

## Trust Board of Directors

February 2015

### Nurse Staffing Report (Reporting Period January 2015)

#### 1.0 Introduction

The Board of Directors receive a monthly nurse staffing report of which provides detailed data analysis on a shift by shift basis of the planned and actual staffing levels across our in-patient wards. This includes an exception report where the actual nurse staffing levels have either failed to achieve or exceeded agreed thresholds.

The report forms part of the organisation's commitment in providing open, honest and transparent nurse staffing information through the publication of this data both on the Trust and NHS Choices Websites.

#### 2.0 Registered Nurse (RN) & Health Care Assistant (HCA) Staffing Analysis (Planned versus Actual) January 2015.

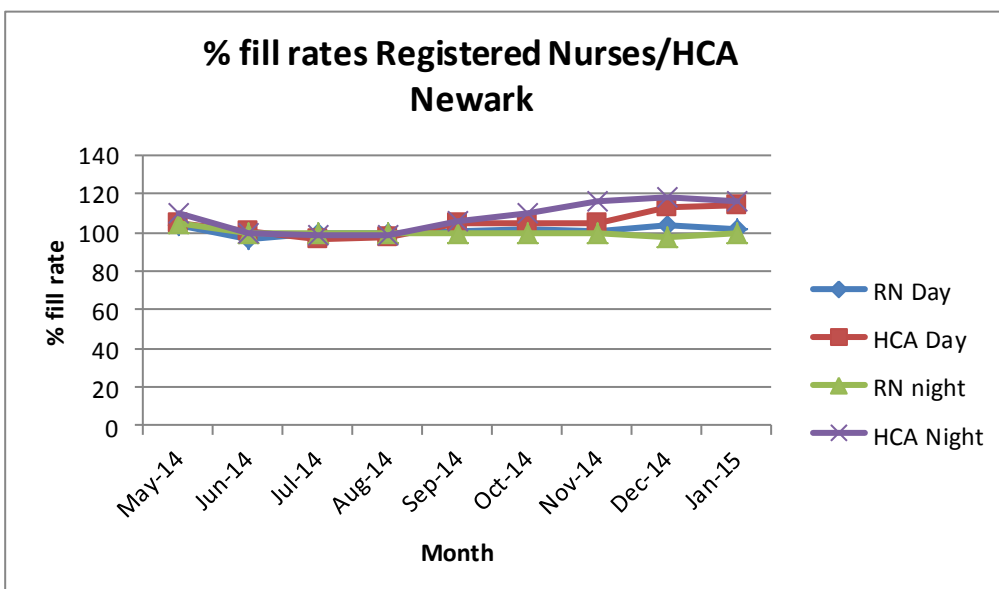
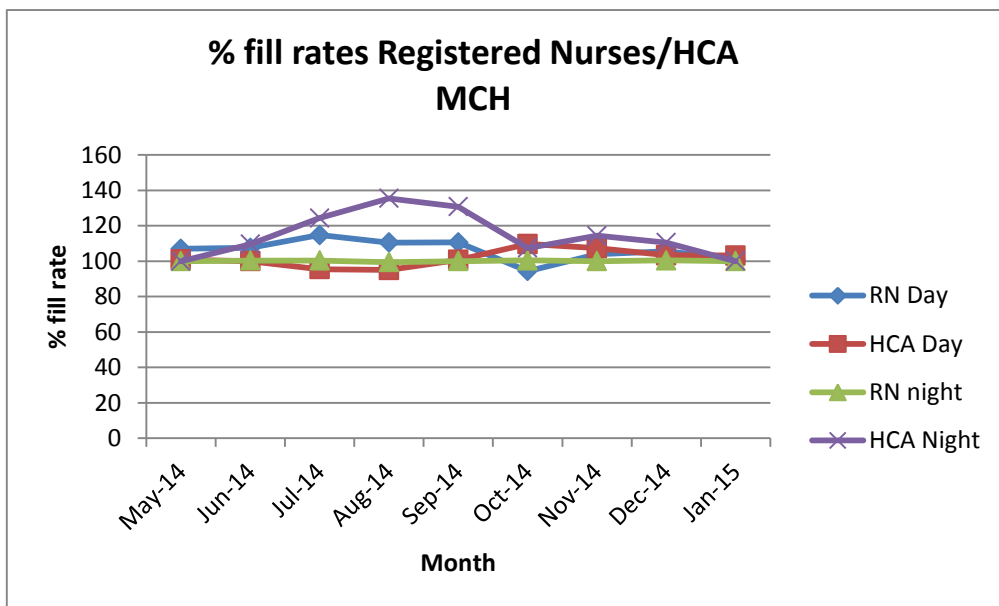
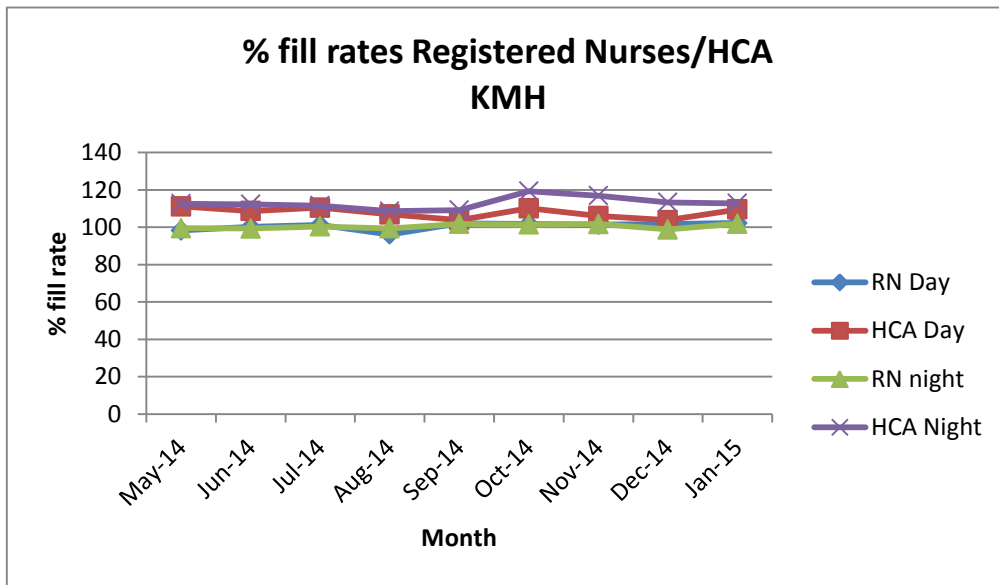
The Trust submitted and uploaded Registered Nurse (RN) & Health Care Assistant (HCA) staffing data (Planned versus Actual) for January 2015. Table 1 summarises the above information

Table 1: Registered Nurse (RN) / Registered Midwife (RM) & Health Care Assistant (HCA) Fill Rates (%) January 2015.

January 2015	Day	Day	Night	Night
Site Name	Average Fill Rate RN/RM	Average Fill Rate HCA	Average Fill Rate RN/RM	Average Fill Rate HCA
Kings Mill Hospital	102.2%	109.5%	101.9%	112.8%
Mansfield Community Hospital	101.2%	103.2%	100.0%	100.0%
Newark Hospital	101.3%	114.0%	100.0%	116.1%

The following graphs (Graph 1, 2, 3) illustrate the actual % fill rates for RNs and HCAs from May 2014 – January 2015 across each of the trust sites. This shows that average fill rates in the majority of cases remain within the agreed parameters, with the exception of the HCA fill rates during night duty periods. The requirement for additional HCA resource during night duty periods remains an on-going issue specifically across sub-acute geriatric and trauma and orthopaedic specialities due to enhanced care requirements.

Graph 1, 2, 3 Registered Nurse / Midwife & Health Care Assistant Fill Rates (%) May – January 2015 for each of the trust sites



During January additional bed capacity remained open across a number of areas in order to address an increase in non-elective activity / admissions to the trust.

### 3.0 UNIFY Data Submission Jan 2015

Analysis of the UNIFY Nurse Staffing data submission for January (Appendix 1 and Matron Exception Report has highlighted the following themes in month:

1. During January a total of 743 additional Health Care Assistant shifts were utilised across the organisation to provide enhanced patient support to clinical areas demonstrating an increase of 13.2% compared to December. Of those a total of 165 shifts were filled with Agency HCAs (22%),
2. During January a total of 6 wards failed to achieve the 90% fill rate threshold. They include; Ward 14, Ward 31, Ward 32, Ward 21, Ward 25, and Lindhurst Ward.

The following Table provides further information regarding each of these areas both in terms of rationale and future mitigation.

Table 2. RN and HCA Actual Fill Rate exception Report (January 2015)

Ward	Fill Rate (%)		Narrative / Mitigation
	RN	HCA	
Ward 14	88% (Days)		During January the ward redeployed one member of their Registered Nursing workforce to support the temporary re commissioning of Ward 21. During this time the Ward Sister risk assessed the nursing establishment on a shift by shift basis in order to seek assurance regarding the provision of high quality and safe care. She in addition reduced her clinical supervisory to practice time in order to support care delivery during this period.
Ward 21		85.5% (Nights)	During December 2014 Ward 21 was re commissioned on a temporary basis in order to support an increase in non-elective admissions to the trust. Due to an increase in bed capacity and demand for additional temporary staff there were occasions within the month whereby the ward was unable to cover a number of HCA night duty shifts. This risk was however mitigated by increasing the overall number of Registered Nurses during night duty shift periods and in ensuring that all shifts continued to maintain a mixture of trust and agency nursing staff.
Ward 25		71% (Nights)	Ward 25 are currently in the process of introducing Health Care Assistants onto night duty shifts to further support the overall registered Nurse workforce. It is envisaged that this will come to fruition in April 2015. The Ward Sister and senior team continually monitor and assess patient acuity and dependency on the ward in order to ensure that appropriate staffing levels are maintained at all times.
Ward 31	89.5% (Day)		The marginal under fill during January is primarily due to the ward currently transitioning and working towards their agreed future nursing establishment; and secondly due to the provision of registered Nursing resource to support Ward 21.
Ward 32	89.1% (Days)		The marginal under fill during January is primarily due to the ward currently transitioning and working towards their agreed future nursing establishment; and secondly due to the provision of

			registered Nursing resource to support Ward 21.
Lindhurst Ward	85.9% (Days)		The under fill reported in January is primarily due to the ward currently transitioning and working towards their agreed future nursing establishments.

#### 4.0 Quality and Safety

A process of detailed data analysis is undertaken and facilitated by senior nurses on a monthly basis in order to firstly identify via The Ward Assurance Dashboard whether any degree of patient harm has occurred to patients within our care and secondly to correlate such instances to nurse staffing levels.

The following agreed patient outcomes are used to determine relative harm:

1. Patient falls that resulted in harm
2. Medication errors that resulted in harm
3. Avoidable pressure ulcers
4. Nurse staffing incidents

**Table 3. Correlation Between Actual Nurse Staffing Fill Rates and Patient Outcomes**

Jan 2015 Correlation between nurse staffing fill rates and patient outcomes								
Ward	DAY %		Night %		Falls (Harm)	Medication Errors	Avoidable Pressure Ulcers	Staffing incidents
	RN	HCA	RN	HCA				
EAU	102.0%	108.6%	106.5%	103.2%	9	18	0	0
11	111.8%	98.4%	100.0%	91.9%	2	1	1	1
12	100.0%	129.0%	98.9%	106.5%	0	2	0	0
14	88.0%	95.6%	92.9%	97.8%	0	3	0	0
21	114.0%	93.5%	108.6%	85.5%	4	3	1	2
22	100.0%	97.3%	100.0%	100.0%	1	1	0	0
23	94.2%	121.8%	97.4%	96.8%	1	2	0	0
24	99.5%	102.2%	98.9%	100.0%	0	1	0	0
31	89.5%	92.5%	98.9%	129.0%	0	1	1	2
32	89.1%	98.9%	96.8%	174.2%	2	1	1	1
33	100.5%	136.0%	95.7%	159.7%	0	2	0	1
34	98.9%	116.7%	95.7%	125.8%	2	2	0	0
35	105.9%	125.8%	90.3%	138.7%	0	1	1	2
36	99.5%	124.7%	100.0%	162.9%	0	2	1	0
41	99.5%	133.3%	93.5%	150.0%	0	1	0	0
42	112.9%	110.8%	98.9%	130.6%	0	1	1	0
43	100.0%	108.1%	103.2%	106.5%	0	3	0	0
44	103.8%	117.2%	101.1%	116.1%	0	1	0	1
51	103.8%	104.8%	101.1%	104.8%	1	2	0	0
52	102.8%	94.8%	96.8%	96.8%	1	6	0	0
Stroke Unit	104.6%	119.0%	111.6%	121.8%	1	3	0	0
ICCU	116.5%	101.6%	113.7%	93.5%	0	2	0	0
NICU	143.5%	122.6%	133.3%	93.5%	0	3	0	0
Ward 25	93.1%	100.0%	96.2%	71.0%	0	1	0	0
Inpatient maternity	100.3%	102.4%	101.1%	96.8%	0	0	0	3
DCU	100.0%	98.1%	100.0%	96.8%	1	5	0	1
Chatsworth	113.7%	90.9%	100.0%	100.0%	2	0	0	1
Lindhurst	85.9%	120.2%	100.0%	100.0%	0	1	0	0
Oakham	119.4%	104.3%	100.0%	100.0%	0	1	1	0
Sconce	101.6%	121.0%	100.0%	129.0%	1	4	0	2
Fernwood	100.0%	100.0%	100.0%	96.8%	0	1	0	0
Totals					28	75	8	17

During January a total of 128 clinical incidents relating to falls, pressure ulcers, medication errors and staffing incidents were recorded across all clinical ward environments. Of those recorded 24 were logged against wards that had fallen below the 90% fill rate threshold. The remaining 104 incidents reported were from wards that had achieved or exceeded the required staffing thresholds. This increase in clinical incidents could be attributed to the severe operational pressures and patient acuity and dependency experienced in January and will be monitored closely by the Divisional teams.

Triangulation of this data has identified that some of the surgical wards have seen an increase in clinical incidents. This in part could be attributed to the winter pressures and the need to outlie medical patients within surgery. Further analysis is required by the ward sisters and matron to identify if these incidents can be attributed to medical outliers within surgery.

Previous concerns raised in last month's report around increase clinical incidents on Ward 33 appear to have resolved with clinical incidents down to 3 for January 2015. The matron for this area will continue to monitor this area to ensure the improvement is maintained.

#### 5.0 Achievement of Planned Staffing Requirements – Organisational Capacity and Capability

On a day to day basis the Ward Sisters and Charge Nurses are responsible for ensuring that their clinical wards and departments are safely and appropriately staffed to meet the acuity and dependency of patients within their care. In addition to this duty rotas and staffing levels are regularly reviewed by the Matrons and formally reported and reviewed in the Capacity & Flow Meetings to seek further assurances regarding clinical safety whereby risk assessments and clinical decisions are made to mitigate the greatest risks.

From a workforce perspective there are currently 58 WTE Registered Nurse and 31 WTE Healthcare Assistant vacancies across the Trust, with the greatest proportion residing within the Emergency Care & Medicine Division. This position is reflected both locally and nationally.

In order to address this issue a comprehensive Registered Nurse recruitment strategy has been implemented to attract newly qualified practitioners to the organisation; those wishing to return to practice and from across the European Union. We are currently working closely with a recruitment agency scoping the potential to extend our recruitment plans to capture a rich untapped resource of registered nurses in the Philippines later in the year. These nurses have to pass a rigorous process of testing prior to registration with the NMC which includes a minimum standard of English certification and competency exams. It is felt that these nurses will be better prepared to join our workforce but this process takes approximately 9 months to complete so will not provide an immediate solution to our staffing challenges. Despite the above interventions the Trust continues to carry a number of vacancies thereby resulting in a reliance upon temporary staffing solutions to satisfy our staffing requirements. This continues to be recorded as a risk of 15 on the Trusts risk register.

#### 6.0 NICE Emergency Department Nurse Staffing Guidelines

During January 2015 NICE published a consultation document regarding proposed nurse staffing recommendations within Emergency Departments. From an organisational perspective we have contributed to the national consultation exercise and have identified a potential shortfall of > 26.0 WTE Band 5 Registered Nurses (when assessing against the draft recommendations); this equates to a £900,000 potential investment into nursing. This

guidance is still being consulted on and could significantly alter. We will monitor the national direction and update the board accordingly.

## 7.0 Conclusion

Analysis of our planned and actual nurse staffing levels demonstrates that the majority of wards fulfil the required standards. Where it is identified that a clinical area has fallen below the required standard an exception report is generated by respective Divisional Matrons in order to gain a greater understanding of the reasons why this has occurred and to seek assurance that robust plans are in place to mitigate against further occurrences.

Governance arrangements have recently been implemented in light of the commissioning of additional bed capacity in order to efficiently and effectively identify and address shortfalls. The reliance on temporary staffing solutions is still occurring and continues to be an operational challenge within the organisation, however is being managed consistently and equitably across the nursing workforce.

A number of wards are currently in the process of transitioning to the revised nursing establishments as agreed within the first milestone of the investment programme. This has resulted in a number of Registered Nurse under fills and Health Care Assistant overfills being reported during this transition period.

Lisa Dinsdale Deputy Director of Nursing & Quality

Susan Bowler Executive Director of Nursing and Quality

Appendix 1 – Actual Nurse Staffing Fill Rates (Jan 2015) As reported On unify. RAG RATING: < 79% Red, 80% - 90% Amber. 91% - 110% Green, > 110% Blue.

Jan-15		Monthly Hours										
Ward name	DAY						Night					
	Registered midwives/nurses		Average fill rate - registered nurses/midwives (%)	Care Staff		Average fill rate - care staff (%)	Registered midwives/nurses		Average fill rate - registered nurses/midwives (%)	Care Staff		Average fill rate - care staff (%)
	Total monthly planned staff hours	Total monthly actual staff hours		Total monthly planned staff hours	Total monthly actual staff hours		Total monthly planned staff hours	Total monthly actual staff hours		Total monthly planned staff hours	Total monthly actual staff hours	
<b>Planned care and Surgery</b>												
Ward 11	1116	1248	111.8%	1116	1098	98.4%	1023	1023	100.0%	682	627	91.9%
Ward 12	1116	1116	100.0%	1116	1440	129.0%	1023	1012	98.9%	682	726	106.5%
Ward 14	2046	1800	88.0%	1488	1422	95.6%	1705	1584	92.9%	1023	1001	97.8%
Ward 31	1488	1332	89.5%	1116	1032	92.5%	1023	1012	98.9%	341	440	129.0%
Ward 32	1488	1326	89.1%	1116	1104	98.9%	1023	990	96.8%	341	594	174.2%
ICCU	2976	3468	116.5%	372	378	101.6%	2728	3102	113.7%	341	319	93.5%
DCU	1380	1380	100.0%	636	624	98.1%	682	682	100.0%	341	330	96.8%
Totals	11610	11670	99.2%	6960	7098	102.0%	9207	9405	100.1%	3751	4037	112.8%
<b>Womens and Childrens</b>												
NICU	1116	1602	143.5%	372	456	122.6%	1023	1364	133.3%	341	319	93.5%
Ward 25	2604	2424	93.1%	744	744	100.0%	2046	1969	96.2%	341	242	71.0%
Inpatient Maternity	3720	3732	100.3%	1488	1524	102.4%	3069	3102	101.1%	1364	1320	96.8%
Totals	7440	7758	112.3%	2604	2724	108.3%	6138	6435	110.2%	2046	1881	87.1%
<b>Medicine</b>												
EAU	3348	3414	102.0%	2232	2424	108.6%	2387	2541	106.5%	2046	2112	103.2%
Ward 21	1116	1272	114.0%	1116	1044	93.5%	1023	1111	108.6%	682	583	85.5%
Ward 22	1116	1116	100.0%	1116	1086	97.3%	1023	1023	100.0%	682	682	100.0%
Ward 23	1860	1752	94.2%	744	906	121.8%	1705	1661	97.4%	341	330	96.8%
Ward 24	1116	1110	99.5%	1116	1140	102.2%	1023	1012	98.9%	682	682	100.0%
Ward 33	1116	1122	100.5%	1116	1518	136.0%	1023	979	95.7%	682	1089	159.7%
Ward 34	1116	1104	98.9%	1116	1302	116.7%	1023	979	95.7%	682	858	125.8%
Ward35	1116	1182	105.9%	1116	1404	125.8%	1023	924	90.3%	682	946	138.7%
Ward 36	1116	1110	99.5%	1116	1392	124.7%	1023	1023	100.0%	682	1111	162.9%
Ward 41	1116	1110	99.5%	1116	1488	133.3%	1023	957	93.5%	682	1023	150.0%
Ward 42	1116	1260	112.9%	1116	1236	110.8%	1023	1012	98.9%	682	891	130.6%
Ward 43	1488	1488	100.0%	1116	1206	108.1%	1364	1408	103.2%	682	726	106.5%
Ward 44	1116	1158	103.8%	1116	1308	117.2%	1023	1034	101.1%	682	792	116.1%
Ward 51	1116	1158	103.8%	1116	1170	104.8%	1023	1034	101.1%	682	715	104.8%
Ward 52	1488	1530	102.8%	1488	1410	94.8%	1023	990	96.8%	682	660	96.8%
Stroke Unit	2976	3114	104.6%	1860	2214	119.0%	1705	1903	111.6%	1364	1661	121.8%
Chatsworth	744	846	113.7%	1116	1014	90.9%	682	682	100.0%	341	341	100.0%
Lindhurst Ward	1488	1278	85.9%	744	894	120.2%	682	682	100.0%	341	341	100.0%
Oakham Ward	744	888	119.4%	1116	1164	104.3%	682	682	100.0%	341	341	100.0%
Sconce Ward	1488	1512	101.6%	1488	1800	121.0%	1023	1023	100.0%	1023	1320	129.0%
Fernood	372	372	100.0%	744	744	100.0%	341	341	100.0%	682	660	96.8%
Totals	28272	28896	102.90%	24924	27864	111.9%	22847	23001	99.90%	15345	17864	115.40%

