

Report to:	Trust Board	Agenda item:	11
Date of Meeting:	17 December 2014		

Title of Report:	Safer staffing report
Status:	To note
Board Sponsor:	Helen Blanchard, Director of Nursing & Midwifery
Author:	Jan Lynn, Lead Nurse, Workforce Development and Education
Appendices	Appendix 1: Safer Staffing November 2014

1. Executive Summary of the Report

The purpose of this report is to update the Board on the nurse and midwifery staffing levels for all inpatient wards as outlined in the Chief Nurse Staffing Guide 'How to ensure the right people, with the right skills are in the right place at the right time' published by the National quality Board and NHS Commissioning Board.

The Report provides an overview of the nurse, midwifery and care staff hours fill rate 'planned versus actual'. It informs the Board of reasons why there are variances in the fill rates and what actions are being taken to mitigate to reduce the risks around insufficient staffing levels.

The report also appraises the Board of any areas of risk.

2. Recommendations (Note, Approve, Discuss)

To note the contents of this report in relation to monthly nurse and midwifery staffing levels and the actions being undertaken to address any shortfall and mitigate against any risks.

3. Legal / Regulatory Implications

National Quality Board Requirements (Nov 2013)
NICE guidance (July 2014)
CQC Outcome 4 Reg. 9
CQC Outcome 12 Reg. 21
CQC Outcome 13 Reg. 22
CQC Outcome 14 Reg. 23

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)

Risk to CQC registration if Quality standards are not met
Non compliance with National Quality Board and NICE requirements

5. Resources Implications (Financial / staffing)

Nursing investment has been identified by Trust Board 2014/15 to support nurse staffing on the inpatient wards.
No further financial implications identified at this stage.

6.	Equality and Diversity
Compliance with the Equality and Diversity Policy	

7.	References to previous reports
<ul style="list-style-type: none"> • Investment in Nursing 2014/15: Safer Staffing. Public Trust Board. March 2014. • Six Monthly Safe Staffing Reports to Trust Board – October 2014. • Monthly Quality Reports to Trust Board. • Monthly Safe Staffing Reports to Trust Board 	

8.	Freedom of Information
Public	

Safer Staffing – Nursing and Midwifery Workforce Information November 2014 Report

1. Purpose:

The purpose of this report is to provide the Trust Board with an update on the status of nursing and midwifery staffing levels at the Royal United Hospital Trust for the month of November 2014.

The report forms one of the compliance requirements, against the National Quality Board's standards which are highlighted in 'How to ensure the right people, with the right skills, are in the right place at the right time (National Quality Board, November 2013).

The following report provides an overview of the nurse, midwifery and care staff hours fill rate 'planned' versus 'actual'. It aims to provide the Board with assurance around nurse staffing by detailing the reasons why inpatient areas are either under or over their planned staffing hours and what actions are in place to address any gaps or over establishment.

2. Scope of the Review

This report is focused on all in-patient adult wards including critical care and all in-patient maternity wards on the acute site as well as the inpatient community birthing centres. Day Case areas and the Emergency Department are excluded.

This monthly report is submitted as part of the National Quality Board requirements which includes publishing nurse staffing data both on the Trust website and NHS Choices website. The Trust is required to report on the actual staffing numbers (in hours) against planned staffing levels for each month.

Since May 2014 the trust website safer staffing page (URL: www.ruh.nhs.uk/saferstaffing) is available to sign post the public to the monthly staffing information to ensure transparency and compliance with national requirements.

3. Safer Staffing – Trust overview

The Trust's overall average staffing hours fill rate, planned versus actual for Registered Nurses (RN) and Registered Midwives (RM) and Health Care Assistants (HCA) for the day and night shift for November was:

RUH	Day shift		Night shift	
	Ave fill rate RN/RM	Ave fill rate HCA	Ave fill rate RN/RM	Ave fill rate HCA
November 2014	92.4%	105.7%	94.2%	114.9%

The overall gap in fill rates for RNs both day and night shifts reflects the number of vacancies and sickness and inability to fully cover the shortfall.

The additional fill rates for HCA care staff particularly at night reflect the additional HCAs deployed to cover RN vacancies and patients who require 'Specialling'.

3.1 Reporting by Exception – Ward level data

The current method of collecting 'actual' staffing data against 'planned' establishment is undertaken through ward staff inputting their rotas into the Roster Pro database. Trust wide this is overseen by the Staffing Solutions Manager and also includes the inputting of temporary staffing

either Bank or Agency. The planned staffing levels are those that have been approved at budget setting and the Director of Nursing and Midwifery against evidence based skill mix reviews and benchmarking and are the funded establishments.

The full overview and summary of the average percentage fill rates based on staffing levels planned and actual (calculated in hours) of the registered nurse/midwife and non-registered nurse/midwife (called in the national template – Health care assistants) for all inpatient wards for the month of November is provided in Table1.

Table 1 (overleaf) highlights areas where the average actual staffing hours fall below 90 per cent fill rate (Red) or are above 120 per cent fill rate (Blue). Where there are fill rates either side of these ratios explanations are provided and where necessary any actions that are being taken to address any shortfall or over establishments. These data form part of the data collection that is published via UNIFY and uploaded on NHS Choices web pages.

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Safer Staffing Report - November 2014

Table 1

Ward Name	Day		Night		Explanation and Actions taken where fill rate <90% or >120%
	Average fill rate RN/RM (%)	Average fill rate CA (%)	Average fill rate RN/RM (%)	Average fill rate - CA (%)	
ACE	94.3%	97.2%	85.0%	118.1%	There is a gap of RN hours at night due to vacancies which are presently being recruited. Additional Health Care Assistants were deployed to cover the RN gap at night.
Acute Stroke Unit	93.4%	81.6%	110.1%	100.6%	Shortfall of HCAs day hours are due to long term sickness. Sickness is being managed within the Trust's Sickness Policy.
Cardiac Ward	89.7%	91.5%	84.6%	126.3%	RN hours shortfall day and night is due to both long and short term sickness and vacancies. HCA additional hours at night cover the RN night gap.
Charlotte Ward	100.7%	102.3%	98.8%	101.2 %	
Cheselden Ward	120.5%	100.4%	100.0%	193.1%	Additional RN hours in the day may reflect rostering practices with staff working long days. HCA night hours additional due to patients requiring 'Specialling'. Matron and Head of Nursing will critically review the ward rosters.
Children's Ward	86.7%	98.5%	96.1%	106.8%	RN day shortfall due to RN vacancies and sickness. Recruitment in progress.
Combe Ward	86.3%	139.9%	96.1%	200.2%	There are RN vacancies which are presently being recruited. Actual HCA hours (Day and Night) cover RN gap in the day and patients who require 'Specialling'.
Coronary Care Unit	89.3%	89.4%	96.7%	100.6%	RN and HCA day shortfall due to sickness. Sickness being managed via Sickness Policy.
Forrester Brown Ward	97.1%	111.9%	96.5%	126.2%	Additional night HCA hours support patients requiring 'Specialling'.

Ward Name	Day		Night		Explanation and Actions taken where fill rate <90% or >120%
	Average fill rate RN/RM (%)	Average fill rate CA (%)	Average fill rate RN/RM (%)	Average fill rate - CA (%)	
Haygarth Ward	101.9%	76.2%	98.1%	105.1%	HCA day hours reduced fill due to vacancies which are being recruited.
Helena Ward	108.9%	117.6%	92.5%	117.0%	
Intensive Therapy Unit	83.7%	169.6%	90.8%	116.7%	The variance in skill mix (days) is due to the number of overseas nurses who are still awaiting NMC Registration and therefore work as HCA. Registrations are being chased and now coming through.
Medical Assessment Unit	99.2%	118.6%	91.2%	107.9%	
Medical Short Stay	81.9%	94.8%	101.7%	112.2%	RN day shortfall was due to sickness. This is being managed via the Trust's sickness Policy.
Midford Ward	88.0%	113.6%	81.8%	147.5%	RN shortfall due to sickness and vacancies. Additional HCAs support the shortfall as well as support patients who required 'Specialling' at night.
Neonatal Intensive Care Unit	94.5%	124.5%	101.9%	68.3%	Shortfall with Nursery Nurses at night are due to sickness and vacancies. Unit over capacity with high acuity during the day hence additional hours of Nursery Nurses. Sickness being managed through the Trust's Sickness Policy. Nursery Nurses being employed shortly.
Parry Ward	101.1%	102.4%	100.0%	101.1%	
Phillip Yeoman Ward	89.8%	101.7%	88.6%	76.9%	This variance is due to the fact that the ward deploys staff for planned elective surgical activity. The activity reduces at weekends when staffing numbers are lower than planned.

Ward Name	Day		Night		Explanation and Actions taken where fill rate <90% or >120%
	Average fill rate RN/RM (%)	Average fill rate CA (%)	Average fill rate RN/RM (%)	Average fill rate - CA (%)	
Pulteney Ward	90.1%	101.1%	71.7%	158.8%	RN shortfall due to vacancies and sickness. Additional HCA staff covered shortfall as well as patients requiring specialising.
Respiratory Ward	66.9%	121.7%	82.8%	157.9%	There are RN vacancies hence a shortfall during day and night. These are proactively being recruited. HCA hours are additional to cover the RN gap.
Robin Smith Ward	89.7%	98.4%	95.3%	118.0%	The gap with RNs in the day is due to vacancies and short term sickness.
Surgical Admissions Unit	98.7%	113.8%	113.0%	76.7%	The ward has recently changed the use of Area C and this has required a change in skill mix to reflect the case mix hence the night RN hours higher and HCA hours lower. This will be formally reviewed by the Head of Nursing.
Surgical Short Stay Unit	77.6%	131.9%	85.2%	166.9%	RN shortfall day and night is due to vacancies. Additional HCA hours are deployed for additional beds as they are opened in escalation.
Waterhouse Ward	101.2%	109.0%	104.3%	100.4%	
William Budd Ward	81.3%	99.4%	102.4%	104.4%	The RN shortfall in the day is due to vacancies which are being proactively recruited.
Mary Ward	103.8%	88.5%	96.8%	89.0%	Shortfall in Midwife Assistants covered by flexible working from Delivery Suite.
Paulton Birthing Centre	100.0%	100.0%	100.0%	100.0%	
Chippenham Birthing Centre	100.0%	100.0%	100.0%	100.0%	

3.1 Areas of Focus

Respiratory ward

This was also an area requiring attention in October 2014.

This ward currently has 5.0 wte Registered Nurses shortfall either as vacancies or long term sickness. The long term sickness is being closely managed and vacancies are being proactively recruited, however these vacancies has led to a skills and experience gap from individual RNs who are off sick.

To mitigate against the lack of experienced RNs additional experienced HCA's have been allocated which have taken the overall HCA staffing levels above 100 per cent on both day and night shifts in order to maintain safe staffing levels and patient care delivery.

It is noted that within the Trust Board Quality Report, Triangulation report (Appendix 1) this month the quality metrics for Respiratory Ward highlight an increase in sickness: RN 13.5% although HCA sickness reduced this month to 5.8% from 11.5% in October.

Other metrics of note are:

- FFT score 80
- Number of falls x 10 (5 negligible, 5 minor)

The Head of Nursing and Matron is proactively monitoring and supporting this ward on a daily basis and the Matron is a visible presence each day to support the nursing team. Active recruitment is underway to fill the vacancies as quickly as possible and Pool nurses are being allocated to provide more experienced nurses until nurses are recruited or returned from sick leave.

Pultney Ward

This ward also requires attention this month, particularly in relation to the quality metrics in the Trust Board Quality Report, Triangulation report (Appendix 1).

Pultney Ward has RN vacancies and sickness during November. Their night RN hours were low (71.7%) although their HCA hours were additional to compensate (158.8%) as well as cover for patients requiring 'specialling'.

The quality metrics of note are:

- FFT score 67
- Complaints received x 3
- Number of falls x 8 (7 negligible , 1 minor)

The Matron and Head of Nursing will critically review the ward quality metrics to determine if there was any detrimental effect with care particularly at night.

4.0 Daily staffing

Staffing levels each shift are managed via the Escalation Policy within the Divisions and with close support from Staffing Solutions who assist with the priority of allocating temporary staffing each shift. This is supported by the Matron or Head of Nursing who, using professional judgement, determine the level of staffing required according to the patient's needs.

A RAG (Red,Amber,Green) rating system has been developed within Staffing Solutions which gives a shift by shift Trust wide overview of all the wards to support this decision making and prioritisation.

5.0 Nursing Recruitment

Recruitment activity still continues and the vacancy rates are reducing overall, although there is a time lag to when the nurses start their employment with the Trust.

Nurses in the recruitment pipeline will join the Trust over the coming months.

The Nursing and Midwifery Recruitment and Retention Action Plan is in place and is progressed by the Nursing and Midwifery Recruitment Sub-group. This is monitored and reported to the Nursing and Midwifery Workforce Planning Group which meets monthly and is chaired by the Director of Nursing and Midwifery.

6. Summary of exception report

Safe staffing levels are managed on a daily basis and a robust escalation process is in place. Ward Sisters and Matrons review inpatient ward areas on a shift by shift basis taking any required actions and escalating issues to the Heads of Nursing and Senior Nurse Team to ensure safe staffing is in place to meet patient's needs.

The focus on nurse recruitment continues to be a high priority in view of the registered nurse vacancies across the Trust.

7. Conclusion

This report provides an overview in relation to safer staffing requirements and delivery in the Trust. Divisions have been monitoring, reporting and taking action in relation to safer staffing on a shift by shift basis. Safer staffing is viewed alongside a wide range of other indicators in relation to patient safety and outcomes. This information will continue to be published on a monthly basis on the Trust intranet and via NHS Choices.

8. Recommendation

The Board is asked to note the contents of this report and the mitigating actions being taken to address any gaps in the nursing workforce at ward level.

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Fill rate indicator return

Staffing: Nursing, midwifery and care staff

Org: RD1 Royal United Hospital Bath NHS Trust

Period: November_2014-15

Appendix A: November 2014 Publication of Safer Staffing Data

Please provide the URL to the page on your trust website where your staffing information is available

(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

http://www.ruh.nhs.uk/saferstaffing

Validation alerts (see control panel)

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				Day		Night	
					Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	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				
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name	Specialty 1	Specialty 2													
RD130	ROYAL UNITED HOSPITAL - RD130	ACE	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	2247.3	2119.5	1634.4	1588.25	1440	1223.5	1080	1276	94.3%	97.2%	85.0%	118.1%
RD130	ROYAL UNITED HOSPITAL - RD130	Acute Stroke Unit	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1845.45	1723	2050.5	1673	1035	1139.75	1035	1041.25	93.4%	81.6%	110.1%	100.6%
RD130	ROYAL UNITED HOSPITAL - RD130	Cardiac Ward	320 - CARDIOLOGY	300 - GENERAL MEDICINE	2222.55	1994.25	1212.3	1109.75	1440	1218	720	909.5	89.7%	91.5%	84.6%	126.3%
RD130	ROYAL UNITED HOSPITAL - RD130	Charlotte Ward	502 - GYNAECOLOGY	100 - GENERAL SURGERY	1263.6	1272	842.4	862	720	711	720	728.5	100.7%	102.3%	98.8%	101.2%
RD130	ROYAL UNITED HOSPITAL - RD130	Cheselden Ward	101 - UROLOGY	100 - GENERAL SURGERY	958.5	1155	766.8	770	720	720	360	695	120.5%	100.4%	100.0%	193.1%
RD130	ROYAL UNITED HOSPITAL - RD130	Childrens Ward	420 - PAEDIATRICS	110 - TRAUMA & ORTHOPAEDICS	3192.4	2769	416.4	410	1725	1657	345	368.5	86.7%	98.5%	96.1%	106.8%
RD130	ROYAL UNITED HOSPITAL - RD130	Combe Ward	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	2004	1728.5	1559.25	2182	900	864.5	600	1201	86.3%	139.9%	96.1%	200.2%
RD130	ROYAL UNITED HOSPITAL - RD130	Coronary Care Unit	320 - CARDIOLOGY	300 - GENERAL MEDICINE	1305	1165.5	217.5	194.5	600	580	300	301.75	89.3%	89.4%	96.7%	100.6%
RD130	ROYAL UNITED HOSPITAL - RD130	Forrester Brown Ward	110 - TRAUMA & ORTHOPAEDICS	300 - GENERAL MEDICINE	3890.25	3777.75	3071.25	3437	2160	2083.5	1800	2271.75	97.1%	111.9%	96.5%	126.2%
RD130	ROYAL UNITED HOSPITAL - RD130	Haygarth Ward	300 - GENERAL MEDICINE	301 - GASTROENTEROLOGY	1596	1626.5	1596	1215.75	720	706	1080	1135.5	101.9%	76.2%	98.1%	105.1%
RD130	ROYAL UNITED HOSPITAL - RD130	Helena Ward	400 - NEUROLOGY	430 - GERIATRIC MEDICINE	1174.5	1279.5	978.75	1150.75	1080	999	720	842.75	108.9%	117.6%	92.5%	117.0%
RD130	ROYAL UNITED HOSPITAL - RD130	Intensive Therapy Unit	300 - GENERAL MEDICINE	100 - GENERAL SURGERY	3915	3275	391.5	664	3600	3268.5	360	420	83.7%	169.6%	90.8%	116.7%
RD130	ROYAL UNITED HOSPITAL - RD130	Medical Assessment Unit	300 - GENERAL MEDICINE		3499	3471.25	1312.2	1556	2880	2627	1080	1165	99.2%	118.6%	91.2%	107.9%
RD130	ROYAL UNITED HOSPITAL - RD130	Medical Short Stay	300 - GENERAL MEDICINE		1285.2	1052	856.8	812	720	732.5	360	404	81.9%	94.8%	101.7%	112.2%
RD130	ROYAL UNITED HOSPITAL - RD130	Midford Ward	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1879.2	1653	1461.6	1660.5	1080	883.75	720	1061.75	88.0%	113.6%	81.8%	147.5%
RD130	ROYAL UNITED HOSPITAL - RD130	Neonatal Intensive Care Unit	420 - PAEDIATRICS		2030.32	1919	738.3	919	1725	1758.5	690	471.5	94.5%	124.5%	101.9%	68.3%
RD130	ROYAL UNITED HOSPITAL - RD130	Parry Ward	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	1494	1511	1494	1529.5	720	720	1080	1092	101.1%	102.4%	100.0%	101.1%
RD130	ROYAL UNITED HOSPITAL - RD130	Phillip Yeoman Ward	110 - TRAUMA & ORTHOPAEDICS	100 - GENERAL SURGERY	1476	1324.75	864	879	630	558	630	484.5	89.8%	101.7%	88.6%	76.9%
RD130	ROYAL UNITED HOSPITAL - RD130	Pulteney Ward	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	2025	1824.5	1575	1593	900	645.5	600	952.5	90.1%	101.1%	71.7%	158.8%
RD130	ROYAL UNITED HOSPITAL - RD130	Respiratory Ward	300 - GENERAL MEDICINE	340 - RESPIRATORY MEDICINE	2420.55	1619.5	1320.3	1607.25	1440	1192.25	720	1137	66.9%	121.7%	82.8%	157.9%
RD130	ROYAL UNITED HOSPITAL - RD130	Robin Smith Ward	100 - GENERAL SURGERY	120 - ENT	1854.9	1663	1442.7	1419	1080	1029.75	720	849.5	89.7%	98.4%	95.3%	118.0%
RD130	ROYAL UNITED HOSPITAL - RD130	Surgical Admissions Unit	100 - GENERAL SURGERY		2017.5	1990.5	1210.5	1378	1080	1220	1080	828	98.7%	113.8%	113.0%	76.7%
RD130	ROYAL UNITED HOSPITAL - RD130	Surgical Short Stay Unit	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	1920	1489	800	1055	600	511	300	500.75	77.6%	131.9%	85.2%	166.9%
RD130	ROYAL UNITED HOSPITAL - RD130	Waterhouse Ward	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	1809	1831	1407	1533	1080	1126	1080	1084.5	101.2%	109.0%	104.3%	100.4%
RD130	ROYAL UNITED HOSPITAL - RD130	William Budd Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1569.75	1276.25	897	891.25	600	614.25	600	626.5	81.3%	99.4%	102.4%	104.4%
RD130	ROYAL UNITED HOSPITAL - RD130	Mary Ward	501 - OBSTETRICS		4568.4	4739.75	1560	1380	4140	4007.5	1035	921.5	103.8%	88.5%	96.8%	89.0%
RD129	PAULTON HOSPITAL - RD129	Paulton Birthing Centre	501 - OBSTETRICS		450	450	450	450	315	315	315	315	100.0%	100.0%	100.0%	100.0%
RD102	CHIPPENHAM HOSPITAL - RD102	Chippenham Birthing Centre	501 - OBSTETRICS		900	900	450	450	630	630	315	315	100.0%	100.0%	100.0%	100.0%