

TRUST BOARD MEETING - PUBLIC
Wednesday 3rd February 2016

Title of Report:	Report on Safe Nurse Staffing	
Sponsoring Director:	Michelle Norton, Director of Nursing	
Author(s):	Dilly Wilkinson, Deputy Director of Nursing	
Background Paper(s):	Appendix 1	
Assurance Framework Link(s):	2.2.1; 2.3.1; 5.1.1:	
CQC Link(s):	18;9;10:	
Corporate Objective(s) supported by this paper:- (please tick)	Patient care/Experience ✓	Service Development/ Stakeholders ✓
	Service Delivery ✓	Achieving targets ✓
	Workforce ✓	
Legal Implication(s):	Legal claims reduced as quality and safety improved.	
Resource Implication(s):	Use of bank and agency staff due to vacancies.	
Impact on Health Inequalities including Equality & Human Rights:	Affects all patients equally	
Patient and/or Public Involvement:	Members Advocacy Panel (MAP) and Patients Advisory Forum (PAF) visits and audits are supported and responded to appropriately.	
Purpose of Report:	To provide the board with the monthly safer staffing update.	
Report Summary:	<ul style="list-style-type: none"> • This report reviews the staffing for December 2015 and confirms that the daily escalation remains in place. • Overall nursing vacancies Trust wide is above 10% • In month the band 5 vacancies have increased by 1.24WTE. • Monthly national submissions of staffing levels continues to be published on the NHS Choices website. 	
Recommendation(s):	<ul style="list-style-type: none"> • The Board is asked to accept the most recent safe staffing report. 	
Acronyms and Abbreviations	NHSP – National Health Service Professionals WTE – Whole Time Equivalent LETC – Learning, Education and Training Committee AMU – Assessment Medical Unit CCU – Critical Care Unit ITU – Intensive Care Unit SCBU – Special Care Baby Unit CBU – Clinical Buisness Unit EU – European Union	

Safe Nurse Staffing 3rd February 2016

1.0 Current Position

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.

Performance for December (1st- 31st)

WARD	Budgeted (qualified)	Budgeted (unqualified)	Active Vacancy (qualified)	Active Vacancy (unqualified)	RED	Comments
Adam Bede	15.60	10.00	2.93	1.00	0	
Alexandra	17.90	9.30	3.44	+0.43	0	
AMU	37.70	21.30	8.90	0.11	0	
Bob Jakin	15.60	10.00	2.30	1.16	0	
CCU	13.90	0.00	0.90	0	0	
Elizabeth	20.10	11.80	2.27	0	0	
Felix Holt	14.00	11.80	1.87	+1.04	0	
Melly	18.30	11.30	2.10	1.70	0	
Nason	17.90	18.30	9.98	2.5	1	
Victoria	17.10	11.30	3.97	0.3	0	
Mary Garth	16	10	6.11	0	0	
Total vacancies	188.10	108.10	44.77	5.3		
ITU	42.07	1.40	3.0	0.0		
A&E	32.68	8.90	3.57	0.22		
Maternity						
Delivery/ Drayton	76.2	14.12	3.8	0		
SCBU	20.56	2.97	1.66	0.53		
Theatres						
Theatres			10.0			

1.1 Red shifts

There has been one red shift (1.07%) in December. The shift occurred on Nason ward and despite the efforts of the matron for CBU 4 no contingency was found. The temporary worker booked for the shift did not attend the start of the shift and despite calling the agency could not cover the shift.

Standard mitigation to avoid red shifts is as follows:

- Review the ward staffing to see if staff from later in the week can be brought forward.
- Call ward staff to see if any substantive member of staff would like an additional shift on NHSP.
- Shift added to NHSP to see if there is a bank or agency fill if not already in place.
- Staffing across the hospital reviewed by Matron to review possible reorganisation to cover red shift, including areas where additional staff are in place for 'specialling' to consider co-horting and risk assess both situations.
- Escalate to Director of Nursing, Deputy Director of Nursing or Director on-call depending on time of day for potential non-framework booking.

The red shift occurred as a result of last minute cancellation of a temporary worker. On a wider scale we have asked NHSP to review all late cancellations by individual and agency to

determine whether there are additional controls required to prevent further occurrence of last minute cancellations.

1.2 Vacancies

The vacancy level for qualified nursing staff has again risen in month by 1.24 WTE and although there has been recruitment activity this has failed to impact on the vacancy total figure.

Registered nursing staff that have been appointed as follows and are due to start in the next few weeks:

- 1 WTE Alexandra ward
- 1 WTE Nason ward
- 1 WTE Victoria ward
- 0.8 WTE Elizabeth ward
- 1 WTE CCU

Unregistered staff appointed and due to start in the next few weeks:

- 1 WTE AMU
- 0.8WTE Victoria ward
- 2WTE Adam Bede
- 2WTE Elizabeth ward
- 1 WTE Mary Garth

There seems to be a limited outcome from application process, for example, the previous advert attracted 30 shortlisted applicants, these were invited of which 10 confirmed their intention to attend the interviews and only 4 attended on the day.

For December the vacancy figure for qualified staff is 15.79%.

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

Table 1

	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan
Wards	34.69	30.33	15.16	21.31	21.93	24.23	31.94	40.43	43.53	44.77

Vacancies are shown by month by whole time equivalent.

1.3 National Submission of Safer Staffing Data

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

2.0 Overseas Recruitment Update

Progress towards international recruitment has been made as follows:

- Project team established internally
- 4 international recruitment agencies from the framework have presented
- 2 have been selected to provide fully costed proposals for both EU and non-EU campaigns by close of play on the 26 January 2015
- Recommendation to Exec team meeting for ratification on 2 February.
- Proposal may include either one agency to undertake both or one for non-EU and one for EU

All of the companies that have presented have suggested that the timescale between inception and staff being available to work is 9 months on average. Therefore the local recruitment activity remains very important. For 2016 the monthly recruitment events have been increased to fortnightly to ensure that staff are not lost to other organisations whilst awaiting an interview day.

3.0 E-rostering

The e-rostering project team (one band 7, two band 5s and one band 2) have all been appointed during the week beginning 18 January 2016. Two members of the new team have existing experience of an e-rostering implementation and will therefore be able to support the project with experience of pitfalls and opportunities. Whilst we await the project team starting work through the project steering group has commenced regarding rostering standards, local rules and understanding which will enable quicker roll out.

4.0 Revalidation

From April 2016 all registered nurses and midwives will need to revalidate ever 3 years. Significant work has been undertaken to inform the current registered workforce and to support them in revalidation both nationally and locally. There is a page on the intranet which gives staff access to information and guidelines to achieve their revalidation. Although this is the responsibility of the individual it represents risk for the organisation as we need staff to revalidate and if their registration is allowed to lapse it will take 6 to 8 weeks to reregister rather than the current 48 hours. If a registrant allows this to happen they will be unable to work as a qualified nurse for that period. Our practice development facilitator has met with each of those due to revalidate in the first 3 months to ensure they have the information and support they need. She has also targeted staff who are due to revalidate whilst they are on maternity leave to ensure they have the support they require. The Trust continues to lead on the programme for the LETC to ensure awareness sessions are delivered across Arden, Hereford & Worcestershire for any registrant.

4.0 Next Steps

- Establish a delivery plan for the Trust regarding international recruitment both EU and non-EU.
- Continue to support the clinical practice team in their essential work.
- Continue to prepare for revalidation.
- Implement the social media campaign of recruitment developed in conjunction with ward managers and communications team.

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	100.5%	110.7%	97.8%	126.7%
Victoria	99.5%	106.2%	101.1%	110.0%
Nason	105.2%	104.8%	100.0%	118.3%
ITU	102.7%	-	103.1%	-
Adam Bede	104.4%	113.7%	103.3%	113.3%
Elizabeth	95.7%	118.8%	98.9%	108.9%
Bob Jakin	103.6%	132.7%	103.3%	138.3%
Melly	96.2%	117.1%	98.9%	142.9%
Felix Holt	101.4%	114.5%	103.3%	101.6%
CCU	103.4%	33.3%	103.3%	-
AMU	96.2%	113.0%	120.0%	106.6%
Delivery	100.0%	100.0%	100.0%	100.0%
Drayton	99.4%	96.9%	100.0%	83.9%
SCBU	100.6%	100.0%	100.0%	100.0%