

Board of Directors' Meeting Report – December 2014
Agenda item 346 /14

Title	Nurse staffing establishment report
Sponsoring Director	Cheryl Schwarz – Acting Chief Nurse
Authors	Cheryl Schwarz – Acting Chief Nurse Julie Coleman – Lead Nurse Practice Development
Purpose	To provide an overview of the October 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 This report relates to fill rate against planned staffing within the current funded establishment. There were 17 occasions where high risk triggers were initially identified on the wards; however there were no occasions where risk remained high following mitigating actions. No high risk triggers were identified in A&E.	
Date Reviewed by Execs	26th November 2014
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 receives assurance that systems and processes are in place to monitor and utilise staff accordingly to provide safe care for patients.	

Introduction

This report provides an overview of the nurse staffing levels across in-patient wards for October 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 October 2014 and the previous three months for comparative purposes, in order to understand whether staffing levels are impacting on patient care outcomes.

Methodology for Reporting Planned and Actual Staffing

The data has been submitted via the UNIFY template in accordance with NHS England requirements. The planned staffing levels were calculated using staffing levels within the current “pre-uplifted” staffing levels; however a few ward areas have started recruiting into uplift figures to maintain patient safety. The actual staffing hours were obtained from the e-rostering system.

The percentage of bank and agency cover is also provided in order to help monitor the trust’s capacity to cover demand for additional cover internally through the Nurse Bank and to identify the level of agency utilisation. The data is provided in Appendix 1.

Where potential risks are identified as a result of staffing deficit, the Matrons and clinical site managers review staffing 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. As previously highlighted, we are unable to capture movement of staff from one ward to another when the escalation process is triggered.

Key themes

Appendix 2 illustrates a minimal increase in Trust-wide fill rate for Registered Nurses/Midwives (RN/RM) on day shifts in October 2014 (97.76%) compared to September 2014 (97.05%). The RN/RM night shift cover was 101.67% in October 2014 compared to 100.25% in September 2014. Some wards have been authorised to work to their uplifted staffing numbers, following risk assessment, therefore the fill rate will be recorded above 100% on some occasions. This process enables us to ensure safe care, for example when there is elevated acuity and dependency or if activity is above the usual expected level. In addition the rosters for some clinical areas have not yet been adjusted to accommodate this uplift in ‘planned hours’ which results in the area indicating an above 100%.

There was also an increase in fill rate for Health Care Assistants (HCA) 112% on days and 125.4% on nights in October 2014. The fill rate on nights has increased this month from 113% (September) to 125.4% in October 2014. Both days and nights fill rate were above 100%, which was in part due to the elevated dependency needs of the patients on the wards. In addition, there are a number of nurses in the final cohort recruited from Spain still awaiting their NMC PIN number. In line with the process for our graduating student nurses awaiting NMC registration, the overseas nurses work in HCA capacity until their NMC registration is confirmed. This resulted in an increased number of staff in the HCA band in some areas. The practice development team are monitoring and supporting all new recruits so that the need for additional training or support can be identified and put in place. English lessons are being provided on-site for a number of the nurses to help increase their confidence in written and oral communication.

There was an increase in bank & agency fill rate for HCA’s on nights in October. A review carried out by the transformation director identified that establishments in some areas were not sufficient to achieve agreed staffing levels and to meet the dependency needs of the

patients, resulting in a high bank and agency utilisation. As a result it was agreed to uplift the number of HCA in certain wards, however the funded establishments have not been increased to reflect this decision and therefore the roster templates for the “planned hours” have not been amended. As a result fill rates have exceeded 100% in a number of areas. This will be rectified when budgets are agreed and roster templates are adjusted.

Some areas continue to have vacancies and a number of areas have reported issues with sickness levels. As a result, shortfall was covered by bank and agency staff. A review has been conducted across the Business units and it has been agreed that some areas may recruit into bank and agency utilisation. Appendix 1 provides a breakdown of the utilisation of the temporary staffing resources at ward level.

Following the risk assessment 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. The number of occasions with initial high risk triggers reduced to 17 in October 2014 compared to 23 in September 2014, 25 in August, and 27 in July 2014. All initial high risk triggers identified in October mitigated, with 9 reduced to low and 8 to moderate following escalation and action.

Medicine

- Many medical wards continue to have vacancies, requiring cover by bank & agency.
- Additional health care assistants were required to provide enhanced observation in several areas and to maintain patient safety.
- There were 12 occasions where a high risk was identified across the business unit compared to 17 occasions in September 2014. Action was taken to mitigate and reduce the risk and all high levels of risk were reduced to moderate or low.
- Eleanor Hobbs has reduced RN fill rates; additional support has been provided by Clinical Nurse Specialists and Practice development nurses.
- The Stroke Unit continues to have a significant level of vacancies. The unit reported 10 occasions where high risk was identified and these were reduced to moderate and low by moving staff within the unit and deploying the Acute Stroke Nurse to work on the ward.
- 7 beds previously closed on Paglesham re-opened in the third week of October 2014. Through utilising bank and agency where required, the unit was able to achieve the minimum level of staffing required to safely open the additional beds.
- A review within Medicine by the director of transformation has identified the need to recruit into bank and agency utilisation, for RN & HCA's across the Business unit.

Surgery:

- There were 5 high risk triggers across surgery, 3 on Balmoral and 2 on Stambridge. All triggers were mitigated to low.
- High risk triggers were identified on 2 occasions on Stambridge Ward (formerly Kitty Hubbard Ward). A high dependency bed was closed to ensure patient safety. As a result, all high risks were mitigated to low.
- Windsor ward (Surgery) closed on the 13th October. Staff were re-deployed within the Business unit to cover vacancies.
- Following ward moves and reconfigurations in surgery, the Matrons and Ward Managers are reviewing the roster templates to ensure they are set at the correct levels.
- The Safer Nursing Care Tool Assessment is being repeated in November on the wards that have moved or undergone reconfiguration to review the impact on required staffing levels as a result of change in case mix and bed numbers.

MSK:

- Castlepoint required 3 additional HCA's on nights throughout the month to provide enhanced observation and maintain patient safety. This resulted in elevated HCA fill rates.
- There were no high risk triggers within Orthopaedics.
- The Safer Nursing Care Tool is being repeated in the MSK wards in November 2014 following reconfiguration of the wards.

Paediatrics

- Neptune ward continue to have vacancies and Maternity leave however RN fill rates have improved due to a reduction in sickness.
- RN fill rate above was above 100% although the establishment does not appear to reflect the actual requirements. Agreed additional staffing establishment has not yet been incorporated in to "planned" staffing.
- 4 beds remain closed on Neptune ward until additional staff are recruited to provide safe staffing levels. The situation is being assessed according to activity and acuity on a daily basis.
- Neonatal unit reported HCA sickness, which they were unable to cover.
- The recruitment campaign for registered paediatric nurses continues with plans for a recruitment event in Ireland in early December 2014.

Maternity & Gynae

- Margaret Broom noted an increase in activity in October 2014, utilising bank and agency staff in order to cover vacancies and maintain patient safety.
- No high risk triggers were identified
- Vacancies are being recruited to in maternity services and staff are undertaking induction.
- Eastwood ward have 2 vacancies. Currently being filled with bank, no high risk triggers were identified

D&T

- Bedwell RN fill rate was above 100% on nights, where the ward has been attempting to achieve uplifted staffing numbers. On occasion, additional HCA cover was utilised to support fundamental care and maintain patient safety.
- There were no high risk triggers.
- Elizabeth Loury Ward had a slightly reduced RN fill rate on days. Short term HCA sickness resulting in increased fill rate, no high risk triggers identified.

Critical Care

- In accordance with the critical care protocol, staffing levels were flexed in accordance with activity and patient acuity.
- The unit experienced increased workload throughout October 2014. There were 53 shifts with reduced staffing levels; and the outreach team assisted with care on the unit.
- A planned and actual fill rate is identified for HCA's although this individual is actually an overseas nurse awaiting PIN. No high risk triggers were identified.

Accident & Emergency

We are not required to submit A&E staffing data through UNIFY, however the trust is monitoring the staffing levels in this area. Table 1 summarises the planned hours and actual hours (inclusive of bank and agency cover).

Table 1: Planned and Actual Hours for A&E

Planned Hours		Actual Hours		Fill rate		Planned Hours		Actual Hours		Fill rate	
Days		Days		Days		Night		Night		Nights	
RN	HCA	RN	HCA	RN	HCA	RN	HCA	RN	HCA	RN	HCA
4439.3	1690.3	4734.9	1655.45	107%	98%	3565	1069.5	3133.45	852	88%	80%

- Accident and Emergency continue to have high Paediatric vacancy levels and some Registered Nurse vacancies, which cause difficulty covering sickness as well as planned leave (annual leave and maternity leave).
- An additional RN is being rostered on day shifts in order to support the 'Rapid Assessment and Treatment' service.
- Staffing levels continue to be monitored shift by shift and bank and agency are requested as required.
- Attempts to recruit to RN and Paediatric Nursing vacancies continue, with some success.
- No high risk triggers were identified.

Additional actions

Active recruitment continues to try address the Registered Nurse vacancies, including the recruitment of Registered Nurses and Paediatric Nurses in Ireland. The recruitment team is currently planning an event in Ireland in early December with 39 potential candidates available to interview.

The third cohort of overseas nurses is now working clinically, however there were 13 nurses awaiting their NMC PIN and as a result are working in HCA capacity. This figure has improved in November with 5 NMC PIN's outstanding. There were also several newly qualified nurses still awaiting their NMC registration in October 2014. Skill mix will be improved when all of these nurses receive their NMC registration.

Conclusion

There was a marginal increase in the percentage of Registered Nurse shift-fill on the day and night shift to 97.76% (days), 101.67% (nights) compared to 97.05 % (days), 100.25% (nights) in September 2014. There was also an increase in fill rate for Health Care Assistants on days and nights in October 2014. Both days and nights fill rates were above 100% which was in part due to the elevated dependency needs of the patients on the wards and the need to provide enhanced observation. In addition, there are a number of final cohort overseas nurses still awaiting their NMC PIN number. Bank and agency utilisation increased on nights in a number of areas for HCA's to cover shortfall to support fundamental care and to ensure safe care.

Some reduction in HCA staffing levels is expected in some areas as the new recruits receive their NMC PIN and are then able to practice as registered nurses. The delays experienced in receiving NMC registration has been acknowledged by the NMC, who have had a significant increase in applications from overseas nurses to join the register. There is a lead time of 90 working days to process applications at the NMC, which we are unable to influence as there is a high demand from hospitals across England. We have been informed by the NMC that it

is unlikely that the position will improve due to the high number of overseas nurses applying for registration.

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.

The SNCT data collection was conducted in 22 in-patient clinical areas during September 2014, and was due to be reported as the 6 monthly workforce review to the board in December 14. Due to extensive ward movement the September 2014 data is no longer valid for some of the wards that have undergone change. It was agreed that the data collection would need to be repeated in the wards that were affected by these changes. The SNCT data is being collected in selected areas between 3rd - 28th November 2014 and will be reported to the board in January 2015.

Ward	Day										Night (Defined as the shift which occurs over midnight)										Reason Agreed Staffing Levels Not Met	Number of Occasions Initially Triggered High Risk	Risk level after action	Comments/Actions	HNQ Aggregate Score				SI				Safety Thermometer New harm Free				Falls				Avoidable PU				FF& NPS											
	Registered Nurse/Midwife					HCA					Registered Nurse/Midwife					HCA									Jul-14	Aug-14	Sep-14	Oct-14	Jul-14	Aug-14	Sep-14	Oct-14	Jul-14	Aug-14	Sep-14	Oct-14	Jul-14	Aug-14	Sep-14	Oct-14	Jul-14	Aug-14	Sep-14	Oct-14												
	Planned	Actual	Fill Rate	Bank	Agency	Planned	Actual	Fill Rate	Bank	Agency	Planned	Actual	Fill Rate	Bank	Agency	Planned	Actual	Fill Rate	Bank	Agency																																				
Gordon Hopkins	1,144.5	1,121.0	97.95%	60.0	5.0	999.5	1,011.5	101.20%	37.5	11.0	682.0	650.0	95.31%	83.0	21.0	341.0	469.5	137.68%	105.0	123.0	Due to Uplift in numbers, short term sickness	0	2 Medium to 2 Low 1 Medium to Medium 11 Low	Utilised ward manager, OTB	96.1	71.4	99	86									94.44	94.44	100	95	7	9	1						81	72	57	57				
Hockley	1,340.5	1,359.5	101.42%	0.0	0.0	914.0	1,104.5	120.84%	300.0	78.5	814.0	846.0	103.93%	0.0	0.0	356.5	672.0	188.50%	305.0	91.0	Not recruited to uplift on nights	0	N/A	Staffing to 2 HCA at night due to RN deficit to support fundamental care and ensure safety.	98.3	99.4	100	100									100	91.3	100	96	2	2	1	1					68	81	55	53				
Margaret Broom	3,190.0	3,332.8	104.48%	298.5	117.5	1,692.0	1,719.0	101.60%	557.0	12.0	558.0	606.5	108.69%	55.0	66.0	956.5	908.8	95.01%	277.0	63.8	Due to high levels of activity and some vacancy	0	N/A	Bank and agency has been used to cover some vacancy, but awaiting new starters to finish induction	100	100	100	100									100	100		100	0	0	1													
Neonatal Unit	1,689.0	1,701.5	100.74%	8.0	0.0	744.0	684.0	91.94%	0.0	0.0	1,308.5	1,298.0	99.20%	66.0	0.0	671.0	572.0	85.25%	0.0	0.0	Acute sickness and unable to get bank/agency	0	N/A	Bank/Agency requested to cover acute sickness where dependency/activity required	100	100	100	99									100	100	100	100	0	0	0													
Neptune	1,953.0	2,115.2	108.30%	65.0	223.5	1,116.0	1,017.0	91.13%	484.0	16.0	1,463.0	1,543.2	105.48%	122.0	437.7	682.0	593.5	87.02%	395.5	88.0	Bank/agency where available to manage activity and increased dependency.	0	N/A	Budget does not reflect actual requirements for trained and untrained staffing as ward generally not staffed appropriately as unable to recruit or book enough bank/agency.	100	100	84	95			1						100	100	100	100	0	0	3													
Princess Anne	1,162.5	1,149.0	98.84%	137.5	94.0	1,539.8	2,088.8	135.66%	637.5	317.8	1,069.5	1,000.5	93.55%	356.5	57.5	713.0	1,362.0	191.02%	1,104.0	131.5	Vacancies, uplift and long term sickness. Increase in bed capacity additional staff authorised to maintain patient safety.	0	N/A	Bank and agency has been used to cover some vacancy, but awaiting new starters to finish induction. HCA required to provide Enhanced Observation.	98.8	98.7	100	97	1								86.67	93.75	89	96	3	7	8						100							
Rochford	2,325.0	2,325.0	100.00%	48.0	0.0	930.0	995.5	107.04%	104.5	52.0	2,046.0	1,933.0	94.48%	275.0	77.0	682.0	753.0	110.41%	215.5	205	Short term RN & HCA sickness. 1 overseas nurse still awaiting PIN working as a HCA.	0	2 Medium to Low	Utilised ward manager	99	99.3	100	99									100	100	100	100	3	1	1						100	100		58				
Shopland	1,557.8	1,587.0	101.87%	7.5	0.0	1,674.0	1,612.3	96.31%	421.0	111.3	684.0	807.5	118.06%	114.0	57.0	589.0	736.0	124.96%	224.0	56.0	Staffing nights to uplift during week. Would require 4 RN, not currently in planned hours.	0	N/A	Staff moved from Southbourne permanent nights appearing on rota.	99.1	100	91	98									100	100	97	100	1	3	2						67	49	49	55				
Southbourne	1,447.8	1,455.0	100.50%	223.0	0.0	965.5	1,056.0	109.37%	123.0	58.5	839.5	882.0	105.06%	113.0	0.0	598.0	632.3	105.73%	195.3	23.0	Increased bed capacity, agreed increase RN staffing	0	N/A		100	99.7	97	99									100	100	100	100	3	4	0						63	74	77	84				
Stambridge	1,967.5	1,923.5	97.76%	48.5	0.0	743.9	972.9	130.78%	129.0	245.9	1,644.5	1,712.5	104.13%	91.0	207.0	356.5	660.5	185.27%	266.5	152.5	Staffing to 2 HCA's per night	2	low	HDU bed closed	97	97	96	96			1						100	95	100	92	0	4	5						82	70	67					
Stroke Unit (Paglesham & Benfleet)	2,585.5	2,099.5	81.20%	106.0	235.0	3,299.0	3,850.8	116.72%	710.0	966.8	2,046.0	1,835.0	89.69%	308.0	570.0	1,735.0	2,291.0	132.05%	328.0	687.0	Supervisory staffing. Uplift to 3rd trained on Paglesham.		Benfleet 9 / Pags 1 High	High - Medium / 2 High - Low. Pags 1 High - Low	96.6	95.8	97	92			1						100	82.61	95	86	11	12	19						100	59	50					
Westcliff	1,206.0	1,192.5	98.88%	18.0	48.0	930.0	1,074.5	115.54%	200.5	67.0	1,023.0	934.8	91.38%	143.3	98.5	682.0	756.0	110.85%	250.5	105	Increased levels of patients requiring specials	1 High	See previous column	Bank cover, utilised ward managers, staff redeployed to Westcliff from other areas	99.3	99.4	99	99	1	1							100	100	100	100	7	10	4						50	44						
Windsor	1,488.0	1,383.5	92.98%	115.5	220.5	1,488.0	2,094.2	140.74%	835.2	464.5	1,069.5	1,119.0	104.63%	175.0	141.0	713.0	1,168.0	163.81%	492.5	136.5	Vacancies, uplift and long term sickness	0	N/A	Bank and agency has been used to cover some vacancy, but awaiting new starters to finish induction	99	98	99	97									89	89	84	95	10	11	13		1	1	1		78	20	59					
Windsor Other Surgical	512.0	503.0	98.24%	0.0	0.0	304.5	295.0	96.88%	124.0	41.5	230.0	161.0	70.00%	0.0	0.0	230.0	211.7	92.03%	86.2	105	Windsor ward Surgery closed on 13th October. Staff levels adjusted until closure depending upon acuity.	0	N/A		97.1	98.2	99										100	100	100		0	1	0						82	81	68					

Appendix 2:

