

<b>TRUST BOARD IN PUBLIC</b>		<b>Date: 26 May 2016</b>	
		<b>Agenda Item: 2.1</b>	
<b>REPORT TITLE:</b>		Chief Nurse & Medical Director Report	
<b>EXECUTIVE SPONSOR:</b>		Fiona Allsop, Chief Nurse Des Holden, Medical Director	
<b>REPORT AUTHOR (s):</b>		Fiona Allsop, 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>Purpose of Report:</b>			
To provide an update on continuing work in relation to safe and quality focussed patient care that sits outside the operational performance reports including monthly Safer Staffing information and exception reports.			
<b>Summary of key issues</b>			
<p><b>Chief Nurse</b></p> <ul style="list-style-type: none"> <li>The Safer Staffing report (April 2016 data) indicates that the Trust has delivered the planned versus actual staffing levels in the inpatient areas and maternity unit against existing template.</li> <li>Provides a brief update regarding nursing recruitment</li> <li>Provides information on the Leading Change, Adding Value framework launched by the Chief Nurse, NHS England on 18 May</li> </ul> <p><b>Medical Director</b></p> <ul style="list-style-type: none"> <li>Junior doctors industrial action</li> <li>CQUIN</li> </ul>			
<b>Recommendation:</b>			
To note the report.			
<b>Relationship to Trust Strategic Objectives &amp; Assurance Framework:</b>			
<p><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>SO4:</b> Responsive – Become the secondary care provider and employer of choice our catchment population  <b>SO5:</b> Well led: Become an employer of choice and deliver financial and clinical sustainability around a clinical leadership model</p>			
<b>Corporate Impact Assessment:</b>			
<b>Legal and regulatory impact</b>		Yes	

<b>Financial impact</b>	Yes
<b>Patient Experience/Engagement</b>	Yes
<b>Risk &amp; Performance Management</b>	Yes
<b>NHS Constitution/Equality &amp; Diversity/Communication</b>	Yes
<b>Attachment:</b>	

## Chief Nurse/ Medical Director Report – 26 May 2016

### Chief Nurse Report

#### 1. Introduction

To provide an update to the Board on nursing staffing in relation to planned versus actual staffing, an update regarding safer staffing monitoring, a summary of the recent correspondence in relation to staffing and efficiency and on recruitment activity.

#### 2. Staffing Planned versus Actual – April 2016

Ward	Ward Specialty	Entries	RN Day	RN Night	NA Day	NA Night	Total Day	Total Night	Overall
<a href="#">Abinger Ward</a>	430 - GERIATRIC MEDICINE	30	98.81%	100%	92.83%	100%	95.68%	100%	97.3%
<a href="#">Acute Medical Unit</a>	300 - GENERAL MEDICINE	30	97.11%	99.52%	95%	95%	96.49%	97.88%	97.11%
<a href="#">Birthing Centre</a>	501 - OBSTETRICS	30	96.67%	93.33%	N/A	N/A	96.67%	93.33%	95%
<a href="#">Bletchingley Ward</a>	300 - GENERAL MEDICINE	30	96.91%	100%	105.68%	101.67%	101.05%	100.67%	100.9%
<a href="#">Brockham Ward</a>	502 - GYNAECOLOGY	30	94.17%	97.75%	93.94%	93.55%	94.09%	96.67%	95.12%
<a href="#">Brook Ward</a>	100 - GENERAL SURGERY	30	100%	100%	93.61%	N/A	97.79%	100%	98.65%
<a href="#">Buckland Ward</a>	101 - UROLOGY	30	97.25%	98.33%	96.85%	96.67%	97.09%	97.5%	97.24%
<a href="#">Burstow Ward</a>	501 - OBSTETRICS	30	98.88%	83.33%	89.35%	100%	95.7%	90%	93.11%
<a href="#">Capel Annex I Ward</a>	100 - GENERAL MEDICINE	30	100%	98.33%	96.28%	100%	98.41%	99.17%	98.68%
<a href="#">Capel Ward</a>	430 - GERIATRIC MEDICINE	30	96.78%	98.89%	98.33%	100%	97.26%	99.33%	98.17%
<a href="#">Chaldon Ward</a>	300 - GENERAL MEDICINE	30	96.62%	98.33%	97.23%	95.56%	96.88%	96.67%	96.81%
<a href="#">Charlwood Ward</a>	301 - GASTROENTEROLOGY	30	96.27%	100%	103.13%	96.55%	98.7%	98.28%	98.53%
<a href="#">Cophorne Ward</a>	301 - GASTROENTEROLOGY	30	99.17%	100%	96.75%	95%	98.34%	97.5%	98%
<a href="#">Coronary Care Unit</a>	320 - CARDIOLOGY	30	96.28%	95.08%	N/A	93.1%	96.28%	94.44%	95.36%
<a href="#">Delivery Suite</a>	501 - OBSTETRICS	30	92.2%	93.89%	87.68%	91.67%	91.07%	93.33%	92.2%
<a href="#">Discharge Lounge</a>	300 - GENERAL MEDICINE	30	96.96%	100%	86.62%	100%	91.89%	100%	94.81%
<a href="#">Godstone Ward (Haem)</a>	303 - CLINICAL HAEMATOLOGY	30	98.33%	100%	152.54%	N/A	107.37%	100%	104.02%
<a href="#">Godstone Ward (Med)</a>	300 - GENERAL MEDICINE	30	97.33%	100%	99.95%	98.89%	98.32%	99.44%	98.8%
<a href="#">Hazelwood</a>	300 - GENERAL MEDICINE	30	100%	100%	98.89%	100%	99.44%	100%	99.67%
<a href="#">Holmwood Ward</a>	320 - CARDIOLOGY	30	98.43%	100%	98.28%	98.11%	98.39%	99.1%	98.64%
<a href="#">ITU/HDU</a>	192 - CRITICAL CARE MEDICINE	30	98.96%	98.42%	92.39%	90%	98.06%	97.8%	97.94%
<a href="#">Leigh Ward</a>	110 - TRAUMA & ORTHOPAEDICS	30	99.74%	98.33%	100.3%	98.89%	99.98%	98.67%	99.47%
<a href="#">Meadvale Ward</a>	430 - GERIATRIC MEDICINE	30	94.61%	100%	96.67%	100%	95.69%	100%	97.16%
<a href="#">Neonatal Unit</a>	420 - PAEDIATRICS	30	102.97%	115.75%	102.07%	96.55%	102.7%	109.73%	106.02%
<a href="#">Newdigate Ward</a>	110 - TRAUMA & ORTHOPAEDICS	30	99.31%	98.33%	125.72%	95.56%	110.19%	96.67%	104.92%

<a href="#">Nutfield Ward</a>	430 - GERIATRIC MEDICINE	30	98.9%	100%	98.86%	93.33%	98.88%	96.67%	98.14%
<a href="#">Outwood Ward</a>	420 - PAEDIATRICS	30	98.91%	100%	83.14%	90%	97%	98.35%	97.58%
<a href="#">Rusper Ward</a>	501 - OBSTETRICS	30	98.33%	100%	N/A	N/A	98.33%	100%	98.89%
<a href="#">Surgical Assessment Unit</a>	100 - GENERAL SURGERY	30	95.83%	98.33%	96.67%	98.33%	96%	98.33%	97.04%
<a href="#">Tandrige Ward</a>	300 - GENERAL SURGERY	30	99.53%	100%	95.4%	98.33%	97.7%	99.17%	98.16%
<a href="#">Tilgate Annex</a>	100 - GENERAL MEDICINE	30	95.24%	98.39%	96.77%	98.33%	95.83%	98.36%	96.68%
<a href="#">Tilgate Ward</a>	300 - GENERAL MEDICINE	30	96.67%	97.78%	94.44%	100%	95.83%	98.33%	96.67%
<a href="#">Woodland Ward</a>	100 - GENERAL SURGERY	30	95.72%	100%	102.17%	100%	98.19%	100%	98.79%
<b>Total</b>			<b>97.67%</b>	<b>98.89%</b>	<b>98.2%</b>	<b>97.31%</b>	<b>97.85%</b>	<b>98.29%</b>	<b>98.03%</b>

### Commentary

The Trust has delivered planned versus actual staffing profile for April. The report shows a stable picture in relation to overall compliance with no red shifts at unit level in month.

### Nursing Recruitment

National and international nursing recruitment continues and brings the total number of international registered nurses to commence in the organisation to approximately 84 since July 2015.

### Leading Change, Adding Value – a framework for nursing, midwifery and care staff

Jane Cummings, chief nursing officer at NHS England released the Leading Change, Adding Value framework nationally on 18 May 2016. She described it as using nursing leadership to narrow the gaps that exist in relation to health and wellbeing, care and quality and funding and efficiency described in the Five Year Forward View. This is the next phase of the nursing and midwifery framework building on the 6C's – compassion in practice strategy launched in 2013.

There are three main strands and 10 commitments described in the 133 page framework document. These are

- **Health and wellbeing:**

without a greater focus on prevention, health inequalities will widen and our capacity to pay for new treatments will be compromised by the need to spend billions of pounds on avoidable illness.

- **Care and quality:**

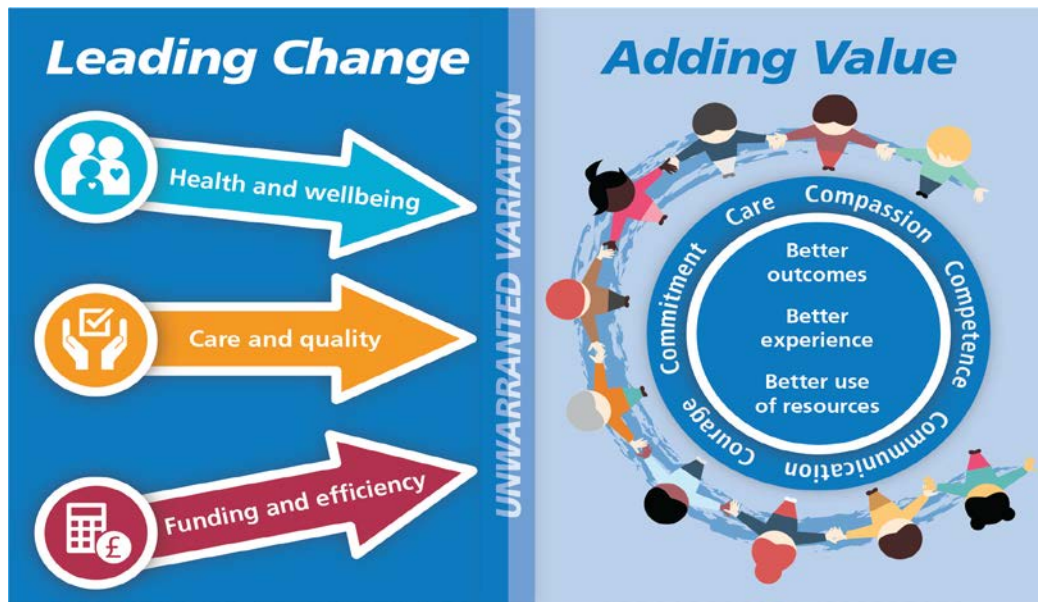
Health needs will go unmet unless we reshape care, harness technology and address variations in quality and safety.

- **Funding and efficiency:**

Without efficiencies, a shortage of resources will hinder care services and progress.

The following diagrams describe the triple aims of the framework, the link to the 6 C's and the ten commitments to close the gaps to deliver the triple aims and reduce variation.

The Nursing & Midwifery Professional Committee will review the framework in more detail over the coming months as part of a review of the current nursing and midwifery strategy.



## Closing the gaps:

10 commitments to support action of nursing midwifery and care staff

The framework offers 10 aspirational commitments to help us focus on narrowing the three gaps, address unwarranted variation and help demonstrate the Triple Aim outcomes. They are designed to be applied locally in any environment and at any level.

Commitment	Health and wellbeing	Care and quality	Funding and efficiency
1. We will promote a culture where improving the population's health is a core component of the practice of all nursing, midwifery and care staff	✓	✓	✓
2. We will increase the visibility of nursing and midwifery leadership and input in prevention	✓	✓	✓
3. We will work with individuals, families and communities to equip them to make informed choices and manage their own health	✓	✓	✓
4. We will be centred on individuals experiencing high value care	✓	✓	✓
5. We will work in partnership with individuals, their families, carers and others important to them	✓	✓	✓
6. We will actively respond to what matters most to our staff and colleagues	✓	✓	✓
7. We will lead and drive research to evidence the impact of what we do	✓	✓	✓
8. We will have the right education, training and development to enhance our skills, knowledge and understanding	✓	✓	✓
9. We will have the right staff in the right places and at the right time	✓	✓	✓
10. We will champion the use of technology and informatics to improve practice, address unwarranted variations and enhance outcomes	✓	✓	✓

## Medical Director's Report

### Junior doctors industrial action

In common with all other providers work on the new junior doctor contract of employment, due to be introduced from August this year, halted for 9 days while talks continued. The result of these talks at Acas was a revised offer which is being put to BMA members at the present time. Essentially this sees a smaller increase in pay for standard hours with retention of an enhanced payment for weekend work determined by the frequency of this work. The time scale for the result of this ballot is not known at time of writing this report.

### CQUIN

We have submitted all data relating to performance against 2015-16 CQUIN. We continue to work and improve on the identification of sepsis through screening tools in ED and on wards, and acute kidney injury with onward care recommendations for primary care colleagues. We are now finalising local CQUIN for this financial year and all projects are agreed to be over a two year time cycle so that more sustained delivery for patients can be achieved.

### 3. Recommendation

To note the report

**Fiona Allsop**  
Chief Nurse  
May 2016

**Dr Des Holden**  
Medical Director