

TRUST BOARD PART 1 REPORT

Item **22**

29th April 2015

Purpose Monitoring

Title Update on Publishing of Nurse Staffing data on NHS Choices (March 2015 Planned & Actual staffing)

Author Mrs J Molyneaux, Deputy Chief Nurse

Executive sponsor Mrs C Pearson, Chief Nurse

Summary: The paper details the Board's commitment to the publishing of staffing data regarding nursing, midwifery and care staff. It provides details of the staffing fill rates (actual versus planned) in hours published on the NHS Choices Website each month. It informs the Board of progress to date and details of reports to be presented in the coming months.

Report linkages

Related strategic aim and corporate objective

- To improve patient experience by putting quality at the heart of everything we do.
- To develop services of the highest quality through innovation, pathway reform and the implementation of best practice.
- To invest in and develop our workforce and improve staff engagement and satisfaction levels.
- To further develop clinical service with key internal and external stakeholders to reduce health inequalities, improve public health and reduce cost across the health economy.

Related to key risks identified on assurance framework

All quality and patient safety risks.

Impact

Legal Yes/No Financial Yes/No

Equality Yes/No Confidentiality Yes/No

Previously considered by:

Purpose of the report

1. This paper will provide an update to the Trust Board in respect of the expectations set out by the National Quality Board (NQB) in November 2013, contained within “Hard Truths” (DoH 2013).
2. The report will also provide the Trust Board with an exception report for March 2015 actual and planned staffing figures.

Summary Headlines

3. As in previous months March was an extremely challenging month for nurse staffing within the organisation. No new causative factors have been identified and remain similar to previous months:
 - a) High level of vacancies
 - b) Sickness and absence levels
 - c) Ability to match demand for nurse staffing with bank and agency fill rate/availability
 - d) Anecdotal increase in acuity and dependency
 - e) Limited coordinators on day light shifts
 - f) Increased attendance/acuity of patients through the emergency department and urgent care
 - g) Escalation wards open, C2 and C9.
 - h) Extra beds open on various wards
 - i) D1 has been de-escalated as an escalation ward; however D5 ward has been closed and re-located to D1. D5 bed base was increased from 13 beds to 20 beds as escalation.

Areas for Concern – March (below 80% actual versus planned)

- a) 12 wards fell below an 80% actual versus planned for registered nurse hours on daylight shifts
- b) 2 wards fell below an 80% actual versus planned for care staff for daylight hours
- c) 0 ward fell below an 80% actual versus planned for registered nurses for night duty shift
- d) 1 wards fell below an 80% actual versus planned for care staff for night duty shifts

Performance

4. There were also shifts under the 95% actual versus planned (see appendix 1) and the themes for them being as such, remain as in other months and will be discussed later in the report.
5. Areas Cumulatively below 80% Planned Hours

Ward	RN/RM Days Jan 15	RN/RM Nights Jan 15	RN/RM Days Feb 15	RN/RM Nights Feb 15	RN/RM Days Mar 15	RN/RM Nights Mar 15
Ward 2 AVH	79.0%		78.6%			
B6			79.9%			
B8			79.5%			
C1	75.0%		70.1%		70.6%	
C10					79.0%	
C11	73.8%		70.1%		70.6%	
C14	78.7%				79.6%	
C2	75.4%		73.7%		74.2%	
C3	75.4%		74.3%		72.3%	
C4			78.6%			
C9	79.0%		62.1%		61.3%	
D3	73.4%		77.8%		78.8%	
D1	76.0%		62.5%		62.9%	
Ward 15						
Ward 16						
Ward 23			79.5%			
Ribblesdale						
Hartley	73.0%		62.5%		67.3%	
Marsden			74.6%		71.4%	
Reedyford	68.1%		71.9%		69.0%	
Burnley Birth Centre						
Blackburn Birth Centre						
Ward 28		64.7%**				
NICU						
Total Areas:	11	1	15	0	12	0

*** Ward 28, may plan for night staff overnight, but often closes; therefore plan doesn't always meet actual

6. For transparency, going forward from February when ward 28 closes, their planned hours will be removed from the submission. Any staff available are moved to other areas.

Ward	Care Staff Days	Care Staff Nights	Care Staff Days	Care Staff Nights	Care Staff Days	Care Staff Nights
	Jan 15	Jan 15	Feb 15	Feb 15	Mar 15	Mar 15
Ward 2 AVH						
C5					79.7%	
C10						
C11						
C14						
C2						
C3						
C9						
D3						
D1						
Ward 15						
Ward 16						
Ribblesdale						
Hartley						
Marsden						
Reedyford						
Burnley Birth Centre						
Blackburn Birth Centre	62.5%		64.3%		59.4%	
Ward 28						
NICU	74.2%	58.1%	52.7%	57.1%		37.9%
Total Areas:	2	1	2	1	2	1

7. Composite percentage for all ELHT Wards for March 2015

	Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Mar-15	86.0%	105.1%	97.2%	106.8%

8. Appendix 2 highlights safe staffing return and nurse sensitive indicators.

Issues Effecting Actual versus Planned

Family Care

9. Where areas were under planned hours this was due to:
 - a) Increased sickness – managed to use bank staff to maintain safe trained staffing levels, though there was limited HCA support on nights, particularly in NICU. Sickness had an impact on midwifery staffing levels at Blackburn Birth Centre throughout the month, but as birth activity was low at the Birth Centre this month, safe staffing levels were maintained.
 - b) Vacancies – all posts recruited too, however all staff not in post as yet. Support staff being moved to other areas to support increased acuity
 - c) Maternity leave – there are high levels of maternity leave particularly in Paediatrics and NICU.
10. No care issues were identified as a consequence. Where required community midwives support birth centres and birth suites. Band 7 midwives and ward managers give up management time and worked in numbers.
11. The staffing figures do not reflect how many women were in labour or acuity of areas

Surgical and Anaesthetic Service

12. Where areas were over planned hours this was due to:
 - a) Increased requirement for 1:1 care and bay tagging (1 support worker, in one bay supervising a number of patients at risk of falls)
 - b) Increased capacity – extra beds opened on some wards (UAU 15 days out of 31)
13. Where areas were under planned hours, general themes were:
 - a) Vacancies which have been recruited to, many with start dates in April 15
 - b) Maternity leave
 - c) Sickness, which is managed within policy

- d) Unfilled bank or agency shifts
 - e) Escalation beds – SAS supporting escalation ward C9 as well as intermittent additional beds within the service
 - f) “Third nurse on night duty, being moved to support other areas when required
 - g) No coordinator on-duty during day light hours
14. No actual harm incidents have been identified as a consequence of staffing

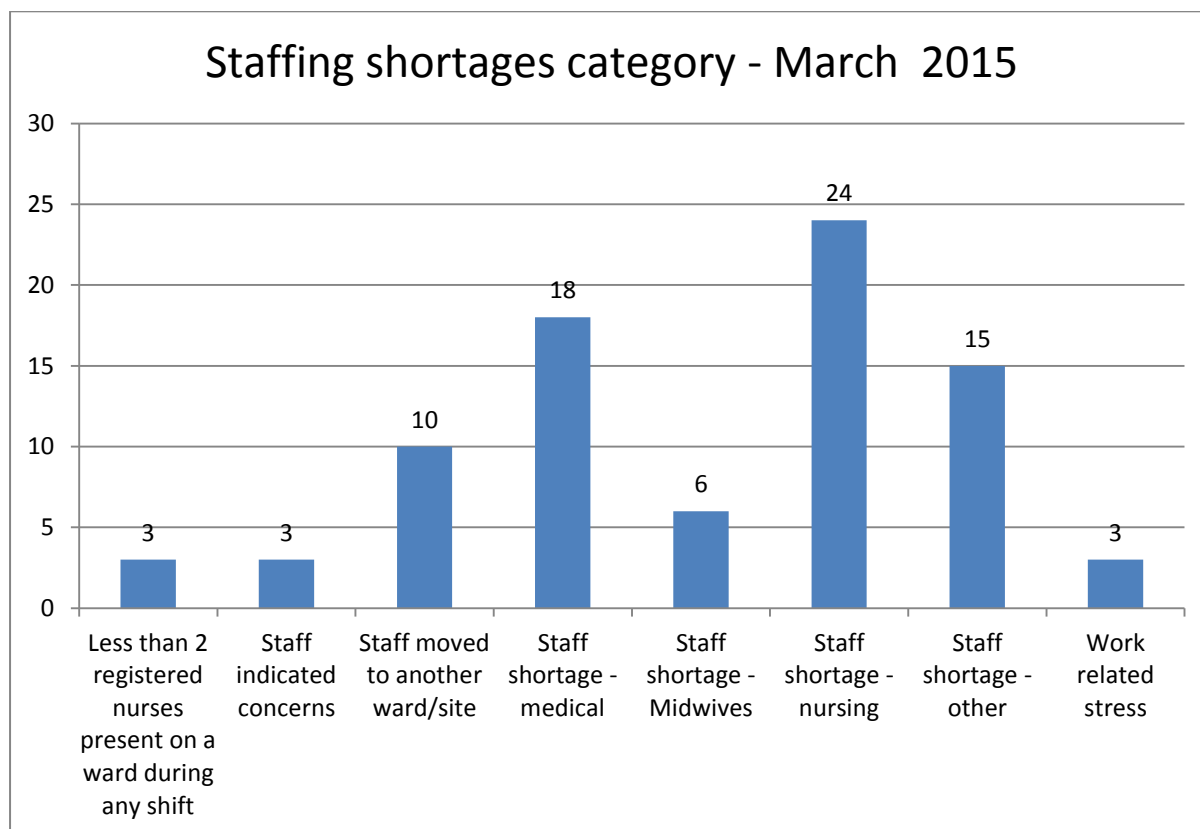
Integrated Care Group

15. Where areas were over planned hours, general themes were;
- a) Increased health care support workers to compensate for registered nurse gaps
 - b) Increased requirements for 1:1 care.
16. Where areas were under planned hours, general themes were as in previous months:
- a) High proportion of under planned hours is as a consequence of having no coordinator on duty during day light hours
 - b) Vacancies
 - c) Registered nurses within preceptorship period, and awaiting PIN number
 - d) Sickness, long and short term
 - e) Maternity leave
 - f) Unfilled bank or agency shifts
 - g) Escalation wards – C9 and C2 (which is only partly substantively staffed) D1 escalated by a further 7 beds
 - h) “Third” nurse on night duty, being moved to support other areas when required.
17. Despite staffing shortages, it is pleasing to note and a testament to the wards that on many wards, good and excellent feedback from Friends and Family test has been received
18. In respect of C9 ward, C9 is an escalation ward, which flexes bed capacity to the patient flow needs of the organisation. During March, actual hours against planned were particularly diminished however, the planned hours do not always reflect the amount of beds opened as this fluctuates according to demand.
19. No actual harm incidents have been identified directly as a consequence of staffing

Staffing Related Datix

20. For the month of March 2015, 82 incidents of staffing shortages were reported as compared to 66 incidents reported within February 2015. Of these, no incidents were

recorded as causing actual harm to patients. The following graph details incidents by sub-category



21. 3 red flag incidents relating to less than 2 registered nurses being on a ward were reported within March 2015 as compared with 1 within February 2015.

March 2015 Recruitment Update

Division	New starters April 14 To March 15 in post (WTE)		In pipeline recruitment (WTE)		Outstanding vacancies per division (not including in pipeline) (WTE)	
	RN	HCA	RN	HCA	RN	HCA
ICG	78.28	29.08	98	1	99.20	23.25
SAS	38.32	18.46	33	7	3.56	3.38
Family Care	52.80	11.73	11	5	20.90	13.50
Total:	169.41	59.28	142	13	123.66	40.13

Predicted Start Dates for New staff

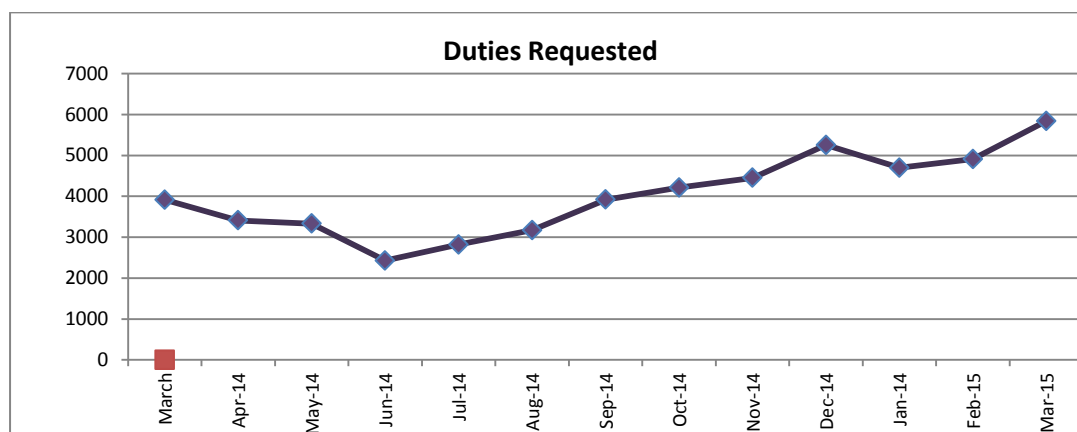
	Numbers of Registered Nurse		Numbers of Health Care Assistant	
March	ICG	3	ICG	0
	SAS	3	SAS	0
	F/Care	2	F/Care	0
April	ICG	29	ICG	1
	SAS	13	SAS	3
	F/Care	5	F/Care	1
May	ICG	16	ICG	0
	SAS	3	SAS	4
	F/Care	1	F/Care	4
June	ICG	4	ICG	0
	SAS	4	SAS	0
	F/Care	0	F/Care	0
July	ICG	0	ICG	0
	SAS	0	SAS	0
	F/Care	0	F/Care	0
August	ICG	0	ICG	0
	SAS	0	SAS	0
	F/Care	0	F/Care	0
September	ICG	46	ICG	0
	SAS	10	SAS	0
	F/Care	3	F/Care	0
Total		142		13

22. Active recruitment continues
- a) Marketing via social media
 - b) Business case has been approved to undertake international recruitment. Plans are underway to recruit to two cohorts of 40 registered nurses.
 - c) The recent test of change to recruit to band 5 physiotherapists to support care delivery at ward level was unfortunately unsuccessful. This was due to insufficient applicants. Posts have gone back to advert, hopefully attracting physiotherapist due to qualify in the summer months.

- d) At a recent recruitment event held at UCLAN, over 40 student nurses from outside of ELHT expressed an interest of working here on qualifying. Contact details were taken and will be followed up
- e) Another recruitment open day is in the planning stages

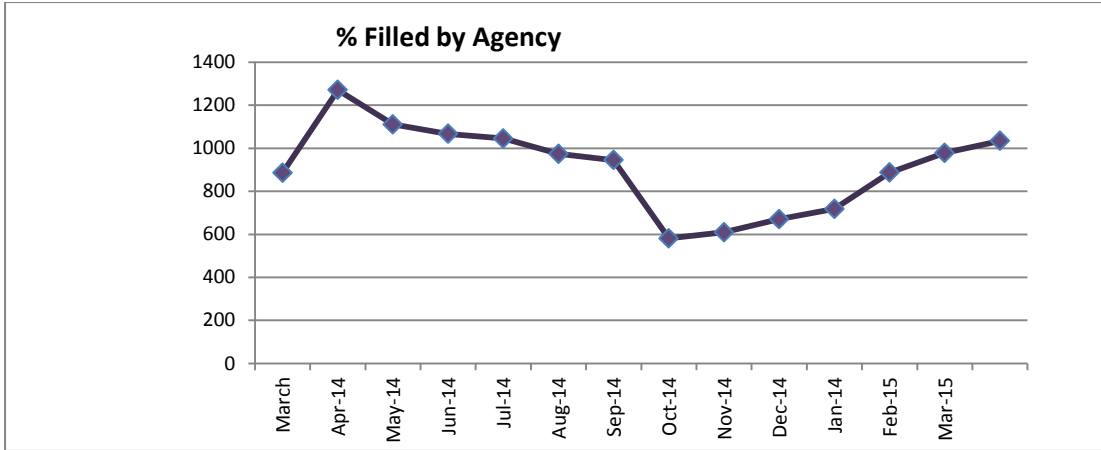
Bank & Agency Fill Rates March 2015

All Duties Requested (Includes DCS)

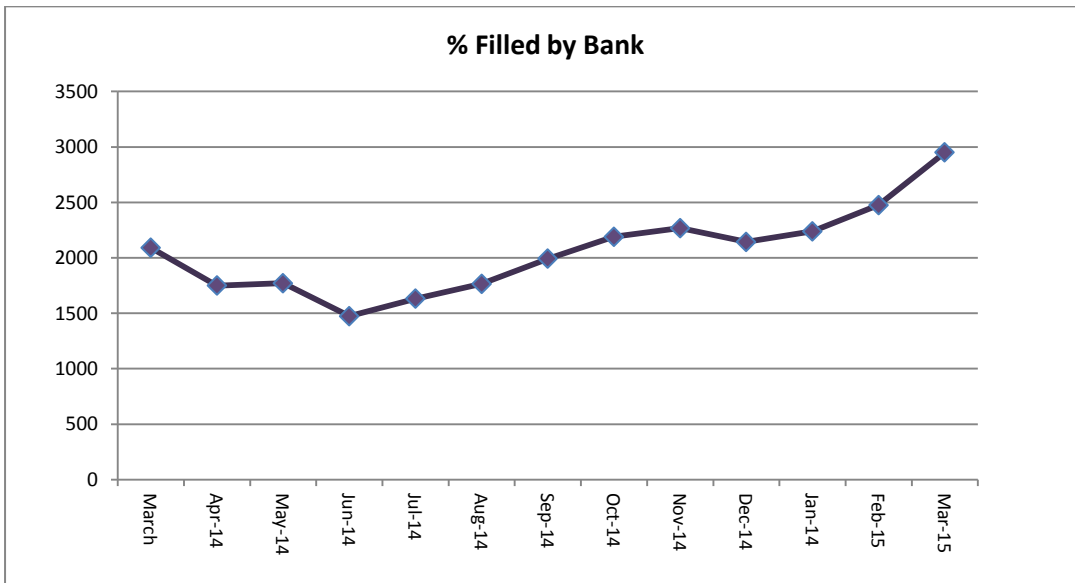


Percentage of shifts filled by Agency

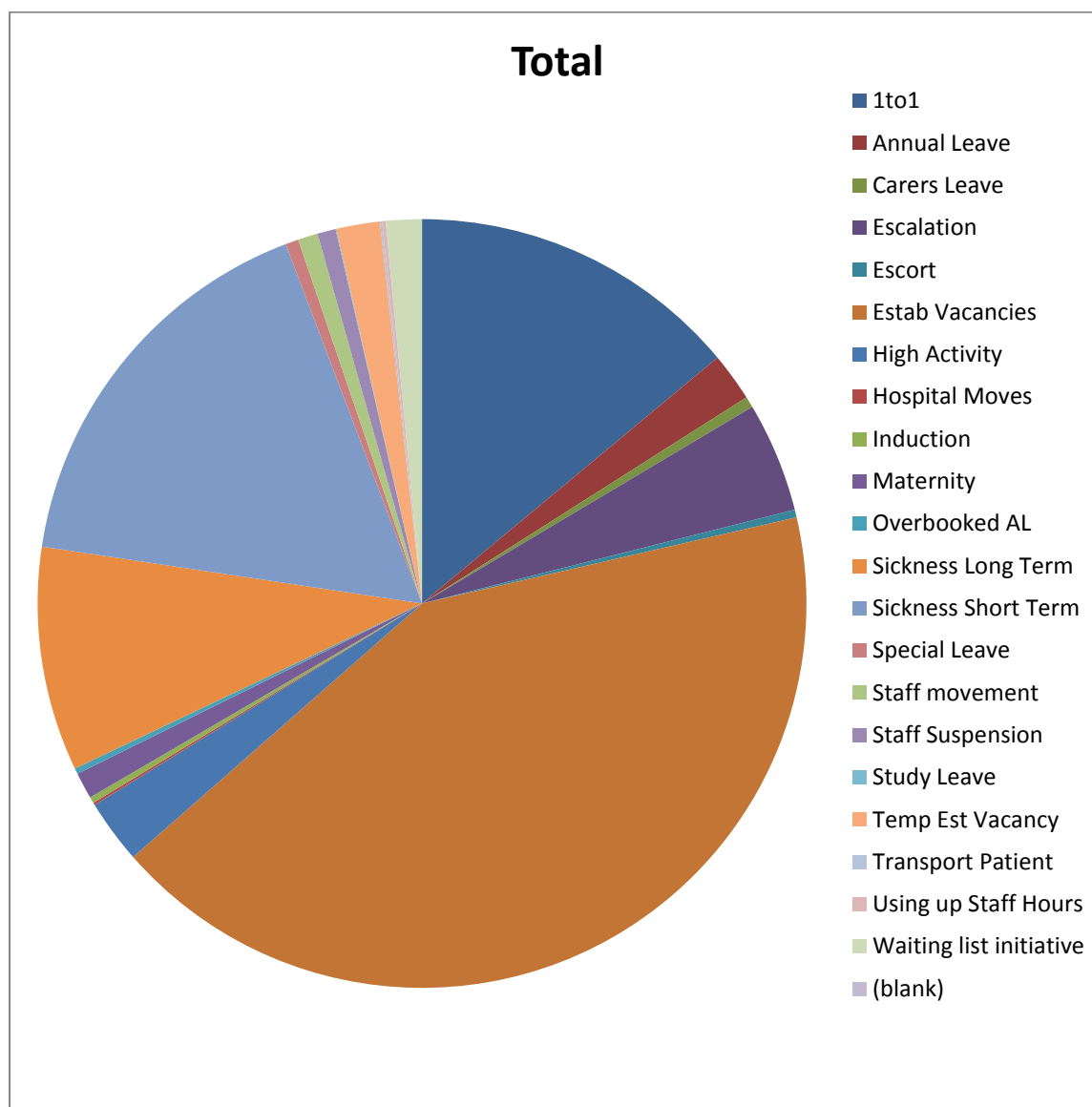
Division	No of Shifts Requested		% of shifts filled by Bank or Agency				% of shifts unfilled	
	RN	HCA	RN Bank	RN Agency	HCA Bank	HCA Agency	RN	HCA
ICG	2165	1870	33%	26.65%	63.8%	12.57%	40.32%	23.64%
SAS	461	626	27.77%	12.8%	61.66%	12.46%	59.44	25.89%
F/Care	242	301	47.11%	38.43	83.1%	0%	14.46%	16.94&
Total	2869	2797	33.36%	25.41%	65.39%	11.19%	41.23%	23.42%



Percentage of Shifts filled Bank



By Request Reasons



23. In order to support the staffing issues experienced in March request to all framework agencies continue including where required Thornbury.

Actions to Support Staffing

- a) 3 times a day staffing safety huddles, staff moved across organisation to support and mitigate risk.
- b) Increased Matron cover on site at weekends continue
- c) Contingency staffing plans for the weekend agreed and disseminated on Friday
- d) Trust continuing to recruit locally, nationally and soon internationally
- e) Part time staff have been given the opportunity to increase their hours
- f) Staff on 36 hour contracts have been offered 37.5

- g) The potential for staff to “buy” back annual leave
- h) Staff who have retired offered the opportunity to return
- i) Staff being paid their substantive pay rate for bank shifts (5,6,7)
- j) Weekly pay role for bank staff agreed
- k) Administration assistant to a group of ward manager about to be piloted, to support administrative duties and compliance with E-Rostering
- l) Those wards without funded ward clerks, being supported to recruit
- m) Funded vacancies for band 5, 6,7 nurses exempt from vacancy review panel, thus speeding up recruitment time.

Summary

- 24. Staffing continues to be problematic, compounded by escalation beds, vacancies, sickness and absence and bank and agency fill rates, whilst recruiting to the staffing levels of 1:8 and coordinator shifts in day light hours
- 25. The senior nursing team continue to work hard to ensure wards are supported. Staff are moved on the premise of risk assessment and in order to mitigate risk. This may mean that staff are moved for part shifts.
- 26. Many of the shifts not filled are as a consequence of there being no coordinator on duty and because of the investment the Trust has made into the nursing budgets being beholden to filling the vacancies created.
- 27. There are currently 142 registered nurses in the recruitment pipeline. It should be noted that this changes frequently due to start times changing, depending on recruitment checks etc.
- 28. The winter resilience work force manager has worked tirelessly to support nurse staffing
- 29. The Keith Hurst acuity model is being repeated as off the 23rd February for 21 days. This has now been completed and is in the process of being analysed, the findings of which will be presented to the May Trust Board

Recommendation

- 30. The Trust Board is asked to:
 - a) Receive the report and agree its content.

Chris Pearson, Chief Nurse, 17 April 2015