Public Board Meeting   Report

Introduction

This report is provided to update the Board of Directors on Nurse and Midwifery staffing based on the Trust position against the requirements of the National Quality Board (NQB) Safer Staffing Guidance, the National Institute for Health and Care Excellence (NICE) guidance issued in 2014 and NQB 2016 guidance supporting NHS Providers to deliver the right staff, with the right skills in the right place at the right time. The guidance is provided to ensure Trusts provide safe and effective nursing care through the provision of appropriate nursing establishments and skill mix for wards.

The monthly report is intended to bring to the attention of the Board of Directors any actual or potential Nursing and Midwifery workforce risks to enable the Trust to demonstrate compliance with safer staffing guidance.

A full summary of the position by ward has been provided at **Appendix 1**. The summary details 'actual' nurse staffing levels reported, comments related to safety for the ward and a number of predetermined patient outcome measures which are utilised by senior nurses to support decision making about future safe staffing requirements. **Appendix 2** provides the summary position by ward against the nurse sensitive indicators.

Monthly report – safe staffing

Ward staffing information is submitted monthly as part of the national safer staffing UNIFY. The monthly UNIFY submission does not include all ward and department areas within the Trust. The information within **Appendix 1** details the summary of planned and actual staffing for all ward areas in the Trust for April 2018.

The number of areas with **red** ratings (actual staffing level is below the accepted 80% level and highlights a potential significant risk) and there was 0 **red** rating.

The number of areas with **amber** ratings (staffing fill rate is less than the accepted 90%, but above 80%) and there were 1 **amber** ratings.

March 2018 saw 13 wards of the 29 monitored recording as **blue** rating (actual staffing figures are greater than 110% fill rate) and the remaining 15 wards were **green** rating.

The rationale for each ward is captured in **Appendix 1** narrative, and demonstrates a predominantly typical monthly picture, and the patient experience and harms are demonstrated in **Appendix 2.**

The Unify data for April 2018 in wards which were reported as **red** and **amber** does not have any correlation to patient harms.

Graph 1 and **table 1** below, displays over a 12 month period, where the Trust has not staffed to its expected planned level (**red** below 80% and **amber** between 80% & 90%) and the staffing fill rates above planned (greater than 110% **blue**).

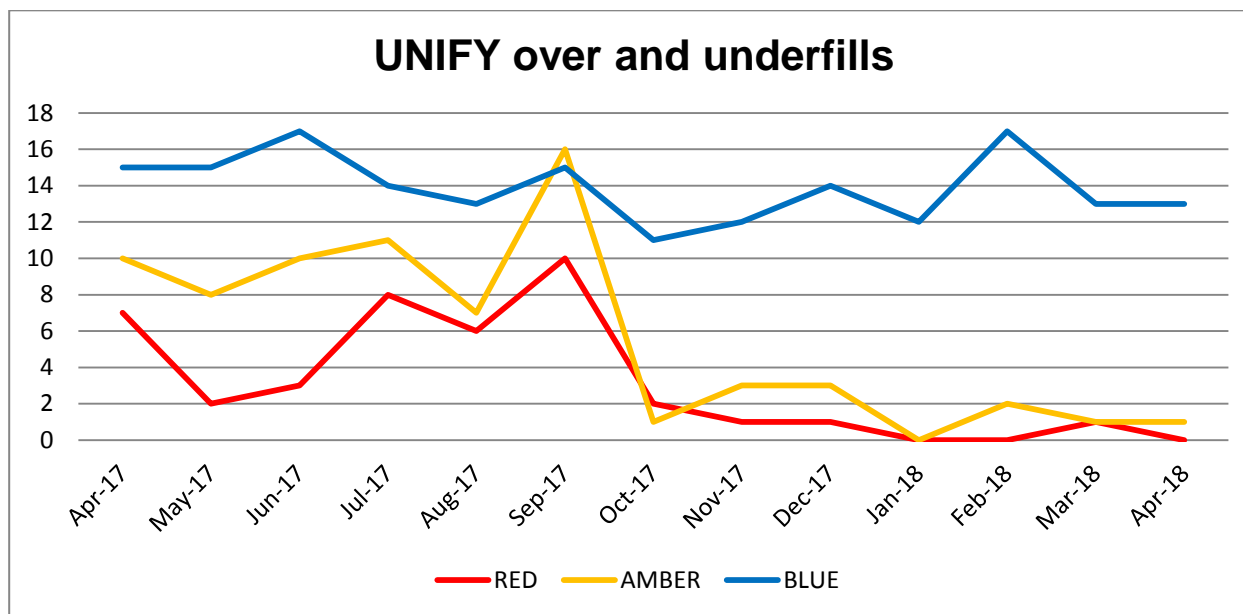**Graph 1. Staffing over and under-fill captured through the Unify report**

Table 1. Volume of wards identifying under and over-fill staffing levels.

	RED	AMBER	BLUE
April-17	7	10	15
May-17	2	8	15
June-17	3	10	17
July-17	8	11	14
Aug-17	6	7	13
Sept 17	10	16	15
Oct 17	2	1	11
Nov 17	1	3	12
Dec 17	1	3	14
Jan 18	0	0	12
Feb 18	0	2	16
Mar 18	1	1	13
Apr 18	0	1	13

Divisional Nursing Updates:

The Medical Division continues to have additional capacity opened on Ward 14 (10 beds) in April 2018, Ward 31 (8 beds) and Ward 32 (8 beds), which has been staffed by the nursing staff within the specialties, and will commence closing the winter capacity during May 2018. The Medical Division continues to report high Band 5 vacancies and their staffing has been made safe by long-term nursing agency Registered Nurses.

The Surgical Division has significant Band 5 Registered Nurse vacancies particularly on the Surgical Assessment Unit (Ward 11) and Ward 21 elective Orthopaedic Ward. The division currently has the Critical Care Matron to advertisement and has successfully recruited to the Ward Sister's post on Ward 12 (Trauma ward) and Integrated Critical Care Unit.

The Emergency Assessment Unit has a significant number of new starters in September 2018, which is a positive move forward, however there is a risk for the unit that the division is currently reviewing and establishing a safer preceptorship for these nurses. The Emergency Assessment Unit continues to have significant Band 5 vacancies, which have been raised within the Division as a risk, however there is active recruitment processes in place.

The recruitment of Healthcare Assistants has continued through the Assessment Centres, and the ongoing recruitment to the Virtual Ward, as staff have continued to move into the inpatient ward vacancies. The Band 5 Registered Nurse's Assessment Centre continues to be successful with recruitment to the Nurse Bank and the inpatient wards and departments. The Nurse Bank continues to recruit Healthcare Assistants in order to close the gap of unfilled shifts.

Breaches of the Safe Staffing Standard Operating Procedure (SOP):

There have been no breaches of the Safe Staffing Standard Operating Procedure in April 2018.

Thornbury Usage:

There were 46 Thornbury Nursing Agency Registered Nurse shifts covered in April 2018, which is a significant reduction in month, all areas have significantly reduced the Thornbury usage this month. As of the 9 May 2018, there has been no Thornbury usage since 27 April 2018.
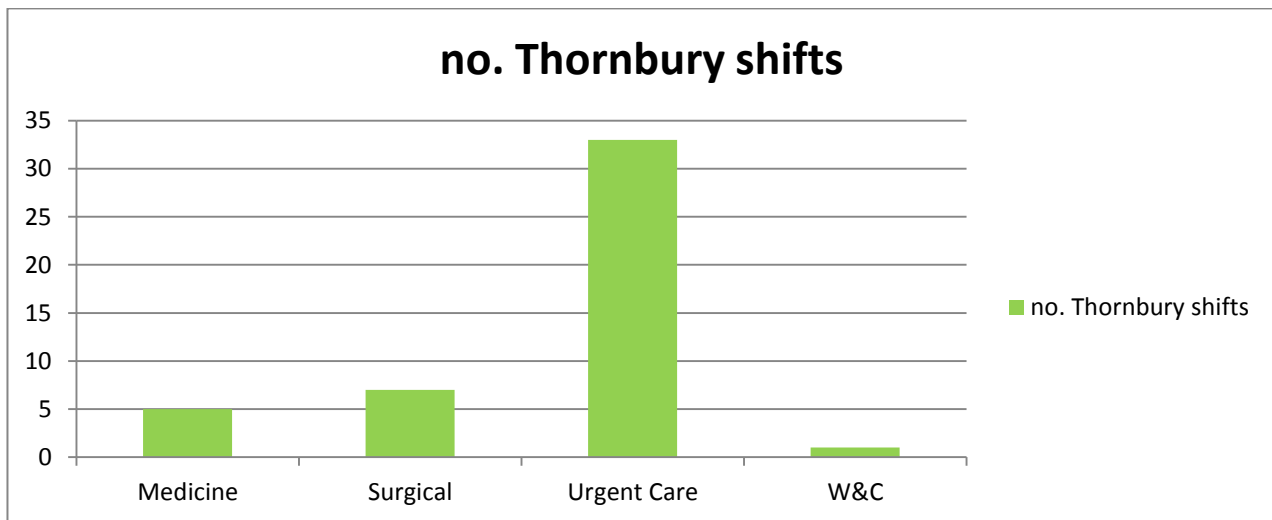
Urgent & Emergency Care continue to be the main users of Thornbury Nursing Agency, with additional capacity opened on Short Stay Unit and the vacancies within Short Stay Unit and Emergency Assessment Unit.

The Nursing Taskforce Steering Group has tasked the Heads of Nursing to develop a plan to reduce Thornbury usage during May and June and to zero by 31 July 2018.

There has been a further significant decrease in Thornbury usage in the first 2 weeks of May 2018, with two shifts being requested and covered, 1 x ICCU and 1 x ED. EAU and SSU have not used Thornbury Nursing Agency since the 24 April 2018.

All RCAs have been completed with the exception of ED which is due to be discussed at the Nursing, Midwifery and AHP Board in May 2018.

Retention Programme (NHS Improvement – Cohort 3):

The Corporate Head of Nursing has presented the initial data on the Band 5 Registered Nurses leavers, at the Heads of Nursing time out day on 30 April 2018. The plan will be presented to the Nursing, Midwifery & AHP Board in June 2018,prior to submission to NHS Improvement in July 2018.

The Nursing Taskforce Steering Group have agreed that a Recruitment & Retention work stream is established and monitors the improvements in the Recruitment of our Band 5's and Retention. The group will aim to establish the following:-

- Review of all Band 5's terminating employment at the Trust, review the Exit Interviews, offer Head of Nursing support and private conversations with the Chief Nurse;
- Celebrating 1 year qualified – an afternoon tea and celebrating the event;
- Introduce monthly 'Love our Learner', Chief Nurse and deputy to meet with the learners in the Trust, establish what we could do better to retain the Student Nurses;
- Development of rotational posts, which are popular with the newly qualified nurses;
- Establish with different agencies the probability of further International Recruitment – Derby Hospital has recently recruited 40 nurses from the Philippines and Nottingham University Hospital has recruited 75+ from similar locations;
- The Trust has 30+ Registered Nurses from India who are working as Healthcare Assistants and there is discussions with HEE re the development of an Adaptation Programme;
- We will continue to recruit monthly through the Registered Nurse Band 5 Assessment Centres.

Bank Registered Nurse non-compliant with mandatory training:

There are 20 Registered Nurses on the Nurse Bank who are non-compliant with mandatory training and therefore not eligible to work as a Registered Nurse within the Trust. This has been discussed at the Nursing Taskforce Steering Group, and a plan to ensure that these nurses are compliant with mandatory training.

All these nurses have been written to by the Corporate Head of Nursing and advised to take immediate action, this has generated a positive response, and will be provided in an update next month.

Investing in our own staff – Healthcare Assistant trial:

For the last 18 months the recruitment of Healthcare Assistants has been tightly managed through the Healthcare Assistant Assessment Centres. All applicants have to be in possession of the Care Certificate, or hold the NVQ II in care or hold a BTEC in care. However, this has excluded some of the staff that work within the Trust who wish to care for our patients. This will be discussed at the Nursing, Midwifery & AHP Taskforce Steering Group in May 2018, and a proposal will be taken forward.

Temporary staffing

Bank Registered Nurse shift hours worked, have continued to maintain a higher level in April 2018, due to the number of unfunded beds opened, and the additional activity in the Trust. In April 2018 there was, week commencing 30 April 2018, 31.3% Registered Nurse shifts covered by nursing agencies, and 60.62% covered by Registered Nurse shifts on Nurse Bank. There were 7.98% unfilled shifts, and these are the 4th Registered Nurse on the inpatient medical and surgical wards.

The Trust continues to not utilize Healthcare Assistants through nursing agencies, and we covered 85.80% through the Nurse Bank office, this equates to 97.36 wte Healthcare Assistants. There was 14.20% of Healthcare Assistant shifts unfilled, and there was no harms reported as a result of these unfilled shifts. The high usage of Healthcare Assistants within all divisions, remains a concern for the Nursing, Midwifery & AHP Taskforce Steering Group, and there is further work to be undertaken by the divisions on the use of Enhanced Observation of patients and constant care.

There is a group of Matron who are reviewing the Enhanced Patients Observations processes, and are currently benchmarking the Trust again local and national Hospitals.

Safe Care

Safe Care component of Health Roster Allocate, is being reviewed by a group of Matron, as a Chief Nurse project to increase utilization, and develop the system within the ward areas.

Allocate are based at the Trust to provide further training and insight has been sought from the Safe Care Lead.

Conclusion

Safe staffing review and escalation occurs continuously in line with Trust guidance, data is captured and monitored in line with national requirements. This takes place twice daily.

The continued focus on the usage of temporary staffing and other initiatives to ensure safer staffing has had a positive impact without impacting on the safe care of patients related to staffing.

Recommendation
The Board of Directors are asked to receive this report and note the actions taken and plans in place to provide safe nursing staffing levels across the Trust.

Appendix 1

Appendix 1 – Unify staffing information. For the purpose of the RAG rating anything between 80% - 90% is amber and anything 79% and below is red rated

Ward name	Care Hours Per Overall	DAY Registered midwives/nurses Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurse/midwives (%)	Care Staff Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - care staff (%)	Night Registered midwives/nurses Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurse/midwives (%)	Care Staff Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - care staff (%)	Narrative Please can you add your comments and narrative for areas highlighted in Blue and red. Can you also please let me know any changes in agreed establishment as some areas appear out of range of what would normally be expected The more info the better I have highlighted below where it looks different
							Planned care and Surgery							
Ward 21 - Orthopaedics	270	958.50	887.25	92.57%	960.00	780.00	81.25%	693.00	671.00	96.83%	521.00	535.00	102.69%	
Ward 12	657	1,608.00	1,529.17	95.10%	1,419.33	1,645.50	115.93%	990.00	990.00	100.00%	660.00	1,008.50	152.80%	Overfilling of care staff both day and night is to support the enhanced observation patients.
Ward 14	575	1,522.00	1,582.50	103.98%	909.50	1,290.80	141.92%	660.00	1,009.50	152.95%	319.00	698.50	218.97%	Care staff requirements increased due to extra winter bed capacity on Ward 14B.
Ward 31	667	1,578.60	1,079.00	68.35%	872.00	1,299.33	149.01%	990.00	970.00	97.98%	660.00	842.25	127.61%	Underfilling of RN's – Established for 4 RN's on LD but currently due to vacancies having to staff at minimum staffing numbers which is 3 RN's. Overfilling of care staff both day and night is to support the enhanced observation patients.
Ward 32	643	1,446.50	1,102.17	76.20%	943.83	1,090.83	115.57%	1,224.00	979.25	80.00%	660.00	922.00	139.70%	Underfilling of RN's – Established for 4 RN's on LD but currently due to vacancies having to staff at minimum staffing numbers which is 3 RN's. Overfilling of care staff both day and night is to support the enhanced observation patients.
SAU/Ward 11	422	1,776.50	1,345.50	75.74%	1,088.50	1,013.25	93.09%	1,320.00	1,287.67	97.55%	660.00	662.50	100.38%	Underfilling of RN's – Established for 5RN's on LD but currently due to vacancies having to staff at minimum staffing numbers which is43 RN's
ICCU	237	3,616.62	3,353.25	92.72%	357.00	232.00	64.99%	3,300.00	3,005.50	91.08%	330.00	275.00	83.33%	Due to speciliaty the depratment rarely goes out to bank/ agency for HCSW . No concerns were raied on the shifts duties were unfilled due to sickness and vacancies
DCU	173	2,448.25	1,886.08	77.04%	1,371.50	1,122.52	81.85%	473.00	406.00	85.84%	187.00	193.50	103.48%	number of staffing flexed depending on capacity and demand. No staffing concerns over this period
Total	**3644**	**14,954.97**	**12,764.92**	**85.36%**	**7,921.67**	**8,474.23**	**106.98%**	**9,650.00**	**9,318.92**	**96.57%**	**3,997.00**	**5,137.25**	**128.53%**	
NICU	265	1,818.50	1,767.00	97.17%	345.00	276.00	80.00%	1,725.00	1,576.50	91.39%	345.00	310.50	90.00%	
Ward 25	481	2,332.25	2,270.58	97.36%	931.50	903.75	97.02%	2,070.00	2,056.50	99.35%	690.00	720.50	104.42%	
Inpatient Maternity	545	4,134.50	3,679.97	89.01%	1,714.00	1,306.25	76.21%	3,450.00	3,389.50	98.25%	1,368.50	1,252.00	91.49%	Currently carrying around 4.0WTE vacancy due to ongoing discussions regarding staffing numbers for obstetric theatres. This is not likely to be resolved quickly due to
Total	**1291**	**8,285.25**	**7,717.55**	**93.15%**	**2990.50**	**2486.00**	**83.13%**	**7,245.00**	**7,022.50**	**96.93%**	**2403.5**	**2283**	**94.99%**	
EAU	1088	3,596.67	2,826.58	78.59%	2,902.00	2,812.25	96.91%	2,970.00	2,561.50	86.25%	2,310.00	2,381.92	103.11%	Underfill of RN is due to ongoing vacancies upon the unit.
Ward 22	711	1,438.50	1,246.83	86.68%	1,074.00	1,022.17	95.17%	990.00	989.33	99.93%	990.00	1,001.00	101.11%	
Ward 23	631	1,788.00	1,646.50	92.09%	720.00	828.00	115.00%	1,650.00	1,352.25	81.95%	330.00	672.00	203.64%	the additional HCA shifts are meet demands for patient on enhanced observations & additional HCA were utilised where RN gaps on nights could not be filled by bank/agency
Ward 24	697	1,435.00	1,282.58	89.38%	1,080.00	1,159.50	107.36%	979.00	990.00	101.12%	990.00	1,012.00	102.22%	
Ward 34	717	1,439.67	1,277.83	88.76%	1,081.47	1,058.80	97.90%	990.00	990.00	100.00%	990.00	990.00	100.00%	
Ward 36+35	1138	1,439.00	2,203.75	153.14%	1,057.50	2,093.50	197.97%	990.00	1,649.83	166.65%	660.00	1,671.83	253.31%	Overfill due to increased bed capacity upon the ward upto 43 beds and multiple patients requiring enhanced observations.
Ward 41	699	1,430.70	1,247.40	87.19%	1,437.70	1,624.70	113.01%	990.00	992.00	100.20%	990.00	1,122.00	113.33%	Increased staffing due to enhaced 1:1 observations
Ward 42	709	1,440.67	1,267.08	87.95%	1,080.00	1,266.17	117.24%	990.00	1,003.00	101.31%	660.00	958.00	145.15%	HCA shifts due to patients requiring EPO
Ward 43	657	1,800.00	1,734.00	96.33%	1,088.00	1,198.50	110.16%	1,650.00	1,679.00	101.76%	660.00	803.00	121.67%	HCA shifts due to patients requiring EPO
Ward 44	702	1,440.00	1,416.08	98.34%	1,074.00	1,367.00	127.28%	990.00	994.83	100.49%	660.00	1,022.50	154.92%	HCA shifts due to patients requiring EPO
Ward 51	712	1,446.50	1,284.50	88.80%	1,417.00	1,464.00	103.32%	979.00	988.50	100.97%	990.00	1,146.00	115.76%	HCA shifts due to patients requiring EPO
Ward 52	703	1,441.67	1,331.50	92.36%	1,597.50	1,662.83	104.09%	990.00	995.25	100.53%	982.25	1,168.00	118.91%	HCA shifts due to patients requiring EPO
Stroke Unit	812	2,064.00	1,984.00	96.12%	1,221.50	1,179.50	96.56%	1,650.00	1,670.75	101.26%	990.00	1,023.00	103.33%	
Chatsworth	469	1,085.67	951.50	87.64%	1,096.00	1,051.00	95.89%	660.00	661.00	100.15%	330.00	329.00	99.70%	
Lindhurst Ward	704	1,437.75	1,187.00	82.56%	1,081.00	1,009.50	93.39%	660.00	661.25	100.19%	660.00	671.00	101.67%	
Oakham Ward	704	1,450.25	1,265.75	87.28%	1,073.75	1,361.42	126.79%	660.00	662.83	100.43%	660.00	1,197.25	181.40%	1:1 requests for EPO Days and Night
Sconce Ward	683	1,085.50	1,149.42	105.89%	1,083.50	986.00	91.00%	990.00	989.75	99.97%	660.00	660.00	100.00%	
Fernwood	436	345.00	345.00	100.00%	674.75	680.00	100.78%	375.00	693.00	184.80%	675.00	675.00	100.00%	As we have remained in winter pressures for April, the data relates to the additional RN to support the additional 4 beds, again it is unclear as to why this data is not shown for the day hours as the additonal nurse has been covering the whole day and night

Appendix 2:

Appendix 1 – Unify staffing information. For the purpose of the RAG rating anything between 80% – 90% is amber and anything 79% and bel...

Ward name	Average fill rate - night staff (%)	Falls level 3-4	Pressure Ulcers Grade 2-4	Medication Incidents 1, 2 & 3	Sickness	Friends and Family		Patient Experience		
						%Resp	%Rec	Compli	Concern	Compla
Planned care and Surgery										
Ward 21 – Orthopaedics	102.69%	0	0	0	6.64%	88.5%	98.6%	1	1	0
Ward 12	152.80%	0	2	1	2.83%	47.1%	90.9%	0	0	1
Ward 14	218.97%	0	0	1	3.31%	16.6%	100.0%	0	1	1
Ward 31	127.61%	0	2	0	2.70%	80.7%	98.5%	3	0	0
Ward 32	139.70%	0	1	0	4.49%	43.1%	96.0%	0	3	1
SAU/Ward 11	100.38%	0	0	0	6.98%	N/A	95.2%	0	0	0
ICCU	83.33%	0	1	0	5.39%	N/A	N/A	4	0	0
DCU	103.48%	0	0	0	1.06%	N/A	99.0%	21	1	1
Total	128.53%	0	6	2	4.17%	55.2%	96.9%	29	6	4
NICU	90.00%	0	0	1	10.48%	N/A	100.0%	5	0	0
Ward 25	104.42%	1	0	0	6.50%	18.6%	98.8%	1	1	1
Inpatient Maternity	91.49%	0	0	0	4.16%	24.9%	98.1%	0	1	0
Total	94.99%	1	0	1	7.05%	21.8%	99.0%	6	2	1
EAU	103.11%	0	0	0	5.96%	41.6%	97.2%	2	4	1
Ward 22	101.11%	0	0	0	5.62%	59.0%	94.4%	1	2	0
Ward 23	203.64%	2	0	1	6.81%	119.7%	100.0%	0	1	0
Ward 24	102.22%	0	0	0	0.11%	36.5%	100.0%	1	1	0
Ward 34	100.00%	0	0	0	7.98%	60.4%	96.9%	4	1	0
Ward 36+35	253.31%	0	0	0	8.28%	35.1%	95.4%	1	2	2
Ward 41	113.33%	2	0	0	0.54%	134.5%	100.0%	0	0	0
Ward 42	145.15%	1	0	0	2.86%	81.9%	100.0%	0	1	0
Ward 43	121.67%	2	0	1	4.44%	70.8%	100.0%	4	0	0
Ward 44	154.92%	1	0	0	4.02%	84.9%	97.8%	0	1	0
Ward 51	115.76%	2	0	0	4.55%	95.8%	100.0%	0	0	0
Ward 52	118.91%	0	0	0	2.99%	51.5%	94.1%	1	1	1
Stroke Unit	103.33%	0	0	0	7.03%	53.3%	96.9%	15	1	0
Chatsworth	99.70%	0	0	0	5.20%	185.7%	100.0%	0	1	0
Lindhurst Ward	101.67%	0	1	0	6.18%	50.0%	100.0%	0	1	0
Oakham Ward	181.40%	0	0	0	2.64%	136.8%	100.0%	0	0	0
Sconce Ward	100.00%	0	1	0	0.22%	85.7%	95.8%	0	0	0
Fernwood	100.00%	0	0	0	0.51%	65.0%	100.0%	0	1	0