

**Paper for submission to the Board of Directors on 7<sup>th</sup> April 2016 - PUBLIC**

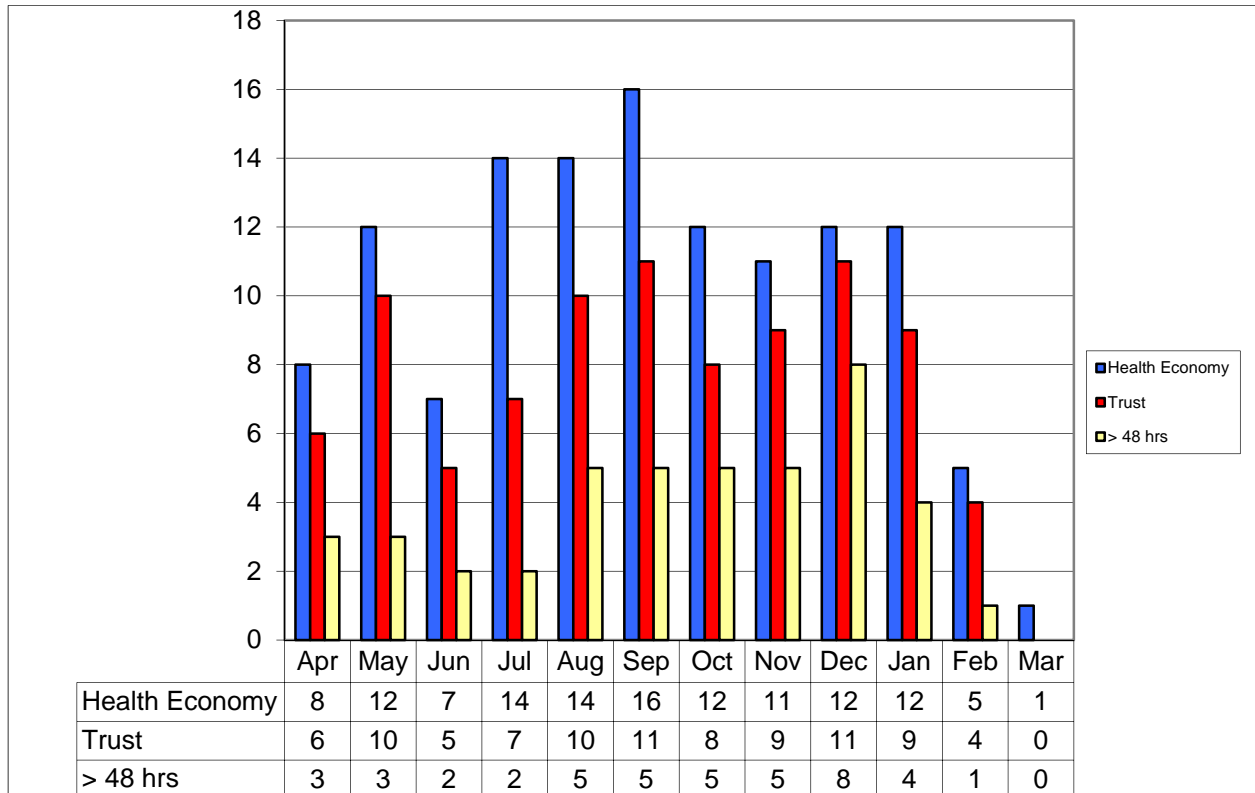
<b>TITLE:</b>	Chief Nurse Report		
<b>AUTHOR:</b>	Dawn Wardell – Chief Nurse Dr E Rees - Director of Infection Prevention and Control Derek Eaves - Quality Manager Nursing	<b>PRESENTER:</b>	Dawn Wardell Chief Nurse
<b>CORPORATE OBJECTIVE:</b> SO1 – Deliver a great patient experience SO2 – Safe and caring services SO3 – Drive service improvements, innovation and transformation SO4 – Be the place people chose to work SO6 – Plan for a viable future			
<b>SUMMARY OF KEY ISSUES:</b>  <b>Infection Control</b> results for the month of March (as at 29/3/16) <ul style="list-style-type: none"> <li>No post 48 hour MRSA bacteraemia cases since 27<sup>th</sup> September 2015</li> <li>No Norovirus</li> <li>As of this date the Trust is 14 cases over trajectory for this point in the year of total of 29 cases post 48 hour C. difficile on PHE Listing. The Trust is now 12 cases against the yearly trajectory of 29 cases of lapses in care.</li> </ul> <b>Safer Staffing</b> <ul style="list-style-type: none"> <li>Amber shifts (shortfall) have shown an increase to 76, this is due to additional capacity open and fill rates from bank and agency.</li> <li>Maternity saw a rise in amber shifts in February to 13.</li> <li>One red (serious shortfall) shifts in month no safety issues identified or on any of the amber shifts that affected the quality of care.</li> <li>A benchmark review on fill rates provided by Unify has been carried out using local trusts, the trust is comparable.</li> </ul> <b>Nursing Care Indicators</b> <ul style="list-style-type: none"> <li>There have been 8 escalations to level 3 now in place. Improvement seen in other areas.</li> </ul>			
<b>IMPLICATIONS OF PAPER:</b>			
<b>RISK</b>	Yes		<b>Risk Description:</b> Failing to meet initial target for CDiff now amended to avoidable only
	<b>Risk Register:</b> Yes		<b>Risk Score:</b> 10
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	Yes	<b>Details:</b> Safe and effective care
	<b>Monitor</b>	Yes	<b>Details:</b> MRSA and C. difficile targets
	<b>Other</b>	Yes	<b>Details:</b> Compliance with Health and Safety at Work Act.
<b>ACTION REQUIRED OF BOARD</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
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<b>RECOMMENDATIONS FOR THE BOARD:</b>  To receive the report and note the contents.			

## Chief Nurse Report

### Infection Control

The target for 2015/16 is 29 cases, equivalent to 12.39 CDI cases per 100,000 bed days. At the time of writing (29.3.16) we have 0 post 48 hour case recorded in March 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 guidance<sup>1</sup>, continues. Of the 43 post 48 hour cases identified since 1st April 2015, 40 cases have so far been reviewed by the apportionment panel, 36 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 27<sup>th</sup> 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 - February 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 at the end of 2015, 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) includes 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 and 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.

From June 2015 following each shift, the nurse/midwife in charge 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 RN/RM 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 CSW 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).

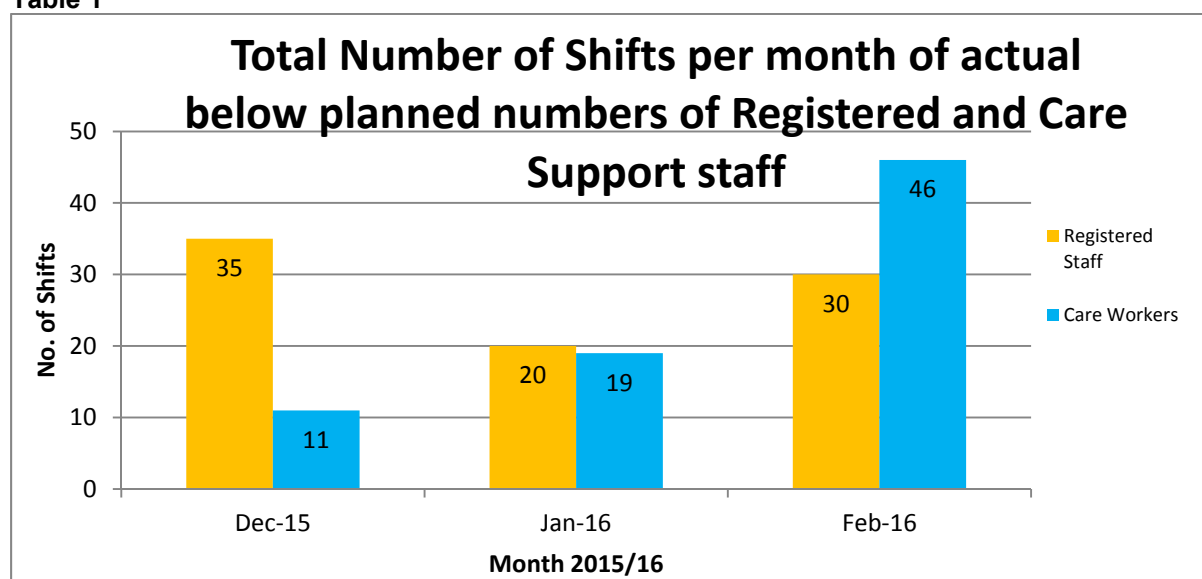
This total figure for this month has risen to 76 (39 and 46 in the two previous months) (see Table 1). When shortfalls have occurred, the reasons for the gaps and the actions being taken to address these in the future are outlined in Appendix A.

There is an overall upward trend due to the rise in CSW shortfall shifts. Other than two areas, the shortfalls are fairly evenly distributed across the wards. The maternity unit has vacancies, high volume cases and high workload. It accounts for just over a third (13) of the qualified and just under a half (22) of the unqualified shortfall shifts. There has been an increase in sickness this month and active recruitment initiatives are in progress and shortlisting has occurred for the care worker posts. Ward B4 is the second area for care

workers having just over a quarter (12) of those shortfall shifts with the bank not being able to supply staff when there are patients of higher dependency than normal. If the 1:8 ratio was still the benchmark for qualified nurses during the day, the majority of any further non-compliant shifts came mainly 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, a station was closed on ward B1 which meant that there was one RN and two CSWs for the eleven patients and assistance was provided by the night co-ordinator, as required. Safety was maintained.

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 Feb	93	95	96	99
Trust Jan	94	96	94	99
Trust A	89	114	88	132
Trust B	92	104	89	112
Trust C1	95	99	97	100
Trust C2	93	94	96	91
Trust D	96	95	96	101

What is interesting from the comparison is that it would seem that CSWs are being utilised to offset the Qualified Ratio/fill rate in a number of Trusts (A and B). 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 and D 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.

<b>Rating</b>	<b>October 15 – Areas (Launch)</b>	<b>December 15 - Areas</b>	<b>January 16 - Areas</b>	<b>February 16 - Areas</b>	<b>March 16 - Areas</b>
<b>RED</b>	15	4	3	7	6
<b>AMBER</b>	5	11	14	12	13
<b>GREEN</b>	4	9	9	8	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 March:**

<b>NCIs</b>	
Level 1 Matron Level	8
Level 2 Head of Nursing Level	6
Level 3 Deputy Chief Nurse level	8

<b>Nutrition Audit</b>	
Level 1 Matron Level	9
Level 2 Head of Nursing Level	2

Dawn Wardell - Chief Nurse  
29/03/16

**MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS FEBRUARY 2016**

<b>WARD</b>	<b>No.</b>	<b>RN/RM CSW</b>	<b>REASONS FOR SHORTFALLS</b>	<b>MITIGATING ACTIONS</b>
A1	1 4	RN CSW	Vacancy x 5	On all five occasions the bank and agency were unable to fill. On all occasions assistance was provided by staff from wards A3 and C3. No safety issues were identified.
B1	1 1	RN CSW	Short Term Sickness x2	On the red night shift one station was closed and there were only 11 patients on the ward with one RN and two CSWs. Assistance was also available from the night co-ordinator. On the CSW shortfall shift the RN cover was 1:7 and so the ward was safe.
B2H	1	CSW	Vacancy/Sickness	The bank and agency were unable to fill. With the patients on the ward the nurse in charge assessed the ward as safe.
B2T	1	RN	Vacancy	The booked agency nurse did not arrive which meant a 1:12 ratio. The situation as escalated and no patient concerns were identified.
B3	4 2	RN CSW	Vacancy x 1 Staff sickness x 3	For the RN shifts: The bank and agency were unable to fill. No patient concerns were identified with assistance being provided by B2, B4 and C6 and a supernumerary nurse. For the CSW shifts: No patient concerns were identified with assistance provided by B2.
B4	1 12	RN CSW	Maternity Leave x 2 Increased dependency x 9 Vacancy x 1	For the RN shift: The lead nurse supported the ward. For the CSW shifts: The bank was unable to fill and in the majority of cases reorganisation of available staff enabled safe care to be given. On a number of occasions the lead nurse was also able to assist.
B6	1	RN	Vacancy	The bank and agency were unable to fill. Numbers of patients reduced so that there was a 1:12 ratio. Assistance was also provided by neighbouring ward.
C1	2	RN	Vacancy x2 Staff Sickness x 1	On one occasion the shift lead worked on a station. On both occasions safety was maintained with the patients who were on the ward at the time.
C3	2 1	RN CSW	Vacancy x 3	On all occasions the bank and agency were unable to fill. With the patient caseload on the ward that day safety was maintained.
C4	1	CSW	Vacancy and sickness	Although the bank initially covered the shifts, one bank staff cancelled and the other did not arrive. Safety was maintained although some skin bundles completion was delayed.
C7	1	CSW	Short Term Sickness	The bank was unable to fill. The remaining staff maintained safety.
C8	1	CSW	Short Term sickness	Staff were reorganised to maintain safety at all times.
CCU/PCCU	1	RN	Vacancy	The bank was unable to fill. Safety was maintained.
MH DU	3	RN	Sickness x3	Situation escalated, ITU unable to help. On one occasion two patients discharged to ward and agency nurse attended half way through the shift an on another a booked agency nurse did not attend. , Safety maintained in all three cases.
Maternity	13 22	RM CSW	Vacancy Maternity leave	Escalation policy enacted on all occasions. Bank unable to fill. On two occasions, midwives recalled from study days. On ten 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.

