Quality Committee

24th October 2018

Nursing & Midwifery Safe Staffing Exception Report

Name of Committee:	Quality Committee
Date of Meeting:	24th October 2018
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Summary of Key issues:

To provide the Board with the monthly nurse staffing exception report for September 2018 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 September 2018

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 a slight decrease in overall fill rates since September for Blackpool Victoria Hospital (88.5%) and the Trust as a whole shows a slight decrease (88.8%). Clifton Hospital (91.3%) shows an increase in overall fill rates since September. Overall rates for Blackpool Victoria Hospital and the trust overall do not exceed the 90% 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	↑ 79.0%	↓ 94.8%	↑ 86.3%	↓ 108.0%	↓ 85.3%	↓ 94.2%	↓ 88.5%
Clifton	↑ 87.4%	↑ 88.6%	↑ 84.2%	↓ 119.2%	↑ 88.2%	↑ 101.7%	↑ 91.3%
Trust Overall	↑ 79.7%	↓ 93.8%	↑ 86.2%	↓ 109.1%	↓ 85.7%	↓ 94.8%	↓ 88.8%

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).

September Assurance

Full Assurance

Of the 41 wards included in the review, 5 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, this is the same as last month.

Significant assurance

Of the 41 wards included in the review, 19 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.

Limited Assurance

The remaining 17 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. [1] Divisional plans to address this fill rate are in place, improvement however is expected to take at least a quarter to be realised.

Unscheduled Care Division

In Unscheduled Care Division, there are five wards that have demonstrated limited assurance for six consecutive months or more. These are Haematology, Ward 23, Ward 26, Ward 5 and Ward 25.

The cause of this ongoing limited assurance is a combination of recruitment challenges and long term sickness. Full or significant assurance is expected to be obtained for these wards between October 2018 and March 2019 when nurses recruited from overseas and newly recruited staff commence in post.

Scheduled Care Division

In Scheduled Care, Ward 39 remains at limited assurance since December 2016 due to the increased vacancy factor and high levels of sickness.

In collaboration with HR, nursing and the divisions, a review of divisional staffing plans is taking place in line with the workforce development plan to ensure the overall staffing position and future recruitment plan is identified, achievable and progressed.

CITU have demonstrated limited compliance since January due to a combination of vacancies and long term sickness. A recruitment programme is in place with successful recruitment to eight posts, with further interviews scheduled. The division expects to give significant assurance by October 2018 when recruited staff commence in post.

Families Division

Whilst maternity provides limited assurance based on percentage fill rates, the staffing levels are flexed to ensure they meet patient demand, need and acuity on a daily basis.

The above wards are not declaring 'no assurance' as there is a plan in place to address the establishment shortfall, as such they continue to meet the criteria of limited assurance 'improvements are expected but full delivery is considered high risk' although it is acknowledged that this may take longer than this quarter to achieve. The dates assurance will be met are identified in the individual divisional sections of the report.

[1] Note: Delivery Suite and Maternity Ward D share a combined rating. Adolescent ward and Children's ward also share a combined rating.

Scheduled Care

Ward name	Day		Night		April 2018 Assurance	May 2018 Assurance	June 2018 Assurance	July 2018 Assurance	August 2018 Assurance	September 2018 Assurance	April 2018 Sickness	May 2018 Sickness	June 2018 Sickness	July 2018 Sickness	August 2018 Sickness	September 2018 Sickness	Vacancy WTE / LTS Sickness	Month full assurance predicted	NCI Results September	ST Falls September	ST PU September	Total Staffing Level Incidents in September	Total UIR reported in September	Acuity September
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)																				
Ward 15a	96.8%	93.5%	100.0%	96.7%	Full	Full	Full	Full	Full	Full	1.2%	1.3%	1.7%	0.0%	0.8%	2.3%	0.6wte UQ Vacancy	Jul-18	97%	-	-	-	14	17.69
Ward 15b	101.4%	101.3%	92.5%	100.0%	Limited	Significant	Significant	Full	Full	Full	2.1%	1.7%	0.4%	0.0%	0.0%	N/A	1.8wte Q Vacancy 0.92wte UQ Vacancy 1.0wte Q MAT	Jul-18	98%	-	-	5	30	15.78
Ward 37	91.3%	100.5%	100.5%	96.9%	Significant	Full	Full	Full	Significant	Full	6.7%	4.2%	3.2%	3.0%	6.3%	3.6%	2.0wte Q MAT	Sep-18	89%	-	1	5	14	-
CCU	89.7%	127.6%	94.8%	103.4%	Limited	Significant	Limited	Significant	Significant	Significant	3.9%	7.4%	4.0%	5.1%	9.3%	12.3%	0.33wte Q Vacancy 1.0wte Q MAT 2.0wte Q LTS	Oct-18	100%	-	-	3	12	12.48
Surgical Assessment Unit	95.8%	85.0%	98.3%	100.0%	Limited	Significant	Full	Significant	Significant	Significant	6.3%	4.1%	1.2%	1.9%	1.9%	1.2%	1.8wte Q MAT	Oct-18	98%	-	-	14	25	-
Ward 16	85.3%	88.5%	63.3%	130.4%	Limited	Limited	Significant	Significant	Significant	Significant	1.6%	0.6%	4.1%	4.0%	4.1%	1.2%	1.0wte Q MAT	Oct-18	96%	-	-	14	16	-
Ward 34	85.7%	93.3%	78.9%	117.1%	Full	Full	Significant	Limited	Significant	Significant	6.7%	9.0%	8.8%	5.8%	6.9%	7.5%	2.77wte Q Vacancy 1.0wte UQ Vacancy 3.0wte Q MAT	Oct-18	95%	-	-	-	26	29.69
Ward 35	93.3%	99.9%	89.7%	125.4%	Full	Full	Full	Full	Full	Significant	7.8%	5.8%	8.1%	11.4%	5.6%	3.1%	2.37wte Q Vacancy	Oct-18	94%	-	-	19	47	39.52
Ward 38	75.4%	113.4%	92.4%	115.2%	Limited	Limited	Significant	Limited	Significant	Significant	3.5%	4.7%	3.9%	5.7%	4.9%	4.8%	6.0wte Q Vacancy 1.0wte Q LTS	Oct-18	93%	-	-	-	12	38.50
CITU	83.3%	76.4%	81.7%	-	Limited	Limited	Limited	Limited	Limited	Limited	6.8%	7.2%	5.8%	7.5%	7.6%	6.7%	12.0wte Q Vacancy 3.5wte Q MAT 3.0wte Q LTS	Dec-18	99%	-	-	-	14	53.43
Lancashire Suite	84.2%	100.0%	100.2%	96.7%	Limited	Significant	Significant	Significant	Significant	Limited	7.0%	1.9%	1.7%	1.9%	1.5%	0.6%	1.0wte Q Vacancy	Nov-18	97%	-	-	2	3	7.79
Ward 14	104.3%	88.9%	97.9%	96.8%	Full	Full	Full	Full	Full	Limited	2.9%	3.8%	5.5%	6.3%	8.4%	7.2%	1.0wte Q Vacancy 0.4wte Q LTS 2.0wte UQ LTS	Dec-18	95%	-	-	2	17	28.92
Ward 39	66.0%	96.8%	80.1%	108.1%	Limited	Limited	Limited	Limited	Limited	Limited	16.7%	11.0%	9.5%	6.5%	3.3%	3.8%	8.0wte Q Vacancy	Mar-19	96%	-	-	7	5	37.01

Scheduled Care Division

Across the Specialist Surgery, Surgery and Cardiac Directorates, three wards gave full assurance, six wards gave significant assurance and four wards provided limited assurance.

Levels of sickness are improving in some areas with eight of thirteen wards achieving sickness levels of less than 4% and of the remaining five areas, three areas have increased sickness levels from the previous month and two areas have reduced sickness levels, but still remain over the 4%.

Orthopaedics

Ward 16, Ward 34 and Ward 35 all provide significant assurance in month which is achieved by the Ward Managers and the Practice Development Nurse working in the staffing numbers and also the use of bench staff filling vacant shifts. Enhanced bench rates have been agreed for qualified nurses on the early, late and night shift for Ward 35 and are being reviewed fortnightly. Although ward 35 demonstrates significant assurance, it remains a concern due to 2.37wte QN vacancies and the two overseas recruited qualified nurses who joined the team in June still undergoing the processes to obtain their NMC registration. In total across the directorate there are 5.14wte qualified nurse vacancies and 1.0wte unqualified vacancies, recruitment is continuous. Ward 16 has seen a decrease in sickness from 4.1% in August to 1.2% in month; Ward 35 has seen a significant decrease in sickness from 5.6% in August to 3.1% in month whilst Ward 34 has seen an increase from 6.9% in August to at 7.6% in month. In spite of all the recruitment issues across the directorate it is pleasing to say that there are no qualified nurses or unqualified nurses on long term sickness although there are 4.0wte qualified nurses on maternity leave.

Surgery

Ward 14 demonstrated limited assurance while Wards 15a and 15b demonstrated full assurance; SAU demonstrated significant assurance although vacancies have been filled there are 1.8wte qualified nurses on maternity leave. The assurance level on ward 14 has only been achieved by staff working extra bench shifts, it also does not take into account the three unfunded beds for which the template has not been adjusted, support is given when possible to support the increased patient acuity from a high care perspective. A trial of alternative shift patterns in September demonstrated improved staffing cover of the wards; the division are currently analysing if there has been a reduction in the number of patient harms in order to make an informed decision re the way forward. Within the directorate there are 2.8wte qualified nurse vacancies, 1.52wte unqualified nurse vacancies, with 1.0wte qualified nurse on maternity leave. In relation to long term sickness there are 0.4wte qualified nurse and 2.0wte unqualified nurses. Sickness levels have decreased on Ward 14 from 8.4% in August to 7.2% in month, Ward 15a has increased slightly from 0.8% in August to 2.3% in month. Ward 15b remains static on 0% with SAU decreasing from 1.9% in August to 1.2% in month.

Cardiac Directorate

Within the Cardiac Directorate, Ward 37 is providing full assurance; CCU and Ward 38 are providing significant assurance, with the Lancashire Suite, Ward 39 and CITU all providing limited assurance which is due to their ongoing vacancy factor. Ward 38 currently has 6.0wte qualified nurse vacancies, 4 newly recruited staff commence in October 2018 and 2 commence in March 2109. Ward 39 has 8.0wte vacancies, the division is still awaiting the arrival of 3.0wte overseas nurses, recruitment remains ongoing. CITU has 12.0wte qualified nurse vacancies; they have 8 newly recruited qualified nurses commencing at the end of September. These nurses will require a period of induction and preceptorship prior to the ward being able to provide significant assurance. Staffing levels however, are flexed to meet patient acuity, safety and demand. With regards to sickness levels across the directorate three areas remain above 4%, but there have been four areas that have seen a decrease in sickness levels across the directorate. The Lancashire suite is currently at 0.6% a decrease from 1.5% in August. Ward 37 has also seen a decrease from 6.3% in August to 3.6% in month; CITU has seen a decrease from 7.6% in July to 6.7% in month. Ward 38 has seen a decrease from 5.7% in August to 4.8% in month and CCU has seen a significant increase from 9.3% in August to 12.3% in month. All areas are being supported by OHD and HR. Over the last couple of months there has been a significant reduction in the levels of sickness on Ward 39; unfortunately there has been a slight increase from 3.3% in September to 3.8% in month. In light of the planned changes to the ward to support the winter plan, the division will continue to support staff and monitor this position. Across the directorate there are 27.33wte qualified nurse vacancies, of which 12.0wte have been

successfully recruited into and with successfully recruited staff commencing between October 2018 and March 2019. There are currently 6.0wte qualified nurse on long term sickness with 6.5wte on maternity leave.

Divisional Summary

There are 35.27wte qualified nurse vacancies and 2.52wte unqualified nurse vacancies across the division, along with 13.3wte qualified nurses on maternity leave. In relation to long term sickness there are 6.4wte qualified nurses and 2.0wte unqualified nurses all are all being supported by HR and OHD processes. Recruitment continues; newly qualified nurses are being supported by a period of preceptorship, to support skill and competency development. Staffing levels are reviewed daily with movement across the division to safely staff escalation areas and ensure patient safety is maintained. All vacancies are subject to the recruitment process, bench staff are utilised where possible to fill vacant shifts in order to support patient safety and meet the demands of increased patient acuity, and increased unqualified nurses support the qualified nurse position.

Families Division

Ward name	Day		Night		April 2018 Assurance	May 2018 Assurance	June 2018 Assurance	July 2018 Assurance	August 2018 Assurance	September 2018 Assurance	April 2018 Sickness	May 2018 Sickness	June 2018 Sickness	July 2018 Sickness	August 2018 Sickness	September 2018 Sickness	Vacancy WTE / Sickness	Month full assurance predicted	NCI Results September	ST Falls September	ST PU September	Total Staffing Level Incidents in September	Total UIR reported in September	Acuity September
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)																				
Adolescent Ward	67.7%	44.9%	79.6%	91.2%	Full	Full	Full	Limited	Limited	Significant	0.3%	2.0%	3.1%	1.4%	1.8%	3.8%	-	Oct-18	96%	-	-	-	9	-
Childrens Ward					Limited	Limited	Limited												97%	-	-	1	37	-
Del Suite	84.9%	78.2%	101.2%	68.9%	Limited	Limited	Limited	Limited	Limited	Limited	3.3%	8.7%	7.4%	6.1%	6.4%	7.6%	-	Nov-18	98%	-	-	1	56	-
Maternity Unit Ward D																								
Neonates	103.0%	100.0%	116.2%	100.0%	Full	Full	Full	Full	Full	Full	6.9%	2.5%	4.1%	2.1%	2.4%	1.8%	-	Apr-18	95%	-	-	-	8	33.90

Maternity

Limited assurance has been provided by the Maternity Unit, this is due to a combination of staff on maternity leave, sickness and vacancies. In the interim, Team Leaders, Specialist Midwives and Bench staff are being used to cover vacant shifts where possible. The unit also works flexibly in accordance with occupancy levels and patient acuity. The reduced percentage fill rate of qualified midwives is due to 2.19 wte midwives on maternity leave and 5.6 wte midwife vacancies. Regular staffing meetings are taking place to ensure cover of all maternity areas is safe and equitable. All vacancies are subject to the recruitment processes. A number of newly qualified midwives are due to commence in post in October 2018 on completion of training. Sickness is being managed in accordance with Trust policy and support from HR.

Neonatal

The unit continues to work towards BAPM standards of qualified and unqualified nurses. The staff are flexed to meet the capacity of the unit and the needs/risk level of the patient in line with good practise. There were peaks in capacity and acuity this month, hence the reflection of the variable fill rates for qualified staff. Non clinical staff are utilised if necessary during peaks of activity

Paediatrics

Significant assurance is demonstrated this month due to the inability to cover all vacant shifts with bench cover due to sickness, vacancies and maternity leave. The reduced percentage fill rate of qualified nurses is due to 2.97wte qualified nurses on maternity leave with no backfill and 4.00wte qualified nurse vacancies. Staff have been appointed into the vacant posts with successful candidates due to start October 2018 after completion of Nurse training. The Paediatric Unit safely flexes staffing to meet the acuity of the wards/services provided, therefore we are confident that nursing care is being delivered within a safe environment and is reflected in the nursing care indicator results across the division. A template review is currently taking place.

Overall the division is confident that staffing is flexed to meet patient safety, demand and acuity and this is reflected in the continuing green status of the nursing care metrics.

Unscheduled Care

Ward name	Day		Night		April 2018 Assurance	May 2018 Assurance	June 2018 Assurance	July 2018 Assurance	August 2018 Assurance	September 2018 Assurance	April 2018 Sickness	May 2018 Sickness	June 2018 Sickness	July 2018 Sickness	August 2018 Sickness	September 2018 Sickness	Vacancy wte / Sickness	Month full assurance predicted	NCI Results September	ST Falls September	ST PU September	Total Staffing Level Incidents in September	Total UIR reported in September	Acuity September
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)																				
AMU	90.0%	97.0%	91.1%	98.5%	Significant	Significant	Significant	Full	Limited	Full	8.4%	7.0%	6.5%	4.5%	4.3%	9.5%	2.47wte Q Vacancy 1.74wte UQ Vacancy 1.0wte Q MAT 1.0wte UQ MAT 1.0wte Q TS	Sep-18	86%	-	-	10	118	-
ITU	88.9%	98.3%	91.1%	88.3%	Significant	Significant	Significant	Full	Full	Significant	4.5%	4.3%	4.6%	4.6%	6.4%	6.9%	0.95wte Q Vacancy 1.0wte Q MAT 1.11wte UQ Vacancy 3.0wte Q LTS 1.0wte UQ LTS	Oct-18	96%	-	-	-	14	39
Ward 11	71.9%	91.2%	82.5%	135.5%	Limited	Limited	Limited	Limited	Limited	Significant	3.9%	2.8%	4.3%	3.4%	1.4%	4.0%	7.85wte Q Vacancy 3.29wte UQ Vacancy	Oct-18	91%	-	-	151	51	43
Ward 12	87.6%	97.7%	81.1%	103.4%	Significant	Significant	Full	Significant	Limited	Significant	9.6%	5.9%	7.5%	8.5%	6.7%	9.3%	1.51wte Q Vacancy 2.79wte UQ Vacancy 1.0wte Q LTS 1.0wte UQ LTS	Oct-18	97%	-	-	-	62	-
Ward 18	74.1%	110.5%	90.0%	91.7%	Limited	Limited	Limited	Limited	Limited	Significant	12.4%	10.3%	8.8%	9.6%	5.4%	7.7%	3.81wte Q Vacancy 2.0wte Q MAT 2.0wte UQ LTS	Oct-18	98%	-	-	2	8	45
Ward 2	78.7%	92.5%	94.9%	101.7%	Limited	Limited	Limited	Significant	Limited	Significant	8.3%	13.1%	9.5%	13.0%	16.4%	12.7%	4.07wte Q Vacancy 5.61wte UQ Vacancy	Oct-18	96%	-	-	3	6	32
Ward 24	103.0%	84.4%	93.4%	100.0%	Full	Significant	Full	Significant	Limited	Significant	1.2%	4.4%	1.3%	1.6%	6.1%	7.3%	1.26wte Q Vacancy 1.0wte Q MAT 1.0wte UQ MAT 3.0wte UQ LTS	Oct-18	90%	1	-	4	22	41
Ward 3	40.5%	97.1%	78.9%	91.7%	Significant	Significant	Significant	Significant	Limited	Significant	22.3%	11.4%	7.0%	13.1%	10.3%	8.4%	5.62wte Q Vacancy 1.0wte UQ LTS	Oct-18	89%	-	-	-	6	-
Ward 6	77.0%	84.5%	88.8%	93.3%	Limited	Limited	Limited	Significant	Limited	Significant	3.9%	6.5%	7.0%	2.9%	2.0%	8.1%	3.62wte Q Vacancy 1.30wte UQ Vacancy	Oct-18	98%	-	-	10	40	23

Ward name	Day		Night		April 2018 Assurance	May 2018 Assurance	June 2018 Assurance	July 2018 Assurance	August 2018 Assurance	September 2018 Assurance	April 2018 Sickness	May 2018 Sickness	June 2018 Sickness	July 2018 Sickness	August 2018 Sickness	September 2018 Sickness	Vacancy wte / Sickness	Month full assurance predicted	NCI Results September	ST Falls September	ST PU September	Total Staffing Level Incidents in September	Total UIR reported in September	Acuity September
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)																				
Ward 7	82.0%	109.8%	100.0%	96.7%	Full	Full	Limited	Full	Limited	Significant	11.3%	6.0%	2.1%	2.6%	3.5%	4.2%	4.80wte Q Vacancy 1.0wte UQ Maternity	Oct-18	97%	-	1	7	48	21.70
Ward 8	71.3%	103.0%	53.0%	113.6%	Limited	Limited	Limited	Significant	Limited	Significant	13.8%	2.6%	0.8%	5.9%	5.8%	4.7%	2.46wte Q Vacancy 1.0wte UQ LTS	Oct-18	97%	-	-	99	5	12.42
Haematology Ward	54.6%	100.1%	76.7%	100.0%	Limited	Limited	Limited	Limited	Limited	Limited	3.3%	4.1%	4.7%	7.5%	2.8%	2.4%	7.06wte Q Vacancy 2.0wte Q MAT	Nov-18	98%	-	-	16	27	22.45
Stroke Unit	67.9%	104.2%	69.4%	113.7%	Significant	Significant	Significant	Limited	Limited	Limited	4.6%	5.0%	6.4%	9.1%	8.7%	6.2%	5.74wte Q Vacancy 1.0wte UQ MAT 2.0wte Q LTS 1.0wte UQ LTS	Nov-18	96%	-	-	25	44	67.72
Ward 10	65.2%	100.3%	71.1%	121.1%	Limited	Limited	Limited	Significant	Limited	Limited	5.7%	1.1%	6.8%	8.7%	14.7%	13.6%	7.0wte Q Vacancy 2.09wte UQ Vacancy 2.0wte Q MAT 2.0wte Q LTS 3.0wte UQ LTS.	Nov-18	98%	-	-	122	69	38.59
Ward 23	64.6%	91.0%	66.7%	165.0%	Limited	Limited	Limited	Limited	Limited	Limited	7.2%	8.0%	4.8%	3.8%	2.6%	7.0%	3.64wte Q Vacancy 1.0wte Q MAT 1.0wte UQ MAT 2.0wte UQ LTS.	Nov-18	97%	-	-	1	40	-
Ward 25	68.9%	95.4%	67.0%	137.9%	Limited	Limited	Limited	Limited	Limited	Limited	3.2%	3.7%	3.9%	7.0%	8.4%	9.4%	2.12wte Q Vacancy 1.0wte Q MAT 2.0wte UQ MAT 1.0wte Q LTS 2.0wte UQ LTS	Nov-18	94%	-	-	56	52	41.39
Ward 26	64.8%	78.6%	64.4%	118.3%	Limited	Limited	Limited	Limited	Limited	Limited	7.1%	10.1%	4.2%	5.5%	6.3%	9.8%	4.12wte Q Vacancy 0.74wte UQ Vacancy 1.0wte Q MAT 2.0wte UQ MAT 1.0wte UQ LTS	Nov-18	87%	-	-	7	24	37.52
Ward 5	63.8%	98.7%	98.5%	120.9%	Limited	Limited	Limited	Limited	Limited	Limited	4.4%	1.1%	10.1%	5.9%	9.2%	7.6%	8.53wte Q Vacancy 2.0wte UQ LTS	Nov-18	95%	-	-	10	43	32.90
Ward C	63.7%	96.3%	92.8%	130.0%	Limited	Limited	Limited	Full	Limited	limited	9.5%	7.9%	7.9%	0.50.%	8.0%	14.2%	11.41wte Q Vacancy 2.0wte Q LTS 3.0wte UQ LTS	Nov-18	86%	1	-	6	62	-

The 19 reportable areas in the Unscheduled Care Division now show a positon of 1 area as full assurance –AMU. 10 wards provide significant assurance and 8 wards provide limited assurance. Of increased concern in month are the stroke unit, wards 10, 5, 25, 26, 23 and haematology unit that are below 70% for the qualified nurse cover for days and/or nights. Staffing levels are reviewed through regular divisional meetings to ensure safe movement of staff to meet patient need. Enhanced bench rates are in place to support the respiratory and haematology ward staffing levels and are reviewed fortnightly by the corporate senior nurses.

Overall in division there are 89.04wte qualified nurse and 18.67wte unqualified nurse vacancies, in addition there are 13.0wte qualified and 8.0wte unqualified nurses on Maternity Leave. Of the qualified nurse posts, (102.04wte including backfill for maternity leave), 67.66wte are successfully recruited to and of the unqualified nurse posts, (20.0wte including backfill for maternity leave), 28.99wte are successfully recruited to. Commencement dates for all successfully recruited staff are expected between October 2018 and March 2019.

The over recruitment of unqualified nurses is in preparation for winter and to support the ongoing delays to recruited qualified nurse commencement dates. Recruitment to both qualified and unqualified nurse vacancies is continual and supported by a divisional nurse recruitment lead to ensure timely recruitment.

The staffing shortfall and resulting levels of assurance are expected, caused by the delay of a high number of overseas recruited qualified nurses commencing in post. This is in conjunction with many of the other newly recruited nurses being newly qualified nurses that will undertake a period of preceptorship and acquire are awaiting their NMC registration.

There are 12.0wte qualified nurses and 23.0wte unqualified nurses on long term sick, all of which are being supported by HR and OHD processes. This is an increase in month and the division are working with their HR Business Partner to undertake staff open sessions to discuss issues and concerns with the senior team to support their return to work and retain staff.

The staffing position continues to be supported daily by the divisional matrons reviewing the skill mix, patient acuity and risk; deploying staff to areas of greatest risk to maintain efficient and effective patient care. To maintain the assurance level during this period of staffing pressure, the division is reliant on Bench and Agency staff and has continued to offer enhanced Bench rates for areas of high risk and for a small percentage of agency staff above cap rates.

The Division has also used an increased number of unregistered nurses to support registered nurse rota gaps, as seen in the percentage fill rates across 10 areas. This ensures staff are available to provide direct patient care and maintain ‘bay based’ care under the direction of the qualified nursing workforce.

Clifton

Ward name	Day		Night		April 2018 Assurance	May 2018 Assurance	June 2018 Assurance	July 2018 Assurance	August 2018 Assurance	September 2018 Assurance	April 2018 Sickness	May 2018 Sickness	June 2018 Sickness	July 2018 Sickness	August 2018 Sickness	September 2018 Sickness	Vacancy WTE / Sickness	Month full assurance predicted	NCI Results September	ST Falls September	ST PU September	Total Staffing Level Incidents in September	Total UIR reported in September	Acuity September
	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	83.8%	95.2%	65.0%	128.3%	Limited	Significant	Limited	Limited	Limited	Limited	5.3%	4.4%	6.5%	7.4%	9.0%	12.4%	1.0wte Q Vacanciy 0.34wte UQ Vacancy 3.0wte Q LTS 1.0wte UQ LTS	Dec-18	92%	-	-	2	21	41.98
Clifton Hospital W2	89.0%	80.4%	94.9%	103.3%	Significant	Significant	Limited	Limited	Limited	Limited	4.2%	5.1%	5.3%	3.8%	4.7%	5.5%	1.6wte Q Vacancy 0.94wte UQ Vacancy 1.0wte UQ LTS	Dec-18	92%	-	-	2	12	41.95
Clifton Hospital W3	98.6%	81.1%	85.3%	125.0%	Significant	Significant	Significant	Significant	Significant	Significant	5.4%	8.1%	5.1%	2.6%	3.0%	4.9%	0.8wte Q Vacancy	Dec-18	89%	-	-	5	23	41.88
Clifton Hospital W4	78.6%	97.4%	91.7%	120.0%	Limited	Limited	Limited	Limited	Limited	Limited	6.3%	10.4%	10.7%	15.3%	11.0%	11.7%	1.56wte Q Vacancy 1.2wte UQ Vacancy 1.8wte UQ LTS	Dec-18	94%	-	-	3	12	-

In month wards 1, 2 and 4 again demonstrated limited assurance and Ward 3 demonstrated significant assurance. The division remains confident, with the current bench and agency fill rates, that the nurse staffing levels continue to meet patient safety, acuity and demand. Additional unqualified nursing staff continue to be rostered to provided 1:1 nursing care for complex patients of high risk over a 24 hour period.

A recent recruitment drive has resulted in the successful recruitment to both qualified and unqualified nurse vacant posts, with commencement dates of the successful candidates awaiting confirmation. Bench and Agency continue to be used to fill vacant shifts during the recruitment phase although the dependency on agency and bench is reducing.

The acuity and dependency levels of patients remain complex and demanding and staff are flexed throughout the hospital in order to safely manage patient safety and need.

Nursing Care Indicator compliance has unfortunately reduced from 96% to 92% and the management team are investigating reasons for this.

Overall at Clifton Hospital, there are 4.82wte qualified nurse and 1.94wte unqualified nurse vacancies, all subject to the recruitment process.

Recommendations

To note the report and the assurance levels provided, including the overall levels of assurance in month.

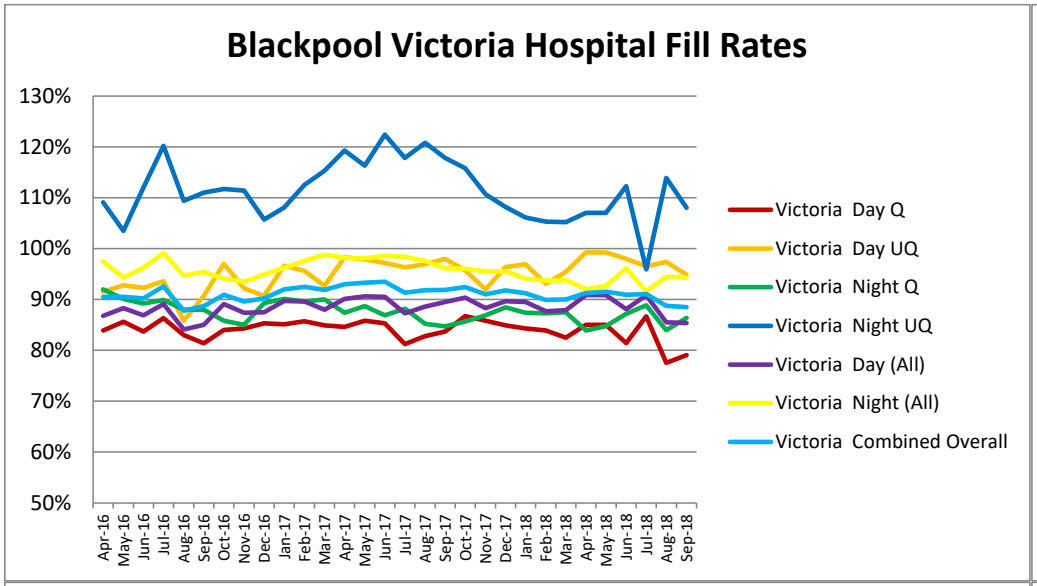
To note the continuing risks associated with the staffing this month, in particular due to the continuing requirement of staffing escalation areas and delays in overseas/newly recruited, newly qualified nurses commencing.

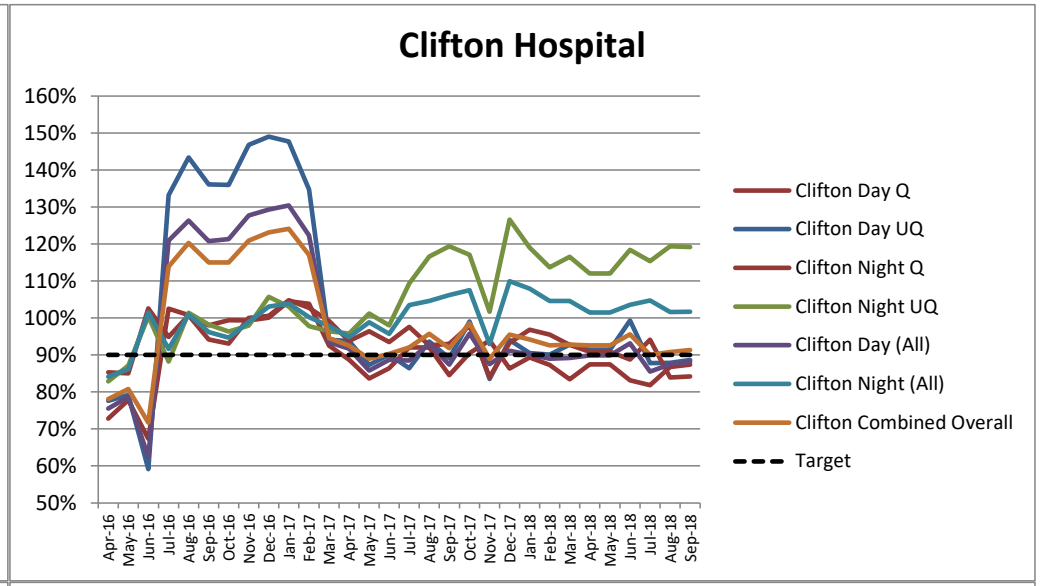
To note areas where assurance and the nursing care indicator results have deteriorated and the actions identified to address these areas.

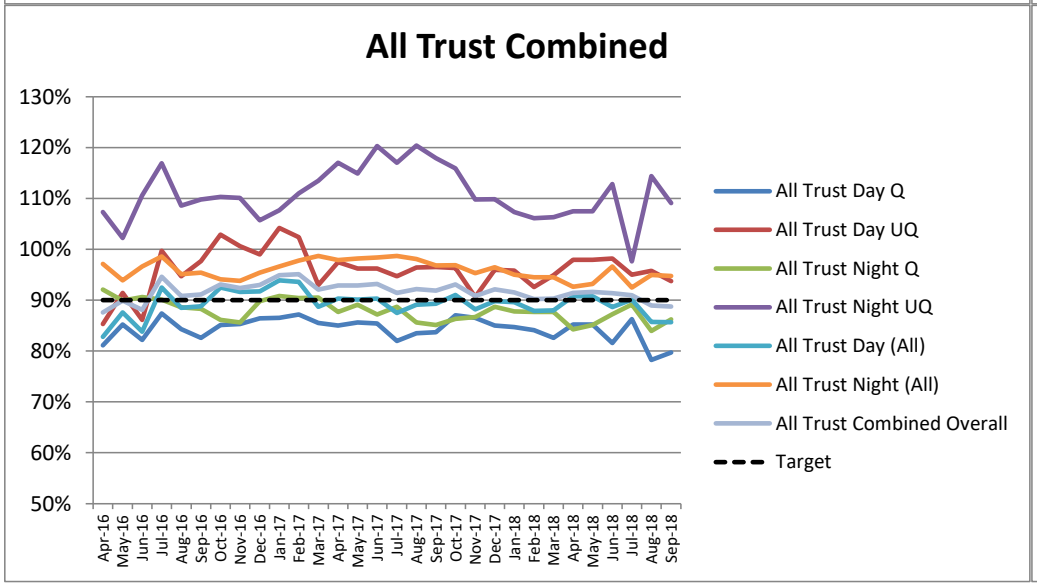
To note the levels of sickness and maternity leave across the nursing staff group in month, that are also adversely impacting on resource allocation.

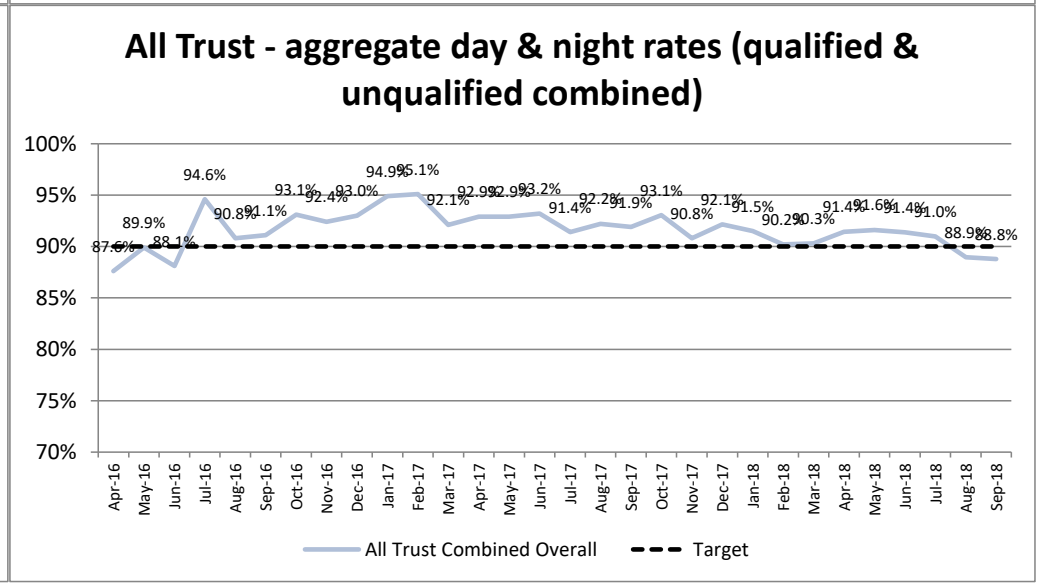
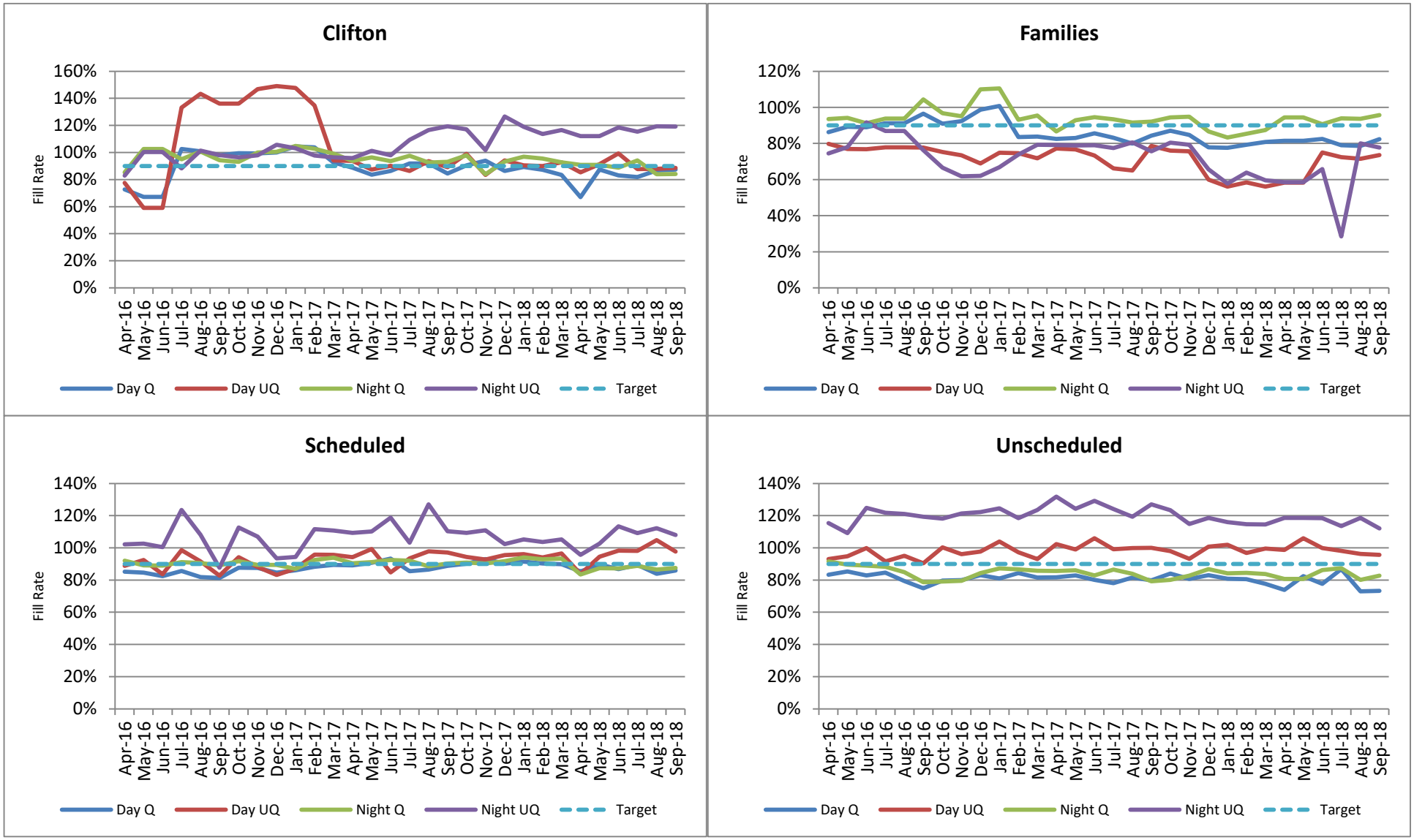
Marie Thompson
Director of Nursing & Quality

Appendix A: Staffing Fill Rate Trends – By Hospital Site & All-Trust Aggregates









Appendix B: Staffing Fill Rate Trends – Divisional Summaries