Oxford University Hospitals NHS
NHS Trust

Trust Board Meeting: Wednesday 9 July 2014

TB2014.76

Title	**Nursing and Midwifery - Staffing levels report for the months of March, April and May 2014**

Status	For information
History	• Trust Board Seminar 21st October 2013 • Trust Board Seminar 27th November 2013 • Trust Management Executive 9th January 2014 • Trust Board (Part II) 22nd January 2014 • Trust Management Executive 23rd January 2014 • Trust Management Executive 13th February 2014 • Trust Board 12th March 2014 • Quality Committee 9th April 2014 • Trust Board 14th May 2014

Board Lead(s)	**Catherine Stoddart, Chief Nurse**			
Key purpose	Strategy	**Assurance**	Policy	Performance

Executive Summary

1. This paper is to provide assurance to the Trust Board on the status of Nursing and Midwifery staffing at OUH for the months of March to May 2014.

2. The Trust is required to comply with national guidance in providing reports to the Trust Board regarding the levels of nursing and midwifery staffing on a ward by ward/shift by shift basis. This Trust Board report includes:

   The first report submitted to NHS Choices via the Unify platform on the 24th June. This report includes the actual hours worked against the planned roster hours for nursing and midwifery staff. This report also separates registered nurses and unregistered Care Support Workers by day and night shifts.

   This report also includes reports for March to May from The Trust's internal system to monitor and manage nursing and midwifery staffing locally, in real time. This provides transparency and awareness of shifts that require 'escalation' in order to mitigate and support clinical areas. The first report to the board was presented in May 2014 (March data).

3. The shifts identified during March, April and May that required escalation for review and action by senior nurses are identified in the report, the reasons and the actions taken to support the ward staffing. The review of the quality impact on patients' care identified that no harm, incidents or complaints resulted from these escalated shifts.

4. The Trust is developing a suite of Nurse Sensitive Indicators (NSIs), which can be monitored over time to establish trends that may indicate a correlation between staffing levels and clinical incidents. The NSIs for the first quarter of the year will be presented to the Quality Committee in August.

5. Recommendations

The Trust Board is asked:

1. To note the Trust's submission to the Unify platform with publication on NHS Choices on the 24th June.
2. To note the escalated shifts identified through the Trust's real time RAG rating monitoring system, the reasons identified and the actions taken to mitigate, and the review of the quality impact on patient care.
3. To note the evolving suite of Nurse Sensitive Indicators for presentation to the August Quality Committee.

1. Purpose

1.1 This paper is to provide a report to the Trust Board with an update on the status of Nursing and Midwifery staffing at Oxford University Hospitals NHS Trust.

1.2 There are two reports: The first is the submission to the national database (Unify) which is a monthly requirement for the previous month's data. The second is the Trust's internal real time monitoring and reporting system that provides transparency Trust wide to senior nurses for the management of staff. This is presented for the months of March to May 2014.

2. Background

2.1 It should be noted that although there have been regular reports to both the Quality Committee and Trust Board of the Trust's compliance against national requirements. The national guidance has been changing and evolving over recent weeks. This is the second report to the Trust Board on the status of Nursing and Midwifery staffing within the Trust, and includes the recent submission and publication on the NHS Choices website.

3. The Trust's compliance with the Timetable of Actions

3.1 The details of the overall requirement for the Trust against the 'Timetable of Actions' was referenced in the previous Trust Board report in May 2014, which includes:

a) Six monthly reports to the Trust Board on staffing capacity and capability, through a review of the staffing establishments using an evidence based tool, the Safer Nursing Care Tool. The process of data collection has been undertaken in late May and the data is currently being validated and analysed and will be reported to the Quality Committee in August and the Trust Board in September 2014.

The Unify national reporting system has been published for the first time in June for May's staffing data. This includes the % average fill rates reported in hours for actual levels against planned levels of nursing and midwifery staff, by day and night shifts. Registered staff are differentiated from unregistered staff i.e. Care Support Workers and Assistant Practitioners.

This was reported according to the deadline on the 10th June 2014, and was published nationally on the NHS Choices website on the 24th June. This can be viewed via this link on the Trust's own website under 'Nursing and Midwifery Staffing' http://www.ouh.nhs.uk/about/saferstaffinglevels.aspx

3.2 The report identified that the average fill rate across the Trust for registered nurses in May was 93% and 88.1% for Care Support Workers, and this was broken down to individual hospital sites. This was linked to several composite indicators such as infection control, cleaning etc. However, overall the Trust was found to meet the requirement of all the composite indicators, apart from at the John Radcliffe site which reported one unavoidable MRSA infection in the last quarter of 2013/14.

3.3 It should be noted that during the month of May there were two bank holidays, and therefore elective activity would have been less that in most other months and the staff planned accordingly.

3.4 The Trust Board also receives its internal staff monitoring reports which are RAG rated for the purpose of real time management by senior nurses. This includes a systematic process of real time escalation that identifies and escalates clinical areas that have short notice shortfalls due to sickness/absence or increased patient activity and acuity. These alert senior nursing staff to assess, and if necessary take mitigating action. This was previously reported to the Trust Board in May with March data, and is presented in this paper with three months data, March to May.

3.5 Staff are moved around clinical wards regularly to ensure the areas of higher activity and acuity receive adequate support for their patients' needs. However at times further mitigating actions maybe required if there is a failure to fill shifts with bank/agency for short notice sickness reasons, or patients' acuity levels change with clinical deterioration. A suite of actions range from prioritising care, matrons working clinical shifts to support the wards, emergency admission transfers directed to the wards according to their staffing levels/skill mix of staff, and as a last resort to temporary reduced bed usage according to the levels of staff available.

3.6 Each of the shifts that were escalated for action within the divisions for this period of time were reviewed, and there was no adverse quality impact or harm to patients.

3.7 The nursing and midwifery staff levels data by shifts and by ward are presented in the tables in the appendices x 6 by shift and by ward according to the RAG rated system.

Surgery and Oncology division

March – 9 shifts on Sobell House, Renal Ward, E ward at the Horton, Jane Ashley

April – 1 shift on 5F (JR)

May – none reported

The reasons included short notice sickness or increased acuity of a patient.

The mitigations included escalation to senior nurses, prioritised care, minimising admissions during the defined period and support from neighbouring wards for whole or parts of shifts by staff movement. None resulted in harm to patients, or complaints or untoward incidents.

Medicine, Rehabilitation and Cardiac division

March – 1 shift on the Cardio Thoracic ward, 3 shifts on Geoffrey Harris Ward

April – no shifts escalated

May – 1 shift on 7a ward

The reasons included short notice sickness and/or inability to fill shifts with bank or agency at short notice.

The mitigations included escalation to senior nurses, prioritised care, minimising admissions during the defined period and movement of staff from neighbouring wards, and the bleep holder who co-ordinates between wards, worked clinically to support the ward. None resulted in harm to patients, or complaints or untoward incidents.

Childrens' and Women's' division

March – 1 shift on New Born Care, I shift on the Paediatric High Dependency Unit,

April – I shift on New Born Care, 13 shifts in maternity

May – 31 shifts in maternity

In the New born Care Unit and the Paediatric High Dependency Unit mitigations included the matron and deputy matron undertaking clinical shifts to support the units. The reasons included short notice sickness and inability to fill the shift with bank and/or agency staff at short notice.

The maternity units escalate the increases in activity due to the number of births and variations of acuity of the women. These occurred as a result of transfers from other hospitals, women who required 1:1 care due to the acuteness of their condition, women requiring escort for scans or transfer to another hospital, or women who were transferred from the Intensive Therapy Unit to the maternity unit, a police incident requiring a midwife's attention. This is during a period while newly appointed staff have been recruited but are waiting to commence in post following graduation.

The means of mitigating these higher levels of activity and reduced levels of staff include:

Assessing the changing levels of acuity and activity with the Birth-rate + tool every four hours. The co-ordinators in each unit make decisions to move staff to cover areas of increasing acuity from areas of less acuity and activity, in order to provide appropriate support. This includes moving midwifery staff from the community who are on call, into the acute units where they also regularly rotate.

In addition to this, Midwifery Support Workers are moved to support the registered staff, bleep holder co-ordinators work clinically to support the units, and elective work may be delayed until the levels of staff can support these procedures.

Neuroscience, Orthopaedics, Trauma and Specialist Surgery

March – 1 shift on F Ward at the Horton Hospital, 2 shifts on Neurosurgical ITU, 2 shifts on the neurosciences ward, 1 shift on F Ward at the Nuffield Orthopaedic Hospital, 2 shifts on 3A ward at the JR

April – 1 shift on the neurosciences ward, 1 shift on the Bone Infection Unit, 1 shift on the Specialist Surgery ward, 1 shift on 2a ward and 2 shifts on 6a ward.

May – 1 shift on the neurosciences ward and 1 shift on 6a ward

The reasons were; short notice sickness and/or short notice unfilled shifts by bank and agency and the increased level of acuity of patients.

The mitigations included raising awareness with the senior nursing team to discuss solutions including prioritising work and movement of staff between wards. In addition to this, there were plans put in place with the Operations Team to direct emergency admissions according to staff levels during these periods, and temporarily reducing bed usage during part or all of the shifts affected.

Clinical Support Services

No escalation shifts as staff are moved between all the intensive units across three hospital sites according to the levels of activity.

4. Nurse Sensitive Indicators

4.1 The Trust has been developing a meaningful matrix of Nurse Sensitive Indicators that can provide trend information overtime, that can be triangulated with the staffing levels and skill mix. Together they can provide information that would either provide assurance or indicate that the levels and skill mix require review and more in-depth examination. These indicators and staffing levels however, should not be viewed in isolation. It is intended to integrate the peer review process into the overall information and intelligence that enables a comprehensive assessment, incorporating patients' and staff views from a qualitative perspective.

The Nurse Sensitive Indicators used include:

- all falls, with high impact falls,
- all hospital acquired pressure ulcers, including category 3 and 4 pressure ulcers,
- medicine administration incidents and;
- extravasation incidents (intravenous fluids/medicines leaking outside of the vein into surrounding tissues).

4.2 The degree to which these indicators result in harm is a key factor and are determined through investigation if they were 'avoidable 'or 'unavoidable'. For instance there are levels of falls on the neurosciences ward that are 'expected' due to the nature of this group of patients' illnesses, but there are safety measures that are put into place to ensure that patients do not sustain harm as a result of their falls.

4.3 The other factors that must be considered include the level of clinical leadership provided by the ward sister, and ward organisational factors that contribute to a consistent quality and standard of care and support to staff.

4.4 The draft suite of Nurse Sensitive Quality Indicators are to be presented to the Quality Committee in August in order that trends for the first quarter of 2014/15 can be analysed. The Trust is currently benchmarking with other Trusts to understand which indicators are the most effective in highlighting areas of good practice and have a correlation to the levels of registered nurses. These can then serve as indicators that will sign post the senior nursing team to review the skill mix and levels of staff.

5. Conclusion

5.1 The Trust is compliant with all national requirements in relation to reporting and is continuing to examine and understand the most appropriate suite of indicators, and how they can intuitively provide a triangulated matrix that could facilitate effective ward to board reporting and in turn provide a ward accreditation system.

6. Recommendations

6.1 The Trust Board is asked:

- To note the Trust's submission to Unify and publication on NHS Choices website on the 24th June linked to the Trust's own website.
- To note the Trusts internal monitoring of staff levels from March to May 2014, with the shifts that were escalated, the reasons and the mitigating actions undertaken to ensure that there were no impacts on the quality of patient care.
- To note that the first draft of evolving suite of Nurse Sensitive Indicators will be presented to the Quality Committee in August.

Catherine Stoddart

Chief Nurse

Report prepared by:

Liz Wright

Acting Chief Nurse

July 2014

References:

1. ***'How to ensure the right people, with the right skills, are in the right place at the right time'*** (National Quality Board November 2013) **http://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf**

2. ***'Hard Truths Commitments regarding the publishing of staffing data'*** (March 2014)

http://www.england.nhs.uk/wp-content/uploads/2014/03/timetable-actions.pdf