

Recommendation <input type="checkbox"/> DECISION <input checked="" type="checkbox"/> NOTE	<p>The Trust Board is asked to Receive and Discuss this paper.</p>
Reporting to:	Trust Board
Date	27 July 2017
Paper Title	Monthly Nurse Staffing Data
Brief Description	<p>The purpose of this report is to provide an update to the board on monthly Registered Nurse (RN), Registered Midwife (RM) and Health Care Assistant (HCA) staffing levels across all three care groups within Shrewsbury and Telford Hospital NHS Trust. The staffing data allows for an outline of the planned versus the actual nurse and midwifery fill rates for May 2017. The rationale for the variances, gaps, and any actions taken to support safe staffing. The impact that this may have on quality metrics needs to form part of this report as we move forward.</p> <p>The staffing average fill rates are as follows: Average fill rate for day Registered Nurse /Midwife is 95.5%; Average fill rate for day Care Staff is 102.7%; Average fill rate for night is Registered Nurse /Midwife 96.6%; Average fill rate for night Care Staff is 109/6%.</p> <p>Whilst the data reveals an under-fill in RN fill rate for both day and night there is an over-fill in the care staff for both shifts. This is predominantly due to the replacement of Registered Nurse hours with Care staff hours.</p> <p>Agency costs have been presented and in May, 31.0% of the Unscheduled Care Groups spend on Bands 5 and 6 Nursing was through agency; and 18.1% of the care groups employed WTE (inclusive of those on A/L etc) were agency staff. Within Scheduled Care this was 14.6%.</p> <p>Ward Manager hours have been accounted for per ward area with a large variance in the number of hours worked managerially and clinically between ward areas within both Unscheduled and Scheduled Care Groups.</p> <p>Quality metrics such as falls, pressure ulcers and friend and family data is inputted monthly into the quality dashboard and is presented per care group however, there is no discussion of the correlation between this data and the staffing data. This will need to be done as we move forward. Access at Care Group level is under developed in order to be able to undertake this task in a timely manner.</p>
Sponsoring Director	Deirdre Fowler
Author(s)	Head of Unscheduled Care Group

	<p>Head of Scheduled Care Group</p> <p>Lead Nurse for Women and Children's Care Group</p> <p>Head of Midwifery Care Group</p> <p>Quality Manager, Corporate Nursing Team</p>
Recommended / escalated by	Not applicable
Previously considered by	Not applicable
Link to strategic objectives	<p>Safest and Kindness</p> <p>Innovative and Inspirational Leadership</p> <p>Values into Practice</p>
Link to Board Assurance Framework	<p>RR 561</p> <p>RR1134</p> <p>RR668</p> <p>RR1187</p>
Equality Impact Assessment	<ul style="list-style-type: none"> ● Stage 1 only (no negative impacts identified) ● Stage 2 recommended (negative impacts identified) <ul style="list-style-type: none"> ● negative impacts have been mitigated ● negative impacts balanced against overall positive impacts
Freedom of Information Act (2000) status	<ul style="list-style-type: none"> ● This document is for full publication ● This document includes FOIA exempt information ● This whole document is exempt under the FOIA

Monthly Nurse Staffing Data – May 2017

1.0 Introduction

The purpose of this report is to provide an update to the board on monthly Registered Nurse (RN), Registered Midwife (RM) and Health Care Assistant (HCA) staffing levels within Shrewsbury and Telford Hospital NHS Trust. The hospital has three care groups; Unscheduled Care, Scheduled Care, Women and Children's and Maternity. The staffing data allows for an outline of the planned versus the actual nurse and midwifery fill rates for May 2017. The rationale for the variances, gaps, and any actions taken to support safe staffing and the impact that this may have on quality metrics is presented.

2.0 Professional Standards

Nursing establishment is evaluated periodically and reported with recommendations to the Trust Board. The acuity tool utilised is Safer Nursing Care Tool which is the Shelford Model. Currently a report on acuity does not exist; however, Safe Care will be rolled out across the Trust over the next few months, with pilot sites identified to be fully functional by November 2017.

When implemented within all areas apart from Maternity within the Trust later on in the year, the e-tool Safe Care will capture a real time view of patient acuity and dependency, enabling staffing to be safely transferred across the Trust without detriment to quality of patient care.

During May 2017 the:

Average fill rate for day Registered Nurse /Midwife is 95.5%
Average fill rate for day Care Staff is 102.7%
Average fill rate for night is Registered Nurse /Midwife 96.6%
Average fill rate for night Care Staff is 109/6%

Daily average of registered nurse/midwife is 95.9%
Daily average of care staff is 105.5%

Care hours per patient day for Registered Nurse and Registered Midwife is 5.4
Care hours per patient per day for Care Staff is 3.5

2.1 Scheduled and Unscheduled Care Group

The ward areas in the Trust within Scheduled and Unscheduled Care have an approximate 1:6 – 1:10 nurse: patient ratio. The latter is a trial on Ward 22 Stroke/Rehabilitation due to a new skill mix being trialled as the template is under review. In Scheduled care we do have one area where the nurse: patient ratio on nights is 1:11 but this has been reviewed regularly using the Safer Nursing Care tool and is currently felt to be acceptable given the patient acuity. There needs to be clarity in relation to whether the ward coordinator should be included in these figures. Furthermore, the ratio does vary as it depends on the specialism and the ward base. An example of this is Ward 6 that includes Coronary Care Unit, Ward 23 our Haematology / Oncology ward that undertakes Chemotherapy and Ward 15, due to its Hyper Acute Stroke Unit (HASU).

It is normal practice for the Matron to review the e-roster to identify any areas with deficits in staffing, and to visit each ward on site to assess acuity of patients. They attend a site meeting on a daily basis from Monday to Friday at 08:45hrs followed by a further site meeting at 13.00hrs and 15:45hrs. At the latter meeting any concerns for the night shift and the following day is considered and identified and action taken to request staffing cover. On a Friday a discussion and decision is made about the staffing cover for

the forthcoming weekend. Attendees at this meeting include the Heads of Capacity, Matrons for Scheduled and Unscheduled Care; and Operations Manager for Scheduled and Unscheduled Care. In addition every Thursday the Matron of the day sends out a list of any gaps/shortfall in staffing within Medicine for the following week (Friday to Friday) for each site. Emergency Care Matrons will undertake the same process with Emergency Department and Acute Medical Unit on both sites.

The Clinical Site Manager has access to all Rosters, all Bank Staff and all Agency Nurses so that they are able to liaise with staff if needed. If needed, an escalation plan is discussed with the Head of Capacity, Matron's and Clinical Site Managers and the framework is followed. Ward Managers are also working on the wards to support staffing levels and therefore are not always totally supervisory. The percentage of time ward managers spend in clinical shifts is captured on e-Roster. The wards are supported by nursing staff redeployment within the hospital on a shift by shift basis, which provide support when staffing levels are such that patient care could be compromised.

2.2 Women and Children's Care Group

The Neonatal Unit is staffed according to the Service Standards for Hospitals Providing Neonatal Care (3rd Addition) (British Association of Perinatal Medicine, BAPM) standards (August 2010) of 1:1 nurse: patient ratio for Intensive Therapy Unit; 1:2 nurse:patient ratio for High Dependency Unit (HDU), and 1:4 nurse: patient ratio for Special Care Baby Unit. Current staff establishment/template is short of 1.5 Registered Nurse based on the BAPM Standards.

Paediatrics, a 36 bedded unit includes 2 HDU beds and has a staffing ratio of 1: 2 nurse: patient ratio for the HDU Beds when occupied. These beds are provided to manage children who meet HDU criteria but currently this is not a commissioned service. The paediatric ward has a staffing ratio of 1:5 nurse: patient ratio on both day and night shifts.

Gynaecology ward (Ward 14) is staffed on a 1:6 nurse:patient ratio. Due to this been a 12 bedded ward the RN ratio cannot be reduced.

2.3 Maternity Care Group

Midwifery staffing needs to acknowledge and consider the following context for maternity services:

- The challenges of providing maternity services across a large rural county; including Mid-Wales.
- Public and political opinion of maternity services generated by a commitment from communities to support localised care and services.
- The current midwifery whole time equivalent (WTE)/Midwife to birth ratio calculated utilising Birthrate Plus® assessment demonstrated that the numbers of midwives required to staff the activity of the service (not the buildings) requires a significant increase. The report has further recommended that the service evaluates the potential use of an appropriate skill mix to address some of this shortfall – a model which is currently not in use within the maternity service. The Birthrate Plus® assessment has demonstrated clearly that the current model of allocating staff to staff buildings, rather than a model which supports allocating staff to activity, does not support our current service and is no longer sustainable.
- Provision of midwife led unit care, community midwifery and homebirth service required by NHS Maternity Commissioning Guidance and NHS Mandate.
- The need to support choice for women of home, Midwife Led Unit (MLU); alongside or freestanding and Consultant Unit (CU) deliveries for all women within the County (Cumberledge Report 2016).
- Work undertaken during the last two years by the Maternity Service to review the current provision of maternity care for Shropshire and Mid-Wales. It has been amended now to include recommendations of Birthrate Plus®.
- Further work being undertaken by Clinical Commissioning Groups of both Shropshire and Telford and Wrekin to evaluate the sustainability of the service and the current staffing model – due for completion September 2017.

2.3.1 Current Maternity Services and Trends

Shropshire maternity services functions as a “Hub and Spoke Model”, the hub being the main Consultant Unit (CU) at Princess Royal Hospital (PRH) and the spokes being the five Midwife Led Units (MLUs) in Shrewsbury, Telford, Ludlow, Oswestry and Bridgnorth. There are also two community hubs at Market Drayton and Whitchurch. This is nationally unique in having five Midwife led Units, four being free standing and one same-site (PRH) but is in keeping with the geographic disposition of the county population in this large rural county.

The service within Shropshire has functioned in much the same way for over 30 years despite changes in the demographics of the population. Over the last 2-3 years the births within Shropshire have seen a significant drift towards Consultant led care with MLU deliveries declining. This is consistent with national trends and drives the current evaluation of the service as this ‘drift’ in the place of birth has placed a significant strain on the staffing needs of the service.

Current staffing risks have been identified in the following papers:

- Improving Maternity Services Paper - Women’s and Children’s Care Group Senior Management Team - 22nd November 2016 & Executive Team Meeting - 21st December 2016
- Consultant Unit Risk Report – 23 November 2016
- Increased Risk Paper – 03 May 2017
- Birthrate Plus Report – 10 April 2017
- Transitional Model Paper – Trust Board 29 June 17
- Risk Register – score = 20.

The review of the model of care and the recently approved Transitional Model are driven by the requirement to deliver:

- A contemporary, safe, high quality service that can deliver efficient, effective and clinically sustainable care, whilst supporting women’s choice.
- Address the key risks in relation to increasing usage of local escalation in response to a continued increase in numbers of births and other activity within the consultant unit and continued decreasing births within the midwife led unit settings.
- Address the recommendations of Birthrate Plus® report 2017.
- Meet Key performance Indicators (KPI) and the requirements of commissioners via the standard NHS contract.
- Utilise the current workforce effectively whilst future proofing against workforce pressures experienced within the current hub and spoke model.
- Deliver the medium and long-term business objectives within the care group.
- Provide an equitable service throughout all care settings.
- Contribute to the strategic direction of women and children’s services locally as developed through the NHS Sustainability and Transformation Plan (STP)

3.0 Analysis

Each care group analysis of the May Staffing data is presented by each care group for ease of reference and is linked to the Staffing Level Template presented in each respective appendix. The date is presented with Princess Royal Hospital (PRH) data followed by Royal Shrewsbury Hospital (RSH) data. A copy of the May 2017 UNIFY document sent to NHSI forms part of this report. <https://www.sath.nhs.uk/wp-content/uploads/2016/09/Safe-Staffing-May-2017.pdf>

3.1 Unscheduled Care Group Percentage Compliance

Whilst escalation areas are open staff have been moved on a shift by shift basis to balance the risk and ensure that there is substantive cover on every Ward on every shift. Supernumerary staff going through induction to the trust is not reflected in the staffing fill rate data although they are in the clinical areas and supporting the Ward staff and patients.

Throughout May 2017 it has been challenging to cover long days with temporary staff due to the preference for working duties which attract an enhancement such as nights and weekends.

Themes and trends emerging within the Unscheduled Care Group are clearly visible and a snap shot is presented of the key trends.

On Ward 7 where the day RN and HCA and RN night fill rate is over the agreed template. This is attributed to the escalation beds which remain open on Ward 7 and not within the Ward budget. There was an overfill of HCA's on both day and night duties on Ward 9, Ward 15, and Ward 17 which was due to the requirement for EPS to maintain safety of patient who became medically fit and had an extended stay whilst awaiting placement. Ward 21 also required EPS to maintain safety. On Ward 22 SR there was an underfill in RN duties and an overfill in HCA duties. The underfill on RN duties represents day shift being cancelled on the template and not covered by RN's however; additional HCA duties were created to backfill them. The change in skill mix is due to a new template being trialled within the Ward for a 3 month period. There was also requirement for EPS to maintain safety both day and night which has been reflected on a number of wards previously.

On Ward 32 the underfill in RN day cover is due to a reduction in the co-ordinator duties, with a reduction in RN night cover due to 6 shifts not been covered as no temporary staff cover could be secured and thus additional HCA duties were used to backfill this shortfall. The breakdown of this data is presented in Appendix 1 Unscheduled Care Group Staffing Data showing fill rates for May 2017.

3.2 Scheduled Care Group Percentage Compliance

Whilst the table in Appendix 2 appears to show some ward areas to be noncompliant for staff fill rates, staff are redeployed on a shift by shift basis to balance the risk. In hours, eRostering will reflect these changes in the rotas and out of hours, the Site Managers capture this information. The ward areas may have supernumerary staff, which are going through orientation to the trust that are not reflected in the staff fill rate numbers although they are in the clinical areas and supporting the ward staff and patients. The data is presented per site.

Themes and trends emerging within the Scheduled Care Group are clearly visible and a snap shot is presented of the key trends.

Ward 10 Trauma and Orthopaedic demonstrate an under fill in RN and HCA shifts on days and an over-fill of HCA shifts on nights. The under-fill on day shifts is due to shifts that were either cancelled last minute by bank or put out to temporary staffing and were not covered. The number of over filled HCA shifts on nights is due to patients' who required 1:1 care for some of the shifts; one of which was a medical outlier who had sustained a fall. Critical care (ITU/HDU) at RSH and PRH flexes their staffing to patient dependency requirements and so the unfilled shifts were not escalated to bank as the unit activity did not indicate a need to flex upwards. The unfilled shifts on Ward 22T/O were as a result of long term sickness, shifts not filled by bank /agency and vacancies. The current RN vacancy position sits at 44.7% in RN. The number of over filled HCA shifts on nights is due to patients' who required 1:1 care for some of the shifts. The unfilled RN shifts on 23 O/H were as a result of long term sickness with most shifts sent to bank and agency but not filled. However on some shifts a decision was made to mitigate the risk of RN under-fill by providing additional HCA support. The number of over filled HCA shifts on nights is due to patients' who required 1:1 care. Ward 25 can be a particularly difficult ward due to specialty, patient acuity issues and a bed capacity of 38 beds. The current RN vacancy level sits at 30%. During May the ward trialled a new system of working to try and provide increased senior cover for shorter days and with increased HCA support later in the day. This gave the ward some under-fill on RN shifts and this was further enhanced by an inability to cover some shifts that were escalated to temporary staffing. A decision has now been made to revert to previous staffing templates. Some of the over-fill on HCA shifts relates to changes in skill mix to support RN shortfalls but the majority of over-fill is due to patients' who required 1:1 care for some of

the shifts during May. Ward 26 has an overfill on HCA days and nights and is due to patients' who required 1:1 care for some of the shifts. This overfill also supported the RN under-fill. On Ward 26 the overfill on HCA days and nights is due to patients' who required 1:1 care. This overfill also supported the RN under-fill. On the Surgical Assessment Unit, there is overfill of HCA on both days and nights. On days this relates to patients who required 1:1 care. On nights this was not only due to patients who required 1:1 care but also related to hospital capacity issues and the requirement for increased HCA support due to the 'additional patients' in the SAU ambulatory care area. It must also be noted that this area has 39% RN vacancies. The breakdown of this data is presented in Appendix 2 Scheduled Care Group Staffing Data showing fill rates % for May 2017.

The Trust monitors on a monthly basis the number of 'did not attend' and late cancellations by agency staff. This obviously has a huge impact on wards where their establishments are being supported by the use of agency staff either to fill a vacancy or to cover short term sickness. When agency staff do not arrive on duty, this is recorded on eRoster and the bank staff office are informed and requested to establish from the agency why the member of staff has not arrived on shift.

3.3 Women and Children's Care Group

A report was not received for this care group.

3.4 Maternity Services Percentage Compliance

On Ward 22 the midwife night cover variance was due to sickness and all shifts were then covered from delivery suite. Women's Services Assistant (WSA) night cover variance again was due to sickness, these were covered by bank staff who have unfortunately now been taken off the bank so we are waiting for them to be reinstated to the bank in order to allocate the shifts to them. On Ward 24, there is little variance on the delivery suite, however, staffing levels were only maintained during the month of May 17 through various escalations and redeployment of staff from other areas of the service.

Midwifery staffing within the Wrekin Midwife Led Unit (MLU) was lower than planned due to high levels of sickness and some vacancy. In addition staff were re-deployed to the consultant unit during times of escalation, hence the variance. Royal Shrewsbury Hospital MLU was short of 10 x 7.5 hour shifts due to vacancies and sickness, the antenatal clinic was combined with the Day Assessment Unit (DAU) therefore the women attending were seen by the duty midwife, in the interest of maintaining patient safety. Staffing numbers are decrease for Bridgnorth Midwife Led Unit and Ludlow Midwife Led Unit – (MLU) for RM nights due to temporary 'suspension of services'. All available rostered staff was redeployed to the consultant unit due to on-going escalation. There are several reasons for the variance in Oswestry MLU, the midwife day shifts were converted to 9-5 rather than 12 hour shifts, the midwife night shifts were not covered due to the 2.0 WTE vacancy and the WSA days and were not covered due to the redeployment of staff during suspensions of service arising out of repeated escalation. Annual leave was taken as allowed. The breakdown of this data is presented in Appendix 3 Maternity Services Staffing Data showing fill rates % for May 2017.

Current operational and external pressures affecting staffing levels

- With the decline in MLU deliveries and the requirements of the CU to deliver 1:1 care in labour, the operational pressure on the staffing of the consultant unit has increased despite the actions already taken with the increase of the staffing template from 6 WTE to 7 WTE and the introduction of the Obstetric triage area.
- Operational pressures are managed through the Care Group Escalation Policy as midwifery practice will show extreme troughs and peaks of activity with peak activity affecting the antenatal ward; labour ward and post natal ward all at the same time.
- The Care Group Escalation Policy is designed to ensure that there is sufficient midwifery staff to support CU activity during peaks in activity by "pulling in" staff from the on-call and community midwives. The effect of this support to the high risk area during escalation by community or MLU midwives is disruption to the working of the community services and loss of the MLU capacity to antepartum and post natal care during the time of escalation. The subsequent effect is re-scheduling of non-urgent community activity

affecting patient experience. The Escalation Policy is being used with increasing frequency.

- Staff are moved from within the service to different areas, sometimes at short notice.
- Increased external media scrutiny and coverage has left staff feeling vulnerable and as a result overtime and excess hours (used to cover sickness and back fill maternity leave) has fallen in one month by 30% - this has further increased the pressures on staff and has resulted in increased periods and length of escalation.

Staffing related DATIX reports

- There were 3 Datix incident report regarding staffing issues during May 17 all of which relate to redeployment of staff to cover short term sickness.

Current Actions and Assurances to mitigate staffing risk

The Care Group is undertaking a number of steps to mitigate the risk presented by current staffing issues.

- Risk Register paper – approved – Risk score = 20
- Birthrate Plus review of staff now complete – will be incorporated in to workforce plan – due end July 2017
- Internal agreement to over recruit staff – 9 WTE
- Agreed preceptorship programme for newly qualified midwives – 8 WTE
- Workforce Plan is in progress
- Transitional Models Paper approved by Trust Board – 29.06.17
- Transitional Model Updates to Executives fortnightly from 07.07.17
- Key leadership membership of CCG MLU Review Board – due September 2017
- Key leadership membership of CCG Local Maternity Systems (LMS) Programme Board

Forward Plan July 2017

- Submission of Staffing Data Report (June report)
- Update on Transitional Model Paper for Executives
- Complete Workforce Plan to include Birthrate Plus recommendations
- Staff Meetings

4.0 Nursing Agency Costs

4.1 Unscheduled Care Group

The following tables (Table 1 and 2) show the Nursing agency cost cap per Ward for Unscheduled Care Group.

The 1st Column (Agency £%) for each Month is the percentage of total (Bands 5 & 6) nursing costs that was agency – e.g. in May 18.1% of the care groups spend on B5 and 6 Nursing was through agency. The 2nd Column (Agency WTE%) for each Month is the percentage of total (Bands 5 & 6) nursing WTE that was agency – e.g. in May 18.1% of the care groups employed WTE (inclusive of those on A/L etc) were agency staff.

Table 1 Unscheduled Care Agency Costs as a percentage of Total Nurse Expenditure (RNs only)

Wards	March		April		May	
	Agency £ %	Agency WTE %	Agency £ %	Agency WTE %	Agency £ %	Agency WTE %
Ward 22S Stroke RSH	12.1%	4.9%	0.0%	0.0%	0.3%	0.0%
Ward 16 – Stroke Rehab	0.0%	0.0%	0.0%	0.0%	8.0%	4.4%
Ward 17 - Care of the Elderly PRH	34.1%	26.1%	21.8%	11.7%	23.4%	13.7%
Ward 15 - Acute Stroke Unit	16.8%	4.5%	5.0%	2.7%	16.5%	9.8%
Ward 27 Respiratory RSH	38.5%	21.7%	58.4%	38.2%	51.8%	36.1%
Ward 24C CCU RSH	20.8%	10.3%	16.9%	9.0%	13.4%	10.1%
Ward 6 CCU PRH	28.1%	20.0%	33.3%	21.8%	31.1%	21.5%
Ward 32 Short Stay Medical RSH	5.1%	3.1%	6.0%	2.1%	4.1%	2.1%
Ward 29 & 30 AMU RSH	44.9%	28.2%	46.6%	27.1%	42.7%	26.8%
AMU PRH	13.3%	8.0%	14.1%	6.4%	16.5%	8.2%
Accident & Emergency - Shrewsbury	18.4%	9.1%	15.7%	6.9%	18.3%	9.4%
Accident & Emergency - Telford	22.1%	12.8%	24.2%	12.7%	22.5%	12.9%
Ward 9 Respiratory PRH	11.6%	5.9%	0.0%	0.0%	8.7%	5.0%
Ward 7 Short Stay Medical PRH	9.9%	3.8%	0.0%	0.0%	19.5%	10.8%
Ward 28 Gen Med (Nephrology) RSH	31.4%	19.1%	38.3%	21.9%	46.2%	30.1%
Ward 4 Gastro/medical PRH)	44.3%	34.3%	49.7%	33.0%	37.1%	25.6%
Escalation Ward RSH	65.0%	67.4%	77.4%	66.6%	80.3%	57.5%
Ward 11 – Escalation Ward PRH	82.4%	86.6%	80.0%	75.2%	0.0%	0.0%
A&E PRH	97.2%	95.0%	93.7%	88.4%	90.5%	82.9%
Escalation - A&E RSH	96.6%	94.2%	97.7%	95.1%	97.5%	95.3%
Escalation - AMU PRH	69.6%	64.0%	90.8%	86.1%	97.6%	96.7%
Escalation - AMU RSH	96.7%	94.3%	0.0%	0.0%	100.0%	0.0%
Escalation - Ward 7 PRH	76.6%	70.0%	73.2%	66.0%	76.2%	68.4%
Ward 31 – Escalation RSH	65.3%	55.4%	84.5%	71.1%	93.9%	87.6%
Grand Total	31.4%	21.0%	31.3%	18.0%	31.0%	18.1%

Whilst the total Agency WTE has reduced during this period, due to the closure of Ward 11SD this reduction should have been greater however there have been a number of staff leave which has maintained the dependency on Agency staff.

Whilst the WTE percentage of Agency staff has reduced this is not reflected in the £ percentage which suggests that there has been an increase in the use of higher cost agencies to provide clinical cover.

Control measures for off-framework approval have been reinstated during June 2017 in order to aim to reduce the forecasted agency spend.

The escalation beds on Ward 21SD remained open during May 2017 which exceeded the original plan. The roster which commenced with week 8 was approved with 11 days' notice due to uncertainty regarding closure. This impacted upon the bank fill rate for this roster period (weeks 8 – 11) increasing the dependency upon RN agency staff, reflect in the table below.

Table 2 Unscheduled Care Group Bank fill rate for May 2017 showing an increase in the dependency upon RN agency staff

Temporary Staffing Cover	Number of Duties	% of Total Temporary Staffing Cover
Bank	43	42%
Framework Agency	19	18.5%
Framework Agency working above agreed cap	15	14.5%
Off-Framework Agency	26	25%
Total	103	100%

4.2 Scheduled Care Group

Nursing agency costs cap per ward – Scheduled Care

The following table (Table 3) shows the Nursing agency cost cap per Ward for Scheduled Care Group.

Table 3 Scheduled Care Nurse Agency Costs as a percentage of Total Nurse Expenditure

	May 17 %
Ward 8	13.3
Ward 10	7.6
Ward 11	5.8
ITU/HDU PRH	0.8
22T/O	23.7
Ward 23	4.5
Ward 25	22.1
Ward 26 V/ICA	22.3
Ward 26 U	28.1
Short Stay DSU	11.1
SAU	30.7
ITU/HDU RSH	1.8
Overall	14.6

4.3 Women and Children's Care Group

A report was not received for the care group.

4.4 Maternity Services

No data was submitted in the report for the care group.

5.0 Ward Management Days

5.1 Unscheduled Care Group - Ward Management Days

Wards and Departments

Ward Managers are required to work two clinical duties per week which equates to 40% of their total work time. Within a number of the Wards there is an increase in the number of clinical duties being covered by Ward Managers due to short notice sickness absence, shifts being uncovered by Bank or Agency staff and Agency staff failing to attend for duty.

Table 4 Number of management and clinical hours worked per ward area within Unscheduled Care Group for May 2017

Site	Ward / Department	Total Hours worked	Management Hours	Clinical Hours	% of clinical hours worked against the total
PRH	Ward 4	150	82	68	45.3%
PRH	Ward 6	120.75	55	65.75	54.5%
PRH	Ward 7	156	105	51	32.7%
PRH	Ward 9	131.7	60	71.7	54.4%
PRH	Ward 15	161.25	43	118.25	73.3%
PRH	Ward 16	124	89	35	28.2%
PRH	Ward 17	125	67.5	57.5	46.0%
PRH	Renal Unit	132.75	107.25	25.5	19.2%
RSH	Ward 22SR	102.5	102.5	0	0.0%
RSH	Ward 24	154.5	94	60.5	39.2%
RSH	Ward 27	97	55	42	43.3%
RSH	Ward 28	117	117	0	0.0%
RSH	Ward 32	151.5	105.5	46	30.4%
RSH	Renal Unit	143.25	143.25	0	0.0%
Total	Total	1867.2	1226	641.2	33.3%

On Ward 7 (PRH) AND Ward 28 (RSH) THE Ward Managers were absent due to sickness during May 2017 and the number of clinical and management hours for these areas has been taken from the planned roster and the duties they were due to work.

Within Ward 22SR (RSH) the Ward Manager is part time at 0.6 WTE and the agreement within this area is that they complete management time only.

Ward 27 (RSH) had a vacant Ward Manager post at the beginning of May 2017, a Band 6 has now been seconded into this position and the transition between the changes in roles occurred during May 2017.

Within Ward 32 (RSH) the Ward Manager is overseeing Ward 21 which is open as escalation with no substantive nursing team, whilst this support is in place it has been agreed that there can be a reduction in the number of clinical hours worked.

Ward 16 (PRH) the Ward Manager worked less clinical hours during May 2017 as she worked 65% of her hours clinically during April 2017 to support the Ward.

A&Es and AMUs

Emergency Managers are required to work one clinical duty per week which equates to 20% of their total work time.

Table 5 Number of management and clinical hours worked per ward area within Accident and Emergency and Acute Medical Unit Unscheduled Care Group for May 2017

Site	Ward / Department	Total Hours worked	Management Hours	Clinical Hours	% of clinical hours worked against the total
PRH	A&E	151	115.5	35.5	23.5%
RSH	A&E	142.67	133.5	9.17	6.4%
PRH	AMU	117	83	34	29.1%
RSH	AMU	147.5	126	21.5	14.6%
Total	Total	558.17	458	100.17	18.4

5.2 Scheduled Care Group - Ward Management Leadership Days (supervisory status)

The ward leadership days are recognised as vital to providing high levels of care. There is some variability across the trust with the percentage taken. The variability is due to short term sickness and vacancy rates. Senior Sisters on the acute wards are supervisory to the ward establishment.

Within all the wards the increase in ward Clinical shifts for the ward sisters is due to short notice sickness, Bank or agency unable to fill the shift or redeployment of staff to ensure safe staffing numbers.

Table 6 Number of management and clinical hours worked per ward area within Scheduled Care Group for May 2017

Site	Ward / Department	Total Hours worked	Management Hours	Clinical Hours	% of clinical hours worked against the total
PRH	Ward 8	144	90	54	38.0%
PRH	Ward 10	141	79	62	44.0%
PRH	Ward 11	151	54	97	64.0%
PRH	ITU/HDU	128	84	44	35.0%
RSH	Ward 22T/O	122	33	89	72.0%
RSH	Ward 23	172	146	26	15.0%
RSH	Ward 25	142.5	64	78.5	56.0%
RSH	Ward 26V	151	69	82	54.0%
RSH	Ward 26U	138	82	56	40.0%
RSH	SAU	126	84	42	39.2%
RSH	ITU/HDU	85	61	24	33.0%

5.3 Women and Children's Care Group

A report was not received for the care group.

5.4 Maternity Services

No data was submitted in the report for the care group.

6 Vacancies

6.1 Nurse vacancies within Unscheduled Care Group

Within Unscheduled Care Group the vacancy rate in May 2017 was 49.1 Whole Time Equivalent (WTE) permanent RN vacancies with 5.8 WTE permanent HCA vacancies however of the HCA vacancies only Wards 4 and 28 have a vacancy of 1.0 WTE or greater. There are a number of fixed term vacancies within Unscheduled Care, 48.42 WTE fixed term RN vacancies and 29.18 WTE fixed term HCA vacancies.

The Matrons and Ward Managers within Unscheduled Care are continuing to actively support the trust recruitment events.

(Appendix 4. Table showing the percentage of Bank Staff, Agency Staff, Permanent Vacancies and fixed term vacancies against Quality Metrics for Unscheduled Care Group, May 2017)

6.2 Nurse vacancies within Scheduled Care Group

The Head of Nursing, Matrons and Ward/Department Managers, supported by the recruitment Team are continuing to proactively monitor and recruit to vacancies in all areas.

Table 7 Registered Nurse Vacancy Position Scheduled Care, May 2017

	CURRENT WTE PERMANENT	CURRENT WTE TEMPORARY	TOTAL
PRH	16.55	4.0	20.55 (10.6%)
RSH	41.59	8.39	49.98 (15.5%)
TOTAL	58.14	12.39	70.53(13.7%)

Table 8 HCA Vacancy Position Scheduled Care, May 2017

	CURRENT PERM	CURRENT TEMP	TOTAL
PRH	7.66	3.4	11.06(11.9%)
RSH	6.97	3.15	10.12 (7%)

TOTAL	14.63	6.55	21.18 (8.9%)
--------------	-------	------	--------------

Current areas of concern within Scheduled Care have been highlighted by the Head of Nursing for Scheduled Care and are listed as follows:

PRH

Theatres 11.33 WTE

RSH

SAU 11.33 WTE

Ward 22T/O 8.4 WTE

Ward 25 7.39 WTE

Theatres 7.33 WTE

Currently unable to access the data but we are working with the eRostering team to develop a template to show the percentage of Bank Staff, Agency Staff, Permanent Vacancies and fixed term vacancies against Quality Metrics for Scheduled Care Group as we move forward.

6.3 Women and Children’s Care Group

A report was not received for the care group.

6.4 Maternity Services

No data was submitted in the report for the care group.

7 Quality Metrics

Quality metrics such as falls, pressure ulcers and friend and family data is inputted monthly into the quality dashboard.

In order to display the data usefully for ease of analysis per ward the current dashboard requires further development so that each ward area and the relevant metrics can be viewed on a page. The dashboard does not allow an overarching holistic break down for each ward within each care group to be viewed as an overview for the care group. This would enable a correlation to be done to determine whether there is a link between these quality metrics in a timely manner. The data presented does not account for a correlation between these quality metrics and staffing data.

7.1 Falls – Unscheduled Care Group

Table 9 Number of falls and falls with significant harm within Unscheduled Care Group, May 2017

	No of falls	No of falls with significant harm
Unscheduled Care May 2017	82	0

All patients have a falls risk assessment completed within two hours of admission or transfer. Falls documentation and assessments are reviewed as part of the RaTE assessments to provide Ward assurance.

To monitor themes and patterns in falls the Unscheduled Care Group Wards and Departments at PRH have introduced measles charts to capture the location of a fall within the Ward and the time of day or night in which the fall occurred. Once sufficient information is captured this can be used by the Ward Manager to help address any concerns and make informed choices on the management of falls risk patients within the area.

(Appendix 5 Unscheduled Care Ward Based Quality Key Performance Indicator Report, May 2017).

7.2. Falls Scheduled Care Group

Table 10 Number of falls and falls with significant harm within Scheduled Care Group, May 2017

	No of falls	No of falls with significant harm
Scheduled Care May 17	38	0

All patients have a falls risk assessment completed within two hours of admission or transfer. Falls documentation and assessments are reviewed as part of the RaTE assessments to provide Ward assurance.

Falls have gone up within scheduled care over the last month, this is particularly noticeable across the surgical areas at RSH but there are no key themes in relation to this.

(Appendix 6 Scheduled Care Ward Based Quality Key Performance Indicator Report, May 2017).

7.3 Pressure Ulcers Unscheduled Care Group

Table 11. Number of Grade 1, 2, 3, and 4 Pressure Ulcers within Unscheduled Care Group, May 2017

	Grade 1 (Unvalidated)	Grade 2 (Unvalidated)	Grade 3	Grade 4
Trust Acquired	4	19	0	0

There is an increase in the number of Grade 2 pressure ulcers reported in May 2017 however these are currently unvalidated.

All patients should have a Waterlow assessment and skin assessment completed within two hours of admission or transfer. Pressure area care documentation and assessments are reviewed as part of the RaTE assessments.

(Appendix 5 Unscheduled Care Ward Based Quality Key Performance Indicator Report, May 2017).

7.4 Pressure Ulcers Scheduled Care Group

Table 12. Number of Grade 2, 3, and 4 Pressure Ulcers within Scheduled Care Group, May 2017

	Grade 2 (Unvalidated)	Grade 3	Grade 4
Scheduled Care Acquired May 17	9	0	0

All patients should have a Waterlow assessment and skin assessment completed within two hours of admission or transfer. Pressure area care documentation and assessments are reviewed as part of the RaTE assessments.

All patients have a Top to Toe skin assessment completed daily to identify any skin integrity issues and ensure appropriate care plans are instigated.

(Appendix 6 Scheduled Care Ward Based Quality Key Performance Indicator Report, May 2017).

7.5 Friends and Family Unscheduled Care Group

The response rate within the Medicine Centre in May 2017 was 41.42% and within the Emergency Centre was 59.49% which are both above the Trust target.

The Trust satisfaction score target is 95% and this was exceeded as an average across Unscheduled Care. There were a number of positive comments by family members received in relation to Dementia care delivered within the Wards and general comments of thanks and appreciation for the caring approach displayed by the nursing teams.

Responses which identified areas for improvement were few and there were no consistent themes. Some areas identified in single responses were the time taken in A&E awaiting a bed, communication with Doctor's was poor, the restaurant opening times are not clearly advertised and patient food choices could be better. This data will be discussed with the relevant teams.

(Appendix 5 Unscheduled Care Ward Based Quality Key Performance Indicator Report, May 2017).

7.6 Family and Friends Scheduled Care Group

The response rate within the Scheduled Care Centres is as follows:

Surgery/Oncology Haematology	28.72 % (29.29 in April)
Head and Neck	45.83% (31% in April)
MSK	43.89% (41.76% in April)
Endoscopy	26% (30% in April)

The satisfaction score target is 95% and this was exceeded as an average across Scheduled Care as below:

Surgery/Oncology Haematology	98.8 %
Head and Neck	97%
MSK	100%
Endoscopy	98%

(Appendix 6 Scheduled Care Ward Based Quality Key Performance Indicator Report, May 2017).

7.7 Women and Children's Care Group

A report was not received for the care group.

7.8 Maternity Services

This data was not presented for the care group.

8.0 Datix Risk Management and Serious Incidents (SI's)

8.1 Staffing related incidents are reported via the Datix Risk Management System. During May 2017 there were 83 datix reported incidents specifically related to nursing staff. This has not been analysed to be able to see whether there is a correlation between the reported incidents and staffing fill rates and need to be addressed as we move forward.

Table 13 Table showing the Number of staffing related incidents reported via the Datix Risk Management System

Speciality	Number of staffing related incidents reported via the Datix Risk Management System
Quality and Safety Directorate (Patient safety, Patient Services and Infection Prevention)	1
Scheduled Care Group	19
Unscheduled Care Group	34
Women and Children's Care Group	29
TOTAL	83

8.2 During May 2017 there were 4 SI's incidents reported. It is not evident that these have nursing staffing as a contributory factor.

8.3 Formal complaints related to staffing are reported by the Head of Patient Experience and Complaints as none. There is a need for a manual piece of work to be undertaken to ascertain whether there is a link between formal complaints related to staffing and harm such as an increase in patient falls and pressure ulcers if this was the case.

9.0 Conclusion

In conclusion, this staffing report has reported on monthly Registered Nurse (RN), Registered Midwife (RM) and Health Care Assistant (HCA) staffing levels across three care groups within Shrewsbury and Telford Hospital NHS Trust. The staffing data allows for an outline of the planned versus the actual nurse and midwifery fill rates for May 2017. The rationale for the variances, gaps, and any actions taken to support safe staffing has been discussed. The impact that this may have on quality and safety outcome measures has not been discussed in this paper but will be looked at as we move forward.

Appendix 1. Unscheduled Care Group Staffing data showing fill rates for May 2017.

Ward name	Day				Night				Day		Night	
	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
AMU - PRH	1866	1852	1658	1369	1782	1796	1069	1070	99.2%	82.6%	100.8%	100.1%
Ward 4	1760	1761	1426	1456	1069	1047	713	918	100.1%	102.1%	97.9%	128.8%
Ward 6 CCU	2142	2061	713	673	1379	1341	356	334	96.2%	94.4%	97.2%	93.8%
Ward 7	1423	1703	1069	1255	713	1035	713	713	119.7%	117.4%	145.2%	100.0%
Ward 9	1851	1686	1426	1458	1069	1071	713	932	91.1%	102.2%	100.2%	130.7%
Ward 15	2182	2125	1426	1505	1426	1398	713	899	97.4%	105.5%	98.0%	126.1%
Ward 16	1391	1281	1069	1066	713	716	713	687	92.1%	99.7%	100.4%	96.4%
Ward 17	2121	1940	1782	1987	1069	1077	1426	1649	91.5%	111.5%	100.7%	115.6%
AMU - RSH	2622	2660	1426	1401	2139	2079	1426	1393	101.4%	98.2%	97.2%	97.7%
Ward 21 SD	885	817	1069	1060	713	676	713	874	92.3%	99.2%	94.8%	122.6%
Ward 22 S/R	2430	2117	2139	2791	1426	1426	1782	2070	87.1%	130.5%	100.0%	116.2%
Ward 24 CCU	2405	2319	1658	1559	1782	1753	713	793	96.4%	94.0%	98.4%	111.2%
Ward 27	2493	2337	2139	2090	1426	1380	1069	1033	93.7%	97.7%	96.8%	96.6%
Ward 28	2132	2005	1782	1787	1426	1414	1069	1066	94.0%	100.3%	99.2%	99.7%
Ward 32 SS	1515	1248	1069	1132	1069	932	713	816	82.4%	105.9%	87.2%	114.4%

Appendix 2. Scheduled Care Group Staffing data showing fill rates for May 2017.

Month / Year	May 2017
--------------	----------

Planned

Nursing, Midwifery and Care Staff Data and Patient Quality Metrics Report		Day								Night								Daily Average	
		Registered nurses / midwives	Registered nurses / midwives	Registered nurses / midwives	Average fill rate - registered nurses / midwives (%)	Care Staff	Care Staff	Care Staff	Average fill rate - care staff (%)	Registered nurses / midwives	Registered nurses / midwives	Registered nurses / midwives	Average fill rate - registered nurses / midwives (%)	Care Staff	Care Staff	Care Staff	Average fill rate - care staff (%)	Registered	Care Staff
Hospital Site	Ward Name	Total monthly planned staff hours	Total monthly actual staff hours	Variance		Total monthly planned staff hours	Total monthly actual staff hours	Variance		Total monthly planned staff hours	Total monthly actual staff hours	Variance		Total monthly planned staff hours	Total monthly actual staff hours	Variance			
PRH	Ward 8 - Head & Neck Adult Ward	941	980	39	104.1%	462	481	19	104.1%	713	708	-5	99.3%	92	92	0	100.0%	102.1%	103.4%
PRH	Ward 10 - Trauma & Orthopaedics	1679	1608	-71	95.8%	1426	1383	-43	97.0%	1069	1030	-39	96.4%	713	991	278	139.0%	96.0%	111.0%
PRH	Ward 11 Orthopaedics	1292	1254	-38	97.1%	899	871	-28	96.9%	713	713	0	100.0%	713	715	2	100.3%	98.1%	98.4%
PRH	ITU/HDU	2688	2300	-388	85.6%	277	277	0	100.0%	2604	2075	-529	79.7%	48	48	0	100.0%	82.7%	100.0%
RSH	Ward 22 - Orthopaedics	1682	1578	-104	93.8%	1426	1401	-25	98.2%	1069	1049	-20	98.1%	1069	1230	161	115.1%	95.5%	105.5%
RSH	Ward 23 - Oncology / Haematology	2009	1712	-297	85.2%	1426	1594	168	111.8%	1426	1393	-33	97.7%	356	483	127	135.7%	90.4%	116.6%
RSH	Ward 25 - Colorectal and Gastroenterology	2203	2007	-196	91.1%	1798	2159	361	120.1%	1426	1353	-73	94.9%	1070	1127	57	105.3%	92.6%	114.6%
RSH	Ward 26 - Surgical / ICA	1139	1058	-81	92.9%	899	1169	270	130.0%	713	687	-26	96.4%	713	851	138	119.4%	94.2%	125.3%
RSH	Ward 26 - Urology	1152	1094	-58	95.0%	713	819	106	114.9%	713	712	-1	99.9%	356	414	58	116.3%	96.8%	115.3%
RSH	Short-Stay Day Surgery	945	935	-10	98.9%	713	644	-69	90.3%	713	679	-34	95.2%	356	332	-24	93.3%	97.3%	91.3%
RSH	Short-Stay Day Surgery Escalation		74				23				92				68		#DIV/0!		
RSH	Short-Stay Day Surgery to report via UNIFY		1009	1009	#DIV/0!		667	667	#DIV/0!		771	771	#DIV/0!		400	400	#DIV/0!		
RSH	Surgical Assessment Unit (SAU)	2397	2401	4	100.2%	1782	1978	196	111.0%	1782	1768	-14	99.2%	1069	1803	734	168.7%	99.8%	132.6%
RSH	ITU/HDU	3454	2878	-576	83.3%	312	305	-7	97.8%	3348	2662	-686	79.5%	0	0	0	#DIV/0!	81.4%	97.8%

Trustwide	65569	66848		102.0%	40432	43417		107.4%	48250	49624		102.8%	25941	29509		113.8%	102.3%	109.9%
-----------	-------	-------	--	--------	-------	-------	--	--------	-------	-------	--	--------	-------	-------	--	--------	--------	--------

Fill Rate Key
<80%
80% to 94.9%
≥95%

Appendix 3. Maternity Care Group Staffing Data showing fill rates May 2017.

Nursing, Midwifery and Care Staff Data and Patient Quality Metrics Report

Nursing, Midwifery and Care Staff Data and Patient Quality Metrics Report		Day								Night							
		Registered nurses / midwives	Registered nurses / midwives	Registered nurses / midwives	Average fill rate - registered nurses / midwives (%)	Care Staff	Care Staff	Care Staff	Average fill rate - care staff (%)	Registered nurses / midwives	Registered nurses / midwives	Registered nurses / midwives	Average fill rate - registered nurses / midwives (%)	Care Staff	Care Staff	Care Staff	Average fill rate - care staff (%)
Hospital Site	Ward Name	Total monthly planned staff hours	Total monthly actual staff hours	Variance		Total monthly planned staff hours	Total monthly actual staff hours	Variance		Total monthly planned staff hours	Total monthly actual staff hours	Variance		Total monthly planned staff hours	Total monthly actual staff hours	Variance	
PRH	Ward 21 - Postnatal Maternity	1172	1154	-18	98.5 %	1116	1106	-10	99.1%	1116	1068	-48	95.7%	744	735	-9	98.8%
PRH	Ward 22 - Antenatal Maternity	858	829	-29	96.6 %	372	362	-10	97.3%	744	657	-87	88.3%	372	349	-23	93.8%
PRH	Ward 24 - Delivery Suite Maternity	2719	2709	-10	99.6 %	1116	1034	-82	92.7%	2604	2588	-16	99.4%	1116	1073	-43	96.1%
PRH	Wrekin Maternity	1011	923	-88	91.3 %	606	500	-106	82.5%	744	670	-74	90.1%	372	374	2	100.5%
RSH	Shrewsbury Midwife-Led Unit	896	849	-47	94.8 %	372	372	0	100.0 %	372	372	0	100.0%	372	372	0	100.0%
Bridgnorth	Bridgnorth Midwife-Led Unit	413	407	-6	98.5 %	356	352	-4	98.9%	372	301	-71	80.9%	356	358	2	100.6%
Ludlow	Ludlow Midwife-Led Unit	429	412	-17	96.0 %	356	359	3	100.8 %	372	277	-95	74.5%	356	345	-11	96.9%
Oswestry	Oswestry Midwife-Led Unit	462	445	-17	96.3 %	372	355	-17	95.4%	372	339	-33	91.1%	372	375	3	100.8%

Appendix 4. Table showing the percentage of Bank Staff, Agency Staff, Permanent Vacancies and fixed term vacancies against Quality Metrics for Unscheduled Care Group May 2017.

Ward name	RN average fill rate (Day and Night Combined%)	HCA average fill rate (Day and Night Combined%)	% Bank Staff on Wards	% Agency Staff on Wards	Permanent vacancies (WTE)	Fixed term vacancies (WTE)	Action taken to ensure safe care	Falls with significant harm	Pressure damage grade 3 and above	Friends and family test recommendation %
Ward 24 CCU	96.4%	99.2%	RN 15.2% HCA 14.3%	RN 15.4% HCA 3.9%	RN 2.394 HCA 0	RN 5.0 HCA 2.0		0	0	100%
Ward 27	93.7%	97.4%	RN 11.5% HCA 22.6%	RN 39.3% HCA 2.9%	RN 10.374 HCA 0.667	RN 3.68 HCA 5.17	Respiratory study days held for staff on Ward 27 to enhance knowledge and skills.	0	0	100%
Ward 28	94.0%	100.1%	RN 8.7% HCA 18.8%	RN 34.4% HCA 4.3%	RN 6.35 HCA 1.34	RN 2.31 HCA 2.84		0	0	100%
Ward 32 Short Stay	82.4%	109.3%	RN 18.5% HCA 23.8%	RN 3.2% HCA 0%	RN 0.62 HCA 0.06	RN 2.52 HCA 1.72	Ward 32SS introduced #endPjparalysis to SATH	0	0	94%
Ward 9	91.1%	111.7%	RN 10.2% HCA 23.4%	RN 6.3% HCA 10.4%	RN 3.8 HCA 0.47	RN 1.0 HCA 0	Active recruitment for current vacancies.	0	0	97%
Ward 15	97.4%	112.4%	RN 15.7% HCA 31%	RN 12.2% HCA 4%	RN 4.841 HCA 0.17	RN 3.37 HCA 0	RNs rotated to cover Stroke CNS vacancy which has been appointed into mid June 2017.	0	0	95%
Ward 16	92.1%	98.4%	RN 9.9% HCA 5.2%	RN 5.3% HCA 0%	RN 1.357 HCA 0.334	RN 1.387 HCA 0	Ward currently going through Exemplar. Raising awareness on fluid balance chart completion.	0	0	100%
Ward 17	91.5%	113.3%	RN 8.8% HCA 30.4%	RN 17.5% HCA 2.9%	RN 2.505 HCA 0.154	RN 2.023 HCA 5.21	Raising awareness of protected meal times to become a champion Ward.	0	0	98%
AMU - RSH	101.4%	98.0%	RN 10.9% HCA 35.1%	RN 31.9% HCA 4.9%	RN 3.96 HCA 0.16	RN 5.61 HCA 5.06	Professional Development role introduced to support RNs working within AMU. AMU study days held to develop staff within the area.	0	0	91%
Ward 21 Supported Discharge	92.3%	108.5%	RN 32.8% HCA 54.7%	RN 44.4% HCA 6%	NA	NA	RNs are being moved on a daily basis from USC Wards to provide substantive cover on Ward 21SD.	0	0	0
Ward 22 S/R	87.1%	124.0%	RN 10% HCA 21.2%	RN 8.1% HCA 4.7%	RN 3.675 HCA 0.187	RN 2.6 HCA 2.0		0	0	100%
AMU - PRH	99.2%	89.4%	RN 4.6% HCA 5.6%	RN 9.6% HCA 0.5%	RN 1.03 HCA 0.113	RN 4.39 HCA 0.42	RN rotated to ED (PRH) to provide support. RN seconded to AMU (RSH) to provide support.	0	0	100%
Ward 4	100.1%	111.0%	RN 15% HCA 41%	RN 26.3% HCA 9.1%	RN 6.217 HCA 1.27	RN 2.0 HCA 1.92	20 minute training sessions each week for staff with a focus on medicines management.	0	0	100%
Ward 6 CCU	96.2%	94.2%	RN 15.3% HCA 6.5%	RN 28.7% HCA 1.1%	RN 1.25 HCA 0.054	RN 10.33 HCA 1.84	Ongoing recruitment with 7.92 WTE Band 5 RNs due to commence September 2017	0	0	100%
Ward 7	119.7%	110.4%	RN 1.2% HCA 11.6%	RN 11.6% HCA 4.1%	RN 0.76 HCA 0.79	RN 2.2 HCA 1.0	HR are supporting a deep dive into sickness management within the Ward.	0	0	85%

Appendix 5. Unscheduled Care Ward Based Quality Key Performance Indicator Report, May 2017.

Group Level Quality Key Performance Indicator Report																			
Ward		Unscheduled Care																	
Group Manager: Ceri Adamson		MONTH: Jun			TREND													HOME	BACK
Metric	Objectives		Actual	Status	Result	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar		
	Trust	Group																	
Patient Safety	MRSA Bacteraemia	0	0	0	Met	0	0	0	0	0	0	0	0	0	0	0	0		
	MSSA Bacteraemia	2	2	1	Met	0	1	1	0	0	0	0	0	0	0	0	0		
	C. diff (post 72 hr)	2	2	0	Met	1	0	0	0	0	0	0	0	0	0	0	0		
	Non Elective MRSA Screening	95%	95%	91%	Not Met	93%	87%	91%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
	Catheter Associated Urinary Tract Infectio	4	2	3	Not Met	2	1	3	0	0	0	0	0	0	0	0	0		
	VIP Scores	5%	5%	5%	Not Met	7%	8%	5%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
	Grade 3 or 4 PU	0	0	1	Not Met	0	0	1	0	0	0	0	0	0	0	0	0		
	Grade 2 PU (unvalidated)	6	1	11	Not Met	4	20	11	0	0	0	0	0	0	0	0	0		
	VitalPAC - % of obs on time	95%	95%	70%	Not Met	70%	70%	70%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
	Number of falls	98	56	75	Not Met	65	78	75	0	0	0	0	0	0	0	0	0		
	Number of falls resulting in serious harm	1	0	0	Met	0	0	0	0	0	0	0	0	0	0	0	0		
Medication errors	59	25	16	Met	16	16	16	0	0	0	0	0	0	0	0	0			
Clinical Effectiveness	Staffing Fill Rate - Qualified	95%	95%	96%	Met	97%	91.3%	96%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
	Staffing Fill Rate - Non Qualified	95%	95%	97%	Met	99%	95%	97%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
	Nursing appraisal completion	90%	90%	87%	Not Met	90%	86%	87%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
	Statutory Safety Update (stat training)	90%	90%	70%	Not Met	70%	64%	70%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
	Sickness absence	4%	4%	5.37%	Not Met	4.85%	4.38%	5.37%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
	Blood Transfusion Training Compliance	95%	95%	70.59%	Not met	79%	69%	71%											
	RaTE ward self-assessment score	90%	90%	69%	Not Met	70%	81%	69%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
Patient Environment	92%	92%	74.7%	Not Met	71%	79%	75%	0%	0%	0%	0%	0%	0%	0%	0%	0%			
Patient Experience	Safeguarding Referrals	5	0	1	Not Met	0	1	1	0	0	0	0	0	0	0	0	0		
	Same Sex Accommodation Breaches	0	0	0	Met	0	0	0	0	0	0	0	0	0	0	0	0		
	Complaints (number raised in the month)	0		29	Not Met	12	23	29	0	0	0	0	0	0	0	0	0		
	RaTE patient experience score	90%	90%	76%	Not Met	56%	77%	76%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
	Friends and family test score	85	85	94.1	Met	94.4	273.7	94.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
	Number of responses	0	0	1813	Met	2974.0	370.0	1813.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
	Response rate	25.0%	25.00%	43%	Met	37.59%	50.45%	43.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		

Appendix 6. Scheduled Care Ward Based Quality Key Performance Indicator Report, May 2017.

The Nursing dashboard is the overall performance across the Scheduled Care group. Each Ward area has its own dashboard and these are used at the Care Group monthly performance reviews, Centre Meetings and Triangulation meetings to provide the required assurance and provide remedial action plans. The Nursing dashboard details are presented at the Scheduled Care Board meeting, the Trust Infection Prevention and Control meeting and the Trust Challenge and Confirm meetings with details of any actions required.

Ward		Scheduled Care		MONTH: May		Apr	May	Jun	
Group Manager: Louise Gill		Objectives		Actual	Status	Result	Apr	May	Jun
Metric		Trust	Group						
Patient Safety	MRSA Bacteraemia	0	0	0	Met	Met	0	0	0
	MSSA Bacteraemia	2	0	0	Met	Met	0	0	0
	C. diff (post 72 hr)	2	0	3	Not Met	Not Met	3	3	0
	Non Elective MRSA Screening	95%	95%	87%	Not Met	Not Met	93%	87%	0%
	Catheter Associated Urinary Tract Infection	4	1	0	Met	Met	0	0	0
	VIP Scores	5%	5%	7%	Not Met	Not Met	3%	7%	0%
	Grade 3 or 4 PU	0	0	0	Met	Met	0	0	0
	Grade 2 PU (unvalidated)	6	2	9	Not Met	Not Met	10	9	0
	VitalPAC - % of obs on time	95%	95%	92%	Not Met	Not Met	93%	92%	0%
	Number of falls	98	20	38	Not Met	Not Met	28	38	0
Number of falls resulting in serious harm	1	0	0	Met	Met	0	0	0	
Medication errors	59	13	6	Met	Met	10	6	0	
Clinical Effectiveness	Staffing Fill Rate - Qualified	95%	95%	94%	Not Met	Not Met	97%	94%	0%
	Staffing Fill Rate - Non Qualified	95%	95%	107%	Met	Met	106%	107%	0%
	Nursing appraisal completion	90%	90%	87%	Not Met	Not Met	91%	87%	0%
	Statutory Safety Update (stat training)	90%	90%	71%	Not Met	Not Met	76%	71%	0%
	Sickness absence	4%	4%	6.1%	Not Met	Not Met	6.86%	6.13%	0.00%
	Blood Transfusion Training Compliance	95%	95%	72.52%	Not Met	Not Met	74%	73%	
	RaTE ward self-assessment score	90%	90%	92%	Met	Met	85%	92%	0%
Patient Environment	92%	92%	97.6%	Met	Met	96%	98%	0%	
Patient Experience	Safeguarding Referrals	5	0	1	Not Met	Not Met	1	1	0
	Same Sex Accommodation Breaches	0	0	0	Met	Met	0	0	0
	Complaints (number raised in the month)	0		12	Met	Met	8	12	0
	RaTE patient experience score	90%	90%	94%	Met	Met	83%	94%	0%
	Friends and family test score	85	85	98.89	Met	Met	96.6	98.9	0.0
	Number of responses	0	0	448	Met	Met	459	448	0
Response rate	15.0%	15.00%	0.38	Met	Met	36.56%	36.04%	0.00%	

From October 2016 the source of the data to populate ward to board and patient environment will come from the RaTE tool (exemplar self-assessr

END OF REPORT.