

<b>TRUST BOARD IN PUBLIC</b>	<b>Date: 30 January 2014</b>	
	<b>Agenda Item 2.2</b>	
<b>REPORT TITLE:</b>	Joint Chief Nurse and Medical Director's Report	
<b>EXECUTIVE SPONSOR:</b>	Fiona Allsop, Chief Nurse Dr Des Holden, Medical Director	
<b>REPORT AUTHOR:</b>	Fiona Allsop, Chief Nurse Des Holden, Medical Director	
<b>REPORT DISCUSSED PREVIOUSLY:</b> (name of sub-committee/group & date)	N/A	
<b>Purpose of the Report and Action Required:</b> (√)		
For the Chief Nurse and medical director to provide information to the Board regarding key trust issues.	<b>Approval</b>	
	<b>Discussion</b>	√
	<b>Information/Assurance</b>	(√)
<b>Summary: (Key Issues)</b>		
<p>Ward staffing guidance was developed by the CNO, in conjunction with the National Quality Board and published in November 2013. It seeks to support organisations in making the right decisions and in creating a supportive environment where staff are able to provide high quality compassionate care with the best possible outcomes for their patients.</p> <p>There are ten expectations detailed within the guidance relating to the domains of accountability &amp; responsibility, evidence-based decision making, supporting and fostering a professional environment, openness and transparency and planning for future workforce requirements which are of relevance to the Trust Board.</p> <p>This paper details progress to date under expectations 1, 2, 3, 4 and 8</p> <p>In addition the board is provided with an update on stool sampling and Cdiff diarrhoea, and on the NAO review of 18 week referral to treatment pathways (nationally).</p>		
<b>Relationship to Trust Corporate Objectives &amp; Assurance Framework:</b>		
Central to the delivery of safe and quality patient care.		
<b>Corporate Impact Assessment:</b>		
<b>Legal and regulatory implications</b>	None identified currently	
<b>Financial implications</b>	Yes	
<b>Patient Experience/Engagement</b>	Yes	
<b>Risk &amp; Performance Management</b>	Yes	
<b>NHS Constitution/Equality &amp; Diversity/Communication</b>	Yes	

## **Chief Nurse Report**

### **1. 'How to ensure the right people, with the right skills are in the right place at the right time'**

#### **Introduction**

'How to ensure the right people, with the right skills are in the right place at the right time' is a guidance document developed by the CNO, in conjunction with the National Quality Board and published in November 2013. It seeks to support organisations in making the right decisions and creating a supportive environment where staff are able to provide high quality compassionate care with the best possible outcomes for their patients.

From April 2014, the Trust Board will

1. 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
2. Receive monthly updates on workforce information, and to discuss staffing capacity and capability at a public board meeting at least every six months on the basis of a full nursing and midwifery establishment review

The guidance does not define staffing ratios and emphasises the importance of using evidence, evidence based tools, professional judgement and a multi-professional approach in reaching agreed staffing numbers.

However it should be noted that soft intelligence indicates that levels should be no more than one registered nurse to eight patients (1:8) with an aim of one to seven (1:7) in general ward areas. In addition it is anticipated that the split of registered to unregistered staff will be at 65% to 35% respectively.

Of interest, a ratio of 1:7 provides approximately 98 minutes of trained nursing care per patient during an 11.5 hour shift or 9 minutes per hour per patient.

This is in line with published evidence that indicates that patient safety is compromised as number of patients being cared for by nursing staff increases.

The recommended uplift incorporated into a budget to fund leave and training is believed to be in a range from 22 to 25%.

#### **Current Situation**

A validation process has been undertaken to determine current nursing staffing levels and ratios on the wards.

Safer Staffing Table  
(4).doc



This review indicated:

- AMU, CCU, SAU and Godstone (Haematology/Rheumatology) are fully compliant 24 hours a day with a ratio of 1 registered nurse to 7 patients.
- Hazelwood is fully compliant with a ratio of 1 registered nurse to 8 patients.
- Bletchingley is the only ward in the Trust which exceeds a ratio of 1 registered nurse to 8 patients during the day (1:8.6).
- All other wards are compliant during the day.
- All wards not mentioned above are non-compliant at night with ratios ranging from 1 registered nurse to 10/14 patients.

The mix of registered to unregistered staff (skill mix) across the general wards is approximately 60/40 during the day and 50/50 at night. This does however fluctuate depending on the speciality for example during the day CCU have 100% registered nurses.

The Trust has undertaken the Safer Nursing Care Tool evaluation which provides additional guidance on staffing levels aligned to the acuity and dependency of the patients. The data collected in November is currently being analysed and will be presented to the Board as soon as it is available. The data will be used in addition to the registered nurse to patient ratios, professional judgement and other nurse sensitive indicators such as falls, pressure damage, staff sickness, turnover and patient experience to establish whether the ward nursing establishments are optimal. Currently these metrics are reviewed within the Divisional Boards with escalation through the Trust-wide governance/performance process. Unresolved concerns are escalated to the Chief Nurse.

Each Ward within the Trust is required to display the actual number of staff on duty and those it planned to have on duty. This will be displayed prominently on each ward within a Trust-wide template and retained electronically for scrutiny as required.

Ward Boards.doc

If a ward has concerns related there is a robust escalation process in place.

Safer Staffing  
Escalation SOP 14011

In addition the Trust Supervision Policy supports additional staffing for individual patients when required and staffing is discussed and agreed with any remedial action taken, at the three bed meetings daily. The newly enhanced site team provide additional senior clinical review out of hours which includes the distribution of staff and there is a matron on duty 7 days a week who at the weekend attends every ward.

## Future Planning

As informed by this paper the Trust is compliant with the recommended staffing during the day however additional registered nurses are required for the night shift. Finance are currently costing the transition to achieving the required standard and this information will be presented at the March Board.

## Stool sampling and infection control

At the December trust board an update on the actions taken in view of being above annual trajectory for CDiff cases was presented. In relation to this a commitment was given to audit whether the number of samples processed through the laboratory changed and whether there were any inadvertent consequences of the focus placed on CDiff identification and targets.

In December the laboratory received 20% fewer stool samples than in the previous month. There were fewer inappropriately firm samples sent and there was a 20% increase in samples sent from our admission areas (Clinical Decision Unit, Medical and Surgical Assessment Units). Most of the reduction in absolute numbers was in follow up samples and in duplicate requests. The laboratory has run fewer CDiff assays, partly because the number of samples was smaller, partly because more samples than usual have not asked for CDiff to be investigated, and partly because some samples were not accompanied with the correct paperwork (absent or incorrectly filled in). In every one of these cases the patient was reviewed by the infection control team and as a consequence 12 out of 40 cases resulted in CDiff diagnostic tests being run in the lab. None of these cases were positive for CDiff. Of the 28 other patients one subsequently changed their diarrhoeal pattern, had new samples sent and was diagnosed with CDiff (trust case 23). The RCA for this case suggests all aspects of care were excellent.

There is evidence that changes introduced to the taking and processing of samples is leading to a reduction in inappropriate sampling, and where paperwork is inadequate there is evidence that appropriate review of patients is occurring. There is no evidence that staff are not requesting stool samples from patients in whom they are necessary.

## 18 week admitted trajectory

The National Audit Office released a report week commencing 20<sup>th</sup> January which suggested (based on a small sample of 650 patients in 7 hospitals) that recorded information about clock stop/patient choice and non attendance was variably recorded and did not give a clear picture on the central DoH target of 90% patients treated within 18 weeks of referral. SaSH has an access policy which describes the internal rules for managing access both to in-patient and out-patient services and we do not have any evidence that this policy is not being followed. However, in response to the publication this report has received a review of practice is being undertaken and will be reported at the February trust Board.