

Paper for submission to the Board of Directors on 2nd March 2017 - 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 Prevention and Control for the month of February (as at 20.2.17) <ul style="list-style-type: none"> No post 48 hour MRSA bacteraemia cases since 27th September 2015. No further Norovirus episodes. As of this date the Trust has had 33 post 48 hour C. Difficile cases so far in 2016/17. So far 25 cases have had their lapses in care determined; 9 of these cases were associated with a lapse in care. Period of increased incidence (PII) of C. difficile on B3 – 2 cases. Safer Staffing <ul style="list-style-type: none"> Shortfall shifts total figure for this month is 65 which is a reduction from the last month (77). The RAG rating system has been rolled out across the wards with 15 red shifts in total across nine areas in this month using this methodology. No safety issues were identified. Shortfall shifts were reviewed and no safety issues identified that affected the quality of care. The Care Hours per Patient Day (CHPPD) is reported in this board report. The model hospital dashboard will be providing more national benchmark data shortly. Nursing Care Indicators <ul style="list-style-type: none"> February had four areas Red which are now under increased support and escalation. Nutrition Audit and focus on MUST completion is underway with two weekly meetings recommenced in February 2017. 			
IMPLICATIONS OF PAPER:			
RISK	Yes	Risk Description: <ul style="list-style-type: none"> Failing to meet initial target for C Diff 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.			

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 (20.2.17) we have 3 post 48 hour cases recorded in February 2017.

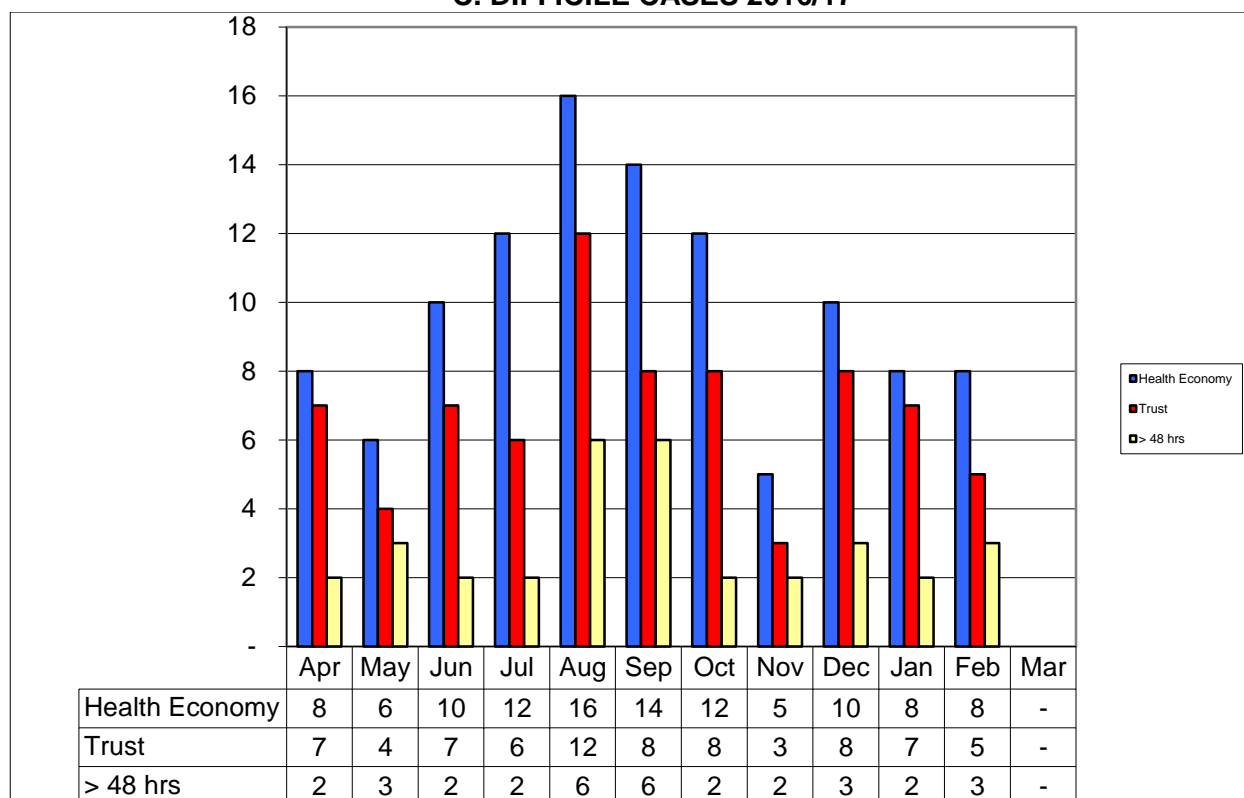
The process to undertake an assessment of individual C. difficile cases to ascertain if there has been a 'lapse in care' (resulting in a case being described as 'avoidable/unavoidable') as described in the revised national guidance¹, continues.

For the financial period 2016/17 of the 33 post 48 hour cases identified since 1st April 2016, 25 cases have been reviewed and apportionment has been agreed (9 cases associated with lapse in care) and 8 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.

There is currently a period of increased incidence (PII) of C. difficile on B3, involving 2 patients. The CCG has been involved in managing this situation. A 72 hour meeting was held on 3rd February and the RCA Panel Meeting to discuss these cases will take place 17th February. Ribotyping of specimens is being sought.

C. DIFFICILE CASES 2016/17



MRSA bacteraemia (Post 48 hrs) – There have been 0 post 48 hour MRSA bacteraemia cases since 27th September 2015.

Norovirus - No further outbreaks.

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 January 2017

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 four months have been:

Month	RN	Unregistered	Total
September 16	4.44	3.63	8.07
October 16	4.39	3.56	7.95
November 16	4.19	3.34	7.53
December 16	4.25	3.40	7.65
January 17	4.30	3.50	7.81

These figures obviously vary widely across wards/areas (e.g. [for January] 22.99, 9.16 and 32.14 for Maternity and 3.21, 2.44 and 5.65 on Ward B1).

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 to 7.53) in the middle 'of the pack'. Up to November the overall hours per patient day was reducing although this has increased slightly in December and January but not up to the September levels. 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. NHSI recently held a masterclass on this indicator and informed us that more detailed figures should be available after March 2017 although there have been data quality issues with a number of Trusts submitting wildly inaccurate data.

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 65 which continue the fall of the last three months (77, 104, 136) (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 area with the largest number of shortfalls in January was C3 which had 15 (with 5 RN shifts and 10 CSW shifts) although in terms of RN numbers this is a fall from 12 RN shortfall shifts last month. The CSW shortfalls came about due to the high number of very dependant patients requiring 1:1 care in the month and the bank was unable to fill these places. In terms of numbers of qualified shortfalls, the previous problems with NNU and Maternity are receding. The rest of the shortfalls are evenly spread throughout the hospital, as in previous months.

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 (the figures for December are 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 but, as previously, it can be seen that the highest proportion of assessments are 'Green' (77%) which is the similar to previous months. With regard to the Red rated shifts the drop last month continues with 15 this month which accounts for 0.01% of the total. They were spread across 8 areas. On all of these occasions safety was maintained. These have been described within the table 3 below.

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 generally affected the results of any of the nursing care indicator measures or other quality measures such as the number of infections although C3 has dropped into the Red for its NCIs which is the first time it has been in this category since March 2016. There is no evidence that they have affected patient feedback in terms of the answers to the real time surveys, FFT results or in the number of concerns or complaints received. No safety concerns have been highlighted with any of the shortfalls noted.

Table 1

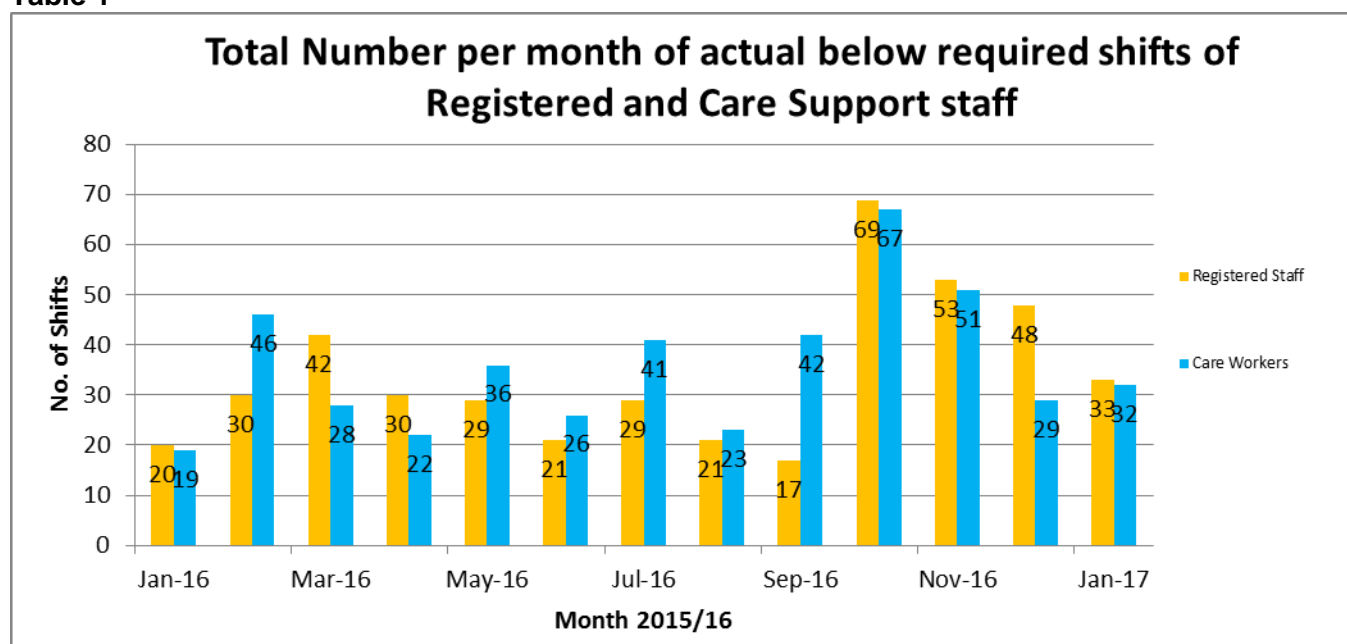


Table 2 - Self-Assessment of Workload by Senior Nurses on Each Shift for January (figures in brackets from December)

Ward/Area	RED	AMBER	GREEN	Ward/Area	RED	AMBER	GREEN
Ward A2	0 (1)	30 (27)	32 (34)	Ward C4	0 (0)	5 (1)	57 (61)
Ward A3	1 (2)	7 (12)	54 (48)	Ward C5	0 (0)	16 (14)	46 (48)
Ward B1	1 (1)	14 (25)	47 (36)	Ward C6	1 (1)	11 (13)	50 (48)
Ward B2H	0 (1)	8 (9)	54 (52)	Ward C7	2 (0)	13 (30)	47 (32)
Ward B2T	0 (1)	23 (9)	39 (52)	Ward C8	0 (0)	11 (30)	51 (32)
Ward B3	1 (0)	6 (11)	55 (51)	CCU/PCCU	0 (2)	30 (26)	32 (34)
Ward B4	2 (0)	30 (33)	30 (29)	EAU	0 (0)	11 (4)	51 (58)
Ward B5	4 (4)	30 (30)	28 (28)	MH DU	0 (0)	6 (1)	56 (61)
Ward C1	1 (0)	17 (0)	44 (62)	Critical Care	0 (0)	0 (0)	62 (60)
Ward C2	0 (0)	0 (5)	62 (57)	NNU	2 (0)	2 (2)	58 (60)
Ward C3	0 (0)	28 (38)	34 (24)	Maternity	0 (0)	4 (8)	58 (54)

Totals	RED	AMBER	GREEN
June 16	4	119	1257
July 16	12	163	1251
August 16	6	147	1273
September 16	1	126	1253
October 16	18	207	1135
November 16	30	369	921
December 16	13	313	1038
January 17	15	302	1047

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	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
RED	15	4	3	7	6	3	2	3	1	3	0	1	0	4	3	4
AMBER	5	11	14	12	13	15	14	10	7	2	11	8	12	10	11	9
GREEN	4	9	9	8	8	9	11	14	19	22	16	18	14	13	13	14
TOTAL	24	24	26	27	27	27	27	27	27	27	27	27	26	27	27	27

COMMENT:

November 16 - Ward A1 changed to Evergreen and no audits undertaken.

December 16 - Ward B6 open. Ward Evergreen starts audits in January 2017.

January 17/February 17 - Still testing Evergreen audit tool.

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.

Nutrition and MUST scoring continue to be a priority for training and engagement with staff. Two weekly meetings with lead nurses and senior team in Nursing Division have been put in place.

Escalations February:

NCIs	
Level 1 Matron Level	15
Level 2 Head of Nursing Level	5
Level 3 Deputy Chief Nurse level	2
Level 4 Chief Nurse	1

Nutrition Audit	
Level 1 Matron Level	9
Level 2 Head of Nursing Level	3
Level 3 Deputy Chief Nurse level	0
Level 4 Chief Nurse	0

Allied Health Professionals

As reported last month the Allied Health Professionals Council is now in place and meets six weekly. Its current focus is to respond to feedback from the LiA event and develop actions to support teams and quality of care.

Quality Indicators similar to the process in nursing and midwifery are under development.

MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS JANUARY 2017
TABLE 3

WARD	No.	RN/RM CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A2	4	CSW	Sickness x 1 Vacancy x 3	On all four shifts bank and agency were unable to provide cover. On one shift a student nurse was on duty. On all shifts staff were reallocated as necessary to ensure patient safety.
A3	1	RN	Sickness	This one night shift when bank and agency were unable to fill was assessed as a red shift which led to some delays in care but no patient adverse effects occurred.
B1	2	RN	Sickness x 1 Staff moved to assist elsewhere	These two day shifts were assessed as red shifts. On one occasion there were only 11 patients on the ward and in fact an RN was moved to assist on another ward. On the other both the lead nurse and AHP staff assisted. No patient adverse effects occurred on either shift.
B2T	1	CSW	Patient dependency	There was the correct numbers of RN staff and so staff were reallocated as necessary to ensure patient safety.
B3	1	CSW	Patient dependency	This one night shift was assessed as a red shift and a CSW from B2 covered one station and with other staff relocated to greatest need no patient adverse effects occurred.
B4	2 5	RN CSW	Sickness x4 Patient dependency x3	The two RN shortfall shifts were assessed as red shifts. On one occasion lead nurse worked clinically and on the other nurses helped intermittently from B5 and ED. No patient adverse effect occurred on both shifts. On the CSW shortfalls patients were cohorted and care was prioritised appropriately and staff were re-distributed to take into account the patients requiring 1 to 1 care. No safety issues occurred.
B5	5 1	RN CSW	Vacancy x 3 Volume of patients through SAU x3	There were four red shifts. On one occasion, the surgical bed manager supported the ward and on the others the lead nurse assisted due to the high volume and dependency of the patients on SAU. Some delays in care were noted. On the CSW shortfall students were available on the ward. No safety issues occurred.
C1	1 2	RN CSW	Sickness x2 Vacancy x1	On the RN shortfall shift there were two supernumerary Band 5 staff on the ward. Staff were delegated accordingly to maintain safety on all shifts.
C3	5 10	RN CSW	Vacancy x5 Dependency x10	Bank and agency unable to fill. Staff throughout the ward were rotated in order to cover the shortfall. Safety was maintained at all times.
C4	1	CSW	Sickness	Bank unable to fill. Staff were reallocated as necessary to ensure patient safety.
C5	1	RN	Vacancy	Bank unable to fill. Lead nurse worked clinically ensuring that safety was maintained at all times.
C6	1	CSW	Vacancy	This was a red assessed shift. There were post operation high dependency patients on the shift. Some delays in care occurred. Care was prioritised with the emphasis on bedside care. Safety was maintained.
C7	3 1	RN CSW	Sickness x2 Dependency x2	Two of the RN shortfall shifts were assessed as red shifts. On both occasions a CSW from another ward assisted and on one shift a CSW from the ward came in for an extra shift. No patient adverse effect was noted on both shifts. On the other RN shortfall shift the lead nurses assisted while on the CSW shortfall student nurses were on the ward. Care was prioritised appropriately.
EAU	1	CSW	Vacancy	Those CSWs present were reallocated as necessary to ensure patient safety.
CCU	5	RN	Vacancy x5	Bank and agency unable to fill. On all occasions the dependency of the patients was such that all care was managed and safety was maintained.
NNU	2	RSCN	Dependency of patients. Capacity.	These two shifts were assessed as red. The NNU was closed to admissions and safety was not compromised.

MH DU	2 1	RN CSW	Sickness, Dependency, Use of flex beds	For one of the RN shortfall shifts nurses assisted from both critical care and AEC and a patient was moved to ITU and on the other two patients were de-escalated by the medical registrar and a CSW assisted. Qualified staff covered the CSW duties on the third shift. Patient safety was maintained at all times.
Maternity	4 3	RM CSW	Vacancy Short Term sickness	Escalation policy enacted on all occasions. Bank unable to fill. Midwives were moved to areas of highest dependency. No patient safety issues occurred

[illegible]