| Cover page | |
|---|---|
| Meeting | **Trust Board** |
| Agenda Item No. | 21 |
| Paper Title | 6-monthly Nurse Staffing Paper |
| Date of meeting | April 4 2019 |
| Date paper was written | March 2019 |
| Responsible Director | Deirdre Fowler |
| Authors | Helen Jenkinson, Julie Lloyd, Debbie Holland |
| Executive Summary | |

- 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 enshrined in the National Health Service (NHS) Constitution and the Health and Social Care Act (2012); which makes explicit the Trust Board's corporate accountability for quality.
- This nursing establishment review was undertaken using data collected over a six-month period between 1st September 2018 - 28th February 2019 for all inpatient wards excluding escalation areas, and will also include Paediatrics and Maternity services with reference to Maternity use Birth Rate +.

This paper summarises nursing staffing during the reference period, outlines the current position and provides an update of any on-going work and future options to be considered. This paper should be considered in conjunction with operational and financial performance and the monthly Nursing and Midwifery staffing data submission presented to the Board each month.

| | |
|---|---|
| Previously considered by | Quality and Safety Committee 20.03.19 |

| The Board is asked to: | | | |
|---|---|---|---|
| ☐ Approve | ☐ Receive | ☑ Note | ☐ Take Assurance |
| To formally receive and discuss a report and approve its recommendations or a particular course of action | To discuss, in depth, noting the implications for the Board or Trust without formally approving it | For the intelligence of the Board without in-depth discussion required | To assure the Board that effective systems of control are in place |

| Link to CQC domain: | | | | |
|---|---|---|---|---|
| ☑ Safe | ☑ Effective | ☑ Caring | ☑ Responsive | ☑ Well-led |

| | |
|---|---|
| Link to strategic objective(s) | *Select the strategic objective which this paper supports*<br>☐ PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare<br>☑ SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care<br>☐ HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities<br>☑ LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions<br>☑ OUR PEOPLE Creating a great place to work |
| Link to Board Assurance Framework risk(s) | **RR 1134** If there is a lack of system support for winter planning then this would have major impacts on the Trust's ability to deliver safe, effective and efficient care to patients<br>**RR 561** If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards<br>**RR 859** Risk to sustainability of clinical services due to shortages of key clinical staff |

| | |
|---|---|
| Equality Impact Assessment | ◉ Stage 1 only (no negative impact identified)<br>○ Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval) |
| Freedom of Information Act (2000) status | ◉ This document is for full publication<br>○ This document includes FOIA exempt information<br>○ This whole document is exempt under the FOIA |
| Financial assessment | *Is there a financial impact associated with the paper?* |

## Main Paper

### Situation

This paper recognises that there are on-going pressures on the Trust to meet the NHS establishment recommendations. The challenge for the Board is to ensure a level of safe registered nurse staffing levels in line with national guidance, on wards and units within Shrewsbury and Telford Hospitals.

The overall fill rate at aggregate level looks good; however, there are examples of wards that are heavily reliant on agency staff and experience low fill rate. Examples from January data show some wards operating at less than 50% substantive RN fill rate. Additionally there are examples of wards with overall low fill rate for this month of less than 70% at RSH.

At the point of writing this paper:

Scheduled Care had 36.65 (Band 5 and 6 RN vacancies)
Unscheduled Care had 103.23 (Band 5 and 6 RN vacancies)

Number of additional Midwives required (staffing review Oct 18) is 29 WTE (in line with BirthRate Plus) currently going through the Trust Governance Process.

### Background

This nursing establishment review was undertaken for the following reasons:

- To offer internal and external assurance that ward establishments have been appropriately staffed to provide quality care.
- To provide nurse establishment data to inform Trust Workforce Strategy.
- To maintain Nursing and Midwifery numbers to enable the delivery of safe care.
- To deliver Care Quality Commission (CQC) requirements under the domain of quality.
- In conjunction with registered nurses the Trust has considered emerging roles such as Nursing Associates as part of the Nursing workforce to support the role of the Registered Nurse
- To acknowledge local and national efforts for Registered Nurse recruitment and retention.

### Assessment

It is recommended that Trusts use a combination of principles that reflect current legislation and guidance to evaluate staffing levels and the quality of care delivered

### Recommendation

*See page 19*

NHS
The Shrewsbury and Telford Hospital
NHS Trust

# Nursing Staffing review September 2018 - February 2019

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## 1.0 Executive Summary

This nursing establishment review was undertaken using data collected over a six-month period between 1st September 2018 - 28th February 2019 for all inpatient wards excluding escalation areas.

Allocate – SafeCare data has been used to inform much of this paper, although reference will be made to the monthly NHSi data submission (used as a data source for Model Hospital). SafeCare software combines both registered nursing staff and health care assistant numbers along with patient acuity data to assess if the **actual** staffing levels have been appropriate to meet the **required** staffing levels. However, it is recommended that Trusts use a combination of principles that reflect current legislation and guidance to evaluate staffing levels and the quality of care delivered.

This paper summarises nursing staffing during the reference period, outlines the current position and provides an update of any on-going work and future options to be considered. This paper should be considered in conjunction with operational and financial performance and the monthly Nursing and Midwifery staffing data submission presented to the Board each month.

## 2.0 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 enshrined in the National Health Service (NHS) Constitution and the Health and Social Care Act (2012); which makes explicit the Trust Board's corporate accountability for quality. It is recognised that on-going pressures on NHS establishments require tough decisions to ensure services achieve best outcomes at a time of financial constraint. The challenge for the Board is to ensure that this does not have an adverse impact on the quality of care for patients as well as staff experience, staff recruitment and retention (NHS Improvement 2018).

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 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 crude metric is utilised to provide data for the 'Model Hospital' dataset (seen as appendix 1). But CHPPD does not account for skill mix, non-substantive staff (temporary/agency usage) or intensity of patient flow all of which may impact on quality of care.

The National Quality Board (NQB 2016) guidance includes expectations for nurse staffing levels to ensure the right staff, with the right skills are in the right place at the right time.

***Figure 2: National Quality Board expectations (NQB 2016)***

## 3.0 Purpose

This nursing establishment review was undertaken for the following reasons:

- To offer internal and external assurance that ward establishments have been appropriately staffed to provide quality care.
- To provide nurse establishment data to inform Trust Workforce Strategy.
- To maintain Nursing and Midwifery numbers to enable the delivery of safe care.
- To deliver Care Quality Commission (CQC) requirements under the domain of quality.
- In conjunction with registered nurses the Trust has considered emerging roles such as Nursing Associates as part of the Nursing workforce to support the role of the Registered Nurse
- To acknowledge local and national efforts for Registered Nurse recruitment and retention.

This paper compromises of both quantitative and qualitative data to offer a broader contextual evaluation using three recognised models: Service Model, productivity model and acuity model.

### 3.1 Incident Reporting database (Datix) - Summary of Thematic review

The Trust incident reporting database – Datix, has been explored for common themes relating to Nurse staffing over a 6-month period. The author recognises that this is a rudimentary data source. However the issues raised by our staff must be acknowledged within this paper and reported into the level 2 committee structure for purposes of governance, recognition and understanding by the Trust Executive and the wider Trust Board. Please note the data is open to subjectivity and statistical challenge but the theme remains constant and must be recorded.

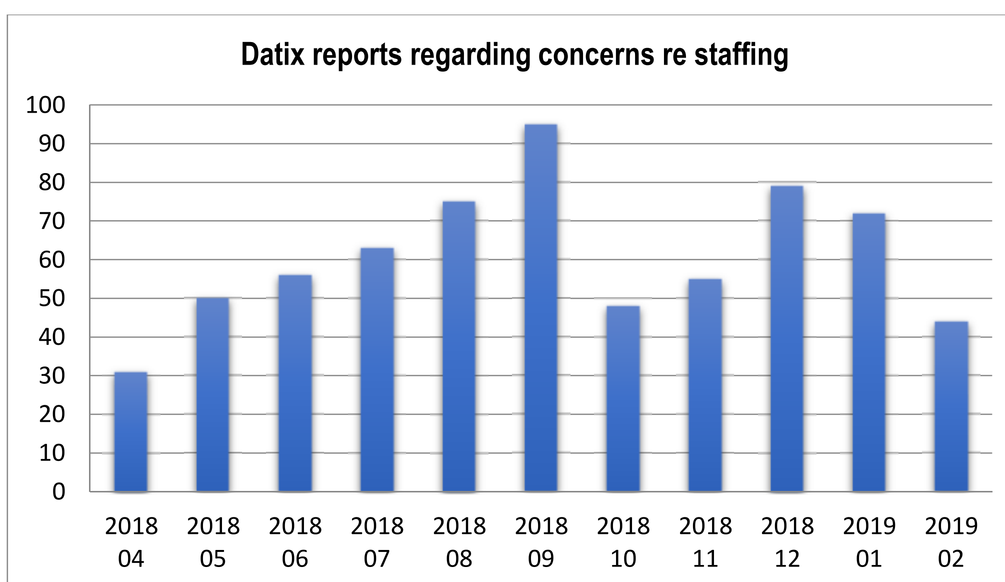
364 validated returns via Datix using the search classifications:

**Incident:** Patient Safety

**Category:** staffing problems/issues

**Sub category:** lack of suitably skilled nursing staff.

***Table 1: number of relevant Datix reports leading up to and including Sept 2018 – Feb 2019***




review.

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## 4.0 Nursing Establishment – current position

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. Trust wide sickness absence was last reported during Feb 2019 as 7.28% (Trust objective is 4%). Sickness is managed through the Sickness Absence Policy in conjunction with HR and monitored through operational performance review.

Within the 20.5% uplift is an allowance for staff training, based on WTE – this can cause issues with compliance as the Trust has a high number of part time staff and as we move towards a more flexible workforce strategy we are likely to increase our part time workforce.

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%, again this is further impacted with the number of WTE. Many areas have frequently high number of newly qualified and new starters. This has a significant impact on unavailability.

Vacancies are noted in table 7 below.

***Table 7: RN and HCA vacancies Feb 2019***

| | Band 5 & 6 Substantive Variances in SC, USC | | | | Bands 2 - 4 Substantive Variances in SC, USC | | |
|---|---|---|---|---|---|---|---|
| | **M11 Substantive WTE Budget** | **M11 Substantive WTE Contracted** | **Substantive Variance Budget v Contracted WTE** | | **M11 Substantive WTE Budget** | **M11 Substantive WTE Contracted** | **Substantive Variance Budget v Contracted WTE** |
| **Scheduled Care** | 521.48 | 484.83 | 36.65 | **Scheduled Care** | 265.07 | 279.74 | -14.67 |
| **Unscheduled Care** | 469.06 | 365.83 | 103.23 | **Unscheduled Care** | 264.89 | 239.98 | 24.91 |
| **Total** | **990.54** | **850.66** | **139.88** | **Total** | **529.96** | **519.72** | **10.24** |

### 4.1 Theatres Department Nurse staffing

Theatres are undertaking a Skill Mix Review, looking at different roles and how these roles can support the role of the Registered Nurse and wider theatre team. This will include a workforce redesign and the introduction of an assistant theatre practitioner role in line with other organisation. . Recruitment to Band 5 nurse vacancies remains a challenge however with new roles introduced this will help to reduce the impact of this issue. The progress against this will be monitored via the Trust Improvement Plan and the Trust Governance Framework..

### 4.2 Maternity

The current staffing of maternity services is based on the delivery of a service model dating back more than 30 years. In December 2016 the Care Group informed the Executive team that a change in model of care was required. Following a number of ad-hoc suspensions of service and discussion with our commissioners, the CCG Led MLU review was launched. The outcome and recommendations from the CCG's is still outstanding and public consultation on the recommendations is planned for the summer of 2019.

The maternity service must ensure safe staffing levels at all times. This is achieved on most occasions by utilising our Escalation Policy, in addition to suspending some inpatient services in smaller midwife led units (MLU's). However, over the last two years staffing levels have been adversely affected by sickness. In order to provide cover, staff work extra shifts where possible, some working many hours over their contracted hours, in order to maintain a safe service. The care group does not use agency staff for this, but rely on their own experienced staff.

Midwifery staffing for safe delivery of direct clinical care. Excludes non-clinical and specialist posts as per BRplus guidance

| Department | Contracted/in post WTE | Required staffing (table top staffing review Oct 18) WTE | Variance WTE Midwifery posts required | Birthrate Plus(2017) (for comparison only) |
|---|---|---|---|---|
| Total Maternity services | 164 | 193 | 29 | 195.2 |

### 4.3 Paediatrics

The Royal College of Nursing (RCN) research has shown that patient care is compromised by low staffing levels. RCN recommends that we should have a senior registered children's nurse whose role it is to be visible and credible in the promotion of services for children and young people. There is a need to increase staffing levels to meet national recommendation within our paediatric unit. An update on progress against this action will be provided to the Trust board through the workforce committee.

## 5.0 Deploying staff effectively

During the reference period patients' have been cared for in additional escalation wards. Movement of substantive staff to cover shifts on escalation wards may safeguard that local policy and procedures will be carried out as a matter of routine. However, movement of substantive staff and has had a direct impact on morale (as formally reported during exit interviews when staff leave the Trust).

The expansion of the bed base and the creation of new wards without substantive nurse staff recruitment has further diluted the existing base of SaTH nurses on the wards within the Trust. Staff remain concerned that there is a lack of registered, experienced nurses to support newly qualified nurses or students who need supervision and guidance to learn the necessary skills to develop as a registered nurse.

### 5.1 Student and learners' supervision and support

Since the publication of the CQC report the Trust is currently under close scrutiny from the NMC with our HEI providers being asked by the NMC for regular assurances of the safety and effectiveness of student support and the quality of the students' learning environment and experiences in practice. Whilst currently these assurances are being given and student feedback remains positive, dilution of staff to cover additional escalation areas will compound the challenges wards have in ensuring that students receive adequate supervision and support from Trust registered staff

### 5.2 Nursing Associates

One of the Trust key workforce strategies is to recruit Nursing Associates the Trust currently has 3 cohorts of Trainee Nursing Associates with a further cohort due to start in March 2019. This will bring the number of trainees to 48, although 6 of these are due to qualify in the next few months. Trainees, unlike Student nurses are not supernumerary in practice with the vast majority of their training being work based learning. They are however, required to have evidence of protected learning and supervision. Trainees are reporting that the current staffing issues in wards is making it difficult for them to get the level of supervision and supported learning that they require to achieve their competencies and skills. Whilst we encourage them to seek every opportunity for learning, the competing priorities and pressures on clinical staff will inevitable have a negative impact on the trainees experience and places the delivery of the programme at risk.

### 5.3 Senior Nursing support

The role of the Matron is to oversee a number of ward areas with regard to workforce, quality assurance and operational issues. For Scheduled Care each Matron has a designated speciality/centre. Working across site, the Matron reports into the Head of Nursing and works as part of each centre triumvirate. Unlike other nursing staff group recommendations there are no national proposals for the number of Matrons required. However, when comparing to other acute providers within the region, the number of unscheduled care Matrons are particularly low by comparison.

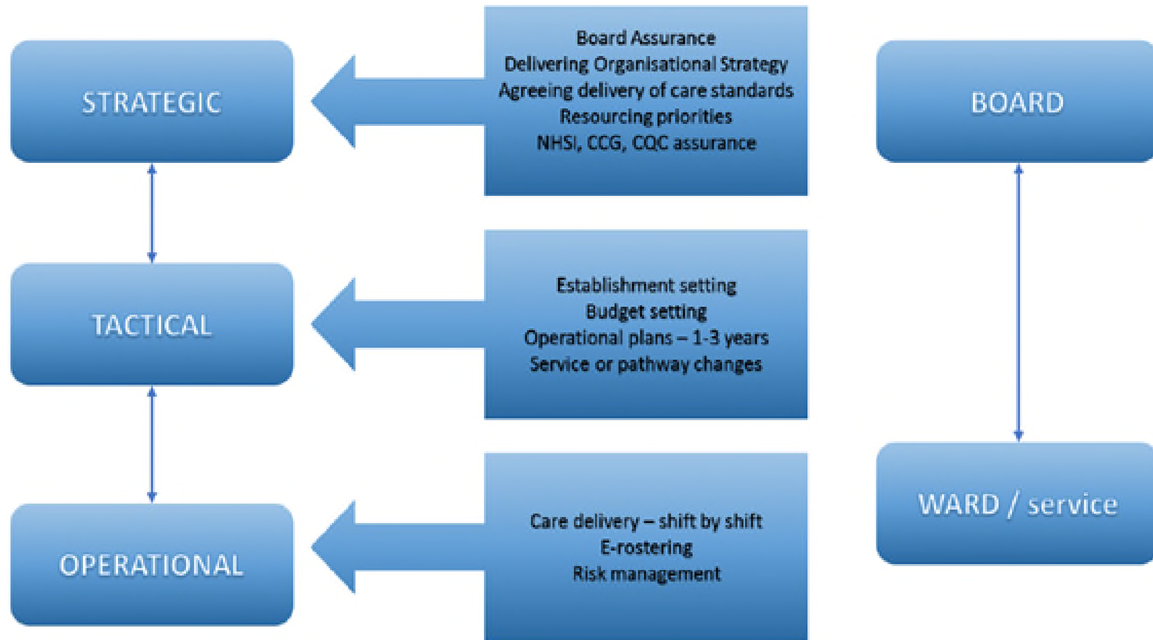
Matrons are often required to be 'Matron of the Day' with a focus on patient flow. Whilst this is an acceptable part of a matron role the impact is felt across their areas.

## 6.0 Quality outcome measures

NQB (2016) suggest there is a clear interdependence between staffing and quality outcomes. 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, the time taken to validate some measures may offer a belated process of highlighting quality concerns rather than a contemporary approach to determining the number of staff and range of skills required to meet the needs of patients. Nurse sensitive indicators for the period under review can be found as (Appendix 2.0, 2.1).

Meeting NQB's (2016) expectations can assist providers comply with CQC's fundamental standards on staffing – for example, in the well-led framework. See figure 4

**Figure 4 – NQB Expectations**



## 7.0 Care Group analysis

**Tables 7 and 8** below demonstrate the required V's actual hours for Scheduled and Unscheduled Care for the 6-month period under review.

***Table 7: Actual hours V's required hours <u>Scheduled</u> Care (SafeCare data)***

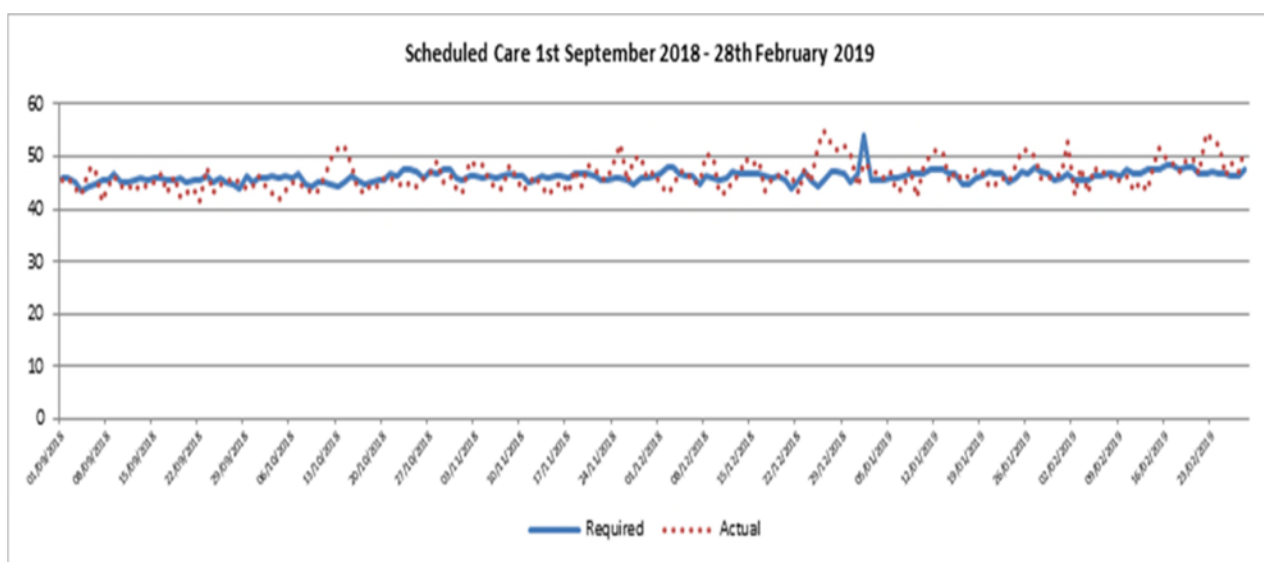
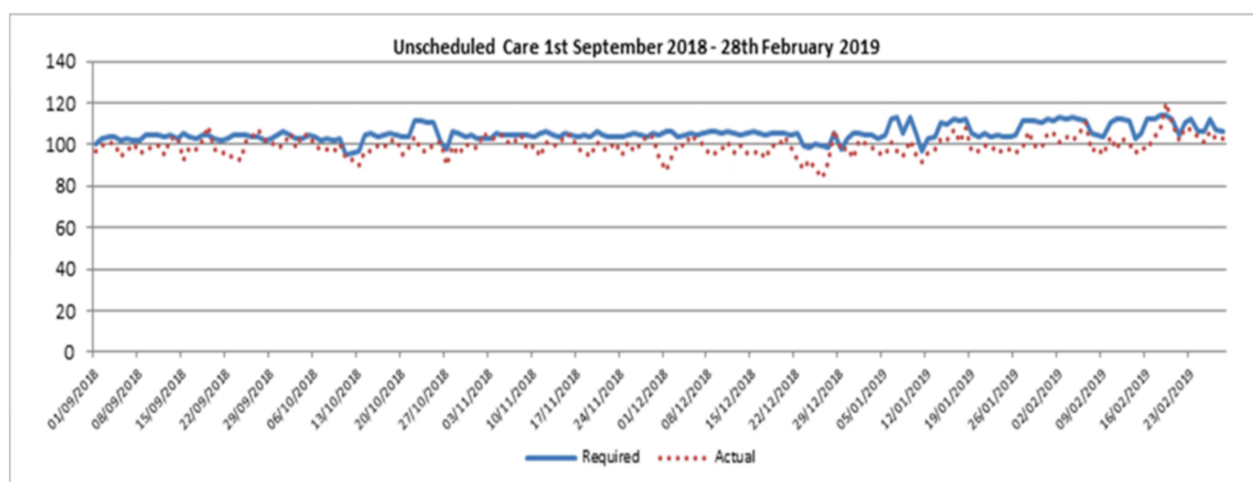



***Table 8: Actual hours V's required hours <u>Unscheduled</u> Care (SafeCare data)***




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, temporary bank and agency. Please see below as table 9.

**Table 9. Percentage of substantive V's Temporary (Bank and Agency) staff**

| | All Staff | | | Registered | | | Unregistered | | |
|---|---|---|---|---|---|---|---|---|---|
| | % Agency | % Bank | % total temp staffing | % Reg Agency | % Reg Bank | % total temp staffing | % Un-Reg Agency | % Un-Reg Bank | % total temp staffing |
| **Scheduled Care** | 8% | 15% | 23% | 13% | 12% | 25% | 2% | 18% | 20% |
| **Unscheduled Care** | 11% | 19% | 30% | 20% | 13% | 33% | 1% | 25% | 26% |

## 8.0 Conclusion

There is no universal solution to guaranteeing safe staffing. It is recommended that any 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.

This review has included;

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

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. Over the last 5 years there had been as significant decrease in the number of student nurses. Our workforce strategy is key to the recruitment and retention of traditional roles but also the longer term vision of new and innovative roles within healthcare, recognising that nursing may need support. Student Nurses Nurses continue to apply to train at Staffordshire University to become nurses in SaTH, although there has been a significant reduction in applications across England which has been reflected in our partner Universities.

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 and the need for staff education to ensure the skills are matched to the role and the speciality is vital. Nurses must be experts in their sphere of practise, for example to work on a Gastroenterology ward needs skilled understanding of the complexity of these patients and their presenting illness. Nurses working within medical and surgical wards are skilled practitioners, able to recognise and act at pace with the knowledge and skills developed when working within their chosen area of practice ie Stroke, Gastroenterology. .

## Planned Actions

Creating an effective workforce requires a workforce strategy that is evidence based, integrated with finance, meets the needs of the Professional Nurse so that she/he is competent, proficient and expert in practice is essential to safe patient care.

Recommendations from senior nurses within this organisation include:

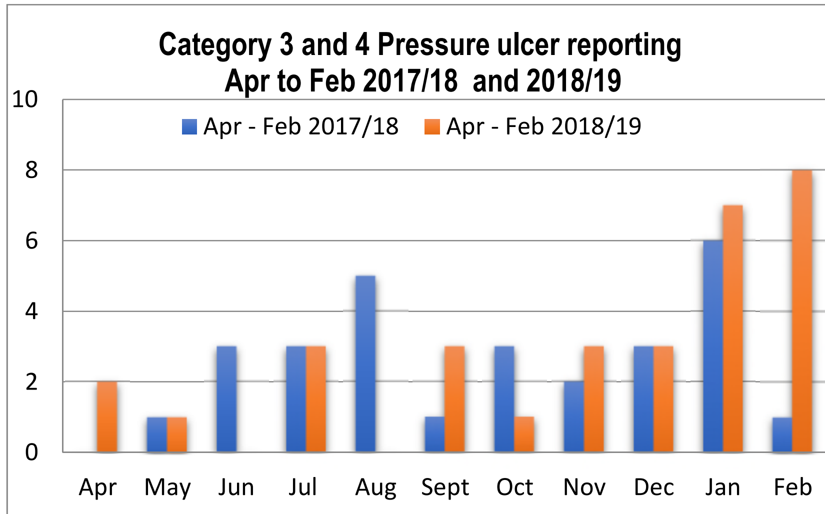
- Continue to recruit and increase staffing numbers to meet patient demand and increased bed base in periods of high use.
- Ensure the expertise of the registered nurse is recognised so as to ensure expert knowledge is maintained at all times on the ward (ie Gastroenterology Nurse for Gastroenterology wards)
- Movement of staff should be risk assessed following feedback from our staff, universities MUST be considered by the Trust
- Through risk assessment, where staffing is deemed a risk to patient/staff and organisational safety – partially or fully close a ward (beds) or service for a determined period until the issues are resolved
- Generic training for Healthcare Assistants and Nursing Associates to ensure and agile workforce to support the Registered Nurse (HCA movement to other areas MUST be part of staff planning and recruitment ie HCAs are employed by the Trust and contracts clearly outline the need for flexible working across all areas)
- Work towards the practice that ward managers work in a supervisory capacity to lead on quality, patient flow and safe staffing within unscheduled care to reflect Scheduled care
- Increase number of Matrons within Unscheduled care.
- Continue to further develop the workforce in relation to Nursing Associate roles to support registered nurses with clear timelines and trajectory so that the Trust can plan against workforce strategy
- Review and implement a dual role of housekeeper/ward clerk hours to provide greater support on the wards with specific focus on out of house and weekends
- Develop and implement an integrated cross Health economy, Respiratory Nursing Team
- Implementation of Nurse Educational Practitioners in all areas continue to over recruitment of HCA's in areas with increased vacancies, this MUST map to the recruitment of TNAs in a plan to 'grow our own'
- 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.
- Paediatric Nursing - To meet the recommended safe staffing standards we would advise/recommend/require an additional band 5 Staff Nurse on duty overnight in the Children's Assessment Unit. (2.76wte)
- Paediatric Nursing - To meet the recommended safe staffing standards we would advise/recommend/require an additional band 5 Staff Nurse on duty 0900-1700 in the oncology area. This would be for a temporary 12 month period when which the patient caseload and the need for this post would be reviewed. (1.2wte)
- Paediatric Nursing - To ensure the completion of staff competencies, and to maintain staff training and development, we would advise/recommend/require a full time band 6 (37.5hrs Mon-Fri) Professional Development Nurse as are currently in post in ED and ITU. This post would be a development nurse for all areas where children are treated – day surgery, theatres, ED and the paediatric unit. (1.0wte)
- Maternity - approve the recommendation that the care group over recruits to 29 WTE midwifery staff (in total) with immediate effect.

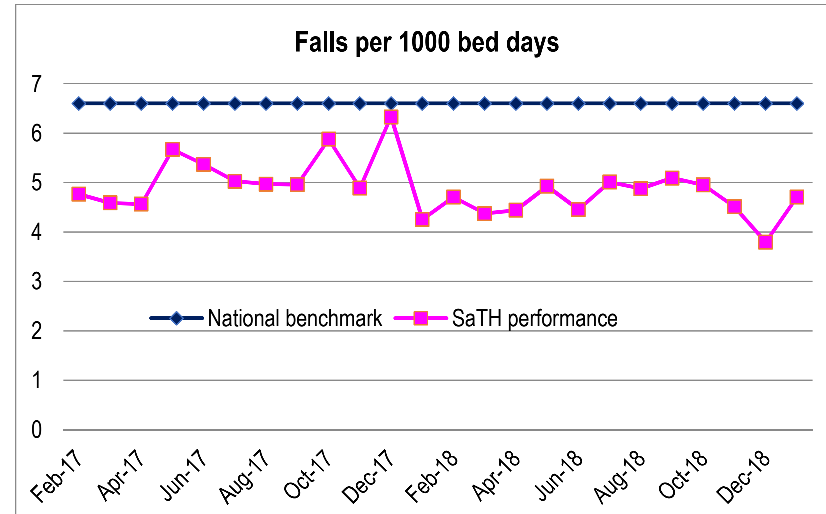
**Relevant literature**

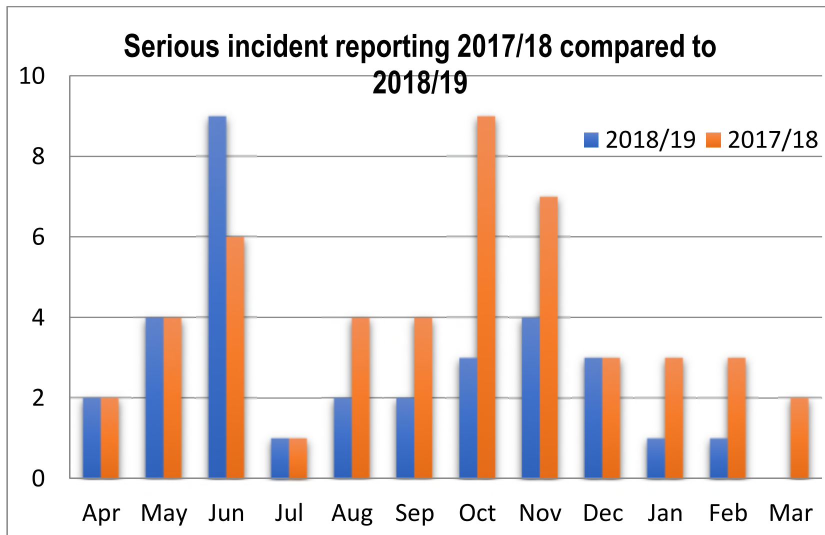

- Hurst, K (2003) Selecting and Applying Methods for Estimating the Size and Mix of Nursing Teams – A systematic Review commissioned by the Department of Health, Leeds: Nuffield Institute for Health
- National Institute for Health and Clinical Excellence (2014) Clinical guideline 1: Safe staffing for 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)

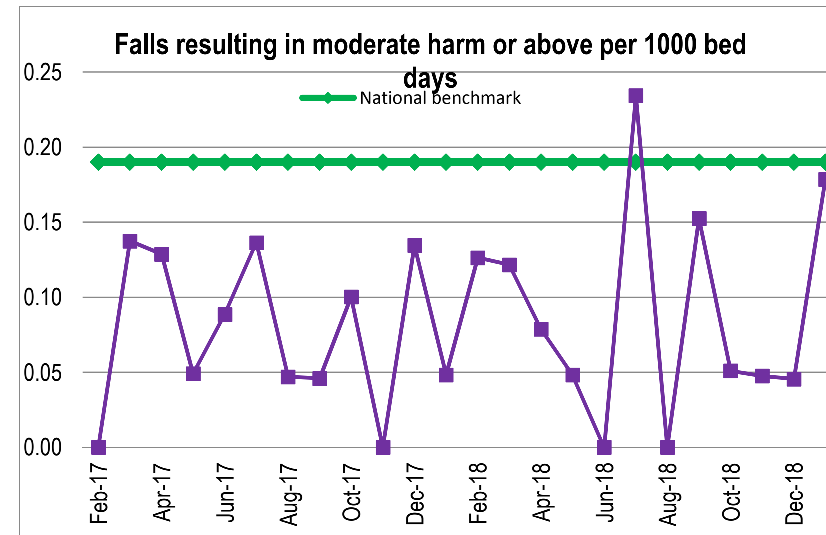
**Appendix 1 Model hospital data – November 2018 (dataset not recently updated)**

**Appendix 2: Nurse sensitive indicators**



## Appendix 2.1 Continued - Nurse sensitive indicators - Trust-wide Quality improvement dashboard

Group All Wards (excl. Maternity)

Trust Manager: Deirdre Fowler

| | | MONTH: | Jan | | | TREND | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Objectives | | | | | | | | | | | | | | | |
| | Metric | Trust | Group | Actual | Status | Result | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
| Patient Safety | MRSA Bacteraemia | **0** | 0 | 0 | | Met | 1 | 1 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| | MSSA Bacteraemia | **2** | 2 | 5 | | Not Met | 1 | 1 | 3 | 2 | 4 | 3 | 1 | 2 | 1 | 5 | 0 | 0 |
| | C.diff (post 72 hr) | **2** | 2 | 1 | | Met | 2 | 2 | 2 | 0 | 2 | 2 | 1 | 1 | 2 | 1 | 0 | 0 |
| | Non Elective MRSA Screening | **95%** | 95% | 93% | | Not Met | 93% | 90% | 87% | 92% | 91% | 91% | 88% | 90% | 90% | 93% | 0% | 0% |
| | Catheter Associated Urinary Tract Infection | **4** | 3 | 0 | | Met | 3 | 2 | 10 | 1 | 3 | 3 | 11 | 4 | 0 | 0 | 0 | 0 |
| | VIP Scores | **5%** | 5% | 4% | | Met | 6% | 8% | 5% | 3% | 4% | 4% | 3% | 4% | 5% | 4% | 0% | 0% |
| | Grade 3 or 4 PU | **0** | 0 | 0 | | Met | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| | Grade 2 PU (unvalidated) | **6** | 6 | 19 | | Not Met | 14 | 12 | 9 | 9 | 11 | 15 | 7 | 18 | 17 | 19 | 0 | 0 |
| | VitalPAC - % of obs on time | **95%** | **95%** | 95% | | Met | 88% | 87% | 86% | 78% | 86% | 86% | 91% | 89% | 86% | 95% | 0% | 0% |
| | Number of falls | **110** | 98 | 98 | | Met | 88 | 110 | 87 | 106 | 93 | 95 | 98 | 96 | 83 | 98 | 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 | 16 | | Met | 38 | 26 | 27 | 28 | 26 | 32 | 29 | 37 | 29 | 16 | 0 | 0 |
| Clinical Effectiveness | Nursing appraisal completion | **90%** | 90% | 93% | | Met | 91.76% | 90.7% | 90.1% | 91.7% | 94.2% | 93.2% | 94.3% | 92.6% | 93.6% | 93.2% | 0.0% | 0.0% |
| | Statutory Safety Update (stat training) | **90%** | 90% | 82% | | Not Met | 72% | 74% | 74% | 78% | 79% | 78% | 80% | 82% | 81% | 82% | 0% | 0% |
| | Sickness absence | **4%** | 4% | 5.7% | | Not Met | 4.15% | 4.48% | 4.29% | 4.79% | 4.88% | 4.59% | 4.72% | 4.93% | 5.50% | 5.66% | 0.00% | 0.00% |
| | Blood Transfusion Training Compliance | **80%** | 80% | 73.33% | | Not Met | 71% | 72% | 71% | 72% | 73% | 72% | 72% | 74% | 72% | 73% | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | RaTE ward self-assessment score | **90%** | 90% | 63% | | Not Met | 85% | 87% | 63% | 95% | 70% | 42% | 82% | 91% | 59% | 63% | 0% | 0% |
| | Patient Environment | **92%** | 92% | 97.7% | | Met | 96% | 75% | 77% | 83% | 83% | 54% | 73% | 82% | 72% | 98% | 0% | 0% |
| Patient Experience | Safeguarding Referrals | **5** | 5 | 3 | | Met | 3 | 1 | 4 | 2 | 1 | 2 | 2 | 1 | 4 | 3 | 0 | 0 |
| | Same Sex Accommodation Breaches | **0** | 0 | 18 | | Not Met | 0 | 0 | 0 | 2 | 0 | 19 | 22 | 16 | 25 | 18 | 0 | 0 |
| | Complaints (number raised in the month) | **0** | | 35 | | Met | 31 | 29 | 34 | 35 | 27 | 31 | 32 | 44 | 38 | 35 | 0 | 0 |
| | RaTE patient experience score | **90%** | 90% | 62% | | Not Met | 66% | 62% | 66% | 70% | 70% | 65% | 63% | 65% | 52% | 62% | 0% | 0% |
| | Friends and family test score | **85** | 85 | 98.29 | | Met | 98.4 | 97.3 | 97.9 | 98.4 | 98.3 | 97.5 | 95.8 | 99.0 | 98.1 | 98.3 | 0.0 | 0.0 |
| | Number of responses | **0** | 0 | 1465 | | Met | 2480 | 2189 | 2695 | 2781 | 2805 | 2009 | 1988 | 2155 | 1441 | 1465 | 0 | 0 |
| | Response rate | **25.0%** | 25.00% | 18% | | Not Met | 19.39% | 21.40% | 23.89% | 22.65% | 34.27% | 19.52% | 21.16% | 22.72% | 19.84% | 17.72% | 0.00% | 0.00% |