

## SAFETY AND QUALITY COMMITTEE

Report to:	Safety & Quality Committee	Agenda item:	8
Date of Meeting:	26 <sup>th</sup> September 2016		
Title of Report:	Exception Report for Expected and Actual Staffing for Nursing, Midwifery and Care Staffing (Ward Areas)		
Status of report: (Approval, position statement, information, discussion)	Information		
Report Approval Route:			
Lead Executive Director:	Lucy Flanagan, Director of Nursing		
Author:	Helen Byard, Deputy Director of Nursing		
Appendices:	<p>Appendix A - Fill Rate Indicator Return Staffing: Nursing, midwifery and care staff – June 2016</p> <p>Appendix B – Nurse Sensitive Indicators including School Nursing, Health Visiting and Neighbourhood Teams June 16</p> <p>Appendix C – Temporary Nursing Staff Statistics June 16</p>		
<b>1. Purpose of the report</b>			
<p>This report presents the latest nurse staffing across all inpatient wards during August 2016. The purpose of this report is to inform the Quality Committee of the ward areas that did not meet the expected staffing levels in August 2016 and the levels that actually occurred; how big the difference is and why, if this affected the quality of patient care and that any risks are being mitigated.</p>			
<b>2. Recommendations</b>			
<p>The Quality Committee is asked to note the content of the report.</p>			
<b>3. Executive Director Assurance</b>			
<p>This paper provides the Quality Committee with an assuring picture that despite the fact that some wards regularly have gaps in their Registered Nurse numbers compared to those planned, any risks this gap may pose is mitigated with very little effect seen on patient outcome measures.</p>			
<b>4. Summary of Key Issues for discussion</b>			
<p><b>Key points to note;</b></p> <ul style="list-style-type: none"> <li>The fill rate for registered nurses (RN) has remained below 95% since Jan 2016 except for May (95.7).</li> <li>An 87.2% day shift fill rate for registered nurses in the month of August is the lowest reported this year.</li> <li>Forward planned rosters will not take into account the revised RN/HCA staffing establishments approved in August. This will account in part to the &lt;95% fill rate for registered nurses noted above. This will be rectified from 15<sup>th</sup> September onwards.</li> <li>The fill rate for health care assistant (HCA) was above target for both day and night shift (111.6% and 114.8% respectively) for August.</li> <li>Overall the fill rate for both RN and HCA has seen a month on month deterioration since May.</li> <li>The strategy to cover an unfilled Registered Nurse (RN) shift with a HCA continues where this is appropriate and is in part driving the &gt;100% fill rate for HCA.</li> </ul>			

**5. Please state which Corporate Objective your report relates to:**

Strategic Objective	Risk Appetite	✓
1. Improve the quality and safety of care to our patients, their carers and families	High	✓
2. Improve the responsiveness of our services for the benefit of our patients and their families.	Moderate	
3. Provide more productive and better value care that improves the sustainability of our services	Low	
4. Develop a highly skilled, motivated, healthy and engaged workforce	High	
5. Develop first class facilities and technology to support the care we provide	High	
6. Transform health and wellbeing through working with our partners	High	
7. Play our role as an important asset to the people of Herefordshire and the surrounding areas	Low	

**6. Reference to the Risk Register or Board Assurance Framework**

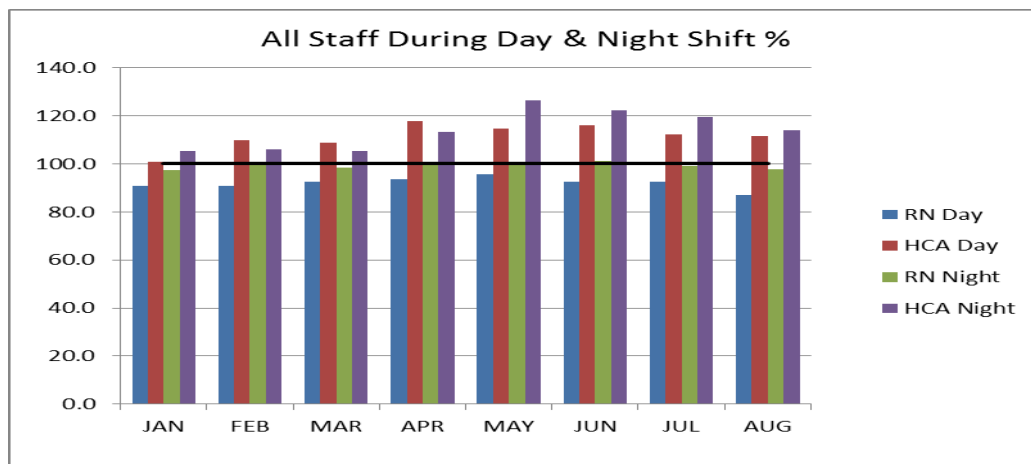
This relates to Board Assurance Risk Number 417. Risk to recruitment of new staff and retaining current staff.

## Exception Report for Expected and Actual Staffing for Nursing, Midwifery and Care Staffing (Ward Areas)

### Summary of Inpatient Nurse Staffing Year to Date

Graph 1 below illustrates the continued challenge this year for covering the required registered nurse staffing levels. The agreed nurse staffing escalation policy for the management of safer staffing levels mitigates this in part, thus when appropriate a Registered Nurse (RN) is replaced by a Health Care Assistant (HCA) during a shift. This is reflected in the % fill rate for HCA with a continued total level of >100% for both day and night shift.

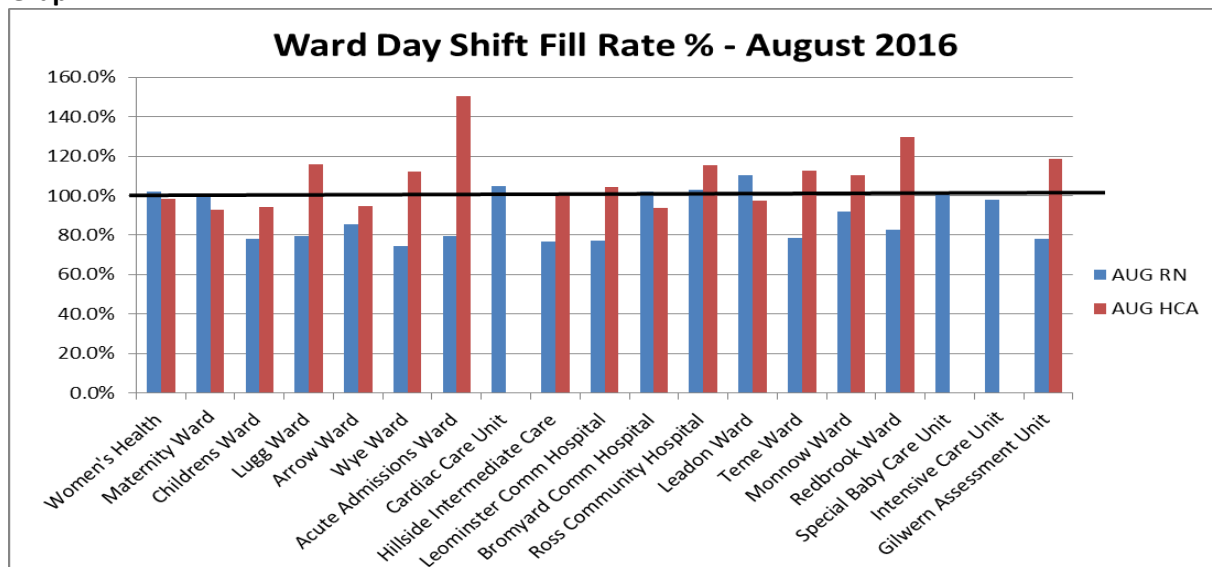
**Graph 1**



### In Month Nurse Staffing Fill Rates

Graph 2 gives a breakdown of the day shift fill rate both registered nurse and healthcare assistant by ward area for the month of August 16. The average fill rate for August: RN Day (87.2%); HCA Day (111.6%); RN Night (97.9%) and HCA Night (114.8%).

**Graph 2**

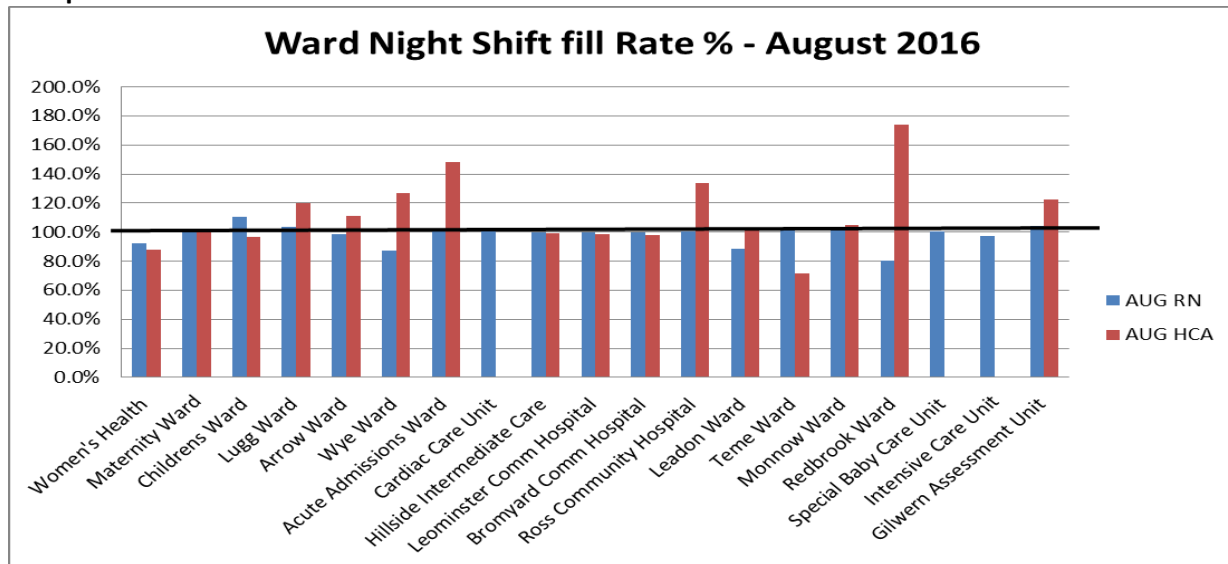


There were 10 areas in month that fell below 90% fill rate for registered nurses: Gilwern Assessment Unit (78.3%); Redbrook Ward (82.8%); Leominster (77.4%); Hillside (76.7%); Acute Assessment Unit (79.5%); Wye Ward (74.6%); Lugg (79.7%); Arrow Ward (85.3%); Teme Ward (78.5%) and Childrens Ward (78.2%).

The full effect of the revised staffing establishment ratios for registered and HCA, in particular the impact of the Band 4 role was not reflective in the August forward planned roster on the electronic system. In addition, the improved rigor applied to the nurse agency escalation requests commenced beginning of August and it is suggested that the reduction in fill rate is in part associated with this higher level of scrutiny.

Graph 3 gives the breakdown of the night shift fill rate for the month of August 16. Four areas reported fill rates of <95% for registered nurses: Womens Health (92.1%); Wye Ward (87.2%); Leadon Ward (88.9%); Redbrook Ward (80.6%).

**Graph 3**



The continued reliance on the use of Health Care Assistant above the required safe staffing levels is noted for a number of areas, notably Redbrook Ward, Ross Community Hospital and Acute Admissions Unit. The key drivers are replacement of registered nurse gap with a Health Care Assistant and additional nursing requirement for patients with higher dependency needs. Of particular note: Redbrook Ward required 1:1 specialising for six weeks relating to the admission of a patient on the Trauma pathway who subsequently required a specialist Neuro bed at a Tertiary site which was not available (waiting list 2 months).

The safer staffing sub project of the Nurse Agency Reduction Programme has completed a number of actions over the past three months including:

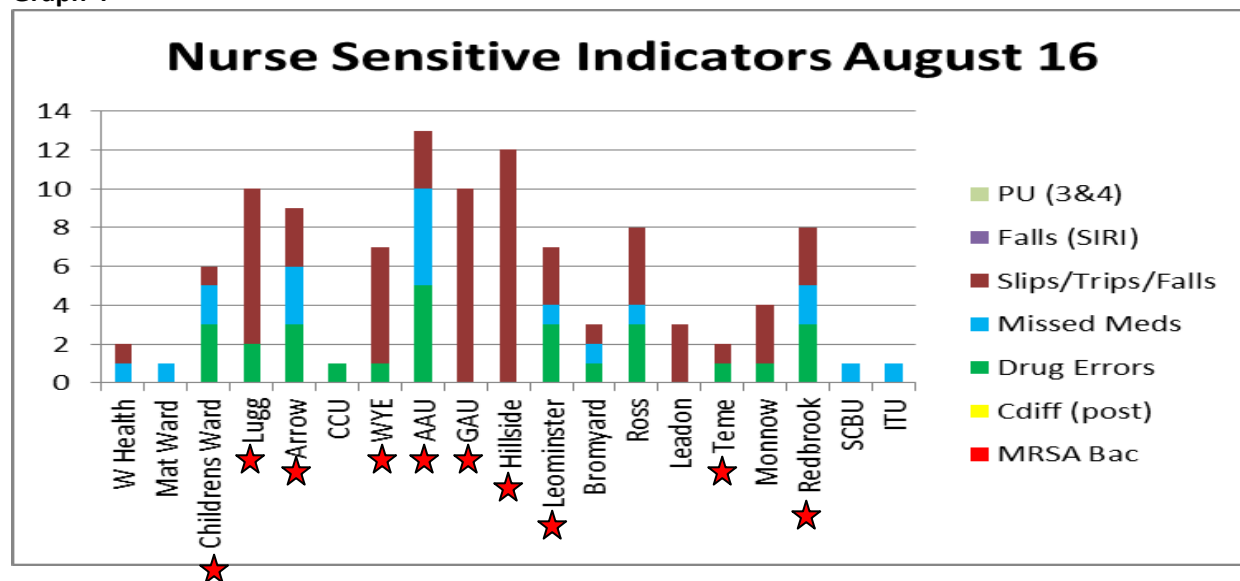
- Implementation of 8 week forward planned staffing rosters
- An e-roster creation report is now available to monitor compliance.
- The e-roster report also monitors the weekly temporary staffing fill rate for identified gaps in the 8 week planned roster. There remains continued challenge with the timely allocation of bank staff to identified gaps.
- A revised e-roster policy is in the process of validation and sign off and will provide ward/department managers with clear guidance on the development and management of e-rosters.

Work this month continues with a closer scrutiny of the management of 'unused' hours accrued when staff are reported on the e-roster to have not worked their contracted hours. To date this has been managed from paper 'time owing' diaries. This practice will cease from 1<sup>st</sup> October 2016 to enable the full functionality of the e-roster system to be embedded.

#### 4.3 Effects on nurse sensitive indicators

Graph 4 illustrates the in-month reported nurse sensitive indicators by ward area.

Graph 4



The ten areas which reported the <90% fill rate for registered nurses in month have been highlighted above(★), do not appear to report an adverse impact on the nurse sensitive indicators in comparison to the July data.

	Childrens Ward		Lugg		Arrow		Wye		AAU		GAU		Hillside		Leominster		Bromyard		Teme		Redbrook	
	July	Aug	July	Aug	July	Aug	July	Aug	July	Aug	July	Aug	July	Aug	July	Aug	July	Aug	July	Aug	July	Aug
MRSA Bac	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cdif (post)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Drug Errors	1	3	4	2	6	3	0	1	5	5	0	0	0	0	0	3	0	1	2	1	0	3
Missed Meds	1	2	4	0	6	3	2	0	1	5	3	0	0	0	1	1	5	1	1	0	1	2
Slips/Trips/Falls	0	1	5	8	2	3	5	6	9	3	3	10	10	12	2	3	3	1	2	1	4	3
Falls (SIRI)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PU (3&4)	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Totals	2	6	17	10	14	9	7	7	15	13	6	10	10	12	3	7	8	3	5	2	6	8

July/August totals comparison:

Nurse Sensitive Indicator	July	August
MRSA Bac	0	0
C Diff (post)	1	0
Drug Errors	24	27
Missed Medications	30	19
Slips/Trips/Falls	61	62
Falls (SIRI)	2	0
PU (3&4)	6	0

#### 4.5 Conclusion

Staffing overall remains a challenge given the number of w.t.e nurse vacancies and short term sickness. Continued issues with both the recruitment and retention of registered nurses impacts on the number of substantive staff available to cover the staffing rosters. August is the first month in year to report a <90% fill rate for registered nurses for the day shift, however there does not appear to be an overall impact on the nurse sensitive indicators. The ongoing work within the Safer Staffing subgroup of the Nurse Agency Reduction Programme continues to improve the standardisation of process applied to the management of staffing rosters and the scrutiny and approval for temporary staffing requests.