

BSUH INTEGRATED PERFORMANCE REPORT

- 1) Responsive Domain
- 2) Safe Domain
- 3) Effective Domain
- 4) Caring Domain
- 5) Well Led Domain

RESPONSIVE DOMAIN														
Metric	Defined by	Standard	Apr-16	May-16	Jun-16	16/17 Q1	Jul-16	Aug-16	Sep-16	16/17 Q2	Oct	Nov	Dec	Qtr. 3
Referral to Treatment - Admitted	NHSI	90%	69.11%	63.41%	65.33%	65.89%	64.00%	63.75%	64.53%	64.09%	65.39%	67.90%	70.73%	68.01%
Referral to Treatment - Non Admitted	NHSI	95%	76.06%	77.71%	74.97%	76.20%	75.88%	75.24%	76.24%	75.79%	77.58%	77.08%	80.26%	78.31%
Referral to Treatment - Incomplete	NHSI	92% (local 82.7%)	73.51%	74.77%	75.26%	75.26%	75.32%	75.10%	76.83%	76.83%	77.83%	80.06%	79.60%	79.60%
Incompletes 52+ week waiters	NHSI	0	100	87	92	92	211	226	184	184	185	161	150	150
Diagnostic Waiting Times	NHSI	1%	6.57%	2.57%	1.65%	1.65%	2.13%	2.84%	0.99%	0.99%	1.93%	1.06%	1.40%	1.40%
A&E: 4 hour waits (all types)	NHSI	95% (local 89%)	83.94%	86.25%	85.05%	85.12%	84.11%	81.16%	83.75%	83.03%	82.64%	82.13%	80.44%	81.76%
A&E: Total 12 hour waits from arrival (incl non DTA pts)	L	0	361	254	266	881	263	403	389	1055	439	506	529	1474
A&E: ambulance handover delays > 60 mins	L	0	51	77	56	184	97	139	96	332	175	170	198	543
A&E: 12 hour trolley waits	NHSI	0	11	4	2	17	0	1	1	2	1	1	6	8
Cancer Two Week Wait Standard	NHSI	93%	88.60%	93.80%	95.10%	92.60%	94.70%	94.10%	94.50%	94.40%	95.10%	94.00%	NYA	94.60%
Breast Symptom Two Week Wait	NHSI	93%	97.80%	94.80%	98.80%	97.30%	98.40%	96.60%	97.40%	97.30%	99.40%	98.90%	NYA	99.10%
31 Day Standard	NHSI	96%	100.00%	97.30%	99.10%	98.90%	98.40%	98.60%	98.20%	98.40%	98.60%	97.10%	NYA	97.80%
31 Day Subsequent Drug Standard	NHSI	98%	97.90%	97.60%	99.00%	98.30%	100.00%	100.00%	98.70%	99.50%	100.00%	98.20%	NYA	99.20%
31 Day Subsequent Surgery	NHSI	94%	95.70%	95.50%	100.00%	96.60%	91.30%	97.80%	97.80%	96.50%	92.10%	89.30%	NYA	90.90%
62 Day Standard	NHSI	85%	78.10%	77.20%	81.10%	78.80%	74.50%	74.70%	85.90%	78.20%	77.70%	75.40%	NYA	76.60%
62 Day Screening Standard	NHSI	90%	75.00%	66.00%	62.00%	67.90%	73.00%	87.50%	74.20%	78.00%	75.00%	96.40%	NYA	85.70%
Cancer 104 day waits	NHSI	0	8.5	7.0	5.5	21.0	11.0	10.5	8.5	30.0	11.0	6.5	NYA	17.5
Cancelled operations (last minute non clinical reason)	NHSI	0	28	27	41	96	35	47	34	116	68	70	57	195
Number of patients not treated within 28 days of last minute	NHSI	0	7	2	3	12	2	8	2	12	8	2	NYA	10
Delayed Transfers of Care	NHSI	<3.5%	5.9%	6.7%	6.9%	6.5%	6.8%	7.4%	9.6%	7.9%	8.90%	9.51%	8.66%	9.02%

Lead : Chief Operating Officer - where forecast in red , significant risk of hitting year end standard and senior intervention involved (please see exception report for action)

RTT script reviews and re write

Reporting Period: project to date

Highlight Report

Date of Update 15-12-16

Completed by Faith Button

Project Summary

Description

The Trust has reviewed its current RTT reporting scripts and discovered it has a number of exclusions scripts written in over the years which need reviewing urgently. In addition the Trust is not using the PAS RTT tables to full affect to follow national RTT reporting methodology so the RTT scripts need to be re written as part of this project.

Objectives

1. Ensure all exclusion in current scripts are validated and risk assessed
2. Review and link the validation process to Trust's current harm process and assure all clinically reviews following harm process
3. Re write the RTT scripts to follow national RTT reporting methodology and assess any impact on performance and patients waiting when transferring to the new scripts.
4. Ensure data quality issues are resolved and PAS training requirements for the end the users are reviewed. This will ensure new PTLs are kept clean and follow correct use of the PAS system so new scripts reflect use of RTT national rules

Milestones / key achievements

Four validation cohorts finished
 Cohort 7a on-going but 5 specialities now handed over to the directorates for clinical review and validation.
 New central tracking spread sheet issued to clinical divisions to use for their clinical review process and as part of the strengthened harm process
 New RCA process issued to clinical divisions to use as part of the Trusts harm process
 Raw new PTL written and reconciliation process between technical information analysts started
 Project plan in place and steering group
 New PTL info sub group established
 RTT outcome forms roll out project plan now available to be reviewed by steering group

Missed Milestones / achievements

Milestone	Reason	Mitigation	Revised deadline	RAG
Validation cohort 7a	Clinical directorates still not completed all clinical reviews from cohorts handed over to them,	Escalated up - Meetings with directorates taking place. All CDs and DMs clear this process is urgent and have completion dates issued	21/12/16	A
PAS suppliers and speciality field link	PAS suppliers cannot answer a question on the database schema about a SQL link required on re write. They need more time	Escalated to senior PAS IT team at Trust to hold suppliers to a date to respond to Trust	21/12/16	A
Non RTT Fups being booked over due	Directorates due to volume of dealing with RTT validations , potential long waiters and needing new capacity have not booked their fups over due	New report issued on this and escalated to DCOO for agenda item on the weekly PTL meeting to hold directorates to account to deal with these fups and get plans in place	TBC	R

RAG Status of Project sections

Validations	Harm process and clinical reviews	Scripts	DQ / PAS training
A	A	G	G

KEY: ● High risk ● At risk ● On track

Brighton and Sussex
University Hospitals



NHS Trust

Next Reporting Period – key updates

Update on all clinical reviews from patients send from admin validation

Completing of RCA to any long waiter patients

PAS supplier table link issue resolved

Update on reconciliation of new PTL to old

Paper of options on identifying diagnostic patients on PAS system - preferred option agreed

Paper prepared on old ALL scripts shut down of pathways from work in 2014 by Cymbio and COO ready for sign off

RTT outcome forms plans reviewed and roll out dates to line up with new script re write dates

Risks and Issues

Risk/ Issue	Status	Priority	Mitigation
Additional validation resource (Cymbio) despite escalation this PO still not been signed off and so now severe delay in completing validations . Risk to patients who are long waiters not being validate and clinically reviewed.	High	High	Overtime being offered to staff to cover this gap and other less risky validations being helped to deal with higher risk validations
PAS supplier to answer Trust questions	Medium	High	Trust senior IT staff to liaise with PAS supplier to enable this work to take higher priority
Directorates resource and capacity to carry our RCA and clinical reviews on top of BAU	medium	High	Directorates to escalated if additional resource is required to help with reviews to DCOO
Non RTT fups overdue. Due to capacity and volumes of new RTT patients directorates are struggling to bring in their fups due. These patients will be a risk of harm if not reviewed urgently	High	High	Escalation to DCOO, agenda item on w/l meeting and plans need to be worked up to book and bring in these fups with capacity. These plans need to be held to account.

Target description and Actual

Description

National standard = 92%

Local Trajectory or local standard = 74%

Actual performance = 79.6%

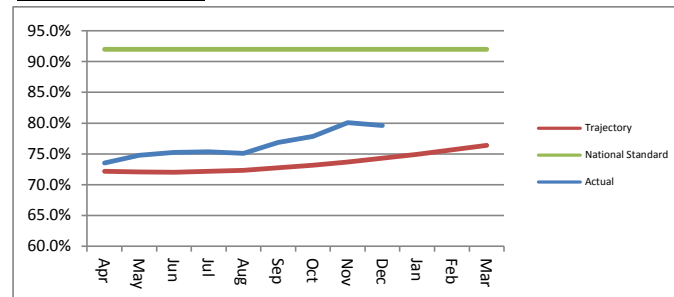
In additional to the 18-week standard the Trust has a target of 0 x 52-week waiters by March 17

Root Cause - key issues

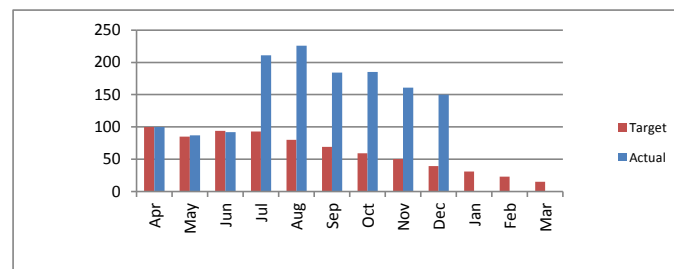
- 1) The total volume of patients waiting over 52wks as of the 11 Jan-17 is 139, this is a drop of 30 patients in the past 2 weeks. Whilst Mar-17 compliance remains the same position, the monthly performance oversight meeting in January will require a review and negotiation on the current Mar-17 delivery position.
- 2) Theatre 1 at PRH reopened on the 29-Dec 2016 reproviding DD with 10 operating sessions per week.
- 3) DD on call cover at PRH requires job plan sign-off and a planned start date to enable higher acuity surgical activity to be undertaken at PRH. This is part of the STP winter planning programme and awaiting confirmation of DD start date for job planning round.
- 4) Internal RTT revised trajectories to be undertaken in light of the NHS instruction with regards to elective pacing. Please note conference call booked for 17-Jan 2017 where discussion around extending will take place.

Trend Graph actual V target

18 weeks standard



52 Week waiters



Action	Description	SRO	By when
Revised (internal) RTT trajectories by Directorate to be revised in conjunction with elective pacing	By Directorate revised RTT trajectories for internal consumption only reflecting the elective pacing and the impact on 232 overnight cases as part of the mandated NHSI plan	SC	06-Feb

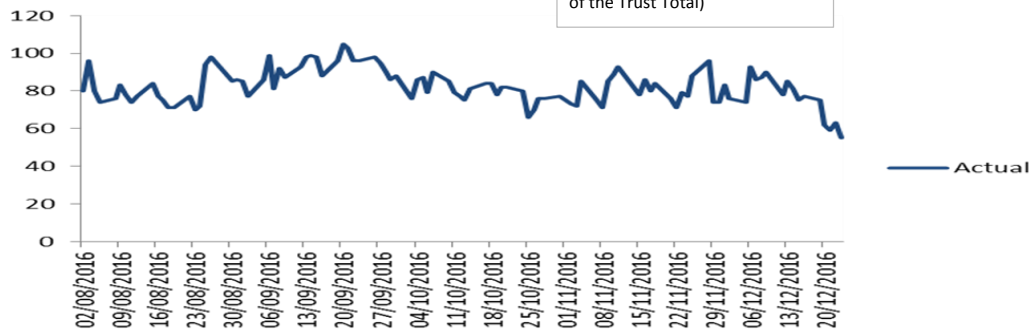
Target description and Actual

Description
 National standard = 3.5%
 Local Trajectory or local standard = 4%
 Actual performance = See dashboard.

- Root Cause - key issues
- 1) Insufficient care capacity
 - 2) Assessment processes for community care are complex
 - 3) Lack of flexibility of community admission criteria
 - 4) Reduction in social care capacity
 - 5) BSUH not assessing in timely manner

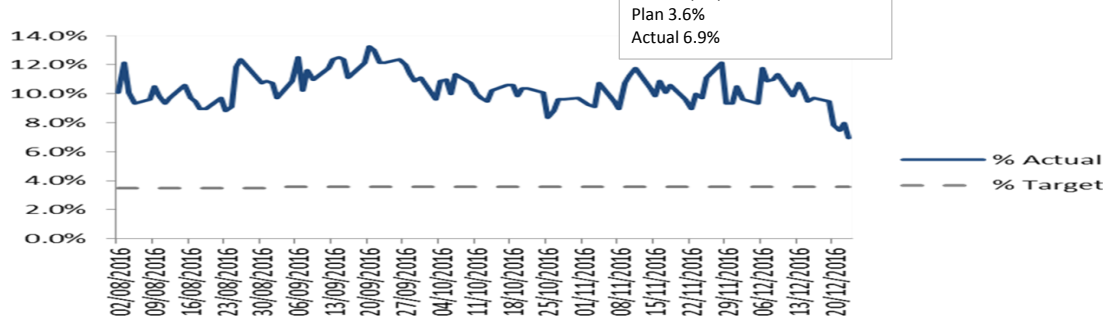
Unvalidated Daily BSUHT DTOCs Patient Numbers

All Locality, All responsible, All sites



Unvalidated Daily BSUHT DTOCs Plan vs Actual Share of Total Trust Beds

All Locality, All responsible, All sites



Action	Description	SRO	By when
Lack fo Rehab Bed Capacity	B&H CCG	SRG	Commitment to spot purchase capacity - 6 beds occupied
Reduce delays in assessment	SRG proposals for 'Trusted Assessor'	SRG	On-going
Flexing admission criteria	Agreement for flex when BSUH in 'Black' escalation	CCG	On-going
Increasing Hands on Care provision capacity	Increase to Block Contract capacity (pump prime) and recruitment campaign by East and West Sussex	CCG	£100,000 investment - now increase significantly with 7000 weekly care hours commisioned to 31st March from Mid Jan onwards
Review of daily DTOC calls and meetings	Review to streamline daily operational process to support DTOC management	BSUH	Completed and new Home First Daily call established and weekly top 30 DTOC senior action
Integrated Hospital Discharge Project	Project agreed jointly with MS&H CCG to implemented an integarted disagre model approach at PRH	BSUH/MS&H CCG	Project Manager appointed - MOU developed. Project launched Jan 17.
Roll out of Discharge Improvement Project	Pilots on new model on Jowers and Valances to be rolled out to targted wards	MS	Roll oput across 5 wards completed - Further capacity commissioned by B&H CCG.

SAFE DOMAIN														
Metric	Defined by	Standard	Apr-16	May-16	Jun-16	16/17 Q1	Jul-16	Aug-16	Sep-16	16/17 Q2	Oct	Nov	Dec	Qtr. 3
C Difficile - number of cases	NHSI	46	4	2	2	8	7	3	9	19	5	4	4	13
MRSA Bacteraemia -	NHSI	0	0	0	0	0	0	0	0	0	0	0	0	0
Never Events - number of	NHSI	0	0	0	0	0	0	0	2	2	0	3	0	3
Serious Incidents - number declared	L	Trajectory to be set	8	3	4	15	5	6	5	16	5	6	5	16
Patient Safety Incidents that are harmful	NHSI	Trajectory to be set	0.24%	0.12%	0.20%	0.19%	0.10%	0.10%	0.23%	0.14%	0.11%	0.23%	0.12%	0.15%
Medication Errors - causing serious harm per 1000 bed days	NHSI	0	0	0	0	0	0	0	0	0	0	0	0	0
Medication Errors - number causing serious harm	L	0	0	0	0	0	0	0	0	0	0	0	0	0
Patient Falls - total number	L	Trajectory to be set	93	83	89	265	83	110	100	293	109	104	88	301
Patient falls - Sis	L	Trajectory to be set	3	1	1	5	5	3	2	10	3	3	2	8
Fire Risk assessments completed	L	100%		69%	73%	73%	100%	100%	100%	100%	100%	100%	100%	100%
CAS Alerts - overdue alerts	NHSI	0	0	0	0	0	11	20	11	11	9	20	20	20
Hand Hygiene compliance	L	98%	93.00%	77.00%	71.00%	80.00%	80.00%	85.00%						
Mean wait of patients in corridor area A&E (mins)	L	TBC					51	57	51	53	53	61	72	62
Max wait of a patient in corridor A&E (mins)	L	TBC					810	518	657	810	335	959	658	959
Avoidable Pressure Ulcers (category 3 & 4)	L	0	0	1	0	1	1	1	1	3	0	1	0	1
Histology reporting turnaround (% within 7 days)		80%	30%	26%	19%	25%	18%	33%	18%	23%	21.33%	15.36%		18.35%
Emergency C section rate	NHSI	<12%	15.09%	12.11%	12.03%	13.06%	12.50%	12.90%	13.60%	13.00%	13.0%	14.5%	18.7%	15.4%
VTE Risk Assessment	NHSI	95%	84.52%	85.46%	82.99%	84.32%	89.98%	88.69%	89.16%	89.29%	92.60%	92.60%	91.80%	92.30%
% Harm Free Care	NHSI	95%	94.81%	94.90%	95.10%	94.94%	95.46%	95.78%	95.31%	95.50%	94.51%	94.66%	94.70%	94.58%

Lead : Medical Director and Chief Nurse

EFFECTIVENESS DOMAIN

EFFECTIVENESS DOMAIN

Metric	Defined by	Standard	Apr-16	May-16	Jun-16	16/17 Q1	Jul-16	Aug-16	Sep-16	16/17 Q2	Oct-16	Nov-16	Dec-16	16/17 Q3
HSMR (All)	NHSI	<100	89.17	88.42	89.98	89.98	91.16	90.78	89.85	89.85	NYA	NYA	NYA	NYA
HSMR (Weekends)	NHSI	<100	91.51	92.05	95.89	95.89	98.84	99.22	97.51	97.51	NYA	NYA	NYA	NYA
SHMI	NHSI	<100	95.18	93.63	93.78	93.78	94.05	93.82	NYA	93.82	NYA	NYA	NYA	NYA
Crude mortality (non elective pts)	NHSI	monitor	3.32%	3.37%	2.81%	3.16%	2.85%	2.72%	2.68%	2.75%	3.73%	3.57%	4.37%	3.89%
Emergency readmissions 30 days	L	10.50%	13.47%	14.34%	13.81%	13.88%	13.74%	12.87%	NYA	13.32%	NYA	NYA	NYA	NYA
A&E % patients who began treatment within 60 minutes (RSCH)	L	95.00%	48.6%	48.1%	49.8%	48.8%	48.1%	49.4%	51.6%	49.7%	49.5%	47.9%	51.8%	49.7%
Discharges before 10.00 AM (RSCH)	L	100% (1 per ward)				9%	8%	8%	11%		16%	14%		
Avg LoS Variance from Acute Teaching Hospital	L	Var = 0	0.5	0.39	0.28	0.38	0.23	0.38	0.39	0.34	NYA	NYA	NYA	NYA
DNA rate	L	<6%	8.22%	8.72%	8.80%	8.59%	8.80%	8.53%	8.72%	8.68%	8.03%	7.89%	8.07%	7.99%
Theatres Utilisation	L	85%	84.41%	84.89%	84.22%	84.50%	85.62%	83.65%	81.67%	83.59%	81.26%	83.75%		82.54%
% of emergency # neck of femur receiving surgery within 48 hours	L	TBC	85.71%	87.50%	88.33%	87.26%	88.68%	80.85%	95.65%	88.36%	NYA	NYA	NYA	NYA
Stroke patients > 90% on a stroke ward	NHSI/ CQC	80%	82.98%	82.46%	86.96%	84.00%	83.82%	86.44%	94.00%	87.57%	86.54%	NYA	NYA	86.54%
Stroke % admitted directly to a stroke ward	NHSI/ CQC	90%	74.47%	64.91%	58.33%	65.79%	72.06%	77.97%	70.00%	73.45%	57.69%	NYA	NYA	57.69%
Stroke patients scanned within 24 hours	NHSI/ CQC	50%	100.00%	100.00%	95.12%	98.32%	97.96%	100.00%	100.00%	99.31%	100.00%	NYA	NYA	100.00%
Stroke % of high risk TIA treated in 24 hours	NHSI/ CQC	60%	100.00%	87.50%	78.95%	87.50%	85.71%	100.00%	77.78%	83.67%	94.74%	NYA	NYA	94.74%
Stroke % of low risk TIA treated within 7 days	NHSI/ CQC	100%	100.00%	92.00%	100.00%	98.06%	100.00%	96.55%	100.00%	98.78%	100.00%	NYA	NYA	100.00%

Lead Chief Nurse and Medical
Director and COO

CARING DOMAIN

Metric	Defined by	Standard	Apr-16	May-16	Jun-16	16/17 Q1	Jul-16	Aug-16	Sep-16	16/17 Q2	Oct	Nov	Dec	16/17 Q3
FFT - Staff - % recommended as place to receive care	NHSI	95%				67.0%				63.0%	Quarterly - Q2 Latest Available			
FFT - Inpatient - % positive	NHSI	95%	95.9%	97.6%	94.8%	96.1%	96.0%	95.4%	95.9%	95.8%	95.3%	93.8%	94.0%	94.4%
FFT - A&E/WiC/MIIU - % positive	NHSI	95%	87.7%	87.0%	89.9%	88.2%	87.5%	86.6%	86.8%	87.1%	86.1%	88.1%	87.5%	87.2%
FFT - Maternity - % positive	NHSI	95%	90.6%	94.9%	94.7%	93.3%	96.8%	97.1%	91.3%	94.9%	92.0%	94.5%	94.5%	93.6%
Complaints responded to < 40 days	NHSI	90%	63.8%	74.4%	67.0%	68.1%	51.92%	45.86%	46.09%	47.67%	46.61%	NYA	NYA	46.61%
Number of complaints received	L	monitor	105	90	106	301	104	133	128	365	118	90	108	316
Outstanding complaints over 6 months	L	0						28	28	28	24	25	24	24
Re-opened complaints	L	<10%	11.4%	18.9%	10.4%	13.3%	11.5%	13.5%	6.3%	10.4%	7.6%	7.8%	10.20%	7.7%
Mixed Sex Accommodation breaches	NHSI	0	57	69	76	202	77	113	80	270	41	137	72	250

Comments

Lead : Chief Nurse

WELL LED DOMAIN

Metric	Defined by	Standard	Apr-16	May-16	Jun-16	16/17 Q1	Jul-16	Aug-16	Sep-16	16/17 Q2	Oct	Nov	Dec	Qtr. 3	
Temporary staffing spend as a % of paybill	NHSI	<10%	7.18%	7.37%	6.27%	6.94%	6.01%	5.78%	7.01%	6.27%	9.22%	7.35%	7.25%	9.04%	
Staff sickness	NHSI	<3%	4.27%	4.27%	4.28%		4.26%	4.24%	4.22%		4.25%	4.27%	NYA		
Staff turnover	NHSI	<12%	12.81%	12.81%	13.17%		13.58%	12.90%	13.30%		13.40%	13.58%	14.00%		
FFT - Inpatient - Response rate	NHSI	>35%	15.4%	15.4%	13.5%	14.8%	12.7%	11.3%	12.3%	12.0%	14.4%	11.6%	10.5%	12.2%	
FFT - Staff - % recommended as place to work	NHSI	95%				48.00%				44.00%	Quarterly - Q2 Latest Available				
% of STAM training	L	>75%		49.00%	55.00%	55.00%	71%	61%	60%		60%	64%	64%		
% of IG training		95%			50.00%	50.00%	68%	67%	82%		86%	86%	86%		
% of Appraisals	L	100%	69.80%	70.60%	70.20%		70.40%	66.90%	71.90%		73.40%	75.70%	77.20%		
6 week notice rosters			<i>Automated Reporting system to be established</i>												
Safe staffing fill	NHSI	95%	96.84%	98.35%	98.23%	97.81%	96.20%	96.10%	94.77%	95.70%	95.31%	97.11%	95.54%	95.98%	
% of bank staff	CQC	<15%	14.66%	14.88%	14.97%	14.84%	14.32%	14.83%	15.04%	14.73%	15.17%	13.41%	13.90%	14.16%	
Pay actual £'000 - (Surplus) / Deficit		334,279 (Oct target 27,365)	28,968	28,625	29,027	86,620	28,369	28,444	29,130	85,943	29,179	29,260	28,790	87,229	
Non Pay actual £'000 - (Surplus) / Deficit		197,197 (Oct target 16,166)	17,389	18,997	17,098	53,484	17,764	18,704	18,750	55,218	18,199	19,177	18,973	56,349	
Income actual £'000 - (Surplus) / Deficit		-549,636 (Oct target - 45,829)	(44,229)	(44,058)	(51,275)	(139,562)	(43,738)	(46,117)	(45,332)	(135,187)	(46,019)	(46,926)	(46,027)	(138,972)	
I&E Position £'000 - (Surplus) / Deficit		15,570 (Oct target 536)	4,703	6,386	(2,350)	8,739	5,281	4,087	5,585	14,953	3,860	4,007	4,557	12,424	
CIP's		25,110 (Oct target 2,886)	1912	1304	1880	1,849	1694	1545	2,219	3,175	1,656	1,670	1,562	4,888	
% Temporary Staff		TBC	7.40%	7.37%	6.84%	7.20%	6.01%	5.76%	7.09%	6.29%	9.22%	7.35%	7.21%	8.29%	
% of agency Nurse		<1%	2.64%	2.21%	1.65%	2.17%	1.45%	1.59%	1.95%	1.66%	2.28%	2.09%	1.58%	2.19%	
% of Nurse bank		TBC	7.82%	7.31%	8.12%	7.75%	6.50%	6.37%	8.85%	7.24%	12.49%	7.84%	7.59%	10.17%	

Lead : Chief Nurse/ HR director/ COO

Appraisals

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Actual	69.8%	70.6%	70.2%	70.4%	66.9%	71.9%	73.4%	75.7%	77.2%			

A&E 4Hour

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trajectory	0.81	0.825	0.829	0.84	0.85	0.86	0.835	0.85	0.86	0.89	0.89	0.89
Actual	0.839	0.863	0.851	0.841	0.812	0.838	0.826	0.8213	0.8044			
Target	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95

RTT

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
National Star	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92
Trajectory	0.722	0.72	0.72	0.722	0.723	0.727	0.732	0.73701	0.74315	0.75	0.76	0.76
Actual	0.735	0.748	0.753	0.753	0.751	0.768	0.778	0.8006	0.796			

52wk Waiters

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	100	85	94	93	80	69	59	50	39	31	23	15
Actual	100	87	92	211	226	184	185	161	150			

DTOC

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	0.035	0.035	0.035	0.035	0.035	0.035	0.035	0.035	0.035	0.04	0.04	0.04
Actual	0.059	0.067	0.069	0.068	0.074	0.096	0.089	0.0951				

Target description and Actual**Description**

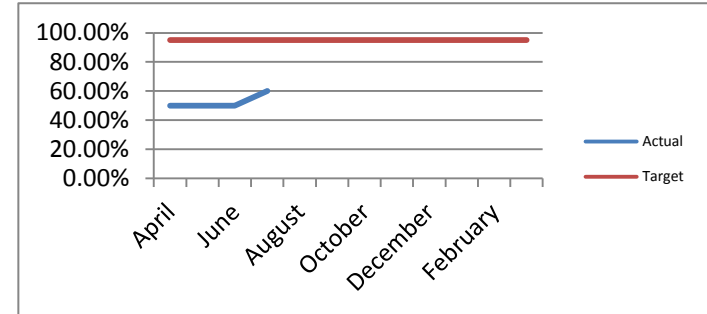
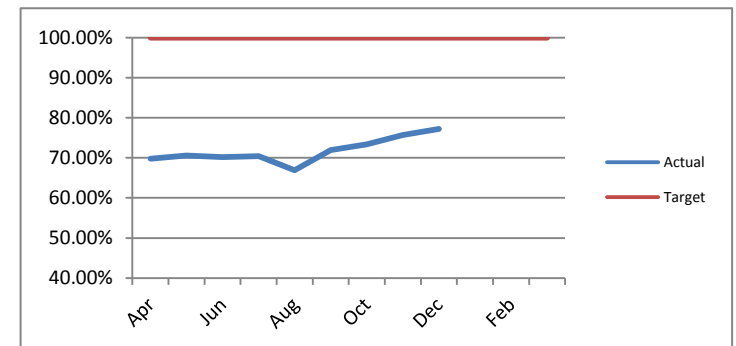
National standard = 98% IG and 100% Appraisals

Local Trajectory or local standard = 80% Appraisals

Actual performance = Appraisals = 75.7% / IG = 86%

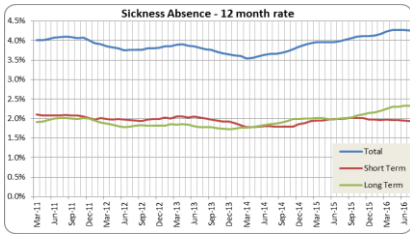
Root Cause - key issues

- 1) Data requiring cleansing
- 2) Ring fencing time especially when site under pressure
- 3) Expectation of roles and accountability
- 4) Access to Systems for some staff

Trend Graph actual V target**IG****Appraisals**

Action	Description	SRO	By when
Data	Large data cleansing exercise underway during August /Sept	HW	September
Time ring fenced	Staff all given ring fenced time for training and appraisals	ALL	On going
Accountability	Reports at department level issued so clear who has not done training or undertaken appraisals. Performance management of this	All	On going
System	Staff to provide HR business partners any systems issues so these can be manually updated	ALL	On going

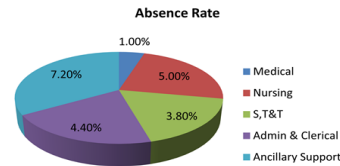
SICKNESS AND ABSENCE REPORTING



The Trust absence data is collected through the Payroll salary return submission and recorded 6 weeks after the first day of absence. The Trust 12 month sickness absence rate currently stands at 4.26%, historically the Trust has sat slightly lower than the NHS England average (currently 4.2%).

The current short term sickness rate is 1.93%, the long term rate 2.33% against a five year average of 1.94%.

Over the past 12 months, 5,963 staff took some form of sickness absence (74%). On average staff have 2.5 episodes per annum, 3.4 WTE days each in length. Breaking down sickness absence by staff group shows the following:



Ancillary support staff typically has higher absence rates and the In-sourcing of 600 Soft FM staff in September 2015 has contributed towards the increase in sickness figures.

Medical Staff sickness absence appears to be low, we believe due to under reporting, as doctors often text their peers rather than their Consultant or Lead. The Junior Doctors Contract states that all sickness is to be reported to the Medical HR Team and their Consultant, this is also reiterated at induction. The Medical HR Team have worked with the Women's and Speciality Directorate's to review reporting and administration arrangements. Local sickness reporting procedures have been drafted for Juniors Doctors in those specialities, this will also prompt Consultants/Leads to conduct return to work interviews. The local procedure template is to be adapted and implemented by the remaining Directorates.

Sickness Absence Management

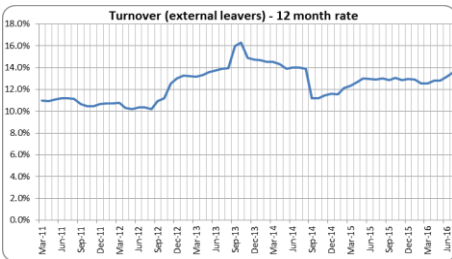
All staff are supported and managed through the Trust's Managing Sickness Absence policy, 122 staff are currently recorded as absent owing to long term sickness (over four weeks), 22 absent for more than 6 months, and 5 for more than 12 months. Reasons for sickness are predominantly due to mental health with no apparent direct correlation in terms of Department, work area or reason for sickness. A further reason for staff absence over 6 months is Cancer, staff are not formally managed through the Absence Policy but are supported by line managers.

Managers receive monthly reports highlighting which staff members have triggered under the Trust's Policy, this should act as a prompt for managers to conduct return to work interviews and commence informal and formal management of sickness absence. Whilst some areas use RosterPro as an aid to managing staff attendance, there isn't the assurance that all managers are consistently and robustly applying the Policy. Whilst Managers are supported by the Employee Relations Team, HR are not required to attend meetings. In 2013 owing to the number of cases and the capacity of the HR team, it was agreed that managers would conduct meetings on a one to one basis with their staff.

The current policy is under review and will be written to support the Trust's well-being strategy.

TURNOVER

The Trust 12 month turnover rate currently stands at 12.9%, this is slightly lower than the position 12 months ago (13.0%), but higher than the average for the past five years of 12.5%. Historically, turnover rates at BSUH have always been higher than both the NHS England average (8.7%) and the South East region average (9.4%).



Analysis of leavers' length of service identifies 23% leaving within the first 12 months, and another 48% leaving between years one and five. A further 13% of staff leave within years six to ten, with the remaining 16% leaving after 11 years or more.

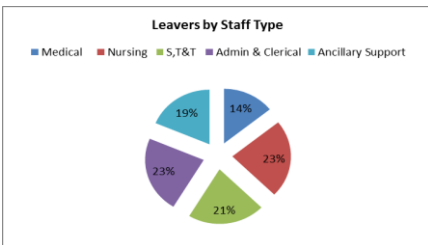
Unlike absence, the introduction of Sodexo / Soft FM staff has had minimal impact on the turnover rate, if this staff group is removed from calculations then a rate of 12.9% is still returned.

Over the past five years, an average of 76 staff (excluding training doctors) leave the Trust each month. The five highest stated reasons for leaving are Relocation (23%), Work Life Balance (13%), Retirement (11%), Voluntary – Other (9%) and Promotion (8%).

Exit Questionnaires offer supplementary qualitative data – staffing issues are a recurrent theme, as is lack of flexibility, lack of recognition / support both from manager and 'the Trust'. Many have cited that they do not feel valued or listened to in a meaningful way. A mechanism to proactively capture leavers' feedback is underway.

The top five destinations of staff leaving the Trust: No Employment (37%), Another NHS Organisation (25%), Unknown (7%), Other Private Sector (7%) and Education / Training (6%).

Reviewing the turnover rate in terms of staff numbers equates to between 900 and 1,000 staff leaving the Trust each year. Leavers by staff type (data excludes training grade Medical staff due to the rotational nature of their contracts):



At a Directorate level, the highest turnover rates are being seen within Human Resource (22%), Finance (19%), Abdominal Surgery & Medicine (19%), Corporate Services (18%) and Speciality Medicine (16%).

At a Care Centre (Specialty) level, the highest turnover rates are currently within Occupational Therapy (24%), Human Resources - Core (23%), Diabetes (23%), Financial Management (21%), Childcare (20%), Digestive Diseases (20%), HIV/ GUM (20%), Neuroservices (20%), and Unscheduled Care (20%). In all of these areas, one in every five members of staff has left in the past 12 months.

Reducing Absence and Turnover Rates

The recent introduction of the HR Business Partner role will ensure that directorates are further supported and directed to review and drill down into their respective workforce KPI's and ensure consistent and effective management and support to reduce the sickness rate and coach managers to better support and develop their teams and staff with a view to improving retention and reducing turnover.