

Meeting: Finance and Performance Committee

Date: 24th July 2014

Agenda Item:

Monthly report on Nurse levels for June 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 second 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.

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. 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 individuals attending the daily bed meeting. Information is recorded manually from concerns and actions received from the Lead Nurses to address short falls.

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 which reviews vacancies, sickness, bank and agency usage.

In total there were approximately 331 (3.5%) shifts out of a total of 9,450 that fell below the agreed staffing levels for qualified nurses.

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.

Midwifery is included within this data set as required from previous paper. The staffing shortfall relates to inpatient areas namely post natal ward.

All wards achieved >90% of shifts filled. The maternity ward shows the largest percentage of unfilled shifts at 9%. The midwifery staff work flexibility, community midwives and clinic staff are moved to address any shortfalls within the inpatient areas.

In incidents where wards were under the 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.

Staffing related incidents

Two incident reports were raised relating to staffing concerns

- WEB20076: Reporting of excessive skill mix of agency staff on night shifts was raised. This is currently being investigated by the deputy chief nurse
- WEB20162: Ward required 2 support staff in addition to their planned establishment. One post filled by bank/agency second was unfilled. Datix reports a patient fall as a result of the limited staff available to provide specials. Minor harm sustained, skin tear.

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.

36.6 posts are currently pending start dates. This will increase by 43 wte as a result of the international recruitment event with Medacs this week. Successful recruitment of Nurses from the Philippines has been completed and 43 posts have been offered. Further recruitment days are being organized by Medacs and the senior nursing team for mid/end of July. The Trust will be attending interviews in Spain during the last week of August for 40 nurses.

Nursing students completing their studies in September have been interviewed and 17 candidates have been offered posts on successful completion of their training. Their potential start dates of September/October are dependent on when they receive their PIN number/registration.

From the trustwide advert for Healthcare Support Workers candidates were invited to attend for numeracy and literacy testing. The pass rate was approximately 50% of those who sat the test, therefore 35 are being invited in for interview.

Next steps

The Trust continues to progress the overseas recruitment campaigns.

Acuity and dependency data collection has been completed and results are being calculated before review by the Chief Nurse. A paper will be taken to the Board with the results in September.

A policy is being developed for a formal escalation process for addressing staffing shortfalls

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

STAFFING LEVELS ON INPATIENT WARDS

Jun-14

APPENDIX 1

DIRECTORATE	WARD	REGISTERED STAFF					UNREGISTERED STAFF					AGREED REG 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	19.37	12.60	6.77	0.00	0	6.69	3.80	2.89	0.00	1	3.7	3.0	1 : 4.9	1 : 6.0	8	3%	Green	Shifts that were unfilled, were risk assessed by the head of nursing/midwifery and ward managers/lead nurses/midwives. Staff were supported by taking staff from management activity/clinics and admissions were limited to the additional capacity areas. Midwives are rotated in from the community and clinic services to support peaks of in patient
	E122 Phoenix Ward	35.03	35.66	-0.63	1.19	1	13.16	12.95	0.21	1.71	0	7.1	5.3	1 : 3.2	1 : 4.3	17	3%		
	X405 Postnatal Ward	16.35	13.45	2.90	0.00		10.53	10.51	0.02	0.48		3.0	2.0	1 : 6.3	1 : 9.5	21	9%		
	Total	54.40	48.26	6.14	1.19	1.00	19.85	16.75	3.10	1.71	1								
Surgery	A303 Heybridge Ward	23.25	19.65	3.60	0.00	4	14.00	12.45	1.55	0.00	0	4.1	3.0	1 : 7.4	1 : 10.1	8	2%	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	23.21	-2.36	0.97	1	14.34	11.93	2.41	1.00	3	3.4	3.0	1 : 8.9	1 : 10.1	8	3%		
	E222 Goldhanger Ward	19.93	12.40	7.53	0.00	4.8	10.53	10.20	0.33	0.00	3	4.5	2.5	1 : 4.0	1 : 7.2	12	3%		
	Total	64.03	55.26	8.77	0.97	9.8	38.87	34.58	4.29	1.00	6								
Muscular Skeletal Services	E223 Notley Ward	18.08	16.13	1.95	1.80	2	16.27	14.37	1.90	0.60	3	4.2	2.0	1 : 6.3	1 : 13.3	10	3%	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. The ratio of trained staff on night duty will improve from September to bring the patient to trained nurse ratio down.
	C451 Lister Ward	14.17	11.85	2.32	0.00	1	8.98	8.47	0.51	2.00	1.24	3.0	2.0	1 : 6.3	1 : 9.5	8	3%		
	E323 John Ray Ward	16.86	12.80	4.06	0.00	0	11.70	9.39	2.31	0.00	2	3.9	2.0	1 : 6.8	1 : 13.3	3	1%		
	Total	49.11	40.78	8.33	1.80	3	36.95	32.23	4.72	2.60	6.24								
Critical & Emergency Care	A205 ESS	25.82	24.93	0.89	2.36	3.8	20.45	21.27	-0.82	1.00	0	4.5	4.0	1 : 7.6	1 : 8.6	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	38.76	19.31	19.45	0.00	7	31.38	26.80	4.58	0.00	3.6	5.9	7.0	1 : 4.8	1 : 4.1	15	3%		
	E226 ITU	54.91	53.48	1.43	2.62		5.18	2.99	2.19	0.00		8.5	10.0	1 : 1.3	1 : 1.1	17	2%		
	A211 Medical HDU	19.27	16.16	3.11	0.64		3.55	1.84	1.71	0.00		4.0	3.0	1 : 1.9	1 : 2.5	6	2%		
	Total	138.76	113.88	24.88	5.62	10.8	60.56	52.90	7.66	1.00	3.6								
Medical Specialities	A302 Danbury Ward	20.62	11.80	8.82	0.00	2	18.92	16.40	2.52	0.00	1.6	4.4	3.0	1 : 6.9	1 : 10.1	16	5%	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	14.15	5.27	0.00		12.20	11.65	0.55	0.00		4.0	3.0	1 : 7.6	1 : 10.1	10	3%		
	C250 Baddow Ward	20.70	15.13	5.57	0.00	1	17.08	14.40	2.68	0.00	2	4.1	3.0	1 : 6.0	1 : 8.2	8	2%		
	C251 Braxted Ward	20.70	12.20	8.50	2.00	0	17.08	15.20	1.88	1.00	2	4.1	3.0	1 : 6.0	1 : 8.2	24	7%		
	A207 Felsted Ward	20.15	16.62	3.53	1.53		16.80	18.35	-1.55	0.00		3.4	3.0	1 : 8.9	1 : 10.1	8	3%		
	E125 Stroke Unit	19.99	22.63	-2.64	0.00	1	13.90	11.60	2.30	0.00	0	3.4	3.0	1 : 7.0	1 : 7.9	16	5%		
	Total	121.58	92.53	29.05	3.53	4	95.98	87.60	8.38	1.00	5.6								
Burns & Plastics	E220 Burns ITU	44.57	38.45	6.12	0.33	2	6.87	6.87	-0.00	0.00	0	8.0	8.0	1 : 0.7	1 : 0.7	18	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 burns 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	0.00		4.33	4.33	0.00	0.00		4.0	2.0	1 : 1.4	1 : 2.9	5	2%		
	E225 Burns Children	12.41	10.93	1.48	0.00		3.12	3.12	0.00	0.00		2.1	2.0	1 : 2.7	1 : 2.9				
	E320 Stock Ward	26.92	21.02	5.90	0.00	1	10.20	9.20	1.00	0.00	0	4.2	4.6	1 : 5.4	1 : 5.0	19	5%		
	E321 Billericay Ward	16.33	12.43	3.90	0.00	4	9.81	10.81	-1.00	0.00	4	2.8	2.0	1 : 8.1	1 : 11.4	2	1%		
Total	118.11	99.63	18.48	0.33	7	34.33	34.33	0.00	0.00	4									
TOTAL	545.99	450.34	95.65	13.44	35.6	286.54	258.39	28.15	7.31	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

Budgeted WTE for Writtle and Phoenix Wards have been updated following the agreed Investment form the Professional Judgement exercise



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.