

# **Agenda Item 10**

## **Quality & Safety of Care in Falkirk Community Hospital**



**Title/Subject:**      **Quality & Safety of Care in Falkirk Community Hospital**  
**Meeting:**            **Falkirk IJB Clinical and Care Governance Committee**  
**Date:**                **7<sup>th</sup> November 2019**  
**Submitted By:**    **Ellen Hudson, Deputy Nurse Director**  
**Action:**              **For Noting**

## **1. INTRODUCTION**

- 1.1. The purpose of this paper and attached report is to provide an update of the actions and improvement activities being undertaken across the four Units/Wards of Falkirk Community Hospital (FCH) which are monitored by an oversight group. The data within the report illustrates performance against key care indicators and determines the focus for ongoing improvement activities. This report is a means of providing evidence and assurance on the safety and quality of care across the four Units as part of governance reporting mechanisms.

## **2. RECOMMENDATION**

- 2.1 Falkirk IJB Clinical and Care Governance Committee is asked to:
- Note the content of this paper and attached Quality & Safety Report for FCH – Units 1 to 4 up to August 2019;
  - Discuss the key elements of the Quality and Safety Report and consider any questions.

## **3. BACKGROUND**

- 3.1 NHS Forth Valley has recognised that since the autumn of 2018 there have been a number of co-existing factors which impact the provision of safe quality care across the 4 units of FCH. Due to emerging concerns a decision was made by the Executive Nurse and Medical Director to establish an oversight group, led by the Deputy Nurse Director to provide an overview and a robust system to monitor and ensure the management of the various actions and improvements being taken forward.
- 3.2 The work of the oversight group continues and recently undertook a systematic review of all the actions within its overarching action plan which incorporates the intelligence, learning and recommendations arising from audits, complaints, adverse events and external inquiries. This has enabled a re-focussing of the work to date with improvement made to the monitoring framework tool used as well as the development of a Quality and Safety Report which is attached. This further supports the group to fulfil its governance role through this new style report providing the evidence and assurance of the actions and improvement work ongoing being taken forward in FCH.



## **4. MAIN BODY OF THE REPORT**

- 4.1 This progress report reflects the continuous improvement approach used to support the quality and safety of care delivered. Data for the Quality and Safety report is derived from the Nursing & Midwifery Dashboard and Assuring Better Care (ABC) scorecard which outlines care performance data in relation to quality and safety indicators. The data within the report is verified by the independent unannounced Senior Nurse Led Care Assurance Visits.
- 4.2 Along with its own internal care assurance processes, NHS Forth Valley has also been asked to provide regular progress reports to Healthcare Improvement Scotland (HIS) about these improvement activities in relation to FCH (since January 2018).

## **5 CONCLUSIONS**

- 5.2 The attached Report is intended to give Falkirk IJB Clinical and Care Governance Committee an update of progress in relation to the improvement activities being undertaken to drive and improve performance within FCH from January to August 2019.
- 5.3 It is hoped that this new format of presenting evidence of progress with improvement activity is helpful in terms of supporting understanding of clinical care activity and providing assurance on the quality and safety of care being delivered.

### **Resource Implications**

There is no resource implication arising from the attached report.

### **Impact on IJB Outcomes and Priorities**

There is no direct impact resulting from the recommendations of this report.

### **Legal & Risk Implications**

There are no legal or risk implications arising from the report and data presented.

### **Consultation**

No consultation was required to develop the report although the author recognises and thanks members of the oversight group for their contribution to the report.

### **Equalities Assessment**

There are no equalities impacts arising from the report.

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Submitted by: Deputy Nurse Director, NHS Forth Valley

**Author – Ellen Hudson, Deputy Nurse Director**

**Date:** 14<sup>th</sup> October 2019

**Falkirk Community Hospital (FCH) and  
Falkirk Community Hospital Units 1, 2, 3 and 4**

**Quality and Safety Report**

**Falkirk Community Hospital (FCH)**  
**Quality and Safety Report – January – August 2019**

**Summary**

The purpose of this report is to provide detailed information and analysis of the data, information and impact of our improvement work in FCH broadly and FCH Unit 1 specifically.

This progress report reflects our continuous improvement and support approach with a focus across the Assuring Better Care Scorecard. These are;

- Fundamental Care
- Improving Prevention Infection Control
- Documentation
- Patient Experience
- Staff Experience
- Workforce

**Position and key highlights**

Continued and ongoing focus has been maintained across the Assuring Better Care (ABC) scorecard. This data is reflecting a relatively consistent and encouraging degree of positive performance. This performance and self reported data, is being used by the newly appointed dedicated interim Falkirk Community Hospital Management Team, Service Manager and and Clinical Nurse Manager, to routinely drive and improve performance on a day to day basis. This data and the verification of performance across the key indicators within the Balance Score Care are being verified by the Independent Unannounced Senior Nurse Led Care Assurance Visits. These visits continue and have also been carried out during the day and out of hours including overnight.

This data along with intelligence and operational priorities and learning are used for scrutiny and to provide assurance via the Short Life Working group.

## Assuring Better Care Scorecard by month

Metrics	Year	Monthname	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Pressure Area Care	2019		98.3%	98.7%	100.0%	98.6%	97.6%	99.4%	99.4%	98.3%	
Falls Prevention	2019		95.2%	99.0%	95.4%	98.8%	97.4%	100.0%	100.0%	99.3%	
Food, Fluid, Nutrition	2019		92.9%	95.7%	97.6%	96.6%	94.4%	97.2%	96.0%	94.1%	
Patients Admitted with pressure ulcer	2019		0	0	0	0	0	0	0	0	0
Ward acquired pressure ulcer	2019		0	0	0	0	0	0	0	0	0
Total Clinical Incidents	2019		62	56	14	24	25	37	48	51	18
Falls	2019		45	28	7	14	18	20	25	37	9
Documentation Score	2019		96.6%	98.1%	93.6%	85.5%	92.3%	96.5%	96.5%	98.1%	
MUSTScore	2019										
4ATScore	2019										
Early Warning Score	2019		99.6%	99.6%	100.0%	99.8%	100.0%	100.0%	99.8%	100.0%	
EWS Escalation	2019										
MissedDoses	2019		9.1%	9.3%	10.2%	9.1%	9.6%	9.3%	9.2%	9.2%	6.2%

## Prevention of Infection

Year	Metrics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
2019	Hand Hygiene	97.6%	98.6%	100.0%	100.0%	100.0%	98.9%	100.0%	100.0%	
	PVC Bundle						100.0%			
	CVAD Bundle									
	SAB Infections	0	0	0	0	0	0	0	0	0
	C Diff Infections	0	0	0	0	0	0	0	0	0
	DAB Infections	0	0	0	0	0	0	0	0	0
	Environmental Monthly Audits	97.3%	97.3%	97.3%	97.0%	96.7%	96.7%	96.5%	97.3%	

## TO MANAGE AND DEVELOP PERFORMANCE OF THE TEAM

Year	Metrics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
2019	Sickness absence	16.4%	9.0%	10.9%	12.3%	10.0%	7.8%	8.9%	12.4%	
	Annual leave	10.5%	10.5%	15.9%	10.4%	10.9%	11.7%	12.5%	12.9%	
	Overall time-out	33.3%	26.2%	32.1%	27.6%	25.5%	22.6%	23.7%	27.7%	
	Mentors active	23	22	18	22	19	18	23	16	0
	Mentors sign-off active	13	13	12	11	10	10	13	10	0
	KSF Reviews	0	0	0	0	0	0	5	1	0

## TO ENHANCE PATIENT EXPERIENCE (PERSON CENTRED)

Year	Metrics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
2019	Patient experience score	98.2%	98.1%	97.8%	96.6%	95.9%	97.4%	100.0%	96.6%	
	Staff experience audit	79.5%	90.2%	88.2%	99.0%	96.8%	96.1%	99.0%	98.0%	

Year	Complainttype	Jan	Feb	Apr	May	Jun	Aug
2019	Compliment					1	
	Feedback	1			1		
	Stage Two	2	1	2		1	1

## TO CONTRIBUTE TO ORGANISATIONAL OBJECTIVES

Year	Metrics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
2019	Funded Establishment	124.40	124.40	124.40	124.80	124.80	124.80	125.31	125.31	0.00
	Actual hours WTE	119.46	111.07	122.78	114.65	114.07	107.07	107.59	104.48	0.00
	Vacancies registered	1.20	0.99	-1.39	1.82	2.25	4.30	4.21	5.17	0.00
	Vacancies unregistered	-6.77	-16.16	-17.25	-11.83	-10.77	-7.91	-7.64	2.61	0.00
	Bank staff hours registered	994.5	709	559	231.5	218	195.75	219	382.5	0
	Bank staff hours unregistered	2284.42	1758	2632	1570	2026.17	1823.25	1692	2096.5	0
	One to one hours	511	448	1199	480	648	1016	689	309	0
	Enhanced care episodes	46	42	90	49	86	101	79	54	0

## Highlights

### Fundamental Care

The compliance of the pressure area care process measure across the FCH site maintained consistent 95% or above. The Units are also maintaining no hospital acquired infection compliance

### Areas of Improvement Focus

From the Balance Score Card we experienced a dip in the Food Fluid and Nutrition Indicator and Falls Prevention, with an increase in the number of falls. There was also an increase in the overall timeout with sickness being high. Improvements for these are being closely supported by the FCH Management Team

The nursing staff in Falkirk Community Hospital have faced various challenges over the last year and focussed work has been in place to further support staff. Healthcare Support Workers have participated in Communication training and development and a bespoke package of support is being developed for the wider nursing teams.

### Care Assurance

The care assurance visits are unannounced and occur 3 monthly or when additional or enhanced monitoring is required and support to an area is deemed necessary.

This process tests and verifies the self reported data and allows the team to observe care.

## Care Assurance

Senior Nurse Care Assurance Visits are showing steady improvement in clinical indicators; however some environmental issues remain outstanding.

The Estates compliance process assesses whether the environment can be effectively cleaned. The results of these findings are shared with estates for repair and a plan of work is in place.

Following a Care Assurance Visit Unit 4 had a planned focus and is now showing improvement. These results were noted during a period of senior leadership changes.

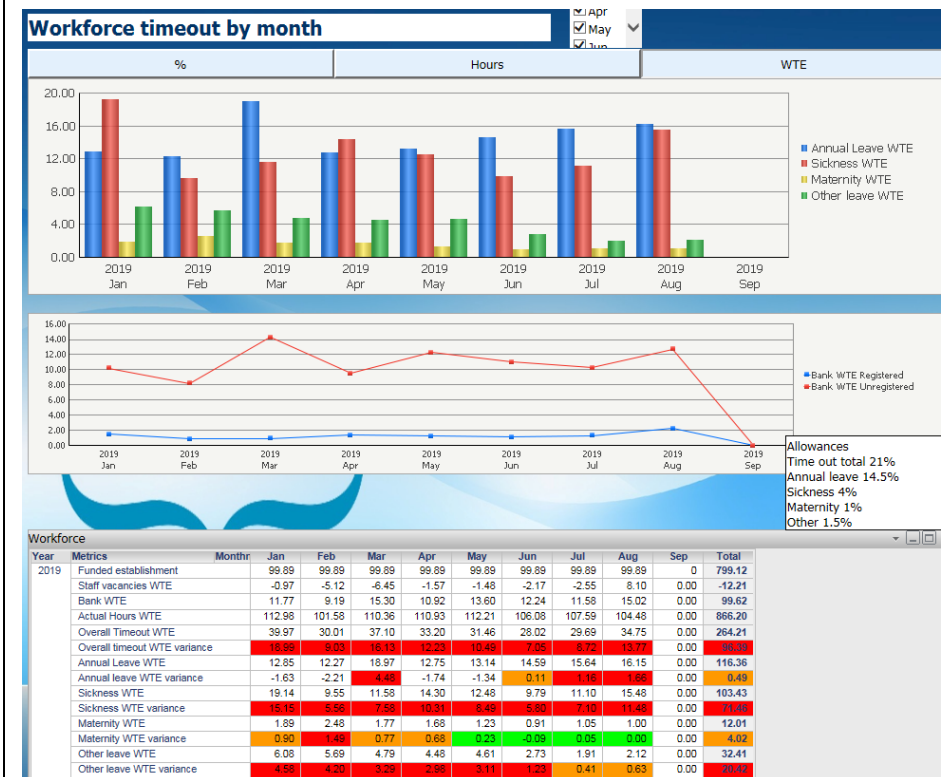
Summary of Ward visits by Date

Year	Date	Directorate	Hospitals	Ward/DN	Overall %
<b>Total</b>					<b>86%</b>
<b>2018</b>	<b>Total</b>				<b>89%</b>
	27/03/2018	Medical	FCH	U1	93%
	24/04/2018	Medical	FCH	U2	93%
	25/04/2018	Medical	FCH	U3	89%
	02/05/2018	Medical	FCH	U4	88%
	08/06/2018	Medical	FCH	U1	86%
	21/07/2018	Medical	FCH	U2	79%
	23/10/2018	Medical	FCH	U1	92%
<b>2019</b>	<b>Total</b>				<b>84%</b>
	21/01/2019	Medical	FCH	U1	93%
	22/01/2019	Medical	FCH	U4	73%
	03/04/2019	Medical	FCH	U3	87%
	10/04/2019	Medical	FCH	U4	55%
	18/04/2019	Medical	FCH	U1	94%
				U2	91%
	10/05/2019	Medical	FCH	U4	78%
	05/06/2019	Medical	FCH	U3	84%
	03/07/2019	Medical	FCH	U4	80%
	29/07/2019	Medical	FCH	U1	90%
	14/08/2019	Medical	FCH	U3	95%
	20/08/2019	Medical	FCH	U2	93%

## Workforce

There have been a number of vacancies in all wards at Falkirk Community Hospital. Following a recruitment drive these posts have now been filled and staff are due to take up posts soon.

An induction programme for newly qualified staff is in place.





## Patient Experience

There has been an ongoing focus to Patient Experience. Some of the highlights are listed below

- A Family information pack has been developed which is given to the family during their first visit to the Ward
- Re-design of Patient Communication Boards “What Matters to Me” – Completed in Units 1, 2 and 3. Unit 4 have a different communication boards.
- Weekly Patient Experience meetings engaging with patients and their relatives – Coffee/Cake Day to celebrate Person Centred Visiting held.
- The experience is shared with ward staff and results in new initiatives such as planned movie night. Funding required for this room – e.g. painting, chairs, sofa, etc.
- A feedback tree has been created in Unit 1 to promote positive conversations. The Senior Charge Nurse will respond to the feedback. This will be rolled out to the other 3 units (delay due to ongoing estates work in all areas)
- Senior Charge Nurses have been encouraged to increase their visibility and interaction with patients and families
- FCH is the first area in NHS Forth Valley to promote Person Centred Visiting, a national programme that provides a clear evidence base for improving patient and relative experience. There have been changes made to the family information pack to reflect this. Relatives are being encouraged along with the patients to discuss what times for visiting suit them best.



## Staff Experience

There has been an ongoing focus to Staff Experience. Some of the highlights are listed below

- Staff Induction Pack including all ongoing development opportunities available to them in order that they have the same opportunity as all other nurses within Forth Valley.
- All new starts were given the opportunity to come along and meet all of the Senior Charge Nurses, shown around their ward, and provided with badges and uniforms.
- Along with all other newly qualified a day was held within Forth Valley Royal Welcoming them to the Organisation and talks were given by Ellen Hudson, Louise Boyle and Patrick Rafferty.

Year	Question/Questionshorttext	Monthname	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total
Total			80%	90%	88%	95%	87%	98%	99%	99%	91%
2019	1	I feel confident delivering care to patients	90%	100%	100%	100%	100%	100%	100%	100%	98%
	2	Staff in this area are professional/approachable	70%	90%	100%	100%	90%	100%	100%	100%	92%
	3	Leadership in my ward/area is effective	80%	100%	100%	100%	78%	100%	100%	100%	94%
	4	I am supported by my peers	90%	100%	100%	100%	90%	100%	100%	100%	97%
	5	I am assisted in areas where I feel inexperienced	100%	100%	100%	100%	88%	100%	100%	100%	98%
	6	I am confident in knowing about patient conditions	90%	100%	88%	100%	90%	100%	100%	100%	94%
	7	I can talk to patients about conditions/treatments	90%	90%	100%	100%	100%	100%	100%	100%	97%
	8	Communication within the team is effective	60%	78%	67%	100%	80%	100%	100%	100%	82%
	9	I can support people who have been given bad news	100%	100%	100%	100%	100%	100%	100%	100%	100%
	10	My team shares learning from mistakes	80%	100%	90%	100%	100%	100%	100%	100%	95%
	11	The care in my area is delivered safely	90%	100%	100%	100%	100%	100%	100%	100%	98%
	12	Minimum staff numbers are maintained	50%	40%	56%	90%	67%	100%	100%	80%	68%
	13	The care I deliver meets my own expectations	90%	100%	78%	100%	90%	100%	100%	100%	94%
	14	I am able to spend enough time with my patients	50%	67%	40%	100%	60%	80%	100%	100%	70%
	15	I am able to provide physical care to my patients	90%	90%	100%	100%	90%	100%	100%	100%	95%
	16	I am able to provide emotional care to my patients	90%	100%	100%	100%	90%	100%	100%	100%	97%
	17	am able to provide care to family/friends/carers	80%	100%	100%	100%	90%	100%	100%	100%	95%
	18	I can manage my workload within allocated shifts	60%	70%	90%	100%	80%	80%	100%	100%	80%
	19	The care delivered is of the highest standard	90%	100%	90%	90%	88%	100%	100%	100%	94%
	20	The level of morale in my area is high	50%	70%	56%	100%	67%	100%	100%	100%	75%
	21	I would recommend NHS Forth Valley as a workplace	80%	100%	100%	100%	80%	100%	80%	100%	92%

## Position and Key Highlights

### Falkirk Community Hospital Unit 1 January – August 2019

FCH Unit 1 during this period has maintained an ongoing focus with a fairly stable level of performance although there has been a dip in some of the clinical indicators in August 2019. In addition there has been a change in Senior Charge Nurse leadership. This performance is being monitored and supported by new interim management team. The day to day focus is on the supervision and support of staff to deliver safe and caring care.

### Balance Score Card

Assuring Better Care Scorecard by month

Metrics	Year	Monthname	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Pressure Area Care	2019		100.0%	100.0%	100.0%	100.0%	98.3%	100.0%	100.0%	95.0%	
Falls Prevention	2019		97.7%	100.0%	100.0%	98.0%	97.6%	100.0%	100.0%	98.7%	
Food, Fluid, Nutrition	2019		95.0%	92.0%	97.0%	97.6%	99.0%	99.0%	99.3%	94.0%	
Patient Admitted with pressure ulcer	2019		0	0	0	0	0	0	0	0	0
Ward acquired pressure ulcer	2019		0	0	0	0	0	0	0	0	0
Total Clinical Incidents	2019		6	12	6	6	9	12	25	20	
Falls	2019		1	6	2	3	6	7	11	11	2
Documentation Score	2019		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
MUST Score	2019										
4AT Score	2019										
Early Warning Score	2019		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.5%	100.0%	
EWS Escalation	2019										
Missed Doses	2019		9.5%	8.3%	10.0%	6.3%	7.8%	9.1%	10.0%	8.3%	6.4%

Prevention of Infection

Year	Metrics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
2019	Hand Hygiene	100.0%	100.0%	100.0%	100.0%	100.0%	95.5%	100.0%	100.0%	
	PVC Bundle									
	CVAD Bundle									
	SAB Infections	0	0	0	0	0	0	0	0	0
	C.Diff Infections	0	0	0	0	0	0	0	0	0
	DAB Infections	0	0	0	0	0	0	0	0	0
	Environmental Monthly Audits	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	

TO MANAGE AND DEVELOP PERFORMANCE OF THE TEAM

Year	Metrics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
2019	Sickness absence	14.3%	7.2%	6.4%	6.2%	3.5%	5.7%	5.6%	11.5%	
	Annual leave	11.4%	12.6%	16.3%	13.9%	13.9%	16.1%	17.6%	21.7%	
	Overall time-out	36.1%	28.9%	32.2%	28.2%	23.0%	22.8%	24.0%	33.5%	
	Mentors active	7	7	7	7	7	7	7	6	0
	Mentors sign-off active	3	3	3	2	3	3	3	3	0
	KSF Reviews	0	0	0	0	0	0	0	0	0

TO ENHANCE PATIENT EXPERIENCE (PERSON CENTRED)

Year	Metrics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
2019	Patient experience score	95.6%	97.6%	96.7%	96.5%	100.0%	100.0%	100.0%	100.0%	
	Staff experience audit	84.6%	84.1%	91.1%	96.0%					

Complainttype

Year	Complainttype	Jan	Apr
2019	Stage Two	1	2

TO CONTRIBUTE TO ORGANISATIONAL OBJECTIVES

Year	Metrics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
2019	Funded Establishment	27.76	27.76	27.76	27.76	27.76	27.76	27.76	27.76	0.00
	Actual hours WTE	30.36	26.79	29.77	27.95	29.08	30.09	30.34	29.04	0.00
	Vacancies registered	2.08	1.82	-0.13	1.58	1.52	2.36	1.23	0.09	0.00
	Vacancies unregistered	-0.50	-1.20	-1.04	-0.63	-1.72	-1.72	-1.11	3.36	0.00
	Bank staff hours registered	33	83.5	38	47	114	160.75	114	273.5	0
	Bank staff hours unregistered	527	510.5	672	476.75	641	300.75	494.25	495	0
	One to one hours	511	448	527	480	480	480	503	309	0
	Enhanced care episodes	45	42	58	41	46	37	50	42	0

### Highlights

- No hospital acquired infection – SAB and CDiff since 2016.
- Maintaining performance of early warning score
- In May 2019 there was one hospital acquired Pressure Ulcer prior to that it had been 540 days since the last Pressure Ulcer
- Currently there are 0 live complaints for FCH Unit 1 and to date there have been 0 complaints this year.

### Areas of Improvement Focus

- New Assessment and Care plan booklet introduced April 2019
- Focus on improving clinical assessment and documenting person centred care

### Care Assurance

Care Assurance visits consistently found that the care and comfort of patients was evident. We noted that the ward although was busy but calm atmosphere, and the patients appear well cared for with privacy and dignity maintained. On these unannounced visits we found this to be consistent whether in hours, out of hours or overnight. Until 1 has been visited 5 times in 2019, 3 times during the day and twice during night hours. They are sustaining above 90% in care assurance compliance.

## Care Assurance Areas of Focus

An ongoing and continued focus across all care assurance including FCH Unit 1 is improvement and consistency of documentation in general including assessment and interventions. Unit are also making improvements to ensure the cleanliness and maintenance of the equipment and the safety of medicines

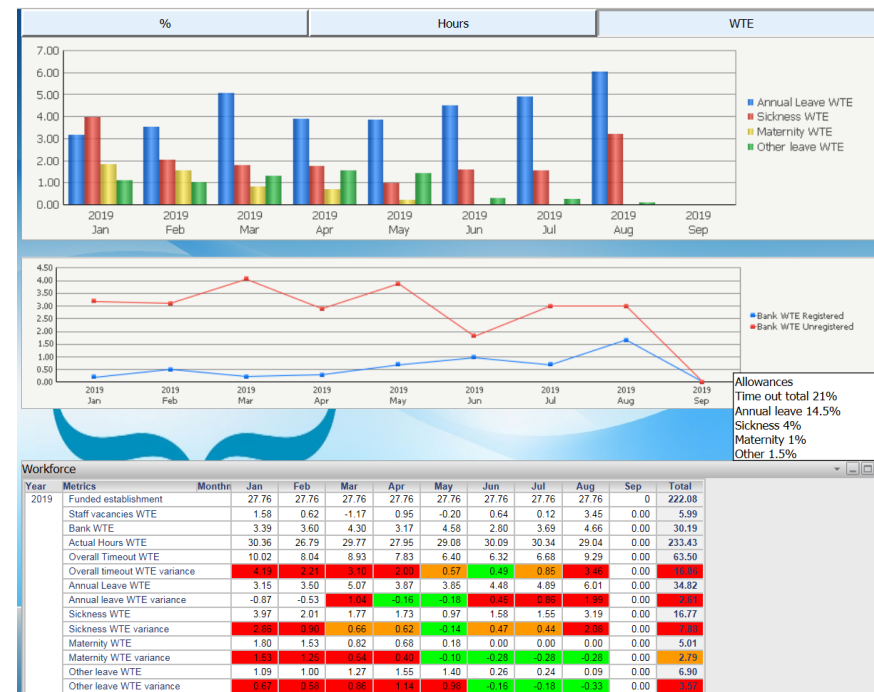
Across Falkirk Community Hospital, whilst we demonstrate high performance in the prevention and control of infection, we continue to report at NHS Board level and which is reflected within our care assurance system. The ongoing challenges in maintaining Falkirk Community Hospital's environment is well understood by the NHS Board and despite ongoing investment in the site the board is currently continuing to prioritise this while developing a case for a new site.

Summary of Ward visits by Date

Year	Date	Directorate	Hospitals	Ward/DN	Metrics	Overall %
<b>Total</b>						<b>91%</b>
2018	<b>Total</b>					<b>90%</b>
	27/03/2018	Medical	FCH	U1		<b>93%</b>
	08/06/2018	Medical	FCH	U1		<b>86%</b>
	23/10/2018	Medical	FCH	U1		<b>92%</b>
2019	<b>Total</b>					<b>92%</b>
	21/01/2019	Medical	FCH	U1		<b>93%</b>
	18/04/2019	Medical	FCH	U1		<b>94%</b>
	29/07/2019	Medical	FCH	U1		<b>90%</b>

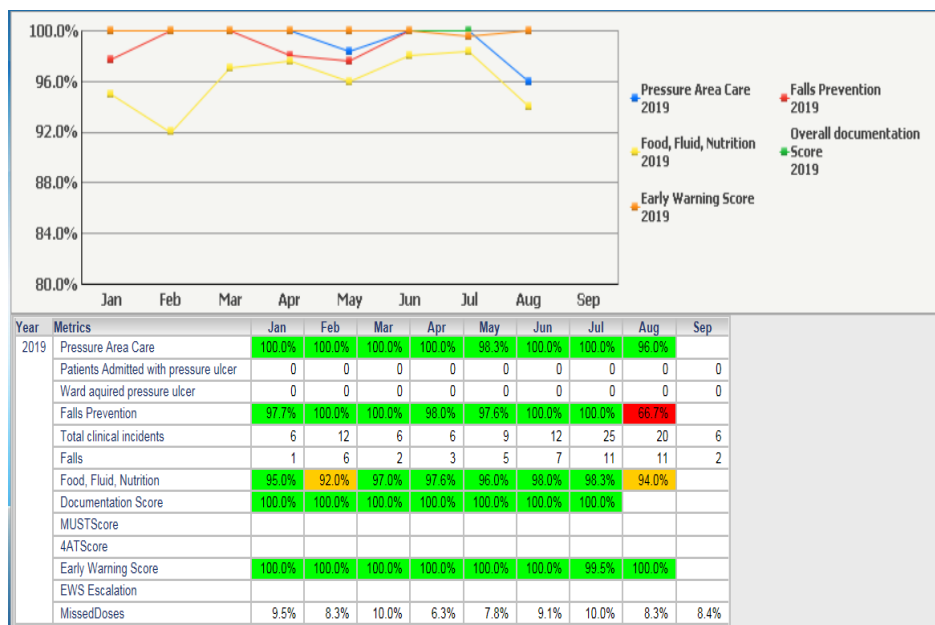
## Workforce

Unit 1 has demonstrated until recently that there had been maintenance in the management of time out allowance since the beginning of 2019, however they are currently experiencing slightly higher sickness absence. There have been some vacancies in the establishment that have very recently been filled and staff are due to take up post very soon.



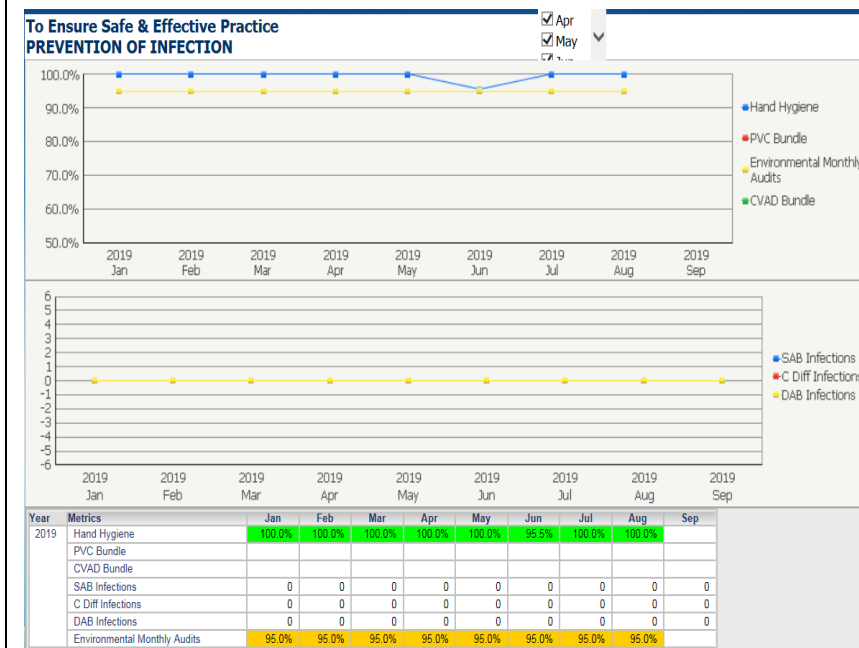
## Fundamental Care

Unit 1 had been displaying consistent high achievement in their clinical indicators, however there has been a dip in the assessment and care planning of falls risk which is consistent with a rise in the number of falls in the ward. Assessment of nutrition on admission to the ward has also dipped slightly



<b>Infection Prevention</b>
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Unit 1 has had no ward acquired infections and is consistently achieving highly in hand hygiene.



## Position and Key Highlights

### Falkirk Community Hospital Unit 2 January – August 2019

FCH Unit 2 during this period has maintained an ongoing focus with a stable and good level of performance. This performance is being monitored and supported by new interim management team. The day to day focus is on the supervision and support of staff to deliver safe and caring care.

### Balance Score Card

Assuring Better Care Scorecard by month											
Metrics	Year	Monthname	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Pressure Area Care	2019		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Falls Prevention	2019		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Food, Fluid, Nutrition	2019		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Patients Admitted with pressure ulcer	2019		0	0	0	0	0	0	0	0	0
Ward acquired pressure ulcer	2019		0	0	0	0	0	0	0	0	0
Total Clinical Incidents	2019		14	3	2	7	6	6	9	6	3
Falls	2019		14	3	1	3	5	4	7	5	0
Documentation Score	2019		93.7%	90.0%	86.7%	73.3%	87.3%	86.4%	86.4%	97.3%	
MUSTScore	2019										
4ATScore	2019										
Early Warning Score	2019		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
EWS Escalation	2019										
MissedDoses	2019		12.3%	12.0%	12.3%	12.4%	10.9%	10.5%	9.1%	6.9%	7.9%
Prevention of Infection											
Year	Metrics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
2019	Hand Hygiene	95.0%	95.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
	PAC Bundle										
	CVAD Bundle										
	SAB Infections	0	0	0	0	0	0	0	0	0	
	C Diff Infections	0	0	0	0	0	0	0	0	0	
	DAB Infections	0	0	0	0	0	0	0	0	0	
	Environmental Monthly Audits	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%		
TO MANAGE AND DEVELOP PERFORMANCE OF THE TEAM											
Year	Metrics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
2019	Sickness absence	10.5%	6.3%	5.4%	11.7%	7.8%	7.3%	11.6%	17.2%		
	Annual leave	14.5%	14.3%	26.0%	10.7%	14.8%	14.2%	14.7%	12.5%		
	Overall time-out	25.3%	21.1%	34.2%	27.9%	26.2%	23.3%	26.8%	30.8%		
	Mentors active	8	7	5	5	7	7	6	6	0	
	Mentors sign-off active	5	5	5	5	5	5	5	5	0	
	KSF Reviews	0	0	0	0	0	0	5	1	0	
TO ENHANCE PATIENT EXPERIENCE (PERSON CENTRED)											
Year	Metrics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
2019	Patient experience score	97.6%	100.0%	96.6%	94.6%	97.6%	96.7%		97.6%		
	Staff experience audit	70.1%	94.2%	84.4%	100.0%	96.1%	96.1%	99.0%	99.0%		
Year	Complainttype	Jun									
2019	Complaint	1									
TO CONTRIBUTE TO ORGANISATIONAL OBJECTIVES											
Year	Metrics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
2019	Funded Establishment	27.74	27.74	27.74	27.74	27.74	27.74	27.74	27.74	0.00	
	Actual hours WTE	30.55	27.82	31.61	32.25	33.06	28.07	29.75	28.49	0.00	
	Vacancies registered	2.41	1.57	0.77	-0.17	-0.04	-0.19	-1.16	-4.69	0.00	
	Vacancies unregistered	-1.65	-2.75	-1.73	-2.24	-2.52	-0.57	-0.62	4.51	0.00	
	Bank staff hours registered	0	0	0	0	7.5	0	0	0	0	
	Bank staff hours unregistered	257	170	252.5	197	336.67	346.75	249.5	357	0	
	One to one hours	0	0	0	0	168	200	0	0	0	
	Enhanced care episodes	0	0	0	0	38	41	2	1	0	

### Highlights

- No hospital acquired infection – SAB and CDiff since 2017.
- Maintaining performance pressure area care, falls and nutrition
- Maintaining performance of early warning score
- In August 2019 it was 1382 days since the last ward acquired pressure ulcer
- Currently there are 0 live complaints for FCH Unit 2 and to date there have been 0 complaints this year.

### Areas of Improvement Focus

- New Assessment and Care plan booklet introduced April 2019
- Focus on improving clinical assessment and documenting person centred care

### Care Assurance

Care Assurance visits consistently found that the care and comfort of patients was evident. We noted that the ward although was busy but calm atmosphere, and the patients appear well cared for with privacy and dignity maintained. On these unannounced visits we found this to be consistent whether in hours, out of hours or overnight. Unit 2 has been visited 4 times in 2019, 2 times during the day and twice during night hours. They are sustaining above 90% in care assurance compliance.

## Care Assurance Areas of Focus

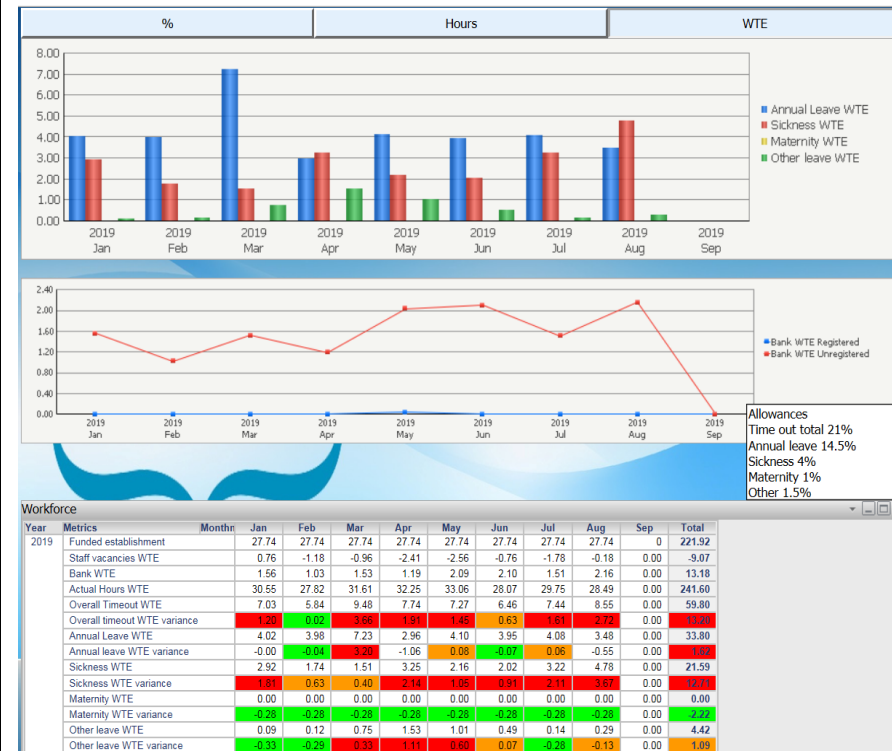
An ongoing and continued focus across all care assurance including FCH Unit 2 is improvement and consistency of documentation in general including assessment and interventions. Unit 2 are also making improvements to ensure their equipment is clean and well maintained

Across Falkirk Community Hospital, whilst we demonstrate high performance in the prevention and control of infection, we continue to report at NHS Board level and which is reflected within our care assurance system. The ongoing challenges in maintaining Falkirk Community Hospital's environment is well understood by the NHS Board and despite ongoing investment in the site the board is currently continuing to prioritise this while developing a case for a new site.

Year	Date	Directorate	Hospitals	Ward/DN	Overall %
<b>Total</b>					<b>89%</b>
2018	<b>Total</b>				<b>86%</b>
	24/04/2018	Medical	FCH	U2	93%
	21/07/2018	Medical	FCH	U2	79%
2019	<b>Total</b>				<b>92%</b>
	18/04/2019	Medical	FCH	U2	91%
	20/08/2019	Medical	FCH	U2	93%

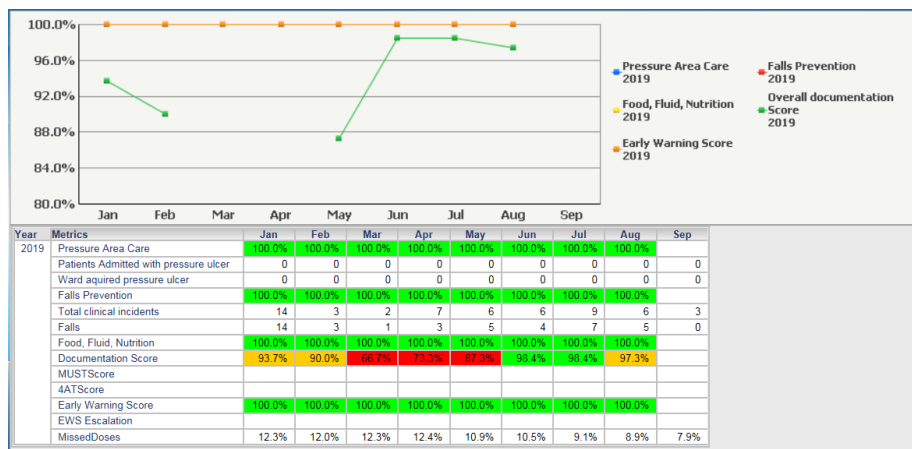
## Workforce

Unit 2 has demonstrated consistency in the management of time out allowance since the beginning of 2019. There have been some vacancies in the establishment that have very recently been filled and staff are due to take up post very soon.



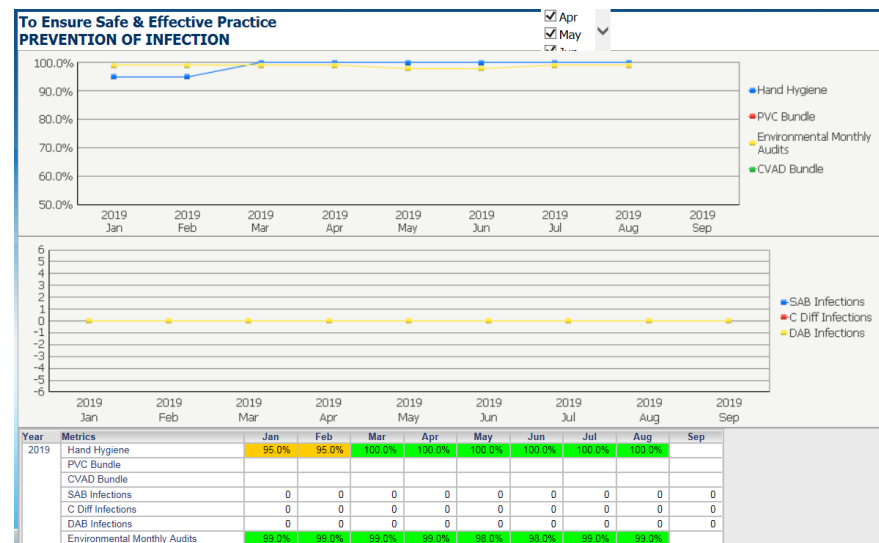
## Fundamental Care

Unit 2 is displaying consistent high achievement in their clinical indicators. There is a reduction in the missed doses of medicine



## Infection Prevention

Unit 2 has had no ward acquired infections and is consistently achieving highly in hand hygiene.





## Position and Key Highlights

### Falkirk Community Hospital Unit 3 January – August 2019

FCH Unit 3 during this period has maintained an ongoing focus with a stable and good level of performance. This performance is being monitored and supported by new interim management team. The day to day focus is on the supervision and support of staff to deliver safe and caring care.

### Balance Score Card

Assuring Better Care Scorecard by month											
Metric	Year	Monthname	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Pressure Area Care	2019		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.3%	
Falls Prevention	2019		91.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Food, Fluid, Nutrition	2019		93.3%	96.7%	96.7%	93.3%	93.3%	93.3%	93.3%	96.0%	
Patients Admitted with pressure ulcer	2019		0	0	0	0	0	0	0	0	0
Ward acquired pressure ulcer	2019		0	0	0	0	0	0	0	0	0
Total Clinical Incidents	2019		10	5	1	5	3	10	4	6	
Falls	2019		9	4	0	4	2	3	3	5	2
Documentation Score	2019								85.0%	86.7%	
MUSTScore	2019										
4ATScore	2019										
Early Warning Score	2019		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
EWS Escalation	2019										
MissedDoses	2019		7.2%	8.2%	8.2%	8.5%	11.4%	9.5%	10.8%	12.0%	8.5%
Prevention of Infection											
Year	Metric	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
2019	Hand Hygiene	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
	PVC Bundle										
	CAVAD Bundle										
	SAB Infections	0	0	0	0	0	0	0	0	0	
	C.Diff Infections	0	0	0	0	0	0	0	0	0	
	DAB Infections	0	0	0	0	0	0	0	0	0	
	Environmental Monthly Audits	97.0%	97.0%		97.0%				94.0%		
TO MANAGE AND DEVELOP PERFORMANCE OF THE TEAM											
Year	Metric	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
2019	Sickness absence	25.1%	15.3%	17.9%	15.2%	14.9%	9.0%	9.0%	9.7%		
	Annual leave	10.2%	8.0%	15.5%	12.5%	15.4%	15.1%	14.1%	15.9%		
	Overall time-out	46.6%	38.1%	42.8%	33.0%	37.6%	29.9%	26.6%	28.8%		
	Mentors active	6	6	0	6	0	0	6	0	0	
	Mentors sign-off active	3	3	0	3	0	0	3	0	0	
	KSF Reviews	0	0	0	0	0	0	0	0	0	
TO ENHANCE PATIENT EXPERIENCE (PERSON CENTRED)											
Year	Metric	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
2019	Patient experience score					90.2%					
	Staff experience audit					75.0%					
Year	Complainttype	May	Jun	Aug							
2019	Feedback	1									
	Stage Two		1	1							
TO CONTRIBUTE TO ORGANISATIONAL OBJECTIVES											
Year	Metric	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
2019	Funded Establishment	25.89	25.89	25.89	25.89	25.89	25.89	25.89	25.89	0.00	
	Actual hours WTE	29.58	27.41	28.44	30.53	30.40	28.69	28.51	28.53	0.00	
	Vacancies registered	0.06	0.11	0.42	3.06	3.16	2.16	3.12	8.12	0.00	
	Vacancies unregistered	-0.35	-2.29	-3.09	-2.41	-2.29	-4.18	-4.05	-7.56	0.00	
	Bank staff hours registered	181.5	54	123	137.5	66.5	17	56.5	6.5	0	
	Bank staff hours unregistered	483.5	395	795.5	328.5	339	495	252.5	252	0	
	One to one hours	0	0	0	0	0	0	0	0	0	
	Enhanced care episodes	1	0	0	0	1	20	4	0	0	

### Highlights

- No hospital acquired infection – SAB and CDiff since before 2014.
- Maintaining performance in pressure area care and falls prevention, some variation in nutrition with improvements required in assessing patients on their hydration status on admission
- Maintaining performance of early warning score
- In June 2019 it had been 214 days since the last ward acquired Pressure Ulcer
- Currently there are 0 live complaints for FCH Unit 3 and to date there has been 1 complaint this year.

### Areas of Improvement Focus

- New Assessment and Care plan booklet introduced April 2019
- Focus on improving clinical assessment and documenting person centred care

### Care Assurance

Care Assurance visits consistently found that the care and comfort of patients was evident. We noted that the ward although was busy but calm atmosphere, and the patients appear well cared for with privacy and dignity maintained. On these unannounced visits we found this to be consistent whether in hours, out of hours or overnight. Unit 3 has been visited 5 times in 2019, 3 times during the day and twice during night hours. They have improved and their last visit was above 90% in care assurance compliance.



## Care Assurance Areas of Focus

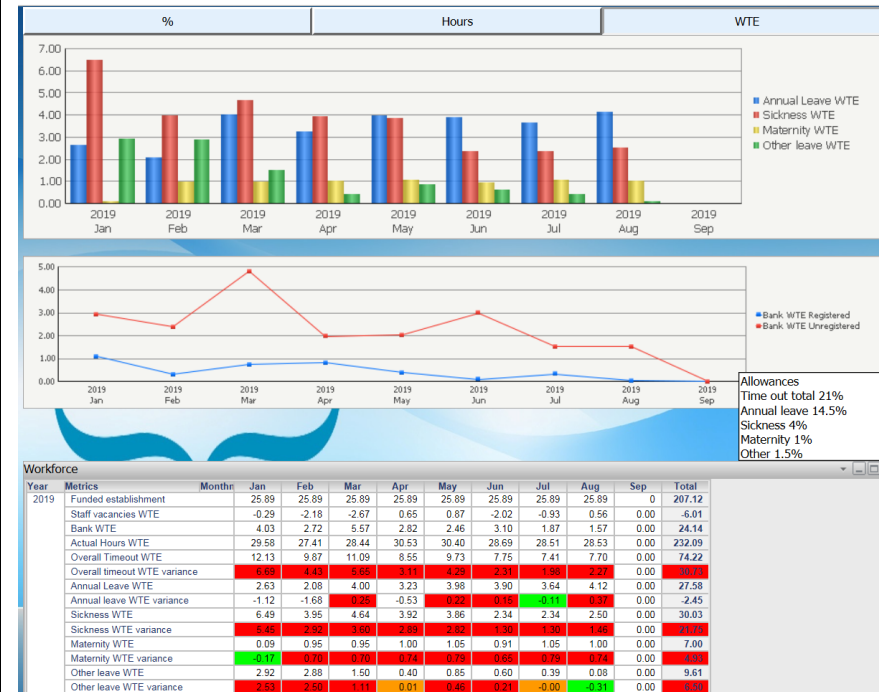
An ongoing and continued focus across all care assurance including FCH Unit 3 is improvement and consistency of documentation in general including assessment and interventions. Unit 3 are also making improvements to ensure their equipment is clean and well maintained and safety of medicines is adhered to.

Across Falkirk Community Hospital, whilst we demonstrate high performance in the prevention and control of infection, we continue to report at NHS Board level and which is reflected within our care assurance system. The ongoing challenges in maintaining Falkirk Community Hospital's environment is well understood by the NHS Board and despite ongoing investment in the site the board is currently continuing to prioritise this while developing a case for a new site.

Year	Date	Directorate	Hospitals	Ward/DN	Overall %
<b>Total</b>					<b>89%</b>
2018	<b>Total</b>				<b>89%</b>
	25/04/2018	Medical	FCH	U3	89%
2019	<b>Total</b>				<b>89%</b>
	03/04/2019	Medical	FCH	U3	87%
	05/06/2019	Medical	FCH	U3	84%
	14/08/2019	Medical	FCH	U3	95%

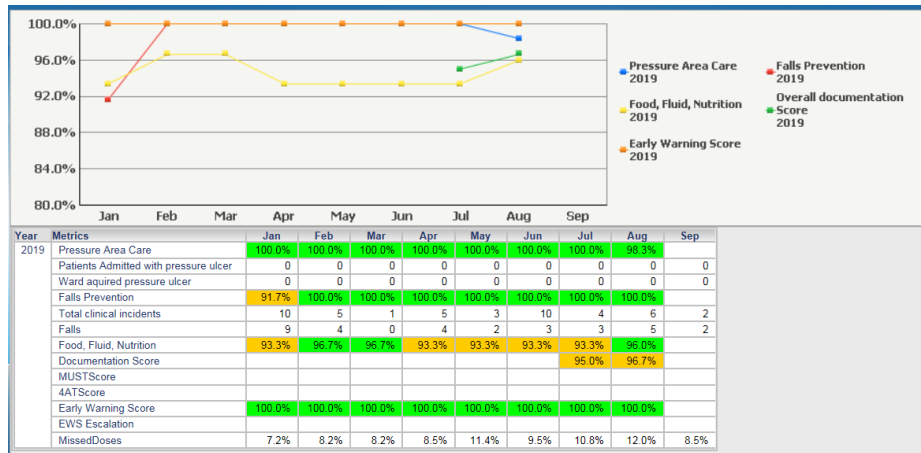
## Workforce

Unit 3 has demonstrated that there has been an improvement in the management of time out allowance since the beginning of 2019. There have been some vacancies in the establishment that have very recently been filled and staff are due to take up post very soon.



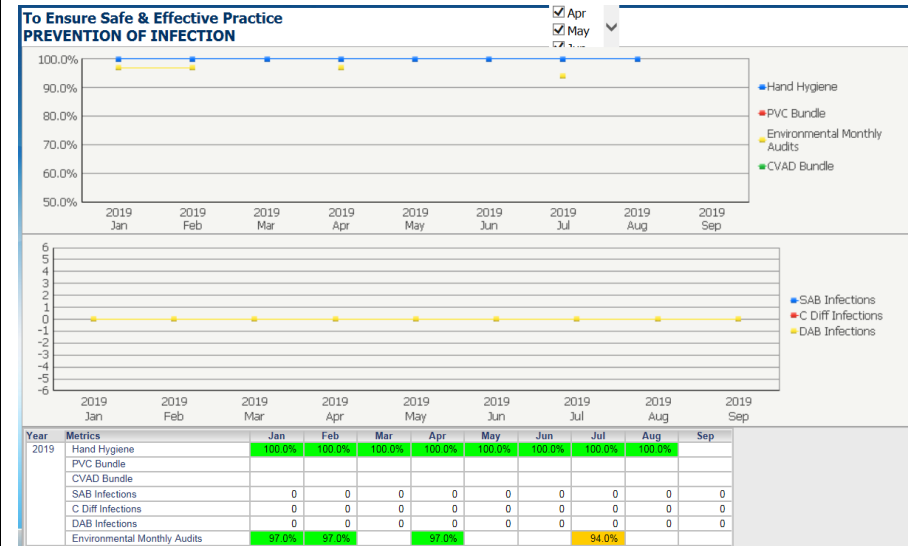
## Fundamental Care

Unit 3 is displaying consistent high achievement in their clinical indicators. There has been a slight increase in the number of missed doses of medicines.



## Infection Prevention

Unit 3 has had no ward acquired infections and is consistently achieving highly in hand hygiene.



## Position and Key Highlights

### Falkirk Community Hospital Unit 4 January – August 2019

FCH Unit 4 during this period has maintained an ongoing focus with a stable and good level of performance. This performance is being monitored and supported by new interim management team. The day to day focus is on the supervision and support of staff to deliver safe and caring care.

### Balance Score Card

Assuring Better Care Scorecard by month											
Metrics	Year	Monthname	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Pressure Area Care	2019		100.0%		100.0%	80.0%	70.0%	80.0%	80.0%	100.0%	
Falls Prevention	2019		100.0%		78.8%	100.0%	88.8%	100.0%	100.0%	100.0%	
Food, Fluid, Nutrition	2019				100.0%	92.0%	84.0%	96.0%	100.0%	92.0%	
Patients Admitted with pressure ulcer	2019		0	0	0	0	0	0	0	0	0
Ward acquired pressure ulcer	2019		0	0	0	0	0	0	0	0	0
Total Clinical Incidents	2019		20	18	3	6	7	8	9	19	7
Falls	2019		12	14	3	4	6	6	4	16	5
Documentation Score	2019				97.2%		80.0%	100.0%	83.1%	100.0%	
MUST Score	2019										
4AT Score	2019										
Early Warning Score	2019		95.0%		100.0%	97.5%		100.0%	100.0%		
EWS Escalation	2019										
Missed Doses	2019		6.3%	8.0%	9.9%	7.9%	6.3%	6.8%	4.4%	6.5%	7.6%
Prevention of Infection											
Year	Metrics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
2019	Hand Hygiene	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
	PVC Bundle						100.0%				
	C/VAD Bundle										
	SAB Infections	0	0	0	0	0	0	0	0	0	
	C Diff Infections	0	0	0	0	0	0	0	0	0	
	DAB Infections	0	0	0	0	0	0	0	0	0	
	Environmental Monthly Audits			97.0%	97.0%	97.0%	97.0%	98.0%	98.0%		
TO MANAGE AND DEVELOP PERFORMANCE OF THE TEAM											
Year	Metrics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
2019	Sickness absence	31.2%	10.0%	19.8%	29.2%	29.7%	20.8%	21.6%	27.1%		
	Annual leave	16.5%	14.7%	14.4%	14.5%	6.6%	12.3%	16.4%	13.7%		
	Overall time-out	58.3%	33.8%	41.1%	49.1%	43.6%	40.5%	44.2%	49.8%		
	Mentors active	0	0	4	4	5	4	4	4	0	
	Mentors sign-off active	0	0	2	1	2	2	2	2	0	
	KSF Reviews	0	0	0	0	0	0	0	0	0	
TO ENHANCE PATIENT EXPERIENCE (PERSON CENTRED)											
Year	Metrics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
2019	Patient experience score										
	Staff experience audit										
Year	Complainttype	Jan									
2019	Feedback	1									
TO CONTRIBUTE TO ORGANISATIONAL OBJECTIVES											
Year	Metrics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
2019	Funded Establishment	18.50	18.50	18.50	18.50	18.50	18.50	18.50	18.50	0.00	
	Actual hours WTE	22.48	19.56	20.55	20.20	19.67	19.23	19.00	18.41	0.00	
	\vacancies registered	-1.94	-0.95	-0.91	-2.01	-1.10	-0.49	0.56	0.59	0.00	
	\vacancies unregistered	-1.08	-1.43	-0.74	1.25	1.51	0.46	-0.52	3.68	0.00	
	Bank staff hours registered	40.5	16.5	0	47	30	18	48.5	102.5	0	
	Bank staff hours unregistered	419.92	285	643.5	567.75	709.5	680.75	695.75	962.5	0	
	One to one hours	0	0	672	0	0	336	186	0	0	
	Enhanced care episodes	0	0	23	8	1	3	23	11	0	

### Highlights

- No hospital acquired infection – SAB and CDiff since before 2014.
- FCH Unit 4 is showing an improvement in their pressure area care and falls prevention.
- Maintaining performance of early warning score
- In June 2019 there was a noted pressure ulcer, prior to that it had been 1466 days since the last ward acquired Pressure Ulcer
- Currently there is 1 live complaint for FCH Unit 4 and to date there have been 1 complaints this year.

### Areas of Improvement Focus

- There has been an increase in the number of falls in the last month
- There has been in a dip in nutrition assessment and care planning
- Focus on improving clinical assessment and documenting person centred care

### Care Assurance

Care Assurance visits found that although the environment required some improvement and maintenance, the care and comfort of patients was evident. We noted that the patients appear well cared for with privacy and dignity maintained. On these unannounced visits we found this to be consistent whether in hours, out of hours or overnight. Unit 4 has been visited 6 times in 2019, 4 times during the day and twice during night hours. They are consistently improving and are now achieving 80% in care assurance compliance.

## Care Assurance Areas of Focus

An ongoing and continued focus across all care assurance including FCH Unit 4 is improvement and consistency of documentation in general including assessment and interventions. Unit 4 are also making improvements on the first impressions to the ward and standard of cleanliness

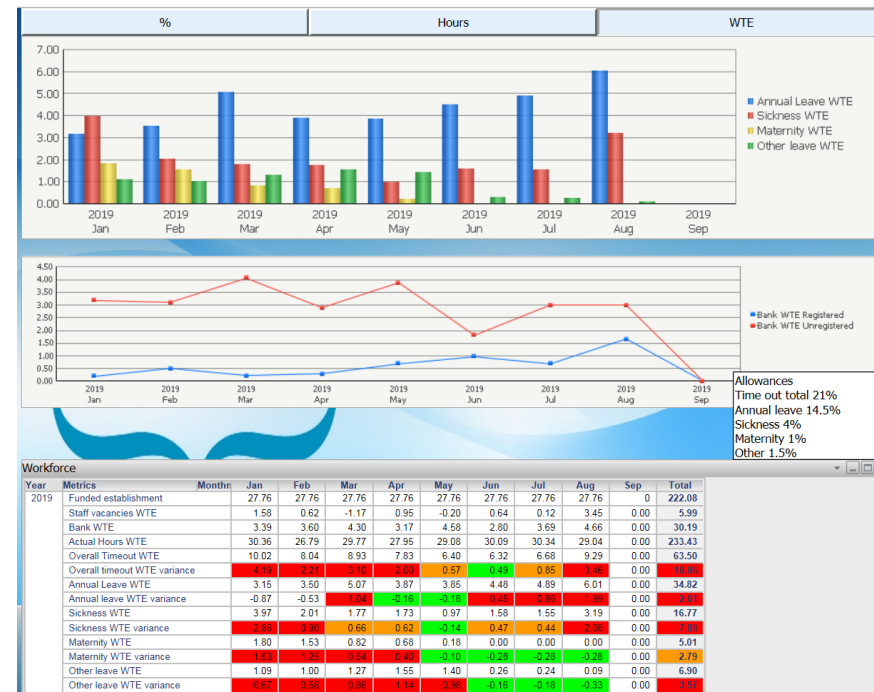
Across Falkirk Community Hospital, whilst we demonstrate high performance in the prevention and control of infection, we continue to report at NHS Board level and which is reflected within our care assurance system. The ongoing challenges in maintaining Falkirk Community Hospital's environment is well understood by the NHS Board and despite ongoing investment in the site the board is currently continuing to prioritise this while developing a case for a new site.

Summary of Ward visits by Date

Year	Date	Directorate	Hospitals	Ward/DN	Metrics	Overall %
<b>Total</b>						<b>91%</b>
2018	<b>Total</b>					<b>90%</b>
	27/03/2018	Medical	FCH	U1		<b>93%</b>
	08/06/2018	Medical	FCH	U1		<b>86%</b>
	23/10/2018	Medical	FCH	U1		<b>92%</b>
2019	<b>Total</b>					<b>92%</b>
	21/01/2019	Medical	FCH	U1		<b>93%</b>
	18/04/2019	Medical	FCH	U1		<b>94%</b>
	29/07/2019	Medical	FCH	U1		<b>90%</b>

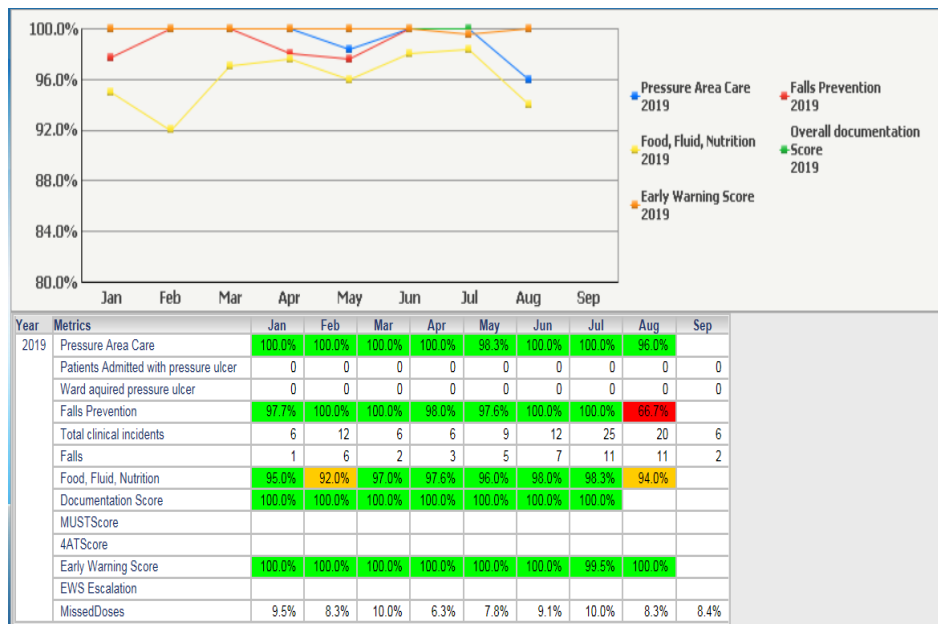
## Workforce

Unit 4 has had some challenges in managing sickness absence since the beginning of 2019. There have been some vacancies in the establishment that have very recently been filled and staff are due to take up post very soon. Workload tools were run earlier this year and we will run the Adult Inpatient Tool in October in order to make comparison.



## Fundamental Care

Unit 4 is now showing some sustained improvement in their clinical indicators, this is being supported by the roll out of the new assessment and care plan booklet and focus of improvement on documentation



<b>Infection Prevention</b>
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Unit 1 has had no ward acquired infections and is consistently achieving highly in hand hygiene.

