1. Brief Summary of Report
Following the publication of the Francis report, the Department of Health require trust boards to receive a twice yearly update on nursing staffing levels to ensure that wards are appropriately staffed and therefore do not have an adverse impact on patient care. This report outlines the nurse staffing levels (planned v actual fill rates) on the inpatient wards and provides assurance of staff fill rates and actions taken to support the reduction of the use of temporary staff across the organisation.

2. Action Required/Recommendation
The Trust Board is asked to note the content of this report.
1. PUBLICATION OF NURSE STAFFING REQUIREMENTS FOR INPATIENT WARDS.

The purpose of this paper is to provide the Board with an overview of nursing staffing capacity and compliance with the national safe staffing guidance. It is a requirement that Boards receive such reports on a six monthly basis (Hard Truths, DH 2014 – the government response to the Mid Staffordshire Inquiry).

This paper provides planned versus actual nurse staffing numbers per month for inpatient wards. The data includes substantive staff and temporary staff. Since June 2014 the data has been available on NHS Choices. The data is also included in the monthly operational performance report.

The paper will also include a summary on vacancy data and the current status on recruitment.

2. STAFFING MODELS

The key challenge for Moorfields is to ensure that the staffing requirements and the subsequent reporting of any variation is representative of the model of care delivery in an ambulatory ophthalmic care setting.

Many of the established staffing models in the UK are based on an acute care setting and staffing levels are set against the acuity and dependency of the patient. There is very little information available in the UK to benchmark ophthalmology services against and a recent review of other ophthalmic units in the country confirmed this. There is no approved model for ophthalmic nursing and most staffing levels are based on a professional judgment model.

NICE published comprehensive guidance on nursing staffing in July 2014. The content is based on inpatient ward areas with complex patient caseloads. In the absence of a model of care that can be applied successfully in an ambulatory setting, the trust continues to adopt the professional judgment model. The recent nursing workforce review confirms the challenge of adopting a patient dependency model for ambulatory care nursing and focuses on the interchangeable roles between registered and unregistered staff.

3. NATIONAL STAFFING RATIOS

The acceptable ratio for registered nurse to patient care remains at 1:8 (1 registered nurse caring for 8 patients). This is the minimum requirement for acute care wards.

The table below is a reminder of the staffing ratios for the inpatient wards.

Staff to patient ratios (planned) - inpatient areas

<table>
<thead>
<tr>
<th>Ward</th>
<th>Number of beds</th>
<th>Staffing ratio – RN: beds</th>
<th>Support staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duke Elder</td>
<td>6</td>
<td>Weekday 1:3, Saturday 1:3, Sunday 1:4, Night shift 1:6</td>
<td>2, 1, 1, 2</td>
</tr>
<tr>
<td>Observation Bay</td>
<td>6</td>
<td>Weekday 1:6, Nights and weekends 1:3</td>
<td>1</td>
</tr>
<tr>
<td>Cumberlege</td>
<td>12</td>
<td>Weekday 1:4, Weekend 1:3, Night shift 1:6</td>
<td>2, 2, 1</td>
</tr>
</tbody>
</table>
4. PLANNED-V- ACTUAL STAFFING

The trust continues to report planned and actual staffing levels through the Unify data collection system. The data collection is intended to identify shortfalls in staffing levels, highlighting deficits between required staffing and actual staffing levels per shift. The data also includes a breakdown of temporary staffing hours used.

There are 3 wards which are included in this return:-

- Cumberlege Wing (City Road)
- Observation Bay (City Road)
- Duke Elder Ward (St George’s)

It is important to note that the planning of staffing on Cumberlege Wing is significantly different to the staffing models used in Observation Bay and Duke Elder Ward.

Demand for inpatient beds in Cumberlege Wing is highly variable and can change on a daily basis. Staffing requirements are therefore subject to change at short notice, which means that the fill rate will also be more variable than for Observation Bay or Duke Elder Ward, which have relatively fixed staffing patterns. The fill rates and planned/actual hours for nursing and care staff are set out below:-

Registered Nurse fill rates - day and night

The tables show that the fill rate for nurse staffing is generally within 5% (over or under) of the planned hours for both day and night working. The number of hours worked overnight is relatively stable; there is some degree of variation in the number of day hours worked which are likely to be linked to seasonality (e.g. low activity levels in December), and the number of working days in the month. There was a shortfall in registered nurses against planned activity in March. This is due to annual leave arrangements at year end and many of the temporary shifts are filled by Moorfields’ nurses.

Support staff represent a smaller proportion of the nursing workforce hours - in some cases fewer than 20 hours may be planned in a month. This means that the fill rate will generally be more variable as small differences may be magnified due to the small values involved.
There is a greater proportion of bank/temporary staff utilisation for care staff, particularly for overnight shifts, where more than 70% of the actual hours are worked by bank or temporary staff. There is a degree of flexibility with care staff especially on nights. Cumberledge ward in particular will utilise staff to match clinical activity. The whole time equivalent numbers are small.

Care support staff fill rates –day and night

5. MANAGING STAFFING VARIATION FROM PLANNED LEVELS

Variations to the planned staffing requirements are common in clinical areas. These usually occur because of vacancies, sickness and other types of leave. Whenever possible predicted shortfalls are managed in advance by booking temporary staff in advance of the shift. Staff rota are also utilized to ensure maximum coverage. Temporary staff are provided by Pulse Bank Partners and the overall fill rate per month is 98% which is a very good performance. The majority of additional shifts are worked by Moorfields’ nurses although we continue to recruit additional non-substantive staff.

At times there are difficulties in covering shifts, mainly because of short term sickness as short notice cover is often difficult to find, this is especially challenging in a specialist hospital were the skill set, in certain areas, is quite unique. Staffing remains a challenge at sites where the nursing establishments are smaller in number and cover a number of sites e.g. East sites. The absence of one or two staff can have a significant impact on staffing.

Weekly reports are sent to the Director of Nursing outlining unfilled temporary staffing shifts and when necessary this is discussed with the relevant senior nurse.

5.1 TEMPORARY STAFFING ACTIVITY

- **Proportion of Nursing Bank and Agency Staff Hours filled, with total hours worked**

  - **UnFilled Shifts**
  - **Agency Hrs Filled**
  - **Bank Hrs Filled**
5.2 BREAKDOWN OF TEMPORARY STAFFING COVER

The risk and safety team received 64 incident reports pertaining to nursing or nursing support staffing levels between April 2015 and March 2016, however 80% of these were generated from an arrangement with a host trust and their inability to provide staff for the Moorfields clinic. Moorfields are now responsible for the recruitment of this post.

Other incidents included difficulties in recruiting bank staff for late requests, specifically at the satellite sites. Staff are encouraged to complete incident forms if staffing levels fall below the expected requirement or if patient care is compromised.

6. STAFFING INCIDENTS

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7. VACANCIES, RECRUITMENT AND RETENTION

The average nursing vacancy rate is 13% (average of 88 whole time equivalents WTE) vacancies across all sites) this is despite continued efforts with recruitment. Between April 2015 and March 2016 the trust recruited 45 nurses (40 WTE) mainly at band 5 although there has
been little impact on the vacancy rate because of the steady turnover rate with 51 WTE nurses and support workers having left the trust during this period. The clinical area with the largest vacancy rate of between 15% and 20% is theatres at city road. Theatre staff especially, operating department practitioners (OPDs) are in high demand across London and have the opportunity to work in many hospitals. The trust offers exit interviews to all leavers but most decline the offer.

7.1 RECRUITMENT INITIATIVES

The trust has introduced a number of recruitment initiatives with varied success; including five recruitment open days; four at City Road and one at the Croydon satellite site. Though more candidates are being appointed through this route, the overall success of these campaigns is varied. The trust will continue to run recruitment Open Days at set times throughout the year. The trust has also introduced an 18 month rotational programme aimed at band 5 nurses. The programme offers nurses the opportunity to work in three clinical areas to gain a varied experience and therefore a greater breadth of ophthalmic knowledge. The EU recruitment campaign (2014) appointed 26 nurses to the trust and to date 15 remain. The majority of leavers moved to other NHS trusts within London to gain experience in a different specialities.

7.2 RESOLVING THE RECRUITMENT AND RETENTION CHALLENGES

London workforce data reinforces the challenges faced by London hospitals to reduce vacancy rates and improve retention rates. The cost of living and lack of affordable housing are often cited as key factors to the recruitment challenge. NHS England (London region) has recently launched the Capital Nurse initiative which aims to address the shortfall of registered nurses within London. The initiative will explore how best to collaborate with the Higher Education Institutions to offer training and development opportunities that will encourage bright and talented graduates to the capital. The workstream will also explore opportunities for nurses to rotate to other organisations to gain experience but remain within the London region.

Although Moorfields is not alone with its recruitment challenges, we recognise that there is need to reduce the vacancy rate and improve the retention rate. Whilst local recruitment initiatives have had some effect, this is not enough to make a significant impact and there needs to be a more strategic focus to this work. The future nursing workforce project identifies a number of recommendations that should have a positive impact on the nursing workforce. In particular, formalising a career framework for nurses new to ophthalmology, supported by an educational framework underpinned by clinical competencies. The ability to recruit talented nurses and nurture their development to achieve doctorate level competence is the way forward. The changes in care delivery, in particular the advent of technical intervention to diagnose and treat ophthalmic disease has led to an increased demand for ophthalmic technicians. A highly skilled cohort of workers, they have replaced many functions traditionally delivered by the registered nurse. Similarly, the trust needs to embrace this change and provide a career framework akin to the registered nursing workforce.

8.0 SUMMARY

The report demonstrates that overall, nursing shift fill rates for the trust are satisfactory but in most cases this is due to the use of temporary staff to bridge the gap. The geographical reach of our network and smaller staffing cohorts at several of our smaller sites create particular challenges. There have been no reported adverse incidents to patient care as a consequence of staffing availability however the trust must take steps to reduce the reliance on temporary staffing to guarantee quality and drive value for money.
The recommendations from the Future of Nursing Project will be instrumental in resolving the inherent strategic challenges with workforce and the outputs of this work will be reported to the board in due course.

Tracy Luckett
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