



SUMMARY REPORT

Meeting Date:	22.5.14
Agenda Item:	7.3
Enclosure Number:	5

Meeting:	Trust Board		
Title:	OUR STAFF: ENSURING AND ASSURING THAT OUR SERVICES ARE DELIVERED SAFELY		
Author:	Steve Gregory, Director of Nursing		
Accountable Director:	Steve Gregory, Director of Nursing		
Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/Recommendation from that Committee

Purpose of the report			
To appraise the Board on the safe deployment of staffing within our community hospitals. This will be a monthly update and contains metrics pertaining to staff numbers, skills and quality metrics. The Trust has already undertaken a workforce review in the community hospitals which resulted in an extra investment of £600k in staffing (November 2013). A further acuity/dependency exercise was completed in March 2014 and an update is included in the full report.		Decision/ Approval	x
		Assurance	x
		Discussion	x
		Information	x
Strategic Priorities this report relates to:			
To exceed expectations in the quality of care delivered	To transform our services to offer more care closer to home more productively.	To deliver well-co-ordinated effective care by working in partnership with others.	To provide the best services for patients by becoming a more flexible and sustainable organisation
x			x
Summary of key points in report			
What are the key issues the Board needs to consider in this report?			
<ul style="list-style-type: none">The need to actively recruit Registered NursesThe quality metrics			
The Board is asked to:			
<ul style="list-style-type: none">Note the contents of the reportDiscuss pertinent pointsAgree for the report to be uploaded to NHS Choices and our Trust WebsiteAgree for the full staffing review to be conducted by September 2014 (6/12) thereafter.			

Is this report relevant to compliance with any key standards? YES OR NO		State specific standard or BAF risk	
CQC	Yes		
NHSLA	Yes		
IG Governance Toolkit	No		
Board Assurance Framework	No		
Impacts and Implications?	YES or NO	If yes, what impact or implication	

OUR STAFF: ENSURING AND ASSURING THAT OUR SERVICES ARE DELIVERED SAFELY REPORT MAY 2014

1 Executive Summary

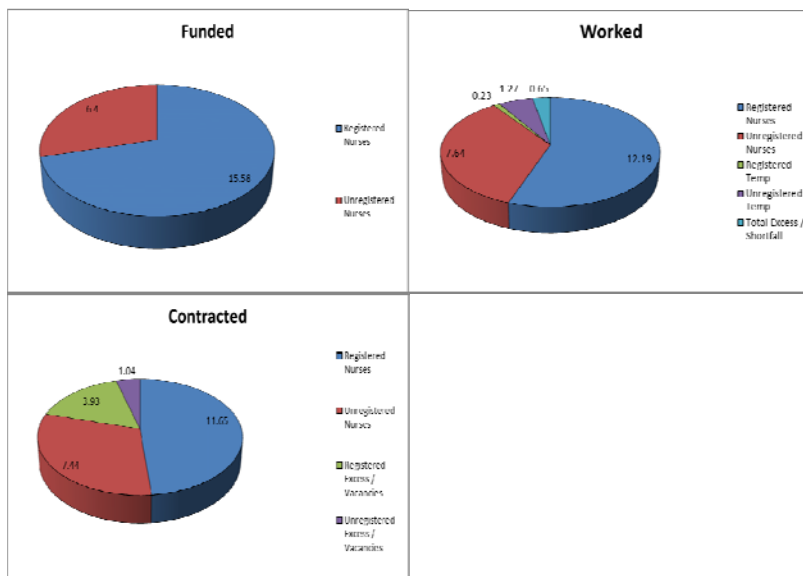
- 1.1 The Board has received briefings on the National expectations pertaining to the National Quality Board (NQB) Report (NQB, 2013).
 - 1.1.1 There were 10 expectations (see Appendix 1) for providers and commissioners to achieve.
- 1.2 The Board is committed to fulfilling its requirements to publish data regarding staff at a local/ward level and at an organisational level.
- 1.3 Two reviews of staffing have taken place over the previous nine months.
- 1.4 Establishment reviews will take place as a minimum every six months.
- 1.5 This report will develop over time and will include quality data to support triangulation of information to help with the assurance of being safe.

2 Background and Context

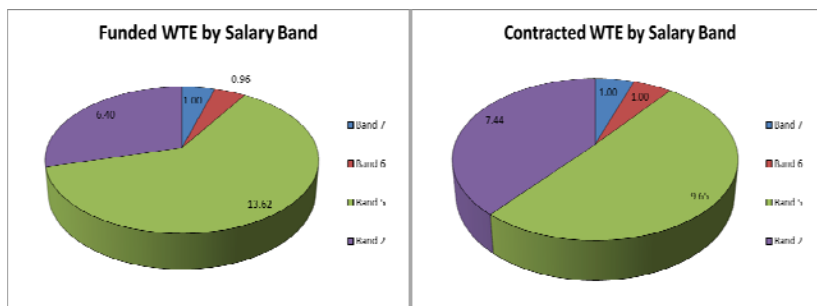
- 2.1 Current reporting requirements are in relation to inpatient areas.
- 2.2 The CQC and NHS England issued a letter (31.3.2014) detailing the reporting requirements, noted below.
 - 2.2.1 A Board report describing the staffing capacity and capability, following an establishment review, using evidence based tools where possible to be presented to the Board every six months.
 - 2.2.2 Information about the nurses, midwives and care staff deployed for each shift compared to what has been planned and this is displayed at Ward level.
 - 2.2.3 A Board report containing details of planned and actual staffing on a shift-by-shift basis at Ward level for the previous month to be presented to the Board every month.
 - 2.2.4 The monthly report will be published on the Trust's website, and Trust's will be expected to link or upload the report to the relevant hospital(s) webpage on NHS Choices.
- 2.3 The recently published Accountability Framework 2014-15 notes the expectation to report staffing and to take actions as required to maintain safety and minimise risk.
- 2.4 Each of our Community Hospitals will have its own data and narrative to support the position it identifies.

3 Safe Delivery of Care

- 3.1 Bishops Castle is a 16 bedded ward supporting male and female patients.
- 3.2 Details of the actual staffing used during April is contained in Appendix 2(a).
- 3.3 During April the range of patients to staff was as follows.
- 3.3.1 On days the range was between 3 to 6 patients per staff, i.e. the maximum number of patients being supported by one member of staff was 6 and the minimum was 3. However, the way that work is allocated will mean that some patients may require one to one levels of support which will therefore impact on the overall availability of staff.
- 3.3.2 On nights the range was 8 patients to 1 member of staff consistently throughout the month.
- 3.4 The following graphs provide information by staff type and salary band.
- 3.4.1 **Bishops Castle Staffing Type**



3.4.2 Bishops Castle by Staffing Salary Band



- 3.4.3 In summary there are approximately 4 Registered Nurse vacancies based upon the current establishment.

3.5 Quality Metrics

The following is a list of quality indicators that we monitor on a monthly basis. During April the sickness absence rate for Bishops Castle was 4.31%. No staffing concerns were raised through the Datix System (our electronic mechanism for raising health and safety issues). Appendix 3 provides the detail of the indicators that make up the internal quality metrics referred to in the table below:

Bishops Castle Quality Indicators	April 2014	Comment
Complaints	0	
Medication Incidents	2	
MRSA	0	
C Diff	0	
Slips, Trips and Falls	1	
Pressure Ulcers	0	
Mortality (Unexpected death)	0	
Serious Incidents	0	
NHS Safety Thermometer Harm Free Care	100%	
Internal Quality Metrics overall compliance	93.6%	59/60 indicators relevant on day of measurement

4. Bridgnorth

4.1 Bridgnorth is a 25 bedded ward supporting male and female patients.

4.2 Details of the actual staffing used during April is contained in Appendix 2(b).

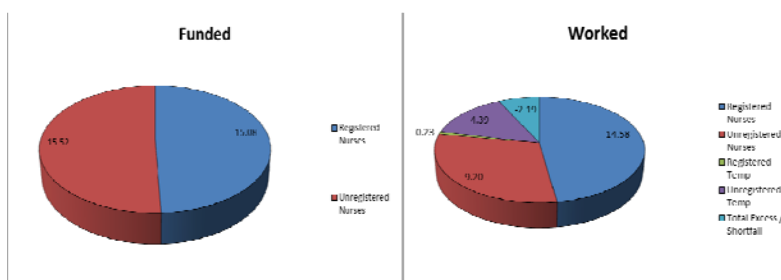
4.3 During April the range of patients to staff was as follows.

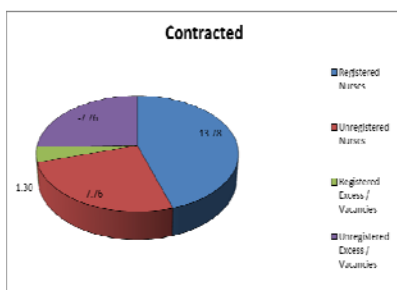
4.3.1 On days the range was between 3 to 8 patients per staff, i.e. the maximum number of patients being supported by one member of staff was 8 and the minimum was 3. However, the way that work is allocated will mean that some patients may require one to one levels of support which will therefore impact on the overall availability of staff.

4.3.2 On nights the range was between 6 to 8 patients per staff member.

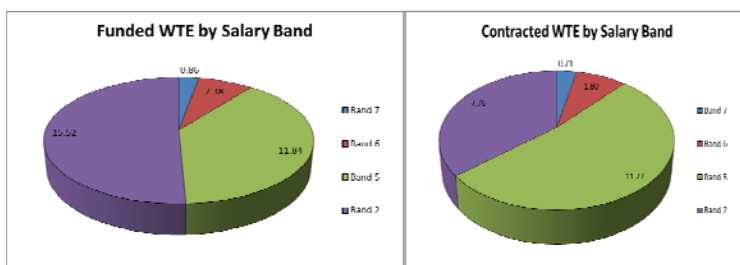
4.4 The following graphs provide information by staff type and salary band.

4.4.1 Bridgnorth Staffing Type





4.4.2 Bridgnorth by Staffing Salary Band



4.4.3 In summary there are approximately 1.3 Registered Nurse vacancies based upon the current establishment.

4.5 Quality Metrics

The following is a list of quality indicators that we monitor on a monthly basis. During April the sickness absence rate for Bridgnorth was 0.44%. Seven staffing concerns were raised through the Datix System(our electronic mechanism for raising health and safety issues). Appendix 3 provides the detail of the indicators that make up the internal quality metrics referred to in the table below:

Bridgnorth Quality Indicators	April 2014	Comment
Complaints	0	
Medication Incidents	2	
MRSA	0	
C Diff	0	
Slips, Trips and Falls	11	
Pressure Ulcers	2	
Mortality (Unexpected death)	1	
Serious Incidents	0	
NHS Safety Thermometer Harm Free Care	95.83%	
Internal Quality Metrics overall compliance	83.2%	56/60 indicators relevant on day of measurement

5. Ludlow

5.1 Ludlow has a 20 bedded ward supporting female patients and a 20 bedded ward supporting male patients.

5.2 Details of the actual staffing used during April is contained in Appendix 2(c).

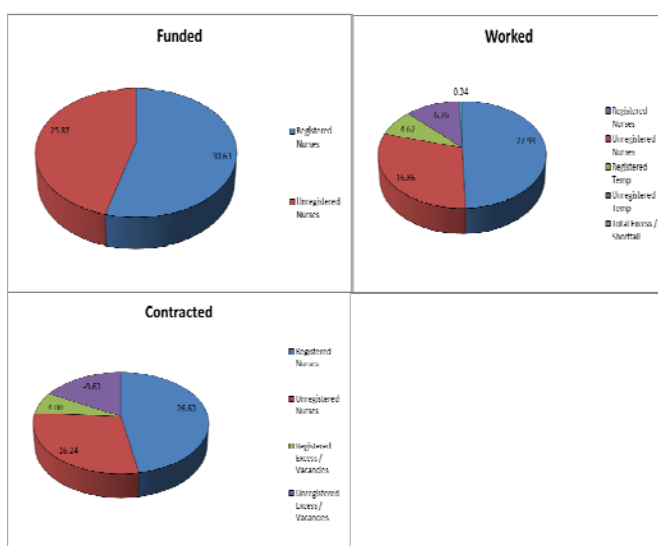
5.3 During April the range of patients to staff was as follows.

5.3.1 On days the range was between 3 to 6 patients per staff, i.e. the maximum number of patients being supported by one member of staff was 6 and the minimum was 3. However, the way that work is allocated will mean that some patients may require one to one levels of support which will therefore impact on the overall availability of staff.

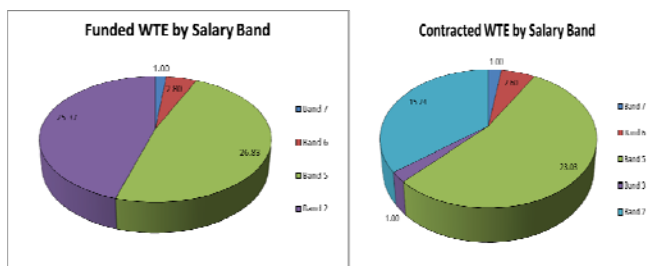
5.3.2 On nights the range was between 4 to 7 patients per staff member.

5.4 The following graphs provide information by staff type and salary band.

5.4.1 Ludlow Staffing Type



5.4.2 Ludlow by Staffing Salary Band



5.4.2 In summary there are approximately 4 Registered Nurse vacancies based upon the current establishment.

5.5 Quality Metrics

The following is a list of quality indicators that we monitor on a monthly basis. During April the sickness absence rate for Ludlow was 3.42%. Two staffing concerns were raised through the Datix System (our electronic mechanism for raising health and safety issues). Appendix 3 provides the detail of the indicators that make up the internal quality metrics referred to in the table below:

Ludlow (both wards) Quality Indicators	April 2014	Comment
Complaints	0	
Medication Incidents	3	
MRSA	0	
C Diff	0	
Slips, Trips and Falls	6	
Pressure Ulcers	2	One Serious Incident as below
Mortality (Unexpected death)	0	
Serious Incidents	2	One pressure ulcer as above
NHS Safety Thermometer	Stretton: 94.12% Dinham: 100%	
Internal Quality Metrics overall compliance	80.4%	56/60 indicators relevant on day of measurement

Whitchurch

6.1 Whitchurch has a 36 bedded ward supporting both male and female patients.

6.2 Details of the actual staffing used during April is contained in Appendix 2(d).

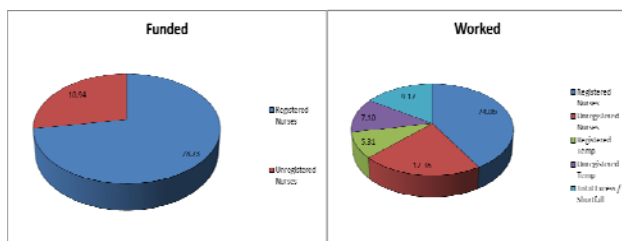
6.3 During April the range of patients to staff was as follows.

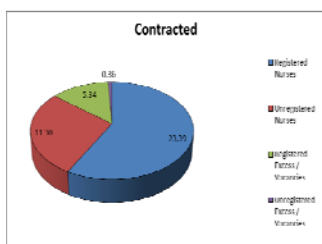
6.3.1 On days the range was between 4 to 6 patients per staff, i.e. the maximum number of patients being supported by one member of staff was 6 and the minimum was 4. However, the way that work is allocated will mean that some patients may require one to one levels of support which will therefore impact on the overall availability of staff.

6.3.2 On nights the range was between 6 to 8 patients per staff member.

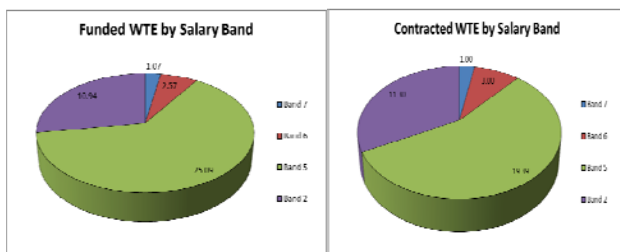
6.4 The following graphs provide information by staff type and salary band.

6.4.1 Whitchurch Staffing Type





6.4.2 Whitchurch by Staffing Salary Band



6.4.3 In summary there are approximately 5 Registered Nurse vacancies based upon the current establishment.

6.5 Quality Metrics

The following is a list of quality indicators that we monitor on a monthly basis. During April the sickness absence rate for Whitchurch was 7.23%. One staffing concern was raised through the Datix System (our electronic mechanism for raising health and safety issues). Appendix 3 provides the detail of the indicators that make up the internal quality metrics referred to in the table below:

Whitchurch Quality Indicators	April 2014	Comment
Complaints	1	
Medication Incidents	7	
MRSA	0	
C Diff	0	
Slips, Trips and Falls	3	
Pressure Ulcers	0	
Mortality (Unexpected death)	0	
Serious Incidents	0	
NHS Safety Thermometer Harm Free	Team 1: 81.25% Team 2: 100%	
Internal Quality Metrics overall compliance	92%	58/60 indicators relevant on day of measurement

7. Summary

- 7.1 During the month, at no point were there in excess of 8 patients to each member of staff. There are a total of 14.5 wte Registered Nurse vacancies across all the Community Hospitals. Different approaches to recruitment are being explored and discussions have taken place with Directors of Nursing in neighbouring Trusts. In March we used an acuity and dependency tool that is recommended in acute Trusts. We intend to use this tool again before publishing our six monthly review of staffing. On-going attention needs to be afforded to the quality metrics that we are using. Future reports will be able to compare data over time which will assist in any decisions that need to be made. As part of the six month review a skills review will be undertaken.

8. Recommendations

- **Note** the contents of the report
- **Discuss** pertinent points
- **Agree** for the report to be uploaded to NHS Choices and our Trust Website
- **Agree** for the full staffing review to be conducted by September 2014 (6/12) thereafter.

HOW TO ENSURE THE RIGHT PEOPLE, WITH THE RIGHT SKILLS, ARE IN THE RIGHT PLACE AT THE RIGHT TIME

ACCOUNTABILITY & RESPONSIBILITY

- Expectation 1:** Boards take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability
- Expectation 2:** Processes are in place to enable staffing establishments to be met on a shift-to-shift basis

EVIDENCE-BASED DECISION MAKING

- Expectation 3:** Evidence-based tools are used to inform nursing, midwifery and care, staffing capacity and capability

SUPPORTING AND FOSTERING A PROFESSIONAL ENVIRONMENT

- Expectation 4:** Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns
- Expectation 5:** A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments
- Expectation 6:** Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties

OPENNESS AND TRANSPARENCY

- Expectation 7:** Boards receive monthly updates on workforce information, and staffing capacity and capability is discussed at a public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review
- Expectation 8:** NHS providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift

PLANNING FOR FUTURE WORKFORCE REQUIREMENTS

- Expectation 9:** Providers of NHS services take an active role in securing staff in line with their workforce requirements

THE ROLE OF COMMISSIONING

- Expectation 10:** Commissioners actively seek assurance that the right people, with the right skills, are in the right place at the right time within the providers with whom they contract

Appendix 2a

Location: Bishops Castle Community Hospital

Ward name: Ward

Month: April 2014

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Number of beds	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
Number of patients	15	16	16	16	16	15	16	15	16	16	16	16	16	16	15	15	14	15	15	15	15	15	16	15	16	16	16	15	15	14
Staffing days E/L	6/4	6/4	6/4	5/4	6/4	5/3	7/4	6/4	5/3	6/4	5/3	5/3	5/3	6/4	5/4	5/4	6/4	5/3	5/3	6/4	5/3	6/4	6/4	5/4	5/4	5/3	5/3	7/4	5/4	5/4
planned	10	10	10	9	10	8	11	10	8	10	8	8	8	10	9	9	10	8	8	10	8	10	10	9	9	8	8	11	9	9
actual	10	10	10	9	10	8	11	10	8	10	8	8	8	10	9	9	10	8	8	10	8	10	10	9	9	8	8	11	9	9
Ratio E/L 1:	2.5/3.75	2.66/4	2.66/4	3.2/4	2.66/4	3/6	2.28/4	2.5/3.75	3.2/5.33	2.66/4	3.2/5.33	3.2/5.33	3.2/5.33	2.66/4	3/3.75	3/3.75	2.33/3.5	3/5	3/5	3/3.75	3/5	2.5/3.75	2.66/4	3/3.75	3.2/4	3.2/5.33	3.2/5.33	2.14/3.75	3/3.75	2.8/3.5
Staffing nights	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Planned	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Actual	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Ratio 1:	7.5	8	8	8	8	7.5	8	7.5	8	8	8	8	8	8	7.5	7.5	7	7.5	7.5	7.5	7.5	7.5	8	7.5	8	8	8	7.5	7.5	7

Guidance notes

Ratio is actual total patients divided by the number of staff (on days this must not be more than one staff to eight patients) to provide a high level view of the number of patients one member of staff will be caring for.

Appendix 2b

Location Bridgnorth Hospital
Ward name Agnes Campbell ward
Month April 2014

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Number of beds	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25		
Number of patients as at 9.00	24	25	25	25	24	24	25	25	25	24	20	19	19	22	22	22	23	22	24	24	25	25	24	24	24	22	24	22	22	22		
Staffing days Early/late																																
Planned Early/late	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4		
Actual Early/late	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	5/4	6/4	6/4	6/3	6/3	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	
Ratio Early/late	4/6	4/6	4/6	4/6	4/6	4/6	4/6	4/6	4/6	4/6	3/5	3/5	3/5	4/6	4/6	4/6	5/6	4/6	4/6	4/8	4/8	4/6	4/6	4/6	4/6	4/6	4/6	4/6	4/6	4/6	4/6	
Staffing nights																																
planned	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
actual	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	3	4	4	4	4	
ratio	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	8	6	6	6		

EPS/1:1 Staffing days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Planned Early/late			0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	1/1	1/1	1/1	1/2	2/2	2/2	2/2	2/2	2/2	2/2	2/2	2/2	2/2	2/3	3/3	3/3	3/3	3/3	3/3	3/3	
Actual Early/late			0/1	0/1	0/0	0/1	0/1	0/1	0/1	0/1	0/0	1/1	1/1	0/2	1/1	2/2	2/2	2/2	2/2	2/2	2/2	2/2	2/2	2/2	3/3	3/3	3/3	3/3	3/3	3/3	
EPSf/1:1 staffing nights																															
planned		1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	
actual		1	1	0	1	1	1	1	1	1	1	1	1	2	1	2	1	2	1	2	2	2	2	2	2	3	3	2	2	3	

Guidance notes

Ratio is actual total patients divided by the number of staff (on days this must not be more than one staff to eight patients) to provide a high level view of the number of patients one member of staff will be caring for.

Location – Ludlow Community Hospital
Ward name – Female Ward (Dinham)
Month – April 2014

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Number of beds	20	20	20	20	20	20	20	20	21	24	24	24	24	24	21	21	21	20	20	20	20	20	20	16	16	16	16	16	14	13	
Number of patients	15	14	17	18	17	18	18	19	21	21	21	21	20	20	21	20	20	20	20	20	20	19	19	16	16	16	16	15	13	12	
Staffing days E/L	7/3	7/4	5/5	6/4	7/3	6/4	6/5	6/4	6/4	7/4	6/5	6/4	7/6	6/5	5/4	7/5	7/5	7/4	7/5	6/4	7/5	7/5	7/6	7/5	5/5	6/3	5/3	6/5	6/5	6/4	
planned	10	10	10	10	10	10	10	10	10	12	12	12	12	12	10	10	10	10	10	10	10	10	10	9	9	9	9	9	9	9	
actual	10	11	10	10	10	10	11	10	10	11	11	10	13	11	9	12	12	11	12	10	12	12	13	12	10	9	8	11	11	10	
Ratio E/L 1:	2.1 4/ 5	2.85 / 3.5	3.4/ 3.4	3/ 4.5	2.42 / 5.66	3/ 4.5	3/ 3.6	3.16 / 4.75	3.5/ 5.25	3/ 5.25	3.5/ 4.2	3.5/ 5.25	2.85 / 3.33	3.3 3/ 4	4.2/ 5.25	2.85/ 4	2.85/ 4	2.85 / 5	2.85 / 4	3.33 / 5	2.85/ 4	2.71 / 3.8	2.71/ 3.16	2.28/ 3.2	3.2/ 3.2	2.66 / 5.33	3.2/ 5.33	2.5/ 3	2.16 / 2.6	2/ 3	
Staffing nights	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	
Planned	3	3	3	3	3	3	3	4	4	4	4	4	3	4	3	4	4	4	3	4	4	4	4	4	4	3	3	4	3	3	
Actual	3	3	3	3	3	3	3	4	4	4	3	4	3	4	3	4	4	4	3	4	4	4	4	4	4	3	3	4	3	3	
Ratio 1:	5	4.6	5.6	6	5.6	6	6	4.75	5.25	5.25	7	5.25	6.6	6	7	5	5	5	6.6	5	5	4.75	4.75	4	4	5.33	5.33	4	4.33	4	

Guidance notes

Ratio is actual total patients divided by the number of staff (on days this must not be more than one staff to eight patients) to provide a high level view of the number of patients one member of staff will be caring for.

Location – Ludlow Community Hospital
Ward name – Male Ward (Stretton)
Month – April 2014

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Number of beds	20	20	20	20	20	20	20	20	20	16	16	16	16	16	19	19	19	19	19	20	20	20	20	20	23	23	23	23	23	23	23
Number of patients	18	18	18	19	18	17	15	14	15	14	15	16	15	16	18	17	19	18	18	18	18	17	17	20	19	21	23	21	20	19	
Staffing days E/L	7/5	6/4	7/5	6/4	6/4	6/5	6/5	5/4	6/4	5/4	6/4	6/4	5/4	5/3	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/4	6/5	6/4	6/4	7/3	7/5	6/4	5/6	
planned	12	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	12	12	12	12	12	12	
actual	12	10	12	10	10	11	11	9	10	9	10	9	10	10	9	8	10	10	10	10	10	10	10	11	10	10	10	12	10	11	
Ratio E/L 1:	2.57/3.6	3/4.5	2.57/3.6	3.16/4.75	3/4.5	2.83/3.4	2.5/3	2.8/3.5	2.5/3.75	2.8/3.5	2.5/3.75	2.66/4	3/3.75	3.2/5.33	3/4.5	2.83/4.25	3.16/4.75	3/4.5	3/4.5	3/4.5	3/4.5	2.83/4.25	2.83/4.25	3.33/4	3.83/5	3.83/5.75	3.28/7.66	3.28/4.6	3.83/5.75	4.6/3.83	
Staffing nights	2/2	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/1	2/2	
Planned	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
Actual	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	
Ratio 1:	4.5	6	6	6.33	6	5.66	5	4.66	5	4.66	5	5.33	5	5.33	6	5.66	6.33	6	6	6	6	5.66	5.66	6.66	6.33	7	7.66	7	6.66	4.75	

Guidance notes

Ratio is actual total patients divided by the number of staff (on days this must not be more than one staff to eight patients) to provide a high level view of the number of patients one member of staff will be caring for.

Location Whitchurch
Ward Name: Rehabilitation
Month April 2014

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Number of beds	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	
Number of patients	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	
Staffing days	E9 L7	E9 L7	E9 L7	E9 L7	E9 L7	E 9 L7	E9 L7	E9 L7	E9 L7	E9 L7	E9 L7	E9 L7	E9 L7	E9 L7	E9 L8	E10 L8	E10 L8	E9 L7	E9 L7	E9 L6	E9 L7	E9 L7	E9 L7	E9 L7	E9 L7	E9 L7	E9 L7	E9 L8	E1 0 L7	E1 0 L7	
Planned	E9 L7	E9 L7	E9 L7	E9 L7	E9 L7	E 9 L7	E9 L7	E9 L7	E9 L7	E9 L7	E9 L7	E9 L7	E9 L7	E9 L7	E9 L8	E10 L8	E10 L8	E9 L7	E9 L7	E9 L6	E9 L7	E9 L7	E9 L7	E9 L7	E9 L7	E9 L7	E9 L7	E9 L7	E9 L7	E9 L7	
Actual	16	16	16	16	16	16	16	16	16	16	16	16	16	16	17	18	18	16	16	15	16	16	16	16	16	16	16	16	17	17	17
Ratio	E4 L5.1	E4 L5.1	E4 L5.1	E4 L5.1	E4 L5.1	E4 L5.1	E4 L5.1	E4 L5.1	E4 L5.1	E4 L5.1	E4 L5.1	E4 L5.1	E4 L5.1	E4 L5.1	E4 L4.5	E3.6 L4.5	E3.6 L4.5	E4 L5.1	E4 L5.1	E4 L6	E4 L5.1	E4 L5.1	E4 L5.1	E4 L5.1	E4 L5.1	E4 L5.1	E4 L5.1	E4 L5.1	E3.6 L5.1	E3.6 L5.1	
Staffing nights	6	6	6	6	6	6	6	6	6	6	6	6	5	7	7	7	6	6	5	6	6	6	6	6	6	6	6	6	6	6	
Planned	6	6	6	6	6	6	6	6	6	6	6	6	6	7	7	7	6	6	6	6	6	6	6	6	6	6	6	6	6	6	
Actual	6	6	6	6	6	6	6	6	6	6	6	6	5	7	7	7	6	6	5	6	6	6	6	6	6	6	6	6	6	6	
Ratio	6	6	6	6	6	6	6	6	6	6	6	6	7.2	5.1	5.1	5.1	6	6	7.2	6	6	6	6	6	6	6	6	6	6	6	

Guidance notes

Ratio is actual total patients divided by the number of staff (on days this must not be more than one staff to eight patients) to provide a high level view of the number of patients one member of staff will be caring for.

QUALITY METRICS APRIL 2014

Reference: Royal College of Nursing (2012) Nursing Dashboards – measuring quality, RCN London.

OBSERVATIONAL SECTION – WARD AREA Score – Yes (Green) No (Red)		Bishops Castle	Bridgnorth	Ludlow Stretton	Whitchurch	TRUST SCORE
1	Staffing levels at time of visit	4 Reg/ 3 Non Reg 16 patients	3 Reg/ 5 Non reg 25 patients	4 Reg/ 3 Non reg 18 patients	4 Reg/ 4 Non reg 35 patients	
2	Medication trolleys locked and attached to the wall when not in use and visibly clean and dust free	NA				
3	All items locked in medicines trolley and not on shelf beneath	NA				
4	Medication cupboards and fridge locked					
5	Evidence of protected mealtimes on ward					
6	Alcohol gel available at entrance to ward/bays/rooms and at the end of each bed					
7	Infection Prevention and Control board is up to date with latest audit results					
8	Adherence to “bare below the elbows” – observe all staff on duty for no long sleeves, no watches, bracelets, stoned rings, false nails, nail art, varnish, or long finger nails.					
9	Environment is clean and uncluttered					
10	No evidence of used urine bottles around beds.					
11	Single sex accommodation in place and all patients in correct areas.					
12	Patient area free from trip hazards (such as cables)					
13	Resuscitation trolley checked daily with no gaps for the last month and visibly clean and dust free					
14	Drug fridge temperature record completed daily for the last month.					

METRICS REVIEW – DISCUSSION WITH FIVE PATIENTS AND REVIEW THEIR RECORDS

Key:  90% - 100%  60% - 89%  0% - 59%

MEDICINES MANAGEMENT		Bishops Castle	Bridgnorth	Ludlow Stretton	Whitchurch	TRUST SCORE
1	Patient prescription chart has name, DOB, NHS number	100%	100%	100%	100%	100%
2	Allergy status identified on drug chart	100%	100%	100%	100%	100%
3	All medication given as prescribed and if not given, omission code used every time and actions documented.	100%	100%	100%	100%	100%
4	All discontinued prescriptions are crossed off and signed and dated	100%	100%	100%	100%	100%
5	Pharmacist signed next to all antimicrobials that four checks complete	100%	100%	NA	100%	100%
INFECTION PREVENTION AND CONTROL						
1	Patient have hand wipes at their bedside within reach	100%	100%	75%	100%	94%
2	Patient has been screened for MRSA within 24 hours of admission	100%	100%	100%	100%	100%
PRIVACY AND DIGNITY						
1	Call bell is within reach of patient.	100%	100%	100%	100%	100%
2	Patient's modesty is being maintained.	100%	100%	100%	100%	100%
3	Documented in patient records how they wish to be addressed and evidenced within the records of use of preferred name.	100%	100%	100%	75%	94%
PATIENT SAFETY						
1	Patients are wearing ID bands with correct information on.	100%	100%	100%	100%	100%
2	Think Glucose documentation completed.	100%	100%	100%	100%	100%
3	MCA assessment carried out if applicable	100%	NA	100%	NA	100%
4	Dementia Screening question asked (where applicable)	100%	0%	100%	100%	75%
5	VTE Assessment carried out	100%	100%	100%	100%	100%
6	Patient rounding tool completed correctly and associated actions documented	100%	100%	100%	75%	94%

PATIENT OBSERVATIONS		Bishops Castle	Bridgnorth	Ludlow Stretton	Whitchurch	TRUST SCORE
1	Observation chart has patient name, DOB, NHS number	100%	100%	100%	100%	100%
2	The frequency of observations is documented on the chart (daily unless stated)	100%	100%	100%	100%	100%
3	At least daily observations should include temp, BP, respirations, level of consciousness and oxygen saturations.	100%	100%	100%	100%	100%
4	The patient has been assessed against NEWS	100%	100%	100%	100%	100%
5	There is evidence of documentation in the evaluation of escalation to the senior nurse or medical staff when the patient has NEWS of 3 or more.	100%	100%	NA	100%	100%
6	Observations are rechecked within when they have triggered responses as per the NEWS chart	100%	0%	NA	100%	67%
	24 hour cumulative balances on all fluid balance charts and appropriate actions documented if needed.	100%	0%	NA	100%	67%
FALLS PREVENTION						
1	All falls documentation has patient name, DOB, NHS number.	100%	100%	100%	100%	100%
2	Patient has been risk assessed for falls on admission and assessment signed by assessing staff member.	100%	100%	100%	100%	100%
3	Care plan in place if assessed at risk of falls with evidence of evaluation of interventions	100%	100%	100%	100%	100%
4	Further assessment carried out weekly if assessed at risk of falls	100%	100%	100%	100%	100%
5	Bedrail assessment taken place if at risk or using bedrails	100%	100%	100%	100%	100%
6	Mobility needs shown on board above bed/PSAG board	20%	100%	100%	100%	80%
NUTRITION AND HYDRATION						
1	All nutritional documentation has name, DOB, NHS number	100%	100%	100%	100%	100%
2	Patient receives nutritional screen on admission and action plan completed which is signed by the assessing staff.	100%	100%	100%	100%	100%
3	Patient weight recorded on or soon after admission.	80%	100%	100%	100%	95%
4	Care plans demonstrating nutritional support interventions are evident for those identified at risk	100%	100%	NA	100%	100%
5	Rescreened for nutritional risk if assessed at risk as identified in the care plan. Includes re weighing.	100%	100%	NA	100%	100%
6	Referral made to dietician if score indicates on the screening tool	100%	NA	NA	100%	100%
7	Nutritional needs on PSAG board/above bed	80%	100%	100%	100%	95%
8	Evidence that assistance is given with eating and drinking if required.	100%	NA	100%	100%	100%
9	Drink is within reach of patients that are able to drink independently.	100%	100%	100%	100%	100%

TISSUE VIABILITY		Bishops Castle	Bridgnorth	Ludlow Stretton	Whitchurch	TRUST SCORE
1	All Tissue Viability forms have name, DOB, NHS number (Waterlow, SSKIN)	100%	100%	100%	100%	100%
2	Waterlow risk assessment carried out on admission	100%	100%	100%	100%	100%
3	Full skin inspection carried out within 6 hours of admission and documented on Care Plan.	100%	100%	100%	100%	100%
4	Care Plan fully completed and evidence of re assessment during admission.	100%	80%	100%	100%	95%
5	Evidence of appropriate actions relating to Waterlow carried out.	100%	100%	100%	75%	94%
6	SSKIN documentation relating to tissue viability completed correctly.	100%	20%	50%	50%	55%
CONTINENCE						
1	Continence assessment carried out on admission	100%	100%	100%	100%	100%
2	If catheter in situ, catheter care pathway in place updated and referenced in notes.	NA	NA	NA	NA	NA
3	Evidence of bowel movement monitored and actions taken if required.	100%	100%	100%	100%	100%
DISCHARGE PLANNING						
1	Has discharge planning checklist been started within 24 hours of patient admission?	60%	20%	0%	50%	33%
2	Have all sections of the checklist been completed appropriately for the stage of the care episode the patient is at?	60%	20%	0%	50%	33%
3	Has EDD been established within 24hours and does it form a key element of MDT discussions?	60%	20%	0%	50%	33%
4	Is the patient and family aware of the patient's EDD?	60%	60%	0%	50%	43%
5	Have care arrangements post discharge been clearly identified and actions implemented to ensure it is in place (ie CHC assessment, information given to patients).	40%	40%	25%	50%	39%
PATIENT EXPERIENCE						
1	Does the patient feel involved in decisions about their care?	100%	80%	100%	100%	95%
2	Is the patient offered help with eating and drinking if they need it?	100%	NA	100%	100%	100%
3	Does the patient feel that they are given enough choice over what they eat and drink?	100%	100%	75%	100%	94%
4	Does the patient feel that their privacy and dignity is respected?	100%	100%	75%	100%	94%
5	Do the staff use the patient's preferred name?	100%	100%	100%	100%	100%
6	When the patient rings their buzzer, does a nurse answer it quickly?	100%	100%	100%	100%	100%

COMMUNICATION		Bishops Castle	Bridgnorth	Ludlow Stretton	Whitchurch	TRUST SCORE
1	Each patient has a named nurse for the shift responsible for coordinating the provision of care needs for each allocated patient	100%	100%	100%	100%	100%
2	Is there evidence in patient records that nurses are present at interactions between patients and doctors?	60%	20%	0%	25%	26%