

TRUST BOARD OF DIRECTORS - APRIL 2015

NURSE AND MIDWIFERY STAFFING REPORT (REPORTING PERIOD MARCH 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) on a six monthly basis in order to seek assurance that current staffing levels are sufficient to accommodate the acuity and dependency needs of patients within our care. The trust-wide nurse staffing review will be presented to Board in April 2015

3. TRUSTWIDE OVERVIEW OF PLANNED VERSUS ACTUAL NURSING HOURS

The overall nurse staffing fill rate for March 2015 was recorded as 103.1% this figure is inclusive of Registered Nurses / Midwives (RN/M) and Health Care Assistants (HCA) during day and night duty periods. 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 (%) March 2015.

March2015	Day	Day	Night	Night
Site Name	Average Fill Rate RN/RM	Average Fill Rate HCA	Average Fill Rate RN/RM	Average Fill Rate HCA
KMH	99.8%	105.7%	100.3%	114.9%
MCH	103.8%	96.6%	100%	100%
NWK	97.7%	107.0%	99.2%	112.3%

As evidenced within Table 1 the overall fill rates across the three hospital sites were maintained within or exceeded agreed thresholds. There was no evidence of any hospital sites failing to achieve the agreed thresholds set.

Of the 31 wards surveyed a total of 4 wards recorded a Registered Nurse fill rate of less than 90%. The following section provides an organisational overview by Division of the nurse staffing levels during both the day and night duty periods.

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 and picture of each ward. This rich data source enables the Divisional Matrons (DM) and Matrons, along with the Ward Sisters / Charge Nurses 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 March 2015 for each division.

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

Ward	Day Shift (Actual Nurse Staffing Fill Rate %)		Night Shift (Actual Nurse Staffing Fill Rate %)	
	RN	HCA	RN	HCA
EAU	103.2%	109.7%	107.4%	102.7%
22	101.1%	118.8%	100%	148.4%
23	98.1%	110.5%	96.1%	116.1%
24	101.6%	105.9%	98.9%	117.7%
33	98.4%	105.9%	107.5%	116.1%
34	100%	107%	100%	117.7%
35	98.4%	115.6%	100%	137.1%
36	104.8%	132.8%	98.9%	164.5%
41	98.9%	129.6%	96.8%	150%
42	111.3%	107.0%	98.9%	112.9%
43	100.4%	99.5%	100.0%	103.2%
44	103.2%	113.4%	96.8%	133.9%
51	118.8%	128.0%	121.5%	159.7%
52	106.9%	94.8%	97.8%	111.3%
STROKE UNIT	102.4%	87.4%	97.3%	100.0%
OAKHAM	121.8%	97.8%	100.0%	100.0%
LINDHURST	85.1%	110.5%	100%	100%
CHATSWORTH	123.4%	86.0%	100%	100%
21	109.1%	91.4%	106.5%	111.3%

From an Emergency Care & Medicine Divisional perspective the actual nurse staffing fill rates reported during March fluctuated between 85.1% and 164.5%, the following section provides further narrative from an exception reporting perspective.

During March the actual Registered Nurse staffing fill rates recorded were in the main within normal parameters, with the exception of Ward 42, 51 and Chatsworth Wards who exceeded their expected fill rates due to currently being in the process of transitioning to the revised staffing model. 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 36, 41,44 and 51.

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

Ward	Day Shift (Actual Nurse Staffing Fill Rate %)		Night Shift (Actual Nurse Staffing Fill Rate %)	
	RN	HCA	RN	HCA
11	96.8%	97.3%	100%	98.4%
12	109.7%	124.7%	100%	112.9%
14/SAU	88.6%	95.2%	79.4%	98.9%
31	83.9%	90.9%	100.0%	109.7%
32	88.7%	101.1%	100.0%	158.1%
ICCU	102.0%	98.4%	104.0%	100.0%
NICU	98.0%	121.0%	100.8%	100%
25	92.6%	93.5%	95.2%	61.3%
MATERNITY	99%	94%	104.3%	90.3%
DCU	94.8%	88.7%	100%	96.8%

From a Planned Care & Surgery Divisional perspective the actual nurse staffing fill rates reported during March fluctuated between 61.3% and 158.1%; 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, dependency of patients on the ward and requirement for enhanced patient support to reduce risk and maintain patient safety.

Following on from the recent integration and amalgamation of the Surgical Assessment Unit into Ward 14, the Registered Nurse staffing levels during day and night duty periods were recorded as being out of normal range and is attributable to a number of issues following the recent transition. Staffing levels are however being closely monitored by the Divisional Matron and Senior Nursing Team, whereby systems and processes have been put into place to maintain safety and mitigate against such occurrences in the future.

From a general surgical perspective both wards are currently in the process of transitioning to the revised nurse staffing model, this has resulted in a Registered Nurse under fill most notably across day shift patterns whilst additional staff are recruited up to the new

establishment. An increase in Health Care Assistant numbers was also noted during night duty periods on Ward 32 again in response to an increase in patient acuity and dependency.

During March Ward 25 continued to flex their bed capacity in response to fluctuations in demand, this was therefore reflected in their nurse staffing fill rates recorded. Again difficulties were encountered in terms of the nurse bank / agency being able to cover shortfalls given the specialist nature of the ward.

For maternity the actual midwifery staffing levels were this month within the expected range.

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

Ward	Day Shift (Actual Nurse Staffing Fill Rate %)		Night Shift (Actual Nurse Staffing Fill Rate %)	
	RN	HCA	RN	HCA
SCONCE	97.2%	110.1%	98.9%	120.4%
FERNWOOD	100.1%	100.8%	100%	100%

As evidenced within the above table the actual nurse staffing fill rates reported within month 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 needs 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 within 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 during March 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 clinical safety across all of our wards.

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

Detailed data analysis of the correlation between actual nurse staffing fill rates and patient outcomes (Appendix 1) has evidenced a notable improvement in the number of medication

related incidents reported in month. This is thought to reflect the impact and outputs of the focused work undertaken by the Medicines Management Group. The Emergency Assessment Unit (EAU) however remains an outlier with this regard, this continues to be monitored by the Matron and Senior Nursing team who will escalate via the nursing hierarchy should the situation deteriorate further.

From an Emergency Care & Medicine perspective the number of vacancies reported continued to be significant despite this the sickness and absence figures demonstrate an improving picture. This is predominately due to the proactive management of sickness and absence across their respective wards in line with the policy and in partnership with HR colleagues

Ward 14/ SAU Planned Care and Surgery demonstrated the only Registered Nurse under fill of below our 10% threshold achieving 79.9% on nights. This appeared not to have an adverse impact on patient outcomes recording 3 patient falls, 1 medication error and no safety thermometer new harms. The situation is being closely monitored by the Matron and Ward Sister.

7. WORKFORCE

There are currently 73.06 WTE Registered Nurse and 63.69 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 and campaign has been implemented to attract newly qualified practitioners to the organisation; those wishing to return to practice and from across and outside of the European Union. From a newly qualified perspective a clearing house is scheduled for the end of April 2015 whereby we expect to interview approximately 60 candidates for positions across the organisation. In addition to this we have scheduled a generic recruitment open day around the same time, this will be supported by senior nurses from across the divisions which will be available to advise regarding career pathways across the organisation

From a return to practice perspective we have recently undertaken a joint recruitment campaign with University Hospitals Nottingham and The University of Derby resulting in 6 practitioners being appointed.

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 16 on the Trusts risk register.

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.

During March 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.

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.

The reliance on temporary staffing solutions is still occurring and continues to be an operational and financial challenge within the organisation, however is being managed consistently and equitably across the nursing workforce. It is envisaged that the introduction of Allocate e rostering will strengthen current governance arrangements regarding off duty planning of which will as a consequence have a positive impact of variable pay expenditure

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Susan Bowler Executive Director of Nursing and Quality

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

March 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	103.2%	109.7%	107.4%	102.7%	11	10	0	0	1.8%	Not aval	2.44%	17.82	0
11	96.8%	97.3%	100.0%	98.4%	1	1	0	0	47.9%	4.79	3.57%	0.83	0
12	109.7%	124.7%	100.0%	112.9%	9	2	0	0	30.2%	4.50	7.78%	0.62	1
14	88.6%	95.2%	79.4%	98.9%	3	1	0	0	28.7%	4.65	5.95%	0	0
21	109.1%	91.4%	106.5%	111.3%	10	1	0	0	0.0%	Not aval	0	N/A	0
22	101.1%	118.8%	100.0%	148.4%	6	2	0	0	53.3%	4.38	5.80%	2.5	1
23	98.1%	110.5%	96.1%	116.1%	8	1	0	0	8.9%	4.88	4.07%	9.23	1
24	101.6%	105.9%	98.9%	117.7%	5	0	0	0	174.1%	4.93	2.84%	8.11	0
31	83.9%	90.9%	100.0%	109.7%	0	3	0	1	37.0%	4.95	14.31%	1.07	0
32	88.7%	101.1%	100.0%	158.1%	3	0	0	1	63.1%	4.77	4.06%	0.9	0
33	98.4%	105.9%	107.5%	116.1%	7	4	0	0	75.0%	4.46	3.35%	7.12	0
34	100.0%	107.0%	100.0%	117.7%	1	2	0	0	95.1%	4.54	4.85%	7.02	0
35	98.4%	115.6%	100.0%	137.1%	11	2	0	0	62.5%	4.80	4.82%	8.98	0
36	104.8%	132.8%	98.9%	164.5%	9	1	0	0	123.5%	4.83	3.12%	0.7	1
41	98.9%	129.6%	96.8%	150.0%	5	0	0	0	150.0%	4.96	4.09%	2.59	0
42	111.3%	107.0%	98.9%	112.9%	4	0	1	0	67.2%	4.86	2.90%	4.47	1
43	100.4%	99.5%	100.0%	103.2%	4	2	0	0	74.2%	4.88	0.84%	5.01	0
44	103.2%	113.4%	96.8%	133.9%	7	0	0	0	100.0%	4.79	5.96%	1.62	0
51	118.8%	128.0%	121.5%	159.7%	9	0	0	1	66.7%	4.67	1.68%	4.12	0
52	106.9%	94.8%	97.8%	111.3%	16	3	0	0	88.5%	4.52	5.28%	8.98	1
Stroke Unit	102.4%	87.4%	97.3%	100.0%	16	0	0	1	66.3%	4.70	6.83%	14.65	2
ICCU	102.0%	98.4%	104.0%	100.0%	0	2	0	0	Not aval	Not aval	5.85%	1.31	0
NICU	98.0%	121.0%	100.8%	100.0%	0	2	0	1	Not aval	Not aval	5.96%	0	0
Ward 25	92.6%	93.5%	95.2%	61.3%	0	3	0	1	Not aval	Not aval	4.97%	1.22	0
Inpatient maternity	99.0%	94.0%	104.3%	90.3%	0	0	0	6	Not aval	4.84	3.66%	7.47	0
DCU	94.8%	88.7%	100.0%	96.8%	1	2	0	0	Not aval		6.19%	0	0
Chatsworth	123.4%	86.0%	100.0%	100.0%	1	2	0	0	100.0%	4.83	5.45%	0	0
Lindhurst	85.1%	110.5%	100.0%	100.0%	3	0	0	0	95.5%	4.76	4.73%	2.68	0
Oakham	121.8%	97.8%	100.0%	100.0%	3	2	0	0	85.7%	4.94	4.91%	1.63	0
Sconce	97.2%	110.1%	98.9%	120.4%	12	2	2	0	63.0%	4.85	4.02%	8.28	2
Fernwood	100.0%	100.8%	100.0%	100.0%	2	2	0	0	Not aval	Not aval	8.95%	0	0
Totals					167	52	3	12			4.97%	128.93	10