

**Quality Committee Meeting**

**23<sup>rd</sup> September 2015**

**Nursing & Midwifery Safe Staffing Exception Report**

<b>Name of Committee:</b>	Quality Committee
<b>Date of Meeting:</b>	23rd September 2015
<b>Paper Prepared By:</b>	Marie Thompson, Director of Nursing and Quality Simone Anderton, Deputy 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 July 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 introduced 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 August 2015

### 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

During August, the planned Nursing and Midwifery staffing and care staff levels for the 40 planned inpatient wards at Blackpool Teaching Hospitals were compared with the actual staffing levels on a daily basis. This provided the Trust with a percentage fill rate for each ward day and night and an overall percentage fill rate. In August the percentage fill rates for registered Nurses/Midwives at the Victoria and Clifton sites and for the trust overall are above the 90% safe staffing fill rate.

At Hospital level, the average percentage fill rates were:

Hospital Site	Day		Night		Day	Night	Overall Total average fill rate - registered and unregistered nurses/midwives (%)
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - unregistered staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - unregistered staff (%)			
Victoria	92.1%↑	97.3%↑	90.4%↑	101.1%↓	94.1%↑	93.7%↓	94.0%↓
Clifton	85.8%↑	106.1%↓	99.5%↑	97.7%↑	96.2%↑	98.6%↑	96.9%↑
Trust Overall	91.7%↑	98.2%↑	90.9%↑	100.7%↓	94.3%↑	94.1%↑	94.2%↑

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).

### **August Assurance**

#### Full Assurance

Of the 40 wards included in the review, 10 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.

#### Significant assurance

Of the 40 wards included in the review, 23 provided significant assurance of safe staffing levels 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. Divisional plans to address this fill rate are in place and improvement is expected within month. This is an increase of 6 wards in comparison with the July position.

#### Limited Assurance;

Of the remaining 7 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. This is a decrease of 6 wards compared with the July position. Divisional plans to address this fill rate are in place, improvement however is expected to take at least a quarter to be realised.

This position is detailed below by Division with a relevant summary supporting that position.

Of the 40 wards included in the review, it is identified that 2 wards in Unscheduled Care, Haematology Ward and Ward 12 have indicated a trend of recurrent understaffing with 'Limited Assurance' for six consecutive months or more. Meetings with the Associate Director of Nursing (ADON) responsible for this division continue to take place to determine the stated position, the mitigations and the plan to achieve an improved assurance level. It can be demonstrated that despite a trend of limited assurance for ward 12 that performance indicators in relation to quality of care has maintained with nursing care indicators remaining at green at 95%.

It should be noted that 3 wards, provided significant assurance as opposed to full assurance.

Although not meeting the 90% fill rate for both the day and night shifts, these areas have identified that the staff numbers met the patient care needs based on their acuity, and maintained their standard of performance against the nursing care indicator criteria, therefore the risk associated with their assurance levels in these instances was low.

These areas were: CITU, CCU and the Neonatal Unit.

Scheduled Care

Ward name	Day		Night		Mar 2015 Assurance	Apr 2015 Assurance	May 2015 Assurance	Jun 2015 Assurance	July 2015 Assurance	August 2015 Assurance	March Sickness 2015	April Sickness 2016	May Sickness 2015	June Sickness 2015	July Sickness 2015	August Sickness 2015	Vacancy WTE / LTS Sickness	Month full assurance predicted	NCI Results August	ST Falls August	ST PU August	Total Staffing Level Incidents in August	Total UIR reported in August
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)																			
Ward 14	96.8%	104.3%	100.0%	98.4%	Limited	Significant	Full	Significant	Full	Full	7.2%	6.0%	2.9%	3.9%	2.6%	1.2%	4.0wte UQ vacancies 1.0 wte Q	Oct-15	98%				8
Ward 15a	121.8%	111.4%	96.8%	96.8%	Significant	Limited	Full	Significant	Full	Full	4.1%	2.9%	4.3%	5.6%	2.1%	0.6%	1.0 wte Q vacancy 1.0 wte Q awaiting NMC registration 1.0 wte UQ vacancy	Jul-15	92%				17
Ward 34	98.6%	93.0%	93.5%	95.2%	Significant	Full	Significant	Significant	Full	Full	4.3%	2.0%	0.3%	2.1%	1.7%	0.9%	2.0 wte Q vacancies 2.0 wte UQ vacancies	Sep-15	95%			1	29
Ward 38	94.4%	98.1%	98.9%	135.5%	Limited	Significant	Significant	Significant	Full	Full	6.4%	3.5%	5.7%	4.1%	4.6%	3.9%	5.0 wte Q vacancy 1.0 wte UQ LTS	Sep-15	95%				8
Ward 7	103.5%	97.9%	100.0%	100.0%	Significant	Full	Full	Full	Full	Full	3.7%	1.6%	3.5%	2.8%	2.6%	3.8%	No vacancies	May-15	98%				11
CCU	78.3%	116.4%	101.6%	98.4%	Full	Full	Significant	Significant	Significant	Significant	14.5%	13.9%	4.5%	2.7%	0.6%	4.7%	1.0wte UQ LTS 2.5 wte Q LTS	Sep-15	98%			1	9
CITU	86.8%	78.6%	88.7%	-	Significant	Significant	Significant	Significant	Significant	Significant	3.8%	6.8%	3.3%	2.8%	3.3%	5.6%	2.0 wte Q vacancies 1.0 wte Q LTS 1.0 wte UQ LTS	Sep-15	87%				11
Lancashire Suite	93.3%	51.6%	103.2%	87.1%	Limited	Limited	Significant	Significant	Significant	Significant	13.2%	3.9%	2.4%	7.2%	13.1%	11.3%	0.8 wte Q	Sep-15	89%				2
Ward 15b	84.4%	86.0%	88.7%	-	Limited	Limited	Significant	Significant	Significant	Significant	4.8%	7.6%	5.3%	8.2%	7.9%	6.6%	1.0 wte Q vacancy 1.0 wte Q maternity leave 1.0 wte Q LTS	Jul-15	97%				18
Ward 16	94.9%	89.2%	97.8%	83.3%	Full	Full	Full	Full	Significant	Significant	5.0%	4.1%	1.8%	2.0%	3.1%	1.7%	1.44 wte Q vacancy 0.64 wte UQ vacancy	Aug-15	100%			1	28
Ward 37	85.8%	107.0%	88.2%	91.9%	Limited	Limited	Limited	Limited	Limited	Significant	4.7%	6.4%	2.0%	0.6%	2.2%	4.9%	Vacancies 5.0 wte Q 1.0wte UQ	Sep-15	88%				10
Ward 39	93.0%	87.4%	96.4%	88.7%	Limited	Significant	Significant	Significant	Limited	Significant	10.2%	6.7%	5.8%	4.9%	3.6%	5.6%	5.0 WTE Q vacancy 2.0 wte UQ LTS	Sep-15	98%			1	29
Ward 10 (Surgical Assessment Unit)	68.4%	106.8%	98.4%	90.3%	Limited	Significant	Limited	Limited	Limited	Limited	6.3%	5.7%	1.6%	1.2%	0.6%	2.0%	5.8 wte Q vacancy 1.0 wte Q and 1.0 UQ maternity leave	Oct-15	77%				24
Ward 35	87.3%	92.0%	97.8%	98.4%	Full	Full	Significant	Limited	Limited	Limited	17.9%	9.8%	7.1%	6.2%	8.2%	7.6%	1.0 wte Q LTS 1.0 wte UQ LTS 3.60 wte Q vacancies 2.0 wte UQ vacancies	Oct-15	95%				12
Ward 5	95.4%	71.1%	109.7%	79.0%	Limited	Limited	Limited	Significant	Limited	Limited	5.4%	5.9%	4.2%	4.6%	5.7%	9.6%	1.72 wte Q vacancy 1.6 wte UQ vacancy 2.0 wte UQ LTS	Nov-15	92%			2	26

The levels of assurance in the Scheduled Care Division has improved throughout August. Of the 15 wards in the Scheduled Care Division, 5 gave full assurance, those being wards 14, 15A, 34, 38 and 7. Significant assurances are given for 7 wards and the remaining 3 report limited assurance. The overall position shows an increase in 2 areas to significant assurance; the remainder of the areas offer an unchanged assurance position. Ward 16 had predicted full assurance in August 2015, although unfortunately did not

attain full assurance, but did attain significant assurance. Despite this the ward delivered high standards of nursing care as identified by the achievement of 100% in their nursing care indicator results.

#### Surgical Directorate

The Surgical Assessment Unit continues to provide limited assurance although staff are flexed to meet patient acuity and bed occupancy within the unit. The unit has a total of 5.8wte qualified nurse vacancies and 1.0wte qualified and unqualified nurses on maternity leave, with backfill not being met. Staff turnover is now reducing, with successful appointees awaiting start dates. The staff shortages experienced in SAU may be indicative of the reduced Nursing Care Indicator (NCI) scores however, assurance can be given with regards to the care being provided as no reported incidents relating to patient harms have been recorded. A new ward manager commenced on the 7/8/2015 and although in post has been on annual leave. Actions to improve on the nursing care indicator results within SAU to provide assurance they are delivering quality care to patients will be a priority on her return. Staffing levels are reviewed on a shift by shift basis to ensure safe staffing and management of risk. Where support has been required during August, ward managers and Trainee Advanced Nurse Practitioners have provided direct patient care.

Ward 35 continues to provide a limited assurance this month and is not expected to reach full assurance until October 2015 due to staff on long term sick who are being supported via HR and the Occupational Health Department. In addition to this there are a 3.6wte qualified and 2.0wte unqualified nurse vacancies due to recent financial investment for the introduction of bay nursing. Due to the difficulties in recruiting Band 5 Nurses, the Clinical Matron and Divisional Finance Assistant have realigned the investment received to Band 2 posts to support the wards bay nursing agenda. These posts were advertised and appointed to in June 2015 with successful appointees awaiting start dates. Despite limited assurance, the wards nursing care indicator results have increased to 95% and the number of incidents reported has reduced by 15 in month with no incidents relating to patient harms identified in the month of August. Sickness levels have also improved slightly reducing from 8.2% to 7.6%, and support via the bench and approved agency use continues, although fill rates remain low through the Medacs agency.

Ward 5 continues to provide limited assurance due to several factors including a review of the staffing template, qualified and unqualified nurse vacancies, and increased sickness levels, with 2.0wte unqualified nurses on long term sick. Despite two staffing level related incidents being reported in August, key performance indicators provide high assurance in standards of care with nursing care indicator results at 92% and no reported incidents relating to patient harms in the month. Assistance with staffing levels to meet patient safety is managed within the division.

Ward 34 continues to provide full assurance and their vacancies have been recruited into with staff awaiting start dates. The division is aware however that there are 3.0wte qualified nurses leaving at the end of September and October. Plans to address this predicted shortfall have been put in place with interviews already arranged.

Ward 15a continues to provide full assurance with all vacancies being managed within the recruitment process. 1.00wte qualified nurse is awaiting a start date and 1.00wte qualified nurse is awaiting confirmation of her NMC registration. Qualified nurse fill rates on days are above expectation in order to safely manage increased patient acuity levels and an unusually high level of orthopaedic trauma outlying patients.

Sickness throughout the surgical division has improved with the vast majority of wards reducing sickness percentages with only wards 5 and 7 increasing in percentages. Ward 7 sickness percentage has risen from 2.65% to 3.8% due to short term sickness, however this has not impacted upon the ward as the area achieved 98% on the NCIs this month.

#### Cardiac Directorate

Ward 37 now provides significant assurance with 4.0wte qualified nurse vacancies successfully recruited into, with the appointees awaiting start dates. Full assurance is projected to be achieved by September 2015 when new appointees should have commenced.

Wards 37, 38, 39 and CCU have Assistant Practitioners within their budgeted establishment. These posts replace a registered nurse post; nationally however, they are classed as unregistered nurses and therefore for the purpose of the safe staffing report are incorporated into the unqualified nurse count which is reflected in the overfill rate of day care staff and under fill rate of registered nurses.

Despite a slight rise in sickness levels, ward 39 has now provided significant assurance. The ward has 5.0 wte qualified nurse vacancies to support the opening of additional beds. These posts will be recruited into during September. The reduced percentage fill rates have not impacted on the standard of nursing care delivered with the Nursing Care indicator results increasing to full assurance at 98%.

CITU currently has 3.0wte qualified nurses waiting to commence employment in September alongside 4.0wte qualified nurses on long term sick leave and 3.0wte on maternity leave. The ward has been unable to backfill any of these vacancies. Staff have safely managed the changing needs of patient acuity levels through efficient rostering and projected patient flow. Working collaboratively with theatre listings has enabled them to manoeuvre staff to fit service needs.

Sickness throughout the cardiac division has deteriorated during August with only the Lancashire Suite and ward 38 showing an improved position. CITU and ward 37 show a trend of increasing sickness percentages for the second month, both attributed to short term sickness. Sickness in the Directorate is being managed by the matrons with support from the divisions HR Business Partner.

#### Overall Summary of the Scheduled Care Division

The division is very pleased that assurance levels have been maintained or continued to improve throughout August with only three wards now providing limited assurance levels. These wards are predicted to attain full assurance within quarter 3.

Throughout the division there remain 35.36wte qualified nurse and 12.24wte unqualified nurse vacancies. Recruitment processes continue with a number of appointees awaiting start dates.

Temporary staffing solutions via the bench and agency are used and funded from vacant post budgets to back fill those gaps where possible. The bench filled a combined total of 846 shifts, (463 unqualified shifts and 383 qualified shifts), throughout the month of August to support safe staffing levels.

Families Division

Ward name	Day		Night		March 2015 Assurance	April 2015 Assurance	May 2015 Assurance	Jun 2015 Assurance	July 2015 Assurance	August 2015 Assurance	Sickness March 2015	Sickness April 2015	Sickness May 2015	Sickness Jun 2015	July Sickness 2015	August Sickness 2015	Vacancy WTE / Sickness	Month full assurance predicted	NCI Results August	ST Falls August	ST PU August	Total Staffing Level Incidents in August	Total UIR reported in August
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)																			
Adolescent Ward	89.4%	103.2%	96.8%	83.9%	Full	Full	Full	Full	Full	Full	2.0%	5.2%	0.0%	11.1%	10.9%	11.3%	6.61 wte Q, Mat leave 2.0wte Q LTS 0.92 wte UQ LTS	Nov-15	87%			1	11
Childrens Ward					Full	Full	Significant	Significant	Full	Significant							0.92 wte UQ Mat leave 0.92wte UQ vacancy		97%				47
Del Suite	101.2%	91.9%	103.2%	90.3%	Significant	Significant	Full	Significant	Significant	Full	6.30%	3.90%	3.40%	4.4%	5.1%	14.7% (whole of midwifery)	1.0 wte Q LTS 2.4 wte UQ LTS. 2.4 wte UQ, Mat leave 1.8 wte Q vacancy 1.92 wte UQ vacancy	Nov-15	N/A			1	54
Maternity Unit Ward D	96.8%	87.9%	103.2%	67.7%	Significant	Significant	Significant	Significant	Significant	Significant									99%				8
Neonates	102.6%	-	71.6%	-	Significant	Significant	Significant	Significant	Significant	Significant	0.50%	4.20%	5.30%	5.0%	1.5%	0.4%	3.0 wte Q Vacancies 0.53wte UQ vacancies	Nov-15	91%				11

All wards in the Families Division gave significant or full assurance. Bench is used to cover unfilled shifts and is funded from within vacant post budgets.

There is long term sickness and vacancies of both qualified and unqualified nurses on the delivery suite, MLU and ward D which account for some of the reduced percentage fill rates. Overall there are 6.61wte qualified and 3.32 unqualified nurses on maternity leave with backfill not met and 4.8wte qualified and 3.37wte unqualified nurse vacancies, all of which are subject to the recruitment process. The Maternity Unit review staffing levels throughout the day and over fill rates reflect the flexing of registered midwives on night shifts to meet emergency care requirements and safely manage patient need and risk.

In 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. There are a number of vacancies that have been successfully recruited into with registered midwives commencing in post in September. 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 remaining in green and increasing in percentage to 97% and no untoward incidents reported in month.

Unscheduled Care

Ward name	Day		Night		Mar 2015 Assurance	Apr 2015 Assurance	May 2015 Assurance	Jun 2015 Assurance	July 2015 Assurance	August 2015 Assurance	March Sickness 2015	April Sickness 2015	May Sickness 2015	Jun Sickness 2015	July Sickness 2015	August Sickness 2015	Vacancy wte / Sickness	Month full assurance predicted	NCI Results August	ST Falls August	ST PU August	Total Staffing Level Incidents in August	Total UIR reported in August
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)																			
Ward 18	109.5%	104.2%	98.4%	101.6%	Significant	Significant	Significant	Limited	Significant	Full	6.9%	8.9%	6.2%	4.5%	10.1%	6.6%	6.0 wte Q wte vacancy 1.13 wte UQ wte Vacancy	Jul-15	92%	1			56
A&E	107.3%	87.1%	88.7%	-	Full	Full	Full	Significant	Significant	Significant	5.9% (all A&E)	10.8% (all A&E)	5% (all A&E)	8.3% (all A&E)	18.17% (all A&E)	32.1% (all A&E)	1.0 wte Q long term sick 11.89 wte UQ longterm sick	Sep-15	N/A	1		2	16
AMU	88.8%	98.1%	99.5%	100.0%	Full	Full	Full	Significant	Full	Significant	5.2%	17.5%	4.6%	2.0%	1.8%	3.1%	6.32 wte Q Vacancy.	Nov-15	89%	1			45
Ward 2 BVH	98.6%	93.6%	96.8%	85.5%	Full	Limited	Limited	Limited	Significant	Significant	2.4%	2.2%	4.0%	1.6%	0.6%	0.5%	1.0 Q wte Vacancy 1.0 wte Q super numary; 1.0 wte UQ on maternity, 1.0 UQ wte awaiting NMC registration	Oct-15	88%	1		2	44
ITU - 110156	85.0%	90.3%	92.1%	98.4%	Full	Full	Full	Significant	Full	Significant	5.8%	5.1%	4.2%	2.3%	2.4%	4.2%	2.10 wte Q vacancy	Jul-15	100%		1		22
Stroke Unit	92.1%	138.3%	92.3%	61.3%	Significant	Significant	Significant	Significant	Significant	Significant	2.8%	5.9%	1.4%	1.2%	3.1%	6.5%	6.88 wte Q vacancy. 2.33 wte UQ vacancy	Oct-15	88%			1	25
Ward 24	97.2%	133.8%	78.5%	216.1%	Limited	Limited	Significant	Limited	Limited	Significant	3.5%	4.2%	4.6%	3.7%	2.6%	1.8%	1.44 wte Q vacancy. 1.0 wte Q awaiting NMC Registration 0.46 wte UQ vacancy 1.0 wte UQ maternity leave	Oct-15	94%				19
Ward 11	98.7%	147.9%	88.2%	187.1%	Significant	Significant	Significant	Full	Significant	Significant	3.1%	10.6%	7.3%	5.6%	5.9%	6.3%	Recruitment to the Escalation Template is still in overall progress.	Jul-15	91%			1	30

Ward name	Day		Night		Mar 2015 Assurance	Apr 2015 Assurance	May 2015 Assurance	Jun 2015 Assurance	July 2015 Assurance	August 2015 Assurance	March Sickness 2015	April Sickness 2015	May Sickness 2015	Jun Sickness 2015	July Sickness 2015	August Sickness 2015	Vacancy wte / Sickness	Month full assurance predicted	NCI Results August	ST Falls August	ST PU August	Total Staffing Level Incidents in August	Total UIR reported in August
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)																			
Ward 19	120.8%	65.9%	98.4%	96.8%	Significant	significant	Significant	Limited	Significant	Significant	0.3%	0.0%	5.5%	6.2%	3.8%	0.0%	5.96 wte vacancy	Jul-15	99%				17
Ward 8	81.5%	112.8%	54.8%	96.8%	Significant	Significant	Significant	Limited	Limited	Significant	2.3%	1.7%	2.1%	0.0%	0.5%	0.9%	1.13 wte Q vacancy 1.0wte Q Mat.leave-not backfilled.	Jul-15	98%				7
Ward C	84.2%	81.8%	82.8%	93.5%	Limited	Limited	Significant	Limited	Limited	Significant	4.6%	2.1%	2.3%	4.1%	4.4%	5.4%	5.27 wte Q vacancy, 1.0 wte UQ wte vacancy 1.0 wte UQ on maternity leave.	Oct-15	91%				68
Ward 26	104.3%	89.7%	94.6%	101.6%	Limited	Limited	Limited	Limited	Limited	Significant	5.7%	3.2%	7.5%	6.1%	7.5%	11.5%	4.57 wte Q vacancy 1.0 wte Q Mat.leave not backfilled	Oct-15	90%				32
Haematology Ward	84.1%	81.7%	76.6%	90.3%	Limited	Limited	Limited	Limited	Limited	Limited	3.8%	1.9%	2.4%	5.6%	5.8%	1.3%	3.53 wte Q vacancy	Sep-15	93%			1	52
Ward 12	89.1%	84.2%	71.8%	135.5%	Limited	Limited	Limited	Limited	Limited	Limited	3.1%	5.1%	4.2%	5.3%	5.2%	0.9%	7.38 wte Q Vacancies 2.31 wte UQ vacancies	Oct-15	95%				34
Ward 23	79.1%	104.0%	74.2%	238.7%	Limited	Significant	Significant	Limited	Significant	Limited	6.7%	7.4%	7.2%	4.4%	1.8%	1.6%	5.26 wte Q vacancy 1.0 Q wte wte Maternity Leave 3.15 wte UQ vacancy 1.0 wte Q + 1.0 wte UQ on secondment	Oct-15	90%				39
Ward 25	77.5%	91.4%	64.5%	103.2%	Significant	Significant	Significant	Limited	Limited	Limited	7.1%	8.6%	8.1%	9.1%	6.1%	7.1%	4.75wte Q vacancy 3.0 wte Q awaiting NMC Registration 1 wte UQ LTS	Oct-15	84%				32

Of the 16 wards in the Unscheduled Care Division, 1 is showing full assurance, 11 wards significant assurance, an increased position on last month and 4 wards with limited assurance also an improved position from last month.

The continued limited level of assurance across the 4 ward areas is in part due to an enhanced requirement of staff to meet increased patient demand and acuity and the flexing of increased bed capacity with escalation into de-escalated capacity areas, the impact of which is highlighted by an increase in staffing level incidents submitted for both wards C and 11 in month.

The unplanned escalation ward which is open is staffed from within the division from core wards, with some but not all shifts back filled from agency. This influences reduced percentage fill rates across the division. However, the stabilisation of a core team in preparation for the re escalation of beds mid-September does help to support increased retention and reduce sickness absence across the division, by ensuring stable and adequate ward leadership of nurses and the wider multi-disciplinary team.

All vacant shifts across the division are escalated to agency, but there has been a reduction in the numbers of day shifts filled. Temporary staffing solutions are used where possible to reduce the risk of sub optimal staffing, including the divisional extra hour programme or Bench. As the wards are well supported by their Ward Managers and other senior nursing staff during the core day time hours, the lower fill rate of registered nursing hours is managed to the day shift when extra help and support to the core teams is available.

Seven wards show higher than planned percentage fill rates of unqualified nurses during the night. On five wards this was to support the under percentage fill rate of qualified nurses due to vacancies, sickness and inability of the agency to fill requested shifts and also to safely manage patient care and acuity. In the remaining two wards; one ward was to support the increased needs of a patient that required 1:1 nursing support due to cognitive impairment until a bed was made available in a specialist unit and in the other ward it was due to the need to increase staffing levels to support the increased acuity and high dependency of patients.

The division is pleased that increasing pressures due to increased bed capacity, vacancies and the enhanced support required for new starters have been adequately and safely managed, it does however also recognise the adverse impact these pressures have on the delivery of standards which is reflected in the Nursing Care Indicator results for the division, which are overall amber for the month.

The Matrons and Practice Development Sisters are supporting Ward Managers to guide and train new staff, improve standards of care and sustain safety and standards of practice. The division is also working with Medacs to ensure agency nurses meet the competency and skill levels required by each ward.

Qualified and unqualified nurse staffing numbers were also affected by sickness levels in August with above trust average sickness levels in a number of areas which continues to be challenging for the division. Eight wards show an increase in staff sickness in month, which on review has highlighted a concern as of those off sick, 20.9% state this is in relation to stress, anxiety or depression, HR are therefore supporting the division with an action plan to specifically focus on this. All staff are being monitored and managed with the assistance of the Matrons and Human Resource input. The division is however pleased that seven wards have reduced their sickness levels in month.

There are 5.82wte qualified nurses and 3.0wte unqualified nurses on maternity leave across wards 2, C, 19, 23, 24, 26, ITU and the stroke ward. The division have been unable to backfill these posts. In addition there are 16.0wte qualified nurses currently awaiting their NMC registration.

Across the division there are 61.59wte qualified and 10.38wte unqualified nurse vacancies. Recruitment into qualified nurse posts to reflect the recent investment in nurse staffing is continuous with active processes to seek UK applicants including enhanced links with local universities and international recruitment being coordinated from Italy during July 2015. This resulted in employment offers being made to 15 nurses. A further visit is planned to recruit a further 20 nurses. Recruitment into some areas continues to be difficult and is reflective of national trends. However due to the ratification process to attain NMC Registration for overseas nurses there will be a lead time before the new appointees are reflected in the qualified nurse percentage fill rate.

Wards 19, 23, 24, 25, 18, 11, 12, C and the Stroke Unit have Assistant Practitioners (AP's) within their budgeted establishment. These posts support the qualified nurse post with the AP's being able to 'take a bay' of patients under supervision from the RN; nationally however, they are classed as unqualified nurses and therefore for the purpose of the safe staffing report are incorporated into the unqualified nurse count. This in part accounts for a high percentage of overfill of unqualified nurses in these areas during the day shift.

The division recognises that four wards have not achieved full assurance within the predicted time frames. This is due to a combination of recruitment challenges, movement of staff to support other areas and sickness levels. In three of these areas, the standards of nursing care provide full assurance as demonstrated by the Nursing Care Indicator results in month.

The division actively manage the flexing of staff to meet and manage patient risk on a daily basis through a safety huddle process to ensure risk is mitigated across the division. Whilst patient safety is assessed daily and managed as safely as possible within available resource, the division recognises that there are shifts when patient safety is managed as effectively as possible, but not to desired levels. Meeting the challenges of safe staffing, patient safety, bed flow and risk effectively has impacted on the division's senior management time with at least one matron each day purely managing these aspects, at the expense of responsibilities to operational management of patient care.

The division is currently working to review all ward templates in line with funded establishment and service demand and it is envisaged that the templates that have been adjusted and subsequently disseminated to the clinical areas with HR support may still require further adjustment in the coming months.

Clifton

Ward name	Day		Night		Mar 2015 Assurance	April 2015 Assurance	May 2015 Assurance	Jun 2015 Assurance	July 2015 Assurance	August 2015 Assurance	March Sickness 2015	April Sickness 2016	May Sickness 2015	June Sickness 2015	July Sickness 2015	August Sickness 2015	Vacancy WTE / Sickness	Month full assurance predicted	NCI Results August	ST Falls August	ST PU August	Total Staffing Level Incidents in August	Total UIR reported in August
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)																			
Clifton Windsor Unit	100.0%	100.0%	100.0%	96.8%	closed from 19/12/14		Full	Significant	Full	Full	N/A	N/A	1.70%	-	1.70%	9.20%	1.0 wte Q vacancy. 1.0 wte UQ vacancy	July	97%			1	
Clifton Hospital W4	97.4%	114.7%	101.6%	95.2%	Significant	Full	Full	Significant	Significant	Full	10.6%	10.2%	7.6%	4.3%	4.1%	2.9%	4.0 wte Q vacancies. 1.0 wte Q overseas nurse awaiting NMC registration 0.91 wte UQ vacancy.	December	91%	3		2	31
Clifton Hospital W1	78.3%	116.4%	101.6%	98.4%	Limited	Significant	Significant	Significant	Significant	Significant	2.3%	0.7%	3.1%	7.1%	3.2%	3.7%	2.0wte Q overseas nurse awaiting NMC registration 1.0 wte UQ LTS. 1WTE Q career break and 1 Q mat leave	December	93%				11
Clifton Hospital W3	79.1%	89.2%	95.2%	100.0%	Significant	Significant	Limited	limited	Limited	Significant	18.5%	9.3%	8.2%	10.4%	13.3%	13.1%	6.0 wte Q vacancy. 1.0wte Q overseas nurses awaiting NMC registration 2.0 wte UQ vacancy. 4.0 wte Q LTS	December	93%				8

Assurance levels in August reflect 2 wards providing full assurance, an increase of one ward in month, and two wards providing significant assurance, again an increase of one ward in month. The two wards providing significant assurance reflect the divisions challenges of vacancies, above average sickness rates and increasing staffing needs to meet increased patient acuity.

The division is experiencing high levels of sickness, particularly on the Windsor Unit and ward 3. All staff are being supported through HR and the Occupational Health Department.

The division currently has 12.0wte qualified and 3.9wte unqualified nurse vacancies. Interviews have taken place during August for unqualified staff and vacant posts appointed to. Additionally, there are 4.0wte qualified nurses awaiting confirmation of their NMC registration, this is reflected in the high percentage fill rate of unqualified staff, particularly on wards 4 and 1.

Temporary staffing solutions continue to be used where possible to backfill vacant shifts. A recruitment drive has now commenced with a new revamped rolling advert for nursing staff and display of a recruitment banner outside the hospital with the aim of attracting new staff.

## **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 in the Unscheduled Care Division in particular.

**Marie Thompson**  
**Director of Nursing & Quality**