (£)	-	-	-	£61,862	£61,198	£60,636	-£562.00	£61,723	£62,205	£62,068	£62,514	£62,187
Annual Average Salary per WTE (£)		-	-	-	£45,267	£45,159	£44,873	-£286.00	£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%	74.79%	78.27%	77.63%	-0.64%	78.27%	69.48%	59.37%	46.81%	48.00%	78.27%
	Mandatory Training Completion	>98%	>88% & <98%	<88%	76.00%	76.00%	77.00%	1.00%	76.00%	75.00%	75.00%	74.00%	71.00%	76.00%

Workforce Summary

Key Issues:-

- a. Workforce Numbers & Cost – The budgeted establishment in month was 3808.00 wte an increase of 9.00 wte and staff in post was 3575.88 wte an increase of 26.50 wte. Pay spend in month was £14.16m (increase of £0.25m), of which £12.36m was fixed pay spend and £1.80m was variable pay spend (decrease of £0.03m since last month) which equates to 12.83%.
- b. Sickness Absence – Staff absence levels have increased in month. In December 2013 total absence was 4.56% increasing by 0.53% to 5.09% in January 2014. Short term absence has increased from 2.69% to 3.14% (0.45%) and long term has decreased from 2.38% to 1.95% (0.43%). The rolling 12 month rate is 4.71% which is 0.04% higher than 2012 (4.67%). Absence must be effectively managed in order to ensure levels of care are maintained and cost levels are reduced.
- c. 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%.
- d. Maternity leave has decreased by 12.15 wte in the month as there were a number of maternity absences that extended beyond the year entitlement that were open ended that have now been closed.

Workforce Numbers

- a) Budgeted Establishment - In comparison to last month, budgeted establishment has decreased by 9.00 wte to 3808.00 wte. Budgeted establishment (3808.00 wte) is above the annual plan projection of 3666.62 by 141.38 wte.
- b) Staff in post - has increased by 26.5 wte to 3575.88 wte in January 2014 from 3549.38 wte in December 2013.
- c) The number of vacant posts is currently 232.12 wte which is a decrease of 26.5 wte since December 2013. The Trust vacancy rate is 6.10%, the majority of vacancies continue to be in registered Nursing (113.69 wte/9.00% vacancy rate).
- d) Against Annual Plan - In terms of annual plan, the Trust is significantly above projections set at the commencement of the financial year of 3666.62 wte, above plan by 141.38 wte.
- e) Turnover - the turnover figure is currently unavailable for January 2014

Attendance & Wellbeing

- a) In Month - Trust absence levels have increased in month by 0.53% to 5.09%. When comparing against January 13, the absence rate was 5.50%, with absence for January 2014 being 0.41% lower than the same period last year.
- b) Rolling 12 Months Absence - The rolling 12 month period absence is currently 4.71% which is 1.21% above the target of 3.50%.
- c) Absence Cost - The cost of salary paid to absent staff for January 2014 was £482k, for the 12 month rolling year this equates to £4.83m. 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.
- d) Occupational Health activity - During January 2014 there have been a total of 92 referrals to Occupational Health to support staff at work/returning to work, this compares to last month's figure that stood at 66 referrals.
- f) The top three absence reasons for all staff: 1) Anxiety/ stress/ depression/ other psychiatric illnesses, 2) Chest & Respiratory, 3) Cold & Cough

Workforce Productivity & Staff Costs

- a) Clinical Income - Current financial year to date clinical income is £60.6k per WTE which is slightly below the 12 month trend of £62k per WTE.
- b) Average Salary - Average salary per WTE of £44k in January 2014.
- c) Pay Spend - In month the total pay spend was £14.16m, of which £12.36m was fixed pay spend. Total pay spend is above total pay spend plan of £13.52m by £0.64m.
- d) Variable Pay - spend was £1.80m for January 2014 (12.83% of total pay spend), which is an increase against last month.

Staff Training & Development

- a) Mandatory training - the current rate is 77% which is a 1% increase from the December position of 76%.
- b) Workforce planning and training needs analysis have commenced to formulate the workforce plan.

Recruitment & Selection

- a) New Consultants: - No update
- b) Consultants Leaving: - No update
- c) Nursing Recruitment - the Trust has successfully recruited 9 wte nurses from international recruitment work, start dates are currently being worked through.

Workforce Change

- a) 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. HR have now received all workforce plans that were submitted by the divisions and analysis will be taking place during March 2014 ready for submissions to the LETB's.

Health & Safety

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

- a) Activity Summary - As at the end of January 2014 there are 19 formal cases in process with HR under Trust Policies, of which 6 have been disciplinary related, 5 case relates to capability issues, 3 harassment/bullying cases, 2 referrals, 2 grievance and 1 whistleblowing.
- b) Since last report one Tribunal case remaining in process.