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Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	30th March 2017
Board Sponsor:	Chief Nurse
Paper Author:	Chief Nurse
Subject:	Safer Nursing and Midwifery Staffing

Executive Summary

This report provides the Board with a monthly overview of Nursing and Midwifery staffing levels in in-patient areas as outlined in the Nurse Staffing Guide "How to ensure the right people, with the right skills, are in the right place, at the right time" (National Quality board and NHS Commissioning Board).

The report details overall fill rates for registered and non-registered staff in February 2017, and provides a detailed explanation, where fill rates were 80% or less. There were 7 wards in February 2017 with a fill rate of 80% or less.

Local, national and international recruitment continues as a high priority to enable substantive positions to be filled reducing the need for bank and agency staff. Our vacancy for registered nurses continues to increase and is now 219 wte. the highest since February 2016. The Business case for recruiting International nurses has been agreed and recruitment has started along with a plan for local recruitment.

Recording of Care Hours Per Patient Day has taken place for 10 months. We have areas where the CHPPD are higher as expected e.g. ITU, HDU. Our medical and surgical wards vary between 6.5 hours and 8.8 hours. As further data is published from other hospitals we will be able to compare our information.

Action required by the Board

The Board is asked to note:

- The increasing nursing vacancies and actions taken and planned to mitigate any shortfalls in staffing levels; and on-going plans for nurse recruitment.
- The changes to statutory supervision of midwifery and new proposed model
- The progress in relation to Regulation 12 - Care and treatment must be provided in a safe way for service users as reported in the quality safety improvement programme

Links to corporate objectives	Safe staffing levels support the Trust objectives of: *excellent outcomes; great experience; empowered skilled staff; and high productivity*
Identified risks and risk management actions	Safe staffing levels are key to ensuring patient safety and high quality patient experience.
Resource implications	As reported to the Board of Directors any shortfalls in staffing levels will be addressed, through the development of business cases.

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Report history	Previous reports on nurse staffing have been made to the Board of Directors monthly since April 2014.
Appendices	Appendix 1 – NHS Choices version of BSUH Safer Nurse Staffing: February 2017 Appendix 2 - Quality Safety Improvement Programme – February 2017

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Report to the Board of Directors, 30th March 2017
Safer Nursing and Midwifery Staffing

1. Introduction

This report provides the Board with an overview of Nursing and Midwifery staffing levels in in-patient areas as outlined in the Nurse Staffing Guide "How to ensure the right people, with the right skills, are in the right place, at the right time" (National Quality board and NHS Commissioning Board).

This report provides the Board with an overview of Nursing and Midwifery staffing for February 2017. It brings to the attention of the Board any risks identified during the month.

Key points:

- Ward establishments are based on an assessment of acuity and dependency using the *The Safe Nursing Care Acuity and Dependency Tool*, guidance from professional bodies, professional judgement and key clinical indicators.

- The Trust collects the number of times shifts fell below agreed staffing levels. This is currently being undertaken manually, with the plan to automate this process as soon as possible.

- We have collected the data since April 2014, there continue to be fluctuations month on month, and we are anticipating an improvement as the vacancy rate decreases and substantive staff are in post this will begin to change.

2. Vacancies in February 2017

Vacancy numbers have increased from April to February and registered nursing vacancies continue to rise.

Table 1: Nursing & Midwifery vacancies

Nursing & Midwifery Vacancies wte	Jan 2016	Feb 2016	Mar 2016	April 2016	May 2016	June 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016
Nursing & Midwifery	158	168	95	126	133	124	145	162	178	164	164	162
Non-registered	77	90	71	82	83	80	87	94	110	99	99	90
Total wte	235	258	166	208	216	204	232	256	288	263	263	252

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Nursing & Midwifery Vacancies wte	Jan 2017	Feb 2017	Mar 2017	April 2017	May 2017	June 2017	July 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017
Nursing & Midwifery	203	219										
Non-registered	106	114										
Total wte	309	333										

The increase in vacancies in January is partly due to an increase in budgeted WTEs mainly due to:

1. Posts being added for Newhaven Downs (30.45wte)
2. The Obstetric Theatres Business Case (15.28wte)

Any shortfalls in staffing are discussed daily at the operational meetings and where required staff will be moved to accommodate extra capacity staffing and areas that need additional support.
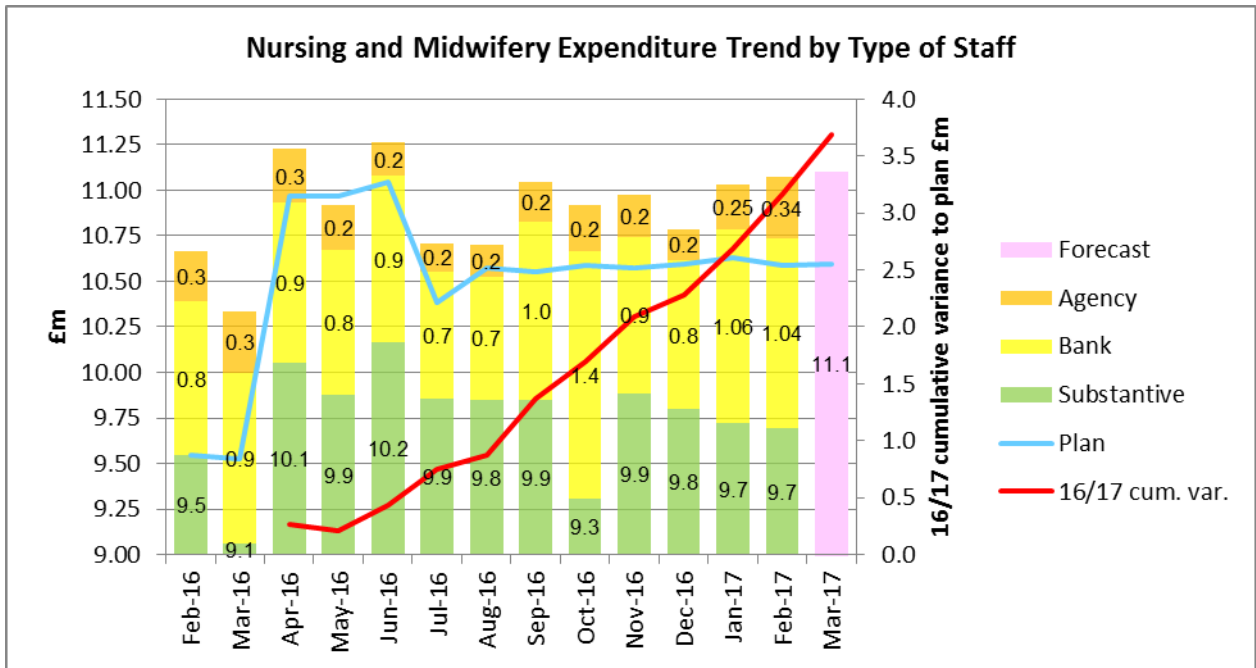
Actions taken to reduce nursing and midwifery vacancies;

- Recruitment in the UK on-going
- Need to increase HCA recruitment
- International recruitment in Europe and outside Europe is starting again to reduce the vacancies – 8 from Europe, some starting April 2017
- Meeting to discuss focus on PRH – advertising reviewed
- Meeting has suggested some specific targeted recruitment and raising profile
- Specific adverts for PRH – open recruitment days
- Working with ward managers, matrons, DLNs
- Working with NQN programme – preceptorship, stay one year
- Retirement – flexible return to work encouraged
- Skill mix reviews band 1,2,3,4 –
- Unable to open new areas – Day unit, bay on Twineham, Balcombe and Ansty
- Reviewing other potential options – Refer a friend
- Transport – need urgent review of bus service between sites
- Agency line bookings for areas most challenged
- Presented to senior management team on 27th February 2017 to ensure all aware of nursing pressures

Bank and agency staff are used as required to ensure the nurse to patient ratio remains within acceptable levels. Directorate Lead Nurses, Matrons and the Practice Educators have also worked on the wards as required.

The graph below reflects the actual spend and percentage of spend for the last 12 months.

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Graph 1: substantive, bank and agency spend

Expenditure increased in February by £0.04m to £11.07m

Increased agency usage and a full month of Newhaven being open are the main drivers of the expenditure increase

The year-to-date overspend increased to £3.17m, but forecast outturn overspend reduced by £0.39m to £3.68m

Following the announcement of the Agency Cap implementation on 1st October 2015, agency requests were monitored and authorised by the Deputy and Chief Nurse. In December 2016 authorisation was returned to the Directorate Lead Nurses and their teams. Authorisation for non-framework agency shifts remains with the Chief Nurse and Deputy.

The Directorate Lead Nurses are monitoring overtime, following the managing sickness absence policy and other leave with HR support. In addition they are working with the roster-pro lead to ensure rotas are robust.

Meetings continue to take place between senior nursing staff and staff side to enable detailed discussions to take place in partnership regarding current and future workforce.

The table below shows the average staffing fill rates. Challenges remain to nurse staffing as previously reported.

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Table 2: Nursing and Midwifery staffing fill rates (%)

2015 / 16	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Day %												
Registered	92	93	94	91	92	90	93	94	93	93	92	91
Non-Registered	94	98	97	95	96	98	96	95	99	94	94	94
Night %												
Registered	93	95	96	94	94	93	92	93	95	96	94	93
Non-Registered	104	107	105	106	108	107	106	112	113	109	110	111

2016 / 17	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Day												
Registered	93	95	92	92	92	92	92	94	92	94	92	
Non-Registered	97	99	104	96	97	97	96	97	95	99	96	
Night												
Registered	95	96	95	93	94	89	93	95	94	95	96	
Non-Registered	115	116	118	114	114	116	113	114	114	119	117	

Care Hours per Patient Day (CHPPD)

In Lord Carter's final report, Operational productivity and performance in English acute hospitals: Unwarranted variations, better planning of staff resources is crucial to improving quality of care, staff productivity and financial control. The Carter Team found there is not a consistent way to record and report staff deployment, meaning that trusts could not measure and then improve on staff productivity.

The report recommended that all trusts start recording Care Hours Per Patient Day (CHPPD) – a single, consistent metric of nursing and healthcare support workers deployment on inpatient wards and units. This metric will enable trusts to have the right staff mix in the right place at the right time, delivering the right care for patients.

From 1 May 2016, all trusts were requested to report back monthly CHPPD data to NHS Improvement so that they can start to build a national picture of how nursing staff are deployed. Also enabling trusts to see how their CHPPD relates to other trusts within a speciality and by ward in order to identify how they can improve their staffing.

2016/17	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Registered Nurse	6.4	6.6	6.6	6.5	6.6	6.3	6.6	6.7	6.5	6.6	
Un-Registered	2.8	2.9	2.9	2.9	2.9	2.8	2.9	2.9	2.9	2.7	
Total	9.2	9.5	9.5	9.4	9.4	9.1	9.5	9.5	9.4	9.3	

This table reflects that in February each patient had an average of 6.6 hours of a registered nurses time and 2.7 of an un-registered a total of 9.3 hours in a 24 hour period.

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BSUH hours will be higher than some other Trusts as there are two adult ICU, cardiac ICU, Children's HDU and neonatal Level 3 (ICU) all areas where staffing is one to one/ one to two care.

The table below details the total number of filled and un-filled hours for trained and un-trained staff for the months, including the percentage (appendix 1).

We have areas where the CHPPD are higher as expected e.g. ITU, HDU. Our medical and surgical wards vary between 6.5 hours and 8.8 hours.

Table 3: filled and unfilled hours 2015/2016

Includes registered and un-registered	May 15	Jun 15	Jul 15	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	March 16
Total number of actual staff hours	221,384	217,149	228,012	248,634	241,353	252,200	242,145	255,832	256,823	239,958	254114
%	96	96	95	95	94	95	96	97	95.8	95.1	94.5
Total number of hours un-filled	9,408	8,176	13,043	12,929	14713	14,191	10,453	7,597	11,133	12,462	14893
%	4	4	5	5	6	5	4	3	4.2	4.9	5.5

Includes registered and un-registered	April 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	March 17
Total number of actual staff hours	251326	261955	253063	257258	259112	247145	256324	254658	256938	263670	234472	
%	96.8	98.3	98.2	96.8	96.1	94.8	95.3	97.1	95.5	98.2	96.8	
Total number of hours un-filled	8210	4405	4566	10156	10509	13650	12609	7587	11992	4924	7804	
%	3.2	1.7	1.8	3.8	3.9	5.1	4.8	2.8	4.6	1.8	2.9	

The detail below gives a fuller picture of the reasons for a red 'flag' (levels of 80% or below).

Table 4: Areas with fill rates of 80% or less

2015 / 16	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
No of wards 80% or less	16	9	7	5	7	10	5	4	6	8	10	5
2016 / 17	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
No of wards 80% or less	1	7	5	8	8	9	3	4	11	5	7	

Of the 7 red wards, 80% or below in February; registered – one nights, un-registered – five days and one night.

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Musculoskeletal

Newick ward – un-registered day

Acute

Pyecombe ward - un-registered day

Children's

Level 9 medical ward – un-registered night

Women's

Gynaecology Level 11 - un-registered day
Maternity RSCH - un-registered day
Maternity PRH – Registered Midwives Night

Cardiovascular

Level 7A cardiac surgery - un-registered day

Mitigations remain in that staff are often moved to other areas requiring assistance to ensure all areas are kept safe. Shifts are escalated to bank and agency and, managers, practice educators; nurse specialists provide additional clinical support. The wards and departments continue to feel pressure however. On a daily basis wards and departments continue to support each other.

Recruitment in the UK is on-going and we currently have 53 Health Care assistants and 95 Nurses in the recruitment process. International recruitment in Europe and outside Europe is just starting again to reduce the vacancies.

Table 5: Starters and leavers

Registered Nurses (Band 5,6,7)	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	TOTAL
Starters Local/ National	30	23	35	31	24	23	27	52	11	21	21	14	312
International starters	7	41	12	10	9	27	22	21	0	32	38	30	249
Leavers	25	26	21	20	45	17	27	42	25	19	17	31	315

Registered Nurses (Band 5,6,7)	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	TOTAL to date
Starters Local/ National	26	19	18	10	20	22	42	17	4	17	16		211
International starters	11	4	5	5	7	3	0	0	0	0	0		35
Leavers	26	20	26	32	35	32	30	30	26	24	28		309

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The tables above show that in 2015/16 - 531 registered nurses joined BSUH, 315 left so we had a positive balance of 216 additionally filled positions. This demonstrates the importance of our international recruitment in that if we had recruited from within UK only we would not have reduced our vacancies.

2016/17 to date the numbers of leavers is higher than the number of starters (local, national and international), 246 starters and 309 leavers there is a negative position of -63.

The Nursing and Midwifery turnover of staff is currently 14.3% which is higher than the national average of 12%. Each month the data is collected from the exit questionnaires. The number of nurses and midwives retiring seems to have increased. Further work is on-going to review why staff are leaving and see if there is something we can do to reduce the turnover.

3. Staffing data in each inpatient area

The Trust is displaying information about the nurse, midwife and care staff present and planned in each clinical setting on each shift, the format of the presentation has been reviewed by service users and some changes made to ensure it is useful for service users. This data is also published on the BSUH external website, in a visible, clear and accurate format for the public.

4. National

National announcements were made relating to the nursing workforce. The aim of the agency rules is part of the national programme to help the NHS meet the complex workforce challenges. Each Trust has an annual cap for agency nursing expenditure, as a percentage of total nursing staff spend. Nursing is defined as registered general and specialist nursing staff, midwives and health visitors. To date BSUH is working within its agency cap.

4.1 Supervision of Midwifery

In 2015, there was a government decision in to remove statutory supervision for midwives, after a series of high profile reports identified problems with the model. The proposed end date is 31st March 2017.

The chief nursing officer for England sent a letter to all midwives and trust directors of midwifery and nursing mid-March, stating the new model was still being tested but would be published in full on 1 April. Supervisors of midwives will need to take part in a "bridging" programme to continue their practice under plans for a new model of supervision in England, which will also see them known as professional midwife advocates in the future.

CNO for England, Professor Jane Cummings said the new A-EQUIP approach – "advocating for education and quality improvement" – was a "continuous improvement process that helps to build personal and professional resilience". It also enhances quality of care for women and babies and supports preparedness for appraisal and professional revalidation. The approach aims to ensure that action to improve quality of care becomes an intrinsic part of everyone's job.

The A-EQUIP approach aims to ensure that through staff development, action to improve quality of care becomes an intrinsic part of everyone's job, every day, in all parts of the system.
As part of the piloting of the model at 10 maternity providers, so far 41 supervisors of midwives have been trained to become professional midwife advocates (PMAs).
In the future, it is expected that all supervisors will have to complete this four-day bridging programme, which is supported by e-learning, to continue practising.

The CNO's letter acknowledged that transitioning from a statuary model of supervision to one that was being led by employers would be an iterative approach because of the preparation

required to undertake the roles. Until PMAs were prepared, employers should support supervisors of midwives to continue with the non-statutory elements of their role.

20 universities have expressed an interest in providing programmes for both existing supervisors and midwives wanting to become PMAs in the future.

NHS England is due to publish guidance on 28 March, and employer contracts in 2017-18 will refer to use of the guidance.

The Royal College of Midwives have welcomed the new model and said it was a "significant development" for midwives. The RCM has worked collaboratively to ensure that across the UK any new model retains those elements considered important to retain outside a statutory and regulatory framework. The RCM support the introduction of A-EQUIP model of non-statutory supervision in England. It will ensure that the supportive and developmental aspects of supervision which are so critical to the safe, high quality care of women remain in place. There were concerns that, without the legal requirement and while the NHS was under financial pressure, supervision would be provided in an "ad-hoc" way. It is, therefore, particularly positive to see that commissioning guidance will require NHS maternity services to have the A-EQUIP model in place.

5. Revalidation

Revalidation is a Nursing & Midwifery Council requirement for all registrants effective from 1st April 2016 to renew NMC registration through revalidation every three years.

In preparation for NMC revalidation the Head of Nursing and Midwifery Education has facilitated training sessions for over 1652 nurses & midwives. In addition revalidation has been discussed at; Professional Improvement Meetings, Nursing & Midwifery Board and regular flyers, newsletters, message of the week have been circulated raising the requirements for NMC Revalidation.

6. Care Quality Commission staffing update

The CQC report (April 2016) in relation to regulation 12 - Care and treatment must be provided in a safe way for service users identified 17 areas for immediate action; 3 warning notices, 8 must do and 6 should do.

Appendix 2 outlines the progress to date. Significant improvement has taken place it is recognised that some of the longstanding performance issues will take longer to address however improvement has been and continues to be seen. As well as making changes that have improved care for patients it is essential that we continue monitoring to ensure the changes and improvements are embedded into business as usual.

Nursing and midwifery staffing is intertwined in all of these areas. Substantive nursing teams provide more continuity for patients also for their colleagues so recruitment continues to be a priority. International recruitment has started again and a more focused approach for PRH. Staffing additional areas has continued to be a challenge and at the moment is on hold until recruitment improves.

ICU continues to be an area of pressure, nurses with minimal experience are able to be recruited but retaining nurses with the IC qualification is a challenge, a review of why staff leave and career pathways is currently under way. Review of skill mix for ICU is currently underway as a way to improve standards of care for our patients. The review needs to consider what is essential for a nurse to undertake and how can they be supported to do the must dos while others could support and work with to provide other aspects of care.

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Nursing and midwifery staffing is discussed at many forums to ensure there is awareness of the vacancy and temporary staffing position and opportunity for discussion in regard to issues and solutions; Executive Team, Senior Management Team, Directorate Lead Nurses – Nursing & Midwifery Management Board, matrons, ward and department managers – Practice Improvement Meetings.

7. Future 2016/2017

Looking ahead as we come to the end of 2016/2017 to maintain staffing levels active recruitment will need to continue at pace with local, national and international recruitment. The Nursing & Midwifery Council introduction of International English Language Testing System (IELTS) for nurses from Europe as well as non-European countries has slowed down recruitment from Europe. Further International recruitment has been improved and the trust intends to recruit 80 nurses from Europe and 80 nurses from outside Europe.

The Universities are reporting a reduction of applicants following the removal of the bursary for student nurses / midwives. The first group of students without a bursary are expected to start in September 2017.

The Shelford – Safer Nursing Care Tool is used to measure acuity and dependency of all our patients in ward areas and was completed in July 2016. A pilot took place end of January on 8A west; the template was amended following feedback. Training took place in the first two weeks of February and on 13th February for 20 days a further acuity and dependency review of all patients is taking place. The data will be reviewed and analysed and will enable to look at staff from another dimension.

Currently all wards and departments are been visited to discuss nursing, midwifery and support staff templates. This information will be shared and viewed with nurse to patient ratios, safer staffing, care hours per patient day and acuity and dependency.

Helen O'Dell
Interim Chief Nurse

February 2017

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NHS Choices version of BSUH Safer Nurse Staffing: February 2017

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Quality Safety Improvement Programme – February 2017

Reg 12 - Care and treatment must be provided in a safe way for service users						
Requirement		Trust	RSCH	PRH	Must/ should	Progress	
12.01	The provider should continue to prioritise patient flow through the hospital as this impacted on length of stay, timely discharge and capacity.			X	SHOULD	• Winter Plan prioritises patient flow, including improved discharge processes, step-down facilities and revised pathways (inter-speciality referrals) • More work / progress needed • Programme Manager engaged to collate work form across the Trust into comprehensive strategy • Newhaven Downs open and taking patients from 16 January 2017 • *Hospital @ Home now running and taking up to 16 patients* • *Right Care project re-launching under Clinical Transformation Programme, presentation at SMT 20/02* • *Re-admission audit now being conducted to support improved processes and reduced re-admissions – process for embedding review or results and associated action required*	**A**

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Reg 12 - Care and treatment must be provided in a safe way for service users						
Requirement		Trust	RSCH	PRH	Must/should	Progress
12.02	Improve the safety and welfare of patients in the cohort / corridor area of ED		X		WARNING NOTICE	• Comfort rounds in place and well completed • NEWS scoring implemented • No pts in corridor with NEWS >4 • Assessment & treatment cubicles opened • Risk assessments conducted consistently • Mental health risk assessments conducted consistently • Further adaptations to corridor post fire risk assessment completed • *Nursing notes project continues with delays due to staff sickness – this may have given rise to reduced performance in respect of safety etc checks. New nursing notes format withdrawn and previous iteration back in use.*	~~G~~ A
12.03	Establish clear working guidelines and protocols, fully risk assessed, that identify why it is appropriate and safe for general ICU nurses to care for neurosurgery ICU patients. This should include input from neurosurgery specialists.	X	X		MUST	• Review completed • Need for enhanced neuro skills training acknowledged • Bed capacity reduced pending neuro skills increase • In-house training programme implemented • *Neuro Practice Educator has resigned, risk added to programme pack* • *Numbers of neuro-trained nurses decreasing. Associated risks and issues discussed at SMT 06.03.17; further mitigation work in planning phase.*	A

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Reg 12 - Care and treatment must be provided in a safe way for service users						
Requirement		Trust	RSCH	PRH	Must/ should	Progress	
12.04	Implement urgent plans to stop patients, other than by exception being cared for in the cohort area in ED.	X			MUST	• Corridor use reduced, but still happens. • Measures to avoid use in place (Escalation Policy) • Treatment / assessment cubicles in use for delivery of care • *Treatment and assessments conducted in corridor on one occasion in February. Fully risk assessed as least worst option, and reported as incident. No further incidents* • *Result of report from Trust auditors to be reviewed*	B
12.05	Adhere to the 4 hour standard for decision to admit patients from ED, ie patients should not wait longer than 4 hours for a bed	X	X		MUST	• Performance improving, but not at required standard yet • Performance affected by winter pressures • Trust at improved rank amongst other reporting trusts, despite relatively static performance against target • *Improved focus on 4 hour target as a result of reduced incidence of 12 hour breaches* • *Action downgraded as a result of more realistic assessment*	A

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Reg 12 - Care and treatment must be provided in a safe way for service users						
Requirement		Trust	RSCH	PRH	Must/ should	Progress	
12.06	Stop the transfer of patients into the recovery area from ED /HDU to ensure patients are managed in a safe and effective manner and ensure senior leaders take the responsibility for supporting junior staff in making decisions about admissions, and address the bullying tactics of some senior staff.	X	X		MUST	• Transfer of patients from ED / HDU virtually eliminated *until mid-December, but 4 recent cases* • Recent cases reflect winter pressures but risk assessed on each occasion (1 ED patient, 3 ward patients) • *A few incidents of transfer of patients from wards to ICU upon deterioration continuing through February and March* • *07/03/17 Meeting to be set up with relevant parties to discuss*	~~B~~ A
						• Behaviours training programme drawn up but not yet delivered	A

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Reg 12 - Care and treatment must be provided in a safe way for service users						
Requirement		Trust	RSCH	PRH	Must/ should	Progress	
12.07	Ensure that resuscitation/emergency equipment is always checked according to the trust policy.			X	MUST	• Resuscitation trolley checks added to safety huddle template • Ward managers conducting monthly audits of daily checks; results reported to Resuscitation Committee • See also 12.15 – checklist to be revised once tamper-evident boxes installed • *Yearly audit by resus team in place but individual ward managers responsible for daily and weekly checks in line with the policy/new trollies. Resus team offer training and advice alongside new trollies.* • *Resus team conducts spot checks when they are in an area for training etc.* • *Annual audit information collated and report taken to Resus Committee and then onto Q&P committee.* • *01/03 72 out of 125 new trollies in place at RSCH.* • *PRH trollies will be rolled out from 20th March.* • *Training on checks process and paperwork to accompany trollies is undertaken by Resus team with ward managers on implementation of new trolley.*	G

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Reg 12 - Care and treatment must be provided in a safe way for service users						
Requirement		Trust	RSCH	PRH	Must/ should	Progress	

	Requirement	Trust	RSCH	PRH	Must/should	Progress	
12.08	Implement a sepsis audit programme		X	X	SHOULD	• Sepsis Clinical Lead and Nurse in post • Audits complete • Action plans in development • *Data still not being reported through committee structure to Trust Board – added as risk/issue on programme pack* • *Action downgraded as a result of uncertainty re: audit results and their review*	G-
12.09	Meet cancer waiting and treatment time targets	X	X		WARNING NOTICE	• 31 day targets met consistently since August • 62 day target met in September; trajectory for consistent compliance from February • *Below trajectory for 62 day compliance in January and February. Recovery plan underway, compliance expected from April 2017.*	~~G~~ A
12.10	Reduce the number of cancelled operations, particularly those for patients whose operations is cancelled without completion of their treatment within 28 days	X	X	X	WARNING NOTICE	• Cancelled ops rate significantly reduced - 134 pts affected in week 18.12.16 • Only 4 pts not treated within 28 days of cancellation since w/e 24.10.16. • December performance reflects NHSE requirement to reduce elective work during December and January • *Apparent issue with MSK, some patients being cancelled 4-5 times (need to review status)- status of action downgraded pending enquiries*	~~B~~ A

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Reg 12 - Care and treatment must be provided in a safe way for service users						
Requirement		Trust	RSCH	PRH	Must/ should	Progress	
12.11	Must ensure that medicines are always supplied, stored and disposed of securely and appropriately. This includes ensuring that medicine cabinets and trollies are kept locked and only used for the purpose of storing medicines and intravenous fluids.	X	X		MUST	• September security audit completed 89% compliant across the trust • Action plans for non-compliant areas developed • December audits not completed because of lack of Pharmacy capacity. Approx 25% completed during January. Feed-back provided to non-compliant areas • *Review of security of all clinical rooms and medicines cupboards underway with a view to improving consistency of approach to locks etc*	A
12.12	Ensure staff are working under appropriately approved Patient Group Directions (PGDs). Ensure PGDs are reviewed regularly and up to date	X	X	X	MUST	• All PGDs reviewed and updated • System for regular review implemented • *PGD spot check undertaken alongside the FP10/outpatient prescription – good compliance with PGDs noted*	B
12.13	Ensure security of hospital prescription forms is in line with NHS Protect guidance		X		SHOULD	• Process amended but application inconsistent • Further work planned to improve security • Actions for further revision to improve ease of compliance process agreed • *FP10 audit underway, actions to follow out of data analysis. Next meeting w/c 6 March*	A
12.14	Review analgesia authorisation for Band 5 nursing staff (PGD).			X	SHOULD	• Completed	B

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Reg 12 - Care and treatment must be provided in a safe way for service users						
Requirement		Trust	RSCH	PRH	Must/ should	Progress	
12.15	Ensure equipment and medicines required in an emergency are stored in tamper evident containers.				X	SHOULD	• Tamperproof emergency trolleys contract awarded and rolled out in January/Feb • First batch of trollies arrived in trust 18 January. 12 more to be delivered each week until programme complete at end of March • Tamperproof medicine stock boxes arrived, to be installed January • Medicine stock boxes on site but installation unlikely to be complete until end of February • *Stock boxes rolled out at RSCH 20/02 and PRH 21/02. Audit procedure and schedule for stock checking implemented alongside trolley roll out*	G
12.16	Must take steps to ensure the 18 week Referral to Treatment Time is addressed so patients are treated in a timely manner and their outcomes are improved.	X	X	X	MUST	• Overall 18 RTT 80.31% (target 92%) but above improvement trajectory	G
12.17	Make adjustments to the rehabilitation pathway to ensure it is fully compliant with NICE CG83.				X	SHOULD	• Nurse assessments underway • Further models for ensuring post-discharge delivery of physiotherapy under exploration • *Steve Drage to update at QSIPB*	R