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| DATE OF MEETING | 22 December 2015 |
| REPORT FOR | Trust Board of Directors – Part A |
| REPORT FROM | Tara Filby, Chief Nurse |
| CONTACT OFFICER | Tara Filby, Chief Nurse |
| SUBJECT | Update to the Board relating to nursing, midwifery and care staffing capacity and capability |
| BACKGROUND DOCUMENT (IF ANY) | <i>National Quality Board (NQB) report “How to ensure the right people, with the right skills, are in the right place at right time” 2013 (NHS England).</i> |
| REPORT PREVIOUSLY CONSIDERED BY & DATE(S) | |
| EXECUTIVE COMMENT (INCLUDING KEY ISSUES OF NOTE OR, WHERE RELEVANT, CONCERN AND / OR NED CHALLENGE THAT THE BOARD NEED TO BE MADE AWARE OF) | This is the monthly report outlining those wards where staffing capacity and capability fell short of what was planned and any risks were mitigated. |
| HAVE THE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS? | No |
| HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS? | No |
| ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS? | No |
| IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED? | No |
| ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF? | No |
| WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED? | Yes |
| WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO SUSTAINABILITY IMPLICATIONS (QUALITY & FINANCIAL) & CLIMATE CHANGE? | Yes |
| THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S) AND COMPLIANCE WITH THE REGULATORY STANDARDS LISTED | N/A |
| ACTION REQUIRED BY THE BOARD | The Trust Board is asked to note the report and support any further action required |

Report From: Tara Filby, Chief Nurse

Date: December 2015

Subject: Expectations relating to nursing, midwifery and care staffing capacity and capability

Purpose: This report provides an overview of nursing and midwifery staffing and advises the Board of those wards where staffing capacity and capability fell short of what was planned and any mitigation.

1.1 Background

This report will advise the Trust Board of those wards where staffing capacity and capability fell short of what was planned, the reason why and any impact on quality and the action taken to mitigate any risk in staffing from 1 November to 30 November 2015.

Recent table top establishments have led to temporary changes in ward staffing levels that have been endorsed by the Resources Committee. The purpose is to try to reduce reliance on agency and along with other roster control measures, more effectively meet the demands of the recruitment challenge, whilst maintaining patient safety and quality of care. The organisation's expectations around safe nurse staffing have been defined as follows:

- 1 RN to 8 patients for standard acuity wards
- 2 registered nurses on each shift as a minimum on inpatient wards
- Establishments based on a headroom allowance of 23.8% for sickness, absence, training and leave is built into the plan

The Trust website publishes all ward by ward data on planned versus actual numbers of staff by registered nurse/midwife and health care staff by day duty and night duty. A summary of this can be found in appendix A of this report.

NHS England has requested exception reporting around those areas where compliance around expected hour's vs actual hours for registered nurses (aggregated monthly data) are less than 80%. This report provides details of where compliance was less than 85%, our Trust internal target (Amber rated) along with those areas where compliance was less than 80%, national target (Red rated) - 5 from 38 wards fall into this red rated category, a deterioration in month.

To support the achievement of safe staffing and to take account of the daily fluctuating patient care needs there is a twice daily, ward by ward, review of staffing levels. It is at these group meetings that senior nurse decisions and management of risk is made to ensure patient safety and appropriate skill mix of registered to unregistered nurses is facilitated. The WebV clinical system is being used by Operational teams to support the allocation/redeployment of resources according to patient acuity and dependency.

2.0 Deviations in staffing capacity and capability

The table below demonstrates the site level fill rates illustrating that the planned and actual establishments were maintained on average.

The position for Goole is improving as the approved roster templates for the medical ward match the planned establishments for the ward. A meeting has been held to undertake a table top review of the surgical ward at Goole so further improvements will be observed in future reports following implementation from 4th January.

The arrows indicate progress/deterioration in month.

| Site | Day | | Night | | Day | Night | Overall |
|------------|--|------------------------|--|------------------------|-------------------------|--------|-------------------------|
| | Fill rate - registered nurses/midwives | Fill rate - care staff | Fill rate - registered nurses/midwives | Fill rate - care staff | Average Nurse fill rate | | Total average fill rate |
| Grimsby | 93.0%↑ | 99.9%↓ | 94.6↑ | 100.7%↑ | 95.6%↓ | 96.7%↑ | 96.0%↓ |
| Goole | 83.6%↓ | 100.6%↑ | 92.7%↑ | 72.9%↓ | 90.0%↑ | 86.0%↓ | 88.6%↑ |
| Scunthorpe | 91.3%↓ | 101.6%↑ | 97.6%↑ | 99.6%↑ | 95.2%↓ | 98.3%↑ | 96.4%↑ |

The Trust Overall % fill rates are calculated using the combined total raw data from the 3 hospital sites. These show overall that shifts are filled above the national 80% fill rate.

| Site | Day | | Night | | Day | Night | Overall |
|---------------|--|------------------------|--|------------------------|-------------------------|--------|-------------------------|
| | Fill rate - registered nurses/midwives | Fill rate - care staff | Fill rate - registered nurses/midwives | Fill rate - care staff | Average Nurse fill rate | | Total average fill rate |
| Trust Overall | 91.8%↓ | 100.7%↑ | 95.9%↑ | 99.3%↑ | 95.2%↓ | 97.1%↑ | 95.9%↑ |

Overall the position in terms of fill rate has improved in month however this has been achieved by continued reliance on temporary staff, e.g. bank and agency (see Appendix A). It is pleasing to see that for the month of November there continued to be a 'nil' expenditure on agency HCA shifts.

The nursing dashboard outcomes, falls and pressure ulcer data are provided in Appendix A.

3.0 Reasons for the gap

The following table summarises the gap and the action taken to address the gaps in fill rate for each of the red rated exception wards in order to ensure the wards remain safe.

<80% compliance was reported in 5 wards:

| Ward | Gap | Action taken | Is it safe? |
|--------------|---|---|-------------|
| DPOW | | | |
| NICU | Reduction in HCA on day and night duty and RN on night duty | Staff are mobilised around the Group as workload dictates, with staff covering busier areas when their own workplace is quieter. Also sickness dictates that staffing levels become reduced however this is reviewed appropriately from a safety perspective. | Yes |
| GOOLE | | | |
| Ward 6 | Reduction in RN on day duty and HCA night duty | The fill rate is consistent with the patient occupancy and acuity. This gives the assurance that it is staffed appropriately. This should sort itself out after the January off duty when the new template comes in on 4 th January | Yes |
| SGH | | | |

| | | | |
|---------|--------------------------------|--|-----|
| NICU | Reduction in HCA on night duty | Staff are mobilised around the Group as workload dictates, with staff covering busier areas when their own workplace is quieter. Also sickness dictates that staffing levels become reduced, however this is reviewed appropriately from a safety perspective. | Yes |
| Ward 23 | Reduction in RN on day duty | Gaps are predominantly due to vacancies. We check the staffing levels daily, and review the patient acuity for each shift. If it is safe to do so we have backfilled with agency staff, and HCAs. We also redeploy staff across the medical wards. | Yes |
| Ward 17 | Reduction in RN on day duty | Gaps are predominantly due to vacancies. We check the staffing levels daily, and review the patient acuity for each shift. If it is safe to do so we have backfilled with agency staff, and HCAs. We also redeploy staff across the medical wards. It should be noted that beds on the ward were reduced by 2 during this reporting period as were being used by FEAST. | Yes |

4.0 Summary

- Each ward is reviewed daily by the operational matrons and Associate Chief Nurses and any redeployment of staff is undertaken on a shift by shift basis. The operational matrons plan the next day staffing requirements by reviewing the acuity and dependency of the wards they are responsible for and in conjunction with the ward sister/charge nurse
- The skill mix of the nursing workforce is taken into account daily especially in light of recent successful recruitment initiatives locally and overseas. We make conscious decisions to move nurses by ward or within their own ward according to competency and skills
- Where we have vacancies in ward areas we are actively recruiting to these posts and this is monitored by the operational groups and through a Nurse staffing group which meets weekly.
- Where we have fluctuations in activity we flex the nursing staff to patient need and support other ward areas.
- Associate Chief Nurses and their operational matrons meet every Ward Sister/Charge Nurse across their areas to ensure that all staffing is in line with rosters and agreed budgets.
- Nursing dashboard data is monitored by exception at NMAF.

5.0 Conclusions

The Board are asked to note the report and support any further action required.

Appendix A – Fill rates Nursing, Midwifery and Care staff

| Ward name | Day | | Night | | Day | | Night | | Number of Avoidable Falls Nov 2015 | Number of Avoidable PU Nov 2015 | Nursing Dashboard % Nov 2015 |
|----------------------|--|------------------------------------|--|------------------------------------|--|--|--|--|------------------------------------|---------------------------------|------------------------------|
| | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | Average fill rate - substantive registered midwives/nurses (%) | Average fill rate - Substantive care staff (%) | Average fill rate - substantive registered midwives/nurses (%) | Average fill rate - substantive care staff (%) | | | |
| AMETHYST & D1 | 97.2% | 119.2% | 101.2% | 128.0% | 87.2% | 94.5% | 79.6% | 71.72% | 0 | 0 | 97.9% |
| Blueberry | 98.1% | 99.4% | 94.1% | 101.9% | 87.0% | 87.6% | 84.1% | 88.70% | 0 | 0 | 100% |
| C1 KENDALL | 96.3% | 93.2% | 96.7% | 95.6% | 69.8% | 73.8% | 58.3% | 45.00% | 0 | 0 | 97.9% |
| CORONARY CARE UNIT | 98.1% | 113.0% | 96.7% | - | 91.7% | 111.9% | 87.8% | - | 0 | 0 | 99.1% |
| Holly Ward | 106.6% | 99.6% | 108.4% | 101.3% | 96.9% | 98.0% | 96.3% | 88.12% | 0 | 0 | 100% |
| Honeysuckle | 90.0% | 97.8% | 91.8% | 97.1% | 69.5% | 92.5% | 67.5% | 73.91% | 0 | 0 | 100% |
| ITU | 87.6% | 97.3% | 92.8% | - | 84.0% | 97.3% | 82.4% | - | 0 | 0 | 100% |
| Jasmine | 98.2% | 98.5% | 89.2% | 100.6% | 91.7% | 90.1% | 80.1% | 100.58% | 0 | 0 | 100% |
| LAUREL WARD | 99.6% | 101.4% | 100.0% | 98.8% | 95.9% | 98.1% | 90.0% | 90.00% | 0 | 0 | 98.6% |
| NICU | 85.1% | 56.2% | 77.6% | 63.3% | 85.1% | 56.2% | 76.3% | 63.33% | 0 | 0 | 90.0% |
| Rainforest | 91.2% | 103.5% | 93.5% | 103.6% | 85.0% | 103.5% | 81.3% | 100.29% | 0 | 0 | 100% |
| STROKE UNIT | 87.2% | 105.5% | 98.3% | 92.1% | 65.8% | 91.0% | 70.0% | 53.33% | 0 | 0 | 93.9% |
| WARD B2 SAU | 97.4% | 100.9% | 96.3% | 122.3% | 93.3% | 95.9% | 71.1% | 100.00% | 0 | 0 | 98.9% |
| WARD B3 | 93.8% | 107.9% | 98.6% | 103.3% | 82.2% | 91.9% | 80.0% | 73.33% | 0 | 0 | 95.0% |
| WARD B4 | 101.7% | 104.7% | 103.1% | 101.0% | 81.3% | 69.1% | 53.3% | 58.62% | 0 | 0 | 97.1% |
| WARD B6/B7 | 95.9% | 93.6% | 93.3% | 99.7% | 94.1% | 75.4% | 77.5% | 91.11% | 0 | 0 | 97.6%/97.3% |
| WARD C1 HOLLES | 91.9% | 91.2% | 98.3% | 88.7% | 87.1% | 65.6% | 80.0% | 51.11% | 0 | 0 | 100% |
| WARD C5 | 86.3% | 100.1% | 98.6% | 103.2% | 81.7% | 84.5% | 80.0% | 85.00% | 0 | 0 | 97.5% |
| WARD C6 | 82.3% | 99.7% | 98.3% | 113.3% | 71.4% | 82.8% | 63.3% | 73.33% | 0 | 0 | 100% |
| CCU | 96.2% | 114.1% | 100.5% | 100.0% | 87.0% | 95.1% | 100.5% | 100.00% | 0 | 0 | 98.3% |
| Disney | 91.1% | 86.7% | 98.9% | 100.0% | 88.9% | 86.7% | 97.8% | 100.00% | 0 | 0 | 98.9% |
| ITU | 98.5% | 83.5% | 99.5% | - | 95.8% | 83.5% | 88.7% | - | 0 | 0 | 100% |
| NICU | 81.2% | 95.8% | 82.7% | 73.6% | 80.5% | 95.8% | 81.9% | 73.57% | 0 | 0 | 88.9% |
| SGH GYNAECOLOGY WARD | 98.7% | 100.1% | 100.0% | - | 89.6% | 97.6% | 81.6% | - | 0 | 0 | 99.3% |
| SSRU | 93.6% | 103.1% | 89.8% | 116.7% | 88.9% | 92.5% | 77.8% | 103.33% | 0 | 0 | 97.4% |
| WARD 10/11 | 98.3% | 106.3% | 100.0% | 110.0% | 93.1% | 105.7% | 68.9% | 95.00% | 0 | 0 | 99.1%/97.4% |
| WARD 16 | 94.0% | 98.3% | 100.0% | 100.8% | 53.8% | 89.6% | 48.3% | 81.67% | 0 | 0 | 99.1% |

| | | | | | | | | | | | |
|---------|--------|--------|--------|--------|-------|--------|-------|--------|---|---|-------|
| WARD 17 | 75.7% | 109.7% | 100.0% | 101.7% | 48.3% | 99.5% | 73.3% | 93.33% | 0 | 0 | 97.4% |
| WARD 18 | 86.6% | 112.9% | 103.4% | 90.0% | 82.5% | 94.9% | 73.4% | 73.33% | 0 | 0 | 97.2% |
| WARD 2 | 83.2% | 116.0% | 98.3% | 106.7% | 64.9% | 92.4% | 50.0% | 70.00% | 0 | 0 | 98.4% |
| WARD 22 | 93.9% | 87.8% | 110.2% | 96.7% | 63.1% | 59.2% | 61.6% | 85.00% | 0 | 0 | 93.8% |
| WARD 23 | 76.0% | 115.8% | 100.0% | 97.8% | 62.8% | 110.8% | 56.7% | 80.00% | 0 | 0 | 98.5% |
| WARD 24 | 90.9% | 95.2% | 98.1% | 94.9% | 71.8% | 83.2% | 51.7% | 67.78% | 0 | 0 | 97.7% |
| WARD 25 | 101.1% | 94.0% | 100.0% | 94.5% | 94.7% | 73.9% | 90.0% | 73.33% | 0 | 0 | 92.5% |
| WARD 26 | 92.2% | 100.1% | 93.0% | 100.0% | 78.1% | 100.1% | 79.6% | 96.67% | 0 | 0 | 100% |
| WARD 28 | 94.3% | 96.9% | 100.0% | 101.4% | 72.1% | 82.9% | 83.3% | 98.33% | 0 | 0 | 94.2% |
| WARD 6 | 76.0% | 88.8% | 83.4% | 55.2% | 74.8% | 88.8% | 81.6% | 48.28% | 0 | 0 | 100% |
| WARD 3 | 90.0% | 108.7% | 101.2% | 90.0% | 88.5% | 106.8% | 97.9% | 83.33% | 0 | 0 | 98.0% |

Fill rate key

| | |
|------|--|
| <85% | |
| 80% | |

Nursing Dashboard Key

| Calculated Thresholds | |
|-----------------------|-----|
| Over | 95% |
| Over | 85% |
| Under | 85% |