Board of Directors' Meeting Report – May 2014
Agenda item 149 /14

Title	Nursing shift staffing report
Sponsoring Director	Sue Hardy – Chief Nurse/Deputy Chief Executive
Authors	Sue Hardy – Chief Nurse/Deputy Chief Executive Cheryl Schwarz – AD Nursing
Purpose	To provide an overview of the shift to shift nursing and midwifery staffing levels and the actions taken to ensure safe care.
Previously considered at	N/A

Executive Summary

The report shows a significant number of registered nursing shifts (46.9) were not fully covered to the agreed levels. The need to recruit to all vacancies is impacting on the ability to cover staff sickness and maintain agreed staffing levels without the use of bank and agency staff across the hospital. Plans are in place to recruit to all vacant positions through local, national and EU recruitment campaigns.

Fluctuations in activity and in patient acuity and dependency are monitored and risk assessed by ward nurses and senior nurses, so that risks and concerns can be escalated as appropriate. Processes are in place to monitor staffing levels and to assess and manage associated risks to quality and safety and this report highlights some of the actions taken to ensure safe care is maintained.

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	Regulators expect organisations to ensure that staffing capacity and capability and appropriately funded, maintained and monitored. The CQC will monitor how well staffing requirements are met as part of their inspection programme DoH requirement
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 staffing levels in relation to patient outcomes helps us to understand the impact of any staffing deficits on care of patients, including those with protected characteristic of 'age' and 'disability'.

Recommendations:

The Board is asked to discuss the report and receive assurance that processes are in place to monitor staffing levels and to manage the associated risks on a shift to shift basis.

Introduction
The Trust is committed to providing safe, effective, dignified and compassionate care that meets the needs and expectations of our patients. It is recognised that staffing levels on the wards need to be aligned to patient acuity and dependency and the level of ward activity in order to achieve this. Processes have been implemented to record and manage nursing and midwifery staffing levels on a shift to shift basis in order to ensure safety and facilitate effective care.

Shift to shift staffing levels are monitored and managed by ward teams (nurse in charge); matrons and the clinical site manager over each 24hr period. An escalation process is in place to provide guidance and support to staff on managing any reported deficit in staffing levels.

Staffing levels are discussed in the context of bed capacity and demand, operational issues and clinical need at the operational 'Com Cell' meetings, which are held at least three times a day. This enables any areas of risk to be identified and actions agreed to reduce and mitigate risk throughout the day. A staffing levels template is used to record the actual staff on duty on each ward and to document actions taken in response to any risks identified. The visibility of Trust-wide staffing levels is used to support any decisions regarding redeployment of staff.

Shift to shift staffing levels
Appendix 1 provides an overview by ward, of the actual staffing levels compared to the planned / agreed staffing levels, in the Accident and Emergency Department and the core in-patient wards. The report outlines reasons for deficits and a summary of actions taken to reduce or mitigate risks identified. The report template includes data relating to quality, patient safety and patient experience outcomes. It is anticipated the outcomes reviewed will increase as the process becomes embedded and we can utilise data accordingly.

Each ward is assessed on a three shift periods a day basis, these are "early and late shifts", which could be covered separately or by staff working a long-day; and night shift. In April ninety shift periods on each ward required cover. The exception is MB1, Antenatal ward, which closes overnight and therefore requires cover for a two shift period in each twenty-four hour period, equating to sixty shift periods.

The staffing data collection process was not originally planned for implementation on Princess Anne ward as this ward had been scheduled for closure in April. However, this is now being implemented as the ward has remained open to provide medical bed capacity. Insufficient data is available for inclusion in this report, but this will be reported in June 2014.

Critical Care is required to comply with national nurse to patient ratios based on the number of patients and level of acuity; and because this can frequently fluctuate, the template needs to be refined to accommodate reporting these variances in staffing requirements. Nonetheless, compliance with staffing ratios is continually monitored and during the whole of April, only 2 Registered Nursing shift deficits were initially reported and these were covered by deploying a nurse from the critical care outreach team, with no associated risks.

Appendix 2 provides a brief explanation of terminology used and the presentation of the data and information.

Organisational Factors
The trust experienced a busy period during April, with a high level of emergency admissions. An internal major incident was declared in the first week of April as a result of pressures associated with accommodating a high level of A&E admissions.

In addition to halting the closure of Princess Anne Ward, the additional escalation beds on Windsor ward remained open to admissions and the ward remained open over the weekends. Additional temporary staff were requested through the nurse bank, however not all shifts could be covered, thereby requiring some temporary re-deployment of staff between wards to ensure patient safety.

Whilst some areas have made progress in recruiting to vacancies with local and national recruitment, there are still vacancies in ward establishments. Following our first tranche in our EU recruitment campaign, we are expecting the first cohort of new staff to commence induction on 2nd June 2014. The gaps (both vacancies and extra staff required to meet agreed numbers) in ward establishments during April mean that deficits in staffing levels continue to be reported across the hospital, which have been subject to risk assessment and actions taken to reduce / mitigate risk.

Examples of actions for areas, which initially triggered with high risk concerns:

1. A&E: A significant level of vacancies in addition to sickness absence resulted in the requirement for a high number of bank and agency staff to be utilised to provide safe staffing levels. Senior A&E staff were designated to co-ordinate emergency care pathways and provide clinical leadership on a shift to shift basis. Matrons assisted with clinical care to reduce risk and ensure safety. A&E is a high priority area for recruitment of Registered Nurses and Paediatric Nurses. Three Registered Nurses recruited from Spain will commence in the first cohort in June 2014. Shortlisting for first interviews for paediatric nurses (in Ireland) has taken place.

2. AMU 1 & 2: Each Acute Medical Unit initially triggered with high level risk with the impact of sickness levels and vacancy factor. Business unit staffing was reviewed and staff deployed to these areas to assist when possible. Available bank and agency staff were utilised to achieve cover and the Matrons provided support to ensure safe care was provided.

3. Eleanor Hobbs: A combination of vacancies in 'pre-uplift' establishment and the need to recruit to the additional posts agreed following the staffing review has meant that most shift periods did not fully achieve the agreed staffing levels. Risk levels were assessed each shift to take in to account the ward activity and the care needs of the patients in relation to their acuity and dependency. Initial triggers for high risk were managed with using bank and agency staff to ensure safe care. It was agreed, through the escalation process, that all attempts would be made to secure bank and agency to meet the agreed nursing numbers required for this ward due to the bed base and acuity and dependency of patients.

4. Stroke Unit: This comprises of both Benfleet Ward and Paglesham Ward, whose staff are rotated across the whole unit. The unit had a high level of sickness (6.2%) in addition to a vacancy factor, which has been difficult to recruit to. As a result staffing levels on every shift period fell below agreed levels. The risk level was addressed with the continued closure of seven beds in Paglesham Ward to improve nurse to patient ratio across the unit. This, along with re-deployment of staff from other areas and utilisation of bank and agency staff reduced the risk to low on most shift periods. The Lead Nurse monitored the ward closely and provided clinical support to ensure safe care during periods of increased activity and high patient acuity. This area is a

high priority for recruitment in the first and second cohorts in our EU recruitment campaign.

5. Paediatrics: The difficulty in recruiting to vacancies, in addition to sickness absence and maternity leave has resulted in the inability to fully meet agreed staffing levels on a number of shifts. Close monitoring of staffing levels and care needs was used to assess risk during periods of increased activity and high acuity; and when bank and agency cover could not be obtained. Escalation procedures implemented, including the closure of 4 beds to ensure safe care. Benchmarking against the Royal College of Nursing recommended staffing levels has been conducted and a business case for staffing uplift to meet national recommendations for staffing children's services has been developed. The Paediatric Recruitment campaign in Ireland is underway.

6. Kitty Hubbard Ward: This ward was identified as a potential risk area with an increase in turnover / vacancies. Positive progress has been made with local and national recruitment and the ward is awaiting the start of these new hires. The surgical business unit reviewed staffing needs and risk levels across the business unit and have redeployed staff from other wards to ensure safety was maintained. One HDU bed was closed on 4 days to ensure safe care could be delivered within available staffing levels. These actions ensured that there were no risk concerns identified on this ward or in other surgical wards.

Conclusion.
This report illustrates the impact of staffing vacancies and sickness absence in our wards. There are plans to address the shortfall in our wards' staffing establishments and to provide an uplift in staffing in a number of areas previously agreed by the Trust Board.

The implementation of the shift to shift staffing report provides a transparent mechanism for monitoring ward staffing levels and risk management across the Trust. As a new process, further refinements may be required as it continues to be embedded, in order to provide assurance that any risks associated with staffing deficits are effectively managed and staff feel supported to ensure safe and effective care. It may be possible at a later date to include staff satisfaction, which has been suggested to be strongly linked to the quality of care.

Recommendations:
The Board is asked to:

- Receive assurance that processes are in place to monitor staffing levels and to manage the associated risks on a shift to shift basis.
- To provide feedback on the format of the report prior to publication on the Trust web-site and NHS Choices.

Southend University Hospital NHS
NHS Foundation Trust

APPENDIX 1: Ward Staffing Report

Number of Differences and Expected Shifts of Registered Nurses and HCA's

Start Date: 01/04/2014 00:00:00

End Date: 30/04/2014 23:59:59

Shift Capacity & Utilisation for Reporting Period

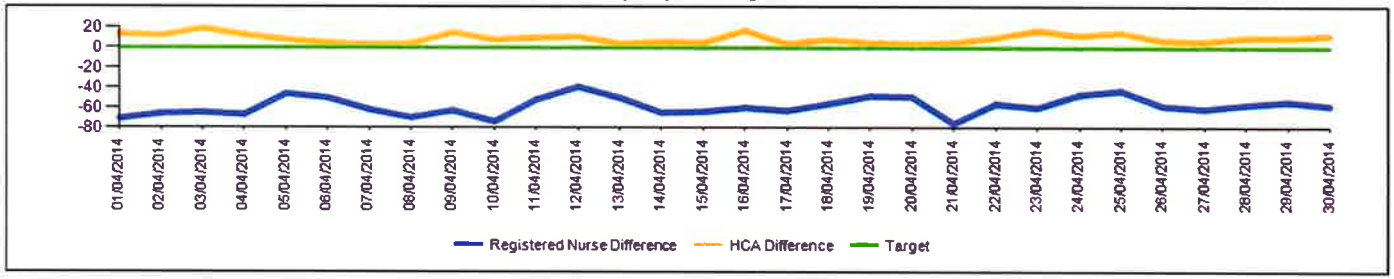
Registered Nurse Trust-wide

Shift Periods Different From Planned / Agreed	%	Staff Variation (incl. bank/agency)	Filled Bank & Agency Staff
1299 / 2769	46.9	-1,746	1,119

HCA Trust-wide

Shift Periods Different From Planned / Agreed	%	Staff Variation (Incl. bank/agency)	Filled Bank & Agency Staff
771 / 2769	27.8	279	1,767

Staff Variation by Day and Registered Nurse/HCA



Business Unit	Ward	Number of Shifts to be covered	Number of Shifts where staffing levels differed from Planned/ Agreed		Percentage of Shifts that staffing levels differed from planned / agreed		Staff Variation (shift numbers)		Number of Bank & Agency Shifts Utilised		Reasons agreed Staffing levels not met	Comments / Actions	HNQI Agg. score	SI	Safety Thermometer New Harm Free	Falls	Avoidable PU	F&F NPS Score
			Reg Nurse	HCA	Reg Nurse	HCA	Reg Nurse	HCA	Reg Nurse	HCA								
Critical Care & Theatres	Post-op	90	37	0	41.1	0	-89	0	11	0	Vacancies	Matron took clinical caseload. No risks identified			N/A			
	A&E	90	23	3	25.6	3.3	-19	1	233	41	13 Nursing vacancies (RN & RSCN). Sickness 8%.	High risk shift managed by utilising Bank & Agency. Matrons support clinical care as required. Recruitment plans underway			N/A			
	AMU 1	90	10	4	11.1	4.4	-8	-2	13	42	2 HCA vacancies. Sickness 3.4%	2 Shifts initially identified with high risk. Staffing reviewed across BU. All shifts out to bank and agency. Matron support provided	97.8		N/A	1		78
	AMU 2 (Dowsett)	90	17	4	18.9	4.4	-17	0	37	19	5 vacancies. Sickness 7%	2 shifts assessed with high risk. All shifts out to bank and agency. Staff re-deployed to assist. Matron support provided. Recruitment plans underway.	92.7		N/A	1		100

	Benfleet Ward	90	90	17	100.0	18.9	-225	9	51	86	Vacancies & need to recruit to uplifted establishment. Sickness 6.2%	7 beds remain closed on Pagelsham to improve nurse to patient ratio across the unit. All shifts out to bank and agency. Redeployment of staff from other wards. Lead Nurse providing clinical support. Actions reduced risk to low on most days, rising to moderate when activity and dependency was high in Benfleet. Priority area for recruitment campaign	95.2		82.6	9	1	60
	Paglesham Ward	90	89	30	98.9	33.3	-112	57	-	-			97.5		78.9	5		100
	Blenheim Ward	90	57	69	63.3	76.7	-62	69	10	19	Need to recruit to additional posts for agreed uplifted establishment. Sickness 3.4%	No risk concerns identified. Bank and agency requested to cover sickness as required	98.8		100	4		
Medicine																		
	Eleanor Hobbs Ward	90	87	53	96.7	58.9	-146	-36	42	23	Current vacancies and awaiting recruitment to agreed uplift in establishment	Initial risks mitigated by requesting bank and agency for all budgeted shifts. Matron support provided. Ward manager took patient caseload	99.6	1	100	9		60
	Estuary Ward	90	90	58	100.0	64.4	-92	54	8	174	Current vacancies and awaiting recruitment to agreed uplift in establishment. Sickness 5.8%	Risk concern identified on one day. All budgeted shifts out to bank and agency. Ward manager took patient caseload. Matron support provided. Redeployment of staff form another ward as required.	99.5		100	9	2	93
	Gordon Hopkins Ward	90	29	3	32.2	3.3	-29	-1	17	34	Awaiting recruitment to agreed uplift in establishment	No risk concerns identified	99.7		89.5	6		78
	Rochford Ward	90	43	29	47.8	32.2	-60	-29	62	35	Vacancies. Sickness 4.5%	Risk effectively managed with bank & agency cover. Ward manager took patient caseload. Matron support provided.	99.8		95.83	6		100
	Sita Lumsden CCU	90	90	0	100.0	0.0	-90	0	21	17	Awaiting recruitment to agreed uplift.	No risk concerns identified.	100		90.1	1		89
	Stambridge Ward	90	65	59	72.2	65.6	-67	-56	31	68	Awaiting recruitment to agreed uplift. Sickness 4.8%. 5 RN + 1 HCA vacancies.	Cover requested for pre-uplift staffing levels. Daily monitoring and risk assessment by Matron	99.1		92.3	8		63
	Westcliff Ward	90	18	6	20.0	6.7	-18	-5	15	38	Sickness 3.6%	No risk / concerns identified. Bank & agency cover for sickness requested	98.6		100	10		69
	Castle Point Ward	90	90	67	100.0	74.4	-214	67	34	220	4 RN + 1 HCA vacancy + 2 RN on ML	UK & Overseas recruitment process commenced. Bank and agency cover requested, not all shifts filled. Additional HCA booked to support fundamental care needs.	98.3		100	4		

MSK	Shopland	90	42	63	46.7	70.0	-74	-125	89	179	3 RN + 3 HCA vacancies + 2 RN on ML	UK & Overseas recruitment process commenced. Bank and agency cover requested as required. When bed occupancy low, staff deployed to support other Wards	98.4		100	1		74
	Southbourne Ward	90	90	65	100.0	72.2	-118	95	30	100	3 RN vacancies	UK & Overseas recruitment process commenced. Bank and agency cover requested, not all shifts filled. Additional HCA booked to assist fundamental care needs. Staff redeployed from Shopland ward to support RN care	96.7		100	1		
Oncology	Bedwell Ward	90	89	1	98.9	1.1	-113	-1	45	36	Awaiting recruitment to agreed uplift in establishment.	Risk levels monitored in relation dependency of patients. Bank and Agency cover requested, not all shifts filled. Ward manager cancelled supervisory days to take patient caseload. Support from Matron	99.3	1	96	4		92
	Elizabeth Loury Ward	90	22	5	24.4	5.6	-22	-5	22	69	Awaiting recruitment to agreed uplift in establishment.	Ward Manager took patient caseload when required to support care. Low risk, no adverse incidents	98.9		100	2		84
	Balmoral Ward	90	39	59	43.3	65.6	-39	67	4	26	Awaiting recruitment to uplifted establishment	No risk concerns identified	93.7		100	4		100
	Chalkwell	90	2	1	2.2	1.1	-2	-1	23	25	Sickness	No risk concerns identified	100		N/A			87
Surgery	Edmund Stone Ward	90	52	30	57.8	33.3	-48	22	40	25	Awaiting recruitment to uplifted establishment	No risk concerns identified	100	1	100			84
	Hockley Ward	90	43	15	47.8	16.7	-44	15	14	55	Awaiting recruitment to uplifted establishment	No risk concerns identified	99.7		100	2		
	K. Hubbard Ward	90	37	3	41.1	3.3	-37	-3	60	35	9 RN vacancies	3 RNs re-deployed from Windsor and Edmund Stone to support safe care. Recruitment: 5 RN offers, 2 RN advertised, 1 RN from EU recruitment. 5th HDU bed closed 4 days. No risk concerns identified.	95.3		100	1		75
	Windsor Ward	90	13	66	14.4	73.3	7	86	137	185	Additional staffing in place to cover medical escalation beds	6 extra beds opened from 1st Jan until 01/05/14 to accommodate medical patients.	95.5		100			74
	CDS (Midwives)	90	3	0	3.3	0.0	-2	0	0	26	Sickness	Deficit covered by the use of agency and bank staff - No high risk concerns re. safety or quality of care for women in labour	100	1	100			
	Eastwood Ward	90	2	31	2.2	34.4	-2	-31	16	3	staff sickness and absence & vacancy	Bank and agency cover. No high risk concerns re. patient care or quality - in addition the newly appointed staff nurse in on orientation	99.6		100	1		77
	MB1 (Midwives)	60	0	0	0.0	0.0	0	0	0	110	N/A	No deficit	100		100			

	MB2 (Midwives/RN)	90	2	0	2.2	0.0	-2	0	-	-	Sickness	This was successfully covered by agency	100		100			
Women's & Children	Neonatal Unit (RN and NN)	90	0	0	0.0	0.0	0	0	9	0	5 vacancies which have been recruited to; new staff are just coming into post. Maternity leave x 1.	Bank and agency requested as needed to manage increase in patients / acuity. Unit closed to new admissions on two occasions due to high capacity and/or high dependency	98.7		100			
	Neptune	90	27	30	30.0	33.3	-1	32	45	77	3 vacancies which have been difficult to recruit to. Maternity leave x 3; and long term sick x 1.	2 new staff due to start in May. Recruitment campaign underway. Shifts put out to Bank and agency, fill rate low. Risk monitored and escalation process in place. 4 beds closed in order to safely manage the increased activity and dependency. Business case for staffing uplift to meet national recommendations for staffing children's services.	89.7		100			

Appendix 2

Explanatory notes to accompany Shift to Shift Nurse Staffing Report

Terminology used in report template	Explanatory notes
Shift Period	• Each ward providing 24-hour care sets staffing requirements based on 3 shift periods of early, late and night shift. These wards are required to cover 3 shift periods each day for 30 days in April = 90 shift periods requiring cover. • Wards that close overnight are required to cover 2 shift periods in 24 hours. 2 shift periods each day for 30 days in April = 60 shift periods requiring cover. • The total number of shift periods requiring cover on the wards included in this report in April is 2769.
Shift Periods Different From Planned / Agreed	• The number of shift periods reported with a difference between the agreed / planned staffing levels and the actual number of staff who worked the shift • Staffing levels were below the agreed levels in a number of areas. • On occasion, actual staffing levels may be above the planned level. This can be for a number of reasons e.g. to respond to increase in patient numbers (additional beds opened); increase in acuity and dependency; fluctuation in skill mix requirements to meet care needs (e.g. one to one enhanced observation)
Filled Bank & Agency Staff	• The number of shift periods worked by bank / agency staff
Staff Variation (incl. bank/agency)	• Negative figure: identifies the number of additional staff (headcount) that were required to cover shift periods. For example there may have been a deficit of more than one nurse for a given shift period. • Positive figure: identifies that a higher number of staff worked than had been identified in the agreed staffing levels. • These figures report the variation after the inclusion of bank and agency staff in the actual staffing levels
Staff Variation by Day and Registered Nurse/HCA	• This section of the report illustrates the variation in actual staff (headcount) on duty compared to the agreed levels on a daily basis across the hospital. • Green line (target): objective is to meet agreed staffing levels • Yellow line: Number of HCAs different to agreed number, (above agreed / target on a number of days) • Blue line: Number of Registered Nurses different to agreed number
HNQI Agg. score	• HNQI: Head Nurse Quality Indicators. Quality metrics monitored monthly and reported on the nursing dashboard • Aggregated score for all HNQIs (documentation & wristband compliance; falls assessment, nutrition assessment, pain and

Terminology used in report template	Explanatory notes
	Sedation, pressure assessment, medication assessment, patient observation, care rounds)
SI	• Number of serious incidents reported
Safety Thermometer % Harm Free Care (new harms)	• Safety thermometer data is collected on a designated day each month relating to incidence of falls, pressure ulcers, catheter associated urinary infections, VTE • New harms are classified as harms in the above categories that have occurred during the patient's admission • 100% Harm free care is achieved if none of the 4 harms monitored through safety thermometer are identified through the monthly data collection
Avoidable PU	• The number of hospital acquired (new) pressure ulcers deemed avoidable following the RCA process.
F&F NPS Score	• The net promoter score from the Friends and Family Survey, used to measure patient experience based on how likely a patient is to recommend the hospital in relation to their experience of care received.