

**Report to:** Board of Directors  
**Report from:** Associate Director of Patient Safety and Quality on behalf of the  
Director of Nursing and Clinical Governance  
**Subject:** Director of Nursing Report on Quality, Safety and Patient Experience  
**Date:** 18 June 2014

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### **Safer Staffing**

YDH achieved full compliance with the upload of safer staffing data to in line with national requirements. A detailed report is attached at Appendix 1 and 2 and constitutes evidence of Board level reporting in accordance with guidance from NHS England. The intention to RAG score fill rates and performance of actual against planned staffing levels and to publish this information on NHS Choices has been deferred by NHS England.

### **Patient Safety**

The rise in inpatient falls and hospital acquired pressure ulcers in April 2014 was followed with a decrease during May 2014. Analysis has demonstrated that, whilst incidence increased in April, the rate of these harms per 1000 bed days remained largely unchanged. A similar rise was seen at the beginning of 2013 but was not sustained. Key actions include completion of root cause analysis on Grade 2 pressure ulcers and piloting of a virtual falls team to support rapid assessment and care planning.

Three incidents have been reported as Serious Incidents Requiring Investigation.

Staff have attended a number of regional and national patient safety events and are collating feedback to inform improvement work.

### **Patient Experience**

The Somerset CCG carried out a quality assurance visit on 22 April 2014 and the team visited wards 6a, 6b and 7a. The Trust has received the final report, including a summary statement setting out a positive response and a number of low level recommendations. These include:

- consider use of ipads/skype to improve communication with relatives unable to visit patients
- increased awareness and training of Mental Capacity Act
- all staff to introduce themselves by name
- introduce corporate information for patients and visitors – welcome leaflets/ contact cards

Action has already been taken to progress these recommendations.

The full report will be subject to review and consideration by the Patient Experience Committee and the Clinical Governance Assurance Committee.

## **CQC Update**

The Trust has now met with the appointed CQC Inspector and Regional Manager to establish joint working arrangements. An outline of current inspection priorities and focus on key lines of enquiry was discussed. The CQC Intelligent Monitoring Report will be subject to scrutiny from the Clinical Effectiveness Committee. The Trust's current level of rating remains 5 out of 6 with elevated risks still reported against the Junior Doctor GMC survey results, data quality issues and a lower than expected harm rate resulting in catastrophic harm/death.

## **Quality Account Governor Indicator**

The Governors have agreed the final indicator for the Quality Accounts as:

The patient experience of discharge, to be measured by regular patient surveys.

The proposal includes a baseline survey for compliance in June/July and then repeat at intervals until the end of the year to demonstrate progress.

**Helen Ryan**  
**Director of Nursing and Clinical Governance**

Appendix 1

**BRIEFING ON THE REQUIREMENTS FOR THE TRUST TO COMPLY WITH 'HARD TRUTHS COMMITMENTS REGARDING THE PUBLISHING OF STAFFING DATA'**

**Executive Summary**

**Purpose**

To provide the Board with an update on its responsibilities for ensuring safe nurse staffing levels across the organisation.

**Key Points:**

The guidance published by the Chief Nursing Officer for England in November 2013 - How to ensure the right people, with the right skills, are in the right place at the right time ('Hard Truths') - and the draft NICE guidance published in May 2014, Safe Staffing for nursing in adult inpatients wards in acute hospitals has been summarised into the key actions required by the Board.

Boards must be able to demonstrate to their patients, carers and families, commissioners, the CQC and Monitor, that robust systems are in place to assure themselves that the nursing, midwifery and care staffing capacity and capability in the Trust is sufficient to deliver safe and effective care.

The first report is attached to this paper.

**Implications:**

The Board will receive a monthly exception report which will include shifts not covered, vacancy and sickness rates.

The Board may have to agree in year changes or additional actions should there be concerns over capacity within the nursing and midwifery workforce.

Publishing of the data at ward level will be required on our websites and on the NHS Choices website which increases transparency but may also bring adverse media coverage.

**The Board is asked to**

NOTE the progress and actions being taken.

CONFIRM support of the layout and information contained in the attached report which will be uploaded on to the Trust website monthly.

CONFIRM the support and give the authority to the Director of Nursing and Clinical Governance to be the senior responsible officer.

## **1.0 Introduction**

1.1 The following briefing sets out the actions required by the Board of Directors to comply with the recommendations from the 'Hard Truths' report published in November 2013.

## **2.0 Background**

2.1 The Board of Directors has continually received reports on staffing establishment but there is now a requirement for there to be formal reporting processes in place. There are further requirements which will need to be put in place as this national agenda is continues to progress.

## **3.0 Expectations of the Board**

3.1 Boards 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. Responsibilities include:

- Managing staffing capacity and capability by agreeing staffing establishments;
- Considering the impact of wider initiatives (such as cost improvement plans) on staffing;
- Monitoring staffing capacity and capability through regular and frequent reports on the actual staff on duty on a shift-by-shift basis versus planned staffing levels;
- Examining trends in the context of key quality and outcome measures;
- Asking about the recruitment, training, skills and experience, and management of nurses, midwives and care staff and giving authority to the Director of Nursing and Clinical Governance to oversee and report on this at Board level.

## **4.0 How must Boards do this?**

4.1 The Board should receive a report every six months on staffing capacity and capability which has involved the use of an evidence-based tool (where available), includes the key points set out in NQB report page12 and reflects a realistic expectation of the impact of staffing on a range of factors.

This report:

- Draws on expert professional opinion and insight into local clinical need and context;
- Makes recommendations to the Board which are considered and discussed;
- Is presented to and discussed at the public Board meeting;

- Prompts agreement of actions which are recorded and followed up on;
- Is posted on the Trust's public website along with all the other public Board papers.

## 5.0 What should the Board papers look like?

Papers to the Board on establishment reviews (reported every six months as a minimum) should aim to be relevant to all wards and cover the following points:

- Demonstration of the use of evidence based tool(s);
- What allowance has been made in establishments for planned and unplanned leave;
- The difference between current establishment and recommendations following the use of evidence based tool(s);
- The skill mix ratio before the review, and recommendations for after the review;
- The difference between the current staff in post and current establishment and details of how this gap is being covered and resourced;
- Details of any element of supervisory allowance that is included in establishments for the lead sister / charge nurse or equivalent;
- Evidence of triangulation between the use of tools and professional judgement and scrutiny;
- Details of any plans to finance any additional staff required;
- Details of workforce metrics - for example, data on vacancies (short and long-term), sickness / absence, staff turnover, use of temporary staffing solutions (split by bank / agency / extra hours and over-time);
- Information against key quality and outcome measures - for example, data on safety thermometer or equivalent for non-acute settings, serious incidents, healthcare associated infections (HCAIs), complaints, patient experience / satisfaction and staff experience / satisfaction.

5.1 The paper should make clear recommendations to the Board, which should be considered and discussed at a public Board meeting. Actions agreed by the Board should be detailed in the minutes of the meeting, and evidence of sustained improvements in the quality of care and staff experience should be considered periodically.

5.2 There is a requirement for our Board to receive its first report in June 2014, which is attached. There will continue to be monthly exception reports reported to the Board and a full report on safer staffing will be submitted every six months.

## 6.0 Board and Executive responsibilities

- 6.1 The Board should ensure that systems, policies and procedures are in place to support decision making for staffing decisions on a shift-by-shift basis. To comply with this the following actions are required to be put into place:
- Staffing is supported by a national acuity tool and this would need to be monitored daily with escalation alerts in place;
  - A planned workforce review will be undertaken to fully understand actions required to meet the 1:8 ratio as recommended in the National Safe Staffing Alliance for relevant adult wards; The Director of Nursing and Clinical Governance, through the Associate Directors of Nursing and Matrons, monitors staffing shift by shift and adjustments take place as required;
  - The Trust will be investing in an E-Rostering software, Allocate, which is designed to measure how we manage our workforce at ward level. There are four key areas of the software:
    - Ward Establishment
    - Staff Supply, Rostering and Roster Management
    - Temporary Staffing Process and Bank Management
    - Payroll and Timesheet Management
  - A planned bed reduction has been modelled in order to meet the ratio recommendations and this will progress during the month of June with the closer of Ward 9A (escalation ward) in the first instance followed by reduction in beds per bay across identified inpatient wards.

## **7.0 Publishing and displaying data**

- 7.1 It is now a requirement that we publish the planned and actual staffing and description of the team so that it is visible to patients and visitors at ward level, and in the future across all clinical areas.
- 7.2 We have therefore put in place across all of our wards, safer staffing boards, which are updated at the start of every shift that includes planned and actual staffing available.
- 7.3 We are in the process of developing a report which will be uploaded on to our website and NHS Choices webpage from June 2013.

## **8.0 Governance on managing staffing capacity**

- 8.1 The Director of Nursing and Clinical Governance is proposing the following in order to strengthen the governance structure for managing safer staffing and this is set out below.

- The strategic business units (SBU) will be required to discuss the current staffing capacity at their monthly performance management review and the actions they are taking. This will ensure that the Board is not receiving information that has not been considered by the SBU's Directorates.
- The Director of Nursing and Clinical Governance, will lead a review of all staffing teams directly with the Associate Directors of Nursing and Matrons every six months and will provide a six monthly full report to the Board.
- The Associate Directors of Nursing will work with their strategic business units to agree their workforce actions and support them to achieve these.

## 9.0 Recommendation

### **The Board of Directors is asked to;**

- NOTE the progress and actions being taken.
- CONFIRM support of the layout and information contained in the attached report which will be uploaded on to the Trust website monthly
- CONFIRM the support and give the authority to the Director of Nursing and Clinical Governance to be the senior responsible officer.