

**Board of Directors' Meeting Report – 24 September 2014**  
**Agenda item 277/14**

<b>Title</b>	Nurse staffing establishment report
<b>Sponsoring Director</b>	Sue Hardy – Chief Nurse/Deputy Chief Executive
<b>Authors</b>	Sue Hardy – Chief Nurse/Deputy Chief Executive Cheryl Schwarz – Associate Chief Nurse
<b>Purpose</b>	To provide an overview of the August 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.
<b>Previously considered at</b>	N/A
<b>Executive Summary</b>	
<p>There were 24 shifts where high risk triggers were identified on the wards and one occasion in A&amp;E; however there were no occasions where risk remained high following mitigating actions.</p> <p>The data has been presented as last month, in hours in accordance with NHS England criteria. This report relates to fill rate against planned staffing, in current funded establishment.</p> <p>We are awaiting further amendments to be made to the e-roster system to enable us to report against agreed staffing, inclusive of uplifted establishment in line with further instructions from NHS England.</p>	
<b>Related Trust Objective</b>	Patient Focus – keep getting better. Staff – proud to work here and feel valued.
<b>Related Risks</b>	Patient Focus – keep getting better. Risk 1, 2 & 3 Staff – proud to work here and feel valued. Risk 1 & 2
<b>Legal implications / regulatory requirements</b>	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
<b>Quality impact assessment</b>	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.
<b>Equality impact assessment</b>	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'.
<b>Recommendations:</b>	
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 August 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 August 2014 and the previous three months for comparative purposes, in order to understand whether staffing levels are impacting on patient care outcomes.

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 October 2014.

## **Methodology for Reporting Planned and Actual Staffing**

The data has been submitted via the UNIFY template in hours, in accordance with NHS England criteria and in line with data submitted in previous reports. The planned staffing levels were calculated by using agreed staffing levels (in line with the current "pre-uplifted" staffing levels). 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.

The Board of Directors have previously been informed and are therefore aware that 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 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.

We will, in future be required by NHS England to report the nursing hours fill-rate against the agreed shift to shift staffing levels, inclusive of the uplift in nurse establishment. I am still discussing this requirement with both the CCG and Area Team as I remain concerned that we will be the only Trust locally, to report in this way.

## **Key themes**

Appendix 2 provides a trend for the last few months and illustrates that there was a decrease in Trust-wide fill rate for Registered Nurses/Midwives (RN/RM) on day shifts (94.2%) compared to (97.65%) in July 2014. The night shift cover by RN/RM was 101.1% compared to 103.86% in July 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.

While there was a reduction in fill rate for Health Care Assistants on day and night shifts in August 2014, night shift fill rate remained above 100% due to the elevated dependency needs of the patients on the wards.

There were a number of Spanish nurses awaiting their NMC PIN number during August. It was agreed that the nurses would work in HCA capacity in order to familiarise themselves with the ward, as is the process for our graduating student nurses awaiting NMC registration. This resulted in an increased number of staff in the HCA band in some areas.

Some areas continue to have vacancies and a number of areas have reported issues with sickness levels, which has resulted in an increase in bank and agency utilisation in a number of areas. 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 25 in August 2014 (24 on the wards and 1 in A&E), compared to 27 in July 2014. All were mitigated to low or moderate following escalation and action.

Our third cohort of overseas nurses commences in the Trust in September 2014 and will undertake the four-week induction programme, before being deployed in their allocated wards. The Practice Development team are monitoring and supporting all new recruits so that any additional training needs or support can be 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.

### **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 maintain patient safety.
- There were 18 occasions where a high risk was identified across the business unit compared to 11 occasions in July 2014. Action was taken to mitigate and reduce the risk, all high levels of risk being reduced to moderate or low.
- The Stroke Unit continues to have a significant level of vacancies. The unit reported 12 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 remained closed on Paglesham due to the high level of vacancies; this is monitored shift by shift.
- It was agreed during our 'Perfect Week' that AMU should try to staff the wards with 4 RNs overnight and at weekends as per the weekday shifts.

### **Surgery:**

- Continued long-term sickness of 2 RNs on Balmoral ward meant that bank and agency staffs were required to cover shifts and ensure safe care. No high risk triggers were identified on the ward during August 2014.
- Initial high risk triggers were identified on five occasions on Kitty Hubbard Ward. A high dependency bed was closed to ensure patient safety. As a result all high risks were mitigated to low.
- 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 SNCT being carried out in September 2014 will also assist in planning ward staffing levels.

### **MSK:**

- The MSK wards underwent a reconfiguration during August, resulting in a change in bed base and a change to the patient mix.
- Sickness and the need to provide enhanced observation for a number of patients across the MSK wards resulted in the need for bank and agency cover.

- Vacancies within the BU had not been actively recruited to and staff have been deployed across the newly configured wards. This helped enhance staffing levels and reduce temporary staffing utilisation in the last week of the month.
- Elevated dependency has been noted on Castlepoint Ward following the ward reconfiguration. 1 initial high risk trigger was identified and was reduced to moderate following mitigating action.
- Following risk assessment across all wards in the BU, staffs were moved flexibly between wards to provide a better skill mix and ensure patient safety.
- The staffing level and skill mix requirements of the MSK wards will be assessed in September 2014 as part of the workforce review process.

### Paediatrics

- The paediatric ward and neonatal unit continue to have vacancies, which means that sick leave and maternity leave further reduces the shift fill rate in these areas.
- There was increased utilisation of Health Care Assistants on nights on Neptune Ward due to enhanced observation requirements and to support activity in the PAU.
- The recruitment campaign for registered paediatric nurses continues, with some staff appointed to the neonatal and paediatric ward, though they have not yet started in post.

### Maternity & Gynae

- Margaret Broom utilised bank and agency staff in order to cover vacancies and sick leave. No high risk triggers were identified
- Eastwood ward were unable to cover all shifts at planned levels due to a vacancy that has proved difficult to recruit to. However no high risk triggers were identified.
- Vacancies are being recruited to in maternity services.

### D&T

- Elizabeth Loury Ward had a reduced shift fill rate due to sickness and maternity leave, which could not always be backfilled with nurse bank cover.
- The Ward Manager and Matron closely monitored the ward and no high risk triggers were identified.

### Critical Care

- In accordance with the critical care protocol, staffing levels were flexed in accordance with activity and patient acuity.
- The Outreach team assisted with care on the unit. 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 detail 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
4557	1395	4468	1605	98.0%	115.0%	2868	855.5	2956	785.7	103.1%	91.84%

- Accident and Emergency continue to have high Paediatric and Registered Nurse vacancy levels, which causes 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.
- One occasion of initial high risk trigger was identified when a night shift had a deficit of 2 RNs. This was mitigated to low by booking a doctor to operate the ENP stream.

### **Additional actions**

The recruitment plan is being progressed to address the Registered Nurse vacancies, including the overseas recruitment campaign. On-going local recruitment continues and interviews have taken place with a view to employing student nurses that are due to complete their training in September 2014. The third cohort of overseas nurses commenced within the Trust on 1<sup>st</sup> September 2014, when they will enter their 4-week induction period.

The Trust continues to work partnership with the University of Essex to explore the introduction of a work-based programme for Associate Practitioners with foundation degrees to undertake the BSc Nursing programme. This would provide a professional development pathway for the pre-professional workforce to undertake registered nurse training. Funding has been requested from Health Education England and we await the outcome of this.

### **Conclusion**

There was a decrease in the Trust-wide fill rate for Registered Nurses/Midwives and HCAs on days and night shifts compared July 2014. Bank and agency utilisation increased in a number of areas to cover shortfall and to ensure safe care. The new reporting format that commenced last month is enabling us to monitor the degree to which these resources are used.

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.

A more detailed analysis of trends will be undertaken and presented to the Quality Assurance Committee following the completion of three months reporting, to allow more meaningful comparative analysis.





\* 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.

Southbourne	1,203.5	931.7	77.42%	59.0	66.0	1,326.0	1,026.5	77.41%	295.5	144.0	532.0	456.0	85.21%	76.0	76.0	674.5	456.0	67.61%	272.5	20.5	1 band & vacancy, 1 band & 6 LT, MSK ward reconfiguration resulted in reduced bed numbers from the week commencing 18/09/16	0	Medium risk x3 utilised to cover shortall, when cover obtained. Planned hours will need to be reviewed in light of shift work from other MSK wards	99.1	98.4	96.2	81.8	Bank and agency utilised to cover throughout 3 weeks of August prior to reconfiguration. Staff need to be obtained from other MSK wards
Stambridge	1,221.5	1,231.0	100.78%	30.0	0.0	1,746.0	1,765.0	101.09%	540.0	316.0	979.0	946.0	96.63%	154.0	33.0	849.0	1,191.0	140.28%	635.5	93.5	Vacancies, LT/ST/NN and THCA ML	1	low	98.9	96.9	99.1	98.1	Increased HCA fill rate due to enhanced observation requirements
Stroke Unit (Pagtham & Benitez)	2,593.0	2,468.8	86.65%	134.5	195.0	2,963.5	3,218.0	108.59%	531.8	926.3	1,936.0	1,985.0	102.53%	152.5	472.2	1,276.0	1,684.5	132.01%	329.0	186.5	Vacancies, LT/ST/NN	12	10 high to low	98.5	98.3	96.6	95.8	Redeployed staff across unit, 7 beds remain open/ASU
Westcliff	1,129.5	1,080.0	95.62%	6.0	5.5	1,083.5	1,033.5	95.39%	280.5	43.0	905.0	957.0	105.75%	209.0	33.0	778.0	787.5	101.22%	306.5	30.0	Vacancies/sickness	2	low	99.5	99.7	99.3	99.4	Redeployed staff from Rochford/ASU
Windsor	922.5	940.7	101.97%	23.0	0.0	820.5	718.0	87.51%	378.5	108.0	480.0	460.0	95.83%	0.0	0.0	480.0	425.0	88.54%	69.0	11.5	Staffing levels to be reviewed following bed reduction	0	N/A	100	98.8	97.1	98.2	Activity and activity monitored daily and staffing levels to provide safe care.
Critical Care	3,663.0	3,746.5	111.40%	215.5	0.0	3,029.0	3,443.0	113.67%	473.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	Additional staff secured to respond to increase in patients and activity	0	N/A	100	100	100	100	Critical care outreach team worked within the unit to provide cover needed





