

**TRUST BOARD REPORT**

**Item 291**

**28 JANUARY 2014**

**Purpose Monitoring**

**Title** Update on Publishing of Nurse Staffing data on NHS Choices (December 2014 Planned & Actual)

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**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	<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>
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Related to key risks identified on assurance framework	All quality and patient safety risks.
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**Impact**

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 December 2014 actual and planned staffing figures.

### **Summary Headlines**

3. December continued to be an extremely challenging month for nurse staffing within the organisation caused by:
  - a) High levels 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, C9, D1

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

- a) 11 wards fell below an 80% actual versus planned for registered nurse hours on daylight shifts
- b) 5 wards fell below an 80% actual versus planned for care staff for daylight hours
- c) 2 wards fell below an 80% actual versus planned for care staff for night duty shifts

### **Performance**

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

5. Areas Cumulatively below 80% Planned Hours

WARD	RN/RM	RN/RM	RN/RM	RN/RM	CARE	CARE	CARE	CARE
	DAYS	DAYS	NIGHTS	NIGHTS	STAFF	STAFF	STAFF	STAFF
	NOV	DEC	NOV	DEC	DAYS	DAYS	NIGHTS	NIGHTS
					NOV	DEC	NOV	DEC
Ward 2 AVH	77.2%	79.0%						
C1	68.8%	77.0%						
C10	75.4%	78.6%						
C2		79.8%						
C3	70.0%	70.0%						
C9	73.3%	66.1%						
D3		66.9%						
D1						75.6%		
Ward 15						78.1%		
Ward 16	79.7%							
Ribblesdale	71.3%	77.7%						
Hartley	73.8%	76.2%						
Marsden	79.6%	75.8%						
Reedyford	74.2%	66.5%						
Burnley Birth Centre					43.9%	64.6%		45.0%
Blackburn Birth Centre						53.0%	80.0%	
Ward 28			64.7%				68.8%	
NICU						69.4%	76.7%	48.4%
<b>Total Areas:</b>	10	11	1	0	1	5	3	2

6. Composite percentage for all ELHT Wards for December

	Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Dec-14	87.4%	100.7%	96.7%	100.2%

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

### Issues Effecting Actual versus Planned

#### Family Care

- a) Sickness
  - b) Vacancies – all out to advert
  - c) Support staff being moved to other areas to support increased acuity
  - d) Maternity leave
8. No care issues were identified as a consequence. Where required community midwives supported birth centres and birth suites. Band 7 midwives and ward managers gave up management time and worked in numbers as did matrons as required.
9. The staffing figures do not reflect how many women were in labour or acuity of areas.

#### Surgical and Anaesthetic Service

10. 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
  - d) Critical care doesn't usually roster care staff but due to increased dependency needed to – therefore showing as 200 % over
11. Where areas were under planned hours, general themes were:
- a) Areas flexing nursing requirement to meet elective necessities (ward 15)
  - b) Vacancies
  - c) Maternity leave
  - d) Sickness
  - 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
12. No harm incidents have been raised as a consequence of staffing. SAS had zero pressure ulcers in December and zero falls with harm

#### Integrated Care Group

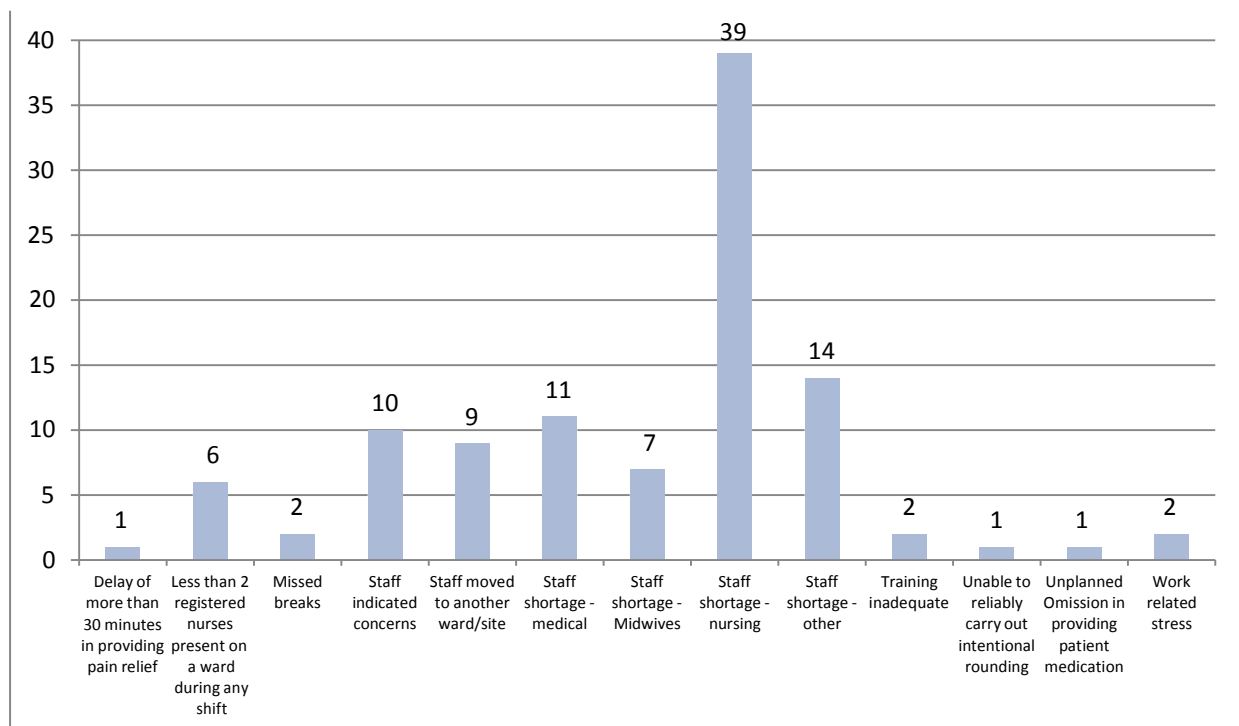
13. Where areas were under planned hours, general themes are:

**Safe | Personal | Effective**

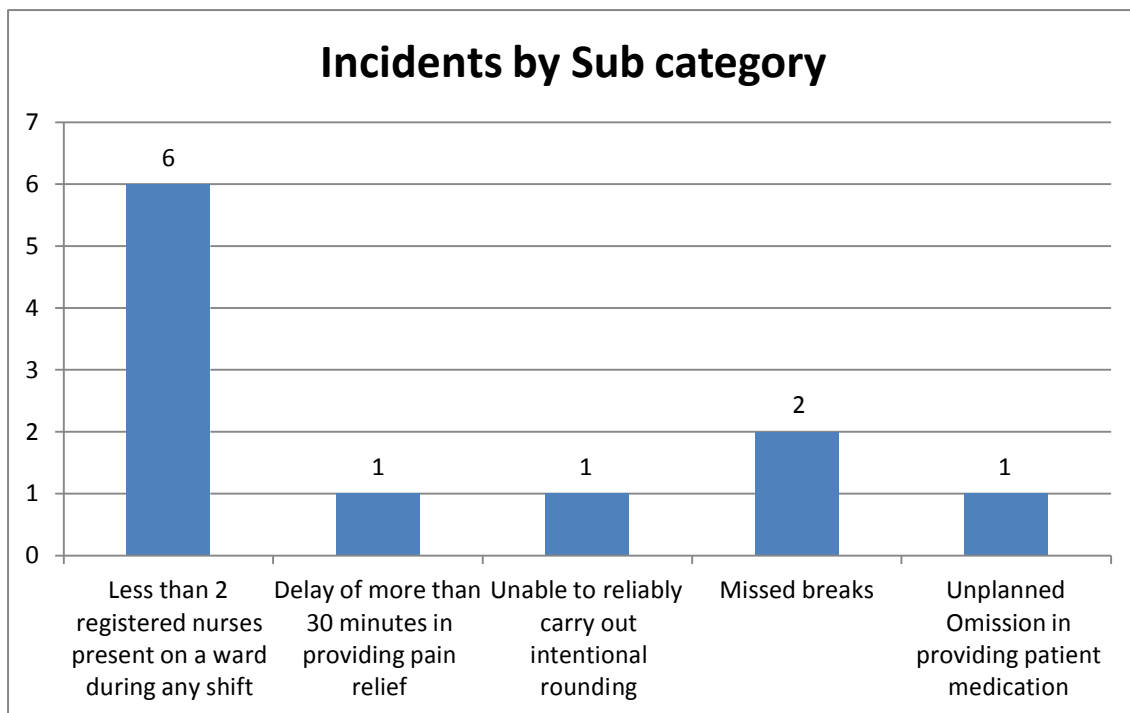
- a) High proportion of under planned hours is as a consequence of having no coordinator on duty during day light hours.
  - b) Vacancies
  - c) Sickness
  - d) Maternity leave
  - e) Unfilled bank or agency shift
  - f) Escalation wards – C9 and C2 (which is only partly substantively staffed)
  - g) “Third” nurse on night duty, being moved to support other areas when required
14. 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
15. Within ICG incidents were also identified where staffing fell below agreed safe staffing levels, however no actual harm incidents were identified as a consequence.

### Staffing Related Datix

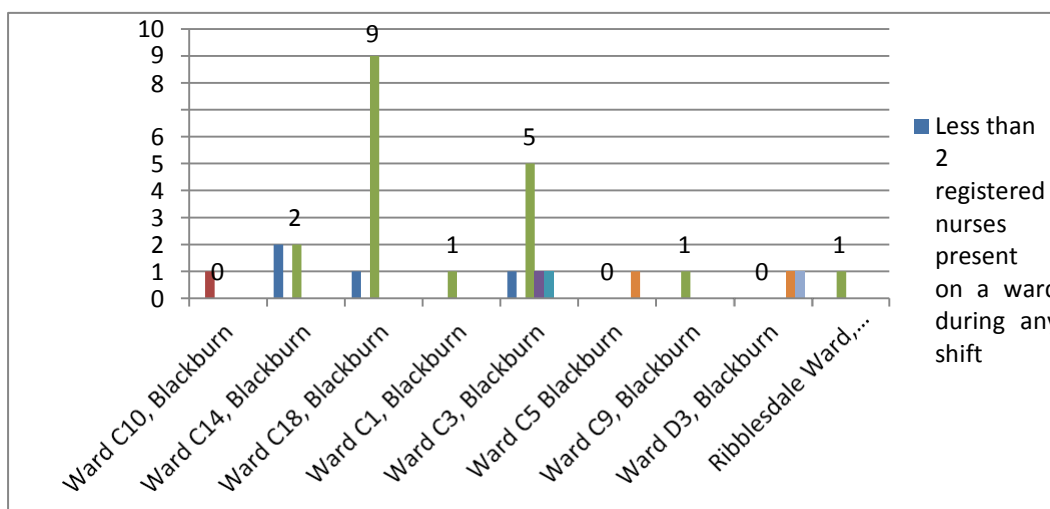
16. For the month of December 2014, 105 incidents of staffing were reported. Of these, no incidents were recorded as causing actual harm to patients. The following graph details incidents by sub-category.



- 17. 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.
- 18. There were 11 red flag incidents reported, within December 2014 as compared with 10 within November 2014. On review of the result of these incidents, no incidents were recorded as causing actual harm to patients, although it is recognised as not a good patient experience



- 19. In relation to wards the following identifies those incidents relating to a number of wards. Of note it can be seen that Ward C18 reported 9 incidents of nursing staff shortages and Ward C3 reported 5 incidents of nursing staff shortages.



### December Recruitment Update

Division	New starters April 14 To 31 Dec 2014 (WTE)		In pipeline recruitment (WTE)		Outstanding vacancies per division 31 Dec 2014 (WTE)	
	RN	HCA	RN	HCA	RN	HCA
ICG	64	16.61	70	13	184.92	41.38
SAS	31.24	14	29	1	26.85	11.49
Family Care	35	11.73	10	0	39.68	13.94
<b>Total:</b>	<b>130.24</b>	<b>42.35</b>	<b>109*</b>	<b>13</b>	<b>251.45</b>	<b>66.81</b>

\*4 RN's in DCS also being processed

20. Recruitment activities continue in earnest to fill the overall vacancy gap.

- a) Marketing via social media continues
- b) Recruitment open day planned for early March
- c) 11 newly qualified registered nurses appointed from Rome in December
- d) Tendering process for a Recruitment Company to support the Trust to recruit internationally has taken place, consideration being given to the Philippines and India
- e) Scoping exercise to be undertaken to explore how Allied Health Professionals could be employed as permanent members of the ward team to assist in care delivery

### Bank & Agency Fill Rate December 2014

Division	Duties unfilled		% of total requested Unfilled	
	RN	HCA	RN	HCA
ICG	1065	55	50.6%	3.5%
SAS	231	157	57.3%	27.9%
Family Care	33	55	32.4%	19.8%
<b>Total:</b>	<b>1329</b>	<b>267</b>	<b>50.92%</b>	<b>11%</b>

21. In order to support the staffing issues experienced in December, further request to all framework Agencies was made and from the 12<sup>th</sup> December to the 31<sup>st</sup> December an extra 200 extra shifts were requested, of which 73 were filled. (these figures are reflected in the overall figures above)
22. Additional shifts to Thornbury agency – the most expensive of agencies was also made. Of the 18 shifts requested over the same time frame, 12 of them were covered. (these figures are not reflected in the above box)

23. Some further work is required to gain a more accurate picture of fill rate for bank and agency staffing.

## 24. 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 soon internationally
- e) Training and development team, practice development team and trainee advanced practitioners have been assisting on ward areas
- 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

25. Staffing continues to be problematic, compounded by escalation beds, vacancies, sickness and absence and bank and agency fill rates
26. 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.



27. 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.
28. There are currently 109 registered nurses in the recruitment pipeline
29. The winter resilience work force manager has worked tirelessly to support nurse staffing
30. The Keith Hurst acuity model will be repeated late February

### **Recommendation**

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