

Paper for submission to the Board of Directors on 7th January 2016 - PUBLIC

TITLE:	Chief Nurse Report		
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CORPORATE OBJECTIVE: SO1 – Deliver a great patient experience SO2 – Safe and caring services SO3 – Drive service improvements, innovation and transformation SO4 – Be the place people chose to work SO6 – Plan for a viable future			
SUMMARY OF KEY ISSUES: Infection Control results for the month of December (as at 29.12.15) <ul style="list-style-type: none"> No post 48 hour MRSA bacteraemia cases since 27th September 2015. The Trust is now 9 cases over the yearly trajectory of 29 cases. 11 of 24 Apportioned are deemed avoidable. Safer Staffing <ul style="list-style-type: none"> Amber shifts (shortfall) have continued a downward trend now at 50. Maternity saw a rise in amber shifts in November at 11. No red (serious shortfall) shifts in month or any safety issues identified on the amber shifts that affected the quality of care. Nursing & Midwifery Strategy- Listening events held in December and planned for January. Nurse Care Indicators – Remodelled audit and process now in place with gradual improvements.			
IMPLICATIONS OF PAPER:			
RISK	Yes	Risk Description: Failing to meet initial target for CDiff now amended to avoidable only	
	Risk Register: Yes	Risk Score: 10	
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Yes	Details: Safe and effective care
	Monitor	Yes	Details: MRSA and C. difficile targets
	Other	Yes	Details: Compliance with Health and Safety at Work Act.
ACTION REQUIRED OF BOARD			
Decision	Approval	Discussion	Other
		√	
RECOMMENDATIONS FOR THE BOARD: To receive the report and note the contents.			

Safer Staffing

Monthly Nurse/Midwife Staffing Position - November 2015

One of the requirements set out in the National Quality Board Report 'How to ensure the right people, with the right skills, are in the right place at the right time' and the Government's commitments set out in 'Hard Truths', is the need for the Board to receive monthly updates on staffing information.

This paper endeavours to give the Board a view of the frequency when Registered Nurse to patient ratios do not meet the recommended ratio on general wards of 1:8 on day shifts (there is no recommended ratio for night shifts) and also the number of occurrences when staffing levels have fallen below the planned levels for both registered and unregistered staff. It should be noted that these occurrences will not necessarily have a negative impact on patient care.

The attached charts (appendix A & B) follow the same format as previously. They indicate for this month when day and night shifts on all wards fell below the optimum, or when the 1:8 nurse to patient ratio for general wards on day shifts was not achieved.

Starting in June 2015, following each shift, the nurse/midwife in charge now completes a spreadsheet indicating the planned and actual numbers and, if the actual doesn't meet the planned, what actions have been taken, if any is needed, for the patients on that shift. Each month the completed spreadsheet is checked by the Matron then staff in the Nursing Division analyse the data and the attached charts are compiled. In addition, for consistency purposes the data from the spreadsheet is now used for the UNIFY return from which the fill rates are published on NHS Choices.

It can be seen from the accompanying chart that the number of shifts identified as:

- Amber (shortfall of registered staff or when planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available),
- Blue (shortfall of unregistered staff or when planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available),
- Red (serious shortfall).

This figure is 50 and can be compared favourably with previous months (see Table 1).

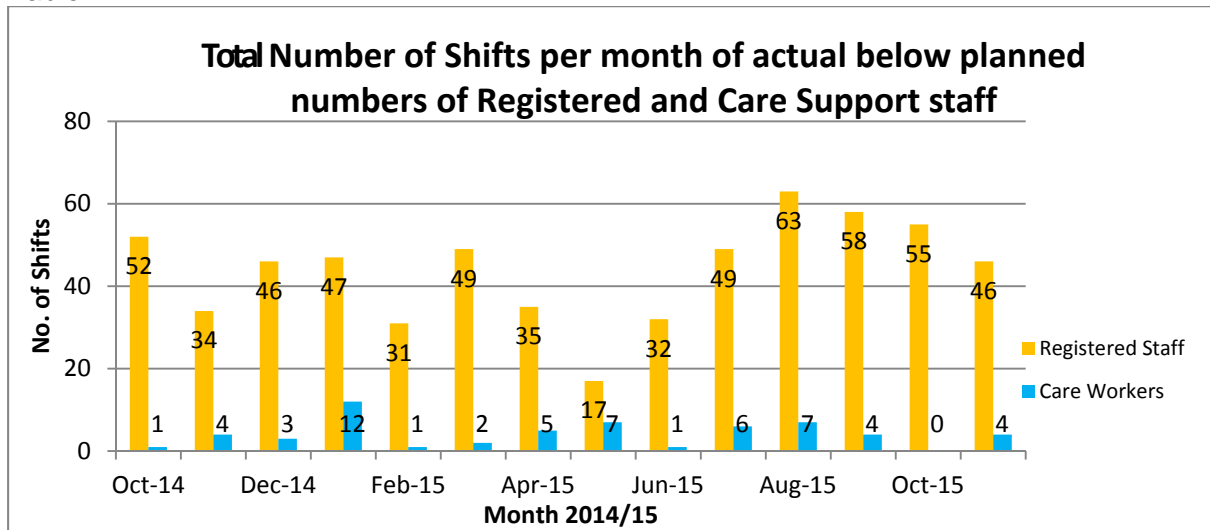
This is a downward trend from the high figure in August. As in previous recent months, the shifts occur mainly on three areas. The first area is C1 (10 shifts compared to 10 and 14 shifts in Oct/Sept) which still has vacancies. On ward B4 (14 shifts compared to 12 and 9 shifts in Oct/Sept) maternity leave and sickness have added to long term vacancies. The situation in Maternity has deteriorated (11 shifts) from the improved position in October (4 shifts) and September (2 shifts). This month there have been short term sickness issues, high volume cases (as can be seen on the 19th of the month) and there still remain 4WTE vacancies.

With the recent letter sent to all Trusts in October from NHS England and other bodies (e.g. Monitor), regarding the 1:8 ratio being a guide rather than a recommendation the Trust is looking at the most appropriate ratio for B4 and C1.

Overall, there have been no serious shortfall (red) shifts this month. No safety issues occurred on any of the shifts with shortfalls.

An assessment of any impact on key quality indicators is undertaken each month. From as far as possible as it is to ascertain, these shortfalls have not affected the results of any of the nursing care indicator measures or other quality measures such as the number of infections. In addition, there is no evidence that they have affected patient feedback in terms of the answers to the real time surveys or in the number of concerns or complaints received.

Table 1



MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS NOVEMBER 2015

WARD	No.	RN/RM CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A3	3	RN	Vacancy x7	Bank and agency did not fill. Due to patient numbers (capacity), Ward A1 was opened during this month as and when required. Staff from A3 also staff that ward when it has to open. Risk assessment of patient caseload is always undertaken and the nurse in charge takes a caseload of patients on many shifts. No patient safety issues are occurring. On one occasion lead nurse from C3 assisted.
B1	1	RN	Staff sickness	With 12 patients on the 26 bed ward meant that the ratio was 1:12 on the night shift. A booked bank nurse phoned in sick. The Site Co-ordinator assessed the area as safe and was available if help required. No safety concerns occurred.
B2T	1	RN	Vacancy x1	On the night shift, there were only 12 patients and the situation was assessed as safe. A booked agency staff member was moved to another area and was available if problems arose. No safety concerns occurred.
B3	4 1	RN CSW	Vacancy x3 Staff sickness x1 Nurse moved to another ward x1	On the four RN shortfall shifts the patient numbers were such that the ratio was just over the standard 1:12 on nights and 1:8 on the day shift. On the CSW shortfall shift Matron and Lead Nurse supported. Safety was maintained on all shifts.
B4	12 2	RN CSW	Maternity Leave x4, Sickness x10	Bank/agency unable to fill all of these shifts but with the dependency of the patients present on the ward safety was maintained with an RN ratio of 1:9.6 on 11 day time occasions. On the one RN night shortfall, workload and staff allocation was re-prioritised. On the two CSW shortfall shifts, patient groups were re-assessed and were manageable. At all times safety maintained.
C1	10	RN	Vacancy x9, Sickness x3	On all occasions the lead nurse or nurse in charge assessed the situation and delegated staff appropriately to maintain patient safety. On one occasion a member of staff from another ward assisted.
C3	1	RN	Vacancy	Bank and agency were unable to fill. With the workload of the patients on the ward, safety was maintained.
C5	2	RN	Unpaid leave x1 Emergency leave x1	Bank unable to fill. On both occasions safety was maintained.
C7	1	CSW	Vacancy and sickness x1	Bank was unable to fill one shift and the other bank CSW cancelled due to personal issues. Ward closed to any further patients. There were no safety issues on the shift.
CCU/ PCCU	1	RN	Sickness Vacancy	Bank unable to fill. Agency nurse cancelled. With six empty beds the CAT team assisted.
Maternity	11	RM	Vacancy Maternity leave	Escalation policy enacted on all occasions. Bank unable to fill. No patient safety issues occurred. On each shift there were delayed inductions of labour.

Nov-15

SHIFT

WARD	STAFF	SHIFT																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
WARD A2	Reg																																
	Unreg																																
WARD A3	Reg																																
	Unreg																																
WARD B1	Reg																																
	Unreg																																
WARD B2 HIP	Reg																																
	Unreg																																
WARD B2 TRAUMA	Reg																																
	Unreg																																
WARD B3	Reg																																
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WARD B4	Reg																																
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WARD B5	Reg																																
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WARD B6	Reg																																
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WARD C1	Reg																																
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WARD C2***	Reg																																
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	Unreg																																
CCU/PCCU	Reg																																
	Unreg																																
EAU	Reg																																
	Unreg																																
MHDU	Reg																																
	Unreg																																
CRITICAL CARE*	Reg																																
	Unreg																																
NEONATAL**	Reg																																
	Unreg																																
MATERNITY****	Reg																																
	Unreg																																

Key ■ Serious Shortfall ■ Registered nurse/midwife shortfall ■ Care Support Worker shortfall

* Critical Care has 6 ITU beds and 8 HDU beds
 ** Neonatal Unit has 3 ITU cots, 2 HDU cots and 18 Special care cots. Ratios reflect BAPM guidance and include a single figure for registered and non registered staf
 *** Children's ward accommodates children needing direct supervision care, HDU care 2 beds, under 2 years of age care and general paediatric care. There are no designated beds for these categories, other than HDU and the beds are utilised for whatever category of patient requires care
 **** Midwifery registered staffing levels are assessed as the midwife: birth ratio and is compliant with the 'Birthrate +' staffing assessment
 Any coloured shifts without numbers indicate that the planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available