

Board of Directors' Meeting Report – October 29th 2014
Agenda item 312/14

Title	Nurse staffing establishment report
Sponsoring Director	Cheryl Schwarz – Acting Chief Nurse
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Purpose	To provide an overview of the September 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 23 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.	
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 September 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 September 2014 and the previous four 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 an increase in Trust-wide fill rate for Registered Nurses/Midwives (RN/RM) on day shifts in September 2014 (97.05%) compared to (94.2%) in August 2014. The RN/RM night shift cover was 100.25% in September 2014, compared to 101.1% in August 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.

There was also an increase in fill rate for Health Care Assistants on day and night shifts in September 2014. A fill rate above 100% was in part due to the elevated dependency needs of the patients on the wards. In addition, the final cohort of Spanish nurses who commenced in the trust in September 2014 undertook their 4 week induction programme throughout September and a number of these nurses are still awaiting their NMC PIN number. In line with the process for our graduating student nurses awaiting NMC registration, the Spanish 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.

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. 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 23 in September 2014 (ward areas), compared to 25 in August, and 27 in July 2014. All were mitigated to low or 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 maintain patient safety.
- There were 17 occasions where a high risk was identified across the business unit compared to 18 occasions in August 2014. Action was taken to mitigate and reduce the risk and all high levels of risk were reduced to moderate or low.
- The Stroke Unit continues to have a significant level of vacancies. The unit reported 11 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 attempt to staff the wards with 4 RNs overnight and at weekends as per the weekday shifts. This is included in the "planned hours" for current establishments (Appendix 1).

Surgery:

- Edmund Stone ward moved to Southbourne ward, there was a reduction in RN fill rate on days, due to RN vacancies and 1 overseas nurse awaiting NMC PIN number.
- It was agreed to increase HCA staffing levels, due to six additional beds being opened on Southbourne. No high risk triggers were identified. Staffing levels are under review following the increase in beds.
- Initial high risk triggers were identified on three 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.
- The planned closure of Windsor ward on the 10th October will lead to the re-deployment of ward staff within the Business unit.
- 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 assessment carried out in September 2014 will also assist in planning ward staffing levels.

MSK:

- Castlepoint required additional HCA's on nights throughout the month to provide enhanced observation and maintain patient safety.
- As a result of the reconfiguration of the MSK wards a positive decision was taken not to recruit to vacancies within the Business Unit. Staff have now been redeployed across the two MSK wards and to support the early rehabilitation and nursing (ERAN) team and the MSK infusion service. This helped enhance staffing levels and reduce temporary staffing utilisation in the last week of the month.
- There were 2 high risk triggers on Castlepoint Ward and 1 on Shopland ward. The 3 high risk triggers were mitigated to medium, after staff were moved flexibly between wards to provide a better skill mix and ensure patient safety.

Paediatrics

- The paediatric ward and neonatal unit continue to have vacancies and Maternity leave however RN fill rates have improved due to a reduction in sickness.
- Two new RNs have taken up post on Neptune. There was a lower level of activity on Neptune and fewer HCAs were utilised on nights.
- Additional HCA required on Neonatal unit to provide a long term special.
- The recruitment campaign for registered paediatric nurses continues.

Maternity & Gynae

- Margaret Broom noted an increase in dependency in September, utilising bank and agency staff in order to cover vacancies and sick leave and maintain patient safety.
- No high risk triggers were identified
- Eastwood ward noted sickness and a vacancy. However no high risk triggers were identified.
- Vacancies are being recruited to in maternity services.

D&T

- Bedwell had reduced RN fill rate due to RN short term sickness and carers leave.
- There were no high risk triggers.
- Elizabeth Loury Ward had a slightly reduced shift fill rate due to sickness and maternity leave, 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 September 2014. There were 31 shifts with reduced staffing levels; and 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 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
4530	1380	4480.75	1473	99%	107%	3450	1035	3045.2	817.45	88%	79%

- 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.
- No high risk triggers were identified.

Additional actions

The recruitment plan is being progressed to address the Registered Nurse vacancies, including exploring recruitment of Registered Nurses and Paediatric Nurses in Ireland. Thirteen newly qualified nurses commenced in the Trust in September 2014. The third cohort of overseas nurses commenced on 1st September 2014 and are now working within their allocated ward areas following their four-week induction programme. A number of these nurses are awaiting their NMC PIN and as a result are working in HCA capacity.

A pilot of a work-based BSc programme for Associate Practitioners who possess a foundation degree will be available in January 2015. This will provide a professional development pathway for the pre-professional workforce to undertake registered nurse training. The numbers for the pilot will be restricted to 30 places across Essex. Funding has been requested from Health Education England and we await the outcome of this. A proposal to support eligible band 4 staff from within the Trust to undertake this programme is being developed and will be submitted to the executive team for approval.

Implications of NICE guidelines

In July 2014 NICE published recommendations on “Safe staffing for Nursing in adult in patient wards in acute hospitals”. The document recommends a systematic approach at ward level to ensure safe staffing. Self- assessment against the guidance demonstrates a moderate level of compliance, however there are some areas which may require changes to some systems and processes in order to meet the recommendations. Of particular note is the guidance that “red flag” events should be used as a marker to escalate concerns about nurse staffing levels. Red flags are defined as:-

- Unplanned omission in providing patient medications.
- Delay of more than 30 minutes in providing pain relief.
- Patient vital signs not assessed or recorded as outlined in the care plan
- Regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan (Intentional rounding) not carried out.
- Less than 2 registered nurses present on a ward during any shift.
- A shortfall of more than 8 hours or 25% (whichever is reached first) of registered nurse time available compared with the actual requirement for the shift.

Making an assessment of Registered Nurse time and calculating any shortfall will be a relatively straight forward exercise. More timely identification and reporting of unplanned omissions of medication could be assisted with the planned implementation of an electronic prescribing system. Similarly, if our bid for the Nerve Centre software is successful, the delay or omission of recording vital signs can be identified and escalated at the time of the event, thus improving patient safety and facilitating real-time reporting of these red flags. Senior nurses are reviewing the actions required to meet the recommendations of the NICE guidelines.

Conclusion

There was a marginal decrease in the percentage of Registered Nurse shift-fill on night shift to 100.25% in September 2014, compared to August 2014. An increase in RN shift fill rate was noted on days compared to August 2014. Bank and agency utilisation increased in a number of areas particularly 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 practise as registered nurses.

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 quarterly review of Monthly reporting has been undertaken and will be presented to the Quality Assurance Committee, to allow more meaningful comparative analysis and to identify trends.

The SNCT data collection was conducted in 22 in-patient clinical areas during September 2014. On this occasion the two AMU's and SAU participated in the data collection, and will be reported in the 6 month nursing workforce review. This data is currently being analysed and will be reported to the board in December 2014.

Ward	Day										Night (Defined as the shift which occurs over midnight)										Reason Agreed Staffing Levels	Number of Occasions Initially	Risk level after action	Comments/Actions	HNQI Aggregate Score					SI					Safety Thermometer New Harm Free Care					Falls					Avoidable PU					F&P NPS Score								
	Registered Nurse/Midwife					HCA					Registered Nurse/Midwife					HCA									May-14	Jun-14	Jul-14	Aug-14	Sep-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	May-14	Jun-14	Jul-14	Aug-14	Sep-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																																						
Kitty Hubbard	1,816.9	1,893.0	104.19%	15.0	42.0	690.0	906.3	131.34%	180.0	157.5	2,070.0	1,598.0	77.20%	57.5	230.0	522.6	587.0	112.32%	233.5	135.0	3 RN Vacancies,	3	Low	Closed HDU bed, to maintain patient safety. Additional HCA to support fundamental care and provide enhanced observation	95.4	93.6	97.3	97	96	1					100	100	100	95	100	1					0	4	5	100	79	82	70	67						
Margaret Broom	2,526.0	2,786.5	110.31%	265.2	77.0	1,170.0	1,485.0	126.92%	672.0	0.0	540.0	680.5	126.02%	33.0	65.5	756.8	707.0	93.42%	242.0	22.0	Sickness/vacancy/dependency	0	N/A	none	100	100	100	100	100						100	100	100	100	100	0	0	0	0	1														
Neonatal Unit	1,594.6	1,615.5	101.31%	21.0	36.0	672.6	660.0	98.13%	0.0	0.0	1,262.7	1,199.0	94.96%	33.0	33.0	516.6	605.0	117.11%	0.0	0.0	Vacancies and maternity leave	0	N/A	Level of activity has been lower - Additional HCA hours required maintain patient safety.	88.2	97.6	100	100	100	1					100	100	100	100	100	0	0	0	0	0														
Neptune	1,800.0	1,932.3	107.35%	65.5	147.3	1,080.0	1,030.0	95.37%	782.0	0.0	1,650.0	1,533.5	92.94%	132.0	308.0	660.0	526.0	79.70%	471.0	0.0	Vacancies and maternity leave and short notice absence	0	N/A	Long term special on the ward, activity generally high.	100	100	100	100	84						100	100	100	100	100	0	0	0	0	3														
Princess Anne	1,125.0	1,136.5	101.02%	106.0	68.0	1,530.0	1,870.8	122.28%	690.0	403.8	1,035.0	1,012.0	97.78%	368.0	69.0	734.0	1,314.3	179.05%	1,146.8	52.5	Short term sickness	0	N/A	HCA fill rate >100% due to multiple enhanced observation patients	95.4	96.4	98.8	98.7	100	1		1			86.67	93.33	86.67	93.75	89	3	4	3	7	8					100									
Rochford	2,250.0	2,100.3	93.34%	48.0	43.5	900.0	912.8	101.42%	12.0	49.3	1,980.0	1,834.0	92.63%	306.5	77.0	660.0	649.0	98.33%	132.0	11.0	Short term sickness, ML	3	2 x medium 1 x low	Staff unavailable.	99.2	99.8	99	99.3	100						100	100	100	100	100	3	3	3	1	1	64	73	100	100										
Shopland	1,622.1	1,812.0	111.71%	37.5	22.5	1,620.0	1,649.0	101.79%	292.0	134.5	588.0	817.0	138.95%	133.0	9.5	570.0	616.5	108.16%	199.0	28.0	Short term sickness & compassionate leave	1	Medium	Assistance given by Matron on late shift	93.5	99.1	99.1	100	91						100	100	100	100	97	2	0	1	3	2														
Southbourne	1,401.0	1,222.0	87.22%	188.0	0.0	862.5	848.0	98.32%	147.5	21.0	690.0	757.0	109.71%	206.0	0.0	598.0	562.5	94.06%	172.5	56.5	2 RN Vacancies	0	N/A	Ed stone ward closed moved to Southbourne. Increase in Beds from 24 to 30. HCA levels on nights increased to 2.											97.8	100	99.7	97						95.45	91.67	100	100	100	2	7	3	4	0	82	91	63	74	77
Stambridge	1,170.0	1,127.5	96.37%	30.0	0.0	1,690.0	1,781.8	105.43%	540.5	431.0	947.0	965.0	101.90%	140.0	11.0	821.6	1,139.5	138.69%	553.0	91.5	Short term sickness	0	N/A	HCA fill rate >100% due to enhanced observation patients. Short term sickness, ML	98.9	98.9	99.1	98.1	99						92.59	92.81	88.89	88.89	84	7	17	10	11	13	1	1	88		78	20								
Stroke Unit (Paglesham & Benfleet)	2,595.0	2,108.8	81.26%	133.5	244.5	2,868.0	3,039.5	105.98%	358.0	865.0	1,874.0	1,892.0	100.96%	242.0	506.0	1,320.0	1,529.0	115.83%	330.0	154.0	RN vacancies, ad, short term sickness, ML, new RNs on supernumary status	11 (Benfleet ward)	11 x medium	HCA fill rate >100% due to new RNs working as HCA's	98.5	98.3	96.6	95.8	97	1					100	95.24	100	82.61	95	11	9	11	12	19	2					100	93		100	59				
Westcliff	1,170.0	1,122.0	95.90%	41.5	0.0	1,049.0	1,057.0	100.76%	253.5	79.5	876.0	883.0	100.80%	213.5	64.5	752.9	817.5	108.58%	369.0	52.5	RN vacancy x1, short notice absence	0	N/A	HCA fill rate >100% due to enhanced observation patients and supernumary status of staff	99.5	99.7	99.3	99.4	99		1	1			100	100	100	100	100	4	12	7	10	4	54	61		50	44									
Windsor	1,192.0	1,185.7	99.47%	38.0	11.5	794.0	769.0	96.85%	305.0	117.0	510.0	529.0	103.73%	0.0	23.0	464.0	516.5	111.31%	161.0	22.0		0	N/A	Ward due to close 10th October	100	98.8	97.1	98.2	99						100	100	100	100	100	0	1	0	1	0	82	77	82	81	68									
Critical Care	2,851.5	3,391.0	118.92%	322.0	0.0	0.0	30.0	-	0.0	0.0	2,391.0	3,080.0	128.82%	352.0	0.0	0.0	-	-	0.0	0.0	RN short term sickness. 1 RN maternity leave	0	31 shifts low risk	Critical care increased workload. Critical care outreach team utilised to provide additional cover.	100	100	100	100	100	1					88.89	100	100	85.71	100	0	0	0	0	0														

* 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.

