

**TRUST BOARD MEETING - PUBLIC**  
**To be held on Wednesday 6<sup>th</sup> April 2016**

<b>Title of Report:</b>	Report on Safe Nurse Staffing													
<b>Sponsoring Director:</b>	Michelle Norton, Director of Nursing													
<b>Author(s):</b>	Dilly Wilkinson, Deputy Director of Nursing													
<b>Background Paper(s):</b>														
<b>Assurance Framework Link(s):</b>	2.2.1; 2.3.1; 5.1.1:													
<b>CQC Link(s):</b>	18;9;10:													
<b>Corporate Objective(s) supported by this paper:- (please tick)</b>	Patient care/Experience ✓	Service Development/ Stakeholders ✓												
	Service Delivery ✓	Achieving targets ✓												
	Workforce ✓													
<b>Legal Implication(s):</b>	Legal claims reduced as quality and safety improved.													
<b>Resource Implication(s):</b>	Use of bank and agency staff due to vacancies.													
<b>Impact on Health Inequalities including Equality &amp; Human Rights:</b>	Affects all patients equally													
<b>Patient and/or Public Involvement:</b>	Members Advocacy Panel (MAP) and Patients Advisory Forum (PAF) visits and audits are supported and responded to appropriately.													
<b>Purpose of Report:</b>	To provide the board with the monthly safer staffing update.													
<b>Report Summary:</b>	<ul style="list-style-type: none"> <li>• This report reviews the staffing for February 2016 and confirms that the daily escalation remains in place.</li> <li>• Overall nursing vacancies Trust wide is above 10%</li> <li>• 1 red shifts reported with no incidents reported during the shift.</li> <li>• In month the band 5 vacancies have improved by 2.98WTE</li> <li>• Monthly national submissions of staffing levels continues to be published on the NHS Choices website</li> <li>• Establishment reviews have been conducted place as part of the acuity review and budget setting to review agreed staffing levels for each CBU</li> </ul>													
<b>Recommendation(s):</b>	<ul style="list-style-type: none"> <li>• The Board is asked to receive the most recent safe staffing report and note the significant vacancy gap and actions being undertaken.</li> </ul>													
<b>Acronyms and Abbreviations</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">NHSP</td> <td>NHS Professionals</td> </tr> <tr> <td>WTE</td> <td>Whole time equivalent</td> </tr> <tr> <td>HCA</td> <td>Healthcare Assistant</td> </tr> <tr> <td>GEH</td> <td>George Eliot Hospital</td> </tr> <tr> <td>TDA</td> <td>Trust Development Authority</td> </tr> <tr> <td>CCU</td> <td>Coronary Care Unit</td> </tr> </table>		NHSP	NHS Professionals	WTE	Whole time equivalent	HCA	Healthcare Assistant	GEH	George Eliot Hospital	TDA	Trust Development Authority	CCU	Coronary Care Unit
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## Safe Nurse Staffing 6<sup>th</sup> April 2016

### 1. Current Position

1.1. This report to Board of Directors includes the monthly update of the safer nurse staffing levels and the submission of the data to be uploaded nationally and published on the NHS Choices website.

1.2. Performance for February (1<sup>st</sup>-29<sup>th</sup>)

WARD	Budgeted (qualified)	Budgeted (unqualified)	Active Vacancy (qualified)	Active Vacancy (unqualified)	RED	Comments
Adam Bede	15.60	10.00	4.33	+0.80	0	
Alexandra	17.90	9.30	2.08	+0.43	0	
AMU	37.70	21.30	8.90	+6.25	0	
Bob Jakin	15.60	10.00	2.30	+4.44	0	
CCU	13.90	0.00	0.54	0	0	
Elizabeth	20.10	11.80	3.87	+0.04	0	
Felix Holt	14.00	11.80	1.87	+1.04	0	
Melly	18.30	11.30	1.10	0.70	0	
Nason	17.90	18.30	6.18	2.50	1	
Victoria	17.10	11.30	2.97	+1.30	0	
Mary Garth	16	10	7.11	0.4	0	
<b>Total vacancies</b>	<b>188.10</b>	<b>108.10</b>	<b>39.25</b>	<b>+9.90</b>		
ITU	42.07	1.40	0	0.0		
A&E	32.68	8.90	0.57	0		
<b>Maternity</b>						
Delivery/ Drayton	76.2	14.12	0	0		
SCBU	20.56	2.97	1.66	0.53		
<b>Theatres</b>						
Theatres			10.0			

### 2. Red shifts

2.1. In February there has been one red shift which was on Nason ward. The ward manager was on the shift and confirmed that there were no patients requiring enhanced care and supervision so the ward was as safe as possible in the circumstances. No clinical incidents have been reported as occurring during the shift.

2.2. Staffing is discussed at each site safety meeting which occurs 3 times a day every day. At these meetings potential red shifts are identified and mitigation is put in place to avoid breaches. Solutions include moving staff from later in the week to cover the shift, moving staff from other areas if there is capacity, booking bank staff etc. This work is led by the matrons and the on-site capacity managers. A number of red shifts are avoided each day due to difficulties with planning robust off duty which include vacancies, sickness and maternity leave. It is only when all alternatives have been investigated that there is a formal request made to the Director of Nursing, Deputy Director of Nursing or the on-call Director out of hours to

book off framework agency to cover shifts. The off framework agencies usage is robustly managed through the NHSP booking system and a pro-forma that is centrally collated and informs the reporting to the Trust Development Authority (TDA).

**2.3.** The Director of Nursing met with cardiology consultants and senior nursing team from Coronary Care (CCU) as they were experiencing specific issues regarding their nurse staffing levels. CCU has 3 qualified staff per shift across 7 days. Due to the high vacancy levels within the Trust and the need to ensure that all areas are as safe as possible there have been occasions where one of the staff nurses are moved to another area and replaced by a Health Care Assistant (HCA). This action is only taken when the patients on CCU have been reviewed and it is deemed safe. This only happens when staffing is under extreme pressure. The specific concern on CCU is that this is a high care area and patients condition can change rapidly. The actions agreed for CCU were:

- remind all senior nurses CCU should have 3 RN's and all patients to be reviewed by senior nurse
- senior nurses to risk assess any movement of RN's and record this on an incident form, to include mitigation and plan if nurse is called back to CCU due to patient escalation.
- Deputy DoN and Matron to develop rotational opportunities, learning and development models to assist with recruitment

**3. Vacancies**

**3.1.** Although in month there has been a reduction of vacancies by 2.89WTE this includes some newly appointed student nurses who will not be available to start work until September 2016 when their training is complete.

**3.2.** For February the vacancy figure for qualified staff is 15.14%.

Table 1. shows current ward based registered nurse vacancies by month

	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb
<b>Wards</b>	30.33	15.16	21.31	21.93	24.23	31.94	40.43	43.53	44.77	42.14	39.25

Vacancies are shown by month by whole time equivalent.

**4. National Submission of Safer Staffing Data**

**4.1.** Appendix 1 shows the data uploaded nationally and published on NHS Choices. Data shows performance against agreed staffing levels across the month including 'specials'.

**5. Ward Acuity reviews**

**5.1.** A series of establishment reviews have been held with the ward managers, matrons, finance and Director of Nursing to review the current establishment, the findings of the acuity study undertaken in November and to establish that the current agreed staffing levels are fit for purpose taking into account professional judgement. The Deputy Director of Finance also attended the meetings to ensure that the start point budgets for 2016/17 reflect the needs of the service and offer value for money.

**6. International Recruitment Project**

**6.1.** The business case for international recruitment of nurses is being prepared for April finance committee as this remains a medium to long term strategy to deliver an increase in substantive staff to ensure safe staffing whilst managing down costs and

agency usage. Substantive staff remains the most productive and safest solution as they are more able to work as an effective team.

**7. Next Steps**

- 7.1. Proactive recruitment events continue with a strengthened media presence
- 7.2. Agencies need to adhere to new price cap's for April – GEH conducted review of contract meetings.
- 7.3. Daily escalation of safer staffing remains in place.
- 7.4. Exit interviews for all leavers now re-launched.

Appendix 1 - Data uploaded nationally and published on NHS Choices

Ward name	Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Alexandra	96.9%	104.3%	101.2%	117.2%
Victoria	93.9%	113.6%	96.4%	100.0%
Nason	103.5%	93.6%	101.2%	107.4%
ITU	100.0%	-	100.0%	-
Adam Bede	106.5%	94.8%	101.8%	100.0%
Elizabeth	93.1%	105.7%	100.0%	104.3%
Bob Jakin	106.6%	87.8%	100.0%	100.0%
Melly	99.0%	110.6%	100.0%	153.6%
Felix Holt	86.0%	128.7%	100.0%	100.0%
CCU	101.2%	0.0%	100.0%	-
AMU	93.3%	99.6%	101.4%	101.8%
Delivery	102.7%	112.5%	98.2%	100.0%
Drayton	99.3%	101.8%	100.0%	100.0%
SCBU	100.0%	102.9%	100.0%	100.0%