

Safer staffing monthly report – May 2014

1. Purpose:

To update the Trust Board regarding compliance with the Hard Truths; The Journey to Putting patients First (2013, Department of Health, the Government’s response to Francis) including publication of nurse staffing data. The following report provides an update on progress to date and an exception report on the nurse staffing data in May 2014.

2. Background

The National Quality Board (NQB) suggests that all Executive Teams are supported to take action to protect patient safety and experience. In addition the Trust has invested a further £1.1m, in 2014/15 to increase ward nursing establishments and reduce reliance on agency nurse usage. Details of this investment were reported to the Board in April 2014.

3. Current update on progress

A significant programme of work is underway to support the implementation of Safer Staffing national guidance. This work is overseen and monitored by the Nursing Workforce Planning Group (reporting to the Strategic Workforce Committee), chaired by the Director of Nursing. A weekly Safer Staffing implementation group is in place led by the Lead Nurse for Nursing Workforce and Development, supported by the Assistant Directors of Nursing.

3.1 Progress to date includes:

- Information on staffing on each shift, actual versus planned is visibly displayed on all wards.
- The NQB requested a stock take of progress - a statement of readiness to assure that the Trust is compliant with the Hard Truths. The report was completed and returned by 1st April 2014.
- The RUH submitted nursing numbers for all adult inpatient wards to the National UNIFY information collection on 6th June. This submission of the nurse staffing data for May, submitted in hours, can be found at Appendix A
- The Trust website now has a Safer Staffing page ([URL: www.ruh.nhs.uk/saferstaffing](http://www.ruh.nhs.uk/saferstaffing)) which signposts the public to the staffing information and will continue to be updated to ensure transparency. Explanations are provided for the public about the management of nurse staffing to ensure high quality care, patient experience and patient safety.
- The information will be available to the Board in a monthly Safer Staffing report in addition to publication of the information on the Trust website and on NHS Choices.

3.2 Daily staffing levels

Daily staffing levels on all inpatient wards are now being recorded via an electronic recording system which is RAG rated to identify any risk area and allows for a clear overview of nurse staffing across the Trust at all times. This information is now collated centrally and will be used to inform the monthly staffing reports to the Board.

Author : Maria Wallen, Lead Nurse Workforce Planning Document Approved by: Helen Blanchard, Director of Nursing	Date:19 June 2014 Version: 1
Agenda Item: 9	Page 1 of 7

3.3 NICE Consultation - Safe Staffing Guidance

- On 13th May 2014 NICE published a consultation on 'Safe Staffing for Adult Nursing in Adult Inpatient wards in acute hospitals: NICE Safe Staffing Guidelines'.
- The consultation was open from 12th May – 6th June and had been circulated to all members of the Nursing Workforce Planning Groups and Senior Nurse Teams. The RUH will be a contributor to this feedback.
- The consultation strives to determine the expectations of overall organisational strategies that should be in place to support the capacity, flexibility, capability, monitoring and review of nurse staffing arrangements at a ward and organisational level.
- It is anticipated that in July following this consultation period further information on the expectations in relation to safer staffing will be issued.

3.4 Triangulation of Quality and Staffing Information

Nurse staffing hours in isolation are not an indicator of high quality, safe patient care and positive patient experience. Other measures are in place within the Trust and reported on the integrated balanced scorecard and in the Quality Report. The staffing data sits alongside the quality and safety information and the triangulated ward quality information currently reported in the Quality Report (see appendix 1 of the Quality Report, April 2014, agenda item 8).

3.5 NHS Choices publication

Nationally patient safety data will be published on NHS Choices alongside the nursing staffing data on the 24th June.

The Secretary of State has committed to creating improved content on the NHS Choices website "*which will draw together up to date information on patient safety factors, for which robust data is available. This will include information on staffing, pressure ulcers, healthcare associated infections and other key indicators...*"

Work is on-going within NHS England and with NHS Choices to pull this information together. Nationally it is anticipated that the safety section on NHS Choices will allow patients and the public to access a greater range of more detailed information in one place in order to compare Trusts. In doing this NHS England has committed to work to ensure that data is taken from existing data publications and uses, where possible, existing judgements about what good looks like. It is likely that the data published nationally will be a mix of new information and existing information. At the time of writing work is currently underway using the available guidance to understand the Trust's position in relation to the selected indicators and proposed RAG rating

Author : Maria Wallen, Lead Nurse Workforce Planning Document Approved by: Helen Blanchard, Director of Nursing	Date:19 June 2014 Version: 1
Agenda Item:	Page 2 of 7

3.6 Nurse Recruitment

Nurse recruitment has continued to be the subject of significant focus over the last year. A revised and enhanced recruitment action plan has been developed and timetable agreed by the Nursing Workforce group. The plan includes recruitment of 60 nurses within the next 6 months through recruitment campaigns both locally and nationally as well as overseas. There are currently 30 WTE vacancies in medicine and 14.22 WTE in Surgery.

The Trust is planning to introduce a 'Return to Acute Care' programme which will commence in September 2014 and is actively looking to increase the numbers of 'Return to Nursing Practice' students that can be supported within the clinical practice environment.

3.7 Safer staffing data and publication next steps:

- Monitor accuracy and compliance of daily staffing boards
- Review functionality of the electronic daily staffing process/system
- On-going review of how the data is collated and presented
- Display information on NHS Choices and on the Trust website
- Upload and submit the RUH UNIFY return on a monthly basis in line with the required timescales
- Commence reporting of staffing data for maternity services from July 2014 (reporting on June data)
- Complete monthly report for the Board on progress and exceptions in relation to staffing.

4.0 Safer Staffing Exception Report

As outlined above the Trust has started publishing nurse staffing data on a monthly basis both on the Trust website and to the national reporting system for publication. An overview summary of the percentage fill rates based on staffing levels planned and actual (calculated in hours) of the registered nurse and non-registered (called in the national template - care staff) workforce available in all inpatient wards at the RUH for the month of May is provided in Table 1. This report is taken from the data collection that has been published on UNIFY (Appendix A) and will be linked to the relevant NHS Choices web pages.

Author : Maria Wallen, Lead Nurse Workforce Planning Document Approved by: Helen Blanchard, Director of Nursing	Date:19 June 2014 Version: 1
Agenda Item:	Page 3 of 7

Table 1: Summary Safer Staffing Monthly Report May 2014

Ward Name	Day		Night	
	Staffing Level registered nurses / midwives (%)	Staffing Level care staff	Staffing Level registered nurses / midwives (%)	Staffing Level care staff (%)
ACE	81.50%	96.30%	68.50%	116.10%
Acute Stroke Unit	93.80%	84.30%	104.40%	105.80%
Cardiac Ward	94.30%	108.80%	94.30%	119.30%
Charlotte Ward	99.10%	117.10%	104.80%	104.90%
Cheselden Ward	97.70%	119.00%	98.10%	125.50%
Children's Ward	89.60%	105.50%	104.60%	93.50%
Combe Ward	110.00%	116.50%	119.40%	122.40%
Coronary Care Unit	92.90%	77.50%	97.00%	93.70%
Forrester Brown Ward	102.00%	93.80%	85.90%	107.00%
Haygarth Ward	112.20%	118.00%	66.70%	95.70%
Helena Ward	129.60%	120.00%	108.60%	98.40%
Intensive Therapy Unit	95.80%	97.50%	143.60%	41.90%
Medical Assessment Unit	89.90%	135.70%	90.00%	122.30%
Medical Short Stay	89.30%	94.00%	101.60%	100.00%
Midford Ward	96.20%	115.50%	78.40%	141.60%
Neonatal Intensive Care Unit	90.80%	65.10%	98.70%	41.90%
Parry Ward	104.90%	108.50%	104.70%	103.30%
Phillip Yeoman Ward	91.30%	116.10%	97.90%	91.90%
Pulteney Ward	104.40%	107.40%	74.40%	154.70%
Respiratory Ward	83.40%	113.90%	88.80%	119.40%
Robin Smith Ward	97.00%	103.80%	98.50%	124.30%
Surgical Admissions Unit	97.00%	100.90%	95.40%	151.70%
Surgical Short Stay Unit	154.10%	108.30%	211.90%	160.10%
Waterhouse Ward	97.60%	96.50%	102.10%	143.70%
William Budd Ward	112.70%	87.20%	101.60%	95.10%

To date a national RAG rating has not been agreed. This report focuses on areas with percentage fill rates (staffing levels) that fall below 80% and those that are highlighted above 120%. This information gives overall percentage figures and needs to be taken into context with the expert professional judgements that take place on a shift by shift basis to

determine safe staffing levels to meet the acuity and dependency of patients. In addition other nurse sensitive data such as falls, Clostridium Difficile, MRSA, Pressure Ulcers and sickness absence rates (presented as part of the Quality Report) inform assessments of quality.

Exception report narrative by Ward

The following provides information narrative explanation of the exceptions highlighted:

4.1.1 ACE ward

The ward is often only able to staff to 3 registered nurses due to vacancies. Until this is resolved an additional Health Care Assistant (HCA) is rostered.

4.1.2 Combe ward

On the night shift there was a total of 340 hours requested for a Registered Mental Health Nurse (RMN) – in order to meet identified care needs of a patient.

On the day shift there was a total of 394.5 hours requested for as RMN. The planned skill mix on nights is based on 3 Registered and 2 Health Care Assistants being on duty at any one time but some night shifts are only able to roster 2 Registered Nurses due to current vacancies and, therefore 3 Health Care Assistants are rostered in order to meet safe staffing levels and care needs.

4.1.3 Cheselden ward

On the night shift an additional HCA was included in the actual hours and 2 HCA's were rostered for a total of 94 hours each to cover an 8 night period for one to one specialised supervision of a patient.

4.1.4 Coronary Care

During the day shift a short fall in the available hours for a HCA was identified. However, there is not always a request to cover for this requirement. This is due to the unpredictability of the Unit and nature of the speciality. Staffing requirements are therefore reviewed on a day to day, shift by shift basis and decisions made according to patient dependency/acuity.

4.1.5 Haygarth ward

On the night shift there is a shortfall in the available Registered Nurse hours due to vacancy factors. The planned skill mix is for 3 Registered Nurses. To cover shifts with appropriately skilled and experienced nurses the ward is currently rostering 2 registered nurses at night and increasing the staffing levels according to patient acuity/dependency during this period of time using professional judgement and clinical expertise.

Author : Maria Wallen, Lead Nurse Workforce Planning Document Approved by: Helen Blanchard, Director of Nursing	Date:19 June 2014 Version: 1
Agenda Item:	Page 5 of 7

4.1.6 Helena ward

During the day shifts a total of 190 hours of RMN time was requested to support the more specialist mental health care needs of patients.

4.1.7 Critical Care Services

An additional Registered Nurse was booked onto night shifts to provide a supervisory shift coordinator. This is included within the new establishment, however the number of vacancies are unable to support this at present. Within the department there are 10 nurses who have completed the overseas nursing programme who will be eligible to register with the Nursing and Midwifery Council between June and October 2014. These staff are currently working in a supervised capacity.

It is recognised that further clarity is required to understand nurse staffing levels and use of agency. In the interim enhanced controls have been instigated in order to provide safe staffing within Critical Care Services whilst striving to work within the established budget. This is being led by the Head of Nursing Surgery who risk assesses any shifts to determine if additional staff are required.

4.1.8 Medical Admissions Unit

There are a number of registered nurse vacancies which have been identified on the risk register and plans are in place to actively recruit to vacant posts. HCA cover was requested to cover registered shifts that were not filled by requested Bank Nurse hours. HCA cover was used to increase numbers particularly at night.

4.1.9 Midford ward

There are currently 7 WTE Registered Nurse vacancies in this area and the situation has been identified on the risk register and plans are in place to actively recruit to the vacant posts. HCA hours have been used to cover shifts where appropriate and have been employed to compensate for this shortfall until the registered posts are recruited into.

4.1.10 Neonatal Intensive Care

The unit has rostered 1 HCA per shift. These decisions have been made using professional judgement and were based on variations in bed occupancy and dependency in order to cover vacancies which are currently being recruited to.

4.1.11 Pulteney ward

On the night shift the planned skill mix is 3 Registered Nurses and 2 HCA's, this has not been achievable due to vacancy factors that require experienced Registered Nurses. To reduce risk, there is planned rostering of 2 Registered Nurses and 3 HCA's to ensure staff cover and patient's needs can be met until vacancies are filled and the agreed establishments are met.

Author : Maria Wallen, Lead Nurse Workforce Planning Document Approved by: Helen Blanchard, Director of Nursing	Date:19 June 2014 Version: 1
Agenda Item:	Page 6 of 7

4.1.12 Robin Smith ward

Extra HCA's had been rostered onto night shifts. This was in line with the previous planned establishment but this has now been revised in line with a change in shift patterns on the ward.

4.1.13 Surgical Admissions Unit

On the night shift an extra HCA was rostered; this equates to 3 HCA's on duty mostly instead of the 2 HCA's planned due to patient dependency and the patient flow rates. This was mainly due to individual patients on the unit that required specialising during this period of time and is not funded as part of the current establishment.

Emergency Surgical Assessment Clinic (ESAC) trolleys are often replaced by beds overnight.

4.1.14 Waterhouse

On the night shift an extra HCA was rostered. This equates to 3 HCA's on duty most nights rather than the 2 HCA's planned. This was due to patient dependency, and acuity factors. This increase need was recognised in budget setting and the planned shift increased to 3 HCA's at night. As a result of filling vacancies the ward is able on most nights to roster 3 HCA's.

4.2 Summary of exception report

In summary it is recognised there are a number of registered nurse vacancies across the organisation. A recruitment action plan has been developed to focus specifically on nursing and is also included as part of the wider workforce plan. The number of vacancies carries a financial risk due to reliance on bank and agency staff. The current establishments have been reviewed as part of the patient dependency/acuity review and the nurse investment will be reflected into the priority areas.

5.0 Recommendation

The Board are asked to note the contents of this report, the progress made to support increasing transparency of publication of data relating to nurse staffing and compliance with the National Quality Board standards. In compliance with the standards the Board will continue to receive monthly exception reports in relation to nurse staffing levels on all inpatient wards.

Author : Maria Wallen, Lead Nurse Workforce Planning Document Approved by: Helen Blanchard, Director of Nursing	Date:19 June 2014 Version: 1
Agenda Item:	Page 7 of 7

**Appendix A: May 2014
Publication of Safer Staffing Data**

Fill rate indicator return Staffing: Nursing, midwifery and care staff

Org: RD1 Royal United Hospital Bath NHS Trust

Period: May_2014-15

Appendix A: May 2014 Publication of Safer Staffing Data

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

www.ruh.nhs.uk/saferstaffing

Validation alerts (see control panel)

Hospital Site Details		Ward name	Main 2 Specialities 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 (%)
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	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				
RD130	Royal United Hospital - RD130	ACE	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	2488.75	2028	1810	1743	1240	849	930	1080	81.5%	96.3%	68.5%	116.1%
RD130	Royal United Hospital - RD130	Acute Stroke Unit	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	2013.75	1889.66	2237.5	1886.5	930	971	930	983.75	93.8%	84.3%	104.4%	105.8%
RD130	Royal United Hospital - RD130	Cardiac Ward	320 - CARDIOLOGY	300 - GENERAL MEDICINE	2475	2334	1350	1468.5	1240	1169.5	620	739.66	94.3%	108.8%	94.3%	119.3%
RD130	Royal United Hospital - RD130	Charlotte Ward	502 - GYNAECOLOGY	100 - GENERAL SURGERY	1395	1382.91	930	1089.25	620	650	620	650.66	99.1%	117.1%	104.8%	104.9%
RD130	Royal United Hospital - RD130	Cheselden Ward	101 - UROLOGY	100 - GENERAL SURGERY	1076.37	1051.25	861.18	1024.5	644	632	322	404	97.7%	119.0%	98.1%	125.5%
RD130	Royal United Hospital - RD130	Childrens Ward	420 - PAEDIATRICS	110 - TRAUMA & ORTHOPAEDICS	3261	2920.25	426.5	450.16	1782.5	1864.5	356.5	333.5	89.6%	105.5%	104.6%	93.5%
RD130	Royal United Hospital - RD130	Combe Ward	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1627.5	1790.9	1627.5	1895.25	930	1110	620	759	110.0%	116.5%	119.4%	122.4%
RD130	Royal United Hospital - RD130	Coronary Care Unit	320 - CARDIOLOGY	300 - GENERAL MEDICINE	1342.5	1246.75	223.75	173.5	589	571.5	294.5	276	92.9%	77.5%	97.0%	93.7%
RD130	Royal United Hospital - RD130	Forrester Brown Ward	110 - TRAUMA & ORTHOPAEDICS	300 - GENERAL MEDICINE	3999	4079.75	3141	2946.25	2232	1918	1728	1848.25	102.0%	93.8%	85.9%	107.0%
RD130	Royal United Hospital - RD130	Haygarth Ward	300 - GENERAL MEDICINE	301 - GASTROENTEROLOGY	1720	1930	1075	1269	930	620	930	890	112.2%	118.0%	66.7%	95.7%
RD130	Royal United Hospital - RD130	Helena Ward	400 - NEUROLOGY	430 - GERIATRIC MEDICINE	1302	1688	1085	1302.5	930	1010	620	610	129.6%	120.0%	108.6%	98.4%
RD130	Royal United Hospital - RD130	Intensive Therapy Unit	300 - GENERAL MEDICINE	100 - GENERAL SURGERY	3933	3768.5	271.25	264.5	1860	2670.5	310	130	95.8%	97.5%	143.6%	41.9%
RD130	Royal United Hospital - RD130	Medical Assessment Unit	300 - GENERAL MEDICINE		3720	3344.166	1395	1892.75	2356	2120.5	883.5	1080.75	89.9%	135.7%	90.0%	122.3%
RD130	Royal United Hospital - RD130	Medical Short Stay	300 - GENERAL MEDICINE		1377	1230	918	863	620	630	310	310	89.3%	94.0%	101.6%	100.0%
RD130	Royal United Hospital - RD130	Midford Ward	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1627.5	1565.75	1627.5	1880.25	930	729	620	878	96.2%	115.5%	78.4%	141.6%
RD130	Royal United Hospital - RD130	Neonatal Intensive Care Unit	420 - PAEDIATRICS		2134	1937.5	776	505	1782.5	1759.5	713	299	90.8%	65.1%	98.7%	41.9%
RD130	Royal United Hospital - RD130	Parry Ward	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	1612	1691.5	1612	1749	620	649	930	960.75	104.9%	108.5%	104.7%	103.3%
RD130	Royal United Hospital - RD130	Phillip Yeoman Ward	110 - TRAUMA & ORTHOPAEDICS	100 - GENERAL SURGERY	1506	1374.66	894	1037.5	651	637.25	651	598.5	91.3%	116.1%	97.9%	91.9%
RD130	Royal United Hospital - RD130	Pulteney Ward	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1627.5	1698.75	1627.5	1747.5	930	692	620	959	104.4%	107.4%	74.4%	154.7%
RD130	Royal United Hospital - RD130	Respiratory Ward	300 - GENERAL MEDICINE	340 - RESPIRATORY MEDICINE	2530	2110.66	1380	1571.75	1240	1101.25	620	740	83.4%	113.9%	88.8%	119.4%
RD130	Royal United Hospital - RD130	Robin Smith Ward	100 - GENERAL SURGERY	120 - ENT	1854	1797.5	1287	1336	1116	1099.75	612	760.916	97.0%	103.8%	98.5%	124.3%
RD130	Royal United Hospital - RD130	Surgical Admissions Unit	100 - GENERAL SURGERY		2092.5	2030.5	1255.5	1266.25	1488	1419.5	744	1128.33	97.0%	100.9%	95.4%	151.7%
RD130	Royal United Hospital - RD130	Surgical Short Stay Unit	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	1087.5	1675.916	637.5	690.5	250	529.75	250	400.33	154.1%	108.3%	211.9%	160.1%
RD130	Royal United Hospital - RD130	Waterhouse Ward	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	1775.5	1733.5	1437.25	1387.5	1069.5	1091.75	713	1024.33	97.6%	96.5%	102.1%	143.7%
RD130	Royal United Hospital - RD130	William Budd Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1627.5	1834	930	811	620	630	620	589.5	112.7%	87.2%	101.6%	95.1%

