Southend University Hospital NHS

NHS Foundation Trust

Board of Directors' Meeting Report – 25th June 2014
Agenda item /14

Title	Nurse staffing establishment report
Sponsoring Director	Sue Hardy – Chief Nurse/Deputy Chief Executive
Authors	Sue Hardy – Chief Nurse/Deputy Chief Executive Cheryl Schwarz – Associate Chief Nurse
Purpose	To provide an overview of the May 2014 nurse staffing levels submitted to NHS England via UNIFY, reporting the percentage fill rate, by hour, and the impact on capacity and capability to deliver safe care.
Previously considered at	N/A

Executive Summary

There were 2 occasions where, despite putting mitigating actions in place, the ward remained at high risk for nurse staffing. However, this was closely monitored by senior nursing staff and no adverse outcomes were reported.

The data has been presented differently from the report in May 2014. This is due to information being received from NHS England which contradicted the original approach of reporting against the Board agreed safe staffing levels. This report now measures against current establishment and therefore provides a different picture.

This report should be read in conjunction with the 6 monthly inpatient nurse staffing level review.

Related Trust Objective	Patient Focus – keep getting better. Staff – proud to work here and feel valued.
Related Risks	Patient Focus – keep getting better. Risk 1, 2 & 3 Staff – proud to work here and feel valued. Risk 1 & 2
Legal implications / regulatory requirements	NHS England and our regulators expect organisations to ensure that staffing capacity and capability are appropriately funded, maintained and monitored. The CQC will monitor how well staffing requirements are met as part of their inspection programme
Quality impact assessment	Staffing levels need to be at an adequate level to provide safe nursing care. The impact on quality will be dependent upon the registered nurse to patient ratio, acuity and dependency of patients and the skills and capability of the staff.
Equality impact assessment	Monitoring the outcomes will enable us to understand the impact of any staffing deficits on care including patients with protected characteristic of 'age' and 'disability'.

Recommendations:
The Board is asked to note this paper

Introduction

In line with the commitments set out in the"Hard Truths; the Journey to Putting Patients First" earlier this year, this report provides an overview of the nurse staffing levels across in-patient wards for May 2014. The expectations set by NHS England state that the Board should be able to demonstrate that robust systems and processes are in place to assure themselves that the nursing, midwifery and care staffing capacity and capability in their organisation is sufficient to deliver safe and effective care. The Board will be expected to take full collective responsibility for the quality of care provided to patients. The escalation process and risk based mitigating actions will be key to ensuring consistent decisions that maintain safety and quality in patient care.

NHS England stipulate that recommendations relating to staffing reviews are considered and discussed with agreement of actions recorded and the report should be posted on the Trust's public website and loaded onto the NHS Choices website.

The Trust is required to upload inpatient ward staffing levels on a monthly basis to NHS England using a UNIFY template. This was completed and published on June 24th 2014.
In addition to the % fill rates data there is a requirement to provide a report to enable the Board to monitor staffing capacity and capability through reviewing the actual staff on duty on a shift-by-shift basis versus planned staffing levels. These reports should enable the Board to consider trends in the context of key quality and outcome measures as well as specific risk/escalation and mitigation undertaken at that specific time, in order to maintain safe patient care.

Planned and actual staffing

The data used to populate the UNIFY template was obtained from two sources. The criteria from NHS England changed from April as we were required to submit data in hours for May as opposed to shifts in the April report. The planned staffing levels were calculated by using agreed staffing levels pre-uplift and calculating this by hours per shift. The actual staffing hours were obtained from the E rostering system. There were a high level of discrepancies identified between the e-rostering system and the staff providing direct patient care on the wards. These areas have been explained within the report on the exception basis previously agreed. All the data can be seen in Appendix 1

Key themes

Appendix 1 illustrates that the Trust-wide fill rate for Registered Nurse/Midwives on day shifts was 97.29 %; and 94.35% for night shifts. The fill rate for Health care assistants was above 100% at 113.11% on days and 115.47% on nights. In a number of areas the dependency needs of the patients was elevated so additional HCAs were booked to provide enhanced observation. In some cases, it was not possible to obtain RN cover for RN staffing deficits, therefore HCAs were utilised to support fundamental care of patients. Appendix 1 provides more detail regarding this for the individual wards.

The significant level of vacancies, in addition to sick leave resulted in Bank & Agency staff being used to cover 8.17% of day and 20.9% of night Registered nurse hours and 28.78% of day hours for Health Care Assistants and 39.60% for night hours.

It should also be noted that some wards were authorised, following risk assessment, to attempt to secure staff to meet their uplift requirements (as agreed by the Board in November 2014).

Medicine
- Some medical areas continue to have high level of vacancies which resulted in significant Bank & Agency usage.
- Additional Health care assistants were required to provide enhanced observations in several areas and maintain patient safety.
- Action was taken to mitigate and reduce risk. There were 30 occasions where a high risk was identified across the business unit. Action was taken to mitigate and reduce the risk, with the majority of occasions being reduced to moderate or low. The remaining shifts were closely monitored to ensure patient safety was maintained.
- 7 beds remained closed on Paglesham due to the high level of vacancies, monitored shift by shift.

Surgery:
- Chalkwell (SAU) staffing increased to take emergency cases directly, bypassing A&E, thereby affecting actual staffing utilisation.
- HDU beds on Kitty Hubbard had to be closed based upon a daily risk assessment of acuity and dependency
- Hockley ward dependency levels were high at night so the ward was staffed to uplift figures to maintain patient safety.

MSK:
- High levels of vacancies & sickness resulting in bank and agency staff used to maintain patient safety.
- Increased enhanced observations were required within 2 clinical areas. Additional Health Care Assistants booked to address these requirements and maintain patient safety.
- Shopland ward remained open and was staffed accordingly, with actions taken to reduce risk & monitored shift by shift.

Paediatrics
- Neptune ward –increased utilisation of Health Care Assistants during day hours to support the Paediatric Assessment Unit and increased activity.
- Neonatal Unit –Planned and actual staffing levels reduced due to vacancies and maternity leave. Beds closed based upon a daily risk assessment of acuity and dependency

Maternity
- Margaret Broom 2 Nursery Nurses counted in staffing but do not provide care to mothers additional Health care assistants required to maintain patient safety. This needs to be reported separately when e-roster templates can be changed to facilitate. There were no risk concerns identified.

Accident & Emergency
- We have not been required to supply data for A&E as part of the UNIFY submission however, we are aware of staffing issues and continued high demand therefore this area is being monitored closely. Accident and Emergency continue to have high Registered Nurse vacancy levels resulting in usage of Bank & Agency to maintain patient safety. This continues to be monitored shift by shift. The additional Health Care Assistants are due to MEA's being recorded on the actual e-roster.

Additional actions

A recruitment plan is in place to address the Registered Nursing vacancies including the overseas recruitment campaign, on-going local recruitment and incorporating the Student

Nurses that are due to register with the NMC in September 14. The first cohort of 19 overseas nurses commenced within the Trust on the 2nd June with a further 25 expected in on 28th July.

A review of existing vacancies against anticipated phasing of recruitment is being undertaken with the aim of this being presented for Board monitoring in July 2014.

Conclusion

According to the new requirements from NHS England, we are now reporting a fill rate for Registered Nurse/Midwives on day shifts was 97.29 %; and 94.35% for night shifts. The fill rate for Health care assistants was above 100% at 113.11% on days and 115.47% on nights.

Processes are in place to monitor and manage ward staffing levels and patient safety on a shift by shift basis and to provide transparent, public reporting from the ward to the Board. These include risk assessment and utilisation of the Board agreed staffing uplift levels where deemed required. Outcomes and quality and safety indicators are monitored continuously in line with staffing levels.