



**Board of Directors Meeting
July 2015**

Director of Nursing Report

Monthly Report of Nurse/Midwifery Staffing Levels

1 June 2015 - 30 June 2015

EXECUTIVE SUMMARY

The NHS National Quality Board published a new guidance in November 2013 to support providers and commissioners to make the right decisions about nursing, midwifery and care staffing capacity and capability "How to ensure the right people with the right skills are in the right place at the right time": A Guide to Nursing, Midwifery and Care Staff Capacity and Capability.

There are nine key expectations that apply to the Trust:

1. Boards take full responsibility for the quality of care provided.
2. Processes are to be in place to enable staffing establishments to be met on a shift by shift basis.
3. Evidence based tools to be used.
4. Clinical and managerial leaders foster a culture of professionalism and responsiveness where staff feel able to raise concerns.
5. Multi-professional approach is taken when setting staffing establishments.
6. Sufficient time to undertake care and duties in practice.
7. Boards receive monthly updates on workforce information and staffing capacity and capability and is discussed at public Board meetings every six months.
8. Clearly display information about the nursing and care staff present on each ward, clinical setting or service on each shift.
9. Provider to take an active role in securing staff in line with their workforce requirements.

PURPOSE

The purpose of this report is to provide the Board of Directors with monthly information regarding the nursing and midwifery registered and unregistered staffing levels on a shift by shift basis of the planned and actual nurse staffing levels across the organisation and across inpatient areas of the Trust as per the guidance received from NHS England and the Care Quality Commission.

METHODOLOGY AND SCOPE FOR REVIEW

This report focusses on all adult inpatient areas including Critical Care, inpatient maternity wards and inpatient paediatric wards. With the Trust working towards the 1:8 ratio as recommended in the National Safe Staffing Alliance for relevant adult wards. For the purpose of this report non inpatient areas such as the operating theatres, day theatre, endoscopy and emergency department are currently excluded.

KEY POINTS

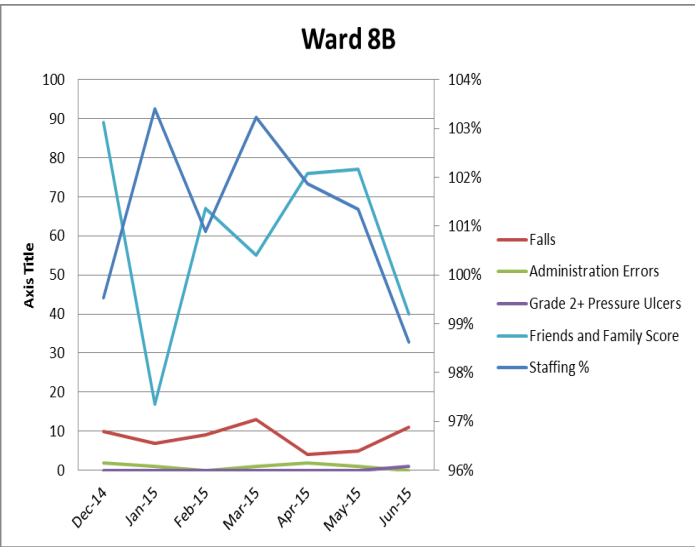
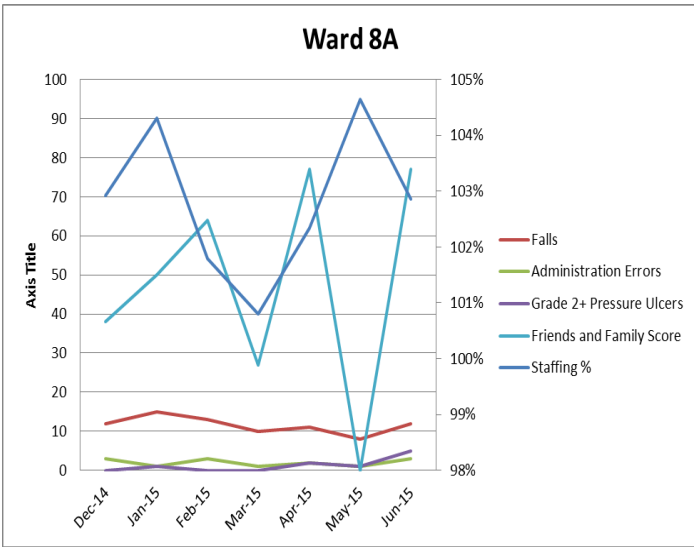
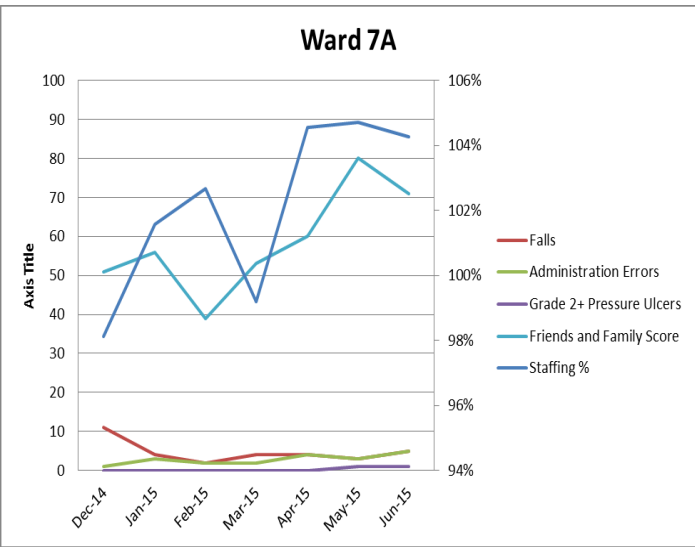
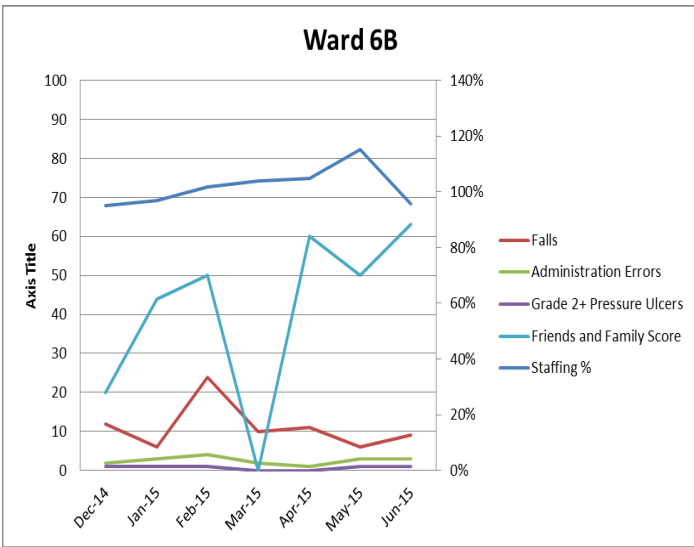
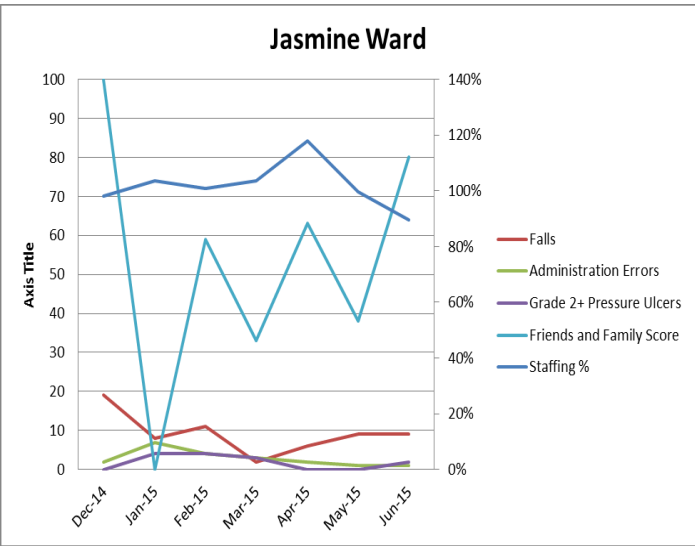
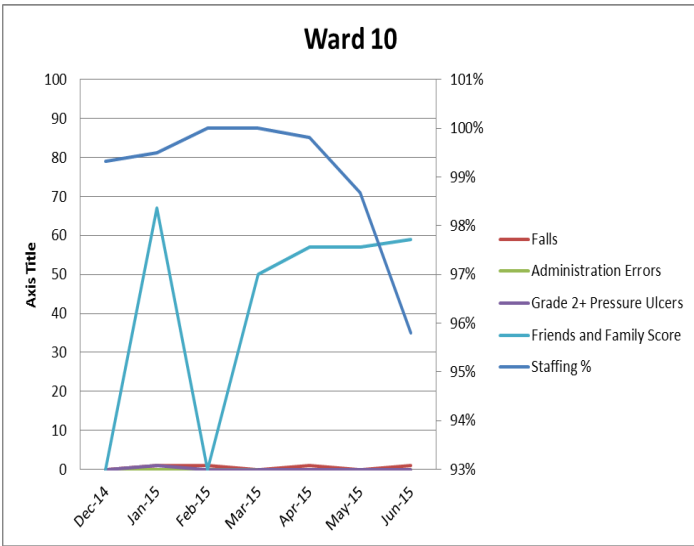
- National Unify Returns
- Safer Nursing Indicator
- Safer Staffing: A Guide to Care Contact Time
- Recruitment, the recruitment drive is ongoing
- e-Rostering and Implementation of Bank Booking System
- Temporary Staffing
- Bank and Agency usage, noticeable reduction in use of agency staff
- Unfilled Shifts
- Supervisory Status

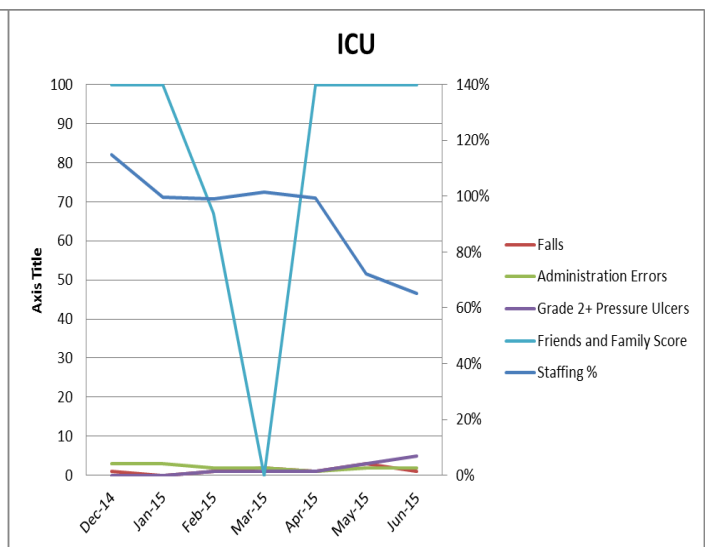
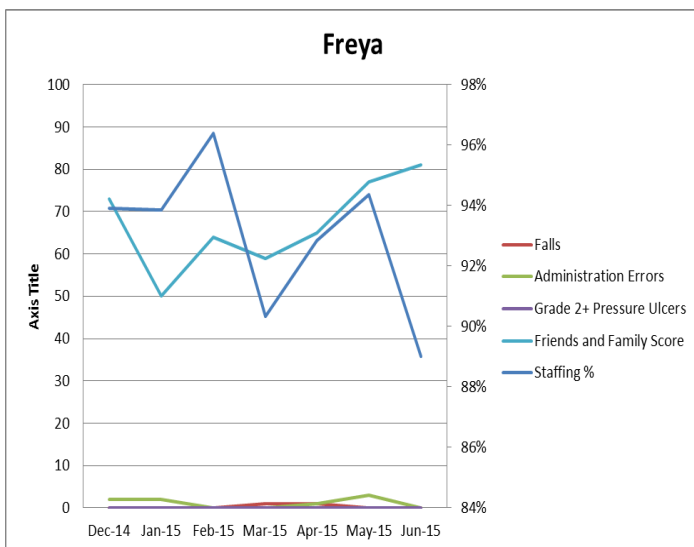
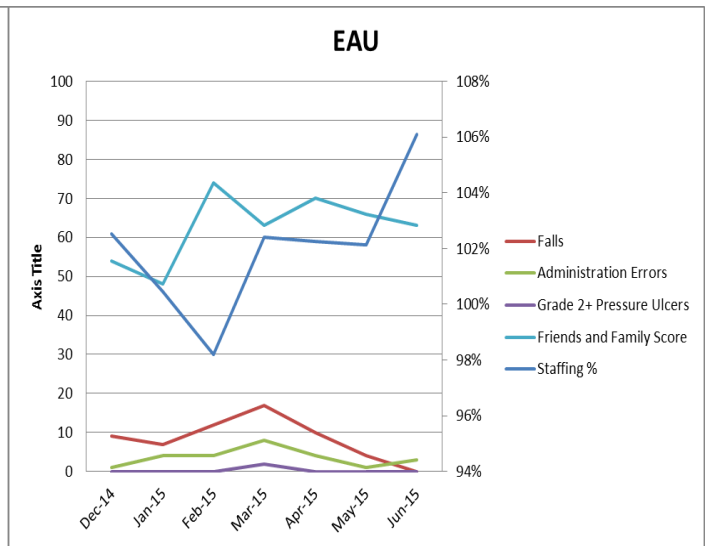
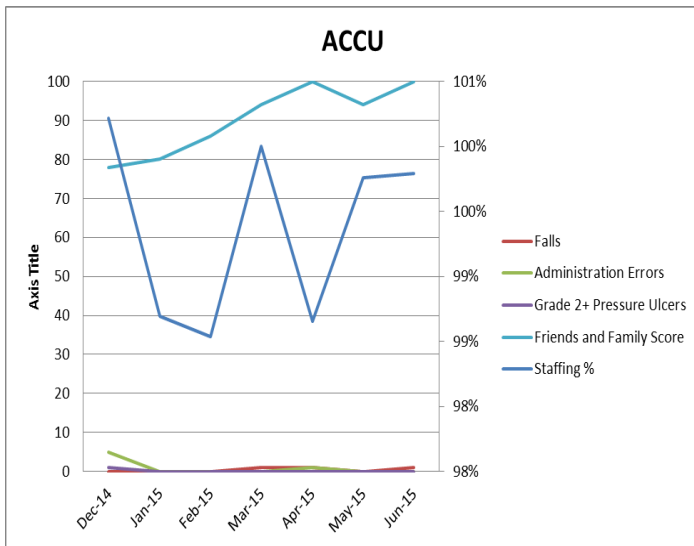
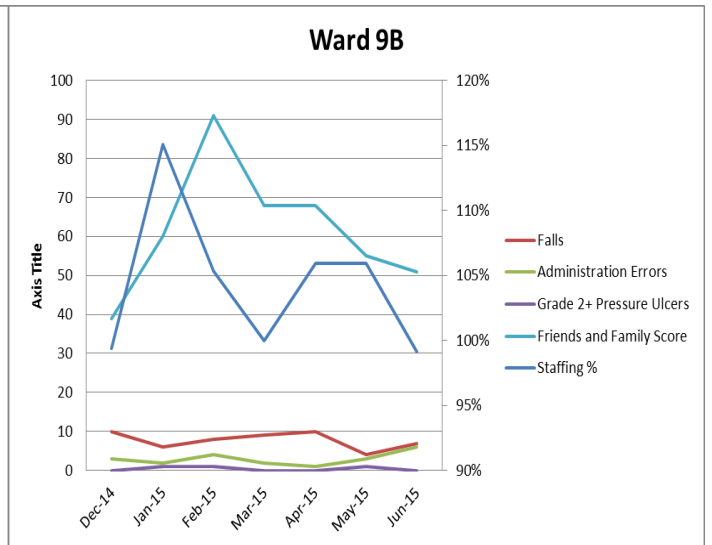
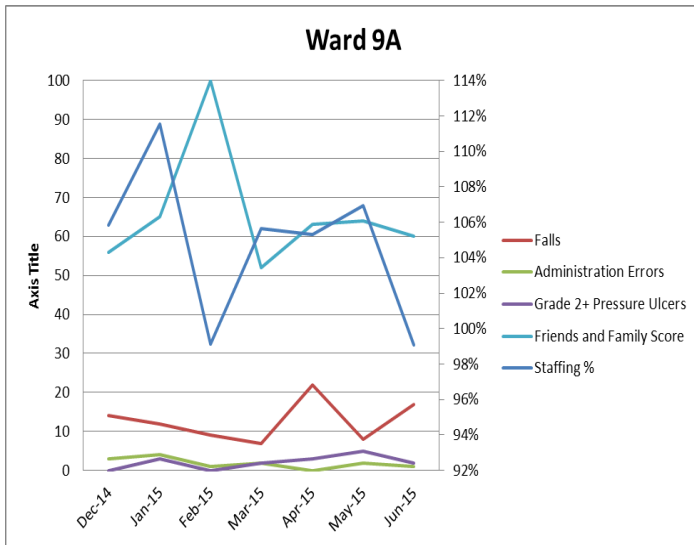
Unify Return

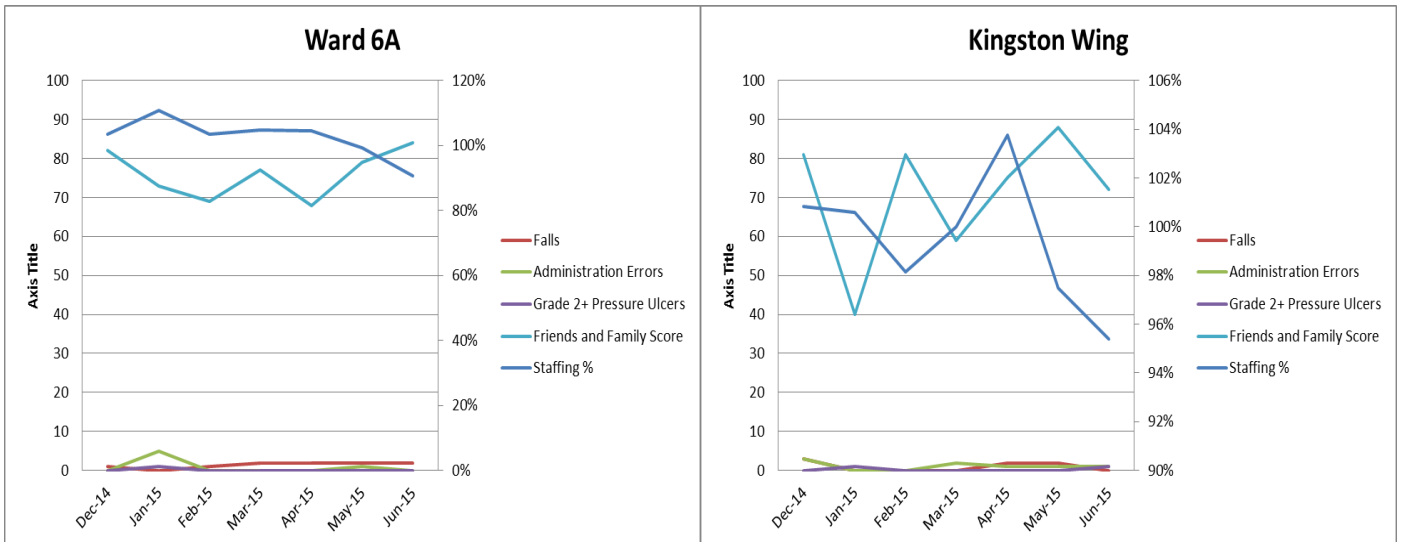
Ward name	Day				Night				Day		Night	
	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)
	Total monthly 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				
JW	739	456	1170	1125	750	750	375	375	61.7%	96.2%	100.0%	100.0%
KW	690	690	690	631.5	690	690	345	310.5	100.0%	91.5%	100.0%	90.0%
6A	1045.5	920	1440	1408	690	644	690	575	88.0%	97.8%	93.3%	83.3%
6B	1012.5	845.5	1436	1369	690	678.5	570	604.5	83.5%	95.3%	98.3%	106.1%
7A	1102.5	1102	935	1110.5	690	690	690	678.5	100.0%	118.8%	100.0%	98.3%
EAU	1266.5	1237.5	1545	1682	1035	1081	690	782	97.7%	108.9%	104.4%	113.3%
8A	904.5	854.5	1260	1432	690	724.5	690	678.5	94.5%	113.7%	105.0%	98.3%
8B	1228	1128	1260	1272	690	690	690	701.5	91.9%	101.0%	100.0%	101.7%
9A	967	906	1215	1247	690	690	690	690	93.7%	102.6%	100.0%	100.0%
9B	984.5	888	1168	1241	690	690	690	690	90.2%	106.3%	100.0%	100.0%
10	1029.5	1007	345	328.5	1023.5	966	0	0	97.8%	95.2%	94.4%	-
ICU	2415	2020.5	150	42	2415	2035.5	0	0	83.7%	28.0%	84.3%	-
CCU	1332	1326.5	0	0.5	820.5	820.5	0	34.5	99.6%	-	100.0%	-
Freya	2767.5	2338	967.5	822	1890	1825.5	630	567	84.5%	85.0%	96.6%	90.0%
SCBU	900	892.5	450	345	285	256.5	285	247	99.2%	76.7%	90.0%	86.7%

Safer Staffing Indicators

As recommended by the guidance the safe nursing indicators of falls, pressure ulcers and medication administration errors are measured. The following tables indicate the staffing levels in relation to the safety outcome measure for each ward.







Both Wards 8A and 8B demonstrate a noticeable direct correlation between reduced staffing and increased incidents in safe nursing indicators.

Safe Staffing: A Guide to Care Contact Time

The publication of Safe Staffing: A Guide to Care Contact Time: A Guide to Care Contact Time acknowledges that safe staffing was more than just looking at numbers on a ward. Both Bournemouth and Plymouth Universities have agreed for us to utilise students to collect this data. The data collection tool is now on iteration three and being trialled by the students.

Recruitment

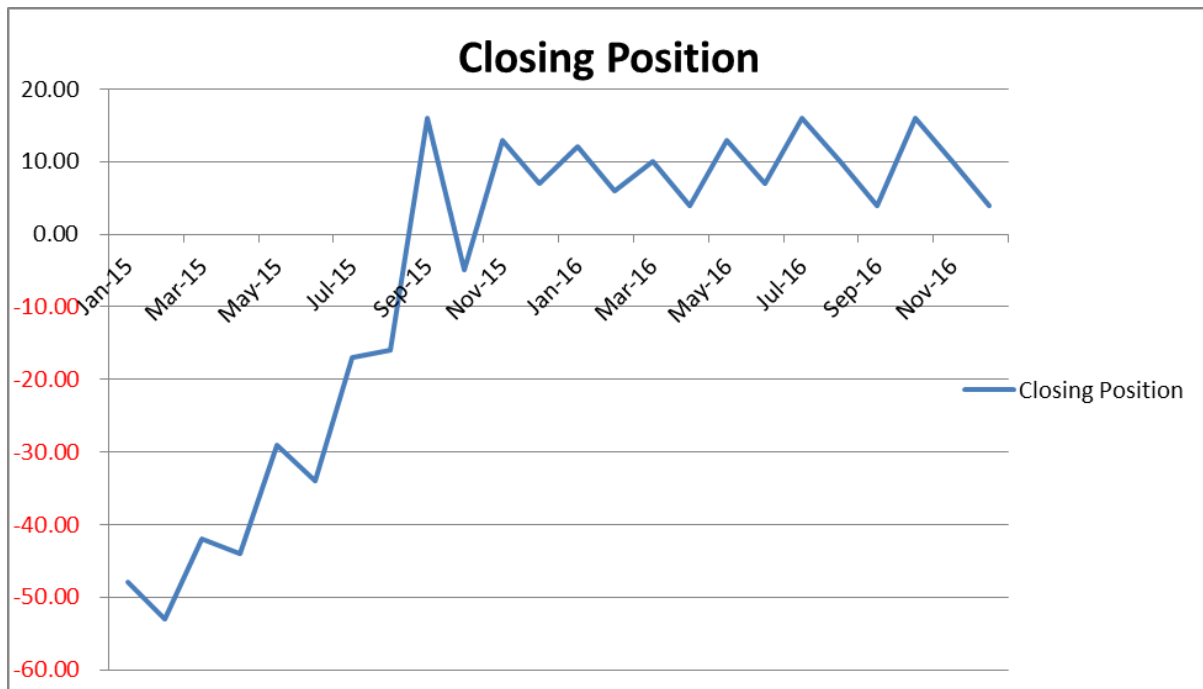
Registered Nurses: The rolling fortnightly interviews continue with successful candidates being offered positions on the day. Candidates are both UK and EU of origin.

May Cohort: The EU registered nurses that commenced in May have completed their four week supported induction programme at the beginning of June. Their PIN applications are gradually being processed by the NMC and as soon as they receive it they are included in the registered nurse number. There is a current attrition rate of two nurses for this cohort, which is not expected to rise.

English Language Controls

The NMC has launched a 12 week consultation on English Language requirements and the registration process. New legislation that is coming into effect will enable the NMC to put in place language controls for applicants from the European Economic Area (EEA). It is recommended that all candidates pass the International English Language Testing System (IELTS) achieving a score of at least seven in each section and seven overall. The introduction of this may have a negative impact on recruitment from within the EU, due to the challenge of achieving an adequate score.

The following graph indicates our current recruitment position and going forward as of 17 July 2015:



NB: It should be noted this is only accurate on the day it is calculated due to the fluidity of recruitment but an over recruitment position is predicted towards the latter part of the year; this will enable the staffing of the modular ward. In order to ensure this the cohort for September and November have been increased

Non EU Recruitment: Recruitment in India continues to be actively explored but there is currently a potential problem with the issuing of Tier 2 visas that is currently being investigated by Human Resources. It should be noted that from April 2016, due to registered nurses not being included on the Shortage Occupational List (SOL), they will need to earn at least £35,000 to qualify for settlement in the UK, which may have an impact on retention.

e-Rostering

The planned implementation of e-rostering continues with the wards in the tower block now complete and being paid by e-roster. All other departments are now included in the project plan to be moved over to e-rostering on a phased change over.

Temporary Staffing

Due to the continuing high vacancy rate, although the position has significantly improved since January 2015, ensuring safe staffing levels continues to be a challenge. The skill mix of every ward is reviewed daily by the Matrons and flexing of staff across all wards continues to ensure the provision of safe care including mitigating the risk of the unavailability of a registered nurse by using a health care assistant. Vacant shifts are escalated to the agencies as soon as the Staffing Solutions Office receives them. In addition, the Associate Director of Nursing reviews all shifts and escalates to Thornbury a week in advance in order to maintain safe staffing levels. There is a continued replacement of bank and less expensive agencies into shifts already filled by the more expensive agencies in order to reduce the financial risk to the organisation. An enhanced rate of pay is offered to registered nurses when necessary to maintain our staffing levels. The following table indicates the number of bank / agency used during June 2015.

Bank and Agency Usage

	10	9A	9B	8A	8B	ACCU	7A	EAU	6A	6B	ICU	KW	JW	FREYA	Labour	SCBU	TOTAL
Registered Bank	5	33	36	47	65	13	56	99		91	43	13	24	3		5	533
Unregistered Bank		25	45	10	56	2	18	42	6	42	1	10	20	1	1	3	282
Total Bank	5	58	81	57	121	15	74	141	6	133	44	23	44	4	1	8	815
Registered Agency	3	16	11	8	9		14	14	6	29	9	4	14	1	1		139
Unregistered Agency		5	4	3	13	5	2	5		11		1	2		1		52
Total Agency	3	21	15	11	22	5	16	19	6	40	9	5	16	1	2	0	191
TOTAL Bank/Agency	8	79	96	68	143	20	90	160	12	173	53	28	60	5	3	8	1006

The number of registered agency shifts has reduced dramatically from 478 in May to 139 in June; the same trend can be seen for agency unregistered with a reduction from 244 in May to 52 in June.

Unfilled Shifts

The following table indicates the number of unfilled shifts across the ward areas for June 2015. During this time a total of 255 registered nurses and 110 unregistered nurse shifts were unfilled using professional judgement.

A total of 24 registered nurse shifts were not filled due to the unavailability of staff and a total of 51 unregistered shifts. The wards would have been working with less than the recommended number and the staff will have been required to prioritise the care they give in order to ensure a safe provision of service.

The number of time shifts fell below the agreed staffing levels continues to be collected manually and therefore there may be inaccuracies in the data. The new bank booking system has now been implemented and the reports available are currently being explored.

When registered nurse shifts were unfilled by using professional judgement the shift will have been filled with an unregistered nurse where possible so that the number of staff on duty was sufficient, although the skill mix did not meet the 1:8 ratio.

In Maternity and SCBU, 64 registered midwife shifts were uncovered and 40 unregistered shifts uncovered due to the unavailability of staff.

		10	9A	9B	8A	8B	ACCU	7A	EAU	6A	6B	ICU	KW	JW	FREYA	SCBU	TOTAL
Using Professional Judgement	Registered	12	8	18	7	17	1	2	5	24	43	68	0	50			255
	Unregistered	5	9	2	1	5	0	1	0	22	20	18	16	11			110
Nurse unavailable	Registered						1	3	1		1	3	1		60	4	74
	Unregistered		5		4					1	1				22	18	51
TOTAL		17	22	20	12	22	2	6	6	47	65	89	17	61	82	22	490

Supervisory Status

The vacancy rate continues to decrease and the ward sisters are increasing their supervisory time in their clinical areas.

SUPERVISORY STATUS REPORT (% calculated on number of days available to work)

Ward	April	May	June
10	46%	46%	100%
9A	55%	52%	100%
9B	18%	0	Sister Chell covering Level 9
8A	14%	38%	100%
CCU	5%	0	23%
8B	0	29%	95%
7A	0	5%	32%
EAU	95%	67%	100%
T&O	118%	64%	86%
Elective	0	10%	52%
MFFD	0	10%	68%
KW	0	0	Has dedicated Matron
ICU	23%	38%	33%

RECOMMENDATIONS

The Board of Directors is asked to note the information contained in this summary report and the actions currently in place.