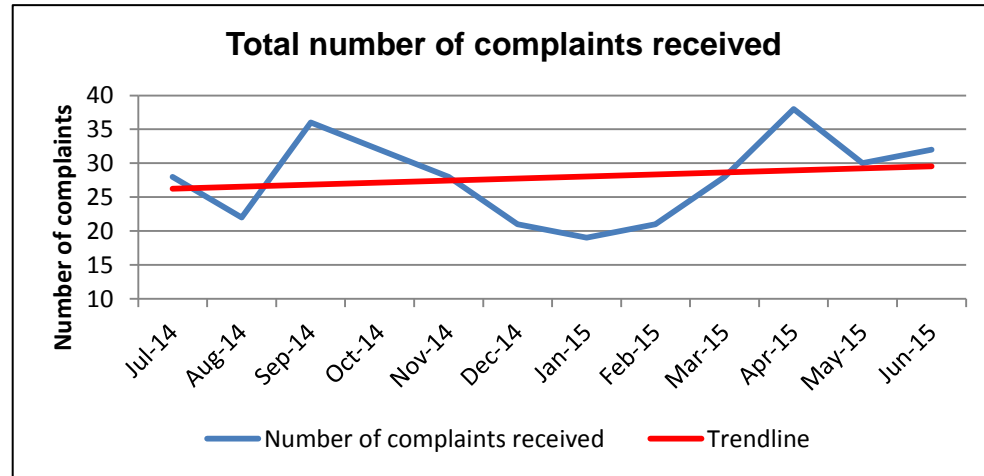


QUALITY REPORT

PART A – Patient Experience

Complaints and Patient Advice and Liaison Service (PALS) Report

Complaints



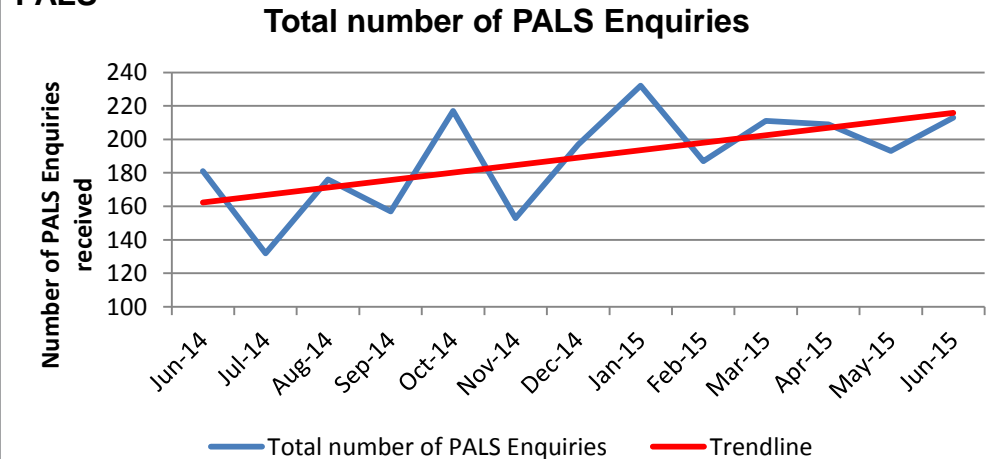
In June, 32 formal complaints were received. In June 2014 there were 30 formal complaints received.

10 related to outpatient areas and 16 related to ward areas. 4 related to the Emergency Department, 2 related to the administrative areas.

The Medical Division had 19 complaints, the Surgical Division had 10, the Women and Children's Division had 2 in June 2015 and 1 complaint was received relating to a non clinical area.

The 3 main reasons for complaints in June (accounting for 41% of complaints) were "inappropriate care and treatment" (6) "co-ordination of medical treatment" (4) "inappropriate/unsafe discharge" (3).

PALS



There were 213 contacts with the PALS service at the RUH site:

- 50% by telephone 8% in person 6% Other
- 30% by email 6% by post

The top three subjects for contact were:

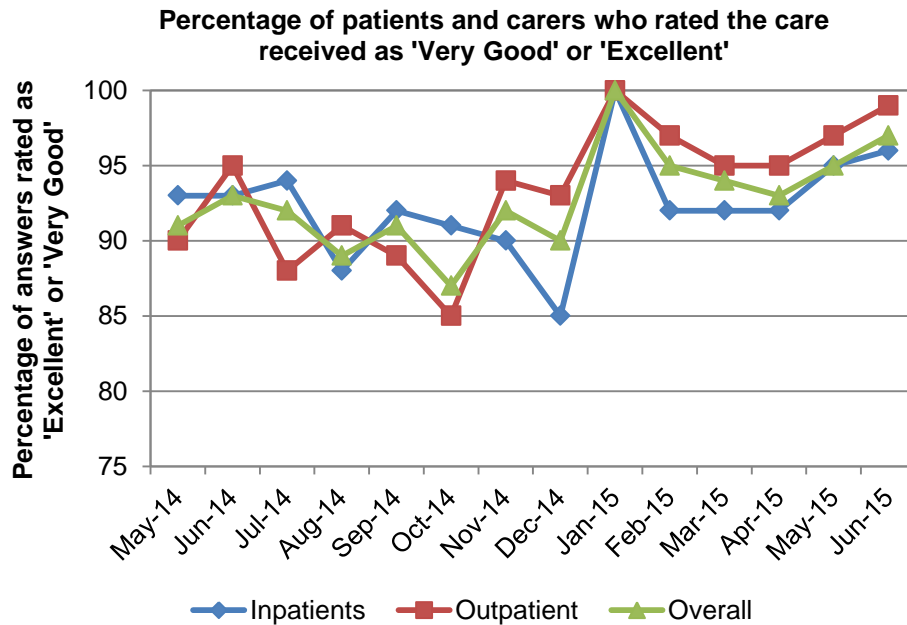
Communication and Information (28%) – of the 59 contacts, there are no trends in one service or division and only four contacts were regarding difficulties in accessing Audiology by telephone.

Clinical care and treatment (17%) – of the 36 contacts, none were attributed to a particular hospital service.

Admissions (21%) – the majority of these 46 contacts were queries regarding admission arrangements.

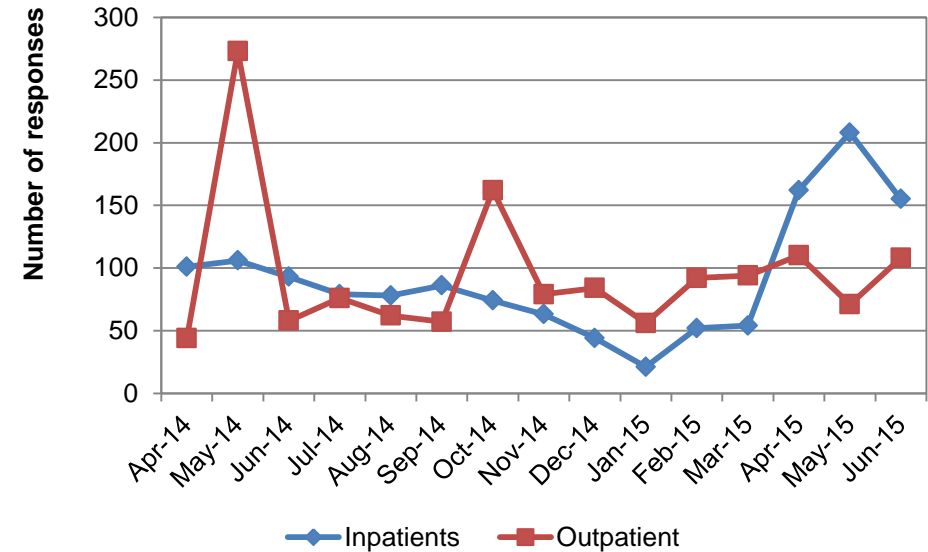
Meridian Survey Results (Inpatient and Outpatient Surveys)

Current Performance



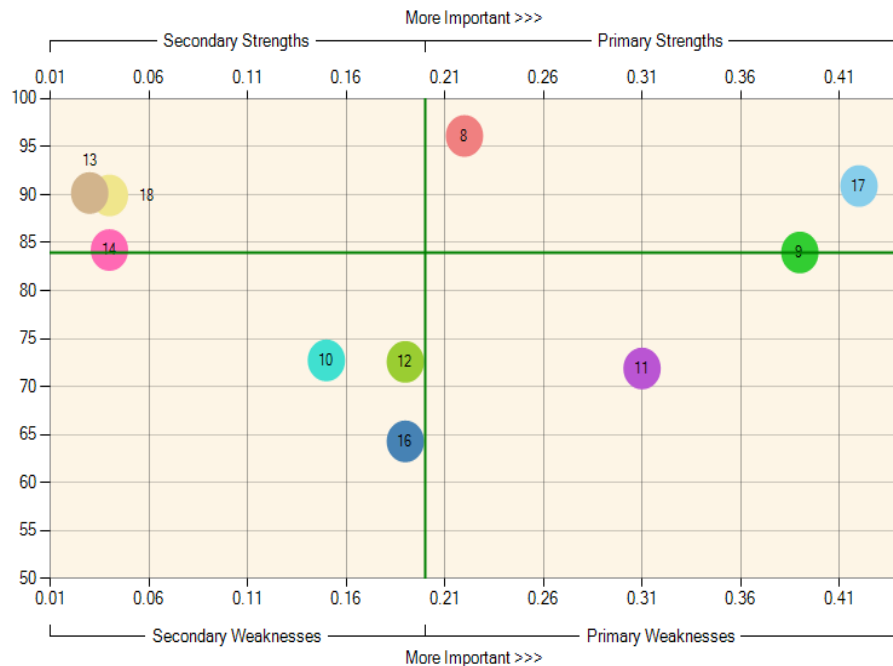
The overall percentage of patients that rated their care as 'Very Good' or 'Excellent' has stabilised at 97% June 2015. Outpatients scored 99% and inpatients scored 96%.

Total number of Meridian surveys completed



There has been an increase in the number of outpatient surveys completed in June however there has been a decrease in the number of inpatient surveys completed. The June inpatient total also includes **26 carer surveys**. The patient experience team continues to work with the Heads of Nursing and Matrons to ensure feedback surveys are undertaken, with targets agreed for Matrons of five surveys per week for each inpatient area.

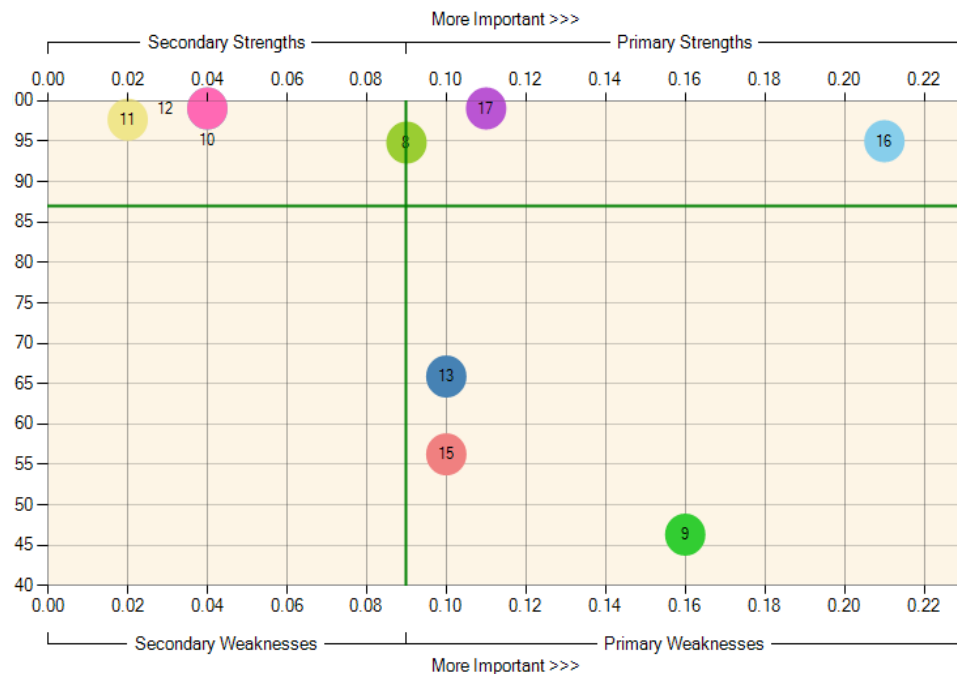
Meridian Inpatient Survey performance map



Each point plotted on the chart represents an individual question. It shows the relative importance and rating of each question following the feedback from the 129 inpatients that completed the survey in June. It can be seen as a relative measure of strong and weak performance against those questions. The importance rating is a score between 0 and 1 with zero meaning unimportant and 1 meaning most important. In general terms, the further to the right a point is, the more important it is to the service user. Those points towards the left of the chart are less important. The vertical axis gives the score for the point so the higher the point, the higher the score. The Performance Map uses a recognised statistical tool to compare the results for selected questions to the overall level of satisfaction in the questionnaire.

- Points shown in the top right quadrant are **very important to service users and the Trust is scoring well on these:**
 - Q8** On the whole, are the staff kind and friendly?
 - Q9** Did you find someone on the hospital staff to talk to about your worries and fears?
 - Q17** Were you told who to contact if you were worried about your condition after you left hospital?
- Points in the bottom right quadrant **are important to service users, but the Trust is not scoring as well on them – these are key areas to focus on:**
 - Q11** How would you rate the hospital food?
- Points in the top left quadrant are less important to service users and the Trust is scoring well – **maintain these:**
 - Q13** In your opinion, how clean is the hospital room or ward you are in?
 - Q14** How clean are the toilets and bathrooms that you use in this ward?
 - Q18** During this most recent hospital stay on this ward, have you shared a sleeping area with patients of the opposite sex?
- Points in the bottom left quadrant are less important to service users and the Trust is not scoring well – **these should be secondary areas to focus on:**
 - Q10** Were you involved in decisions about your care and treatment?
 - Q12** Did you get enough help from staff to eat your meals?
 - Q16** If you have been given your medication to take home were you told about medication side effects to watch for?

Meridian Outpatient Survey performance map



The graph above shows the Outpatient Survey performance map based on completion of 108 Meridian surveys in June.

The importance rating is a score between 0 and 1 with zero meaning unimportant and 1 meaning most important. In general terms, the further to the right a point is, the more important it is to the service user. Those points towards the left of the chart are less important. The vertical axis gives the score for the point so the higher the point, the higher the score.

The Performance Map uses a recognised statistical tool to compare the results for selected questions in each questionnaire to the overall level of satisfaction in the questionnaire.

1. Points shown in the top right quadrant are very important to service users and the Trust is scoring well on these:

- **Q16** In your opinion, how clean is this waiting room/treatment area?
- **Q17** Do you feel you were given enough time during this appointment to discuss your queries or concerns?

2. Points in the bottom right quadrant are important to service users, but the Trust is not scoring as well on them – **these are key areas to focus on**

Q9 Were you given a choice of appointment times?

Q13 In the reception area, could other patients overhear what you talked about with the receptionist?

Q15 If you were kept waiting more than 15 minutes, were you made aware of how long you would have to wait to be seen?

3. Points in the top left quadrant are less important to service users and the Trust is scoring well – **maintain these**

Q8 Have you had any issues with telephone contact with the RUH for this appointment?

Q10 Do you feel you were given enough notice for this appointment?

Q11 Once you arrived at the hospital, was it easy to find your way to this department or clinic?

Q12 Do you feel you were greeted promptly and courteously on arrival for this appointment?

There were no areas that the Trust scored less well and that were less important to service users.

Next steps

The information above, together with the feedback through the Friends and Family test will be shared with the Outpatient Steering Group and outpatient staff to focus our improvements.

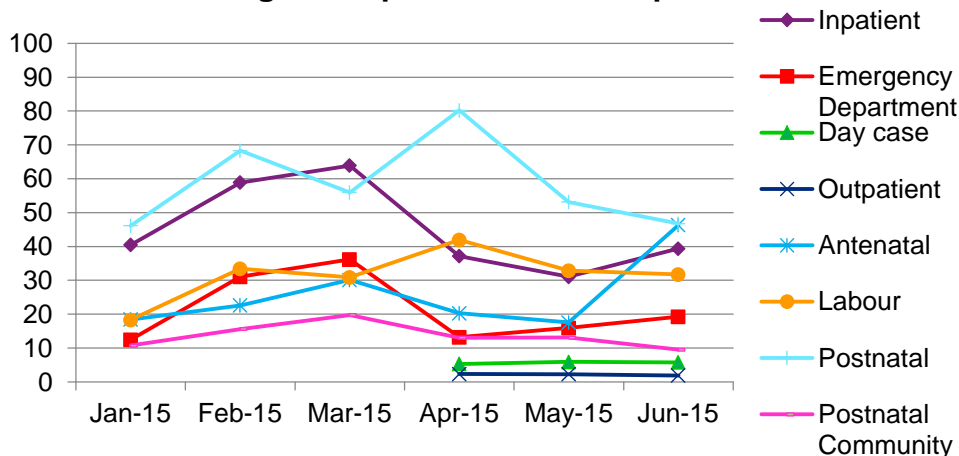
Friends and Family Test Patient feedback themes

Background

The number of responses to the Friends and Family Test cards in June is shown in the table below:

Ward Name	June 2015				
	Total Number of people eligible to respond	No of Responses	Response %	Score	Recommend RUH %
Emergency Department	4392	844	19.22%	80	96
Inpatient Wards	3003	1183	39.39%	81	97
Day Case Ward	1957	112	5.72%	74	94
Trust	9352	2139	22.87%	81	96
Outpatient Wards	33782	633	1.87%	74	95

% of Eligible Population that Completed FFT 2015



In June, **2,624** patients also chose to provide additional information on the card about their experiences. This compares to **2,205** cards in May which included additional comments.

Main Themes from Patient Feedback

Analysis of the comments for June on the Meridian system showed that the top five most frequently used words were - **'helpful, good, friendly, excellent and caring'**.

Emergency Department:

Analysis of the feedback from patients attending the Emergency Department refer to the most frequently used comments, specifically to the **length of time that they are kept waiting** – *"Very friendly staff, just long waiting time but understood the department is very busy"*.

Inpatients/day case:

Analysis of the comments from patients following their daycase/inpatient stay shows that the feedback most frequently received refers to **'Staffing levels, understaffed/busy/overworked'** - *"All overworked by far, and didn't have enough time for some patients"*.

Waiting for Pharmacy/TTA's/ medications – *"Enjoyed stay, room clean, food okay, staff friendly, but a long wait from pharmacy for medications"*.

July 2015 - Safer Staffing Monthly Report (June data)

Trust Overview

The shortfall in Registered Nurse (RN) day hours at the RUH consistent for the last few months and reflects RN vacancies. Additional HCA day hours covered the shortfall in some of these hours (dependent on acuity/dependency) and include Band 4 Assistant Practitioner posts.

April 2015	Day shift		Night shift	
	Ave fill rate RN/RM	Ave fill rate HCA	Ave fill rate RN/RM	Ave fill rate HCA
RUH	86.7%	103.4%	90.5%	106.4%
RNHRD V.Prince Ward	99.6%	95.1%	100.2%	0.0%
Chippenham Birthing Suite	100%	100%	100%	100%
Paulton Birthing Suite	100%	100%	100%	100%

The ward by ward staffing levels data are provided on Appendix B and where wards actual hours fill rate are outside of the parameters <90% (red) or >120% (blue) against their planned levels, explanations and remedial actions are provided.

The overall number of individual ward's day and night shifts outside these parameters has decreased this month to 43 from 50 last month with an decrease in 'blue' shifts (>120% fill). The number of 'red' shift stayed the same and this is predominantly due to RN vacancies and some sickness.

RNs and HCAs were deployed to cover shortfalls where patient acuity and dependency allowed to ensure safe staffing levels as per Nurse Staffing Escalation Policy.

The staffing hours % fill rate have been incorporated on the FFT triangulation chart and mapped against quality matrices (Appendix A). This month two wards have flagged (William Budd and Respiratory wards) and cited on the FFT Exception report overleaf with more detailed information provided.

Nursing Recruitment and Retention

RN vacancies on the wards have slightly reduced this month at approximately 65 wte from 70 wte and this includes maternity leave and long term sickness vacancies. Newly qualified RNs are still being recruited, however these new recruits are yet to take up their posts (Qualify September 2015). To attract and recruit more nurses into the Trust, the Divisions took part in a Nursing Times on-line Career Fair last month and this has led to an initial ten applications and more advertising continuing on-line this month.

Senior Sister, Matron and Head of Nursing vacancies

To assist with recruiting into the Orthopaedic Matron and Surgical Head of Nursing posts an external recruitment agency has been secured. Interviews are being held for OPU Matron and Medicine Senior Sister posts this month and to mitigate against the risks of having these key posts remaining vacant, interim cover arrangements in place.

Nursing Workforce Risks (Three highest on Risk Register)

- The need for recruiting to Advanced Neonatal Nurse Practitioner vacancies. Risk mitigated by covering with Doctors and a plan to 'grow our own' (15).
- The need to recruit to Surgical Head of Nursing and Matron vacancies. Risk mitigated by senior nurse interim cover arrangements (15).
- RN vacancies in Older Persons Wards (12). Risk mitigated with Band 4 Assistant Practitioner roles being trialed. Early indications are promising with these new roles.

Triangulation Chart – Exception Report

Areas of focus - The full Triangulation Report is shown in Appendix A.

William Budd Ward (Oncology)

Flagged for the first time this month with day and night staffing, RN fill rate <90%, predominately due to vacancies. Active recruitment is in place. The ward failed to achieve foundation level of the accreditation scheme for a second time

Quality matrices to note are:

- FFT net promoter score 60
- Falls x 3 (2 negligible and 1 minor harm)
- C. Diff x 1 patient (same patient repeat positive last 3 months)
- Appraisal rates between 50% - 56.3%

Respiratory Ward

Flagged this month and previously flagged in May 2015 with day and night staffing, RN fill rate <90%, predominately due to vacancies. Active recruitment is in place.

Quality matrices to note are:

- FFT net promoter score 66
- Falls x 9 (4 negligible, 4 minor and 1 moderate harm) 2pts fell twice
- C Diff x 1 patient

Note:

Haygarth Ward (Gastroenterology)

This ward has not flagged this month as their quality matrices have improved, although they flagged last month.

Midford Ward (Older persons)

This ward has also not flagged this month as their quality matrices have improved, however they flagged for the previous six successive months. There has been increased focus on patient care standards during this time. They have met their ward accreditation standards.

Quality matrices overall

This month the quality safety metrics of note are:

- Grade 2 pressure Ulcers x 2 (Nil last month)
- Falls - x 4 moderate harms (1 moderate harm last month)
- C diff x 4 cases (4 cases last month with one patient being recorded for the last 3 months as remaining positive following treatment)

The number of falls increased on **Pulteney Ward**, this month (12 negligible) of which two patients fell more than once. The Quality Improvement Facilitator is working closely with ward falls team and reviewing the cases to put any necessary further actions into place.

The number of formal complaints received in month (15) decreased by one from the following month and negative PALs contacts decreased from 39 last month to 22 this month.

Actions being taken

Heads of Nursing and Matrons will continue to support the Ward Senior Sisters with:

- Managing sickness and actively recruiting to vacancies
- Ensuring safe staffing each shift
- Close monitoring of quality standards day to day
- Ward Accreditation against quality standards in place

William Budd and Respiratory Ward

- Head of Nursing Medicine is working closely with the respective Matrons. William Budd ward has a specific improvement plan in response to a recent NIST report and failure to achieve foundation level as mentioned above.

QUALITY REPORT

PART B – Patient Safety and Quality Improvement

Quality Account Update - Improving patient experience of Discharge

Purpose

The Discharge Project Board, chaired by the Director of Nursing and Midwifery has been established as a time limited structure that will oversee the delivery of a work plan to improve discharge by promoting a timely, safe and effective discharge for adult inpatients.

Work stream update: The patient experience of discharge

Work stream 1

Safe and Proactive discharge

To standardise the discharge process across the Trust. For staff to be confident to facilitate a safe discharge.

Objective:
To develop multidisciplinary Trust discharge standards for inpatient wards.

- Update:
- Process mapping event looking at internal discharge process.
 - Review of current ward standards for discharge.
 - Review of current whiteboard round standards.

Work stream 2

Patient engagement and involvement (CQUIN)

To improve the patients experience and the effectiveness of discharge.

Objective:
Develop a discharge passport in conjunction with patients having held patient/ carers focus events.

- Update:
- Patient / carer focus groups for both Wiltshire and BaNES set up in conjunction with Heath Watch Wiltshire and FT members from Wiltshire and BANES, to be held 16th and 27th July
 - Ward audit underway on pilot wards (Helena, Cheselden, ASU & Waterhouse) looking at discharge quality

Work stream 3

CHC Fast track and End of Life

To address the challenges facing staff to facilitate a CHC fast track and rapid discharge at the end of a patients life.

Objectives:
Develop a flow chart to navigate CHC fast track and a checklist.
to support staff to facilitate a rapid discharge at the end of a patients life.
For each ward to have a discharge pack available to support rapid discharge and CHC fast track.

- Update:
- Audit of CHC fast track discharges
 - Staff confidence questionnaire developed
 - Draft flow chart and checklist developed
 - Draft family/carer information leaflet developed
 - Commenced pilot MDT working for DLN, CHC nurses and palliative care CNSs

Work stream 4

Integrated Discharge Team

To review the role of the DLN team and ward discharge co-ordinators

Objectives:
To define what is meant by create and integrated discharge team.
Maximise effectiveness of the IDT.
To enable the early identification of complex discharges.
Every complex discharge to have the support of a member of the integrated discharge team.

- Update:
- Multi disciplinary and agency meetings to start to scope definition of IDT
 - Scope dual referrals to Social Services
 - Review of draft form for single referral to social work

Dementia - Vision: To be the first truly dementia friendly hospital in England by 2020

Background

- By 2015 there will be 850,000 people with dementia in the UK*
- One in six people aged 80 and over have dementia*
- A quarter of patients in hospital at anyone time have dementia

The RUH have a multi-professional, multi-agency strategy group who are actively striving towards supporting the vision. Two of the work streams are updated as a part of this report:

Training

- Training figures have been provided to Health Education England (HEE) as a part of their scoping work for 2014/15. The total number of staff trained across the Trust against their criteria between April 2012 and June 2015 is 1424
- It is a CQUIN requirement for 2015/16 to report on the numbers and percentages of staff who have received training
- In order to improve uptake of training it has been agreed that Dementia training will be mandatory from July 2015

Carers Survey

- Undertaken monthly as a part of the CQUIN, with themes reviewed by the Strategy Group
- 21 surveys were completed in Quarter 1. There are two areas for improvement identified:
 - *76% of carers were satisfied with the dementia knowledge of the RUH staff who cared for their relative/friend during their stay at the RUH*
 - *71% of carers were satisfied about staff taking time to listen and act upon their relative/friends' individual needs, likes and dislikes*

- The following table shows the full survey results:

Standard	Q 1
On admission, how satisfied were you with the RUH staff at recognising that your relative / friend has dementia?	82%
How satisfied were you with the dementia knowledge of the RUH staff who cared for your relative/ friend during their stay at the RUH?	76%
How satisfied have you been about the staff taking time to listen and act upon your relative / friends individual needs, likes and dislikes.	71%
How satisfied were you with the level of information you were given about the treatment of your relative/friend during their stay at the RUH?	81%
How satisfied have you been with the amount of involvement you have had in the care of your relative / friend whilst they have been at the RUH?	81%
Thinking overall, how satisfied have you been with the level of communication you have had with staff about the care of your relative / friend?	81%
How satisfied have you been with the degree of respect and dignity given to your relative / friend whilst they have been at the RUH?	81%
How satisfied are you with the discharge plan for your relative / friend?	82%
If you were contacted by a Dementia Coordinator, did you find their input helpful?	92%

Next Steps

- Review the original training needs analysis (TNA) to ensure that it is reflective of the (HEE) guidance
- Develop a training strategy with trajectory for training in line with the new TNA
- Develop a robust training compliance report with the mandatory training team and agree a trajectory for the percentage of staff trained
- A dementia patient and Carer focus group is planned for September 2015

Patient Safety - National Early Warning Score (NEWS) work stream report

Workstream update:

The aim of the National Early Warning Score (NEWS) workstream is to ensure that NEWS is reliably and accurately used to monitor adult patients' vital signs, that care is appropriately and reliably escalated and that correct actions are taken to ensure optimal care for the patient.

- Monthly audit plan implemented to audit NEWS compliance and accuracy
- Feedback of audit results via Senior Sisters meetings for Medicine and Surgery
- Updated and disseminated training material for oxygen scoring as audits have identified a lack of clarity in original training package
- Human Factors and Simulation project lead has completed testing of simulation in Respiratory ward in June. The project aim is to explore how staff record and interpret vital signs and record a NEWS score. Four simulated sessions were run on Respiratory ward for the multidisciplinary team and were received and evaluated well
- Training of staff completed for migration to NEWS for remaining in patients on the RNHRD site. NEWS will be implemented 13 July 2015
- Aligned to continue working with West of England Academic Health Science Network (WEAHSN) collaborative on EWS

Next steps:

- Human Factors and Simulation project lead to continue simulation project on CCU during July 2015
- Data will be reported as part of the ward dashboard
- Exploring opportunity for patient representative for NEWS workstream
- Third meeting of NEWS collaborative for 5 wards confirmed for 23 July
- NEWS workstream lead developing standard template for NEWS project outline, measurement and reporting plan with QIPP team support
- Training requirements and provision being reviewed

Current Performance (Accuracy of NEWS)

Ward / department	November 2014	February 2015	May 2015	June 2015
ACE	89%	95%	86%	80%
ASU	86%	85%	92%	91%
Cardiac	66%	71%	81%	82%
CCU	41%	67%	86%	63%
Charlotte	94%	66%	95%	94%
Cheselden	100%	73%	81%	-
Combe	80%	70%	76%	93%
ED	63%	46%	84%	-
ED Obs	100%	88%	78%	100%
Forrester Brown A	72%	98%	88%	86%
Forrester Brown B	90%	80%	82%	90%
Haygarth	94%	86%	82%	85%
Helena	100%	96%	74%	81%
MAU	100%	89%	93%	77%
Midford	69%	92%	85%	88%
MSSU	92%	92%	90%	90%
Parry	77%	100%	92%	77%
Philip Yeoman	96%	100%	94%	84%
Pulteney	93%	98%	82%	90%
Respiratory	92%	84%	63%	84%
Robin Smith	98%	89%	96%	94%
SAU	96%	87%	83%	96%
SSSU	86%	87%	94%	90%
Waterhouse	79%	89%	90%	75%
William Budd Ward	-	82%	88%	84%
Total	86%	86%	86%	86%

Key: Adherence > 90% Adherence 80% – 89% Adherence < 80%

Patient Safety - Venous Thromboembolism (VTE) work stream report

Background

Between 1st April 2015 and 30th June 2015, there were 6 Hospital Associated Thrombosis which is a 62.5% improvement compared to the previous quarter and a 51% reduction in hospital associated thrombosis from July 2014 – June 2015. The Root Cause Analysis (RCAs) continues to identify similar themes:

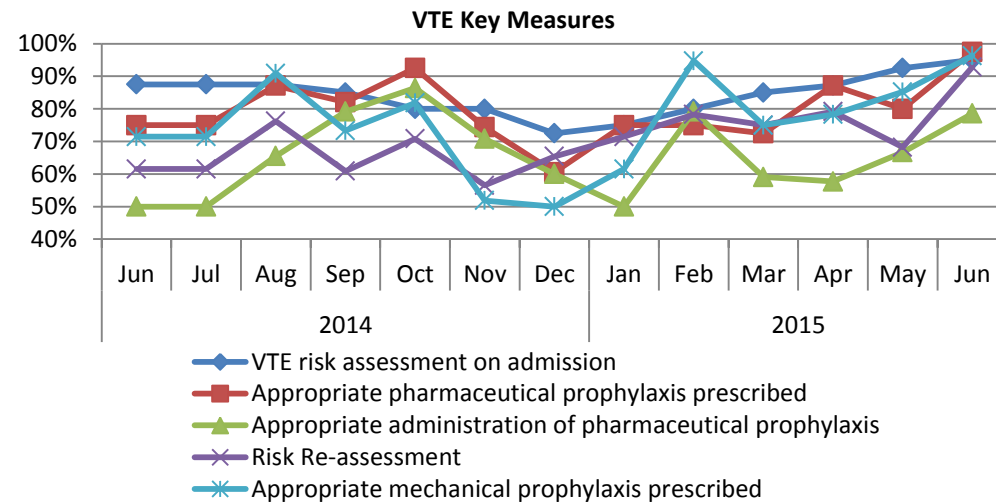
- VTE risk assessments were not always being performed on admission or at 24 hours
- Lack of patient weight on the medication chart
- Incorrect prescription and administration of dalteparin
- The use of intermittent pneumatic compression devices (IPC mechanical prophylaxis) when pharmacological is inappropriate due to their high risk of bleeding
- No evidence of information being given to patients on admission or discharge

Some improvements made to address themes from the RCAs

- A 'clot stop' has been introduced as part of a new process to ensure VTE risk assessments are completed prior to elective surgery. This may result in surgery being delayed until the Clinician has completed the VTE risk assessment
- 100% of patients now have a VTE risk assessment completed prior to surgery
- New mechanical prophylaxis contracts have been agreed for the provision of Intermittent Pneumatic Compression Devices (IPC) and Anti Embolic Stockings. Trust wide implementation and training plan will commence next month
- E-Learning package now available for nurses, midwives and allied health care professionals

Current Performance

The data for the success measures has continued to be monitored on the pilot wards. Ten sets of notes for MSSU, SSSU, Philip Yeoman and Forrester Brown ward (orthogeriatric unit) were audited on a monthly basis. Whilst there remains some variation in the figures collected around patient weight, missed and omitted doses and the use of mechanical prophylaxis, 95% of patients now receive a VTE risk assessment on admission and 93% have their VTE risk re-assessed 24 hours later.



Next steps

- Review VTE measurement plan as part of the Patient Safety work stream
- Extend monitoring of success measures to more wards
- Disseminate VTE education package and apply for mandatory training and reporting status
- VTE care plan to be introduced into the Trust
- Ensure a robust and sustainable Trust wide training programme for mechanical prophylaxis is in place
- Make IPC's available to all clinical areas of the hospital

Patient Safety – Sepsis work stream report

Summary

National CQUIN for 2015/6 has been agreed which is in two parts:

1. All patients admitted to the hospital at risk of sepsis must be screened. Sepsis screening stickers have been developed and are now in use in ED, SAU and MAU. This fulfils the requirement for quarter 1 and baseline figures in May were 40%.

2. Percentage of patients with severe sepsis receiving antibiotics in an hour include patients directly admitted to MAU and SAU as well as ED.

One sepsis nurse has been appointed and started in post at the end of June and the second post is scheduled to be interviewed in July.

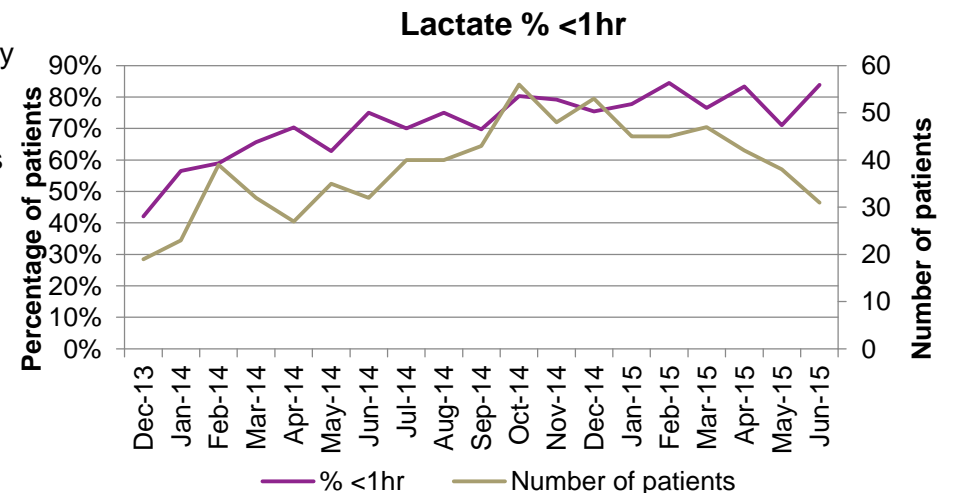
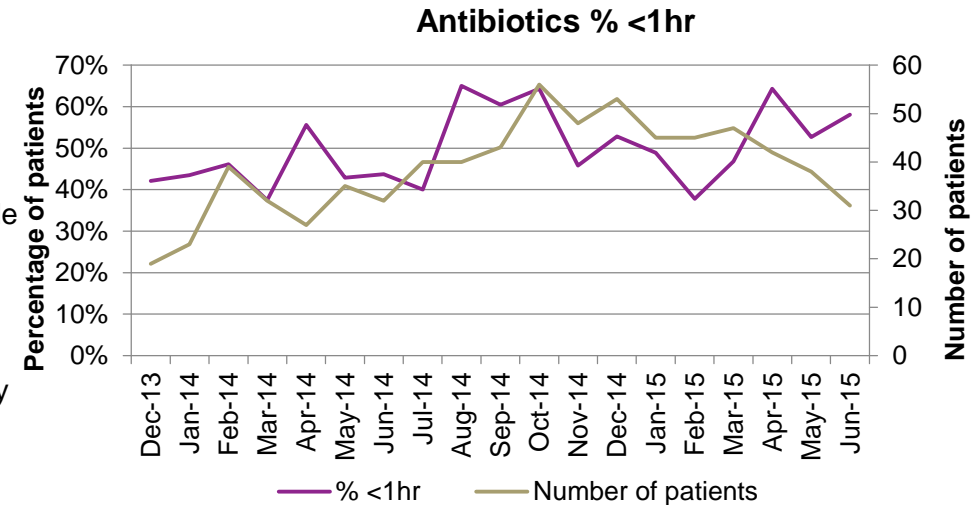
The RUH hosted the Second Regional Sepsis Master class on June 10th, at Tracy Park. This was organised and chaired by RUH Sepsis Lead (Lesley Jordan) and sponsored by the WEAHSN campaign, and focused on improving identification in the community and surgical sepsis. Professor Carol Peden from Bath also presented national work on surgical sepsis. Feedback was excellent from the meeting and development of integrated pathways between primary and secondary care is now underway.

Current Performance

Improved early identification of sepsis in the ED has continued with 80% patients with severe sepsis having a lactate within an hour and proforma use at 79% in May. The average performance for antibiotics within an hour in severe sepsis in ED for the last year is 51%. Data will now be produced to include direct admissions in MAU and SAU as well.

Next Steps

- Sepsis collaborative planned to spread the work from the ED to the wards
- Links with community groups has been established and integrated pathways are planned
- Community awareness week planned to coordinate with world sepsis day in September and 60 day campaign planned for September



Serious Incident (SI) summary

Current Performance

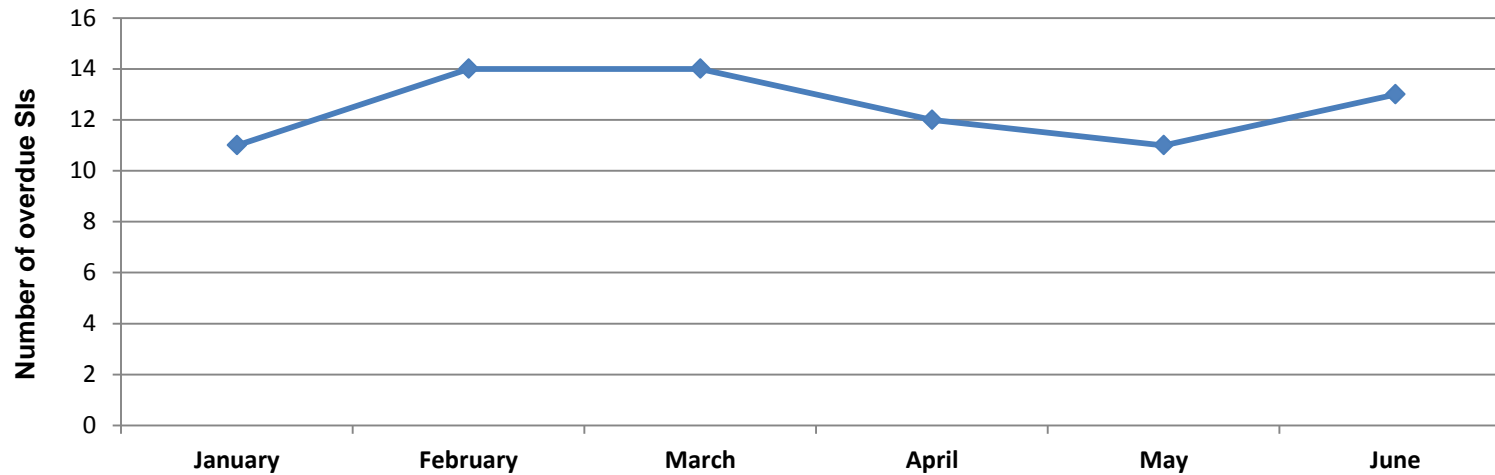
During May, six Serious Incidents were reported.

Date of Incident	Datix ID	Summary	Investigation status
06.06.15	32730	Patient fall resulting in an injury	The incident is under investigation. The incident has been discussed with patient's family and they are aware of the investigation, in line with the Duty of Candour framework.
09.06.15	32783	Fall resulting in a fracture	The incident is under investigation. The incident has been discussed with patient's family and they are aware of the investigation, in line with the Duty of Candour framework.
23.06.15	33219	Unrecognised deterioration of a patient	The incident is under investigation. The incident has been discussed with patient's family and they are aware of the investigation, in line with the Duty of Candour framework.
25.06.15	33282	Fall resulting in a fracture	The incident is under investigation. The incident has been discussed with patient's family and they are aware of the investigation, in line with the Duty of Candour framework.
26.06.15	33360	Patient caused an injury to a member of staff	The incident is under investigation. A letter has been sent to the nurse involved, mirroring the Duty of Candour requirement for patients.
26.06.15	33289	Patient fall resulting in a head injury	The incident is under investigation. The incident has been discussed with patient's family and they are aware of the investigation, in line with the Duty of Candour framework.

Serious Incident reports approved by the June Operational Governance Committee (OGC)

Date of Incident	Datix ID	Summary	Learning/recommendations
17.06.14	21633	Pseudo outbreak of Infection	<ul style="list-style-type: none"> • Move to disposable bronchoscopes. • The need to link sterile services records for cleaning reusable equipment before use and identify the method of sterilisation.
05.12.14	27345	Safeguarding incident in maternity services	<ul style="list-style-type: none"> • The need to undertake a review of the booking in process for current pregnancies and any previous alerts that have been in place using the Millennium system; • To develop a robust process for the referral to both earlier MDS system and current Millennium for relevant antenatal history; • A review of the referral process to Health Visitors and General Practitioners following the antenatal booking and NICU admissions/discharges; • Increase awareness of the Wiltshire Safeguarding Children Board unborn baby protocol; • To increase awareness of the Safeguarding Children Policy (Child Protection Policy) within the RUH and the criteria for referral; • To increase compliance of Safeguarding Children level 3 training for all maternity staff.
23.02.15	29682	Unexpected death following infection	<ul style="list-style-type: none"> • The patient did receive the appropriate care and treatment.

Overdue Serious Incident Reports Summary



As of 9 July, there are 22 open Serious Incidents (SIs).

Of these, four are overdue; two of which are HR investigations which have an extended timeframe.

The investigation has been concluded for seven of the open incidents and the reports will be submitted to the Operational Governance Committee for approval at the July meeting.

A target of no overdue SIs by October 2015 (with the exception of HR investigations) has been agreed. This will require a reduction in the number of overdue SIs by four per month and is supported by the new post of Duty of Candour and Serious Incident Advisor.

Trajectory	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Actual	11	14	14	12	11	13				
Target	-	-	-	-	-	-	12	8	4	0