

# Board Agenda

## Board of Directors

*Meeting, in Public, of*

# 6 October 2014

Board Room, Leighton Hospital

9.30am

**Board of Directors**  
**A meeting will be held in Public at**  
**9.30am on Monday, 6 October 2014**  
**In the Board Room, Leighton Hospital**

**Agenda**

| <b>Action Key</b> |                      |
|-------------------|----------------------|
| <b>A</b>          | Approval             |
| <b>I</b>          | Information          |
| <b>D</b>          | Decision /Discussion |

| <b>Item No</b> | <b>Title of Item</b>   | <b>Action</b> | <b>Delivered by</b> |
|----------------|--|---------------|---------------------|
| <b>1.</b>      | <b>Welcome and Apologies</b><br>To welcome members of the public and attendees and to receive apologies for absence from Board Members.  |               | All<br>09.30        |
| <b>2.</b>      | <b>Patient/Staff Story</b>   | I             | 09.30               |
| <b>3.</b>      | <b>Board Members' Interests</b><br>To <b>consider</b> any <ul style="list-style-type: none"> <li>• changes to Directors' interests since the last meeting.</li> <li>• conflicts of interest deriving from this agenda.</li> </ul>  |               | All<br>09.40        |
| <b>4.</b>      | <b>Minutes of the Last Meeting</b><br>To <b>approve</b> the minutes of the Board of Directors meeting held in Public on Monday, 1 September 2014<br><i>These papers will be published in line with the Trust's Publication Scheme, subject to approved redactions, within three weeks of the Board of Directors' meeting of 6 October 2014. The minutes are currently in draft form.</i> | A             | All<br>09.41        |
| <b>5.</b>      | <b>Actions Arising from Previous Minutes, not Included Elsewhere on the Agenda</b>   | I             | All<br>09.45        |
| <b>6.</b>      | <b>Annual Work Programme</b><br>To note the programme  | A             | Chairman            |
| <b>7.</b>      | <b>Chairman's Announcements</b><br>To note a spoken report from the Chairman on items including:<br><br><b>7.1 Stakeholder Engagement</b><br><br><b>7.2 FTN Regional Chairs Meeting</b>  | I             | Chairman<br>09.50   |
| <b>8.</b>      | <b>Governors' Items</b><br>To note a spoken report from the Chairman on items including:   | I             | Chairman<br>10.00   |

| Item No    | Title of Item   | Action | Delivered by                           |
|------------|---|--------|--|
|            | <b>8.1 Date of Annual Members Meeting</b>   |        |  |
| <b>9.</b>  | <b>Chief Executive's Report</b><br>To note a spoken report from the Chief Executive on items including:   | I      | Chief Executive<br>10.05               |
|            | <b>9.1 Executive Director Away Day</b>  |        |  |
|            | <b>9.2 Connecting Care Board &amp; Connecting Care Provider Board</b>   |        |  |
|            | <b>9.3 Care Quality Commission Comprehensive Inspection</b>   |        |  |
|            | <b>9.4 Better Care Fund Submission</b>  |        |  |
|            | <b>9.5 Winter Planning</b>  |        |  |
|            | <b>9.6 Four Hourly Performance Target</b>   |        |  |
|            | <b>9.7 Estate Developments – Neo Natal Unit/Main Entrance/Treatment Centre Works</b>  |        |  |
|            | <b>9.8 CWW Senior Leaders Meeting and Cheshire &amp; Merseyside CEO Provider Group</b>  |        |  |
|            | <b>9.9 Small Hospitals Seminar/Inaugural meeting of the Innovative Hospitals Group</b>  |        |  |
| <b>10.</b> | <b>Caring</b>   |        |  |
|            | <b>10.1 Patient Quality Safety &amp; Experience Report</b><br>To approve the report<br><i>This paper will not be published in full under the Trust's Publication Scheme due to exemptions under Section 40 of the Freedom of Information Act 2000. A redacted report will be published on the Trust's website within three weeks of the meeting</i> | I/D    | Director of Nursing & Quality<br>10.30 |
|            | <b>10.2 Six-Monthly Nursing &amp; Midwifery Staffing Report</b><br>To note the report   | I/D    | Director of Nursing & Quality<br>10.45 |
|            | <b>10.3 Monthly Nursing &amp; Midwifery Staffing Report</b><br>To note the report   | I/D    | Director of Nursing & Quality<br>10.55 |
| <b>11.</b> | <b>Safe</b>   |        |  |
|            | <b>11.1 Infrastructure Development Committee</b><br>To note the minutes of the meeting of 8 September 2014  |        | Director of Finance                    |

| Item No    | Title of Item  | Action | Delivered by  |
|------------|--|--------|---|
|            | <p>This paper will be published in line with the Trust's Publication Scheme, subject to approved redactions, within three weeks of the next scheduled Committee meeting. The minutes are currently in draft form.</p>  |        | 11.00   |
|            | <b>11.2 Serious Untoward Incidents and RIDDOR Events</b><br>To receive a verbal update   | I      | Medical Director<br>11.05                               |
|            | <b>11.3 ED Workforce Paper</b><br>To approve the paper<br><p>This paper will not be published in full under the Trust's Publication Scheme due to exemptions under Section 43 of the Freedom of Information Act 2000 because such disclosure would be likely to prejudice the commercial interests of the Trust or of a Third Party</p>  | I/D/A  | Chief Operating Officer<br>11.10                        |
| <b>12.</b> | <b>Responsive</b>  |        |   |
|            | <b>12.1 Performance &amp; Finance Committee</b><br>To note the minutes of the meeting of 26 September 2014<br><p>This paper will be published in line with the Trust's Publication Scheme, subject to approved redactions, within three weeks of the next scheduled Committee meeting. The minutes are currently in draft form</p>   | I/D    | Director of Finance<br>11.20                            |
|            | <b>12.2 Performance Report</b><br>To approve the report<br><p>This paper will be published in line with the Trust's Publication Scheme, subject to approved redactions, within three weeks of the Board of Directors meeting of 6 October 2014</p>   | I      | Chief Operating Officer<br>11.30                        |
|            | <b>12.3 Service Transformation Projects</b><br>To receive a presentation on the Outpatients Department Utilisation   | I/D    | Director of Finance<br>11.45                            |
|            | <b>12.4 Consultant in Respiratory Medicine</b><br>To approve the appointment of an additional Consultant<br><p>This paper will not be published in full under the Trust's Publication Scheme due to exemptions under Section 43 of the Freedom of Information Act 2000 because such disclosure would be likely to prejudice the commercial interests of the Trust or of a Third Party.</p> | I/A    | Director of Service Transformation & Workforce<br>11.55 |
|            | <b>12.5 Request for use of the Trust Seal</b><br>To approve the request<br><p>This paper will not be published in full under the Trust's Publication Scheme due to exemptions under Section 43 of the Freedom of Information Act 2000 because such disclosure would be likely to prejudice the commercial interests of the Trust or of a Third Party.</p>                                  | I/A    | Director of Finance<br>12.05                            |
|            | <b>12.6 Report on the use of the Trust Seal</b><br>To note the quarterly report  | I      | Chief Executive   |

| Item No    | Title of Item  | Action | Delivered by              |
|------------|--|--------|---------------------------|
|            | <p><b>12.7 Corporate Trustee Meeting of 1 September 2014</b><br/>To note the minutes<br/><i>This paper will be published in line with the Trust's Publication Scheme, subject to approved redactions, within three weeks of the next scheduled Committee meeting. The minutes are currently in draft form</i></p>                                | I      | Chairman<br>12.10         |
|            | <p><b>12.8 Legal Advice</b><br/>To receive a verbal report</p>   | I      | Chief Executive<br>12.15  |
| <b>13.</b> | <b>Well-Led</b>  |        |                           |
|            | <p><b>13.1 Visits of Accreditation, Inspection or Investigation</b><br/>To receive a spoken report</p>   | I      | Chief Executive           |
| <b>14.</b> | <b>Effective</b>   |        |                           |
|            | <p><b>14.1 Strategic Integrated Governance Committee</b><br/>To note the minutes of the meeting of 8 September 2014<br/><i>This paper will be published in line with the Trust's Publication Scheme, subject to approved redactions, within three weeks of the next scheduled Committee meeting. The minutes are currently in draft form</i></p> | I/D    | Medical Director<br>12.20 |
|            | <p><b>14.2 Consultant Appointments</b><br/>To note the verbal update</p>   | I      | Medical Director<br>12.25 |
| <b>15.</b> | <b>Board Actions</b>   |        |                           |
|            | To <b>consider</b> the latest schedule of Board actions outstanding.   | I      | All                       |
| <b>16.</b> | <b>Any Other Business</b>  |        | All                       |
| <b>17.</b> | <b>Time, Date and Place of Next Meeting</b>  |        | All                       |
|            | To <b>confirm</b> that the next meeting of the Board of Directors will take place in public, in the Board Room at Leighton Hospital, at 9.30am on <b>Monday, 3 November 2014</b>   |        | 12.30                     |

# Board of Directors Workplan - 2014/15

| Item  | Board of Director Meeting |     |      |      |        |      |     |     |     |     |     |       | Board Away Day |      |     |     |     |
|---|---------------------------|-----|------|------|--------|------|-----|-----|-----|-----|-----|-------|----------------|------|-----|-----|-----|
|   | April                     | May | June | July | August | Sept | Oct | Nov | Dec | Jan | Feb | March | Apr            | June | Oct | Dec | Feb |
| Patient/Staff Story                                   | X                         | X   | X    | X    | X      | X    | X   | X   | X   | X   | X   | X     |                |      |     |     |     |
| <b>Chief Executive Report</b>                         |                           |     |      |      |        |      |     |     |     |     |     |       |                |      |     |     |     |
| Board Effectiveness Questionnaire                     |                           |     | X    |      |        |      |     |     | X   |     |     |       |                | X    |     | X   |     |
| CCG Meetings  | X                         | X   | X    | X    | X      | X    | X   | X   | X   | X   | X   | X     |                |      |     |     |     |
| Monitor Teleconference                                |                           |     | X    |      |        | X    |     |     | X   |     |     | X     |                |      |     |     |     |
| Chief Executive Briefing                              | X                         | X   | X    | X    | X      | X    | X   | X   | X   | X   | X   | X     |                |      |     |     |     |
| <b>Chairman's Report</b>                              | X                         | X   | X    | X    | X      | X    | X   | X   | X   | X   | X   | X     |                |      |     |     |     |
| <b>Governor Report</b>                                |                           |     |      |      |        |      |     |     |     |     |     |       |                |      |     |     |     |
| Annual Members Meeting                                |                           |     |      |      |        |      | X   |     |     |     |     |       |                |      |     |     |     |
| CoG Meeting   |                           | X   |      |      | X      |      |     | X   |     |     | X   |       |                |      |     |     |     |
| <b>Caring</b>   |                           |     |      |      |        |      |     |     |     |     |     |       |                |      |     |     |     |
| CQC Registration/Bi Annual Report                     |                           | X   |      |      |        |      |     |     |     |     |     |       |                |      |     |     |     |
| Francis Report - Outcomes/Follow Up                   |                           |     | X    |      |        |      |     |     |     |     |     |       |                |      |     |     |     |
| Nursing Acuity Tool                                   |                           |     |      |      |        | X    |     |     |     |     |     | X     |                |      |     |     |     |
| Patient Survey Results (National)                     |                           | X   |      |      |        |      |     |     |     |     |     |       |                |      |     |     |     |
| Patient Quality Safety Report                         | X                         | X   | X    | X    | X      | X    | X   | X   | X   | X   | X   | X     |                |      |     |     |     |
| Review of Night Time Nursing Care & Clinical Activity |                           | X   |      |      |        |      |     |     | X   |     |     |       |                |      |     |     |     |
| Report on Nursing & Midwifery Staffing                |                           |     |      | X    | X      | X    | X   | X   | X   | X   | X   | X     |                |      |     |     |     |
| Staff Survey  |                           |     |      |      |        |      |     |     |     |     |     | X     |                |      |     |     |     |
| <b>Safe</b>   |                           |     |      |      |        |      |     |     |     |     |     |       |                |      |     |     |     |
| Health & Safety Update to Board                       |                           |     |      |      |        |      |     |     |     |     |     |       | X              |      |     | X   |     |
| Infrastructure Committee                              | X                         |     | X    |      | X      |      | X   |     | X   |     | X   |       |                |      |     |     |     |
| SUI & RIDDOR  | X                         | X   | X    | X    | X      | X    | X   | X   | X   | X   | X   | X     |                |      |     |     |     |
| QuEst   | X                         |     | X    |      | X      |      | X   |     | X   |     | X   |       |                |      |     |     |     |
| <b>Effective</b>                                      |                           |     |      |      |        |      |     |     |     |     |     |       |                |      |     |     |     |
| Celebration of Achievement                            |                           |     |      |      |        |      |     | X   |     |     |     |       |                |      |     |     |     |
| Consultant Appointments                               | X                         | X   | X    | X    | X      | X    | X   | X   | X   | X   | X   | X     |                |      |     |     |     |
| Medical Staffing Update (Part II)                     | X                         | X   | X    | X    | X      | X    | X   | X   | X   | X   | X   | X     |                |      |     |     |     |
| Mersey Deanery Annual Visit                           |                           | X   |      |      |        |      |     |     |     |     |     |       |                |      |     |     |     |
| Strategic Integrated Governance                       | X                         | X   | X    | X    | X      | X    | X   | X   | X   | X   | X   | X     |                |      |     |     |     |
| <b>Responsive</b>                                     |                           |     |      |      |        |      |     |     |     |     |     |       |                |      |     |     |     |
| Annual Budget/Planning                                | X                         |     |      |      |        |      |     |     |     |     |     | X     |                |      |     |     | X   |
| Clinical Audit Board Assurance Rep                    |                           |     |      |      | X      |      |     |     |     |     |     |       |                |      |     |     |     |
| Divisional Quarterly Performance Reviews              |                           | X   |      |      |        |      |     | X   |     |     |     |       |                |      |     |     |     |
| Quality Account                                       | X                         |     |      |      |        |      |     |     |     |     |     |       |                |      |     |     |     |
| Legal Advice  | X                         | X   | X    | X    | X      | X    | X   | X   | X   | X   | X   | X     |                |      |     |     |     |
| Performance & Finance Committee                       | X                         | X   | X    | X    | X      | X    | X   | X   | X   | X   | X   | X     |                |      |     |     |     |
| Performance Report                                    | X                         | X   | X    | X    | X      | X    | X   | X   | X   | X   | X   | X     |                |      |     |     |     |
| Programme Management Office                           |                           |     |      |      |        |      |     | X   |     |     |     |       |                |      |     |     |     |
| Report on Use of Trust Seal                           | X                         |     |      | X    |        |      | X   |     |     | X   |     |       |                |      |     |     |     |
| Trustee Minutes                                       |                           |     |      |      |        | X    |     |     |     |     |     | X     |                |      |     |     |     |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>Well-Led</b>   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <i>Annual Budget/Contract Discussions</i>                   | x |   |   |   |   |   |   |   |   |   |   | x |   |   |   |   |   |   |
| <i>Annual Plan (Extraordinary BoD Meetings)</i>             |   | x |   |   |   |   |   |   |   |   |   | x |   |   |   |   |   |   |
| <i>Annual Report &amp; Accounts</i>                         |   | x | x |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <i>Audit Committee</i>                                      |   | x |   | x |   | x |   | x |   | x |   | x |   |   |   |   |   |   |
| <i>Board Assurance Framework</i>                            |   | x |   |   | x |   |   |   | x |   |   | x |   |   |   |   |   |   |
| <i>Capital Programme</i>                                    |   | x |   |   |   |   |   |   |   |   |   |   |   | x |   |   | x |   |
| <i>Clinical Services Strategy</i>                           |   |   |   | x |   |   |   |   |   |   |   |   |   | x |   |   |   |   |
| <i>Quality Governance Framework</i>                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | x |
| <i>Sustainability</i>                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   | x |   |   |   |
| <i>Trust Strategy</i>                                       |   |   |   |   | x |   |   |   |   |   |   |   |   |   | x |   |   |   |
| <i>Trust Strategy Update</i>                                | x | x | x |   | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| <i>Visits of Accreditation, Inspection or Investigation</i> | x | x | x | x | x | x | x | x | x | x | x | x |   |   |   |   |   |   |
| <b>Board Actions</b>  | x | x | x | x | x | x | x | x | x | x | x | x |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|   |   |   |
|---|---|---|
| <b>Title of Paper :</b>                             | Report on Nursing & Midwifery Safe Staffing   |   |
| <b>Author:</b>                                      | Julie Smith, Director of Nursing & Quality  |   |
| <b>Executive Lead:</b>                              | Julie Smith, Director of Nursing & Quality  |   |
| <b>Type of Report:</b>                              | Concept Paper   |   |
|   | Strategic Options Paper   |   |
|   | Business Case   |   |
|   | Information   | X |
|   | Review/Benefits/Audit   |   |
| <b>Link to Strategic Objectives:</b>                | Quality, Safety & Experience  | X |
|   | Strong Progressive FT   |   |
|   | Organisational Delivery   | X |
|   | Workforce Development & Effectiveness   |   |
|   | Fit for Purpose Infrastructure  |   |
| <b>Link to Board Responsibility:</b>                | Emergency Preparedness  |   |
|   | Performance   | X |
|   | Accountability  | X |
|   | Strategy  |   |
|   | Implementation  |   |
| <b>Action Required:</b>                             | Decide  |   |
|   | Approve   | X |
|   | Note  | X |
|   | Recommend   |   |
|   | Delegate  |   |
| <b>Positive Benefit:</b>                            | Ensuring safe levels of staffing in place to deliver quality, safety and positive experience for all patients |   |
| <b>Risk:</b>  | Staffing levels do not support high quality care.   |   |
| <b>To be published on Trust Website, unredacted</b> | Y (delete as appropriate)   |   |
| <b>If not, please detail the reason why</b>         |   |   |
| <b>Presented at Board Meeting of:</b>               | 6 <sup>th</sup> October 2014  |   |



## Board of Directors Meeting

6th October 2014

A paper prepared and presented by Julie Smith,  
Director of Nursing & Midwifery

### Report on Nursing & Midwifery Safe Staffing

#### 1.0 Introduction

The following report to the Board of Directors is the six monthly update report on nursing and midwifery safe staffing levels and monitoring.

The emphasis on ensuring safe nurse staffing levels has been reinforced with recent publications:

- Hard Truths – The Journey to Putting Patients First ‘Hear the patient, speak the truth and act with compassion’. Published by Department of Health.
- National Quality Board report – How to ensure the right people, with the right skills, are in the right place at the right time. Published by NHS England.

This report addresses our compliance with the recommendations/expectations within these reports in addition to providing the Board with a comprehensive update on nurse staffing.

The report is in two parts:

- **Part One:** Update on progress in response to the National Quality Board's 10 expectations.
- **Part Two :** Overview of current staffing position across wards based on results of acuity assessment and establishment review

**Part One: Updated response to National Quality Board's 10 expectations:**

| Expected   | Trust Response   |
|--|--|
| 1. Board takes 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 core staffing capacity and capability   | The Board of Directors receives during the Public Board meeting 6 monthly reports from the Director of Nursing & Quality. These reports include the results of the acuity and dependency monitoring and are comprehensive in reviewing all elements of safe nurse staffing on a daily basis. This report is published on the Trust web site.   |
| 2. Processes are in place to enable staffing establishments to be met on a shift by shift basis.   | There is a well embedded processes in place to monitor shift by shift staffing: <ul style="list-style-type: none"> <li>▪ acuity assessment</li> <li>▪ escalation procedures (appendix 1)</li> <li>▪ daily review of actual against plan by matrons</li> </ul>  |
| 3. Evidence based tools are used to inform nursing and midwifery and core staffing capacity and capability.  | <b>Adult Inpatient Wards</b> -National Safer Care acuity tool<br><b>Paediatrics</b> - STEAM (System to Escalate And Monitor), a nationally recognised tool for paediatrics<br><b>Maternity</b> - National Acuity Tool Based on Birth Rate Plus   |
| 4. Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns.  | In place through; <ul style="list-style-type: none"> <li>▪ Trust Policies</li> <li>▪ Escalation processes</li> <li>▪ Executive walkabouts</li> <li>▪ Staff engagement events</li> <li>▪ Staff focus groups</li> <li>▪ CEO drop in sessions</li> </ul>  |
| 5. A multi-professional approach is taken when setting nursing, midwifery and care establishments.   | A formal establishment review is undertaken every six months. This is led by the Director and Deputy Director of Nursing & Quality and involves the input and agreement by lead nurses, matrons and ward managers.   |
| 6. Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to the direct care duties.  | All establishments have a built-in uplift to cover study leave, sickness and annual leave.<br>All ward sisters have an element of supervisory time built into their role ranging from 2-4 days, per week.  |
| 7. Boards receive monthly updates on workforce information. Staffing capacity and capability is discussed at a public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review. | The Board of Directors receive at the monthly Public Board meeting a report on the monthly performance in relation to actual staffing levels against the plans levels.<br><br>The Board of Directors receive at the Public Board meeting every 6 months a report on nurse staffing which includes the results of the Trust wide acuity audit and the nursing and midwifery establishment review. |
| 8. NHS providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift.  | Staffing boards are in place on all wards that clearly display information on a shift by shift basis, the nurses, midwives and care staff planned and the actual numbers on duty. These are displayed in the main ward, in an area accessible to patient's families and their carers. The staffing board clearly states who is in charge of the shift.   |
| 9. Providers of NHS services take an active role in securing staff in line with their workforce requirements.  | Active monitoring of vacancies is in place and a proactive range of approaches to recruitment are in place.  |
| 10. Commissioners actively seek assurance that the right people, with the right skills are in the right place at the right time with the providers with whom they contract   | This is applicable to and the responsibility of the Commissioners.   |

## **Part Two:**

### **Overview of current staffing position across adult wards based on results of acuity assessment**

#### **2.0 Background**

There is a greater focus on ensuring that Trusts have the right size and shape of nursing workforce to meet the needs and expectations of its patients. Evidence which was not always available can now directly attribute failings in care and increased mortality rates to poorly staffed wards. Evidence also suggests that poorly staffed wards lead to increased staff sickness, burnout and reduces the wellbeing of staff, all of which have a direct consequence on outcomes of care, including the patient and staff experience. It isn't, however, just about the numbers of staff. Other factors which underpin safe dignified care include strong, empowered leadership at ward level, resources directed at supporting the ward leaders and the development and use of clinical and patient experience metrics.

The Trust has always taken staffing levels of its wards very seriously and this priority and focus has ensured investment and adjustment to establishments in response to the identified need in wards and departments. However despite significant investment, due to the ever increasing dependency of our patients it is recognised that continued investment in nursing will be required to ensure safe staffing levels are maintained. It is essential that we balance the need for safe care, delivered by competent practitioners against the current economic climate.

#### **3.0 Our approach to assuring safe staffing levels on our adult acute wards**

As far back as 2001 the Audit Commission recommended that establishment setting, regardless of the method, must be simple, transparent, integrated, benchmarked and linked to ward outcomes. There is no one recommended method with a number of approaches used, ranging from an acuity based tool which measures patient dependency to a crude staffing ratio per bed model, supported by the professional judgement of the ward leader and their seniors. In addition, the establishments must have built within them uplifts which enable the compliment of staff to absorb annual leave, short term sickness and study leave without the need to use temporary staff.

The Trust's ward budgets are uplifted by 20%- 24% to support training, annual leave and sickness.

Until 2007 when the Chief Nursing Officer launched the AUKUH Nursing Acuity Tool, it was recognised that there was no robust, well researched methodology for measuring dependency and acuity. The Trust was an early adopter of this tool and our preference for using this tool was in recognition of its' sensitivity and ability to provide information based on actual patient needs as opposed to averages and bed ratios and that this information could be aligned to other patient experience, safety and outcome data.

#### **3.1 Acuity/Dependency**

The Trust uses the 'The Safe Nursing Care Acuity Tool (AUKUH)' which measures the individual dependency of patients and uses generic multipliers to calculate the staffing required. This data has been collected bi-annually across all wards since the tool was released in 2007. A number of areas, within the Trust, now use the tool on a daily basis to manage the variable acuity and manage staffing to best effect.

The acuity data is the closest indicator we have of the needs of our patients in our hospitals at a point in time. The data over the last 3 years has demonstrated a continual increase in the level of dependency of patients across all acute inpatient wards. We have looked at the results of the acuity data undertaken in January 2014 and this shows incremental improvement in the staffing levels across all areas and a continued rise in the level of acuity/dependency. The data must be considered overtime due to changing acuity and season variation in activity.

The Trust invested an additional 1.4 million in nursing across the division of Emergency Care in April 2014. This was directly in response to the results of the acuity scores in January 2014.

### Emergency Care Division

| June 2014      | Funded Establishment (WTE) | Funded Establishment (WTE staff providing clinical care) | Safer Nursing Care Tool assessment (WTE) Acuity | Difference Acuity / Funded Establishment | Difference Acuity / Funded Establishment staff providing clinical care | Registered nurse ratio 8am-8pm |
|----------------|----------------------------|--|---|--|--|--------------------------------|
| Emergency Care | 331.68                     | 317.04   | 337.59  | -5.91                                    | -20.55   | 1:6-1:8                        |

The acuity data collected in June 2014 shows significant improvement across all wards within the Emergency Care division with all wards falling within a 10% range of their acuity scores suggested staffing requirements.

### Surgery & Cancer Division

| June 2014        | Funded Establishment (WTE) | Funded Establishment (WTE staff providing clinical care) | Safer Nursing Care Tool assessment (WTE) Acuity | Difference Acuity / Funded Establishment | Difference Acuity / Funded Establishment staff providing clinical care | Registered nurse ratio               |
|------------------|----------------------------|--|---|--|--|--------------------------------------|
| Surgery & Cancer | 169.78                     | 154.51   | 172.58  | -2.8                                     | -18.07   | 1:8 Mon – Fri<br>1:9 -1:10 Sat & Sun |

The acuity data collected in June 2014 demonstrates that for the 5 wards within surgery:

- 2 wards are within the acuity range
- 3 wards have a sustained increased acuity

### Diagnostic and Clinical Support Division

| June 2014                     | Funded Establishment (WTE) | Funded Establishment (WTE staff providing clinical care) | Safer Nursing Care Tool assessment (WTE) Acuity | Difference Acuity / Funded Establishment | Difference Acuity / Funded Establishment staff providing clinical care | Registered nurse ratio |
|-------------------------------|----------------------------|--|---|--|--|------------------------|
| Diagnostic & Clinical Support | 33.29                      | 30.82  | 29.88   | +3.41                                    | +0.94  | 1:8                    |

The data collected in June 2014 demonstrates appropriate staffing levels based on patient acuity at that time.

### Women & Children's Division Maternity

Acuity in maternity (Labour Ward) is measured using the nationally recognised tool based on birth rate plus (1996). Acuity is monitored by the Labour Ward Co-ordinators every 2 hours and the use of the diary within the acuity tool allows for immediate implementation of the escalation policy and use of the flowchart.

#### Post Natal Acuity

Ward 19 has been part of a pilot project to inform a tool for assessing acuity on the post natal area. It is hoped this tool will be rolled out nationally.

#### Paediatric Activity

STEAM (System to Escalate and Monitor) is a paediatric approved tool designed to measure the clinical intensity of patients on a paediatric ward. The tool has been incorporated as the handover documentation which is recorded at 0800hrs & 2000hrs every day. The system is currently paper based system with data uploaded onto a spreadsheet, which generates timely reports. The value of this so far has been that we are now able to provide evidence of patient dependency at the time it is recorded which forms part of our escalation process. Reports can be produced, although at the moment this is retrospective. The data collated has also been used to inform staffing reviews within paediatrics.

| June 2014          | Funded Establishment (WTE) | Funded Establishment (WTE staff providing clinical care) | Safer Nursing Care Tool assessment (WTE) Acuity | Difference Acuity / Funded Establishment | Difference Acuity / Funded Establishment staff providing clinical care |
|--------------------|----------------------------|--|---|--|--|
| Women & Children's | 161.23                     | 144.83   | 144.83  | +16.4                                    | 0  |

The data collected in June 2014 demonstrates appropriate staffing levels based on patient acuity at that time.

### 3.2 Ward Vacancies- September 2014

| Division                       | Qualified Vacant                          | Qualified recruited but not yet taken up post | Unqualified Vacant | Unqualified recruited but not yet taken up post |
|--------------------------------|---|---|--------------------|---|
| Emergency Care                 | 20.06                                     | 0   | 12.79              | 0   |
| Surgery & Cancer               | 0   | 9.41  | 1.89               | 0   |
| Diagnostics & Clinical Support | 0.64<br>(additional 4.96 maternity leave) | 1   | 0                  | 0   |
| Women & Children's             | 11.43                                     | 0.79  | 1.05               | 0   |

### 3.3 Establishment Reviews

Following the Trust wide acuity assessment in June 2014, formal establishment reviews were undertaken with each division. The reviews were led by the Director of Nursing & Quality and had full input from the Lead Nurses, Head of Midwifery Matrons and Ward Managers.

The establishment review focused on the acuity results in June 2104 this was not reviewed in isolation as experience and best practice tells us that a wider suite of quality indicators need to be considered to allow more informed decisions to be made in respect of ongoing investment in our ward areas. The following quality indicators were all reviewed as part of the establishment review process:

- ❖ Skill Mix
- ❖ Nurse to bed ratio
- ❖ Pressure Ulcers
- ❖ Falls
- ❖ Medications Incidents
- ❖ Complaints
- ❖ Friends & Family Score

The outcome of the establishment reviews were as follows:

#### Emergency Care Division

No immediate actions were identified.

It was agreed that the focus was to continue the active recruitment to the funded vacancies and ensure full preceptorship/mentoring is delivered for all new staff.

## **Surgery and Cancer Division**

Due to the sustained increased acuity on 3 of the surgical wards the following immediate actions were agreed:

|  |
|--|
| <p><b>Ward 15</b><br/>Review of the additional Health Care Assistant 11am-6pm that was piloted on a temporary basis demonstrated positive impact on patient care.<br/><b>Recommendation</b><br/>Continue with this in place beyond the trial period which is due to end in September until – March 2015. If this continues to show a positive impact it will be included in next year planning round.<br/>Action completed</p> |
| <p><b>Ward 15</b><br/>Skill mix at night needs to be adjusted currently<br/>2 Qualified 3 Unqualified<br/><b>Recommendation</b><br/>Adjust the skill mx to 3 Qualified 2 unqualified from 1st September – 31<sup>st</sup> March. If this continues to show a positive impact it will be included in next year planning round.<br/>Action completed</p>   |
| <p><b>Ward 13</b><br/>Discharge coordinator has been in place as a trial and has made a positive impact<br/><b>Recommendation</b><br/>Continue with this in place beyond the trial period which is due to end in September until March 2015. If this continues to show a positive impact it will be included in next year planning round.<br/>Action completed</p>   |
| <p><b>Ward 12</b><br/>Staffing levels at night need to be increased due to the number of patients requiring acute care<br/>Current staffing level at night 2 Qualified 2 Unqualified<br/><b>Recommendation</b><br/>Increase the staffing levels at night to 3 Qualified 2 unqualified Mon- Fri.<br/>Action being reviewed by division following feedback from staff</p>  |

## **Diagnostics & Clinical Support Division**

A skill mix adjustment was agreed to ensure consistent staffing across all 7 days on one ward.

It was agreed that progressing with the work reviewing staffing within Out Patients will continue and this will become a key part of establishment review in 6 months.

## **Women & Children's Division**

No immediate actions were identified.

The ratio of Midwives to births is currently better than the national average therefore no changes to staffing are planned.

It was agreed that the work to develop the neonatal acuity tool would continue with the network and review of Out Patient staffing levels would be included in future reviews.

## 4.0 Conclusion

We continue to see a growing acuity/dependency of our patients across a number of acute inpatient wards. The investment across the emergency care wards has had a significant impact, moving all the wards to within an acceptable acuity range for the first time.

The area of focus now is to progress the Surgery and Cancer Division wards to have consistent 7 day staffing levels. Alongside this, a review of the provision of staffing at night across all wards will take place.

Recruitment of qualified nurses remains variable and will continue to be an area of focus and planning to ensure it is sustained. The approaches to recruitment have been effective but will need to continue in a planned way.

The ambition for nurse staffing is 7/7 consistency across all wards. Acuity and dependency will continue to be the ultimate driver to ensure sustained safe staffing levels. This will need to be supported in the longer term by fully supernumerary ward managers.

We consider the daily acuity measures in place across our inpatient areas to be the primary driver of safe staffing and will continue to use this to make decisions on a daily basis that meet the needs of our patients at that point in time.

## 5.0 Recommendations

**The Board of Directors is asked to:**

**Note** the progress in response to the National Quality Board's 10 expectations.

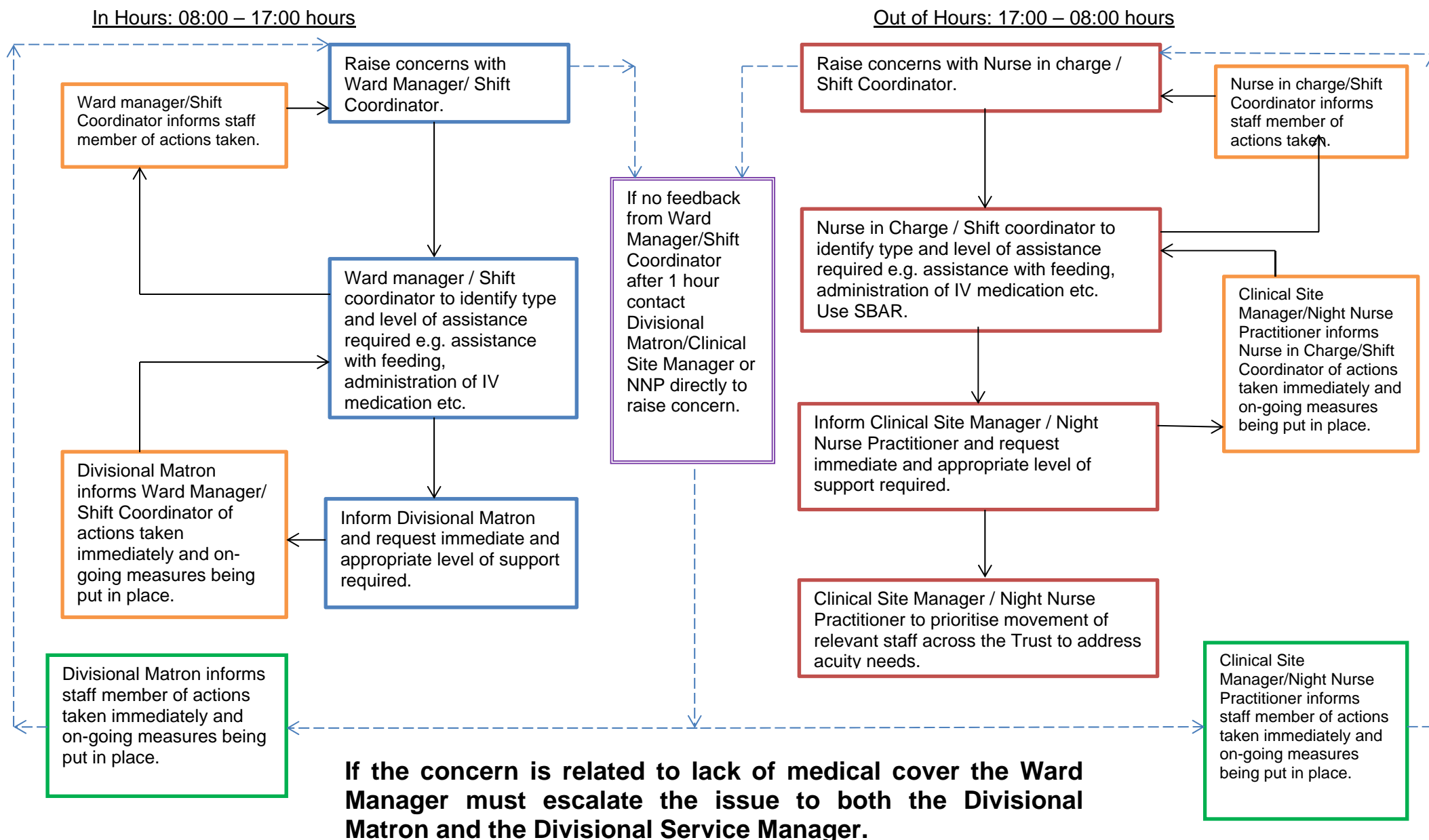
**Note** the results of the safer nursing care tool June 2014

**Support** the immediate actions identified from the establishment reviews.

**Support** the continued prioritisation of investment into nurse staffing



## PATIENT SAFETY / ACUITY / STAFFING ESCALATION



|  |  |                        |     |
|--|--|------------------------|-----|
| <b>Title of Paper :</b>  | Monthly Nursing & Midwifery Staffing Report                      |                        |     |
| <b>Author:</b>   | Julie Smith, Director of Nursing & Quality                       |                        |     |
| <b>Executive Lead:</b>   | Julie Smith, Director of Nursing & Quality                       |                        |     |
| <b>Type of Report:</b>   | Concept Paper  |                        |     |
|  | Strategic Options Paper  |                        |     |
|  | Business Case  |                        |     |
|  | Information  |                        | x   |
|  | Review/Benefits/Audit  |                        |     |
| <b>Link to Strategic Objectives:</b>   |  | <b>Link to Domain:</b> |     |
| Quality, Safety & Experience   | x  | Safe                   |     |
| Strong Progressive FT  |  | Effective              |     |
| Organisational Delivery  |  | Caring                 | x   |
| Workforce Development & Effectiveness  |  | Responsive             |     |
| Fit for Purpose Infrastructure   |  | Well-Led               |     |
| Emergency Preparedness   |  |                        |     |
| <b>Link to Board Responsibility:</b>   | Performance  |                        |     |
|  | Accountability   |                        | x   |
|  | Strategy   |                        |     |
|  | Implementation   |                        |     |
| <b>Action Required:</b>  | Decide   |                        |     |
|  | Approve  |                        |     |
|  | Note   |                        | x   |
|  | Recommend  |                        |     |
|  | Delegate   |                        |     |
| <b>Positive Benefit:</b>   | Required information – compliance with NHS England requirements. |                        |     |
| <b>Risk:</b>   |  |                        |     |
| <b>To be published on Trust Website –complete version</b>                        |  |                        | Y   |
| <b>If no, to be published on Trust Website – redacted</b>                        |  |                        | n/a |
| <b>If not to be published complete or redacted, please detail the reason why</b> |  |                        |     |
| <b>Presented at Board Meeting of:</b>  | 6 October 2014   |                        |     |

# **Monthly Nursing & Midwifery Staffing Report**

**Board of Directors  
6<sup>th</sup> October 2014**

(August 2014 data)

**Julie Smith  
Director of Nursing & Quality**

## 1.0 Purpose and summary points

This report provides the Board of Directors with information on the details of the actual hours of Registered nurses/midwives and Health Care Assistant staff's time on ward day shifts and night shifts versus planned staffing levels during August 2014.

- NHS England expects that the Boards of NHS Trusts and Foundation Trusts receive monthly updates on workforce information and staffing capacity and capability.
- These updates, which are to be discussed at the Public Board meeting will also be available on the Trust internet site <http://mcht.nhs.uk/information-for-patients/why-choose-us/quality/safe-staffing-levels/>
- For each of the 22 clinical inpatient areas, the planned number of hours of nursing or midwifery staff time required for day shifts and night shifts has been calculated for the month and the actual fill rate has been recorded.
- Overall the fill rates were

|        | Day  |                                    | Night  |                                    |
|--------|--|------------------------------------|--|------------------------------------|
|        | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) |
| August | 97.1%  | 99.1%                              | 96.8%  | 102%                               |
| July   | 97.8%  | 98.8%                              | 98.6%  | 100%                               |
| June   | 97.6%  | 98.4%                              | 97.3%  | 100.6%                             |
| May    | 98%  | 98.5%                              | 100%   | 100%                               |

- This report details those areas where there was a variance of actual fill rates and planned staffing hours. The reasons for the variance are given and any actions being taken are detailed.

## 2.0 Introduction

Mid Cheshire Hospitals takes staffing levels very seriously and have as a Board made this a priority for many years. The Trust was an early adopter of the Safer Nursing Care Acuity Tool and ensures the Board receives detailed staffing reports every six months.

In 2013, the National Quality Board produced a document entitled "How to ensure the right people, with the right skills, are in the right place at the right time – A guide to establishing nursing, midwifery and care staffing capacity and capability" which outlines ten expectations for NHS providers and commissioners in relation to nursing and midwifery staffing. Expectation 7 states that Boards receive monthly updates on workforce information and staffing capacity and capability. These updates which are to be discussed at the Public Board meeting, will also be available on the Trust's internet site.

Further guidance circulated by Jane Cummings, Chief Nursing Officer, NHS England, in May 2014 clarified that the Board of Directors will be advised of those wards where staffing capacity and capability materially falls short of the plan, the reasons for the gap, the impact and actions being taken to address it. This can be presented as an exception report, providing the Trust website publishes ward by ward data on actual versus planned numbers of staff by registered nurse / midwife / care staff and day duty / night duty.

|        | Day  |                                    | Night  |                                    |
|--------|--|------------------------------------|--|------------------------------------|
|        | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) |
| August | 97.1%  | 99.1%                              | 96.8%  | 102%                               |
| July   | 97.8%  | 98.8%                              | 98.6%  | 100%                               |
| June   | 97.6%  | 98.4%                              | 97.3%  | 100.60%                            |
| May    | 98%  | 98.5%                              | 100%   | 100%                               |

For some wards, there will be a difference between the planned and actual staffing hours. In some cases, departments will have used more hours than they planned to use and in other cases they will have used less hours than they planned. The reasons for using more staff hours than planned vary and may include needing to care for patients who are either more unwell or who have greater care needs than those patients usually cared for on that ward, or providing one to supervision and support to a patient.

The reasons for using less staff hours than planned could include using fewer beds than planned. For example if Critical Care is only 70% occupied they may decrease the number of staff needed. Alternatively, using less staff hours may be due to caring for patients who are less unwell or with fewer care needs than those patients usually cared for on that ward or unit.

The planned staffing level is based on the funded establishment as agreed and set by the Director of Nursing driven by the acuity results of the nationally recognised tools. When staffing levels are lower than the plan on a shift, the Trust has a clear process in place to ensure the staffing on that shift remains at a safe and appropriate level. This is clearly detailed in the escalation plan and the SBAR tool **S**ituation, **B**ackground, **A**ssessment, **R**ecommendation is used to record and communicate the situation. This allows for consistency of reporting and recording. The actions taken by staff are recorded and monitored.

The number of hours of actual staffing is a combination of the hours worked by permanent staff and those worked by temporary staff on a ward or department during that month. On occasions appropriately skilled staff are re-deployed from other areas or temporary staff will be included in the establishment to cover unforeseen leave or sickness / absence etc. These temporary staff are mostly supplied by the Nurse Bank run from within the organisation. This ensures the staff used are familiar with the organisation, its standards and policies and are trained to the level required by the Trust.

### 3.0 Data Collection

The data is being collected using an online visual system that is a mirror of the staffing boards on display in all wards. It is accessible to all staff on the Trust intranet, allowing data to be collected in real time. This is a complex process with a significant amount of data inputted by a large number of clinical staff at ward and department level. Data checks have been undertaken and these will continue as the system becomes more embedded.

### 4.0 Understanding the data by ward and department

The Trust website lists the results for all the inpatient wards or departments and details whether there was a deficit or surplus between the planned and actual staffing hours by day and night. The tables below show a summary of this data for August 2014.

| Ward Name     |                                      | Qualified    | Unqualified  | Qualified    | Unqualified   |
|---------------|--------------------------------------|--------------|--------------|--------------|---------------|
|               |                                      | Fill Rate    | Fill Rate    | Fill Rate    | Fill Rate     |
| <b>MCHFT</b>  | <b>August-14</b>                     | <b>97.1%</b> | <b>99.1%</b> | <b>96.8%</b> | <b>102.0%</b> |
| AMU           | Medical Admissions                   | 97.3%        | 96.0%        | 98.7%        | 100.0%        |
| CAU (Summer)  | Paediatrics                          | 100.0%       | 100.0%       | 100.0%       | 100.0%        |
| Critical Care | Critical Care & High Dependency      | 100.0%       | 100.0%       | 100.0%       | N/A           |
| Elmhurst      | Intermediate Care                    | 99.3%        | 100.5%       | 100.0%       | 99.2%         |
| Ward 1        | Cardiology                           | 94.6%        | 101.6%       | 98.4%        | 98.4%         |
| Ward 10 SAU   | Surgical Admissions Unit             | 106.5%       | 104.0%       | 100.0%       | 100.0%        |
| Ward 10       | General Surgery                      | 95.3%        | 102.4%       | 100.0%       | 96.8%         |
| Ward 12       | General Surgery                      | 95.0%        | 103.4%       | 100.0%       | 98.4%         |
| Ward 13       | General Surgery                      | 95.4%        | 100.0%       | 95.7%        | 101.6%        |
| Ward 14       | General Medicine                     | 97.9%        | 98.1%        | 100.0%       | 99.2%         |
| Ward 15       | Trauma & Orthopaedics                | 95.7%        | 96.0%        | 66.7%        | 146.8%        |
| Ward 18       | General Medicine                     | 100.9%       | 91.1%        | 91.9%        | 93.5%         |
| Ward 19       | General Medicine (previously Ward 2) | 110.6%       | 118.6%       | 100.0%       | 111.8%        |
| Ward 2        | General Medicine                     | 111.7%       | 102.4%       | 100.0%       | 100.0%        |
| Ward 21b      | Rehabilitation                       | 97.5%        | 101.8%       | 96.8%        | 100.0%        |
| Ward 23       | Antenatal and postnatal              | 94.4%        | 96.8%        | 96.8%        | 98.4%         |
| Ward 24       | NICU                                 | 100.0%       | 100.0%       | 100.0%       | 100.0%        |
| Ward 26       | Labour Ward                          | 100.0%       | 100.0%       | 100.0%       | 100.0%        |
| Ward 4        | Gastroenterology                     | 97.2%        | 100.0%       | 100.0%       | 100.0%        |
| Ward 5        | Respiratory                          | 84.5%        | 99.6%        | 93.5%        | 103.2%        |
| Ward 6        | Stroke                               | 93.9%        | 97.7%        | 88.7%        | 109.7%        |
| Ward 7        | Gastroenterology                     | 93.6%        | 98.0%        | 100.0%       | 97.8%         |
| Ward 9        | Elective Orthopaedics                | 91.9%        | 81.7%        | 100.0%       | N/A           |

#### Ward 5

Plan was not achieved on all occasions due to two reasons

1. Number of vacant posts

2. Staff being moved due to the additional nurse planned for the support of level 2 patients on non-invasive ventilation if the ward did not have any patients requiring this support.

#### Ward 9

Plan was not always achieved due to it not being required because of lower bed occupancy.

On all occasions when the plan was not met, a review of the patients' needs were assessed by the ward manager and/or matron and if necessary, this resulted in actions taken to support the ward. This may have resulted in a skill mix change to the plan or moving a member of staff from another area.

#### **5.0 Conclusion**

The Board of Directors is asked to NOTE this report.

|  |   |                        |     |
|--|---|------------------------|-----|
| <b>Title of Paper :</b>  | Quarterly Report on the use of the Trust Seal                                     |                        |     |
| <b>Author:</b>   | Melissa Steele, Acting Trust Secretary  |                        |     |
| <b>Executive Lead:</b>   | Tracy Bullock, Chief Executive  |                        |     |
| <b>Type of Report:</b>   | Concept Paper   |                        |     |
|  | Strategic Options Paper   |                        |     |
|  | Business Case   |                        |     |
|  | Information   |                        | x   |
|  | Review/Benefits/Audit   |                        |     |
| <b>Link to Strategic Objectives:</b>   |   | <b>Link to Domain:</b> |     |
| Quality, Safety & Experience   |   | Safe                   |     |
| Strong Progressive FT  | x   | Effective              | x   |
| Organisational Delivery  |   | Caring                 |     |
| Workforce Development & Effectiveness  |   | Responsive             |     |
| Fit for Purpose Infrastructure   |   | Well-Led               |     |
| Emergency Preparedness   |   |                        |     |
| <b>Link to Board Responsibility:</b>   | Performance   |                        |     |
|  | Accountability  |                        | x   |
|  | Strategy  |                        |     |
|  | Implementation  |                        |     |
| <b>Action Required:</b>  | Decide  |                        |     |
|  | Approve   |                        |     |
|  | Note  |                        | x   |
|  | Recommend   |                        |     |
|  | Delegate  |                        |     |
| <b>Positive Benefit:</b>   | Compliance with the Trust's Constitution  |                        |     |
| <b>Risk:</b>   | Non-compliance with the Constitution if report not received by Board of Directors |                        |     |
| <b>To be published on Trust Website –complete version</b>                        |   |                        | Y   |
| <b>If no, to be published on Trust Website – redacted</b>                        |   |                        | n/a |
| <b>If not to be published complete or redacted, please detail the reason why</b> |   |                        |     |
| <b>Presented at Board Meeting of:</b>  | 6 October 2014  |                        |     |



### **Introduction**

Within the Trust's Constitution there is requirement that 'A report of all sealings shall be made to the Board at least quarterly. (The report shall contain details of the seal number, the description of the document, date of sealing and date of Board approval).'

The attached report details the information required.

### **Recommendation**

The Board of Directors are asked to note the attached report.

**Report of Sealings for the period 1 April 2014 to 30 June 2014**

| <i>Seal Number</i> | <i>Description</i>   | <i>Date of Board Approval</i>  | <i>Date of Sealing</i> |
|--------------------|--|--|------------------------|
| 83.                | Property Lease and agreement between Mid Cheshire Hospitals NHS Foundation Trust and Barclays Bank Plc relating to an area at Leighton Hospital consisting of a wall mounted ATM and room. | Approved by the Deputy Chair on 13 August and presented to Board of Directors meeting of 1 September 2014 for noting | 1 September 2014       |

## Actions from the Minutes of Board of Director Meetings

**Recommendation**

The Board is asked to approve the actions taken to date deriving from Board resolutions

06.10.2014

| For Board of Directors | Item                      | Action  | Lead            | Raised | Date Completed | Notes |
|------------------------|---------------------------|---|-----------------|--------|----------------|-------|
| Oct-14                 | Respiratory Services      | To receive a brief formal paper re an additional Consultant in Respiratory Medicine | Tracy Bullock   | Sep-14 |                |       |
| Oct-14                 | ENT Service Line Review   | To receive a report on same   | Denise Frodsham | Jul-14 |                |       |
| Nov-14                 | Project Management Office | To receive an update paper  | David Pitt      | Nov-13 |                |       |
| TBA                    | Pascal Metrics            | To receive a verbal update on the survey results                                    | Tracy Bullock   | Aug-14 |                |       |