

<b>TRUST BOARD PART 1 REPORT</b>	<b>Item</b>	
<b>25<sup>th</sup> February 2015</b>	<b>Purpose</b>	Monitoring

<b>Title</b>	Update on Publishing of Nurse Staffing data on NHS Choices (January 2015 Planned & Actual staffing)		
<b>Author (Name and job title)</b>	Mrs J Molyneaux, Deputy Chief Nurse		
<b>Executive sponsor (Name and job title)</b>	Mrs C Pearson, Chief Nurse		
<b>Summary:</b> 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.			
<b>Report linkages</b>			
Related strategic aim and corporate objective (Delete as appropriate)	<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 clinical service with key internal and external stakeholders to reduce health inequalities, improve public health and reduce cost across the health economy.</p>		
Related to key risks identified on assurance framework	All quality and patient safety risks.		
<b>Impact</b> (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:			

### **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 January 2015 actual and planned staffing figures.

### **Summary Headlines**

3. January continued to be an extremely challenging month for nurse staffing within the organisation caused by similar factors described in previous months:
  - a) High level of vacancies
  - b) Sickness and absence levels
  - c) Ability to match demand for nurse staffing with bank and agency fill rate/availability
  - d) Anecdotal increased acuity and dependency
  - e) Increased attendance/acuity of patients through emergency and department and urgent care, particularly over the bank holiday period
  - f) Escalation wards open, C2 and C9.
  - g) Half way through January D1 was de-escalated and D5 ward closed and re-located to D1. D5 bed base was increased from 13 beds to 20

### **Areas for Concern - January (below 80% actual versus planned)**

- a) 11 wards fell below an 80% actual versus planned for registered nurse hours on daylight shifts
- b) 2 wards fell below an 80% actual versus planned for care staff for daylight hours
- c) 1 ward fell below an 80% actual versus planned for registered nurses for night duty shift
- d) 1 ward fell below an 80% actual versus planned for care staff for night duty shifts

### **Performance**

4. There continued to be shifts under the 95% actual versus planned also (see appendix 1) and the themes for them being as such, remain as in other months and will be discussed later in the report.



Hartley								
Marsden								
Reedyford								
Burnley Birth Centre	43.9%		64.6%	45.0%				
Blackburn Birth Centre		80.0%	53.0%		62.5%			
Ward 28		68.8%						
NICU		76.7%	69.4%	48.4%	74.2%	58.1%		
<b>Total Areas:</b>	<b>1</b>	<b>3</b>	<b>5</b>	<b>2</b>	<b>2</b>	<b>1</b>		

6. Composite percentage for all ELHT Wards for January 2015

7.	Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Jan-15	87.8%	103.0%	96.7%	106.6%

7. Appendix 2 highlights safe staffing return and nurse sensitive indicators.

### Issues Effecting Actual versus Planned

#### Family Care

8. Where areas were under planned hours this was due to:

- a) Increased sickness
- b) Vacancies – all posts recruited too, however all staff not in post as yet
- c) Support staff being moved to other areas to support increased acuity
- d) Maternity leave
- e) There was a period of low acuity on NICU with empty cots during January

9. No care issues were identified as a consequence. Where required community midwives support birth centres and birth suites. Band 7 midwives and ward managers give up management time and worked in numbers.

10. The staffing figures do not reflect how many women were in labour or acuity of areas.

### **Surgical and Anaesthetic Service**

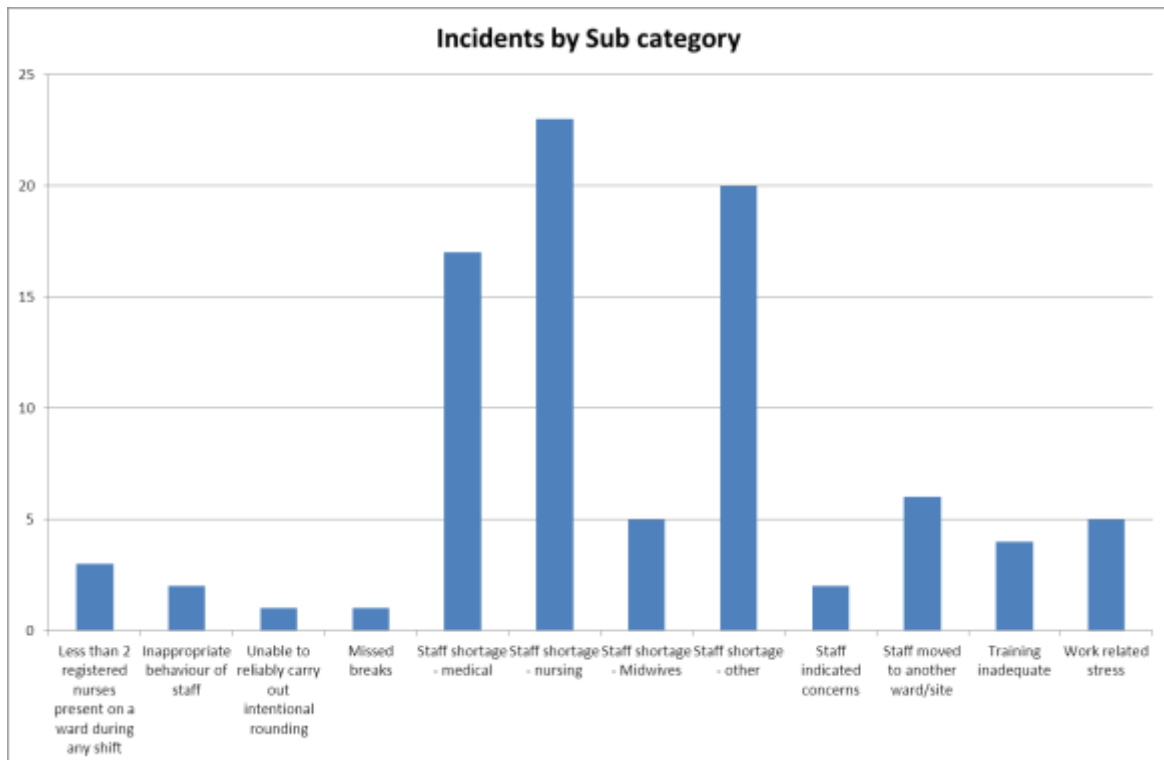
11. Where areas were over planned hours this was due to
  - a) Increased requirement for 1:1 care
  - b) Increased support worker hours to cover RGN gaps
  - c) Increased capacity – extra beds opened on some wards
  
12. Where areas were under planned hours, general themes were:
  - a) Vacancies
  - b) Maternity leave
  - c) Sickness
  - d) Unfilled bank or agency shifts
  - e) Escalation beds – SAS supporting escalation ward D1 as well as intermittent additional beds within the service
  - f) “Third nurse on night duty, being moved to support other areas when required
  - g) No coordinator on-duty during day light hours
  
13. No actual harm incidents have been identified as a consequence of staffing.

### **Integrated Care Group**

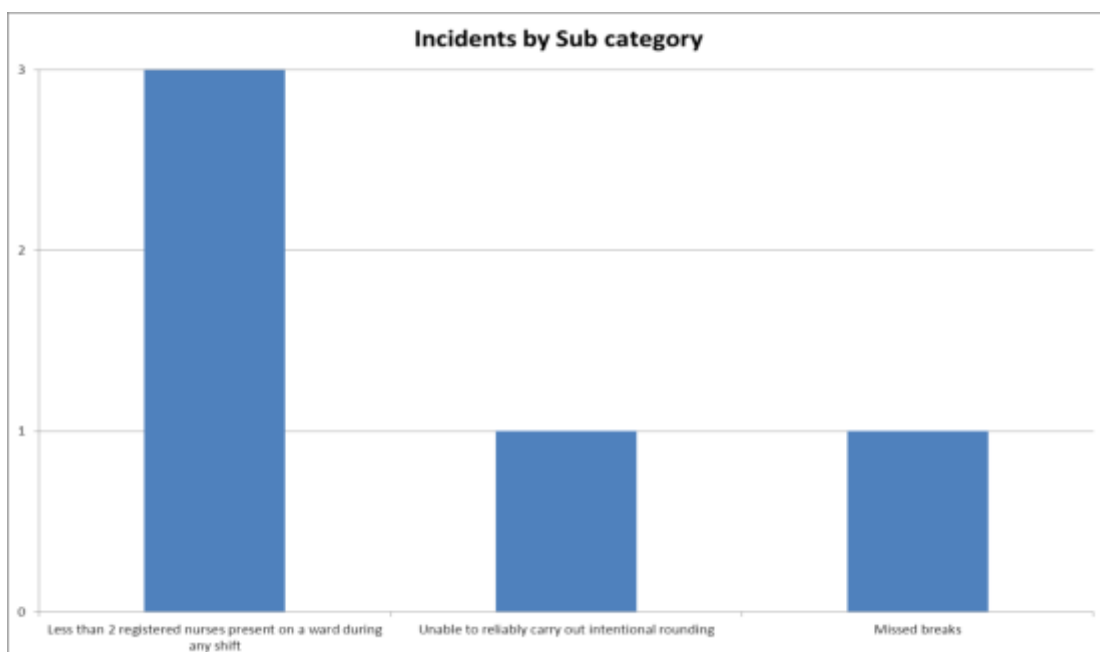
14. Where areas were under planned hours, general themes were as in previous months:
  - a) High proportion of under planned hours is as a consequence of having no coordinator on duty during day light hours.
  - b) Vacancies
  - c) Sickness
  - d) Maternity leave
  - e) Unfilled bank or agency shift
  - f) Escalation wards – C9 and C2 (which is only partly substantively staffed), D1
  - g) “Third” nurse on night duty, being moved to support other areas when required
  
15. Where areas were over planned hours, general themes were
  - a) Increased support worker hours to cover RGN gaps
  - b) Increased requirements for 1:1 care
  
16. No actual harm incidents have been identified as a consequence of staffing.

## Staffing Related Datix

17. For the month of January 2015, 89 incidents of staffing were reported as compared to 105 incidents reported within December 2014. Of these, no incidents were recorded as causing actual harm to patients. The following graph details incidents by sub-category.



18. There were 5 red flag incidents reported, within January 2015 as compared with 11 within December 2014. On review of the result of these incidents, no incidents were recorded as causing actual harm to patients.



## January Recruitment Update

Division	New starters April 14 To January 15 (WTE)		In pipeline recruitment (WTE)		Outstanding vacancies per division Jan 15 (WTE)	
	RN	HCA	RN	HCA	RN	HCA
ICG	70.30	20.53	77	11	195.81	25.88
SAS	34.81	14.00	25	12	24.60	10.70
Family Care	40.30	11.73	10	1	33.47	19.28
<b>Total:</b>	<b>145.41</b>	<b>46.26</b>	<b>113*</b>	<b>24</b>	<b>253.88</b>	<b>55.86</b>

\*1 FTE in DCS

### 19. Active recruitment continues:

- a) Marketing via social media
- b) Recruitment open day, Saturday 7<sup>th</sup> March
- c) Business case awaiting approval for international recruitment campaign
- d) Vacancy review forms approved at vacancy review panel to appoint  
Physiotherapists as a test of change to support in care delivery at ward level

### 20. In pipeline recruitment:

	Registered Nurses	Care Staff
Jan	1	1
Feb	15	12
March	64	11
April	8	
Sept	23	

## Bank & Agency Fill Rates January 2015

Division	Duties unfilled		% of total requested Unfilled	
	RN	HCA	RN	HCA
ICG	442	200	23.18%	14.29%
SAS	209	88	52.5%	14.67%
Family Care	61	34	49.6%	12.6%
<b>Total:</b>	<b>712</b>	<b>322</b>	<b>29.32%</b>	<b>14.85%</b>

21. In order to support the staffing issues experienced in January further request to all framework Agencies was made requesting an extra 5 registered nurses per night, these figures are reflected in the overall figures above
22. Additional ad-hoc shifts to Thornbury agency – the most expensive of agencies was also made and seven shifts were filled by Thornbury in January

### **Summary of Actions to Support Staffing**

- a) 3 times a day staffing safety huddles, staff moved across organisation to support and mitigate risk.
- b) Increased Matron cover on site at weekends
- c) Contingency staffing plans for the weekend agreed and disseminated on Friday
- d) Trust continuing to recruit locally, nationally and potentially soon internationally
- e) Training and development team, practice development team and trainee advanced practitioners have been assisting on ward areas where required
- f) 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
- g) Part time staff have been given the opportunity to increase their hours
- h) Staff on 36 hour contracts have been offered 37.5
- i) The potential for staff to “buy” back annual leave
- j) Staff who have retired offered the opportunity to return
- k) Staff being paid their substantive pay rate for bank shifts (5,6,7)
- l) Overtime has been offered for those ward and unit areas, who have particular difficulty filling bank shifts
- m) Weekly pay role for bank staff proposed
- n) Administration assistant to a group of ward manager about to be piloted, to support administrative duties and compliance with E-Rostering
- o) Those wards without funded ward clerks, being supported to recruit
- p) Funded vacancies for band 5, 6,7 nurses exempt from vacancy review panel, thus speeding up recruitment time.

### **Summary**

23. Staffing continues to be problematic, compounded by escalation beds, vacancies, sickness and absence and bank and agency fill rates, albeit there has been an improvement on the December unfilled position for bank and agency unfilled shifts



24. The senior nursing team continue to work hard to ensure wards are supported.  
Staff are moved on the premise of risk assessment and in order to mitigate risk.  
This may mean that staff are moved for part shifts.
25. Many of the shifts not filled are as a consequence of there being no coordinator on duty and because of the investment the Trust has made into the nursing budgets being beholden to filling the vacancies created.
26. There are currently 113 registered nurses in the recruitment pipeline
27. The winter resilience work force manager has worked tirelessly to support nurse staffing
28. The Keith Hurst acuity model is being repeated as off the 23<sup>rd</sup> February for 21 days

### **Recommendation**

29. The Trust Board is asked to:
  - a) Receive the report and agree its content.