

**Board of Directors' Meeting Report – 4 April 2017
6 Month Staffing Workforce Review March 2017
Agenda item 25/17**

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| Title | 6 Month Staffing Workforce Review |
| Sponsoring Director | Denise Townsend – Director of Nursing |
| Authors | Kathy Maloney, Safe Staffing Co-ordinator |
| Purpose | To inform the Trust Board of in-patient nurse staffing requirements against workforce and quality metrics and provide recommendations for the staffing levels required to maintain safe care for patients. |
| <p>Executive Summary The aim of this report is to provide an overview of the previous 6 months activity in relation to the nursing staffing position within Southend University Hospital NHS Foundation Trust and highlight actions taken where fluctuations have occurred and how these actions have/will reduce the impact on the quality of nursing care provided to our patients.</p> | |
| Related Trust Objective | <p>Patient Focus – keep getting better Sustainability – keep the core strong Sustainability – grow selectively Staff – feel proud to work here and keep making a difference</p> |
| Related Risk | Patient care will be adversely affected if Nurse staffing levels do not reach the 1:8 on the wards. |
| Essex Success Regime | This report does not have any implications for other Trusts within the Essex Success regime at the current time. |
| Legal implications / regulatory requirements | <p>CQC: Failure to demonstrate that our services are safe, effective, caring, responsive and well-led may lead breach of licencing conditions. The Trust is required by the Department of Health to publish monthly staffing information. Regulatory implications in terms of governance and finance. NHS England and our regulators expect organisations to ensure that staffing capacity and capability are appropriately funded, maintained and monitored.</p> |

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| Quality assessment | impact Staffing levels must be at an appropriate level to provide safe patient care. The impact on quality will be dependent upon the registered nurse to patient ratio, acuity and dependency of patients and the skills and abilities of the staff. |
| Equality assessment | impact Adequate nurse staffing levels will allow the ratio of nurses, according to the acuity and dependency of vulnerable patients, to provide safe care. Monitoring the outcomes will enable us to understand the impact on care including patients with protected characteristics of age and disability. |
| <p>Recommendations: Continue daily records of patient acuity & dependency. Monitor staffing levels and quality and safety data. Record and submit Care hours per patient day (CHPPD).</p> <p>The Board is asked to note this report and receive assurance.</p> | |

6 Month Nurse Staffing Workforce Review August 2016 - Feb 2017

Introduction

The aim of this report is to provide an overview of the previous 6 months activity in relation to the nursing staffing position within Southend University Hospital NHS Foundation Trust and highlight actions taken where fluctuations have occurred and how these actions have/will reduce the impact on the quality of nursing care provided to our patients.

Comprehensive staffing reviews are completed and reported at the Trust board meeting on a bi-monthly basis.

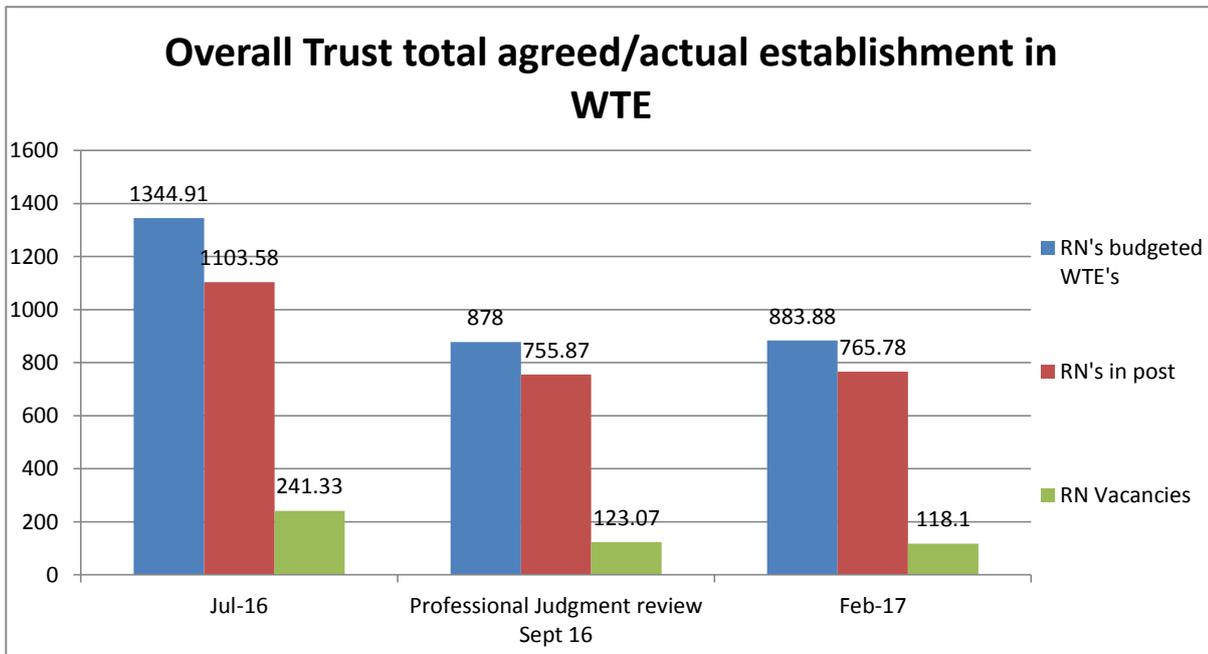
Scope of the Review

This report provides a review of the inpatient nurse staffing levels following the SNCT assessments undertaken on a daily basis, with comparison to the staffing levels agreed by the Board and actual staff in post as at February 2017. The current staffing levels have been reviewed and compared with the on-going daily SNCT assessments. Staffing establishments have been reviewed by the Chief Nurse and Heads of Nursing in lights of changing service needs and bed numbers.

August 2016 – Feb 2017 Establishment Review

Following feedback from the CQC and concerns about staffing and the on-going recruitment and retention challenges facing the Trust the bed capacity was reduced in a number of wards to achieve RN / patient ratio of 1:8. However due to continued high volume of emergency admissions within the Trust and Local Trusts this meant beds were opened in specific areas to meet demand and facilitate patient flow. This has meant the ratio of 1:8 is assessed along with professional judgement and acuity and dependency scoring and varies up to 1:10 in some areas. A professional judgement review of Registered Nurse Staffing took place in July 2016 and this came into effect in budgets in September 2017. There has also been review of services which has meant WTE staffing reductions in some areas such as Hockley, Stambridge and Eastwood Wards.

The graph below shows the overall agreed and actual numbers of staff in the Trust in July 2016, following the Professional judgement review in September 2016 and current figures in Feb 2017.



Vacancy Rates

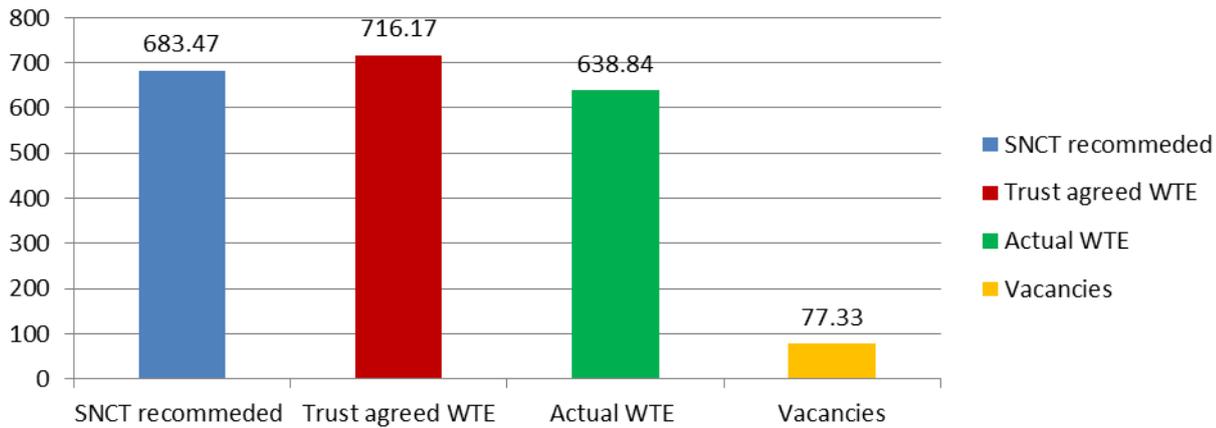
Vacancy rates for the period August 16 – Feb 2017 have ranged from 17.05% to 13.36% in Feb 17. Vacancy rates dropped from 17.05% in August following the professional judgement review when the overall WTE figure was reduced. Recruitment campaigns for Newly Qualified Nurses, EU Nurses and Philippine Nurses have continued in an effort to reduce RN vacancies and maintain patient safety.

- 29 Newly qualified Nurses were appointed in the Trust in September 2016
- 41 EU Nurses have commenced in the Trust between July 2016 to Feb 2017
- A group of Trust Nurses visited the Philippines on a recruitment campaign, the first group of Nurses are expected to commence in the Trust in May. However they will need to complete a practical exam prior to registration in the UK. They will require training and support from a team of trainers within the trust.

Comparison of WTE and recommended WTE from Acuity and Dependency Assessment

Patient acuity and dependency is assessed on adult in-patient wards using the Safer Nursing care Toll (SNCT) twice daily. The chart below shows the comparison of SNCT recommendation WTE, Trust agreed WTE and the number of WTE staff in post and the number of vacancies in Feb 17.

Feb-17 SNCT recommendations/Trust Agreed WTE/ Actual WTE & Vacancies

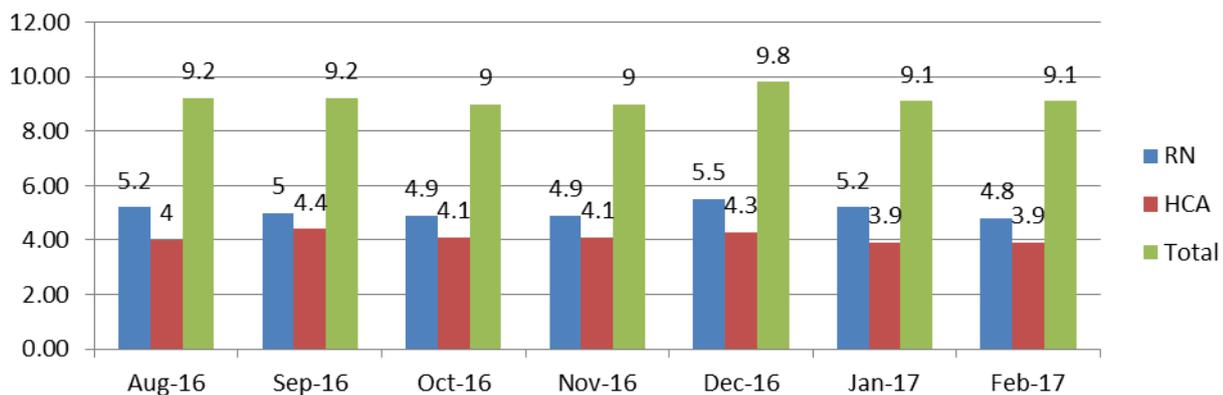


Care Hours per patient day (CHPPD)

Following the Lord Carter review (Department of Health 2015), NHS Improvement issued a directive that a new metric of care hours per patient day (CHPPD) is to be reported monthly from May 2016. This has become the principal measure of nursing and healthcare support worker deployment; with similar approaches in place for medical staff and Allied Health Professionals to be introduced by April 2017. Also from April 2017 the Trust will be required to submit CHPPD on a daily basis.

CHPPD is calculated by adding the hours of registered nurses to the hours of healthcare support workers and dividing the total by every 24 hours of in-patient admissions (or approximating 24 patient hours by count of patients at midnight). This data has been recorded on Unify since May 2016. Currently, this CHPPD data when compared to other Trusts within the region is reflecting that Southend CHPPD is higher than expected. Further analysis of this data is required to understand the results and explore with neighbouring trusts if the trusts are reporting in accordance with the agreed criteria.

CHPPD aug 16- Feb 17



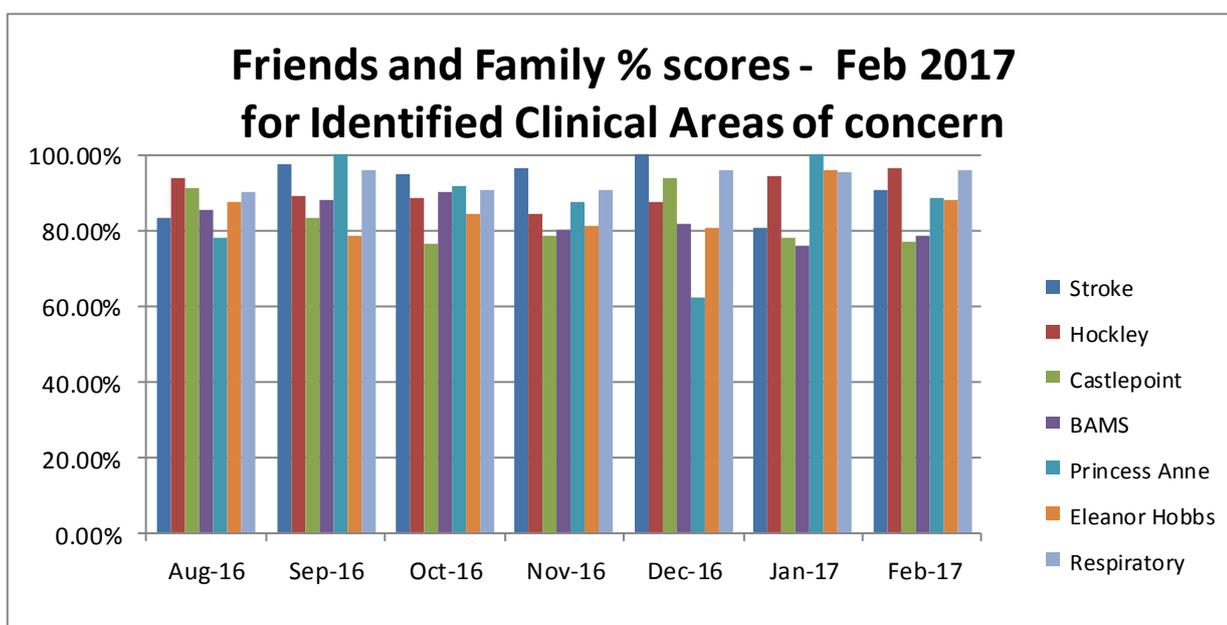
Clinical Areas of concern following the CQC visit and Safe Staffing Reporting

The following wards within the Trust had staffing levels that were of concern to patient safety: Eleanor Hobbs, Stroke Unit, Princess Anne and Bedwell Acute Medical Service (BAMS) and Castlepoint war. Key Quality Metrics are monitored in the bi-monthly Safe Staffing Reports this has also highlighted concerns in relation to the Respiratory Unit, Hockley, Elizabeth Lorry, Eastwood and Shopland Ward. . Staffing and patient dependency and acuity is monitored by Senior Nurses within the Trust to provide assurances for patient safety and facilitate the appropriate and best use of staff, moving them to areas of greatest need in collaboration with Heads of Nursing and Matrons.

Performance review meetings have been implemented with the Assistant Director of Nursing and the Heads of Nursing for each clinical area. These meetings facilitate review of staffing establishment, e-roster performance and any quality improvements and service changes.

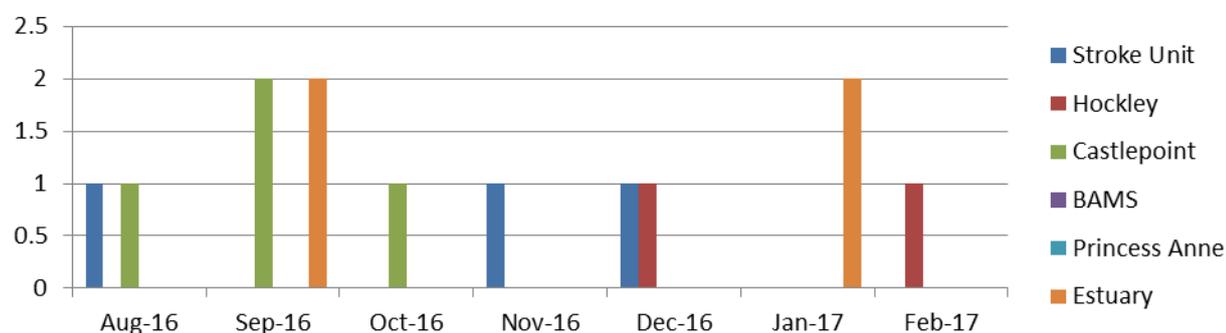
Key Quality Metrics for Wards highlighted as areas of concern Aug 2016 – Feb 2017 (Pressure Ulcers, Falls and Friends & Family % scores)

This data is reviewed bi-monthly in the Safe Staffing report presented to the Trust Board.

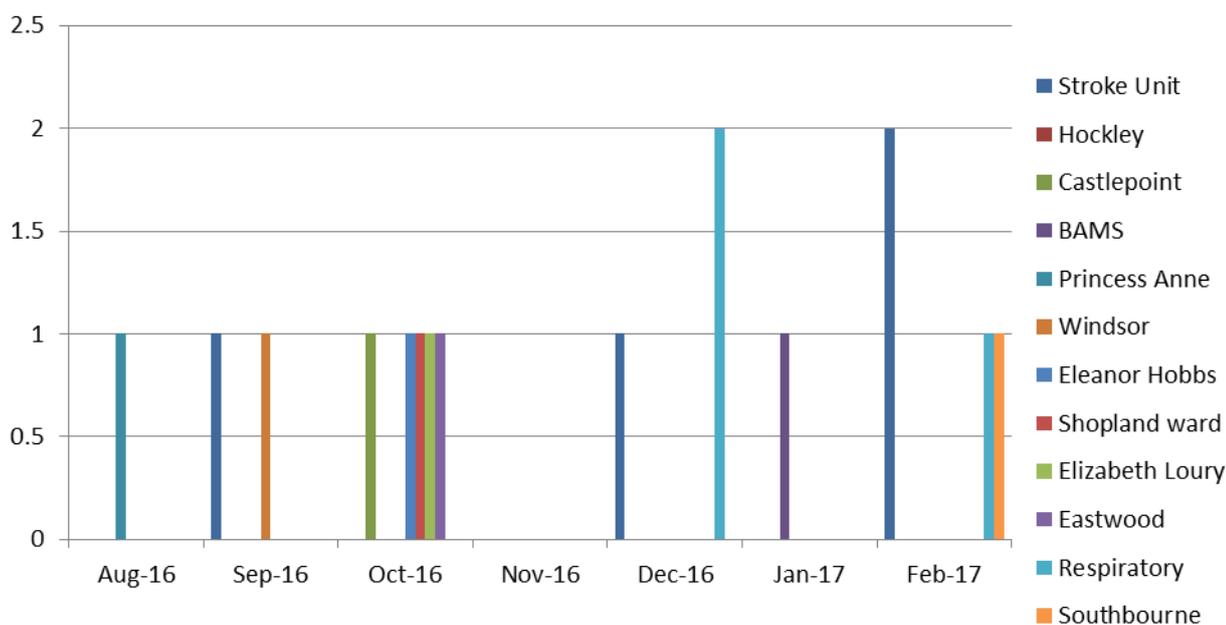


Patient harms i.e. pressure ulcers and falls are investigated using root cause analysis to identify any lapses in care or if staffing was a concern.

Identified Clinical Areas of Concern No of Hospital acquired Pressure Ulcers Grade 2 and above



Identified Areas of Clinical Concern No of Falls



Conclusion

The ward areas underwent reviews with both finance and Senior Nurses in September 2016 at which time the budgets were reviewed and revised. There are on-going reviews of staffing and budgets with performance meetings with the Deputy and Associate Directors of Nursing

It is recommended that flexibility of staffing remains key to ensuring safe staffing levels, with daily risk assessments and the movement of staff within the Trust to wherever the patient need is greatest. Staffing levels are discussed and risk assessed on a daily basis at the safe@southend

meeting and at bed meetings throughout the day. Risk assessments are carried out by Senior Trust Nursing Staff and recorded centrally.

Establishments, vacancies and quality and safety metrics will continue to be monitored to ensure the high priority areas receive the planned new overseas and newly qualified nurses starting in the organisation first. This is an on-going process and establishments will be reassessed according to subsequent review findings.

Recommendations / way forward

- The SNCT data collection will continue to be monitored continuously and staff moved flexibly following the senior nursing review as required.
- Heads of Nursing, Matrons, Senior Nurses and Finance will continue to monitor performance and Ward establishments.
- Quality and safety data should be made available to these meetings to inform decisions and professional judgements around nurses' establishment requirements.
- Review the current time-out/headroom percentage and increase to a minimum of 22% in line with the recommendation made by SNCT and the Lord Carter Review recommendations
- Continue with the care hours per patient day data collection in order to better understand the significance of the data in relation to other regional trusts.
- Identify a process for daily collection of CHPPD within the Trust as all Trusts will be required to do this from April 2017
- Further understand the NHSI recommendation for reporting of Nurse Hours per Patient day and how this data will be collected.
- Develop a system of participation in the Model Hospital Dashboard and ensure that the dataset from this is regularly discussed at the Board Meetings
- The Trust Board is asked to discuss and note the recommended staffing levels.

NB: This report should be read in conjunction with the bi-monthly nurse staffing report