TRUST BOARD OF DIRECTORS – MAY 2015

NURSE AND MIDWIFERY STAFFING REPORT (REPORTING PERIOD APRIL 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 was presented to Board in April 2015

3. TRUSTWIDE OVERVIEW OF PLANNED VERSUS ACTUAL NURSING HOURS

The overall nurse staffing fill rate for April 2015 was recorded as 102.9% 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 (%) April 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	99.3%	109.4%	100.0%	120.6%
MCH	108.8%	96.5%	100.0%	103.3%
NWK	92.7%	105.0%	90.8%	109.3%

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, albeit it has to be noted this is an overall average.

Of the 30 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 April 2015 for each division.

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

Ward	Day Shift (Actual Nurse Staffing Fill Rate %)		Night Shift (Actual Nurse Staffing Fill Rate %)	
	RN	HCA	RN	HCA
EAU	95.7%	97.1%	96.1%	102.2%
22	100.0%	113.3%	100.0%	135.0%
23	98.7%	106.7%	100.8%	143.3%
24	97.8%	115.6%	101.1%	126.7%
33	99.4%	127.8%	100.0%	135.0%
34	100.0%	101.7%	98.9%	110.0%
35	102.8%	138.9%	103.3%	165.0%
36	106.7%	126.1%	100.0%	150.0%
41	95.6%	140.6%	97.8%	165.0%
42	104.4%	129.4%	98.9%	155.0%
43	100.0%	111.7%	99.2%	120.0%
44	105.0%	132.8%	101.1%	156.7%
51	120.6%	122.2%	114.4%	141.7%

52	97.9%	116.7%	102.2%	156.7%
STROKE UNIT	100.0%	95.0%	105.3%	98.3%
OAKHAM	130.0%	96.1%	100.0%	100.0%
LINDHURST	92.9%	101.7%	100.0%	110.0%
CHATSWORTH	119.2%	93.3%	100.0%	100.0%

From an Emergency Care & Medicine Divisional perspective the actual nurse staffing fill rates reported during April fluctuated between 92.9% and 165%; the following section provides further narrative from an exception reporting perspective.

The month saw an overfill for Health Care assistants (HCA) on both day and night shifts across all the inpatient medical wards with the exception of wards 34 and the Stroke unit. This was due to a notable increase in patients being admitted who were assessed as requiring higher levels of enhanced care. This included a significant increase in the number of patients who were placed under a Deprivation of Liberty (DOL) which was as at an all-time high with 4 patients during the month all of whom had a prolonged length of stay and required level 4 or 1-1 nursing supervision at all times. Despite using the differing available strategies and the expert support of the specialist teams such as the falls and dementia nurses additional staffing was still required on many occasions to maintain patient safety in line with the enhanced care policy.

Chatsworth and Oakham wards demonstrated an occasional overfill in Registered Nurse fill rates on day shifts as they began the transition towards the new increased RN ratios during this month. Ward 51 also demonstrated an increase Registered Nurse overfill due to the on-going specialist care requirements of a patient with a tracheostomy.

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	98.8%	97.2%	100.0%	91.7%
12	116.7%	114.4%	98.9%	108.3%
14/SAU	96.0%	88.8%	100.8%	92.2%
31	85.4%	92.8%	100.0%	110.0%
32	89.6%	100.6%	100.0%	203.3%
ICCU	101.0%	108.3%	97.9%	100.0%
NICU	103.3%	95.0%	95.8%	86.7%
25	86.0%	96.7%	91.7%	66.7%
MATERNITY	104.3%	88.3%	105.6%	86.7%

DCU	96.6%	87.5%	91.7%	86.4%

For the Planned Care & Surgery Division, the actual nurse staffing fill rates reported during April fluctuated between 85.4% and 105% for RNs and 86% to 203.3% for HCAs (excluding ward 25 – children's); the following section provides further narrative from an exception perspective.

The PC&S surgery wards are moving towards the next phase of the staffing model (phase 1 – 4+3 on days; 3+1 on nights). For two of the wards (wards 31 and 32), we have amended their baseline so that their staffing levels are monitored against this *new* position; for the 2 orthopaedics wards – 11 and 12 – there were a higher number of vacancies so these wards are benchmarked against the *original* levels. The other wards in PC&S have their own specific staffing levels.
NB. From next month, all 4 PC&S surgery wards will be monitored against the new staffing levels.

On the wards with the new establishment (31/31), this has resulted in a RN under-fill across some day shifts, whilst additional staff are recruited up to the new establishment. Both wards have a small over-establishment of HCAs to support during this time. Ward 32 has seen a large increase in patient throughput and acuity and an expansion of surgical specialties (now include urology patients, as well as more general surgery). As part of the joint working undertaken by the surgery ward leaders, patients who require enhanced care are cohorted on ward 32 and ward 12. This focuses the nursing staffing required and is more efficient, and also enables the wards to better cohort the patients *within* the ward. During the month, we have required a second HCA during night duty periods on Ward 32 for every shift, in response to the patient acuity and dependency. This need was reviewed by the nurse-in-charge on a daily basis (usually the ward leader) and overseen by the matron, and was deemed essential to maintain patient safety in line with the enhanced care policy.

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 HCA 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 (as described above). The ward care for all of the patients with neck of femurs fractures in the hospital, a large proportion of whom suffer with dementia. On further analysis of their RN numbers, it transpires that their trauma co-ordinator has occasionally been 'counted in the numbers' – this will be corrected going forward.

This 'second' HCA on nights on both ward 12 and 32 also provides ad hoc and short-term support for other wards within PC&S at night (when able and required), to reduce the need for additional staff on more of the wards.

On ward 14/Surgical Assessment Unit, the Registered Nurse staffing levels have improved during both day and night duty periods. There are some shortfalls of HCAs during day shifts – the ward leader reviews any shortfalls against staffing levels on a day by day basis and makes a judgement about the need to fill any. She and the matron are working with the team

and improving processes through the unit. The establishment required for this new unit will be kept under review for the next 3 months.

Ward 25 experience larger fluctuations in demand than most in-patient wards; they continued to flex their bed capacity and their staffing in response to fluctuations in demand, including the acuity of the children and the presence of parents on the ward. It is reviewed on a daily basis and professional judgement is used to decide whether to fill any gaps with temporary staff. This is reflected in their nurse staffing fill rates where shortfalls reflect a short-term dip in demand, especially around the need for a second HCA at night. The ward does also continue to experience difficulties in cover shortfalls with nurse bank / agency, given the specialist nature of the ward.

For maternity the actual midwifery staffing levels were this month within the expected range. The midwifery to birth ratio is currently 1:30.

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

Ward	Day Shift (Actual Nurse Staffing Fill Rate %)		Night Shift (Actual Nurse Staffing Fill Rate %)	
	RN	HCA	RN	HCA
SCONCE	90.8%	107.5%	87.8%	115.6%
FERNWOOD	100.0%	100.0%	100.0%	100.0%

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 reported a Registered Nurse fill rate of 87.8%.This is due to a number of Registered Nurse vacancies currently on the ward and an inability to secure bank / agency resources.

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

On a day to day basis the Divisional Matrons, 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.

During April the demand for non-elective bed capacity reduced significantly in month of which resulted in the decommissioning of Ward 21, this enabled substantive staff to return to their base 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 continued improvement in the number of medication related incidents as reported last month. While the Emergency Assessment Unit (EAU) remains an outlier this has also shown a significant improvement which is attributed to the focused work that has been implemented by the Matron and Senior Nursing team.

There has also been a significant decrease in avoidable pressure ulcers with only one being reported last month. Falls has shown a significant reduction to the lowest number of overall falls seen since last year. There was also a reduction in falls with harm. This is largely due to the on-going implementation of the falls strategy and the extensive work being undertaken by the ward teams with the fall lead nurses. There is a particular focus on high risk areas who have a higher numbers of falls.

From an Emergency Care & Medicine perspective the number of vacancies reported continued to be significant and has deteriorated further; despite this the sickness and absence figures again demonstrated an improving picture. This is due to the continued proactive management of sickness and absence across their respective wards and full use of the sickness and absence policy in partnership with HR colleagues

Wards 31 and 32 in Planned Care and Surgery show a Registered Nurse under fill of below our 10% threshold, with 86-89% on days – this is against a higher staffing level of 4 RNs and the wards do not use temporary staffing to fill this '4th nurse' gap. The high acuity of the patients on ward 32 is being closely monitored by the Matron and Ward Sister, along with the number of falls (reducing) and medication errors. Additional support is being provided by the Practice Development matron, and recruitment continues to fill the remaining vacancies.

7. WORKFORCE

During March, there were 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 was a marginal shift on the previous month.

*NB. The data submitted for this month has raised concerns for the Divisional Matrons – both the baseline establishment and the subsequent number of vacancies has increased far more than anticipated; the data is now being rigorously checked with both HR and finance colleagues***.**

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 was held in April 2015, where 42 Registered Nurses were offered posts. In addition to this a generic recruitment open day was held in April where 18 Registered Nurses were offered posts. The Emergency Admission Unit hosted their own recruitment event and have successfully appointed to all their registered

Nurse vacancies. Midwifery and NICU have also had success in recruiting to posts. These staff will start incrementally between now and September 2015.

Further European and Non-European recruitment is planned with numbers and times to yet be agreed with the executive team

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 Trust's 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 April the demand for non-elective bed capacity reduced significantly in month, which resulted in the decommissioning of Ward 21. This enabled substantive staff to return to their base wards.

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

Ward	Days %		Nights %		All Falls	Medication Errors	Avoidable Pressure Ulcers	Staffing Incidents	FFT (%)	FFT Star Rating	Sickness & Absence	Vacancies %	Safety Thermometer Harms
	RN	HCA	RN	HCA									
EAU	95.7%	97.1%	96.1%	102.2%	10	12	0	0	7.1	4.54	2.08	23	0
Ward 11	98.8%	97.2%	100.0%	91.7%	5	3	0	0	42.2	4.80	3.57	7	0
Ward 12	116.7%	114.4%	98.9%	108.3%	9	0	0	0	28.1	4.89	7.78	0	1
Ward 14	96.0%	88.8%	100.8%	92.2%	1	1	0	0	25.2	4.76	9.31	-6	0
Ward 22	100.0%	113.3%	100.0%	135.0%	3	2	1	0	31.4	4.82	7.53	14	0
Ward 23	98.7%	106.7%	100.8%	143.3%	7	2	0	0	7.1	5.0	4.19	6	0
Ward 24	97.8%	115.6%	101.1%	126.7%	8	2	0	0	87.9	4.96	5.82	20	1
Ward 31	85.4%	92.8%	100.0%	110.0%	2	0	0	0	43.0	4.72	15.07	5	0
Ward 32	89.6%	100.6%	100.0%	203.3%	5	6	0	0	36.1	4.53	7.01	6	0
Ward 33	99.4%	127.8%	100.0%	135.0%	4	4	0	0	34.1	4.67	2.94	16	0
Ward 34	100.0%	101.7%	98.9%	110.0%	8	5	0	0	77.0	4.61	7.05	16	1
Ward 35	102.8%	138.9%	103.3%	165.0%	7	0	0	0	36.6	4.71	1.65	16	0
Ward 36	106.7%	126.1%	100.0%	150.0%	14	6	0	0	55.6	4.81	4.87	6	0
Ward 41	95.6%	140.6%	97.8%	165.0%	5	1	0	0	91.7	4.9	8.08	5	1
Ward 42	104.4%	129.4%	98.9%	155.0%	4	3	0	0	32.7	4.8	0.23	22	0
Ward 43	100.0%	111.7%	99.2%	120.0%	4	0	0	0	44.7	4.8	0.26	23	0
Ward 44	105.0%	132.8%	101.1%	156.7%	4	2	0	0	33.8	4.8	7.9	5	0

Ward 51	120.6%	122.2%	114.4%	141.7%	9	3	0	0	10.5	5.0	8.39	10	0
Ward 52	97.9%	116.7%	102.2%	156.7%	8	6	0	0	88.9	4.5	2.83	21	0
Stroke Unit	100.0%	95.0%	105.3%	98.3%	8	2	0	0	76.7	4.7	8.41	23	0
ICCU	101.0%	108.3%	97.9%	100.0%	0	1	0	0			9.08	3	0
NICU	103.3%	95.0%	95.8%	86.7%	0	2	0	0			7.34	4	0
Ward 25	86.0%	96.7%	91.7%	66.7%	0	1	0	0			4.6	18	0
Maternity	104.3%	88.3%	105.6%	86.7%	0	6	0	0			3.66	4.6	0
DCU	96.6%	87.5%	91.7%	86.4%	2	3	0	0			4.6	0.56	0
Chatsworth	119.2%	93.3%	100.0%	100.0%	1	2	0	0	71.4	5.0	6.4	1	0
Lindhurst	92.9%	101.7%	100.0%	110.0%	6	0	0	0	95.2	4.95	6.67	3	2
Oakham	130.0%	96.1%	100.0%	100.0%	4	1	0	0	106.0	4.73	2.75	3	0
Sconce	90.8%	107.5%	87.8%	115.6%	1	2	0	0	17.9	4.86	2.59	25	2
Fernwood	100.0%	100.0%	100.0%	100.0%	6	0	0	0			5.93	0.84	0
Total:					152	78	1	0					8