

**Meeting:** Finance and Performance Committee

**Date:** May 2015

**Agenda Item:** 8

---

## Monthly Report on Nurse Levels for April 2015

### Key Risks -

---

<b>Clinical:</b> The delivery of safe, high quality care is a fundamental to objective of the Trust. This paper reports on the shift by shift information required as part of the “Hard Truths”	<b>Business:</b> Failure to deliver on safe, high quality care may impact on the hospital of choice.
<b>Environmental:</b>	<b>Finance and Performance:</b> Failure to deliver on safe, high quality care may impact on the hospital of choice.
<b>Reputation:</b> Failure to deliver high quality care may impact on reputation.	<b>Legal:</b>
<b>Resource Required:</b>	

**Cross Reference to Trust Strategic Priorities and Objectives:**

---

**Legal and Regulatory Implications/Equality and Diversity issues:**

---

### Recommendation

The Finance and Performance Committee are asked to note the shift by shift information

### Requested Action

None

### Summary

This paper is the monthly report of the nurse staffing levels on a shift by shift basis for the planned and actual staffing levels. This paper outlines the trust’s position on the mandatory submission for nursing fill rates to the Department of Health via UNIFY, highlighting key areas of risk and the mitigation taken at directorate level.

## 1. Introduction

The purpose of the paper is to outline the nursing staffing fill rates for the period of 1<sup>st</sup> April to 30<sup>th</sup> April and highlight the key areas of risk and mitigation taken throughout this period. This report meets the requirements of National Quality Board and expectations delivered to Trusts in December 20013. The data captures actual versus planned staffing on an hourly basis for day and night shifts.

## 2. Trust Position.

The trust successfully uploaded April's unify data within the requested time frame from the TDA. The majority of fill rates for nursing and care staff were above 80% (Appendix 1).

3wards reported staffing fill rates below 80% and are listed below in table 1 This excludes GICU/GH DU and neonatal unit, who have reported low fill rates of unregistered support staff, as this resource is not essential to provide safe staffing levels within these acute units, and generally reflects the patient activity requirements.

### Unify exception report

Month: May 2015

Table 1

Ward	Day RN/M %	Night RN/M %	Day care staff %	Night care staff	Explanation and mitigation
Burns children's				0	The unqualified staff on night duty is low this is because the unit is not funded for 7 nights per week HCA cover, and is always covered by 2 qualified nurses to meet the patient activity requirements
Birthing unit	75.1	0		0	MCA's are not rostered in the area they are rostered in the delivery suite and cover both areas. This is reflected in the delivery suite MCA figure The RM % is based upon activity in the low risk birthing unit. Staff are moved from other areas in maternity services if required to maintain safety
St peters			73.4		Staff are moved from main unit to cover long term sickness and maternity

Each ward has been reviewed with the head of nursing (or representative) within each directorate to provide mitigation to areas where a shortfall was identified. In areas where there are high levels of HCSW numbers this is due to specials.

### **3. Wards reporting above 100%**

5 out of 28 wards (18%) reported over 100% fill rate of Registered Nurses within the day compared with 8 wards at night (28%). The incident of HCSWs fill above 100% was significantly more within the night duty period. On day duty there were 15 out of 28 wards with excess of 100% (53%) compared to 21 out of 28 (75%) in the night. The following reasons are attributable to this.

- Submission of data includes additional duties that have been added over and above the ward establishment. This includes specials, increased capacity and increased acuity.
- Some identified wards require additional duties depending on the needs of the individual patients, specifically Stroke who require additional RN at short notice (caring for patients with new Tracheostomies)
- Additional capacity beds. During this period and significant capacity pressures contingency areas (additional capacity beds) have been open for a prolonged period resulting in additional nursing and support staff hours required. This should be corrected in the next report due to the ward moves which took place in April.
- It has been identified during this period that some wards planned hours (reflected in the FSR) does not match with the amount of staff the ward is actually using (irrespective of 1:1 special requests). The new Project Lead for health roster is beginning the work of roster review to ensure to ensure financial resource is matching expected service delivery.
- As part of the V10 update all MAPS templates are being reviewed against budgeted establishment and FSRs to ensure an accurate picture of fill rates
- It is easier to fill night duty shifts with temporary staff than day duty shifts and explains the higher numbers of wards with more than 100% fill on night duty

### **4. Incident reports and red flags**

In April 2015, there were 25 Incidents reported with the category 'Staffing Issues'. Of those, 21 had checked the box on the datix confirming that staffing issues or skill mix was a contributing factor.

Of those:

- 10 are currently being investigated and the Red Flags section is not completed
- The remaining 11 had responded 'no' or 'not applicable' to all red flags with the exception of 1 incident WEB27222 (incident description below), which acknowledged that there was a shortfall of registered nurses on 27 April 2015 in Accident & Emergency. The breakdown of these is breakdown is embedded below.



April 2015 staff issue  
cat with red flags.xls

Additionally, there were 37 incidents reported where the box had been checked confirming that staffing issues or skill mix was a contributing factor. 29 of these are currently under investigation, of the 8 that have had the fields completed, all are completed as 'no' or 'not applicable' with the exception of WEB26754 (incident description below) which acknowledges that Patient Vital Signs were not assessed or recorded in the care plan.



April 15 red flags  
excl staff issues cate

#### **WEB27222 – 27.4.15: Not reviewed at SIMG**

Red call has been made to the ED - a child with prolonged seizures, who was being bagged –RSCN was asked to attend resus. RSCN unable to do so as only one paediatric trained nurse in the department and minors was busy. Concerns are that lack of paediatric trained staff compromised patient care as RSCN cannot leave minors to attend resus call. Child cared for in resus by an adult nurse.

The paediatric nurse staffing levels are being addressed as part of the implementation of the budget uplift agreed in March 2015 to the ED nursing establishment

#### **WEB26754 – 11.4.15: SIMG reviewed - NFA required**

Patient handed over from A&E with a history of collapse or some sort of "blackout" receiving nurse asked about neurological observations on the patient before accepting the patient. The ED nurse said there was no need for these. Ward nurse asked for neuroobs status/requirement patient to be checked with the registrar prior sending the patient. This check did not happen and the patient was sent to the ward. Patients condition deteriorated shortly after their arrival onto the ward and required urgent assistance by the nursing staff and team. *Bed manager contacted about the poor communication.*  
No harm to the patient.

Table 2 shows a summary of the datix activity related to staffing

Table 2

	Category – ‘Staffing Issues’ = 25	Red Flags where category not related to ‘Staffing Issues’
Red Flags - yes	21	37
Red Flags field not yet completed	10	29
Yes: Unplanned omission in providing patient medications	0	0
Yes: Delay of more than 30 minutes in providing pain relief	0	0
Yes: Delay or omission of regular checks on patients	0	0
Yes: Patient vital signs not assessed or recorded in the care plan	0	1
Yes: A shortfall of registered nurses	1	0

## 5. Recruitment update

- 2nurses from Overseas Recruitment Project commenced employment in April
- 6registered nurseswere recruited into posts in April from local recruitment
- 7HCSW commenced employment from local recruitment in April.

Staff completing recruitment processes.

	Anticipated starting month					
	May		June		TBC	
Local recruitment	RN = 6	HCSW = 32	RN= 3	HCSW= 12		
Overseas Recruitment (pending pin)	RN= 6		RN= 3		RN = 21	

An open day took place on May 9<sup>th</sup> to capture local talent and students qualifying in September 2015. 8 registered Nurses were appointed and a large number of possible HCSW's attended. The HCSW applicants have been tested for numeracy and literacy skills and will be invited in for interview by the Senior sisters as required.

### Italy/Portugal recruitment

The Trust team is going to Italy on 18<sup>th</sup>May to recruit registered nurses.

## Nursing Resources

At the March Board £3.4m was agreed to support a number of nursing initiatives. Further information has been requested in terms of the quality and safety and financial benefits. These are broadly outlined below:

Investment	Scheme detail	Cost £'000	Expected outcomes	Expected financial benefit
Overseas recruitment	To recruit 40 OSN	218	Enable the Trust to reduce its vacancy rate to 10% Increase in effective MDT team working Improved communication by nurses being able to attend ward rounds	400
ED staffing 5 cubicles & NICE nurse staffing guideline	Increase ED staffing by 21.39 wte to meet NICE guidance	721	Increased compliance with the triage and first assessment time Improved working relationship with the ambulance trust and their personnel Improved patient experience Improved staff experience Reduction in fines for triage and first assessment	1,288
Ward Manager 100% supervisory	To create 18 wards that have 100% supervisory ward managers	330	RCN research "Breaking down barriers, driving up standards" * identifies the following outcomes for the supervisory role of the ward sister/charge nurse  <b>Leadership:</b> enhanced 24 hour accountability for standards of care, improved quality and timeliness of complaints and governance investigations, increased co-ordination of the MDT resulting in improved discharge planning and meeting standards of "home for lunch", improved patient focus with high levels of individualized patient care which is accurately and contemporaneously documented, resulting in a reduction in complaints, falls and pressure ulcers  <b>Manager of staff &amp; Environment</b> Rosters and staffing managed effectively 100% compliance with appraisals and staff mandatory training	660

			<p>Compliance for environmental and hygiene standards which will reduce episodes of infection and achieve CQC standards</p> <p><b>Educator</b>  Effective mentorship, preceptorship and supervision in place for staff  Full implementation of policies which promote patient safety  Ability to share learning from incident and SI's  Develop local policies  Meet the requirements of NMC revalidation within their area</p> <p><b>Researcher</b>  Ability to audit areas of care including hygiene, environment, clinical practice and safety issues and make appropriate plans and communicate these with staff  Lead quality improvement plans within the clinical area</p>	
Additional beds, SEW, Gynae move, Orthopaedic	Set up of SEW Writtle to become a new medical ward Writtle to move to Felsted with EPU Increase Orthopaedic beds by 4 on John Ray	500	Increased capacity and flow as patients being placed in specialty specific wards To improve the patient experience for gynecology patients as they are in a dedicated area of the main building promoting easier access of the medical teams to assess and treat patients	250
Enhanced support assistants	To have a team of trained support workers in place who can provide assistance and diversion activities to patients who require specialing	554	Reduction in use of high cost agency staff Increased activity in the day for patients who may become disruptive due to inactivity and boredom who are at risk of falls #reduction in falls and pressure ulcers Increased hourly rounding	370

\*RCN (2009) Breaking down barriers, driving up standards. The role of the ward sister and charge nurse.

## **Next Steps**

The trust board is asked to;

- Note the monthly submission of nurse staffing data for April 2015
- Note the areas below 80% and the mitigations and steps taken to address staffing shortfalls

## **Authors**

Lyn Hinton: Deputy Chief Nurse

May 2015



APPENDIX 1 (unify upload)

Ward name	Main 2 Specialties on each ward		Day				Night				Day		Night	
			Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
	Specialty 1	Specialty 2	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				
Writtle Ward C450	502 - GYNAECOLOGY	300 - GENERAL MEDICINE	1,671	1,393	611	795	855	770	285	528	83.3%	130.2%	90.0%	185.3%
Phoenix Ward E122	420 - PAEDIATRICS		2,874	2,735	1,434	1,475	1,586	1,568	300	876	95.2%	102.3%	98.9%	231.8%
Heybridge Ward A303	100 - GENERAL SURGERY		2,192	2,326	1,305	1,380	855	1,055	570	618	106.1%	105.7%	123.4%	108.3%
Rayne Ward A304	101 - UROLOGY	100 - GENERAL SURGERY	2,321	2,083	1,350	1,305	1,140	1,114	570	599	89.8%	96.6%	97.7%	105.0%
Goldhanger Ward E222	120 - ENT	140 - ORAL SURGERY	1,890	1,641	840	867	713	951	570	649	86.8%	103.2%	133.5%	113.8%
Notley Ward E223	110 - TRAUMA & ORTHOPAEDICS	300 - GENERAL MEDICINE	1,841	1,693	1,519	1,480	855	799	570	913	91.9%	97.4%	93.5%	160.2%
Lister Ward C451	110 - TRAUMA & ORTHOPAEDICS		1,260	1,200	1,065	1,302	855	827	285	475	95.2%	122.3%	96.7%	166.7%
John Ray Ward E323	110 - TRAUMA & ORTHOPAEDICS		1,680	1,541	1,290	1,239	855	715	285	359	91.7%	96.0%	83.6%	126.0%
ESS Ward A205	300 - GENERAL MEDICINE		1,905	2,179	1,680	1,743	855	1,186	570	701	114.4%	103.8%	138.7%	123.0%
EAU Ward A204	300 - GENERAL MEDICINE	100 - GENERAL SURGERY	2,552	2,865	2,297	2,761	2,100	2,240	1,500	2,037	112.3%	120.2%	106.7%	135.8%
General Intensive Care Unit E226	192 - CRITICAL CARE MEDICINE		4,022	3,707	360	292	3,150	3,203	315	210	92.2%	81.2%	101.7%	66.7%
MHDU Ward A211	192 - CRITICAL CARE MEDICINE		1,560	1,383	0	0	1,260	1,196	0	0	88.6%	#DIV/0!	94.9%	#DIV/0!
Danbury Ward A302	301 - GASTROENTEROLOGY	370 - MEDICAL ONCOLOGY	1,841	1,727	1,680	1,807	855	845	855	1,110	93.8%	107.6%	98.8%	129.8%
Terling Ward A305	300 - GENERAL MEDICINE	320 - CARDIOLOGY	2,100	1,924	1,680	1,787	855	846	651	846	91.6%	106.4%	98.9%	129.3%
Baddow Ward C250	300 - GENERAL MEDICINE		1,740	1,693	1,680	2,500	855	779	570	1,349	97.3%	148.8%	91.1%	236.7%
Braxted Ward C251	300 - GENERAL MEDICINE		1,740	1,423	1,680	2,138	855	761	570	1,057	81.8%	127.2%	89.0%	185.4%
Felsted (A207)	300 - GENERAL MEDICINE	340 - RESPIRATORY MEDICINE	2,100	2,187	1,680	1,599	855	1,162	570	1,140	104.2%	95.1%	135.9%	199.9%
Stroke Unit E125	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1,646	1,512	1,260	1,549	855	906	570	1,027	91.9%	122.9%	106.0%	180.2%
Burns ITU E220	160 - PLASTIC SURGERY		3,120	3,162	613	634	2,520	2,631	315	315	101.3%	103.4%	104.4%	100.0%
Burns Adult Ward E221	160 - PLASTIC SURGERY		1,560	1,478	600	554	630	683	630	583	94.7%	92.3%	108.3%	92.5%
Burns Children Ward E225	160 - PLASTIC SURGERY		810	762	390	356	630	630	180	0	94.1%	91.2%	100.0%	0.0%
Stock Ward E320	160 - PLASTIC SURGERY		2,098	1,967	1,170	1,070	1,440	1,449	315	325	93.8%	91.4%	100.6%	103.2%
Billericay Ward E321	160 - PLASTIC SURGERY		1,489	1,513	1,125	1,449	945	956	630	982	101.6%	128.8%	101.1%	155.9%
Birthing Unit A402	501 - OBSTETRICS		1,125	845	375	0	660	621	330	0	75.1%	0.0%	94.1%	0.0%
A4.4 Neonatal Unit (WF 405)	420 - PAEDIATRICS		1,971	1,752	345	253	1,971	1,554	345	356	88.9%	73.3%	78.8%	103.2%
A4.3 Postnatal Ward (WF404)	501 - OBSTETRICS		1,125	991.51	750	682.26	990	985	660	688	88.1%	91.0%	99.5%	104.2%
Delivery Suite/Labour Ward A402	501 - OBSTETRICS		2,766	2455	375	637.92	2,310	2388.75	330	683	88.7%	170.1%	103.4%	206.8%
St Peters Maternity	501 - OBSTETRICS		1,382	1482.5	630	467	330	335	300	334	107.3%	74.1%	101.5%	111.3%
WJC Maternity	501 - OBSTETRICS		1,382	1445	521	0	330	360	300	360	104.5%	0.0%	109.1%	120.0%