

**Meeting:** Finance and Performance Committee

**Date:** December 5th 2014

**Agenda Item:**

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## Monthly report on Nurse levels for November 2014

### Key Risks -

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<b>Clinical:</b> The delivery of safe, high quality care is a fundamental to objective of the Trust. This paper reports on the shift by shift information required as part of the “Hard Truths”	<b>Business:</b> Failure to deliver on safe, high quality care may impact on the hospital of choice.
<b>Environmental:</b>	<b>Finance and Performance:</b> Failure to deliver on safe, high quality care may impact on the hospital of choice.
<b>Reputation:</b> Failure to deliver high quality care may impact on reputation.	<b>Legal:</b>
<b>Resource Required:</b>	

**Cross Reference to Trust Strategic Priorities and Objectives:**

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**Legal and Regulatory Implications/Equality and Diversity issues:**

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### Recommendation

The Finance and Performance Committee are asked to note the shift by shift information

### Requested Action

None

### Summary

This paper is the fifth report of the nurse staffing levels on a shift by shift basis for the planned and actual staffing levels. The planned levels exclude specials and duties in addition to the planned level of staffing. The report outlines the process of how the live data is collected. The staffing shortfall information can be found in appendix 1.

## Introduction

This report will highlight the frequency of staffing vacancies per ward providing a narrative to the shortfall to illustrate mitigation and associated actions. This information is detailed in appendix 1. Additional duties required by wards including Specials/DOLs/high acuity are not included in this report only deviation from planned staffing levels dictated by each wards staff roster.

## Key Points

The team has collected the number of times that shifts fell below the agreed staffing levels. This information is currently taken from MAPs rostering system and actions and rationale and mitigation is collected real time by members of the COMS team who deliver information to the corporate nursing team. Staffing shortfalls of concern are recorded in the action log of the regular ops meetings at 08:00, 12:00 and 15:00 and attendance to bed meetings by Clinical Nursing Project Manager to collect real time mitigation

Staffing and the management of vacancies due to recruitment, sickness and acuity remains to be a challenge and in some cases staff bank/agency were unable to cover the shortfall. This is reviewed through the weekly meetings held by the chief nurse, or her deputy, to review vacancies, sickness, bank and agency usage.

Industrial action: on the 24<sup>th</sup> November industrial actions resulted in nursing and radiographer unions striking. Only one ward was significantly affected by the industrial action. Corporate Nursing team including the Chief Nurse supported any wards affected by staff striking. This ensured patient care and safety was maintained.

In total there were approximately 278 (2.9%) unfilled planned shifts out of a total of 9,450 qualified nurses in November. In the month of October approximately 462 shifts of 9,450 of planned shifts fell below the agreed staffing levels (4.9%). Therefore a decrease of 2% is reflected in November.

When shifts fell below the agreed staffing levels, this was risk assessed (using professional judgment) and highlighted regularly throughout the day with the Lead Nurses or their representatives at the bed meetings. In cases where wards were under the agreed staffing levels, actions were recorded on the daily bed meeting action log.

The maternity staffing shortfall relates to inpatient areas namely post natal ward.

All of the wards achieved >90% of shifts that met the planned level of staffing in November.

**Writtle ward.** Achieved only 91% planned staffing. There are has been significant sickness for this ward on the month of November include 2 long term sick staff. The current sickness rate of 22% for this month which would directly affect fill rates due to the high number of requests.

## Staffing related incidents

In November there have been 14 incidents that have been raised regarding staffing shortfalls. 6 of these incidents would be classified as Red Flag events as classified by NICE (July 2014). No reported incidents of harm sustained. See Appendix 2 for further details

## Vacancies update

The Trust continues to progress the overseas recruitment campaigns. November saw the arrival of 25 nurses from the Philippines, India and Portugal. See *table 1* for predicted start dates for overseas and local recruitment.

The January and February cohort will be merged and equally divided between the two months to ensure that staff can be inducted and housed without issue. The corporate nursing team is awaiting feedback from the recruitment agency to inform which candidates are more likely to successful have their Visas in time for January start dates (so therefore not reflected in this paper

*Table 1*

Directorate	October		November		December		January		February		March		TOTAL
	UK	OSN	UK	OSN	UK	OSN	UK	OSN	UK	OSN	UK	OSN	
Medicine	5	5	4	9	3	7		20		1		7	61
Surgery/Theatres	5	2	16	8	3	7		11		1		9	62
emergency/critical care	10	2	5	7	2	5		9		4		9	53
plastics/burns	2		4			5		1		2			14
Women and Children			11	1	3	0		2				1	18
<b>TOTAL</b>	<b>22</b>	<b>9</b>	<b>40</b>	<b>25</b>	<b>11</b>	<b>24</b>	<b>0</b>	<b>43</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>26</b>	<b>208</b>

## Key performance indicators

November data not available at time of writing therefore, this will be included in December paper.

## Next steps

25 Overseas nurses commenced employment and induction within the trust on the 27<sup>th</sup> of November. This is a running total of 34 nurses successfully recruited and started within the trust so far. Another 25 are arriving in early December.

The 3<sup>rd</sup> round of Acuity and Dependency audit commenced on the 17<sup>th</sup> November for four consecutive weeks, this ensures compliance with the Trust's expectations that it will produce Biannual staffing establishment reviews. The BEST (acuity and dependency audit within ED) will commence 1<sup>st</sup> December. The results of these audits will be presented to the boards 26<sup>th</sup> January 2015.

The Staffing shortfall escalation policy has been ratified by the Documentation Ratification Group. Corporate Nursing team to present to NMEG with ward copies of RED FLAG guidance laminates for staff to refer to.

A record of the nurse staffing escalation log will be held centrally on wards to evidence actions and mitigation taken. Corporate nursing will guide and inform the Lead Nurses at next NMEG. This will also be presented document at next ward manager/senior sister meeting to follow up and support the email communications.

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## APPENDIX 1

### STAFFING LEVELS ON INPATIENT WARDS November 2014

DIRECTORATE	WARD	REGISTERED STAFF					UNREGISTERED STAFF					AGREED REG STAFFING LEVELS		AGREED REGISTERED NURSE TO PATIENT RATIO		No. of Hours of Reg Shifts Unfilled		RAG rating	Head of Nursing Assurance Statement
		Budgeted WTE	In Post WTE	Vacancies inc. maternity Leave	Maternity Leave	Posts appointed to but not yet started	Budgeted WTE	In Post WTE	Vacancies inc. maternity Leave	Maternity Leave	Posts appointed to but not yet started	Day	Night	Day	Night	Hours	%		
Women & Children's and Sexual Health	C450 Writtle	19.37	12.60	6.77	0.00	11	6.69	4.47	2.22	0.00	2.5	3.7	3.0	1 : 4.9	1 : 6.0	205.0	9%	GREEN	Shifts that were unfilled, were risk assessed by the head of nursing and ward managers/lead nurses. Staff were supported by non clinical staff and admissions were limited to the additional capacity areas. Admissions to Writtle ward were reduced when staffing levels were unable to support
	E122 Phoenix Ward	35.03	31.75	3.28	0.00	0	13.16	12.91	0.25	0.00	0	7.1	5.3	1 : 3.2	1 : 4.3	139.0	3%	GREEN	
	A405 Postnatal Ward	16.35	13.45	2.90	1.00	0	10.53	7.91	2.62	0.00	0	3.0	3.0	1 : 6.3	1 : 6.3	102.0	5%	GREEN	
	<b>Total</b>	<b>70.75</b>	<b>57.80</b>	<b>70.75</b>	<b>1.00</b>	<b>11.00</b>	<b>30.38</b>	<b>25.29</b>	<b>5.09</b>	<b>0.00</b>	<b>2.5</b>								
Surgery	A303 Heybridge Ward	23.25	19.17	4.08	0.00	10	14.00	13.45	0.55	0.00	0	5.1	3.0	1 : 6.0	1 : 10.1	89.0	3%	GREEN	Short falls were reviewed with the ward manager and lead nurse and risks assessed. Wards with shortfall, utilised staffing from neighbouring wards or staff on admin days to ensure patient safety and quality care was maintained
	A304 Rayne Ward	23.01	19.05	3.96	0.00	6	14.82	13.19	1.63	0.00	1	5.0	3.0	1 : 6.1	1 : 10.1	69.5	2%	GREEN	
	E222 Goldhanger Ward	21.68	12.20	9.48	0.00	6	10.53	8.20	2.33	0.00	1.53	4.5	2.9	1 : 4.9	1 : 7.5	25.5	1%	GREEN	
	<b>Total</b>	<b>67.94</b>	<b>50.42</b>	<b>17.52</b>	<b>0.00</b>	<b>22</b>	<b>39.35</b>	<b>34.84</b>	<b>4.51</b>	<b>0.00</b>	<b>2.53</b>								
Muscular Skeletal Services	E223 Notley Ward	18.08	15.60	2.48	3.00	7	16.27	15.28	0.99	0.60	4.6	4.2	2.0	1 : 6.3	1 : 13.3	35.5	2%	GREEN	Wards were risk assessed by the lead nurse and staff were utilised from neighbouring wards or ward managers to ensure patient safety was maintained
	C451 Lister Ward	14.17	12.85	1.32	0.00	4	8.95	7.20	1.75	0.00	3.25	3.0	2.0	1 : 6.3	1 : 9.5	33.5	2%	GREEN	
	E323 John Ray Ward	16.86	11.80	5.06	0.00	2	11.70	10.39	1.31	0.00	1	3.9	2.0	1 : 5.9	1 : 11.4	62.0	3%	GREEN	
	<b>Total</b>	<b>49.11</b>	<b>40.25</b>	<b>8.86</b>	<b>3.00</b>	<b>13</b>	<b>36.92</b>	<b>32.87</b>	<b>4.05</b>	<b>0.60</b>	<b>8.85</b>								
Critical & Emergency Care	A205 ESS	24.02	17.73	6.29	2.56	12	19.71	17.67	2.04	1.00	3.4	6.5	4.0	1 : 5.3	1 : 8.6	20.5	1%	GREEN	Areas under shortfall we risk assessed by the lead nurses and ward managers. Staff were utilised around the directorate to assist with shortfall to maintain safety and patient flow. ITU are able to flex and absorb staffing shortfall depending on unit activity, therefore a shortfall may not always reflect a staffing requirement.
	A204 EAU	35.74	20.31	15.43	0.00	23	28.36	27.07	1.29	2.00	3	6.7	7.0	1 : 4.2	1 : 4.1	157.0	3%	GREEN	
	E226 ITU	56.88	59.21	-2.33	5.19	4	5.04	3.79	1.25	0.00	0	8.5	10.0	1 : 1.3	1 : 1.1	74.5	1%	GREEN	
	A211 Medical HDU	19.27	18.27	1.00	0.00	2	2.35	0.84	1.51	0.00	0	4.0	3.0	1 : 1.9	1 : 2.5	36.5	1%	GREEN	
<b>Total</b>	<b>135.91</b>	<b>115.52</b>	<b>20.39</b>	<b>7.75</b>	<b>41</b>	<b>55.46</b>	<b>49.37</b>	<b>6.09</b>	<b>3.00</b>	<b>6.4</b>									
Medical Specialities	A302 Danbury Ward	21.62	11.00	10.62	0.00	11	18.92	11.20	7.72	0.00	8	4.4	3.0	1 : 7.0	1 : 10.1	89.5	3%	GREEN	Areas with staffing shortfall were reviewed and addressed by the lead nurse and ward manager. Neighbouring wards with the directorate cross covered as able with wards requiring assessment. Results of industrial action were support by the corporate nursing team and Chief nurse
	A305 Terling Ward	19.42	12.28	7.14	1.00	13.35	12.20	11.65	0.55	0.00	5.49	4.0	3.0	1 : 7.6	1 : 10.1	123.5	5%	GREEN	
	C250 Baddow Ward	22.33	13.93	8.40	0.00	6	17.08	14.13	2.95	0.00	3	4.1	3.0	1 : 6.0	1 : 8.2	68.5	3%	GREEN	
	C251 Braxted Ward	20.70	11.60	9.10	1.00	12	17.08	14.00	3.08	0.00	2.5	4.1	3.0	1 : 6.0	1 : 8.2	115.5	4%	GREEN	
	A207 Felsted Ward	23.07	15.75	7.32	0.00	1	16.80	16.69	0.11	0.00	0	5.0	3.0	1 : 6.1	1 : 10.1	14.0	0%	GREEN	
	E125 Stroke Unit	20.98	16.44	4.54	0.00	6	13.90	11.60	2.30	0.00	2	3.9	3.0	1 : 6.2	1 : 7.9	48.5	2%	GREEN	
<b>Total</b>	<b>128.12</b>	<b>81.01</b>	<b>47.11</b>	<b>2.00</b>	<b>49.35</b>	<b>95.98</b>	<b>79.27</b>	<b>16.71</b>	<b>0.00</b>	<b>20.99</b>									
Burns & Plastics	E220 Burns ITU	45.58	37.75	7.83	2.00	0	6.92	5.87	1.05	0.00	0	8.0	8.0	1 : 0.9	1 : 0.9	96.5	2%	GREEN	Wards with staffing shortfall were risk assessed by the lead nurses. Nonclinical staff were utilised on days with high shortfall including clinical nurse specialists or lead nurse for example. Burns ITU and childrens burns are able to flex staffing to meet activity therefore every shortfall may not reflect ward requirement
	E221 Burns Adult Rehab	18.22	16.80	1.42	0.00	0	9.19	5.33	3.86	0.00	0	4.0	2.0	1 : 1.4	1 : 2.7	19.0	1%	GREEN	
	E225 Burns Children	12.25	11.23	1.02	1.80	3	4.59	3.53	1.06	0.00	0	2.1	2.0	1 : 2.6	1 : 2.7	13.0	1%	GREEN	
	E320 Stock Ward	26.92	22.33	4.59	0.00	3	11.08	8.03	3.05	0.00	0	5.2	4.6	1 : 4.4	1 : 5.0	149.5	4%	GREEN	
	E321 Billericay Ward	16.33	12.86	3.47	0.00	7.6	13.10	11.85	1.25	0.00	2.26	3.6	2.0	1 : 6.4	1 : 11.4	45.0	2%	GREEN	
<b>Total</b>	<b>119.30</b>	<b>100.97</b>	<b>18.33</b>	<b>3.80</b>	<b>13.6</b>	<b>44.88</b>	<b>34.61</b>	<b>10.27</b>	<b>0.00</b>	<b>2.26</b>									
<b>TOTAL</b>		<b>571.13</b>	<b>445.97</b>	<b>182.96</b>	<b>17.55</b>	<b>150.0</b>	<b>302.97</b>	<b>256.25</b>	<b>46.72</b>	<b>3.60</b>	<b>43.5</b>					<b>1,832</b>			

## APPENDIX 2

### November Datix

**WEB23685: Writtle.** 1 RN short for shift equating to >25% of available nursing time. Constituting a **Red Flag event**. No harm to patient sustained as a result of the shortfall. Appropriate escalation, unable to resolve.

**WEB23171: Terling:** 2 RN short for weekend early shift. Escalated to COMs team, RN redeployed from another area. Resulting in shortfall of 1 RN. **Red flag event** as this is 25% or required nursing time. No harm sustained or recorded to patient

**WEB23313: Goldhanger.** External transfer to ENT ward. Concerns raised regarding level of staff required to accept patient with acute needs. Staff competent in airway management assigned to ward prior to patient arrival following appropriate escalation. No harm recorded.

**WEB23599, 23556: Phoenix:** Agency staff not arrived to cover special RN. Covered internally by ward. No red flag event, no harm sustained.

**WEB23678: EAU:** Patient seen by HCSW sliding from bed to floor, wound sustained to knee. Patient identified as falls risk and requiring 1:1 supervision. No additional staff requested. Ward manager has reviewed and reiterated escalation required in this situation. Minor injury sustained. Not contributable to Red flag event

**WEB23162: Terling:** Agency staff not arrived to shift resulting in staffing shortfall. Unable to be covered internally. **Red flag event** due to >25% of nursing time lost. No harm documented or sustained.

**WEB22974: Terling:** 1 RN short on late shift, poor skill mix suggested by reporter. **Red flag event** from >25% of nursing time lost. Reviewed by Lead nurse, recruitment plans identified and content of datix discussed to ensure accurate incident reporting. No harm sustained.

**WEB23670: Terling:** 2 RN specials (additional duties above planned establishment). Specials were managed internally increasing workload/activity for remaining staff. Delay in attending to personal needs identified, which constitutes as **red flag event**. No harm sustained.

**WEB23116: Phoenix:** 1 RN short early and late shift. Busy ward with expected traumas. Not red flag event as <25% nursing time. No harm sustained. Expected workload was mitigated by sending some expected patients to the Day surgery unit. No harm sustained, all patients managed satisfactory.

**WEB23018: Writtle:** one staff nurse on ward between the hours of 17:45 and 20:30. Supported sourced from maternity but didn't arrive. 2 RNs short for late shift >25% nursing time lost. **Red flag event**. No harm sustained, ward admission reduced for this period.

**WEB23701: Baddow:** Patient became agitated during nursing handover, fell on ward, and got self-off the floor. Falls protocol followed. No harm sustained. No red flag event.

**WEB23026: Stock:** 2 RNs short for late shift. Escalated appropriately to COMS team. Risk mitigated by redeploying staff from Burns ITU to assist. Resulting in 1 RN short equating to 25% nursing shortfall (**red flag event**). No injury sustained.

**WEB23150: Writtle:** Ward staffed with agency nurses only from 15:00-21:00. Incident reviewed by Head of Midwifery. Escalated appropriately to managers, active recruitment, staff redeployed, skill mix re-evaluated. Ward closed to emergency and new admissions to ensure patient safety. No harm sustained, risk was mitigated.