# East Lancashire Hospitals NHS

### NHS Trust

## TRUST BOARD REPORT

## 26 NOVEMBER 2014

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|---|---|
| **Item** | **258** |
| **Purpose** | Monitoring |

| | |
|---|---|
| **Title** | Update on Publishing of Nurse Staffing data on NHS Choices (October 2014 Planned & Actual) |
| **Author (Name and job title)** | Mrs J Molyneaux, Deputy Chief Nurse |
| **Executive sponsor (Name and job title)** | Mrs C Pearson, Chief Nurse |

**Summary:** The paper details the Board's commitment to the publishing of staffing data regarding nursing, midwifery and care staff. It provides details of the staffing fill rates (actual versus planned) in hours published on the NHS Choices Website each month. It informs the Board of progress to date and details of reports to be presented in the coming months.

**Report linkages**

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

**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:

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(258) Safe Staffing Report

**Purpose of the report**

1. This paper will provide an update to the Trust Board in respect of the expectations set out by the National Quality board (NQB) in November 2013, contained within "Hard Truths" (DoH 2013).

2. The report will also provide the Trust Board with an exception report for October 2014 actual and planned staffing figures.

**Background**

3. In March 2014, Sir Mike Richards, Chief Inspector of Hospitals (Care Quality Commission) and Jane Cummings Chief Nursing Officer (NHS England) wrote to CEO's of Trusts and foundation Trusts, with inpatient services reminding them that the National Quality Board (NQB) had issued guidance in November 2013 to optimise nursing, midwifery and care staffing capacity and capability. The letter informed Boards that at any point in time they must be able to demonstrate that robust systems and processes are in place to assure themselves that the nursing, midwifery and care staffing, capacity and capability in their organisation is sufficient to provide safe care

4. The letter gave clear guidelines on the delivery of the Hard Truths commitment associated with the publishing of staffing data regarding nursing, midwifery and care staff

   a) A board report describing the staffing capacity and capability, following an establishment review, using evidence based tools where possible. To be presented to the Board every six months

   b) Information about nurses, midwives and care staff deployed for each shift compared to what has been planned and this to be displayed at ward level

   c) A Board report containing details of planned and actual staffing on a shift by shift basis every month. To be presented to the Board every month

   d) The monthly report must also be published on the Trusts website and the Trust will be expected to link or upload the report to the relevant hospitals(s) webpage on NHS Choices

**ELHT compliance to date**

5. The Trust was required to upload their staffing fill rates for October 2014 (actual versus planned) in hours on the NHS Choices website by noon on the 11th Working day in November 2014. ELHT data was submitted on the 10th November 2014, with the Trust providing a link back from NHS Choices website to ELHT internet. This

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information will be live on the NHS Choices website on a date to be confirmed in early December. Patients and the public will be able to see how hospitals are performing on this indicator in an easy and accessible way.

Table 1 Dates for Safer Staffing submission by Trusts are below

| COMPLETED | IN PROGRESS | TO ACTION |
|---|---|---|

| | Sept 2014 | Oct 2014 | Nov 2014 |
|---|---|---|---|
| Submission date (11th working day) **NOON** | 15th Oct | 15th Nov | 15th December |
| Publication date – (1st working day after CHOICES go-live date) | TBC | TBC | TBC |

a) Publishing dates for the rest of the year are awaited from NHS England

b) The Board is aware that ward level presentation of actual versus planned is now displayed at ward level on a shift by shift basis within ELHT.

c) A senior nurse staffing teleconference takes place each day, chaired by a Deputy Chief Nurse, which addresses any immediate staffing concerns. Staffing is further discussed at each of the 3 capacity meetings throughout the day, and the Matrons "huddle" at 3.30 each day for any changes to contingency for overnight shifts

d) Contingency plans and forward planning for any potential staffing problems out of hours and over the weekend is now embedded. This information is sent out as part of the week end plan of work to all on-call managers.

e) The planned and actual staffing numbers spread sheet now incorporates the following nurse sensitive indicators, to monitor any impact reduced hours may have on quality outcomes

   i. Falls moderate harm and above

   ii. MRSA acquisitions

   iii. Clostridium difficile acquisitions

   iv. Acquired pressure ulcers under the care of ELHT

   v. Sickness & absence rates

   vi. Vacancies

**Trust Board update reports**

6. In addition the Trust Board will continue to receive a 6 monthly report describing the staffing capacity and capability following an establishment review using an evidence

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based tool where appropriate. An acuity audit was undertaken for three weeks in August and was completed on the 24th August 2014. The data was presented to Trust Board in October 2014. The next iteration of this process will be February 2015

**The exception report for October 2014**

7.    Please see Appendix 1 for ELHT planned versus actual staffing numbers from the 1st October 2014 to the 31st October 2014.  Appendix 2 demonstrates the same staffing numbers alongside the nurse sensitive indicators. The composite percentages for all wards are shown below. (Table 2)

Table 2 - Composite Percentages for all wards in ELHT

| October 2014 – All Wards | | | |
|---|---|---|---|
| **Day** | | **Night** | |
| **Average fill rate - registered nurses/midwives (%)** | **Average fill rate - care staff (%)** | **Average fill rate - registered nurses/midwives (%)** | **Average fill rate - care staff (%)** |
| 89.7% | 103.3% | 97.5% | 102.6% |

8.    For the month of October a proportion of shifts fell below 80% fill rate

Table 3 – Staff Hours Below 80% Planned Hours

| Ward | Registered Nurse/Midwife Day shift | Care Staff Day shift | Registered Nurse/Midwife Night shift | Care Staff Night Shift |
|---|---|---|---|---|
| Ward 2 AVH (ICG) | 78% | | | |
| Ward B4 (ICG) | | 78.3% | | |
| Ward B8 (ICG) | 79.4% | | | |
| Ward C1(ICG) | 68.1% | | | |
| Ward C10(ICG) | 78.6% | | | |
| Ward C11 (ICG) | 79.0% | | | |
| Ward C3 (ICG) | 68.1% | | | |
| Ribblesdale (ICG) | 71% | | 73.1% | |

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|---|---|---|---|---|
| Hartley (ICG) | 75.0% | | | |
| Marsden (ICG) | 76.2% | | | |
| Reedyford (ICG) | 73.4% | | | |
| Blackburn Birth Centre (FC) | | 66.1% | | |
| NICU (FC) | | 61.6% | | 48.4% |

The reasons of these ward areas having under 80% planned hours are:-

Vacancies nor recruited to

Sickness & Absence

No coordinator on day light shifts

Staff moved to escalation areas

The investment in nursing budgets, not yet recruited to.

9. The narrative below will address any over or under fill of registered and care staff hours. Specifically those below 95% or those over 105%. and will particularly focus on the below 80%

**Family Care**

*Childrens unit*

10. Care staff hours on days shifts at 90.6%, due to combination of sickness and bank shifts not covered. No issues with care were raised as a consequence.

*Neonatal Intensive Care Unit*

11. NICU has a relatively small establishment for Care Staff, where planned hours fell below actual, no care issues were raised as a consequence. The role of the Care Support worker within NICU is currently being reviewed

*Blackburn Birth Centre, Burnley Birth Centre, Post Natal ward*

12. Due to a combination of vacancies and new starters awaiting their PIN numbers. Care staff were moved to support areas of increased activity as required.

*Gynaecology Ward*

13. The ward works flexibly in order to meet the variable activity on the unit. No care issues have been raised

*Surgical and Anaesthetic Services*

14. Some areas were over planned hours in respect of care staff hours

15. General reasons for over planned hours:

   a) Increased dependency and complexity of patients

b) Increase in patients requiring 1:1 care

c) Supernumerary status of new staff in post

d) Enhanced observation and increased cover for reduction of registered nurse availability

e) CCU doesn't routinely have HCA's on night duty, so showing high actual

16. Under planned hours
    a) Short term sickness
    b) Vacancies
    c) Escalation beds, staff deployed to support these areas

**Integrated Care Group**

17. The general reasons for under planned hours across all of the wards displaying under plan:
    a) Sickness, short term and long term
    b) Escalation beds - some deployment of staff to support these beds
    c) Staff movement from wards where it was planned to have 3 trained nurses on nights, to support those wards where bank shifts were unfilled or unexpected sickness had occurred.
    d) Vacancies – awaiting new starters
    e) Maternity leave
    f) Bank shifts not filled
    g) Majority of under planned hours relate to unable to cover the coordinator role in daylight hours

18. For those areas where there were over planned hours this was due to:
    a) Increase in patients requiring 1:1 care
    b) Extra shifts to support escalation beds.
    c) Extra shifts to support reduced registered nurse hours

**Summary**

19. The month of October from a staffing perspective has been problematic, particularly within ICG. It has been compounded by escalation beds, sickness and absence, vacancies and bank and agency fill rates.

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Table 4: Bank & Agency Fill Rate October 2014

| Division | Duties unfilled | | % of total requested Unfilled | |
|---|---|---|---|---|
| | **RN** | **HCA** | **RN** | **HCA** |
| **ICG** | 608 | 178 | 25.9 | 13.1 |
| **SAS** | 176 | 77 | 33 | 13.8 |
| **Family Care** | 57 | 15 | 20.1 | 7 |
| **Total:** | 841 | 270 | 26.6% | 9.3% |

20. There were 48 DATIX incidents reported directly related to staffing issues, 34, reported no harm, of the 14 remaining (described as low/minor), non identified caused direct harm to patients.

21. The senior nursing team work tirelessly to ensure the wards are safely staffed. When they move staff they do it on the premise of risk assessing the situation and mitigating the risk by deploying staff across the organisation if required. DATIX incidents with regards to staffing are being closely monitored.

22. To further address the situation, and to recognise staff member's contribution working for the Trust bank, for a trial period further extended, changes and improvement to pay as described below have been introduced.
    a) Pay point commensurate with substantive band 5 salary
    b) Point 3 of band 5 (the locally agreed rate for bank work) if their substantive salary point is lower
    c) Top of band 5 for registered nursing and midwifery staff with substantive posts paid higher than top of band 5

23. Presently there are 111 qualified nurses and 27 health care assistants in the recruitment pipeline. Recruitment activities continue in order to fill the overall vacancy gap. Marketing via social media continues and fortnightly recruitment events have been put in place. A strategy for oversees recruitment is currently in development. A small recruitment team is visiting Rome in December to recruit qualified nurses, with a plan to visit potentially the Philippines in the New Year.

24. We plan to develop "Keep in Touch Days" for the nurses qualifying in 2015 and set up a buddy arrangement to ensure we keep the nursing students informed of developments in the Trust.

25. It should be noted that the Trust is at risk of adverse publicity of planned hours not being met due to the recent investment in the nursing establishment being beholden to recruiting to the new vacancies.

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26.    Finally it should be noted that the actual and planned hours do not reflect the whole picture in respect of nurse staffing within the organisation. This report does not reflect occupancy rates or acuity and dependency levels.

27.    In addition further work continues to more fully understand the increasing requirements to provide 1:1 care within the general ward areas. A "specialing" (1:1 care) steering group has been set up.

28.    The Keith Hurst acuity model has been repeated in August 2014, a paper to Trust Board was presented to Board in October. This full report will reflect each ward establishment and bed base alongside the nursing numbers available each shift and the acuity and dependency of patients.

**Recommendation**

29.    The Trust Board is asked to:

   a)  Receive the report and agree its content and iterative process

   b)  To note that they will receive a monthly exception report and 6 monthly report on nurse staffing.

Julie Molyneaux, Deputy Chief Nurse, 20 November 2014

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