

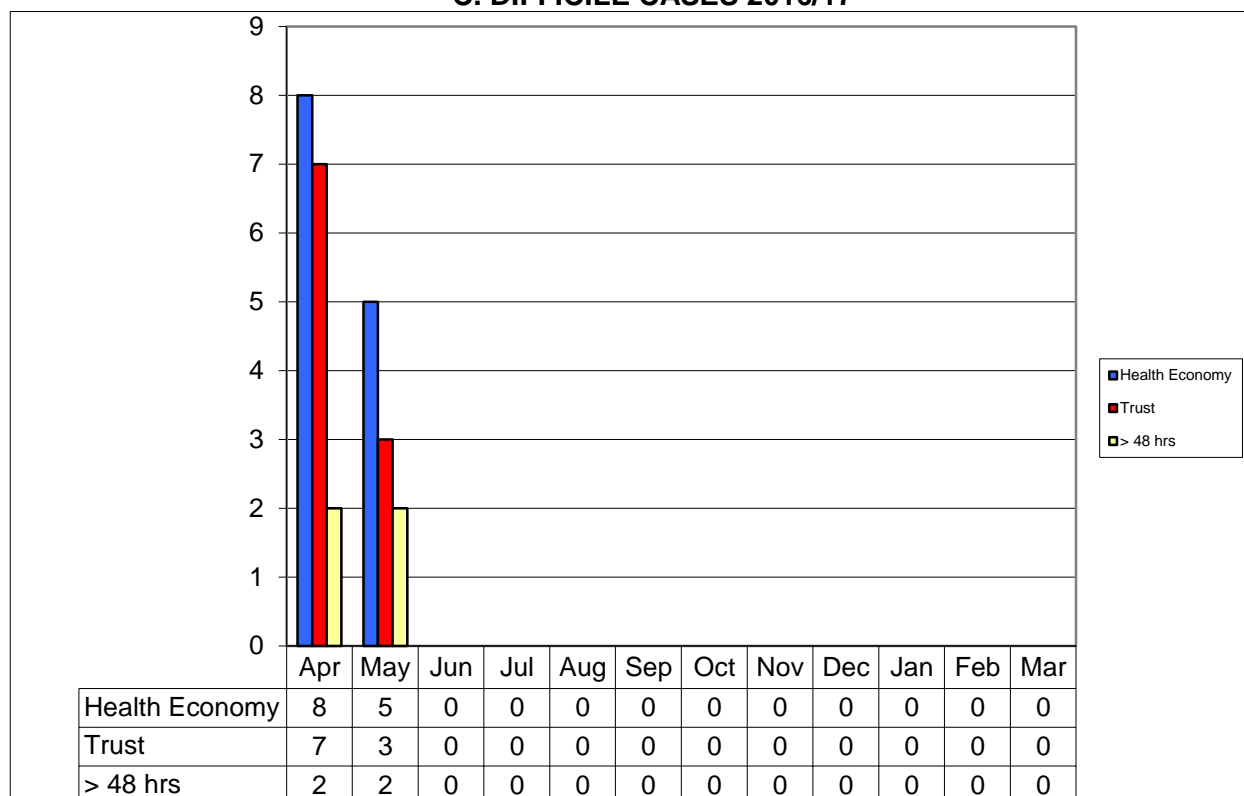
Paper for submission to the Board of Directors on 2nd June 2016 - PUBLIC

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 March (as at 24.5.16) <ul style="list-style-type: none"> No post 48 hr MRSA bacteraemia cases since 27th September 2015 No Norovirus As of this date the Trust has had 4 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 52 which is down from the last two months in March and February (70, 76) The new RAG rating system has been rolled out across the wards during April, one red in this methodology for that period. Red (serious shortfall) shifts 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 will be reported in July board report. Unify benchmarking is now not available as this indicator has been removed. Nursing Care Indicators <ul style="list-style-type: none"> There are 11 escalations in 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 (24.5.16) we have 2 post 48 hour case recorded in May 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. During the financial period 2015/16 all of the 43 post 48 hour cases identified since 1st April 2015, have now been reviewed and apportionment agreed, of these 20 were deemed avoidable and 23 as unavoidable.

For the financial period 2016/17 of the 4 post 48 hour cases identified since 1st April 2016, 1 case has been reviewed and is awaiting the apportionment to be agreed and 3 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

PART 1 Six Monthly Nurse Staffing Review

A. INTRODUCTION

This paper provides an overview of the nurse staffing situation at the Trust. It is the fifth six monthly paper following the recommendations of the national publications 'How to ensure the right people, with the right skills, are in the right place at the right time' and 'Hard Truths'. It contains data from the last four exercises using the Safer Nursing Care Tool (SNCT) for all wards in the Trust for which the tool is applicable. It also contains present establishment data for comparison purposes which generally came from the internal Ward Review undertaken in early 2014 although a number of ward changes, and their associated establishments have changed since that time. From the first paper in early 2014, the Board decided to adopt the figures from the Ward Review and agreed an extra £3million to increase the nurse establishment. The paper also contains a number of quality indicators for each ward (or Nurse Sensitive Indicators (NSIs) as the SNCT designates them).

In Part 2, the paper provides the now monthly information for the month of April 2016 on actual staffing levels at the Trust in relation to planned registered and unregistered staff.

B. SAFER NURSING CARE TOOL (SNCT)

1. The Trust and the Safer Nursing Care Tool

The tool is a recognised method for assessing staffing needs. The exercise requires ward staff to assess patient dependency (and place patients into 1 of 5 care groups) over a twenty day period (Monday to Friday over four weeks). As the descriptions of each category are open to interpretation, it can be seen that it contains a professional judgement of which group every patient falls into. There therefore needs to be consistency of assessment. It is worth noting that the originators of the tool indicate that this is an 'adult, generic' tool. It states that the tool is being further developed to better reflect the complexities of caring for older people in acute care wards.

2. Second Element of the Tool

As well as determining the level of acuity/dependency of all patients and calculating the nurse staffing required per ward based on the actual needs of those patients, the second element of the tool describes Nurse Sensitive Indicators (NSIs) such as care undertaken, patient feedback, complaints, pressure ulcers and falls. It is recommended that these should be monitored to ensure that the staffing levels determined in Element 1 are enabling the delivery of expected patient outcomes.

Monitoring Nurse Sensitive Indicators is recommended to ensure that staffing levels, deliver the patient outcomes that we aim to achieve. However, even with optimum staffing establishments poor patient outcomes may result due to other reasons such as high turnover, sickness, leave or unfilled vacancies.

3. Overview of SNCT Data

There are some fixed parameters with the SNCT e.g. the times allocated to each patient category. With regards to the parameters that are within the power of the Trust, it has been decided to use an average 23% time out/headroom for annual leave etc. (only one value for all staff can be used and the tool suppliers suggest between 22-25%) while the accompanying Ward Review (see Section C below) data used 23.2% for permanent RN staff and 22.46% for permanent unqualified staff. In addition, within the SNCT it was decided to use the same RN to unqualified split throughout (60:40 split RN to unqualified staff) unlike the Ward Review, which has used differing figures for each ward. The SNCT default 68:32 has not been used.

It needs to be pointed out that the SNCT does not take into consideration any RN/patient ratio like the previous national directive of at least 1:8 RN/patient ratio for day shifts while

this formed the basis of the RN calculations in the Ward Review (although recent communication from the centre indicates that this ratio should now be seen as guidance and is not a recommendation or directive, an issue that the Board of Directors have discussed). The tool also provides 'benchmarks' of the average percentage of each category of patient from the wards that took part in research on which the tool is based.

C. WARD REVIEW

Matrons, the then Director of Nursing and her Deputy discussed and debated the nurse requirements of each area, ensuring consistency with the then national requirement of at least 1:8 registered nurse to patient ratio for day shifts. This method therefore consisted of experienced nurses considering a range of issues associated with a ward. The system looked at the staffing and grade mix needs for each of the seven days of the week both for the day and night shifts for both RN and unqualified staff. The resultant figures went through a number of iterations, ensuring that there was consistency between similar wards etc.

D. DATA

Section 4 below contains the summaries of key data from both the last four SNCT data collections and the Ward Review (or present establishment, if the ward and establishment has changed since the review) for each ward as well as the available Nurse Sensitive Indicators (NSIs), as described above.

In summary, with regards to the comparison between the ward review and SNCT figures, this needs to be interpreted with caution for the following reasons:

- For some wards there have been changes to bed numbers and specialities
- It needs to be remembered that the SNCT figures below do not take into account the workload associated with the numbers of admissions, discharges, transfers, escorts or deaths that occur on a ward and all of these activities take nursing time. Each ward will be different in this respect with some wards having a stable population of patients while others having possibly more than one person in a bed space during a twenty four hour period.
- In addition, the SNCT tool is based purely on the patient types and numbers in the 20 day study periods which do not include weekends.
- There are different percentages added in for relief/time-out/headroom
- No RN/patient ratio for day of night shifts is built into the SNCT.

4. SNCT and Comparative FTE Data

4.1. Ward A1

	Feb 14	Sep 14	Mar 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Med
1	60	76	32	40	40
2	5	0	0	1	10
3	34	24	68	59	48
4	1	0	0	0	1
5	0	0	0	0	2
Beds	14 +4flex	14+4 flex	23	23	
Av Pat	18	17	21.9	22.4	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	13.7	11.9	19.6	19.2	12.27/16.56 [^] /12.04*
HCA's required	9.2	8.0	13.1	12.8	8.22/21.95 [^] /21.95*
Total FTE required	22.9	19.9	32.6	32.1	20.49/38.51[^]/33.99*

*Figures are for March 2016 as in Sept 15 the ward changed to medically fit care of the elderly
[^]Figures are for March 2015 as the patient numbers and speciality of the ward changed after September 2014 (rheumatology to care of the elderly).
 Unlike other wards no assessment was undertaken in October 2015 (this ward was closed at that time)

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14	Mar 15	Feb 16
Nursing Care Indicators					
Patient Observations	100	100	98	99	59
Manual Handling	100	98	93	100	89
Falls Assessment			100	96	100
Tissue Viability Assessment	100	100	100	100	100
Nutritional Assessment	95	93	94	100	71
Medication Assessment	99	100	100	100	98
Nutrition (Total)				97	99
SL – Hand Hygiene				100	100
SL – Commode Audits				93	Null
Friends and Family Test Score				100	100
Incidents					
Minor Incidents	8	7	-	0	4
Moderate Incidents	0	0	-	1	1
Major/Tragic Incidents	0	0	-	0	0
Complaints					
	0	0	1	0	0

Commentary: This ward has had a number of changes over the past two years and so looking at any time trends is difficult. Compared to March 2015 the dependency of patients has decreased whilst the occupancy has risen. NSI results have declined, like a number of wards, which is probably due in part to the changes in the system made in June/August 2015, although the decline is more marked than in other areas. This more marked decline may be due to this ward having a higher number of bank and agency staff than a substantive ward. There is a core team of 3WTE qualified and 3.6WTE unqualified on this ward. The present overall establishment of the ward is similar to the SNCT results.

Conclusion: No action required except monitoring of the NSIs

4.2. Ward A2

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Med
1	20	80	76	75	32
2	0	3	3	1	2
3	80	17	21	24	66
4	0	0	0	0	0
5	0	0	0	0	0
Beds	42	42	42	42	
Av Pat	41.3	41.5	36.6	40.1	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	39.3	28.3	25.6	28.4	34.35/38.64 [^] /39.04*
HCA's required	26.2	18.9	17.1	18.9	32.88/38.41 [^] /35.67*
Total FTE required	65.6	47.2	42.6	47.3	67.23/77.05[^]/74.71*

[^]Figures are for March and Oct 2015 as the patient speciality of the ward changed after September 2014.

*Present establishment following a review after October 2015

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	97	100	86	96	88
Manual Handling	100	95	100	100	100
Falls Assessment			-	100	70
Tissue Viability Assessment	89	97	100	100	90
Nutritional Assessment	100	100	93	90	100
Medication Assessment	100	98	100	100	98
Nutrition (Total)			99	98	99
SL – Hand Hygiene			97	100	100
SL – Commode Audits			94	100	100
Friends and Family Test Score			96	99	97
Incidents					
Minor Incidents	10	6	8	10	5
Moderate Incidents	1	1	0	0	2
Major/Tragic Incidents	0	0	0	0	1
Complaints	0	0	1	1	1

Commentary: After the September 2014 study the ward was changed to a short stay area, hence the establishment change. The Acute Medical Society indicates that such areas require 1:6 qualified nurse to patient ratio hence the increase in establishment. The high turnover area means there can be more than 30 transfers of patients a day while the SNCT study only looks at the situation at one time-point in the day. The usefulness of the tool in such circumstances is therefore questionable (just like it is not suitable for the Emergency Department). Dependency remains stable with some increase in occupancy. NSI results have declined in a number of topics although they have improved recently in March and April of this year.

Conclusion: No action required except monitoring of the NSIs. Undertake a professional review of the staffing of this area and dependant on the outcome of that review consider removing this ward from this exercise due to the unsuitability of the SNCT tool.

4.3. Ward A3

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Rehab
1	29	25	25	28	38
2	0	0	1	0	7
3	71	75	74	72	52
4	0	0	0	0	4
5	0	0	0	0	0
Beds	28	28	28	28	
Av Pat	28	25.3	28	27.8	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	25.5	23.6	25.9	25.5	18.58/25.84*
HCA's required	17	15.7	17.3	17.0	21.92/19.20*
Total FTE required	42.6	39.3	43.2	42.6	40.50/45.04*

*Latter figures are for March 2015 onwards as the patient speciality of the ward changed after September 2014.

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	98	96	100	93	95
Manual Handling	100	100	100	100	95
Falls Assessment			94	100	100
Tissue Viability Assessment			100	100	100
Nutritional Assessment	98	98	100	91	100
Medication Assessment	100	100	100	100	86
Nutrition (Total)			99	100	100
SL – Hand Hygiene			93	95	100
SL – Commode Audits			90	100	100
Friends and Family Test Score			90	100	100
Incidents					
Minor Incidents	12	5	6	3	9
Moderate Incidents	0	0	1	1	0
Major/Tragic Incidents	0	0	0	0	0
Complaints	0	2	1	0	0

Commentary: Occupancy remains high and dependency constant. After September 2014, the ward changed from Stroke Rehabilitation to care of the elderly, although the dependency of patients remains similar. The ward and establishment also includes FESU (Frail Elderly Short Stay Unit). NSIs remain good.

Conclusion: No action required.

4.4. Ward B1

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Surgery
1	79	80	82	86	62
2	3	1	2	11	15
3	18	18	16	3	22
4	0	0	0	0	1
5	0	0	0	0	0
Beds	26	26	26	26	
Av Pat	17	23.2	21.7	22.2	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	16.6	15.8	14.6	14.2	18.35
HCA's required	11.1	10.5	9.7	9.4	10.96
Total FTE required	27.7	26.3	24.3	23.6	29.31

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	94	100	98	94	98
Manual Handling	68	86	81	100	100
Falls Assessment			100	100	100
Tissue Viability Assessment	88	98	100	100	97
Nutritional Assessment	26	96	100	47	53
Medication Assessment	100	86	89	98	100
Nutrition (Total)			97	97	88
SL – Hand Hygiene			100	100	100
SL – Commode Audits			100	100	100
Friends and Family Test Score			99	100	92
Incidents					
Minor Incidents	0	3	2	1	0
Moderate Incidents	0	0	0	0	0
Major/Tragic Incidents	0	0	0	0	0
Complaints	0	0	0	0	3

Commentary: Dependency has decreased while the occupancy has increased. Although NSIs have improved from January 2014 the use of the MUST score (nutritional assessment) remains a concern. The SNCT study results and the present establishment are similar, although the establishment has a slightly higher FTE which is probably accountable by the fact, because as previously stated the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges on a surgical ward.

Conclusion: No action required except there needs to be continued close monitoring of the NSIs, in particular nutrition.

4.5. Ward B2 Trauma

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Trauma
1	68	58	60	72	34
2	13	2	5	0	5
3	19	40	35	28	57
4	0	0	0	0	2
5	0	0	0	0	3
Beds	24	24	24	24	
Av Pat	23	23.2	19.8	21.6	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	16.4	18.1	15.1	15.6	14.80
HCA's required	11	12.1	10.1	10.4	17.81
Total FTE required	27.4	30.2	25.2	26.0	32.61

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	95	97	96	98	100
Manual Handling	98	100	83	100	100
Falls Assessment			98	89	100
Tissue Viability Assessment	97	98	96	100	100
Nutritional Assessment	100	100	100	100	90
Medication Assessment	98	100	94	100	100
Nutrition (Total)			99	96	100
SL – Hand Hygiene			100	100	100
SL – Commode Audits			98	100	100
Friends and Family Test Score			97	96	100
Incidents					
Minor Incidents	9	6	2	3	4
Moderate Incidents	3	3	0	0	0
Major/Tragic Incidents	0	0	0	0	0
Complaints	0	0	1	1	0

Commentary: Whilst occupancy dipped in October 2015 it has increased again and dependency has reduced slightly. Incident numbers continue to be lower than previous. Both the SNCT study outcomes and the present establishment are similar, although the latter has a slightly higher FTE which is probably accountable by the fact that, as previously stated, the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges of a surgical ward. NSI results are good.

Conclusion: No action required.

4.6. Ward B2 Hip

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Ortho
1	68	43	63	21	42
2	3	7	1	2	22
3	29	50	36	78	34
4	0	0	0	0	1
5	0	0	0	0	0
Beds	30	30	30	30	
Av Pat	28.7	29.2	27.1	27.4	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	21.1	24.4	20.6	25.9	18.79
HCA's required	14	16.2	13.7	17.3	30.14
Total FTE required	35.1	40.6	34.3	43.2	48.93

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	98	92	99	94	98
Manual Handling	97	98	100	100	100
Falls Assessment			100	100	100
Tissue Viability Assessment	90	95	100	100	100
Nutritional Assessment	89	89	100	97	100
Medication Assessment	100	100	100	96	100
Nutrition (Total)			99	95	99
SL – Hand Hygiene			100	100	96
SL – Commode Audits			98	100	88
Friends and Family Test Score			97	100	100
Incidents					
Minor Incidents	9	6	4	3	4
Moderate Incidents	3	2	0	0	0
Major/Tragic Incidents	0	2	0	0	0
Complaints	0	6	0	1	2

Commentary: Dependency has increased considerably from previous reviews while occupancy remains high. The changes in dependency of the patients on this ward is due to the increasing number of patients with dementia, that need 2-hourly skin bundles and require 1 to 1 care. This contributes to the different actual skill mix requirement provided to this ward (as opposed to the SNCT calculation). Both the SNCT study overall establishment requirement the present establishment are similar, although the latter has a slightly higher FTE which is probably accountable by the fact that, as previously stated, the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges of a surgical ward. Recent NSIs show an excellent improvement in quality indicators, with green RAG ratings across nearly all of the indicators.

Conclusion: No action required.

4.7. Ward B3

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Surgery
1	43	28	71	66	62
2	11	29	6	12	15
3	46	31	23	22	22
4	0	3	0	0	1
5	0	0	0	0	0
Beds	38+4HDU	38+4HDU	38+4HDU	38+4HDU	
Av Pat	29.2	38.9	34.5	33.6	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	24.2	32.9	24.6	24.3	31.66
HCA's required	16.2	21.9	16.4	16.2	19.18
Total FTE required	40.4	54.8	41.0	40.5	50.84

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	94	96	87	99	97
Manual Handling	94	84	44	88	100
Falls Assessment			98	98	97
Tissue Viability Assessment	100	87	97	100	100
Nutritional Assessment	98	72	78	45	93
Medication Assessment	100	99	100	93	100
Nutrition (Total)			67	87	100
SL – Hand Hygiene			96	93	100
SL – Commode Audits			100	100	100
Friends and Family Test Score			96	94	95
Incidents					
Minor Incidents	4	5	3	2	1
Moderate Incidents	1	0	0	1	1
Major/Tragic Incidents	0	0	0	0	0
Complaints	0	1	0	0	0

Commentary: Dependency has risen slightly and occupancy remains similar to the last review. With regards to the establishment, as noted previously, there is a large difference between the SNCT calculation and the actual establishment. B3 contains the VASCU unit which has a variable workload which contributes to this difference as does the fact that, as previously stated, the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges of a surgical ward. The NSIs are good having improved from previously.

Conclusion: No action required.

4.8. Ward B4

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Surgery
1	71	84	85	81	62
2	5	7	10	9	15
3	25	9	4	9	22
4	0	0	0	0	1
5	0	0	0	0	0
Beds	48	48	48	48	
Av Pat	43.1	47.3	46.8	46.9	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	30.9	31.0	30.1	31.0	31.66
HCA's required	20.6	20.7	20.0	20.7	27.40
Total FTE required	51.6	51.7	50.1	51.7	59.06

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	97	92	97	99	93
Manual Handling	86	74	80	100	100
Falls Assessment			100	100	100
Tissue Viability Assessment	93	67	100	100	83
Nutritional Assessment	97	32	100	96	38
Medication Assessment	99	100	100	100	100
Nutrition (Total)			100	100	100
SL – Hand Hygiene			100	100	98
SL – Commode Audits			100	100	100
Friends and Family Test Score			100	100	97
Incidents					
Minor Incidents	5	7	6	4	2
Moderate Incidents	1	2	1	0	0
Major/Tragic Incidents	0	0	0	1	0
Complaints	1	1	0	1	2

Commentary: Dependency is slightly up which may be accounted for by the medical outlier patients and occupancy remains constant compared to the last review. NSI results are variable with concerns over tissue viability and nutrition assessments. The SNCT study suggests a smaller FTE than the establishment, which is probably accounted for by the fact, as previously stated, that the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges of a surgical ward.

Conclusion: No action required except to monitor the NCI elements of the NSIs.

4.9. Ward B5

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Surgery
1	97	95	95	95	62
2	2	3	3	1	15
3	1	3	2	4	22
4	0	0	0	0	1
5	0	0	0	0	0
Beds	30+4GAU	30+4GAU	30+4GAU	30+4GAU	
Av Pat	33.3	33.1	33.3	33.2	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	20.2	20.4	20.5	20.6	18.93
HCA's required	13.4	13.6	13.7	13.7	16.44
Total FTE required	33.6	34.0	34.2	34.3	35.37

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	100	100	98	91	97
Manual Handling	100	100	67	100	75
Falls Assessment			100	100	53
Tissue Viability Assessment	100	100	100	90	100
Nutritional Assessment	88	50	90	97	43
Medication Assessment	97	100	100	100	98
Nutrition (Total)			94	100	100
SL – Hand Hygiene			100	100	100
SL – Commode Audits			100	100	100
Friends and Family Test Score			93	96	43
Incidents					
Minor Incidents	5	1	0	1	0
Moderate Incidents	2	2	0	0	0
Major/Tragic Incidents	0	0	0	0	0
Complaints	0	0	2	0	1

Commentary: Occupancy remains constant as does dependency. NSIs are variable with a number of concerns within the NCI part and the FFT score. The SNCT studies suggest a smaller FTE than the ward review, which is probably accounted for by the fact, as previously stated, that the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges, which is a significant issue for this ward with the two assessment units.

Conclusion: No action required other than continue closely monitoring the NCIs and FFT results.

4.10. Ward B6

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % ENT
1	87	92	93	69	73
2	2	3	2	2	12
3	11	5	5	29	7
4	0	0	0	0	3
5	0	0	0	0	6
Beds	17	17	17	17	
Av Pat	16.4	16.5	16.1	16.9	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	10.7	10.3	10.0	12.4	13.06
HCA's required	7.1	6.9	6.7	8.2	11.07
Total FTE required	17.8	17.2	16.7	20.6	24.13

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	94	100	100	91	97
Manual Handling	89	100	38	100	75
Falls Assessment			100	100	53
Tissue Viability Assessment	98	100	100	90	100
Nutritional Assessment	98	90	86	97	43
Medication Assessment	100	100	100	100	98
Nutrition (Total)			99	100	100
SL – Hand Hygiene			100	100	100
SL – Commode Audits			100	100	100
Friends and Family Test Score			98	100	100
Incidents					
Minor Incidents	9	1	2	0	0
Moderate Incidents	1	1	0	0	0
Major/Tragic Incidents	0	0	1	0	0
Complaints	1	1	2	0	0

Commentary: This ward closed in April 2016.

4.11. Ward C1

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Med
1	24	46	56	51	40
2	29	1	3	4	10
3	47	53	41	45	48
4	0	0	0	0	1
5	0	0	0	0	2
Beds	48	48	48	48	
Av Pat	47.9	47.9	47.5	47.7	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	42.0	39.9	37.4	38.5	31.59
HCA's required	28.0	26.6	25.0	25.7	32.88
Total FTE required	70.0	66.5	62.4	64.2	64.47

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	92	94	80	93	97
Manual Handling	100	99	30	76	100
Falls Assessment			61	100	100
Tissue Viability Assessment	100	100	98	100	100
Nutritional Assessment	81	90	24	93	39
Medication Assessment	100	100	100	100	98
Nutrition (Total)			94	93	97
SL – Hand Hygiene			100	97	97
SL – Commode Audits			100	100	100
Friends and Family Test Score			100	96	100
Incidents					
Minor Incidents	8	5	4	6	3
Moderate Incidents	0	0	0	0	0
Major/Tragic Incidents	0	0	0	1	0
Complaints	0	0	0	0	0

Commentary: Occupancy remains high with dependency similar to the last two reviews. NSIs have improved since the deterioration in March but, as with other wards, the use of the MUST score remains an issue for concern. All four SNCT studies and the ward review have had similar results.

Conclusion: No action required except to monitor the nutritional assessment scores.

4.12. Ward C3

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Med Eld
1	23/30	34	24	24	32
2	0/0	1	2	1	2
3	77/70	65	74	75	66
4	0/0	0	0	0	0
5	0/0	0	0	0	0
Beds	24/28	52	52	52	
Av Pat	24/27.8	49.2	51.5	52	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)*
RNs required	22.5/25.2	43.7	47.9	48.4	34.86
HCA's required	15/16.8	29.1	31.9	32.3	38.41
Total FTE required	37.5/42.0	72.8	79.8	80.7	73.27

*In September 2014 this ward was divided into two but then merged again afterwards.

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	80	96	93	99	93
Manual Handling	86	100	100	100	100
Falls Assessment			100	100	100
Tissue Viability Assessment	92	100	100	100	100
Nutritional Assessment	97	94	97	100	73
Medication Assessment	100	100	100	100	96
Nutrition (Total)			98	100	98
SL – Hand Hygiene			100	100	100
SL – Commode Audits			100	100	100
Friends and Family Test Score			94	100	100
Incidents					
Minor Incidents	16	9	8	11	8
Moderate Incidents	0	5	4	1	1
Major/Tragic Incidents	0	0	0	0	0
Complaints					
	0	1	1	0	1

Commentary: In September 2014 the ward was split into two (C3A[24 beds]/C3B[28beds]) but after that was unified under one lead nurse. The dependency of the patients is similar to the last review and occupancy remains very high. The latest two SNCT studies suggest there should be a higher establishment on this ward but both the well-being workers, the acute confusion team and 1 to 1 additional staff give considerable assistance to this ward, which balances out this difference. NCIs are very variable becoming worse in March but recovering in April. The ward remains on Escalation Level 3.

Conclusion: No action required except to monitor the NCIs.

4.13. Ward C5

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Med
1	53	54	62	60	40
2	3	4	5	3	10
3	36	39	26	33	48
4	8	4	7	3	1
5	0	0	0	0	2
Beds	48	48	48	48	
Av Pat	47.4	48	47.9	47.9	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	38.5	38.4	36.6	37	31.59
HCA's required	25.7	25.6	24.4	24.7	32.88
Total FTE required	64.2	64.0	61.0	61.7	64.47

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	96	100	98	98	97
Manual Handling	86	77	100	100	83
Falls Assessment			100	100	100
Tissue Viability Assessment	78	90	98	100	80
Nutritional Assessment	74	96	97	100	98
Medication Assessment	100	99	82	100	100
Nutrition (Total)			86	98	99
SL – Hand Hygiene			100	96	100
SL – Commode Audits			97	93	100
Friends and Family Test Score			100	100	93
Incidents					
Minor Incidents	10	3	10	3	8
Moderate Incidents	2	2	1	1	1
Major/Tragic Incidents	0	0	0	0	0
Complaints	0	1	1	1	0

Commentary: Occupancy remains high and dependency has increased slightly from the last study. NCIs have improved over time but there have been two poor scores lately. All four SNCT studies and the ward review have had similar results.

Conclusion: No action required except to monitor the NCIs.

4.14. Ward C6

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Surgery
1	88	88	84	76	62
2	2	0	2	2	15
3	10	12	13	22	22
4	0	0	0	0	1
5	0	0	0	0	0
Beds	20	20	20	20	
Av Pat	17.2	17.3	16.9	17.5	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	11.1	11.2	11.2	12.3	16.38
HCA's required	7.4	7.5	7.5	8.2	10.96
Total FTE required	18.5	18.7	18.7	20.4	27.34

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	92	100	98	99	81
Manual Handling	100	100	27	100	70
Falls Assessment			100	100	86
Tissue Viability Assessment	100	100	100	100	88
Nutritional Assessment	100	98	85	100	87
Medication Assessment	89	100	100	100	100
Nutrition (Total)			98	100	100
SL – Hand Hygiene			100	100	100
SL – Commode Audits			100	100	100
Friends and Family Test Score			98	100	100
Incidents					
Minor Incidents	6	4	4	1	1
Moderate Incidents	0	0	0	1	0
Major/Tragic Incidents	0	0	0	0	0
Complaints					
	0	0	0	0	0

Commentary: Dependency has increased with the number of medical outliers this ward has with a levelling of the occupancy back to previous studies following the slight drop in October 2015. NCIs have taken a considerably decrease in results recently and the ward is at Escalation Level 3. The establishment has a slightly higher FTE that the SNCT results which is probably accounted for by the fact that, as previously stated, the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges on a surgical ward plus some outpatient clinic work that occurs on the ward.

Conclusion: No action required except to monitor the NCI results.

4.15. Ward C7

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Med
1	64	57	61	52	40
2	1	4	2	4	10
3	35	39	37	44	48
4	0	0	0	0	1
5	0	0	0	0	2
Beds	36	36	36	36	
Av Pat	35	35.7	36	35.9	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	26.5	27.8	27.5	28.8	26.86/29.6*
HCA's required	17.7	18.6	18.4	19.2	21.92/19.2*
Total FTE required	44.1	46.4	45.9	48	48.78/48.8*

*Following a review the skill mix on this ward was amended in the last six months

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	94	97	82	78	76
Manual Handling	87	89	90	100	66
Falls Assessment			100	70	74
Tissue Viability Assessment	98	100	96	96	90
Nutritional Assessment	56	94	100	94	85
Medication Assessment	99	98	100	100	100
Nutrition (Total)			94	95	93
SL – Hand Hygiene			96	100	100
SL – Commode Audits			88	100	94
Friends and Family Test Score			100	92	100
Incidents					
Minor Incidents	10	7	5	5	6
Moderate Incidents	3	2	1	1	0
Major/Tragic Incidents	0	1	1	0	0
Complaints	0	0	1	0	2

Commentary: Occupancy remains high and dependency has increased since the last study in October 2015. NSIs remain variable and have deteriorated recently and so the ward remains on escalation with an action plan in place, although an improvement occurred in March. FTEs from the SNCT and the ward review are similar.

Conclusion: No action required other than to continue closely monitoring the NCIs.

4.16. Ward C8

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Med
1	83	34	23	13	40
2	2	4	26	22	10
3	15	62	51	64	48
4	0	0	0	0	1
5	0	0	0	0	2
Beds	36+4flex	36	44	44	
Av Pat	39.4	36	39	42.3	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	33.4	31.8	34.6	39.7	39.87/20.32*/38.11+
HCA's required	22.2	21.2	23.1	26.5	27.4/32.92*/38.41+
Total FTE required	55.6	52.9	57.7	66.1	67.27/53.24*/76.52+

*Figures for March 2015 as the patient numbers and speciality of the ward changed after September 2014.

+Figures for October 2015 onwards when stroke rehabilitation and the acute stroke unit were combined

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	98	96	96	94	66
Manual Handling	100	92	100	100	66
Falls Assessment			100	100	60
Tissue Viability Assessment	100	82	100	100	86
Nutritional Assessment	100	97	100	83	33
Medication Assessment	100	99	100	100	89
Nutrition (Total)			98	98	95
SL – Hand Hygiene			100	100	100
SL – Commode Audits			100	95	100
Friends and Family Test Score			100	97	100
Incidents					
Minor Incidents	8	4	5	13	8
Moderate Incidents	0	1	0	0	1
Major/Tragic Incidents	0	0	0	1	0
Complaints	0	0	0	2	2

Commentary: The ward changed just prior to October 2015 increasing the beds due to the relocation of the hyperacute stroke unit hence also the increase in the ward establishment. Occupancy has increased at this review as has dependency even though two emergency beds have to be kept empty due to the stroke pathway guidance. Although there is a big difference between the SNCT results and the establishment this is balanced out by a) the presence of the stroke bleep holder in the establishment (accounts for 5.45WTE) and b) the well-being workers give considerable assistance to this ward. While the NCIs have deteriorated considerably since the last review, in April the results are Green.

Conclusion: No action except monitoring of the NCI results.

5. Overall Conclusion

It can be seen that even with the difficulties in comparing different methods of formulating how many staff are required on a ward that not too dissimilar results occur on most wards between the SNCT studies and the present ward establishments. From the analysis that can be undertaken on both the results of the establishment calculations and on the Nursing Sensitive Indicators, it would seem that the situation as it stands is reasonable across all areas, although some areas for action have been noted in terms of the care quality rather than staffing. While the present establishments seem to conform with the requirements of an 'objective' measure, it is still necessary to monitor what occurs on a day to day basis with such variables as staff sickness and vacancies affecting the staff available. The latest results of this monitoring for April 2016 follows in Part 2 below.

As EAU and ED are not suitable for inclusion into the SNCT tool, a separate review will be undertaken of these areas ready for the next update in six months' time.

With regards to the quality indicators, as already stated, due to changes in some of the criteria of the NCIs in September 2014 it has not been possible to make full historical comparisons on all criteria after this date. In addition, further changes to these indicators were made in the previous report. Plans are underway in the Nursing Division, with help from the Finance Department, to have a comprehensive 'dashboard' of quality indicators for each ward which will help in providing a more straightforward and systematic picture of the quality of care on a ward which will be useful both operationally but also when reviewing the staffing and its interrelationship with quality in each area.

PART 2

Monthly Nurse/Midwife Staffing Position

April 2016

Another 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 52 which is down from the last two months in March and February (70, 76) but higher than January and December (46,39) (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 Table 4.

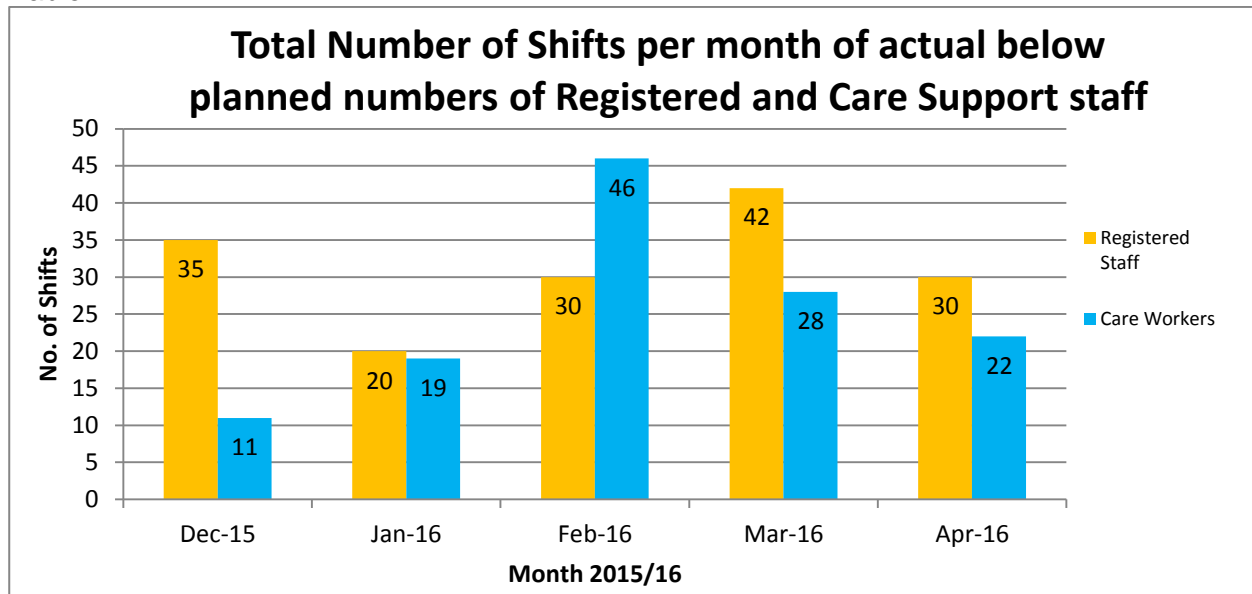
Both the qualified and unqualified shortfalls have fallen this month. Other than maternity, the shortfalls are fairly evenly distributed across the wards although CCU/PCCU has a specific skills requirement, which are not easily sourced. The maternity unit has vacancies (number of new starters awaited), high volume cases and high workload. It accounts for just under a half (14, compared to 20 last month) of the total qualified and just over 60 per cent (13, compared to 17 last month) of the 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 indicated last month, from this month onwards 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 number of wards having 10 and above 'Amber' shifts. With regards to the latter, there is some consistency with the staffing figures (e.g. 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. Only one ward recorded a single 'Red' shift. On that occasion the dependency of the patients was particularly high, having three patients with complex medication regimens through central/PICC lines and the lead nurse worked clinically to support all staff.

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



Self-Assessment of Workload by Senior Nurses on Each Shift (new RAG rating method)

Table 2

Ward/Area	RED	AMBER	GREEN	Ward/Area	RED	AMBER	GREEN
Ward A1	0	20	40	Ward C3	0	5	55
Ward A2	0	1	59	Ward C4	0	0	60
Ward A3	0	10	50	Ward C5	0	5	55
Ward B1	0	3	57	Ward C6	0	6	54
Ward B2H	0	3	57	Ward C7	1	3	56
Ward B2T	0	1	59	Ward C8	0	3	57
Ward B3	0	1	59	CCU/PCCU	0	15	45
Ward B4	0	22	38	EAU	0	0	60
Ward B5	0	10	50	MH DU	0	0	60
Ward B6	0	17	43	Critical Care	0	0	60
Ward C1	0	0	60	NNU	0	0	60
Ward C2	0	8	52	Maternity	0	14	46

As notified last month, from May 1st all Trusts need to be collecting the care hours per patient day (CHPPD) metric. The Trust has put a system in place for this and will be providing this data through UNIFY each month from the end of May onwards. It 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	October 15 – Areas (Launch)	December 15 - Areas	January 16 - Areas	February 16 - Areas	March 16 - Areas	April 16- Areas	May 16- Areas
RED	15	4	3	7	6	3	2
AMBER	5	11	14	12	13	15	14
GREEN	4	9	9	8	8	9	11

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 May:

NCIs	
Level 1 Matron Level	6
Level 2 Head of Nursing Level	6
Level 3 Deputy Chief Nurse level	11

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

Dawn Wardell - Chief Nurse - 25/05/16

MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS APRIL 2016

WARD	No.	RN/RM CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A2	1	CSW	Sickness	There was 1 CSW for each station and a 'floating' CSW who assisted all areas as did one of the RNs and so safety was maintained.
B2H	3	CSW	Required for 1 to 1 patients	Although there was a shortfall there were 2 CSWs in each bay where there was a 1 to 1 patient. Safety maintained.
B3	1	RN	Short term sickness	The professional development nurse worked clinically to support the ward. There was a normal dependency of patients and so safety was maintained.
B4	3	CSW	Maternity Leave x3	Bank unable to fill but with the dependency of the patients present on the ward safety was maintained.
B5	1	RN	Vacancy	The bank was unable to fill the shift and so GAU patients were diverted through SAU to maintain safety.
C1	1	RN	Vacancy/Sickness	Bank was unable to fill. Lead nurse worked on ward and delegated staff accordingly to maintain safety.
C2	4	RN	Increased ward dependency	Bank and agency were unable to fill. Nurse in charge assisted on ward to maintain safety.
C3	3	RN	Vacancy x3	Bank/agency unable to fill. On two of the occasions the lead nurse worked clinically and safety maintained on all occasions.
C5	1	RN	Vacancy	Bank was unable to fill. International nurse on duty assisted and an extra CSW employed. There were no safety issues.
C7	2	CSW	Sickness x 1 Required for 1 to 1 patient x 1	On the self-assessed 'Red' shift the lead nurse worked clinically to support all staff. On the other shift there were two supernumerary graduates who assisted.
CCU/ PCCU	5	RN	Sickness/Vacancy x 5	Bank and agency unable to fill. On two occasions an extra CSW assisted. On one occasions there were 7 empty beds. Safety was maintained.
Maternity	14 13	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.