

Trust Board of Directors

March 2015

Nurse and Midwifery Staffing Report (Reporting Period February 2015)

1. INTRODUCTION

In line with national guidance published in May 2014 the Board of Directors receive a monthly nurse and midwifery staffing report of which:

- Provides detailed data analysis on a shift by shift basis of the planned and actual staffing levels across all in-patient wards
- Includes an exception report where the actual nurse staffing levels have either failed to achieve or have exceeded agreed local staffing thresholds.
- Triangulates the actual nurse staffing levels reported against a number of pre-determined patient outcome measures in order to evidence whether patient harm events have occurred as a result of nurse staffing issues being identified

2. NATIONAL REQUIREMENTS FOR STAFFING DATA COLLECTION

The report forms part of the organisation's commitment in providing open, honest and transparent nurse staffing information through the publication of this data both on the Trust and NHS Choices Websites. In addition to this the organisation is mandated to undertake a trust wide nurse staffing review (Safer Nursing Care Tool SNCT) on a six monthly basis in order to seek assurance that current staffing levels are sufficient to accommodate the acuity and dependency of patients within our care. This will be presented to Board in April 2015

3. TRUSTWIDE OVERVIEW OF PLANNED VERSUS ACTUAL NURSING HOURS

The overall nurse staffing fill rate for February 2015 was recorded as 106.4%; this figure is inclusive of both Registered Nurses / Midwives (RN/M) and Health Care Assistants (HCA) covering both day and night shifts. Table 1 provides further detail regarding nurse staffing fill rates by individual hospital site.

Table 1: Registered Nurse (RN) / Registered Midwife (RM) & Health Care Assistant (HCA) Fill Rates (%) February 2015.

February 2015	Day	Day	Night	Night
Site Name	Average Fill Rate RN/RM	Average Fill Rate HCA	Average Fill Rate RN/RM	Average Fill Rate HCA
Kings Mill Hospital	102.5%	107.7%	102.2%	112.6%
Mansfield Community Hospital	107.4%	94.6%	100.0%	98.8%
Newark Hospital	99.6%	110.1%	100.0%	115.7%

Of the 31 wards surveyed a total of 3 wards recorded a Registered Nurse fill rate of less than 90%. The following section provides an organisational overview of nurse staffing levels during both the day and night duty periods.

Dayshift: Of the 31 wards surveyed a total of 2 wards recorded an actual Registered Nurse staffing fill rate of between 90 – 100%. This is an improved position from the previous month whereby 4 wards reported actual nurse staffing fill rates between 80 – 90%.

Nightshift: Of the 31 wards surveyed 1 ward recorded an actual Registered Nurse staffing fill rate between 80 – 90%, the remainder fell within the normal staffing thresholds of between 90 – 100%. This is in comparison to nil being reported during the previous calendar month.

4. DIVISIONAL OVERVIEW OF PLANNED VERSUS ACTUAL NURSING STAFFING FILL RATES

The establishment of a robust and formalised nurse staffing reporting mechanism in conjunction with and triangulation of the Ward Assurance Framework collectively provide a comprehensive overview of each ward. This rich data source enables the Divisional Matron (DM) and Matron, along with the Ward Sister / Charge Nurse to focus attention and resources on clinical areas that may require additional support or escalation.

The following tables provide an overview of actual nurse staffing fill rates during February 2015 for each division.

4.1 Table 2. Emergency Care & Medical Division Actual Nurse Staffing Fill Rates (FEBRUARY 2015)

Ward	Day Shift (Actual Nurse Staffing Fill Rate %)		Night Shift (Actual Nurse Staffing Fill Rate %)	
	RN	HCA	RN	HCA
EAU	103.4	105.1	108.0	101.2
22	98.2	104.8	101.2	112.5
23	96.8	102.7	96.4	117.9
24	100.0	110.1	100.0	123.2
33	101.2	156.5	96.4	146.4
34	98.2	103.6	97.6	110.7
35	106.0	113.1	97.6	133.9
36	98.8	129.8	100.0	160.7
41	100.0	131.0	97.6	153.6
42	133.9	103.6	98.8	103.6
43	101.3	100.0	97.3	112.5
44	107.1	113.7	98.8	119.6
51	101.2	114.9	100.0	146.4
52	96.0	98.2	98.8	123.2
STROKE UNIT	99.1	101.4	113.6	115.2
OAKHAM	130.0	95.8	100.0	100.0
LINDHURST	87.5	111.6	100.0	100.0
CHATSWORTH	124.1	82.1	100.0	96.4
21	114.9	97.6	117.9	105.4

From an Emergency Care & Medicine Divisional perspective the actual nurse staffing fill rates reported during February fluctuated between 82.1% and 160.7% the following section provides further narrative from an exception reporting perspective.

During February the actual Registered Nurse staffing fill rates recorded were in the main within normal range, with the exception of Ward 42, Oakham and Chatsworth Wards who exceeded their expected fill rates due to currently being in the process of transitioning to the revised staffing model and having a number of supernumerary staff commence in post. Lindhurst Ward however reported an under fill in Registered Nurses in month and is due to the fact that the Ward has already converted to the revised nurse staffing model.

For Health Care Assistant's the actual fill rates recorded both during day and night duty periods exceeded agreed thresholds and is in response to an increase in acuity and dependency of patients on the wards, most notably Wards 33, 36, 41 and 51. The increase in Health Care Assistant fill rates on the Stroke Unit was as a result of the temporary commissioning on bed capacity on the Ward to support additional winter capacity.

4.2 Table 3. Planned Care & Surgery Division Actual Nurse Staffing Fill Rates (FEBRUARY 2015)

Ward	Day Shift (Actual Nurse Staffing Fill Rate %)		Night Shift (Actual Nurse Staffing Fill Rate %)	
	RN	HCA	RN	HCA
11	100.0	100.0	100.0	100.0
12	104.8	127.4	100.0	116.1
14	91.2	103.1	87.9	90.5
31	120.2	93.5	100.0	135.7
32	113.1	111.9	100.0	94.6
ICCU	119.4	117.9	117.4	100.0
NICU	133.9	87.5	138.1	82.1
25	86.2	96.4	94.6	71.4
MATERNITY	90.5	85.5	95.3	84.7
DCU	96.6	94.8	103.6	92.9

From a Planned Care & Surgery Divisional perspective the actual nurse staffing fill rates reported during February fluctuated between 71.4% and 135.7%; the following section provides further narrative from an exception perspective.

Across the Trauma & Orthopaedic Wards the actual nurse staffing fill rates were largely within the agreed parameters with the exception of Ward 12 who increased their Health Care Assistant numbers to accommodate an increase in post-operative acuity and dependency of patients on the ward.

Following on from the recent integration and amalgamation of the Surgical Assessment Unit into Ward 14, the Registered Nurse staffing levels during night duty periods were recorded as being out of normal range and is attributable to the recent transition. This is being closely monitored by the Divisional Matron and Senior Nursing Team

For General Surgery both wards are currently in the process of transitioning to the revised nurse staffing model, therefore showing a slight increase in Registered Nurse numbers. An increase in Health Care Assistant numbers was also noted overnight duty periods on Ward 31, again in response to an increase in patient acuity and dependency.

During February the nurse staffing fill rates within the Critical Care Unit for both registered and non-registered staff exceeded the agreed thresholds and is in response to increased acuity / Level 3 care requirements within the unit.

For NICU the Registered Nurse fill rates recorded in February exceeded the agreed staffing thresholds and were in response to increased cot capacity and acuity within the unit.

During February Ward 25 whilst experiencing some sickness and absence continued to flex their bed capacity in response to fluctuations in demand, this was therefore reflected in their nurse staffing fill rates recorded.

For maternity the actual midwifery staffing levels were in the majority of cases within normal range with the exception of Health Care Assistant resources and were in response to fluctuations in capacity and demand, sickness and absence and vacancies

4.3 Table 4. Newark Hospital Actual Nurse Staffing Fill Rates (FEBRUARY 2015)

Ward	Day Shift (Actual Nurse Staffing Fill Rate %)		Night Shift (Actual Nurse Staffing Fill Rate %)	
	RN	HCA	RN	HCA
SCONCE	99.6	115.2	100.0	126.2
FERNWOOD	100.0	100.0	100.0	100.0

As evidenced within the above table the actual nurse staffing fill rates reported fell within the agreed staffing thresholds with the exception of Sconce Ward who adjusted and increased their HCA staffing levels to accommodate an increase in patient dependency on the ward.

5. ACHIEVEMENT OF PLANNED STAFFING REQUIREMENTS – ORGANISATIONAL CAPACITY & CAPABILITY

On a day to day basis the Divisional Matron, Matrons, Ward Sisters and Charge Nurses are responsible for ensuring that their clinical wards and departments are safely and appropriately staffed to meet the acuity and dependency of patients within their care. In addition to this duty rotas and staffing levels are regularly reviewed by the Matrons and formally reported and reviewed in the Capacity & Flow Meetings to seek further assurances regarding clinical safety whereby risk assessments and clinical decisions are made to mitigate the greatest risks.

We have continued with our winter plans which have necessitated the use of additional in-patient bed capacity both on a short and mid-term basis. This has created additional

pressures across our base wards whereby substantive staff have been redeployed to work within those areas. These posts have been backfilled with agency staff and bank staff to ensure all our wards are safely staffed.

6. CORRELATION BETWEEN ACTUAL NURSE STAFFING FILL RATES AND PATIENT OUTCOMES

Detailed data analysis of the correlation between actual nurse staffing fill rates and an extended patient outcome dashboard (Appendix 1) has highlighted that whilst Ward 25 flexed their bed capacity to accommodate demand during February they equally reported 3 medication errors, 2.19 vacancies and a sickness and absence figure of 6.2%. In response to this the Divisional Matron and Senior Nursing team are closing monitoring the situation and will escalate via the nursing hierarchy should the situation deteriorate further.

From an Emergency Care & Medicine perspective the number of vacancies reported in Appendix 1 were at a point in time; a number of which have subsequently been appointed to namely EAU who now have 7.0 WTE vacancies, Ward 23, 1.9 WTE vacancies and the Stroke Unit who have 11.0 WTE vacancies. All of these vacancies are being covered with either bank, agency or utilising internal staff. HCA vacancies are a managed risk due to the workforce change to alter the skill mix

During February the sickness and absence figures reported do demonstrate significant variation across the in-patient wards, however the divisional senior nursing teams continue to proactively manage sickness and absence across their respective wards in line with the revised policy and in partnership with HR colleagues.

7. WORKFORCE

There are currently 79.39 WTE Registered Nurse and 65.15 WTE Health Care Assistant vacancies across the Trust, with the greatest proportion residing within the Emergency Care & Medicine Division. This is a marginal shift in month.

In order to address this issue a comprehensive Registered Nurse recruitment strategy has been implemented to attract newly qualified practitioners to the organisation; those wishing to return to practice and from across the European Union. From a newly qualified nursing perspective we have received enquiries from 36 Student Nurses that are due to graduate from Lincoln University in August. Plans are currently being put into place to undertake a series of interviews over the next two weeks in order to secure employment with the Trust.

We are currently working closely with a recruitment agency scoping the potential to extend our recruitment plans to capture a rich untapped resource of Registered Nurses in the Philippines later in the year. These nurses have to pass a rigorous process of testing prior to registration with the NMC which includes a minimum standard of English certification and competency exams. It is felt that these nurses will be better prepared to join our workforce but this process takes approximately 9 months to complete so will not provide an immediate solution to our staffing challenges. Despite the above interventions the Trust continues to carry a number of vacancies thereby resulting in reliance upon temporary staffing solutions to satisfy our staffing requirements. This continues to be recorded as a risk of 15 on the Trusts risk register.

8.0 NATIONAL DEVELOPMENTS

8.1 NHS Choices Safe Staffing Indicators

The Trust has been informed by NHS England that a range of additional quality indicators will be included on the NHS Choices website. This will be termed “Safer Staffing Composite Indicators”. This will include a range of published workforce information already available nationally namely:

- Staff sickness and absence rates
- Mandatory Training compliance (National Staff Survey)
- Appraisal data (National Staff Survey)
- Staff views on nurse staffing (National Staff Survey)
- Patient views on nurse staffing (National Patient Survey)

It is anticipated that this data will be published via NHS Choices from spring 2015 and will be built into regulatory body and commissioning performance data. The Trust is awaiting further information and time scales from NHS England.

9.0 CONCLUSION

A daily monitoring process is now well established across the organisation to identify when areas are non-compliant with their actual staffing levels and what actions have been taken to rectify this. This information is available to the Director of Nursing and circulated as part of the regular bed capacity information across the organisation.

Staffing levels and Ward Assurance indicators now provide a comprehensive picture of each ward. This enables the Divisional Matron, along with the Matron and Ward Sister / Charge Nurse to focus on areas that may require additional support or escalation. At all times the Divisional Matrons, Matrons and Duty Nurse Managers redeploy staff to support areas where there is a shortfall to minimise the risk to patients and ensure care is not compromised.

As agreed at Trust Board in October the detailed Nursing and Midwifery Workforce report will be brought to April Board following conversion to the Safer Nursing Care Tool.

As the Trust continues with managing the additional capacity as part of the winter plan, there will be a greater strain placed on the capacity of our nurse staffing workforce and flexible staffing service. During February additional bed capacity remained open across a number of areas in order to address an increase in non-elective activity / admissions to the trust. Analysis of our planned and actual nurse staffing levels demonstrates that the majority of wards fulfil the required standards. Where it is identified that a clinical area has fallen below the required standard an exception report is generated by respective Divisional

Matrons in order to gain a greater understanding of the reasons why this has occurred and to seek assurance that robust plans are in place to mitigate against further occurrences.

Governance arrangements have recently been implemented in light of the commissioning of additional bed capacity in order to efficiently and effectively identify and address shortfalls. The reliance on temporary staffing solutions is still occurring and continues to be an operational challenge within the organisation, however is being managed consistently and equitably across the nursing workforce.

A number of wards are currently in the process of transitioning to the revised nursing establishments as agreed within the first milestone of the investment programme. This has resulted in a number of Registered Nurse under fills and Health Care Assistant overfills being reported during this transition period.

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Appendix 1 Correlation Between Actual Nurse Staffing Levels and Reported Patient Outcomes – FEBRUARY 2015

Of the vacancies 65.15 wte are HCA vacancies, which are not being recruited into for substantive contracts – workforce change

Feb 2015 Correlation between nurse staffing fill rates and patient outcomes													
Ward	DAY %		Night %		All Falls	Medication Errors	Avoidable Pressure Ulcers	Staffing incidents	FFT	FFT star rating	Sickness and Absence	Vacancies	Safety Thermometer new harms
	RN	HCA	RN	HCA									
EAU	103.37%	105.06%	108.00%	101.19%	13	7	0	0	78.90%	4.45	2.43%	17.67	0
11	100.00%	100.00%	100.00%	100.00%	9	2	0	0	4.40%	5.00	3.81%	0.83	0
12	104.76%	127.38%	100.00%	116.07%	9	1	1	0	14.30%	4.43	5.68%	0.62	0
14	91.23%	103.13%	87.86%	90.48%	2	1	0	1	40.60%	4.69	3.22%	0	0
21	114.88%	97.62%	117.86%	105.36%	7	5	0	1	0%	0.00	not available	not available	0
22	98.21%	104.76%	101.19%	112.50%	11	1	0	0	3.40%	5.00	6.05%	1.89	0
23	96.79%	102.68%	96.43%	117.86%	4	3	0	0	6.50%	4.75	9.63%	9.24	1
24	100.00%	110.12%	100.00%	123.21%	6	0	0	0	1.80%	5.00	1.64%	8.19	0
31	120.24%	93.45%	100.00%	135.71%	3	2	1	1	9.60%	4.57	5.31%	0.78	0
32	113.10%	111.90%	100.00%	94.64%	8	1	0	2	14.10%	4.67	7.92%	0	0
33	101.19%	156.55%	96.43%	146.43%	6	8	0	1	51.10%	4.74	0.07%	8.11	0
34	98.21%	103.57%	97.62%	110.71%	7	2	0	2	48%	4.62	2.59%	7.04	0
35	105.95%	113.10%	97.62%	133.93%	10	3	0	0	68.40%	4.85	5.70%	6.53	0
36	98.81%	129.76%	100.00%	160.71%	5	0	1	0	15.90%	4.57	12.40%	1.74	0
41	100.00%	130.95%	97.62%	153.57%	4	1	0	0	38.90%	5.00	5.01%	3.6	0
42	133.93%	103.57%	98.81%	103.57%	7	1	0	0	25.50%	4.79	1.76%	3.46	1
43	101.34%	100.00%	97.32%	112.50%	3	0	0	0	30%	5.00	7.13%	4.42	0
44	107.14%	113.69%	98.81%	119.64%	11	0	0	0	56.70%	4.76	8.22%	1.61	1
51	101.19%	114.88%	100.00%	146.43%	2	0	0	0	0%	0.00	0.53%	3.55	0
52	95.98%	98.21%	98.81%	123.21%	6	3	1	0	42.90%	4.78	7.30%	7.87	1
Stroke Unit	99.11%	101.43%	113.57%	115.18%	13	4	0	0	14.80%	5.00	7.48%	15.65	1
ICCU	119.42%	117.86%	117.41%	100.00%	0	0	1	0	n/a	n/a	5.40%	0.21	0
NICU	133.93%	94.79%	138.10%	82.14%	1	1	0	1	n/a	n/a	3.76%	0	0
Ward 25	86.22%	96.43%	94.64%	71.43%	0	3	0	0	n/a	n/a	6.26%	2.19	0
Inpatient maternity	90.48%	85.48%	95.34%	84.68%	0	0	0	2	36.40%	4.82	3.45%	5.9	0
DCU	96.63%	94.79%	103.57%	92.86%	2	10	0	2	n/a	n/a	12.05%	0	0
Chatsworth	124.11%	82.14%	100.00%	96.43%	3	1	0	0	22.20%	4.00	9.70%	0.62	0
Lindhurst	87.50%	111.61%	100.00%	100.00%	1	1	0	0	35.70%	4.80	4.59%	0.68	1
Oakham	130.36%	95.83%	100.00%	100.00%	5	1	0	0	15.40%	5.00	3.67%	1.62	1
Sconce	99.55%	115.18%	100.00%	126.19%	9	5	0	0	0%	0.00	4.15%	7.49	2
Fernwood	100.00%	100.00%	100.00%	100.00%	4	0	0	0	n/a	n/a	6.52%	0	0
Totals					171	67	5	13			5.20%	121.51	9