

# Chief Nurse's Nursing Report 1 July 2019

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Agenda Item No: 7.1

## Trust Board Report

<b>Meeting Date:</b>	1 <sup>st</sup> July 2019
<b>Title:</b>	Chief Nursing Officer Report  Comprising: Right staff, right place, right time, Nurse Education Faculty, excellence in care, patient experience, communication and research.
<b>Executive Summary:</b>	<p>Key updates in this report include:</p> <ul style="list-style-type: none"> <li>• A variety of quality improvements continue to be progress within nursing, midwifery and Health Visiting in line with the Nursing Systems Framework.</li> <li>• Focussed efforts have continued to reduce nursing vacancies across the Trust, which have resulted in a further reduction of vacancies.</li> <li>• The Patient Experience, Engagement and Public Involvement Strategy 2019-2022 has been approved by Trust Board.</li> <li>• An investigation into the material decline of the Friends and Family Test (FFT) response rates reported in April 2019 has been conducted and an issue identified by the FFT provider associated with the interactive voice messenger facility, which the provider has now rectified. This has resulted in an increase of FFT response rates in May 2019.</li> <li>• Reporting arrangements for the Deteriorating Patient Group have changed from the Mortality Review Group to the Quality and Safety Intelligence Group to strengthen the oversight of divisional and directorate actions. A sepsis improvement plan continues to be implemented.</li> <li>• Culture survey within nursing and midwifery is being progressed with a pilot planned in the summer and full roll out in September 2019.</li> <li>• The Continuous Quality Improvement (CQI) and Palliative Care Teams are engaged in a project to strengthen advanced care planning, conversations regarding last year of life and 'Fast Track' discharge to die. This will be launched at a dedicated nurse forum in July 2019.</li> <li>• There were 2 patient falls with harm in May 2019 and Root Cause Analysis (RCA) investigations are in progress. However, the overall numbers of patient falls have not increased.</li> </ul>
<b>Action Requested:</b>	<b>Receive and note.</b>
<b>For the attention of the Board</b>	As below
<b>Assure</b>	<ul style="list-style-type: none"> <li>• Reducing nursing vacancies and improving staff retention remain one of the key priority areas.</li> <li>• The number of Registered Nurse (RN) vacancies has further reduced and there are currently no midwifery vacancies. However, a high number of individuals offered posts at the Trust are currently student nurses awaiting completion of their nurse training in September and November 2019.</li> <li>• There were 14 RNs/RMs and 7 HCAs (head count) who left the Trust in May 2019.</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>• Initial reports from the sepsis module are currently being prepared.</li> <li>• Results from the 4<sup>th</sup> round of the nursing mortality audits are awaited.</li> <li>• The technical issue associated with the FFT interactive voice messenger facility experienced in April 2019 has now been resolved.</li> </ul>

<b>Alert</b>	<ul style="list-style-type: none"> <li>• RN vacancy levels remain of concern particularly within medicine.</li> <li>• Two patient fall incidents which occurred in May 2019 have been escalated as serious incidents and will be subject to a RCA.</li> </ul>
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<b>Links to Trust Strategic Objectives</b>	<ol style="list-style-type: none"> <li>1. Create a culture of compassion, safety and quality</li> <li>2. Proactively seek opportunities to develop our services</li> <li>3. To have an effective and well integrated local health and care system that operates efficiently</li> <li>4. Attract, retain and develop our staff, and improve employee engagement</li> <li>5. Maintain financial health – Appropriate investment to patient services</li> <li>6. Be in the top 25% of all key performance indicators</li> </ol>
<b>Resource Implications:</b>	None
<b>Report Data Caveats</b>	This is a standard report using the previous month's data. It may be subject to cleansing and revision.
<b>CQC Domains</b>	<p><b>Safe:</b> patients, staff and the public are protected from abuse and avoidable harm.</p> <p><b>Effective:</b> care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p><b>Caring:</b> Staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p><b>Responsive:</b> services are organised so that they meet people's needs.</p> <p><b>Well-led:</b> the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>
<b>Equality and Diversity Impact</b>	No negative impact.
<b>Risks: BAF/ TRR</b>	TRR 3644 - currently amber risk (9)
<b>Risk: Appetite</b>	Funding has been provided to improve quality and workforce.
<b>Public or Private:</b>	Public
<b>Other formal bodies involved:</b>	QGAC Policy Group Senior Nursing, Midwifery and Health Visiting Strategic Group
<b>References</b>	Safer staffing and national quality requirements.
<b>NHS Constitution:</b>	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> <li>• High standards of excellence and professionalism</li> <li>• Service user preferences</li> <li>• Cross community working</li> <li>• Best Value</li> <li>• Accountability through local influence and scrutiny</li> </ul>

## Report Details

### NURSING SYSTEM FRAMEWORK

The Nursing Quality Dashboard (appendix 1) has been developed to provide an 'at a glance' view of ward/department/service performance with regards to structure, process and outcomes. The metrics contained within the dashboard are existing metrics that are reported on monthly and have been collated into one document to provide an overview. Key points from this month's report are highlighted below.

Key points from May 2019 Dashboard	Action/Mitigation
<p>There has been a further reduction of RN vacancies from 31.88 to 9.05 WTE when compared with April's data. However, HCA vacancies have increased from -5.26 to 13.83 WTE when compared with April's data, many of the RN positions are due to commence in September 19.</p> <p>Filled vacancies (pending starters not yet in post) have increased from 66.4 to 102.76 WTE for registered nurses and decreased from 19.72 to 9.05 WTE for HCAs.</p>	<p>All recruited candidates continue to be tracked to minimise their attrition. The key risk continues to be the fact that the newly qualified nurses tend to secure offers at multiple trusts.</p>
<p>The overall Trust Friends and Family Test (FFT) response rate had seen an increase from 17% reported in April to 19% reported in May 2019 and the recommendation rate increased from 92% to 93%. In terms of the divisional data, the collective Division 1, 2 and 3 FFT response rate increased in May to 28.7% from 23.8% reported in April and the recommendation rate decreased from 85% reported in April to 77.2% reported in May 2019.</p>	<p>The FFT provider continues to work on rectifying the technical issue with the voice messenger facility.</p> <p>Focus on increasing the response and recommendation rates continues.</p>
<p>Patient fall numbers have not risen, but there were 2 serious falls in May 2019. Both patients died and have been referred to the coroner and we await further decision/cause of death. RCAs are in progress.</p>	<p>Learning is being shared locally. Individuals have undertaken self-reflection and supervision where relevant.</p>
<p>Mandatory training compliance has declined slightly.</p>	<p>Escalated to Divisions, new starters awaiting completion on local induction may be contributing.</p>
<p>Late observations remain higher than prior to NEWS2 implementation.</p>	<p>Investigations are leading towards revised parameters in the reporting system following the system upgrade rather than an increase in clinical risk. A detailed discussion regarding this is to be held at the Deteriorating Patient Group meeting on 21<sup>st</sup> June 2019.</p>
<p><i>Clostridium difficile</i> infections are high as a result of revised reporting arrangements.</p>	<p>Detailed investigation of cases is underway to understand fully the patients acquiring C difficile post discharge. The deep clean programme has commenced and is on track for completion before the winter.</p>

## EXCELLENCE IN PRACTICE

### Maternity and Obstetrics

Following the Walsall Healthcare NHS Trust lifting their cap on the number of births, the Trust has started to observe a reduction in women booking from the 6 Willenhall GP surgeries. The data obtained from the Maternity Badgernet System has indicated that the predicted forecast for birth rates between May to October 2019, which is based on expected date of delivery, predicts a reduction of approximately 86 women booking from the 6 surgeries when compared to 2018 activity data for the same time period. This data also indicates that the Trust's booking data will remain static when compared to 2018 activity data. Should these booking trends continue, birth rates at the Trust are anticipated to reduce to approximately 4850. Monitoring of these trends continues and further planning discussions will be taking place to determine measures for maintaining Trust's birth rates at 5000. There are currently no plans for lifting the current cap for the number of births at the Trust.

Work remains in progress in collaboration with the Black Country and West Birmingham Local Maternity System (BCLMS) to achieve delivery of 35% of women on the continuity of care (COfC) pathway by March 2020. However, the challenge to provide care across the 3 elements of the pathway still exists particularly for the intrapartum element. The BCLMS has indicated that there is some funding available to support this national ambition and the Trust has submitted a bid for resource to support delivery of the 35% trajectory.

### End of Life Care

Key updates include:

- There End of Life Steering Group is coordinating end of life actions across the Trust.
- A quality improvement project (QIP) is in the planning stage with the renal directorate, palliative care team and CQI leads, to develop excellence in an inpatient environment. A toolkit will be developed to roll out to other areas.
- An education session for nurse leaders to launch actions and a call to action will be held on 24<sup>th</sup> July 2019.
- Additional training is being sought to maximise the impact of Fast Track (discharge to die).
- The Community End of Life model has been developed in collaboration with various agencies.
- End of Life has been the focus of this year's dignity day event.
- Several research topics are in discussion/development focusing on how the Trust surveys bereavement and analyses complaints thematically.

### Culture survey

The Trust has selected Best Practice Australia (BPA) to produce and administer a Culture Survey for registered and non-registered nursing and midwifery staff. The survey is in the planning stages including agreement of survey questions, structural mapping for the organisation and staff and due diligence processes associated with the General Data Protection Regulation (GDPR). A pilot is planned for the summer followed by full survey roll out from September 2019. This research based survey underpins the goals within the NSF and will be the first of its kind conducted for nurses and midwives at the Trust. The results will provide vital intelligence and steer for progressing the goals of the NSF and ultimately the Trust's strategic objectives.

### Patient Falls

Two patient falls which occurred in May were reported as serious incidents in June 2019, both patients died shortly after the fall and have been referred to the coroner and we await decision/cause of death. The outcomes of the RCAs are also awaited. Overall patient falls remain lower than in previous years.

### Nursing Quality Audits

Weekly quality audits have continued to be completed together with a peer review element taking place monthly. Key headlines from these audits will be shared in the next month's report.

### Mortality Nursing Audits

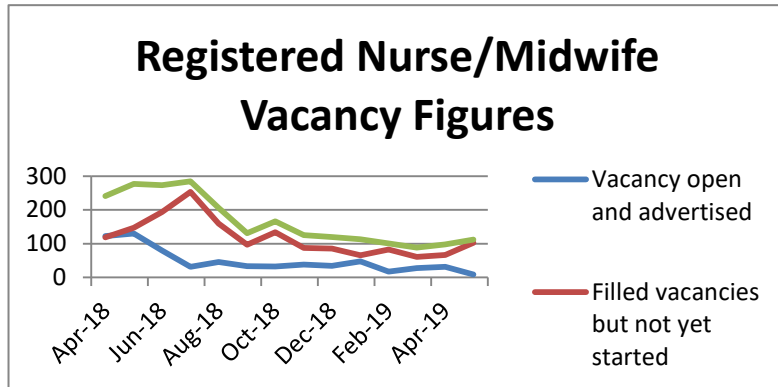
The fourth nursing mortality audit was conducted in May 2019 and the data is currently being analysed

and associated reported produced. This report will be shared within via the nursing governance process and at the Mortality Review Group in July 2019. An improvement plan is being developed.

**RIGHT STAFF, RIGHT PLACE, RIGHT TIME**

**Nursing and midwifery vacancy position**

The following graph and tables illustrate nursing vacancies at as May 2019. It should be noted that there are no midwifery vacancies at the present time.



Nurse staffing challenges remain concentrated within the following clinical areas:

- Div. 1: A5, A6 and ICCU
- Div. 2: C15, C24, C25, A8, ASU, C19 and A7
- Div. 3: A21

Vacancies - Open + Advertised					
	Qualified Nurses	Unqualified / HCA	Total - Qual + HCA	Others	Total - Qual + HCA + Others
Div-1	-25.69	0.71	-24.98	-13.02	-38.00
Div-2	24.99	3.49	28.48	-0.94	27.54
Div-3	9.75	9.63	19.38	-12.99	6.39
<b>Totals</b>	<b>9.05</b>	<b>13.83</b>	<b>22.88</b>	<b>-26.95</b>	<b>-4.07</b>

Filled Vacancies - Pending Starters Not Yet In Post					
	Qualified Nurses	Unqualified / HCA	Total - Qual + HCA	Others	Total - Qual + HCA + Others
Div-1	42.34	3.60	45.94	2.84	48.78
Div-2	39.76	0.63	40.29	1.80	42.09
Div-3	20.66	4.92	25.58	3.95	29.53
<b>Totals</b>	<b>102.76</b>	<b>9.05</b>	<b>111.81</b>	<b>8.59</b>	<b>120.40</b>

Total - All Unfilled Posts (Open Vacancies + Pending Starters)					
	Qualified Nurses	Unqualified / HCA	Total - Qual + HCA	Others	Total - Qual + HCA + Others
Div-1	16.65	4.31	20.96	-10.18	10.78
Div-2	64.75	4.02	68.77	0.86	69.63
Div-3	30.41	14.55	44.96	-9.04	35.92
<b>Totals</b>	<b>111.81</b>	<b>22.88</b>	<b>134.69</b>	<b>-18.36</b>	<b>116.33</b>

The majority of the offered Band 5 positions have been made to newly qualified registered nurses who do not complete their registered nurse degree courses until September and November 2019 or January 2020. It is an expectation that a proportion of these nurses will not ultimately convert to a filled position due to having accepted positions in multiple trusts.

In terms of the interview activity, interviews were held during the week of 3<sup>rd</sup> June 2019 for the remaining 19 Wolverhampton student nurses who are due to graduate in September 2019. Job adverts are currently in progress for nursing posts within medical and surgical specialities at New Cross Hospital.

**Overseas Recruitment**

Overseas recruitment has been completed via skype interviews with 30 conditional offers made. The candidates interviewed have passed ILETS prior to their interview, however will need to complete CBT and be in receipt of NMC authorisation letter before they will be able to come to the UK to commence OSCE programme. The Trust is working in partnership with the agency to plan the arrival of 7-8

overseas recruits in late June 2019 when they will begin the OSCE programme as the last phase to gain their NMC registration.

**Clinical Nursing Fellowship and Recruitment**

Key updates include:

- International interviews have continued via Skype including with potential candidates from Nigeria and South Africa.
- Pathways are being finalised with Dr. Barratt at the University of Wolverhampton.
- First Clinical Nurse Fellowship OSCE cohort has commenced on 29<sup>th</sup> April with 3 candidates and their OSCE final examination has been booked for the end of June 2019.
- Discussions regarding accreditation of the OSCE boot camp with the University of Wolverhampton have taken place. At present, the view is that the Trust would seek endorsement of the programme rather than accreditation; however discussions are on-going.
- New radio advertisement is planned to span across to Birmingham.
- Next internal advert is planned for June 2019.
- Email has been sent to managers to identify any Healthcare Assistants (HCAs) who are international nurses with a view of delivering a ‘homegrown’ route for the Nursing Midwifery Council (NMC) application process.
- A wider health economy advert is planned to search for individuals who are at the end of their NMC registration process and are OSCE ready. This will help to capture international nurses who are working within care homes.

The recruitment numbers as at 28<sup>th</sup> May 2019 were as follows:

<b>UK Registered Nurses recruited to the Trust</b>	<b>International Nurses with conditional offers</b>	<b>International Nurses arrived in the UK</b>	<b>Internal Cohort</b>
10	49	3 (one already in the UK recruited from a nursing home)	7 n=2 BSc route n=5 MSc route (there were 9 in the cohort but 2 have left the Trust)

A potential opportunity for international recruitment in India (Kerala) is being explored.

**Leavers**

There were 14 RNs/RMs and 7 HCAs (head count) who left the Trust in May 2019. This represents a reduction for RNs/RMs and no change for HCAs when compared with April’s data.

**PATIENT EXPERIENCE**

A new strategy for Patient Experience, Engagement and Public Involvement has been approved by the Trust Board on 4<sup>th</sup> June 2019. Key focus of the strategy will be to strengthen the following areas: complaints management, community engagement, co-production, directorate/divisional ownership of the patient experience agenda, use of data to inform improvements, volunteering agenda and the role of Council of Members.

The Trust’s Quality Account 2018/19 has been drafted and presented to Trust Board on 4<sup>th</sup> June 2019 and approved in principle. The next step is to finalise its design and present it for final approval by the Quality Governance Assurance Committee in June prior to its publication on the 28<sup>th</sup> June 2019. The Equality, Diversity and Inclusion Annual Report has been drafted and will be progressed through the ratification process during June 2019.

A business case is being developed, which if successful, will enable a dedicated recruitment resource for volunteers within the Human Resources Department who will work closely with the Patient

Experience Team as part of the volunteer recruitment agenda. An introduction of the recruitment process for volunteers via the HR Team will strengthen the current process and ensure that their recruitment is managed through the TRAC system rather than paper based systems currently in use.

The Patient Experience Team have been concentrating on the recruitment of volunteers to support inpatient wards and to create a central pool of volunteers who would be willing to be flexible with their placement locations. This work is ongoing and it is hoped that future months will be productive in increasing these numbers. Historically volunteers prefer to work in areas where they have a natural affinity to and therefore the Trust is showing sensitivity during this recruitment initiative.

A national initiative called Helpforce was promoted through the Daily Mail newspaper, and has resulted in approximately 85 volunteers expressing an interest to volunteer at the Trust. The team are currently undertaking interviews with these interested parties and will progress successful candidates through the HR and training processes before final placement.

A meeting was held with a group of approximately 15 patient representatives to enable the Trust to share a new proposal pertaining to Sensyne Health. This was received well by the patients and it has been agreed to establish a Patient Innovation Group to enable sharing of new ideas and co-production.

An investigation into the material decline of the Friends and Family Test (FFT) response rates in April 2019 has been conducted and an issue identified by the FFT provider associated with the interactive voice messenger facility, which has now been rectified.

Two new scooters for volunteers have been delivered in June 2019, which help with transporting patients around the New Cross Hospital site.

Monthly data is now being shared with directorate group managers, secretaries, matrons and heads of nursing illustrating all of the Patient Experience metrics across a range of feedback tools.

## THE EDUCATION FACULTY

### Pre-Registration Nursing

#### Student capacity

The following places have been offered to universities for first year home based students within the Trust for September 2019:

	Wolverhampton	Staffordshire	Keele	
<b>Adult</b>	112 (100 BNurs and 12 Masters)	12	6	130
<b>Child</b>	8	6	2	16
<b>Midwifery</b>	14	6		20
	134	24	8	166

#### Trainee Nurse Associates (TNAs)

14 TNAs have been put forward for entry to the Nursing and Midwifery Council register and from this number, 13 now have their PIN numbers. In addition, further 3 TNAs are still to obtain Level 2 maths qualification or have outstanding clinical hours. Their progression is being monitored and 1 awaiting their re-sit results.

#### Finalist Recruitment

20 applications have been received for the cohort interview process and from this number, 19 have been invited for the recruitment assessment. From this number, 2 candidates have since withdrawn and 3 failed the assessment process. The remaining 14 candidates will be attending interviews taking place on the 6<sup>th</sup> and 7<sup>th</sup> June 2019. A further 23 students from this cohort have secured jobs within the Trust via the Royal College of Nursing events and open days.

There is currently a total of 63 students across the cohorts who are due to qualify in September 2019 (4 of these are from the child field).



### **Return to Practice Students**

The Trust has currently 4 Return to Practice (RTP) students who have commenced their placements in April 2019 with another 3 planned over the next 2 months. These RTP students are required to complete between 150-450 hours of clinical practice as well as the theoretical elements. They are undertaking their practice placements as follows: n=1 on ward A5, n=1 on ward C24, n=1 on ward 41 (this candidate has now completed their clinical practice element and has secured a job on the cardiothoracic ward) and n=1 on ward A8 (this candidate has now completed their clinical practice element of the course).

### **Post-registration Nursing**

#### **Preceptorship**

The new Preceptorship programme has commenced in April 2019 and evaluated as positive, inter-professional, recommended and valuable. The delegates in attendance have included nurses, dietitians, orthotists, physiotherapists, occupational therapists, midwives, operating department practitioners and speech and language therapists. The programme has now also been extended to pharmacists.

The developmental milestones for the programme include:

- The creation of preceptor badges (in progress - target completion date extended to 30 June 2019).
- Development of the Trust's Preceptorship Policy (in progress - new target completion date agreed as 30 June 2019).
- Revise Key Performance Indicators (in progress - target completion date extended to 15 June 2019).
- Develop a Band 5 Registered Nurse Competency Book in cooperation with preceptors (project plan is in development and the target completion date is 30 June 2019).
- Develop a Preceptor Portfolio (target completion date extended to 30 June 2019).
- Submit an article for publication pertaining to the design of the new preceptorship programme.

### **Transition Programme for Final Year Student Nurses**

The following actions have been progressed:

- Programme content has been revised.
- The programme now takes place over 4 days instead of 5 days.
- Delivery of the programme is ensured in partnership between the Post-registration Team and Pre-registration Team.
- The Trust's Preceptorship Lead has been appointed as the programme lead.

### **Training Sessions**

#### **Intra Venous (IV) Therapy Course**

- Evaluation of the course has resumed.
- An estimated 40% of the course has been identified as unsuitable for Theatre Practitioners. As a result, a proposal will be developed to create an IV Therapy Course for Theatre Practitioners.
- Changes have been made to the timetable of the course in order to enhance it.

#### **Urethral Catheterisation**

- Nurse Education team will be delivering post-insertion care training.

## **RESEARCH AND DEVELOPMENT**

The Non-Medical Research Leads Network (RLN) Strategic and Operational Group meeting took place on 5<sup>th</sup> June 2019. The first draft of the business case to support the development of a Trust-wide Institutional Publications Repository (PublicationsHUB@RWT) was presented and was circulated for

## TB Report

comment. Work is underway to agree the 2019/20 action plan and the appropriate Key Performance Indicators (KPIs) against the Stepping Up For Research Strategy.

The agenda for the 2019 Celebration of Research and Innovation Event, taking place on 20<sup>th</sup> November 2019, is out for final comment. A call for abstracts will be released at the end of June 2019, along with the agenda.

Appendix 1 Nursing Dashboard May 2019

RWT Executive Level Nursing Quality Dashboard																					
Data Period = End May 2019																					
Ward Location	Div	STRUCTURE						PROCESS			PATIENT VOICE			OUTCOME							
		Workforce - Whole Time Equivalents for Bands 2 to 7						Mandatory Training % - trend from last month	VitalPAC Late Observations (%)	CHPPD	FFT (Q1 2018-19)			Pressure Ulcers (Datix Recorded)	Falls (Datix)		C-diff	MRSA Acquisitions			
		Budget	Total Vacancies - Trend - % ~ Budget	No. recruited	Open Vacancies	Response Rate (%)	Recommendations				Complaints	Inc moderate harm	Serious harm								
<b>Division 1</b>																					
A5	1	35.8	8.3	↓		2.8	5.5	97.4	↑	8.3	6.2	33	100			1					
A6	1	31.4	11.3	↓		3.0	8.3	95.2	↓	11.2	6.2	20	100								
Hilton Main	1	38.9	-0.3	↓			-0.3	98.4	↓	10.3	7.4	43	98	1							
A9 - SEU	1	56.52	-0.8	↓		3.0	-3.8	91.9	↓	6.4	7.2	22	89	2		2					
A12	1	32.9	6.2	↑		4.0	2.2	89.0	↓	6.3	6.2	41	95			3					
A14	1	33.9	-0.3	↓			-0.3	92.2	↓	6.3	6.1	41	100			1					
(C39) Beynon SSU	1	25.1	2.3	↓			2.3	95.0	↑	4.7	8.2	30	98								
A23	1	20.51	2.0	↓		1.6	0.4	93.9	↓	7.7	7.4	34	100								
B8 (CTW)	1	43.5	3.9	↓		3.0	0.9	97.0	↑	19.3	6.5	36	94			4		1			
B14	1	58.1	3.4	↓		1.0	2.4	96.7	↑	12.2	7.0	37	94								
B15 (Card Day ward)	1	28.68	0.4	↓			0.4	98.1	↑					1				2			
Theatres	1	295.9	-5.0	↑		12.0	-17.0	94.5	↓					3							
B9 (ICCU)	1	153.1	8.9	↑		4.0	4.9	96.4	↑		28.1	33	100	1							
D7	1	33.4	-0.7	↓			-0.7	90.7	↑	16.8	9.3	35	95								
D16 Delivery Suite	1	90.41	1.5	↓			1.5	90.5	↓			1	100								
D10 Maternity Ward	1	29.31	-2.3	↓		1.8	-4.2	89.8	↑		7.9	13	100	1							
D9 (Trans Care)	1	16.71	-5.7	↓			-5.7	91.5	↑			28	100								
D11 NNU	1	85.57	4.7	↓		8.2	-3.5	89.5	↓		21.0	100	100	1		2					
Divisional																					
TOTAL		1109.71	37.7			44.4	-6.7	93.8		9.9	9.6	34.2	97.4	10		5	12	0	1	2	
<b>Division 2</b>																					
A7	2	37.7	3.9	↓		3.0	0.9	97.0	↓	7.5	6.3	76	100			1		2		1	
A8	2	37.8	3.6	↓		2.0	1.6	96.5	↓	9.4	5.3	42	75	1		1		4		1	
ASU	2	61.1	7.8	↓		6.0	1.8	95.3	↓	13.6	6.7	100	98					2		2	
C22	2	33.6	2.8	↑		1.0	1.8	90.9	↓	14.1	7.6	17	100					3			
Neuro Rehab	2	21.5	-1.0	↑			-1.0	92.5	↓		8.5							1			
Ward 1	2	30.2	-1.4	↓			-1.4	96.1	↓		5.7	33	100								
Ward 2	2	30.2	-3.3	↓			-3.3	94.2	↑		5.7	33	60					5			
Fairoak Ward	2	30.8	3.5	↓			3.5	98.7	↑	8.7	4.9	100	94					1			
C15	2	26.9	6.6	↓		3.3	3.3	95.7	↑	7.5	5.2	25	73	1		2		2			
C16	2	34.7	0.9	↑		4.0	-3.1	92.8	↓	9.3	5.4	8	100			1		2		1	
C17	2	26	1.0	↑			1.0	86.2	↓	12.3	6.2	21	100								
C24	2	34.7	6.5	↓		2.0	4.5	91.5	↑	7.6	4.9	18	100	1				2			
C25	2	34.7	5.8	↓		5.0	0.8	92.4	↑	13.1	4.7	18	79							1	
C18	2	33.5	1.1	↑			1.1	94.7	↑	3.6	5.3	21	88			1		8			
C19	2	33.5	7.4	↓		1.0	6.4	93.9	↓	7.4	5.5	33	78	1		1					
C35 - Deanesly	2	24.4	4.8	↓			4.8	91.5	↓	7.3	6.2	19	83	1		1		1		1	
B11 (CHU)	2	41.5	4.0	↓		4.5	-0.6	90.2	↓	6.1	6.9	26	100			1		2		1	
Durnall Unit	2	12.36	-3.2	↓			-3.2	85.3	↓	26.0		10	100							1	
C41	2	40.4	3.0	↓			3.0	93.6	↑	8.5	5.9	31	88	1		3		3			
ED	2	128.78	5.7	↓		6.0	-0.4	92.8	↑			16	86	5		1		4			
(C58) AMU	2	84.34	5.3	↓		2.0	3.3	97.1	↑	9.8	8.3	28	94	1		1		8			
Divisional																					
TOTAL		838.68	64.6			39.8	24.8	93.3		10.1	6.1	33.8	89.8	12		14	50	2	6	5	
<b>Division 3</b>																					
A21	3	81.5	8.5	↑		11.0	-2.5	98.7	↓									1			
Com Paeds- Gem Centre	3	28.58	5.9	↑		1.0	4.9	88.5	↓		12.3	0	0	1							
Rheumatology	3	12.33	4.1	↑			4.1	98.6	↑					1							
Dermatology (CCH&NX)	3	16.82	2.4	↑			2.4	97.7	↑												
Radiology	3	7.4	0.0	↑			0.0	94.8	↓									1			
Sexual Health	3	22.16	4.6	↑		2.7	1.9	95.3	↓												
Anticoag	3	32.69	2.2	↑		0.5	1.7	98.1	↓												
CICT	3	23.4	2.0	↑			2.0	96.4	↓												
Com Matrons	3	11.36	0.7	↓			0.7	99.4	↑												
District Nursing	3	128.17	10.6	↓		4.6	6.1	93.7	↓												
RIT	3	24.08	6.5	↓			6.5	96.4	↓												
Hospital at Home	3	14.09	1.0	↑			1.0	96.2	↓												
Primary Care	3	18.84	1.2	↑			1.2	88.7	↓												
Divisional																					
TOTAL		421.42	49.6			19.8	28.6	95.6		0.0	12.3	1.5	44.5	1		0	2	0	0	0	0
<b>Total for Divisions 1, 2 &amp; 3</b>																					
		2369.81	151.9			104.0	46.7	94.2		9.6	6.8	28.7	77.2	23.0		19	64	2	7	7	7
<b>Previous Month's Value</b>																					
		2258.61	101.4			32.1	69.3	94.6		9.6	6.7	23.8	85.0	21.0		11	78	0	3	2	2

KEY	<b>Budget</b>	Total nursing and HCSW funded establishment for clinical location - Band 2-7		<b>Not applicable</b>			
	<b>Total Vacancies</b>	The total vacancies at the time of report = number recruited added with open vacancies	wte = whole time equivalents	<b>Vacancies: trend arrow v. previous month: bar graph % over v. under recruited</b>			
	<b>No. recruited</b>	All known appointments made through recruitment - these staff are not yet in post		<b>0-3 wte</b>	<b>3-5 wte</b>	<b>&gt;5 wte</b>	<b>Over Recruitment</b>
	<b>Vacancies Open</b>	The number of positions which are awaiting appointment and not appointed to at interview		<b>Not applicable</b>			
	<b>Mandatory Training</b>	Percentage of all training mandatory requirements completed for each clinical location		<b>&gt;95%</b>	<b>90% - 95%</b>	<b>&lt;90%</b>	Not applicable
	<b>Late Observations</b>	Percentage of patient observations not completed in time, against VitalPAC parameters		<b>0% - 5%</b>	<b>5% - 10%</b>	<b>&gt;10%</b>	
	<b>CHPPD</b>	An equation for the cost of patient care per (total hours of care delivery/bed occupied)		<b>&gt;6</b>	<b>5-6</b>	<b>&lt;5</b>	
	<b>FFT - Response Rate</b>	Friends and Family Test - patient experience feedback by the volume of patient responses		<b>&gt;40%</b>	<b>20% - 40%</b>	<b>&lt;20%</b>	
	<b>FFT - Recommendations</b>	Friends and Family Test - from the patient response rates, how many would recommend care at RWT		<b>&gt;90%</b>	<b>80% - 90%</b>	<b>&lt;80%</b>	
	<b>Complaints</b>	Total number of complaint received for the clinical location/ward		<b>0</b>	<b>Not applicable</b>	<b>≥1</b>	
	<b>Pressure Ulcers</b>	Number of pressure injuries as reported on Datix (sample date - circa 10th day of new month)		<b>0</b>	<b>Not applicable</b>	<b>≥1</b>	
	<b>Falls</b>	Number of falls as reported on Datix (sample date - circa 10th day of new month)		<b>0 - 1</b>	<b>2</b>	<b>≥3</b>	
	<b>C-diff</b>	Number of clostridium difficile incidences (as reported by Infection Prevention)		<b>0</b>	<b>Not applicable</b>	<b>≥1</b>	
<b>MRSA</b>	Number of MRSA acquisitions per month (as reported by Infection Prevention)		<b>0</b>	<b>Not applicable</b>	<b>≥1</b>		