

TRUST BOARD PART 1 REPORT	Item	
25th march 2015	Purpose	Monitoring

Title	Update on Publishing of Nurse Staffing data on NHS Choices (February 2015 Planned & Actual staffing)		
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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)	<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.		
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:			

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 February 2015 actual and planned staffing figures.

Summary Headlines

3. As in previous months February was an extremely challenging month for nurse staffing within the organisation. No new causative factors have been identified and remain similar to 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 in acuity and dependency
 - e) Limited coordinators on day light shifts
 - f) Increased attendance/acuity of patients through emergency and department and urgent care
 - g) Escalation wards open, C2 and C9.
 - h) Extra beds open on various wards
 - i) D1 has been de-escalated as an escalation ward; however D5 ward has been closed and re-located to D1. D5 bed base was increased from 13 beds to 20 beds as escalation.

Areas for Concern – February (below 80% actual versus planned)

- a) 15 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) 0 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 were also shifts under the 95% actual versus planned (see appendix 1) and 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 DAYS NOV 14	RN/RM NIGHTS NOV 14	RN/RM DAYS DEC 14	RN/RM NIGHTS DEC	RN/RM DAYS Jan 15	RN/RM NIGHTS Jan 15	RN/RM Days Feb 15	RN/RM Nights Feb 15
Ward 2 AVH	77.2%		79.0%		79.0%		78.6%	
B6							79.9%	
B8							79.5%	
C1	68.8%		77.0%		75.0%		70.1%	
C10	75.4%		78.6%					
C11					73.8%		70.1%	
C14					78.7%			
C2			79.8%		75.4%		73.7%	
C3	70.0%		70.0%		67.1%		74.3%	
C4							78.6%	
C9	73.3%		66.1%		79.0%		62.1%	
D3			66.9%		73.4%		77.8%	
D1					76.0%		62.5%	
Ward 15								
Ward 16	79.7%							
Ward 23							79.5%	
Ribblesdale	71.3%		77.7%					
Hartley	73.8%		76.2%		73.0%		62.5%	
Marsden	79.6%		75.8%				74.6%	
Reedyford	74.2%		66.5%		68.1%		71.9%	
Burnley Birth Centre								
Blackburn Birth Centre								
Ward 28		64.7%				64.7%***		
NICU								
Total Areas:	10	1	11	0	11	1	15	0

*** Ward 28, may plan for night staff overnight, but often closes; therefore plan doesn't always meet actual

WARD	CARE STAFF DAYS NOV 14	CARE STAFF NIGHTS NOV 14	CARE STAFF DAYS DEC 14	CARE STAFF NIGHTS DEC 14	CARE STAFF DAYS Jan 15	CARE STAFF NIGHTS Jan 15	CARE STAFF DAYS Feb 15	CARE STAFF NIGHTS Feb 15
Ward 2 AVH								
C1								
C10								
C11								
C14								
C2								
C3								
C9								
D3								
D1			75.6%					
Ward 15			78.1%					
Ward 16								
Ribblesdale								
Hartley								
Marsden								
Reedyford								
Burnley Birth Centre	43.9%		64.6%	45.0%				
Blackburn Birth Centre		80.0%	53.0%		62.5%		64.3%	
Ward 28		68.8%						
NICU		76.7%	69.4%	48.4%	74.2%	58.1%	52.7%	57.1%
Total Areas:	1	3	5	2	2	1	2	1

6. Composite percentage for all ELHT Wards for February 2015

	Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Feb-15	86.9%	105.4%	96.4%	109.4%

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. Postnatal ward ran on 5 midwives on nights rather than 6, but additional support workers were used to maintain safe levels of care, and neonatal nurses helped in transitional care.
 - 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 which continued well into February and meant that vacant shifts were deliberately not covered as staffing numbers were appropriate and safe for the number and dependency levels of the babies in the unit.
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 capacity – extra beds used. Urology Assessment Unit, which is based on C22, was opened from the period of the 1st February to 17th February 2105 and 22nd February to 26th February 2015. This created extra capacity for 4 additional beds. Consequently, the additional staffing to safely accommodate the additional capacity is reflected as over planned hours.
 - b) Increased capacity for 1:1 care
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 as well as intermittent additional beds within the service
- f) Third nurse on night duty moved to support other areas
- g) No coordinator on 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

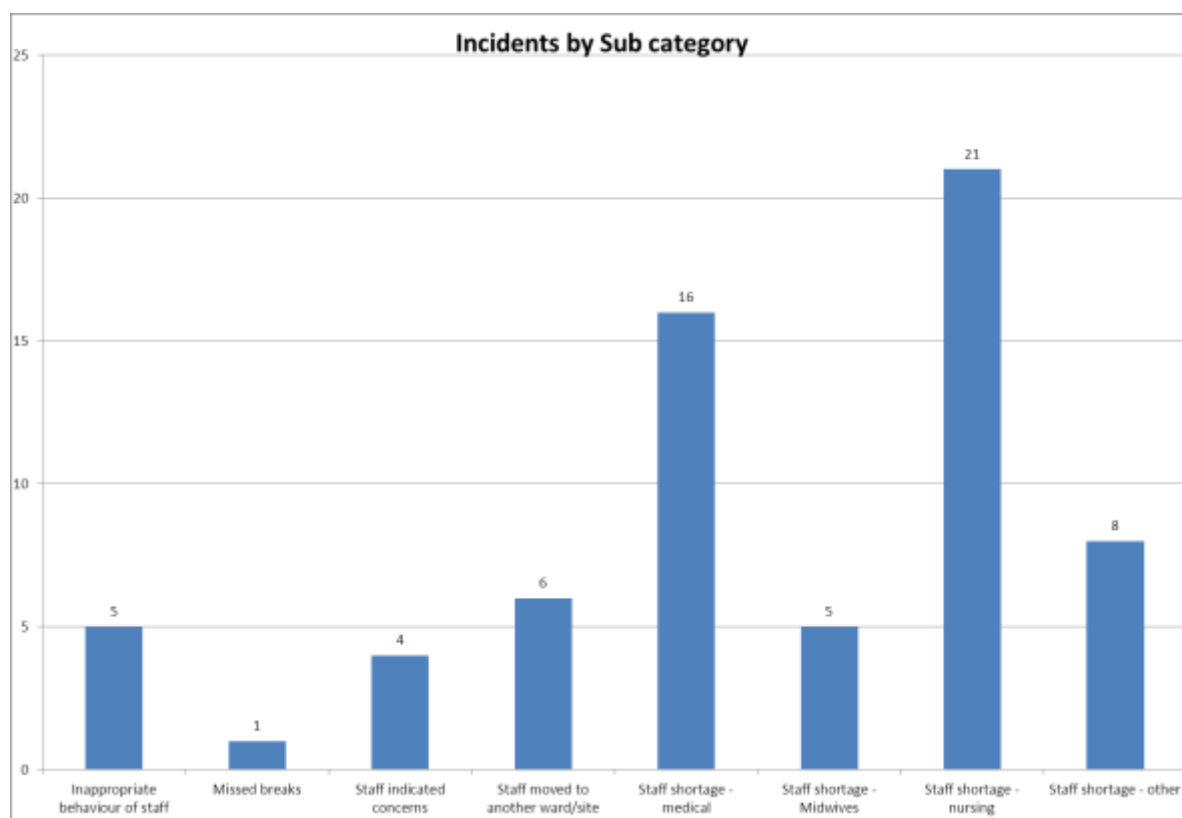
- a) Increased support worker hours to cover RGN gaps
- b) Increased requirements for 1:1 care

16. No actual harm incidents have been identified directly as a consequence of staffing.

To note however on a proportion of shifts on several wards, staffing fell below the 1:8 registered nurse ratio.

Staffing Related Datix

17. For the month of February 2015, 66 incidents of staffing were reported as compared to 89 incidents reported within January 2015. Of these, no incidents were recorded as causing actual harm to patients. The following graph details incidents by sub-category.



1 red flag incident relating to missed breaks was reported within February 2015 as compared with 5 within January 2015. On review of the result of this incident, no harm was caused to patients.

February Recruitment Update

Division	New starters April 14 To Feb 15 (WTE)		In pipeline recruitment (WTE)		Outstanding vacancies per division Feb 15 (WTE)	
	RN	HCA	RN	HCA	RN	HCA
ICG	74.12	28.12	78	3	207.04	39.33
SAS	36.90	15.00	30	10	33.45	8.66
Family Care	47.64	11.73	8	1	32.32	19.28
DCS			1			
Total:	158.66	54.85	117	14	272.81	67.27

19. Active recruitment continues:

- a) Marketing via social media
- b) Recruitment open day took place on Saturday 7th March, **31** Registered nurse positions offered, subject to satisfactory references and CRB clearance, these are in addition to the already in pipeline recruitment. Further recruitment open days planned
- c) Business case awaiting approval for international recruitment campaign
- d) Recruitment is now underway for six additional band 5 physiotherapists. A job description has been developed with senior AHP and nursing colleagues and the candidates will be interviewed on the 12 March. This is a test of change to support care delivery at ward level

20. In pipeline recruitment:

	Registered Nurses	Care Staff
Feb	5	2
March	48	9
April	17	3
May	13	
Sept	33	

Bank & Agency Fill Rates February 2015

Division	Duties unfilled		% of total requested Unfilled	
	RN	HCA	RN	HCA
ICG	729	279	38.55%	19.03%
SAS	182	105	45.5%	17.68%
Family Care	60	27	22.14%	10.23%
Total:	971	411	37.9%	17.69%

21. In order to support the staffing issues experienced in February a further request to all framework Agencies was made requesting an extra 5 registered nurses per night, as well early and late shifts for the weekends.

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

Summary

- 21. Staffing continues to be problematic, compounded by escalation beds, vacancies, sickness and absence and bank and agency fill rates,
- 22. 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.
- 23. 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.
- 24. There are currently 117 registered nurses in the recruitment pipeline, plus a further 31 from the recent recruitment open day. It should be noted that this changes frequently due to start times changing, depending on recruitment checks etc.
- 25. The winter resilience work force manager has worked tirelessly to support nurse staffing

26. The Keith Hurst acuity model is being repeated as off the 23rd February for 21 days.

Recommendation

27. The Trust Board is asked to:

a) Receive the report and agree its content.