

James Paget University Hospitals

NHS Foundation Trust

Report to the Board of Directors 2015/16

Date of meeting	August 2015			
Subject	Nurse Staffing Levels			
Report of	Director of Nursing, Quality and Patient Experience			
Prepared by	Julia Hunt, Deputy Director of Nursing			
Previously considered by	N/A			
Question(s) addressed in this report	To provide the Board of Directors with assurance on nurse staffing levels and staffing capacity to provide safe, high quality care and the actions to be taken to address any gaps.			
Board Action Required	Approval		Discussion	
	Decision		Information	X

Executive Summary, purpose and recommendation(s)

This report provides the Board of Directors with an update on the current status of reported planned versus actual nurse staffing levels. The reporting of these levels is a requirement of the National Quality Board and it supports the Board of Directors to execute their responsibility to provide assurance that the Trust has the capability and capacity to provide the staffing levels required to provide safe and effective care.

As such this report provides an overview of the staff levels for July 2015 and provides the Board with information relating to the recent changes in the national work being undertaken to guide Safer Staffing levels.

The Board of Directors is asked to:-

- Note the progress and actions taken to meet the requirements of the national Safe Staffing guidance
- Consider and accept the information provided within this report.

Strategic Context/Objective(s) and Board Assurance Framework links		
Strategic aim(s)	To be safe	X
	To be effective	X
	To be caring	X
	To be responsive	X
	To be well-led	X
Strategic objective(s)	1a, 2b, 3a, 3b, 4d, 4e,5a,5e, 5f	
BAF reference(s)	2a/4	

This paper provides assurance against the Trust objective(s) identified	X
This paper is to close a gap in control/assurance in relation to the objective(s)	

Legal/regulatory (relevant legislation and specific reference where appropriate)	Care Quality Commission, The National Quality Board (2013) – How to Ensure Right People, with the Right Skills are in the Right Place at the Right Time.		
Equality Impact/risks: (Equality Delivery System 2 – EDS2 Nov 2013)	Impact		
	Positive	Negative	Neutral
			X
Assurance/monitoring	Monthly reports to the Board of Directors		

DEFINITIONS

Information: Update to ensure Board has sufficient knowledge on subject matter and to provide assurance on progress

Discussion: seeking Board members' views, potentially ahead of final course of action being agreed

Decision: when being asked to choose between alternative courses of action

Approval: positive resolution, to confirm paper is sufficient to assure the Board in its ongoing monitoring role, or to address a gap in control

1.0 Introduction

- 1.1 In June 2014 the Trust made its first mandatory submission of nurse staffing levels as directed by the National Quality Board and National Commissioning Board's publication 'How to ensure the right people with the right skills are in the right place at the right time'. The data is published on NHS Choices as part of their Patient Safety in the NHS section which incorporates a range of patient safety indicators including 'safe staffing'.
- 1.2 The Trust data collection is based on the revised establishment for Registered Nurses (RN) as per the Board of Directors' approval in November 2013. The Trust has an agreed standard of RNs 1:6 in the day and RNs 1:8 at night in general ward areas.
- 1.3 The decision taken by the Board in November 2013 pre-dates but reflects the principles contained within the 'Safe staffing for nursing in adult inpatient wards in acute hospitals' published by NICE in July 2014. A key principle of this guidance is the use of a systematic, evidence based approach to reviewing staffing levels underpinned by professional knowledge and experience.

2.0 July 2015 Data Return

- 2.1 The July data submission, inclusive of RN and care worker (HCA) data and combined across day and night shifts, is predicted to be 91.10%

Combined % of RNs and HCAs

Period	Day	Night	Total
Sep-14	89.40%	89.00%	89.20%
Oct-14	90.00%	90.30%	90.10%
Nov -14	91.40%	91.00%	91.20%
Dec -14	88.30%	89.70%	88.90%
Jan -15	89.30%	91.30%	90.15%
Feb -15	87.50%	89.70%	88.43%
March -15	88.30%	91.50%	89.60%
April -15	91.70%	92.40%	92.02%
May -15	90.50%	93.60%	91.80%
June -15	89.20%	94.00%	91.20%
July - 15	90.20%	92.50%	91.10%

- 2.2 The role specific averages were 90.1% for RN and 93.1% for HCA for this reporting period. Compared to June 2015 this demonstrates an increase of 1.4% in RN actual hours and a decrease of 3.0% in HCA hours. This can be attributed to normal variables e.g. sickness/absence, annual leave and recruitment opportunities.
- 2.3 The table below illustrates where the actual v planned deficits were experienced.

	Days (Hours)	Nights (Hours)
RGN Planned	37861.38	27840.35
RGN Actual	33594.93	25600.73
Gap	- 4266.45 (371 shifts)	- 2239.62 (195 shifts)
HCA Planned	20870.28	14964.00
HCA Actual	19374.24	13973.72
Gap	- 1496.04 (130 shifts)	- 990.28 (86 shifts)

3.0 Key Issues

- 3.1 The acuity and dependency of patients remains consistently high across all inpatient areas. The skill mix of staff in all areas of the Trust is subject to constant review by the Ward Sisters and Matrons to ensure it reflects the needs of the patients in the clinical area at the time.
- 3.2 In August 2014 the decision to close six beds on Ward 12 was endorsed by the Director of Nursing, Quality and Patient Experience. In June it was reported to the Board of Directors that due to the significant operational pressures the beds had reopened. However in July the decision was made to permanently reduce the bed base in this ward by 6 beds. The area previously occupied by patient beds has been modified to accommodate a therapy treatment area.
- 3.3 The impact of short term sickness on existing long term sickness absence affects our ability to access replacement staff at short notice. All Senior Sisters, Matrons and Lead Nurses are working closely with their Human Resource Business Partners to proactively manage sickness absence and support staff back into the workplace.
- 3.4 The Temporary Staffing Office (previously known as the Central Nurse Bank) demand and capacity for all requests is illustrated below. The data provides some triangulation against the gaps in actual staffing levels as seen in section 2. The data signifies an increase in both RN and HCA requests. This increase can be partially attributed to the introduction of Healthroster and the associated Bank module which provides increased visibility and transparency of shift requests.

	Agency (hours)	RN (hours)	HCA (hours)
Requests	6486.85	5797.15	18228.0
Fill	6153.36	3973.0	15495.0
Gap	- 333.49 (29 shifts)	-1824.15 (158 shifts)	- 2733.0 (237 shifts)

- 3.5 The Divisions continue to report that they are experiencing increased patient acuity and dependency. Currently this is not measured in a formal way. The measuring of acuity and dependency on a daily basis will however be implemented as a part of the Health Roster Safecare project from September. The measuring and mapping of acuity and dependency against Healthroster information will inform timely, effective and safe utilisation of nursing resources. Refinement of the recording and reporting systems of Healthroster is an on-going part of the of the implementation project.
- 3.6 Staffing levels are monitored throughout the day and night at the Operational Bed meetings in which there is senior nurse representation. Dynamic risk assessment, including use of the Red Flags escalated, is undertaken to ensure that all available resources are used effectively to mitigate any potential risks associated with gaps in staffing levels. July continued to be as challenging as the previous three months in terms of activity, capacity and sickness absence. All areas were continuously assessed as to levels of risks and staff deployed accordingly. Action is taken to ensure clinical areas always have a substantive RN in charge of a shift. No Bank or Agency nurse is in this position unless they have been assessed as competent to do so by the Matron or Divisional Lead Nurse.
- 3.7 Each month the Deputy Director of Nursing holds a meeting involving the Divisional Lead Nurses, finance representatives, the Central Recruitment Team, Human Resources Senior Management and the Education and Practice Development Team. At this meeting existing and potential nurse staffing vacancies are discussed and actions agreed. National advertising continues on NHS jobs as well as targeted adverts for specialist posts through the use of other media.
- 3.8 The Trust has made job offers to 110 experienced Filipino nurses since January 2015. A recent review indicated 98 of these nurses had accepted the offer and were in the process of attaining NMC registration. However at the time of reporting the Trust has still not been able to identify a date for the first cohort to arrive in the UK. To progress this matter individuals were given a time frame in which to achieve certain milestones of the NMC registration process. 27 candidates

have failed to meet the requirements stated by the Trust and therefore their offer of employment has been retracted. The Trust is now pursuing alternative opportunities in India to back fill these 'lost' numbers. In addition the Trust will return to Portugal in mid-October to recruit EU nurses.

3.9 The table below illustrates turnover activity for July 2015.

	RNs - National	RNs International	HCA's
Number of leavers	7.83wte	0 wte	5.15 wte
How many awaiting pre – employment checks	13.76 wte (Further 10.0 wte completed checks and awaiting induction)	71.0 wte	0 wte
How many recruited – started in July	1.0 wte	0 wte	0 wte

4.0 Red Flags

- 4.1 The capture and analysis of Red Flag data will be vastly enhanced with the introduction of the Allocate Safe Care system to be introduced in late September. The system will record patient acuity and dependency, staffing levels, skill mix and the red flags. It will enable greater transparency across the Trust and facilitate more robust triangulation of data to support effective utilisation of resources to deliver safe care and improve patient experience.
- 4.2 During July both Divisions reported a continuing increase in the numbers of requests for patients requiring Enhanced Supervision. Each request is reviewed by adopting a risk based approach. Appropriate cohorting of patients and redeployment of staff is undertaken to mitigate the risk of patients falling. Additional staff are requested if indicated but there are on-going challenges in meeting this demand.
- 4.3 The shortfall in nursing hours (Red flag 9) directly impacts upon the timeliness of care delivery. This is reflected in the recording of flags 1 - 5. Matrons are continuing to promote the need for escalation and the need to record any patient safety incidents on the Trusts risk management system.

5.0 Actions

- To ensure timely review of red flags 1-5 to provide assurance of no patient harm
- Disseminate learning from red flags reviews via ward briefings and individual staff appraisals.
- Proactive leadership to support implementation of Safe Care

Recommendations

The Board is asked to note the information contained within this report

Staffing Levels: Red Flags

July 2015

Red Flag Index

Ward	1	2	3	4	5	6	7	8	9	Total
ACU	-	1	1	7	2	1	-	-	11	23
Charnwood Suite	-	-	-	-	-	-	-	-	-	-
EADU	5	3	5	4	5	-	-	13	16	51
ICU	-	-	-	-	-	-	-	-	31	31
SSMU	-	-	-	-	-	-	-	3	4	7
Ward 1 Stroke Unit	-	-	-	-	1	-	-	8	18	27
Ward 12	-	-	-	-	-	-	-	24	13	37
Ward 15	-	-	-	-	-	-	-	-	13	13
Ward 16	-	2	-	-	1	-	-	9	6	18
Ward 17	-	-	-	-	-	-	-	-	9	9
Ward 18	-	-	-	-	-	-	-	2	5	7
Ward 2	-	1	1	5	9	-	-	2	6	24
Ward 4	-	-	1	-	-	-	-	30	18	49
Ward 5	-	-	-	-	-	-	-	10	9	19
Ward 6	-	-	-	-	-	-	-	25	19	44
Ward 7	-	-	-	1	-	-	-	2	3	6
Ward 9	3	14	15	5	9	-	-	-	10	56
Total	8	21	23	22	27	1	-	128	191	421

Red Flag Index

1. Unplanned omission in providing patient medications
2. Delay of more than 30 minutes in providing pain relief
3. Delay in the administration of IV antibiotics of > 60 mins
4. Patient observations not assessed or recorded as planned
5. Omission of planned intentional rounding
6. Less than 2 RN's present on the ward during any shift
7. No substantive RN available on any shift
8. Unavailability of planned 1:1 Enhanced Care (specials)
9. Shortfall of 8 hours or 25% (whichever is reached first) of RN time available compared with actual requirement for shift. Eg. If a shift requires 40hrs of RN time, a red flag would occur if less than 32 hrs of RN time is available. If a shift requires 15 hrs of RN time, a red flag would occur if 11 hrs or less of RN time is available (which is the loss of more than 25% of the required RN time).

Fill rate indicator return

Staffing: Nursing, midwifery and care staff

Org: RGP James Paget University Hospitals NHS Foundation Trust

Period: July_2015-16

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.jpaget.nhs.uk/patients-visitors/patient-safety/nurse-staffing/>

Comments

Validation alerts (see control panel)

Only complete sites your organisation is accountable for

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				Day	
					Registered midwives/nurses		Care Staff		Registered midwives/nurses		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		
RGP75	James Paget University Hospital - RGP75	ACU	300 - GENERAL MEDICINE		917.99	874.66	402.73	380.74	733.46	721.63	366.73	331.24	95.3%	94.5%
RGP75	James Paget University Hospital - RGP75	Central Delivery Suite	501 - OBSTETRICS		2133.5	1911	709.5	414	2139	2062	713	379.5	89.6%	58.4%
RGP75	James Paget University Hospital - RGP75	Charnwood Suite	100 - GENERAL SURGERY		1034	1025.5	379.5	363.5	578.46	578.46	0	0	99.2%	95.8%
RGP75	James Paget University Hospital - RGP75	EADU	300 - GENERAL MEDICINE		2570.5	2258	1069.5	1100.5	1782.5	1865	713	687	87.8%	102.9%
RGP75	James Paget University Hospital - RGP75	ICU	300 - GENERAL MEDICINE		4306.09	3606.17	414.05	420.05	4034.03	3288.74	366.73	366.73	83.7%	101.4%
RGP75	James Paget University Hospital - RGP75	Neonatal Unit	420 - PAEDIATRICS		855.5	845	448.5	310.5	712.5	724.5	356.5	322	98.8%	69.2%
RGP75	James Paget University Hospital - RGP75	SSMU	300 - GENERAL MEDICINE		1895.5	1826.3	1426	1386.5	1426	1403	1069.5	975.5	96.3%	97.2%
RGP75	James Paget University Hospital - RGP75	Ward 1 Stroke Unit	300 - GENERAL MEDICINE		2618.5	2455	1782.5	1655	1426	1437.5	1426	1304.5	93.8%	92.8%
RGP75	James Paget University Hospital - RGP75	Ward 10	420 - PAEDIATRICS		1541.3	1250.3	632.6	529	1097.4	1097.4			81.1%	83.6%
RGP75	James Paget University Hospital - RGP75	Ward 11	501 - OBSTETRICS		1069.5	839.5	356.5	356.5	713	713	356.5	356.5	78.5%	100.0%
RGP75	James Paget University Hospital - RGP75	Ward 12	300 - GENERAL MEDICINE		2166.5	2127.5	1909	1434	1679	1750.5	1587	1288	98.2%	75.1%
RGP75	James Paget University Hospital - RGP75	Ward 15	300 - GENERAL MEDICINE		1782.5	1406	1069.5	1080.5	1426	1173	713	655.5	78.9%	101.0%
RGP75	James Paget University Hospital - RGP75	Ward 16	300 - GENERAL MEDICINE		1561	1436	1426	1385	1069.5	1058	1069.5	1000.5	92.0%	97.1%
RGP75	James Paget University Hospital - RGP75	Ward 17	303 - CLINICAL HAEMATOLOGY	300 - GENERAL MEDICINE	1488.5	1384	585.5	498	713	713	356.5	356.5	93.0%	85.1%
RGP75	James Paget University Hospital - RGP75	Ward 18	300 - GENERAL MEDICINE	110 - TRAUMA & ORTHOPAEDICS	1426	989.5	1085	1069.5	1069.5	713	356.5	920	69.4%	98.6%
RGP75	James Paget University Hospital - RGP75	Ward 2	300 - GENERAL MEDICINE		1141.5	1059.5	759	712	1069.5	969.5	425.5	471.5	92.8%	93.8%
RGP75	James Paget University Hospital - RGP75	Ward 4	502 - GYNAECOLOGY	300 - GENERAL MEDICINE	1920.5	1901.5	1345.5	1162	1552.5	1357	1414.5	1069.5	99.0%	86.4%
RGP75	James Paget University Hospital - RGP75	Ward 5	100 - GENERAL SURGERY		1915.5	1835	1101.4	1173.5	1426	1311	1069.5	1046.5	95.8%	106.5%
RGP75	James Paget University Hospital - RGP75	Ward 6	110 - TRAUMA & ORTHOPAEDICS		2325	1624.5	1860	1498.45	1426	1161.5	1069.5	1265	69.9%	80.6%
RGP75	James Paget University Hospital - RGP75	Ward 7	110 - TRAUMA & ORTHOPAEDICS		1950	1744	1395	1357.5	697.5	502.5	465	430.25	89.4%	97.3%
RGP75	James Paget University Hospital - RGP75	Ward 9	100 - GENERAL SURGERY		1242	1196	713	1087.5	1069.5	1000.5	1069.538	747.5	96.3%	152.5%

