

Meeting: Finance and Performance Committee

Date: 2nd September

Agenda Item:

Monthly report on Nurse levels for July and August 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 third 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

and duties in addition to the planned level of staffing. 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 members of the COMS team who deliver information to the corporate nursing team. 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 to review vacancies, sickness, bank and agency usage.

In total there were approximately 405 (4.2%) unfilled planned shifts out of a total of 9,450 qualified nurses in July (increase of 0.7%). In the month of August approximately 297 shifts of 9,450 of planned shifts fell below the agreed staffing levels (3.1%) a decrease of 1% on previous month.

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, dialogue was recorded regarding any actions taken to mitigate the risk or no further action required if the ward workload and activity remained safe.

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

All wards achieved >90% of shifts filled for both July and August. Danbury and Billericay are areas with the highest percentage of shortfalls. Danbury has been highlighted as an area of

risk within the medical specialty and will be a priority area when the overseas nurses commence in the trust.

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

July

Eight incident reports were raised relating to staffing concerns this month. No reports of resulting in patient harm.

- WEB20808: Report of 1 trained nurse on Terling ward for night shift. Agency nurses were sent to assist following review with COMS team. No harm
- WEB20818: Report of 1 trained nurse on Terling ward for night duty. Agency and Coms nurses assisted to maintain safety. Ward manager review datix for the above to understand cause on two consecutive nights. No harm
- WEB20635: Report of 2 specials required on Danbury ward that were not covered by bank/agency. Ward HCA covered both specials leaving high workload for remaining staff. Nursing staff unable to take a break. No harm sustained to patients
- WEB20821: 1 RN short on night shift (Goldhanger ward), reporting of high activity and only two staff available when other two staff on break resulting in unsafe environment. Datix has been reviewed with ward manager, staff advised not to send two people on break at once to ensure safety and consistency. No harm sustained
- WEB20508: Senior member of staff called in sick for night duty on Goldhanger ward leaving newly qualified and an agency staff member. Agency member of staff experienced and block booked to ward so able to take charge, allocations to ward were staggered. No harm sustained
- WEB20806: Stock ward, reported one trained and one health care assistant short with seven flaps to monitor. Coordinator informed. No harm documented to patients. Ward sister has reviewed, agency staff were fully competent to manage care of flaps, no harm or delay in treatment.
- WEB20329: Rayne ward. Member of staff sent to accident and emergency due to ill health. Heparin dose and preoperative fluids missed for a patient (handed over to day staff for completion). COMs team assisted with morning intravenous drugs. No harm documented on ward manager review
- WEB20477: John Ray. Two special shifts not covered by bank or agency adding pressure to ward. No harm sustained.

August

Nine incidents reported relating to staffing shortages. No harm sustained to patients

- WEB21496: Additional trained nurse requested to care for trachy patient. ITU sister informed and Night COMS team informed. No harm or injury sustained to patient. Awaiting review by ward sister.
- WEB21151: Staffing levels fallen below planned levels (HCA shift not covered). Patient on low rise bed and risk of falls (so no cot sides raised) rolled out of bed. Staffing for this bay was deemed adequate on investigation of ward manager but notes that the special that was requested had not been covered. Small laceration to patients head. CT scan completed, no other injuries sustained, falls care plan updated.
- WEB21420: Poor skill mix on Stroke ward. No harm. Ward Manager has advised staff of escalation if reoccur. No harm sustained to patients
- WEB21261: Staff shortage on MHDU resulted in unsafe patient ratio. Appropriate patient transferred out and bed closed to accept further admissions. No harm sustained
- WEB21297: Lack of senior nursing cover on neonatal ward at night. All escalation and actions attempted unsuccessful. Covered by day staff staying into night. On call consultant called and unit closed to admissions. No harm sustained
- WEB21249: John Ray, high number of patients requiring specials and not covered by bank/agency. Delay in medication administration and observations. No harm sustained
- WEB20970: MHDU Ward staffed with excessive agency not familiar with ward or competent in complex care management. ITU informed who provided a nurse to swap with agency. No harm sustained
- WEB20928: Stroke unit, short 1 trained nurse for long day. Lead nurse and COMS aware, no harm to patient, delay in care or complaints.
- WEB21042: Stroke unit. Staff shortages throughout the day. All escalated to relevant parties. No harm, delay in treatment or complaints received.

Vacancies update

Paper on staffing trajectory and reduction in agency and bank expenditure will be completed mid-September. This will encompass the 81 overseas nurses recruited in July from India and the Philippines and also the 25 recently appointed in Portugal.

51.7 posts are currently pending start dates from national recruitment as of September 1st

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.

Recommendations from Board paper pertaining to A&E staffing review to be reviewed and actioned

Recruitment plan for A&E and EAU to be developed as identified area of risk with excessive vacancies. Project management team will assist lead nurses in this.

A policy has been developed for a formal escalation process for addressing staffing shortfalls; this is with the senior nursing team for ratification prior to publishing. This will include the NICE guidelines for identifying red flags for staffing effects on patient care. Inclusion onto datix system for ease of use for staff will be considered.

Risk assessment documented written by corporate nursing team to be rolled out this month. To highlight areas of concern, areas with a high vacancy rates will be risk assessed immediately (>20%).

Sponsor/s: Cathy Geddes

Author/s: Dan Spooner, Clinical Nursing Project Manager
Lyn Hinton, Deputy Chief Nurse

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

STAFFING LEVELS ON INPATIENT WARDS

July 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	11.60	7.77	0.00	0	6.69	3.80	2.89	0.00	1.67	3.7	3.0	1 : 4.9	1 : 6.0	177.0	7%	GREEN	Shifts that were unfilled, were 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	35.03	34.66	0.37	1.19		13.16	12.95	0.21	1.71		7.1	5.3	1 : 3.2	1 : 4.3	208.0	4%		
	A405 Postnatal Ward	16.35	13.45	2.90	0.00		10.53	10.51	0.02	1.00		3.0	2.0	1 : 6.3	1 : 9.5	70.5	4%		
	Total	70.75	59.71	11.04	1.19	0.00	30.38	27.26	3.12	2.71	1.67								
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	111.0	4%	GREEN	Short falls were reviewed with the ward manager and lead nurse and 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	22.21	-1.36	0.97	1	14.34	12.73	1.61	1.00	1	3.4	3.0	1 : 8.9	1 : 10.1	71.5	3%		
	E222 Goldhanger Ward	19.93	13.40	6.53	0.00	4.7	10.53	11.20	-0.67	0.00	0	4.5	2.5	1 : 4.0	1 : 7.2	185.5	7%		
	Total	64.03	55.26	8.77	0.97	9.7	38.87	36.38	2.49	1.00	1								
Muscular Skeletal Services	E223 Notley Ward	18.08	16.13	1.95	1.80		16.27	15.37	0.90	0.60		4.2	2.0	1 : 6.3	1 : 13.3	98.0	4%	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	11.85	2.32	0.00	2	8.98	9.47	-0.49	2.00	1	3.0	2.0	1 : 6.3	1 : 9.5	53.0	3%		
	E323 John Ray Ward	16.86	12.80	4.06	0.00	2	11.70	10.39	1.31	0.00	0	3.9	2.0	1 : 6.8	1 : 13.3	61.5	3%		
	Total	49.11	40.78	8.33	1.80	4	36.95	35.23	1.72	2.60	1								
Critical & Emergency Care	A205 ESS	25.82	23.93	1.89	3.36	7	20.45	19.47	0.98	1.00	0	4.5	4.0	1 : 7.6	1 : 8.6	81.5	3%	GREEN	Areas under shortfall we 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	20.31	18.45	0.00	2	31.38	26.80	4.58	1.00	0	5.9	7.0	1 : 4.8	1 : 4.1	181.5	4%		
	E226 ITU	54.91	52.89	2.02	3.62	10	5.18	2.99	2.19	0.00	0	8.5	10.0	1 : 1.3	1 : 1.1	221.5	3%		
	A211 Medical HDU	19.27	15.16	4.11	0.64	5	3.55	1.68	1.87	0.00	0	4.0	3.0	1 : 1.9	1 : 2.5	103.2	4%		
	Total	138.76	112.29	26.47	7.62	24	60.56	50.94	9.62	2.00	0								
Medical Specialities	A302 Danbury Ward	20.62	11.80	8.82	0.00	4	18.92	13.60	5.32	0.00	1	4.4	3.0	1 : 6.9	1 : 10.1	228.5	8%	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	0	12.20	11.65	0.55	0.00	0	4.0	3.0	1 : 7.6	1 : 10.1	128.8	5%		
	C250 Baddow Ward	20.70	15.13	5.57	0.00	0	17.08	14.60	2.48	0.00	1	4.1	3.0	1 : 6.0	1 : 8.2	82.0	3%		
	C251 Braxted Ward	20.70	12.20	8.50	2.00		17.08	16.60	0.48	0.00		4.1	3.0	1 : 6.0	1 : 8.2	184.0	7%		
	A207 Felsted Ward	23.07	18.62	4.45	1.53	0	16.80	15.35	1.45	0.00	0	5.0	3.0	1 : 6.1	1 : 10.1	121.5	4%		
	E125 Stroke Unit	19.99	16.44	3.55	0.00	0	13.90	11.60	2.30	0.00	0	3.4	3.0	1 : 7.0	1 : 7.9	126.5	5%		
Total	124.50	88.34	36.16	3.53	4	95.98	83.40	12.58	0.00	2									
Burns & Plastics	E220 Burns ITU	44.57	38.45	6.12	0.33	1	6.87	6.87	-0.00	0.00	0	8.0	8.0	1 : 0.7	1 : 0.7	240.0	4%	GREEN	Wards with staffing shortfall where 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 burnn 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 : 2.7	1 : 2.9	0.0	0%		
	E225 Burns Children	12.41	10.93	1.48	1.80	1	3.12	3.12	0.00	0.00	0	2.1	2.0	1 : 2.7	1 : 2.9				
	E320 Stock Ward	26.92	21.02	5.90	0.00	3	10.20	9.03	1.17	0.00	0	4.2	4.6	1 : 5.4	1 : 5.0	81.0	3%		
	E321 Billericay Ward	16.33	12.30	4.03	0.00	5	9.81	9.25	0.56	0.00	2	2.8	2.0	1 : 8.1	1 : 11.4	136.5	8%		
Total	118.11	99.50	18.61	2.13	10	34.33	32.60	1.73	0.00	2									
TOTAL		565.26	455.88	109.38	17.24	51.7	297.07	265.81	31.26	8.31	7.7					2,952			

19.4%

10.5%

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.

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

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



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.

STAFFING LEVELS ON INPATIENT WARDS

August 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	10.60	8.77	0.00	0	6.69	3.80	2.89	0.00	1.67	3.7	3.0	1 : 4.9	1 : 6.0	64.0	3%	GREEN	Shifts that were unfilled, were assessed by the head of nursing and ward managers/lead nurses using professional judgement to assess safety. Staff were supported by non clinical staff and admissions were limited to the additional capacity areas
	E122 Phoenix Ward	35.03	33.66	1.37	1.19		13.16	12.91	0.25	1.00		7.0	5.3	1 : 3.3	1 : 4.3	269.0	6%	GREEN	
	A405 Postnatal Ward	16.35	13.45	2.90	1.00		10.53	9.87	0.66	0.00		3.0	3.0	1 : 6.3	1 : 6.3	7.5	0%	GREEN	
	Total	70.75	57.71	13.04	2.19	0.00	30.38	26.58	3.80	1.00	1.67								
Surgery	A303 Heybridge Ward	23.25	18.14	5.11	0.00	5	14.00	12.45	1.55	0.00	0	5.1	3.0	1 : 6.0	1 : 10.1	99.0	3%	GREEN	Short falls were reviewed with the ward manager and lead nurse and assessed using professional judgement to review safety. 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	21.21	1.80	0.00	1	14.82	13.73	1.09	0.00	1	5.0	3.0	1 : 6.1	1 : 10.1	68.0	2%	GREEN	
	E222 Goldhanger Ward	20.93	12.40	8.53	0.00	3.8	10.53	11.20	-0.67	0.00	0	4.5	2.5	1 : 4.0	1 : 7.2	48.0	2%	GREEN	
	Total	67.19	51.75	15.44	0.00	9.8	39.35	37.38	1.97	0.00	1								
Muscular Skeletal Services	E223 Notley Ward	18.08	14.60	3.48	1.80		16.27	15.37	0.90	0.60		4.2	2.0	1 : 6.3	1 : 13.3	15.0	1%	GREEN	Wards were assessed by the lead nurse using professional judgement to assess safety and mitigate risk. 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	1	8.98	9.19	-0.21	1.00	1	3.0	2.0	1 : 6.3	1 : 9.5	19.0	1%	GREEN	
	E323 John Ray Ward	16.86	12.80	4.06	0.00	1	11.70	10.39	1.31	0.00	0	3.9	2.0	1 : 6.9	1 : 13.3	40.0	2%	GREEN	
	Total	49.11	40.25	8.86	1.80	2	36.95	34.95	2.00	1.60	1								
Critical & Emergency Care	A205 ESS	28.84	23.73	5.11	1.36	7	23.29	18.67	4.62	1.00	0	6.5	4.0	1 : 5.3	1 : 8.6	77.0	2%	GREEN	Areas under planned level of staffing were assessed by the lead nurses and ward managers using professional judgement to mitigate risk. 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	19.31	16.43	0.00	2	28.36	27.47	0.89	1.00	0	6.7	7.0	1 : 4.2	1 : 4.1	90.0	2%	GREEN	
	E226 ITU	56.88	53.13	3.75	3.62	10	5.04	2.99	2.05	0.00	0	8.5	10.0	1 : 1.3	1 : 1.1	47.0	1%	GREEN	
	A211 Medical HDU	19.27	15.27	4.00	0.00	5	3.55	0.84	2.71	0.00	0	4.0	3.0	1 : 1.9	1 : 2.5	45.5	2%	GREEN	
	Total	140.73	111.43	29.30	4.98	24	60.24	49.96	10.28	2.00	0								
Medical Specialities	A302 Danbury Ward	21.62	10.80	10.82	0.00	4	18.92	11.20	7.72	0.00	1	4.4	3.0	1 : 7.0	1 : 10.1	174.0	6%	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 assistance
	A305 Terling Ward	19.42	14.15	5.27	0.00	0	12.20	11.65	0.55	0.00	0	4.0	3.0	1 : 7.6	1 : 10.1	95.5	4%	GREEN	
	C250 Baddow Ward	20.70	15.13	5.57	0.00	0	17.08	15.87	1.21	0.00	1	4.1	3.0	1 : 6.0	1 : 8.2	73.0	3%	GREEN	
	C251 Braxted Ward	20.70	10.20	10.50	1.00	3	17.08	15.80	1.28	0.00	0	4.1	3.0	1 : 6.0	1 : 8.2	222.5	8%	GREEN	
	A207 Feisted Ward	23.07	17.62	5.45	1.53	0	16.80	15.35	1.45	0.00	0	5.0	3.0	1 : 6.1	1 : 10.1	111.5	4%	GREEN	
	E125 Stroke Unit	19.99	16.44	3.55	0.00	0	13.90	11.60	2.30	0.00	0	3.9	3.0	1 : 6.2	1 : 7.9	116.0	5%	GREEN	
	Total	125.50	84.34	41.16	2.53	7	95.98	81.47	14.51	0.00	2								
Burns & Plastics	E220 Burns ITU	43.83	37.55	6.28	0.33	1	6.63	6.87	-0.24	0.00	0	8.0	8.0	1 : 0.7	1 : 0.7	180.3	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	0	4.33	4.33	0.00	0.00	2	4.0	2.0	1 : 1.4	1 : 2.9	26.0	1%	GREEN	
	E225 Burns Children	12.41	12.83	-0.42	1.80	0	3.12	3.12	0.00	0.00	0	2.1	2.0	1 : 2.8	1 : 2.9	31.5	2%	GREEN	
	E320 Stock Ward	26.92	21.16	5.76	0.00	3	10.20	9.03	1.17	0.00	0	5.2	4.6	1 : 4.4	1 : 5.0	136.0	4%	GREEN	
	E321 Billericay Ward	16.33	12.30	4.03	0.00	5	9.81	8.72	1.09	0.00	2	3.6	2.0	1 : 6.4	1 : 11.4	106.5	5%	GREEN	
Total	117.37	100.64	16.73	2.13	9	34.10	32.07	2.03	0.00	4									
TOTAL		570.65	446.13	124.52	13.63	51.8	297.00	262.42	34.58	4.60	9.7					2,162			

21.8%

11.6%

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

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



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.