The Royal Wolverhampton NHS Trust

Chief Nurse's Nursing Report
2 December 2019

Agenda Item No: 9.1

Safe & Effective | Kind & Caring | Exceeding Expectation

The Royal Wolverhampton NHS Trust

Trust Board Report

Meeting Date:	2nd December 2019
Title:	Chief Nursing Officer Report Comprising of: Right staff, right place, right time, nurse/midwifery education and excellence in care.
Executive Summary:	Key updates in this report include: • Achievements and challenges from the first year of the Nursing System Framework are summarised. • In October 2019, there was a decrease in the total registered nurse and midwife vacancies from 202.2 WTE to 182.03 WTE. • 35.62 WTE (24.62 WTE allocated and 11.0 WTE unallocated) registered nurses/midwifes are planned to commence in November 2019. • In terms of the Nursing Clinical Fellowship Programme, 127 offers have been made and 42 individuals are currently in post. • In November 2019, there were 10 registered nurses, 23 clinical nurse fellows, 16 newly qualified nurses, 3 specialist registered nurses, 1 neonatal nurse manager, 1 research nurse, 1 midwife and 11 Healthcare Assistants in attendance at the Trust's induction programme. • 194 student placement places have been offered to universities and the Trust has received 186 students. • Detailed investigation has been undertaken to further understand the ongoing challenges with late patient observations and key findings and actions in progress are articulated in the main body of this report.
Action Requested:	**Receive and note.**
For the attention of the Board	As below
Assure	• Reducing nursing staff vacancies and focusing on improving their retention remains one of the key priorities.
Advise	• Focused efforts have continued to recruit and retain the nursing, midwifery and health visiting workforce at the Trust. Please see more details in the summary above and main body of the report.
Alert	• In October 2019 there were 19 RN/RM and 5 unregistered nursing staff leavers, which represents a decrease in both RN/RM and unregistered nursing staff leavers when compared with September's data.
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Links to Trust Strategic Objectives	1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services 3. To have an effective and well integrated local health and care system that operates efficiently 4. Attract, retain and develop our staff, and improve employee engagement 5. Maintain financial health – Appropriate investment to patient services 6. Be in the top 25% of all key performance indicators

Resource Implications:	None
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.
CQC Domains	**Safe:** patients, staff and the public are protected from abuse and avoidable harm. **Effective**: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence. **Caring**: Staff involve and treat everyone with compassion, kindness, dignity and respect. **Responsive**: services are organised so that they meet people's needs. **Well-led**: 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.
Equality and Diversity Impact	No negative impact.
Risks: BAF/ TRR	TRR 3644 - currently amber risk (9)
Risk: Appetite	Funding has been provided to improve quality and workforce.
Public or Private:	Public
Other formal bodies involved:	QGAC TMC Policy Group Senior Nursing, Midwifery and Health Visiting Strategic Group
References	Safer staffing and national quality requirements.
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Report Details

Nursing Quality Dashboard

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. Appendix 1 should be referred to see areas included in the dashboard. Key points from this month's report are highlighted below.

Key points from October 2019 Dashboard	Action/Mitigation
Increase in falls in month by 8 in the areas covered	Focus remains on falls, with a number of CQI projects ongoing. All falls are scrutinised and learning discussed at the Falls Prevention Group. Falls remain below last year's levels.
Pressure ulcers increase by 8 in the areas covered	A community pressure ulcer action plan has been developed and presented at CQRM. A plan for acute services in in development. Anti-embolism stockings have been raised as a specific risk and education is planned.
Vacancies in the areas covered are reduced by 20.57	Impact from international recruitment and Nursing Clinical Fellows are now impacting positively on vacancy rates.
Late observations remain high at 23%	See below for detailed findings and plan.
FFT response rate has reduced to 25.4% however the number of recommendations has increased to 171.9	Data is being analysed to further understand this position. A further update will be provided next month.

Right Staff, Right Place, Right Time

Nursing, Midwifery and Health Visiting

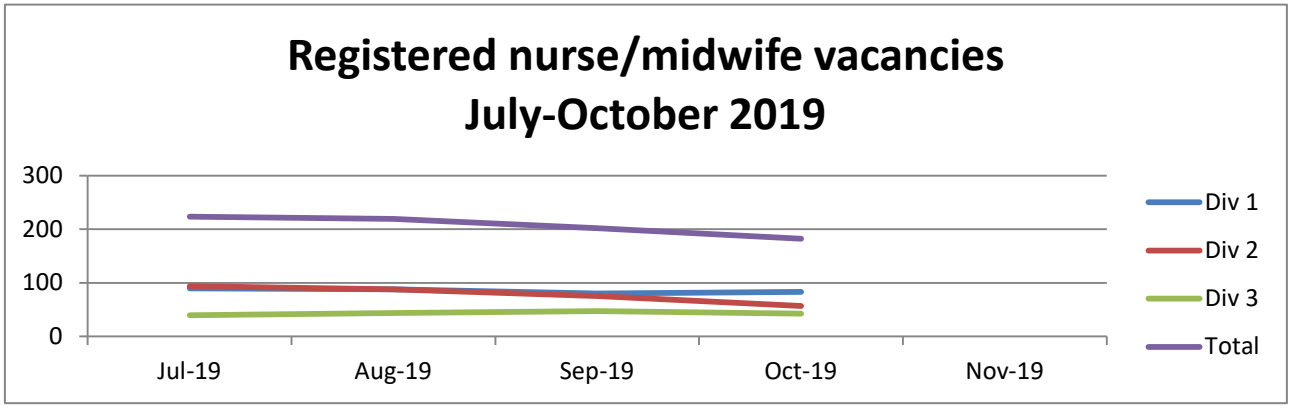
The report below is based on data obtained from ESR and finance which provides a much more complete and accurate report. It is divided into three sections registered nurse/midwife, unregistered and others which include ward assistants ward hostess and ward receptionists.

The table below provides the breakdown of vacancies by Division and staff group at the end of October 2019:

	Division 1	Division 2	Division 3	Total
Registered nurse wte	82.99	56.74	42.3	**182.03**
Unregistered wte	24.31	27.62	3.42	**55.35**
Other wte	9.7	3.6	2.8	**16.1**
Total wte	116.99	87.96	48.52	**253.48**

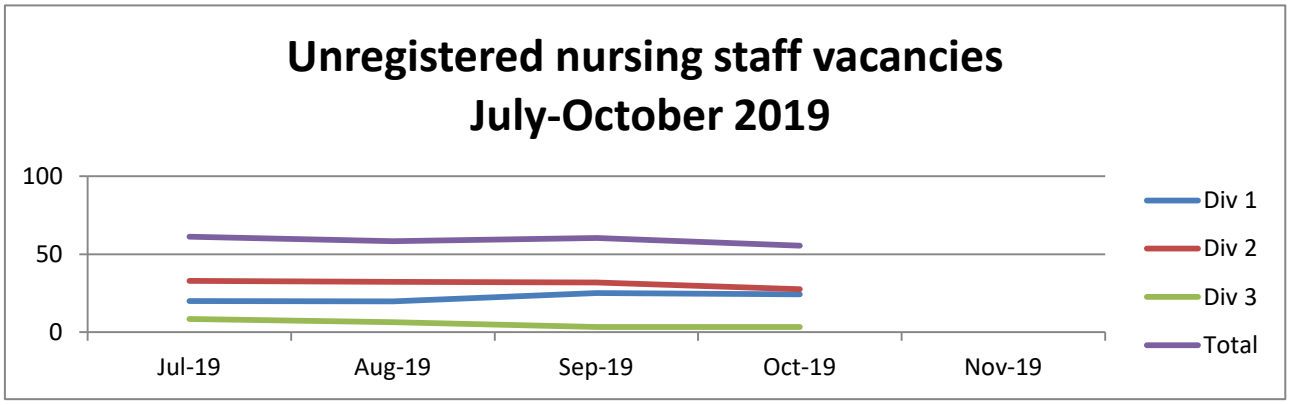
The graphs below illustrate the trend by month by staff group.

Graph 1:



The above graph is illustrating a decrease in the total registered nurse and midwife vacancies from 202.2 wte to 182.03 wte. 35.62 wte (24.62 wte allocated and 11.0 wte unallocated) registered nurses/midwifes are planned to commence in November 2019.

Graph 2:



The number of unregistered nursing staff vacancies has decreased by 5 wte in October 2019, with 27.19 wte new starters planned for November 2019 and recruitment activities ongoing.

The hot spot areas for registered nurse vacancies include:

- Div. 1– ICCU, A23, A5 and A6.
- Div. 2 – CHU, C15, Deanesly, C24, C25 and C19.

Actions in progress

Weekly interviews are being held to recruit to the International Clinical Fellowship Programme posts and they will join the OSCE boot camp. In addition, individual wards are continuing with their local recruitment for registered nurses and midwives. Generic health care assistant recruitment is ongoing with interviews taking place on a regular basis.

Leavers

In October 2019, 19 RN/RM and 5 unregistered nursing staff left the Trust which represents a reduction on the last month.

Nursing Clinical Fellowship Programme

127 offers have been made and 42 individuals are currently in their Nursing Clinical Fellowship posts.

International Recruitment

Philippine Nurses with conditional offers	Philippine Nurses arrived in the UK
24 in the pipeline	29

N.B – the above data was accurate as at 6th November 2019.

Induction Attendance

In November 2019, there were 10 registered nurses, 23 clinical nurse fellows, 16 newly qualified nurses, 3 specialist registered nurses, 1 neonatal nurse manager, 1 research nurse, 1 midwife and 11 Healthcare Assistants in attendance at the Trust's induction programme.

Student capacity

The following places have taken up by universities for first year home based students within the Trust for September 2019. Please note the places the Trust has offered are indicated in brackets.

	Wolverhampton	Staffordshire	Keele	
Adult	105(112)	38(38)	3(6)	146(156)
Child	9(8)	6(6)	0(2)	15(16)
Mental Health	1(4)			1(4)
Learning Disability	1(3)			1(3)
Midwifery	15(14)	8(6)		21(20)
	131(141)	52(50)	3 (8)	186(194)

Between January to December 2020, it is anticipated that for most weeks, the Trust will have an average of 250-320 students in placements.

Trainee Nurse Associates (TNAs)

15 of the original TNAs now have PIN numbers and 14 continue to work at the Trust. A further 3 need to obtain Level 2 maths qualification and their progression is being monitored.

Nursing Associate Apprentices

- March 2018 cohort – 8 are due to complete in March 2020 and we are awaiting details of their end point assessment.
- September 2018 cohort – 8 out of 9 have progressed into year 2 (1 stepped off due to academic reasons).
- September 2019 cohort – 5 have commenced their programme in September 2019.
- March 2020 cohort – there are 10 potential applicants. We are currently checking that their certificates meet requirements and interviews are planned in December 2019.

Registered Nurse Apprentices

17 out of 18 have progressed into year 2 (1 stepped off course for academic reasons).

Finalist Recruitment

- 33 have commenced employment in the Trust.

- 117 are due to qualify in January 2020.
- 24 adult nursing students have secured posts in the Trust.
- 1 children's nursing student has secured a post in the Trust.

Return to Practice students

There are currently 3 Return to Practice students on placement within the Trust who have commenced their placement from July 2019 with another 3 planned in the new year. They are required to complete between 150-450 hours of clinical practice as well as the theoretical elements.

Allied Health Professionals (AHPs)

The overall AHP vacancy rate has remained steady, with approximately 44.26 wte vacancies as at the end October 2019. The percentage vacancy rate currently ranges from 4% to17% across the professions with dietetics having the highest vacancies at the present time. Recruitment efforts continue to recruit into the vacancies.

Quality and Safety

Late Patient Observations

1.0 Introduction

An upgrade of Vitals (VitalPac) electronic observation system took place in March 2019. At the same time, the performance module, legacy CareFlow Vitals Performance reporting changed to CareFlow Vitals Operational Reports. Late observations data showed an immediate increase from <5% prior to the upgrade of Vitals to 9-10% post upgrade. In March, April, May and June 2019, the late observations data had consistently been over 9%, however in July the Trust had fully applied the new metrics when late observations increased to 19.93%. The situation has continued to deteriorate month on month with late observations reaching 22.28% in October 2019. As a result, an investigation has been completed to understand what factors continue to drive this position and what actions are required to rectify it.

2.0 Comparison of the previous and current system

Topic	Pre-March 2019	Post-March 2019
Vitals (VitalPac)	Older version of Vitals (VPP) in use	Upgrade of Vitals (VOR) implemented
CareFlow Vitals	Legacy performance reporting in place	Commencement of new operational reports
Reporting	More lenient tolerances of what counted as late observation	Change of tolerances of what counts as late observation
	Using the previous methodology, more observations counted as on time because there was a 10 minute buffer, which essentially gave staff additional time to complete observations where the observation interval is less than 100 minutes	A consistent 10% leeway only implemented (not 10 minutes) and all observations now included no matter how late they are
	Observations later than 15 minutes discounted from previous 'late observations' data. So for example, for hourly observations, staff would routinely have an extra four minutes leeway to complete the observations (from 6 minutes to 10 minutes) and still be classed as on time, but then if gone beyond 15 minutes this was excluded from the data	Observations delayed more than 15 minutes counted in the missed observations data
	The previous report was incorrectly reporting % of observations on time. The definition of 'on time' consisted of the observations 'on time' and those in the 'overdue' category. Therefore the report was reporting the % of observations not breached	Correct reporting commenced – late observations are counted as late and on time are counted as on time
ViEWS and NEWS2	ViEWS in use Only ViEWS of 7 or more required an observation	NEWS2 implemented resulting in patients with a red 3 score or 5 or more requiring an observation interval of 1 hour

	interval of 1 hour	An increase in the total number of observations required for patients (two thirds have scores of 5 or more requiring 1 hourly observations)

3.0 Data, triggers and RAG rating of performance

Trust performance – latest late observations data:

Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19
4.68%	4.83%	4.70%	5.22%	4.86%	9.35%	9.55%	9.47%	10.79%	19.93%	20.98%	21.51%	22.28%

N.B: Please refer to Appendix 2 for the individual ward data.

RAG rating of performance (historically agreed):

Green <5%
Amber 5.1-9.9%
Red >10%

Please note this currently differs from the RAG automatically applied by the reporting system.

4.0 Investigation

A detailed investigation was conducted in November 2019, which included:

- Review of reporting and Information Technology (IT) systems supporting the reporting element of the patient observation data.
- Stock takes of iPods and observation machines.
- Follow through of a selected sample of patient pathways from a clinical and IT perspective.
- Review of the current late observations action plan overseen by the Heads of Nursing.

The investigation revealed the following:

- The Information Team are unable to test the difference between the old and new reporting as the methodology System C have used is unclear. However, if the logical understanding behind the reporting changes was applied, then the current observations results would be similar to the old performance. We therefore do not believe that practice has deteriorated since the pre upgrade period.
- There are a number of IT issues making it difficult for the Trust to fully understand and address the challenges following the system upgrade. Please refer to Appendix 2 for the full list.
- PAS link between the admission portals and wards contributing to late observations. Please refer to Appendix 2 for the explanation.
- Actions taken at discharge impacting negatively on the late observations performance. An example of this is when patients are discharged or moved to the discharge lounge then the nurse often moves the patient on Vitals to 'off ward' where they mistakenly think the observations clock stops. The patient is actually taken off PAS some time later (in the case of the discharge lounge the next day). The correct action would be to select in the settings for that patients to stop observations.
- There are variable practices in terms of observations being taken (some nurses are carrying iPods and constantly checking when observations are due; other areas have iPods in patient bays; some neighbouring wards are reminding each other when observations are due).
- Task prioritisation challenges e.g. some bank nurses prioritising personal care over observations.
- Hardware issues in some clinical area with regards to the availability of iPods and Patient Observations machines. A stock take for each clinical area was completed on 12th November and shared with the Heads of Nursing for follow up.
- Staffing challenges on some wards contributing to late observations although the staffing levels across the board continue to improve as a result of ongoing focus on recruitment and retention.
- The majority of patients default to 4 or 6 hourly observations even though they may not be

required. There is no consistency in this position being reviewed for each patient at daily ward rounds/huddles.
- Vitals is currently not in use across a number of areas such as Emergency Department, Clinical Decision Unit, paediatrics, maternity and West Park Hospital wards.

5.0 Actions Being Taken

- An improvement plan has been developed, led by the Heads of Nursing, to drive improvements. This is supported by sharing and monitoring of daily data.
- A support from the Continuous Quality Improvement (CQI) team has been secured to support improvements required.
- The following wards have agreed to undertake short CQI projects to test small changes to practices to determine their impact on late observations. These include, C25 and C41 (trialling a review of observation frequency at daily huddles) and C15 and C16 (trialling the use of 'no monitoring' functionality for patients being discharged).
- Discharge Lounge has started to prompt wards on handover to switch all patients being transferred into the area to 'no monitoring'.
- IT team are currently investigating admissions to PAS onto C55 (CDU) and the connectivity to Vitals.
- Education sessions are being planned for nurses and midwives focusing on the management of the deteriorating patient.
- A meeting is being organised with Walsall Healthcare NHS Trust to discuss Vitals and our compare practices.
- Contacts are being made at other organisations we have not approached previously to ascertain whether they use Vitals and to benchmark late observations data.
- Best practice guides are being tested on the pilot wards which will be rapidly disseminated Trust wide should they prove to have the desired impact.
- The IT team will organise a call between the Trust and a clinician at System C who has been involved in the Vitals programme of work.

6.0 Next Steps

The CQI programme of work will continue to be expedited over the next 2 months with rapid improvement cycles based on learning from the improvement projects currently in place.

Please refer to Appendix 1 for more details with regards to individual ward performance.

Nursing System Framework – Annual Summary

As the Nursing System Framework (NSF) reaches its first anniversary we can report on a great number of achievements and developments, many of which will lay the foundations for the second and final year of the current framework and beyond. There have also been a smaller number of areas which either have not progressed or have deteriorated and have been raised as risks in previous reports as appropriate. This section provides a brief update by each of the six pillars of the NSF. A more detailed summary is available in the Diligent Reading Room.

Right staff in the right place at the right time

Though the aim of recruiting 100 nurses per month has not been achieved, there have been significant developments in the recruitment of international nurses and nurses, both UK and international, through the Nursing Clinical Fellowship. Data capture methods to identify vacancies have changed significantly with more compressive reporting now in place. Current vacancies are reported previously and include a

variety of nursing positions including Clinical Nurse Specialists and Advance Nurse Practitioners. These specialist roles have been reviewed during the year as part of a collaborative scoping and results published in the nursing newsletter. The nursing workforce was reviewed in January and June 2019 and the governance framework supporting it revised. The Safecare module, aimed at collecting acuity and dependency data that is applied to the appropriate staffing model, has been rolled out, and accuracy testing is in progress on 30 wards across the trust.

Team structure

The nursing and midwifery leadership structures have been reviewed with improvements to divisional matrons' structures aimed at improving the leadership of quality and safety. A Career Framework has been consulted on and launched; this supports development of the workforce at each stage towards career aspirations. Ensuring nurses, midwives and health visitors are recognised and that their academic contribution is visible has resulted in the development of a database which has been well supported with publications, conference presentations and award nominations and successes.

The Education Faculty

Student nursing numbers have increased by over 60% and Band 5 development and aspiring Band 6 programmes are fully booked. The Trust's Observed/Objective Structured Clinical Examination (OSCE) programme was accredited with The University of Wolverhampton in May 2019 and the popular Making the Leap programme is in the process of accreditation. The Nursing Clinical Fellowship programme has attracted internal staff to advance to Masters and BSc. A clinical competency package has been scoped and identified and will launch early in 2020.

Excellence in Practice

This section forms the largest section of the NSF. While some areas such as patient falls, have shown improvement (9% overall reduction and 50% improvement in falls with serious harm), reductions in deliveries outside of delivery suite and increase to over 16% of women booked onto the Midwifery Continuity of Care pathway and some increase in uptake of the family and friends test, there have also been challenges. These include an increase in MRSA acquisition, challenges in achieving the new *Clostridium difficile* trajectory following definition revisions and an increase in hospital and community acquired pressure ulcers, again following national changes in definition of healthcare acquisition. We had hoped to spread early successes in Shared Governance; however, this has been delayed and is now regaining ground. A newly developed quality audit tool and system of peer review supports excellence in practice.

Research & Technology

There have been many presentations within the Trust on the subject of non-medical research as well as an annual research conference, aimed at encouraging and inspiring non-medical staff in undertaking and participation in research. A pilot culture survey has been undertaken in a small number of wards with an international provider facilitating benchmarking with peers. This has been an area of significant learning and, though delayed, has already provided insightful information to pilot areas on which to action.

Communication

The NSF itself was launched in the first year with copies provided for every registered nurse and healthcare assistant (HCA). This was supported by Care to Share, the Trust's nursing newsletter with 8 publications a year. A blog is delayed but is in planning for early 2020.

Summary

In summary there have been significant foundations laid with some notable improvements on which Nursing, Midwifery and Health Visiting can build in 2020 and beyond. Year 2 will build on these for further quantifiable improvement in the quality of patient care through the NSI dashboard and audit results. It is beneficial to draw so many developments and elements of care together under one framework as many are interdependent with leads working together to achieve best results.

The Royal Wolverhampton NHS Trust

Appendix 1 Nursing Quality Dashboard October 2019

RWT Executive Level Nursing Quality Dashboard
Data Period = End October 2019

Ward/Clinical Location	Div	STRUCTURE			PROCESS			PATIENT VOICE			OUTCOME					
		Workforce - Nursing Whole Time Equivalents			Mandatory Training % - trend from last month	VitalPAC Late Observations (%)	CHPPD	FFT (Q1 2018-19)			Pressure Ulcers (Datix Reported)	Falls (Datix)		Cardiac Arrests	C-diff	MRSA Acquisitions
		Budget	Vacancies / Trend / % ~ Budget	In recruitment				Response Rate (%)	Recommendations	Complaints		Inc moderate harm	Serious harm			
Division 1																
A5	1	39.4	3.1	1.0	89.1	22.5	5.9	76	41	1	1	2	0	0	0	0
A6	1	39.5	3.4	0.8	92.6	17.8	6.1	65	30	0	0	2	0	0	0	1
Hilton Main	1	40.1	3.5	1.0	97.7	8.2	6.3	100	138	0	0	0	0	0	0	0
A9 - SEU	1	69.6	2.8	1.0	93.9	15.9	6.8	22	57	1	0	2	0	0	0	0
A12	1	36.9	4.3	0.0	90.2	18.9	5.9	25	12	0	0	2	0	0	0	0
A14	1	37.2	-0.2	1.0	89.2	25.6	6.3	21	12	0	2	1	0	0	0	0
(C39) Beynon SSU	1	27.4	3.4	1.0	96.5	11.9	6.8	35	50	0	4	4	0	0	0	0
A23	1	23.6	5.0	2.0	90.8	17.1	6.5	18	8	0	0	0	0	0	0	0
B8 (CTW)	1	50.9	3.7	2.0	97.5	19.3	6.2	36	53	0	0	2	0	1	0	0
B14	1	61.6	6.5	3.0	97.0	7.4	7.2	35	49	2	0	4	0	4	0	0
B15 (Card Day ward)	1	30.0	3.7	2.0	97.3			44	49	0	0	0	0	2	0	0
Theatres	1	294.9	13.4	3.0	96.2						0	0	0	0	0	0
B9 (ICCU)	1	158.4	5.8	2.0	94.4		29.3	33	1	0	1	0	0	1	0	0
D7	1	34.4	0.5	0.0	86.7	12.5	7.3	27	44	0	0	1	0	0	0	0
D16 Delivery Suite	1	91.3	3.6	0.4	93.3			10	39	0	0	0	0	0	0	0
D10 Maternity Ward	1	46.3	-2.2	1.6	92.2		9.2	16	64	0	0	1	0	0	0	0
D9 (Trans Care)	1	18.1	3.1	0.0	95.8			0	0	0	0	0	0	0	0	0
NNU	1	91.2	12.3	7.7	89.4		19.2	0	0	0	0	0	0	0	0	0
Divisional											0	0	0	0	0	1
TOTAL		1190.8	75.6	29.5	93.3	16.1	9.2	33.1	38.1	4	7	21	0	8	0	2
Division 2																
A7	2	39.7	0.3	1.0	93.2	24.1	6.3	43	21	0	1	0	0	0	0	0
A8	2	39.8	0.5	3.0	93.2	41.1	5.7	12	3	1	0	0	0	0	0	0
ASU	2	65.4	4.4	1.0	93.4	27.0	5.8	100	82	0	2	1	0	0	0	0
C22	2	35.6	2.4	0.0	92.1	23.4	7.3	20	2	1	1	0	0	0	0	0
Neuro Rehab	2	21.5	2.8	0.0	91.9		8.3	4	2	0	0	3	0	0	0	0
Ward 1	2	30.2	4.2	3.0	94.4		5.7	100	18	0	0	1	0	0	0	0
Ward 2	2	30.2	-0.1	1.0	90.5		5.4	15	4	0	0	1	0	0	0	0
Falroak Ward	2	30.2	4.6	1.0	98.3	12.7	4.8	35	7	0	0	6	0	0	0	0
C15	2	28.9	3.8	5.6	92.5	27.3	5.3	27	8	2	2	1	0	0	1	0
C16	2	35.3	0.4	0.0	82.4	39.3	4.9	31	10	4	1	0	0	0	0	0
C17	2	28.2	2.1	0.0	87.0	30.1	6.2	33	6	1	0	2	0	0	0	0
C24	2	36.5	2.5	2.0	90.6	28.3	8.9	20	11	2	0	0	0	0	0	1
C25	2	36.5	5.3	2.0	86.0	44.3	5.5	6	2	1	1	3	0	0	0	0
C18	2	35.5	2.9	2.0	87.9	24.9	5.9	15	4	2	0	1	0	0	0	0
C19	2	35.3	4.7	2.0	93.1	30.5	6.5	12	5	0	1	1	0	2	0	0
C35 - Deanesly	2	29.5	7.8	0.0	84.7	25.0	6.5	16	4	0	3	2	0	0	0	0
B11 (CHU)	2	45.2	2.5	1.0	86.9	21.5	7.1	20	8	0	1	0	0	1	0	0
Durnall Unit	2	15.4	0.3	0.0	89.9	3.9		12	41	0	0	0	0	0	1	0
C41	2	47.3	2.9	3.0	90.3	35.0	5.9	22	12	0	2	7	0	0	0	0
ED	2	151.8	15.6	8.8	93.8			16	1284	10	2	4	0	0	0	0
(C58) AMU	2	85.9	4.1	5.0	97.7	14.5	7.7	24	54	0	0	7	0	4	2	0
Divisional											1	2	0	1	2	0
TOTAL		903.9	73.8	41.4	90.9	26.0	6.1	27.8	75.6	24	18	41	0	8	6	1
Division 3																
A21	3	91.3	12.0	3.0	99.7		12.8	30	95	0	0	1	0	0	0	0
Com Paeds- Gem Centre	3	30.8	1.2	0.0	97.6			1	40	0	0	1	0	0	0	0
Rheumatology	3	16.3	1.9	0.0	97.2						0	0	0	0	0	0
Dermatology (CCH&NX)	3	21.0	7.2	1.0	97.3			17	2816	9	0	0	0	0	0	0
Radiology	3	5.4	0.7	0.0	96.8						0	0	0	0	0	0
Sexual Health	3	35.4	0.3	0.0	97.9						0	0	0	0	0	0
Anticoag	3	13.7	0.9	0.0	97.8						0	0	0	0	0	0
CICT	3	24.4	2.6	4.8	98.2						0	0	0	0	0	0
Com Matrons	3	11.4	0.7	0.0	95.8			3	709	0	0	0	0	0	0	0
District Nursing	3	129.1	14.8	3.6	95.4						19	3	0	0	0	0
RIT	3	31.0	0.3	0.0	97.1						0	0	0	0	0	0
Hospital at Home	3	13.9	1.6	0.0	97.1						0	0	0	0	0	0
Primary Care	3	94.0	-1.9	0.0	91.8						0	0	0	0	0	0
Divisional											0	0	0	0	0	0
TOTAL		517.7	42.3	12.4	96.9	0.0	12.8	16.5	402	9	19	4	0	0	0	0
Total for Divisions 1, 2 & 3		2612.3	191.6	83.3	93.3	24.2	6.8	25.4	171.9	37.0	44	66	0	16	7	3
September Data		2612.3	222.2	122.8	93.1	23.4	6.9	38.7	65.5	19	36	58	0	17	7	2

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

Appendix 2 – Information Technology Challenges Impacting on Late Patient Observations

The following are IT and data challenges with the current system:

- Inability to benchmark with other organisations due to System C being unwilling to provide this data and other trusts not publishing their data.
- Inability to understand the impact of the upgrade at other organisations due to System C being unable to provide this data.
- VOR reporting is not satisfactory and is still a pilot phase. The methodology and rationale around the thresholds is unclear. From a technical point of view, there is a challenge of ward staff being unable to drill down to individual patient data, especially if reports are required over a longer period of time as the report will often time out. The Trust's Information Team has the ability to build our own report, which is in progress.
- PAS link between the admission portals and wards contributing to late observations. As part of this review, the data pertaining to the 'first observation' was obtained for patients between 5th and 12th November 2019. This revealed that the patients who were admitted to C55 (Clinical Decision Unit) and went directly home, do not appear in the Vitals observations data at all (this is the majority), but those who were then transferred to a base ward are showing as having very long waits for their first observation, most between 24 and 48 hours. This is because PAS feeds the admission date and time to Vitals, which will be determined when the patient is admitted to C55, but the first observation then does not appear to be recorded until they reach a base ward, which can be a day or two later in some cases. Depending on the thresholds used, this has an impact on late observations and will end up being attributed to the ward which performed the first observation on Vitals, even though in reality, observations may have been taken throughout the stay on C55 and recorded on paper charts.
- Sporadic connectivity challenges.