Report to:	**Public Board of Directors**	**Agenda item:**	**8**
Date of Meeting:	**25 September 2019**		
Title of Report:	**Quality Report**		
Status:	**For discussion**		
Board Sponsor:	**Lisa Cheek, Director of Nursing and Midwifery** **Bernie Marden, Medical Director**		
Author:	**Sue Milloy, Deputy Director of Nursing and Midwifery**		
Appendices	**Appendix A: Nursing Quality Indicators Chart**		

1. Executive Summary of the Report

This report provides an update on quality with a focus on patient experience and key patient safety and quality improvement priorities reviewing 2019 data.

The Quality Report this month includes a quarterly update on the improvement priorities as highlighted in the 2019/20 Patient Safety and Quality Improvement Triangle. Other items will be reported on an exception basis.
This month the report focuses on:

- **Part A** - Patient Experience:
  - Complaints Report
  - Patient Advice and Liaison Report
- **Part B** – Patient Safety and Quality Improvement
  - C Difficile / Healthcare associated infections
  - Pressure Ulcers
  - Falls
  - NatSSips
- **Exception reports**:
  - Serious Incidents (SI) monthly summary and Overdue SI summary
  - Nursing Quality Indicators Exception report

2. Recommendations (Note, Approve, Discuss)

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

3. Legal / Regulatory Implications

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

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

A failure to demonstrate sustained quality improvement could risk the Trust's registration with the Care Quality Commission (CQC) and the reputation of the Trust.

5. Resources Implications (Financial / staffing)

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

6. Equality and Diversity

Ensures compliance with the Equality Delivery System (EDS).

7.	References to previous reports
Monthly Quality Reports to Management Board and Board of Directors	

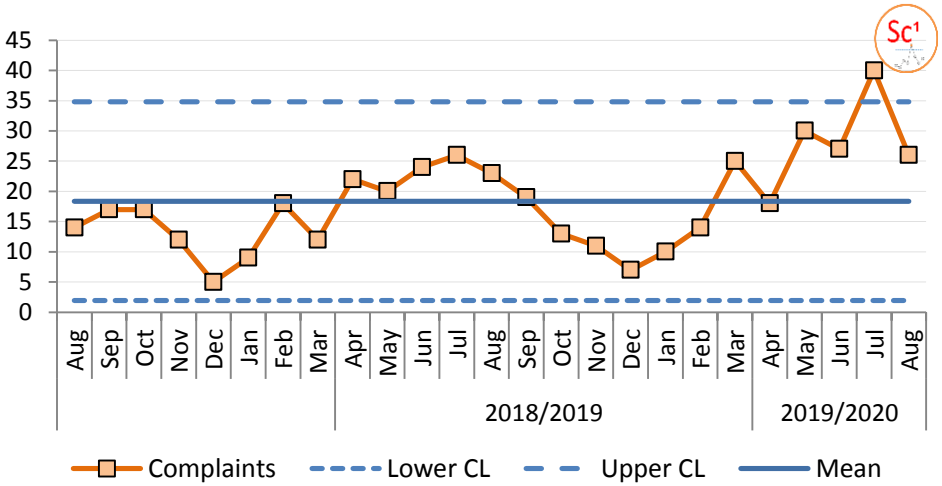
8.	Freedom of Information
Public.	

QUALITY REPORT

PART A – Patient Experience

Patient Experience – Complaints

Royal United Hospitals Bath
NHS Foundation Trust



Complaint Response Rate by Division	Surgery	W&C	Medicine	Total
Closed within 35 day target	8 (89%)	3 (75%)	11 (92%)	22 (88%)
Breached 35 Day target	1 (11)	1 (25%)	1 (8%)	3 (12%)
Total	9	4	12	25

What the information tells us

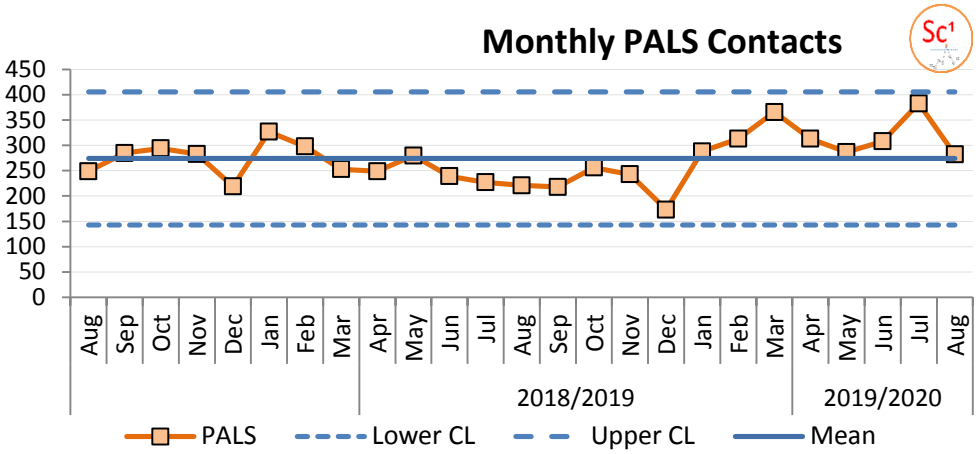
- **26 formal complaints** were received in August, compared to **40 in July**. **8** for **Medicine Division**, **13** for **Surgical Division**, **1** for **Women and Children's Division**, **2** for **Estates and Facilitates** and **2** for **Corporate**. **Medical Division** saw a decrease in complaints from **25 in July to 8 in August**. Of 8 complaints, 2 related to care in Emergency Department and 2 in Respiratory Medicine related to discharge, communication, staff attitude and clinical care and concerns. **Surgical Division** complaints increased from **10 in July to 13 in August**. 4 complaints related to Anaesthetics, 3 General Surgery and 3 Orthopaedic and related to clinical care and communication. **Women and Children's Division** received **1** complaint in **August** compared to **5 in July** were related to clinical care in Maternity.
- **Improvement in the response times - 88% of complaints responded within 35 working days (compared to 76% in July)**. **Medicine Division:** 1 complaint response arranged outside the target date was agreed with the complainant and remains open requiring further investigation (currently 18 days late). **Surgical Division:** 1 complaint was 14 days late due to written notes being required for the patient following a local resolution meeting. **W&C Division:** 1 remains open due to information requested by complainant after a local resolution meeting (currently 18 days late).

Actions

- Due to the high numbers of complaints received in July, there are currently **63 complaints responses due in September/October**. This will need careful coordination by the divisions to ensure we continue to maintain the current performance in response times.
- Guidelines are being developed, in line with the PHSO recommendations and the NHS regulations 2009 for how the Trust manages meetings so that all staff are aware of their responsibilities in terms of the investigation process, record-keeping and timely correspondence with the complainant after the meeting.

Patient Advice & Liaison Service

Royal United Hospitals Bath
NHS Foundation Trust



There were **282 contacts with PALS** in August 2019. This is an **increase** of (13%) compared to the number of contacts in August 2018, and a decrease of (26%) from July 2019.

- 209 required resolution (74%)
- 40 requested advice or information (14%)
- 17 provided feedback (6%)
- 16 were compliments (6%)

What the information tells us

The top three subjects requiring resolution were:

Appointments - **57** – **14** contacts were appointment changes by patients; **11** - related to the length of time for a new appointment (3 of these were under Cardiology, there was no other correlation), **11** – were for appointment information (date/time/location), **7** – related to follow up appointments not given (3 of these under RNHRD), **3** – were length of time for follow up appointments, **3** – related to appointment cancellations. The remaining **8** contacts were spread across different subjects with no trends.

Communication & Information - **51** – **27** contacts were general enquiries/communication; **13** – related to telephone issues/phone not answered (5 of these related to Audiology), **3** – general enquiries/clinical care and the remaining **8** were different subjects with no trends.

Clinical Care & Concerns **37 – 10** contacts were general enquiries/clinical care; **5** – related to quality/concerns regarding medical care, **4** – were general enquiries/communication, **3** – related to co-ordination of medical treatment, **3** – related to inappropriate care and treatment. The remaining **12** contacts were spread across different subjects with no trends.

Actions

- The information in this report is reviewed at the Outpatient Steering Group. There has been a high demand on Audiology Service this month. The department and PALS will monitor this over the coming weeks.
- The ability to process follow up appointments at the RNHRD has been affected by the relocation of the service to the RUH site and the demand on clinics for follow-up capacity. Patients who contacted PALS now have their appointments booked and apologies offered. PALS will continue to monitor.

QUALITY REPORT

PART B – Patient Safety and Quality Improvement

Executive Sponsors
(1) Lisa Cheek, Director of Nursing and Midwifery
(2) Bernie Marden, Medical Director
(3) Rebecca Carlton, Chief Operating Officer

5
Patient Safety Priorities
Falls (1)
Clostridium difficile Infections (1)
Deteriorating Patient (2)
including Acute Kidney Injury (AKI) / National Early Warning Score (NEWS) /Sepsis with Anti-Microbial Resistance

4
Executive sponsored projects:

Pressure Ulcers (1)
National Safety Standards for Invasive Procedures (NatSSIPs) (2)
Emergency Department Safety (1)
Improving Insulin Safety (3)

Royal United Hospitals Bath NHS
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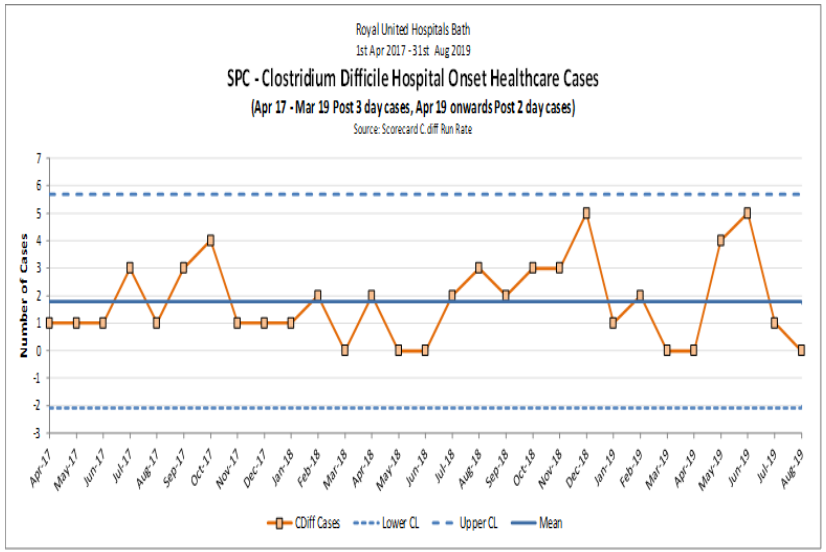
Patient Safety - *Clostridium difficile* infections (CDI)

Lisa Cheek

Background

The RUH target for 'Trust apportioned' *Clostridium difficile* in 2019/20 is 59 cases. This includes both hospital onset and community onset healthcare associated cases. At the end of August 2019 there had been 10 hospital onset and 9 community onset healthcare associated cases. The graph below shows the hospital onset cases only.

Current Performance



Current progress against IPC performance improvement plan

The IPC performance improvement plan was developed following the visit from NHSE/NHSI in July 2019. The improvement plan is based on recommendations made as a result of the visit and also on improvement work that had commenced prior to the visit. Actions include:

- Review of the IPC meeting structure: a new operational group is being set up to run alongside the strategic Infection Prevention and Control Committee. The operational group will meet monthly and this will replace the Clostridium difficile working group and Gram negative blood stream infection group. A new fortnightly senior sisters meeting for infection prevention and control has also commenced.
- Inclusion of infection prevention and control performance at the weekly Executive Team huddle.
- Weekly walkabouts with the DIPC, IPC Team, Estates and Facilities to clinical areas. All issues identified during the walkabout are reported back to the relevant leads for follow up.
- Delivery of an IPC summit to clinical staff and managers in order to share Trust performance with staff and reiterate that infection control is everyone's responsibility so that staff are empowered and supported to challenge poor practice.
- Improvement collaborative in development for targeted areas where there is a higher prevalence of health care associated infection.
- Strengthening and reinforcement of IPC policies.
- Continuation of the ARK project to improve antimicrobial stewardship.
- Improvements in cleanliness of the environment and equipment by ensuring that there is a robust escalation process.

Progress against actions is reviewed by the Infection Prevention and Control Committee.

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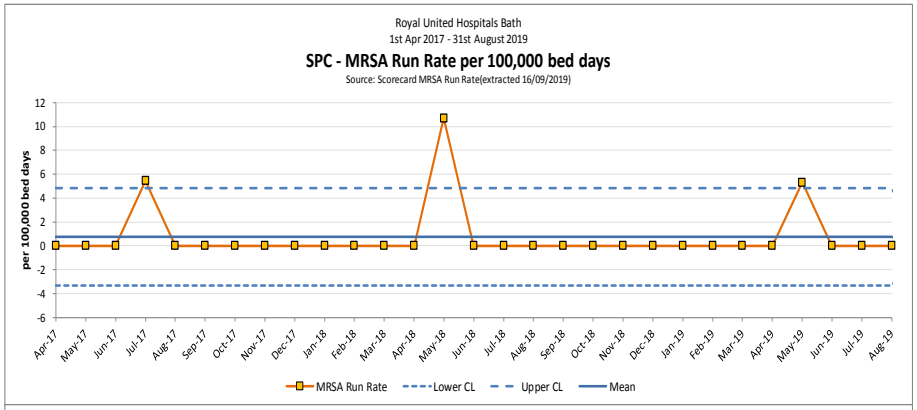
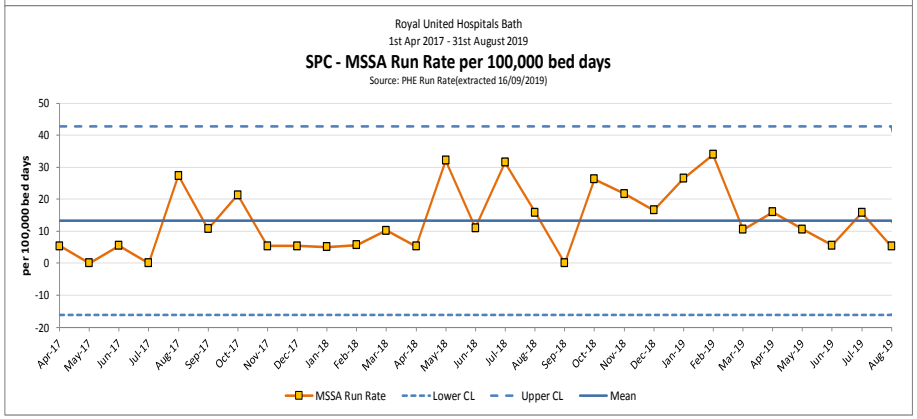
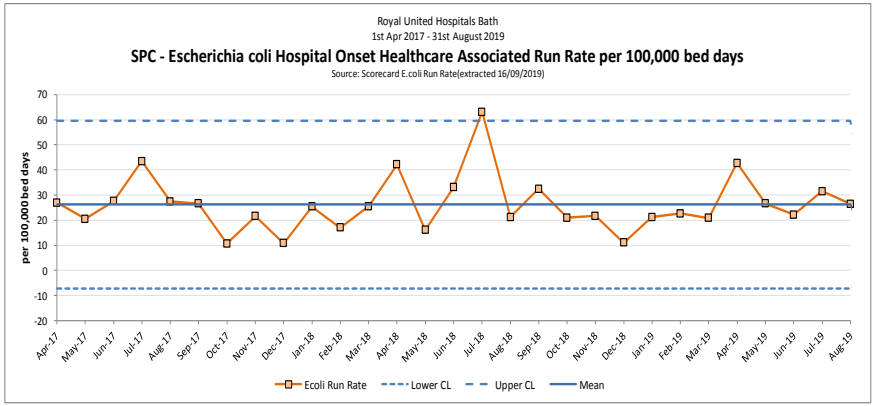
Patient safety healthcare associated infections Lisa Cheek

MRSA and MSSA blood stream infections





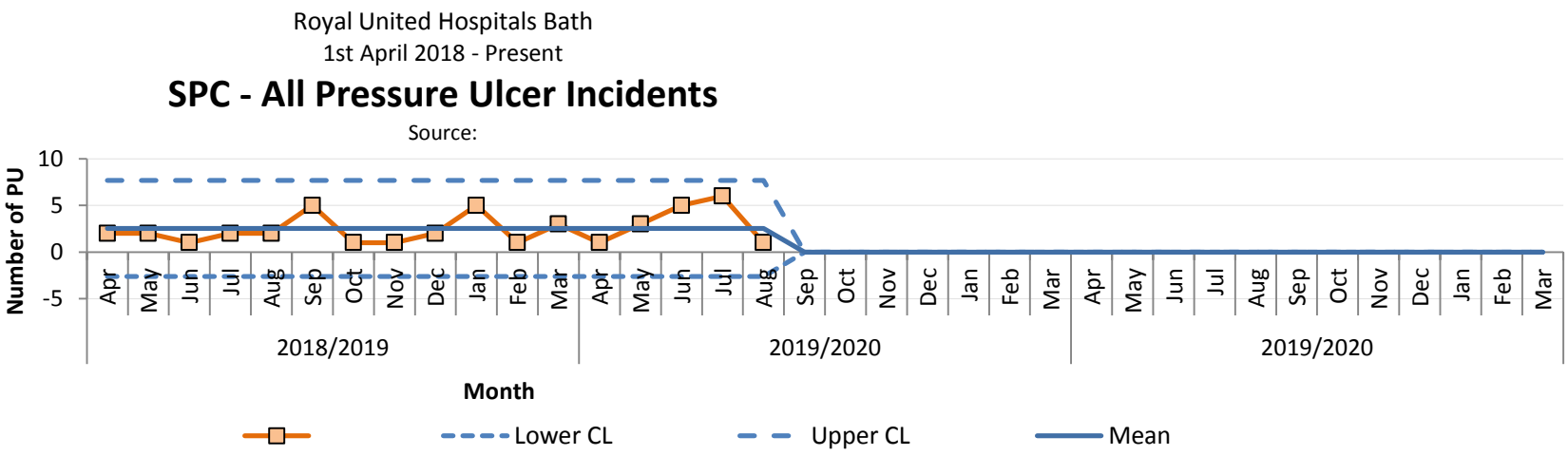
E coli blood stream infections



An overarching plan has been developed to identify actions to reduce these infections.
There will be a new structure for infection prevention and control meetings, ensuring that there are both strategic and operational committees to gain assurance that plans are being taken forward and to monitor outcomes.

Patient Safety – Pressure Ulcers Lisa Cheek

Royal United Hospitals Bath
NHS Foundation Trust



What the information tells us

The ambition for 2019-20 is a 20% reduction in Medical Device Related pressure ulcers, 10% reduction of category 2 pressure ulcers and the elimination of all category 3 & 4 pressure ulcers. The term avoidable/unavoidable is no longer in use.

- In July there were:
  - 1 category 4 pressure ulcer
  - 1 category 3 pressure ulcer
  - 3 category 2 pressure ulcers
  - 1 device related pressure ulcer
- August reported 1 category 3 pressure ulcer

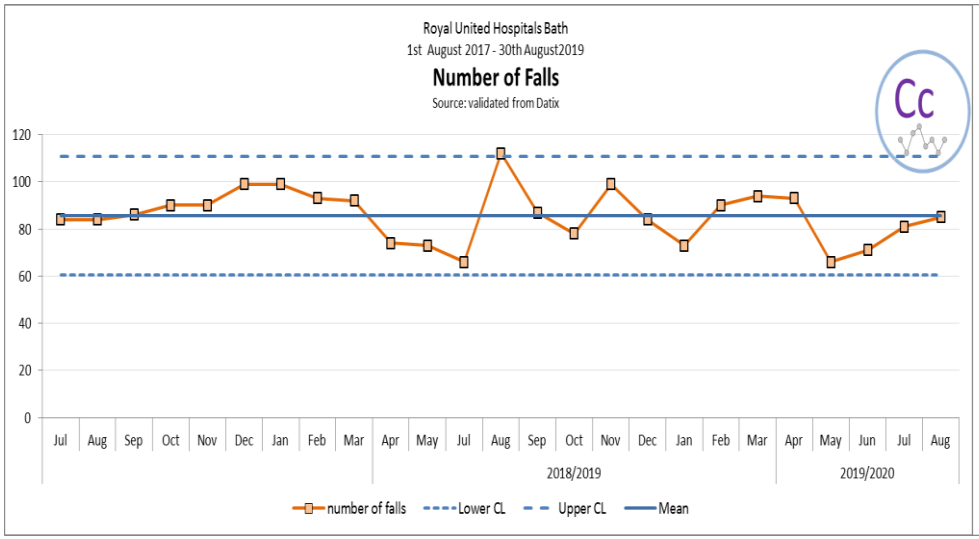
Actions

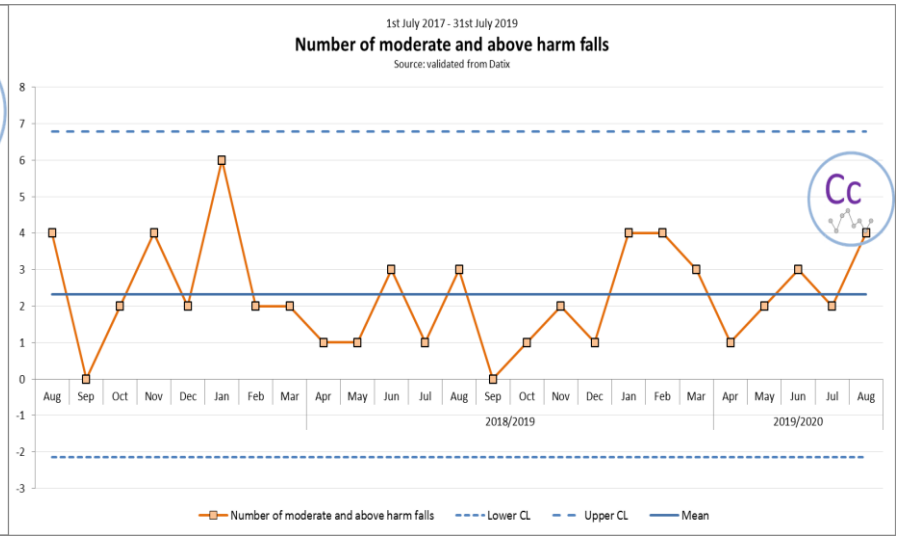
- The Trust has signed up to the NHS England and NHSI Pressure Ulcer Improvement Collaborative, commenced in September. The focus will be around access points to the hospital and the team will comprise of staff from ED and MAU, and Robin Smith. This will provide an opportunity to acquire new skills, share learning and network with colleagues across the country. The aim is to improve the patients provision of pressure ulcer prevention strategies including early skin assessment and equipment.
- Pressure ulcer incident reporting continues and trend analysis following RCA's demonstrates that the occurrence of pressure ulcers remain more prevalent within the demographic of our most vulnerable age group, the elderly. Targeted training will be implemented across our care of the elderly wards to ensure transference of the knowledge and skills required to care for this cohort of patients.
- Local benchmarking indicates a similar picture for July, an increase, however the RUH continues to be a beacon for low incidence.

Patient Safety - Falls

Lisa Cheek

Royal United Hospitals Bath
NHS Foundation Trust





What the information tells us

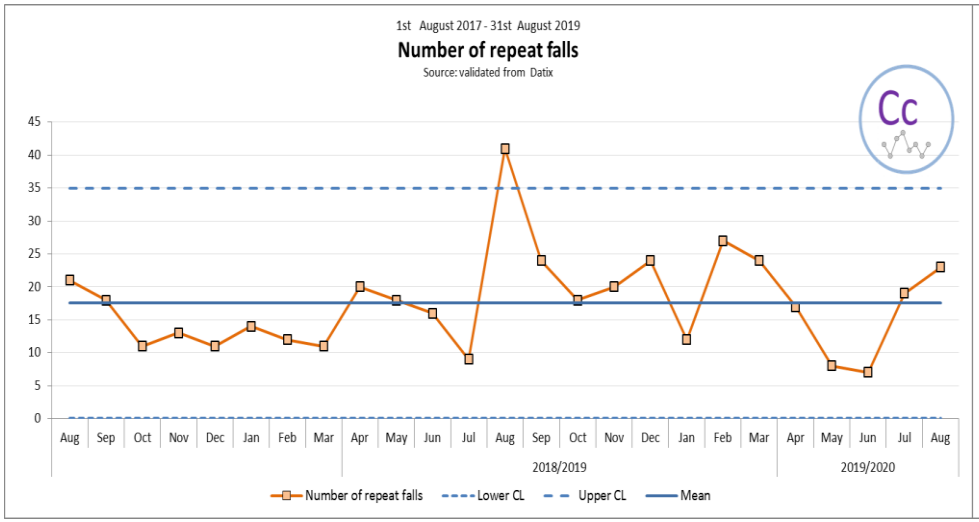
Figure 1

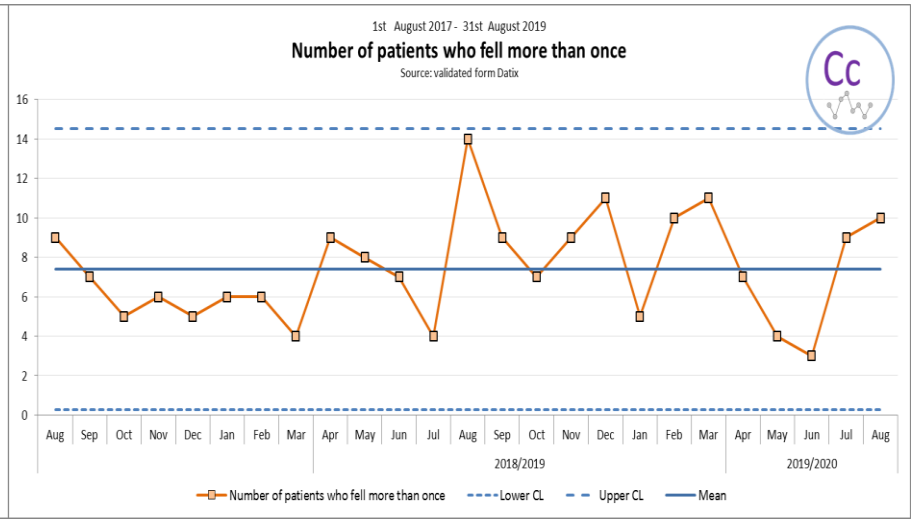
Figure 2

- Reduction in falls is one of the Trust's safety priorities. Figure 1 shows performance for the total number of inpatient falls. Analysis of falls data shows a variation in the number of falls across the trust, with an increase over the last quarter to 85 in August.
- Figure 2 shows the number of Moderate and above harm falls which has increased rising in month to 4 in August.

Actions

- The Falls Steering group reviewed the wording in Datix sub-categories to support better reporting and understanding of circumstances of falls. There was no ability to report if a patient lowered themselves to the floor or was supported and could only be a fall. From 1st September changes have been introduced including sub-category of assisted to floor. In addition, fields added to Datix to capture if patient at the time of fall was Enhanced observation level 3 or 4 to provide data to support the review of Enhanced care which is underway, led by a matron from medicine
- Falls eLearning to be launched 1st October which will include training for lying and standing blood pressure to support achievement of Falls CQUIN and all aspects of falls prevention. Falls Link nurses will be targeted to help disseminate key messages at ward level.
- All moderate and above harm falls are investigated through the process of Falls Huddles to review and agree the level of investigation, either comprehensive RCA or Serious Falls Investigation, and to support staff with prevention work.





What the information tells us

Figure 3

Figure 4

- Figures 3 and 4 show the number of repeat falls and the number of patients who have fallen more than once which have increased in August.
- There were 8 wards where repeat falls occurred.

Actions

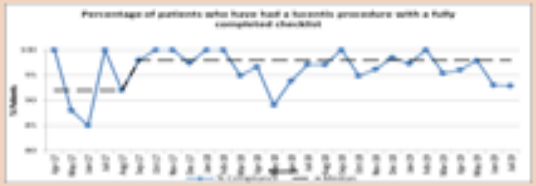
- Within the current Datix reporting system it was difficult to identify if a patient was under Enhanced care level 3 or 4 when the fall occurred
- In addition to the changes to Datix identified on the previous slide, fields have been added to capture:
  - Does the patient have dementia/delirium
  - Was the patient under Enhanced Observation level 3 and 4
- These changes will provide data to support the review of Enhanced care which is underway by the Enhanced Care working group led by a Matron from medicine.

Operating Theatres		Trend	Median	Comments
WHO SURGICAL SAFETY CHECKLIST Sc¹		↔	99.9%	Compliance remains over 99.5% See above
PRE-LIST BRIEFING & DEBRIEF Sc¹		↔	99.4%	Debrief being spread to all theatres from middle September

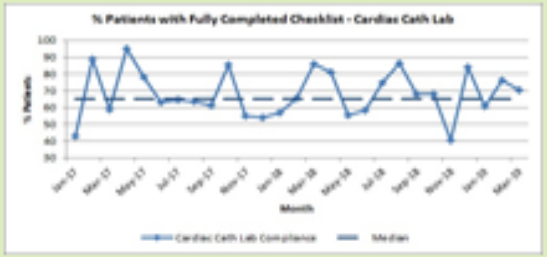
- National safety standards for invasive procedures describe processes to ensure procedures are performed to the highest safety standards, in particular the use of robust checklists to confirm correct patient, procedure and side if appropriate, and all kit and swabs have been removed at the end.

Actions

- Compliance with the WHO checklist being performed has been > 99.8% for several years. Quality observational audits of the process have been monitored since 2013. Successfully resulting in no never events for 6 ½ years. However a wrong side block was performed in December 2018, and a wrong surgery in February 2019. Quality audits have subsequently been improved and videos produced of the expected standard for WHO checklist completion as well as a 'Stop before you block' video for local anaesthetic blocks. These were started to be rolled out to all staff in August, aiming for all staff trained by the end of September.
- Following on from two episodes of wrong side block, and an episode of wrong surgery, a comprehensive review of the incidents has taken place. The learning from this is in the process of being collated, and is due to be presented to Clinical Governance Committee on 24th September 2019. It is anticipated that additional more specifics actions will be taken following this.
- Further improvement ideas are being tested. On world patient safety day on 17th September , a theatre safety day is being organised with the Checklist videos being viewed in all theatres throughout the day.

Division	Specialty	SPC	Trend	Median	
Women & Children's	Gynaecology Sc¹		↓	79%	Quality audits of process being performed. Driver measure for Improving Together, aiming to achieve improved standardised process and implement electronic recording
SURGERY	Breast Clinic Sc¹		↔	90%	Next steps to establish Quality audits
	Oral Surgery Sc¹		↑	80%	Trend increasing last 5 months
	Ophthalmology Sc¹		↔	98%	
	Urology Sc¹		↔	100%	100% last 7 months

- Outpatient procedures: Those included in the Locsips have been using checklist in 2017 . Compliance with all is increasing, see following progress charts . Electronic recording of compliance is required to improve process further

Division	Specialty	SPC	Trend	Median	comments
MEDICINE	Radiology Sc¹		↔	94%	Ultrasound are now using standard checklist. Compliance to be reported in next report
	Gastro Sc¹		↔	93%	Compliance changed to electronic and more accurate data. Remains >90%
	Cardiology Sc¹		↔	62%	Both cath lab and pacemakers, >90% patients have checklist performed but only 62% fully completed, the Sign Out being the part omitted. Cardiology Governance Lead has been off, and covering lead is feeding back to the team and testing improvement ideas.
	Sc¹		↔	65%	
	Dermatology Sc¹		↔	76%	Improved compliance following review of process.

Serious Incident (SI) Summary

Lisa Cheek

Royal United Hospitals Bath NHS Foundation Trust

Serious Incidents Reported to STEIS in 12 month period												
Aug 18	Sept 18	Oct 18	Nov 18	Dec-18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19
8	5	5	4	6	4	8	7	4	6	9	4	4

O/S Actions	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul19	Aug 19
Action Plans	32	26	24	18	8	9	12	7	6	10	8	3
Actions	54	66	43	38	17	17	25	19	30	24	34	6

Date of Incident	ID	Serious Incidents for July - August 2019
06/07/2019	**74928**	Pressure Ulcer – Cat 3
06/08/2019	**75885**	Slip/Trip/Fall with fracture (Part C)
09/08/2019	**76041**	Treatment/procedure (Never Event)
14/08/2019	**76168**	Slip/Trip/Fall with fracture (Part C)

What the information tells us

- Four SIs were reported in August 2019
  - Two were falls investigated as 'Falls Part C',
  - One was a pressure ulcer reported to StEIS
  - One was a treatment and procedure incident which was reported to StEIS as a Wrong Site Surgery Event.
- As of 12th August 2019 there are 23 SIs that remain open and under investigation. All of these are currently within the agreed deadline date for disseminating the final RCA report to the Clinical Commissioning Group
- There are 3 open SIs with overdue actions compared to 8 in July. This amounts to 6 SI actions are overdue for closure.

Actions

- The SI Task and Finish Group has reviewed and proposed a new process for undertaking Rapid Incident Review Meetings to Operational Clinical Governance Committee in August. Feedback from Divisional leads is required to finalise the process.
- The Risk Applications Manager sends out weekly updates to the Heads of Nursing and Patient Safety Leads for each Clinical Division with details of overdue open actions and requests updates for these.
- It is proposed that each SI will have an overall action plan owner who is responsible for confirming and evidencing the actions taken. This proposal will be taken through the next SI Task and Finish Group in September.

Nursing Quality Indicators Exception Report Lisa Cheek

Royal United Hospitals Bath NHS Foundation Trust

Quality Matrices to note are:

As provided by individual Ward	Date Last flagged	FFT	Negative PALS contact	Falls	C. Diff	PU	Sickness		Appraisal		Day Fill rate		Night Fill Rate	
							HCA	RN	HCA	RN	HCA	RN	HCA	RN
William Budd	May 2019					1	8%	8%	75%			67.7%		76.5%
ITU	July 2019	n/a					15%	6%	67%			81.3%	6.5%	81%
Cardiac	2018		2				7%	10%		72%		64%		77%
NICU	April 2019	22%							67%		60.1%	80.6%	38.4%	76.8%

What the information tells us

- 4 wards have flagged with 6 or more quality indicators, but none had flagged consecutively, with cardiac having the longest gap flagging last year.
- For all wards:
  - There were twelve negative contacts to PALS for nursing related issues and 9 complimentary contacts.
  - There are two formal complaints.
  - Only 1 ward, William Budd had a hospital acquired Category 3 Pressure Ulcer.
  - There were no cases of *Clostridium difficile* this month.

Actions

- Heads of Nursing, Matrons and Senior Sisters are aware of the wards that have flagged.
- Wards with lower FFT data collection are utilising help from the patient experience team and Ward senior sisters are increasing the awareness of FFT within their teams.
- The formal complaints will be investigated in line with Trust policy. The negative PALS contacts have been addressed by a senior member of the nursing teams to ensure resolution and action lessons learned.
- All no harm or minor harm falls have been investigated via Datix.
- There is an ongoing investigation into the pressure ulcer reported on William Budd ward.
- All sickness managed in line with the Trust Supporting Attendance Policy with support from the matrons, HR and occupational health.
- The wards with lower appraisal rates have discussed and agreed plans with their matrons on how they will increase appraisal rates.
- Recruitment remains ongoing. 77 overseas have joined the trust 53 of which have gained registration with the NMC. Business case approved for further ongoing overseas recruitment

Nursing Quality Indicators - Monthly Template September 2019 [Aug data]

APPENDIX A

Ward Name	Report for June 2019 by ward/area triangulating FFT Percent Recommending; PALS; Complaints; Cdiff; Falls; Pressure Ulcers; HR, Staffing																														
	Accreditation Status	FFT % Recomd:	FFT Response Rate %	Number of complaints received	Number of compliments received	Number of PALS contacts		Number of patients with Cdiff	Number of patients who fell				Number of Pressure Ulcers			Human Resources (1 month lag)				Nurse Staffing Datix Report	Safer Staffing % Fill rate				Care Hours Per Patient Day overall	Flagged Areas:					
																Sickness %		Appraisal %			Day		Night								
						Positive	Negative		No Harm	Minor Harm	Mod Harm	Major Harm	Cat: 2	Cat: 3	Cat: 4	RN /RM	HCA	RN/ RM	HCA		Reg Nurses/ Midwives	Care Staff	Reg Nurses/ Midwives	Care Staff		Aug 19 No:	Jul 19 No:	Jun19 No:	May 19 No:	Apr19 No:	Mar19 No:
Charlotte	Bronze	97%	48%			1	1									1%	25%	93%	100%		89.6%	91.4%	98.0%	98.4%	6.8	2	2	2	1	1	1
Violet Prince (RNHRD)	Bronze	100%	43%				1									2%	0%	100%	60%		94.0%	36.2%	90.3%	100.0%	4.5	3	1	1	1	1	2
Phillip Yeoman	Bronze	100%	62%													1%	8%	100%	100%		96.8%	67.0%	72.3%	56.6%	8.8	4	4	1	1	5	2
SAU	Bronze	95%	11%			1										5%	1%	72%	75%		86.7%	112.6%	90.4%	121.0%	14.2	3	7	5	2	3	3
Robin Smith	Bronze	95%	38%				1		2							2%	2%	88%	63%		86.6%	104.3%	83.5%	145.2%	6.6	2	3	3	2	2	1
Cheselden	Bronze	98%	87%						2							0%	2%	83%	100%		72.0%	113.1%	99.8%	99.1%	5.7	1	2	2	2	2	2
Forrester Brown	Bronze	87%	29%						1							7%	4%	95%	100%		86.3%	99.4%	82.4%	125.8%	6.9	2	3	3	2	1	3
ACE OPU	Bronze	97%	73%						2		2					3%	2%	100%	88%	1	70.5%	96.2%	73.3%	102.2%	6.9	2	3	5	2	5	6
Surgical Short Stay Unit	Bronze	96%	30%						1							0%	0%	95%	85%		76.1%	96.1%	67.7%	193.4%	6.5	2	2	4	3	3	2
Waterhouse	Bronze	n/a	n/a						4	3						5%	4%	87%	75%	2	85.5%	108.1%	109.4%	100.2%	6.9	1	3	2	3	3	3
Helena	Silver	100%	63%						4							1%	18%	74%	80%		80.8%	133.4%	86.3%	164.8%	9.1	3	3	5	3	3	3
Haygarth	Foundation	100%	22%						6	2						3%	4%	75%	89%	1	73.6%	94.5%	87.3%	157.5%	6.2	5	6	8	3	5	4
CCU	Bronze	100%	64%													0%	17%	100%	100%		75.4%	78.8%	100.1%	95.4%	11.2	3	3	2	3	1	4
Mary Ward PAW	Bronze	99%	25%				1	1								4%	19%	75%	94%		102.7%	82.9%	90.4%	84.9%	15.7	4	5	4	3	3	5
Intensive Care Unit	Bronze	n/a	n/a			1										6%	15%	80%	67%		80.3%	107.4%	81.3%	6.5%	35.4	6	6	5	3	4	6
A&E	Foundation	97%	16%	1		5	5		2	1						6%	5%	71%	68%							5	7	4	4	4	4
Pierce	Bronze	100%	14%						3	1						4%	6%	81%	95%	2	94.1%	119.2%	104.9%	179.0%	8.1	2	1	3	4	8	4
Combe	Bronze	100%	58%	1			1		1	2						9%	0%	85%	88%	5	62.3%	121.8%	73.1%	171.0%	6.6	5	3	3	4	7	5
Medical Short Stay Unit	Bronze	97%	24%													11%	2%	47%	100%		63.0%	91.5%	101.5%	140.3%	5.6	4	4	2	4	3	5
Cardiac	Bronze	97%	34%				2		2	2						10%	7%	72%	94%	1	64.2%	113.9%	77.1%	153.2%	5.0	6	5	4	4	5	5
Respiratory	Bronze	94%	52%						5							9%	8%	100%	83%	1	69.4%	107.4%	81.4%	98.7%	5.6	3	6	7	4	6	5
Midford	Bronze	100%	110%				1		6	1	2					7%	2%	92%	93%	5	66.7%	103.5%	72.0%	174.2%	5.7	5	5	5	4	7	6
Children's Ward	Bronze	98%	32%						1							4%	1%	88%	90%		85.6%	78.5%	76.0%	135.8%	9.9	2	5	6	4	5	7
Acute Stroke Unit	Bronze	94%	54%				1		6	2						7%	6%	82%	81%	6	69.3%	97.0%	93.5%	105.9%	7.5	5	3	3	5	4	3
Pulteney	Bronze	95%	34%			1			6							0%	2%	68%	29%	1	86.1%	100.3%	89.5%	116.6%	7.0	3	3	3	5	5	5
NICU	N/A	100%	22%													1%	0%	87%	67%		80.6%	60.1%	76.8%	38.4%	11.2	6	5	5	5	6	6
MAU	Bronze	96%	24%						6							4%	8%	76%	70%	1	72.6%	186.2%	92.1%	138.8%	12.5	5	5	7	6	6	5
William Budd	Bronze	96%	37%						2	2				1		8%	8%	93%	75%	2	67.7%	92.5%	76.5%	114.5%	7.6	6	5	4	6	3	5
Parry	Bronze	100%	6%				1		2	1						2%	5%	100%	73%		81.7%	94.9%	79.5%	98.8%	5.9	5	8	5	7	5	5
		80% or less	< 30% (< 15% ED, MAU & SAU)	Nursing / Midwifery related	non PALS from Datix	Neg N/M related only		C. Diff (per patient)	5 plus total Falls or a major harm				> cat2 PUs			above 5%		Below 80%			Below 85%					above 5					

C.Diff 4x Trust apportioned (community onset healthcare associated) not assigned to a single ward as multiple factors involved

Please note: Chart includes amended metrics for Staffing level fill rates and CHPPD (Feb 2018)