

Trust Board Meeting: Wednesday 14 May 2014
TB2014.53

Title	Nursing and Midwifery - Safe staffing levels report for the month of March 2014
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Status	For information
History	<ul style="list-style-type: none"> • 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

Board Lead(s)	Liz Wright, Acting Chief Nurse			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. This paper is to provide a report to the Trust Board on the status of Nursing and Midwifery safe staffing at OUH for the month of March 2014.

2. The details of the compliance requirements against the National Quality Board's standards are highlighted in **'How to ensure the right people, with the right skills, are in the right place at the right time'** (National Quality Board November 2013) and the recent document **'Hard Truths Commitments regarding the publishing of staffing data'** sent to Trust CEOs and Directors of Nursing on 31 March 2014 (Appendix 1).

3. This report forms one of the compliance requirements, which details actual staffing against planned levels on a shift by shift basis and advises those wards where there were shortfalls (Appendix 2).

The report includes the evaluation of the shifts that required escalation, associated mitigating actions and impact on quality of patient care. The Trust currently uses an in-house excel data system to provide this information.

4. In March 2014, there were shifts that required escalation and these included 17 early shifts, 28 late shifts and 15 night shifts. These occurred largely due to short notice sickness and/or inability to fill with temporary staff in spite of a suite of options being considered as part of the process. On these occasions senior nurses have made decisions with colleagues to mitigate the risks by strategies such as using the cover of supernumery staff i.e. the night practitioner at the Churchill being based on a ward with deficit in staff at night or bed closures.

5. The current method of collecting actual staffing data against planned establishment is undertaken through ward staff inputting onto an excel spread sheet database and making a Professional Judgement against a pre-defined template of thresholds, as to whether the staffing level is 'agreed', 'minimum safe, or requires 'escalation'. This is moderated through their Professional Judgement dependent upon the activity in the ward at the time.

6. The system is fragile, open to user error and considered a temporary measure until a more permanent and robust system can be sourced, that can quality assure the data and report more effectively

7. Recommendations

The Trust Board is asked:

1. To note the Trust's status of compliance in relation to the National Quality Board's requirements
2. To note the reporting process that the Trust is providing and the identification of shortfalls in staff and mitigating actions.
3. To note the urgent requirement for automation in the data collection, and reporting process to improve the quality assurance required.
4. To note the on-going progression towards reporting of quality, HR metrics with safe staffing indicators for benchmarking as these become available.

Purpose

1. This paper is to provide a report to the Trust Board on the status of Nursing and Midwifery staffing at Oxford University Hospitals NHS Trust. The details of the National Quality Board's requirements are highlighted in '**How to ensure the right people, with the right skills, are in the right place at the right time**' (NQB November 2013) and the recent document '**Hard Truths Commitments regarding the publishing of staffing data**' sent to Trust CEOs and Directors of Nursing on 31 March 2014 (Appendix 1).

Background

2. It should be noted that although there have been regular reports of the Trust's requirements and progress against these national standards. This is the first report to the Trust Board on the status of Nursing and Midwifery staffing within the Trust, in compliance with the national requirements. These reports will be refined over time with inclusion of quality metrics.

The Trust's compliance with the Timetable of Actions

3. The details of the overall requirement for the Trust against the 'Timetable of Actions' (appendix 1) included within the documents published on the 31 March 2014:
4. These include:
 - 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. This is the Safer Nursing Care Tool in use across the Shelford Group of hospitals. This review of establishment was last undertaken in December 2013 and is next planned for 12th May 2014. This will be reported to the July 2014 Trust Board.
 - b) Shift by shift display of actual staff numbers against expected by designation i.e. Registered or Care Support Worker, on boards on the wards – this is in place across the Trust.
 - c) The Trust Board receives a report update detailing actual staffing against planned on a shift by shift basis and is advised of those wards where there are shortfalls. This includes the reasons for the gap and the impact on quality of care as well as action taken to address the gap (Appendix 2 and 3).
5. The report attached includes any identified shifts that require escalation, the associated mitigating actions and impact on quality of patient care. The Trust currently uses an in-house data system to provide this information.
6. The Trust Board is held bi-monthly, and is expecting to receive two months of reports once there is sufficient data, with the Quality Committee receiving the reports in the alternate months. This process has been agreed with the Trust Development Authority.
7. The Trust will publish the report in a form accessible to patients and the public on its website and on NHS Choices, under an accessible site entitled 'Nurse Staffing' – this is being planned through the communications department.

8. The report outlines for the Trust Board the actual staffing levels against planned on a shift by shift basis across the Trust illustrating shortages based on agreed Registered Nurses per ward per shift.
9. The Trust has developed a short term solution in terms of an in-house system to capture information from ward staff on a shift by shift basis that is judged against pre-determined thresholds. In conjunction with this, Professional Judgement is used to determine 'agreed establishment' (green), 'minimum', i.e. minimum level compatible with safe care (amber), and 'escalation, requiring action to ensure safe care' (red).
10. The impact of shift shortages is documented by the ward sisters/nurses in charge and validated by the matrons once a week. These are inputted into the in-house database comparing the actual levels of staff against planned. This is considered against the RAG rating. Minimum and escalation levels are addressed locally then escalated as required through matrons, divisional nurses, Deputy Chief Nurse, Chief Nurse and Duty Managers out of hours.
11. Twice daily staff and bed capacity meetings are held on each of the four hospital sites at 09.30 and 15.00 to discuss the staffing status on each ward and mitigation taken which includes the movement of staff from areas that have sufficient staff to areas of deficit. Twice daily emailed reports are sent to the Chief Nurse indicating any staffing pressures and any necessary transfers of staff between wards and departments across the site.
12. The Trust is reporting on the "actual against planned" staffing levels for each shift [i.e. early, late and night shifts across the Trust. The wards where staffing pressures have been identified, i.e. 'shifts that require escalation and mitigation' are highlighted and the potential impact on patient care, assessed and the mitigating actions documented.
13. In March 2014, it was not always possible to fill all escalation shifts. On these occasions various steps were taken to ensure patient safety. These actions included: adjusting planned workload; admitting emergencies to other wards; adding the ward sister to the rostered numbers on the wards; moving Site Practitioners to assist the ward; greater ward support from Allied Health Professionals or the temporary closure of beds. By adopting such measures a safe clinical environment for patients was maintained in all cases.

Medicine, Rehabilitation and Cardiac

14. There were four early and four late shifts in the month of March 2014 that required escalation due to short notice sickness and unfilled temporary staff shifts.
15. The staff levels are reviewed at least twice a day across all hospital sites.
16. The nursing establishment has been increased across Acute General Medical wards at the John Radcliffe and Horton Hospital sites. This has relieved some of the pressure on the nursing staff; however there are still a number of vacancies to be filled through the recruitment campaign.

Neurosciences, Orthopaedics, Trauma and Specialist Surgery

17. There were six early, fourteen late and five night shifts in the month of March 2014 that required escalation due to short notice sickness and unfilled temporary staff shifts. These shortfalls were managed through the strategies outlined above.

Childrens' and Women's' Division

Childrens' services

18. There were three early, four late and three night shifts that required escalation in the month of March 2014.

Gynaecology ward – JR

19. There were no shifts recorded for escalation in the month of March 2014.

Maternity services

20. Midwifery staffing is reviewed and recorded three times a day at each of the John Radcliffe and Horton Hospital sites. The system does not currently include records of the community midwifery service or the standalone birth centres.
21. The midwifery staffing has been assessed using "Birthrate Plus" in 2013 following which a business case approved to increase the establishment to facilitate a 1:30 ratio for midwives. There are still some 7 outstanding vacancies but offers of employment have been made to 7 candidates and the Trust awaiting confirmation of acceptance.
22. The activity level is monitored by the bleep holder at each site and staff moved around to cover areas of increased activity. The activity on the labour ward is monitored by the co-ordinator and consultant obstetrician, and the activity managed between the two sites to ensure safe care for women.
23. There was one early, one late and one night shift requiring escalation.

Surgery and Oncology Division

24. There were four early, six late and nine night shifts that required escalation in the month of March 2014.

Clinical Support Services Division

25. Adult Intensive Care is the only in-patient ward area within this division sited on three hospital sites. There were no 'escalation shifts' reported during the month of March 2014.

Risks and issues the Trust is seeking to address

26. The current method of collecting actual staffing data against planned establishment is through an in-house Excel database which is fragile, open to user error but able to provide data on a shift by shift basis. This does provide clarity at staff and bed capacity meetings and can report, although lacks robustness. It is considered a temporary arrangement until a more robust purpose designed solution can be obtained.
27. In order to improve the robustness of data collection and reporting arrangements, the Trust is collaborating with the other Shelford Trusts. The Trust currently undertakes twice annual manual data collections of patient acuity in every ward, every day for 14 days. This is labour intensive for clinical staff and provides 'snap shot of data', twice in a year which cannot inform trends in order to effectively workforce plan establishments.
28. There is a limited number of suppliers for electronic solutions with the capability to provide the data and reporting required, which includes automatic escalation and reporting of the deficits of staffing. The Trust is currently exploring the most appropriate option to meet mandatory reporting requirements.
29. The Trust is working to improve the quality and staffing metrics in order to triangulate the impact of staffing levels.

Recommendations

30. The Trust Board is asked:
- 31.1 To note the Trust's compliance with the National Quality Board's requirements.
 - 31.2 To note the current reporting process that the Trust is adopting.
 - 31.3 To note the requirement for automation of the data collection and reporting to provide the required level of assurance.
 - 31.5 To note the on-going work to provide reports of quality and HR metrics alongside staffing levels.

Liz Wright
Acting Chief Nurse

May 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>