

Board of Directors – 25 June 2014

Safer Staffing Project – NHS England Nurse Staffing Return

Action requested/recommendation

The Board of Directors are asked to accept the report for information and to agree the recommendations as detailed in section 4 of the main report.

Summary

Following recommendations' from *Hard Truths* and subsequent work undertaken by NHS England; all Trusts must meet the expectation from the National Quality Board (NQB) of reporting in public planned versus actual staff.

In late May a directive was issued by from NHS England that the staffing return should be undertaken retrospectively and the data must be submitted in early June for publication on NHS Choices website on 24th June. In addition, as the Board are aware; the expectation is that any outlying areas regarding staffing levels are reported to Trust Board and detail the following information:

- Site
- details of issues and any mitigations
- details of actions taken to reduce risk highlighted.

The Board will want to seek assurance that there are processes in place to highlight risks to patient care caused by deficient staffing and that there are escalation policies and contingency plans in place for those times where staffing capacity and capability falls short of that required to provide a high quality service to patients.

Currently the senior nurse team review actual against planned staffing on a daily basis. There is a recognised procedure for escalating concerns and taking immediate actions in relation to any short falls in nurse staffing. (appendix 1 & 2)

Strategic Aims

Please cross as appropriate

- | | |
|---|-------------------------------------|
| 1. Improve quality and safety | <input checked="" type="checkbox"/> |
| 2. Create a culture of continuous improvement | <input type="checkbox"/> |
| 3. Develop and enable strong partnerships | <input type="checkbox"/> |
| 4. Improve our facilities and protect the environment | <input type="checkbox"/> |

Implications for equality and diversity

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

It is anticipated that the recommendations of this paper are not likely to have any particular impact upon the requirements of or the protected groups identified by the Equality Act.

Reference to CQC outcomes

Outcome 13.

Progress of report

Risk	Potential risk to organisational reputation due to non compliance with recommendations from Hard Truths.
Resource implications	Possible additional resources needs, to be determined.
Owner	Michael Proctor, Chief Nurse
Author	Beverley Geary, Director of Nursing
Date of paper	June 2014
Version number	Version 1

Board of Directors – 25 June 2014

Safer Staffing Project – NHS England Nurse Staffing Return

1. Introduction and background

Following recommendations' from *Hard Truths* and subsequent work undertaken by NHS England; all Trusts must meet the expectation from the National Quality Board (NQB) of reporting in public planned versus actual staff.

In late May a directive was issued by from NHS England that the staffing return should be undertaken retrospectively and the data must be submitted in early June for publication on NHS Choices website on 24th June. In addition, as the Board are aware; the expectation is that any outlying areas regarding staffing levels are reported to Trust Board and detail the following information:

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The Board will want to seek assurance that there are processes in place to highlight risks to patient care caused by deficient staffing and that there are escalation policies and contingency plans in place for those times where staffing capacity and capability falls short of that required to provide a high quality service to patients.

Currently the senior nurse team review actual against planned staffing on a daily basis. There is a recognised procedure for escalating concerns and taking immediate actions in relation to any short falls in nurse staffing. (appendix 1 & 2)

2. Context

The Trust has 2 acute sites and 7 community sites with a total of 1113 in-patient beds and 78 potential escalation beds. The table below details the number of beds by site and the number of potential escalation beds.

	Beds	Comments	Potential Escalation Beds
York	596	This doesn't include G2 G3 24a and SCBU Ward 24 is also an escalation area which is 20 beds plus we have 24a which is our frailty unit of 10 beds	20-30 (ward 24) 16
Scarborough	297		32 (Graham and winter escalation)
St Helens	20		
White Cross Court	23		
Whitby	35		

Selby	23		
St Monicas	12		
Bridlington	77		
Malton	30	Moved from 2x15 bedded ward to one 28 bedded ward in mid-May	

The return highlighted a fill rate of between 44% to 122% (appendix 3) the exceptions are listed below.

3. Exceptions

York site

During May Ward 24 at York site has been open due to demand for increased capacity, the beds ranged between 8 and 30 and staffing was flexed accordingly (note: we are currently not required to declare staffing fill rates for escalation areas).

In order to staff this area temporary workforce were employed and staff were moved from established areas to maintain safety. These wards were then backfilled with staff working additional hours, bank staff (NHSP,) or agency.

Ward 17 - Paediatrics' The area is a significant outlier in terms of their untrained ('care staff') fill rate. The establishment in summer is 3+2 and 4 + 1 in winter.

During May there was sickness of a HCA, they are also carrying a vacancy, there was also some movement of staff from nights to days to address staff shortages and acuity of patients

ITU & CCU

These are level 2 and level 3 units and therefore have a much higher trained to untrained staffing ratio, sickness and vacancies in these areas have reflected the 'care staff fill rate negatively. Due to the role the impact of the quality of patient care would be insignificant

Over 100% fill rate & 1:1 observations (specialling)

A number of areas show an over 100% fill rate – usually in care staff. This is due to the 'specialling' of patients who require a higher level of observations such as those who wander, are very high risk of fall or have mental health issues.

These areas include:

Ward 39- Elderly medicine

Ward 21 – SSU

Ward 23 – elderly medicine

Ward 25 elderly medicine

Ward 26 Elderly Medicine

Ward 32 – Cardiology

Ward 37 – Complex elderly (Dementia)

Ward 39

Scarborough Site:

Ann Wright – Complex Elderly (Dementia)

Oak – Elderly Medicine

Bridlington Site:

Kent – Trauma and Orthopaedics'

Malton Site:

Fitzwilliam – Community Care

Mid month Malton moved from 2x15 bedded ward to one 28 bedded wards; this would account for the over 100% fill rate. The patients are level 3 and 4 dependency and are admitted for slow stream rehabilitation.

Scarborough Site

Overall the site had an 80% fill rate.

White Cross Court

This area was over established (night shifts) due to a programme of acceleration improvement work which commenced in May. The area is a step down only slow stream rehab ward.

4. Communication and External Reporting.

All organisations are required to publish the data on their local website, following consultation with the Communication Team Manger an area of the Trust's website has been identified where an explanatory narrative will be published alongside a link to the data on NHS Choices. Media queries will be dealt with through the Trust's press office, unless they relate to the Safer Staffing Programme as a whole (for example the methodology, comparisons with other Trusts, rationale etc) in which case they will be referred to NHS England who have stated that they will manage media queries. Staff will be informed through the Trust's internal communications channels that the data is now available and will be published on a monthly basis.

5. Conclusion

This report details the first monthly staffing return of data of actual against planned staffing for day and night duty in hours by ward.

The report gives high level exceptions and details action taken to address short falls and mitigate risk on a daily basis.

Recognition should be given to the Ward Sisters who were required to input a significant amount of data in a short time frame and also to the team from Systems and Network who supported the initiative.

Feedback received around 'lessons learned' Lessons learned are that the weekly returns should not be submitted until they are validated and 'signed off'.

The board is asked to receive the paper for information and to acknowledge the significant amount of resource that may be required to deliver this requirement on an ongoing basis.

6. Recommendation

The Board of Directors are asked to accept the report for information and to agree the recommendations as detailed in section 4 of the main report.

7. References and further reading

How to ensure the right people, with the right skills, are in the right place at the right time *A guide to nursing, midwifery and care staffing capacity and capability.* National Quality Board, November 2013

Hard Truths: *The Journey to Putting Patients First*, Department Of Health, January 2014

Author	Beverley Geary, Director of Nursing
Owner	Michael Proctor, Chief Nurse
Date	June 2014

Appendix 1

DAILY STAFFING BRIEF - SCARBOROUGH

York Teaching Hospital 
NHS Foundation Trust

Date(s):

Present:

Matron's actions before 4pm

Directorates must identify staffing shortfalls and a list of any uncovered shifts together with their staffing contingency plans.

STAFFING – PLEASE WILL ALL MATRONS INFORM THE WARDS THAT THE BED MANAGERS WILL ONLY BE ABLE TO DEAL WITH NEW SICKNESS CALLS OUT OF HOURS.

Directorate Staffing shortfalls and contingency plans

Please detail staffing shortfalls and what the plans are for cover, or whether the ward will tolerate the shortfall.

Matrons must also ensure that the ward team are aware of their plan by using the agreed ward communication tool.

Where staff are moved between ward areas please record names

Ward	Early Planned	Late Planned	Night Planned		RN / HCA shortfalls	Shift	Contingency plans and actions (include names of staff who are moved).
A Wright	3+3	3+2	2+1		HCA	E	Member of staff on carers leave
ESA	3+2	2+2	2+0				
Beech	4+4	4+3	3+2				
CCU	6+1	5+1	4+1				
AMU	5+4	5+4	5+4				
Chestnut	4+3	4+3	2+2				
Graham	3+2	2+2	2+1				
Haldane	3+3	3+2	2+1				
Holly	3+3	3+2	2+2				
ICU	6+1	6+1	5+0				
Johnson	3+4	2+3	2+1				
Kent	3+2	2+2	2+0				
Maple	6+3	5+2	4+2				
Oak	5+5	5+4	3+3				
Stroke	4+2	4+2	3+1				
Waters	3+3	2+2	2+1				
Willow	1+1	1+1	1+1				

Other relevant comments:

Out of Hours Bed Manager update

Please detail all out of hour shortfalls or changes to staffing and the action taken.

Ward	Shortfall / Change	Action taken

Name of bed manager:

In and out of hours - If a decision is made to re-allocate a staff nurse from Stroke Unit or Outreach nurse, please provide rationale for decision

Date	Time	Rationale

This briefing must be saved using the floppy disk icon on the toolbar and filed on the Q drive.

Appendix 2

DAILY STAFFING BRIEF - YORK

York Teaching Hospital 
NHS Foundation Trust

Date(s):

Present:

Matron's actions before 4pm

Directorates must identify staffing shortfalls and a list of any uncovered shifts together with their staffing contingency plans.

STAFFING – PLEASE WILL ALL MATRONS INFORM THE WARDS THAT THE BED MANAGERS WILL ONLY BE ABLE TO DEAL WITH NEW SICKNESS CALLS OUT OF HOURS.

Directorate Staffing shortfalls and contingency plans

Please detail staffing shortfalls and what the plans are for cover, or whether the ward will tolerate the shortfall.

Matrons must also ensure that the ward team are aware of their plan by using the agreed ward communication tool.

Where staff are moved between ward areas please record names

Ward	Early Planned	Late Planned	Night Planned		RN / HCA shortfalls	Shift	Contingency plans and actions (include names of staff who are moved).
G1	4+2	4+2	2+1				
G2	3+2	3+1	2+1				
G3	2+1	2+1	2+1				
ESA							
Wd 11	4+3	4+2	2+2				
Wd 14	4+3	5+3	3+2				
Wd 15	4+4	4+2	3+1				
Wd 16	5+2	5+2	4+2				
Wd 17	3+2	3+2	3				
Wd 18	1+1	1+1	Closed				
AMU	6+5	6+5	5+4				
SSW	4+3	4+3	2+2				
Wd 23	4+3	4+2	2+2				
Wd 24	3+2	2+2	2+1				
Wd 25	4+3	4+2	2+2				
Wd 26	4+3	4+2	2+2				
Wd 27							
Wd 28	5+3	4+2	2+2				
Wd 29	4+2	4+2	2+1				
CCU	4+1	4+0	4+0				
Wd 31	5+2	4+2	2+1				
Wd 32	5+3	4+3	2+2				
Wd 33	4+3	4+3	2+2				
Wd 34	4+3	4+3	2+2				
Wd 35	4+3	4+2	2+2				

Date	Time	Rationale

This briefing must be saved using the floppy disk icon on the toolbar and filed on the Q drive.

Appendix 3

	Day				Night				Day	Night		
	Registered midwives/nurses	Care Staff			Registered midwives/nurses	Care Staff						
Site Name	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives care staff (%)	Average fill rate - registered nurses/midwives care staff (%)	Average fill rate - registered nurses/midwives care staff (%)	Average fill rate - registered nurses/midwives care staff (%)
St Monicas Hospital	630	531.25	795	654.25	372	372	372	372	84.3%	82.3%	100.0%	100.0%
Selby and District War Memorial Hospital	1162.5	962.83	1162.5	1102.5	341	352.75	682	651.5	82.8%	94.8%	103.4%	95.5%
York Hospital	50422.5	42305.89	30907.5	27748.14	25529.65	23433.64	15087.95	16596.24	83.9%	89.8%	91.8%	110.0%
Scarborough General Hospital	24727.5	19283	14527.5	12859.44	13756.75	12397.24	6850.6	6564.34	78.0%	88.5%	90.1%	95.8%
Whitby Community Hospital	1627.5	1473.17	2557.5	2286.92	744	682	1116	999	90.5%	89.4%	91.7%	89.5%
Malton Community Hospital	930	943.91	1627.5	1231.16	682	521	682	677	101.5%	75.6%	76.4%	99.3%
Bridlington and District Hospital	3487.5	2863.76	3720	3402.43	2139	1766.49	712	963.34	82.1%	91.5%	82.6%	135.3%
White Cross Rehabilitation Hospital	930	891	1162.5	994.5	356.3	503.5	356.3	347.5	95.8%	85.5%	141.3%	97.5%
St Helens Rehabilitation Hospital	930	778	1162.5	1067.25	348.45	356.5	348.45	356.25	83.7%	91.8%	102.3%	102.2%