

Report to:	Public Board of Directors	Agenda item:	7
Date of Meeting:	30 March 2016		

Title of Report:	Quality Report
Status:	For discussion
Board Sponsor:	Helen Blanchard, Director of Nursing and Midwifery
Author:	Mary Lewis, Deputy Director of Nursing, Quality and Patient Safety Rob Eliot, Quality Assurance and Clinical Audit Lead
Appendices	Appendix A - Triangulation Chart Appendix B - Ward by Ward Safer Staffing Exception Report

1. Executive Summary of the Report

This report provides an update on quality with a focus on key patient safety and quality improvement priorities for February 2016.

The Quality Report this month includes a quarterly update on the improvement priorities as highlighted in the Improvement Triangle. Other items will be reported on an exception basis.

This month the report focuses on:

- Patient Experience:
 - Complaints and PALS monthly activity data
 - Triangulation Chart
- Quality Improvement Priorities:
 - Patient Safety – Perioperative care, including emergency laparotomy
 - Patient Safety – Critical care
 - Quality improvement – Breastfeeding (CQUIN)
- Exception reports:
 - Serious Incidents

2. Recommendations (Note, Approve, Discuss)

To note progress to improve quality, patient safety and patient experience at the RUH.

3. Legal / Regulatory Implications

It is a legal requirement to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)

A failure to demonstrate sustained quality improvement could risk the Trust's

registration with the Care Quality Commission (CQC) and the reputation of the Trust.

5. Resources Implications (Financial / staffing)

Delivery of the priorities is dependent on the continuation of the agreed resources for each project.

6. Equality and Diversity

Ensures compliance with the Equality Delivery System (EDS).

7. References to previous reports

Monthly Quality Reports to Management Board and Board of Directors

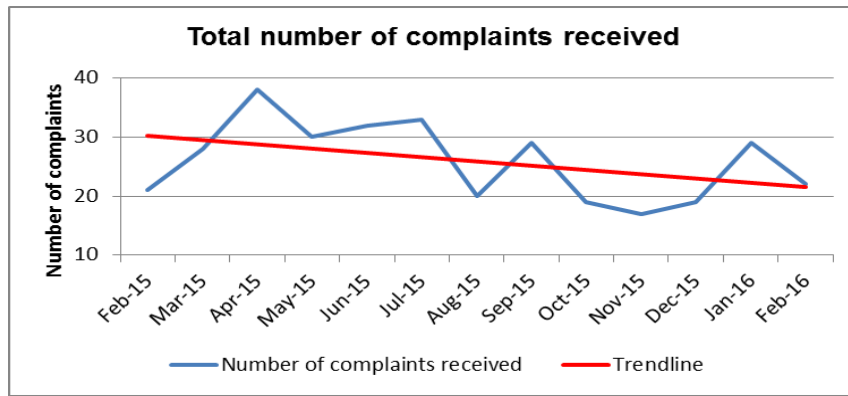
8. Freedom of Information

Public.

QUALITY REPORT

PART A – Patient Experience

Complaints and Patient Advice and Liaison Report



There were **22 formal complaints in February 2016**:

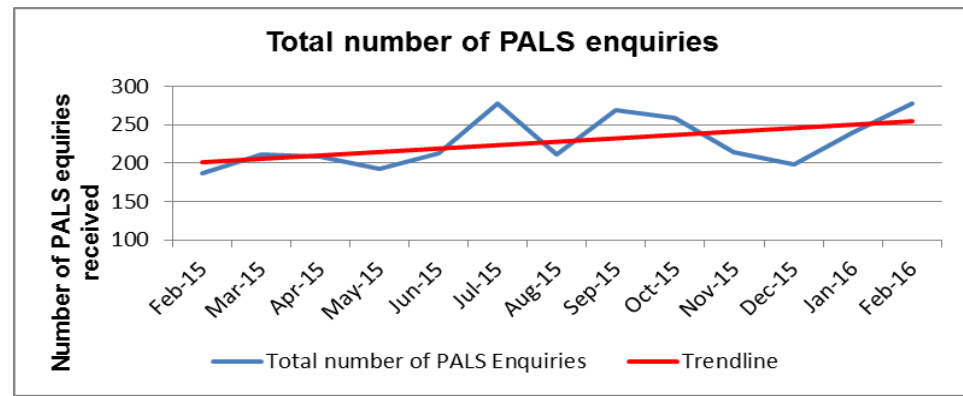
- 11 related to the Medicine Division
- 9 related to the Surgical Division
- 2 related to the Women and Children's Division

13 (59%) of the complaints were about '**clinical care and treatment**' – of these 1 related to care in 2013, 7 related to care in 2015 and 5 in 2016.

Of these 13 complaints, 8 were in relation to how we communicate and patients' expectations about their treatment – 3 on the ward, 1 in theatres and 4 in ED. Specifically, how we communicate with patients about their treatment and in meeting their expectations.

6 (27%) of the complaints were about '**communication and information**' – of these 3 relate to the ward, 1 to the appointment centre, 1 to outpatients department and 1 to the Emergency Department's waiting and processes.

Themes and learning from complaints and PALS is included in the quarterly Patient Experience report and reviewed at Specialty and Divisional Governance meetings.



There were **278 contacts** with the PALS service at the RUH site:

137 requested information or advice (49%)	94 required resolution (34%)
31 were compliments (11%)	16 provided feedback (6%)

The **top three subjects requiring resolution** were:

Communication and Information – 35 (37%) of contacts related to this subject area, of which 6 were regarding difficulties in accessing the Pain Clinic by telephone. There are no trends or themes in relation to the remaining contacts.

Appointments – 23 (24%) related to this subject area, of which 7 patients had concerns about delays in outpatient follow-up appointments for the pain clinic. The other contacts were spread across 13 outpatient areas.

Clinical care and treatment – of the 16 (17%) none were attributed to a particular hospital service.

Actions: The **Pain Clinic** have reduced Consultant capacity as 2 Consultants have left however a clinical fellow will start in April and will re-assess the 350 patients waiting review. A letter has been sent to all patients and copies to their GP explaining the situation. It has also been communicated to Commissioners. A telephone advice line manned by a nurse is in place for patients and to support ongoing triage. A generic e-mail address has also been put in place as an alternative means of access.

March 2016 - Safer Staffing Monthly Report (February data)

Trust Overview

The average number of Registered Nurse (RN) hours fill rate, both day and night shifts at the RUH has slightly decreased this month and this was mainly due to a high nurse sickness rates on the wards during February.

There was an increase of sickness of around 315hrs compared to the wards January nursing sickness figures.

To adequately staff the wards additional HCA hours and Assistant Practitioners Band 4 support the registered nurses. Additionally, the Supervisory Sisters provide clinical support as required and if necessary staff are deployed from other wards to support on a shift by shift basis.

The additional HCA hours allocated at night on Violet Prince Ward RNHRD, was to support a medical patient that required 1:1 specialising, as well as medical patients from RUH.

February 2016	Day shift		Night shift	
	Ave fill rate RN/RM	Ave fill rate HCA	Ave fill rate RN/RM	Ave fill rate HCA
RUH	86.3%	100.9%	89.2%	111.4%
RNHRD V.Prince Ward	103.0%	96.5%	97.4%	129.4.8%
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.

Nursing Vacancies and Recruitment

The Registered Nurse vacancies on the wards are continuing to slowly reduce as new RNs join the Trust and by the end of February our RN and Midwifery vacancies at ward level were 75.6 wte (5.9%).

Wards that are noted as having high RN vacancies are: MAU, Parry, Acute Stroke, Respiratory and Forrester Brown wards.

All of these wards have new RNs appointed in the recruitment pipeline and therefore it is hoped that this improving position will continue.

Senior nursing vacancies are also being recruited and there are now 3 senior nurse vacant posts outstanding, these being:

- ACE Senior Sister
- Trauma and Orthopaedics Matron
- Critical Care, Matron

All of these posts have good interim cover arrangements in place and these posts are being advertised shortly. It is hoped that these posts will be filled with permanent appointments in around 3 - 4 months time.

Nursing Workforce Risk Register

Not surprisingly Registered Nurse vacancies is the main risk identified both Trust wide as well as on the wards. Most recently Critical Care placed a risk on the register regarding insufficient nurse staffing for 13 beds. However similar to other areas this is looking more positive as they have recruited RNs recently and also have a good number of interviews lined up for this month.

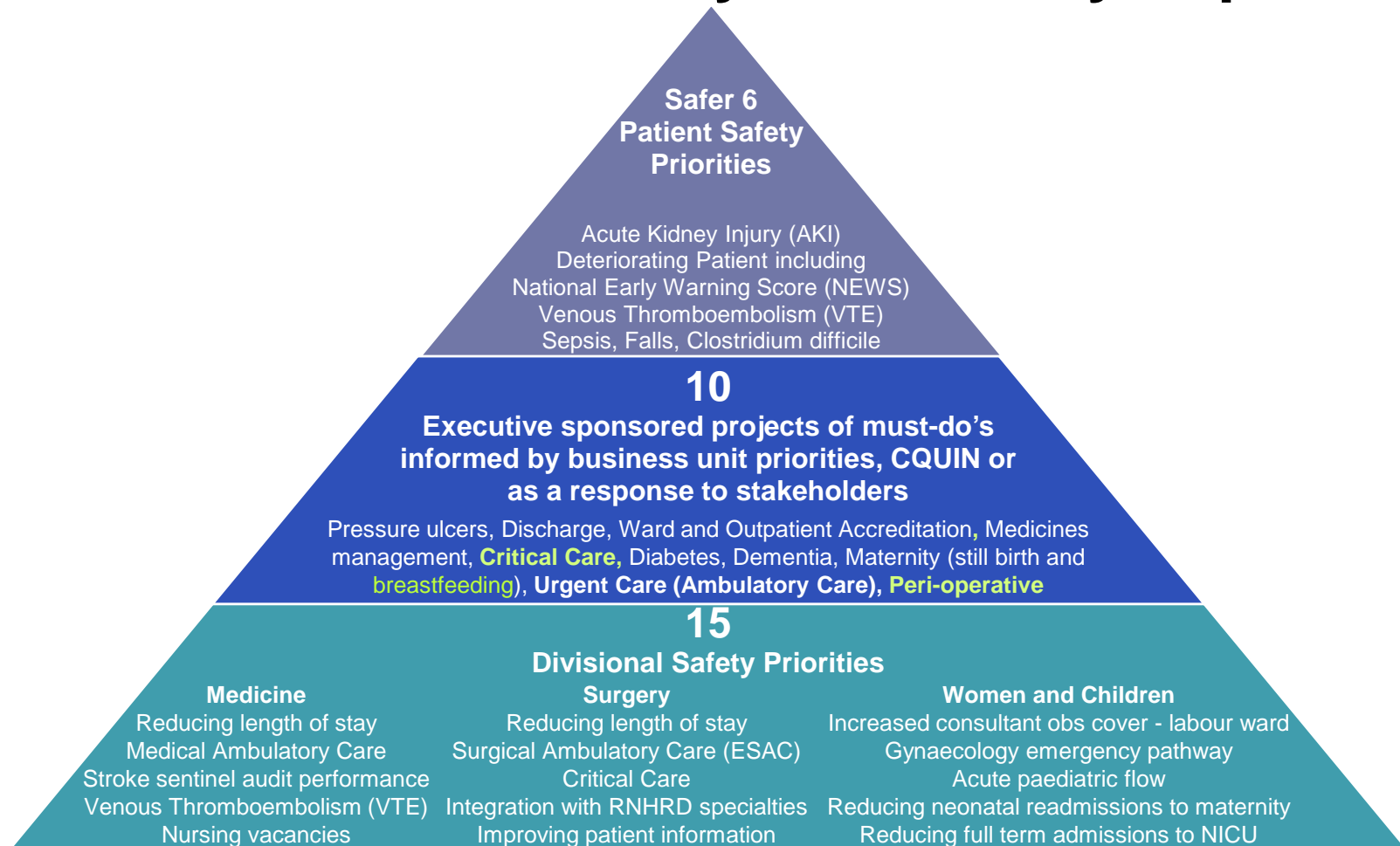
Shift Pattern Review Project

The nursing shift patterns have been reviewed across the Trust to reduce variation and develop standardisation of shifts. By bringing the ward shift patterns in line it supports staff utilisation to be more effective and efficient and benefit patient care delivery.

Nursing staff have been involved in a formal consultation about the proposed changes and it planned to finalise the new changes next month.³

QUALITY REPORT

PART B – Patient Safety and Quality Improvement



Nursing Quality Indicators Triangulation Chart - Exception Report (February data)

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

No wards have flagged this month, mainly due to improved quality indicators/harm events.

Wards that flagged last month

Medical Assessment Unit (MAU)

This ward flagged for the last 2 successive months due to RN staffing levels < 90% fill rate due to vacancies, patient falls and patient experience, although their matrices improved last month.

As with last month their quality indicators/harm events have improved again and although the FFT net promoter score is low (48), on reviewing the FFT comments there were no concerns about nursing care.

To note: MAU were under operational pressure during February due to bed capacity escalation and increased patient numbers in the unit and this would have had an impact on the patient's experience.

William Budd ward (Oncology)

Flagged last month due to RN staffing levels < 90% fill rate due to vacancies and also 2 patients that developed hospital acquired Grade 2 and Grade 3 pressures ulcers on the ward.

However this month the ward's FFT score have much improved and there were no harm events reported.

Unfortunately this ward has failed to achieve it's Foundation level accreditation (by 1%), although their quality indicators have much improved over the last 6 months. Therefore the Matron and Head of Nursing will continue to monitor this ward closely and the Quality improvement team will review their quality indicators monthly.

Ward quality matrices overall:

Overall the nursing quality matrices have improved again this month. Patient experience matrices have also improved with reduced numbers of written complaints (11) several of which were from admissions last year, and a higher number of positive PALs comments and less negative PALs comments from last month.

Quality matrices/harm events of note are:

- Clostridium difficile x 1 case (3 cases last month)
- Grade 2 Pressure Ulcers x 2 (x2 grade 2 and x1 grade 3 last month)
- The number and severity of patient falls have reduced this month with nil moderate or major harms recorded following a fall.

However, ward nurse staffing levels and % fill rate (planned versus actual) reduced this month. Noticeably due to high staff sickness which increased over February by 315 hours from January's ward figures. There were 2 wards closed for a short period due to Norovirus although only 4 nursing staff were off sick with this.

From 13th February all wards were fully open to admissions.

The increase in ward nursing staff sickness is most likely to have impacted on the Datix nurse staffing reports, which increased from 28 last month to 55 reports this month.

The wards which submitted a high number of Datix reports were:

Acute Stroke Unit	(10)
Combe ward	(9)
William Budd ward	(9)

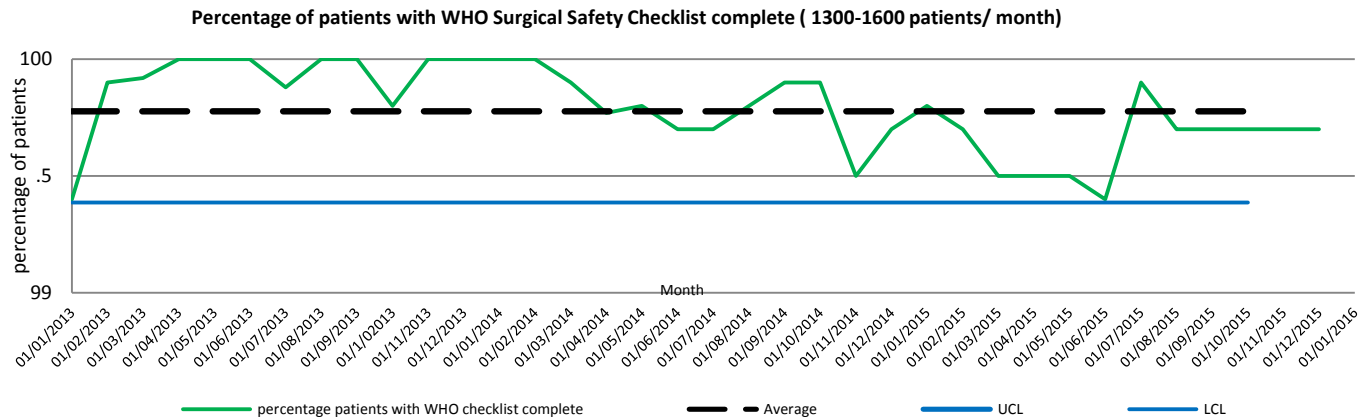
The new Italian Registered Nurses have commenced on the wards this month, however they are in their supernumerary induction period.

Perioperative Patient Safety Update

Current Performance

WHO CHECKLIST

99.7% of all patients undergoing surgery had a WHO checklist fully completed in Q3 (1300-1600 patients per month). Non-compliant checklists are fed back monthly via divisional governance to the teams concerned and compliance has improved over the year. Quality audits are embedded with the band 7 theatre staff and a minimum of 4 audits per theatre per week are performed. The themes from these are fed back monthly resulting in increased awareness and quality.



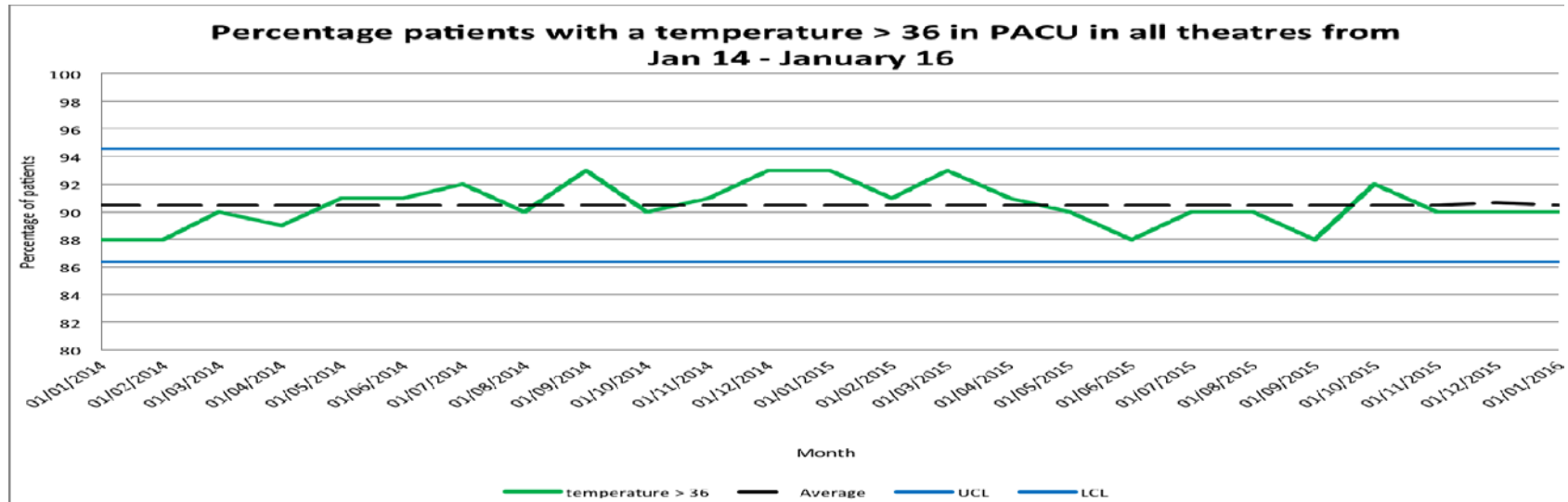
The National Safety Standards for Invasive Procedures (NATSIP)

The National Safety Standards for Invasive Procedures (NATSIP) published in September 2015 has been reviewed. The RUH operating theatres are compliant with all of the standards with the exception of routine debriefings after each operating list and regular multidisciplinary educational sessions. Debriefings are being developed using PDSA testing. The standards also require that routine checklists occur for all invasive procedures outside of the operating theatres, along with standard compliance and governance processes. Checklists already occur in radiology, cardiology and gastroenterology and these are being reviewed. A task and finish group with representation from each division has been established to comply with the standards and to provide Trust-wide standardisation. Compliance with these standards must be achieved by September 2016.

Perioperative Patient Safety Update

Prevention Intraoperative Hypothermia

Perioperative temperature control continues to be reliable with 90% of postoperative patients (1100-1200 patient each month) having a temperature >36 in Q3.



Emergency Laparotomy Collaborative

The emergency laparotomy work has been presented to all anaesthetists and surgeons with full support for aiming to reliably embed the 6 step pathway, progress will be reviewed monthly. Work is occurring to improve the following key areas (see charts):

1. Time from booking to arrival in theatre has increased over the last few months
2. Use of goal directed fluid therapy perioperatively has decreased substantially since the Elpquic project, but has increased since refocusing on the work
3. Critical care admission for all of these patients has been variable but appears to be increasing. Availability of critical care beds is therefore essential

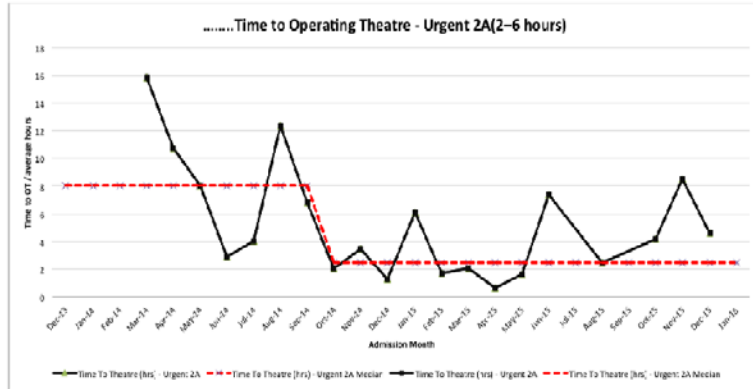
Measures used to demonstrate compliance with the Emergency Laparotomy bundle are taken from the National Emergency Laparotomy Audit (NELA). Data for this is now being collected at the time of surgery, increasing accuracy and reliability of capturing all patients. However, funding will be required to sustain the robust data collection going forward to ensure that the Trust has reliable and timely data to evidence the high quality of its surgical care and to ensure sustainability of any improvements.

The RUH emergency laparotomy team successfully bid to be part of the AHSN Care of Elderly project for these patients. Baseline data collection in those patients over 70 has commenced, with a plan for Care of The Elderly consultant involvement in 2 months time.

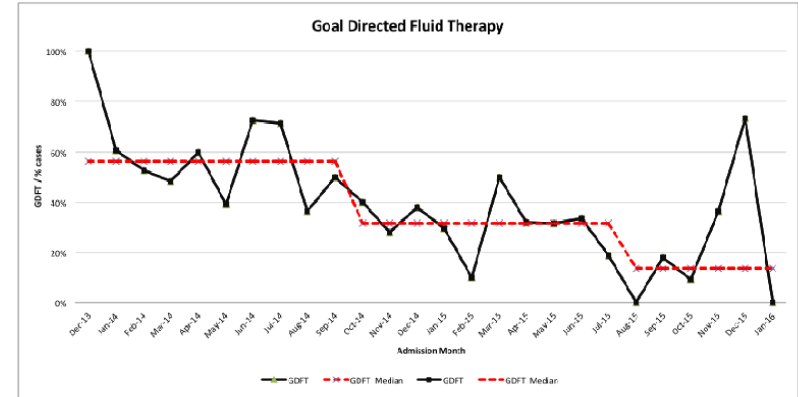
Emergency Laparotomy Measures (From National Emergency Laparotomy Database)

(12-20 patients each month)

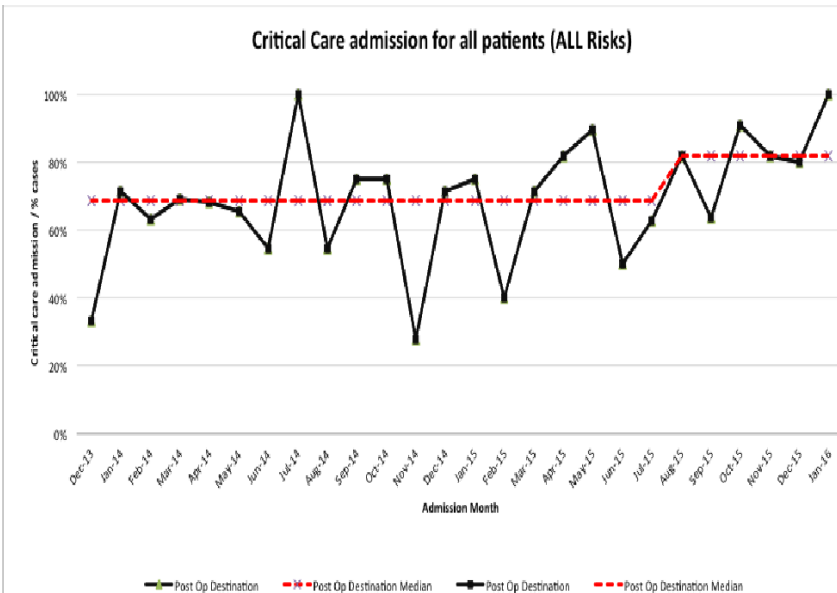
Time to theatre (target 2-6 hours)



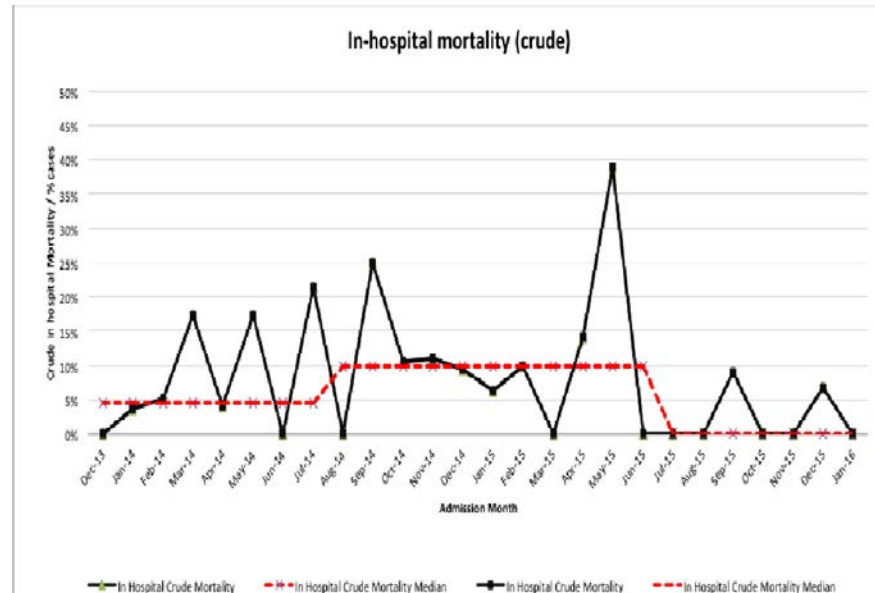
Percentage of patients receiving Goal directed fluid therapy in theatre



Percentage patients going to Critical care postoperatively



In hospital mortality for emergency laparotomy patients



2015/16 CQUIN Breastfeeding (Q4 Jan-Feb 2016 summary)

Background

The CQUIN for breastfeeding 2015/16 is split into 2 parts with an associated action plan:

Part A: Increase the percentage of women that have initiated breastfeeding at delivery

Part B: Increase the percentage of women provided with information either in a leaflet or video pertaining to safe feeding practice at discharge if they choose to bottle feed

Part A Progress

It is disappointing that Q4 performance by the end of February is not on track, but the action plan is progressing and is being monitored by the CQUIN steering group

Feeding at Delivery	Jan	Feb	QTD
Artificial	70	87	157
Maternal Breast Milk	326	279	605
Unknown	1	1	2
Total Exclusions	1		1
% feeding status Breast	81.9%	76.0%	79.1%

Part B Progress

The data is gathered via 1:1 interviews using the UNICEF Baby Friendly Initiative audit tool. Quarter 4 performance is reported at 75% (70% required)

Next Steps for both parts of the CQUIN

- Specialist support pathway; to continue to evidence the attendance at the women and family education workshops
- Continue with the effective dissemination of safe preparation of formula milk in order to continue achieving the target of 70%
- “*Just one*” initiative on central delivery suite: information giving so that mothers are aware that to give just one breastfeed will provide some health benefits to their newborn baby
- Continue to support data quality compliance via weekly reports sent to all Clinical leads and to ensure improvements in data input
- Training and education for staff and to plan future support for breastfeeding volunteers

Independent Domestic Violence Advisor (IDVA) Project

Background

- Domestic violence and abuse in Bath and North East Somerset affects nearly 6,000 women/men each year
- The total cost of domestic abuse in B&NES is £17m per year, including £3.6m on physical and mental health
- SafeLives (national charity dedicated to ending domestic abuse) This research project has demonstrated the benefits of having an Independent Domestic Violence Advisor (IDVA) based within an acute provider
- SafeLives estimates a public cost of £20,000 for a high-risk domestic abuse victim over a year – including 4 Emergency Department visits
- A one year pilot to base an Independent IDVA has been funded by B&NES CCG since April 2015

Progress & Outcomes to date

- An IDVA has been seconded from Southside and integrated into the Safeguarding Team since July 2015 on a secondment
- Domestic Abuse policy and Domestic Abuse Policy Affecting Staff Policy published
- Domestic Abuse training packages have been developed
- 24 Domestic Abuse training sessions delivered by IDVA in Emergency Department, Maternity, NICU, ITU and Genitourinary Medicine services
- Domestic Abuse information incorporated into all mandatory safeguarding children and adult training
- NICE Domestic Abuse PH50 guidance standards are now being achieved
- Domestic Abuse routine enquiry question now routinely asked by midwives and staff in Genitourinary Medicine

- The Trust is now contributing to the multi-agency response for victims by participating in B&NES and Wiltshire Multi-Agency Risk Assessment Conferences (MARAC)
- The SafeLives risk assessment is being used by all Safeguarding Leads and staff in the Emergency Department, Maternity and Genitourinary Medicine services
- Referrals are now being made to MARAC; previously no referrals had been made by the Trust

Expected Outcomes of Continuing the IDVA Project

- Estimated that up to 100 patients per year could be supported by the IDVA within the Trust and across community
- Patients experiencing Domestic Abuse would feel supported and able to disclose Domestic Abuse due to increased awareness and training of Trust staff
- Increase in referrals to MARAC for high risk victims of Domestic Abuse
- Improved safety planning prior to discharge
- Establish flagging system for high risk victims
- Develop a more confident workforce who are able to support patients experiencing Domestic Abuse within the hospital
- Improved information sharing with GPs

Next Steps

- B&NES CCG are working with B&NES Council, Wiltshire CCG and Wiltshire Council to identify ongoing funding for the project

Patient Safety – Critical Care

Background

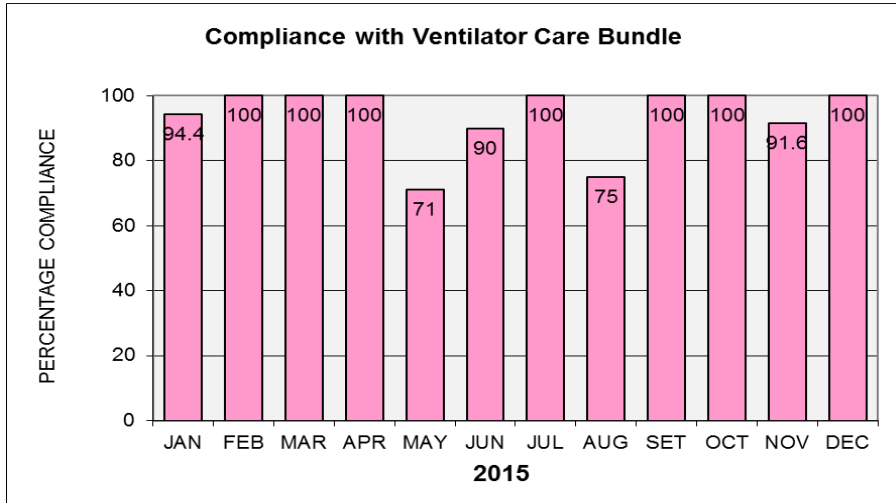
The Critical Care Workstream includes 4 key measures as part of the ongoing quality improvement work of the Patient Safety Steering Group.

Current Performance

1. Ventilator Associated Pneumonia (VAP)

Aim: For no VAP in adult patients on ITU by July 2016

Compliance with ventilator care bundles which have been shown to decrease the rate of VAP, has been over 90% as shown below:



In January 2016 there were 34 ventilated patients and 1 possible VAP. This was however unconfirmed.

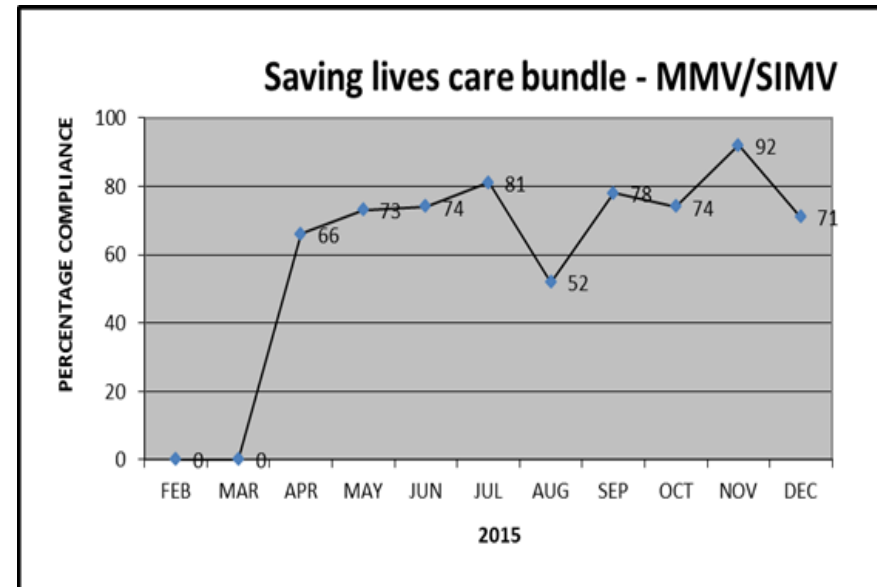
Going forward the clinical team will continue to monitor VAP care bundle compliance - aiming for consistent 100% compliance.

2. Ventilator Acquired Lung Injury

Aim: To prevent ventilator acquired lung injuries by December 2016

Compliance with bundle of care to prevent ventilator acquired lung injury is collected by random notes review of 20 patients per month as part of the Saving Lives data. Results are shown below, and show an improvement from baseline to over 50% reliability.

The process is continuing to be embedded and improvement strategies tested using PDSA cycles to achieve increased compliance.

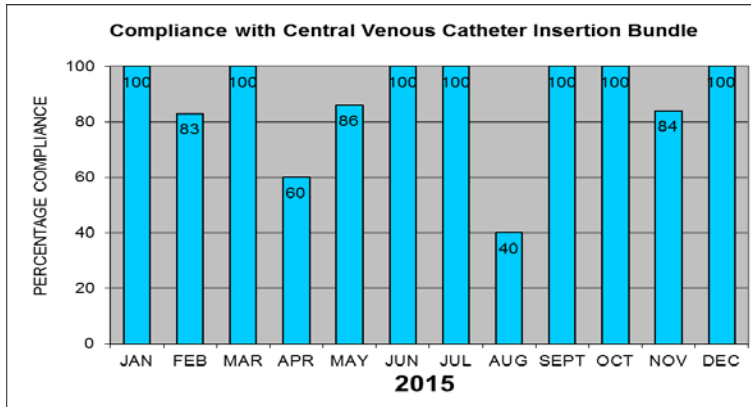
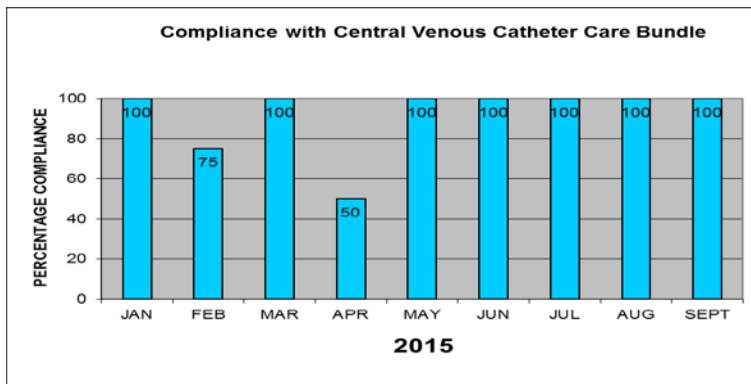


Patient Safety – Critical Care

3. CVAD (Central Venous Access Device) bacteraemia

Aim: No CVAD bacteraemia by September 2016

Compliance with Central Venous Access insertion and care bundles are shown below:

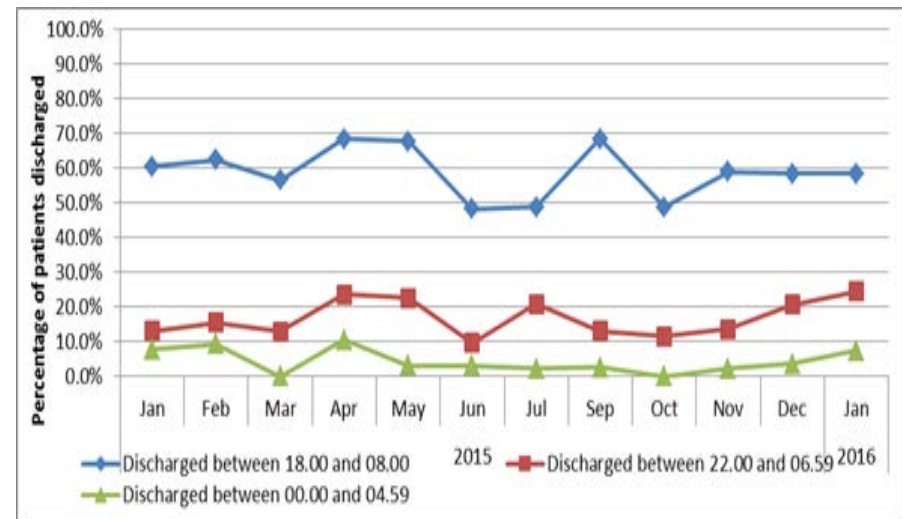


There have been no known cases of CVAD bacteraemia over the last 3 months, and criteria for documentation of CVAD bacteraemia will be ratified at ITU governance meeting

4. Out of hours discharges from ITU (22:00-07:00)

Aim: No out of hours discharges from ITU by December 2016

The occurrence of out of hour discharges currently is between 10-25%. There were 12 patients in January 2016.



A number of process improvements are planned and currently underway, in particular de-escalation of patients level of activity as far as possible when they are ready for discharge. This enables discharge to be expedited as soon as a bed becomes available.

NEWS training is being implemented on the unit to enable ward charts to be commenced as the patients level of activity has been de-escalated, again facilitating a speedier discharge process from ITU.

Serious Incident (SI) summary

Current Performance

During February, two Serious Incidents were reported, both of which remain under investigation.

The incidents have been discussed with the patient and/or their family and they are aware of the investigation, in line with the Duty of Candour framework.

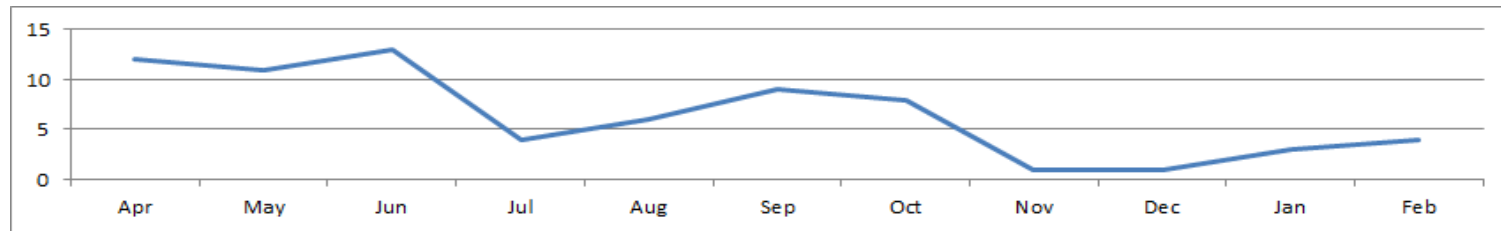
Date of Incident	Datix ID	Summary
12.02.16	40384	Safeguarding and staff conduct allegation
15.02.16	40408	A recognised complication during a difficult delivery

Serious Incident reports approved in February

Date of Incident	Datix ID	Summary	Learning/ Recommendations
20.07.15	34062	Hospital acquired infection	The investigation identified that the suboptimal water supply and distribution system resulted in a patient contracting a Legionella infection from which they died. All necessary steps to the system have been taken or are in progress. The Trust needs to ensure that any similar investigation includes suitable and relevant expertise
21.09.15	35985	Patient fall resulting in a fracture	The investigation identified that despite all appropriate mitigation having been put in place to try to prevent the patient falling, they attempted to mobilise in the night and fell
06.10.15	36438	Patient fall resulting in a fracture	The investigation identified that a patient was not identified as being at a high risk of falls and was left unattended while an x-ray was performed. The recommendations included the use of a visual system within the Emergency Department to highlight relevant risks, and that the x-ray request system include a risk identification system
10.10.15	36623	Hospital acquired infection – MRSA	Whilst the investigation identified that the patient's MRSA status was not checked on admission and they were not decolonised appropriately; the route of entry was most likely the pre-admission existing pressure ulcer, which had been treated appropriately
20.10.15	37073	Hospital acquired infection – Clostridium Difficile	The investigation identified that the prescribing and use of antibiotic therapy for the patient had been appropriate and accompanied by a clear plan of action
03.11.15	37260	Patient fall resulting in a fracture	The investigation identified that a patient at a high risk of falls was not appropriately assessed and the necessary falls prevention care plan was not implemented
10.11.15	37603	Baby born unwell requiring admission to NICU for resuscitation	The investigation identified that the patient was suffering from sepsis. The amendment of the vital signs observation chart in labour, to include sepsis prompts, was a key recommendation
23.12.15	38946	Patient fall resulting in a fracture	The investigation identified that a patient assessed as being at a low risk of falls fell while getting out of bed with assistance. It was identified that staff needed to ensure that a patient's intravenous lines and catheters were moved to the side of the patient when they were preparing to move

Overdue Serious Incident reports summary

Trajectory	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual	12	11	13	4	6	9	8	1	1	3	4	
Target				12	10	9	8	7	6	5	4	3



As of 8th March, there were 18 open Serious Incidents (SIs); of these, five are overdue.

The investigation has been concluded for 10 of the open incidents and the reports will be submitted to the Operational Governance Committee for approval at the March meeting.

Whilst progress had been made in providing completed investigation reports, that are of a good quality within the timescales, some investigators continue to struggle with providing their investigation reports, due to competing clinical priorities. Any delay in providing a final report is escalated to the relevant Divisional Management team, for them to identify what further support can be provided to the investigator to assist them in completing the report.

The Operational Governance Committee monitors the progress against the action plans created to prevent the reoccurrence of Serious Incidents; as of 8th March the status was:

- Number of action plans open: 18
- Outstanding actions: 29

Report: Nursing quality indicators (February data) Triangulation report March 2016

Ward Group	Ward Name	Report for March 2016 by ward/area triangulating FFT Score; PALS; Complaints; Cdiff; Falls; Pressure Ulcers; HR																					
		FFT (Net Promoter) Score	FFT % Recommending RUH	Number of complaints received	Number of PALS contacts		Number of patients with CDiff	Number of patients who fell				Number of patients with pressure ulcers			Human Resources				Nurse Staffing Datix Reports	Safer Staffing % Fill rate			
					Positive	Negative		Negligible harm	Minor harm	Moderate harm	Major harm	Grade 2	Grade 3	Grade 4	Sickness %		Appraisal %			Day		Night	
															R/N	HCA	R/N	HCA		Registered Nurses/Midwives	Care Staff	Registered Nurses/Midwives	Care Staff
Emergency Department	SAU	90	100	1	2										6.0	5.3	89.3	88.9	1	106.9%	92.6%	92.4%	141.5%
	A&E	83	97	2	3	4		2							2.7	10.8	92.4	95.7		N/A	N/A	N/A	N/A
	MAU	48	88					3	1						1.9	1.7	90.5	81.0	2	85.4%	106.2%	85.6%	111.1%
Inpatient Wards	ITU	N/A	N/A		1										4.2	7.2	95.4	83.3		84.9%	94.0%	89.4%	34.5%
	CCU	100	100					1							5.4	0.0	89.5	66.7		95.3%	95.8%	100.3%	94.5%
	Waterhouse	100	100			1		7	2						1.9	5.2	88.2	100.0		75.0%	80.2%	66.8%	131.7%
	William Budd	94	100			2		1	4						1.0	0.9	86.7	83.3	9	90.0%	117.7%	79.6%	138.7%
	Children	93	100												4.4	0.0	72.1	76.9		85.8%	133.0%	100.7%	46.6%
	Medical Short Stay Unit	92	100	1				1	2			1			0.8	2.3	92.9	55.6	1	90.5%	111.0%	106.5%	103.3%
	NICU	86	100												7.4	0.8	81.0	75.0		59.7%	99.5%	97.6%	101.7%
	ACE OPU	86	97					9							2.7	7.4	91.3	100.0	2	76.5%	86.0%	99.6%	101.8%
	Mary Ward*	86	96												5.3	7.9	73.0	61.5	3	102.3%	84.3%	91.0%	96.6%
	Cheselden	86	87			1		3	1						1.4	4.5	70.0	70.0	2	76.5%	117.5%	99.9%	93.0%
	Acute Stroke Unit	85	100	1			1	7	2						1.5	7.4	100.0	93.8	10	86.2%	82.3%	104.8%	102.2%
	Surgical Short Stay Unit	84	98	1				2							3.6	25.7	81.0	87.5	2	87.9%	109.6%	99.5%	115.3%
	Parry	83	100			1		4	1						7.7	7.9	92.3	84.6		80.4%	117.9%	81.1%	100.0%
	Helena	83	92					2							3.6	11.2	72.2	69.2		108.3%	103.6%	91.9%	143.0%
	Phillip Yeoman	81	97		1			2							13.5	8.6	88.2	100.0	3	75.8%	125.3%	86.0%	95.8%
	Pulteney	79	92	1											4.3	9.1	76.2	68.2	4	87.6%	118.4%	102.6%	128.4%
	Violet Prince (RNHRD)	78	89					3							-	-	-	-		102.9%	96.5%	97.3%	129.4%
	Midford	75	100			1		4	1						1.4	0.3	92.9	85.7		81.4%	102.1%	76.8%	103.4%
	Robin Smith	73	95			1						1			9.2	10.3	100.0	92.9	3	96.4%	80.1%	87.8%	101.1%
	Cardiac	69	97		1			4	1						6.0	7.3	85.0	75.0	1	82.9%	100.5%	74.7%	164.4%
Combe	65	100			1		6							2.7	0.8	100.0	81.3	9	86.1%	104.0%	77.2%	153.7%	
Respiratory	64	97		1	2		5	1						6.8	10.7	89.5	88.9	1	73.5%	100.7%	76.3%	158.0%	
Haygarth	62	91	1		1		2							1.6	8.3	100.0	80.0		89.9%	94.8%	79.3%	89.7%	
Charlotte	61	93	1	1			1							5.5	9.4	93.8	100.0		104.1%	105.7%	100.0%	100.3%	
Forrester Brown	53	94	2	2	1		6	1						6.2	9.2	91.2	96.7	2	83.3%	108.8%	88.0%	120.4%	

* FFT data taken from Maternity FFT touchpoint 2 - Labour Ward

March 2016 - Ward by Ward Safer Staffing Exception Report – (February Data)

Appendix B

Red = < 90% fill rate Blue = >120% fill rate

Ward Name	Day		Night		Summary
	Average fill rate RN/RM (%)	Average fill rate CA (%)	Average fill rate RN/RM (%)	Average fill rate - CA (%)	Explanation and Actions taken where fill rate <90% or >120%
ACE	76.5%	86.0%	99.6%	101.8%	RN hours during the day is due to sickness and secondments to others wards. HCA hours due to long term sickness. Band 4 Assistant Practitioner in post and Supervisory Sister covered shortfall of RNs.
Acute Stroke Unit	86.2%	82.3%	104.8%	102.2%	RN and HCA hours during the day are due to vacancies and long and short term sickness. Supervisory Sister and Matron worked clinically and staff deployed from other areas as required. Recruitment is active and sickness is being actively managed.
Cardiac Ward	82.9%	100.5%	74.7%	164.4%	RN hour's shortfall day and night is due to vacancies and sickness. Additional HCA hours supported the shortfall at night. Supervisory Sister supporting during the day. Recruitment and sickness being actively managed.
Charlotte Ward	104.1%	105.7%	100.0%	100.3%	
Cheselden Ward	76.5%	117.5%	99.9%	93.0%	RN vacancies during the day – additional HCA hours supported and Supervisory Sister covered the shortfall as required.
Children's Ward	85.8%	133.0%	100.7%	46.6%	RN hours shortfall day and HCA night hours are due to vacancies, long and short term sickness and maternity

Ward Name	Day		Night		Summary
	Average fill rate RN/RM (%)	Average fill rate CA (%)	Average fill rate RN/RM (%)	Average fill rate - CA (%)	Explanation and Actions taken where fill rate <90% or >120%
					leave. HCA day hours increased to offset RN shortfall. Supervisory Sister, Matron and NICU staff supported as required (not recorded).
Combe Ward	86.1%	104.0%	77.2%	153.7%	The RN day and night shortfall is due to vacancies and sickness. Additional HCA hours cover the shortfall at night. Band 4 Assistant Practitioners and Supervisory Sister support during the day as required. Recruitment and sickness being managed.
Coronary Care Unit	95.3%	95.8%	100.3%	94.5%	
Forrester Brown Ward	83.3%	108.8%	88.0%	120.4%	RN day fill rate is due to vacancies and sickness. Band 4 Assistant Practitioners and additional HCA hours supported the shortfall and patients requiring 1:1 'specialling'. Supervisory Sister also supported during the day.
Haygarth Ward	89.9%	94.8%	79.3%	89.7%	The RN day and night shortfall is predominantly due to sickness. HCA hours during the night are due to vacancies and sickness. Recruitment and sickness is actively being managed. Staff were deployed from other wards if required (not recorded).
Helena Ward	108.3%	103.6%	91.9%	143.0%	Additional HCA hours supported patients requiring 1:1 'specialling' at night.
Intensive Therapy Unit	84.9%	94.0%	89.4%	34.5%	RN shortfall is due to vacancies and sickness and HCA shortfall is due to sickness and maternity leave. Usually 1 HCA at night. Sufficient staff were rostered to cover the acuity levels and numbers of patients on the unit. Supervisory Sister covered as required. Recruitment and sickness is being actively managed.

Ward Name	Day		Night		Summary
	Average fill rate RN/RM (%)	Average fill rate CA (%)	Average fill rate RN/RM (%)	Average fill rate - CA (%)	Explanation and Actions taken where fill rate <90% or >120%
Medical Assessment Unit	85.4%	106.2%	85.6%	111.1%	The RN day and night shortfall was due to vacancies and maternity leave. Supervisory Sister supported during the day and additional HCAs hours covered the shortfall at night and staff were deployed from other wards as required (not recorded). Recruitment is being actively managed.
Medical Short Stay	90.5%	111.0%	106.5%	103.3%	
Midford Ward	81.4%	102.1%	76.8%	103.4%	RN shortfall in the day and night is due to vacancies and sickness. Additional HCA hours support the shortfall also Supervisory Sister and Band 4 Assistant Practitioner support during the day. Active recruitment is on-going and sickness is being managed.
Neonatal Intensive Care Unit	59.7%	99.5%	97.6%	101.7%	Shortfall with RNs days is due to vacancies, sickness and maternity leave. Other staff assist, including Supervisory Sister and nurses from Children's ward if required (not recorded). Actively recruiting and sickness being managed.
Parry Ward	80.4%	117.9%	81.1%	100.0%	RN hours day and night were due to vacancies and sickness. Staff are deployed from other wards as required (not recorded).
Phillip Yeoman Ward	75.8%	125.3%	86.0%	95.8%	The shortfall of RN hours day and night are due to vacancies and long term sickness. Additional HCA hours supported during the day with elective Day cases. Reduced inpatient numbers at night supported reduced staffing levels (elective surgical ward).
Pulteney Ward	87.6%	118.4%	102.6%	128.4%	Shortfall RN hours during the day due to vacancies and sickness. Additional HCA hours (day) support the

Ward Name	Day		Night		Summary
	Average fill rate RN/RM (%)	Average fill rate CA (%)	Average fill rate RN/RM (%)	Average fill rate - CA (%)	Explanation and Actions taken where fill rate <90% or >120%
					RN hours and additional HCA hours at night support increased acuity of Head and Neck patients.
Respiratory Ward	73.5%	100.7%	76.3%	158.0%	The RN day and night hour's is due to vacancies and sickness. Additional night HCA hours cover the RN shortfall and Supervisory Sister supports during the day. Active recruitment and sickness management is in place.
Robin Smith Ward	96.4%	80.1%	87.8%	101.1%	Shortfall RN night hours and HCA day hours were due to sickness and vacancies. Supervisory Sister supports clinically during the day as required.
Surgical Admissions Unit	106.9%	92.6%	92.4%	141.5%	Additional HCA night hours support additional inpatients in escalation.
Surgical Short Stay Unit	87.9%	109.6%	99.5%	115.3%	RN shortfall during the day due to sickness and vacancies. Additional HCA hours and Supervisory Charge Nurse supported this as required.
Waterhouse Ward	75.0%	80.2%	66.8%	131.7%	Shortfall of RN days and nights and HCA days is due to vacancies and sickness. Staff were deployed form other areas as required. Additional HCA hours supported RN shortfall at night as well as a patient requiring 1:1 'specialling'.
William Budd Ward	90.0%	117.7%	79.6%	138.7%	Shortfall of RNs hours at night were due to vacancies, sickness and RNs being moved to other wards as required. Additional HCA hours supported the shortfall. Recruitment is being actively managed.
Mary Ward	102.3%	84.3%	91.0%	96.6%	MCA hours during the day is due to vacancies, maternity leave and sickness. Recruitment and

Ward Name	Day		Night		Summary
	Average fill rate RN/RM (%)	Average fill rate CA (%)	Average fill rate RN/RM (%)	Average fill rate - CA (%)	Explanation and Actions taken where fill rate <90% or >120%
					sickness are being actively managed.
Paulton Birthing Centre	100.0%	100.0%	100.0%	100.0%	
Chippenham B.Centre	100.0%	100.0%	100.0%	100.0%	
RNHRD Violet Prince Ward	103.0%	96.5%	97.4%	129.4%	Additional HCAs at night were to support a patient requiring 1:1 specialising and other medical transfers from the RUH (usually no HCAs at night).