TRUST BOARD OF DIRECTORS – JUNE 2015

NURSE AND MIDWIFERY STAFFING REPORT (REPORTING PERIOD MAY 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 last presented to Board in April 2015.

3. THE FUTURE FOR NHS STAFFING FOR SAFETY AND QUALITY

This month has seen NICE suspend any further work on safe staffing following the Chief Executive of the NHS England speech announcing that he had asked Jane Cummings Chief Nursing Officer to incorporate safe staffing work into the NHS England's reviews of urgent and emergency care, maternity and mental health services.

In her letter to Directors of Nursing dated 11th June 2015 Jane Cummings sets out the following;

- the guidance already issued by NICE 'safe staffing for nursing in adult inpatient wards in acute hospitals' (July 2014) and 'safe midwife staffing in maternity settings' (January 2015) will continue, with the next phase of this work looking at new care delivery areas

The principles for reviewing safe staffing to deliver the five year forward view will include;

- all staff groups delivering care must be taken into consideration, not just nurses
- many care settings span organisational boundaries and a staffing model needs to be developed to reflect this

- safe staffing has to be based upon patient facing time and improved patient outcomes, not filling rotas or looking at numbers in isolation
- the work will be underpinned by on-going work to develop career progression for unregistered staff, nurse retention and flexible working
- for the current evidence base around acute inpatient patient wards safe staffing is robust, hence the decision to continue to use the guidance, however it is recognised there is a need to build on the body of research evidence and best practice to support “new ways of working and care delivery”.

Progress on this national work will be closely monitored to ensure we continue to use the best evidence base for some our staffing levels.

4. TRUSTWIDE OVERVIEW OF PLANNED VERSUS ACTUAL NURSING HOURS

The overall nurse staffing fill rate for May 2015 was recorded as 103.79% (102.9% April). 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 (%) May 2015.

May 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
KMH	100.9%	105.9%	101.2%	112.9%
MCH	109.3%	99.4%	100.7%	139.2%
NWK	86.5%	105.1%	86.3%	98.1%

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 30 wards surveyed a total of 3 wards (4 wards in April) recorded a Registered Nurse fill rate of less than 90%; this is a slight improvement from last month. The following section provides an organisational overview by division of the nurse staffing levels during both the day and night duty periods.

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

5.1 Emergency Care and Medicine

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 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 May 2015 for each division;

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

Ward	Day Shift (Actual Nurse Staffing Fill Rate %)		Night Shift (Actual Nurse Staffing Fill Rate %)	
	RN	HCA	RN	HCA
EAU	96.61%	91.4%	96.37%	100.54%
22	98.39%	112.90%	100.00%	137.10%
23	98.06%	95.16%	99.19%	125.81%
24	102.15%	109.14%	100.00%	106.45%
33	109.68%	120.43%	101.08%	112.90%
34	99.46%	98.39%	100.00%	103.23%
35	98.39%	127.96%	97.85%	153.23%
36	102.15%	106.99%	100.00%	112.90%
41	100.00%	169.89%	93.55%	203.23%
42	100.00%	106.99%	100.00%	117.74%
43	98.79%	94.62%	98.39%	101.61%
44	103.76%	118.82%	98.92%	112.90%
51	99.46%	113.98%	98.92%	130.65%
52	99.60%	100.40%	100.00%	140.32%
STROKE UNIT	110.89%	94.84%	125.81%	104.03%
CHATSWORTH	126.61%	94.62%	102.20%	124.19%
LINDHURST	93.95%	101.61%	100.00%	193.55%
OAKHAM	122.58%	102.69%	100.00%	100.00%

For Emergency Care & Medicine the actual nurse staffing fill rates reported during May fluctuated between 93.55% (92.9% April) and 203.23% (165% April). The following section provides narrative from an exception reporting perspective.

There has been a reduction in the number of overfills for Health Care Assistants (HCA) on both days and nights for May. Of the 15 medical wards at KMH site there were 10 overfills on nights (12 in April) and 6 overfills on days (11 in April) registered. This has been achieved by a more robust approach to assessment and re-assessment of patients who require enhanced observation. Overfill of registered nurses on the stroke unit is related to the opening of additional capacity when the organisation experienced surges in demand over the month.

The organisation continues to exceed the agreed fill rates in a number of areas in response to the increased acuity and dependency of patients on the wards. This is always more noticeable on nights where some wards reduce to 1 HCA at night, but have to undertake enhanced observations. This is demonstrated in table 3 below where the detail of the overfilled shifts is directly correlated to the number of enhanced patient observations. The overfill shifts for nights on Lindhurst ward was in relation to a patient who required level 4 observation. This patient's family supported observation during the day but additional staffing was required at night.

Table 3. Emergency Care & Medicine shortfall's and overfills related to enhance patient observation (May 2015)

May-15	Total No of planned shifts	Shortfall Shifts	% shortfall	Overfilled shifts	% Overfill	Trained shortfall shifts	HCA shortfall shifts	Total No of EPO shifts	Agency EPO shift
EAU (Emergency Department)	1488	69	4.64%	5	0.33%	31	38	0	1
Ward 22	527	5	0.95%	49	9.30%	3	2	48	0
Ward 23	589	19	3.23%	14	2.38%	8	11	10	2
Ward 24	527	0	0.00%	25	4.74%	0	0	21	0
Ward 33	527	9	1.71%	74	14.04%	7	2	44	0
Ward 34	527	5	0.95%	3	0.57%	2	3	2	0
Ward35	527	6	1.14%	86	16.31%	6	0	78	5
Ward 36	527	16	3.04%	41	7.77%	8	8	28	1
Ward 41	527	6	1.14%	194	36.81%	6	0	194	0
Ward 42	527	0	0.00%	24	4.55%	0	0	4	9
Ward 43	620	17	2.74%	3	0.48%	5	12	2	0
Ward 44	527	3	0.57%	52	9.86%	1	2	27	2
Ward 51	527	2	0.38%	45	8.53%	2	0	44	0
Ward 52	651	30	4.61%	55	8.44%	6	24	50	4
Stroke Unit	1085	39	3.59%	119	10.96%	2	37	23	0
Chatsworth	403	31	7.69%	67	16.62%	31	0	6	0
Lindhurst Ward	465	21	4.52%	37	7.95%	15	6	29	5
Oakham Ward	403	21	5.21%	54	13.39%	21	0	2	0

Chatsworth and Oakham wards continue to demonstrated an occasional overfill in RN fill rates on day shifts as they transition to the new increased RN ratios.

5.2 Newark Hospital Site

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

Ward	Day Shift (Actual Nurse Staffing Fill Rate %)		Night Shift (Actual Nurse Staffing Fill Rate %)	
	RN	HCA	RN	HCA
SCONCE	83.06%	109.27%	81.72%	101.08%
FERNWOOD	100.00%	96.77%	100.00%	93.55%

As evidenced within the above table the actual nurse staffing fill rates reported within month fell below the agreed staffing thresholds for Sconce Ward. This was managed by reducing the bed capacity to 24 beds to ensure safe staffing levels were maintained. Divisional work within ECM has also taken place to ensure the establishments on Sconce replicate those of sub-acute wards on KMH site. All other areas were maintained within the agreed thresholds.

The direct correlation between the numbers of overfills related to the patients requiring enhanced observation is detailed in table 5

Table 5; Newark Shortfall's and Overfills related to Enhance Patient Observation (May 2015)

May-15	Total No of planned shifts	Shortfall Shifts	% shortfall	Overfilled shifts	% Overfill	Trained shortfall shifts	HCA shortfall shifts	Total No of EPO shifts	Agency EPO shift
Sconce Ward	682	75	11.00%	40	5.86%	59	16	40	1
Fernwood	279	8	2.87%	0	0.00%	8	0	0	0

5.3 Planned Care and Surgery

Table 6; Planned Care & Surgery Division Actual Nurse Staffing Fill Rates (May 2015)

Ward	Day Shift (Actual Nurse Staffing Fill Rate %)		Night Shift (Actual Nurse Staffing Fill Rate %)	
	RN	HCA	RN	HCA
11	95.16%	94.09%	98.92%	103.23%
12	113.98%	113.44%	100.00%	100.00%
14/SAU	93.87%	98.39%	99.19%	98.92%
31	85.89%	94.09%	100.00%	125.81%
32	90.73%	121.51%	93.55%	193.55%
ICCU	104.03%	101.61%	100.00%	96.77%
DCU	106.17%	100.00%	106.14%	78.95%
NICU	124.19%	70.97%	107.26%	77.42%

25	85.25%	95.16%	95.16%	41.94%
Inpatient MATERNITY	108.06%	92.74%	108.24%	82.26%

For Planned Care & Surgery the actual nurse staffing fill rates reported during May fluctuated between 78.95% (85.4% April) and 193.55% (203.3%in April); the following section provides further narrative;

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 RN fill rates to facilitate the supporting of a junior workforce. The increase in Health Care Assistant numbers supported 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. This is demonstrated in table 7. The under fills of Registered Nurses are related to the implementation of the new staffing baseline's as reported last month. The continued work by the division to cohort patients requiring enhanced patient observation on to ward 12 & 32 can be evidenced in table 7 below.

Table 7. Planned Care & Surgery Shortfall's and Overfills related to Enhance Patient Observation (May 2015)

May-15	Total No of planned shifts	Shortfall Shifts	% shortfall	Overfilled shifts	% Overfill	Trained shortfall shifts	HCA shortfall shifts	Total No of EPO shifts	Agency EPO shift
Ward 11	589	29	4.92%	7	1.19%	13	16	7	0
Ward 12	527	0	0.00%	51	9.68%	0	0	24	0
Ward 14	755	46	6.09%	21	2.70%	24	22	0	0
Ward 31	558	46	8.24%	8	1.43%	35	11	0	0
Ward 32	558	47	8.42%	87	15.59%	33	14	83	0
ICCU	837	25	2.99%	45	5.37%	24	1	0	0
DCU	465	154	33.12%	1	0.21%	95	59	0	0

6. MATERNITY AND PEADIATRIC STAFFING

6.1 Maternity Staffing

The workforce tool of choice for maternity staffing is Birthrate Plus®. The Birthrate Plus® methodology is based on an assessment of clinical risk and the needs of women and their babies during labour, delivery and the immediate post-delivery period, utilising the accepted standard of 1 midwife to 1 woman, in order to determine the total midwife hours, and therefore staffing required, to deliver midwifery care to women across the whole maternity pathway using NICE guidance and acknowledged best practice. This includes all:

- Antenatal outpatient activity including community and hospital based clinics and care in the home, including parent education.
- Antenatal inpatient activity and ward attenders.

- Delivery in all settings, differentiated by complexity and interventions, including escorted transfers to other units.
- All postnatal care in hospital including readmissions and ward attenders, transitional care and neonatal examination of the newborn.
- Community based postnatal care until handover to health visiting.

(Birthrate Plus® :- *What it is and why you should be using it RCM)*

The optimum ratio as described by the tool is 1:28. Within Sherwood Forest Hospitals for April 2015 the funded establishment support a midwife to birth ratio of 1:27.6 due to vacancies of 4 wte community midwives and 2 wte acute hospital midwives this ratio has increased to 1:29. These vacancies are currently being recruited to bring the ratio back down to within optimum levels.

On a day to day basis the acute staffing needs take into consideration elective activity and inpatients, with a proxy marker of being able to provide 1:1 care for all women in established labour. Community staffing is predominately based on clinic cover and there are no minimum staffing levels.

6.2 NINU Staffing.

Following financial investment 6 wte. Registered Nurses have been successfully recruited to the service; all are now in post with the exception of a newly qualified member of staff. All the new starters are at various stages of their induction/ competency.

Ongoing work continues with the neonatal network and the trust to re- establish full cot capacity. The senior team continually review activity/ dependency at 10 occupied cots to ensure safety is maintained across the unit. The workforce plan is to move towards a supernumerary coordinator and 4 registered staff per shift to allow us to maximise capacity. There is ongoing work to ensure the skills and competencies of the workforce match the speciality requirements, the PDM is supporting this work.

6.3 Children's Nursing.

Children's nursing recruitment is on a rolling basis and still proving a challenge. There is also evidence of a high rate of leavers, mainly nurses that have moved area for work and are relocating nearer home. The current vacancies are compounded by 6 members of staff on maternity leave. Care is managed on a daily basis by reviewing activity and acuity, redeploying staff as appropriate. Agency nurses are only used as a last resort to maintain safety. There is currently a review of the support roles to children's nursing and also considering enhancing the admin and clerical reception team.

7. 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.

8. 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) shows a continued improvement in the number of medication related incidents reported 59 for May (78 in April) . This is thought to reflect the impact and outputs of the focused work undertaken by the Medicines Task and Finish Group. The Emergency Assessment Unit (EAU) however remains an outlier with this regard, many of the incidents being reported being missed and omitted doses on EAU which are picked up on base wards following transfer and incident forms completed. This is being monitored by the Matron and Senior Nursing team who will escalate via nursing leads should the situation deteriorate further

There continues to be a steady and sustained reduction in falls resulting in moderate harm, with only 3 being reported for May (4 in April). The 3 incidents were a fractured humerous on ward 12, a fractured neck of femur on ward 41 and a fractured shaft of femur on ward 24. It should be noted that EAU reported a higher incidence of grade 1 low harm for patients who had unwitnessed falls and required a period of head injury observations. The falls specialist nurses have reminded the staff on EAU that if observations remain within normal limits and there is no bruising or lacerations this should be recorded as no harm. The specialist nurses continue to work closely with the ward teams to minimise and mitigate risk of patients falling, it should be noted that 2 of the areas reporting moderate harm falls are wards where there are a high number of patients requiring enhanced observation and have been consciously co-horted together.

9. WORKFORCE

There are currently 94.89 WTE Registered Nurse and 17.94 WTE Health Care Assistant vacancies across the Trust, with the greatest proportion residing within the Emergency Care & Medicine Division.

The vacancy figures reported this month are against the transitional establishments for 1/4/15 to 30/9/15 as agreed with the divisional teams. It is important to note that these figures will differ from those reported by HR & finance.

Following previous recruitment campaigns and the university outturn it is expected that over 50 of these vacancies will be recruited to by September 2015

Recruitment activity continues locally with 15 people recently shortlisted from the rolling generic monthly advert.

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 May there were some significant peaks in non-elective activity which saw the opening of extra inpatient bed capacity which had previously been closed. This was monitored on a daily basis and reduced accordingly when emergency activity reduced.

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.

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

Andrea Clegg Lead Nurse Practice & Professional Development

Susan Bowler Executive Director of Nursing and Quality

Appendix 1 Correlation Between Actual Nurse Staffing Levels and Reported Patient Outcomes – May 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	96.61%	91.4%	96.37%	100.54%	16	14	0	1	7.1	4.54	0.78%	12.54	6.36	0
Ward 11	95.16%	94.09%	98.92%	103.23%	4	1	0	0	42.2	4.80	7.47%	4.15	-1.16	0
Ward 12	113.98%	113.44%	100.00%	100.00%	7	1	0	0	39	4.99	0.93%	0.90	-1.25	0
Ward 14	93.87%	98.39%	99.19%	98.92%	0	2	0	2	25.2	4.86	10.14%	0.47	-1.21	0
Ward 22	98.39%	112.90%	100.00%	137.10%	10	8	1	1	31.4	4.54	8.26%	4.67	0.82	0
Ward 23	98.06%	95.16%	99.19%	125.81%	3	2	0	0	86.5	5.0	0.10%	2.09	0.07	0
Ward 24	102.15%	109.14%	100.00%	106.45%	8	1	0	0	59.5	4.44	8.28%	3.58	2.82	0
Ward 31	85.89%	94.09%	100.00%	125.81%	3	1	0	0	47	4.69	5.49%	2.45	-0.76	0
Ward 32	90.73%	121.51%	93.55%	193.55%	11	2	0	1	36.1	4.53	6.56%	2.70	-0.82	0
Ward 33	109.68%	120.43%	101.08%	112.90%	4	5	0	1	34.1	4..67	1.26%	6.92	-1.75	0
Ward 34	99.46%	98.39%	100.00%	103.23%	1	0	0	0	77	4.78	1.23%	3.99	1.03	1
Ward 35	98.39%	127.96%	97.85%	153.23%	5	1	0	1	36.8	4.71	0	3.80	1.35	0
Ward 36	102.15%	106.99%	100.00%	112.90%	13	2	0	0	58.2	4.81	2.85%	1.00	-1.66	0
Ward 41	100.00%	169.89%	93.55%	203.23%	5	1	0	1	91.7	4.9	8.87%	1.94	-0.66	2

Ward 42	100.00%	106.99%	100.00%	117.74%	3	2	1	1	39	4.8	0.35%	6.12	1.02	1
Ward 43	98.79%	94.62%	98.39%	101.61%	4	0	0	1	44.7	4.92	6.05%	1.11	4.50	1
Ward 44	103.76%	118.82%	98.92%	112.90%	7	1	0	0	33.8	4.8	10.70%	-1.08	2.31	1
Ward 51	99.46%	113.98%	98.92%	130.65%	10	3	0	1	10.5	5.0	2.89%	3.17	-0.53	0
Ward 52	99.60%	100.40%	100.00%	140.32%	8	0	0	0	88.9	4.5	3.17%	10.83	-3.46	0
Stroke Unit	110.89%	94.84%	125.81%	104.03%	13	4	0	3	76.7	4.7	1.32%	4.32	6.19	0
ICCU	104.03%	101.61%	100.00%	96.77%	0	0	0	3			8.42%	3.20	0.26	1
NICU	124.19%	70.97%	107.26%	77.42%	0	1	0	0			6.31%	2.45	-0.28	0
Ward 25	85.25%	95.16%	95.16%	41.94%	0	1	0	0			6.01%	2.20	2.11	0
Maternity	108.06%	92.74%	108.24%	82.26%	0	2	0	5			5.09%	2.78	3.33	0
DCU	106.17%	100.00%	106.14%	78.95%	1	0	0	0			0.36%	1.04	-1.16	0
Chatsworth	126.61%	94.62%	102.20%	124.19%	2	1	0	0	71.4	5.0	6.81%	-1.10	-0.17	0
Lindhurst	93.95%	101.61%	100.00%	193.55%	9	1	0	1	95.2	4.88	2.58%	0.51	0.26	0
Oakham	122.58%	102.69%	100.00%	100.00%	4	0	0	0	96.2	4.93	3.74%	2.16	-3.14	2
Sconce	83.06%	109.27%	81.72%	101.08%	4	2	0	0	18.2	4.72	3.07%	5.26	3.28	0
Fernwood	100.00%	96.77%	100.00%	93.55%	4	0	0	0			8.20%	0.72	0.34	2
Total:					156	59	2	23			4.58%			11