

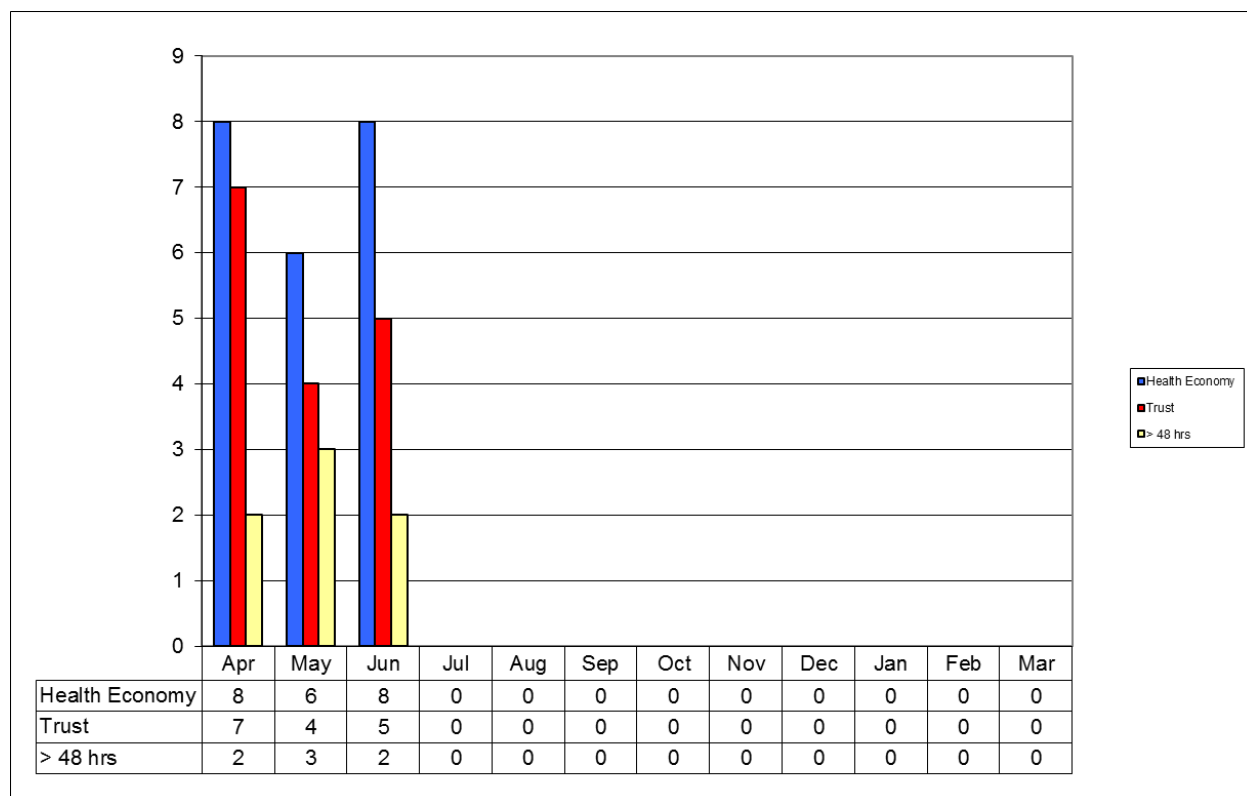
Paper for submission to the Board of Directors on 7th July 2016 - PUBLIC

TITLE:	Chief Nurse Report		
AUTHOR:	Dawn Wardell – Chief Nurse Dr E Rees - Director of Infection Prevention and Control Derek Eaves - Quality Manager Nursing	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: May 16 <ul style="list-style-type: none"> No post 48 hr MRSA bacteraemia cases since 27th September 2015. No Norovirus. CDiff - As of this date the Trust has had 7 cases so far in 2016/17. These have yet to be apportioned but to date we are within trajectory for April and May. Safer Staffing <ul style="list-style-type: none"> Amber shifts (shortfall) total figure for this month is 65 which is up from the last month (52) but still better than February and March. The RAG rating system has been rolled out across the wards no red shifts in this methodology for that period. Red (serious shortfall) shifts none in the month no safety issues identified or on any of the amber shifts that affected the quality of care. The Care Hours Per Patient Day (CHPPD) has commenced collection of data in May and is reported in a limited way in this board report. Nursing Care Indicators <ul style="list-style-type: none"> There are 10 escalations at level 3 now in place. Improvement seen in other areas now reduced areas in red category and increases in the green. More intensive support has been provided which has seen the appropriate change in results. 			
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

Clostridium Difficile – The target for 2016/17 is 29 cases, equivalent to 12.39 CDI cases per 100,000 bed days. Penalties will be associated with exceeding 29 cases associated with lapses in care. At the time of writing (30/6/16) we have 2 post 48 hour case recorded in June 2016.

C. DIFFICILE CASES 2016/17



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.

For the financial period 2016/17 of the 7 post 48 hour cases identified since 1st April 2016, 1 case has been reviewed and is awaiting the apportionment to be agreed and 6 cases are pending.

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.*

The Dudley Group NHS Foundation Trust

Monthly Nurse/Midwife Staffing Position

May 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 for qualified nurses on the day shift, 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 (there is no recommended ratio for night shifts, although the 1:12 ratio is used as a benchmark). The ratios for specialist areas, such as critical care, paediatrics, maternity etc. which all have specific, more intensive requirements continue as before. 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 (Figure A) 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 is 65 which is up from last month (52) but down from the previous two months in March and February (70, 76) (see Table 1). There are no red shifts this month. When shortfalls have occurred, the reasons for the gaps and the actions being taken to address these in the future are outlined in Table 4.

While the qualified has fallen slightly, the unqualified shortfalls have risen considerably this month. The latter is mainly due to Ward B4 (14 occasions) which often has the most dependent patients across surgery and also the most 1:1 patients. When CSWs are unavailable, patients are cohorted wherever possible and on all occasions safety is maintained. The Trust is in the process of appointing more well-being workers and two of these will be based on B4 as currently none are allocated to surgery. Other than B4 and maternity, the shortfalls are fairly evenly distributed across the wards although CCU/PCCU has a specific skills requirement, which is not easily sourced. As previously, the maternity unit has vacancies (number of new starters awaited), high volume cases and high workload. It accounts for just over a half of the total qualified shortfall shifts and a similar number as B4 (15) unqualified shortfall shifts. Active recruitment initiatives are in progress and further shortlisting has occurred for the care worker posts.

As well as the quantifiable staffing numbers discussed above, as commenced last month the senior clinical staff on each shift are undertaking a professional judgement RAG (Red, Amber, Green) rating system of the overall workload status on the ward. The results of this are tabulated below (see Table 2). This assessment is based not just on staffing numbers but also on the dependency of the patients on that shift and other relevant factors such as any unusual circumstances that occurred that affected the workload e.g. presence of a highly disturbed patient, a number of MET/resuscitation calls etc. There will be some inevitable variability with these

assessments at this early stage but it can be seen that the assessments are generally 'Green' with a small minority of wards having 10 and above 'Amber' shifts. With regards to the latter, there is some consistency with the staffing figures (e.g. B4, Maternity and CCU/PCCU) although this is not always the case as some Amber shifts will be related to high dependency and specific circumstances on the day. No 'Red' shifts were recorded across the Trust.

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. No safety concerns have been highlighted with any of the shortfalls noted.

Table 1

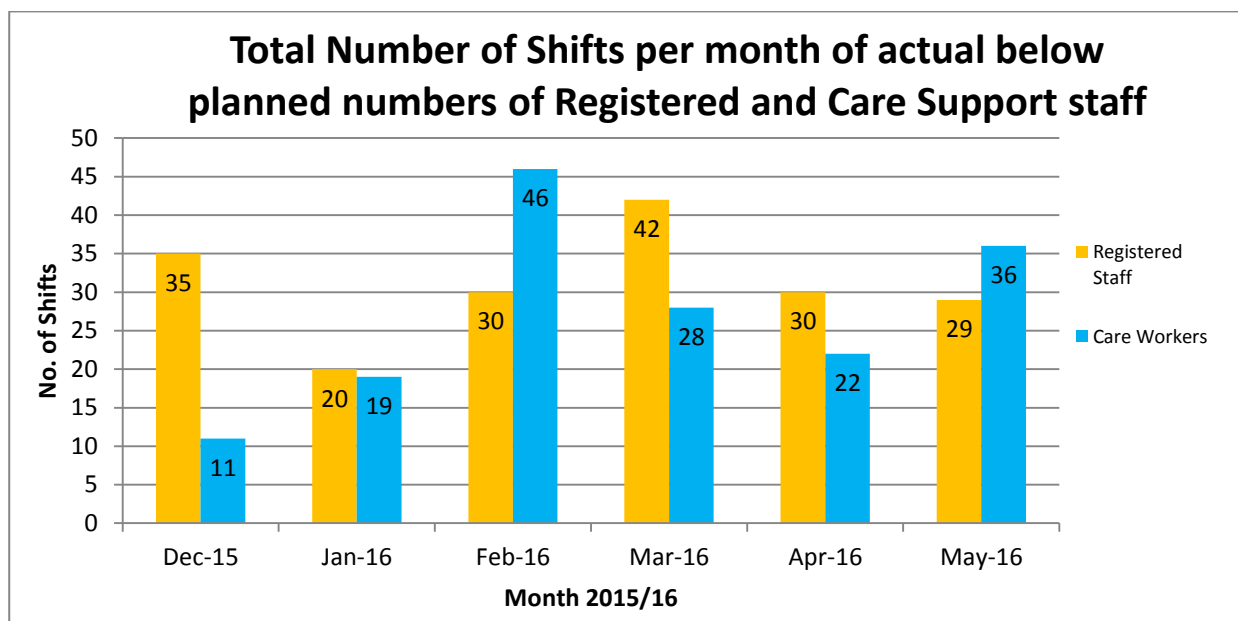


Table 2. Self-Assessment of Workload by Senior Nurses on Each Shift

Ward/Area	RED	AMBER	GREEN	Ward/Area	RED	AMBER	GREEN
Ward A1	0	11	51	Ward C3	0	5	57
Ward A2	0	0	62	Ward C4	0	0	62
Ward A3	0	3	59	Ward C5	0	8	54
Ward B1	0	1	61	Ward C6	0	2	60
Ward B2H	0	2	60	Ward C7	0	3	59
Ward B2T	0	3	59	Ward C8	0	0	62
Ward B3	0	0	62	CCU/PCCU	0	8	54
Ward B4	0	21	41	EAU	0	0	62
Ward B5	0	4	58	MH DU	0	0	62
Ward B6*	0	5	6	Critical Care	0	0	62
Ward C1	0	0	62	NNU	0	3	59
Ward C2	0	9	53	Maternity	0	19	43

*Ward closed on 6th May

Care Hours Per Patient Day (CHPPD)

As indicated last month, following the Carter Review from May all Trusts now have to submit the care hours per patient day (CHPPD) metric. At present, there is no indication of how this data will be used. The overall Trust results for May have been: 4.61 for registered staff, 3.83 for unregistered staff with an 8.45 figure overall.

These figures obviously vary widely across wards/areas (e.g. 23.80, 2.31 and 26.11 for critical care and 2.35, 3.53 and 5.88 on Ward C5). The only presently available comparative figures are from a short paragraph in the Carter Report which stated that of a sample of 25 Trusts the overall CHPPD varied from 6.3 to 15.48, which would put the Trust (8.45) in the middle 'of the pack'. The Trust awaits any further developments on this issue.

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	Oct 15	Dec 15	Jan 16	Feb 16	March 16	April 16	May 16	June 16
RED	15	4	3	7	6	3	2	3
AMBER	5	11	14	12	13	15	14	8
GREEN	4	9	9	8	8	9	11	15

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 June (compared to May)

NCIs	May	June
Level 1 Matron Level	6	8
Level 2 Head of Nursing Level	6	7
Level 3 Deputy Chief Nurse level	11	10

Nutrition Audit	May	June
Level 1 Matron Level	11	5
Level 2 Head of Nursing Level	0	2
Level 3 Deputy Chief Nurse level	2	1

Dawn Wardell - Chief Nurse - 29/06/16

MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS MAY 2016

WARD	No.	RN/RM CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A2	4	CSW	Vacancy x2 Sickness x3	Workload was distributed to ensure safety was maintained at all times.
B2H	2	CSW	Sickness/Vacancy x1 Required for 1 to 1 patients x1	Care was prioritised and re-distributed. Safety maintained.
B2T	1	RN	Short term sickness	Agency nurse booked but did not arrive. A supernumerary nurses was on duty who assisted to ensure safety was maintained.
B4	14	CSW	Maternity Leave x1 Required for 1 to 1 patients x13	Bank unable to fill but with the dependency of the patients present on the ward safety was maintained. Support was provided from other areas on a 2 hourly basis.
B5	1	CSW	Sickness/Vacancy	The bank was unable to fill the shift and so all staff provided the required care to ensure safety.
C3	3	RN	Vacancy x3	Bank/agency unable to fill. On each occasion the lead nurse/NIC assisted clinically. Safety was maintained on all occasions.
CCU/ PCCU	6	RN	Sickness/Vacancy/ Compassionate Leave	Bank and agency unable to fill. On one occasion there were three empty beds and on another a student nurse was present and a CAT nurse assisted. On two occasions an extra CSW assisted. On all occasions safety was maintained for the acuity of the patients present.
Maternity	19 15	RM CSW	Vacancy Maternity leave	Escalation policy enacted on all occasions. Bank unable to fill. No patient safety issues occurred. On 7 shifts there was a delayed induction of labour. On 3 occasions the unit was closed to admissions. On 3 occasions a community midwife assisted on the unit. On 1 occasion there was a delay in triage.

