

Meeting: Finance and Performance Committee

Date: 30th June 2014

Agenda Item:

Monthly report on Nurse levels for May 2014

Key Risks -

Clinical: 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”	Business: Failure to deliver on safe, high quality care may impact on the hospital of choice.
Environmental:	Finance and Performance: Failure to deliver on safe, high quality care may impact on the hospital of choice.
Reputation: Failure to deliver high quality care may impact on reputation.	Legal:
Resource Required:	

Cross Reference to Trust Strategic Priorities and Objectives:

Legal and Regulatory Implications/Equality and Diversity issues:

Recommendation

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

Requested Action

None

Summary

This paper is the first report of the nurse staffing levels on a shift by shift basis. The information is for the planned staffing levels and the actual levels. This excludes specials. The report outlines the process of how the live data is collected. The staffing information can be found in appendix 1. The paper also includes the nurse to patient ratio's and highlights areas for further work.

Introduction

This paper is a response to the requirement to report daily staffing levels to the Board as identified by the National Quality Board and NHS commissioning board (Dec 2013). This paper will provide the board with an overview of nurse vacancies and bring to the attention of the board any workforce risks. 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. This report does not include vacancy data for Maternity services which will be included in the June report. 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 is collected real time by individuals attending the daily bed meeting. Information is recorded manually from concerns and actions received from the Lead Nurses.

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.

In total there were approximately 246 (2.85%) shifts out of a total of 8618 that fell below the agreed staffing levels

When shifts fell below the agreed staffing levels, this was risk assessed 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, dialogue was recorded regarding any actions taken to mitigate the risk or no further action required.

All wards achieved >90% of shifts filled

In incidents where wards were under planned staffing levels, ward managers and sisters worked clinically to ensure safe care was delivered, assistance was also received from neighboring wards or areas where occupancy was low (ITU for example) at that time

1 datix incident report was raised in May regarding staffing but no detriment of care standards were reported as a result of staffing vacancy

Vacancies update

Vacancies levels across the Trust vary. Each ward has been actively recruiting to address current vacancies and a plan to recruit into recent uplift set out by a paper to the board paper 30th March 2014.

In May 35.6 posts were successfully appointed (start dates pending).

Trained Nurse to patient ratios

The recruitment plans for the following ward will address the identified trained nurse: patient ratio.

Ward/shift	Current Nurse: Patient ratio	Ratio post successful recruitment to the uplift level
Notley Night shift	1:13	1:9
Heybridge Night shift	1:10	1.8
Rayne Night shift	1:10	1.8
Lister Night shift	1:9.5	1:6.6
John Ray Night shift	1:9*	No change
Danbury Night shift	1:10	No change
Terling Night shift	1:10	No change
Felsted Night shift	1:10	No change
Stock Night shift	1.10	1.6

*John Ray is a 15 bedded ward which can flex up to 28, therefore patient ratio ranges from 1:7.5 and 1:14 on a night shift and averages at 1:9

As identified in the Board paper of 31st March 2014 further work will be required to address the nurse to patient ratio on night duty. This will be reviewed as part of the acuity and dependency study which is be completed in June 2014.

Next steps

The Trust continues to progress the overseas recruitment campaigns. Skype interviews are being held during the two weeks from Monday July 7th for the staff from the Philippines. The key priority specialty for these interviews will be emergency department and EAU nursing staff. The Trust is recruiting from Spain during the last week of July.

To include the maternity inpatient ward staffing on a shift by shift basis from June.

To report to the Board with the results of the acuity and dependency study with the data being collected in June.

To develop a formal escalation process for addressing staffing shortfalls

In response to new guidance issued by NHS England staffing will be reported as hours worked on a shift by shift basis and nurse staffing data is being published nationally on 24th June 2014

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Pre-submission Legal Review: Yes / No / James Day, if required...
(Please delete as appropriate)

Appendix 1 STAFFING LEVELS ON INPATIENT W May-14

DIRECTORATE	WARD	REGISTERED STAFF					UNREGISTERED STAFF					AGREED STAFFING LEVELS		AGREED REGISTERED NURSE TO PATIENT RATIO		No. of Reg Shifts Reg below agreed levels		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	Number	%		
Women & Children's and Sexual Health	C450 Writtle	13.64	12.60	1.04			5.25	4.80	0.45		1	3.6	2.0	1:3.2	1:5.7	11	3%	Green	Shifts that were unutilised, 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
	E122 Phoenix Ward	35.23	35.85	-0.62	1.00	0	12.55	12.95	-0.40	1.71	0	5.9	5.3	1:3.9	1:4.3	0	0%		
	Total	48.87	48.45	0.42	1.00	0	17.80	17.75	0.05	1.71	1								
Surgery	A303 Heybridge Ward	23.25	20.93	2.32	1.00		14.00	12.45	1.55		0	4.1	3.0	1:7.4	1:10.1	9	1%	Green	Short falls were reviewed with the ward manager and lead nurse and risk 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	20.85	21.21	-0.36	0.97	4	14.34	12.91	1.43	1.00	3	3.4	3.0	1:6.9	1:10.1	7	1%		
	E222 Goldhanger Ward	19.93	13.40	6.53		1	10.53	8.20	2.33		3	5.5	2.5	1:2.6	1:5.7	9	3%		
	Total	64.03	55.54	8.49	1.97	4.8	38.87	33.57	5.30	1.00	6								
Muscular Skeletal Services	E223 Nolley Ward	18.08	15.13	2.95	1.80		16.27	13.37	2.90		3	4.2	2.0	1:6.3	1:13.3	17	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		2	8.98	7.83	1.15	2.00	1.2	3.0	2.0	1:6.3	1:9.5	17	2%		
	E323 John Ray Ward	16.86	13.31	3.55		1	11.70	8.39	3.31		2	3.9	2.0	1:6.8	1:13.3	16	2%		
	Total	49.11	41.29	7.82	1.80	0	36.95	29.59	7.36	2.00	6.24								
Critical & Emergency Care	A205 ESS	25.82	23.73	2.09	2.36		20.45	21.27	-0.82	1.00	0	4.5	4.0	1:7.6	1:8.6	19	3%	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.
	A206 EAU	38.76	19.91	18.85		3.8	31.38	23.80	7.58		3.6	5.9	7.0	1:4.8	1:4.1	34	8%		
	E226 ITU	54.91	53.43	1.48	3.18	7	5.18	2.99	2.19		0	8.5	10.0	1:1.3	1:1.1	0	0%		
	A211 Medical HDU	19.27	17.16	2.11	0.64	0	3.55	1.84	1.71		0	4.0	3.0	1:1.9	1:2.5	0	0%		
	Total	138.76	114.23	24.53	6.18	0	60.56	49.89	10.67	1.00	3.6								
Medical Specialities	A302 Danbury Ward	20.62	14.80	5.82			18.92	14.80	4.12		1.6	4.4	3.0	1:6.9	1:10.1	13	2%	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
	A305 Terling Ward	19.42	14.67	4.75		2	12.20	11.65	0.55		0	4.0	3.0	1:7.6	1:10.1	15	2%		
	C250 Baddow Ward	20.70	14.93	5.77		0	17.08	14.40	2.68		2	4.1	3.0	1:6.0	1:8.2	12	2%		
	C251 Braxted Ward	20.70	11.20	9.50	2.00	1	17.08	16.20	0.88	1.00	2	4.1	3.0	1:6.0	1:8.2	10	2%		
	A207 Felstead Ward	20.15	16.62	3.53	1.53	0	16.80	18.35	-1.55		0	3.4	3.0	1:8.9	1:10.1	13	1%		
	E125 Stroke Unit	19.99	18.63	1.36		0	13.90	12.31	1.59		0	3.4	3.0	1:7.0	1:7.9	19	3%		
	Total	121.58	90.85	30.73	3.53	1	95.98	87.71	8.27	1.00	5.6								
Burns & Plastics	E220 Burns ITU	44.57	39.45	5.12	0.33		6.87		6.87		0	8.0	8.0	1:0.7	1:0.7	2	3%	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 burn are able to flex staffing to meet activity therefore every shortfall may not reflect ward requirement
	E221 Burns Adult Rehab	17.88	16.80	1.08		2	4.33		4.33		0	4.0	2.0	1:1.4	1:2.9	9	5%		
	E225 Burns Children	12.41	10.04	2.37	1.00	0	3.12		3.12		0	2.1	2.0	1:2.7	1:2.9	0	0%		
	E320 Stock Ward	26.92	21.02	5.90		0	10.20		10.20		0	2.8	2.0	1:8.2	1:11.4	8	1%		
	E321 Billericay Ward	16.33	11.27	5.06		1	9.81		9.81		4	4.2	4.6	1:5.4	1:5.0	6	1%		
	Total	118.11	98.58	19.53	1.33	4	34.33	0.00	34.33	0.00	4								
TOTAL		540.46	448.95	91.51	15.81	35.6	284.49	218.51	65.99	6.71	26.4								

1.00 WTE (whole Time Equivalent) equates to a full time member of staff working 37.5 Hours per week

In post staff are at the reporting month end.

Vacancies and Maternity Leave are at the reporting month end

Budgeted and agreed staffing levels are as per the reporting month and won't yet include any future investment or developments

Agreed Nurse to patient ratio is based on the budgeted Wte and the number of funded beds at 95% occupancy

The RAG (red, amber, green) traffic light rating is a professional judgement made by the head of nursing. It takes account of a range of factors including how sick the patients are, overall staffing levels, the skills and experience of those staff, and leadership.