

## TRUST BOARD MEETING - PRIVATE Wednesday 4<sup>th</sup> May 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 March 2016 and confirms that the daily escalation remains in place.</li> <li>• Overall nursing vacancies Trust wide is above 10%</li> <li>• HCA agency usage continues to fall and a trustwide ban is planned from July.</li> <li>• 12 red shifts reported with no red incidents reported during the shifts.</li> <li>• In month the band 5 vacancies have improved by 4.61WTE</li> <li>• Monthly national submissions of staffing levels continues to be published on the NHS Choices website</li> <li>• Acuity study data is reported with associated actions after meeting with ward managers and matrons.</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 4<sup>th</sup> May 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 March (1<sup>st</sup>-31<sup>st</sup>)

WARD	Budgeted (qualified)	Budgeted (unqualified)	Active Vacancy (qualified)	Active Vacancy (unqualified)	RED	Comments
Adam Bede	15.60	10.00	3.33	+0.60	0	
Alexandra	17.90	9.30	1.44	+0.43	2	
AMU	37.70	21.30	7.75	+5.89	0	
Bob Jakin	15.60	10.00	3.50	+3.04	1	
CCU	13.90	0.00	+1.67	0	1	
Elizabeth	20.10	11.80	5.27	+0.96	0	
Felix Holt	14.00	11.80	2.07	+0.04	2	
Melly	18.30	11.30	1.10	1.70	0	
Nason	17.90	18.30	3.98	3.30	1	
Victoria	17.10	11.30	0.77	+1.10	5	
Mary Garth	16	10	7.11	0.4	0	
<b>Total vacancies</b>	<b>188.10</b>	<b>108.10</b>	<b>34.64</b>	<b>+6.66</b>	12	
ITU	42.07	1.40	0	0.0		
A&E	32.68	8.90	0.43	0		
<b>Maternity</b>						
Delivery/ Drayton	76.2	14.12	1.6	0.2		
SCBU	20.56	2.97	1.0	0.53		
<b>Theatres</b>						
Theatres			9			

### 1.1 Red shifts

In March there has been twelve red shift which were on Felix, Alexandra, Victoria, Nason, Bob Jakin and Coronary Care Unit. A number of these shifts occurred over the Easter Bank holiday which is a difficult time to fill with temporary staff due to workers taking holidays. Each of these occasions were shifts that had been requested from NHSP then agency and then had still failed to fill when the request was forwarded to a non-framework agency(Thornbury). The matrons and on-site co-ordinators were aware and offered support to the ward areas during the shifts which were all day shifts. No clinical incidents have been reported as occurring during these shifts.

### 1.2 Vacancies

In month there has been a further reduction of vacancies by 4.61WTE for registered nurses. Staff who have been appointed include some newly qualified nurses who will not be available to start work until September 2016 when their training is complete.

For March the vacancy figure for qualified staff is 13.34%.

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

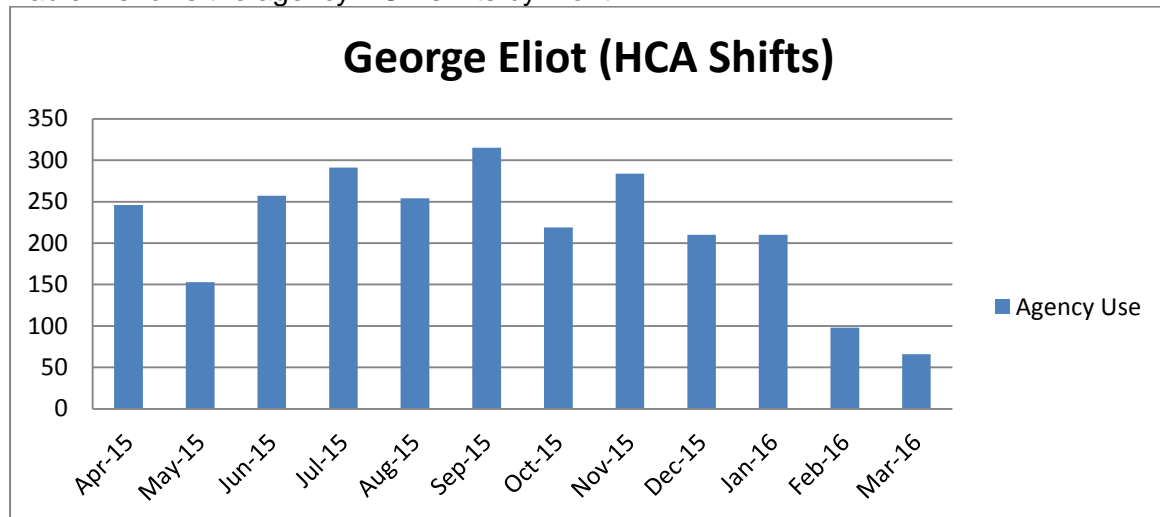
	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
<b>Wards</b>	30.33	15.16	21.31	21.93	24.23	31.94	40.43	43.53	44.77	42.14	39.25	34.64

Vacancies are shown by month by whole time equivalent.

### 1.3 Agency ban for HCAs

Healthcare Assistants (HCA) recruitment has been very successful. We have over recruited into a number of the wards to ensure that we no longer have vacancies at HCA level. Further recruitment is being undertaken before the end of April to fully recruit to all wards and to the enhanced care team (specialling team). Nason and Melly still have HCA vacancies which will be temporarily filled by the over recruited posts once the new starters have started and completed their care certificate whilst their new appointments are processed. The low level of vacancy has helped to deliver a reduction in bank and agency usage. Changes made in the NHSP cascade have enabled reduction and will support the plan to ban agency for HCAs to be delivered in July. A three month communication and recruitment plan is in place to ensure the agency element of the cascade can be switched off for HCAs safely.

Table 1 shows the agency HCA shifts by month



### 1.4 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 Ward Acuity reviews

The acuity study is undertaken twice a year and reported to Board. The last study was undertaken in November 2015. The next review using the Safer Nurse Staffing National Tool is to commence on the 2<sup>nd</sup> May 2016.

The study was undertaken after training by the ward manager supported by the matron which has enabled the tool to be more affectively deployed and has given the ward managers better understanding of the tool and its use. The additional support on the ward areas when the tool is being used has led to the results being more reliable and robust.

The results of the November review against the agreed staffing levels and local knowledge have been discussed with the matron and ward manager for each area in meetings with the Director of Nursing, Head of Finance and Deputy Director of Nursing. These discussions have been used to agree the establishments and budget for 2016/17. Table 2 shows the acuity study for March 2015 and November 2015 with the comparison to the funded WTE.

Table 2

	Funded WTE	Mar-15	Difference	Nov-15	Difference	Incidents	Comments
<b>AMU</b>	71.40	Not included	0	<b>59.38</b>	<b>8.34</b>	<b>24</b>	Tool does not fully reflect high admission and discharge rates. Additional HCA per shift agreed to ensure that comfort care is delivered in this high demand area.
<b>Adam Bede</b>	27.60	25.60	2.00	<b>28.22</b>	<b>0.78</b>	<b>7</b>	
<b>Melly</b>	32.10	31.50	0.60	<b>46.95</b>	<b>-10.06</b>	<b>8</b>	Discussion with matron and ward manager reflected fluctuating acuity in-patients. Professional judgement was that increased establishment not required at present and will be reviewed in May 16
<b>Nason</b>	31.20	43.50	-12.30	<b>50.04</b>	<b>-11.7</b>	<b>14</b>	Additional HCA per shift requested and granted in previous study. Now being embedded. Ward manager and matron to continue to monitor and no uplift required on balance of professional judgement
<b>Victoria</b>	31.20	28.10	3.10	<b>25.57</b>	<b>5.43</b>	<b>11</b>	
<b>CCU</b>	18.10	16.50	1.60	<b>17.53</b>	<b>0.48</b>	<b>5</b>	
<b>Felix</b>	31.48	27.90	3.58	<b>33.63</b>	<b>-2.15</b>	<b>5</b>	For close monitoring
<b>Elizabeth</b>	33.90	40.80	-6.90	<b>33.32</b>	<b>0.91</b>	<b>5</b>	On-going monitoring
<b>Bob Jakin</b>	27.60	18.30	9.30	<b>18.20</b>	<b>12.14</b>	<b>10</b>	Skill mix altered to reflect needs of patients with dementia based on professional judgement from Matron and Ward Manager.
<b>Mary Garth</b>	28.00	19.20	8.80	<b>21.05</b>	<b>7.95</b>	<b>18</b>	
<b>Alexandra</b>	31.20	32.70	-1.50	<b>30.10</b>	<b>1.1</b>		

The acuity tool is designed for acute wards and therefore is not suitable for use in Theatres, A&E or maternity. Other acuity tools are being sought including maternity are meeting with Birth Rate Plus (approved tool by Royal College of Midwives). In A&E the matron from Worcester Royal Hospital is meeting with our matron to look at implementing a specific A&E acuity tool.

In theatres a workforce reconfiguration project has commenced to influence skill mix and develop band 3 HCAs to become band 4 theatre practitioners. These staff will have enhanced skills and undertake a wider role within theatre, anaesthetics and recovery.

### **3.0 International Recruitment Project**

The business case for international recruitment of nurses is being presented to finance committee this month. The case proposes recruitment in the Philippines, India and some in Europe. This project is now in partnership with UHCW. This will be recruitment directly for GEH by GEH staff but enables us to benefit from lower tariff through jointly recruiting high enough numbers to bring the cost per nurse down.

### **4.0 E-rostering**

The formal e-rostering meeting has progressed a significant amount of foundation work in readiness for the e-rostering go-live mid-May.

The operational e-rostering kick start meeting has taken place attended by ward managers, project team, matrons, workforce managers, finance and HR. The project's first week of training is in May and the first two wards to commence with e-rostering are Alexandra and Adam Bede. Both areas have completed their pre-implementation workbook in which the ward data is collected to enable the roster to be built. A full launch and communication plan is scheduled during May.

### **4.0 Conclusion**

The Board is asked to acknowledge the on-going work within recruitment, retention and daily management undertaken to ensure safe staffing levels are maintained on the wards. All escalation remains in place.

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	93.8%	109.9%	98.9%	112.5%
Victoria	95.2%	106.0%	100.0%	110.0%
Nason	93.3%	99.0%	100.0%	96.7%
ITU	94.2%	-	94.1%	-
Adam Bede	95.6%	115.7%	98.3%	130.0%
Elizabeth	92.9%	113.3%	100.0%	101.7%
Bob Jakin	92.0%	113.0%	100.0%	103.0%
Melly	91.9%	117.3%	103.5%	117.5%
Felix Holt	97.6%	104.0%	100.0%	98.3%
CCU	93.9%	-	98.9%	-
AMU	94.7%	115.0%	107.3%	109.2%
Delivery	100.0%	100.0%	99.2%	100.0%
Drayton	97.2%	93.5%	100.0%	100.0%
SCBU	100.0%	100.0%	100.0%	100.0%