

Meeting/ Committee:	Board of Directors	Meeting Date:	24 th February 2015
This paper is for:	Action/Decision	Assurance X	Information
Title:	Trust Performance Report		
Purpose:	The purpose of this report is to inform the Board of Directors of the trust's performance against current national indicators and local targets.		
Summary:	<p>The paper provides a summary of performance in January 2015 against all the key national targets and a range of local performance indicators.</p> <p>Section 1: Monitor Compliance</p> <p>The trust continues to be compliant with all the 18 week targets; the incomplete, non-admitted pathways and admitted pathways in January.</p> <p>The trust achieved 92.5% in January against the national 4 hour A&E target of 95%.</p> <p>The trust achieved all the national cancer targets in Q3. Indicative figures for January show that all cancer targets will be achieved with the exception of the 62 day first definitive treatment target and the 31 day subsequent drug target, although further validation is expected to improve the current position ahead of the national submission which is due on 6th March.</p> <p>There were 6 reported cases of C-Difficile in January this brings the trust total to 56 cases, 7 above the end of year target of 49 cases for 2014/15. The trust is non-compliant with this target.</p> <p>The community information dataset (CIDS) data completeness levels continue to be achieved and the trust remains compliant with these Monitor requirements.</p> <p>Sections 2, 3, & 4: Local Contractual Acute and Community Performance</p> <p>The trust is non-compliant with some of the 18 week targets at CCG level in a few specialties for admitted, non-admitted and incomplete pathways.</p> <p>There were no breaches of the 28 day rebooking target in January.</p> <p>All community outcome measures have been achieved.</p> <p>APMS GP Performance Section – steady improvements are being made in the challenging areas.</p> <p>Section 5: HR Measures: The January sickness rate for the trust is 4.96% this is an increase of 0.17% on the December figure. The percentage of staff completing mandatory training for January has decreased slightly by 0.78% to 70.9% against a target of 80%.</p> <p>Section 6: Nursing and Midwifery Report: For January the trust averages for registered nurses is: (day time fill rate 96.9% and night time 94.7%) health care assistants: (day time 91.3% and night time 123.1%). The Board is asked to receive and note the content of this report</p> <p>Section 7: Pressure Ulcer Report: January has seen a rise in both the incidence and point prevalence, with the percentage prevalence being above the 5.43% upper threshold. The rise in incidence is largely attributed to the 'in-hospital' setting and continued focus is required to improve.</p>		
Prepared By:	Nicki Hurn Deputy Head of Performance Management	Presented By:	Sarah Danieli Deputy Director of Performance Management
Recommendation	The Board of Directors is asked to note the in-year performance and the actions being taken to address the targets.		

Implications	Legal	Financial X	Clinical X	Strategic X	Risk & Assurance X
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2014/15 Performance Report
Monitor Risk Assessment Framework

Category	Performance Indicator Information	2014/15												STHFT Performance		Current Indicative Quarter Governance Risk Rating	Previous Quarters Governance Risks		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Latest Quarterly position	2014/15		Q3 2014/15	Q2 2014/15	Q1 2014/15
Meeting national access targets and outcome measures															Q4 2014/15	Q3 2014/15	Q2 2014/15	Q1 2014/15	
ACCESS	Admitted Pathways - % Referral to treatment waiting times within 18 weeks	90.1%	94.0%	94.2%	94.6%	95.4%	94.4%	94.1%	93.4%	94.0%	91.1%			91.1%	90%	No	No	No	
	NoN-Admitted Pathways - % Referral to treatment waiting times within 18 weeks	98.7%	98.8%	98.8%	98.9%	98.7%	98.1%	98.5%	98.3%	98.1%	97.7%			97.7%	95%	No	No	No	
	Incomplete Pathways - % of patients on an RTT pathway waiting 18 weeks or less	96.6%	96.7%	96.3%	96.5%	96.4%	95.2%	95.3%	95.1%	94.6%	95.4%			95.4%	92%	No	No	No	
	Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	97.3%	96.3%	96.6%	96.1%	95.7%	94.8%	94.8%	94.3%	91.7%	92.5%			92.5%	95%	Yes	Yes	No	
	*Cancer results for the current month are predicted values only															* PLEASE NOTE January CANCER PERCENTAGES ARE INDICATIVE ONLY AS FURTHER VALIDATION REQUIRED *			
	Cancer waits 2 week wait target	93.4%	94.2%	93.9%	93.8%	92.6%	94.7%	94.9%	93.5%	94.6%	94.2%			94.2%	93%	No	No	No	
	2 week wait breast symptom referrals - % seen within 2 weeks	93.6%	95.7%	95.2%	91.8%	93.2%	94.9%	92.6%	93.4%	98.1%	95.7%			95.7%	93%	No	No	No	
	Cancer wait 31 day wait for first definitive treatment for all cancers	96.7%	98.9%	97.6%	97.9%	97.0%	98.2%	99.0%	97.2%	97.6%	97.9%			97.9%	96%	No	No	No	
	Cancer wait 31 day wait for subsequent drug treatments for all cancers	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%	98.8%	98.8%	100.0%	97.7%			97.7%	98%	No	No	No	
	Cancer wait 31 day wait for subsequent surgery treatments all cancers	98.2%	100.0%	98.5%	100.0%	98.1%	98.6%	97.8%	94.8%	100.0%	97.8%			97.8%	94%				
Cancer wait 31 day wait for subsequent radiotherapy treatments all cancers	98.9%	99.4%	100.0%	98.6%	100.0%	96.7%	99.5%	100.0%	98.9%	97.2%			97.2%	94%					
Cancer wait 62 day wait for the first definitive treatment for all cancers	89.2%	85.1%	83.8%	88.4%	86.3%	79.1%	84.1%	83.7%	87.4%	84.3%			84.3%	85%	No	No	Yes		
Cancer wait 62 day wait for first definitive treatment following consultant upgrade - please note the latest position is year to date as per local agreement	100.0%	100.0%	92.6%	100.0%	100.0%	90.9%	78.6%	100.0%	40.0%	75.0%			75.0%	90%					
Cancer wait 62 day wait for treatment of all cancers referred from a National screening service.	92.3%	100.0%	93.8%	90.9%	80.0%	100.0%	100.0%	100.0%	75.0%	100.0%			100.0%	90%	No	No	No		
OUTCOMES	Clostridium difficile (cumulative position)	4	7	4	4	1	4	6	7	13	6			56	49	Yes	Yes	No	
	Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability.															No	No	No	
	Community services data set - RTT data completeness	96.7%	96.9%	97.1%	100.0%	100.0%	100.0%	96.9%	96.4%	97.4%	100.0%			98.2%	50%	No	No	No	
	Community services data set - Referrals activity data completeness	98.6%	99.0%	98.7%	99.9%	98.7%	98.8%	98.7%	98.7%	98.8%	98.9%			98.9%	50%				
	Community services data set - Care contact activity data completeness	99.8%	99.9%	99.9%	99.9%	99.8%	99.9%	99.9%	99.9%	99.9%	99.8%			99.9%	50%				

2014/15 Performance Report
Monitor Risk Assessment Framework
(Continued)

Category	Performance Indicator Information	2014/15					2014/15					STHFT Performance		Current Quarter Governance Risk	Previous Quarters Governance Risks			
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar					2014/15 Month / Year to date position
Care Quality Commission judgments																		
CQC	Number of CQC judgements received during the month. This includes any CQC warning notices issued; plus any CQC civil or criminal actions.	Nil	Nil	Nil	Nil	Nil	nil	Nil	Nil	Nil	Nil			Nil	Nil	No	No	No
Third Party Reports																		
THIRD PARTY REPORTS	Governance Risk raised by Monitor as a consequence of third party information. This information could be supplied to Monitor by the Trust or brought directly to them from other sources, and may include ad hoc reports from GMC, the Ombudsman, Commissioners, Healthwatch England, Auditor reports, Health and Safety Executive, etc.	1				2										No	No	No
Quality Governance Indicators																		
QUALITY GOVERNANCE	Patient Metrics - Patient Satisfaction (Using the Trust's Friend's & Family Test score comparison against the national average as a proxy)	75	71	68	78	83	80	78	78	79	83			77	> 64.1	No	No	No
	Staff Metrics - Executive team turnover (includes all executive and non-executive directors). Reported over a 12 month rolling period	0%	0%	0%	7%	0%	0%	0%	0%	0%	0%			13%	To be agreed	No	No	No
	Staff Metrics - staff satisfaction																	
	Staff Metrics - sickness / absence rate (in month)	4.22%	4.02%	4.29%	4.26%	4.49%	4.34%	4.37%	4.59%	4.79%	4.79%			4.35%	<5.5%	No	No	No
	Staff Metrics - proportion of we temporary staff (Bank, Agency & Locum)																	
	Staff Metrics - staff turnover (reported over a 12 month rolling period)	10.00%	10.08%	10.11%	10.26%	10.67%	10.81%	10.69%	10.94%	11.08%	11.13%			10.58%	<15%	No	No	No
Cost reduction plans as a proportion of income (Expected level nationally is around 4 - 5%. Locally, if levels exceeds 5% this would need to be reviewed in light of any potential quality governance concerns that may impact on quality and patient safety.)	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%			<5%	<5%	No	No	No	
Financial Risk																		
FINANCIAL RISK	Continuity of Service risk rating. Monitor expect well-governed trusts to remain solvent and to be able to demonstrate financial efficiency and robust financial planning and decision making processes. Where Monitor identifies a material risk to a trust's financial sustainability or overall compliance with the continuity of service licence, it will consider whether this also reflects a governance issue.	2	2	2	2	2	1	1	1	1	1			2	1	2		

Explanation of Monitor governance triggers:

Category	Governance concerns triggered by:
Access and outcome metrics	3 consecutive quarter breaches of a single access target or breaching target for year.
CQC Judgements	CQC warning notice issued or CQC civil / criminal action.
Third Party Reports	Judgement will be based on the severity and frequency of reports received. (Monitor's initial response will likely be to request further information from the Trust)
Quality Governance Indicators	Material risk highlighted by governance indicators and confirmed by Monitor through further information and assessment. Trust will be expected to address specific risk through an action plan.
Financial Risk	Breaching the Continuity of Service licence condition

Governance Rating Method

Rating	Description
Green	No categories triggering a governance concern
Amber	Local RAG rating to indicate where a metric has breached in the quarter but has not yet triggered a governance concern.
Red	Monitor instigated formal regulatory action due to unresolved governance concerns as a result of one or more categories triggering governance issues; OR a breach of the governance licence condition with formal condition.

Continuity of Service Risk Rating

Rating	Description	Regulatory Activity
4	No evident concerns	None
3	Emerging or minor concern potentially requiring scrutiny	None
2*	Level of risk material but stable. (Only Monitor can assign a 2* rating)	None
2	Material Risk	Consideration for potential investigation
1	Significant Risk	Potential investigation. Potential appointment of

Summary of Risk Assessment Framework Governance rating

Category	Current Quarter Governance Concerns Triggered	Previous Quarters Governance Risks		
		Q3 2014/15	Q2 2014/15	Q1 2014/15
Access and outcome metrics	Green	Amber	Amber	Amber
CQC Judgements	Green	Green	Green	Green
Third party Information	Green	Green	Green	Green
Quality Governance Indicators	Green	Green	Green	Green
Financial Risk	Amber	Amber	Amber	Amber

South Tees Hospitals NHS Foundation Trust

Monthly Performance Report

1: Monitor Compliance Framework

18 week referral to treatment times

The trust was fully compliant with all referral to treatment targets in January. Compliance continues to be sustained against the admitted pathways achieving 91.1% against a target of 90%. At the end of December the national benchmarking demonstrates that South Tees is still one of the best performing trusts in the region and performing well above the national average.

Further information is provided in the 18 week section of the supplementary pack.

A & E 4 hour waiting time

The trust was non-compliant with the A & E 4 hour target in January achieving 92.5% against a target of 95%. National benchmarking at the end of January shows that all trusts in the region were non-compliant with the 95% target. South Tees also performed better than the national average of 90.8%.

Progress against the A & E action plan is monitored weekly and the development of a key performance indicator dashboard is being used to measure the success of these actions. An external project consultant is also working with the trust on emergency pathways and discharge processes. The trust has now fully opened the winter ward (16 beds and discharge lounge) to facilitate an improvement in patient flow and is reviewing staffing level requirements particularly at weekends.

A more detailed action plan is provided in the A & E section of the supplementary pack.

Cancer Waiting Times

The trust achieved all the national cancer targets in December with the exception of the 62 day screening target. The volumes of patients reported against the screening target are small, in December there were 2 treatments with one shared breach. The breach was due to patient choice, which is out with the control of the trust.

The trust achieved all the national cancer targets at the end of Q3 achieving 85.0% for the 62 day first definitive treatment against a target of 85%.

Indicative figures for January suggest that all national cancer targets will be met with the exception of the 62 day first definitive treatment and the 31 day subsequent drug treatment target. Validation of the indicative position is continuing ahead of the national submission on the 6th March and it is expected this will improve the position further.

Public Health England has launched a national campaign to raise awareness of oesophago-gastric cancer. The campaign is aimed at men and women over the age of 50 and the campaign will run from 26th January to 22nd February 2015. As a result of the campaign it is expected that demand will increase and the level of referrals will be monitored closely throughout the campaign.

Healthcare Associated Infections

The trust has reported 6 cases of C-Difficile in January; this brings the trust total to 56 cases, 7 above the year-end target of 49 cases. The trust's action plan is in place which has a key focus on hand hygiene, antimicrobial prescribing, standards of cleaning, prompt isolation of cases and good communication. Each case reported is subject to a root cause analysis and the clinical team attend a director led clinical incident review panel to identify any areas of good practice or lessons learnt.

The trust is non-compliant with this target at the end of the year and discussions will continue with the regulatory body Monitor.

Community Services Information Dataset

The trust continues to meet the Monitor data completeness levels in January with referral-to-treatment data 100%, referral data 98.9% and care contact activity data 99.8%.

2: Acute Services Contractual Requirements

18 week referral to treatment times at Specialty and CCG level

The trust did not meet the 18 week standards at specialty and CCG level for all the admitted, non-admitted and incomplete pathways. Patients are admitted by clinical priority and chronological order in accordance with best practice.

Delayed transfers of care (acute)

Delayed transfers of care as a percentage of occupied beds increased to 4.09% in January which is above the 4.0% threshold. The trust is continuing to work with partners to ensure this position is improved and back within threshold.

28 Day Rebooking Target

The trust reported no breaches of the 28 day rebooking target in January.

3: Community services contractual requirements

All performance measures have been achieved.

4: Alternative Provider Medical Services (APMS) contract - KPI Report

Key performance indicator submissions for January have been made to the commissioners. Improvements are continuing in the challenging areas such as smoking, flu vaccinations and weight management.

5: HR

The January sickness rate for the trust is 4.96% this is an increase of 0.17% on the December figure. The sickness rate continues to be at its highest since January 2013. The trust's sickness rate still compares favourably with other organisations throughout the region that are all experiencing a similar rise in sickness figures. There is still a gap between long term and short term sickness, however short term sickness is now 2.83% and long term 2.15%.

The overall month on month trust compliance rate for mandatory training decreased slightly by 0.78% in January and now stands at 70.9% against a target of 80%.

6: Nursing and Midwifery Monthly Staffing Report

Summary

The requirement to publish nursing and midwifery staffing levels on a monthly basis is explicit and is one of the ten expectations specified by the National Quality Board (2013). From June 2014 provider organisations have been required to make their data available on both the Trust website and NHS Choices. This section of the report details data in relation to the nursing and midwifery staffing information from January 2015.

Context

All wards with inpatient beds have been included, with detail broken down into day and night hours. This data takes no account of baseline staffing levels, bed occupancy or patient acuity and dependency. Day

case areas are excluded as are any temporary beds which have been opened in response to surge. The data is inputted as either nights (defined as the shift period within which midnight falls) or days (all the periods not included in night hours).

The overriding principle underpinning the transparent and open approach is to provide assurance that we have the right number of nursing and midwifery staff in place to deliver high quality, safe and effective care. The information is used as part of the Director of Nursing's Clinical Standards meeting with Heads of Nursing and Clinical Matrons for each Clinical Centre.

Whilst RAG rating thresholds have not yet been decided nationally and will not appear on the NHS Choices website, within this report we have rated our results by applying the following thresholds:

Red	≤ 85%
Amber	85 – 95%
Green	≥ 95%

Data has been presented by site (as it appears on NHS Choices) and summarised by Clinical Centre at organisational level. Additional information in relation to staff unavailability (due to sickness and leave) has been included in this report; this does not form part of the national core return.

1. Planned versus actual staffing - James Cook University Hospital

James Cook									< 80	80-95	> 95																	
Hours									DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)	Registered								Unregistered							
Jan-15	Planned RN days	Actual RN days	Planned HCA days	Actual HCA days	Planned RN Nights	Actual RN nights	Planned HCA nights	Actual HCA nights					Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total		
Critical Care	10044	9501	2232	1974	10044	9084	744	732	94.6%	88.4%	90.4%	98.4%	15%	4%	7%	0%	0%	2%	29%	16%	0%	6%	0%	0%	2%	24%		
FAU JCUH (Female Admissions Unit)	2292	2172	1470	1368	1812	1644	1116	1176	94.8%	93.1%	90.7%	105.4%	12%	5%	2%	0%	0%	3%	23%	13%	0%	1%	0%	0%	1%	15%		
JC02 Resp (Ward 2)	1848	1666	1494	1026	744	756	792	852	90.1%	68.7%	101.6%	107.6%	14%	0%	6%	1%	0%	1%	21%	8%	0%	12%	2%	0%	8%	30%		
JC08 (Ward 8)	1817	1770	1357	1438	1070	1071	759	737	97.4%	106.0%	100.1%	97.1%	16%	5%	5%	0%	0%	2%	28%	17%	0%	4%	0%	0%	0%	21%		
JC09 (Ward 9)	1860	1918	1164	937	1116	1110	744	769	103.1%	80.5%	99.4%	103.3%	18%	0%	8%	1%	0%	0%	28%	15%	0%	5%	1%	0%	12%	34%		
JC12 (Ward 12)	1644	1554	1596	1531	1116	936	1008	1042	94.5%	95.9%	83.9%	103.4%	18%	9%	3%	0%	0%	2%	32%	15%	7%	7%	0%	0%	0%	29%		
JC28 (Ward 28)	2817	2304	1116	927	1116	1104	744	768	81.8%	83.1%	98.9%	103.2%	14%	6%	4%	0%	0%	0%	23%	10%	0%	12%	0%	0%	4%	26%		
MAU JCUH (Male Admissions Unit)	2976	2839	1488	1409	1860	1668	1044	1116	95.4%	94.7%	89.7%	106.9%	13%	7%	8%	1%	0%	1%	29%	17%	6%	5%	0%	0%	0%	28%		
Ward 3	1894	1822	1697	1519	1070	892	713	1572	96.2%	89.5%	83.4%	220.4%	12%	4%	9%	1%	0%	3%	29%	19%	0%	5%	0%	0%	0%	24%		
Ward 10	1644	1412	1488	1241	744	732	744	780	85.9%	83.4%	98.4%	104.8%	7%	5%	8%	0%	0%	1%	21%	11%	7%	4%	1%	0%	1%	24%		
JC05 (Ward 5)	1488	1485	1488	1644	1116	901	612	792	98.8%	110.5%	80.8%	129.4%	11%	0%	13%	1%	0%	8%	33%	14%	4%	9%	0%	0%	0%	28%		
JC35 (Ward 35)	1488	1548	1488	1350	900	885	744	802	104.0%	90.7%	98.3%	107.8%	16%	10%	3%	1%	0%	4%	36%	15%	6%	5%	0%	0%	0%	27%		
Ward 6	2124	1862	1116	1209	1212	1067	648	666	87.6%	108.3%	88.0%	102.8%	10%	14%	9%	0%	0%	1%	34%	10%	5%	9%	0%	1%	0%	25%		
Ward 7	2976	2693	1488	1295	1116	1122	1116	1032	90.5%	87.0%	100.5%	92.5%	17%	8%	1%	0%	0%	3%	29%	15%	0%	10%	1%	0%	1%	26%		
JC04 (Ward 4)	1644	1631	1008	956	1116	994	744	825	99.2%	94.9%	89.0%	110.9%	11%	0%	7%	2%	0%	3%	22%	9%	0%	18%	1%	0%	0%	28%		
JC14 Oncology (Ward 14)	1860	1813	1302	1254	1116	1056	744	804	97.5%	96.3%	94.7%	108.1%	13%	0%	9%	1%	1%	5%	29%	12%	6%	12%	0%	0%	0%	31%		
JC33 Specialty (merger of ward 18 and ward 27)	1860	1715	1020	878	1116	1098	744	1001	92.2%	86.1%	98.3%	134.6%	13%	0%	12%	0%	0%	5%	30%	9%	5%	25%	0%	1%	2%	41%		
JC34 (Ward 34)	1488	1519	1488	1334	912	924	744	709	102.1%	89.6%	101.3%	95.3%	10%	0%	14%	1%	0%	1%	25%	14%	0%	2%	1%	0%	0%	16%		
JC36 (Ward 36)	452	727	786	866	713	685	713	758	160.7%	110.2%	96.0%	106.3%	15%	0%	7%	2%	0%	5%	29%	13%	10%	5%	1%	0%	3%	33%		
JC37 (Ward 37)	1860	1681	1488	1252	744	744	744	1443	90.4%	84.2%	100.0%	194.0%	10%	0%	4%	1%	0%	5%	20%	18%	0%	15%	1%	0%	0%	34%		
Spinal Injuries	2586	2279	1974	1716	1272	1194	1116	1112	88.1%	86.9%	93.9%	99.6%	16%	0%	10%	1%	2%	4%	32%	13%	0%	2%	1%	0%	2%	17%		
Cardio MB	744	744	372	346	744	696	0	0	100.0%	93.0%	93.5%	-	21%	7%	3%	0%	0%	2%	34%	33%	0%	4%	0%	0%	0%	37%		
CCU JCUH	2760	2460	372	192	1860	1860	0	0	89.1%	51.6%	100.0%	-	14%	5%	2%	1%	0%	5%	27%	16%	0%	35%	0%	0%	0%	52%		
CICU	3996	3206	464	351	3696	3132	0	36	80.2%	75.7%	84.7%	-	13%	5%	12%	1%	1%	3%	34%	16%	0%	32%	0%	0%	0%	48%		
JC24 (Ward 24)	2928	2930	1380	1795	2556	2481	1116	1956	100.1%	130.1%	97.1%	175.3%	13%	4%	6%	2%	0%	3%	28%	14%	5%	5%	1%	0%	2%	28%		
JC25 (Ward 25)	1148	1137	1040	1280	723	740	817	1132	99.1%	123.1%	102.3%	138.7%	17%	0%	6%	0%	0%	3%	26%	18%	0%	9%	1%	0%	0%	27%		
JC26 (Ward 26)	804	789	906	1241	744	744	372	648	98.1%	136.9%	100.0%	174.2%	13%	0%	13%	0%	0%	3%	28%	18%	0%	2%	1%	0%	0%	21%		
JC29 (Ward 29)	1434	1455	1116	1038	1116	1116	372	361	101.5%	93.0%	100.0%	97.0%	17%	0%	7%	0%	2%	3%	29%	16%	0%	12%	0%	2%	3%	34%		
JC30 (Ward 30)	528	504	480	312	384	384	0	12	95.5%	65.0%	100.0%	-	14%	0%	0%	3%	0%	6%	23%	18%	0%	35%	0%	0%	0%	54%		
JC31 (Ward 31)	1116	1043	744	742	744	720	372	397	93.5%	99.7%	96.8%	106.6%	16%	6%	7%	1%	0%	5%	35%	15%	0%	1%	0%	0%	2%	19%		
JC32/HDU (Ward 32/HDU)	3348	2891	1116	961	2700	2171	372	696	86.4%	86.1%	80.4%	187.1%	13%	6%	7%	1%	0%	5%	33%	15%	1%	13%	1%	0%	0%	29%		
Gynae (Ward 19)	997	1032	757	699	744	731	0	0	103.5%	92.3%	98.3%	-	19%	0%	1%	1%	0%	7%	28%	13%	0%	32%	0%	0%	0%	45%		
JC21 (Ward 21)	2940	2778	1116	870	2232	2181	372	588	94.5%	78.0%	97.7%	158.1%	14%	0%	5%	1%	0%	6%	27%	11%	0%	6%	0%	0%	4%	21%		
JC22 (Ward 22)	1092	1056	582	450	996	847	108	186	96.7%	77.3%	85.0%	171.8%	19%	3%	10%	1%	0%	6%	39%	15%	0%	9%	0%	0%	2%	26%		
JCDS (Central Delivery Suite)	3452	3099	954	546	3348	3294	744	616	88.8%	57.2%	98.4%	82.7%	15%	2%	2%	2%	0%	4%	25%	15%	8%	8%	0%	0%	0%	31%		
Neonatal Unit	3819	3414	372	174	3696	3058	0	180	89.4%	46.8%	82.7%	-	18%	2%	5%	1%	0%	2%	27%	18%	0%	28%	0%	0%	0%	46%		
Maternity Assessment Unit	1116	1056	372	209	744	660	0	0	94.6%	56.0%	88.7%	-	22%	1%	6%	2%	0%	2%	33%	24%	0%	4%	0%	0%	0%	28%		
Paediatric Intensive Care Unit (PICU)	1848	1557	225	207	1752	1454	0	0	84.3%	92.0%	83.0%	-	12%	10%	6%	1%	0%	5%	33%	7%	0%	4%	0%	0%	0%	11%		
Ward 17 JCUH	2481	2225	864	796	1488	1500	0	0	89.7%	92.1%	100.8%	-	15%	0%	7%	2%	0%	3%	27%	19%	0%	2%	2%	0%	3%	25%		
Ward 19	1116	1054	0	0	744	720	0	0	94.4%	-	96.8%	-	12%	0%	9%	4%	0%	4%	28%	0%	0%	0%	0%	0%	0%	0%		
Site average									96.6%	89.1%	94.1%	124.1%																

Planned versus actual staffing – Friarage Hospital

									< 80	80-95	> 95																	
Hours									DAYS	DAYS	NIGHTS	NIGHTS	Registered								Unregistered							
Jan-15	Planned RN days	Actual RN days	Planned HCA days	Actual HCA days	Planned RN Nights	Actual RN nights	Planned HCA nights	Actual HCA nights	Average fill rate - RN/RMs (%)	Average fill rate - HCA (%)	Average fill rate - RN/RMs (%)	Average fill rate - HCA (%)	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total		
Ainderby FHN	1479	1333	1078	1192	1070	878	357	596	90.2%	110.5%	82.1%	167.0%	14%	6%	3%	2%	0%	0%	25%	17%	6%	6%	0%	0%	0%	29%		
Clinical Decisions Unit FHN	1783	1676	1070	1041	1070	1035	713	656	94.0%	97.3%	96.8%	91.9%	13%	4%	4%	1%	0%	4%	26%	9%	0%	9%	1%	0%	2%	22%		
FHICU (ICU FHN)	1116	1086	132	104	1116	1044	0	0	97.3%	78.4%	93.5%	-	12%	7%	6%	0%	0%	8%	34%	23%	0%	0%	0%	0%	0%	23%		
Romanby FHN	1830	1549	1395	1071	1024	834	713	668	84.6%	76.8%	81.5%	93.7%	15%	8%	3%	0%	0%	2%	28%	13%	10%	4%	0%	0%	1%	29%		
Rutson FHN	974	940	1439	1416	713	713	357	518	96.5%	98.3%	100.0%	145.2%	13%	7%	3%	0%	0%	5%	27%	17%	0%	3%	1%	0%	0%	21%		
Allerton Ward FHN	1488	1331	1116	1077	744	744	744	700	89.4%	96.5%	100.0%	94.1%	18%	8%	2%	0%	0%	3%	31%	13%	0%	10%	1%	0%	0%	23%		
Gara Orthopaedic FHN	1194	1113	1182	972	713	713	357	357	93.2%	82.2%	100.0%	100.0%	23%	0%	5%	0%	0%	7%	35%	11%	0%	11%	1%	0%	0%	24%		
Maternity FHN	744	808	372	353	744	745	0	0	108.5%	94.9%	100.1%	-	9%	7%	0%	2%	0%	1%	20%	8%	0%	5%	0%	0%	13%	25%		
Site Average									94.2%	91.9%	94.3%	115.3%																

Planned versus actual staffing – Lambert Community Hospital

									< 80	80-95	> 95																	
Hours									DAYS	DAYS	NIGHTS	NIGHTS	Registered								Unregistered							
Jan-15	Planned RN days	Actual RN days	Planned HCA days	Actual HCA days	Planned RN Nights	Actual RN nights	Planned HCA nights	Actual HCA nights	Average fill rate - RN/RMs (%)	Average fill rate - HCA (%)	Average fill rate - RN/RMs (%)	Average fill rate - HCA (%)	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total		
Lambert Community Hospital	744	736.5	744	691.5	700.6	700.6	350.3	350.3	99.0%	92.9%	100.0%	100.0%																
Site Average									99.0%	92.9%	100.0%	100.0%																

Planned versus actual staffing – Guisborough Community Hospital Site

									< 80	80-95	> 95																	
Hours									DAYS	DAYS	NIGHTS	NIGHTS	Registered								Unregistered							
Jan-15	Planned RN days	Actual RN days	Planned HCA days	Actual HCA days	Planned RN Nights	Actual RN nights	Planned HCA nights	Actual HCA nights	Average fill rate - RN/RMs (%)	Average fill rate - HCA (%)	Average fill rate - RN/RMs (%)	Average fill rate - HCA (%)	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total		
Priory Ward Guisborough PCH	1165	1133	1140	958	713	735	713	656	97.2%	84.1%	103.1%	91.9%	15%	0%	3%	0%	0%	1%	18%	15%	0%	12%	0%	0%	0%	27%		
Site Average									97.2%	84.1%	103.1%	91.9%																

Planned versus actual staffing – East Cleveland Community Hospital

									< 80	80-95	> 95																	
Hours									DAYS	DAYS	NIGHTS	NIGHTS	Registered								Unregistered							
Jan-15	Planned RN days	Actual RN days	Planned HCA days	Actual HCA days	Planned RN Nights	Actual RN nights	Planned HCA nights	Actual HCA nights	Average fill rate - RN/RMs (%)	Average fill rate - HCA (%)	Average fill rate - RN/RMs (%)	Average fill rate - HCA (%)	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total		
Tocketts Ward East Cleveland Hospital	692	722	682	843	713	690	713	758	104.4%	123.5%	96.8%	106.3%	13%	0%	31%	1%	0%	0%	45%	15%	0%	28%	0%	0%	6%	49%		
Site Average									104.4%	123.5%	96.8%	106.3%																

Planned versus actual staffing – Carter Bequest Community Hospital

Carter Bequest									< 80	80-95	> 95															
Hours									DAYS	DAYS	NIGHTS	NIGHTS	Registered							Unregistered						
Jan-15	Planned RN days	Actual RN days	Planned HCA days	Actual HCA days	Planned RN Nights	Actual RN nights	Planned HCA nights	Actual HCA nights	Average fill rate - RN/RMs (%)	Average fill rate - HCA (%)	Average fill rate - RN/RMs (%)	Average fill rate - HCA (%)	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total
Carter Bequest PCH	1106	1010	1448	1630	1070	909	1070	1058	91.3%	112.6%	84.9%	98.9%	14%	3%	10%	0%	0%	1%	29%	9%	0%	22%	1%	0%	0%	32%
Site Average									91.3%	112.6%	84.9%	98.9%														

Planned versus actual staffing – Redcar Community Hospital

Redcar									DAYS	DAYS	NIGHTS	NIGHTS	Registered							Unregistered						
Jan-15	Planned RN days	Actual RN days	Planned HCA days	Actual HCA days	Planned RN Nights	Actual RN nights	Planned HCA nights	Actual HCA nights	Average fill rate - RN/RMs (%)	Average fill rate - HCA (%)	Average fill rate - RN/RMs (%)	Average fill rate - HCA (%)	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total
Zetland	1083	1144	1427	1406	1070	1070	1070	1081	105.6%	98.6%	100.0%	101.1%	12%	0%	9%	1%	0%	6%	28%	14%	8%	5%	1%	0%	6%	33%
Site Average									105.6%	98.6%	100.0%	101.1%														

Planned versus actual staffing – Friary Community Hospital

Friary Community Hospital									< 80	80-95	> 95															
Hours									DAYS	DAYS	NIGHTS	NIGHTS	Registered							Unregistered						
Jan-15	Planned RN days	Actual RN days	Planned HCA days	Actual HCA days	Planned RN Nights	Actual RN nights	Planned HCA nights	Actual HCA nights	Average fill rate - RN/RMs (%)	Average fill rate - HCA (%)	Average fill rate - RN/RMs (%)	Average fill rate - HCA (%)	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total
Friary Community Hospital	957	1020	958	1190	620	620	310	330	106.6%	124.2%	100.0%	106.5%	16%	0%	1%	0%	0%	3%	21%	7%	0%	1%	0%	0%	0%	8%
Site Average									106.6%	124.2%	100.0%	106.5%														

Trust Averages

	< 80	80-95	> 95	
	DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)
<u>Trust Average</u>				
Integrated Medical Care Centre	95.3%	94.3%	94.1%	112.7%
Surgical service Centre	94.3%	98.6%	93.5%	105.3%
Tertiary services Centre	94.3%	95.4%	95.5%	146.5%
Women & Children centre	94.5%	76.3%	93.1%	137.5%
Trauma, anaes & Theatre	106.9%	90.6%	98.2%	119.0%
Specialty Services Centre	96.3%	92.4%	94.0%	117.9%
Trust Average	96.9%	91.3%	94.7%	123.1%

Discussion

The fill rate for unregistered staff overnight continues to be above 120% and reflects the increasing number of dependent patients in a number of areas where additional staff were required to provide enhanced observations to maintain safety and quality of care.

The day time fill rate for unregistered staff was low for January within the Women and Children's and Cardiothoracic (CICU and CCU). The number of unregistered staff in these areas is small with a predominantly registered nurse / midwife workforce, therefore percentages are significantly affected if even a small number of staff have unplanned leave. NHSP fill rate for nursing assistants is currently around 75%. There are also 217 active therapeutic volunteers in post across the organisation.

Heads of Nursing / Midwifery within the Clinical Centres are assured that safe care is delivered and systems and processes are in place should staffing levels fall short of those planned and this includes reducing capacity if safe staffing cannot be maintained. During January a number of centres reduced bed capacity on a temporary basis due to a combination of sickness and vacancies.

The planned cohort of NHSP care support workers commenced in January and should start to increase nursing assistant fill rates. Three NHSP Registered Nurses have arrived from Portugal and have been allocated to ward areas to commence in February. Six more NHSP Registered Nurses from the EU have also been recruited and we await a start date.

This regular monthly report allows us to highlight trends and take decisive action if there are areas where staffing capacity frequently falls short of what is required.

7. Pressure Ulcer Report February 2015

1.0 Introduction

Pressure ulcer prevention is a key patient safety priority for the organisation and is consistent with the clear commitment to reduce avoidable harm.

The national CQUIN measure for 2014/15 in relation to pressure ulcers is to achieve a 15% reduction in the prevalence of all pressure ulcers (old and new). Point prevalence data is taken from the Safety Thermometer and the financial value is £871k (data from November 2014 – March 2015). An additional £296k is dependent on achieving the implementation plan submitted to Commissioners.

2.0 Current performance

Data is displayed in both actual numbers (reported via DATIX) and point prevalence (from the Safety Thermometer)

2.1 Trust acquired pressure ulcers, actual numbers

Trust (All Centres) Quality Dashboard - Pressure Ulcers 2014/15

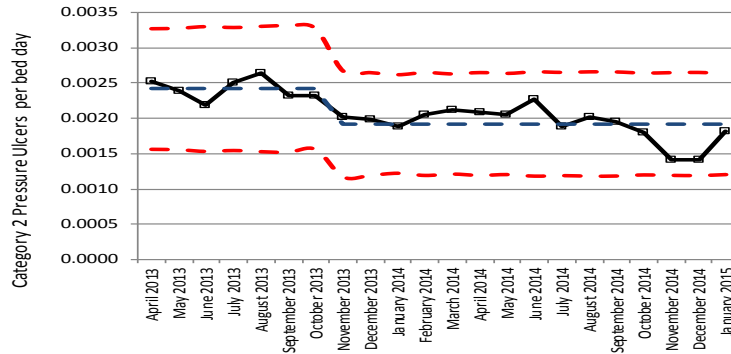
[Return to Menu >>](#)

[Return to Dashboard >>](#)

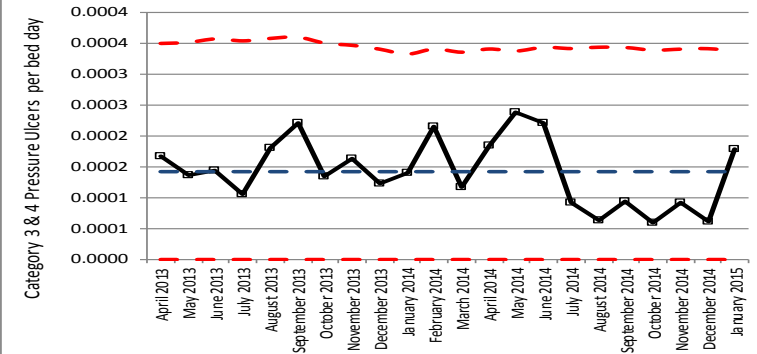
South Tees Hospitals 
NHS Foundation Trust

Trust post admission inpatient (inc PCH) pressure ulcers Category 2 April 2013 to date

Trust post admission inpatient (inc PCH) pressure ulcers per patient bed day: Trust - All Centres between April 2013 & January 2015



Trust post admission inpatient (inc PCH) pressure ulcers Category 3 & 4 April 2013 to date

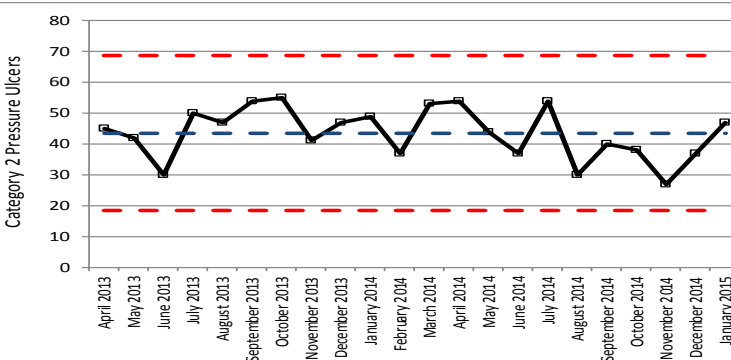


Inpatient (inc PCH)

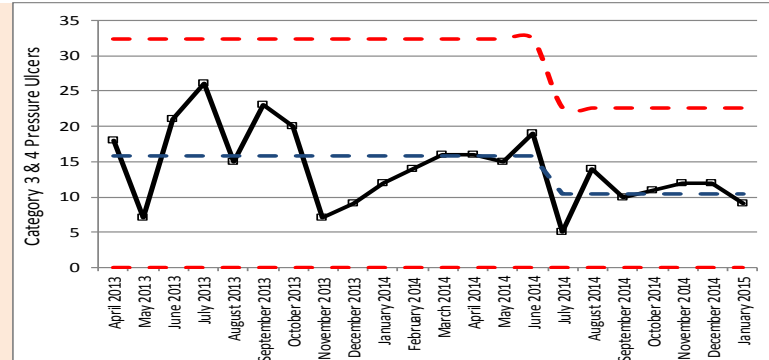
	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	2014/15	2013/14
Pressure Ulcers Category 1	47	40	27	24	28	22	27	32	28	28			303	290
Pressure Ulcers Category 2	68	69	72	61	64	62	60	46	46	61			609	677
Total Category 1 & 2	115	109	99	85	92	84	87	78	74	89			912	967
Per 1000 Bed Days	3.5	3.2	3.1	2.6	2.9	2.6	2.6	2.4	2.3	2.6			2.8	3.2
Category 3 and above	6	8	7	3	2	3	2	3	2	6			42	45

Trust post caseload community pressure ulcers Category 2 April 2013 to date

Trust post caseload community pressure ulcers: Trust - All Centres between April 2013 & January 2015



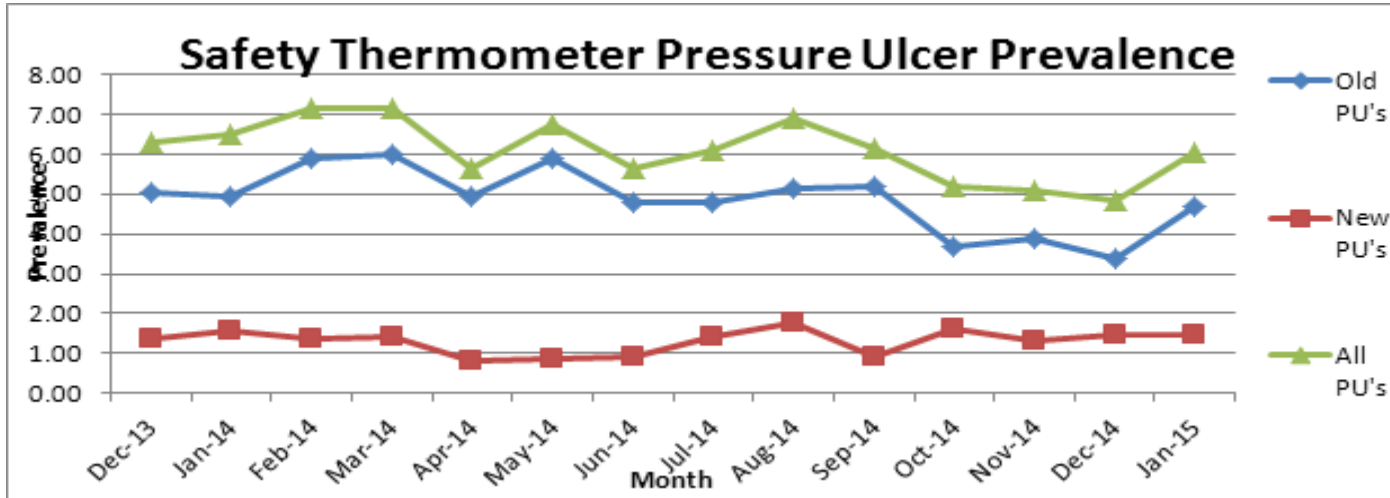
Trust post caseload community pressure ulcers Category 3 & 4 April 2013 to date



Community

	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	2014/15	2013/14
Pressure Ulcers Category 1	14	14	18	12	11	11	4	4	13	9			110	147
Pressure Ulcers Category 2	54	44	37	54	30	40	38	27	37	47			408	460
Total Category 1 & 2	68	58	55	66	41	51	42	31	50	56			518	607
Category 3 and above	16	15	19	5	14	10	11	12	12	9			123	158
Unavoidable Category 3 & 4	12	13	17	5	14	10	11	11	12	TBC			105	
Unavoidable %	75.0%	86.7%	89.5%	100.0%	100.0%	100.0%	100.0%	91.7%	100.0%	TBC			85.4%	

2.2 Safety Thermometer data



	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Old PU's	5.1	4.9	5.9	6.0	4.9	5.9	4.8	4.8	5.2	5.2	3.7	3.9	3.4	4.7
New PU's	1.4	1.6	1.4	1.4	0.8	0.8	0.9	1.4	1.8	0.9	1.6	1.3	1.5	1.5
All PU's	6.3	6.5	7.2	7.2	5.6	6.7	5.6	6.1	6.9	6.1	5.2	5.1	4.8	6.07

3.0 Reporting

January has seen a rise in both the incidence and point prevalence, with the percentage prevalence being above the 5.43% upper threshold. The rise in incidence is largely attributed to the 'in-hospital' setting and continued focus is required to improve.

4.0 Action

Areas where there have been 10 or more category 2 - 4 pressure ulcers in the last 6 months (July 14 – December 14) are listed below. Increased focus, training and interventions are taking place with Clinical Matron and Tissue Viability Nurse providing leadership.

Ward/Area	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
HAMBLETON VIRTUAL WARD	12	4	6	11	6	13
COMMUNITY NURSING TEAM 3	12	10	11	4	4	6
COMMUNITY NURSING TEAM 2	9	6	11	5	8	7
REDCAR/GUISBOROUGH	6	7	9	9	7	4
RICHMOND 1	10	6	1	10	3	3
FRIARAGE AINDERBY WARD	8	3	5	7	2	4
COMMUNITY NURSING TEAM 1	3	5	2	6	6	5
ESTON/REDCAR	5	5	6	3	2	4
WARD 12	3	2	3	4	4	5
WARD 10	4	4	2	5	3	2
WARD 7		1	2	5	4	5
WARD 4	4	3	3	3		4
JCUH GENERAL ICU2	1	4	5	4	2	
WARD 14	6	1	1	2	2	2
REDCAR PRIMARY CARE HOSPITAL	6		6		1	1
JCUH GENERAL HIGH DEPENDENCY UNIT	1	3	4	2		3
WARD 34	2	2	1	3	3	1
EAST CLEVELAND LOCALITY	2	1	3	1	1	4
JCUH CARDIOTHORACIC ITU	1	1	3	2	4	
WARD 29	2		5	1	1	2
WARD 36		4	1	3	1	2
WARD 9		2	3		3	3
WARD 1		4		1	2	3

The work of the Collaborative continues and includes:

- Results of the trust wide audit will be available in March 2015 and will inform the on-going work plan of the Collaborative.
- The organisation has supported a bid to establish a region wide Pressure Ulcer Prevention Collaborative to drive improvements across the health economy.
- The Trust has been selected to participate in the ThinkSAFE initiative, this involves educating patients at the earliest opportunity in relation to reducing the risk of harm and this includes pressure ulcer prevention. Ward 7 and the cardiothoracic surgical pathway have been chosen as pilot areas.
- An assurance framework has been produced and presented to the Quality Assurance Committee.
- ITU2 JCUH had two category 3/4 pressure ulcers in January, this is the first C3 / 4 pressure ulcer in 14/15 in this area. A detailed action plan is in place across critical care areas to reduce pressure ulcer incidence and this will be closely monitored. The cases have yet to be reviewed at panel when practice will be scrutinised in detail and additional action taken if required.
- Ward 4 JCUH had 2 category 3 pressure ulcers in January (a C3 was reported in September 2014). The review panel identified lessons to be learned in relation to risk assessment and systematic action to reduce the risk of pressure damage. A programme of intensive intervention has been agreed which includes refresher training for all staff and weekly audit of practice. The Tissue Viability team will support the Senior Sister and Clinical Matron in the delivery of this.

5.0 Conclusion

Continued focus and commitment to secure reductions remains an absolutely imperative.

The pressure ulcer action plan will be monitored by the Collaborative Steering Group.

The Board of Directors are asked to:

1. Note the current position
2. Support the actions being taken