

Report to Trust Board of Directors

Date of Meeting:	2 June 2015
Enclosure Number:	8
Title of Report:	Nurse Staffing and Ward Assurance Report
Author:	Lesley Carruthers, Deputy Director of Nursing
Executive Lead:	Gail Naylor, Executive Director of Nursing and Midwifery
Responsible Sub-Committee (if appropriate):	Safety and Quality Committee
Executive Summary:	<p>As outlined to the Safety and Quality Committee in January, this monthly assurance report has been developed to provide greater clarity on quality and safety indicators and safe staffing levels.</p> <p>The enclosed data for March 2015 demonstrates the staff % fill rate for each hospital in Table 1.</p> <p>Triangulating the findings with the below 80% fill rate and heat map indicators it identifies the following ward areas require monitoring by the senior nurse leadership team:</p> <ul style="list-style-type: none"> • Elm A, CIC • Elm B, CIC • Willow B, CIC • ITU, WCH • CCU, WCH • Honister Ward, WCH • Kirkstone Ward, WCH <p>The nurse staffing report on the outcomes of the workforce review and third acuity will be presented to the Trust Board in March 2015.</p>
Board Assurance Framework Reference:	1.1 Special Measures 5.1 Workforce 7.1 Patient Safety
Risk Rating (high, medium, low risk) and any recommended changes to risk rating:	High

Compliance, legal and national policy regulatory requirements:	CQC Outcome 13 National Quality Boards 10 Expectations	
Financial Implications:	Yes	
Actions required by the Board:	To approve:	Discussion and decision
	To note:	Where the Board is made aware of key points but no decision required
	For information:	For reading and consideration and for discussion by exception only
	The Safety & Quality Committee are requested to REVIEW the content of the Ward Assurance report and seek any further detail on the mitigations in place to ensure safe staffing and quality outcomes.	
Data quality:	Source:	Gail Naylor, Executive Director of Nursing and Midwifery
	Validated by:	Gail Naylor, Executive Director of Nursing and Midwifery
	Date:	13 May2015

<p style="text-align: center;">Trust Board 2 June 2015 NURSE STAFFING AND WARD ASSURANCE REPORT</p>

1. PURPOSE

The purpose of this report is to provide the Trust Board with an updated monthly position in relation to safe nurse and midwifery staffing, by % fill rate of planned staffing versus actual staffing and to inform the Trust Board of performance against the heat map indicators by ward.

This report builds on strengthening assurance by integrating the key components of nursing information in order to provide a robust monthly assurance report on the ward areas at greatest risk in terms of their staffing, quality and safety indicators and how any risks are being mitigated.

2. STAFFING

The National Quality Board set out clear expectations of providers and commissioners in respect of getting nursing, midwifery and care staffing right. The aim was to support and reinforce the ability and judgement of healthcare professionals and managers in making difficult decisions both on a daily basis, and with a longer term perspective. This is a new way of reporting and these are the first steps in demonstrating that nationally there are robust systems in place for safe staffing. The Trust has set safe planned staffing levels on every ward.

Safe planned ward staffing is defined by the Trust as the agreed staffing required on every ward to ensure high quality and safe care for our patients which informs the ward budgeted establishments. This approach reflects the NICE guidance on safe staffing. The Board supports the principle of having no less than one qualified nurse to eight patients on an adult ward throughout the day and no less than one qualified nurses to ten patients on an adult ward throughout the night. The Board also supports the principle that staffing ratios will be influenced by professional judgement, patient acuity and dependency and ward layout.

In terms of exception reporting the Trust Board will be informed via this report if a ward falls below the minimum staffing levels, which have currently been set at 80% or below the safe planned staffing levels (fill rate), or greater than the 1:8 qualified nurse ratio.

3. PUBLISHING STAFFING DATA ON NHS CHOICES

In May 2014 information was received from NHS England requiring all Trusts with inpatient beds to publish nurse staffing fill rates (actual versus planned) in hours on NHS Choices website in June 2014.

A further requirement was for all Trusts to publish their actual versus planned staff fill rates on a ward by ward basis on their Trust website and on NHS Choices website. This is to ensure that patients and the public are able to see how hospitals are performing in an easy and accessible way. The data will sit alongside a range of other safety indicators.

The overall staffing fill rates per site for March 2015 are presented in Table 1: Whole Trust wards staffing. In addition the Trust has published this information on our website for the public, and provided a link from NHS Choices to this information. It includes ward by ward data on actual versus planned numbers of staff by registered nurse/midwife/care staff and day duty/night duty and therefore meets the requirements set out in the NQB guidance, with regard to monthly publishing.

Table 1: Whole Trust Ward Staffing

Day	Day	Night	Night
Average fill rate – registered nurses/midwives (%)	Average fill rate – care staff (%)	Average fill rate – registered nurses/midwives (%)	Average fill rate – care staff (%)
March 2015	March 2015	March 2015	March 2015
CIC 89.1	99.5	90	101.1
WCH 89.8	96.4	83.6	106.6

4. EXCEPTIONS

The guidance states that the Board will be advised of those wards where staffing capacity and capability frequently falls short of what is planned, the reasons why, any impact on quality and the actions taken to address gaps in staffing. The exceptions to report for March 2015 are outlined below:

Table 2 - Qualified Nurse Days

Ward/Site	March %
CIC	
Elm A	79.2
Elm B	70.5
Willow B	75.3
Maple BCD	79.9

WCH	
ITU	78.2
CCU	75.5
Honister	79.9

As shown in Table 2, March 2015 remains the same as February 2015 in the qualified day % fill rate with 6 wards working below 80%.

The contributing factors of below 80% fill rate are:

- Extra bed capacity opened;
- Sickness and vacancies

In addition, during the day, a number of wards worked above their agreed Registered Nurse (RN) to bed ratio as detailed below:

CIC

Elm A – RN bed ratio 1:7 at times worked 1:9
 Elm B – RN bed ratio 1:6 at times worked 1:12
 Willow B – RN bed ratio 1:6 at times worked 1:10
 Maple BCD – RN 1:7 at times worked 1:10

WCH

CCU – RN bed ratio 1:2.6 at times worked 1:4
 ITU – RN bed ratio ITU 1:1, HDU 1:2 with 1 RN supernumery, at times worked without supernumery RN
 Honister – RN bed ratio 1:7.5 at times work 1:10

Table 3 - Qualified nurse nights

Ward/Site	March %
CIC	
Elm A	64.5
Elm B	79.9
Willow B	64.5
WCH	
Honister	72.1
ITU	72.1
Kirkstone	54.8
CCU	76.3

As shown in Table 3, March 2015 remains the same as February 2015 in the qualified Night % fill rate with 7 wards below 80% fill rate.

The contributing factors of below 80% fill rate are sickness and vacancies. In addition, a number of wards worked above their agreed Registered Nurse (RN) to bed ratio as detailed below:

CIC

Elm A – RN bed ratio 1:10 at times worked 1:15
Elm B – RN bed ratio 1:6 at times worked 1:12
Willow B – RN bed ratio 1:9 at times worked 1:9.5

WCH

Honister – RN bed ratio 1:10 at times worked 1:15
ITU – RN bed ratio ITU 1:1, HDU 1:2 with 1 RN supernumery, at times worked without supernumery RN.
Kirkstone – RN bed ratio 1:10 at times worked 1:15
CCU – RN bed ratio 1:2.6 at times worked 1:4

Table 4 – Nursing Assistant Days

Ward/Site	March %
CIC	
Heart Centre	75.8
Maple BCD	79.2
WCH	
ITU	71
Honister	79.6

As shown in Table 4 there has been an increase from 2 wards in February 2015 to 4 in March 2015 for the number of wards below 80% fill rate for HCAs; this has been due to sickness and vacancies.

Table 5 - Nursing Assistant Nights

Ward /Site	March %
CIC	
Larch C	68.1
WCH	
Gable	67.8

As shown in Table 5 there remains 2 wards March 2015 for the number of wards below 80% fill rate for HCAs, this has been due to vacancies and sickness.

5. HEAT MAP (Appendix 1) – March 2015

There are strong links between patient acuity and dependency, workload and staffing and the quality of care patients receive. Evidence in the literature now links low staffing levels and skill mix ratio to poor patient outcomes (Rafferty et al.2007: NPSA 2009).

The Heat Map (Appendix 1), as discussed in January's Trust Board paper, has been added as a core component in order to compliment the clinical

indicators and provide greater assurance on the actual areas of risk. This includes where actual patient safety incidents and harm has occurred within the month. The Heat Map indicators have increased to 34 and produces intelligence by ward each month from a safety, quality, workforce and financial perspective. These are divided into 2 different categories, 14 inputs and 20 outputs.

Triangulating the ward areas that are below the 80% fill rate with 10 or above indicators in the red from the heat map, Table 6 below shows the wards need to be closely supervised by the Chief Matrons and Matrons:

Table 6 March 2015:

SITE	Ward	Red
CIC	Elm A	12
	Elm B	15
	Willow B	13
WCH	ITU	13
	CCU	11
	Kirkstone	12
	Honister	17

Within the output section of the heat map there are 9 accumulative 2014/15 indicators, which the above wards, are reporting red:-

Elm A - Cumatively reporting 4 out of 9 indicators in red:-
 17 staffing level incidents
 154 total patient safety incidents
 82 falls (0 serious)
 16 pressure ulcers acquired post admission

Elm B – Cumatively reporting 4 out of 9 indicators in red:-
 18 staffing level incidents
 160 total patient safety incidents
 120 falls
 1 serious fall

Willow B – Cumatively reporting 2 out of 9 indicators in red:-
 44 patient falls (0 serious)
 24 pressure ulcer acquired post admission

ITU – WCH – Cumatively reporting 1 out of 9 indicators in red:-
 12 staffing level incidents

CCU-WCH - Cumatively reporting 3 out of 9 indicators in red:-
 37 staffing level incidents
 24 falls
 1 serious fall

Kirkstone - Cumatively reporting 4 out of 9 indicators in red:-
154 patient safety incidents
70 falls
4 serious falls
33 pressure ulcers acquired post admission

Honister - Cumatively reporting 4 out of 9 indicators in the red:-
22 staff level incidents
128 total patient safety incidents
54 patient falls (0 serious)
44 pressure ulcers acquired post admission

5.1 Weekly Escalation

Weekly safe staffing and control meetings are held, chaired by the Executive Director of Nursing & Midwifery, attended by Deputy Director of Nursing, Chief Matrons, Matrons, Operational Service Managers, Deputy Director of Finance and Principal HR Business Partner. The Matrons deliver their ward areas escalation reports, highlighting worry areas, with discussion and outcomes to ensure safe staffing levels are achieved. This includes a review of vacancies, sickness, maternity leave, red flag shifts, nurse staffing level incident reports and patient safety incidents. The Deputy Director of Finance provides a financial update and the Principal HR Business Partner provides an HR update on nurse bank recruitment, substantive nurse recruitment and ESR training.

5.2 'Red Flag' Shifts

The NICE safe staffing guidance for nursing in adult inpatient wards in acute hospitals describes 'red flag shifts' and state that *hospitals need to have a system in place for nursing red flag events to be reported by any member of the nursing team, patients, relatives or carers to the registered nurse in charge of the ward or shift.*

Red Flag Shifts are defined as:

- Unplanned omission in providing patient medications.
- Delay of more than 30 minutes in providing pain relief.
- Patient vital signs not assessed or recorded as outlined in the care plan.
- Delay or omission of regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan. Carrying out these checks is often referred to as 'intentional rounding' and covers aspects of care such as:
 - Pain: asking patients to describe their level of pain level using the local pain assessment tool.
 - Personal needs: such as scheduling patient visits to the toilet or bathroom to avoid risk of falls and providing hydration.

- Placement: making sure that the items a patient needs are within easy reach.
 - Positioning: making sure that the patient is comfortable and the risk of pressure ulcers is assessed and minimised.
- A shortfall of more than 8 hours or 25% (whichever is reached first) of registered nurse time available compared with the actual requirement for the shift. For example, if a shift requires 40 hours of registered nurse time, a red flag event would occur if less than 32 hours of registered nurse time is available for that shift. If a shift requires 15 hours of registered nurse time, a red flag event would occur if 11 hours or less of registered nurse time is available for that shift (which is the loss of more than 25% of the required registered nurse time).
 - Less than 2 registered nurses present on a ward during any shift.

NICE also confirm that other red flag indicators can be agreed locally.

There are a number of key pieces of work which are currently being progressed in order to strengthen the red flag shift reporting which will become a core component of this ward assurance report:

- The weekly staffing escalation outcomes will be summarised to explicitly report against the shortfall in nursing cover (25% shortfall and less than 2 registered nurses present). This will also include where shifts have worked over the NICE guidance of 1:8.
- The current intentional rounding performed on all wards will be strengthened in order to provide greater assurance on the completeness of intentional rounding.
- The longer term plan is to ensure that the E-Rostering system supports red flags being entered onto the system.
- The re-launch of the real time bed project will also allow the potential for omissions in care to be alerts on the system.

6. Wards of concern

Elm A

This ward requires 4 Registered Nurses (RN) + 2 Health Care Assistants (HCA) on early and late shift. The Trust Board agreed to investment in this ward at the last workforce review to increase to 4 RN on the late shift, to ensure compliance with NICE staffing guidance. Unfortunately this ward is regularly unable to staff with more than 3 RN on the early and late shifts due to vacancies and sickness, therefore the Matron has utilised agency, extra hours, bank usage and has increased the HCA on each shift where possible to give correct headcount but not correct skill mix. There are 3 student nurses qualifying in September 2015 who have been appointed to the vacancies. The Matron, Ward Manager and deputies are working closely with the ward team to address the red indicators, and the RN have been allocated responsibilities to improve performance.

Elm B

This ward requires 3 RN and 2 HCA, however due to staff vacancies and long term sickness they have only been achieving 2 RN and 3 HCA which provides the correct headcount but not correct skill mix. There is 1 student nurse qualifying in September 2015 who has been appointed leaving 71.5 hrs vacant and these hours are out to advert. The Matron is exploring innovative approaches to staffing, looking at the possibility of employing Mental Health qualified nurses and Learning disability nurses to compliment the ward RN due to the ward having elderly patients with dementia. The Matron and the ward manager are working with the ward team on improving the indicator performance, and allocating RN responsibilities to improve documentation and performance.

Willow B

This ward requires 3 RN and 2HCA on the early shift and 3 RN and 1 HCA on the late shift , however due to vacancies, maternity leave and 108 hours long term sickness, they have only been able to achieve 2 RN for both early and late shifts, and have increased the HCA by 1 per shift which gives correct head count but not correct skill mix. The ward has appointed 54 RN hours which takes the ward to full establishment but these posts do not commence until September 2015. Extra hours and bank are being used where possible to try and achieve 3 RN on duty. The Matron, Ward Manager and deputies are working closely with the ward team to address the red indicators, and the RN have been allocated responsibilities to improve performance.

ITU –WCH

This unit should have a supervisory RN on duty each shift; however this has not been achieved due to vacancies, sickness and other absence. The Matron has appointed to full establishment, however the 5 newly appointed RN have commenced on the unit but have 6 weeks training and supernumerary status, therefore this should reflect in next month's report for % fill rate and the heat map indicators.

CCU – WCH

This unit requires 3 RN on each shift, however, due to staffing gaps in other wards the third RN has been moved to cover these areas so the unit has had to work with Gable ward as a floor to cover both areas. Recruitment continues with 3 student nurses qualifying in September who have been appointed, leaving 36 hours vacant. The Matron, Ward Manager and deputies are working closely with the ward team to address the red indicators, and the RN have been allocated responsibilities to improve performance.

Honister Ward

This ward requires 4 RN and 4 HCA days and 3 RN and 2 HCA, however due to staff vacancies, long and short term sickness this has not been achieved.

There has been 3 student nurses qualifying in September who have been appointed, rolling adverts for RN continue and the Matron and ward manager are looking into the possibility to alter the skill mix of RN with appointing Mental Health qualified nurses, this is due to some of the complex mental health needs of the patients whilst they have ongoing acute medical care needs. Also, in the short term, they are over recruiting HCA to give correct head count until the RN commences work. The Matron, Ward Manager and deputies are working closely with the ward team to address the red indicators, and the RN have been allocated responsibilities to improve performance

Kirkstone Ward

This ward requires 3 RN on night duty but unfortunately due to vacancies it is only managing to have 2 RN on duty. 2 Student Nurses qualifying in September have been appointed including a Registered Learning Disability Nurse. The Matron and ward manager are also looking to appoint a registered Mental Health Nurse to compliment the qualified skill mix which will enhance the care for patients diagnosed with Dementia. Outstanding are 67.5 RN hours which are out to a rolling advert. The Matron, Ward Manager and deputies are working closely with the ward team to address the red indicators, and the RN have been allocated responsibilities to improve performance.

6. Nursing, Midwifery and AHP Board Actions

The two main themes emerging from the wards of concern are post admission acquired pressure ulcers and falls. Both of these are key safety priorities for the senior nursing team. In December 2014, NCUH commissioned an external review of pressure ulcers. Many areas of good practice were identified and a pressure ulcer improvement plan was developed to address areas that could be improved. This plan is reviewed monthly at the Nursing, Midwifery and AHP Board and receives scrutiny at the Safety and Quality Committee.

An external review into the management of falls is being commissioned to apply the same level of rigour and scrutiny as above. In the meantime, senior nursing leadership is assigned to the review of falls, a falls group meets regularly and there is a robust review of all harms associated with falls to identify learning.

7. Workforce Development and Recruitment Update

In recent weeks the Trust has appointed 44 RN of which 34 are Student Nurses qualifying in September 2105.

The Executive Director of Nursing and Midwifery with her senior team continue to attend employability days to try and attract RN, feedback recently received was that the Students are requesting a robust preceptorship package, to ensure they are adequately supported through transition from student to registered practitioner. The interim Deputy Director of Nursing is currently working on a plan to launch a revised preceptorship package ahead of September 2015.

NCUH are currently seeking to recruit up to 80 RN from the Philippines. We are currently submitting the tender to the market place agencies to express interest and bid to be our provider. We anticipate taking a team from North Cumbria, supported by the winning bidder to the Philippines in late July 2015 to undertake recruitment.

The Staffing Assurance Model Standard Operating Procedure has been revised to ensure there is a clear process for achieving appropriate staffing levels are maintained for the delivery of safe care. This procedure is to be re launched in June 2015 to ensure appropriate standards of agreed nurse staffing levels within wards, based on the NICE guidance September 2014.

Future Cadet Nurse Programme at CIC are under negotiations with Carlisle College. For WCH, The West Lakes College commence a 2nd cohort of cadets in September 2105. Nationally and locally recruitment to qualified nurses continues to be an issue. HCA are a vital part of delivering frontline compassionate care, therefore the senior nursing team are looking at workforce planning and investment with HCA development in NCUH, the team will be reviewing the band 1-4 of the workforce in line with the recommendations from the Cavendish Report, look at how NCUH can use development opportunities that have been introduced nationally to support the transformation of HCA, and work with other organisations where they have successfully developed the band 4 assistant practitioners.

Leadership remains a concern within the Child Health Business unit particularly at Ward Manager level. We have recently appointed to the Ward Manager post on Special Care Baby Unit, CIC subject to references. There is also two interim deputy ward managers currently in place on Fairfield ward, WCH in the absence of a Ward Manager, with a third Ward Manager on Children's Ward at CIC returning to work on a phased return following a period of long term sick leave. The Matron post is also vacant although we have had a Nurse Consultant seconded from Northumbria, working 3 days per week for the past 12 months. However, this role was to provide professional leadership for Paediatrics and did not cover any daily operational issues and concerns. This post holder leaves the Trust at the end of May 2015.

Plans in place to address this:

1. Children's Ward at CIC, Ward Manager will return to full time hours on 27 May 2015 and Deputy Ward Manager at band 6 to be advertised.
2. Fairfield ward has appointed two interim Band 6 Deputy Ward Managers to job share in the absence of the Ward Manager with support from the OSM.
3. Special Care Baby Unit WCH band 7 Ward Manager to commence 25 May 2015 subject to references. Deputy Ward Manager to be advertised June 2015.
4. Chief Matron post out to advert. Closing date for applications 20th May 2015. Interviews to be held 9th June 2015.

Despite the difficult circumstances in relation to leadership and sickness absence the Child Health Business unit has managed to maintain an efficient and effective 24/7 paediatric and neonatal service.

As part of the drive to deliver safe and effective care, a guide for providers has been developed identifying 'Care Contact Time'. The guide sits alongside the NQB Guidance, NICE Guidelines and NICE Endorsed Safe Staffing Toolkits, to support providers in making decisions to secure safe staffing for their patients and service users. It is recommended that Trusts who have not undertaken this exercise, a baseline assessment should be undertaken by summer 2015; North Cumbria University Hospitals NHS Trust will be completing this in June 2015.

8. NEXT STEPS

The Safer Care Nursing Tool fourth acuity and dependency audit was undertaken in March 2015; the results from this will be presented at the July 2015 Trust Board.

9. CONCLUSION

In March 2015, 7 wards have been identified as needing to be closely monitored by the Chief Matrons and Matrons, to support and help Ward Managers on improvements.

10. RECOMMENDATIONS

The Safety & Quality committee are requested to REVIEW the content of the Ward Assurance report and seek any further detail on the mitigations in place to ensure safe staffing and quality outcomes.

Gail Naylor
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Lesley Carruthers
Deputy Director of Nursing