

**ITEM: 09/107**  
**Doc: 4**

**Meeting:** Trust Board  
**Date:** 15 July 2009

**Title:** Dashboard Report

**Executive Summary:**

**Clinical Quality**  
Avoidable mortality – Defined as "deaths from causes considered amenable to health care. Healthcare intervention includes preventing disease onset as well as treating disease". The rate in May is above the 2 per 1000 discharges target. Number of patients reflected in the rate is 11. The individual patients have been identified and the relevant clinical specialty lead has been asked to investigate and report to the Medical Director. A more formal system for the review of each case in future is being discussed with the Medical Director.

**Patient Experience**  
There has been a 400% increase in the responses to the patient experience survey since the implementation of new electronic collection devices. As anticipated the results are starting to give a more accurate picture of patient perception and an ability to explore performance in detail for individual departments. Full roll out of the electronic devices will be completed by the beginning of September and until this time the results in the dashboard will be unstable. The presentation of the information relating to patient information will be reviewed and may change from September.

**Access & Targets**  
There were no MRSA bacteraemia cases in June. The Trust is within its target performance and hence this KPI is now green rated for the first time on the dashboard.

The Trust's ED 4-hour target performance is red rated as performance was 96.28% in June with the year to date performance 97.44%. There are a number of contributory factors for slippage in performance and these include: clinical leadership, medical staffing shortfalls and patient attendance patterns. Action plans have been drawn up and are being implemented to address each of the factors to ensure performance returns to above 98%.

**Strategy**  
There has been no change to market share performance. The Haringey non-elective market volume has decreased by 10% however the numbers being admitted to the Whittington is static and this is seen as a market share increase – it is not associated with additional income to the Trust.

As requested the maternity activity has now been included in the dashboard alongside the planned activity. It can be seen that following the opening of the midwifery led birthing unit the Trust has seen an increase in deliveries in June – this will need monitoring.

The Board is asked to review whether the focus on the implementation of the day treatment centre and the strategic redevelopment projects (which related to the development and implementation of a maternity business case and the development of the paediatric ED) should continue to be included in the domain report.

**Workforce & Efficiency**

There has been a continued increase in the vacancy rate over the upper control limit and an exception report is attached at appendix 1. A data anomaly has been identified in the Trust's monitoring of sickness/absence which shows the Trust's performance to be at its target level. An exception report is attached at appendix 2 and the target is under review – the Board will be updated in September.

Revised targets for the DNA rate and LOS reduction are being finalised by the program boards and will be reported to Trust Board in September.

**Finance**

Many of the finance indicators are red rated. The finance report will present the detail of the financial performance for the Board under separate cover at today's meeting.

**Action:**

- The Board is asked to review Trust performance.
- The Board is asked to review whether the focus on the implementation of the day treatment centre and the strategic redevelopment projects should continue to be included in the domain report.

**Report**

**from:** Fiona Elliott, Director of Planning and Performance

**Compliance with statute, directions, policy, guidance**

Lead: All directors

**Reference:**

**Compliance with Healthcare Commission Core/Developmental Standards**

Lead: Director of Nursing & Clinical Development

**Reference:**



External Assessments	Ratings	Annual health check		Risk Ratings	
		Use of Resources	Quality of Service	Financial	Non-Financial
	<b>Current</b>	Good	Good	1.55	Green
	<b>Predicted</b>	Good	Good		Green

Clinical Quality	
Current Period	G
Forecast Outturn	G
Adverse Incidents	G
Never Events	G
SMR Mortality Rate	G
Avoidable Mortality	A
Readmission Rate	G

Patient Experience	
Current Period	G
Forecast Outturn	G
Net Promoter Score	G
Patients Survey Scores	G
Complaints	G
Hospital Cancellations	A
Cleanliness	G
Single Sex Accommodation	A

Access and Targets	
Current Period	A
Forecast Outturn	G
National Targets - Provider Agency	R
National Targets - Other	G
18 week Referral to Treatment (RTT)	G
Hospital Acquired Infections - MRSA	G
Hospital Acquired Infections - C. diff	G

Strategy	
Day Treatment Centre	
Additional activity against plan	A
Strategic Redevelopment Projects	
% Target progress to date	G
Market Share	
First Outpatient Activity	G
Non-Elective Activity	G
Day Case Surgery	G
Maternity Deliveries	A

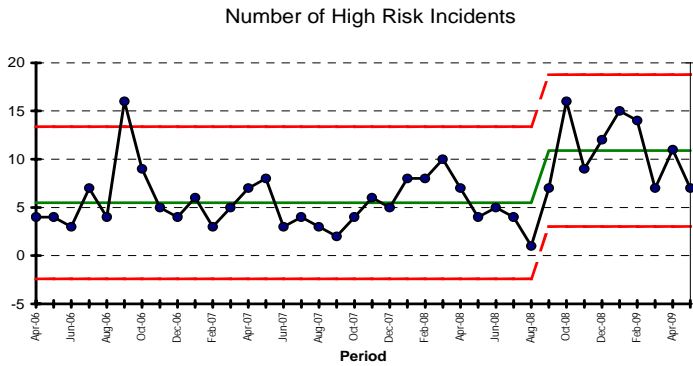
Workforce & Efficiency	
Current Period	A
Forecast Outturn	G
Length of Stay	A
DNA Rate	A
Surgical DC % Rate	A
Theatre utilisation	G
OP Follow Up Ratio	G
Sickness Absence Rate	G
Turnover Rate	G
Vacancy Rate	R

Finance		YTD	FC
Year to date Period		R	R
Forecast Outturn		R	R
Risk rating		R	R
I&E variance from plan		R	G
Actual I&E surplus/deficit		R	A
Performance against income plan		R	R
Cost Improvement Plan		R	R
Cash position against plan		G	G
Underlying financial position			

# Clinical Quality

note: refresh of Dr Fosters available for April 2009. Trust data refreshed to May 2009

## Adverse Incidents



Green: within normal SPC parameters AND benchmark is within national upper quartile

Amber: within normal SPC parameter AND benchmark is not above England

Red: lower control limit breach or run of 8 points below centre line (average)

source: Safeguard

Target is to increase incident reporting to be in the top quartile of national benchmark performance

## Never Events

detail to follow

## Overall Mortality Rate

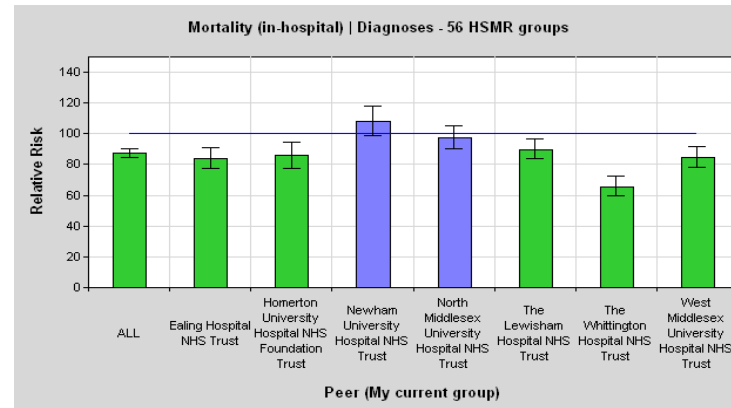
**Benchmark** (Dr Fosters Intelligence/NHS Choices. Standardised Mortality Rate, England, Annual)

Standardised on total England data = 100, June 2007 - July 2008)

Trust	2008 SMR	Trust	2008 SMR
North West London Hospitals	71.9	Lewisham University Hospital	97.6
<b>The Whittington Hospital</b>	73.1	Barnet & Chase Farm Hospitals	97.6
Imperial Healthcare	73.2	Whipps Cross University Hospital	98.2
Guy's & St Thomas'	75.3	West Middlesex University Hospital	98.5
Royal Free Hospital	78.4	Homerton University Hospital	99.2
St George's Healthcare	78.9	Kings College Hospital	100.6
Chelsea & Westminster	84.1	Mayday Healthcare	103.2
Barts & The London	84.4	Queen Elizabeth Hospital Woolwich	104.5
University College London Hospital	86.1	Dartford & Gravesham	105.8
Ealing Hospital	86.8	Barking Havering & Redbridge Hospitals	107.4
Bromley Hospitals	89.8	North Middlesex University Hospital	107.5
Kingston Hospital	93.0	Newham University Hospital	114.7
Hillingdon Hospital	94.2	Queen Mary's Sidcup	118.1
Epsom & St Helier University Hospital	97.1		

Target to be less than 100

Against a Peer Group of similar London hospitals - last 12 months (May 2008-April 2009)



target: to be Blue/Green rated

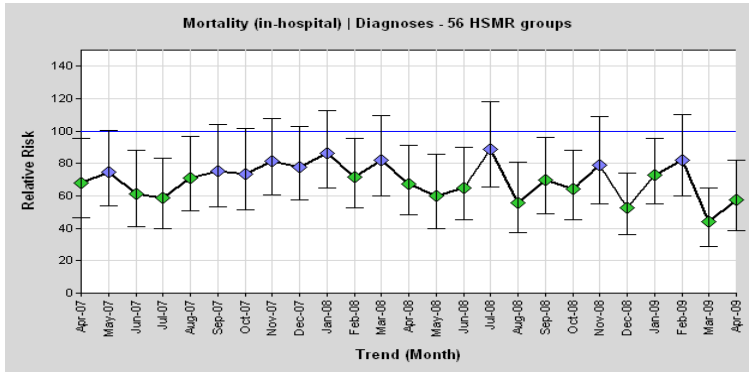
# Clinical Quality

note: refresh of Dr Fosters available for April 2009. Trust data refreshed to May 2009

## Mortality Rates (continued)

Mortality Rates over time

source: Dr Fosters



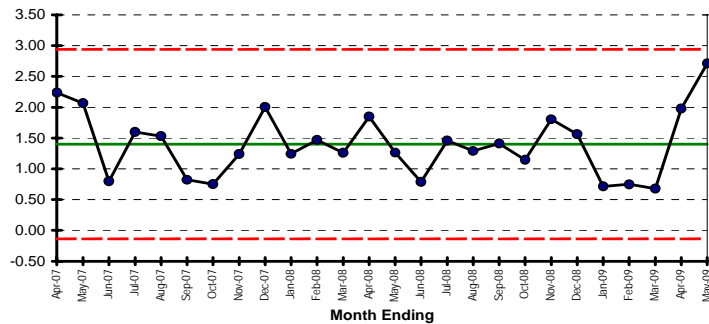
target: to be Blue/Green rated

## Avoidable Mortality (up to April 2009)

Defined as "deaths from causes considered amenable to health care... Healthcare intervention includes preventing disease onset as well as treating disease."

Selected diagnoses and age band (excludes over 75 year olds)

Avoidable Mortality - deaths per 1000 discharges



source: PAS data

Green: within normal SPC parameters AND less than the target

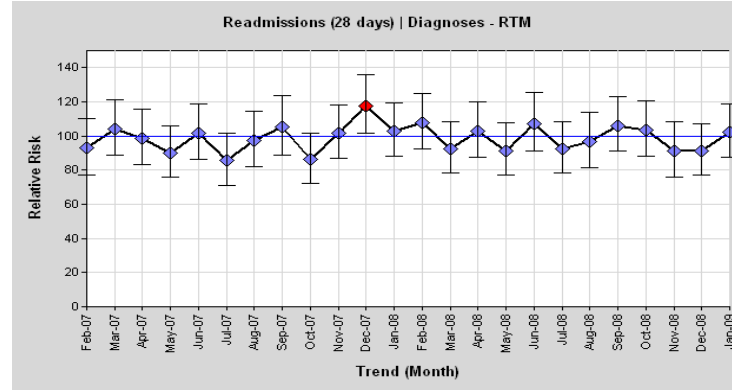
Red: above target or run of 8 points above centre line (average)

Target to be less than 2

## Readmissions

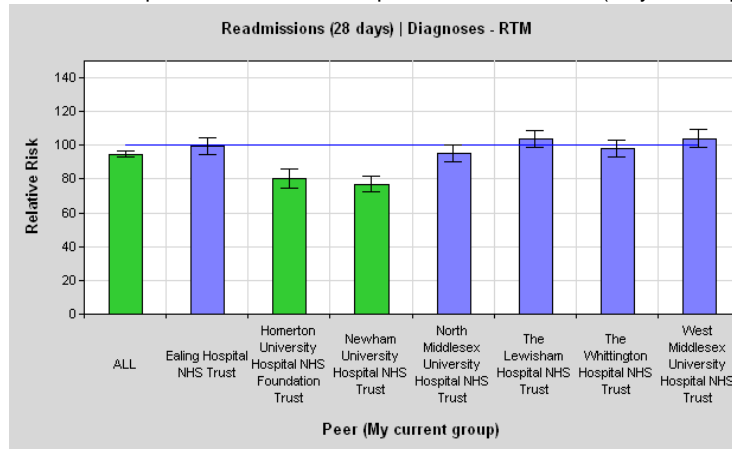
source: Dr Fosters - three month lag in data

Benchmark - trend over time  
Standardised against national data



target: to be Blue/Green rated

Against a Peer Group of similar London hospitals - last 12 months (May 2008-April 2009)



source: Dr Foster Intelligence. Relative Risk = index. Benchmark Year=2007/08

target: to be Blue/Green rated

## Clinical Quality

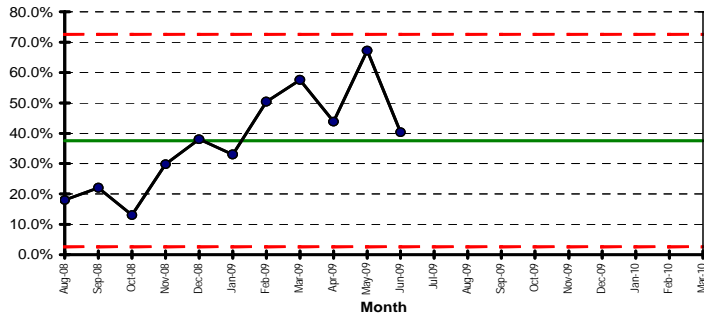
note: refresh of Dr Fosters available for April 2009. Trust data refreshed to May 2009

# Patient Experience

Period: June 2009

## Net Promoter Score

Net Promoter Score



source: internal Whittington surveys - target yet to be determined

Green: within normal SPC parameter AND consistent progress to improvement target

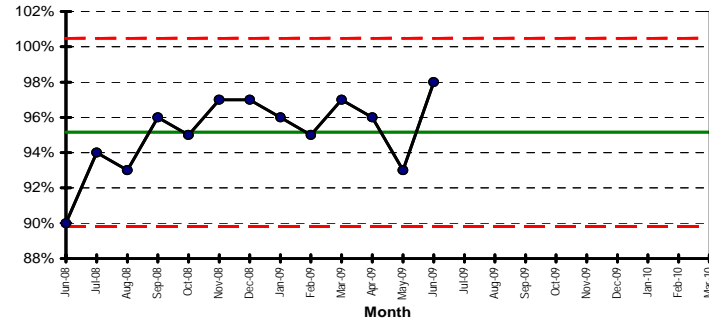
Amber: within normal SPC parameters and no progress to target

Red: lower control limit breach or run of 8 point below the centre line

## Ward Cleanliness

## Ward Cleanliness

Ward Cleanliness Score



source: internal Whittington surveys (Maximiser)

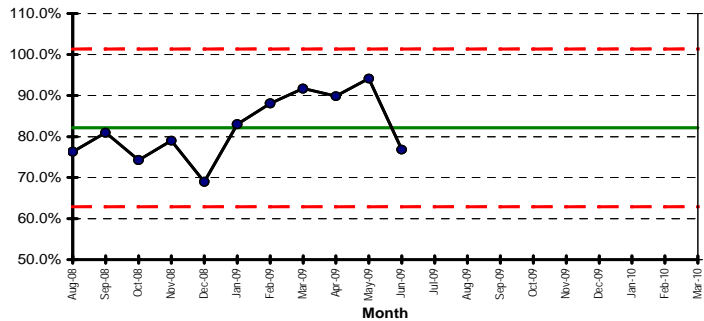
Green: within normal SPC parameter AND consistent progress to target (95%)

Amber: within normal SPC parameters and no progress to target

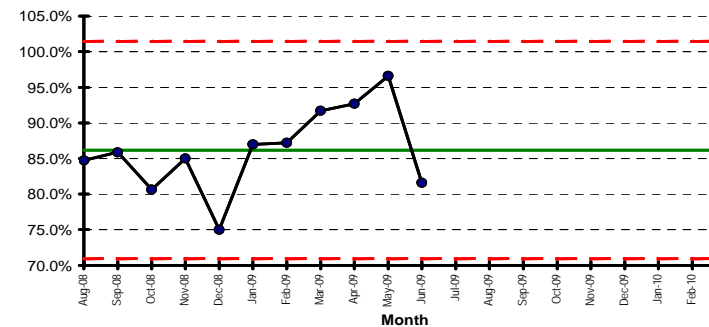
Red: lower control limit breach or run of 8 point below the centre line

## Patient Survey

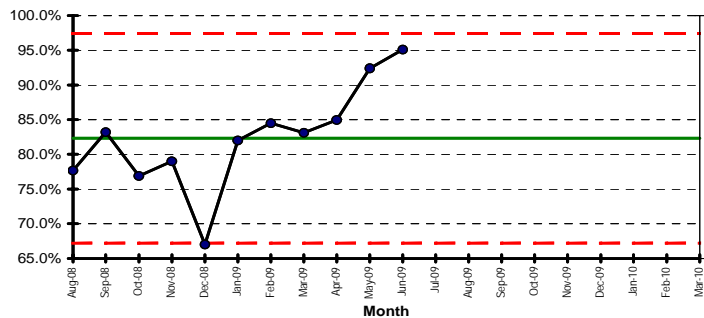
Overall how would you rate the care you received?



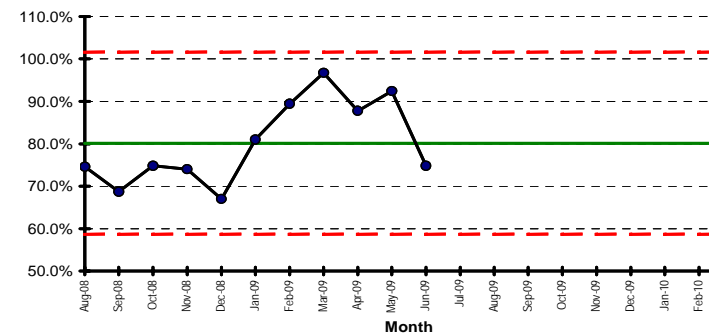
Did you feel you were treated with dignity & respect?



Were you involved in the decisions about your care?

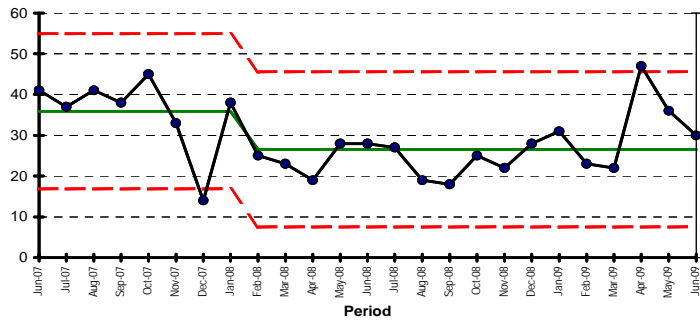


How clean was the hospital, room or ward you were in?



## Complaints - numbers

Total Complaints Received by Month



source: Safeguard - reported quarterly

Green: within normal SPC parameter AND progress to downward step change

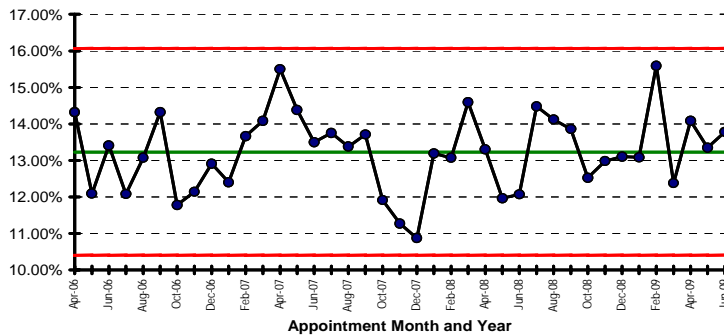
Amber: within normal SPC parameters and no progress to step change

Red: upper control limit breach or run of 8 point above the centre line

## Hospital Cancellations

see Workforce & Efficiency section for DNA rates

Hospital Cancellation Rate - all appointments



source: PAS data

Green: within normal SPC parameter AND consistent progress to target (9.5%)

Amber: within normal SPC parameters and no progress to target

Red: Upper control limit breach or run of 8 point above the centre line

## Complaints - Dissatisfied

% Dissatisfied Complainants

8% 11% 9% 10%

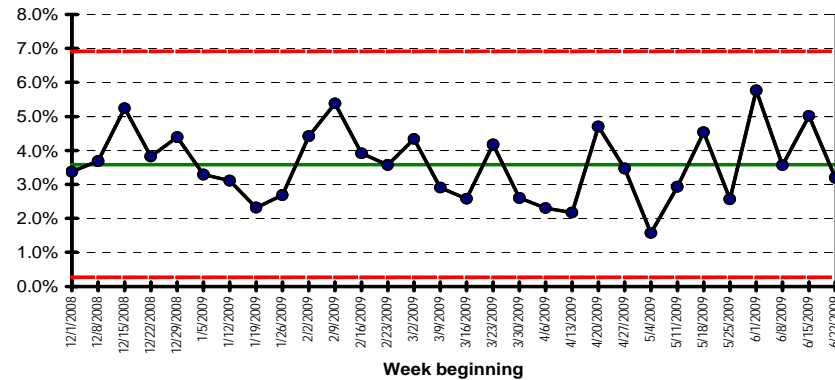
## Single sex accommodation

Each patient counts as a breach for each day that the mixed sex breach occurs

Total breach days as a Percentage of occupied bed days in week.

Data refreshed to June 2009

% mixed sex breaches



Source: Daily monitoring by bed managers

Green: within normal SPC parameter AND consistent progress to target

Amber: within normal SPC parameters and no progress to target

Red: upper control limit breach or run of 8 point above the centre line

Target to have zero breaches in in patient areas other than critical care and ED



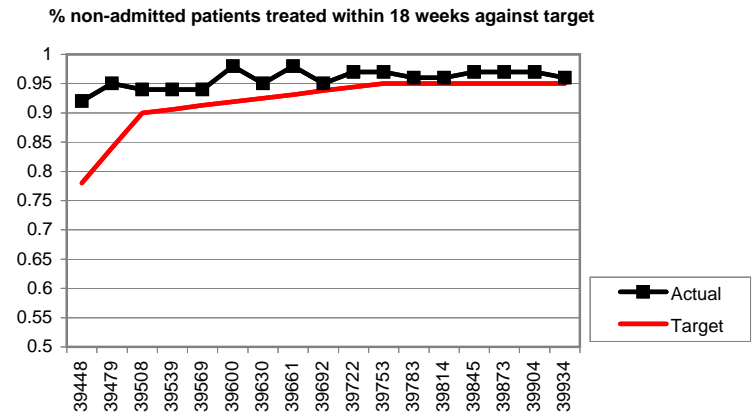
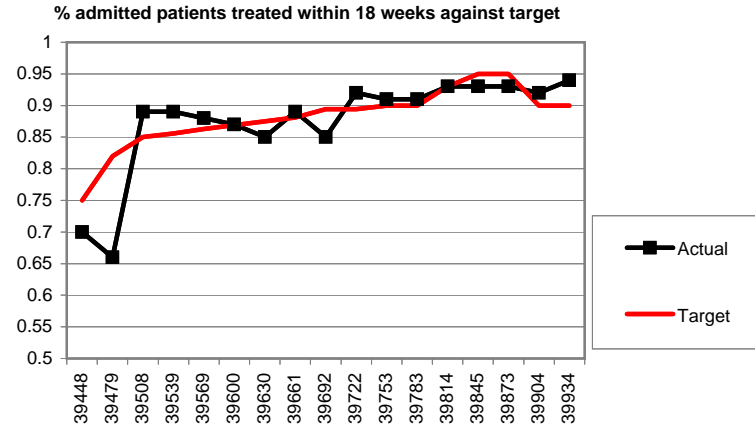
# Access and Targets

## Priority Targets

18 weeks Referral to Treatment (RTT) May 2009

one month delay in reporting

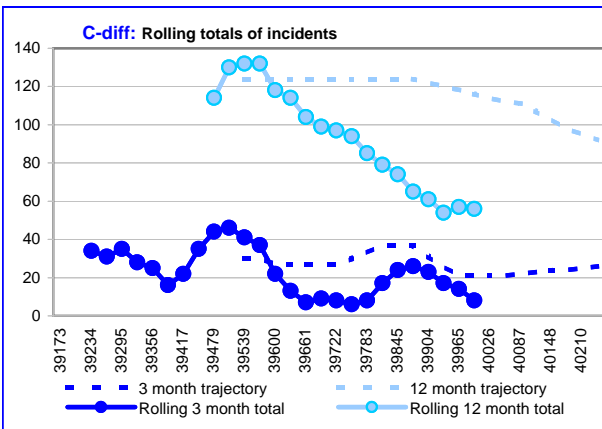
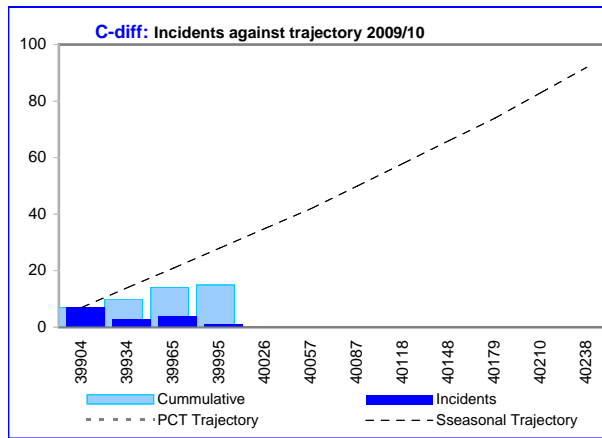
source: monthly 18 week report



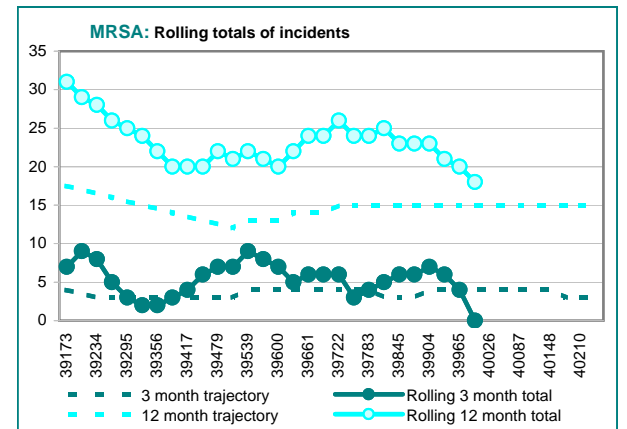
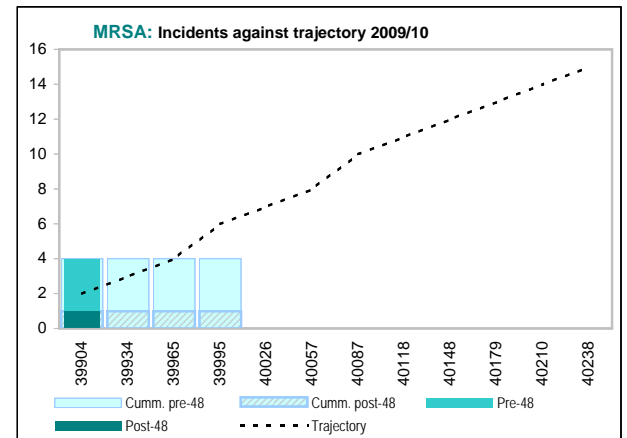
## Healthcare Acquired Infections

source: weekly Infection Control flash report (contains July data on a month to date basis)

### Clostridium difficile

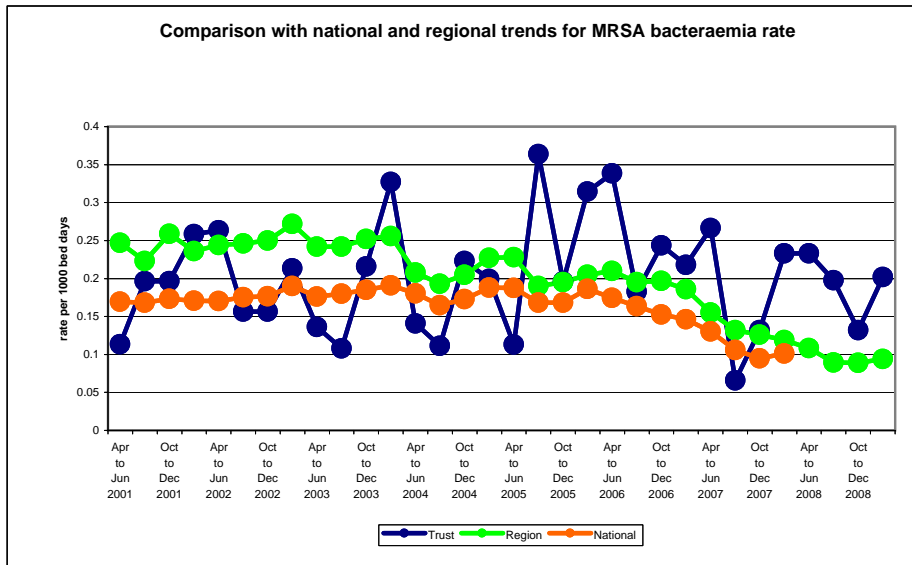


### MRSA

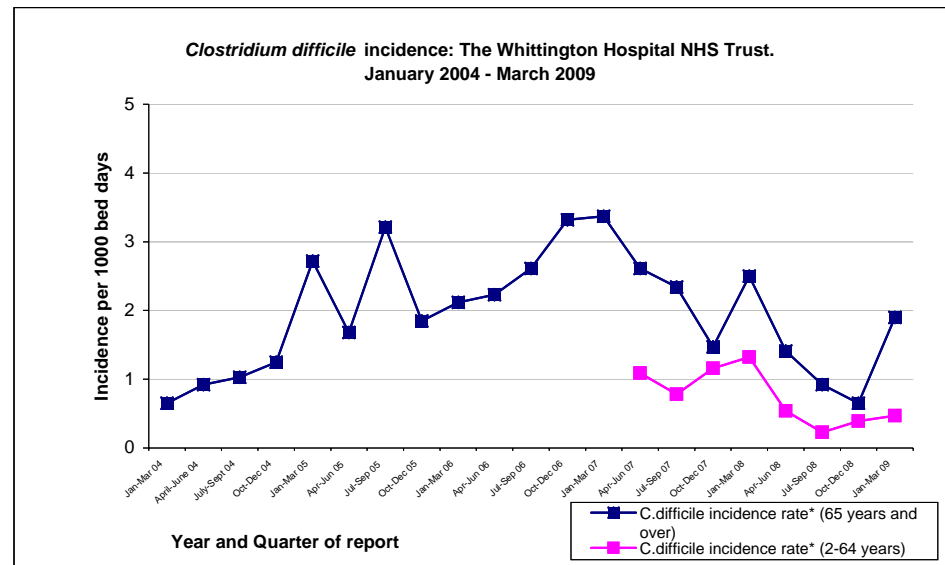


# Access and Targets

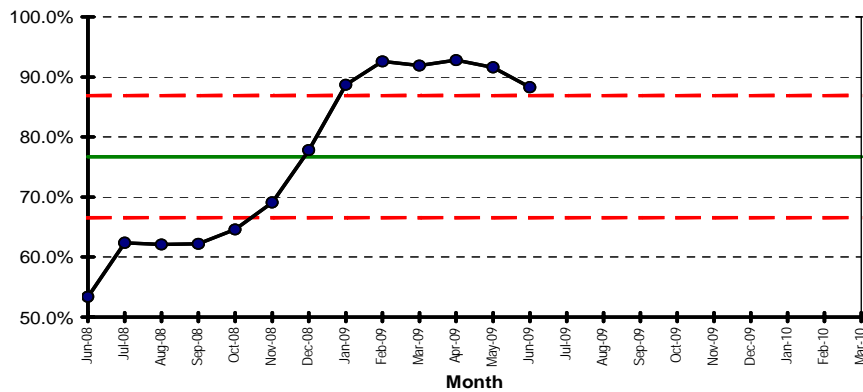
## Infection Control: Cases per bed day



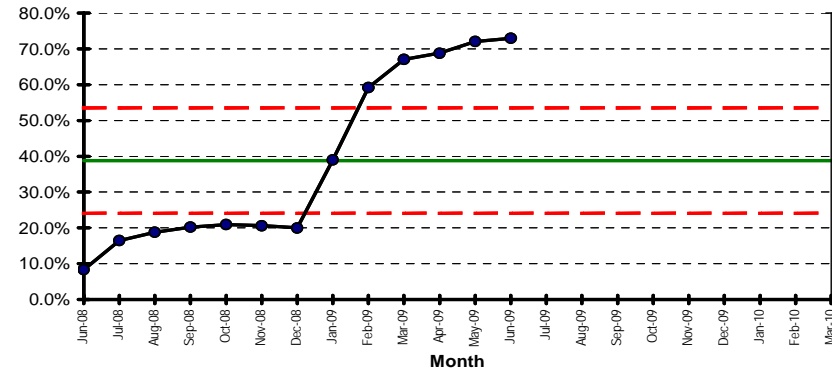
Source  
Health Protection Agency



## MRSA screening compliance: Emergency Patients



## MRSA screening compliance: Elective Surgical Patients

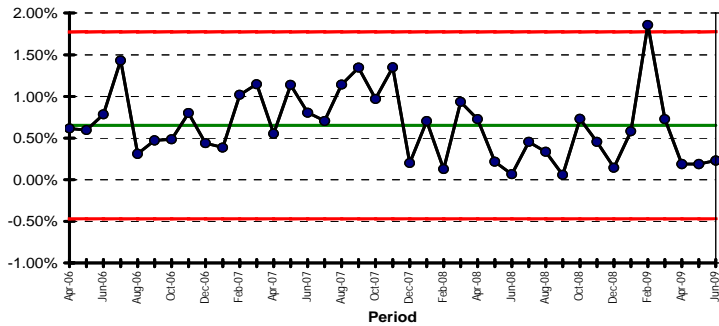


Data now includes day case screening performance

# Access and Targets

Cancelled Operations for non-clinical reasons

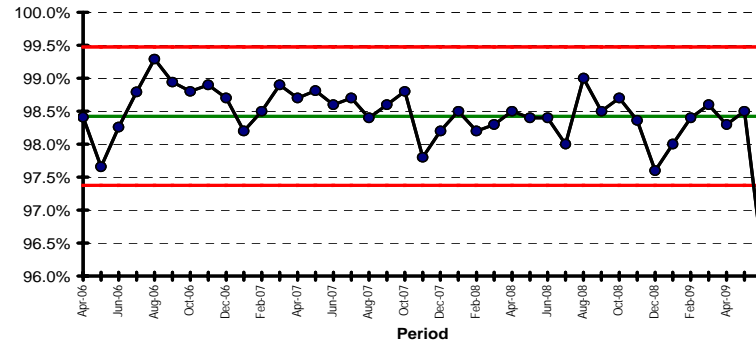
Elective cancellation rate



national tolerance=0.8%

ED attendances: % treated within 4 hours

ED Waits - % within 4 hours



national standard =98%

source: PAS data

## Other national targets

### National Target Indicators - reviewed by Monitor & Healthcare Commission

Standard	Criteria	Target	Jun-09	YTD	Forecast
<b>Reducing Mortality from Cancer</b>					
Wait from urg GP Referral until Seen	% seen within 14 days	90%	90%	n/a	n/a
Wait from Decision to Treat until 1st Treatment	% treated within 31 days	100%	100%	n/a	n/a
Wait from Decision to treat until 2nd Treatment	% treated within 31 days	100%	100%	n/a	n/a
Wait from GP Urgent Referral until Treatment	% treated within 62 days	67%	67%	n/a	n/a
Wait from Consultant upgrade until Treatment	% treated within 62 days	100%	100%	n/a	n/a
Wait from Screening Referral until Treatment	% treated within 62 days	100%	100%	n/a	n/a
<b>Inpatients waiting over 26 weeks</b>		0	0	0	0
<b>GP referred Outpatient waiting over 13 weeks</b>		0	0	0	0
<b>Ensuring patient right of redress following cancelled operations</b>					
Operations cancelled for non-clinical reasons	% of elective admissions	<0.8%	0.23%	0.20%	<0.5%
Offers of new binding date	% within 28 days	95%	100%	100%	100%
<b>Delayed transfers of care</b>					
Number of delayed bed-days			115	698	2,792
% delayed patients as a % of all patients		<=3.5%	1.3%	3.0%	<3.5%
<b>Reducing Mortality from Heart Disease</b>					
Wait from GP Referral until Seen in RACP Clinic	% seen within 14 days	>98%	100%	96%	>98%
Each national core standard	number of standards failed	0			

## Cancer Waits:

New definitions and targets from January 2009 onwards

No standards or targets yet published

source: EDIS data

### National Target Indicators - reviewed by the Healthcare Commission only (annual health check)

Standard	Criteria	Target	Jun-09	YTD	Forecast
<b>Supporting patient choice and booking</b>					
Choice of dates offered for Outpatient Appointments	% of new referrals	100%	100%	100%	100%
Choice of dates offered for Elective Admission	% of decisions to treat	100%	100%	100%	100%
<b>Emergency bed-days</b>					
Number of emergency bed-days		7500	7,502	7,502	-
% Change from last year			1%	1%	-
<b>Drug misusers: information, screening and referr</b>					
Meeting 5 requirements		100%	100%		100%
<b>Reducing inequalities in Infant Mortality</b>					
Smoking in pregnancy at time of delivery	% of deliveries	<17%	9.7%	9.6%	8%
Rate of Breastfeeding at birth	% of deliveries	78%	91.1%	90.0%	90.0%
<b>Obesity: compliance with NICE guidance 43</b>					
			100%		100%
<b>Participation in audits</b>					
<b>Stroke Care</b>					
	new indicator-to be confirmed				
<b>Data quality: ethnic coding</b>					
	new indicator-to be confirmed				
<b>Data Quality: maternity data</b>					
	new indicator-to be confirmed				
<b>Diagnostic</b>					
Diagnostic Waits (non audiology)					
13 weeks Breaches	% waiting within 13 weeks	100%	100%		
Total diagnostic tests		0	0	0	0
Wait for MRI Scan appointment	% waiting within 6 weeks	-	100%		
Wait for CT Scan appointment	% waiting within 6 weeks	-	100%		
Wait for Ultrasound appointment (non-obstetric)	% waiting within 6 weeks	-	100%		
All other diagnostic tests (non audiology)	% waiting within 6 weeks	-	100.0%		

Overall Green

# Strategy

Dr Fosters data refreshed to April 2009

## MARKET SHARE

### First Outpatient Attendances

#### Performance Thresholds

Green: within normal SPC parameter AND consistent progress to target

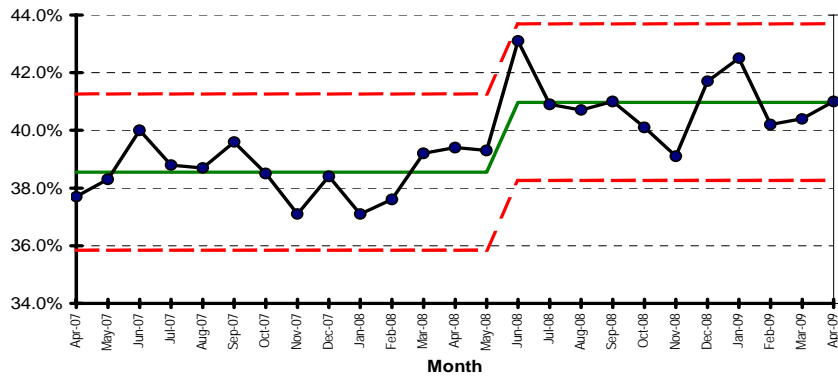
Amber: within normal SPC parameters and no progress to a target

Red: lower control limit breach or run of 8 point below the centre line

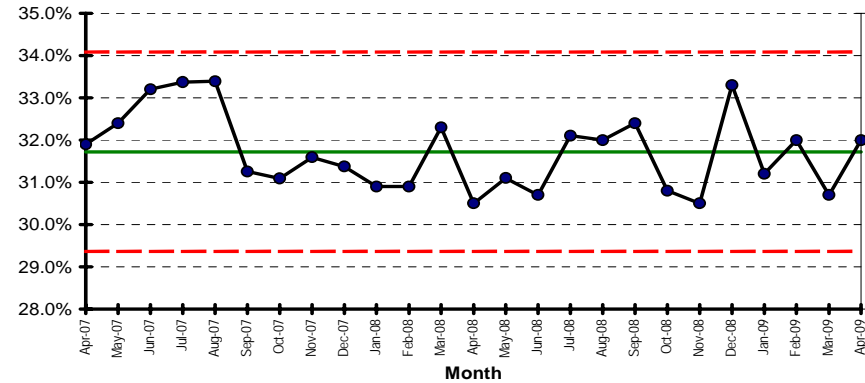
#### TARGET

1% increase in Market Share for all Activity Types by March 2009

Whittington: Islington First OP Attendances

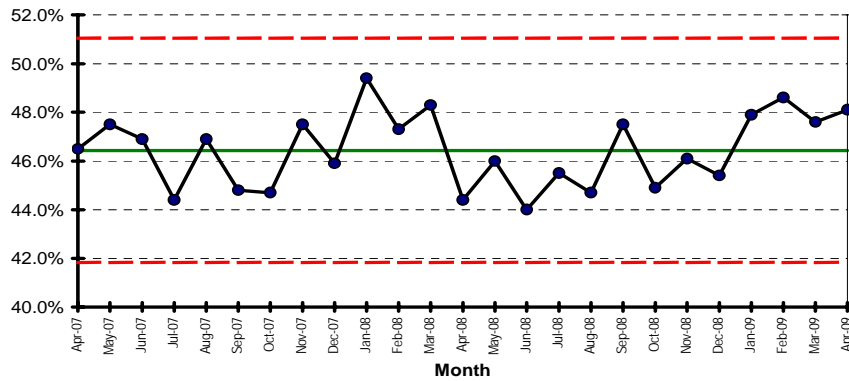


Whittington: Haringey First OP Attendances

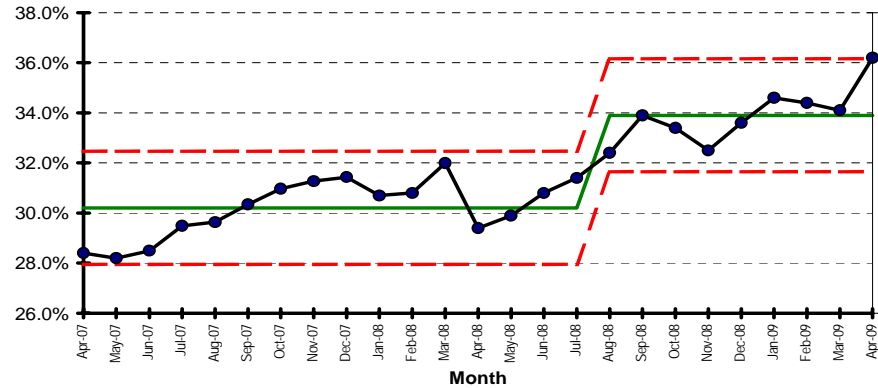


### Non-Elective Admissions

Whittington: Market Share for Islington Non Elective Admissions



Whittington: Market Share for Haringey Non Elective Admissions

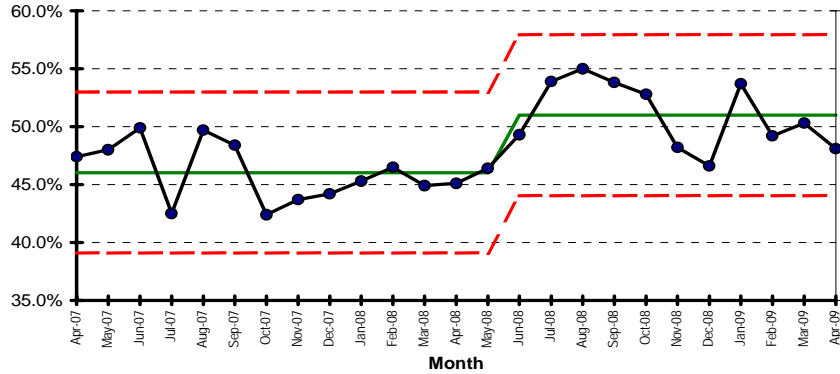


# Strategy

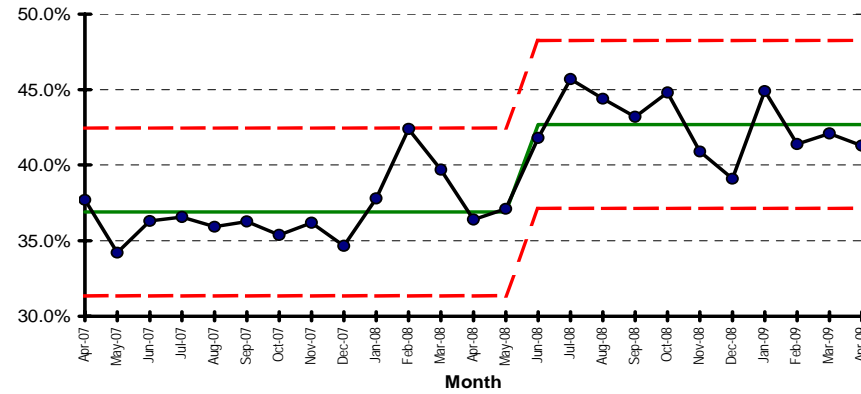
## Day Case Surgery

(General Surgery, Orthopaedics, Urology, ENT, Gynaecology, Pain Management, Gastroenterology only)

Whittington: Market Share for Islington Day Case Surgery

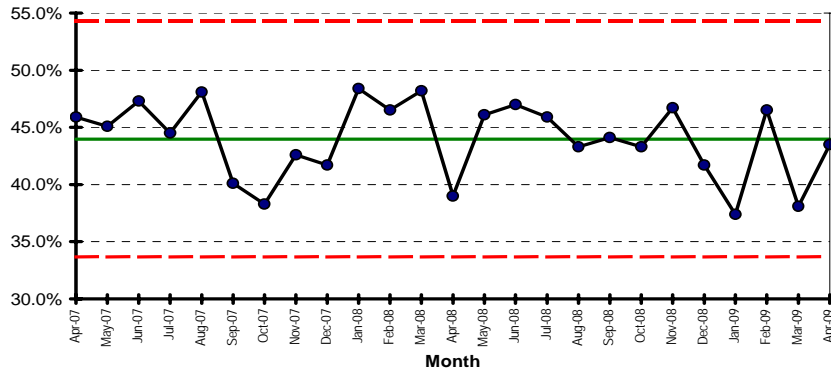


Whittington: Market Share for Haringey Day Case Surgery

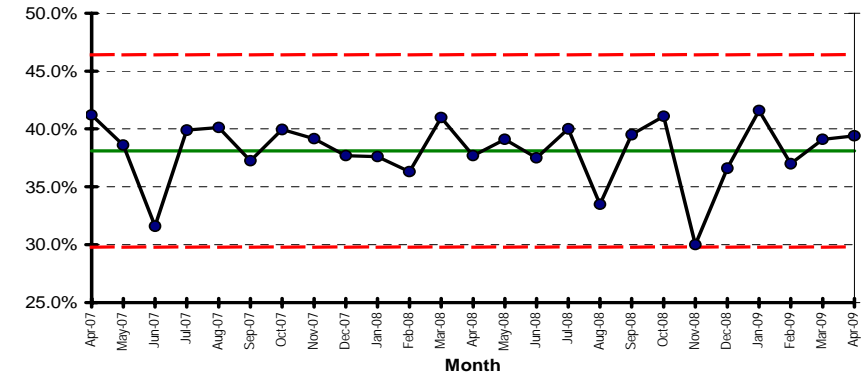


## Maternity Deliveries

Whittington: Market Share for Islington Maternity Deliveries

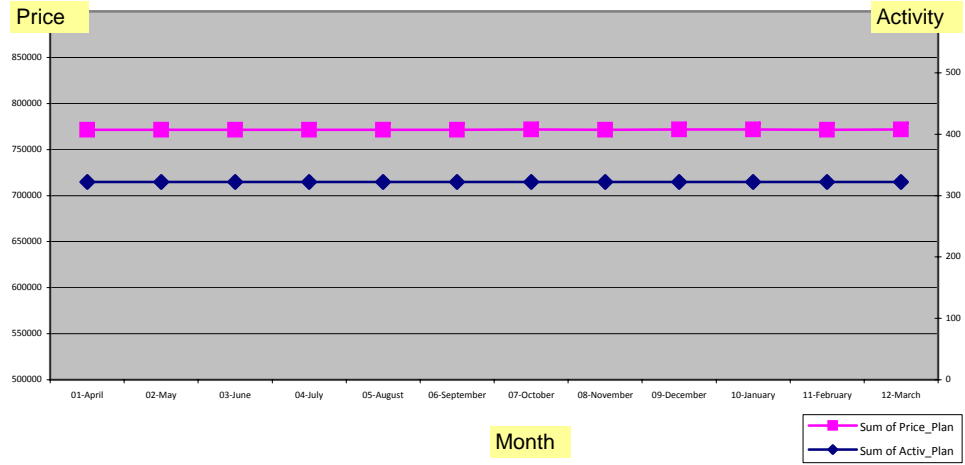
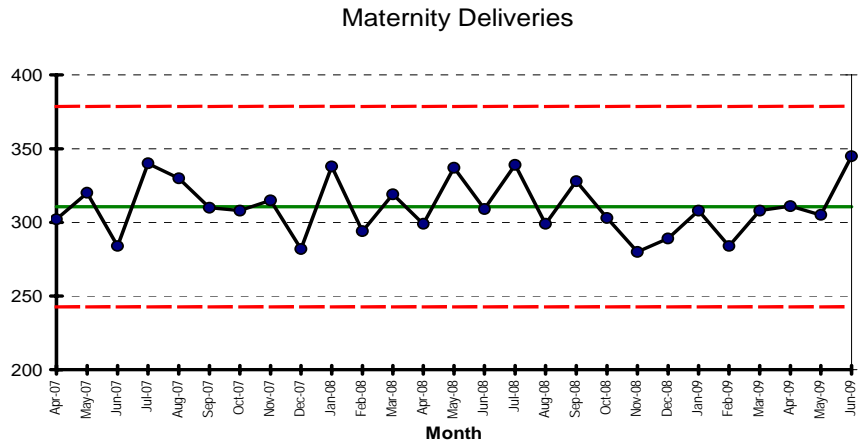


Whittington: Market Share for Haringey Maternity Deliveries



# Strategy

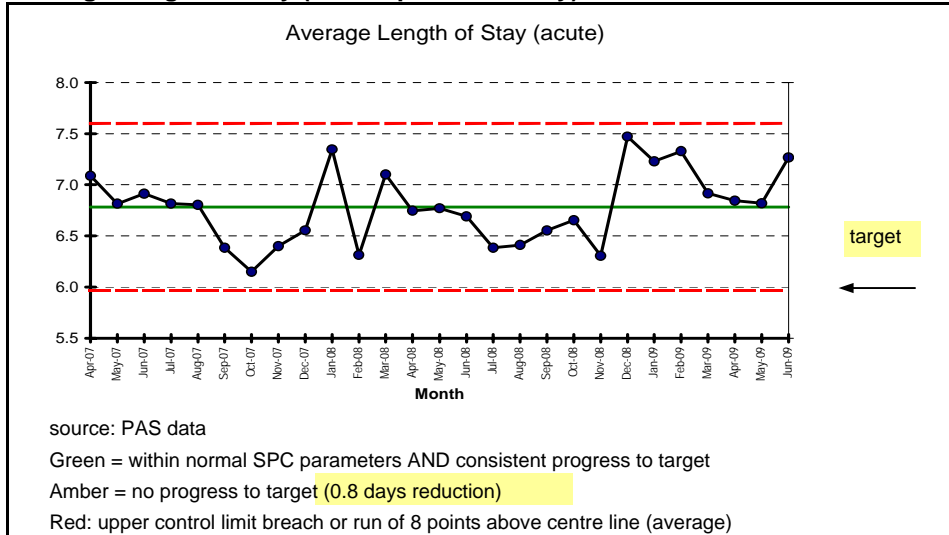
## Number of Maternity Deliveries



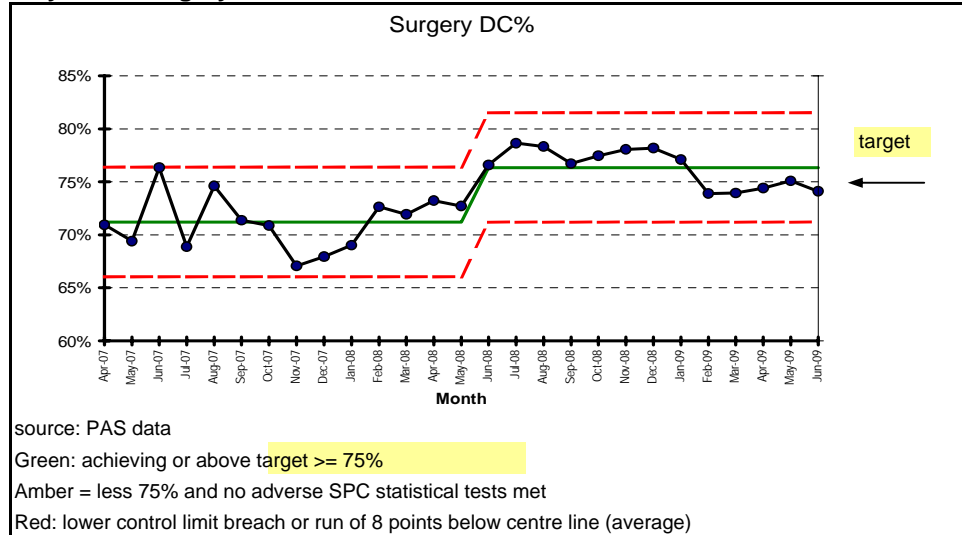
# Workforce & Efficiency

Period: June 2009

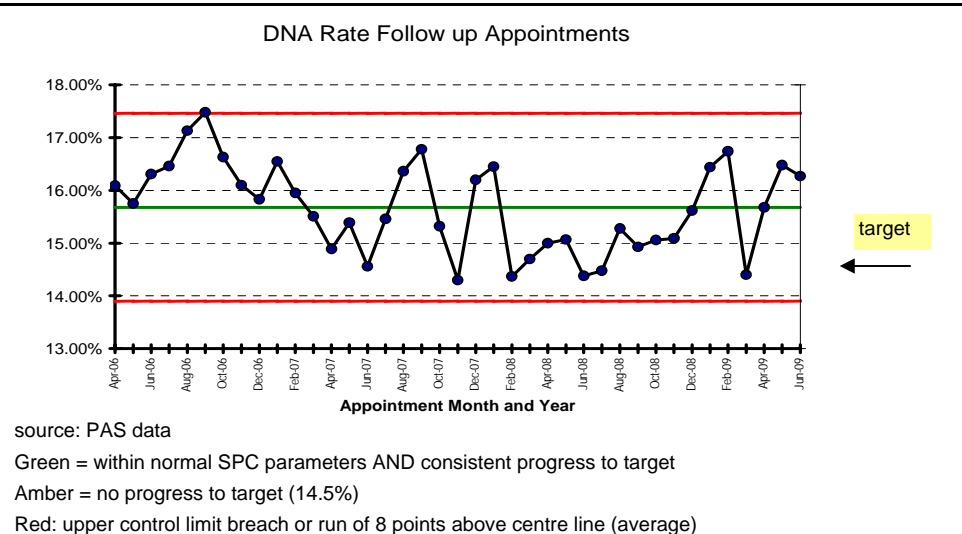
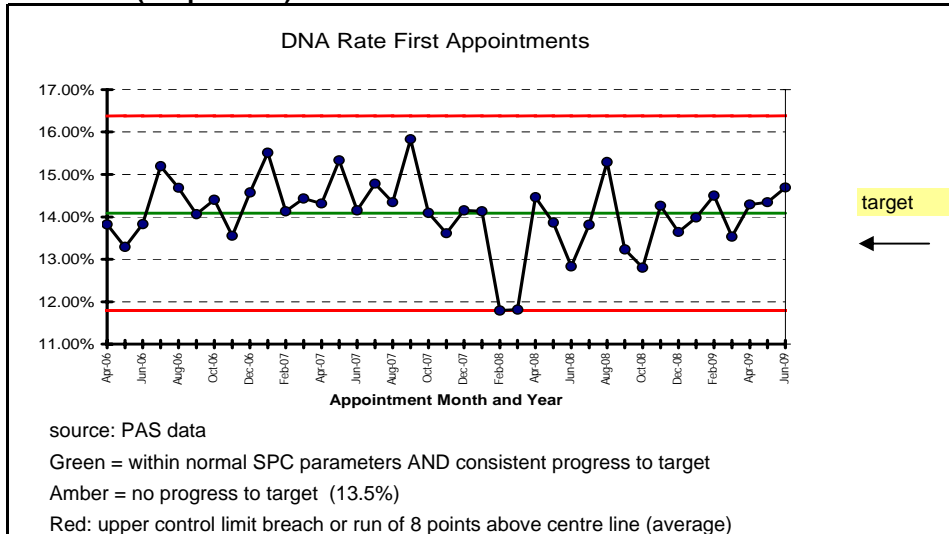
## Average Length of Stay (acute specialties only)



## Day Case Surgery Rate



## DNA Rate (Outpatients)

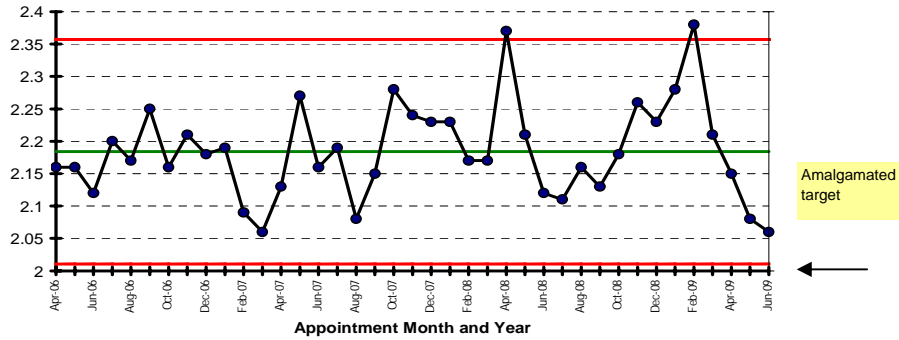


# Workforce & Efficiency

## Outpatient Follow Up ratio

Target different within each speciality - the target here represents amalgamated target

Follow up ratio



source: PAS data

Green = within normal SPC parameters

Amber = no progress to target - once agreed

Red: upper control limit breach or run of 8 points above centre line (average)

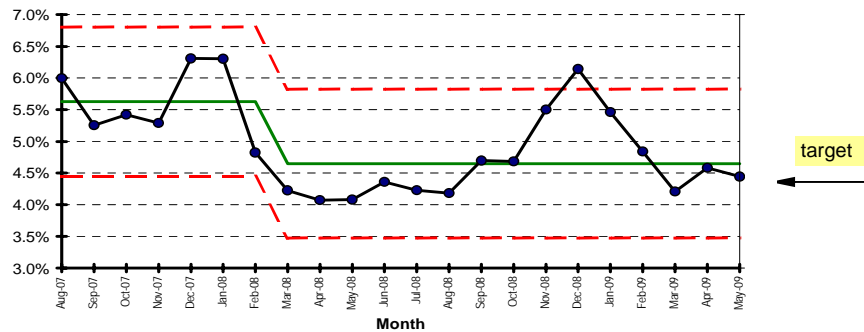
## Theatre Utilisation

Not updated - data not available

New Theatre Management System being installed in 2009

## Sickness Absence Rate

Sickness Absence Rate



source: ESR

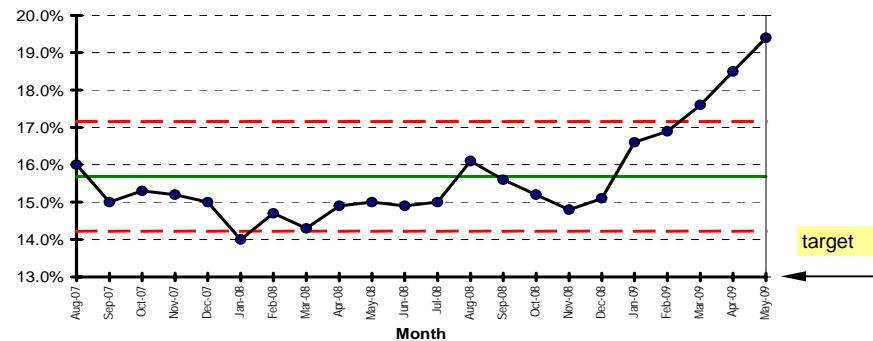
Green = within normal SPC parameters AND consistent progress to target

Amber = no progress to target

Red: upper control limit breach or run of 8 points above centre line (average)

## Vacancy Rate

Vacancy Rate



source: ESR

Green = within normal SPC parameters AND consistent progress to target

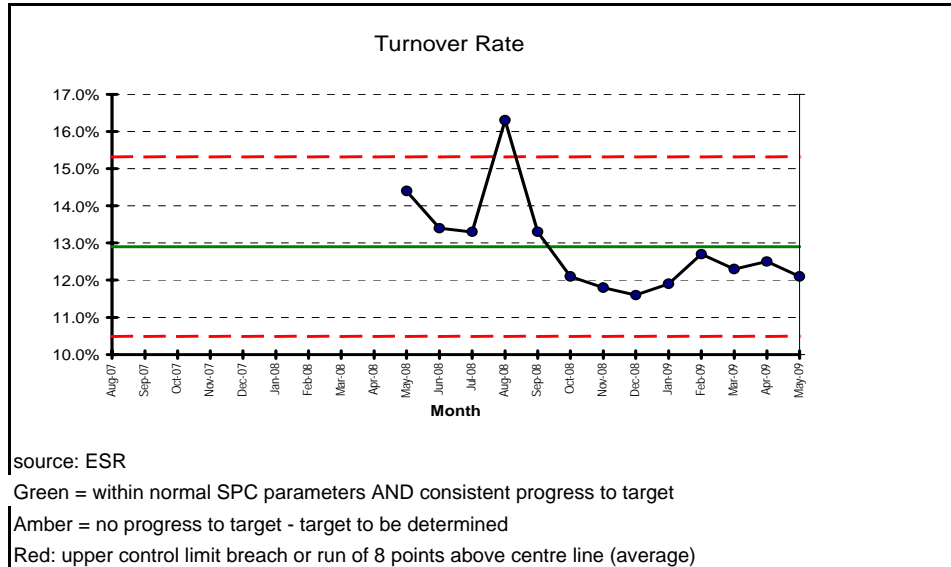
Amber = no progress to target - target is an average 10%

Red: upper control limit breach or run of 8 points above centre line (average)



# Workforce & Efficiency

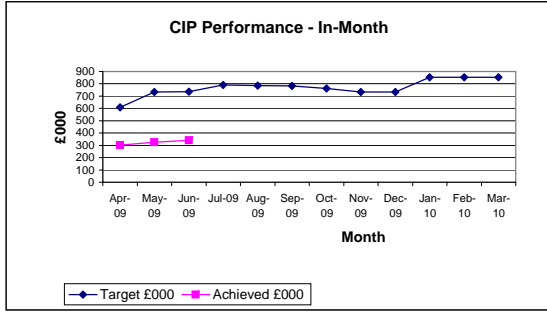
## Turnover



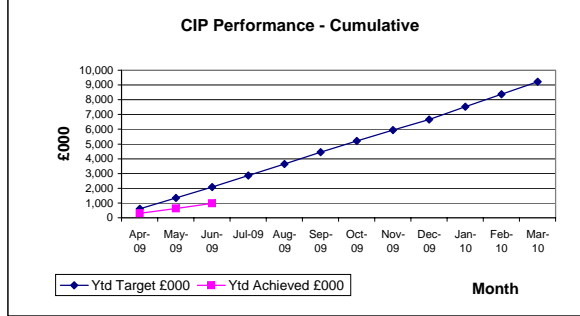
Appendix 1: Finance Charts detailing information included in dashboard

	Monthly Performance	Year To Date Performance	Full Year Forecast Performance																																																																						
Risk rating	N/A	<table border="1"> <thead> <tr> <th>Weighting</th> <th>Metric Description</th> <th>Metric Value</th> <th>Rating</th> <th>Weighted Value</th> </tr> </thead> <tbody> <tr> <td>10%</td> <td>EBITDA achieved (% of plan)</td> <td>60.27%</td> <td>2</td> <td>0.20</td> </tr> <tr> <td>25%</td> <td>EBITDA margin (%)</td> <td>4.98%</td> <td>2</td> <td>0.50</td> </tr> <tr> <td>20%</td> <td>Return on Assets (%)</td> <td>-0.52%</td> <td>2</td> <td>0.40</td> </tr> <tr> <td>20%</td> <td>I&amp;E surplus margin (%)</td> <td>-3.21%</td> <td>1</td> <td>0.20</td> </tr> <tr> <td>25%</td> <td>Liquid ratio (days)</td> <td>-19.20</td> <td>1</td> <td>0.25</td> </tr> <tr> <td colspan="4"><b>Overall rating</b></td> <td><b>1.55</b></td> </tr> </tbody> </table> <p><i>This is shown as RED in the dashboard as it is &lt;= 2</i></p>	Weighting	Metric Description	Metric Value	Rating	Weighted Value	10%	EBITDA achieved (% of plan)	60.27%	2	0.20	25%	EBITDA margin (%)	4.98%	2	0.50	20%	Return on Assets (%)	-0.52%	2	0.40	20%	I&E surplus margin (%)	-3.21%	1	0.20	25%	Liquid ratio (days)	-19.20	1	0.25	<b>Overall rating</b>				<b>1.55</b>	<table border="1"> <thead> <tr> <th>Weighting</th> <th>Metric Description</th> <th>Metric Value</th> <th>Rating</th> <th>Weighted Value</th> </tr> </thead> <tbody> <tr> <td>10%</td> <td>EBITDA achieved (% of plan)</td> <td>98.94%</td> <td>4</td> <td>0.40</td> </tr> <tr> <td>25%</td> <td>EBITDA margin (%)</td> <td>8.13%</td> <td>3</td> <td>0.75</td> </tr> <tr> <td>20%</td> <td>Return on Assets (%)</td> <td>3.39%</td> <td>3</td> <td>0.60</td> </tr> <tr> <td>20%</td> <td>I&amp;E surplus margin (%)</td> <td>0.00%</td> <td>2</td> <td>0.40</td> </tr> <tr> <td>25%</td> <td>Liquid ratio (days)</td> <td>-12.36</td> <td>1</td> <td>0.25</td> </tr> <tr> <td colspan="4"><b>Overall rating</b></td> <td><b>2.40</b></td> </tr> </tbody> </table> <p><i>This is shown as RED in the dashboard as it is &lt;= 2</i></p>	Weighting	Metric Description	Metric Value	Rating	Weighted Value	10%	EBITDA achieved (% of plan)	98.94%	4	0.40	25%	EBITDA margin (%)	8.13%	3	0.75	20%	Return on Assets (%)	3.39%	3	0.60	20%	I&E surplus margin (%)	0.00%	2	0.40	25%	Liquid ratio (days)	-12.36	1	0.25	<b>Overall rating</b>				<b>2.40</b>
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Overall Income & Expenditure	<p><b>Overall I&amp;E - In-Month Performance</b></p> <p>An in-month I&amp;E deficit of £174k against a planned surplus of £181k giving an adverse variance of £355k in the month. Within this, income is £36k below plan (including provision review) and expenditure is £345k above plan (underlying expenditure is £277k higher than this due to non-recurrent review of non-pay accruals).</p>	<p><b>Overall I&amp;E - Cumulative Performance</b></p> <p>Cumulative I&amp;E performance to June is a deficit of £1.4m against a planned surplus of £22k, giving an adverse variance of £1.4m to date. Within this, income is £140k above plan and expenditure is £1.5m above plan.</p>	<p><b>Overall I&amp;E - Cumulative Performance Forecast (Likely Case)</b></p> <p>The likely case forecast remains a break-even position for 2009/10. Achievement will be dependent upon recovery plans making the savings that they are projected to, and for other identified risks to not materialise.</p>																																																																						
Performance against Trust NHS Income Plan - 1 month lag	<p><b>Performance against Internal Income Plan - In-Month</b></p> <p>May NHS clinical income was £815k below the Trust's planned level, reducing to £560k after adjusting for work in progress and known late data entry. This represented a £5k under-performance against SLAs.</p>	<p><b>Performance against Internal Income Plan - Cumulative</b></p>	<p><b>Internal Income Plan - Cumulative Performance Forecast (Likely Case)</b></p> <p>Forecast performance against the Trust's income plan for the year is based upon income on-plan for the remainder of the year, except for a £46k monthly underachievement against elective/day case activity plans.</p>																																																																						

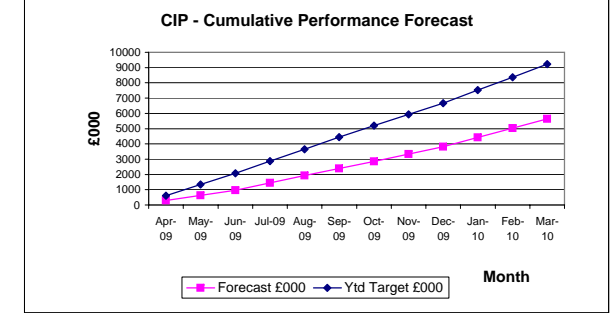
**Cost Improvement Plan**



Validated achievement in June was £395k worse than planned, with the majority of this relating to large schemes such as outpatient productivity and income from HDU on wards.



Cumulative validated CIP is £1.1m worse than planned at the end of June.

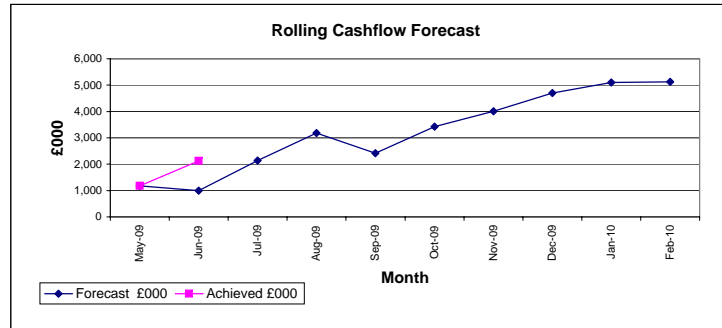


The current cumulative performance forecast assumes that current underachievement continues unless directors and managers have provided clear evidence that this is not the case. This is therefore close to the worst case.

**Cash position against plan**

**In-Month position for Month 3 (June 2009)**

The closing Balance at the end of March was £2.1m. This is higher than previously forecast due to PCT cash receipts earlier than forecast, and the need to keep cash for the first two weeks' payment runs in July. Over-performance cash relating to 2009/10 will start to be received from July onwards, leading to the projected rise in cash balance from August (when current creditor payments on hold will have been paid).



## **Exception report Sickness Absence Data – revised figures**

### **Background**

Monthly sickness absence data is received from the various departments across the Trust via an excel spreadsheet. This information is subsequently collated centrally using an access programme and this produces the percentage sickness rates for the Trust overall and for the individual directorates and departments.

The most recent sickness figures had seen an upward trend which was considered surprising in light of the major focus being placed on seeking to reduce absence rates and the apparent success of this approach with the trend in the early part of the calendar year being significantly downward.

This situation prompted some more detailed analysis which identified two issues affecting the accuracy of the figures being produced. Firstly that some of the departmental spreadsheets was being incorrectly completed and secondly that the access programme which calculated the sickness rates contained an error.

The main issue centred on the reporting of staff whose period of sickness included days when they would normally not be working. The sickness rate is calculated on the basis of the total number of sick days in the month against the total number of working days. On some of the excel spreadsheets it was apparent that sickness during off days had been recorded as sick days hence inflating the overall figure. In addition it became clear that even where the recording on the spreadsheets had been correct the access programme still included in the overall figures sickness during off days which further overstated the final number.

### **Revised Sickness Figures**

The error with the access programme has been rectified and the sickness figures from August 2007 when the system was first utilised have been re-run and are attached. The original figures have been compared with the revised set and there is a demonstrable difference. Taking the overall average sickness rate from August 2007 the original figure was 5.8% compared with 5.0% once the data has been revised. As can be seen from the graph during certain periods the revised monthly figure has been below the average of 5.0% often being on or below the Trust target of 4.2%.

Furthermore with the May 2009 data further work was undertaken to amend the information where there had been incorrect recording of sickness during off days. As can be seen the differential between the original figure of 6.4% and the revised figure of 4.4% is substantial. Assuming that the incorrect recording has been an ongoing issue which sample checking appears to verify it can reasonably be expected that the revised figures are also an over estimation of the true picture by

potentially as much as 1%. However without undertaking considerable work to amend previous data submissions it is difficult to provide an accurate figure.

### **Further Actions**

Once the discrepancy in the figures became apparent a number of further actions have been initiated.

1. The Director of Finance has requested that the internal auditors undertake an audit of the existing database system to ensure continued accuracy of output.
2. Discussions have taken place with the Payroll Manager to ascertain that the incorrect recording of and the amendment to data has not or will not affect any previous or future sickness payments. He has provided an assurance that any payments have or will not be affected.
3. Further guidelines have been distributed to managers and staff who complete the sickness spreadsheets detailing the correct recording method and providing an explanation for this approach.
4. The target for sickness/absence for the Trust will be reviewed to ensure progress is made towards greater efficiency.

### **Exception Report - Vacancy Rate Increase**

The rise in the vacancy rate from the January 2009 onwards has been the result of two factors firstly an increase in the overall establishment figure and secondly a fall in the number of staff in post over the same period.

The initial rise in the vacancy rate in January 2009 was due largely to an increase in the establishment figure which was amended from 2459 wte previously to 2512 wte representing an additional 53 wte posts. There was a further rise in the establishment figure as at April this year with a further 34 posts being added taking the current establishment to 2546 wte. This latter revision was primarily the reason for the significant increase in the vacancy rate during April.

During the same period there has also been a steady fall in the number of staff in post. At the beginning of the calendar year some 2100 wte staff were employed which by the end of May was reduced to 2051 wte. In particular during May there was a net loss of 23 wte staff in particular within the qualified nurses and clerical staff groups which had a further detrimental on the vacancy rate.

The more up to date picture shows that recruitment has picked up during June with at month end a net increase of 16 wte staff resulting in a fall in the vacancy rate to 18.8%. It is anticipated that further increases in staffing levels will continue in the forthcoming months.