

Board Agenda

Board of Directors

Meeting, in Public, of

7 April 2014

Board Room, Leighton Hospital

9.30am

Board of Directors
A meeting will be held in Public at
9.30am on Monday, 7 April 2014
In the Board Room at Leighton Hospital, Middlewich Road,
Crewe

Agenda

Action Key	
A	Approval
I	Information
D	Decision /Discussion

Item No	Title of Item	Action	Delivered by
1.	Welcome and Apologies To welcome members of the public and attendees and to receive apologies for absence from Board Members.		All 09.30
2.	Patient/Staff Story	I	09.30
3.	Board Members' Interests To consider any <ul style="list-style-type: none"> • changes to Directors' interests since the last meeting. • conflicts of interest deriving from this agenda. 		All 09.40
4.	Minutes of the Last Meeting To approve the minutes of the Board of Directors meeting held in Public on Monday, 3 March 2014 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 7 April 2014. The minutes are currently in draft form.	A	All 09.41
5.	Actions Arising from Previous Minutes, not Included Elsewhere on the Agenda	I	All 09.45
6.	Annual Work Programme To note the programme	A	Chairman
7.	Chairman's Announcements To approve a spoken report from the Chairman on items including: 7.1 Appointments & Remuneration Committee Meeting Minutes – 3 March 2014 7.2 Extraordinary Board of Directors Meeting of 31 March 2014 to approve the Annual Plan Submission	I/A	Chairman 09.50

Item No	Title of Item	Action	Delivered by
8.	<p>Governors' Items To approve a spoken report from the Chairman on items including:</p> <p>8.1 Governor Elections</p> <p>8.2 Nomination & Remuneration Committee Meetings (Appointment of Chairman) & Extraordinary Council Meeting of 28 March</p> <p>8.3 Nominations & Remuneration Committee Meeting (Non-Executive Director Appraisals and Tenure Extensions)</p> <p>8.4 Governor Agenda Setting Meeting</p> <p>8.5 Governor Induction Day</p>		Chairman 10.00
9.	<p>Chief Executive's Report To approve a spoken report from the Chief Executive on items including:</p> <p>9.1 Board Effectiveness</p> <p>9.2 Monitor Annual Visit</p> <p>9.3 Executive Director Away Day</p> <p>9.4 Theatres Open Day</p> <p>9.5 Connecting Care – New Provider Board (Innovation Fund)</p> <p>9.6 Leading Deep Cultural Change Masterclass</p>		Chief Executive 10.15
10.	<p>Medical Director's Report To approve a spoken report from the Medical Director on items including:</p> <p>10.1 Serious Untoward Incidents and RIDDOR Events</p> <p>10.2 Consultant Appointments</p> <p>10.3 AQUA Mortality Review</p> <p>10.4 CNST Level 3 Maternity</p>		Medical Director 10.30

11.	Quality, Safety & Patient Experience		
	<p>11.1 Patient Quality Safety & Experience Report To approve the report 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.</p>	I/A	Director of Nursing & Quality 10.40
	<p>11.2 Strategic Integrated Governance Committee To note the draft minutes of the meeting of 10 March 2014 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	Medical Director 10.55
	<p>11.3 Care Quality Commission Unannounced Visit – Dementia Theme To receive a verbal update</p>	I	Director of Nursing & Quality 11.00
	<p>11.4 Nursing & Midwifery Safe Staffing To note and approve the paper</p>		Director of Nursing & Quality 11.05
	<p>11.5 Business Case for the Expansion of Orthopaedic Consultants To approve the Business Case 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 11.20
	<p>11.6 Business Case for the Expansion of ENT Consultants To approve the Business Case 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 11.30
	<p>11.7 Open & Honest Care To note the paper</p>	I/D	Director of Nursing & Quality 11.40
12.	Operational Delivery		
	<p>12.1 Performance & Finance Committee To note the minutes of the meeting of 26 March 2014 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	Chief Operating Officer 11.45

18.	Any Other Business	All
19.	Time, Date and Place of Next Meeting To confirm 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 Tuesday, 6 May 2014	All 12.30pm

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					
Chief Executive Report																	
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					
Chairman's Report	X	X	X	X	X	X	X	X	X	X	X	X					
Governor Report																	
Annual Members Meeting							X										
CoG Meeting		X			X			X			X						
Medical Directors Report																	
SUI & RIDDOR	X	X	X	X	X	X	X	X	X	X	X	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					
Quality, Safety & Patient Experience																	
Clinical Audit Board Assurance Rep					X												
Clinical Services Strategy	X			X				X						X			
CQC Registration/Bi Annual Report		X															
Francis Report - Outcomes/Follow Up			X														
Health & Safety Update to Board													X			X	
Patient Survey Results (National)		X															
Patient Quality Safety Report	X	X	X	X	X	X	X	X	X	X	X	X					
Quality Governance Framework																X	
Quality Account	X																
QuEst	X		X		X		X		X		X						
Review of Night Time Nursing Care & Clinical Activity		X							X								
Strategic Integrated Governance	X	X	X	X	X	X	X	X	X	X	X	X					
Operational Delivery																	
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					
Strong Progressive FT																	
Annual Budget/Contract Discussions	X											X					
Annual Budget/Planning	X											X				X	
Annual Plan (Extraordinary BoD Meetings)		X										X					
Annual Report & Accounts		X	X														
Audit Committee		X		X		X		X		X		X					
Board Assurance Framework		X			X			X			X						
Capital Programme		X						X						X		X	
Divisional Quarterly Performance Reviews		X						X									
Programme Management Office		X															
Report on Use of Trust Seal	X			X			X			X							
Sustainability														X			
Trustee Minutes						X						X					

Title of Paper :	Nursing & Midwifery Safe Staffing	
Author:	Julie Smith, Director of Nursing & Quality	
Executive Lead:	Julie Smith, Director of Nursing & Quality	
Type of Report:	Concept Paper	
	Strategic Options Paper	
	Business Case	
	Information	X
	Review/Benefits/Audit	
Link to Strategic Objectives:	Quality, Safety & Experience	X
	Strong Progressive FT	
	Organisational Delivery	X
	Workforce Development & Effectiveness	
	Fit for Purpose Infrastructure	
	Emergency Preparedness	
Link to Board Responsibility:	Performance	X
	Accountability	X
	Strategy	
	Implementation	
Action Required:	Decide	
	Approve	X
	Note	X
	Recommend	
	Delegate	
Positive Benefit:	Ensuring safe levels of staffing in place to deliver quality, safety and positive experience for all patients	
Risk:	Staffing levels do not support high quality care.	
To be published on Trust Website, unredacted	Y (delete as appropriate)	
If not, please detail the reason why		
Presented at Board Meeting of:	7 th April 2014	

Board of Directors Meeting

7th April 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:** Response to the National Quality Board’s 10 expectations.
- **Part Two :** Overview of current staffing position across wards based on results of acuity assessment

Part One:
Response to National Quality Board's 10 expectations:

Expected	Trust Response
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	In place. The Board of Directors receives 6 monthly updates from the Director of Nursing & Quality. These include the result of the acuity and dependency monitoring and are comprehensive in reviewing all elements of safe nurse staffing. Staffing levels and patient acuity and dependency are monitored continuously and levels are adjusted as necessary. Nursing staff know they can escalate at any time if they are concerned, using the agreed escalation process (Appendix 1)
Processes are in place to enable staffing establishments to be met on a shift by shift basis.	There are a number of different processes in place to monitor shift by shift staffing: <ul style="list-style-type: none"> ▪ acuity assessment by shift ▪ escalation procedures ▪ daily review of actual against plan by divisional matrons
Evidence based tools are used to inform nursing and midwifery and core staffing capacity and capability.	Adult Inpatient Wards -National Safer Care acuity tool Paediatrics - STEAM (System to Escalate And Monitor), a nationally recognised tool for paediatrics Maternity - National Acuity Tool Based on Birth rate Plus
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"> ▪ Trust policies ▪ Escalation processes ▪ Executive walkabouts ▪ Regular forums to meet senior staff/ staff engagement events ▪ Post Francis staff focus groups ▪ CEO drop in sessions
A multi-professional approach is taken when setting nursing, midwifery and care establishments.	All relevant staff are involved and the Director of Nursing & Quality works directly with Lead Nurses, Matrons and Ward Managers to review staffing establishments.
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. All ward sisters have an element of supervisory time built into their role ranging from 2-4 days, per week.
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 6 monthly reports on nurse staffing and the reports are scheduled as an agenda item for Board of Directors meeting held in public. Monthly information is received by the Board on workforce, with the format of this information currently being reviewed
NHS providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift.	The boards to display this information have been designed by the ward mangers with input from ward staff. The Boards are being piloted in two wards currently, prior to going live across all wards by June 2014.
Providers of NHS services take an active role in securing staff in line with their workforce requirements.	In place through the recruitment and retention plan
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 wasn't 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, due to the ever increasing dependency of our patients it is recognised that our staffing levels are not yet where they need to be and work will be ongoing. 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% 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.

In November 2013, the safer nursing care tool (SNCT) updated its descriptor for the levels of care requirements which accompanied the revised levels of care multiplier. The WTE (whole time equivalent) attributed to each multiplier was adjusted as follows:

Level of care	Previous WTE	Updated WTE
0	0.79	0.99
1a	1.70	1.39
1b	1.88	1.72
2	2.44	1.97

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 approximately £980,000, during the financial year 2013/14, in additional ward based nursing staff within the Emergency Care Division during 2013. This has been a combination of 12.09 WTE permanent nursing staff and 14 WTE temporary funded nursing staff. This investment has supported the priority areas identified from previous acuity assessments and investment to uplift for additional staffing to support transformation projects such as event led discharge and daily acuity assessment.

The acuity tool is not used in isolation as experience tells us that a wider suite of quality indicators need to be considered. We include in this

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

Emergency Care Division

The acuity data collected in January 2014 demonstrates for the 8 wards within emergency care that when compared to data from June 2013:-

2 wards have improved their acuity score
3 wards remain within a similar range
3 wards have an increased acuity score.

This may be driven by a number of factors:

- Seasonality
- Increased acuity in general of inpatients
- Reduction in length of stay
- Potential impact of admission avoidance schemes
- Impact of revised national acuity tool calculations

Surgery & Cancer Division

The acuity data collected in January 2014 demonstrates that for the 5 wards within surgery when compared to data from June 2013:-

3 wards have an increased acuity
2 wards are within the acuity range

This may be driven by a number of factors

- Reduction/elimination of day cases from inpatient wards
- Improved application of enhanced recovery and pathways resulting in reduced length of stay and increased acuity
- Seasonal variation
- Introduction of Surgical Admissions Lounge

This is a very different picture to the one we have seen consistently in surgery over the last two years which has demonstrated that the staffing levels were consistently meeting the acuity requirements. Actions have already been taken and a pilot of an additional role within one of the wards will commence in April for a period of 3 months. It is not felt necessary at present, based on this data alone, that the establishments are uplifted on the remaining 2 wards. The acuity tool recognises 3 data points are required to validate the data and professional judgement along with outcomes metrics does not support this in the short term. This is, however, being closely monitored on a daily basis, shift by shift, to ensure patients and staff are safe.

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.

Both maternity and paediatric staffing levels currently meet their acuity requirements and the national recommended levels of staffing.

3.2 Skill Mix

Determining the skill mix between qualified and unqualified staff is not an exact science and requires a very good understanding of the patient population and nursing requirements to determine how many qualified staff versus unqualified staff can be safely deployed per shift. The Royal College of Nursing recommend, as a minimum, a 65:35 split but this is becoming increasingly difficult to achieve with many Trusts aiming for a 70:30 split, if not higher. This is due to the increasing complexity of care, for example medication regimes and the number of intravenous drugs now given.

The Keogh report, published in July 2013, highlights significant concerns around staffing levels where the skill mix at 50:50 was considered low on the general wards.

Skill mix percentage Registered Nurse / Health Care Assistant January 2014

The skill mix ranges between 70:30 to 46:54. There are three wards which have a skill mix greater than 60:40. There are three wards which have a skill mix of less than 50:50 although this is an improvement of two wards based on the results from June 2013.

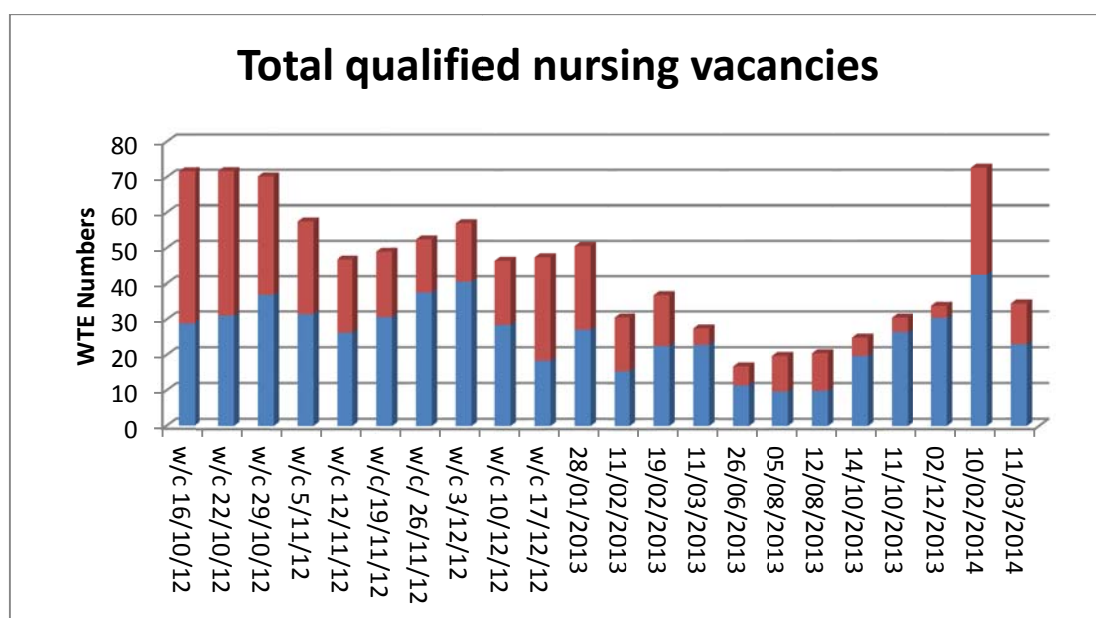
This qualified to unqualified ratio indicates that a programme of continued investment will be required to continue to improve this for the majority of wards.

3.3 Managing our staffing resource as effectively as possible

There have been significant recruitment challenges of trained nurses at the Trust, which mirrors the picture across most of the country. In October 2012 there were 72 trained nurse vacant posts, mainly at Band 5. A rigorous recruitment and retention plan was put into place, which included recruitment from Ireland and Spain. The position in August 2013 was 20 WTE Band 5 vacant posts. The current position in March 2014 is 22 WTE Band 5 posts remain unfilled. Of the 22 WTE, 5 WTE are within midwifery and are deliberate as described below.

To address vacant posts within maternity services and to cover on-going short falls and maternity leave during 2012/13, the Division employed 6 student midwives on the bank once they qualified to bridge the gaps; therefore ensuring no gaps in vacancies as previously experienced in 2011. They were guaranteed 18.75 hours each per week for 12 months to allow completion of the preceptorship training. This has worked well for both parties giving the newly qualified midwives opportunities to complete a preceptorship programme and the Maternity Unit to have midwives available to cover short falls. Due to the success of this, it is planned to continue this with each qualifying student group.

This is a variable position and requires on-going and continued focus. The challenge being that the number of nurses being trained locally and nationally will not meet the required demand. It is well know that nationally, a significant shortfall of qualified nurses is expected over the coming years. The work within the recruitment and retention plan continues to ensure this improved position is maintained. To support this additional overseas recruitment was undertaken in November 2013.



We still require the on-going use of temporary staff (bank & agency) due to the need to cover vacancies, maternity leave, sickness, increased acuity, and additional flex beds being opened.

4.0 Conclusion

We continue to see a growing acuity/dependency of our patients across all acute inpatient wards. The initiative in place to date and the continued investment, although improving the position, needs to continue. This report demonstrates the very real and changing needs of the inpatient group we now see in our hospitals.

The area of focus remains the emergency care wards. To meet the increased staffing numbers requires significant investment alongside the challenge of the ability to recruit to these posts. It is recognised that this level of investment is challenging in the current financial climate. The Board of Directors has prioritised and committed to

supporting substantial investment in nursing posts in 2014/15 and this will be quantified when the 2014/15 budget is approved by the Board. This investment will be used to recruit additional qualified nurses to meet the organisation's needs through a process of prioritisation.

In addition to this where opportunities arise, investment needs to continue in a planned way and changes to service provision and skill mix need to contribute to resolving on-going staffing levels.

Recruitment of qualified nurses remains variable and will continue to be an area of focus and planning to be sustained. Even with funding available we would be unable to recruit large numbers of trained nurses as they are not locally available.

The ambition for nurse staffing is described below and remains our direction of travel and ambition. Acuity and dependency being the ultimate driver aligned to the longer term ambitions of the nationally suggested ratios and qualified nurse 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 response to the National Quality Board's 10 expectations.

Note the investment in year to date to increase the numbers of qualified nurses

Support the recommendation that qualified nurse levels needs to be a continued area of incremental investment.

Title of Paper :	Open and Honest Care Report	
Author:	Jayne Hartley, Deputy Director of Nursing & Quality	
Executive Lead:	Julie Smith, Director of Nursing & Quality	
Type of Report:	Concept Paper	
	Strategic Options Paper	
	Business Case	
	Information	X
	Review/Benefits/Audit	
Link to Strategic Objectives:	Quality, Safety & Experience	X
	Strong Progressive FT	
	Organisational Delivery	
	Workforce Development & Effectiveness	
	Fit for Purpose Infrastructure	
	Emergency Preparedness	
Link to Board Responsibility:	Performance	X
	Accountability	X
	Strategy	
	Implementation	
Action Required:	Decide	
	Approve	
	Note	X
	Recommend	
	Delegate	
Positive Benefit:	Brings quality safety and experience data together in the public domain	
Risk:	Data will be used without context	
To be published on Trust Website, unredacted		Y (delete as appropriate)
If not, please detail the reason why		
Presented at Board Meeting of:	7 th April 2014	

Open and Honest Care Report (Transparency Project)

1. Introduction

The Trust has been invited to take part in the “Open and Honest Care” Project

“NHS England is committed to making more information available about the quality of care in the NHS. This initiative is a central part of NHS England’s ambition to ensure every patient gets high-quality care, and to build improved services for the future.

Open and Honest Care: Driving Improvement was piloted in the North West in 2010 with eight trusts publishing information on their websites on falls and pressure ulcers reported in their trusts, alongside commentary describing the improvements being made to care delivery. It is part of the key actions of the [Nursing Strategy: Compassion in Practice](#) that sets out to support organisations to become more transparent and consistent in publishing safety, effectiveness and experience data; with the overall aim of driving improvements in practice and culture.”

NHS England (2014)

2. Project progress to date

The following 16 Trusts published data on their Trust websites for October 2013:

1. Wigan, Wrightington and Leigh NHS Foundation Trust
2. Blackpool Teaching Hospital NHS Foundation Trust
3. Rotherham NHS Foundation Trust
4. Northern Lincolnshire and Goole NHS Foundation Trust
5. Salford Royal NHS Foundation Trust
6. St Helens and Knowsley Teaching Hospitals Trust
7. Calderdale and Huddersfield NHS Foundation Trust
8. Liverpool Heart and Chest NHS Foundation Trust
9. University Hospital of South Manchester
10. Barnsley Hospital NHS Foundation Trust
11. Hull and East Yorkshire NHS Trust
12. Royal Liverpool and Broadgreen University Hospitals NHS Trust
13. Southport and Ormskirk NHS Trust
14. Leeds Teaching Hospitals NHS Trust
15. Aintree University Hospital
16. South Tyneside NHS Foundation Trust

In December 2013, a further 7 Trusts joined and reported November data.

17. The Clatterbridge Cancer Centre Bolton NHS Trust
18. Bolton NHS Trust
19. Penine Acute Hospitals NHS Trust
20. Stockport NHS Foundation Trust
21. Tameside Hospital NHS Foundation Trust
22. The Walton Centre
23. Warrington and Halton Hospitals NHS Foundation Trust

In January 2014, 4 Trusts did not report data from December 2013:

- Liverpool Heart and Chest NHS Foundation Trust
- Pennine Acute Hospitals NHS Trust
- University Hospital of South Manchester
- Tameside Hospital NHS Foundation Trust

Each Trust is required to report their progress against the following quality markers:

- Safety thermometer
- Healthcare Associated Infections (HCAI's)
- Pressure Ulcers
- Falls
- Patient Experience
- Friends and Family Test Score
- Staff Experience

However, not all Trusts report the data every month against all the quality markers.

Each Trust is also required to include details of a patient's story and an improvement story.

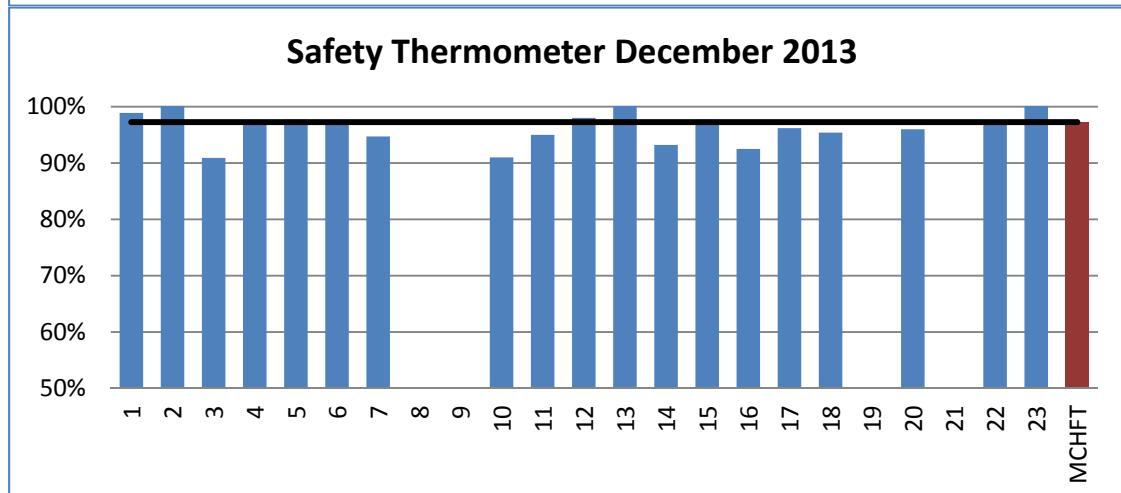
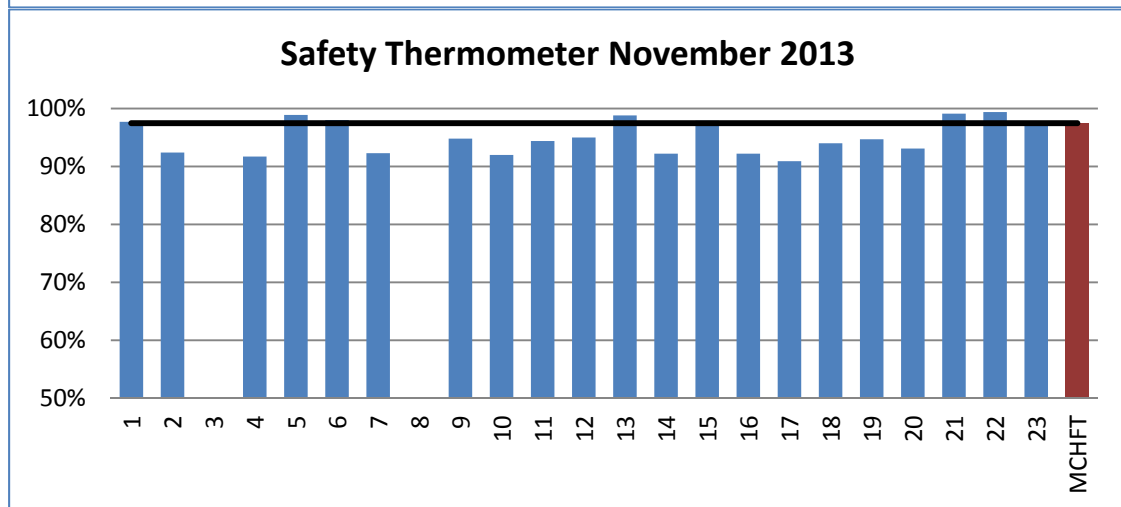
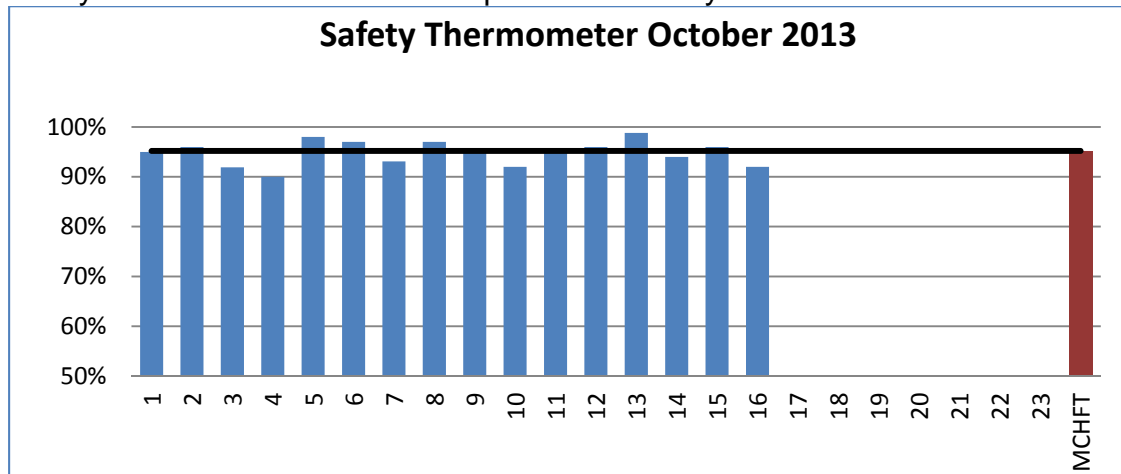
During this time, MCHFT has ensured that the infrastructure is in place for accurate data capture and has reviewed our performance against the other Trusts involved in the project.

3. Summary of MCHFT position against the other participating Trusts.

For each graph, MCHFT is represented by the red block and the black reference line to allow for comparison.

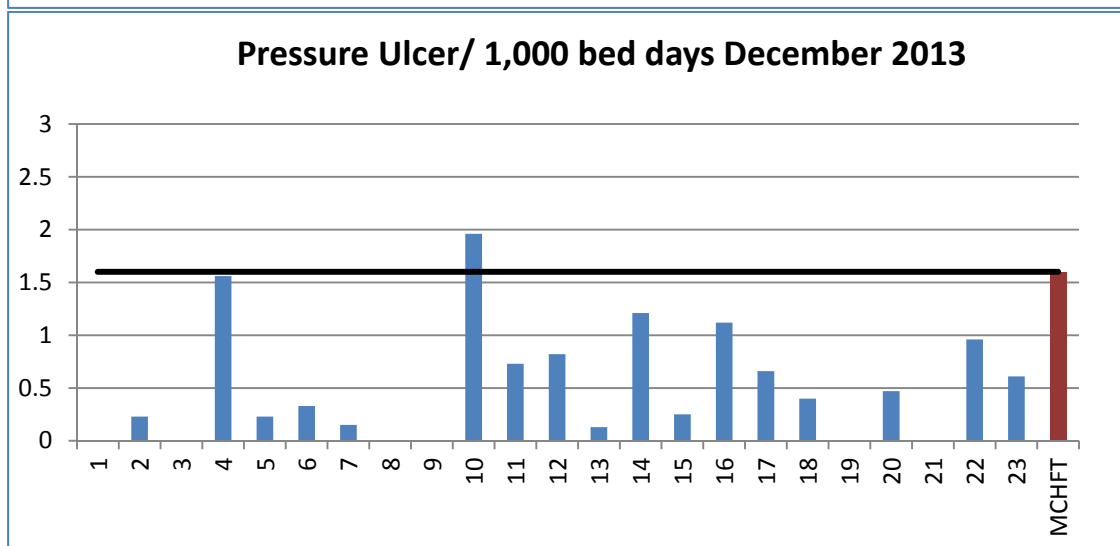
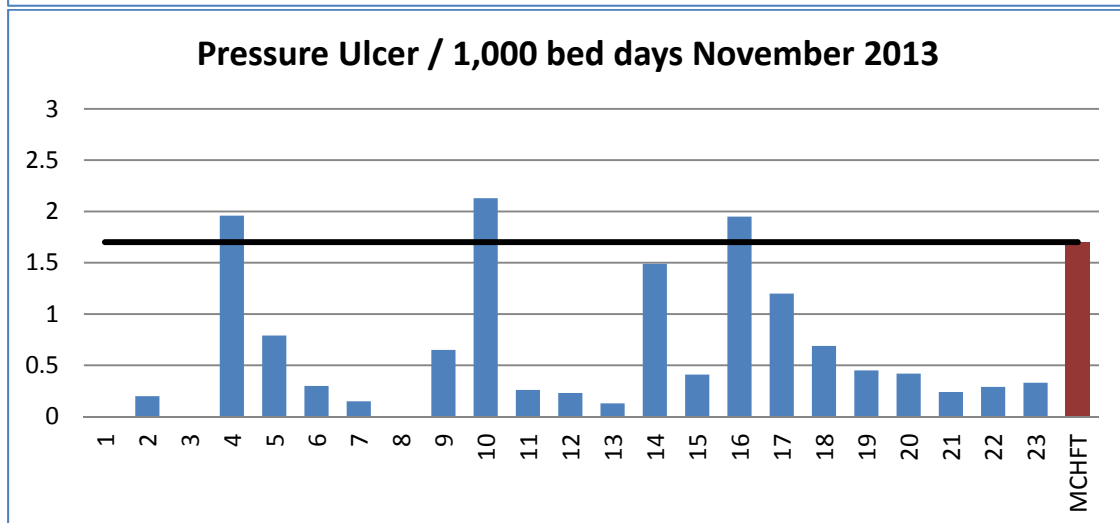
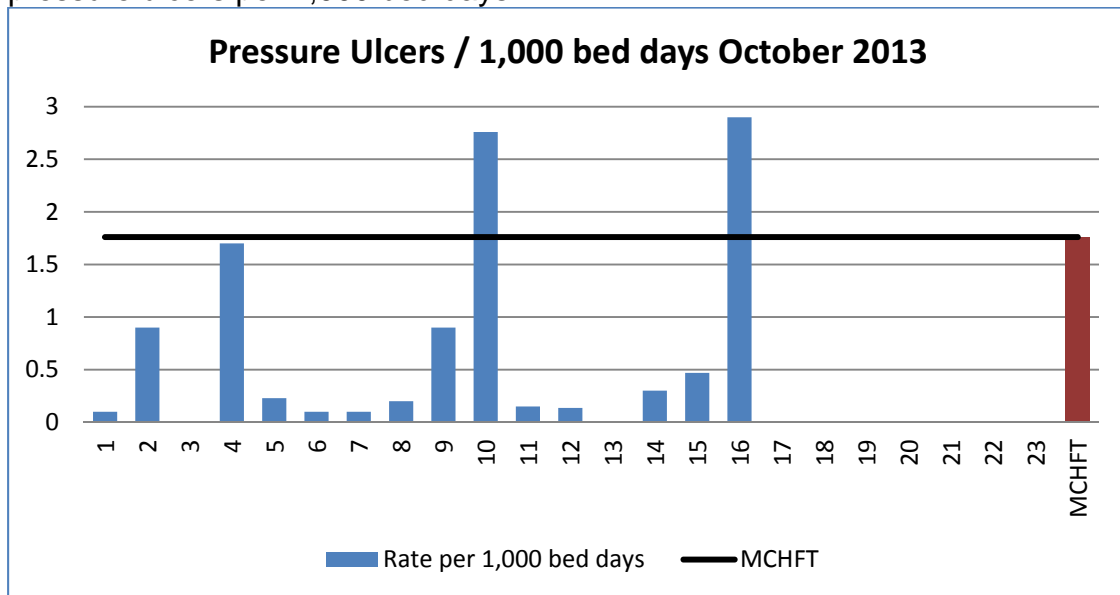
3.1 Safety Thermometer

The following graphs show the percentage of patients who did not experience any of the four harms, (falls, pressure ulcers, UTIs, VTE) as measured by the safety thermometer. MCHFT compares favourably with other Trusts.



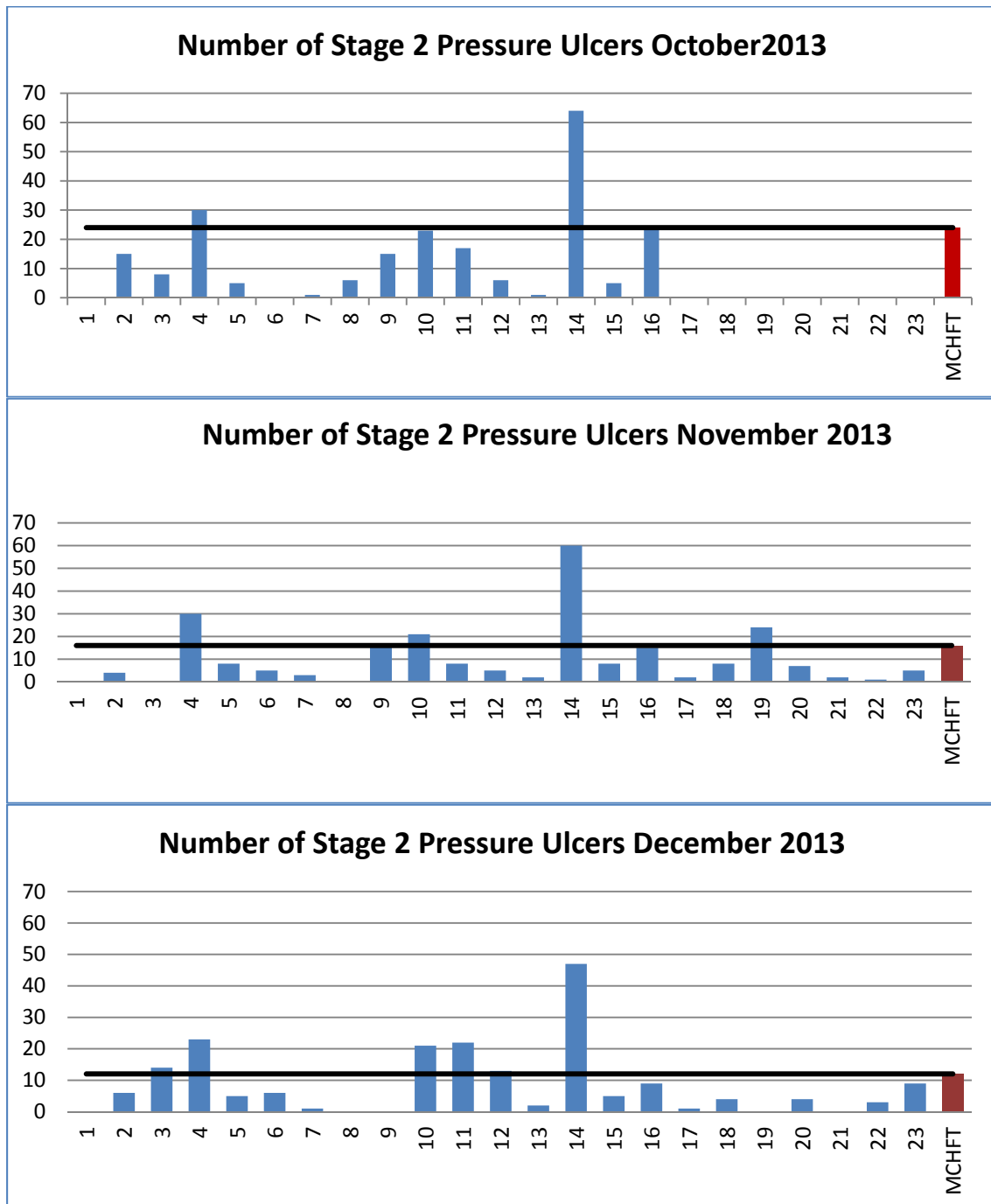
3.2 Pressure Ulcers

The following graphs show the incidence of reported stage 2, 3, and 4 pressure ulcers per 1,000 bed days.

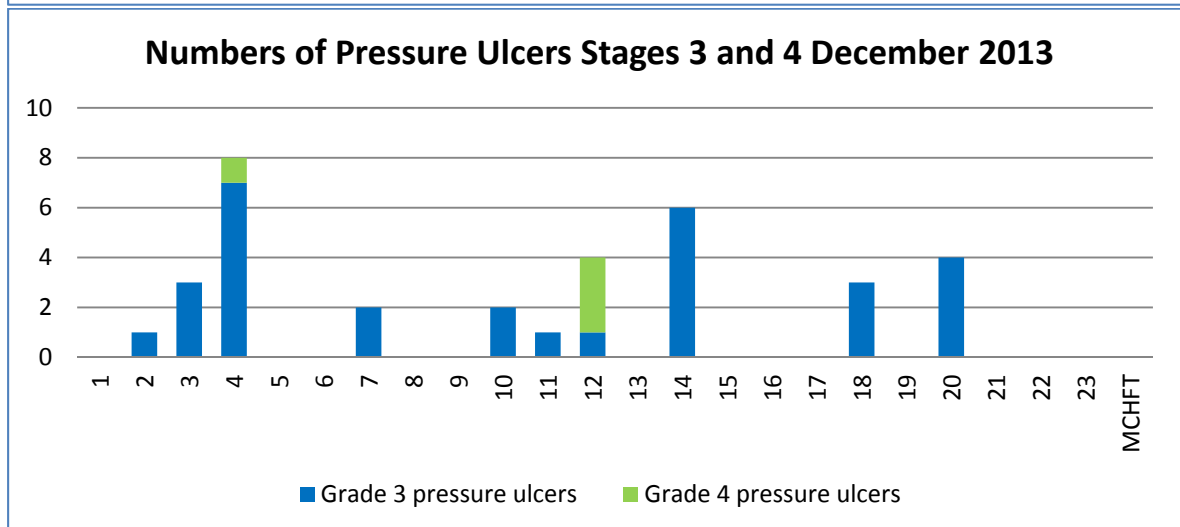
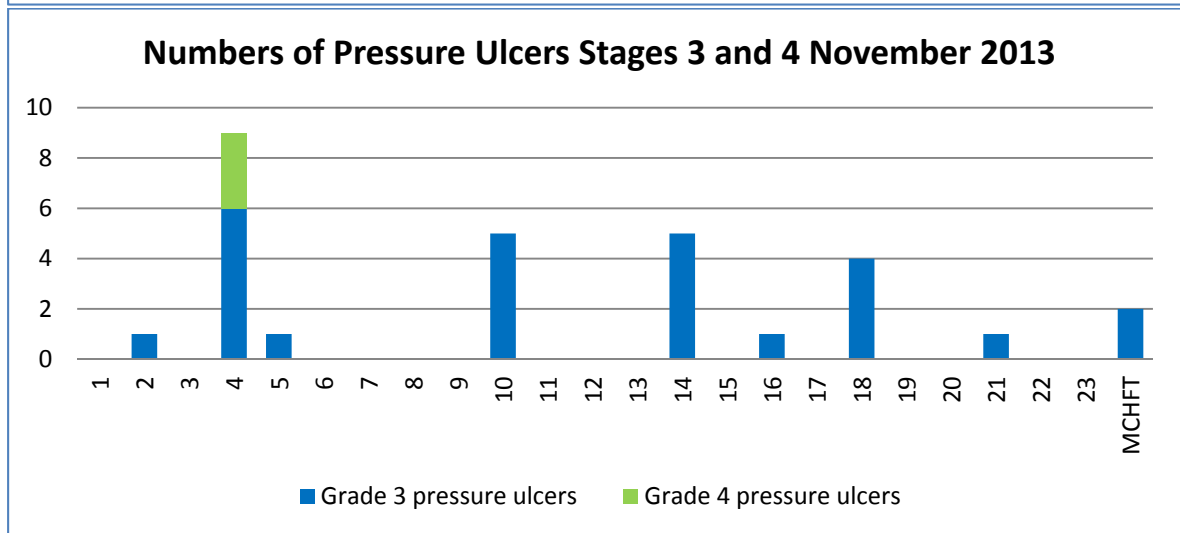
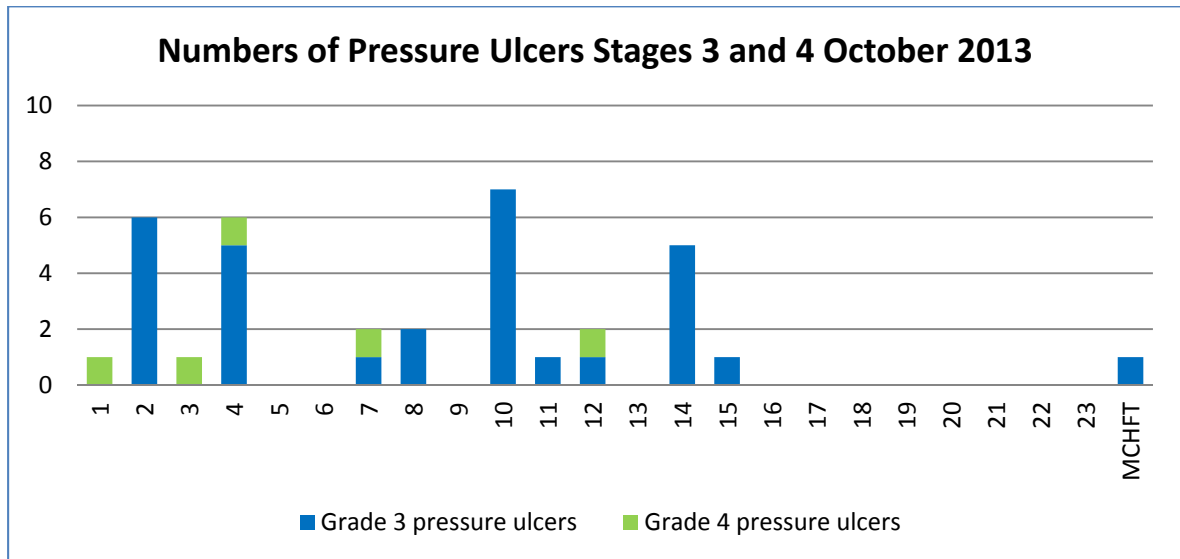


It can be seen that MCHFT is one of the worst performing Trusts for pressure ulcer incidents. However, the rate per 1,000 bed days has reduced from 1.76 to 1.6 between October and December 2013.

The following graphs show the number of stage 2 pressure ulcers reported by month. Again, it can be seen that MCHFT is not performing well. However, the total number of stage 2 pressure ulcers reported has fallen from 25 to 12 between October and December 2013.

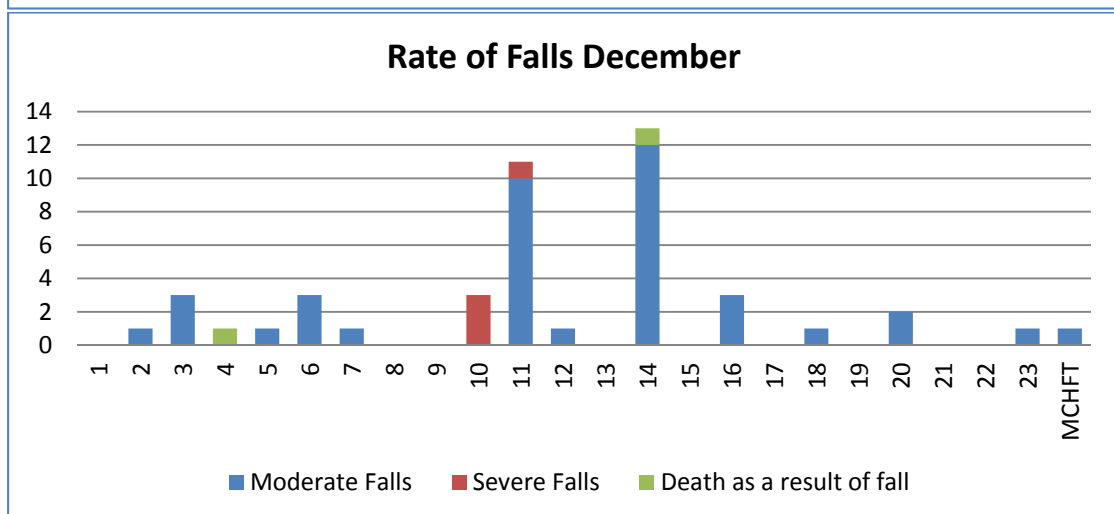
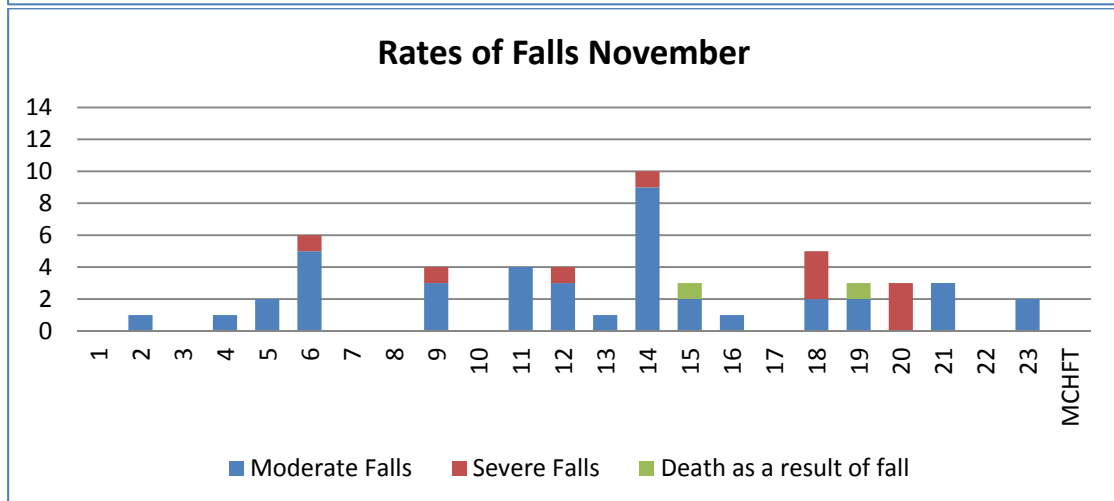
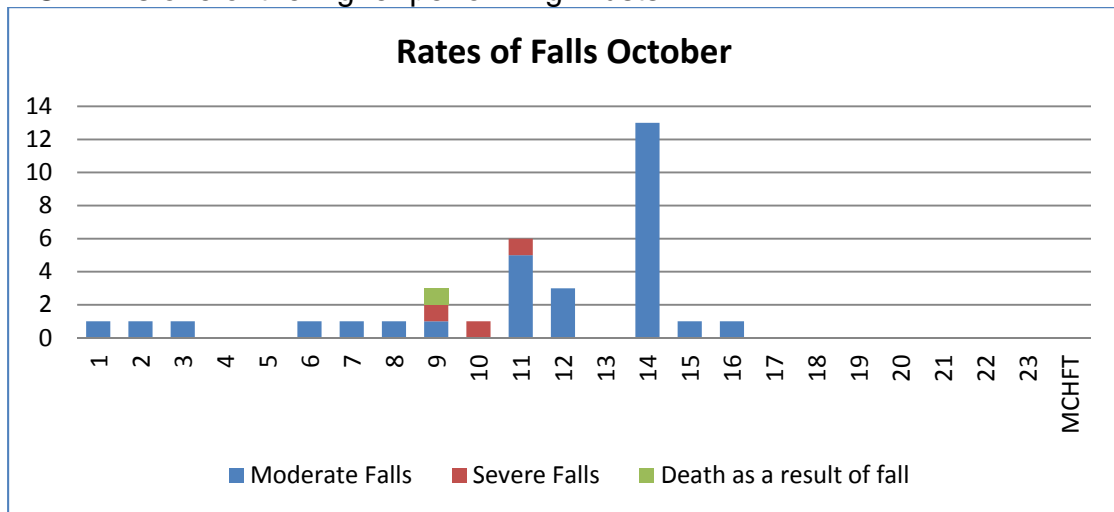


The following graphs show the number of stage 3 and 4 pressure ulcers reported by month. It can be seen that MCHFT is performing well in this quality measure.



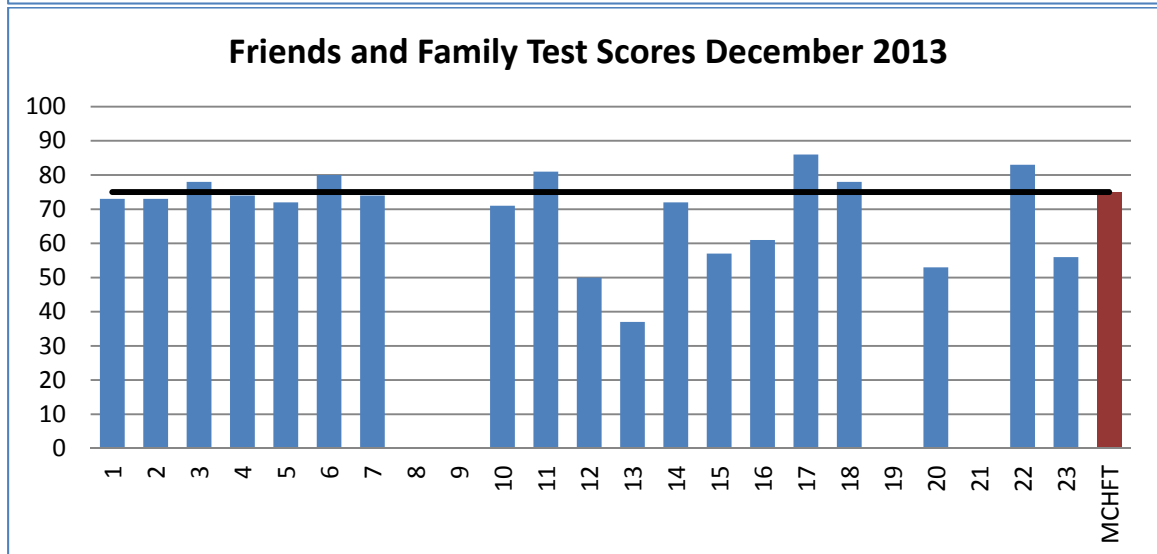
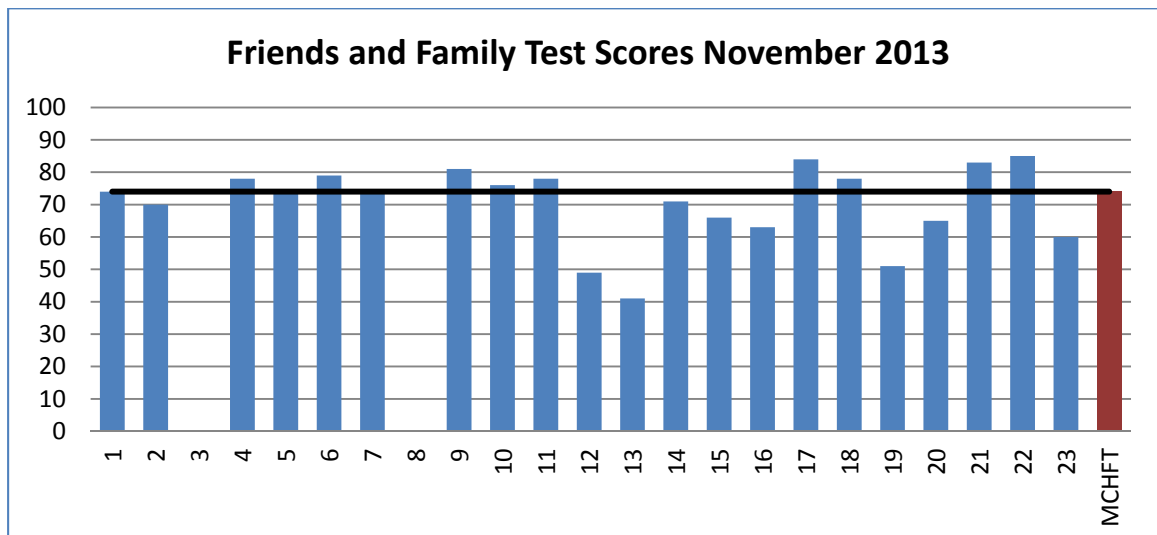
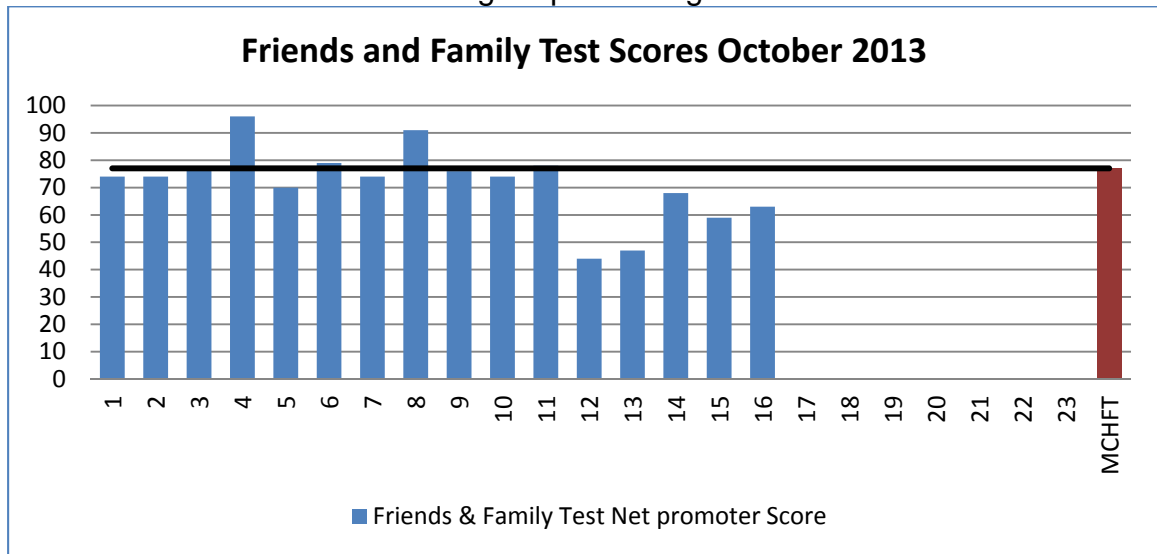
3.3 Falls

The project looks at fall data resulting in moderate harm and above. The following graphs show that, with only 1 moderate fall in this time period, MCHFT is one of the higher performing Trusts.



3.5 Friends and Family

The following graphs compare the net promoter score for Trusts. It can be seen that MCHFT is one of the higher performing Trusts.

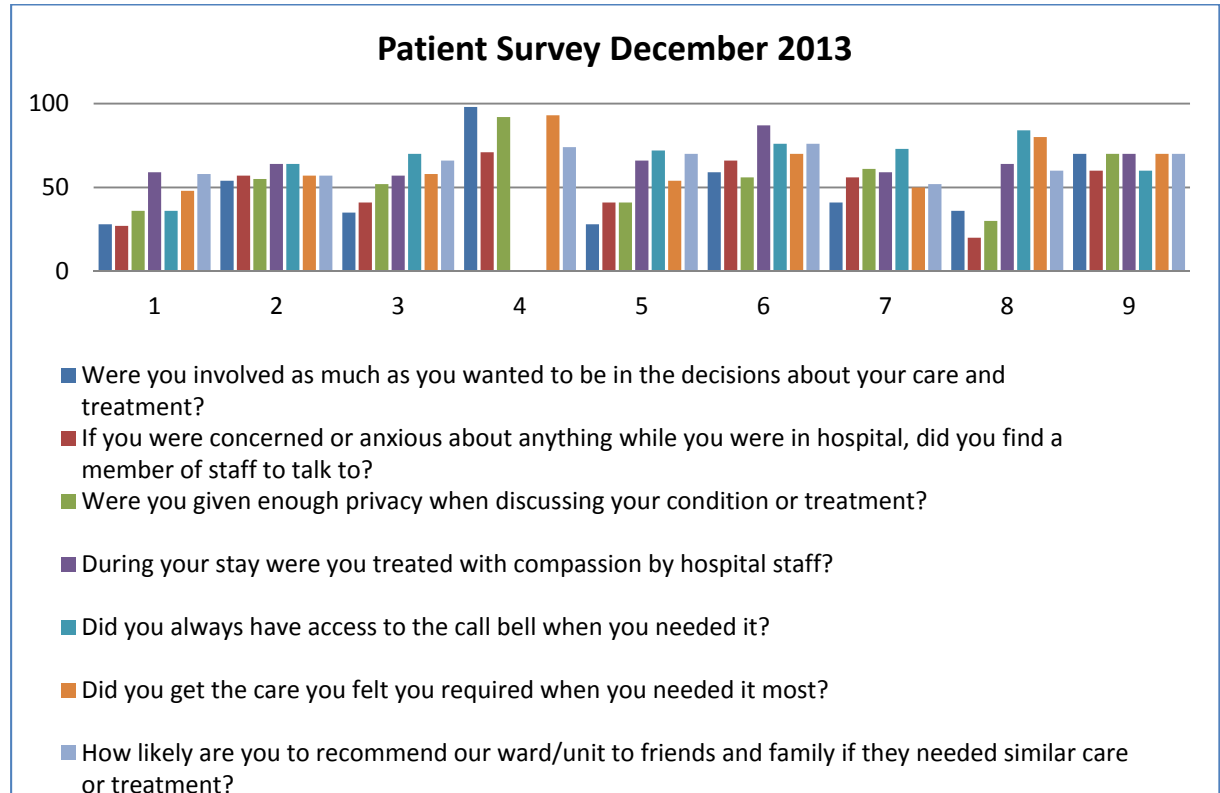


4. Patient Experience Questions

9 Trusts published patient experience survey data using a standard set of questions and reported the responses in the net promoter format.

The recommended Open and Honest Care patient experience questions are:

- Were you involved as much as you wanted to be in the decisions about your care and treatment?
- If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?
- Were you given enough privacy when discussing your condition or treatment?
- During your stay were you treated with compassion by hospital staff?
- Did you always have access to the call bell when you needed it?
- Did you get the care you felt you required when you needed it most?
- How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?



3 other Trusts reported against these questions as average percentages.

Other Trusts included signposting to their patient and public involvement programme information on their Trust's website.

Some Trusts devised their own questions. For example, the following questions are those used by Wigan, Wrightington and Leigh NHS Foundation Trust:

- Have staff treating and examining you introduced themselves?
- Did you find someone to talk to about your worries and fears?
- Do you think the hospital staff did everything they could to help control your pain?
- If your family or someone close to you wanted to talk to a doctor, did they have enough opportunity to do so?
- Have you been involved as much as you wanted to be in decisions about your care and treatment?
- Have you been offered a choice of food during your stay?
- Has there been healthy food on the hospital menu?
- Have you been involved in decisions about your discharge from hospital?
- Do you know which consultant is treating you?

MCHFT has agreed the following patient experience questions:

1. Are you involved as much as you want to be in decisions about your care and treatment?
2. If you have concerns or are anxious about anything while in hospital, have you found a member of staff to talk to?
3. Have you been given enough privacy when being examined, treated or discussing your care?
4. During your stay, have you been treated with compassion by hospital staff?
5. Do you always have access to the call bell when you need it?
6. Have you ever been bothered by noise at night from other patients?
7. Have you ever been bothered by noise at night from hospital staff?
8. Do you get the care you feel you require when you need it most?

5. Improvement Stories

The improvement stories describe changes made following complaints, feedback or harm information. Some are directly linked to a patient story as in this extract from the Northern Lincolnshire and Goole NHS Foundation Trust Improvement story:

“.....As the disease is often associated with the use of antibiotics, a lot of work has been undertaken to look at the type of antibiotics prescribed and to limit the use of high risk antibiotics if they are not in the best interest of individual patients. This has included pharmacists auditing the use of antibiotics and providing education to medical staff. The Infection Prevention and Control Nurses have worked extremely hard to deliver effective easily accessible education, often in the form of workshops that have raised awareness of the best infection control practices to follow to prevent and control the development and spread of C Difficile. They have used innovative educational techniques and quizzes to deliver aspects of training to good effect, including their latest “Cee the DIFFerence quiz”. ...”

Some improvement stories refer to whole service change others; some relate to modifications made for individuals or following individual feedback while others are based on trend data.

6. Patient Stories

Some Trusts have presented the patient story as a commentary in the patient’s own words and others in the form of a video. Other Trusts have chosen summaries of complaints or comments made by patients or feedback from specific surveys. MCHFT has access to a library of patient stories in audio and video format.

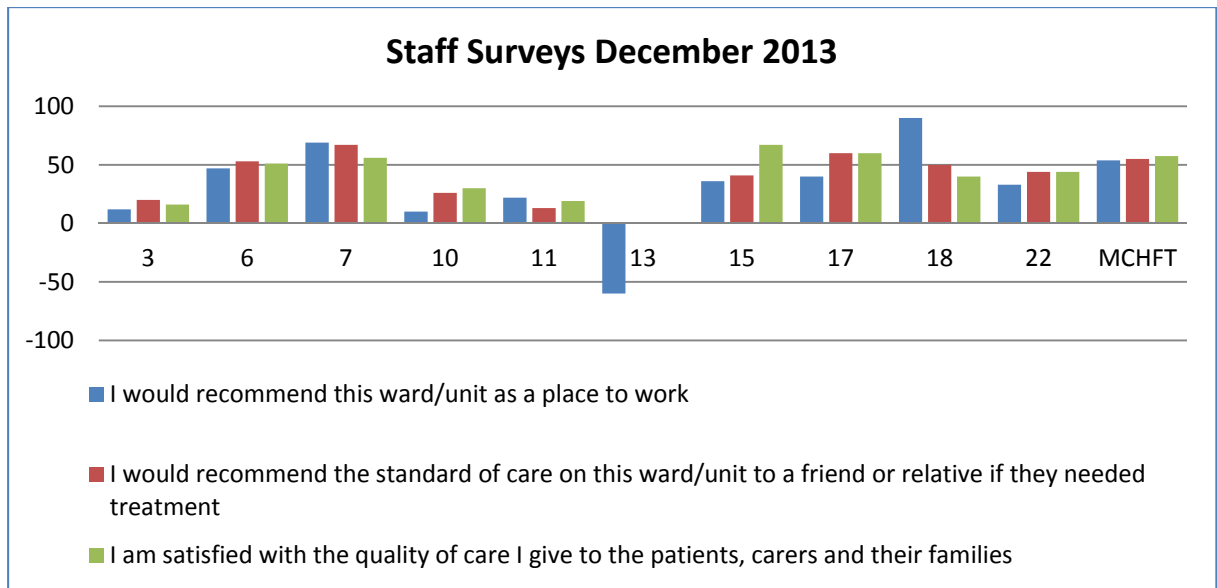
7. Staff Surveys

The majority of Trusts have used the original questions agreed with NHS England:

- I would recommend this ward/unit as a place to work
- I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment
- I am satisfied with the quality of care I give to the patients, carers and their families

The answers are presented as a net promoter score.

Only 10 Trusts used this format with numbers of staff included in the survey ranging from 5 to 167. The results are summarised in the following graph.

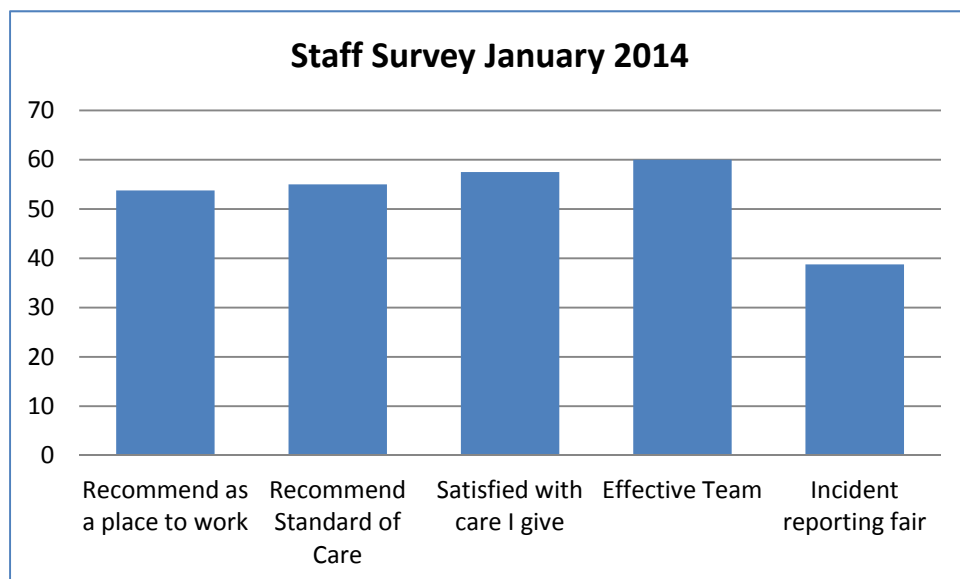


MCHFT has been surveying 5 members of staff on each adult inpatient ward since October asking the standard questions above and adding:

- I work in an effective team
- The incident reporting procedures are fair and effective

Staff are asked if they “strongly agree, agree, neither agree nor disagree, disagree or strongly disagree” with these statements.

The following graph is the most recent survey, conducted in January 2014. The results are presented in net promoter score format.



8. Measures taken to reduce Pressure Ulcers at MCHFT

- In October 2013, the new SKIN bundle documentation was launched. This allows all the documentation of assessment and care to be in one booklet at the patient's bedside
- The use of the SKIN bundle is currently being audited and staff are being asked their opinions ahead of a 6 month review
- The Trust is piloting the role of a dedicated pressure ulcer tissue viability nurse who reviews all stage two ulcers and conducts mini RCAs to enable trend recognition and support of ward based staff
- A new pressure ulcer learning booklet has been produced for Health Care Assistants
- The Trust is piloting a new pressure ulcer risk assessment in the Planned Investigations Unit and Emergency Department
- The established link nurse cohort have received extra training days
- All wards have received training in the use of the new skin care bundle
- The Trust has increased its base number of alternating mattresses
- The divisions have increased the number of slide sheets available for moving patients
- The pressure ulcer operational group now contains a larger proportion of frontline staff with the aim of 10% reduction stage 2 pressure ulcers reported by the end of March 2014
- The pressure ulcer operational group has initiated a training and poster campaign raising awareness of moisture lesions.

9. Points of note

- The Trusts cannot bench mark themselves against other Trusts for patient and staff surveys as there are significant differences between the measurement and reporting activities of the Trusts involved.
- The detail included in the improvement story varies significantly.
- Not every Trust is reporting rates of falls/pressure ulcers per 1,000 bed days.
- Not every Trust is reporting results from the patient experience survey or staff experience survey.
- Not every Trust published data for consecutive months.

10. Next Steps for the project

- NHS England have advised that a further three Trusts will be publishing their January 2014 data in February 2014
- During Quarter 1 of 2014/15, the reported information will extend to include **staffing** and **Never Events**
- Seven maternity units are working as early adopters towards a publishing date in April 2014. The range of metrics is yet to be agreed but will include the friends and family test; experience and harm information.

11. Conclusion

Working in shadow looking at how MCHFT compares with other Trusts has led to significant internal improvement work and significant trending downwards of pressure ulcer harms.

The Trust now has a viable process for the collection of staff and patient data to give a more rounded view of harm on our wards.

12. Recommendation

Board are asked to **NOTE** that Patient Experience Committee (PEC) supports MCHFT participating in the project from 1st April 2014, making the first published report from MCHFT May 2014.

Jayne Hartley
Deputy Director of Nursing & Quality
14 February 2014

Liz Huntbach
Clinical Quality & Outcomes Matron

Title of Paper :	Quarterly Report on the use of the Trust Seal	
Author:	Melissa Steele, Acting Trust Secretary	
Executive Lead:	Tracy Bullock, Chief Executive	
Type of Report:	Concept Paper	
	Strategic Options Paper	
	Business Case	
	Information	X
	Review/Benefits/Audit	
Link to Strategic Objectives:	Quality, Safety & Experience	
	Strong Progressive FT	X
	Organisational Delivery	
	Workforce Development & Effectiveness	
	Fit for Purpose Infrastructure	
	Emergency Preparedness	
Link to Board Responsibility:	Performance	
	Accountability	X
	Strategy	
	Implementation	
Action Required:	Decide	
	Approve	
	Note	X
	Recommend	
	Delegate	
Positive Benefit:	Compliance with the Trust's Constitution	
Risk:	Non-compliance with the Constitution if report not received by Board	
To be published on Trust Website, unredacted	Yes	
If not, please detail the reason why	n/a	
Presented at Board Meeting of:	7 April 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.

This report will be received on a quarterly basis going forward. In the absence of any sealings for the period, no paper will be produced and Board will be advised verbally of no sealings.

Recommendation

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

Report of Sealings for the period 1 January 2014 to 31 March 2014

<i>Seal Number</i>	<i>Description</i>	<i>Date of Board Approval</i>	<i>Date of Sealing</i>
79.	Lease between Mid Cheshire Hospitals NHS Foundation Trust and Fresenius Medical Care Renal Services Limited relating to premises at Leighton Hospital	6 January 2014	7 January 2014
80.	Consultant's Deed of Warranty (Fresenius' Consultant)	3 February 2014	8 January 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

07.04.2014

For Board of Directors	Item	Action	Lead	Raised	Date Completed	Notes
N/A	Interim Budget	To feedback to the Clinical Commissioning Groups the discussion at the Board of Directors Meeting	Mark Oldham	Mar-14		
May-14	Project Management Office	To receive an update paper	David Pitt	Nov-13		