

Paper for submission to the Board of Directors on 2nd February 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 January (as at 24.1.17) <ul style="list-style-type: none"> No post 48 hour MRSA bacteraemia cases since 27th September 2015. Norovirus outbreak on B1 ward (13 patients and 15 staff) – ward reopened on 23rd January 2017. As of this date the Trust has had 29 <i>C Diff</i> cases so far in 2016/17. So far 15 cases have had their lapses in care determined; 6 of these cases were associated with a lapse in care. Cluster of cases of <i>Enterobacter cloacae</i> on Neonatal Unit. Safer Staffing <ul style="list-style-type: none"> Shortfall shifts total figure for this month is 77 which is a reduction from the last month (136). The RAG rating system has been rolled out across the wards with 13 red shifts in total across eight 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"> January had three areas Red which are now under increased support and escalation. Nutrition Audit and focus on MUST completion is underway with two weekly meetings due to recommence in February 2017. 			
IMPLICATIONS OF PAPER:			
RISK	Yes	Risk Description: <ul style="list-style-type: none"> Failing to meet initial target for <i>C Diff</i> 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 <i>C. difficile</i> 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

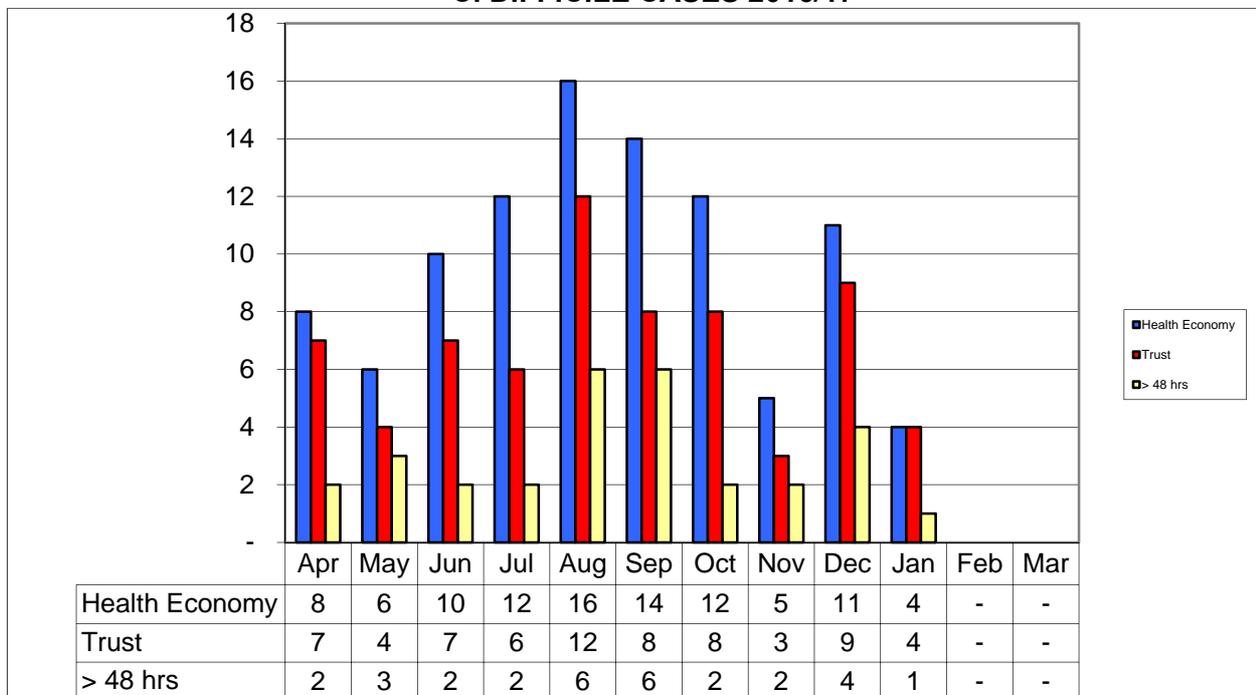
Clostridium Difficile – The target for 2016/17 is 29 cases, equivalent to 12.39 CDI cases per 100,000 bed days. Penalties will be associated with exceeding 29 cases associated with lapses in care. At the time of writing (24.1.17) we have 1 post 48 hour case recorded in January 2017.

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 29 post 48 hour cases identified since 1st April 2016, 15 cases have been reviewed and apportionment has been agreed (6 cases associated with lapse in care) and 14 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.

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 - An outbreak occurred on B1 ward from 10th January to 23rd January 2017. This involved 13 patients and 15 members of staff. The ward was closed during this period. Public Health England and the Office of Public Health were involved in the management of this episode.

Neonatal Unit – Five babies colonised/infected with indistinguishable strains of Enterobacter cloacae were identified during December 2016. Public Health England and CCG were involved in investigating and managing the situation. The Unit was closed to transfers to and from other Neonatal Units whilst babies were screened. The Unit was fully reopened following a meeting 30th December 2016.

Reference

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

THE DUDLEY GROUP NHS FOUNDATION TRUST
Monthly Nurse/Midwife Staffing Position
December 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
September	4.44	3.63	8.07
October	4.39	3.56	7.95
November	4.19	3.34	7.53
December	4.25	3.40	7.65

These figures obviously vary widely across wards/areas (e.g. 21.13, 8.13 and 29.26 for Maternity and 2.64, 2.83 and 5.47 on Ward B4)

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. 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 77 which is a large fall from last two months (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 December was Maternity which had 15 (with 8 RM shifts and 7 CSW shifts) but, again, this was a big fall from previous months e.g. October when there were 42 (32 RM shifts and 10 CSW shifts). This reflects the recent recruitment of staff. The next area with the largest number of shortfalls was ward C3 which had 12 RN shortfall shifts (9 in November/6 in October). Due to the number of beds on C3 (52), when the ward is short of 1 RN from the planned day time 6 staff and planned night time 5 staff the staffing just breaks the agreed 1:10 (day) and 1:12 (night) ratios. The problems experienced by NNU last month (9 red shifts) have receded. 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 November 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' (76%) which is the same as last month. With regard to the Red rated shifts these have dropped to 13 from 30 last month and account 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 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

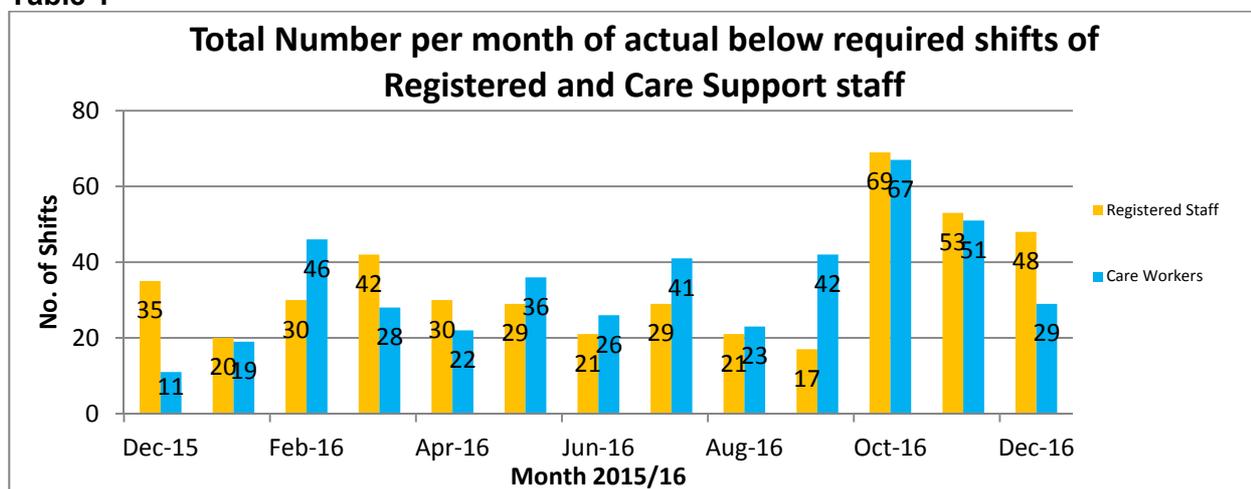


Table 2 - Self-Assessment of Workload by Senior Nurses on Each Shift for December (figures in brackets from November)

Ward/Area	RED	AMBER	GREEN	Ward/Area	RED	AMBER	GREEN
Ward A2	1 (1)	27 (42)	34 (17)	Ward C4	0 (0)	1 (1)	61 (59)
Ward A3	2 (2)	12 (4)	48 (54)	Ward C5	0 (2)	14 (23)	48 (35)
Ward B1	1 (0)	25 (12)	36 (48)	Ward C6	1 (1)	13 (20)	39 (52)
Ward B2H	1 (0)	9 (19)	52 (41)	Ward C7	0 (3)	30 (17)	32 (40)
Ward B2T	1 (0)	9 (9)	52 (51)	Ward C8	0 (0)	30 (28)	32 (32)
Ward B3	0 (0)	11 (24)	51 (36)	CCU/PCCU	2 (1)	26 (18)	34 (41)
Ward B4	0 (1)	33 (32)	29 (27)	EAU	0 (0)	4 (4)	58 (56)
Ward B5	4 (2)	30 (20)	28 (38)	MH DU	0 (0)	1 (3)	61 (57)
Ward C1	0 (0)	0 (1)	62 (60)	Critical Care	0 (0)	0 (0)	62 (60)
Ward C2	0 (8)	5 (35)	57 (17)	NNU	0 (9)	2 (15)	60 (36)
Ward C3	0 (0)	38 (34)	24 (26)	Maternity	0 (0)	8 (8)	54 (52)

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

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
RED	15	4	3	7	6	3	2	3	1	3	0	1	0	4	3
AMBER	5	11	14	12	13	15	14	10	7	2	11	8	12	10	11
GREEN	4	9	9	8	8	9	11	14	19	22	16	18	14	13	13
TOTAL	24	24	26	27	27	27	27	27	27	27	27	27	26	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 - 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. These will recommence in February.

Escalations January:

NCIs	
Level 1 Matron Level	9
Level 2 Head of Nursing Level	7
Level 3 Deputy Chief Nurse level	3
Level 4 Chief Nurse	1

Nutrition Audit	
Level 1 Matron Level	10
Level 2 Head of Nursing Level	4
Level 3 Deputy Chief Nurse level	0
Level 4 Chief Nurse	0

Nutrition audit still hasn't been submitted for EAU.

Allied Health Professionals (AHP) Council

The first meeting has now been held which was attended by Paul Bytheway (Chief Operating Officer) supported by Pam Ricketts (Quality Lead for AHPs). It was a positive meeting with regular meetings planned going forward. This was as a result of feedback from the LiA Event in October 2016.

MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS DECEMBER 2016

TABLE 3

WARD	No.	RN/RM CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A2	1 3	RN CSW	Sickness x 3 Compassionate Leave x1	The one qualified shortfall was a red shift as there were three very confused patients and some highly dependent medical patients which resulted in some care being delayed but safety was maintained. For the CSW shortfalls, staff were reallocated to ensure safety was maintained at all times.
A3	2	RN	Staff moved to other areas x 2	These two night shifts were assessed as red shifts as a staff member had to move to the help assist elsewhere on both occasions which led to some delays in care but no patient adverse effects occurred.
B1	3 1	RN CSW	Sickness x 4	On the one red shift four patients were admitted for surgery with only 1 bed available. Patients had to go to surgery from the dayroom while patients were being discharged. Last bed became available at 14.00hrs. Delays in care occurred. A CSW came from the discharge lounge for 2hrs. On the other shortfall shifts patient numbers were 12 or below and so care needs were prioritised however on one shift eight patients were transferred to the ward so care needs were high but no harm came to patients.
B2H	1	RN	Vacancy	This one red shift was patients admitted during the shift resulted in six vascular patients on one station. The lead nurse worked clinically to assist and a student was on the ward. No safety issues occurred.
B2T	1	RN	Staff moved to another area	This one red shift was assessed as such as a CSW was moved to another ward and the patient dependency was high which included two spinal patients with several patients requiring two hourly skin bundles. Workload was prioritised and patient safety maintained. There was some delays in care.
B3	1 1	RN CSW	Sickness x1 Vacancy x 1	On the RN shortfall shift no bank was available and it was not escalated to agency as an Amber shift. Station 3 was covered by a nurse from another ward. Safety was maintained. For the CSW shortfall, a CSW from another ward covered station 3. There were no safety issues.
B4	9	CSW	Sickness x5 Vacancy x3 Staff moved to other area x1	On one occasion the lead nurse assisted, on two occasions patients were cohorted and on the rest 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	4 1	RN CSW	Vacancy x 5	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	5	CSW	1:1 required x3 Vacancy x3	Bank unable to fill. Lead nurse worked on ward on a number of occasions and staff were delegated accordingly to maintain safety.
C2	5	RSCN	Increased dependency	The increased dependency resulted in the nurse in charge assisting the relevant areas. Bank and agency were unable to fill. Safety was maintained at all times.
C3	12	RN	Vacancy x12	Bank unable to fill. Staff throughout the ward were rotated in order to cover the shortfall. Safety was maintained at all times.
C5	1	RN	Vacancy	Bank unable to fill. Workload was redistributed ensuring that safety was maintained at all times.
C6	1	RN	Vacancy	This was a red assessed shift. Two new graduates assisted under supervision. Safety was maintained.
C7	1	CSW	Sickness	A supernumerary CSW assisted and student nurses were on the ward. No reported harm to patients.

C8	2	RN	Sickness x2	For these two red assessed shifts, on both occasions the bleep holder supported the ward and HASU. There were some delays in care but safety was maintained.
EAU	1	CSW	Sickness	The Lead nurse worked clinically and so safety was maintained.
CCU	5	RN	Vacancy x5 Sickness x5	Bank unable to fill. On all occasions the dependency of the patients was such that all care was managed and safety was maintained.
NNU	1	RSCN	Dependency of patients	The NNU was closed to admissions and with all babies stable safety was not compromised.
Maternity	8 7	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

