

Trust Board

31st August 2016

Nursing & Midwifery Safe Staffing Exception Report

Name of Committee:	Trust Board
Date of Meeting:	Wednesday 31 st August 2016
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Summary of Key issues:

To provide the Board with the monthly nurse staffing exception report for April in line with the national requirements set out in the 'Hard Truths Commitments Regarding the Publishing of Staffing Data 31st March 2014.

Summary of Actions Taken

Process in place to enable the collection and publication of nurse staffing data.

The Trust Board is asked to:

Discuss the nurse staffing exception report and to note the assurance levels given and actions being taken to improve assurance.

Nursing & Midwifery Safe Staffing Exception Report for June 2016

1.0 Introduction

This report provides the Board with ward level information relating to nursing and midwifery staffing levels.

Following publication of the Francis Report and to meet implementation of the 'Hard Truths' commitments letter associated with publishing staffing data for nursing, midwifery and care staff, from May 2014 all hospitals are required to publish information about the number of nursing and midwifery registered staff and care staff working on each ward, together with the percentage of shifts meeting safe staffing guidelines. (% fill rate).

This report also supports recommendations 2 and 7 identified below, that were set out in the National Quality Board paper (November 2013).

Expectation 2: Processes are in place to enable staffing establishments to be met on a shift-to-shift basis.

Expectation 7: Boards receive monthly updates on workforce information, and staffing capacity and capability is discussed at a public Board meeting.

To support the achievement of safe staffing and to take into account the daily fluctuating patient care needs there is a twice daily, ward by ward, review on staffing levels. It is at these divisionally held meetings that senior nurse decisions and management of risk is made to ensure patient safety and appropriate skill mix of registered to unregistered nurses is facilitated.

2.0 Background

Throughout the month, the planned Nursing and Midwifery staffing levels for the 39 inpatient wards at Blackpool Teaching Hospitals were compared with the actual staffing levels on a daily basis. This allows the calculation of a percentage fill rate for each ward day and night, and also an overall percentage fill rate. These figures show an overall increase in fill rates since June for Blackpool Victoria Hospital, Clifton Hospital and the Trust combined.

A difference was found between day and night staffing. Combined night staff fill rates for Blackpool Victoria Hospital and the Trust overall all increased on June's figures, with combined day fill rates at all sites up on last month. Clifton showed a slight decline in combined night fill rates, but an increase in combined day fill rates and overall. Blackpool Victoria Hospital, Clifton Hospital and the Trust overall night fill rates exceeded the 90% safe staffing target.

Fill rates were slightly up on June's figures for all sites and were above the 90% safe staffing for day and night staff combined. Overall, fill rates have slightly increased since June and the combined overall fill rate was above the 90% safe staffing target.

At hospital level, the average percentage fill rates were:

	Day		Night		Day	Night	Overall
Hospital Site	Average fill rate – registered nurses/ midwives (%)	Average fill rate - unregistered staff (%)	Average fill rate – registered nurses/ midwives (%)	Average fill rate – unregistered staff (%)			Total average fill rate – registered and unregistered nurses/midwives (%)
Victoria	86.3% ↑	93.6% ↑	89.9% ↑	120.2% ↑	89.1% ↑	99.1% ↑	92.6% ↑
Clifton	102.5% ↑	133.2% ↑	94.9% ↓	88.2% ↓	120.9% ↑	91.6% ↓	113.9% ↑
Trust Overall	87.4% ↑	99.7% ↑	90.1% ↑	116.9% ↑	92.5% ↑	98.6% ↑	94.6% ↑

The reduced fill rates at Clifton Hospital are reflective of current vacancies and long term sickness. An enhanced bench rate of pay has been introduced for a 3 month period commencing 4TH July to encourage an increase in bench fill rate and reduction in agency cost. The first 2 weeks of this initiative have shown over a 90% fill rate of all requested shifts. This will be reflected in the July report.

For the purpose of the exception report and to aim to provide information to the Board using an assurance model approach, the following assurance descriptions have been developed:

- **Full Assurance – full delivery is expected.**
The number of actual nursing staff on duty during the previous month compared to the planned staffing levels, are above a 90% fill rate for both day and night shifts.
- **Significant Assurance - significant improvements are expected and full delivery is considered likely.**
The number of actual nursing staff on duty the previous month compared to the planned staffing level was below 90% fill rate for either day or night shifts, or a combination of both. Divisional plans to address this fill rate are in place and improvement is expected within month.
- **Limited Assurance – improvements are expected but full delivery is considered high risk.**
The number of actual nursing staff on duty the previous month compared to the planned staffing level was below 90% fill rate for either day or night shifts, or a combination of both. Divisional plans to address this fill rate are in place, improvement however is expected to take at least a ‘quarter period’ to be realised.
- **No Assurance – little or no prospect of recovering the position/delivering going forward.**
The number of actual nursing staff on duty the previous month compared to the planned staffing level indicates a trend of recurrent understaffing. (This assurance level will be used after data has been collected for a minimum of 6 consecutive months).

June Assurance

Full Assurance

Of the 40 wards included in the review, 11 provided full assurance of safe staffing levels in that for both staff groups, registered and non-registered, 90% or over of the planned hours were worked for both the day shift and the night shift, up 4 from last month.

Significant assurance

Of the 40 wards included in the review, 23 provided significant assurance of safe staffing levels¹ in that the number of actual nursing staff on duty the previous month compared to the planned staffing level was below 90% fill rate for either day or night shifts, or a combination of both. This represents a decrease of 4 from last month.

Limited Assurance;

Of the remaining 6 wards, all provided limited assurance as the number of actual nursing staff on duty compared to the planned staffing level was below 90% fill rate for either day or night shifts, or a combination of both. Divisional plans to address this fill rate are in place, improvement however is expected to take at least a quarter to be realised.

Wards 5 and 39 have provided limited assurance for over six consecutive months. On ward 39, 6 beds were closed and staffing establishment amended to reflect the reduced bed capacity in October 2015, unfortunately the closed beds have been in constant use to support escalation from all operational divisions, with additional staffing support acquired via the Bench where possible. There has also been a high attrition rate on this ward. The division have highlighted the risks associated with this and is currently reviewing the position with a view to removing the escalation beds. On Ward 5, a band 6 Sister has been appointed and commenced post to support the safe management of patient care and safe staffing. Both divisions are actively recruiting with national adverts currently in place.

¹ Note: Delivery Suite and Maternity Ward D share a combined rating.

Scheduled Care

Ward name	Day		Night		February 2016 Assurance	March 2016 Assurance	April 2016 Assurance	May 2016 Assurance	June 2016 Assurance	July 2016 Assurance	February 2016 Sickness	March 2016 Sickness	April 2016 Sickness	May 2016 Sickness	June 2016 Sickness	July 2016 Sickness	Vacancy WTE / LTS Sickness	Month full assurance predicted	NCI Results July	ST Falls July	ST PUs July	Total Staffing Level Incidents in July	Total UIR reported in July
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)																			
CCU	89.7%	121.2%	103.5%	103.2%	Full	Significant	Significant	Significant	Full	Full	4.2%	7.3%	3.4%	5.1%	0.6%	5.2%	-	Jul-16	99%	-	-	2	11
Ward 34	90.5%	104.0%	96.8%	109.7%	Limited	Limited	Significant	Limited	Significant	Full	2.1%	2.1%	5.3%	4.9%	4.5%	2.6%	1.0 wte Q vacancy 0.80 wte Q vacancy	Sep-16	92%	-	1	-	28
Ward C (new)	100.4%	124.4%	100.7%	308.6%	-	-	-	-	Full	-	-	-	-	-	-	2.0 wte Q Mat Leave 5.0 wte UQ due to renewing template	Nov-16	N/A	-	-	-	-	
CITU	81.2%	67.3%	81.0%	-	Significant	Significant	Significant	Limited	Limited	Significant	6.8%	7.3%	5.0%	7.9%	7.8%	6.6%	4.0 wte Q vacancies 5.0 wte Q mat leave 3.0 Q LTS 1.0 UQ LTS	Oct-16	98%	-	-	-	20
Lancashire Suite	84.6%	47.8%	100.0%	100.0%	Significant	Limited	Limited	Significant	Significant	Significant	4.8%	1.2%	3.0%	3.8%	0.9%	0.3%	1.8 wte Q vacancy	Sep-16	98%	-	-	-	4
Ward 14	92.1%	79.4%	93.5%	103.3%	Limited	Limited	Significant	Significant	Significant	Significant	8.3%	4.7%	5.7%	2.0%	1.7%	0.8%	1.36 wte Q vacancy 1.0 wte Q LTS 1.0 wte UQ vacancy	Aug-16	97%	-	-	1	11
Ward 15a	98.0%	96.5%	98.6%	89.6%	Full	-	Full	Significant	Full	Significant	8.7%	5.1%	2.3%	4.8%	5.8%	5.4%	1.0 wte Q LTS 1.0 wte UQ mat leave	Apr-16	92%	-	-	-	56
Ward 15b	74.7%	104.5%	93.6%	131.5%	Full	Full	Full	Full	Full	Significant	1.5%	3.1%	2.9%	0.0%	0.0%	-	-	Aug-16	95%	-	-	-	18
Ward 16	92.0%	85.7%	96.8%	87.5%	Full	Full	Full	Significant	Full	Significant	4.3%	5.0%	6.7%	7.5%	7.5%	8.2%	1.0 wte Q LTS	Oct-15	100%	-	-	10	29
Ward 37	76.9%	118.6%	69.4%	140.2%	Limited	Limited	Significant	Significant	Significant	Significant	7.4%	8.0%	8.1%	7.0%	7.3%	7.1%	0.8 wte Q vacancy 3.0 wte Q LTS	Oct-16	95%	-	-	1	16
Ward 38	94.2%	89.6%	100.3%	100.2%	Significant	Significant	Significant	Significant	Significant	Significant	5.4%	3.6%	5.0%	4.4%	5.0%	4.2%	3.0 wte Q vacancy 2.0 wte UQ vacancy 1.0 wte Q LTS	Sep-16	95%	-	-	2	12
Surgical Assessment Unit	74.3%	84.3%	97.4%	98.4%	Full	Limited	Limited	Significant	Limited	Limited	1.2%	7.8%	9.3%	3.8%	8.7%	9.1%	2.0 wte Q mat leave 1.0 wte Q LTS 1.0 wte UQ LTS	Sep-16	94%	-	-	-	24
Ward 35	78.8%	94.2%	95.7%	101.6%	Limited	Limited	Significant	Limited	Limited	Limited	11.6%	5.7%	5.0%	5.4%	9.2%	6.4%	4.10 wte Q vacancies 0.80 wte UQ vacancy	Sep-16	85%	-	-	5	48
Ward 39	69.7%	90.3%	87.2%	98.7%	Limited	Limited	Limited	Limited	Limited	Limited	10.4%	12.8%	9.9%	7.1%	2.6%	0.7%	6.0 wte Q vacancies	Nov-16	80%	-	-	14	38

Of the 14 wards in the Scheduled Care Division, 3 gave full assurance; 8 gave significant assurance and the remaining 3 wards provided limited assurance.

Surgical and Specialist Surgery Directorates

In July, 2 wards within the General and Specialist Surgical Directorates provided full assurance, 4 wards significant assurance and 2 wards limited assurance.

Service re-design and bed closures through a redesign of vascular services have influenced % fill rates in month due to amalgamating wards 5 and 15b to ward C and ward 7 to ward 15b. The staffing template has not yet been adjusted via e-Rostering and is currently under review for sign-off by the Director of Nursing. Due to this re-design, patient harms have reduced with no falls being reported in month for ward C.

Ward 15b (previously ward 7) shows a significantly higher than planned percentage fill rates of unqualified nurses on nights in month, this was to support reconfiguration and ward moves; requiring more unqualified nurse support to ensure patient safety and support staff with one to one nursing of patients. This will change as ward 7 is relocated to 15b and reconfigured.

The challenge of continuing attrition remains with reduced skill mix due to newly qualified and overseas nurses continues on wards 34 and 35. Daily reviews are undertaken to ensure patient safety with a risk assessment being escalated through the Division. This is a specialised area, and although specific recruitment has been underway to ensure nurses with the right skill and ability are recruited, they continue to experience difficulties with both recruitment and retention. Under fill percentages for trained staff are through vacancy shortfalls, however unqualified staff were utilised to fill this gap in qualified numbers.

Ward 19 (surgical assessment unit) has reduced qualified fill rates due to 1.36 wte qualified nurse vacancies and an increased sickness percentage of 9.1% being seen. This is further depleted by 2.00 wte qualified nurses on maternity leave and 2.00 qualified nurses on long term sick. Despite this reduction in qualified numbers, nursing care indicators remain at 94% with no patient harms being recorded.

Cardiac Directorate

Within the Cardiac Directorate, 1 ward provided full assurance; 4 gave significant assurance with 1 providing limited assurance.

Ward 39 has seen escalation of 6 beds since October 2015 with no associated substantive staffing establishment, to support the organisation meet medical patient demand and safely manage bed capacity and patient flow. This has required additional nursing support from within the Division and Corporate Bench which is not always able to be met, noted by the depleted day qualified nurse fill rates. The ward continues to hold 6.00 wte qualified nurse vacancies with little sickness noted. Of these posts, 3wte have been recruited into and are awaiting start dates, with a further 3.00 wte qualified nurse vacancies subject to advert. This has been an on-going issue for a number of months, with the Matron and Ward Manager looking at ways to attract and offer unique selling points to potential employees. It is reassuring to note that despite escalation no patient harms have been identified. Daily reviews ensure patient safety and a risk assessment has been escalated throughout the Division. The Matron is working with the Ward Manager and is currently developing an action plan with the Quality Manager moving forward.

Ward 37 has also seen a reduced fill rate for qualified due to 3.00 wte qualified nurses being on long term sickness. The overfill on unqualified staff was to mitigate this shortfall and enable staff to deliver safe, quality care to patients, evidenced attributable patient harms being recorded.

CITU is showing significant assurance, despite the percentage fill rates. The unit flexes the staff in accordance with patient acuity to ensure patient safety is met.

Divisional Summary

Successful recruitment continues in the Division following recruitment open days held in March, May and July. The Division is aware that most of the recruited qualified nurses are newly qualified which impacts on skill mix. To support this and mitigate risk, the Practice Development Sisters and Preceptorship Lead have been working closely with the newly appointed staff to provide support. There are a number of vacancies throughout the Division, however the majority of the vacancies are filled with pre-registration nurses, due to commence in September or January 2017; due to vacancy and sickness a total of 35 staffing incidents were raised compared to 26 in month previous.

Families Division

Division	Ward name	Day		Night		February 2016 Assurance	March 2016 Assurance	April 2016 Assurance	May 2016 Assurance	June 2016 Assurance	July 2016 Assurance	February 2016 Sickness	March 2016 Sickness	April 2016 Sickness	May 2016 Sickness	June 2016 Sickness	July 2016 Sickness	Vacancy WTE / Sickness	Month full assurance predicted	NCI Results	ST Falls	ST PPU	Total Staffing Level Incidents in July	Total UIR reported in July
		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)																			
Families Division	Adolescent Ward	111.3%	64.2%	98.0%	48.4%	Full	Full	Full	Full	Full	Full	8.6%	27.2%	20.9%	7.3%	6.5%	3.3%	3.84 wte Q vacancies 1.0 wte Q LTS 1.23 wte UQ LTS	September	92%	-	-	-	-
	Childrens Ward					Significant	Significant	Significant	Significant	Significant	Significant									96%				
	Del Suite	91.7%	80.6%	101.6%	116.6%	Significant	Significant	Significant	Significant	Significant	Significant	39.0%	46.6%	41.1%	36.6%	29.0%	30.4%	3.8 wte Q LTS 1.5 wte Q Mat leave 3.6 wte Q Vacancies 1.2wte UQ Vacancies	September	98%	-	-	6	62
	Maternity Unit Ward D					Significant	Significant	Significant	Significant	Significant	Significant													
	Neonates	71.0%	-	74.4%	-	Significant	Significant	Significant	Significant	Significant	Significant	6.3%	5.8%	4.1%	0.8%	0.6%	3.2%	1.0 wte Q LTS 2.73 wte Q Mat leave 1.0 wte UQ Vacancies	September	94%	-	-	-	4

Within maternity, there are 3.8 wte qualified midwives absent due to long term sickness. Unqualified vacancies have been recruited into and the staff commence in post in September. In addition there are 1.5 wte qualified midwives on maternity leave, this accounts for some of the reduced percentage fill rates. The Maternity Unit review staffing levels throughout the day and, with the flexing of staff within the unit, manage to meet emergency care requirements and safely manage patient need and risk. Work is underway to review the staffing templates in all areas of maternity. These should be finalised and in operation in late September.

On the Neonatal Unit, although the fill rate is below 90% for qualified staff against template, the unit employs unqualified staff (BAPM requires 80% qualified, allowing 20% unqualified) and these are not accounted for in the ward template. The unit is working towards BAPM standards of qualified and unqualified staff dependant on patient acuity and staff ratio requirement. The unit safely flexes staff to meet patient acuity on a daily basis and is confident that despite the reported percentage fill rate, patient care was delivered safely. There is a nursery nurse post currently advertised.

Unscheduled Care

Ward name	Day		Night		February 2016 Assurance	March 2016 Assurance	April 2016 Assurance	May 2016 Assurance	June 2016 Assurance	July 2016 Assurance	February 2016 Sickness	March 2016 Sickness	April 2016 Sickness	May 2016 Sickness	June 2016 Sickness	July 2016 Sickness	Vacancy wte / Sickness	Month full assurance predicted	NCI Results July	ST Falls July	ST PU July	Total Staffing Level Incidents in July	Total UIR reported in July
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)																			
Ward 11	110.6%	119.2%	97.8%	231.6%	Full	Significant	Significant	Full	Significant	Full	4.6%	1.4%	5.9%	5.3%	6.2%	4.3%	6.0 wte Q Vacancy	Sep-16	89%	-	1	3	51
Ward 2 BVH	112.3%	104.6%	196.8%	109.7%	Limited	Full	Full	Significant	Full	Full	10.2%	2.0%	2.9%	6.0%	12.7%	11.5%	10.68 wte Q vacancies	Jan-17	89%	-	-	-	15
Ward 23	106.0%	108.7%	109.9%	125.1%	Significant	Significant	Significant	Significant	Significant	Full	6.0%	6.4%	4.1%	5.8%	6.8%	3.7%	-	Jun-16	84%	-	-	-	41
Ward 25	110.2%	93.0%	104.2%	150.4%	Limited	Significant	Full	Significant	Full	Full	4.9%	2.9%	4.5%	11.2%	10.7%	7.8%	2.0 wte UQ LTS 0.45 wte UQ vacancy	Sep-16	93%	-	-	4	47
Ward 6	92.6%	92.8%	94.5%	104.0%	Significant	Significant	significant	Significant	Limited	Full	1.0%	0.7%	5.6%	13.7%	13.5%	19.3%	2.0 wte UQ LTS	Jun-16	94%	-	-	-	11
A&E	76.8%	100.0%	85.2%	124.5%	Significant	Significant	Significant	Significant	Significant	Significant	8.7%	23.1%	10.2%	10.1%	11.6%	10.2%	6.69 Band 5 Vacancy 1.69 wte UQ Vacancy	Oct-16	N/A	-	-	2	26
AMU	71.9%	79.8%	93.6%	99.2%	Full	Significant	Significant	Significant	Significant	Significant	2.1%	2.1%	3.8%	4.7%	4.6%	5.5%	4.46 wte Q Vacancy 2.0 wte Q LTS 1.0 wte Q STS 1.0 wte UQ STS 1.0 wte Q a/w PIN	Sep-16	95%	2	-	3	71
Haematology Ward	74.8%	81.8%	76.9%	96.8%	Significant	Significant	significant	Full	Significant	Significant	3.2%	5.8%	5.1%	4.8%	2.6%	12.0%	7.67 wte Q vacancies 0.72 wte UQ vacancy 2.0 wte Q LTS 1 wte UQ LTS	September	93%	-	-	1	26

Ward name	Day		Night		February 2016 Assurance	March 2016 Assurance	April 2016 Assurance	May 2016 Assurance	June 2016 Assurance	July 2016 Assurance	February 2016 Sickness	March 2016 Sickness	April 2016 Sickness	May 2016 Sickness	June 2016 Sickness	July 2016 Sickness	Vacancy wte / Sickness	Month full assurance predicted	NCI Results July	ST Falls July	ST PU July	Total Staffing Level Incidents in July	Total UIR reported in July
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)																			
ITU - 110156	78.4%	80.9%	86.2%	72.7%	Significant	Significant	Significant	Significant	Significant	Significant	3.9%	6.2%	3.5%	3.8%	4.8%	9.9%	3 wte Q LTS 5.0 wte Q vacancies	Aug-16	93%	-	-	1	20
Stroke Unit	77.6%	96.9%	80.0%	112.3%	Significant	Significant	Significant	Significant	Significant	Significant	5.4%	8.9%	9.0%	7.6%	4.3%	4.3%	6.55 wte Q vacancy 3.33 wte UQ vacancy 3.0 wte Q mat leave 2.0 wte UQLTS	September	90%	1	-	4	19
Ward 10	78.9%	93.7%	100.1%	103.2%	Limited	Limited	Significant	Significant	Significant	Significant	9.4%	8.0%	3.3%	6.5%	5.0%	-	4.2 wte Q Vacancy 1.0 wte Q LTS 1.0 wte UOSTS 1.0 wte Q Mat leave	Sep-16	96%	1	-	4	26
Ward 12	91.5%	87.6%	63.7%	153.0%	Significant	Significant	Significant	Significant	Significant	Significant	6.9%	6.5%	8.4%	8.2%	13.1%	10.4%	2.0 wte Q LTS	August	92%	-	1	9	30
Ward 26	73.5%	88.8%	79.0%	116.1%	Limited	Limited	Limited	Limited	Limited	Significant	8.9%	9.8%	9.3%	9.2%	8.6%	6.6%	0.79 wte Q vacancy	Sep-16	91%	1	-	3	44
Ward 8	77.6%	88.4%	51.1%	113.1%	Significant	Significant	Significant	Significant	Significant	Significant	1.9%	6.4%	9.0%	5.6%	5.6%	2.6%	3.24 wte Q Vacancies	Jul-16	100%	-	-	-	6
Ward 18	65.8%	52.7%	54.0%	105.2%	Significant	Significant	Significant	Significant	Significant	Limited	4.9%	3.0%	2.3%	8.0%	5.5%	6.7%	-	Jul-16	100%	-	-	-	10
Ward 5	69.2%	91.0%	83.9%	207.6%	Limited	Limited	Limited	Limited	Limited	Limited	4.3%	1.4%	2.2%	3.8%	2.0%	2.5%	5.44 wte UQ Vacancy	November	82%	-	-	-	14
Ward 7	71.5%	79.9%	67.9%	180.8%	Limited	Limited	Significant	Significant	Significant	Limited	5.9%	2.2%	1.9%	3.1%	3.3%	0.6%	1.0 wte Q Mat leave 2.0 wte UQLTS	August	96%	-	-	1	28

The 17 reportable areas in the Unscheduled Care Division in month show a position of; 5 wards (25, 11, 23, 6 and 2) showing full assurance, 9 wards now with significant assurance, and 3 wards with limited assurance – 5, 7 and 18.

The division has continued to be in escalation; beds open and with no substantive in post – 7 beds on ward 11, 2 beds on ward 10, 9 beds on ward 3, 2 beds on stroke, 4 beds on ward 6 , and 25 beds on ward 24. There has also continued to be outliers in the cardiac day case unit and other wards in Scheduled care. Ward 24 is of significant risk as this area does not have a substantive team of nursing staff; it is staffed daily from the core wards within division. To reduce this risk an acting ward manager, house keeper and ward clerk have been put into post and any wards up to established numbers are supporting this area with staff. Ward 3 remains a risk for the same reason however there is a plan in place to provide a substantive team of nursing staff.

Of significance in month in relation to all wards in division is the high numbers of new to role/new to country qualified nurses within division. This has diluted the skill mix of every ward, increasing the pressure on the core ward teams and matrons to support, educate and monitor such large numbers of 'new nurses'. The ward managers are spending significant amounts of time in the numbers to cover and support shifts with senior leadership, which is impacting on other areas of their role, however; is required for the foreseeable future.

The new CATs unit opened in full in June – shown in the body of the main report as ward 18. This unit is at present under establishment to qualified nurses and highlighting as limited assurance therefore utilising increased HCA's until recruitment is complete.

The 2 remaining wards with limited assurance are Ward 5 and 7. The wards are specialised areas, and although specific recruitment has been underway to ensure nurses with the right skill and ability are recruited, they continue to experience difficulties with both recruitment and retention. They are in the process of reviewing the skill mix and the possibility of utilising unqualified nurses in specific speciality roles to support the registered nursing team with aspects of care such as dementia champions to support the recruitment and retention issues in relation to registered nursing staff.

Patient safety is assessed daily and managed within available resource, coordinated by the matron of the day. All incidents are closely monitored at the monthly governance meeting and all wards risk assessed for safe staffing numbers. Of significant concern is the NCI red position for the Acute Medical Unit – staff are being supported to increase the position with training from the PD team and supporting the ward with an altered skill mix until recruitment of registered nursing staff takes place is being discussed.

There is a sustained recruitment campaign both in the UK and abroad. Further substantive staff are planned to take up their posts in the coming months; substantive staff, once established in post and holding UK NMC registration, will support a reduction in harm and increased patient and staff experience. However the recruitment of nurses now means ward areas have a high % of overseas or newly qualified nursing staff requiring at times additional support for a variety of reasons.

Sickness has reduced across the division, however, on 6 ward has increased significantly in month with all sickness being managed in line with policy.

10 wards are showing a higher than planed establishment percentage of unqualified nurses; in relation to wards 12,stroke unit, ward 26 and ward 8 this is to support the under fill of registered nurses available due to vacancy and taking into account backfilling of the staff moved to escalation areas.

In relation to ward 11, the staffing appears to be above planned hours as the template is the de-escalated summer template, however, the ward remains in full escalation with 7 core escalation beds open and supporting of other escalated areas with trained staff; therefore the ward appears to be over planned hours until the escalation template is put back into place at the end of September.

Wards 5 and 7 have recently moved from wards 23 and 24 as part of the respiratory service redesign. The use of unqualified nurses over planned hours in both areas is to support this recent move into a new environment and way of working, the ward footprint is vastly different and an increased number of staff will be required to deliver bay based care as the bays have increased in number.

Ward 2 is showing as higher than planned for both qualified and unqualified nurse staffing, this is to support the increase of patient acuity caused by dementia patients with highly challenging behaviours and the added pressures of a large percentage of ward staff being newly qualified/new to country and requiring additional support to maintain safety.

Clifton

Ward name	Day		Night		February 2016 Assurance	March 2016 Assurance	April 2016 Assurance	May 2016 Assurance	June 2016 Assurance	July 2016 Assurance	February 2016 Sickness	March 2016 Sickness	April 2016 Sickness	May 2016 Sickness	June 2016 Sickness	July 2016 Sickness	Vacancy WTE / Sickness	Month full assurance predicted	NCI Results July	ST Falls July	ST PU July	Total Staffing Level Incidents in July	Total UIR reported in July
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)																			
Clifton Hospital W1	95.7%	134.4%	100.0%	104.8%	Significant	Significant	Significant	Significant	Significant	Full	1.6%	5.0%	5.0%	4.2%	4.2%	1.5%	0.65 wte Q vacancies 1.0 wte UQ LTS	Nov-16	96%	-	-	-	14
Clifton Hospital W3	108.4%	163.9%	96.8%	101.6%	Significant	Significant	Significant	Significant	Significant	Full	2.9%	3.0%	4.5%	1.3%	3.4%	2.5%	4.07 wte Q vacancies	Nov-16	89%	-	-	-	16
Clifton Hospital W4	109.8%	133.9%	101.6%	67.7%	Significant	Significant	Significant	Significant	Significant	Significant	12.0%	11.1%	5.6%	6.7%	10.9%	7.7%	4.07 wte Q vacancies	Nov-16	92%	-	-	-	18
Clifton Hospital W2	99.2%	116.1%	82.3%	85.5%	Closed	Closed	Closed	Limited	Limited	Significant	Closed	Closed	Closed	9.0%	3.4%	4.2%	9.27 wte Q vacancies.	Dec-16	80%	-	1	-	21

Significant assurance levels continue to be provided on Wards 2 and 4 but full on Wards 1 and 3. Significant assurance on Ward 2 is due to the continued high number of qualified nurse vacancies following transfer of Nurse Led Pathways to Clifton Hospital. 12 out of 24 beds are now open and further beds will be opened once sufficient qualified nurse vacancies have been recruited to. 6.00 wte unqualified nurse posts that have been over-recruited to work across all wards are now coming into post and are having a positive effect on staffing numbers. This will ensure that the risk of patient harm is reduced and result in planned intentional rounding is achieved. Recruitment drive continues with current adverts for unqualified and qualified nurse vacancies.

There continues to be a reliance on Bench and agency nursing whilst nursing vacancies are recruited to and staff are regularly moved from Ward 1 to support Ward 2,3 and 4 vacancies. An enhanced bench rate of pay has been introduced for a 3 month period commencing in July to encourage an increase in bench fill rate and reduction in agency cost.

The acuity and dependency levels of patients' remains complex and demanding and staff are flexed throughout the hospital in order to safely manage patient safety and need. There has been an increase in the complexity of patients especially those transferring to Clifton on the Orthopaedic pathway. The division is pleased that the

reduction in falls has been sustained. NCI results have been sustained as green for wards 1, but unfortunately, Wards 3 and 4 has seen a drop to amber. Further work is being carried out on Ward 2 to improve compliance from red and a full review of documentation in relation to Nurse Led models of care is taking place.

Recommendations

To note the report and the assurance levels provided.

To note areas where assurance has deteriorated, including the actions identified to address these areas.

To note the continuing increased risks associated with the staffing this month.

Marie Thompson
Director of Nursing & Quality