

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

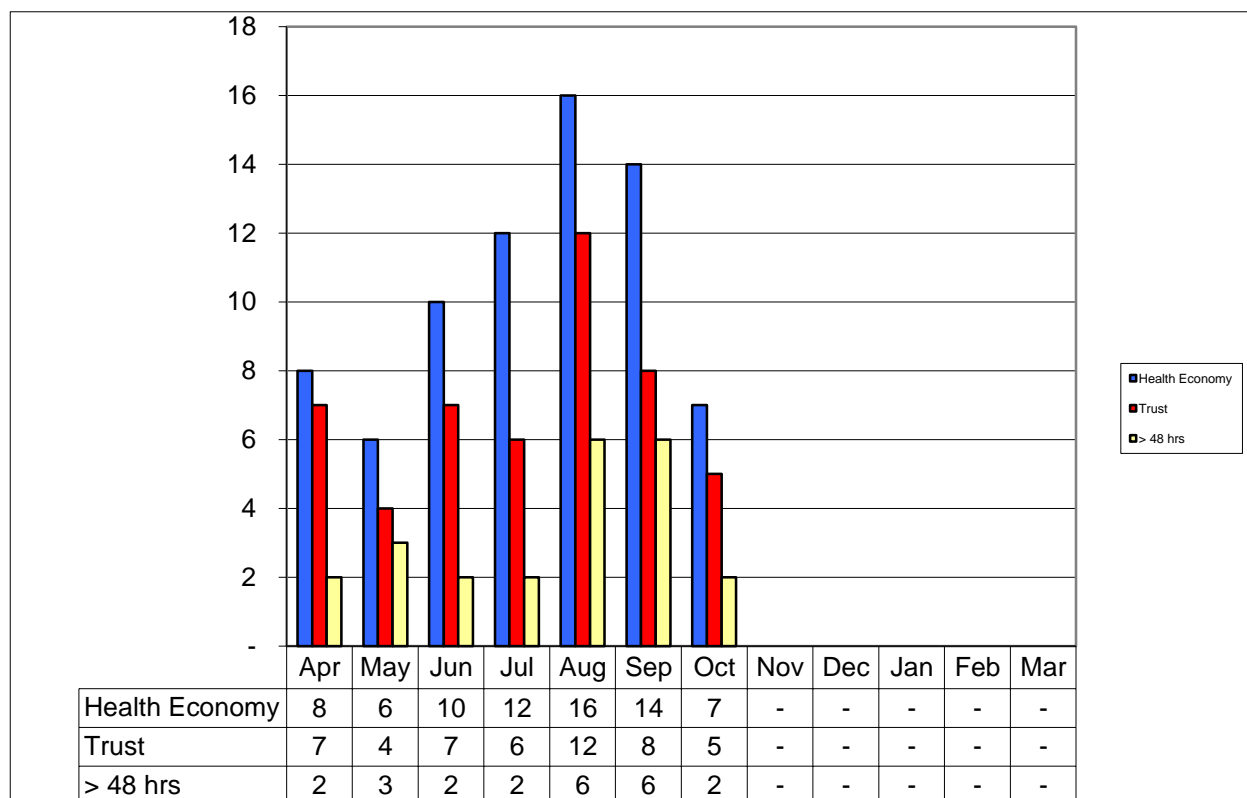
TITLE:	Chief Nurse Report		
AUTHOR:	Dawn Wardell – Chief Nurse Dr E Rees - Director of Infection Prevention and Control Derek Eaves - Quality Manager Nursing	PRESENTER:	Dawn Wardell Chief Nurse
CORPORATE OBJECTIVE: SO1 – Deliver a great patient experience SO2 – Safe and caring services SO3 – Drive service improvements, innovation and transformation SO4 – Be the place people chose to work SO6 – Plan for a viable future			
SUMMARY OF KEY ISSUES: For the month of September (as at 26.10.16) <ul style="list-style-type: none"> No post 48 hour MRSA bacteraemia cases since 27th September 2015 No Norovirus has been reported at time of report CDifficile - the Trust has had 23 cases so far in 2016/17 4 of these cases were associated with a lapse in care. There are still 15 cases without an outcome determined. Safer Staffing <ul style="list-style-type: none"> Amber shifts (shortfall) total figure for this month is 59 which is increased from the last month (44). The RAG rating system has been rolled out across the wards 1 red shift in this methodology for that period on the Neonatal Unit, no safety issues were identified. Shortfall shifts were reviewed and no safety issues identified that affected the quality of care, reduction in the amber RN shifts was due new staff in post in midwifery. The Care Hours Per Patient Day (CHPPD) is reported in a limited way in this board report. Nursing Care Indicators <ul style="list-style-type: none"> There is one escalation at level 4 which is a different area to the last report and four escalations at level 3 now in place. The Red category area is receiving more intensive support has been provided which has seen the appropriate change in results. Recruitment Update <ul style="list-style-type: none"> Registered Nurse vacancies at DGH are currently at 95 WTE after new graduates commenced in September and October. Existing RN recruitment streams are continuing with limited success. 9 International Nurses have completed IELTS successfully. They are required to pass the CBT (Test of Clinical Expertise) then apply for Visas. Band 2 recruitment has seen 46 support workers join the trust (Aug-Oct). Allied Health Professionals <ul style="list-style-type: none"> A listening into action event was held in October which was very well attended by a range of AHPs. Information is now being collated from the feedback to agree actions. 			
IMPLICATIONS OF PAPER:			
RISK	Yes	Risk Description: <ul style="list-style-type: none"> Failing to meet initial target for CDiff now amended to avoidable only (Score 10) Nurse Recruitment – unable to recruit to vacancies in nursing establishments to meet NICE guidance for nurse staffing ratios (Score 20) 	
	Risk Register: Y	Risk Score:	
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Safe and effective care
	Monitor	Y	Details: MRSA and C. difficile targets Agency capping targets
	Other	Y	Details: Compliance with Health and Safety at Work Act.
ACTION REQUIRED OF BOARD			
Decision	Approval	Discussion	Other
		√	
RECOMMENDATIONS FOR THE BOARD: To receive the report and note the contents.			

Chief Nurse Report

Infection Prevention and Control 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 (26.10.16) we have 4 post 48 hour case recorded in October 2016.

C. DIFFICILE CASES 2016/17



Clostridium Difficile -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 23 post 48 hour cases identified since 1st April 2016, 8 cases have been reviewed and apportionment has been agreed (4 cases associated with lapse in care) and 15 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 hours) – There have been 0 post 48 hour MRSA bacteraemia cases since 27th September 2015.

Norovirus - no cases reported in month.

Reference

1. *Clostridium difficile* infection objectives for NHS organisations in 2016/17 and guidance on sanction implementation, Public Health England.

Monthly Nurse/Midwife Staffing Position September 2016

One of the requirements set out in the 2014 National Quality Board (NQB) 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. A revised NQB report 'Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time' was published in July 2016, the contents of which have had no impact on the requirement to produce these monthly reports.

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 of the care hours per patient day (CHPPD) metric as recommended by the Carter Review.

As indicated to the Board in June, from May 2016 all Trusts have had to submit this metric. The overall Trust results for the last three months have been:

Month	RN	Unregistered	Total
July	4.53	3.70	8.24
August	4.65	3.76	8.41
September	4.44	3.63	8.07

These figures obviously vary widely across wards/areas (e.g. 22.79, 1.95 and 24.74 for critical care and 2.41, 3.29 and 5.71 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 (8.07) in the middle 'of the pack'. The Trust awaits any further developments and feedback on this metric. It is expected that this and comparative data will be made available in the Model Hospital which the Department of Health is producing as a result of the Carter Review. The Trust has recently become a pilot site for the ward element of the Model Hospital.

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).

The total figure of shortfalls for this month is 59 which is a rise from last month but similar to previous months, although the shortfalls in qualified staff are the lowest since last year (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 3.

The overall drop in the qualified shortfalls is due to the drop in midwifery (2 shortfalls compared to 7, 10 and 19 in the previous three months). The area with the largest qualified shortfalls is now CCU/PCCU which is an area with specific skills requirements that are not easily available. The considerable rise in unqualified shortfalls is generally spread across the whole Trust.

As well as the quantifiable staffing numbers discussed above, as indicated at the June 2016 Board, from May 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 (August's figures in brackets - 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, 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 3 of the 24 areas having 10 and above 'Amber' shifts (there were 6 last month). With regards to the latter, there is consistency with the staffing figures (e.g. 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. This month the accumulative totals of all assessed Red, Amber and Green shifts have been indicated. From now on, these will be reported on each month to indicate future overall trends.

One area has assessed a single 'Red' shift this month. NNU (which had 4 red shifts last month) had a shift when the dependency of the babies was so high that an extra qualified staff member was required but the bank/agency could not fill so the unit was closed for the whole shift.

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

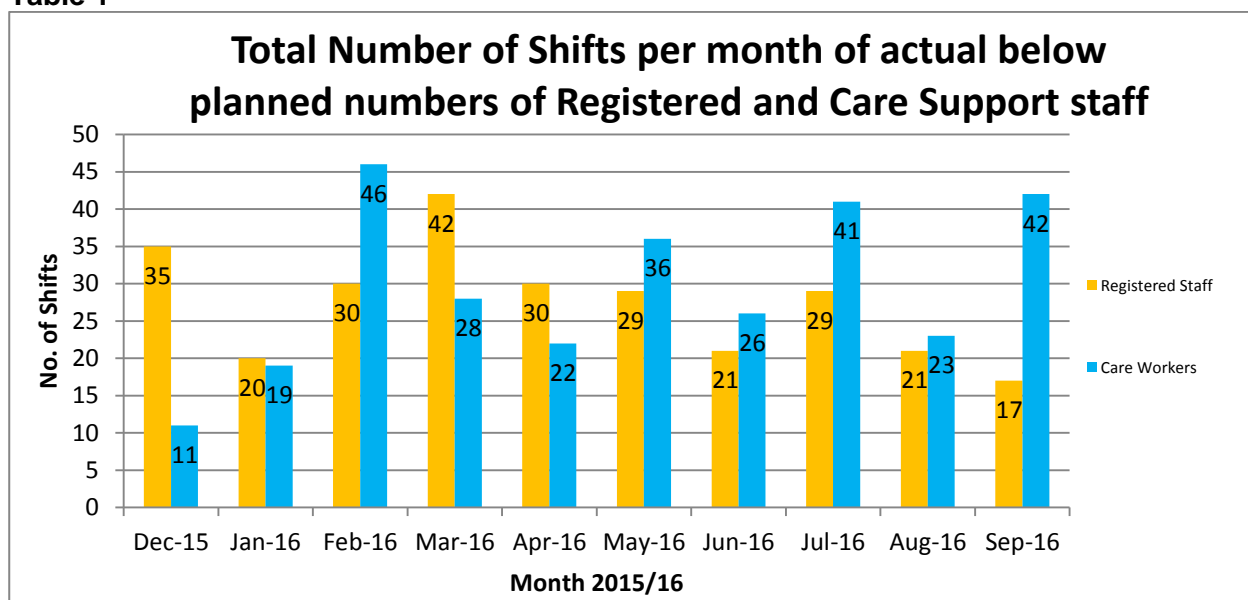


Table 2

Self-Assessment of Workload by Senior Nurses on Each Shift for August (figures in brackets from July)

Ward/Area	RED	AMBER	GREEN	Ward/Area	RED	AMBER	GREEN
Ward A1	0 (0)	2 (9)	58 (53)	Ward C3	0 (0)	3 (9)	57 (53)
Ward A2	0 (0)	1 (0)	59 (62)	Ward C4	0 (0)	0 (0)	60 (62)
Ward A3	0 (0)	5 (2)	55 (60)	Ward C5	0 (0)	3 (1)	57 (61)
Ward B1	0 (0)	17 (10)	43 (52)	Ward C6	0 (0)	8 (11)	52 (51)
Ward B2H	0 (0)	5 (3)	55 (59)	Ward C7	0 (0)	2 (3)	58 (59)
Ward B2T	0 (0)	1 (5)	59 (55)	Ward C8	0 (0)	6 (16)	54 (46)
Ward B3	0 (0)	12 (2)	48 (60)	CCU/PCCU	0 (0)	23 (19)	37 (43)
Ward B4	0 (0)	17 (16)	43 (46)	EAU	0 (0)	0 (0)	60 (62)
Ward B5	0 (0)	9 (8)	51 (54)	MH DU	0 (0)	0 (1)	60 (61)
Ward B6	-	-	-	Critical Care	0 (0)	0 (0)	60 (62)
Ward C1	0	1 (1)	59 (61)	NNU	1 (4)	1 (25)	58 (33)
Ward C2	0	8 (0)	52 (61*)	Maternity	0 (0)	2 (6)	58 (56)

*1 shift not assessed

Totals	RED	AMBER	GREEN
September	1	126	1253

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 Areas (Launch)	Dec 15 Areas	Jan 16 Areas	Feb 16 Areas	Mar 16 Areas	Apr 16 Areas	May 16 Areas	Jun 16 Areas	Jul 16 Areas	Aug 16 Areas	Sept 16 Areas	Oct 16 Areas
RED	15	4	3	7	6	3	2	3	1	3	0	1
AMBER	5	11	14	12	13	15	14	10	7	2	11	8
GREEN	4	9	9	8	8	9	11	14	19	22	16	18

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 October:

NCIs	
Level 1 Matron Level	6
Level 2 Head of Nursing Level	5
Level 3 Deputy Chief Nurse level	4
Level 4 Chief Nurse	1

The level 4 area reported is different to the last report; they have now achieved green status for two months and have been de-escalated to level 3. However, a new area has been identified from level 3 for escalation and a Chief Nurse Level 4 meeting has been held to provide a clear plan for delivery of the standards with appropriate intensive support.

Recruitment Update RN and CSW

Current Vacancy Position

Following successful recruitment of new graduate nurses from the September and October cohorts the current vacancy position at time of report is 95 WTE. The next outturn will be 31st January 2017 which is within the predictor tool.

Recruitment

Clearly, the biggest vacancy deficit is registered nurses however, the active recruitment and development of clinical support workers to assist with continued provision of quality care is a pivotal component of our future workforce plans.

Planned Clinical Support Worker Recruitment

- Clinical Apprentice Programme
- Introduction to Care Programme [Novice Programme]
- CSW Programme

CSW Recruitment numbers until May 2017	
Month	Recruitment
August 2016	15 CSW commenced
October 2016	33 Novices commenced
November 2016	7 Clinical Apprentices
January 2017	35 CSWs
January 2017	9 Nursing Associates
May 2017	35 Novices
Totals	123 <i>This number excludes the Nursing Associates who will be recruited from our existing clinical support workforce.</i>

Planned Registered Nurse Recruitment

- Graduate Recruitment
- International Recruitment
- Recruitment Event/Open days and Fairs
- Open Registered Nurse advertising

RN Recruitment

Month	Acute	Community
Commenced in September 2016	26 RNs	6 RNs
October 2016	10 RNs	0
November 2016	0	0
December 2016	1	
February 2017	39 RNs	3
Totals	81	9

International RN Recruitment

Latest report shows 76 **candidates** from the Philippines remaining:

- 9 passed academic IELTS at level 7
- 9 candidates have booked IELTS
- 2 passed CBT
 - 1 NMC application approved, expected in trust December 2016
- 35 places on fast track IELTS preparation course 30 places currently allocated
- Estimated arrival next financial year.

Allied Health Professionals

A Listening into Action (LiA) event was held in October for this group of staff to get some feedback on areas of strength for the trust and areas where improvements can be made. This was led by Pam Ricketts, Quality Lead for AHPs and supported by Paul Bytheway, Chief Operating Officer and Dawn Wardell, Chief Nurse. It was a very well attended event and well received by staff. The outcomes from this event are being collated and will be fed back to staff with further workshops planned to take work forward.

A recruitment event for AHPs is planned for 5th November in the Education Centre. Tours will be given to interested parties and a Facebook campaign launched to publicise the event.

Table 3 (Monthly Nurse/Midwife Staffing Position)

MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS SEPTEMBER 2016

WARD	No.	RN/RM CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A1	4	CSW	Vacancy x4	Bank unable to fill. With the patient dependency on the day and assistance from A3, when required, patient safety maintained.
A2	3	CSW	Vacancy x2 Sickness x1	On one occasion a qualified nurse from another ward assisted and on the other two a CSW 'floated' between two stations.
A3	2	RN	Vacancy x2	Bank/Agency unable to fill. With current caseload and support from A1 patient safety maintained.
B1	1	CSW	Sickness x1	Unfilled via agency Lead nurse clinical and support provided by T&O OPD staff, no patient harm occurred, care prioritised.
B2H	2	CSW	Sickness x2	Lead nurse worked clinically to support the staff.
B3	5	CSW	Vacancy x5	On three occasions, B2 CSW covered Station 3 to ensure safety of patients and on the other occasions care was prioritised so 1:1 patient safety maintained.
B4	4	CSW	Sickness x2	1:1 patients were cohorted with no adverse patient effect.
B5	4	CSW	All 1:1 patients	1:1 patients were cohorted and qualified staff assisted the CSWs with their duties. Safety maintained.
C1	4	CSW	Vacancy x3 1:1 patient	Existing staff were appropriately delegated to patients to maintain patient safety. No harm occurred to patients.
C3	4 5	RN CSW	Vacancy x4 1:1 patient	For the qualified shortfalls, bank and agency unable to fill for three shifts and booked bank staff did not attend on one. Assistance was received from the rest of the elderly unit. For the unqualified shortfalls, the lead nurse worked clinical and care was appropriately distributed. No patient harm occurred.
C5	1	RN	Vacancy	Nurse in charge worked clinically and an extra CSW was employed.
C7	2	CSW	Sickness x2	Shift lead assisted staff. No patient harm occurred.
C8	2	CSW	Sickness x1 Vacancy x1	On one occasion, Led nurse and CNS assisted staff as did the bleep holder on the other shift.
CCU/PCCU	7 1	RN CSW	Vacancy x8 Sickness x8	Bank/agency could not fill. To mitigate, the lead nurse, CNS team or CAT nurse worked clinically. On one occasion a CSW was employed to assist.
NNU	1	RSCN	Dependency	The dependency of the babies was so high that an extra staff member was required but the bank/agency could not fill so the unit was closed for the whole shift.
Maternity	2 5	RM CSW	Vacancy Maternity leave	Escalation policy enacted on all occasions. Bank unable to fill. No patient safety issues occurred. On 1 shift there were delayed inductions of labour.

