

Trust Board

27<sup>th</sup> July 2016

Nursing & Midwifery Safe Staffing Exception Report

<b>Name of Committee:</b>	Trust Board
<b>Date of Meeting:</b>	Wednesday 27 <sup>th</sup> July 2016
<b>Paper Prepared By:</b>	Marie Thompson, Director of Nursing and Quality Tracy Burrell, Assistant Director of Nursing and Quality
<b>In case of query, please contact:</b>	Marie Thompson ext. 3470
<b><u>Summary of Key issues:</u></b>  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 31 <sup>st</sup> March 2014.	
<b><u>Summary of Actions Taken</u></b>  Process in place to enable the collection and publication of nurse staffing data.	
<b><u>The Trust Board is asked to:</u></b>  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 41 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 decrease in fill rates since May 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, Clifton Hospital and the Trust overall all improved on May's figures, with combined day fill rates at all three sites down on last month. Blackpool Victoria Hospital, Clifton Hospital and the Trust overall night fill rates exceeded the 90% safe staffing target.

Differences were found between the Clifton and Blackpool Victoria sites. Although slightly down on May's figures, overall fill rates for day and night staff combined were still above the 90% safe staffing target at Blackpool Victoria Hospital, with over 90% fill rates for both day and night unregistered staff. Overall fill rates at Clifton Hospital and the Trust overall were slightly down in month and below 90%.

At hospital level, the average percentage fill rates were:

Hospital Site	Day		Night		Day	Night	Overall
	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	83.7%↓	92.3%↓	89.2%↓	112.0%↑	86.9%↓	96.2%↑	90.2%↓
Clifton	67.3%↓	59.1%↓	102.6%↑	100.4%↑	62.4%↓	101.5%↑	71.7%↓
Trust Overall	82.2%↓	86.1%↓	90.0%↑	110.6%↑	83.8%↓	96.6%↑	88.1%↓

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 4<sup>TH</sup> 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 41 wards included in the review, 7 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 3 from last month.

### **Significant assurance**

Of the 41 wards included in the review, 25 provided significant assurance of safe staffing levels<sup>1</sup> 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 5 from last month.

### **Limited Assurance;**

Of the remaining 9 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 24 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 24, 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.

---

<sup>1</sup> Note: Delivery Suite and Maternity Ward D share a combined rating.

Scheduled Care

Ward name	Day		Night		January 2016 Assurance	February 2016 Assurance	March 2016 Assurance	April 2016 Assurance	May 2016 Assurance	June 2016 Assurance	January 2016 Sickness	February 2016 Sickness	March 2016 Sickness	April 2016 Sickness	May 2016 Sickness	June 2016 Sickness	Vacancy WTE / LTS Sickness	Month full assurance predicted	NCI Results June	ST Falls June	ST PU June	Total Staffing Level Incidents in June	Total UIR reported in June
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)																			
CCU	90.6%	101.5%	101.2%	100.0%	Full	Full	Significant	Significant	Significant	Full	3.3%	4.2%	7.3%	3.4%	5.1%	0.6%	-	Jul-16	97%	-	-	-	8
Ward 15a	90.2%	100.7%	98.0%	99.8%	Significant	Full	-	Full	Significant	Full	9.6%	8.7%	5.1%	2.3%	4.8%	5.8%	1.00 wte Q vacancy 1.00 wte Q LTS 2.80 wte UQ vacancies	Apr-16	95%	-	-	2	64
Ward 16	90.1%	84.7%	96.8%	96.7%	Full	Full	Full	Full	Significant	Full	3.5%	4.3%	5.0%	6.7%	7.5%	7.5%	-	Oct-15	100%	-	-	4	50
Ward 7	92.7%	162.5%	100.0%	195.0%	Full	Full	Full	Full	Full	Full	1.9%	1.5%	3.1%	2.9%	0.0%	0.0%	-	Aug-16	93%	-	-	-	17
Ward 34	89.8%	89.5%	97.8%	115.0%	Full	Limited	Limited	Significant	Limited	Significant	1.8%	2.1%	2.1%	5.3%	4.9%	4.5%	1.80 wte Q vacancies 1.64 wte UQ vacancies 1.00 wte UQ LTS	Sep-16	94%	-	-	1	24
Lancashire Suite	70.6%	48.3%	100.0%	100.0%	Significant	Significant	Limited	Limited	Significant	Significant	7.3%	4.8%	1.2%	3.0%	3.8%	0.9%	2.80 wte Q vacancies	Sep-16	99%	-	-	-	4
Ward 14	95.9%	79.4%	98.3%	103.3%	Significant	Limited	Limited	Significant	Significant	Significant	11.3%	8.3%	4.7%	5.7%	2.0%	1.7%	1.93 wte Q vacancies 1.00 wte Q LTS 1.00 wte UQ vacancy	Aug-16	96%	1	-	-	28
Ward 37	78.5%	103.2%	92.5%	111.5%	Significant	Limited	Limited	Significant	Significant	Significant	4.3%	7.4%	8.0%	8.1%	7.0%	7.3%	2.00 wte Q LTS	Aug-16	90%	-	-	4	19
Ward 38	91.0%	82.6%	96.7%	95.8%	Significant	Significant	Significant	Significant	Significant	Significant	6.2%	5.4%	3.6%	5.0%	4.4%	5.0%	1.00 wte Q vacancy 2.00 wte UQ vacancies	Aug-16	91%	-	-	1	22
Ward 5	86.7%	92.1%	98.5%	102.0%	Limited	Significant	Significant	Full	Significant	Significant	8.8%	5.2%	3.9%	5.2%	2.2%	6.8%	-	May-16	95%	-	-	-	30
CITU	86.6%	58.3%	84.8%	-	Significant	Significant	Significant	Significant	Limited	Limited	6.7%	6.8%	7.3%	5.0%	7.9%	7.8%	4.00 wte Q vacancies 5.00 wte Q MAT	Oct-16	100%	-	1	1	16
Surgical Assessment Unit	79.2%	84.4%	96.7%	101.7%	Full	Full	Limited	Limited	Significant	Limited	3.1%	1.2%	7.8%	9.3%	3.8%	8.7%	1.00 wte Q vacancy 2.00 wte Q MAT 2.00 wte Q LTS	Sep-16	100%	-	-	-	21
Ward 15b	92.7%	88.4%	78.3%	-	Limited	Limited	Limited	Limited	Significant	Limited	10.8%	11.8%	6.3%	1.9%	8.1%	8.5%	2.00 wte Q MAT 1.00 wte Q LTS	Aug-16	91%	-	-	9	18
Ward 35	87.9%	91.6%	97.7%	93.3%	Full	Limited	Limited	Significant	Limited	Limited	19.7%	11.6%	5.7%	5.0%	5.4%	9.2%	4.10 wte Q vacancies 1.00 wte Q LTS 2.80 wte UQ vacancies	Sep-16	85%	-	-	-	39
Ward 39	64.8%	86.6%	75.6%	107.8%	Limited	Limited	Limited	Limited	Limited	Limited	8.6%	10.4%	12.8%	9.9%	7.1%	2.6%	5.00 wte Q vacancies	Sep-16	91%	-	-	4	60

Of the 15 wards in the Scheduled Care Division, 4 gave full assurance; 6 gave significant assurance and the remaining 5 wards provided limited assurance. This is an improved position compared to month previous.

#### Surgical and Specialist Surgery Directorates

In June, 3 wards within the General and Specialist Surgical Directorates provided full assurance, 3 wards significant assurance and 3 wards limited assurance. Wards 35 and 34 continue to face the challenges of high staff turnover and a high proportion of newly qualified and overseas nurses. 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. Therefore to support turn around each ward manager and matron are being supported by the medical leads and Clinical Improvement to embrace new ideas and practices including a high care orthopaedic unit.

Wards 7 and 34 are showing higher than planned percentage fill rates of unqualified nurses on nights in month, this is to support reconfiguration of ward 7 to medicine; requiring more unqualified nurse support to ensure patient safety and support staff with one to one nursing of patients within ward 34. The staffing template however has not been adjusted to account for the change in patient acuity and need and is currently under review. This will change as ward 7 is relocated and reconfigured early July 2016.

#### Cardiac Directorate

Within the Cardiac Directorate, 1 ward provided full assurance; 3 gave significant assurance with the CITU and ward 39 providing limited assurance for the second month.

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, which is noted by the depleted day qualified nurse fill rates. As a result of escalation it is reassuring to note that no patient harms have been identified and the nursing indicator results have improved to 91%. 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.

#### 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 newly 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; due to vacancy and sickness a total of 26 staffing incidents were raised.

Overall in the Division there are 22.63 wte qualified nurse vacancies and 10.24 wte unqualified nurse vacancies, with 9.0 wte qualified nurses on maternity leave. Overall within the Division sickness has increased slightly in June with an average of 5.1% compared to previous month of 4.9% with support being provided from the Occupational Health Department and HR.

Families Division

Ward name	Day		Night		December 2015 Assurance	January 2016 Assurance	February 2016 Assurance	March 2016 Assurance	April 2016 Assurance	May 2016 Assurance	June 2016 Assurance	January 2016 Sickness	February 2016 Sickness	March 2016 Sickness	April 2016 Sickness	May 2016 Sickness	June 2016 Sickness	Vacancy WTE / Sickness	Month full assurance predicted	NCI Results	ST Falls	ST PU	Total Staffing Level Incidents in June	Total UIR reported in June
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)																				
Adolescent Ward	108.7%	71.4%	97.0%	48.3%	Full	Full	Full	Full	Full	Full	Full	12.7%	8.6%	27.2%	20.9%	7.3%	6.5%	1.84 wte Q vacancies 1.00 wte Q LTS 1.23 wte UQ LTS	September	98%	-	-	-	-
Childrens Ward					Significant	Significant	Significant	Significant	Significant	Significant	Significant										92%			
Del Suite	93.1%	78.9%	99.8%	124.9%	Significant	Significant	Significant	Significant	Significant	Significant	Significant	44.4%	39.0%	46.6%	41.1%	36.6%	29.0%	-	August	100%	-	-	-	-
Maternity Unit Ward D																								
Neonates	63.5%	-	69.3%	-	Significant	Significant	Significant	Significant	Significant	Significant	Significant	2.3%	6.3%	5.8%	4.1%	0.8%	0.6%	0.50 wte Q vacancy 2.86 wte Q, MAT	August	100%	-	-	-	-

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. This is reflected in the Nursing Care Indicator results rising to 100% this month. Two unqualified nurses have now commenced in post and a further two are starting in September to cover maternity leave.

Low fill rates for qualified and unqualified nurses in paediatrics were due to long-term sickness and Maternity leave. Despite the apparent low percentage fill rates on the Paediatric wards, there is full and significant assurance provided. This is reflective of how the Paediatric Unit is staffed and managed as a whole which includes the Children’s ward, Adolescent ward and Children’s Assessment Unit. The staff are allocated and flexed to areas based on patient acuity, risk and capacity demand to ensure safe care delivery throughout the Unit.

Unscheduled Care

Ward name	Day		Night		January 2016 Assurance	February 2016 Assurance	March 2016 Assurance	April 2016 Assurance	May 2016 Assurance	June 2016 Assurance	January 2016 Sickness	February 2016 Sickness	March 2016 Sickness	April 2016 Sickness	May 2016 Sickness	June 2016 Sickness	Vacancy wte / Sickness	Month full assurance predicted	NCI Results June	ST Falls June	ST PU June	Total Staffing Level Incidents in June	Total UIR reported in June
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)																			
Ward 2 BVH	99.9%	112.7%	203.3%	100.0%	Limited	Limited	Full	Full	Significant	Full	12.3%	10.2%	2.0%	2.9%	6.0%	12.7%	1.00 wte UQ LTS 2.00 wte Q vacancies	Jun-16	95%	-	2	-	27
Ward 25	118.9%	92.1%	117.0%	130.0%	Significant	Limited	Significant	Full	Significant	Full	4.8%	4.9%	2.9%	4.5%	11.2%	10.7%	3.00 wte UQ LTS 0.45 wte UQ vacancy	August	94%	-	-	-	33
A&E	78.9%	101.8%	86.6%	101.5%	Significant	Significant	Significant	Significant	Significant	Significant	5.7%	8.7%	23.1%	10.2%	10.1%	11.6%	9.03 wte Q vacancies 1.43 wte UQ vacancies	Oct-16	-	-	-	-	11
AMU	77.7%	77.2%	97.2%	95.3%	Limited	Full	Significant	Significant	Significant	Significant	6.3%	2.1%	2.1%	3.8%	4.7%	4.6%	2.46 wte Q vacancies	Aug-16	84%	2	0	2	67
Haematology Ward	84.4%	100.3%	86.4%	100.3%	Limited	Significant	Significant	significant	Full	Significant	4.7%	3.2%	5.8%	5.1%	4.8%	2.6%	1.00 wte UQ LTS 1.27 wte Q vacancies	September	97%	-	-	-	46
ITU - 110156	82.6%	109.0%	84.9%	91.7%	Significant	Significant	Significant	Significant	Significant	Significant	3.9%	3.9%	6.2%	3.5%	3.8%	4.8%	5.00 wte Q vacancies 1.00 wte UQ LTS	Aug-16	98%	-	-	-	27
Stroke Unit	84.6%	96.3%	89.0%	109.3%	Limited	Significant	Significant	Significant	Significant	Significant	2.5%	5.4%	8.9%	9.0%	7.6%	4.3%	2.00 wte UQ LTS	September	93%	-	1	18	30
Ward 10	64.1%	111.8%	97.6%	107.0%	Full	Limited	Limited	Significant	Significant	Significant	9.9%	9.4%	8.0%	3.3%	6.5%	5.0%	2.99 wte Q vacancies	August	98%	1	0	0	39

Ward name	Day		Night		January 2016 Assurance	February 2016 Assurance	March 2016 Assurance	April 2016 Assurance	May 2016 Assurance	June 2016 Assurance	January 2016 Sickness	February 2016 Sickness	March 2016 Sickness	April 2016 Sickness	May 2016 Sickness	June 2016 Sickness	Vacancy wte / Sickness	Month full assurance predicted	NCI Results June	ST Falls June	ST PU June	Total Staffing Level Incidents in June	Total UIR reported in June
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)																			
Ward 11	99.8%	125.0%	97.5%	226.4%	Significant	Full	Significant	Significant	Full	Significant	3.3%	4.6%	1.4%	5.9%	5.3%	6.2%	4.28 wte Q vacancies 1.00 wte UQ LTS	Sep-16	90%	-	-	5	37
Ward 12	87.3%	91.7%	71.0%	136.6%	Significant	Significant	Significant	Significant	Significant	Significant	3.7%	6.9%	6.5%	8.4%	8.2%	13.1%	0.71 wte UQ vacancy	August	99%	-	1	-	36
Ward 18	67.9%	95.1%	91.8%	169.7%	Significant	Significant	Significant	Significant	Significant	Significant	1.3%	4.9%	3.0%	2.3%	8.0%	5.5%	3.24 wte Q vacancies 1.00 wte Q LTS	Jul-16	95%	0	0	0	40
Ward 23	75.3%	98.6%	74.6%	186.7%	Limited	Limited	Limited	Significant	Significant	Significant	10.6%	5.9%	2.2%	1.9%	3.1%	3.3%	6.00 wte Q vacancies	Jan-17	91%	-	-	-	45
Ward 8	80.7%	93.1%	60.7%	114.4%	Significant	Significant	Significant	Significant	Significant	Significant	0.7%	1.9%	6.4%	9.0%	5.6%	5.6%	1.00 wte UQ LTS	Sep-16	97%	-	-	-	4
Ward C	58.4%	70.5%	65.3%	81.1%	Significant	Significant	Significant	Significant	Significant	Significant	6.9%	6.0%	6.4%	4.1%	5.8%	6.8%	4.54 wte Q vacancies 5.96 wte UQ vacancies	Jun-16	91%	-	-	-	51
Ward 24	65.8%	110.3%	83.9%	250.5%	Limited	Limited	Limited	Limited	Limited	Limited	6.0%	4.3%	1.4%	2.2%	3.8%	2.0%	5.04 wte Q vacancies	Jan-17	88%	-	-	1	41
Ward 26	82.3%	89.8%	80.5%	139.2%	Limited	Limited	Limited	Limited	Limited	Limited	6.8%	8.9%	9.8%	9.3%	9.2%	8.6%	3.00 wte UQ LTS 4.44 wte Q vacancies	November	92%	-	-	-	29
Ward 6	87.5%	104.5%	99.1%	89.2%	Limited	Significant	Significant	Significant	Significant	Limited	5.1%	1.0%	0.7%	5.6%	13.7%	13.5%	2.00 wte UQ LTS 1.00 wte Q vacancy	Sep-16	90%	-	-	3	32

Of the wards in the Unscheduled Care Division in month there is an improved position of 2 wards showing full assurance, 12 wards now with significant assurance, and 3 wards with limited assurance.

The division has continued to be in escalation; with additional beds open and no budgeted establishment in 4 areas: 7 on ward 11, 2 on ward 10, 8 on ward 3, 2 on stroke and the occasional use of the cardiac day case unit when open to medical outliers. The division is committed to the sustained reduction to escalation and the implementation of the trust strategy to realign beds to the appropriate patient pathway by end of July 2016.

In support of this the new Combined Assessment & Treatment unit opened in June – shown in the body of the main report as ward 18. This unit is at present under establishment for qualified nurses therefore utilising increased unqualified nurses until recruitment is complete.

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. Despite the reduced percentage fill rates in some wards, the standards of care within the division are being maintained as reflected in the divisional nursing care indicator position remaining at 92% compliance overall, with only the Acute Medical Unit showing red overall when measured across the 10 domains. This area is being provided with intensive wrap around support by the practice development team and Matron and is expected to demonstrate improvement over the coming months. The division has also seen a reduction in the number of harms as a result of tissue damage in month.

The total number of actual staff against establishment has increased in division following a sustained recruitment campaign both home and abroad and a month on month improved position in retention. Further substantive staff are planned to commence in post in the coming months; substantive staff, once established in post and holding a UK NMC registration, will support a reduction in harm and increased patient and staff experience. 3 wards are now fully established across the division. As the ward reconfiguration continues the total nursing head count will reduce – but a recruited to gap will still remain of an estimated 40 qualified nurses by December 16.

The increase in actual recruited to posts has enabled the division to continue to reduce reliance on agency use in line with Monitor guidance to that of 4.2%, including across our specialist areas with support of the enhanced BENCH rate. Sickness has also reduced across 9 areas and 1 area remained the same in month, all sickness is managed in line with policy.

The 3 wards with limited assurance continue to be Ward 24 with 75% of budgeted qualified nurse establishment, and 26, Care of the Elderly with 67% of its budgeted establishment. Both areas 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. Therefore to support a turnaround both wards have a new ward manager and matron, and are being supported by the medical leads to embrace new ideas and practices including a frailty unit and a high care respiratory unit. They are also reviewing the skill mix and possibility of utilising unqualified nurses in specific speciality roles to support the qualified nursing team with aspects of care such as dementia champions. The limited assurance for ward 6 has been improved in July due to the commencement of new starters.

Wards 10, 12, 23, 24, 26, 8 and 18 are showing higher than planned fill rate percentage of unqualified nurses, this is to support the under fill of qualified nurses available due to vacancy. Ward 11 shows a higher than planned unqualified nurse ratio on nights, this is to support the open 7 escalation beds that are not currently substantively staffed by qualified nurses. Ward 2 and 25 are showing a higher than planned qualified and unqualified nurse fill rates on nights, this is to support a significant number of new to post qualified nurses who have either just qualified or started in the country therefore are not able to work unsupervised as yet, also a significant number of patients that require 1:1 supervision lacking capacity.

Clifton

Ward name	Day		Night		January 2016 Assurance	February 2016 Assurance	March 2016 Assurance	April 2016 Assurance	May 2016 Assurance	June 2016 Assurance	January 2016 Sickness	February 2016 Sickness	March 2016 Sickness	April 2016 Sickness	May 2016 Sickness	June 2016 Sickness	Vacancy WTE / Sickness	Month full assurance predicted	NCI Results June	ST Falls June	STPU June	Total Staffing Level Incidents in June	Total UIR reported in June
	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	74.2%	68.9%	99.1%	101.6%	Significant	Significant	Significant	Significant	Significant	Significant	5.9%	1.6%	5.0%	5.0%	4.2%	4.2%	0.65 wte Q vacancies	Nov-16	96%	-	-	-	18
Clifton Hospital W2	72.3%	69.6%	93.5%	93.5%	Closed	Closed	Closed	Closed	Limited	Limited	Closed	Closed	Closed	Closed	9.0%	3.4%	6.93 wte Q vacancies	Dec-16	77%	-	-	-	11
Clifton Hospital W3	62.9%	45.7%	122.6%	106.5%	Significant	Significant	Significant	Significant	Significant	Significant	3.2%	2.9%	3.0%	4.5%	1.3%	3.4%	3.60 wte Q vacancies	Nov-16	95%	-	-	2	15
Clifton Hospital W4	59.7%	52.0%	95.3%	100.0%	Significant	Significant	Significant	Significant	Significant	Significant	15.1%	12.0%	11.1%	5.6%	6.7%	10.9%	11.00 wte LTS 3.58 wte Q vacancies	Nov-16	92%	-	-	-	16

Significant assurance levels are provided on Wards 1, 3 and 4 but limited on Ward 2. Limited assurance on Ward 2 is due to the continued high number of qualified nurse vacancies following transfer of Nurse Led Pathways to Clifton Hospital. 14 out of 24 beds have been closed on Ward 2 until sufficient qualified nurse vacancies have been recruited to. 6 WTE HCA posts have been over-recruited to work across all wards and to have 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. Since commencement a 90% fill rate of requested shifts has been seen, which is expected to be reflected in the coming month fill rate percentages.

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 and 3 for the month of June but unfortunately Ward 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**