

<b>TRUST BOARD IN PUBLIC</b>		<b>Date: 29 May 2014</b> <b>Agenda Item: 2.2</b>	
<b>REPORT TITLE:</b>		Chief Nurse & Medical Director's Report	
<b>EXECUTIVE SPONSOR:</b>		Fiona Allsop    Des Holden Chief Nurse    Medical Director	
<b>REPORT AUTHORS:</b>		Sally Brittain            Fiona Allsop Deputy Chief Nurse    Chief Nurse  Des Holden Medical Director	
<b>REPORT DISCUSSED PREVIOUSLY:</b> (name of sub-committee/group & date)		N/A	
<b>Action Required:</b>			
<b>Approval</b>	<b>Discussion (√)</b>	<b>Assurance (√)</b>	
<b>Summary of Key Issues</b>			
Chief Nurse: <ul style="list-style-type: none"> <li>• Update following the PLACE Assessment</li> <li>• Update Safer Staffing</li> </ul> Medical Director <ul style="list-style-type: none"> <li>• Medications and Pharmacy</li> <li>• Infection Control</li> </ul>			
<b>Relationship to Trust Strategic Objectives &amp; Assurance Framework:</b>			
<b>SO1:</b> Safe -Deliver safe services and be in the top 20% against our peers <b>SO2:</b> Effective - Deliver effective and sustainable clinical services within the local health economy <b>SO3:</b> Caring – Ensure patients are cared for and feel cared about			
<b>Corporate Impact Assessment:</b>			
<b>Legal and regulatory implications</b>	Yes		
<b>Financial implications</b>	No		
<b>Patient Experience/Engagement</b>	Yes		
<b>Risk &amp; Performance Management</b>	Yes		
<b>NHS Constitution/Equality &amp; Diversity/Communication</b>	No		
<b>Attachments:</b>			
N/A			

## TRUST BOARD REPORT – 29 May 2014 CHIEF NURSE & MEDICAL DIRECTOR'S REPORT

### Chief Nurse Report

#### 1. PLACE Assessment

The Trust PLACE Assessment was undertaken on 14 & 15 May when five patient led assessment teams visited 22 different areas around the hospital as part of their annual inspection. During the assessment the teams reviewed many aspects of the Trust including ward cleanliness and decoration, staff appearance, hand hygiene and the food. Informal feedback at the end of the assessment was very positive and the teams were pleased that both cleanliness and food were of a very good standard. A formal report will be issued to the Trust in due course.

#### 2. Safe Staffing

From June 2014 the Trust is required to publish nursing staffing levels detailing planned staff on duty versus actual staff on duty, to ward level on its website and also on NHS Choices. Currently the Trust is waiting for the national template to be provided, it is likely that this will need to be populated in hours per calendar month and will be uploaded to NHS Choices via Unify. Data collection in this way will be complex for many Trusts however support is being offered by NHS England and Trusts are working together to find solutions.

The Trust and many others are currently collecting staffing information measuring shift compliance as a percentage rather than in hours. Data is submitted by 10 am daily from all ward areas with an escalation email to all senior nurses and the Executive Team at 1030. This allows for senior overview of any areas that are experiencing staffing problems and allows nursing staff to add any clinical concerns and mitigation they have undertaken to ensure staffing on the wards is safe.

Trigger points are:  
Green = 90 - 100%  
Amber = 80 - 89%  
Red = Below 80%

The table below demonstrates monthly compliance as at 19 May 2014.

### Daily Data Capture Results - Monthly

Ward	Entries	RN Early	RN Late	RN Night	NA Early	NA Late	NA Night	Total Early	Total Late	Total Night	Overall
Abinger Ward	19	100%	100%	100%	90.79%	92.11%	98.25%	95.39%	96.05%	98.95%	96.49%
Acute Medical Unit	19	98.4%	96.81%	94.74%	90.79%	92.11%	90.79%	96.21%	95.45%	93.3%	95.12%
Birthing Centre	17	105.56%	97.22%	96.88%	68.75%	68.75%	0%	94.23%	88.46%	93.94%	91.97%
Bletchingley Ward	18	97.22%	97.22%	100%	91.8%	93.33%	100%	94.74%	95.45%	100%	96.14%
Brockham Ward	19	98.68%	100%	102.7%	100%	100%	90%	99.12%	100%	97.01%	98.98%
Brook Ward	19	100%	100%	100%	100%	100%	N/A	100%	100%	100%	100%
Buckland Ward	15	98.55%	98.55%	93.33%	93.94%	93.94%	90%	97.06%	97.06%	91.67%	95.83%
Burstow Ward	18	95.95%	93.06%	105.88%	94.44%	86.11%	77.42%	95.45%	90.74%	92.31%	92.93%
Capel Ward	18	100%	87.5%	105.56%	95.83%	94.44%	101.92%	97.92%	90.97%	103.41%	96.54%
Chaldon Ward	17	97.73%	98.7%	105.88%	104.55%	104.69%	106.25%	100.65%	101.42%	106.1%	102.12%
Charlwood Ward	17	98.53%	98.41%	97.06%	100%	100%	96.88%	99.02%	99.04%	96.97%	98.53%
Copthorne Ward	18	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Coronary Care Unit	19	96.49%	96.49%	89.47%	100%	100%	84.21%	96.67%	96.67%	87.72%	93.79%
Delivery Suite	18	97.27%	99.1%	100%	102.78%	97.06%	100%	98.63%	98.62%	100%	99.08%
Discharge Lounge	18	93.33%	93.33%	105.56%	96.67%	96.67%	105.56%	95%	95%	105.56%	97.44%
Godstone Ward (Haem)	11	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Godstone Ward (Med)	13	98.46%	100%	100%	92.31%	92.31%	97.44%	96.15%	97.12%	98.46%	97.07%
Hazelwood	17	90.2%	88.24%	91.18%	88.24%	91.18%	94.12%	89.41%	89.41%	92.16%	90.05%
Holmwood Ward	18	92.22%	92.22%	83.33%	94.44%	94.44%	83.33%	92.86%	92.86%	83.33%	90.74%

ITU/HDU	17	95.5%	95.19%	96.83%	94.12%	90.63%	87.5%	95.3%	94.52%	96.1%	95.29%
Leigh Ward	18	98.86%	98.63%	100%	96.36%	100%	100%	97.9%	99.1%	100%	98.77%
Meadvale Ward	13	100%	100%	100%	96.08%	94.12%	100%	98.02%	96.91%	100%	98.04%
Neonatal Unit	19	88.89%	88.37%	90.12%	92.31%	91.89%	100%	89.92%	89.43%	93.16%	90.79%
Newdigate Ward	19	98.88%	96%	100%	95.95%	112.2%	107.89%	97.55%	101.72%	103.95%	100.28%
Nutfield Ward	19	101.05%	100%	100%	100%	100%	100%	100.66%	100%	100%	100.26%
Outwood Ward	19	89.84%	88.28%	94.74%	94.74%	68.42%	94.74%	90.48%	85.71%	94.74%	89.95%
Rusper Ward	15	96.36%	94.55%	100%	69.23%	75%	0%	91.18%	92.06%	93.33%	91.93%
Surgical Assesment Unit	17	98.53%	98.53%	100%	100%	100%	100%	98.82%	98.82%	100%	99.1%
Tandridge Ward	18	98.82%	100%	97.22%	101.69%	100%	94.44%	100%	100%	95.83%	99.17%
Tilgate Ward	18	104.94%	104.94%	105.88%	103.64%	96.36%	105.88%	104.41%	101.47%	105.88%	103.53%
Woodland Ward	19	100%	94.74%	100%	92.86%	92.86%	97.37%	97.35%	94.04%	98.68%	96.3%
<b>Total</b>		<b>97.43%</b>	<b>96.41%</b>	<b>97.69%</b>	<b>95.72%</b>	<b>95.35%</b>	<b>96.61%</b>	<b>96.85%</b>	<b>96.05%</b>	<b>97.27%</b>	<b>96.66%</b>

## Medical Director Report

### 3. Medications and pharmacy

The national patient safety alert on home care drugs has affected SaSH less than many hospitals as we do not (yet) send chemotherapy, immunosuppression or HIV medications to patients by this route. We have had two incidents in a patient group of 1000, with no harm caused. National advice is not to start any patients on homecare until the supply issues are resolved.

We have had an effective focus on drug security on our wards leading up to the CQC inspection and this momentum needs to be maintained.

4. **Infection control**

Prior to the CQC visit we again invited the TDA lead for infection control to walk round our site and offer insights into how we were doing. She was able to offer a number of valuable observations, which were discussed and disseminated from the task force meeting of the week of the inspection.

**Fiona Allsop**  
Chief Nurse  
May 2014

**Des Holden**  
Medical Director