

Recommendation <input type="checkbox"/> DECISION <input checked="" type="checkbox"/> NOTE	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">The Trust Board</div> <p>is asked to receive this report and to note</p> <ul style="list-style-type: none"> • The work taking place to review ward nursing establishments against patient acuity and dependency • The corresponding actions that are occurring at an organisational level to support and improve nurse staffing
Reporting to:	Trust Board
Date	29 November 2018
Paper Title	Nursing Staffing review
Brief Description	<p>The nursing establishment review was undertaken during September 2018 for all inpatient wards excluding escalation areas, Paediatrics and Maternity services (Maternity use Birth Rate +).</p> <p>Allocate SafeCare software has been used to inform much of this paper, although reference will be made to NHSI data submission (used as a data source for Model Hospital)</p> <p>This paper (in Information Pack) should be considered in conjunction with the monthly Nursing and Midwifery data paper in Q&S Performance Report</p>
Sponsoring Director	Deidre Fowler, Director of Nursing, Midwifery and Quality
Author(s)	
Recommended / escalated by	Quality and Safety Committee
Previously considered by	Quality and Safety Committee
Link to CQC domain	<input checked="" type="radio"/> Safe <input type="radio"/> Effective <input type="radio"/> Caring <input type="radio"/> Responsive <input type="radio"/> Well-led
Link to strategic objectives	Safest and Kindest
Link to Board Assurance Framework	If we are unable to implement our clinical service vision in a timely way then we will not deliver the best services to patients (RR 668)
Outline of public/patient involvement	None in this paper
Equality Impact Assessment	<input checked="" type="radio"/> Stage 1 only (no negative impacts identified)

	<input type="radio"/> Stage 2 recommended (negative impacts identified) * EIA must be attached for Board Approval <input type="radio"/> negative impacts have been mitigated <input type="radio"/> negative impacts balanced against overall positive impacts
Freedom of Information Act (2000) status	<input checked="" type="radio"/> This document is for full publication <input type="radio"/> This document includes FOIA exempt information <input type="radio"/> This whole document is exempt under the FOIA

Nursing Staffing Review - September 2018

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Executive Summary

This nursing establishment review was undertaken during Sept 2018 for all inpatient wards excluding escalation areas, Paediatrics and Maternity services (Maternity use Birth Rate +). Allocate – SafeCare data has been used to inform much of this paper, although reference will be made to monthly NHSi data submission (used as a data source for Model Hospital).

Registered Nursing staff and Health Care Assistant numbers along with patient acuity data are collected via the SafeCare software application. SaTH uses a pragmatic approach to ensure safe and productive staffing levels using a combination of evidence-based tools, nationally recognised recommendations and appropriate skill mix.

This paper outlines the current position and provides an update on any on-going work and future options to be considered in relation to maintaining safe staffing. It is important that data included in this establishment review should be taken in context as a snapshot of one single month thus; this paper should be considered in conjunction with the monthly Nurse Staffing data submission.

Introduction

NHS Trusts have a duty to ensure safe staffing levels are in place and patients have a right to be cared for by appropriately qualified and experienced staff in a safe environment. These rights are set out within the National Health Service (NHS) Constitution, and the Health and Social Care Act (2012) which makes explicit the Board's corporate accountability for quality.

Demonstrating safe staffing is one of the essential standards that all health care providers must meet to comply with Care Quality Commission (CQC) regulation, Nursing and Midwifery Council (NMC) recommendations and NICE guidelines (2014). The National Quality Board (2016) guidance includes expectations for nursing and midwifery staffing levels to assist local Trust Board decisions in ensuring the right staff, with the right skills are in the right place at the right time.

The Carter report (2015) recommends the implementation of care hours per patient day (CHPPD) as the preferred metric to provide NHS Trusts with a single consistent way of recording and reporting deployment of staff working on inpatient wards. This metric is used to provide data for the 'Model Hospital' dataset.

It is to be acknowledged that all inpatient areas are not included in this report including Paediatrics, Neonates and Inpatient Maternity services

Purpose

This nursing establishment review was undertaken for the following reasons:

- To offer assurance both internally and externally that ward establishments are appropriate to provide safe quality care to patients
- To provide establishment data that will inform the Trust Workforce Strategy
- To deliver Care Quality Commission (CQC) requirements under the domain of quality.
- To support the implementation of the Trust's strategic objectives and Nursing and Midwifery Ambitions.

Skill Mix and Registered Nurse (RN) to Patient ratio (service model)

RN to patient allocation is based on the typical needs of the patients on that ward. In critical care the ratio may be 1:1 for the sickest patients. On general wards the RN to patient ratio is higher, for example 1:6 or 1:8 dependent on the type of service delivered. This service model is based upon guidelines from professional organisations and accreditation bodies.

It is feasible this method may not always accurately reflect the needs of the individual patient as their dependency on nursing input may vary overtime. Or indeed, the service model may not always accurately reflect the needs of the organisation in its duty to ensure services are staffed in the most cost-effective way. Nevertheless, the Royal College of Nursing (RCN) 'Mandatory Nurse Staffing Levels' (2012) and NICE 'Safe Staffing for nursing in adult inpatient wards in acute hospitals' (2014) suggest acute wards must have a planned RN to patient ratio of no more than 1: 8 during the day.

- Table 1 below shows the average RN: PATIENT ratio at SaTH during Sept 2018.

Table 1: Average RN: patient ratio during Sept 2018

Care Group	RN to patient ratio	
	Day	Night
Scheduled Care	1 : 6	1 : 9
Unscheduled Care	1 : 6	1 : 8

A full ward breakdown of the planned versus actual hours worked (fill rate) for the reference period can be found as Appendix 1.

Staffing templates at SaTH have been established using the service model (RN: patient ratio) along with professional judgement regarding the type of service delivered, likely patient flow, dynamics of ward layout and appropriate skill mix of both RN and HCA. However, the national picture suggests skill mix has become gradually diluted as recruitment of registered nursing staff has become increasingly challenging.

- Table 2 below shows the average RN: HCA % at SaTH during Sept 2018.

Table 2: Average RN : HCA % during Sept 2018

Care Group	RN to HCA %	
	Day	Night
Scheduled Care	53 / 47	52 / 48
Unscheduled Care	55 / 45	56 / 44

A full ward breakdown of the planned versus actual hours worked (fill rate) for the reference period can be found as Appendix 1.

NHS improvement (NHSi) data submission – Fill rates

Acute Trusts are required to collate and report staffing fill rates for external data submission to NHSi every month (Sept 2018 data can be seen as appendix 1). Fill rates are calculated by comparing planned hours against actual hours worked for both RN and HCA. Internal

monthly review at Quality and Safety committee scrutinises any ward areas with a combined fill rate below 85% and mitigating action is taken by the nursing teams to balance risk across the organisation.

Factors affecting fill rates include:

- Sickness
- Vacancies
- Enhanced Patient Safety requirements (EPS)

All wards, together with Critical Care, Maternity and Paediatric services are included in the data submission to NHSi. Data submission enables auto-calculation of the actual care hours delivered per patient per day (CHPPD) by comparing the average number of patients in a bed at 23:59hrs to the average number of hours worked by RN, Midwife and HCA over the month. The resulting calculation, although irrespective of patient acuity levels and patient flow details and irrespective of skill mix; does enable a Trust-wide aggregated CHPPD value to be utilised for the Model Hospital dataset.

Care Hours per Patient Day (CHPPD) - Productivity Model

A review of NHS productivity, chaired by Lord Carter, highlighted CHPPD as the preferred metric to provide NHS Trusts with a consistent way of reporting deployment of staff on inpatient wards. CHPPD includes elements of care that are categorised as direct and indirect, some of which may be delivered by Health Care Assistants (HCA). These include:

Direct patient care time	Indirect patient care time
<ul style="list-style-type: none"> • All hands-on care (e.g. assistance with eating and drinking, patient hygiene, administering medication, taking vital sign observations) • Providing one-to-one observation or support to patients (e.g. escorting patients to and from theatre) • All direct communication with patients 	<ul style="list-style-type: none"> • Nursing documentation • Professional discussions to plan patient care • Discharge planning • Communications with patient relatives or carers • Ordering investigations • Shift handovers

CHPPD is a useful means of benchmarking against other NHS Trusts via the Model Hospital website and it is anticipated future comparisons may be made against individual services. However, SaTH data may be uniquely influenced by the maternity services model as Midwife Led Units typically suggest few patients in a bed at 23.59 hours as activity is more pronounced during the day. Consequently, this will inflate the aggregated CHPPD value for the Trust (see appendix 3).

Safer Care Nursing Tool (SCNT) - Acuity and dependency model

In addition to RN to patient ratio, fill rates and CHPPD, the Safer Care Nursing Tool (SCNT) can be utilised to review nursing establishments. SCNT is an evidence-based scoring tool developed to help NHS Trusts measure individual patient acuity and dependency. It is proposed that using SCNT offers greater understanding if **actual** hours match **required** hours.

Designed to be used daily (Monday to Friday) for a 20-day period twice per year, SCNT allows the ward manager to detail individual patient acuity. To capture peak acuity per ward, the acuity score documented at 3pm each day needed to be at the highest level of acuity for a patient who occupied the bed space during the previous 24 hours. Using Lord Carter's

methodology of adding the hours of RNs to the hours of HCAs and dividing the total by every 24 hours of in-patients, the actual CHPPD is calculated to include 22% headroom to encompass statutory training and annual leave. Unlike NHSi data, SCNT applies a multiplier to each level of acuity (i.e. number of 1a's, 1b's etc.) to determine the number of care hours required to care for that patient group. Validated multipliers for each level of acuity can be seen in the table below.

Table 3: SNCT summary of criteria and associated multiplier

Acuity Level	Multiplier	Criteria
Level 0	0.99	Patient requires hospitalisation Needs met by provision of normal ward care
Level 1a	1.39	Acutely ill patients requiring intervention or those who are UNSTABLE with a GREATER POTENTIAL to deteriorate
Level 1b	1.72	Patients who are in a STABLE condition but are dependent on nursing care to meet most or all of the activities of daily living
Level 2	1.97	May be managed within clearly identified/designated beds, requiring resources with the required expertise and staffing level OR may require transfer to a dedicated level 2 unit
Level 3	5.96	Patients needing advanced respiratory support and/or therapeutic support of multiple organs

SCNT allows clinical staff to assess the needs of every individual patient. But as a generic tool, subjective application of SCNT has an expected 10% variation from ward to ward and is not designed to indicate required skill mix. Thus, should be considered as a baseline against which to set staffing levels as other variables need to be taken into consideration. Other variables include:

- Clinical speciality
- Staff capacity, capability, seniority and confidence
- Organisational support and support roles such as therapy services
- High levels of patient flow (such as seen in admission areas)

Allocate SafeCare software

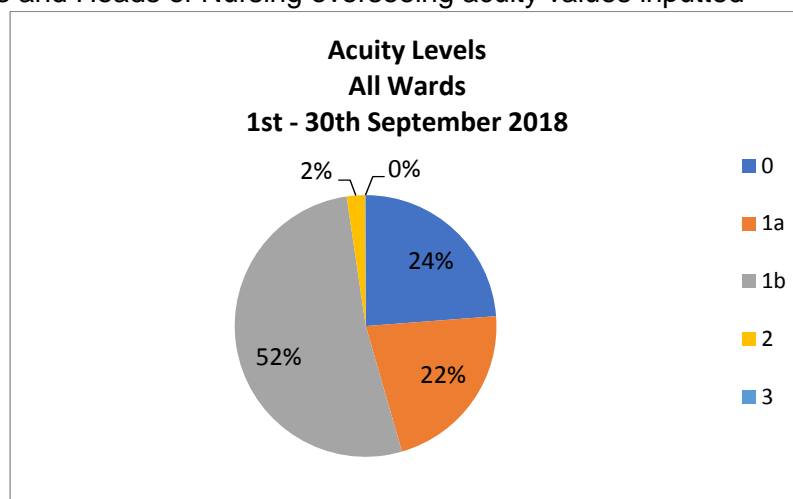
Allocate SafeCare software compares actual staff hours to the required staff hours by applying the SCNT acuity model to the number of patients and number of staff on duty at 07:00hrs and 19:00hrs. Although SCNT is subject to sensitivity and specificity challenges as detailed above, Allocate suggest the software can provide visibility across wards to transform rostering into a daily acuity based staffing assessment with the potential to safeguard safety and promote productivity efficiencies.

Twice daily data capture has not been without data quality issues for reasons which include:

- Peak acuity within the last 24hrs disregarded in order to use the data prospectively.
- Potential errors in E-roster (last minute movement of staff not yet updated)
- Data entry error - System allows partial data capture - subject to missing patient numbers
- Consistent application may be hindered by multiple staff involved in data entry due to scheduling of census period (07:00 – 19:00).

NB: The times of data collection cannot be readily changed as they best suit prospective application of the software in allowing data to inform oncoming shift allocation. To ensure data quality a number of actions are on-going:

- Inter-rater reliability exercises with nursing staff to support consistent application of the tool
- Matrons and Heads of Nursing overseeing acuity values inputted



Data triangulation

The above-mentioned methods of calculating and reviewing nursing establishments have their limitations. There is no existing national workforce tool that can incorporate all factors and thus a combination of statistical methods is recommended to arrive at optimal staffing levels.

Table 4: below shows the three associated measures broken down by care group

Care Group	Fill Rate		Available CHPPD – NHSi data	Actual CHPPD - SafeCare	Required CHPPD - SafeCare
	RN	HCA			
Scheduled	92%	114%	6.3	6.4	6.5
Unscheduled	93%	101%	6.95	6.7	6.9

Links between suboptimal nurse staffing and poor quality have been established. Evidence in the literature associates low staffing levels and poor skill mix ratios to adverse patient outcomes (Rafferty et al. 2007; NPSA 2009). Although nurse sensitive indicators provide a method of monitoring quality of care delivery, it is recommended that any of the above statistical measures **must** be reviewed in conjunction with more qualitative professional judgement methods to increase confidence in recommending staffing levels to provide a balanced assurance (Nurse sensitive indicators for the period under review may be found as Appendix 2).

Nursing Establishment

Wards and units are funded at 20.5% uplift to allow for annual leave, other leave, sickness and study days. An additional 2% maternity leave is held centrally, meaning contracted

figures include temporary posts to cover maternity leave. Within the 20.5% uplift is an allowance for staff training. Essential statutory/mandatory training accounts for 1.0- 1.5% but for new starters and newly qualified staff this can be as high as 7%. Many areas have frequently high number of newly qualified and new starters. This has a significant impact on unavailability. A briefing paper is due to be presented to workforce committee in Nov 2018 and will be presented to the board at a later date. Vacancies are noted in table 5 below.

Table 5: RN and HCA vacancies Sept 2018

	Band 5 & 6 Substantive Variances in SC, USC				Bands 2 - 4 Substantive Variances in SC, USC		
	M6 Substantive WTE Budget	M6 Substantive WTE Contracted	Substantive Variance Budget v Contracted WTE		M6 Substantive WTE Budget	M6 Substantive WTE Contracted	Substantive Variance Budget v Contracted WTE
Scheduled Care	521.48	476.64	44.84	Scheduled Care	267.28	291.21	-23.93
Unscheduled Care	466.67	378.37	88.3	Unscheduled Care	264.89	255.18	9.71
Total	988.15	855.01	133.14	Total	532.17	546.39	-14.22

Trust wide sickness absence was reported as 4% during Sept 2018, sickness is managed through the Sickness Absence Policy in conjunction with HR and monitored through operational performance review.

Care Group analysis

The variation between the funded establishment and actual hours is not the vacancy figure. The variation between funded establishment and required WTE would be the recommended staffing based upon patient numbers and acuity at that time (07:00/19:00hrs). Therefore, it is not aspirational to meet a specific level of care hours required by using data gathered twice daily, but rather to reflect upon what is provided to the patient based upon patient acuity and the number of staff available.

Tables 6 and 7 below demonstrate the required V's actual hours for Scheduled and Unscheduled Care.

Table 6: Actual hours V's required hours Scheduled Care – Sept 2018 (SafeCare data)

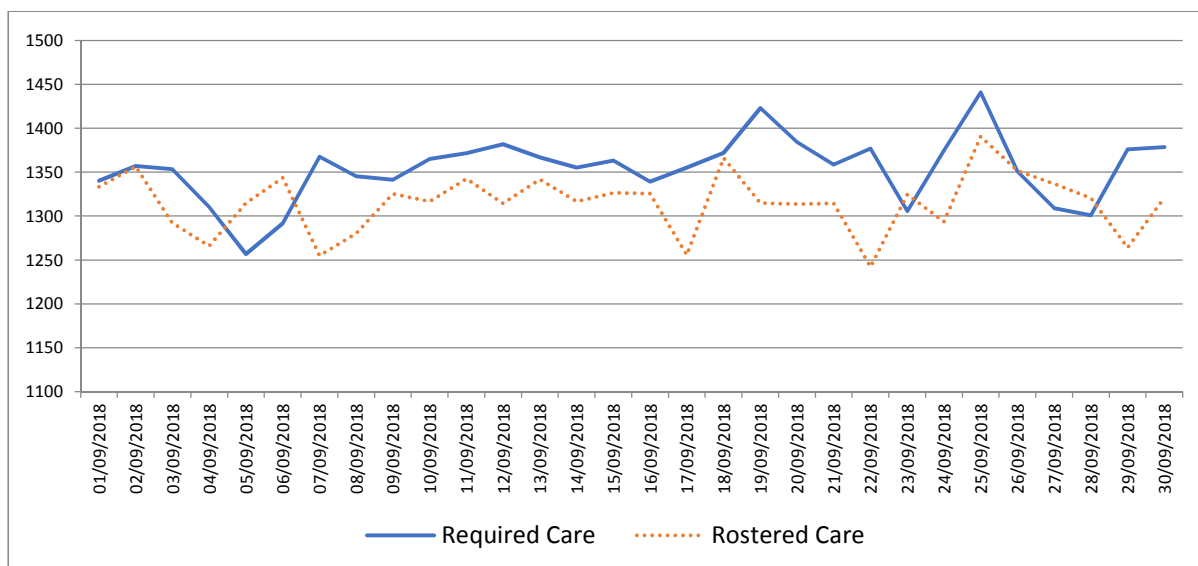
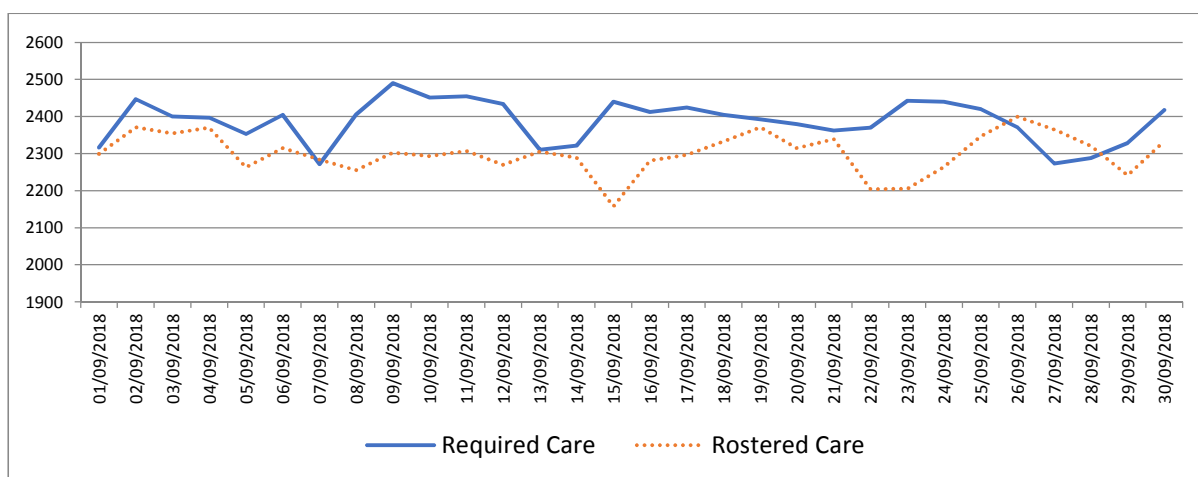


Table 7: Actual hours V's required hours Unscheduled Care – Sept 2018 (SafeCare data)



Conclusion

SafeCare allows for greater depth of analysis, actual staffing hours have been taken from the E-roster and have been broken down to substantive Trust staff and bank and agency for each ward. Please see individual ward analysis as **Appendix 4**

There is clear evidence that sufficient numbers of registered nurses lead to improved patient outcomes, reduced mortality rates and increased productivity (including that of enhancing patient flow). But due to the current labour market the Trust continues to face significant challenges with regard to recruitment and retention of nursing staff. Although much work has been accomplished, particularly that of the nursing associate programme there is an on-going need to ensure the acuity and dependency of patients and the nature and volume of activity is matched with the right number and skill mix of staff to ensure patient safety and quality is maintained. Staffing resource continues to be managed shift by shift by senior nurses to ensure safety in accordance with Trust escalation procedures.

The overall RN fill rate for SaTH during Sept was 93.8% across both Scheduled and Unscheduled Care wards. Nevertheless, it should be recognised that the difference between the funded split of registered nurse (RN) and healthcare assistant (HCA) is different to the actual split because of RN unavailability. The HCA overall fill rate during Sept was 104.5%.

Recommendations

This review has included;

- RN: Patient allocation - but this method may not always accurately reflect the needs of the individual patient.
- CHPPD as recommended by Lord Carter - allows an aggregated figure in order to benchmark against other Trusts.
- SCNT Acuity model - subject to sensitivity and specificity challenges

Throughout the literature regarding nurse staffing/skill-mix reviews, the limitations of any particular system is repeated and the fact that there is no universal solution to guaranteeing safe staffing.

Recommendations from senior nurses within this organisation include:

- Continue to support consistent SafeCare data entry and monitor required V's actual
- continue to develop process to utilise SafeCare data to influence decisions regarding safe redeployment of staff with the live data
- Support to ensure Ward managers to work in a supervisory capacity to lead on quality, patient flow and safe staffing within unscheduled care to reflect Scheduled care in line with the recommendation from Francis (2013)
- Further develop the workforce in relation to Nursing Associate roles to support registered nurses
- Consider extending housekeeper/ward clerk hours to provide greater support on the wards
- Rotation posts advertised to target harder to recruit areas – respiratory
- Exploring a team of Nurse Associates for hard to recruit to areas.
- Cross site working and deployment of staff within cardiology speciality.
- Implementation of Educational Practitioners / development nurse within identified areas.
- Over recruitment of HCA's in areas with increased vacancies
- Exploring a live feed from the PSAG screen to SafeCare – in times of high demand it is ever more likely census data with missing or not be updated in a timely manner.
- Establish Red Flag notifications via SafeCare which can be reported by nursing staff to highlight situations including lack of patient checks, omissions in providing medications and delays in issuing pain relief.
- Continue to explore new ways of working on acute wards following RPIW on pilot ward 25, lead by the workforce team supported by Quality and Safety
- Continue to explore roles/responsibilities with other MDT colleagues for example Therapy assistants based on a ward supporting with personal care as part of re-enablement
- Continue to develop retention strategies
- Consider creating B6 Clinical Development roles within specialities to support, educate and retain newly qualified nurses and to support training and development.

Relevant literature

- Hurst, K (2003) Selecting and Applying Methods for Estimating the Size and Mix of Nursing Teams – A systematic Review commissioned by the Department of Health, Leeds: Nuffield Institute for Health
- National Institute for Health and Clinical Excellence (2014) Clinical guideline 1: Safe staffing for nursing in adult in patient wards in hospitals, London, Department of Health
- National Patient Safety Agency (2009) Quarterly data summary. Issue 13: Learning from reporting – staffing. How do staffing issues impact on patient safety? London, NPSA
- National Quality Board (2016) Supporting NHS Providers to deliver the right staff, with the right skills, in the right place at the right time, NQB, London
- NHS Commissioning Board (2012) Compassion in practice, Nursing, Midwifery and Care Staff. Our Vision and Strategy. Leeds NHSCB
- NICE Guidance on Safer Staffing for nursing in adult in-patient wards in acute hospitals (2012)
- Rafferty, AM. Clarke SP, Coles J, McKee M, Aiken LH (2007) Outcomes of variation in hospital nurse staffing in English Hospitals: a cross sectional analysis of survey data and discharge records. International Journal of Nursing Studies, 44 (2) pp 175-182
- RCN (2010) Guidance on safe nurse staffing levels in the UK, London: Royal College of Nursing
- Safe and Effective Staffing: The Real Picture. UK Policy Report
- Safe and Effective Staffing: Nursing Against the Odds. UK Policy Report
- Safer Nursing Care Tool (2014)
- Safer Staffing Guidance, Trust Development Authority (2015)

Appendix 1 NHSi Data Sept 2018

Safe Staffing (Rota Fill Rates and CHPPD) Collection

Organisation:

RKW

Shrewsbury and Telford Hospital NHS Trust

Please provide the URL to the page on your trust website where your staffing information is available

(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

Only complete sites your
organisation is accountable
for

			Only complete sites your organisation is accountable for		Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
Hospital Site Details		Ward name	Main 2 Specialties on each ward		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 (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	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								
RKWAT	THE PRINCESS ROYAL HOSPITAL - RWKAT	AMU - PRH	300 - GENERAL MEDICINE		1492	1419	1260	1220	1380	1357	1035	1024	95.1%	96.8%	98.3%	98.9%	466	6.0	4.8	10.8
RKWAT	THE PRINCESS ROYAL HOSPITAL - RWKAT	Ward 4	100 - GENERAL SURGERY		1654	1516	1380	1274	1035	929	690	1208	91.7%	92.3%	89.8%	175.1%	737	3.3	3.4	6.7
RKWAT	THE PRINCESS ROYAL HOSPITAL - RWKAT	Ward 6 CCU	320 - CARDIOLOGY		1958	1865	690	659	1380	1335	345	392	95.3%	95.5%	96.7%	113.0%	739	4.3	1.4	5.8
RKWAT	THE PRINCESS ROYAL HOSPITAL - RWKAT	Ward 7	300 - GENERAL MEDICINE		1439	1291	1035	1045	690	663	690	667	89.7%	101.0%	96.1%	96.7%	820	2.4	2.1	4.5
RKWAT	THE PRINCESS ROYAL HOSPITAL - RWKAT	Ward 9	300 - GENERAL MEDICINE		1794	1633	1380	1369	690	919	690	669	91.0%	99.2%	133.2%	97.0%	820	3.1	2.5	5.6
RKWAT	THE PRINCESS ROYAL HOSPITAL - RWKAT	Ward 11	300 - GENERAL MEDICINE		1650	1571	1380	1369	1035	987	690	782	95.2%	99.2%	95.4%	113.3%	820	3.1	2.6	5.7
RKWAT	THE PRINCESS ROYAL HOSPITAL - RWKAT	Ward 15	328 - STROKE MEDICINE		2132	1983	1380	1327	1380	1256	690	839	93.0%	96.2%	91.0%	121.6%	527	6.1	4.1	10.3
RKWAT	THE PRINCESS ROYAL HOSPITAL - RWKAT	Ward 16	314 - REHABILITATION		1373	1331	1035	1121	690	667	690	693	82.4%	108.3%	96.7%	100.4%	538	3.3	3.4	6.7
RKWAT	THE PRINCESS ROYAL HOSPITAL - RWKAT	Ward 17	120 - ENT		1823	1419	1380	1274	1380	1208	690	1052	77.8%	92.3%	87.5%	152.5%	654	4.0	3.6	7.6
RKWAS	ROYAL SHREWSBURY HOSPITAL - RWKAS	AMU - RSH	300 - GENERAL MEDICINE		2189	2390	1380	1413	2070	2036	1380	1322	109.2%	102.4%	98.4%	95.8%	699	6.3	3.9	10.2
RKWAS	ROYAL SHREWSBURY HOSPITAL - RWKAS	Ward 21	300 - GENERAL MEDICINE		1126	1004	1035	967	690	690	702		89.2%	91.4%	100.0%	101.7%	474	3.6	3.5	7.1
RKWAS	ROYAL SHREWSBURY HOSPITAL - RWKAS	Ward 24 CCU	300 - GENERAL MEDICINE		2309	2201	1605	1596	1725	1599	690	850	95.3%	99.4%	92.7%	123.2%	926	4.1	2.6	6.7
RKWAS	ROYAL SHREWSBURY HOSPITAL - RWKAS	Ward 22 RE	300 - GENERAL MEDICINE		2512	2088	2940	2332	1725	1599	690	850	83.1%	79.3%	82.7%	123.2%	1158	3.2	2.7	5.9
RKWAS	ROYAL SHREWSBURY HOSPITAL - RWKAS	Ward 28	300 - GENERAL MEDICINE		2000	1765	1725	1781	1380	1265	1035	1260	88.3%	103.2%	91.7%	121.7%	1004	3.0	3.0	6.0
RKWAS	ROYAL SHREWSBURY HOSPITAL - RWKAS	Ward 32 Short Stay	300 - GENERAL MEDICINE		1357	1011	1035	1056	1035	965	690	827	74.5%	102.0%	93.2%	119.9%	688	2.9	2.7	5.6
RKWAT	THE PRINCESS ROYAL HOSPITAL - RWKAT	Ward 10	300 - GENERAL MEDICINE		1710	1559	1725	1691	1035	1016	1035	1026	91.2%	98.0%	98.2%	99.1%	829	3.1	3.3	6.4
RKWAT	THE PRINCESS ROYAL HOSPITAL - RWKAT	ITU/HDU (PRH)	191 - CRITICAL CARE MEDICINE		2663	2314	180	180	2520	2004	36	36	86.9%	100.0%	79.5%	100.0%	154	28.0	1.4	29.4
RKWAS	ROYAL SHREWSBURY HOSPITAL - RWKAS	Ward 22 O	110 - TRAUMA & ORTHOPAEDICS		1682	1625	1380	1488	1035	937	1035	1338	96.0%	107.8%	90.5%	129.3%	851	3.0	3.3	6.3
RKWAS	ROYAL SHREWSBURY HOSPITAL - RWKAS	Ward 23 O/H	800 - CLINICAL ONCOLOGY		1868	1778	1380	1411	1380	1299	690	702	95.2%	102.2%	94.1%	101.7%	871	3.5	2.4	6.0
RKWAS	ROYAL SHREWSBURY HOSPITAL - RWKAS	Ward 25	100 - GENERAL SURGERY		2214	1992	1740	1853	1380	1292	1035	1092	90.0%	106.5%	93.6%	105.5%	1107	3.0	2.7	5.6
RKWAS	ROYAL SHREWSBURY HOSPITAL - RWKAS	Ward 26 S/ICA/U	100 - GENERAL SURGERY		2255	2056	1560	1637	1380	1288	1035	1147	91.2%	104.9%	93.3%	110.8%	1049	3.2	2.7	5.8
RKWAS	ROYAL SHREWSBURY HOSPITAL - RWKAS	SAU	100 - GENERAL SURGERY		2381	2248	1725	1746	1725	1806	1035	1509	94.4%	101.2%	104.7%	145.8%	1142	3.5	2.9	6.4
RKWAS	ROYAL SHREWSBURY HOSPITAL - RWKAS	ITU/HDU (RSH)	191 - CRITICAL CARE MEDICINE		3378	2832	212	212	2760	2415	0	0	83.8%	100.0%	87.5%	-	210	25.0	1.0	26.0
RKWAT	THE PRINCESS ROYAL HOSPITAL - RWKAT	Ward 19 Childrens	420 - PAEDIATRICS		3105	2795	1035	840	2760	2415	690	495	90.0%	81.2%	87.5%	71.7%	577	9.0	2.3	11.3
RKWAT	THE PRINCESS ROYAL HOSPITAL - RWKAT	Ward 23 NNU	422 - NEONATOLOGY		2476	2458	345	333	2415	2337	345	322	99.3%	96.5%	96.8%	93.3%	357	13.4	1.8	15.3
RKXWMT	THE PRINCESS ROYAL HOSPITAL (MATERNITY)	Ward 21 Postnatal	501 - OBSTETRICS		1413	1502	1440	1426	1035	1050	1035	1032	106.2%	99.0%	101.4%	99.7%	387	6.6	6.4	12.9
RKXWMT	THE PRINCESS ROYAL HOSPITAL (MATERNITY)	Ward 22 Antenatal	501 - OBSTETRICS		724	718	345	332	690	628	345	305	99.2%	96.2%	91.0%	88.4%	296	4.5	2.2	6.7
RKXWMT	THE PRINCESS ROYAL HOSPITAL (MATERNITY)	Ward 24 Delivery Suite	501 - OBSTETRICS		3098	2955	1035	1076	2880	2694	1035	931	95.4%	104.0%	93.5%	90.0%	177	31.9	11.3	43.3
RKXWMT	THE PRINCESS ROYAL HOSPITAL (MATERNITY)	Wrekin Midwife Led Unit	560 - MIDWIFE LED CARE		1020	1018	750	653	690	691	360	368	99.8%	87.1%	100.1%	102.2%	148	11.5	6.9	18.4
RKWAT	THE PRINCESS ROYAL HOSPITAL - RWKAT	Ward 14 Gynaec	502 - GYNAECOLOGY		840	795	345	340	690	679	345	356	94.6%	98.6%	98.4%	103.2%	300	4.9	2.3	7.2

Appendix 2

Nurse sensitive indicators

Although not statistically adjusted for bed occupancy and length of stay this information highlights outlying areas whose indicators are higher than anticipated.

Trust Level Quality Key Performance Indicator Report

GroupAll Wards (excl. Maternity)

Trust Manager:Deirdre Fowler

MONTH:SeptTREND

HOME

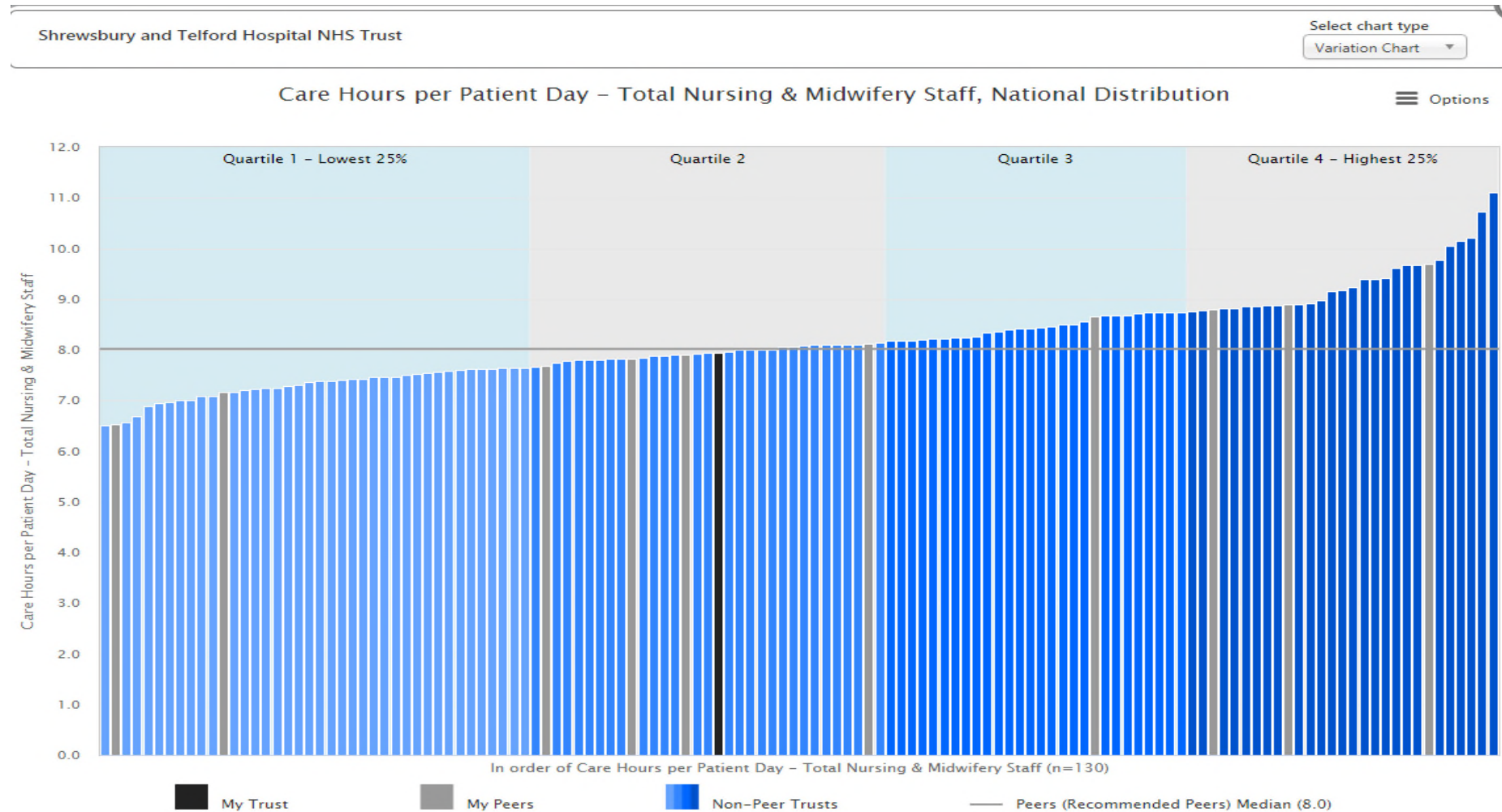
Metric	Objectives		Actual	Status	Result	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
	Trust	Group															
MRSA Bacteraemia	0	0	0		Met	1	1	0	1	0	0	0	0	0	0	0	0
MSSA Bacteraemia	2	2	3		Not Met	1	1	3	2	4	3	0	0	0	0	0	0
C.diff (post 72 hr)	2	2	2		Met	2	2	2	0	2	2	0	0	0	0	0	0
Non Elective MRSA Screening	95%	95%	91%		Not Met	93%	90%	87%	92%	91%	91%	0%	0%	0%	0%	0%	0%
Catheter Associated Urinary Tract Infection	4	3	3		Met	3	2	10	1	3	3	0	0	0	0	0	0
VIP Scores	5%	5%	4%		Met	6%	8%	5%	3%	4%	4%	0%	0%	0%	0%	0%	0%
Grade 3 or 4 PU	0	0	0		Met	0	0	0	0	0	0	0	0	0	0	0	0
Grade 2 PU (unvalidated)	6	6	16		Not Met	15	11	10	11	19	16	0	0	0	0	0	0
VitalPAC - % of obs on time	95%	95%	83%		Not Met	88%	87%	86%	78%	86%	83%	0%	0%	0%	0%	0%	0%
Number of falls	98	98	95		Met	88	110	87	106	93	95	0	0	0	0	0	0
Number of falls resulting in serious harm	1	1	0		Met	0	0	1	0	1	0	0	0	0	0	0	0
Medication errors	59	59	32		Met	38	26	27	28	26	32	0	0	0	0	0	0

Nursing appraisal completion	90%	90%	93%		Met	91.76%	90.7%	90.1%	91.7%	94.2%	93.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Statutory Safety Update (stat training)	90%	90%	78%		Not Met	72%	74%	74%	78%	79%	78%	0%	0%	0%	0%	0%	0%
Sickness absence	4%	4%	4.6%		Not Met	4.15%	4.48%	4.29%	4.79%	4.88%	4.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Blood Transfusion Training Compliance	80%	80%	71.93%		Not Met	71%	72%	71%	72%	73%	72%						
RaTE ward self-assessment score	90%	90%	42%		Not Met	85%	87%	63%	95%	70%	42%	0%	0%	0%	0%	0%	0%
Patient Environment	92%	92%	36.9%		Not Met	96%	75%	77%	83%	83%	37%	0%	0%	0%	0%	0%	0%

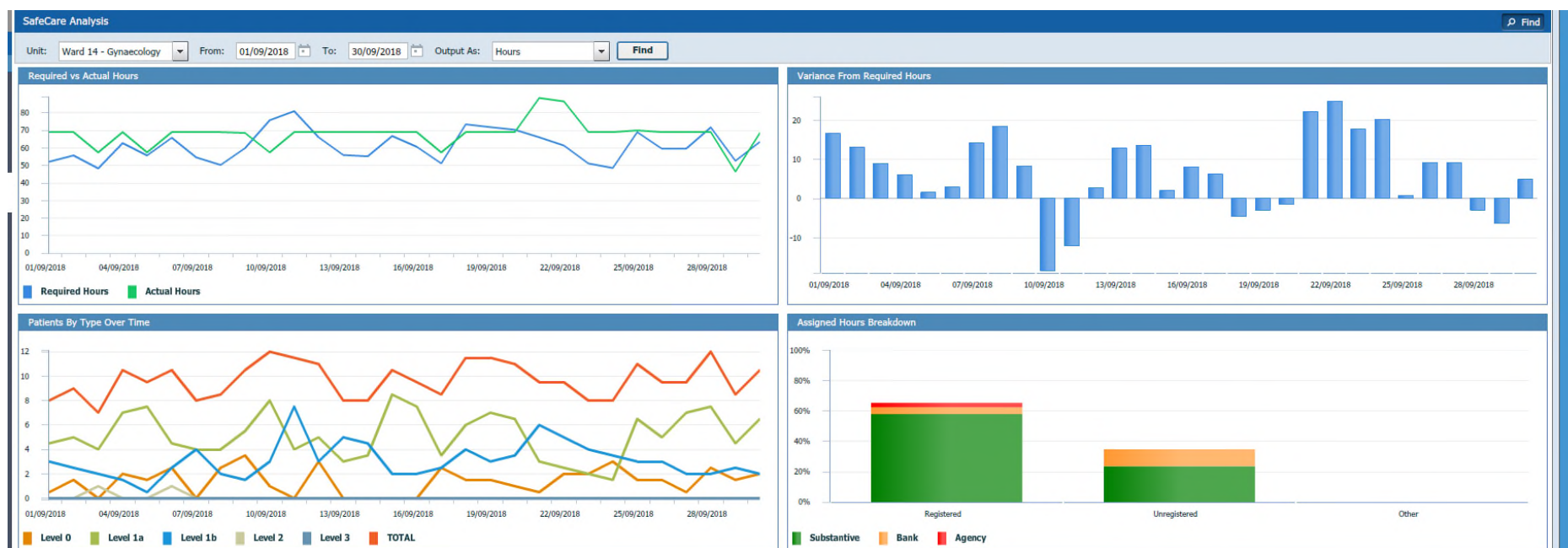
Safeguarding Referrals	5	5	2		Met	3	1	4	2	1	2	0	0	0	0	0	0
Same Sex Accommodation Breaches	0	0	19		Not Met	5	0	0	0	0	19	0	0	0	0	0	0
Complaints (number raised in the month)	0		31		Met	31	29	34	35	27	31	0	0	0	0	0	0
RaTE patient experience score	90%	90%	65%		Not Met	66%	62%	66%	70%	70%	65%	0%	0%	0%	0%	0%	0%
Friends and family test score	85	85	97.55		Met	98.4	97.3	97.9	98.4	98.3	97.5	0.0	0.0	0.0	0.0	0.0	0.0
Number of responses	0	0	2009		Met	2480	2189	2695	2781	2805	2009	0	0	0	0	0	0
Response rate	25.0%	25.00%	20%		Not Met	19.39%	21.40%	23.89%	22.65%	34.27%	19.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Appendix 3

Model Hospital dataset – July 2018 (Sept 2018 data not yet submitted)



Ward 14 WS



Ward 14 inpatient Gynae services is managed through 12 beds and requires 2 RN/1HCA present on the ward to maintain patient safety. The ward is not in a position to reduce the 2:1 ratio to support other inpatient wards where acuity is high.

No vacancies on the ward at the present time

Sickness less than Trust target of 4%

Ward 14 WS nurse sensitive indicators

Ward

Gynae Ward

Ward Manager: Lesley Stokes

MONTH:

Sept

TREND

HOME

BAC

	Metric	Objectives		Actual	Status	Result	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
		Trust	Ward															
Patient Safety	MRSA Bacteraemia	0	0	0		Met	0	0	0	0	0	0	0	0	0	0	0	0
	MSSA Bacteraemia	2	0	0		Met	0	0	0	0	0	0	0	0	0	0	0	0
	C.diff (post 72 hr)	2	0	0		Met	0	0	0	0	0	0	0	0	0	0	0	0
	Non Elective MRSA Screening	95%	95%	87%		Not Met	96%	90%	76%	87%	90%	87%	79%	0%	0%	0%	0%	0%
	Catheter Associated Urinary Tract Infectio	4	0	0		Met	0	0	0	0	0	0	0	0	0	0	0	0
	VIP Scores	5%	5%	5%		Met	6%	10%	4%	2%	3%	5%	1%	0%	0%	0%	0%	0%
	Grade 3 or 4 PU	0	0	0		Met	0	0	0	0	0	0	0	0	0	0	0	0
	Grade 2 PU (unvalidated)	6	0	0		Met	0	0	0	0	0	0	0	0	0	0	0	0
	VitalPAC - % of obs on time	95%	95%	91%		Not Met	93%	92%	89%	67%	91%	91%	92%	0%	0%	0%	0%	0%
	Number of falls	98	1	0		Met	1	2	2	0	1	0	1	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	1	0		Met	0	1	0	0	0	0	0	0	0	0	0	0
Clinical Effectiveness	Nursing appraisal completion	90%	90%	100%		Met	100%	96%	93%	93%	100%	100%	100%	0%	0%	0%	0%	0%
	Statutory Safety Update (stat training)	90%	90%	85%		Not Met	67%	73%	72%	85%	88%	85%	87%	0%	0%	0%	0%	0%
	Sickness absence	4%	4%	3.3%		Met	4.51%	6.18%	2.60%	2.81%	3.47%	3.25%	3.18%	0.00%	0.00%	0.00%	0.00%	0.00%
	Blood Transfusion Training Compliance	80%	80%	75.30%		Not Met	73%	76%	73%	73%	78%	75%	73%	0%	0%	0%	0%	0%
	RaTE ward self-assessment score	90%	90%	0%		Not Met	84%	97%	92%	95%	95%	0%	93%	0%	0%	0%	0%	0%
	Patient Environment	92%	92%	0%		Not Met	97%	97%	94%	97%	97%	0%	97%	0%	0%	0%	0%	0%
Patient Experience	Safeguarding Referrals	5	0	0		Met	0	0	0	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		1		Met	1	1	1	0	1	1	3	0	0	0	0	0
	RaTE patient experience score	90%	90%	95%		Met	87%	93%	90%	98%	95%	95%	91%	0%	0%	0%	0%	0%
	Friends and family test score	85	85	98.00		Met	100.0	100.0	97.9	98.0	97.0	98.0	100.0	0.0	0.0	0.0	0.0	0.0
	Number of responses	0	0	49		Met	47.0	37.0	48.0	66.0	62.0	49.0	54.0	0.0	0.0	0.0	0.0	0.0
	Response rate	25.0%	25.00%	16.00%		Not Met	15%	12%	15%	22%	21%	16%	18%	0%	0%	0%	0%	0%

Ward 22 – Trauma Orthopaedics



- This is an acute trauma ward with typically high acuity levels due to the volume of frail, elderly patients admitted with fractured neck of femur injuries. This is reflected in the number of patients classified with acuity scores 1b.
- 1.43 WTE permanent vacancy, 2WTE maternity vacancy, small amount of agency usage, No HCA vacancies.
- Sickness is 3.1%
- Nurse sensitive and quality outcomes for this ward are captured below:

Ward 22 Trauma Orthopaedics nurse sensitive indicators

Metric	Trust	Ward	Actual	Status	Result	Apr	May	Jun	Jul	Aug	Sept
MRSA Bacteraemia	0	0	0		Met	0	0	0	0	0	0
MSSA Bacteraemia	2	0	0		Met	0	0	0	0	0	0
C.diff (post 72 hr)	2	0	0		Met	0	0	0	0	0	0
Non Elective MRSA Screening	95%	95%	95%		Met	99%	95%	95%	97%	95%	95%
Catheter Associated Urinary Tract Infection	4	1	0		Met	0	0	0	0	0	0
VIP Scores	5%	5%	12%		Not Met	14%	15%	7%	6%	9%	12%
Grade 3 or 4 PU	0	0	0		Met	0	0	0	0	0	0
Grade 2 PU (unvalidated)	6	1	1		Met	0	0	0	3	1	1
VitalPAC - % of obs on time	95%	95%	88%		Not Met	93%	92%	93%	92%	92%	88%
Number of falls	98	4	5		Not Met	1	5	5	8	3	5
Number of falls resulting in serious harm	1	0	0		Met	0	0	0	0	0	0
Medication errors	59	3	2		Met	3	2	2	2	1	2
Nursing appraisal completion	90%	90%	82%		Not Met	79%	90%	97%	97%	91%	82%
Statutory Safety Update (stat training)	90%	90%	81%		Not Met	78%	65%	75%	82%	83%	81%
Sickness absence	4%	4%	3.1%		Met	9.78%	4.31%	2.54%	8.35%	10.02%	3.10%
Blood Transfusion Training Compliance	80%	80%	68.30%		Not Met	56%	61%	72%	73%	72%	68%
% of patients discharged before midday	0%	0%	0%								
Number of FTE for Discharge (daily Ave.)	0	0.000	0								
RaTE ward self-assessment score	90%	90%	97%		Met	80%	88%	0%	91%	96%	97%
Patient Environment	92%	92%	100%		Met	84%	88%	0%	97%	97%	100%
Safeguarding Referrals	5	0	0		Met	0	0	1	0	0	0
Same Sex Accommodation Breaches	0	0	0		Met	0	0	0	0	0	0
Complaints (number raised in the month)	0	0	0		Met	0	0	0	0	1	0
RaTE patient experience score	90%	90%	87%		Not Met	94%	0%	95%	86%	89%	87%
Friends and family test score	85	85	100.00		Met	100.0	100.0	93.9	94.0	96.0	100.0
Number of responses	0	0	14		Met	25.0	27.0	33.0	16.0	23.0	14.0
Response rate	25.0%	25.00%	22%		Not Met	41%	42%	42%	27%	31%	22%

Ward 23 Oncology



- Acute Oncology/Haematology ward – high acuity reflected in the high numbers of 1b patients.
- 4 WTE RN vacancies
- Sickness 5.6%
- Quality patient outcomes/nurse sensitive indicators (see below)

Ward 23 Oncology

	Metric	Trust	Ward	Actual	Status	Result	Apr	May	Jun	Jul	Aug	Sept
Patient Safety	MRSA Bacteraemia	0	0	0		Met	0	0	0	0	0	0
	MSSA Bacteraemia	2	0	0		Met	0	0	0	0	0	0
	C.diff (post 72 hr)	2	0	0		Met	2	0	1	0	1	0
	Non Elective MRSA Screening	95%	95%	89%		Not Met	100%	100%	94%	85%	87%	89%
	Catheter Associated Urinary Tract Infection	4	0	0		Met	0	0	0	0	0	0
	VIP Scores	5%	5%	4%		Met	13%	9%	5%	4%	5%	4%
	Grade 3 or 4 PU	0	0	0		Met	0	0	0	0	0	0
	Grade 2 PU (unvalidated)	6	0	1		Not Met	1	3	1	1	1	1
	VitalPAC - % of obs on time	95%	95%	95%		Met	97%	95%	96%	96%	96%	95%
	Number of falls	98	1	3		Not Met	1	1	3	5	8	3
	Number of falls resulting in serious harm	1	0	0		Met	0	0	0	0	0	0
	Medication errors	59	1	0		Met	3	2	1	2	1	0
Clinical Effectiveness	Nursing appraisal completion	90%	90%	97%		Met	86%	88%	88%	97%	97%	97%
	Statutory Safety Update (stat training)	90%	90%	74%		Not Met	45%	82%	67%	72%	72%	74%
	Sickness absence	4%	4%	5.6%		Not Met	2.03%	4.13%	2.61%	1.20%	0.31%	5.59%
	Blood Transfusion Training Compliance	80%	80%	69.60%		Not Met	67%	74%	75%	77%	70%	70%
	% of patients discharged before midday	0%	0%	0%								
	Number of LFT for bloods (daily Av.)	0	0.00	0								
	RaTE ward self-assessment score	90%	90%	97%		Met	93%	97%	97%	97%	98%	97%
Patient Experience	Patient Environment	92%	92%	99%		Met	97%	99%	100%	100%	99%	99%
	Safeguarding Referrals	5	0	0		Met	0	0	0	0	0	0
	Same Sex Accommodation Breaches	0	0	0		Met	0	0	0	0	0	0
	Complaints (number raised in the month)	0	0	1		Met	0	0	0	0	0	1
	RaTE patient experience score	90%	90%	97%		Met	96%	93%	95%	96%	96%	97%
	Friends and family test score	85	85	97.00		Met	100.0	100.0	96.1	100.0	99.0	97.0
	Number of responses	0	0	77		Met	73.0	107.0	103.0	101.0	120.0	77.0
	Response rate	25.0%	25.00%	83%		Met	94.00%	88.00%	86.55%	90.00%	99.00%	83.00%

From October 2016 the source of the data to populate ward to board and patient environment will come from the RaTE tool (exemplar self-assessment) for general ward areas.

Ward 24- CCU



- 32 bedded mixed sex ward of which 12 endocrine beds and 12 cardiology beds with 8 Coronary care beds.
- Current 6 RN vacancies (21%) requiring support from bank and agency to provide safe staffing levels.
- Patient dependency fluctuates daily when bed base for each speciality flexes as needed.
- Current sickness 8%
- quality patient outcomes below

Ward Ward 24

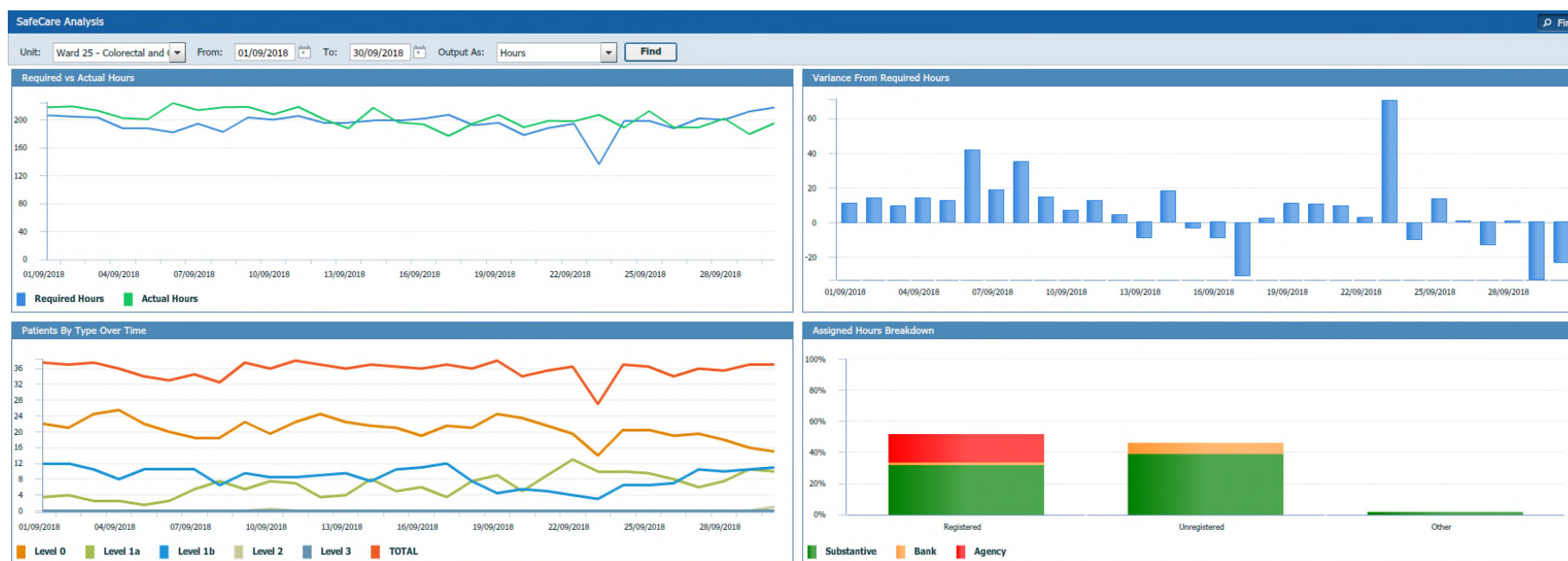
Ward Manager: Claire Edwards

MONTH: **Sept**

TREND  

			Objectives			Month													
Metric			Trust	Ward	Actual	Status	Result	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Patient Safety	MRSA Bacteraemia	0	0	0		Met	0	0	0	0	0	0	0	0	0	0	0	0	0
	MSSA Bacteraemia	2	0	0		Met	0	0	1	0	0	0	0	0	0	0	0	0	0
	C.diff (post 72 hr)	2	0	0		Met	0	0	0	0	0	0	0	0	0	0	0	0	0
	Non Elective MRSA Screening	95%	95%	91%		Not Met	86%	94%	92%	94%	95%	91%	0%	0%	0%	0%	0%	0%	0%
	Catheter Associated Urinary Tract Infection	4	0	0		Met	0	0	0	0	0	0	0	0	0	0	0	0	0
	VIP Scores	5%	5%	4%		Met	4%	3%	2%	7%	3%	4%	0%	0%	0%	0%	0%	0%	0%
	Grade 3 or 4 PU	0	0	0		Met	0	0	0	0	0	0	0	0	0	0	0	0	0
	Grade 2 PU (unvalidated)	6	0	1		Not Met	0	0	0	0	1	1	0	0	0	0	0	0	0
	VitalPAC - % of obs on time	95%	95%	87%		Not Met	92%	83%	85%	87%	86%	87%	0%	0%	0%	0%	0%	0%	0%
	Number of falls	98	2	1		Met	2	4	9	4	3	1	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	0
	Medication errors	59	1	1		Met	1	0	0	1	0	1	0	0	0	0	0	0	0
Clinical Effectiveness	Nursing appraisal completion	90%	90%	100%		Met	51%	78%	95%	95%	100%	100%	0%	0%	0%	0%	0%	0%	0%
	Statutory Safety Update (stat training)	90%	90%	68%		Not Met	59%	64%	64%	65%	70%	68%	0%	0%	0%	0%	0%	0%	0%
	Sickness absence	4%	4%	8.1%		Not Met	12.68%	7.41%	6.06%	9.33%	8.93%	8.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Blood Transfusion Training Compliance	80%	80%	67.60%		Not Met	53%	47%	50%	55%	71%	68%	0%	0%	0%	0%	0%	0%	0%
	% of patients discharged before midday	0%	0%	0%															
	Number of L1R for Discharge (Daily Ave)	0	0.00	0															
	RaTE ward self-assessment score	90%	90%	89%		Not Met	92%	91%	90%	0%	92%	89%	0%	0%	0%	0%	0%	0%	0%
	Patient Environment	92%	92%	94%		Met	94%	92%	89%	0%	94%	94%	0%	0%	0%	0%	0%	0%	0%
Patient Experience	Safeguarding Referrals	5	0	0		Met	0	0	0	0	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	0
	Complaints (number raised in the month)	0	0	1		Met	1	1	0	0	1	1	0	0	0	0	0	0	0
	RaTE patient experience score	90%	90%	96%		Met	91%	89%	95%	86%	90%	96%	0%	0%	0%	0%	0%	0%	0%
	Friends and family test score	85	85	97.00		Met	100.0	100.0	96.2	100.0	100.0	97.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Number of responses	0	0	38		Met	10.0	45.0	53.0	54.0	56.0	38.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Response rate	25.0%	25.00%	31%		Met	10%	35%	41%	41%	37%	31%	0%	0%	0%	0%	0%	0%	0%

Ward 25 – Colorectal / Gastroenterology

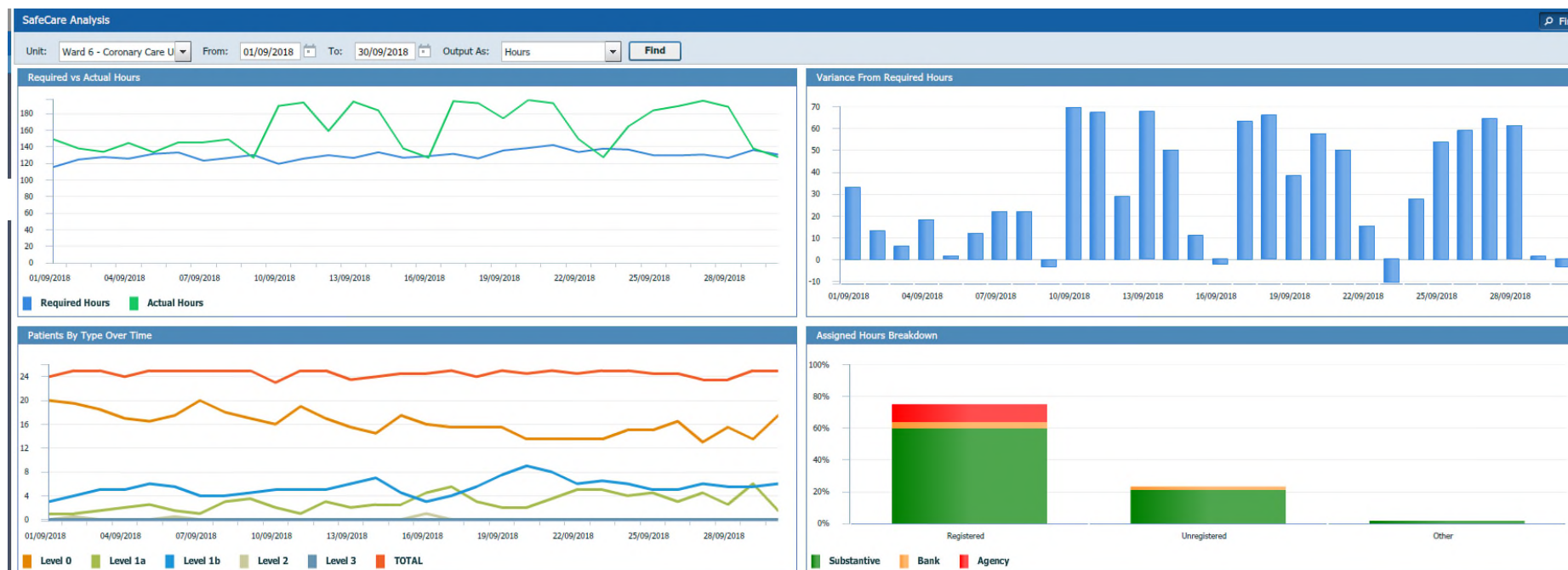


- Mixed ward, surgical and medical
- Challenged ward to recruit to with 9.56 WTE RN vacancies, however with support from agency good staffing levels maintained.
- Sickness 3.4%
- Quality patient outcomes/nurse sensitive indicators

Ward 25– Colorectal / Gastroenterology Nurse sensitive indicators

Metric	Objectives		Actual	Status	Result	Apr	May	Jun	Jul	Aug	Sept
	Trust	Ward									
MRSA Bacteraemia	0	0	0		Met	0	0	0	0	0	0
MSSA Bacteraemia	2	0	0		Met	0	0	0	0	0	0
C.diff (post 72 hr)	2	0	0		Met	0	0	0	0	0	0
Non Elective MRSA Screening	95%	95%	50%		Not Met	58%	50%	50%	100%	89%	50%
Catheter Associated Urinary Tract Infection	4	0	0		Met	2	0	0	0	0	0
VIP Scores	5%	5%	3%		Met	20%	18%	13%	12%	6%	3%
Grade 3 or 4 PU	0	0	0		Met	0	0	0	0	0	0
Grade 2 PU (unvalidated)	6	0	2		Not Met	1	0	1	0	1	2
VitalPAC - % of obs on time	95%	95%	97%		Met	96%	96%	96%	96%	96%	97%
Number of falls	98	4	4		Met	2	3	1	6	7	4
Number of falls resulting in serious harm	1	0	0		Met	0	0	0	0	0	0
Medication errors	59	1	2		Not Met	2	0	2	2	2	2
Nursing appraisal completion	90%	90%	94%		Met	91%	86%	85%	82%	83%	94%
Statutory Safety Update (stat training)	90%	90%	69%		Not Met	41%	66%	73%	73%	74%	69%
Sickness absence	4%	4%	3.4%		Met	5.39%	6.38%	3.17%	4.80%	3.90%	3.39%
Blood Transfusion Training Compliance	80%	80%	77.20%		Not Met	68%	68%	67%	67%	73%	77%
% of patients discharged before midday	0%	0%	0%								
Number of L1s for Discharges (daily Av.)	0	0.311	0								
RaTE ward self-assessment score	90%	90%	95%		Met	92%	92%	92%	88%	92%	95%
Patient Environment	92%	92%	100%		Met	100%	96%	97%	96%	95%	100%
Safeguarding Referrals	5	0	0		Met	0	0	0	0	0	0
Same Sex Accommodation Breaches	0	0	0		Met	0	0	0	0	0	0
Complaints (number raised in the month)	0	0	0		Met	1	0	2	1	1	0
RaTE patient experience score	90%	90%	0%		Not Met	95%	91%	91%	87%	93%	0%
Friends and family test score	85	85	98.00		Met	96.0	94.9	97.6	95.0	93.0	98.0
Number of responses	0	0	58		Met	71.0	59.0	42.0	64.0	90.0	58.0
Response rate	25.0%	25.00%	48%		Met	43.00%	49.00%	37.17%	45.00%	55.00%	48.00%

Ward 6 – CCU



- 20 bedded mixed sex Cardiology ward with 5 Coronary Care beds. Area also supports a Cardiac catheter lab service.
- Current 4 RN vacancies (13%) requiring minimal support from agency to provide safe staffing levels.
- Patient dependency fluctuates daily
- Current sickness 5%
- quality patient outcomes below

Ward Ward 6

Ward Manager: Janet Kay

MONTH: **Sept**

TREND

HOME

BACK

			Objectives			Supervision												
			Trust	Ward	Actual	Status	Result	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Patient Safety	Metric																	
	MRSA Bacteraemia	0	0	0	Met	Met	0	0	0	0	0	0	0	0	0	0	0	0
	MSSA Bacteraemia	2	2	3	Not Met	Not Met	0	0	1	1	2	3	0	0	0	0	0	0
	C.diff (post 72 hr)	2	1	0	Met	Met	0	0	0	0	0	0	0	0	0	0	0	0
	Non Elective MRSA Screening	95%	95%	100%	Met	Met	78%	100%	100%	100%	100%	100%	0%	0%	0%	0%	0%	0%
	Catheter Associated Urinary Tract Infection	4	1	0	Met	Met	0	0	0	0	0	0	0	0	0	0	0	0
	VIP Scores	5%	5%	1%	Met	Met	3%	6%	7%	2%	1%	1%	0%	0%	0%	0%	0%	0%
	Grade 3 or 4 PU	0	0	0	Met	Met	0	0	0	0	0	0	0	0	0	0	0	0
	Grade 2 PU (unvalidated)	6	0	0	Met	Met	0	0	0	0	2	0	0	0	0	0	0	0
	VitalPAC - % of obs on time	95%	95%	93%	Not Met	Not Met	91%	92%	92%	93%	93%	93%	0%	0%	0%	0%	0%	0%
	Number of falls	98	3	6	Not Met	Not Met	4	7	3	6	3	6	0	0	0	0	0	0
	Number of falls resulting in serious harm	1	0	0	Met	Met	0	0	0	0	0	0	0	0	0	0	0	0
Medication errors	59	1	2	Not Met	Not Met	0	0	1	1	1	2	0	0	0	0	0	0	
Clinical Effectiveness																		
	Nursing appraisal completion	90%	90%	82%	Not Met	Not Met	68%	62%	55%	59%	77%	82%	0%	0%	0%	0%	0%	0%
	Statutory Safety Update (stat training)	90%	90%	63%	Not Met	Not Met	32%	60%	55%	60%	62%	63%	0%	0%	0%	0%	0%	0%
	Sickness absence	4%	4%	5.2%	Not Met	Not Met	3.26%	0.96%	6.12%	7.81%	6.88%	5.19%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Blood Transfusion Training Compliance	80%	80%	60.60%	Not Met	Not Met	53%	56%	61%	66%	68%	61%	0%	0%	0%	0%	0%	0%
	% of patients discharged before midday	0%	0%															
	Number of 1st for Discharge (daily Av.)	0	0.00															
	RaTE ward self-assessment score	90%	90%	94%	Met	Met	92%	93%	98%	94%	95%	94%	0%	0%	0%	0%	0%	0%
Patient Environment	92%	92%	94%	Not Met	Not Met	94%	94%	99%	98%	100%	94%	0%	0%	0%	0%	0%	0%	
Patient Experience																		
	Safeguarding Referrals	5	0	0	Met	Met	0	0	0	0	0	0	0	0	0	0	0	0
	Same Sex Accommodation Breaches	0	0	0	Met	Met	0	0	0	0	0	0	0	0	0	0	0	0
	Complaints (number raised in the month)	0	0	0	Met	Met	1	0	1	0	0	0	0	0	0	0	0	0
	RaTE patient experience score	90%	90%	94%	Met	Met	86%	88%	0%	93%	97%	94%	0%	0%	0%	0%	0%	0%
	Friends and family test score	85	85	100.00	Met	Met	100.0	93.8	96.0	100.0	98.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0
	Number of responses	0	0	33	Met	Met	9.0	16.0	25.0	23.0	41.0	33.0	0.0	0.0	0.0	0.0	0.0	0.0
Response rate	25.0%	25.00%	73%	Met	Met	18.00%	27.12%	37.31%	29.00%	52.00%	73.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	

Ward 9 – Respiratory



- 28 bedded mixed sex Respiratory ward with 1 bedded NIV room
- Current 7.87 RN vacancies (44.7%) requiring support from agency on a daily basis to provide reasonable staffing levels.
- Demanding “heavy” ward
- Current sickness 5.28% - challenging long term sickness
- quality patient outcomes below

Ward Ward 9

Ward Manager: Sarah Siml

MONTH: **Sept**

TREND

HOME

BACK

			Objectives			Trend													
Metric			Trust	Ward	Actual	Status	Result	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Patient Safety	MRSA Bacteraemia	0	0	0		Met	1	0	0	0	0	0	0	0	0	0	0	0	0
	MSSA Bacteraemia	2	0	0		Met	0	0	0	0	0	0	0	0	0	0	0	0	0
	C.diff (post 72 hr)	2	0	0		Met	0	0	0	0	0	0	0	0	0	0	0	0	0
	Non Elective MRSA Screening	95%	95%	100%		Met	60%	57%	100%	100%	57%	100%	0%	0%	0%	0%	0%	0%	0%
	Catheter Associated Urinary Tract Infection	4	0	0		Met	0	0	0	0	0	0	0	0	0	0	0	0	0
	VIP Scores	5%	5%	8%		Not Met	18%	8%	1%	4%	8%	8%	0%	0%	0%	0%	0%	0%	0%
	Grade 3 or 4 PU	0	0	0		Met	0	0	0	0	0	0	0	0	0	0	0	0	0
	Grade 2 PU (unvalidated)	6	0	0		Met	1	0	1	1	0	0	0	0	0	0	0	0	0
	VitalPAC - % of obs on time	95%	95%	87%		Not Met	81%	82%	85%	85%	85%	87%	0%	0%	0%	0%	0%	0%	0%
	Number of falls	98	5	5		Met	3	4	0	4	7	5	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	0
	Medication errors	59	2	1		Met	0	1	0	0	1	1	0	0	0	0	0	0	0
Clinical Effectiveness	Nursing appraisal completion	90%	90%	77%		Not Met	83%	77%	38%	52%	48%	77%	0%	0%	0%	0%	0%	0%	0%
	Statutory Safety Update (stat training)	90%	90%	56%		Not Met	47%	55%	55%	53%	53%	56%	0%	0%	0%	0%	0%	0%	0%
	Sickness absence	4%	4%	5.3%		Not Met	6.97%	4.29%	5.63%	6.80%	4.97%	5.28%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Blood Transfusion Training Compliance	80%	80%	48.80%		Not Met	43%	42%	47%	47%	44%	49%	0%	0%	0%	0%	0%	0%	0%
	% of patients discharged before midnight	0%	0%	0%															
	Number of LRI for Discharge (daily Ave.)	0	0.01	0															
	RaTE ward self-assessment score	90%	90%	0%		Not Met	92%	97%	97%	95%	96%	0%	0%	0%	0%	0%	0%	0%	0%
	Patient Environment	92%	92%	0%		Not Met	97%	94%	97%	91%	97%	0%	0%	0%	0%	0%	0%	0%	0%
Patient Experience	Safeguarding Referrals	5	0	0		Met	2	0	0	0	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	0
	Complaints (number raised in the month)	0	0	1		Met	0	1	2	1	0	1	0	0	0	0	0	0	0
	RaTE patient experience score	90%	90%	0%		Not Met	93%	92%	92%	92%	91%	0%	0%	0%	0%	0%	0%	0%	0%
	Friends and family test score	85	85	100.00		Met	100.0	94.1	100.0	100.0	97.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Number of responses	0	0	25		Met	32.0	51.0	42.0	25.0	29.0	25.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Response rate	25.0%	25.00%	25%		Met	42.00%	45.95%	51.85%	30.00%	36.00%	25.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%