

Paper for submission to the Board of Directors on 3rd March 2016 - PUBLIC

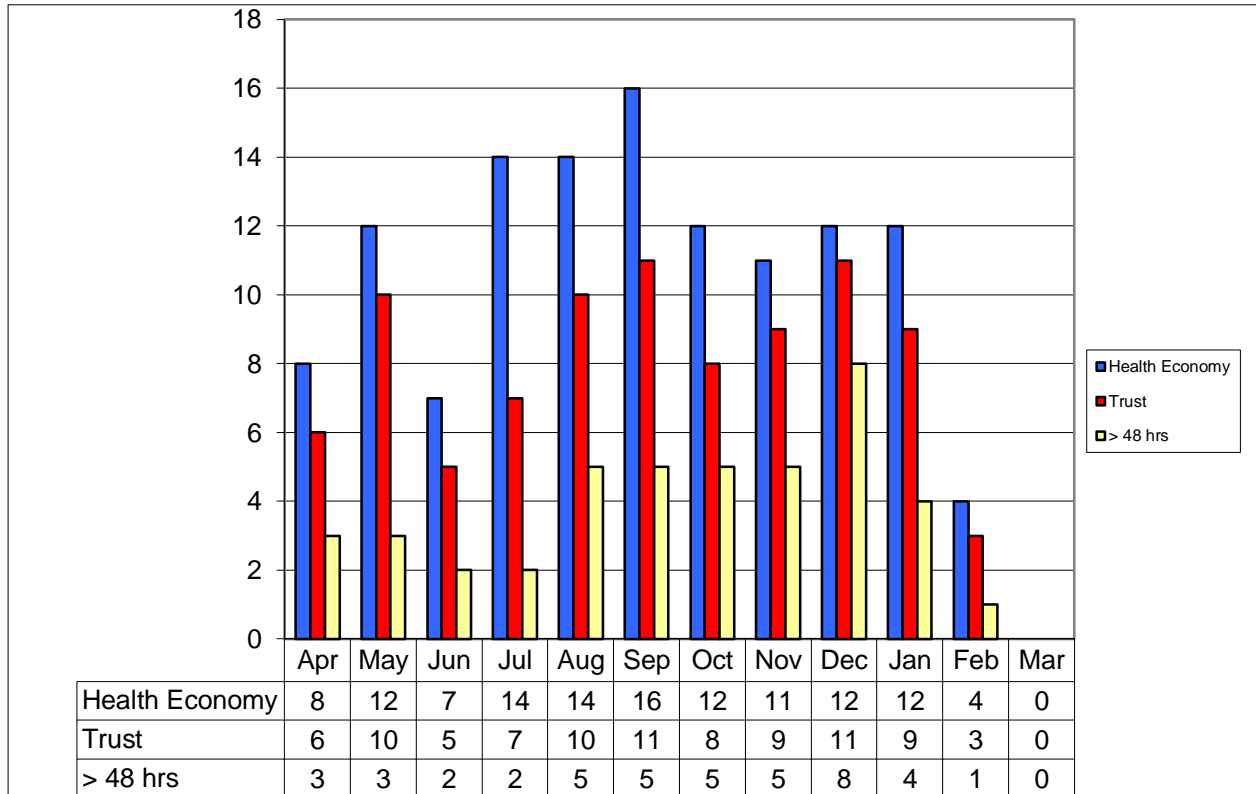
TITLE:	Chief Nurse Report		
AUTHOR:	Dawn Wardell – Chief Nurse Dr E Rees - Director of Infection Prevention and Control Derek Eaves - Quality Manager Nursing Stephanie Mansell – Head of Midwifery	PRESENTER:	Dawn Wardell Chief Nurse
CORPORATE OBJECTIVE: SO1 – Deliver a great patient experience SO2 – Safe 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 February (as at 23/2/16) <ul style="list-style-type: none"> No post 48 hour MRSA bacteraemia cases since 27th September 2015. No Norovirus. 12 of 34 Apportioned cases are deemed avoidable/lapse in care. Safer Staffing <ul style="list-style-type: none"> Amber shifts (shortfall) have continued a downward trend now at 20. Maternity saw a decrease in amber shifts for January. One red (serious shortfall) shift in month but no safety issues identified with this or any of the other shortfall shifts. Nurse Care Indicators – Remodelled audit and process now in place with gradual improvements. Escalation process in place and included in the report.			
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.			

Chief Nurse Report

Infection Prevention and Control

Clostridium Difficile – The target for 2015/16 is 29 cases, equivalent to 12.39 CDI cases per 100,000 bed days. At the time of writing (23.2.16) we have 1 post 48 hour case recorded in February 2016.

C. DIFFICILE CASES 2015/16



The process to undertake an assessment of individual C.difficile cases to ascertain if there has been a 'lapse in care' (resulting in a case being described as 'avoidable/unavoidable') as described in the revised national guidance¹, continues. Of the 43 post 48 hour cases identified since 1st April 2015, 34 cases have so far been reviewed by the apportionment panel, all of which have had apportionment agreed and 12 of these were deemed as avoidable. The main themes identified are: delay in sending sample, delay in isolation, poor documentation and incomplete stool charts.

There is a Trustwide C.difficile action plan in place to address issues identified by the RCA process as well as local plans for each individual case. Progress against the plan is recorded at the Infection Prevention Forum.

MRSA bacteraemia (Post 48 hrs) – There have been 0 post 48 hour MRSA bacteraemia cases since 27th September 2015.

Norovirus - no further cases.

Reference

1. *Clostridium difficile* infection objectives for NHS organisations in 2014/15 and guidance on sanction implementation, Public Health England.

Safer Staffing

Monthly Nurse/Midwife Staffing Position - January 2016

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 document is currently undergoing a review.

Following the discussion at the Board last month, this paper outlines the staffing situation on the general wards in relation to the agreed transitional 1:10 requirement, except when there is a high acuity/dependency of patients or when the actual staff on duty is two or more less than the planned staff. The ratios for specialist areas, such as critical care, paediatrics, maternity etc. which all have specific, more intensive requirements continue as before.

The accompanying chart (Appendix B) now also has the monthly results of the NCIs for each area which provides a quality of care comparator. In addition the reports from April will also include the new monitoring system of an explicit, consistent RAG (Red, Amber, Green) rating system of the safety status on the ward, which the lead clinical nurses will undertake. This is being piloted at present.

This paper therefore endeavours to give the Board a view of the frequency when Registered Nurse to patient ratios do not meet the ratio on general wards of 1:10 on day shifts (there is no recommended ratio for night shifts, although the 1:12 ratio is used as a benchmark) and also the number of occurrences when registered staffing levels have fallen below the planned levels by two or more. It should be noted that these occurrences will not necessarily have a negative impact on patient care.

In Appendix A, as the criteria have changed, exact comparisons with previous months cannot be made and so a new graph has commenced, but the old graph is retained for the time being which may prove useful when looking historically.

From 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 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).

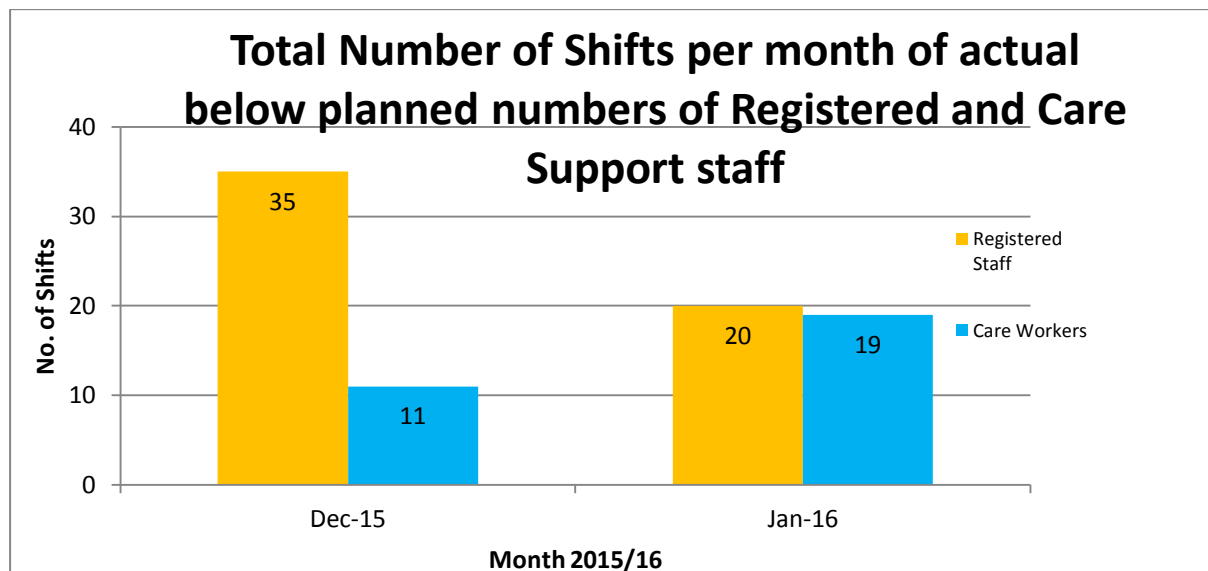
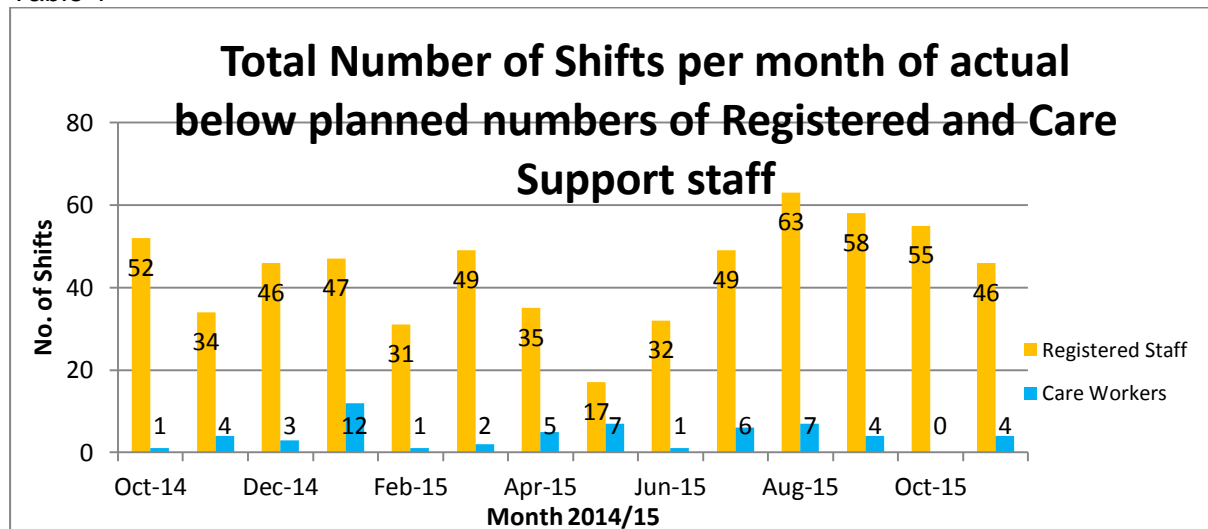
This total figure for this month is 39 (46 last month) (see Table 1).

There is a downward trend from last month. The shortfalls are fairly evenly distributed across the wards but the maternity unit remains an outlier with its vacancies, high volume cases and high workload. It accounts for half of both the qualified and unqualified shortfall

shifts. Active recruitment initiatives are in progress. If the 1:8 ratio was still the benchmark, the majority of any further non-compliant shifts came from three wards all of which had 1:9.6 ratios (five qualified nurses on a 48 bed ward). This month there has been one serious shortfall (red) shift. On the specific night shift, B2 Trauma ward received help from B2 Hip which meant for the combined 54 beds there were four qualified staff and eleven unqualified staff available. 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



Shift Fill Unify Data

This is collected by all hospitals and provided via unify to the public website NHS Choices. Therefore it has been possible to do some local benchmarking to provide further assurance that the Trust is not an outlier with regard to fill rates.

	Qualified Days	Un Qual Days	Qualified Nights	Un Qual Nights
Trust Jan	94	96	94	99
Trust Dec	95	94	95	98
Trust A	92	101	90	112
Trust B	90	109	87	133
Trust C1	93	96	93	98
Trust C2	95	94	91	90
Trust D	97	118	94	129

What is interesting from the comparison is that it would seem that HCSW are being utilised to offset the Qualified Ratio/ fill rate in a number of Trusts. This could however be a way of reporting differently as DGFT change the requirement if specials (1-1) are provided and so do not show as excess as it would seem occurs at Trust C also.

Nurse Care Indicators (NCI's)

The achievement of Green status has not yet been achieved for a number of areas despite improvements seen overall.

Rating	October 15 – Areas (Launch)	December 15 - Areas	January 16 - Areas	February 16 - Areas
RED	15	4	3	7
AMBER	5	11	14	12
GREEN	4	9	9	8

The escalation procedure for those areas not yet in green remains in place and has been reviewed to ensure it maximises the time and support given to areas to achieve the requirements.

Escalations for February:

NCIs	
Level 1 Matron Level	11 areas
Level 2 Head of Nursing Level	11 areas

Nutrition Audit	
Level 1 Matron Level	5 areas
Level 2 Head of Nursing Level	None

Maternity

NB: (the vacancy below does not include the 4 additional posts required for activity increase)

The midwife establishment is calculated using the Birth Rate Plus acuity tool as supported by the Royal College of Midwives and this is the recognised standard expected by the CQC, however, NICE NG4 – *Safe staffing for maternity settings*, does not endorse any one calculation tool and continues to be open for submission of a calculation tool that can be tested. NICE intends to provide endorsement later in the year following analysis of submissions. However, we continue to use the BR+ tool to assess midwifery and support worker establishment. This is reported monthly via the Clinical Dashboard. Work is currently being undertaken with the Deputy Finance Director to assess a monthly staffing position which will be reported. Benchmarking against NICE NG4 is currently in progress

A midwifery staffing briefing paper, presented by the Chief Nurse at the September Directors meeting, provided the calculated the B:MW ratio using the BR+ methodology and this was approved as 1:28.21. The Dashboard reflects compliance with this approved establishment.

Maternity Unit staffing continues to be reviewed by the Matron and Deputy Matrons at the daily rapid response meeting, these meetings are held to review both immediate staffing issues and staffing for the following 2 weeks. The staffing levels and actions taken/required to be taken is then escalated via a daily email following the meeting and sent to the Lead Midwives, Head of Midwifery and Chief Nurse, urgent issues are escalated as required. The daily email is also printed for the ward folder and staff are then aware of the shortfalls and provide their availability. This action was taken following a request from staff and has found to be positive. The Huddle Board information related to staffing for the following 24 hours is updated following the daily meeting and any incident reports related to staffing are reviewed and addressed.

Recruitment

Following a successful recruitment drive from September last year, there are currently 4.64 WTE Band 5/6 midwife vacancies, a further 5 midwives have already been appointed and are expected to come into post during February and March. There is a further 1.99 vacancy at Band 7 which is out for secondment at present.

Dawn Wardell - Chief Nurse
23/02/16

MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS JANUARY 2016

WARD	No.	RN/RM CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A2	1	RN	Short Term Sickness	There was one qualified nurse per station and the lead nurse came in early at 04.30 to assist
A3	1	RN	Vacancy	Bank and agency unable to fill. Assistance was given from Wards A1 and C3
B2H	2	RN	Vacancy	On one shift the agency nurse was moved to assist on another ward and on the other the agency nurse did not attend. On both occasions no safety issues were identified.
B2T	1	RN	Vacancy	Bank and agency unable to fill. Assistance was provided by ward B2 Hip. Five CSWs were also on duty.
B3	3 1	RN CSW	Vacancy x 1 Staff sickness x 3	For the RN shifts: On two occasions, unfilled by bank and agency but no safety concerns identified. On third occasion agency nurse did not attend but staff from another ward looked after one of the stations and so there were no safety issues. For the CSW shift: Unfilled by bank and agency, support came from the CNS and safety was maintained
B4	3	CSW	Staff sickness x2 Increased dependency x 1	On all three occasions there was an increased dependency of patients so more than the usual planned CSWs were requested but the bank was unable to fill but safety was always maintained.
C1	2	RN	Vacancy x2 Staff Sickness x 1	On one occasion the lead nurse worked clinically and on both occasions, the lead nurse assessed the situation and delegated staff appropriately to maintain patient safety.
C6	1	CSW	Short Term Sickness	Assistance was provided from another ward and the lead nurse worked clinically to maintain safety.
C7	3	CSW	Sickness x1 Additional support required x 2	On all occasions despite the increased dependency of the patients on the ward the shifts remained safe.
Maternity	10 11	RM CSW	Vacancy Maternity leave	Escalation policy enacted on all occasions. Bank unable to fill. On two occasions, midwives recalled from study days and on another occasion community midwives and deputy Matron worked clinically. On nine shifts there were delayed inductions of labour. For CSW shifts: Bank unable to fill. Qualified staff undertook the roles. Active recruitment is occurring to these posts. No patient safety issues occurred.

