

Finance & Performance	Item	
22nd December 2014	Purpose	Information Action Monitoring

Title	Update on Nurse Staffing
Author	Mrs Julie Molyneaux, Deputy Chief Nurse
Executive sponsor	Christine Pearson Chief Nurse
Summary: This report will provide the committee with an update of staffing fill rates (actual versus planned) in hours for November 2014.	

Report linkages	
<p>Related strategic aim and corporate objective (Delete as appropriate)</p>	<p>To improve patient experience by putting quality at the heart of everything we do</p> <p>To develop services of the highest quality through innovation, pathway reform and the implementation of best practice</p> <p>To invest in and develop our workforce and improve staff engagement and satisfaction levels</p> <p>To further develop our workforce and improve staff engagement and satisfaction levels</p> <p>To further develop clinical services with key internal and external stakeholders to reduce health inequalities, improve public health and reduce cost across the health economy</p>
<p>Related to key risks identified on assurance framework (Delete as appropriate)</p>	<p>All quality and patient safety risks</p>

Impact (delete yes or no as appropriate and give reasons if yes)			
Legal	Yes/No	Financial	Yes/No

Equality	Yes/No	Confidentiality	Yes/No
Previously considered by:			

1. Introduction

As there is no Trust Board meeting in December, the Finance and Performance committee is asked to receive this exception report on behalf of the board based on staffing fill rates for November 2014 (actual versus planned)

Summary Headlines

November continued to be an extremely challenging month for nurse staffing within the organisation caused by:

- High level of vacancies
- Sickness and absence levels
- Escalation beds opened
- Ability to match demand for nurse staffing with bank and agency fill rate/availability
- Anecdotally increased acuity and dependency
- Increased attendance through emergency department and urgent care

Significant concerns for November;

- 10 wards fell below an 80% actual versus planned for registered nurse hours on daylight shifts.
- 1 ward fell below an 80% actual versus planned for care staff for daylight hours
- 1 ward fell below an 80% actual versus planned for registered nurse hours on night duty, however this ward regularly closes and staff are moved
- 3 wards fell below an 80% actual versus planned for care staff on night duty

Performance

There were a significant amount of shifts under the 95% actual versus planned for November, (see appendix 1) the themes for them being as such, are repetitive and will be described below.

Areas Below 80%

WARD	RN/RM DAYS	CARE STAFF DAYS	RN/RM NIGHTS	CARE STAFF NIGHTS
Ward 2 AVH	77.2%			
C1	68.8%			
C10	75.4%			
C3	70%			
C9	73.3%			
Ward 16	79.7%			
Ribblesdale	71.3%			
Hartley	73.8%			
Marsden	79.6%			
Reedyford	74.2%			
Burnley Birth Centre		43.9%		
Blackburn Birth Centre				80%
Ward 28			64.7%	68.8%
NICU				76.7%

Composite percentages for all wards ELHT

Day		Night	
Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
89.2%	102.4%	97.8%	101.8%

Issues Effecting Actual versus Planned

Appendix 2 highlights safe staffing return and nurse sensitive indicators

Family care

- Sickness
- Support staff moved to support busy areas
- Coordinators working in the numbers to maintain safe staffing.

No care issues identified as a consequence. Staffing figures do not reflect, how many women in labour or acuity of areas.

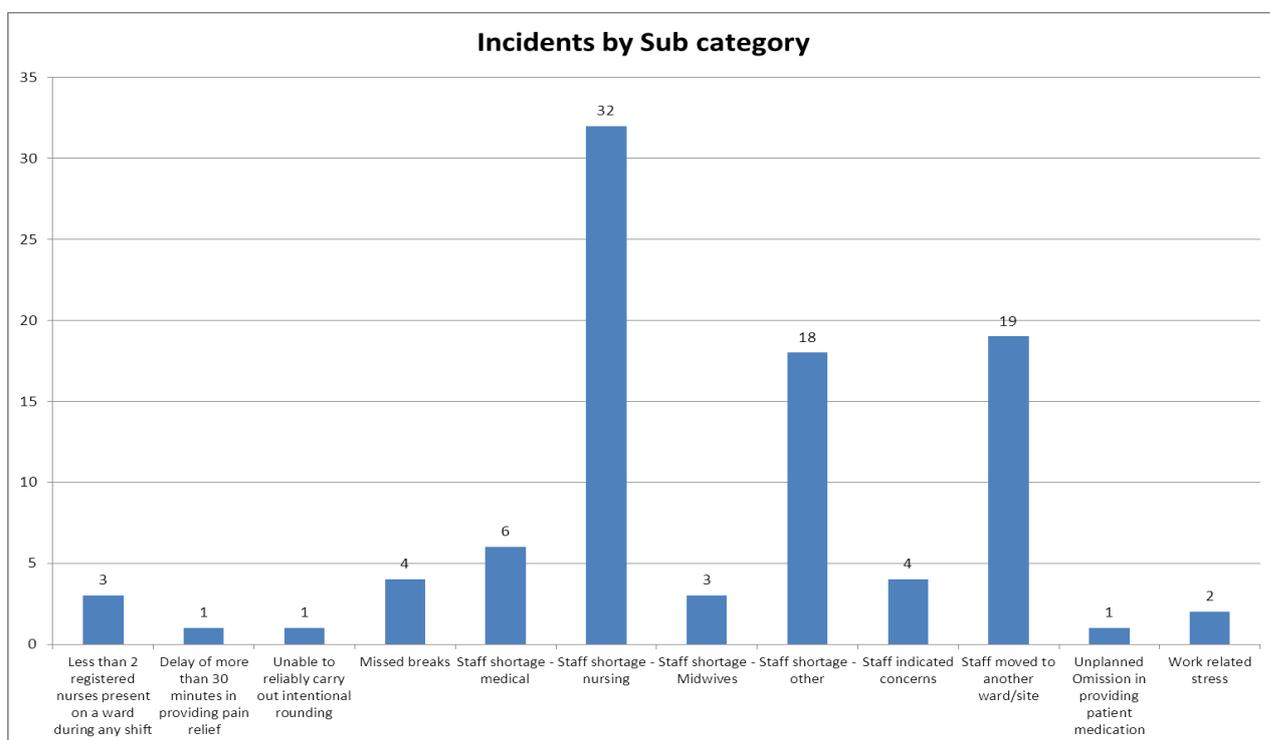
ICG & SAS

- Where areas were over planned hours this was to shore up shifts not covered, increased acuity and dependency and escalation beds

- Under planned hours, general themes across all wards:
 - Sickness, short term and long term
 - Vacancies
 - Maternity leave
 - Bank and agency shifts not filled
 - Escalation beds, staff deployed to other areas
 - “third” nurse on night duty being moved to support other areas
 - No co-ordinator

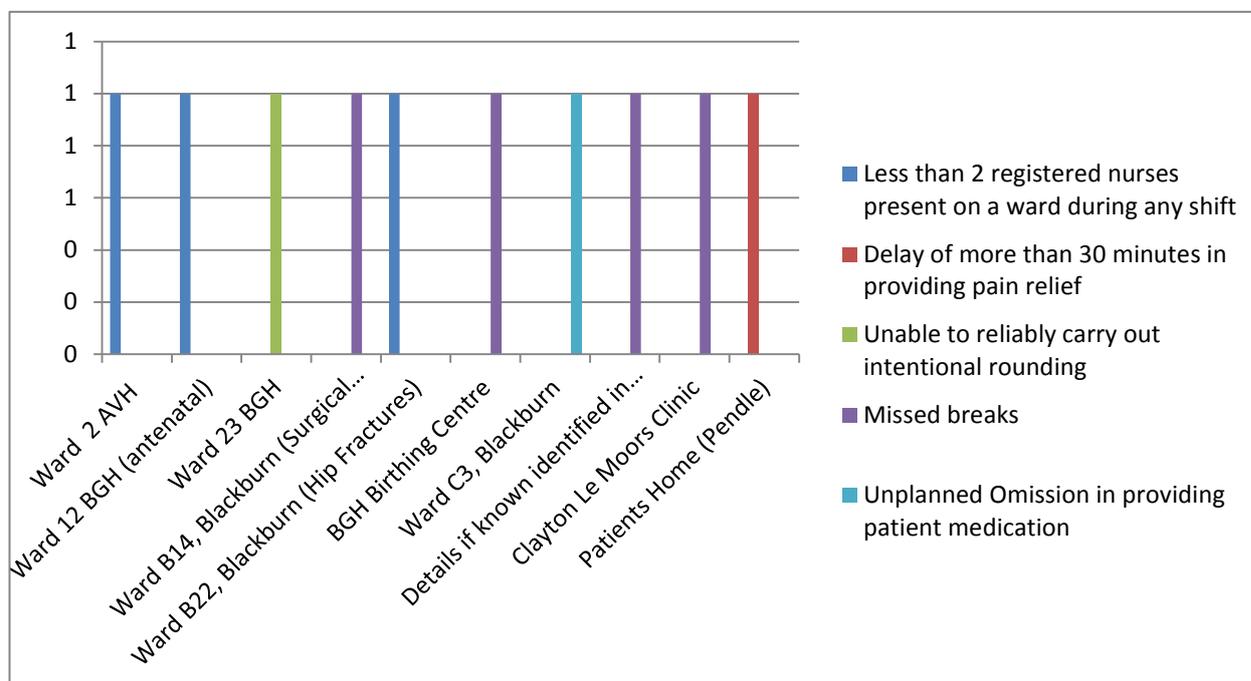
From 1st November, the sub-category codes within the incident reporting system have been amended to identify new codes and streamline existing codes within Datix.

For the month of November 2014, 94 incidents relating to staffing were reported. Of these, no incidents were recorded as causing actual harm to patients. The following graph details incidents by sub-category



4 incidents were recorded as moderate harm using the NPSA grading process, however on review, these incidents have been de-escalated as there was no actual harm to a patient. There were 10 red flag incidents reported, within November 2014. On review of the result of these

incidents, no incidents were recorded as causing actual harm to patients. The following graph details these incidents by sub-category. On review of location, no wards or teams reported any more than one incident during November 2014.



November Staffing Data

Division	New starters April 14 To 30 Nov 14, in post (WTE)		In pipeline recruitment (WTE)		Outstanding vacancies per division Nov 14 (WTE)	
	RN	HCA	RN	HCA	RN	HCA
ICG	85.89	8.09	58*	38	186.51	69.04
SAS	28.24	14.00	28**	0	36.71	11.61
Family Care	29.56	13.65	6	0	50.22	18.3
Total:	143.69	35.75	92	38	273.44	98.95

Bank & Agency Fill Rate November 2014

Division	Duties unfilled		% of total requested Unfilled	
	RN	HCA	RN	HCA
ICG	642	187	37%	15.5%
SAS	172	92	44%	15.43%
Family Care	29	13	7%	26%
Total:	843	292	36.8	14.7%

Division	Sickness & Absence 30 November 14 (WTE & %)							
	RN wte	RN %	HCA wte	HCA %				
ICG	1801.29	6.18	775.95	7.22				
SAS	1132.77	5.75	476.90	5.85				
Family Care	673.96	4.39	205.77	5.89				
Total:	3608.02	5.62	1458.63	6.52				

***OF 58 Staff Nurses in ICG pipeline recruitment –**

- 35 qualify in March 2015
- 15 qualify in September 2015

**** Of 28 Staff Nurses in Surgery pipeline recruitment -**

- 10 qualify in March 2015
- 6 qualify in September 2015

Actions To Improve

- 3 times a day staffing safety huddles, staff moved across organisation to support and mitigate risk
- Increased matron cover on site at weekends
- Contingency plans worked up on a Friday for weekend
- Trust continuing to recruit locally, nationally and internationally
- Training and development team , practice facilitation team and trainee advanced practitioners have been helping ward areas
- Administrative staff have been deployed from corporate services to assist ward areas in non-clinical duties, such as answering phones, giving out beverages, supporting at meal times
- Staff on 36 hours contract being offered 37.5 hours
- Communication gone out to all staff, who may not be working in clinical areas to ask for support for clinical shifts
- Part time staff offered increased hours
- Exploration of the potential for the Trust to “buy back annual leave”
- Options communicated to staff regarding the opportunity to retire and return

- Assurance being driven regarding appropriate sickness management
- Additional registered bank staff recruited
- Further communication being sent out reminding staff they will be paid their substantive pay rate for bank shifts Band (5,6,7)
- Contracts with further nurse agencies explored

