

# AGENDA ITEM NO 9

<b>Meeting/ Committee:</b>	Board of Directors	<b>Meeting Date:</b>	31 <sup>st</sup> March 2015
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<b>This paper is for:</b>	Action/Decision	Assurance X	Information
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<b>Title:</b>	Trust Performance Report
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<b>Purpose:</b>	The purpose of this report is to inform the Board of Directors of the trust's performance against current national indicators and local targets.
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<b>Summary:</b>	<p>The paper provides a summary of performance in February 2015 against all the key national targets and a range of local performance indicators.</p> <p><b>Section 1: Monitor Compliance</b></p> <p>The trust continues to be compliant with all the 18 week targets; the incomplete, non-admitted pathways and admitted pathways in February.</p> <p>The trust achieved 93.6% in February against the national 4 hour A&amp;E target of 95%.</p> <p>The trust achieved all the national cancer targets in January. Indicative figures for February show that all cancer targets will be achieved with the exception of the 62 day first definitive treatment target and the 62 day screening target.</p> <p>There were 11 reported cases of C-Difficile in February and this brings the trust total to 67 cases, 18 cases 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>There has been one third party report. The third party report is a complaint which has been partly upheld by the Parliamentary &amp; Health Service Ombudsman (PHSO).</p> <p><b>Sections 2, 3, &amp; 4: Local Contractual Acute and Community Performance</b></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 was 1 breach of the 28 day rebooking target in February.</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><b>Section 5: HR Measures:</b> The February sickness rate for the trust is 5.04% this is an increase of 0.08% on the January figure. The percentage of staff completing mandatory training for February has increased slightly by 0.08% to 71% against a target of 80%.</p> <p><b>Section 6: Nursing and Midwifery Report:</b> For February the trust averages for registered nurses is: (day time fill rate 92.2% and night time 96.4%) health care assistants: (day time 93.8% and night time 119.6%). The Board is asked to receive and note the content of this report</p> <p><b>Section 7: Pressure Ulcer Report:</b> February has seen marked decrease in the number of incidences reported in the community. In February the point prevalence was below the 5.43% upper threshold in February, it is expected that the CQUIN measure for 14/15 will be achieved.</p>
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	Performance Management				
<b>Recommendation</b>	The Board of Directors is asked to note the in-year performance and the actions being taken to address the targets.				
<b>Implications</b>	Legal	Financial X	Clinical X	Strategic X	Risk & Assurance X

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	Q4 2014/15	Q3 2014/15	Q2 2014/15
<b>Meeting national access targets and outcome measures</b>																			
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%	91.0%		91.0%	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%	97.8%		97.8%	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%	96.0%		95.7%	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%	93.6%		93.0%	95%	Yes	Yes	No	
	<b>*Cancer results for the current month are predicted values only</b>																<b>* PLEASE NOTE February CANCER PERCENTAGES ARE INDICATIVE ONLY AS FURTHER VALIDATION REQUIRED *</b>		
	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%	96.1%		95.3%	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%	94.0%		94.8%	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%	98.2%	98.2%		98.2%	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%	98.9%	100.0%		99.4%	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%	97.9%	98.2%		98.1%	94%	No	No	No	
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%	98.7%	99.2%		98.9%	94%	No	No	No		
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%	85.9%	81.7%		84.0%	85%	No	Yes	No		
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%	85.7%	90.0%		87.5%	90%	No	No	No		
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%	83.3%		88.9%	90%	No	No	No		
OUTCOMES	Clostridium difficile (cumulative position)	4	7	4	4	1	4	6	7	13	6	11		67	49	Yes	Yes	Yes	
	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%	100.0%		98.3%	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%	98.7%		98.9%	50%	No	No	No	
	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%	99.8%		99.9%	50%	No	No	No	

# 2014/15 Performance Report Monitor Risk Assessment Framework

(Continued)

Category	Performance Indicator Information	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	2014/15 target								
<b>Care Quality Commission judgments</b>																							
<b>CQC</b>	<b>Number of CQC judgements received during the month.</b> 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	Nil	Nil	Nil	Nil	No	No	No	No		
<b>Third Party Reports</b>																							
<b>THIRD PARTY REPORTS</b>	<b>Governance Risk raised by Monitor as a consequence of third party information.</b> 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				0								No	No	No	No		
<b>Quality Governance Indicators</b>																							
<b>QUALITY GOVERNANCE</b>	<b>Patient Metrics</b> - 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	No	
	<b>Staff Metrics</b> - 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	No
	<b>Staff Metrics</b> - staff satisfaction																						
	<b>Staff Metrics</b> - 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%	5.04%						4.47%	<5.5%	No	No	No	No
	<b>Staff Metrics</b> - proportion of wte temporary staff (Bank, Agency & Locum)																						
	<b>Staff Metrics</b> - 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%	11.17%						11.17%	<15%	No	No	No	No
<b>Cost reduction plans as a proportion of income</b> (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%	<5%	No	No	No	No	
<b>Financial Risk</b>																							
<b>FINANCIAL RISK</b>	<b>Continuity of Service risk rating.</b> 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	1					2	1	2				

**Explanation of Monitor governance triggers:**

Category	Governance concerns triggered by:
<b>Access and outcome metrics</b>	3 consecutive quarter breaches of a single access target or breaching target for year.
<b>CQC Judgements</b>	CQC warning notice issued or CQC civil / criminal action.
<b>Third Party Reports</b>	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)
<b>Quality Governance Indicators</b>	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.
<b>Financial Risk</b>	Breaching the Continuity of Service licence condition

**Governance Rating Method**

Rating	Description
<b>Green</b>	No categories triggering a governance concern
<b>Amber</b>	Local RAG rating to indicate where a metric has breached in the quarter but has not yet triggered a governance concern.
<b>Red</b>	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
<b>4</b>	No evident concerns	None
<b>3</b>	Emerging or minor concern potentially requiring scrutiny	None
<b>2*</b>	Level of risk material but stable. (Only Monitor can assign a 2* rating)	None
<b>2</b>	Material Risk	Consideration for potential investigation
<b>1</b>	Significant Risk	Potential investigation. Potential appointment of

**Summary of Risk Assessment Framework Governance rating**

Category	Current Quarter Governance Concerns Triggered	Previous Quarters Governance Risks		
		Q4 2014/15	Q3 2014/15	Q2 2014/15
<b>Access and outcome metrics</b>	<b>Green</b>	<b>Amber</b>	<b>Amber</b>	<b>Amber</b>
<b>CQC Judgements</b>	<b>Green</b>	<b>Green</b>	<b>Green</b>	<b>Green</b>
<b>Third party Information</b>	<b>Green</b>	<b>Green</b>	<b>Green</b>	<b>Green</b>
<b>Quality Governance Indicators</b>	<b>Green</b>	<b>Green</b>	<b>Green</b>	<b>Green</b>
<b>Financial Risk</b>	<b>Amber</b>	<b>Amber</b>	<b>Amber</b>	<b>Amber</b>

# 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 February. Compliance continues to be sustained against the admitted pathways achieving 91.0% against a target of 90%. At the end of January 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 February achieving 93.6% against a target of 95%. National benchmarking at the end of February shows that all trusts in the region with the exception of one trust were non-compliant with the 95% target. South Tees also continues to perform better than the national average of 92.0%.

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. Whilst performance is continuing to improve against the A & E target, the trust expects to be non-compliant at the end of the Q4 period.

#### Cancer Waiting Times

The trust achieved all the national cancer targets in January performing better than both the regional and national average achieving 85.9%.

Indicative figures for February suggest that all national cancer targets will be met with the exception of the 62 day first definitive treatment and the 62 day screening target. Validation of the indicative position is continuing ahead of the national submission to try and improve this position.

There were just 3 treatments and one shared breach in February for the 62 day screening target. The breach was due to a late referral with the patient being referred on day 85 from another local provider. For the 62 day first definitive target there were far fewer treatments in February than expected but a similar number of breaches to previous months. In the main breaches were due to late referrals and urology surgical capacity.

Therefore the 62 day targets remain a challenge for the trust in the Q4 period.

Nationally the 62 day first definitive treatment target has been missed in 4 consecutive quarter periods and for this reason a national task force group has been set up to review some of the problematic pathways. A regional wide event in the North was held on 26<sup>th</sup> February and the feedback from this event is being provided to the national task force group for consideration as part of its overall improvement work.

#### Healthcare Associated Infections

The trust has reported 11 cases of C-Difficile in February; this brings the trust total to 67 cases, 18 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 with Clinical Commissioning Group representation 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 February with referral-to-treatment data 100%, referral data 98.7% and care contact activity data 99.8%.

### **Third Party Reports**

The third party report is a complaint which has been partly upheld by the Parliamentary & Health Service Ombudsman (PHSO). The trust will develop an action plan and issue an apology in accordance with the PHSO recommendations. The production and monitoring of the action plan will be overseen through the Quality Assurance Committee.

## **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 reduced to 3.47% in February and below the 4.0% threshold. The trust is continuing to work with its partners to ensure the position continues to improve.

### **28 Day Rebooking Target**

The trust reported one breach of the 28 day rebooking target in February. This was a urology patient who had been cancelled due to a previous case in theatre taking longer than expected. The patient has agreed a new date in April.

## **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 February have been made to the commissioners. Improvements are continuing in the challenging areas such as smoking, flu vaccinations and weight management.

## **5: HR**

The February sickness rate for the trust is continuing to increase marginally at 5.04%, an increase of 0.08% on the January figure. The trust's sickness rate still compares favourably with other organisations throughout the region that are all experiencing a similar rise in sickness figures and there is no gap between short and long term sickness.

The compliance rate for mandatory training has increased slightly by 0.08% in February and now stands at 71% against a target of 80%.

The number of non-medical staff with a valid staff development review has also increased slightly in February by 0.65% achieving 67.14% 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 February 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:

<b>Red</b>	<b>≤ 85%</b>
<b>Amber</b>	<b>85 – 95%</b>
<b>Green</b>	<b>≥ 95%</b>

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.

# Planned versus actual staffing - James Cook University Hospital

James Cook									< 80	80-95	> 95																
Feb-15	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							
	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	9072	8367	1620	1578	9072	8064	672	684	92.2%	97.4%	88.9%	101.8%	17%	4%	6%	0%	0%	2%	30%	17%	0%	10%	0%	0%	0%	27%	
FAU JCUH (Female Admissions Unit)	2016	2016	1344	1260	1680	1500	1008	1188	100.0%	93.8%	89.3%	117.9%	13%	6%	1%	1%	0%	6%	27%	14%	0%	1%	0%	1%	0%	15%	
JC02 Resp (Ward 2)	1680	1444	1344	1025	672	660	672	708	85.9%	76.3%	98.2%	105.4%	13%	0%	1%	2%	0%	7%	23%	12%	0%	5%	1%	0%	2%	19%	
JC08 (Ward 8)	1610	1524	1288	1291	966	966	644	738	94.6%	100.2%	100.0%	114.6%	20%	4%	8%	0%	0%	0%	33%	18%	0%	6%	0%	0%	0%	24%	
JC09 (Ward 9)	1680	1630	1008	1079	1008	984	684	684	97.0%	107.0%	97.6%	100.0%	18%	0%	6%	1%	0%	0%	25%	14%	0%	9%	0%	0%	0%	23%	
JC12 (Ward 12)	1404	1260	1440	1423	1008	876	852	943	89.7%	98.8%	86.9%	110.7%	19%	8%	8%	0%	0%	0%	35%	13%	11%	10%	0%	0%	0%	34%	
JC28 (Ward 28)	1680	1610	1008	891	1008	1008	672	719	95.8%	88.4%	100.0%	107.0%	16%	6%	3%	0%	0%	0%	26%	21%	0%	4%	0%	0%	1%	26%	
MAU JCUH (Male Admissions Unit)	2352	2458	1344	1283	1680	1518	744	978	104.5%	95.5%	90.3%	131.5%	19%	5%	2%	2%	0%	1%	29%	16%	6%	0%	0%	0%	0%	22%	
Ward 3	1288	1356	1288	1174	966	927	644	1064	105.3%	91.1%	95.9%	165.1%	13%	4%	9%	1%	0%	4%	31%	19%	0%	9%	0%	0%	0%	28%	
Ward 10	1104	1067	1344	1184	672	636	672	672	96.6%	88.1%	94.6%	100.0%	21%	2%	10%	0%	0%	0%	33%	12%	7%	5%	0%	0%	5%	28%	
JC05 (Ward 5)	1440	1302	1404	1782	672	672	528	685	90.4%	126.9%	100.0%	129.7%	16%	1%	7%	2%	0%	8%	34%	7%	5%	2%	1%	0%	0%	15%	
JC35 (Ward 35)	1680	1439	1344	1354	768	753	672	778	85.6%	100.8%	98.0%	115.8%	18%	9%	4%	1%	0%	5%	38%	16%	3%	1%	1%	0%	6%	27%	
Ward 6	2256	1811	1032	1067	1104	936	576	551	80.3%	103.4%	84.8%	95.7%	10%	15%	12%	0%	0%	2%	39%	9%	4%	6%	0%	2%	16%	37%	
Ward 7	2688	2216	1344	1352	1008	996	1008	942	82.4%	100.6%	98.8%	93.5%	20%	5%	9%	0%	0%	1%	36%	12%	0%	9%	1%	0%	5%	27%	
JC04 (Ward 4)	1488	1441	912	885	936	942	672	663	98.8%	97.1%	100.6%	98.6%	16%	0%	3%	1%	0%	8%	27%	14%	0%	14%	1%	0%	0%	29%	
JC14 Oncology (Ward 14)	1680	1609	1176	1254	1008	998	672	700	95.8%	106.6%	99.0%	104.1%	13%	0%	7%	2%	0%	7%	29%	17%	0%	6%	1%	0%	0%	24%	
JC33 Specialty (merger of ward 18 and ward 27)	1680	1615	1008	945	1008	984	672	862	96.1%	93.7%	97.6%	128.3%	16%	0%	11%	3%	0%	0%	30%	19%	0%	22%	0%	0%	1%	42%	
JC34 (Ward 34)	1596	1419	1344	1303	1008	867	672	893	88.9%	96.9%	86.0%	132.9%	15%	0%	11%	2%	0%	3%	32%	15%	0%	8%	0%	0%	0%	23%	
JC36 (Ward 36)	2287	1859	1226	1042	794	782	782	909	81.3%	85.0%	98.6%	116.2%	16%	0%	2%	1%	1%	4%	23%	14%	7%	4%	2%	0%	4%	30%	
JC37 (Ward 37)	1680	1355	1344	1218	672	672	672	1104	80.6%	90.6%	100.0%	164.3%	17%	0%	4%	1%	0%	2%	24%	11%	0%	15%	4%	0%	2%	31%	
Spinal Injuries	2509	2095	1837	1542	1152	1140	1008	996	83.5%	83.9%	99.0%	98.8%	15%	0%	9%	1%	0%	4%	29%	16%	0%	6%	0%	0%	1%	24%	
Cardio MB	672	661	336	342	672	672	0	0	98.3%	101.8%	100.0%	-	18%	8%	7%	1%	0%	1%	35%	33%	0%	0%	2%	0%	0%	34%	
CCU JCUH	2496	2160	336	252	1680	1680	0	0	86.5%	75.0%	100.0%	-	14%	5%	7%	1%	0%	5%	32%	27%	0%	0%	0%	0%	0%	27%	
CICU JCUH	3648	3196	660	377	3360	2976	0	72	87.6%	57.1%	88.6%	-	14%	6%	16%	1%	0%	2%	40%	1%	0%	38%	0%	0%	0%	39%	
JC24 (Ward 24)	2688	2455	1248	1766	2352	2256	1008	1850	91.3%	141.5%	95.9%	183.5%	15%	4%	12%	1%	0%	3%	35%	20%	6%	2%	2%	0%	6%	35%	
JC25 (Ward 25)	1037	989	945	1199	653	677	784	908	95.4%	126.9%	103.7%	115.8%	17%	0%	15%	1%	0%	6%	39%	18%	0%	11%	2%	0%	0%	30%	
JC26 (Ward 26)	720	732	816	1308	672	672	336	660	101.6%	160.3%	100.0%	196.4%	12%	0%	3%	0%	0%	4%	20%	21%	0%	2%	1%	0%	0%	25%	
JC29 (Ward 29)	1296	1273	1008	957	1008	930	336	403	98.2%	95.0%	92.3%	120.0%	15%	3%	15%	1%	0%	10%	43%	12%	0%	6%	2%	0%	8%	28%	
JC30 (Ward 30)	528	483	480	342	384	372	0	32	91.5%	71.2%	96.9%	-	11%	0%	5%	2%	0%	0%	16%	6%	0%	49%	0%	0%	0%	55%	
JC31 (Ward 31)	1008	984	672	594	672	672	336	348	97.6%	88.4%	100.0%	103.6%	15%	7%	1%	2%	0%	12%	37%	19%	0%	6%	1%	0%	5%	32%	
JC32/HDU (Ward 32/HDU)	3384	3087	1800	1461	2616	2135	600	1068	91.2%	81.2%	81.6%	178.0%	13%	5%	3%	1%	0%	10%	32%	15%	0%	6%	0%	0%	1%	22%	
Gynae (Ward 19)	912	895	672	654	672	673	0	0	98.1%	97.2%	100.1%	-	22%	0%	2%	1%	0%	6%	31%	16%	0%	31%	0%	0%	0%	47%	
JC21 (Ward 21)	2742	2442	1008	744	1680	1656	336	408	89.0%	73.6%	98.6%	121.4%	11%	2%	4%	1%	0%	8%	28%	12%	0%	2%	2%	0%	10%	28%	
JC22 (Ward 22)	1008	966	528	414	912	876	96	144	95.8%	78.4%	96.1%	150.0%	14%	3%	10%	1%	0%	10%	38%	12%	0%	15%	1%	0%	1%	29%	
JCDS (Central Delivery Suite)	3024	2830	840	435	3024	2965	672	528	93.6%	51.7%	98.0%	78.8%	17%	2%	1%	3%	0%	5%	27%	19%	8%	10%	0%	0%	0%	37%	
Neonatal Unit	3512	3042	336	156	3360	2814	0	172	86.6%	46.4%	83.8%	-	17%	2%	7%	2%	0%	3%	31%	13%	0%	33%	0%	0%	0%	46%	
Maternity Assessment Unit	1008	997	336	336	672	636	0	0	98.9%	100.0%	94.6%	-	13%	4%	2%	6%	0%	7%	31%	5%	0%	0%	0%	0%	0%	5%	
Paediatric Intensive Care Unit (PICU)	1344	1335	210	192	1248	1182	0	0	99.3%	91.3%	94.7%	-	13%	11%	4%	3%	0%	6%	37%	5%	0%	0%	0%	0%	0%	5%	
Ward 17 JCUH	2112	2040	852	737	1344	1332	0	0	96.6%	86.5%	99.1%	-	15%	0%	3%	4%	0%	2%	25%	13%	14%	4%	0%	0%	0%	31%	
Ward 19	1008	988	0	0	672	672	0	0	98.0%	-	100.0%	-	19%	0%	6%	3%	0%	3%	31%								
Site average									93.0%	93.5%	95.7%	122.6%															



## Planned versus actual staffing – Friarage Hospital

									< 80	80-95	> 95																	
<b>FHN</b>									Hours				Registered								Unregistered							
Feb-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	DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total		
Ainderby FHN	1333	1186	966	1112	759	704	391	548	89.0%	115.1%	92.7%	140.0%	14%	7%	2%	1%	0%	0%	23%	14%	7%	7%	0%	0%	0%	28%		
Clinical Decisions Unit FHN	1288	1100	966	881	644	518	644	586	85.4%	91.1%	80.4%	90.9%	15%	8%	7%	1%	0%	3%	34%	18%	0%	11%	2%	0%	2%	33%		
FHICU (ICU FHN)	1008	996	120	68	1008	960	0	0	98.8%	56.3%	95.2%	-	17%	8%	6%	1%	1%	6%	38%	38%	0%	0%	0%	0%	0%	38%		
Romanby FHN	1635	1384	1079	915	690	679	644	644	84.7%	84.9%	98.3%	100.0%	15%	9%	6%	1%	0%	1%	33%	15%	13%	2%	0%	0%	0%	30%		
Rutson FHN	878	821	1299	1254	644	644	322	424	93.5%	96.5%	100.0%	131.5%	11%	8%	6%	1%	0%	0%	26%	17%	0%	1%	1%	0%	1%	21%		
Allerton Ward FHN	1068	1031	1008	879	672	672	672	612	96.6%	87.2%	100.0%	91.1%	16%	9%	12%	1%	0%	2%	40%	13%	0%	19%	0%	0%	0%	33%		
Gara Orthopaedic FHN	1079	1036	884	698	644	634	322	334	96.0%	79.0%	98.4%	103.6%	21%	0%	6%	2%	0%	3%	31%	15%	0%	15%	2%	0%	0%	32%		
Maternity FHN	672	737	336	336	672	648	0	0	109.7%	100.0%	96.4%	-	13%	8%	4%	5%	0%	1%	30%	19%	0%	0%	0%	0%	6%	25%		
Site Average									94.2%	88.8%	95.2%	109.5%																

## Planned versus actual staffing – Lambert Community Hospital

<b>Lambert community hosp</b>									< 80	80-95	> 95																	
Hours									Registered				Unregistered															
Feb-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	DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS 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	657	667	618	604.5	628.82	527.18	314.38	347.98	101.5%	97.8%	83.8%	110.7%	5%	2%	3%	-	-	1%	10%	3%	0%	2%	-	-	0%	5%		
Site Average									101.5%	97.8%	83.8%	110.7%																

## Planned versus actual staffing – Guisborough Community Hospital Site

<b>Guisborough</b>									< 80	80-95	> 95																	
Hours									Registered				Unregistered															
Feb-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	DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS 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	878	756	1184	828	644	644	644	632	86.2%	69.9%	100.0%	98.1%	16%	0%	6%	1%	0%	0%	23%	11%	0%	15%	0%	0%	0%	26%		
Site Average									86.2%	69.9%	100.0%	98.1%																

## Planned versus actual staffing – East Cleveland Community Hospital

<u>East Cleveland</u>									< 80	80-95	> 95	Registered								Unregistered							
Hours									DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total	
Feb-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																			
Tocketts Ward East Cleveland Hospital	767	700	971	835	644	621	644	644	91.3%	86.0%	96.5%	100.0%															
Site Average									91.3%	86.0%	96.5%	100.0%															

## Planned versus actual staffing – Carter Bequest Community Hospital

<u>Carter Bequest</u>									< 80	80-95	> 95	Registered								Unregistered							
Hours									DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total	
Feb-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																			
Carter Bequest PCH	1162	995	1513	1369	656	656	966	966	85.6%	90.5%	100.0%	100.0%	17%	2%	8%	1%	0%	0%	29%	11%	0%	14%	1%	0%	0%	27%	
Site Average									85.6%	90.5%	100.0%	100.0%															

## Planned versus actual staffing – Redcar Community Hospital

<u>Redcar</u>									< 80	80-95	> 95	Registered								Unregistered							
Hours									DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total	
Feb-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																			
Zetland	1045	910	1290	1471	966	920	966	1170	87.1%	114.1%	95.2%	121.1%	18%	0%	16%	1%	0%	5%	40%	19%	4%	4%	1%	0%	1%	28%	
Site Average									87.1%	114.1%	95.2%	121.1%															

## Planned versus actual staffing – Friary Community Hospital

<u>Friary Community Hospital</u>									< 80	80-95	> 95	Registered								Unregistered							
Hours									DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total	Leave	Parenting	Sickness	Study Day	Unknown	Working Day	Total	
Feb-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																			
Friary Community Hospital	865	873	868	886	560	560	280	320	100.9%	102.0%	100.0%	114.3%	16%	0%	0%	0%	0%	7%	23%	21%	0%	0%	0%	0%	0%	21%	
Site Average									100.9%	102.0%	100.0%	114.3%															

## Trust Averages

	< 80	80-95	> 95	
Feb-15	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	93.6%	92.4%	94.5%	113.0%
Surgical service Centre	87.1%	103.8%	96.3%	105.1%
Tertiary services Centre	93.9%	99.8%	95.9%	149.5%
Women & Children centre	96.6%	80.6%	96.1%	116.7%
Trauma, anaes & Theatre	86.1%	87.1%	96.4%	123.2%
Specialty Services Centre	96.2%	99.1%	99.1%	110.3%
Trust Average	92.2%	93.8%	96.4%	119.6%

## Discussion

The fill rate for unregistered staff overnight continues to run above 100% and reflects the 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 February within Cardiothoracic Intensive Care, Coronary Care, the Women and Children Centre, Priory Ward Guisborough Hospital and Intensive Care, Friarage Hospital. 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 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 February a number of centres did need to reduce bed capacity on a temporary basis due to a combination of sickness and vacancies.

Recruitment of Band 5 qualified nurses remains a significant challenge for the organisation with 90 band 5 vacancies (including 30 winter pressure posts which will cease after March 2015). This is reflected nationally as a supply issue. In the report undertaken by NHS Employers in May 2014 – ‘NHS Qualified Nurse Supply And Demand Survey – Findings’ [www.nhsemployers.org/case-studies-and-resources/2014/05/nhs-qualified-nurse-supply-and-demand-survey](http://www.nhsemployers.org/case-studies-and-resources/2014/05/nhs-qualified-nurse-supply-and-demand-survey) 104 trusts returned the survey of which 60% said they were looking to fill qualified nurse vacancies. Of the 33% of Trusts in the North East who returned their survey and provided establishment data, they were reporting a 6% vacancy rate for posts not permanently occupied.

A number of strategies are being explored to try to improve the Trust's position which includes:

1. Improving the external marketing of the Trust as an employer of choice through media including Trust website, facebook, twitter, marketing materials, Recruitment open days, recruitment materials and video testimonials.
2. Further expanding our networking with universities including advertising vacancies on their job boards and increased attendance at recruitment events.
3. Further expand networking with Military personnel to engage partners/friends/relatives of military personnel who may be looking for employment within the NHS. Assistant Director of Nursing – Workforce attended a recruitment event at Catterick in October 2014 with on-going dialogue taking place.
4. Engage further in trying to recruit from the Return to Practice course being offered through Teesside University starting November 2014 and January 2015.
5. Explore further avenues for International recruitment using a range of options including:
  - Further recruitment with NHSP internationally. NHSP are currently reviewing the recruitment market to understand where best to target. To date the recruitment process with NHSP has realised 4 nurses being recruited from Portugal who commenced in January and 6 nurses from Italy who started in the Trust at the end of February 2015 working through NHSP on a 12 month period then if suitable to be employed directly by the Trust.
  - Employing directly to the Trust using other agencies/own recruitment campaigns.
  - Advertise in targeted publications in the EEA and possibly outside of the EEA.
6. Explore with current Trust staff that are from the EEA or from Non EEA if they have relatives/friends who may be working in other care providers that would consider employment at the Trust. This would include exploring whether any development programmes need to be considered to support the employment of these staff such as IELTS level 7 qualification to help gain NMC registration.

## **7. Pressure Ulcer Report February 2015**

### **Introduction**

Around 187,000 patients every year in the UK develop pressure damage whilst in hospital. With around 700,000 people in the UK affected by pressure ulcers the financial burden to the health economy is estimated to be between £1.4 - 2.1 billion per year (4% of total NHS expenditure). Around 80-95% of pressure ulcers are considered to be preventable<sup>1</sup> with pressure ulcer prevention included in domain 5 of the NHS outcomes framework 14/15. The impact to the individual should not be underestimated, with increased length of hospital stay / requirement to access to community services, pain, psychological distress and loss of dignity frequently reported.

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.

### **Current performance**

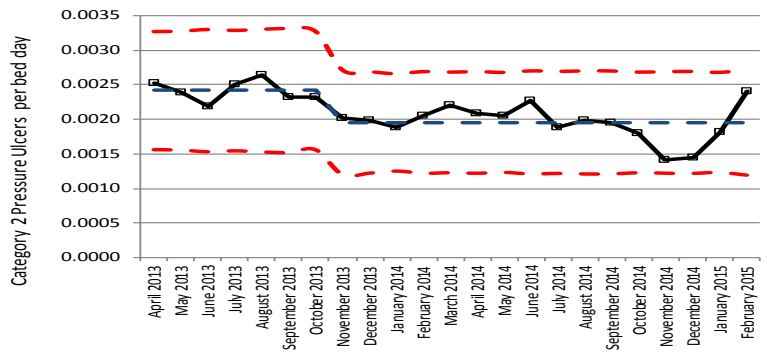
Data is displayed in both actual numbers (reported via DATIX) and point prevalence (from the Safety Thermometer).

## 2.1 Trust acquired pressure ulcers, actual numbers

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

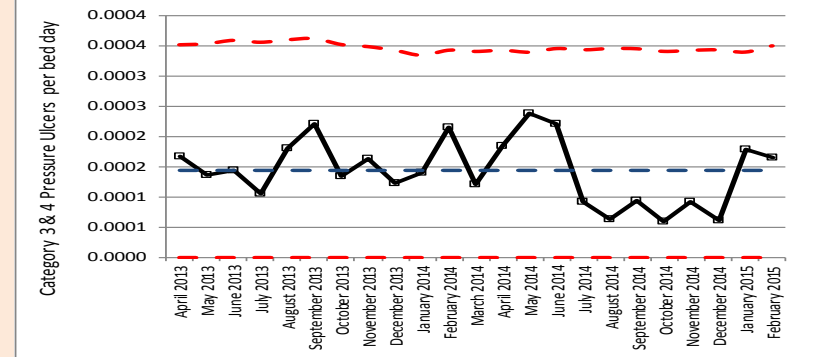
[Return to Menu >>](#)  
[Return to Dashboard >>](#)






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



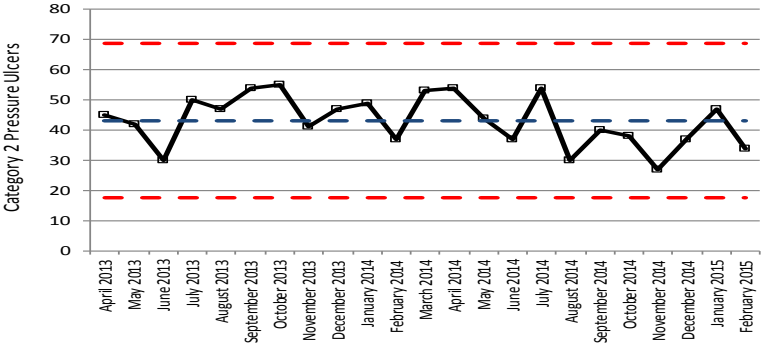
Trust post admission inpatient (inc PCH) pressure ulcers per patient bed day: Trust - All Centres between April 2013 & February 2015

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



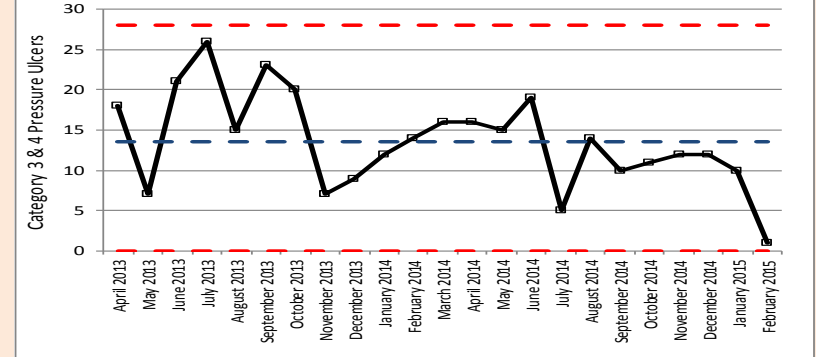
Inpatient (inc PCH)	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	2014/15	2013/14
Pressure Ulcers Category 1	47	40	27	24	28	22	27	33	28	31	34		 341	315
Pressure Ulcers Category 2	68	69	72	61	63	62	60	46	47	61	73		 682	744
<b>Total Category 1 &amp; 2</b>	<b>115</b>	<b>109</b>	<b>99</b>	<b>85</b>	<b>91</b>	<b>84</b>	<b>87</b>	<b>79</b>	<b>75</b>	<b>92</b>	<b>107</b>		 1023	1059
Per 1000 Bed Days	3.5	3.2	3.1	2.6	2.9	2.6	2.6	2.4	2.3	2.7	3.5		 2.9	3.2
Category 3 and above	6	8	7	3	2	3	2	3	2	6	5		 47	52





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



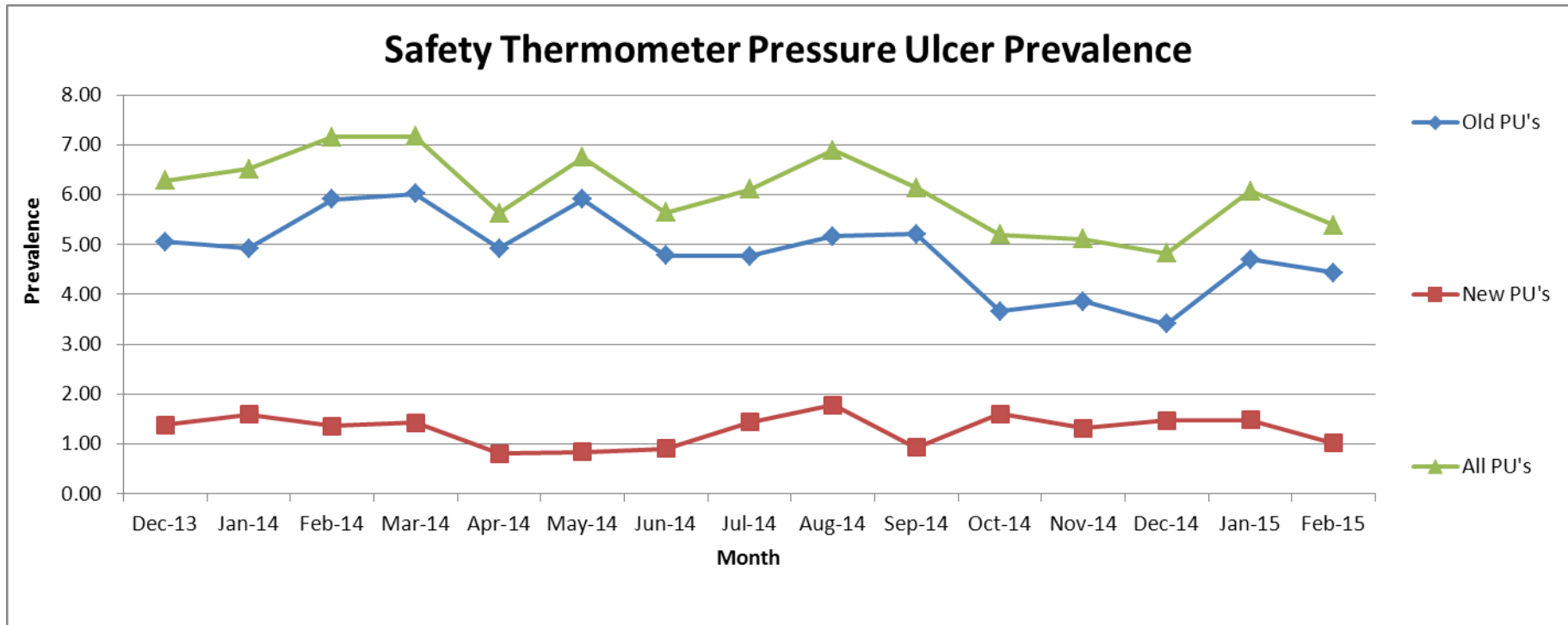
Trust post caseload community pressure ulcers: Trust - All Centres between April 2013 & February 2015

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	6	13	10	6		 119	160
Pressure Ulcers Category 2	54	44	37	54	30	40	38	27	37	47	34		 442	497
<b>Total Category 1 &amp; 2</b>	<b>68</b>	<b>58</b>	<b>55</b>	<b>66</b>	<b>41</b>	<b>51</b>	<b>42</b>	<b>33</b>	<b>50</b>	<b>57</b>	<b>40</b>		 561	657
Category 3 and above	16	15	19	5	14	10	11	12	12	10	1		 125	172
<b>Unavoidable Category 3 &amp; 4</b>	<b>12</b>	<b>13</b>	<b>17</b>	<b>5</b>	<b>14</b>	<b>10</b>	<b>11</b>	<b>11</b>	<b>12</b>	<b>4</b>	<b>1</b>		<b>110</b>	
<b>Unavoidable %</b>	<b>75.0%</b>	<b>86.7%</b>	<b>89.5%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>91.7%</b>	<b>100.0%</b>	<b>40.0%</b>	<b>100.0%</b>		<b>88.0%</b>	

## 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	Feb-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	4.4
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	1.0
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	6.1	5.4

### **3.0 Reporting**

In relation to incidence, the upward trend in the hospital setting has continued in February. In comparison there has been a marked decrease in the 'out of hospital' setting, most notably in category 3 / 4 ulcers.

Point prevalence was below the 5.43% upper threshold in February, meaning achievement of the CQUIN measure for 14/15 looks likely.

### **4.0 Action**

The work of the Collaborative continues and includes:

- Continued focus, training and interventions are taking place in the areas of highest incidence, with Clinical Matrons and Tissue Viability Nurses providing leadership.
- 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.
- Following the required tendering process an order has been placed to introduce a hybrid mattress system. The top ten wards which currently use the highest numbers of dynamic mattresses and have a patient group at greater risk will receive the mattresses and cushions during the first phase. Hybrid mattresses are a cost effective solution in the prevention and treatment of pressure ulcers. This system incorporates high specification foam and dynamic technology which enables the ability to upgrade/ downgrade as appropriate to the patients' clinical requirements. Used in conjunction with regular and systematic repositioning this early intervention is considered to be a key enabler to secure significant reductions in pressure ulcers.

### **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 note the current position and support the actions taken.