The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors on 5th May 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 April (as at 25/4/16)

- No post 48 hr MRSA bacteraemia cases since 27th September 2015
- No Norovirus
- As of this date, the Trust has had 1 case so far in April 2016. This has yet to be apportioned but we will be within trajectory for April as the ceiling is 3 cases associated with lapses in care.

Safer Staffing

- Amber shifts (shortfall) have shown a small decrease to 70, this level is still due to additional capacity open and fill rates from bank and agency.
- Maternity saw a rise in amber shifts in March to 20.
- The new RAG rating system has been trialled in C7 during March, three red (serious shortfall) shifts in the month no safety issues identified or on any of the amber shifts that affected the quality of care.
- A benchmark review on fill rates provided by Unify has been carried out using local trusts, the trust is comparable.

Nursing Care Indicators

- There have been 8 escalations to level 3 now in place. Improvement seen in other areas.

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**
		√	

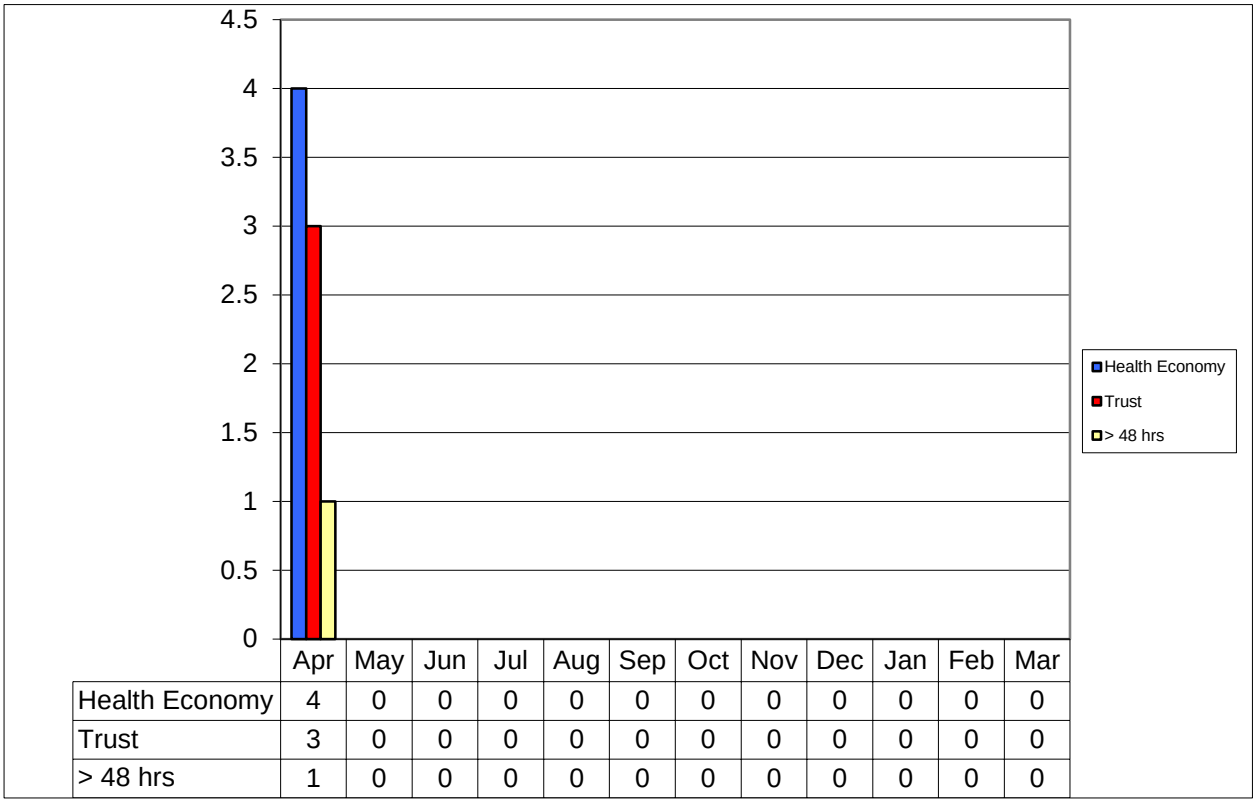
RECOMMENDATIONS FOR THE BOARD:
To receive the report and note the contents.

Chief Nurse Report

Infection Control

Clostridium Difficile – The target for 2016/17 is 29 cases associated with lapses in care, equivalent to 12.39 CDI cases per 100,000 bed days. At the time of writing (25.4.16) we have 1 post 48 hour case recorded in April 2016.

C. DIFFICILE CASES 2016/17



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Health Economy	4	0	0	0	0	0	0	0	0	0	0	0
Trust	3	0	0	0	0	0	0	0	0	0	0	0
> 48 hrs	1	0	0	0	0	0	0	0	0	0	0	0

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[1], continues. During the financial period 2015/16 of the 43 post 48 hour cases identified since 1st April 2015, 36 cases have so far been reviewed by the apportionment panel, all of which have had apportionment agreed and 13 of these were deemed as avoidable.

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 - March 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.

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 is 70 which is slightly down from last month, which had an increase from the previous two months (76, 39 and 46 in the three 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.

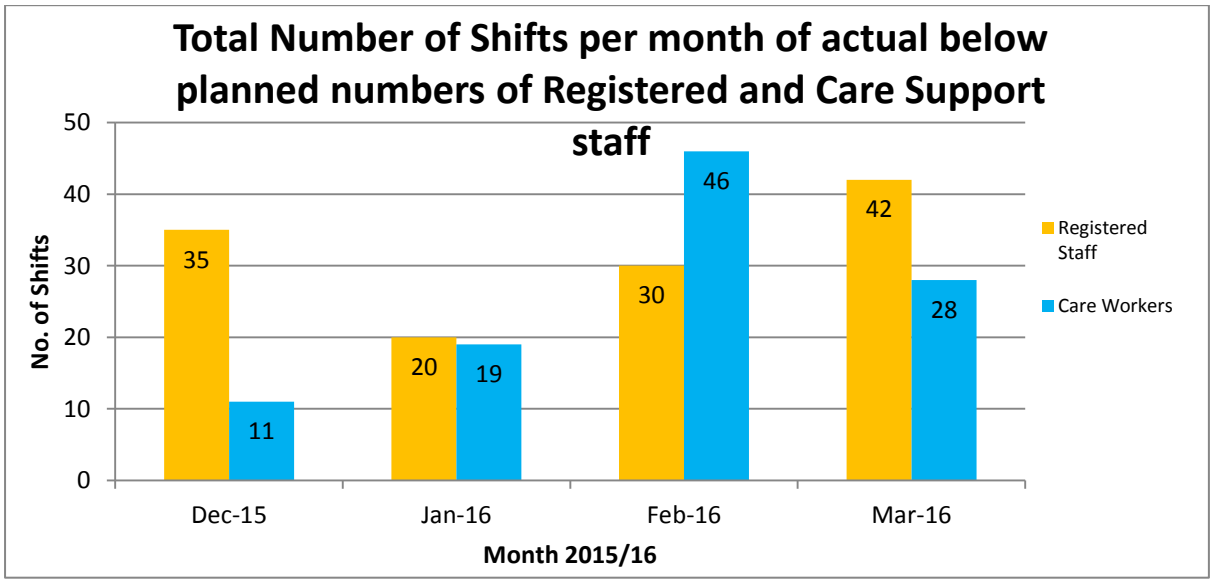
Although the overall number this month is similar to last month, there has been a reverse in the skill mix figures with a rise in qualified staff shortfalls (from 30 last month to 42) and a decrease in unqualified staff shortfalls (from 46 last month to 28). Other than maternity, the shortfalls are fairly evenly distributed across the wards. The maternity unit has vacancies, high volume cases and high workload. It accounts for just under a half (20, compared to 13 last month) of the total qualified and just over 60 per cent (17, compared to 22 last month) of

the unqualified shortfall shifts. There has been a sickness issue this month and active recruitment initiatives are in progress and further shortlisting has occurred for the care worker posts. Qualified Midwives have been recruited (7 WTE) across the maternity service, start dates to be agreed.

As indicated last month, for April figures onwards these reports will also include the new monitoring system of an explicit, consistent RAG (Red, Amber and Green) rating system of the overall workload status on the ward, which the lead clinical nurses undertake. This is being piloted this month on C7 hence the three red shifts appearing this month for that ward. This assessment is based not just on staffing numbers but also the dependency of the patients and other relevant factors. For two of the Red shifts on C7 this month there was a shortfall of one RN and for the third shift the actual staffing numbers were what was planned, but for all three shifts the overall workload due to the high dependent patients there on those days resulted in a heavy workload and some minor delays in providing care but overall safety being 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 Mar	95	97	97	100
Trust Feb	93	95	96	99
Trust A	88	112	88	135
Trust B	92	103	88	111
Trust C1	96	96	97	99
Trust C2	90	101	93	99
Trust D	95	100	91	99

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 also at Trust C and D.

Finally, on the 22nd April NHS Improvement confirmed that Lord Carter's care hours per patient day (CHPPD) metric should be implemented from May 1st. This, as initially announced, is an aggregate result including a mix of registered nurses and healthcare assistants but will also now include a split between the two workforce groups and be publicly reported. The metric will replace the planned versus actual nurse staffing levels data reported monthly on the NHS Choices website. Ruth May, Executive Director of Nursing at NHSI has also announced that new specialty specific safe staffing guidance will be produced in the summer and autumn. An initial refresh of the 2013 National Quality Board guidance on nurse staffing is due out next month. She has said that NHSI will be developing a small number of nurse sensitive indicators reported at national level in quarter one of 2016-17, which will be used as a safeguard by both NHSI and the Care Quality Commission. These indicators would include pressure ulcers, falls with harm, the care hours metric and others. The Trust is presently assessing the implications of this announcement.

Recruitment and Retention

A team from the Trust went on a recruitment campaign to the Philippines on 9th April 2016. 108 Registered Nurses have been given conditional offers of employment. However, they still have to achieve (IELT) English testing to Level 7. This has proven challenging according to national feedback. Should they be successful it is expected that they would arrive in two cohorts during December 2016.

A local recruitment event is planned for 14th May and a communications campaign is underway to advertise this.

Over recruitment of Clinical Support Workers (CSW) is underway with initial interviews held week commencing 25th April 2016 with more planned in May. Nurse Bank recruitment for CSW has also been commenced to reduce the reliance on agency workers.

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
RED	15	4	3	7	6	3
AMBER	5	11	14	12	13	15
GREEN	4	9	9	8	8	9

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 April:

NCIs	
Level 1 Matron Level	4
Level 2 Head of Nursing Level	10
Level 3 Deputy Chief Nurse Level	8

Nutrition Audit	
Level 1 Matron Level	4
Level 2 Head of Nursing Level	2

Dawn Wardell - Chief Nurse - 27/04/16

Appendix A

MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS MARCH 2016

WARD	No.	RN/RM CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A2	3	CSW	Vacancy x 2 Sickness x1	Floating Band 6 nurse helped with patient care. No safety issues were identified.
B2H	1	CSW	Vacancy/Sickness	With the patients on the ward the nurse in charge assessed the ward as safe.
B3	2	RN	Staff sickness x 2	The bank was unable to fill and on one shift the booked agency nurse did not attend. On both occasions, assistance from B2 was given and lead nurse worked clinically on one of the shifts. No patient concerns were identified.
B4	3	RN	Maternity Leave x 1 Sickness x 1 Vacancy x 1	Bank/agency unable to fill. On one occasion a supernumerary nurse assisted. On the others, staff were reallocated duties appropriately. No safety issues occurred.
B5	3	RN	Vacancy x 3	The bank and agency were unable to fill. Patient flow co-ordinator supported ward on one occasion. Safety maintained on all three shifts with some delays in care on two occasions.
C1	2	CSW	Staff Sickness x 2	Nurse in charge assessed the situation and delegated staff appropriately to ensure patient safety.
C2	5	RN	Increased dependency and contingency beds open	Agency was unable to fill and on the one occasion it did the nurse did not attend. Nurse in charge assisted. All patients remained safe.
C4	1	CSW	Sickness	CSW on shift sent home sick. Bank unable to fill. Remaining staff undertook duties and safety maintained.
C6	1 1	RN CSW	Vacancy x 1 Sickness x1	On the RN shift, bank unable to fill. There were six empty beds and so the shift was managed with assistance from other wards. On the CSW shift, there were some delays in care. On both shifts safety maintained.
C7	4 2	RN CSW	Vacancy x 5 Workload x1	The bank was unable to fill. When available, lead nurse worked clinically and supernumerary nurse available for one shift. The remaining staff maintained safety.
CCU/PCCU	3	RN	Vacancy x 3	The bank was unable to fill. On one occasion an extra CSW was employed. Safety was maintained.
EAU	1	CSW	Sickness	Workload was redistributed to remaining staff. No safety concerns.
MHDU	1	RN	Sickness	Agency nurse cancelled late. Situation escalated, ITU unable to help. Due to patients in the unit that shift safety maintained. 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	20 17	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.

Mar-16			SHIFT																																																										
	NCI		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		STAFF	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N
WARD A1	87	Reg																																																												
		Unreg																																																												
WARD A2	75	Reg																																																												
		Unreg									7/5																												7/5																				7/5					
WARD A3	97	Reg																																																												
		Unreg																																																												
WARD B1	88	Reg																																																												
		Unreg																																																												
WARD B2 HIP	98	Reg																																																												
		Unreg																															6/4																															
WARD B2 TRAUMA	100	Reg																																																												
		Unreg																																																												
WARD B3	83	Reg	5/4								6/4																																																			
		Unreg																																																												
WARD B4	82	Reg																					5/4										5/4																				5/4											
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WARD B5	92	Reg							5/3																																										5/4													4/4
		Unreg																																																												
WARD B6		Reg																																																												
		Unreg																																																												
WARD C1	86	Reg																																																												
		Unreg																			9/7																																						10/8					
WARD C2***	94	Reg																																																	9/5		9/5	8/5	8/5							8/6			
		Unreg																																																												
WARD C3	78	Reg																																																												
		Unreg																																																												
WARD C4	91	Reg																																																												
		Unreg																						3/1																																								
WARD C5	94	Reg																																																												
		Unreg																																																												
WARD C6	97	Reg																																									2/1																						
		Unreg																																																	2/1															
WARD C7	87	Reg													6/5								6/5																				4/3										6/6													
		Unreg																	5/3																																5/3																
WARD C8	77	Reg																																																												
		Unreg																																																												
CCU/PCCU	81	Reg																																					7/4																7/5				7/5							
		Unreg																																																												
EAU	99	Reg																																																												
		Unreg													6/4																																																
MHDU	100	Reg																																			3/3																											
		Unreg																																																												
CRITICAL CARE*	94	Reg																																																												
		Unreg																																																												
NEONATAL **	99	Reg																																																												
MATERNITY ****	98	Reg			18/16	17/17	18/15		18/14	17/12		17/15						17/15		17/16	18/15	17/15	18/15	17/12	18/15	17/15						17/14								17/15									18/15														17/17	18/17	17/15
		Unreg	8/4		8/6		8/5		8/6										8/4		8/6		8/6						8/5		8/5		8/6		8/5										8/5		8/6							5/3							8/5		8/6	5/3

Key

- Red: Serious Shortfall
- Amber: Registered nurse/midwife shortfall
- Blue: 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 staff

*** 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