

Board of Directors' Meeting Report –July 2014 Agenda item 207/14

Title	Nurse staffing establishment report
Sponsoring Director	Sue Hardy – Chief Nurse/Deputy Chief Executive
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Purpose	To provide an overview of the June 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
<p>Executive Summary</p> <p>There were 63 shifts throughout the month of June, where high risk triggers were identified. However the risk level was reduced in all cases and there were no occasions where risk remained high following mitigating actions.</p> <p>The Trust-wide fill rate for Registered Nurses/Midwives on night shifts increased in June compared to May 2014, however, a lower level of fill rate was achieved for day shifts in June 2014, compared to May 2014. The fill rate for health care assistants remained above 100% at 114.27% on days and 116.14% on nights. Direct comparison is difficult due to data issues being addressed in June.</p> <p>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.</p> <p>The data has been presented as last month, in hours in accordance with NHS England criteria. There were discrepancies identified last month between data from the e-roster system and the staff providing direct patient care on the wards. June's data has been reviewed to ensure that only staff participating in the delivery of clinical care is included in the planned and actual hours. This report relates to fill rate against planned staffing, in current funded establishment.</p> <p>July's data is to be reported against agreed staffing, inclusive of uplifted establishment in line with further instructions from NHS England.</p>	
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.

	<p>The CQC will monitor how well staffing requirements are met as part of their inspection programme</p>
<p>Quality impact assessment</p>	<p>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.</p>
<p>Equality impact assessment</p>	<p>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'.</p>
<p>Recommendations: The Board is asked to discuss this paper and any implications therein for patient care.</p>	

Introduction

The Trust is required to upload inpatient ward staffing levels on a monthly basis to NHS England using a UNIFY template. June's data will be published on the NHS Choices website on 6th August 2014.

The purpose of this report is to provide an overview of the nurse staffing levels across inpatient wards for June 2014 and details the planned hours of nursing cover, by ward, compared to the actual staff available to provide patient care. Data relating to a selection of quality, safety and patient experience outcome measures is provided for June 2014 and May 2014 for comparative purposes in order to identify whether staffing levels are impacting on patient care outcomes.

A trend analysis was originally requested to come to the Board as part of the monthly paper, however, it is recognised this would make the paper unwieldy and significantly complex. Following discussion with the Chairman, it was agreed that a report providing an analysis of trends in staffing levels in relation to the quality, safety and patient experience outcomes for the period of May 2014 to July 2014 will be presented to the Quality Assurance Committee in September 2014.

Methodology for Reporting Planned and Actual Staffing

The data used to populate the UNIFY template was obtained from two sources. The data was submitted in hours, in accordance with NHS England criteria and in line with data submitted in May 2014 report. The planned staffing levels were calculated by using current establishment staffing levels and calculating this by hours per shift. The actual staffing hours were obtained from the e-rostering system. There were a number of discrepancies identified last month between the e-rostering system and the staff identified providing direct patient care on the wards. Therefore, June's data has been reviewed to ensure that only staff participating in the delivery of clinical care has been included in the planned and actual hours. All the data can be seen in Appendix 1.

Using our current systems, there are limitations to accurately reporting the actual hours covered on wards because we are unable to capture movement of staff from one ward to another when the escalation process is triggered. Where potential risks are identified as a result of a staffing deficit, the Matrons and clinical site managers review staff numbers across the wards and may arrange for a member of staff from another ward to be deployed to the ward with risk, providing it is safe to do so. This is not captured in the e-roster system at the moment.

From July 2014 we will be required by NHS England to report the nursing hour's fill-rate against the agreed shift to shift staffing levels, inclusive of the uplift in nurse establishment. Further changes in reporting may be required to comply with NICE guidance on safe staffing which is being published in July 2014.

Key themes

Appendix 1 illustrates that the Trust-wide fill rate for Registered Nurses/Midwives on day shifts was lower in June 2014 at 92.02 %, compared to 97.29% in May 2014. An improvement in night shift cover was achieved in June 2014 at 95.50%, compared to 94.35% in May 2014. The fill rate for Health Care Assistants in June 2014 was slightly higher than in May 2014, remaining above 100% at 114.27% on days and 116.14% 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. However, as stated previously, additional data correction and validation was carried out in June to ensure that only staff involved in providing care to patients were included in the planned and actual hours reported. Appendix 1 provides more detail regarding nursing fill rate for the individual wards.

The significant level of vacancies, in addition to sick leave again resulted in Bank & Agency staff being used to cover 8.94% of day and 21.82% of night Registered nurse hours and 31.87% of day hours for Health Care Assistants and 43.11% for night hours.

A risk assessment process is undertaken by the nurse in charge of each shift to identify any potential risks to patient care relating to the capacity and capability of the nursing staff, any risks are reported and managed in accordance with the escalation process.

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 2013).

Our first cohort of overseas nurses commenced in the Trust on the 2nd June 2014. The 19 individuals were allocated to clinical areas but undertook a four-week induction programme which was completed on the 29th June. These individuals were excluded from planned and actuals hours for the period of their induction.

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 observation in several areas and maintain patient safety.
- Action was taken to mitigate and reduce risk. There were 49 occasions where a high risk was identified across the business unit. Action was taken to mitigate and reduce the risk, all high levels of risk being reduced to moderate or low.
- Specifically within Benfleet ward 31 shifts were identified as high risk due to the acuity and dependency of patients and shortfall in staffing levels due to vacancies. All of these shifts were mitigated to moderate risk. Discussions are being held with the stroke unit to fully understand how all shifts reported were originally identified as high risk, especially as beds have been closed to reduce this risk overall.
- 7 beds remained closed on Paglesham due to the high level of vacancies; this is monitored shift by shift.

Surgery:

- Chalkwell ward had 1 vacancy and the Ward Manager was deployed to support another surgical ward, resulting in reduction of RN fill rate. No high risk triggers were identified.
- There were 5 occasions where risk was identified as high on Kitty Hubbard Ward. This was mitigated to low in all cases. A HDU bed was closed on occasion, based upon a daily risk assessment of acuity and dependency to ensure safe care could be provided.
- Hockley ward dependency levels were high at night, so it was planned for the ward to aim to achieve uplifted staffing levels to maintain patient safety. RN fill rate was therefore reduced where it was not possible to achieve the increased staffing levels. No high risk triggers identified.
- Edmund Stone Ward had an increased HCA fill rate due to enhanced observation on days and nights.

MSK:

- Bed occupancy across the BU was low with Castlepoint average occupancy at 73%; Shopland 50% and Southbourne 80% for the month of June.
- The low RN fill rate was due to sickness, but therefore mitigated due to the reduced occupancy.
- Three of our overseas nurses have been placed across the BU but not included in this month's planned hours while in supernumery induction period.
- Increased enhanced observations were required within 2 clinical areas. Additional health care assistants were booked to address these requirements and maintain patient safety.

Paediatrics

- Neptune ward – there was increased utilisation of health care assistants during day hours to support the Paediatric Assessment Unit (PAU) and increased activity.
- Additional HCA's were required to provide enhanced observation.
- Neonatal Unit – Planned and actual staffing levels were reduced due to vacancies and maternity leave. Beds were closed or opened based upon a daily risk assessment of acuity and dependency.
- A strategic risk associated with this area is our RTT concerns in relation to our paediatric surgery backlog.

Maternity & Gynae

- Margaret Broom 2. There was an increased use of bank and agency due to sickness and level of activity to maintain patient safety. There were no risk concerns identified.
- Eastwood ward increased the use of HCA's to support activity.

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, which caused difficulty covering sickness as well as planned leave (annual leave and maternity leave). This resulted in utilisation 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.
- Three nurses recruited from Spain have commenced in the department and a further 3 nurses commence induction in July 2014 will be allocated to the Department. Attempts to recruit to RN and Paediatric Nursing vacancies continue.

Recruitment

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 from September 2014. The second cohort of 16 overseas nurses commence within the Trust on the 28th July with a further 24 expected to start the induction programme on 1st September 2014.

A review of existing RN vacancies across all areas of the Trust (including outpatient's areas and day stay areas etc.) against anticipated phasing of recruitment is being undertaken by the HR department and will be reported to the Board separately by the Director of HR.

Pre-registration commissions for Registered Nurse and Paediatric Nurse training are being reviewed with a plan to increase commissions.

Neptune	1,896.4	1,646.3	86.81%	257.0	1,080.0	1,369.0	126.76%	948.5	1,650.0	1,470.3	89.11%	502.8	330.0	570.5	172.88%	438.5	Nurse establishment revised in March 2014, roster templates to be adjusted when substantive funding is available. Additional 1 WTE authorised for Paediatric Assessment Unit per shift due to increased activity.	0	3 medium risks reduced to low.	Additional HCA's used to cover RN deficits for fundamental care. 3 patients required Enhanced Observations for 4 shifts.	100	100			100	100	0	0						
Princess Anne	1,131.4	944.5	83.48%	50.0	1,380.0	1,293.5	93.73%	620.5	1,035.0	918.0	88.70%	354.5	690.0	678.0	98.26%	678.0	New RN staff supernumery for 2 weeks	0		Monitored daily by Matrons	95.4	96.4	1		86.67	93.33	3	4						
Rochford	2,256.4	1,814.5	80.42%	296.5	900.0	905.0	100.56%	155.5	1,980.0	1,764.0	89.09%	512.5	660.0	660.0	100.00%	176.0	6 RN vacancies. 4RN short term sickness	5	2 reduced to medium, 3 to low	Utilised ward managers from supervisory time. Staff redeployed from other wards. Matron monitored workload. Have recruited into posts, awaiting start dates.	99.2	99.8			100	100	3	3			64	73		
Shopland	1,311.4	1,271.0	96.92%	79.5	1,417.5	1,209.3	85.31%	518.3	570.0	513.0	90.00%	152.0	570.0	475.0	83.33%	285.0	Long term sickness for HCA however risk reduced due to low occupancy improving nurse to patient ratio. RN hours higher than planned due to ward being kept open for weekends (unplanned).	1	Medium	Night shift covered by agency	93.5	99.1			100	100	2	0			71	71		
Southbourne	1,311.4	1,202.0	91.66%	185.0	1,215.0	2,044.0	168.23%	969.0	570.0	551.0	96.67%	57.0	570.0	1,133.5	198.86%	829.5	Short term RN sickness and RN vacancies, this was mitigated by moving nurses from Shopland when necessary. A number of patients required enhanced observation.	1	Medium	Night shift covered by agency	99.1	98.4			100	100	6	3	1		80			
Stambridge	1,176.4	990.5	84.20%	66.0	1,440.0	1,862.8	129.36%	664.8	1,035.0	901.3	87.08%	417.3	690.0	1,088.0	157.68%	604.0	3RN vacancies	0		Utilised ward manager from supervisory time. 3 Spanish nurses allocated to Stambridge in June. HCA above planned to provide enhanced observation	98.9	98.9			92.59	92.81	7	17			88			
Stroke Unit (Paglesham & Benfleet)	2,287.2	2,150.8	94.04%	145.3	2,535.8	2,996.8	118.18%	793.8	1,650.0	1,834.8	111.20%	690.8	1,320.0	1,673.0	126.74%	655.5	6 HCA vacancies, 6.44 RN vacancies. 2RN short term sickness. Increased acuity on 2 occasions		31 Benfleet ward due to dependency and acuity of patients	31 Reduced to medium	Utilised ward manager from supervisory time. 3 Spanish nurses allocated to Stroke unit. On-going recruitment. Increase in HCA cover due to new staff being supernumerary and some HCA short term sickness	98.5	98.3			1	100	95.24	11	9		2	100	93
Westcliff	1,176.4	960.0	81.60%	0.0	900.0	944.0	104.89%	237.5	990.0	902.0	91.11%	220.0	660.0	734.5	111.29%	261.5	2RN short term sickness.	1	Reduced to medium	Staff redeployed from other wards. 1 Spanish nurse allocated to Westcliff	99.5	99.7			100	100	4	12			54	61		
Windsor	910.9	1,015.5	111.48%	30.5	814.5	730.0	89.63%	597.5	483.0	460.0	95.24%	69.0	483.0	459.0	95.03%	148.5	4 RN Long term sick.	0		Additional RN booked to provide cover.	100	98.8			100	100	0	1			82	77		

* Actual and Fill Rate both include any bank or agency staff used. The bank and agency figures are provided separately to indicate how many hours they were used.

