The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Catherine Morgan Director of Nursing Dr Beverley Watson Medical Director	Decision		High	Med	Low
	Discussion	✓		✓	
	Information				
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
	Strategic				
	Operational	✓			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
CQC Domain: (safe, caring, effective, responsive, well-led)					

Meeting Date: 26 January 2016
Report Title: Quality – Exception Report

PURPOSE:

To update the Board on quality metrics for inpatient adults, paediatrics and maternity services and to provide and update on nurse, midwifery and medical staffing.

SUMMARY:

A summary of exceptions is provided for the dashboards for maternity, paediatrics and adult in patient wards.
Challenges with nurse staffing is discussed with particular note to the increase in vacancies and mitigation in place to maintain fills rates and the potential impact of this.
Medical staffing issues are presented with measures that are being taken to manage these. Whilst the Trust is committed to adhering to the Monitor agency cap reduction the potential impact for locum fill is noted.

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
	✓		✓		✓

RECOMMENDATIONS:

To note the report

QUALITY EXCEPTION REPORTING

1 WARD ASSURANCE

DASHBOARDS

1.1 Maternity

Caesarean section rate:

- 50% were elective sections with women receiving the appropriate counselling from appropriate clinicians. The emergency sections are individually reviewed at case review
- Benchmarking best practice has shown that Trusts with a lower section rate have more CTG training at an advanced level for all grades of staff. The labour lead and Head of Midwifery are putting in place a programme for enhanced CTG training for all staff on the delivery suite.

Post-partum Haemorrhage:

- Although PPH >2000ml has reduced the numbers between 1000-2000ml remains static. Actions to address include:
  - Practitioners will now be instructed to give syntometrine (if not a physiological 3rd stage) with delivery of the shoulders, not after
  - Placental separation will be observed before placental delivery at CS

  These measures will be monitored to ascertain whether there has been any improvement in the figures.

1.2 Paediatrics

NICU:

- 37 admissions over 36+6 weeks - this is a continuing trend replicated nationally. Where units have lower numbers more babies are in Transitional care. There is also a proposal to redefine normal Maternity Care which may affect the target.
- Unit closures resulted from a combination of high acuity (ITU days) and increase in special care days (availability of cots). This was coupled with short term sickness in nursing staff
- 3 hypothermia babies – being investigated further, no trend emerging at this stage

Rudham:

- PAU attendances have remained high as expected in winter months, which has been reflected in the medical staffing reported issues where there have been 15 occasions that have not met the standard of medical staff dedicated to PAU. This has been supported with the use of advanced nurse practitioners which is a newly developed role to enhance flow through PAU and there has been improvement in length of time to assessment.

1.3 Adult In patient

Pressure ulcers:

- The overall improvement in reducing the number of hospital acquired pressure ulcers has been sustained in all areas except Oxborough ward where

they have a number related to devices. The full roll out of new NIV masks has been delayed due to lack of availability of the company to carry out training, but is now planned to complete the roll out over the next couple of months.

- Oxborough ward have a number of clinical indicators that have deteriorated over the last month and have an action plan in place with support and monitoring by the matron and Associate Chief Nurse.

Falls:

- Falls have increased in December and to date in January. There have been significant challenges to provide enhanced or 1:1 care for all those patients requiring this due to staffing issues (described in section 2)
- The audits have shown that there is limited documentation of actions taken following assessment of risk of falls. The plan is to adopt a similar approach to that taken for pressure ulcers in which a set of KPIs was audited for patients who had a PU to enable a targeted approach to actions.
- Plan to improve the number of falls includes:
  - Gayton ward undertook a trial of use of pressure sensor alarms and have seen a reduction in the number of falls. A plan is in place to purchase some of these for use in other areas e.g. West Raynham and Tilney ward (high number of side rooms)
  - The lead nurse for falls and stroke lead nurse are working together to provide an education package for nurses and AHPs on the stroke ward as a number of falls relate to stroke patients' inattention/neglect following stroke which requires more specific preventative methods.

FFT:

- There has been improvement in the FFT scores overall and particularly in Necton and West Newton wards

2 NURSE STAFFING

During December and January there have been significant challenges in maintaining nurse staffing levels across ward areas as a result of a higher number of vacancies and an increase in short term sickness. There has been limited availability of temporary staff to fill vacant shifts, particularly agency nurses. The fill rates for planned versus actual shifts have remained similar to that in November at 94.4% (appendix 1).

2.1 Vacancies:

- The number of vacancies for registered nurses and midwives across wards (including A&E, CCU and women's and children's) has increased to 78 WTE in December (up to 11% from 9.6% in October). There were a higher number of leavers in the month of December. Although 32 posts have been appointed to the majority of these staff need to undertake up to a 9 week induction programme
- The majority of the vacancies are within medical and emergency services

2.2 Measures implemented to mitigate and improve fill rates include:

- Alternative framework agencies being explored to secure longer term block bookings
- Matrons covering 1 clinical shift per week

- Practice development nurses covering 1 clinical shift per week
- Non-essential training reviewed and cancelled where safe to do so in December and January
- Reduction of ward managers supervisory time to maximum of 1 shift per week
- Removal of staffing bleep holder (back in numbers and cover by matrons/senior nurses)
- Request support from clinical nurse specialists

It is important to note that the above measures will have an impact on the ability to maintain a number of other key targets and activities e.g. appraisal rates, mandatory training compliance and timeliness of staff management issues. To support this there is a plan to increase planned training in April and May and to there has been support put in place to help ward managers complete investigations into incidents and complaints.

2.3 Recruitment

- 21 nurses from overseas commenced a 9 week induction programme in January. Those from non EU countries will be required to pass an OSCI examination before being able to register with the NMC
- A further 20 CoS were obtained in January and will be used for non EU nurses offered posts who will arrive for induction between February and April
- A local and national recruitment drive and open day is planned for early March with a campaign to advertise some of the recruitment initiatives agreed, for example support with accommodation or travel

3 MEDICAL STAFFING

3.1 Vacancies:

- There are a relatively high number of vacant posts both among consultants and junior staff. These are being filled either through agency locums, or through our own staff providing internal cover by carrying out extra shifts. The combination of medical and nursing vacancies presents a difficult situation, particularly at times of winter pressures and the situation is being very carefully monitored to ensure that patients are kept safe and managed in a timely way.

- Within 10 of our key inpatients specialities, there are 13 vacancies out of a total of 36 consultant posts, and 19 vacancies at junior and middle grade doctor level.

3.2 Oversight of staffing-related concerns:

- Managing the vacancies to mitigate any effect on patient safety is the highest priority. Weekly review of the medical junior doctors rota allows for re-assignment to support areas where staffing is most challenged and ensures that all consultant are aware of where juniors are under particular pressure.

- The Junior Doctors Forum and Junior's dedicated email address provide further routes for junior doctors to voice and escalate any concerns about support so that they can be promptly responded to.

- The weekly Incident Review Panel, attended by the Medical Director and Director of Nursing allows oversight of emerging quality themes and trends. Clinical handover and continuity of care become more challenging to manage when staff are covering a greater number of patients and the Medical Director is attending daily medical handovers personally as often as possible to obtain assurance about continuity of patient care.

3.3 Potential Effect of Monitor price cap:

- The national Monitor Agency Price Cap is driving down the maximum hourly rate for clinical staff of all grades and the Trust is reporting weekly to Monitor as required on the number of shifts undertaken above the capped rates.

- Over the past 7 weeks, we have reported a 30% decrease in the number of shifts carried out by medical staff at excess to capped rates.

- Whilst the Trust is committed to applying the price caps for the benefit of the Trust and the NHS as a whole, the coming weeks will see a further reduction in the maximum rates of pay. This may trigger some locum staff to seek higher rates of pay elsewhere, and individual decisions based on clinical considerations will be required to ensure that we maintain safe staffing levels throughout.

3.4 Plans to manage vacancies:

- There are plans to recruit to most vacant posts, and in other cases to redesign workforce models to reduce the requirement for medical posts.

- The CEO is discussing the high level of junior doctor vacancies with Health Education East of England to establish whether they are able to provide any further support.

- Scrutiny of plans for managing vacancies will be shared in detail at the Medical Workforce Group which has been established to share best practice across the divisions and feeds into business planning.

Catherine Morgan
Director of Nursing
20 January 2016

Dr Beverley Watson
Medical Director
20 January 2016