

**Paper for submission to the Board of Directors on 6<sup>th</sup> April 2017 - PUBLIC**

<b>TITLE:</b>	Chief Nurse Report		
<b>AUTHOR:</b>	Dawn Wardell – Chief Nurse Dr E Rees - Director of Infection Prevention and Control Derek Eaves - Quality Manager Nursing	<b>PRESENTER:</b>	Pam Smith Deputy Chief Nurse
<b>CORPORATE OBJECTIVE:</b> 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			
<b>SUMMARY OF KEY ISSUES:</b>  <b>Infection Prevention and Control for the month of March (as at 27.3.17)</b> <ul style="list-style-type: none"> <li>No post 48 hour MRSA bacteraemia cases since 27<sup>th</sup> September 2015.</li> <li>No further Norovirus episodes.</li> <li>As of this date the Trust has had 33 cases of post 48 hour C. difficile so far in 2016/17. So far 30 cases have had their lapses in care determined; 12 of these cases were associated with a lapse in care.</li> </ul> <b>Safer Staffing</b> <ul style="list-style-type: none"> <li>Shortfall shifts total figure for this month is 73 which is an increase from the last month (65).</li> <li>The RAG rating system has been rolled out across the wards with 16 red shifts in total across eight areas in this month using this methodology. No safety issues were identified.</li> <li>Shortfall shifts were reviewed and no safety issues identified that affected the quality of care.</li> <li>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.</li> </ul> <b>Nursing Care Indicators</b> <ul style="list-style-type: none"> <li>March had two areas Red which are now under increased support and escalation.</li> <li>Nutrition Audit and focus on MUST completion is underway with two weekly meetings recommenced in February 2017.</li> </ul> <b>MUST</b> – Work has been developed on C1 in January as a pilot for new work and they have now achieved 100%.			
<b>IMPLICATIONS OF PAPER:</b>			
<b>RISK</b>	Yes	<b>Risk Description:</b> <ul style="list-style-type: none"> <li>Failing to meet initial target for C Diff now amended to avoidable only (Score 10).</li> <li>Nurse Recruitment – unable to recruit to vacancies in nursing establishments to meet NICE guidance for nurse staffing ratios (Score 20).</li> </ul>	
	<b>Risk Register:</b> Y	<b>Risk Score:</b>	
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	Y	<b>Details:</b> Safe and effective care
	<b>Monitor</b>	Y	<b>Details:</b> MRSA and C. difficile targets Agency capping targets
	<b>Other</b>	Y	<b>Details:</b> Compliance with Health and Safety at Work Act.
<b>ACTION REQUIRED OF BOARD</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		√	
<b>RECOMMENDATIONS FOR THE BOARD:</b> 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 (27.3.17) we have 0 post 48 hour cases recorded in March 2017.

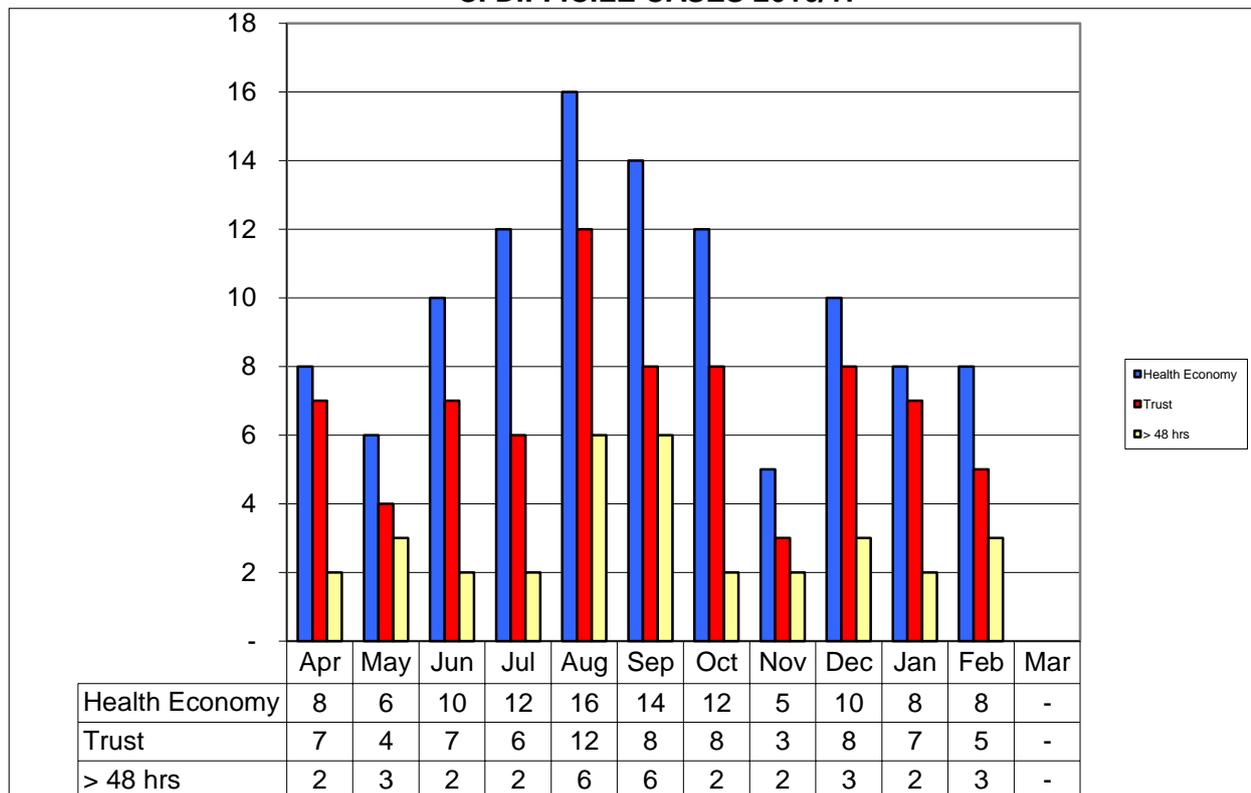
The process to undertake an assessment of individual C. difficile cases to ascertain if there has been a 'lapse in care' (resulting in a case being described as 'avoidable/unavoidable') as described in the revised national guidance<sup>1</sup>, continues.

For the financial period 2016/17 of the 33 post 48 hour cases identified since 1<sup>st</sup> April 2016, 30 cases have been reviewed and apportionment has been agreed (12 cases associated with lapse in care) 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.

The PII of C. difficile on B3 is now resolved. There were no further cases. Ribotyping was inconclusive.

**C. DIFFICILE CASES 2016/17**



**MRSA bacteraemia (Post 48 hours)** – There have been 0 post 48 hour MRSA bacteraemia cases since 27<sup>th</sup> 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 February 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 six 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
February 17	4.34	3.63	7.97

These figures obviously vary widely across wards/areas (e.g. [for February] 22.18, 8.75 and 30.93 for Maternity and 2.51, 3.56 and 6.07 on Ward C1).

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 the last three months 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 73 which is more than last month (65) but lower than October to December 2016 (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.

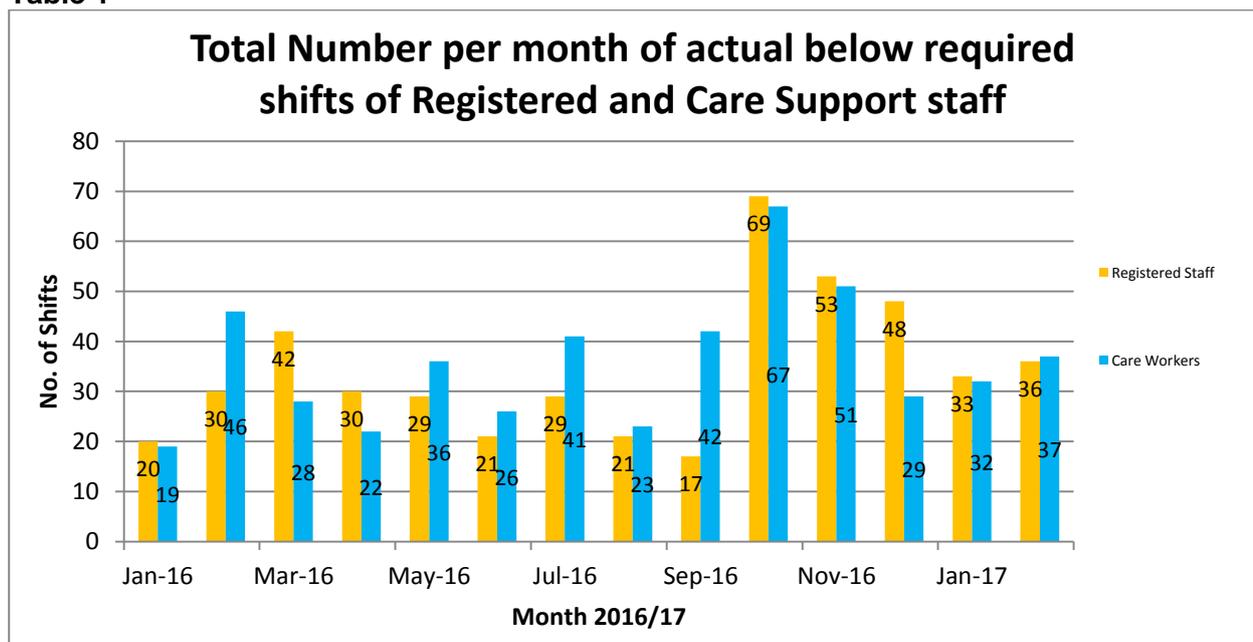
As with last month, the area with the largest number of shortfalls in February was C3 which had 13 (with 7 RN shifts and 6 CSW shifts). The RN shortfalls occur on this ward with 52 patients when there is one nurse short as it tips them slightly over the 1:10 (days) and 1:12 (nights) ratios. The CSW shortfalls 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, NNU and Maternity continue to have challenges when dependency and capacity are high. Wards

A2, B2H and C1 also continue to have CSW shortfalls due to the high number of 1:1 patients. The rest of the shortfalls are evenly spread throughout the hospital, as in previous months.

As well as the quantifiable staffing numbers discussed above from May 2016 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 January 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' (78%) which is the similar to previous months. With regard to the Red rated shifts there were 16 this month which accounts for 1.3% 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 affected the results of any of the nursing care indicator measures or other quality measures such as the number of infections. C3 has continued to show red rating for NCI for two months which coincides with high dependency of patients. 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 February (figures in brackets from January)**

Ward/Area	RED	AMBER	GREEN	Ward/Area	RED	AMBER	GREEN
Ward A2	0 (0)	18 (30)	38 (32)	Ward C4	0 (0)	2 (5)	54 (57)
Ward A3	0 (1)	0 (7)	56 (54)	Ward C5	2 (0)	19 (16)	35 (46)
Ward B1	1 (1)	9 (14)	46 (47)	Ward C6	0 (1)	10 (11)	46 (50)
Ward B2H	0 (0)	19 (8)	37 (54)	Ward C7	0 (2)	12 (13)	44 (47)
Ward B2T	1 (0)	7 (23)	48 (39)	Ward C8	0 (0)	23 (11)	33 (51)
Ward B3	0 (1)	7 (6)	49 (55)	CCU/PCCU	2 (0)	26(30)	28 (32)
Ward B4	2 (2)	17 (30)	37 (30)	EAU	0 (0)	17 (11)	39 (51)
Ward B5	1 (4)	21 (30)	34 (28)	MH DU	0 (0)	1 (6)	55 (56)
Ward C1	4 (1)	15 (17)	37 (44)	Critical Care	0 (0)	0 (0)	56 (62)
Ward C2	0 (0)	0 (0)	56 (62)	NNU	3 (2)	11 (2)	42 (58)
Ward C3	0 (0)	12 (28)	44 (34)	Maternity	0 (0)	9 (4)	47 (58)

Totals	RED	AMBER	GREEN
June	4	119	1257
July	12	163	1251
August	6	147	1273
September	1	126	1253
October	18	207	1135
November	30	369	921
December	13	313	1038
January	15	302	1047
February	16	255	961

\* Shift numbers vary each month dependant on number of beds/areas open during this time.

### Nurse Care Indicators (NCI's)

The achievement of Green status has not yet been achieved for a number of areas despite improvements seen overall.

Rating	Oct 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
RED	15	4	3	7	6	3	2	3	1	3	0	1	0	4	3	4	2
AMBER	5	11	14	12	13	15	14	10	7	2	11	8	12	10	11	9	10
GREEN	4	9	9	8	8	9	11	14	19	22	16	18	14	13	13	14	16
TOTAL	24	24	26	27	27	27	27	27	27	27	27	27	26	27	27	27	28

#### COMMENTS:

November 16 - Ward A1 Evergreen no audits  
December 16 - Ward B6 open and Ward Evergreen starts audits in Jan  
January 17 - Still testing Evergreen audit tool  
February 17- Still testing Evergreen audit tool  
March 17 - Evergreen audit tool started

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 March:

NCIs	
Level 1 Matron Level	18
Level 2 Head of Nursing Level	4
Level 3 Deputy Chief Nurse level	1
Level 4 Chief Nurse	1

Nutrition Audit	
Level 1 Matron Level	6
Level 2 Head of Nursing Level	3
Level 3 Deputy Chief Nurse level	0
Level 4 Chief Nurse	0

**MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS FEBRUARY 2017** **TABLE 3**

WARD	No.	RN/RM CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A2	8	CSW	Vacancy x 8	On five shifts bank were unable to provide cover. On three shifts bank did not arrive and on two occasions bank staff cancelled. On one occasion each of the following occurred: Novices were present and assisted and lead nurse assisted. On all shifts staff were reallocated as necessary to ensure patient safety.
B1	1	CSW	Short Term Sickness	This night shift was assessed as a red shift. There were two CSWs short and later in the shift assistance was provided by B2. No patient adverse effects occurred on the shift.
B2H	5	CSW	Sickness x 4 Vacancy x 1	On all occasions bank unable to fill. On one occasion lead nurse worked clinically and on another the Hip Practitioner assisted. On all occasions care was prioritised accordingly and all patients remained safe.
B2T	1 1	RN CSW	Short Term Sickness Patient dependency	The RN shortfall shift was assessed as red until the Lead nurse came on duty who then worked clinically although there were some delays. An agency CSW also assisted later in the shift. On the CSW shortfall shift the lead nurse also worked clinically. Care was prioritised accordingly and no harm occurred to patients.
B3	1 1	RN CSW	Sickness Patient dependency	For the RN shortfall the bank and agency could not fill leaving a 1:12 ration. A station was covered by assistance from B2Hip RN while for the CSW shortfall a B2Hip CSW assisted. No patient adverse effects occurred.
B4	2 2	RN CSW	Short Term Sickness x2 Patient dependency x2	The two RN shortfall shifts were assessed as red shifts. On one occasion mandatory training was cancelled and on the other the lead nurse worked clinically for part of the shift. 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	1	RN	Vacancy	This shift was assessed as red. Although there was only 1 RN short the agency RN working required a lot of support. No safety issues occurred.
C1	4 6	RN CSW	Compassionate Leave x1 Sickness x5 Vacancy x3 Capacity x4	On eight of the shortfall shifts the 'float' Band 5 worked on a station and the shift lead assisted on six of the shifts, four of which were rated as red. Staff were also delegated accordingly to maintain safety on all shifts.
C3	7 6	RN CSW	Vacancy x7 Dependency x6	Bank and agency unable to fill. For four of the RN shortfall shifts a Band 4 supported the qualified staff, on one new supernumerary staff nurses were on duty and on the other two CSWs supported. For the CSW shifts staff throughout the ward were rotated in order to cover the shortfall. Safety was maintained at all times.
C5	1 2	RN CSW	Vacancy Patient Dependency	On the RN shortfall shift the lead nurse worked clinically. The two CSW shortfall shifts were assessed as red as there were two CSWs short each time for 1:1 patients. The patients were cohorted to ensure that safety was maintained at all times.
C7	2	CSW	Sickness x2	Care was prioritised appropriately to ensure that safety was maintained at all times.
EAU	1 3	RN CSW	Sickness Vacancy x3	On the RN shift A2 staff helped and lead nurse worked clinically. On the three shortfall shifts the float Band 3 covered the flexi-area and on the other the lead nurse worked clinically to ensure patient safety at all times.
CCU	2	RN	Vacancy x2	These two RN shortfall shifts were assessed as red. Bank and agency unable to fill. On one occasion CAT nurse assisted when required and a CSW was employed to assist and care was prioritised accordingly. On the other the night CSC offered support when required. Care was managed and safety was maintained.
NNU	6	RSCN	Dependency of patients. Capacity	The unit experienced considerably pressures this month resulting in it having to close on five of these occasions, three of which were assessed as red. On the other staff delegated care accordingly and safety was not compromised on all of these occasions.
MHDU	1	RN	Sickness	Patient safety was maintained at all times due to number and dependency of patients on the unit at the time.
Maternity	9	RM	Short Term sickness Patient Dependency	Escalation policy enacted on all occasions. Bank unable to fill. Midwives were moved to areas of highest dependency. No patient safety issues occurred

