

Board of Directors Meeting Report

Subject: Safer Staffing monthly Report
Date: November 2015
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Lead Director: Suzanne Banks – Interim Chief Nurse

Executive Summary

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

- Provides a summary of the planned and actual staffing levels across all in-patient wards
- Includes exception reporting where the actual nurse staffing levels have either failed to achieve or have exceeded agreed local staffing thresholds.
- Identifies a number of predetermined patient outcome measures in order to evidence.
- Includes a summary of the sickness and vacancy levels by ward,

The paper describes the mechanisms by which all escalations for concerns about safe staffing are identified and documented.

The staffing information forms part of the monthly published staffing data published on NHS choices and the trusts website.

Recommendation

The Board of Directors is asked to:

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 within wards across the Trust.

Relevant Strategic Objectives (please mark in bold)

Achieve the best patient experience

Improve patient safety and provide high quality care

Attract, develop and motivate effective teams

Links to the BAF and Corporate Risk Register

Principle Risk 1:- Inability to maintain the quality of patient services demanded. Failure to maintain staffing levels that reflect the needs of patients and are sufficiently flexible to support variability in demand.

Failure to maintain staffing levels that reflect the needs

	of patients and are sufficiently flexible to support variability in demand.
Details of additional risks associated with this paper (<i>may include CQC Essential Standards, NHSLA, NHS Constitution</i>)	Risk of being assessed as non-compliant against the CQC essential standards of Quality and Safety – particularly Outcome 13. Potential failure to comply with new NICE guidance on staffing when available Judged as 'partially assured' against Keogh judgement Individual roles and responsibilities 'identified within 'How to ensure the right people, with the right skills are in the right place at the right time' are not met
Links to NHS Constitution	Principle 2, 3, 4 & 7
Financial Implications/Impact	On-going registered nurse staffing investment of £4.25 million. Agency expenditure to cover enhanced observation shifts
Legal Implications/Impact	.
Partnership working & Public Engagement Implications/Impact	This paper will be shared with the CCG Quality Lead.
Committees/groups where this item has been presented before	
Monitoring and Review	This will be monitored through Trust Board, divisional forums and the nursing workforce forum. Reported Monthly via the quality and safety reports.
Is a QIA required/been completed? If yes provide brief details	Yes for any bed reductions / closures (none during November)

Monthly Update on Nursing and Midwifery Staffing – November 2015

1. Purpose of the report

- 1.1. 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 and the National Institute for Health and Care Excellence (NICE) guidance issued in July 2014. 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.
- 1.2. 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.
- 1.3. A full summary of the position by ward has been provided at **Appendix 1**. The summary details actual nurse staffing levels reported and a number of predetermined patient outcome measures which are utilized by senior nurses to support decision making about future safe staffing requirements.

2. Overview

- 2.1 The information within appendix 1 details the summary of planned and actual staffing for all ward areas in the trust. This includes ward staffing information uploaded as part of the monthly national UNIFY submission for October 2015.
- 2.2 The planned number is the number of registered nurses and health care assistants that have been agreed should be on each shift. Known as the ward establishment, planned staffing is reviewed twice yearly using the Safer Nursing Care Tool which indicates a required staffing establishment derived from the patient acuity and dependency levels. In Appendix 1 the planned and actual is identified in hours.
- 2.3 The variance between planned and actual staffing levels is as a result of the number of staff on shift not matching the staffing numbers from the planned roster.
- 2.4 For internal use the variance between planned and actual staffing levels are categorised into the following:
 - Blue*: Indicates that actual staffing figures are greater than 110% fill rate. 100% is the planned level of staffing required when off duty is completed. The increased fill rate can be attributed to several aspects including, supernumery period of preceptorship for newly qualified registered nurses, return to practice nurses who are in a period of supernumery as part of their programme. Some patients will require more direct care or supervision, additional care staff are allocated to the ward to maintain safety for a patient or a small group of patients. This is above the 'planned' allocation.
 - Green*: Indicates that the staffing level are within the agreed percentage between 90%-110%, this is the planned staffing for that area, and varies from ward to ward. Whilst there may be a variance from 100% it is agreed that this is within the acceptable tolerance levels for ward staffing and patient acuity. It reflects that for

a small number of shifts the optimum planned staffing levels may not have been attained.

Amber: Indicates that the staffing fill rate is less than the accepted 90%, but not lower than that which would indicate a red rating, which is less than 80%.this represents a risk.

Red: This indicates that the staffing level is below the accepted 80% level and highlights a potential significant risk.

- 2.5 A variance does not always represent a safer staffing or patient risk. All wards with ratings not within 90% to 110% (green) are carefully considered, medium and long term plans are put in place to mitigate any risks. This may include the temporary redeployment of staff to the challenged ward, the closure of beds or other measures that reduce patient activity, ensuring safe staffing levels are delivered. A negative variance may also be as a result of a lower than expected number of patients. As a consequence of this staff on duty may be moved to an area of greater need for example ICCU.
- 2.6 Agreed processes are in place for Matrons and Divisional Heads of Nursing/ Midwifery to review planned staffing for future shifts ensuring optimum staffing levels are maintained and actions put in place.
- 2.7 Safe staffing levels and patient acuity and dependency is reviewed constantly in real-time by the nurse in charge and all appropriate actions taken. If safe staffing levels cannot be maintained at a local ward level, for example additional staffing secured, this is escalated through an agreed process.
- 2.8 Additionally, nurse staffing and patient acuity and dependency is reviewed four times daily at the patient flow meetings. This ensures that action is taken to support all wards and clinical areas that have escalated concerns, and makes certain they have the resources and support needed to deliver safe, personalised and effective care for all patients.
- 2.9 Escalations and actions from the daily reviews are documented and monitored by senior nurses. They provide the evidence base to populate the safer staffing report.
- 2.10 Each ward and department has a number of nursing, midwifery and care staff who contribute to patient care but are not identified as part of the 'planned and actual' rostered staff. Some of these staff may on occasion be asked to work as part of the ward team to maintain safe staffing. Included within this group are:
 - Ward leaders who are clinically supervisory,
 - Registered nurses who are supernumery as a result of preceptorship, induction, return to practice.
 - Some specialist areas have registered nurses who provide additional roles such as stroke who during the day have an additional staff member who is the thrombolysis nurse and supports the stroke pathway.
 - Registered Mental Health Nurses

3. Monthly report

- 3.1 The following section details the reasons for and actions taken, for any variances below 90% and above 110% identified within the monthly report at Appendix 1.
- 3.2 Wards with an **Amber** rating.

Ward 12: The wards establishment of Health Care Assistants (HCA's) has recently been increased in response to the increased dependency of the client group nursed on it, as this dependency has decreased slightly this past month it was agreed that not all shift needed the extra HCA. This was monitored continuously by both the charge nurse and the matron to maintain safety.

Ward 31: Due to vacancies, the establishment of 4 registered nurses (RN's) on a daily shift is not being met. Plans are in place to recruit substantively and backfill of the shortfall is review on an on-going patient need basis. It was felt that to employ an agency nurse on a medium term basis was counterproductive to the support needs of the patients and the team.

Ward 32: : Due to vacancies, the establishment of 4 registered nurses (RN's) on a daily shift is not being met. Plans are in place to recruit substantively and backfill of the shortfall is review on an on-going patient need basis. It was felt that to employ an agency nurse on a medium term basis was counterproductive to the support needs of the patients and the team.

Ward 25: As a paediatric area the bed fill rate fluctuates as does the baseline staffing requirements, whilst the ward has an establishment level which is the planned the actual needed reflects the care needs of the children; this is closely monitored by the ward sisters, the matron and the practice development matron for paediatrics.

Maternity: Maternity staffing is determined by the numbers of deliveries and the occupied beds in the maternity ward. During quieter periods staffing will be less than establishment but sufficient to meet the care needs of the mothers and babies in the care of the delivery suite and ward.

Chatsworth: Staffing has been increased in line with the Keogh recommendations, due to some recent staff leavers the vacancy rate has increased identified by the monthly actual hours. Staffing has remained 3 RNs during the day, meeting the minimum staffing ratio 1: 8 and allowing for a coordinator. Recruitment continues with the aim of achieving the agreed establishment. The matron has been closely monitoring and agreed that the shifts did not need to be filled with agency.

Lindhurst: Staffing has been increased in line with the Keogh recommendations, due to some recent staff leavers the vacancy rate has increased identified by the monthly actual hours. Staffing has remained 3 RNs during the day, meeting the minimum staffing ratio 1: 8 and allowing for a coordinator. Recruitment continues with the aim of achieving the agreed establishment. The matron has been closely monitoring and agreed that the shifts did not need to be filled with agency.

Ward 35: As a delayed transfer of care ward the dependency of patients is variable, a decision was made by the ward sister and matron to not fill all registered nurse shifts but to utilise HCA's to maintain safety, this ward is planned for closure and will not be making attempts to recruit staff. On closure staff will be allocated to other wards reducing vacancy levels.

3.3 Wards with a **Red** rating

Ward 14: The ward has changed its speciality and is going through a period of change and fluctuation while the patient acuity is established and an appropriate staffing level and skill mix. The ward has reduced its staffing by one staff member at night, reflecting a reduced workload to the day shift while still achieving the 1:8 minimum ratio.

ICCU: The staffing for this unit is decided on the levels of the patients who are under their care, level 3 patients requiring 1 to 1 and level 2's requiring 1 to 2, the unit has an

agreed establishment which acts as a baseline, the red indicators relate to this baseline, not the required staffing as dictated by the patients care needs level. The care staff in ICCU supports the registered nurses but they are unable to fulfil many of the patients' needs due to the nature of the complexity of the care provided.

NICU: This unit's staffing is related to the needs of the babies, some needing special care. Staffing has a baseline but this does not reflect the care needs and the staff required to support this. Staffing is managed flexibly, should additional staff have been required to meet the needs, they are arranged using the agreed guidelines.

Oakham: The ward is currently running on 3 registered nurses on the day shift due to vacancies and maternity leave. The establishment is 4RNs during the day shift and the ward aim to achieve this. An additional health care assistant has been added to the day shift to support until substantive vacancies are filled. The minimum staffing has been met 1:8.

3.4 Wards with a **Blue** rating

Ward 31: The overfill noted relates to a patient who required additional support and observation, this was put in place following completion of a risk assessment and was only required for a short period.

EAU: The overfill noted relates to patient's who required additional support and observation; this was put in place following completion of a risk assessment and was monitored by the ward sister and the matron.

Ward 23: The overfill noted relates to a patient who required additional support and observation, this was put in place following completion of a risk assessment and was monitored and stepped down once no longer required.

Ward 24: In response to the dependency and acuity of the patients both additional registered nurses and HCA's were required; this was identified by using the safer nursing tool and the enhanced observation risk assessment and monitored by the ward sister and matron.

Ward 34: The overfill noted relates to patient's who required additional support and observation; this was put in place following completion of a risk assessment and was monitored by the charge nurse and the matron.

Ward 35: As a delayed transfer of care ward the dependency of patients is variable, a decision was made by the ward sister and matron to not fill all registered nurse shifts but to utilise HCA's to maintain safety, this ward is planned for closure and will not be making attempts to recruit staff.

Ward 36: The overfill noted relates to a patient who required additional support and observation, this was put in place following completion of a risk assessment and was monitored and stepped down once no longer required.

Ward 41: The overfill noted relates to patient's who required additional support and observation; this was put in place following completion of a risk assessment and was monitored by the ward sister and the matron.

Ward 42: The overfill noted relates to a patient who required additional support and observation, this was put in place following completion of a risk assessment and was monitored and stepped down once no longer required.

Ward 44: The overfill noted relates to patient's who required additional support and observation; this was put in place following completion of a risk assessment and was monitored by the ward sister and the matron.

Ward 51: The overfill noted relates to several patients who required additional support and observation; this was put in place following completion of a risk assessment and was monitored by the ward sister and the matron.

Ward 52: The overfill noted relates to patient's who required additional support and observation; this was put in place following completion of a risk assessment and was monitored by the ward sister and the matron, due to the increased level of establishment and by utilising the mental health staff the additional requirements were met during the day and additional staff were required for the night shift only.

Sconce: The overfill noted relates to patient's who required additional support and observation; this was put in place following completion of a risk assessment and was monitored by the ward sister and the matron.

- 3.5 The levels of falls are noted as high across a number of wards, the overfill is as a response to the level of patient dependency identified on assessment of these patients or in response to a deterioration in condition

4. Conclusion

4.1 The complexities of providing the right numbers of nurses with the right skills at the right time for the level of patient need is a dynamic situation. However the Trust has a range of systems and processes in place to provide assurance to the Board of Directors that the divisions and the nursing teams recognise where staffing falls below the levels required and are responsive to patient need.

4.2 In ensuring safe staffing levels are maintained, consideration is given to our patients needs, bed capacity, occupancy and operational activity. Actions are agreed that ensure all areas are maintained as safe.

5. Recommendation

5.1 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.