

TRUST BOARD PART 1 REPORT

Item 2014/221

29th OCTOBER 2014

Purpose Monitoring

Title Update on Publishing of Nurse Staffing Data on NHS Choices (August 2014 Planned & Actual)

Author Mrs J Molyneaux, Deputy Chief Nurse

Executive sponsor 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

- 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

| | | | |
|----------|--------|-----------------|--------|
| Legal | Yes/No | Financial | Yes/No |
| Equality | Yes/No | Confidentiality | Yes/No |

Previously considered by:

Safe | Personal | Effective

Introduction

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 September 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 hospital(s) webpage on NHS Choices

ELHT compliance to date

5. The Trust was required to upload their staffing fill rates for September 2014 (actual versus planned) in hours on the NHS Choices website by noon on the 15th October

2014. ELHT data was submitted on the 10th October 2014, with the Trust providing a link back from NHS Choices website to ELHT internet. This information will be live on the NHS Choices website on a date to be confirmed in early November 2014. 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 | October 2014 | November 2014 |
|-----------------------------------------------------------------------------|--------------------------|---------------------------|---------------------------|
| Submission date (11 th working day) NOON | 15 th October | 15 th November | 15 th December |
| Publication date – (1 st 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.
- d) Contingency plans and forward planning for any potential staffing problems out of hours and over the weekend is becoming more embedded
- 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

Safe | Personal | Effective

based tool where appropriate. An acuity audit was undertaken for three weeks in August and was completed on the 24th August 2014. The data is being analysed and will be presented to the Trust Board in October 2014. Due to discrepancies and confusion regarding the two previous acuity audits the Board is asked to accept the August acuity results as the first iteration of this process.

The exception report for August 2014

7. Please see Appendix 1 for ELHT planned versus actual staffing numbers from the 1st September 2014 to the 30th September 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

| September 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 (%) |
| 89.3% | 101.7% | 97.6% | 98.8% |

8. For the month of September a proportion of shifts fell below 80% fill rate. This occurred in 10 ward areas within Blackburn, Burnley, Clitheroe and Pendle sites. This was for registered nurses only and during the day shift only.

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 C1 ICG Blackburn | 62.1% | | | |
| Ward C11 ICG Blackburn | 73.8% | | | |
| Ward C3 ICG Blackburn | 71.7% | | | |

| | | | | |
|------------------------------|-------|--|--|--|
| Ward C4 ICG Blackburn | 77.5% | | | |
| Rakehead ICG Burnley | 74.2% | | | |
| Ward 23 ICG Blackburn | 74.2% | | | |
| Ribblesdale ICG Clitheroe | 70.3% | | | |
| Hartley ICG Pendle | 70.8% | | | |
| Marsden ICG Pendle | 74.2% | | | |
| Reedyford ICG Pendle | 75.8% | | | |

9. The reasons for these ward areas having under 80% planned hours are:-
- a) Vacancies not recruited to
 - b) Short term sickness
 - c) No coordinator on day light shifts
 - d) Staff moved to cover escalation areas
10. 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.

Family Care

11. The general reasons for under planned hours across all of the wards displaying under plan:

Childrens unit

- a) Vacancies
- b) Short term sickness

Blackburn Birth Centre

- a) Short term sickness

Central Birth Suite

- a) Short term sickness
- b) Vacancies awaiting new starters

NICU

Over hours on NICU was staff using make up 6 hour shifts due to increased activity.

Surgical and Anaesthetic Services

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

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 care staff in post

Under planned hours

- a) Sickness, short term and long term.
- b) Escalation beds, staff deployed to support these areas

Integrated Care Group

13. 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) Vacancies – awaiting new starters
- d) Maternity leave
- e) Bank shifts not filled
- f) Acute Stroke Unit. fill rate for registered nurses on Night duty, this is due to the ward being staffed with 3 registered nurses planned, but the third nurse being moved to support other wards with only 1 registered nurse on duty due to various factors.

14. 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) Staff awaiting NMC PIN numbers working as HCA

Summary

Safe | Personal | Effective

15. The month of September from a nurse staffing perspective has been particularly problematic, particularly within ICG. It has been compounded by escalation beds, vacancies and sickness.
16. There were 89 DATIX incidents reported related to staffing issues. Of these, no incidents caused direct harm to patients according to the incident forms submitted.
17. 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.
18. To further address the situation, and to recognise staff member's contribution working for the Trust bank, for a trial period until the end of September, 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
19. Presently there are 55 qualified nurses in the recruitment pipeline and 7 HCAs Recruitment activities continue in order to fill the vacancy gap. Marketing via social media continues and fortnightly recruitment events have been put in place. A strategy for overseas recruitment is currently in development.
20. A recruitment event was held on Saturday 11th October and a total of 64 offers of employment were made of which 62 for band 5. Of the 62:-
 - a) 6 have an NMC PIN number already
 - b) 1 awaiting NMC PIN number
 - c) 1 return to practice
 - d) 36 due to qualify March/April 2015
 - e) 2 due to qualify July 2015
 - f) 16 due to qualify August/September 2015
21. In addition we have 1 potential junior sister band 6 and 1 HC.
22. Conditional offers of employment are to go out immediately. For the 2015 qualifiers we are offering them a bank HCA role in the meantime to commence engagement within the Trust.

23. 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 student informed of developments in the Trust.
24. 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.
25. 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.
26. 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.
27. The Keith Hurst acuity model has been repeated in August 2014, a paper to Trust Board will be presented in October 2014. 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

28. 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.

Chris Pearson, Chief Nurse, 21 October 2014