



Integrated Performance Report – April 2016

Executive Summary



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Performance Outcomes – April 2016

Integrated Performance Outcomes

- Despite the unscheduled care pressures and resulting operational challenges during 15/16 the overall performance across all quality measures remained strong.
- A&E performance remains challenging, and there were 8564 type 1 attendances in April equating to an average of 285 per day despite direct admission of GP heralded patients, with the conversion rate to admission increasing from 32% last month to 34%. The average bed occupancy for the Trust was 96.2% comparable to March, with a maximum occupancy of 98% in month. There were an average 42 escalation beds open and a maximum of 52, which required additional agency staff. As a result of these pressures performance was 76.23%. The key area for further improvement is delivery of the ward standards and discharge targets set by CSCs in their 'Safer' bundles. This will require an improvement in the number of 'simple' discharges achieved by clinical teams at PHT and an increase in the number of complex discharges health and social care organisations are able to support, particularly at week-ends.
- In recognition of the continuing challenging unscheduled care position the elective programme continued to be reduced during April focusing on urgent and day case treatment, as a result there were 66 on the day cancellations and 1 breach of the 28 day guarantee. The RTT incomplete standard was achieved despite the challenging circumstances.
- The Trust is forecasting achievement of 5 of the 8 national cancer standards, provisionally, 62 day first definitive treatment, 62 day screening and 2 wk breast have not been achieved. All are expected to improve once validation is completed and capture of all treatments is completed. There were 8 patients provisionally treated outside the 104 day maximum wait standard.
- The 2016-17 Income and Expenditure annual plan delivers a £1.2m surplus. However, the first quarter plan reflects a deficit position consistent with the exit run rate from 2015-16. The trust's I&E position at the end of Month 1 is an actual deficit of £1.9m, this is a favourable variance of £0.2m against planning assumptions. As a part of this position, Income has been matched to plan with the exception of PbRX drugs. The CIP savings for the year are £32.2m. Month 1 savings of £0.5m have been recorded against a plan of £0.55m. The trust spent £0.6m of capital against a programme for the year of £17.2m. The trust has a cash balance of £6.1m at the end of April. The minimum level of cash holding was expected to be £2.5m. Currently the trust has drawn down £31.3m of its working capital facility.
- The total workforce capacity and temporary workforce capacity both decreased in March. The temporary workforce in March comprises of 6.2% of the total workforce capacity. The trust currently holds 215 FTE vacancies against budgeted establishment, this is an decrease compared to the previous month reported. Total essential skills currently reports at 87.2% and is above the 85% target, however appraisal compliance decreased to 77% and records below the 85% target. In-month sickness Absence has continually risen over 7 consecutive months and currently reports at 4.3% in March.

Quality of Care Key Exceptions

April performance

Exceptions to note in performance

- With the introduction of the upgraded Datix system and to conform with the National Reporting and Learning System reporting requirements changes have been made to the grading of incidents. From April 2016 the Trust will no longer be using the categories of harm of red, amber, yellow, green and near miss; the categories are now ‘no harm’ (incorporating Near Miss), ‘low harm’, ‘moderate harm’, ‘severe harm’ and ‘death’. Definitions can be found on the patient safety incident slide.
- All incidents reported in month, rather than just those which have been finally approved, are now reported. This provides a more accurate picture of the incident reporting activity in month. Data will be refreshed once incidents have been finally approved and confirmed.

Domain	Indicator	Feb.	March	April	Comment
Safe	Pressure Ulcers Grade 3 or 4 hospital acquired	0 (grade 3)	2 (grade 3)	4 (grade 3)	<ul style="list-style-type: none"> 4 avoidable grade 3 pressure ulcers confirmed in April. Year to date position of 4 confirmed avoidable grade 3 and zero grade 4 hospital acquired pressure ulcers. 1 case included a medical device. No ward or theme has been noted. Learning is being shared across the local health system.
	Medication	0	0	1	<ul style="list-style-type: none"> 1 medication incident resulting in severe harm confirmed in April. The current year to date position is 6 medication incidents resulting in harm (1 severe harm and 5 moderate harm incidents to be confirmed).
	C.Difficile	2	2	4	<ul style="list-style-type: none"> 4 patients reported with C.difficile attributed to the Trust in April against a monthly objective of 4. Year-to-date position of 4 cases against an objective of 4 (annual target of 40 cases).
	SIRIs	14	23	32	<ul style="list-style-type: none"> 32 SIRIs reported in April compared to 23 in March. This steep increase is explained by the 22 instances of 12 hour DTA breaches; there was also 1 VTE SIRI.
Responsive	Patient moves (non-clinical) after midnight	88	135	155	<ul style="list-style-type: none"> The number of non-clinical moves between 0001 and 0700 increased from 135 in March (average 4.4 per day) to 155 in April (average 5.2 per day). An increase has also been seen in the number of reported non-clinical moves between 2100 and midnight, from 159 (average 5.1 per day) in March to 170 (average 5.7 per day).
Well-led Friends and Family Test	In-patient response rate	25.3%	26.8%	23.7%	<ul style="list-style-type: none"> ED has seen a slight decrease in the number of responses from 18.8% in March to 16.9% in April. This remains above the national average of 12% in March. The In-patient response rate has also decreased from 26.8% in March to 23.7% in April. This is now slightly above the national average of 23.2% in March. The reported percentage positive recommendations is in line with the March national average at 95.4%. There has also been a small decrease in the number of not recommends this month, which is in line with a national trend in decrease in responses.
	ED response rate	15.4%	18.8%	16.9%	
	% recommend positive	96%	95.3%	95.4%	
	% recommend negative	1.0%	1.6%	1.3%	

Quality of Care Overview – April 2016

QUALITY SCORECARD

Key:	→	↔	←						
	Performance improving	Performance the same	Performance worsening	Significant risk to achieving target	Some concerns: action required to remain on track	No concerns	Performance improving	Performance the same	Performance worsening
SAFETY									
Pressure ulcers	Grade 4 - Avoidable hospital acquired	Monitor	0	0	0	0	0	0	0
	Grade 3 - Avoidable hospital acquired	Monitor	2	4	↔	4	4	4	15
	Grade 3 unavoidable	Monitor	6	3	↔	3	3	3	31
	Grade 1 and 2	Monitor	12	16	↔	16	16	16	218
	Pressure ulcers per 1,000 occupied bed days (moderate and severe harm)	Monitor	-	-	-	-	-	-	-
Falls	Total falls incidents	Monitor	-	222	-	222	222	222	-
	Falls resulting in severe harm (confirmed)	Monitor	2	1	↔	1	1	1	34
	Falls resulting in moderate harm (subject to validation)	Monitor	2	8	↔	8	8	8	15
	Falls per 1,000 occupied bed days (moderate and severe harm)	2.0 on average each quarter	-	-	-	-	-	-	-
Medication	Total medication incidents	Monitor	-	132	-	132	132	132	-
	Medication incidents resulting in severe harm (confirmed)	Monitor	0	1	↔	1	1	1	1
	Medication incidents resulting in moderate harm (subject to validation)	Monitor	0	5	↔	5	5	5	21
	Medication incidents per 1,000 occupied bed days	0.5 on average each quarter	-	-	-	-	-	-	-
NHS Safety Thermometer	Total harm free care	Monitor	93.80%	93.90%	↔	93.90%	93.90%	93.90%	-
	Trust harm free care	Monitor	97.60%	97.70%	↔	97.70%	97.70%	97.70%	-
Healthcare Acquired Infection	MRSA - Avoidable	Zero	0	0	↔	0	0	0	0
	MRSA - Unavoidable	Monitor	0	0	↔	0	0	0	0
	C Difficile	40 cases	2	4	↔	4	4	4	29
Monitoring of Incidents	Minor Events	Zero	0	1	↔	1	1	1	0
	Serious Incidents Requiring Investigations (cases)	Monitor	23	32	↔	32	32	32	125
	SIRIs unresolved >60 days	Monitor	3	3	↔	3	3	3	28
	Duty of Candour breaches	Zero	0	0	↔	0	0	0	0
	Patient safety incidents (leaking SIRIs)	Monitor	1206	1521	↔	1521	1521	1555	0
	CAS alerts over deadline	Monitor	0	0	↔	0	0	0	0
Other safety metrics	Various Tricuspidulcus (VTE) screening	95% per month	96.40%	96.30%	↔	96.30%	96.30%	96.30%	97.45%
	Hospital Acquired VTE SIRIs	Monitor	1	1	↔	1	1	1	1
	CAS Alerts Over Deadline	Monitor	0	0	↔	0	0	0	0
EFFECTIVENESS									
Diagnosis and treatment of Acute Kidney Injury	Acute Kidney Injury - data sets on discharge summary	90% on average each quarter	93.8%	88.0%	↔	88.0%	88.0%	88.0%	101.5
	Trust-wide mortality	Within expected	100.64	99.46	↔	99.46	99.46	99.46	101.5
	Summary Hospital-level Mortality Indicator (shmi)	Within expected	105.45	107.32	↔	107.32	107.32	107.32	107.5
Dementia	Dementia - case finding question	≥ 90% each quarter	96.40%	94.20%	↔	94.2%	94.20%	94.20%	95.33%
	Dementia - Diagnostic Assessment	≥ 90% each quarter	100%	100%	↔	100.0%	100.00%	100.00%	100.00%
	Dementia - Care plan on discharge	≥ 90% each quarter	-	100%	↔	100.0%	100.00%	100.00%	-
Mixed sex accommodation breaches	Non-clinically justified single sex accommodation breaches	Zero	0	0	↔	0	0	0	1
	Single sex accommodation breaches relating to facilities	Zero	0	0	↔	0	0	0	0
CARING									
Complaints and PALS	Number of Complaints	Monitor	61	71	↔	71	71	71	649
	Complaints acknowledged < 3 working days	Monitor	100%	100%	↔	100%	100.00%	100%	100%
	Complaints per 1,000 contacts (all types)	Monitor	-	-	-	-	-	-	-
	PALS transferred to complaints	Monitor	2	-	-	-	-	-	35
Patient moves	Non-clinical patient moves 2100 - 0200	≤ 3 after 2100	159	179	↔	179	179	179	-
	Non-clinical patient moves 0201 - 0700	≤ 3 after 2100	135	155	↔	155	155	155	-
Friends and Family Test	In-patient and day case response rate	Not fall below 15%	26.60%	23.70%	↔	23.70%	23.70%	24.26%	-
	Emergency Department response rate	Not fall below 15%	18.80%	16.90%	↔	16.90%	16.78%	16.78%	-
	In-patient percentage recommend - positive	Similar or above similar of above	95.60%	96.20%	↔	96.20%	96.20%	96.40%	-
	In-patient percentage recommend - negative	Similar or above similar of above	1.20%	0.60%	↔	0.60%	0.60%	0.80%	-
	Emergency Department percentage recommend - positive	Natural average national average	95.10%	94.60%	↔	94.60%	94.60%	93.40%	-
	Emergency Department percentage recommend - negative	Natural average national average	2.10%	2.10%	↔	2.10%	2.10%	2.40%	-
	Maternity percentage recommend - positive	Natural average national average	99.10%	99.30%	↔	99.30%	99.30%	98.53%	-
	Maternity percentage recommend - negative	Natural average national average	0.11%	0.12%	↔	0.12%	0.12%	0.12%	-
	Maternity response rate question 2	Monitor	24.2%	17.4%	↔	17.40%	17.40%	23.73%	-
	Maternity response rate question 2	Not fall below 15%	33.2%	26.1%	↔	26.10%	26.10%	-	-
WELL-LED									
	2015/16 Current								

Safety - Overview



Responsive – Operational Overview

Performance Against TDA Accountability Framework – April

National Trust Development Agency Key Indicators	Target	Trend	2015/16												16/17	Change from last mth	Q1	Yr to date	
			M	J	J	A	S	O	N	D	J	F	M	A					
% Incomplete Pathways < 18 wks	92%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●
Incomplete Patients waiting > 52 wks	0		●	●	●	●	●	●	●	●	●	●	●	●	●	●	→	●	●
Incomplete Patients waiting >40 wks	0		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●
Diagnostic waits: 6 weeks	99%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●
Endoscopy waits 6 weeks	99%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●
4 hr arrival to admission/transfer/discharge	95%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●
12 hr Trolley waits	0		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●
All 2-week wait referrals	93%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●
Breast symptomatic 2-week wait referrals	93%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●
31-day diagnosis to treatment	96%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●
31-day subsequent cancers to treatment	94%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●
31-day subsequent anti-cancer drugs	98%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	→	●	●
31-day subsequent radiotherapy	94%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●
62-day referral to treatment	85%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●
62-day screening to treatment	90%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●
Cancer maximum wait to treatment 104 day	0		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●
Cancelled urgent operations	0		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●
Urgent Operations cancelled for a 2nd time	0		●	●	●	●	●	●	●	●	●	●	●	●	●	●	→	●	●
Cancelled operations: 28-day guarantee	0		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●
Total beddays blocked	N/A		●	●	●	●	●	●	●	●	●	●	●	●	●	●	→	●	●
Delayed Transfers of Care	3.5%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●
30 days emergency readmissions	N/A		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●

NHS Constitution performance key Standards - April

Referral to Treatment (RTT) Incomplete standard

- This is all patients waiting for treatment (total waiting list) The Trust achieved the standard in April, performance was 92.2% and ahead of improvement trajectory at aggregate level with speciality fails due to capacity issues, unscheduled care pressure and junior doctor industrial action..
- There were no patients waiting more than 52 wks for treatment.

Diagnostic waits

- The maximum 6 week waiting time for diagnostics was not achieved, performance was 97.4% against the improvement trajectory of 97.8% (national standard 99%) and compared to South of England performance of 97.4% (March)

A&E service quality standards

- Performance was 76.23% against the 95% standard and improvement trajectory of 76.4% (March performance 75.92%) Attendances in April averaged 372 per day comparable with April last year despite the direct admission of GP heralded patients.
- There were 22 breaches of the 12 hr trolley wait standard

Cancer standards - Provisional

- 5 of the 8 national standards were achieved. 62 day first definitive treatment, 62 day screening and 2 wk breast are currently not being achieved, validation and capture of all treatments is expected to improve performance but the 62 day standards and breast standard are unlikely to be achieved.
- Provisionally there were 8 patients who waited more than 104 days for treatment.

Cancelled operations

- There were no breaches of the 0 tolerance 28 day guarantee.
- 6 urgent operations were cancelled but none of these for a second time.

Delayed Transfers of Care

- 3.6% of patients were officially delayed in their transfer of care which is 1% higher than in March

National Trust Development Agency Key Indicators	Target	Trend	2015/16												16/17	Change from last mth	Yr to date
			M	J	J	A	S	O	N	D	J	F	M				
% Incomplete Pathways < 18 wks	92%		●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●
Incomplete Patients waiting > 52 wks	0		●	●	●	●	●	●	●	●	●	●	●	●	●	→	●
Incomplete Patients waiting >40 wks	0		●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●
Diagnostic waits: 6 weeks	99%		●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●
Endoscopy waits 6 weeks	99%		●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●
4 hr arrival to admission/transfer/discharge	95%		●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●
12 hr Trolley waits	0		●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●
All 2-week wait referrals	93%		●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●
Breast symptomatic 2-week wait referrals	93%		●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●
31-day diagnosis to treatment	96%		●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●
31-day subsequent cancers to treatment	94%		●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●
31-day subsequent anti-cancer drugs	98%		●	●	●	●	●	●	●	●	●	●	●	●	●	→	●
31-day subsequent radiotherapy	94%		●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●
62-day referral to treatment	85%		●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●
62-day screening to treatment	90%		●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●
Cancer maximum wait to treatment 104 day	0		●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●
Cancelled urgent operations	0		●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●
Urgent Operations cancelled for a 2nd time	0		●	●	●	●	●	●	●	●	●	●	●	●	●	→	●
Cancelled operations: 28-day guarantee	0		●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●
Total beddays blocked	N/A		●	●	●	●	●	●	●	●	●	●	●	●	●	→	●
Delayed Transfers of Care	3.5%		●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●
30 days emergency readmissions	N/A		●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●

Responsive

Finance: Overview

Summary

The Trust has a surplus of £1.2m as its planned financial outturn in 2016-17. However, the first quarter of the financial year has a deficit plan aligned to the 2015-16 final run rate. Actions to improve financial performance need to arise more significantly from June onwards. The trust's I&E position at the end of Month 1 is an actual deficit of £1.9m, this is a favourable variance of £0.2m against plan. As a part of this position, Income has been matched to plan with the exception of PbRX drugs. As a result of this income is marginally adverse to plan by £0.16m. Operating expenses are favourable to plan by £0.5m of which pay costs are £0.3m. Savings of £0.53m have been recorded for the year against a plan of £0.55m. The trust spent £0.6m of capital against a programme for the year of £17.2m. The trust has a cash balance of £6.1m at the end of April. The minimum level of cash holding was expected to be £2.5m. Currently the trust has drawn down £31.3m of its working capital facility. The Trust has been advised that the cash support application submitted to the Independent Trust Financing Facility (ITFF) meeting in February was not taken forward and the Trust continues to be in discussion with the TDA about the implications and management of this. As a result, the Trust will finish the year with £31.3m drawn down against the working capital facility, leaving £6.0m unutilised.

Financial Sustainability Risk Rating				R				Surplus/(Deficit)				R				Cash				R			
		Plan	Actual / Forecast			Plan	Actual / Forecast	Variance			Plan	Actual year to date	Variance			Plan	Actual year to date	Variance					
Current Month Metrics		1	1			(2,052)	(1,885)	167			2,500	6,100	3,600										
<p>The Financial Sustainability Risk Rating adds 2 further metrics to Monitor's Continuity of Services Risk Rating (CoSRR). The trust's risk rating at the end of April is a '1', which is in line with plan. The end of year forecast indicates a risk rating is also a 1.</p> <p>NB - a NHS trust is rated as Red for its Financial Sustainability Risk Rating unless it achieves a score above 2.5.</p>				<p>Year to date - £k</p> <p>At month 1 the trust is showing a deficit of £1.9m which is £0.2m favourable to plan. Clinical Income is showing an under-performance of £0.2m. This includes £0.1m against Pass Through Drugs, which offsets in related the overspend seen in Operating Costs. Pay costs are underspent by £0.3m, with total spend to date including £2.5m against all forms of temporary workforce costs. Other than PbRX drug expenditure other forms of non-pay are broadly aligned to plan.</p>				<p>Current Cash & Cash Equivalents - £k</p> <p>Actual cash held at the end of April was £6.1m. The trust is required to hold a minimum cash level of £2.5m. It should be noted that by the end of March the trust had drawn down £31.3m of cash against its working capital facility. Cash is red rated due to the scale of risk associated with the changes to the mechanisms for securing cash support. The forecast position assumes the trust is successful in identifying savings in the course of the financial year and other cash flow requirements. The Trust will need to work with DH and the TDA in 2016/17 to finalise cash support requirements.</p>															
Income				G				Operating Expenditure				R				Liquidity Days				A			
		Plan	Actual / Forecast	Variance			Plan	Actual / Forecast	Variance			Plan	Actual / Forecast	Variance			Plan	Actual / Forecast	Variance				
Year to date - £k		43,072	42,701	(371)			(42,069)	(41,594)	475			(28)	(18)	10									
<p>The trust is reporting an under-performance against all income of £0.4m for the year to date. The underperformance in terms of clinical income is £0.2m of which PbRX drug income is £0.1m offsetting the equivalent underspend in expenditure against Pass Through Drugs. Also included in April is a change in guidance regarding the accounting for RTA income debtors. A reduction in the debtor of £0.35m was required to conform with the new guidance.</p>				<p>Year to date - £k</p> <p>At the end of month 1 the Trust is reporting a £0.5m underspend against operating expenditure. Pay is underspend by £0.3m with total costs including temporary workforce costs. The non pay underspend includes £0.1m against Pass Through Drugs, matched to the income position.</p>				<p>Current Month Position - Days</p> <p>Liquidity days are calculated using the Continuity of Services Risk Rating Methodology, taking working capital compared to operating expenditure.</p> <p>The current position reflects the trust's I&E position. The IRWCF was reclassified in March as non-recurrent for 2015/16 (The IRWCF is shown as a Current Liability on the Balance Sheet).</p>															
Cost Improvement Plans (CIPS)				R				Capital				G											
		Plan	Actual / Forecast	Variance			Plan	Actual / Year to date	Amount Remaining														
Year to date - £k		549	534	(15)			17,153	586	16,567														
<p>The total value of the savings programme is £32.2m in 2016-17. Saving workplans are still being developed but to date potential opportunities have been identified of £28.2m. Savings requirements escalate within the plan in the course of the year. In month 1 the savings plan was £0.55m. Delivery against this was valued at £0.53m.</p>				<p>Year to date - £k</p> <p>The trust has spent £0.6m capital in month 1 of the new financial year.</p>																			

15/16 Contracts Executive Summary – key exceptions to note

15/16 contracts Summary - Contract information is dependent on validation processes so this report is regarding Month 11

CCG.

- Year end income is fixed for the year with all CCGs.

NHS England contracts

- Year end income is fixed for the year with all NHSE agents.

Contract Notices and Remedial Action Plans

- There are 4 Remedial Action Plans under way in Cancer Access times, RTT, Cancelled patients rebooked within 28 days, and ED 4-hour waits.
- These will convert to Service Development and Improvement plans in 2016/17

Workforce Executive Summary – key exceptions to note

Performance Theme

- The total workforce capacity decreased by 19 FTE to 6,785 FTE in April and is 192 FTE over the funded establishment.
- The temporary workforce capacity decreased by 15 FTE to 407 FTE in April and comprises 6.2% of the total workforce capacity.
- There are 215 FTE vacancies against budgeted establishment in April and is 3.3% of establishment.
- Staffing levels (as per NQB Safe Staffing Levels) are reported as 100.9% in April, this is a small increase compared to March 16.
- Appraisal compliance has decreased by 2.9% to 77% in April and continues to be below the 85% target.
- Total essential skills decreased in April from 87.5% to 87.2% and continues to record above the 85% target.
- Information Governance Training has decreased and is currently at 86.9% and records below the 95% target
- Fire Safety (face to face training) decreased to 70.4% in April.
- Sickness Absence Rate (12 month rolling average) increased to 3.5% in March and remains above the target. In-month sickness absence increased by 0.4% to 4.3% in March and is above the target. The in-month sickness absence rate has continually increased for 7 consecutive months.
- No referrals received in April for whistleblowing and safeguarding. No referrals received for professional registrations.