

Meeting: Finance and Performance Committee

Date: June 2015

Agenda Item: 7

Monthly report on Nurse levels for June 2015

Key Risks -

Clinical: 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”	Business: Failure to deliver on safe, high quality care may impact on the hospital of choice.
Environmental:	Finance and Performance: Failure to deliver on safe, high quality care may impact on the hospital of choice.
Reputation: Failure to deliver high quality care may impact on reputation.	Legal:
Resource Required:	

Cross Reference to Trust Strategic Priorities and Objectives:

Legal and Regulatory Implications/Equality and Diversity issues:

Recommendation

The Finance and Performance Committee is 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 1st June to 30th 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 2013. The data captures actual versus planned staffing on an hourly basis for day and night shifts.

2. Trust Position.

The trust successfully uploaded June'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).

6 wards reported staffing fill rates below 80% and are listed below in table 1. This excludes GICU/GHCU 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.

2.1 Unify Exception Report

Month: June 2015 . Table 1

Ward name	Day		Night		Explanation and mitigation
	Average fill rate RN/RM (%)	Average fill rate HCSW (%)	Average fill rate RN/RM (%)	Average fill HCSW (%)	
John Ray Ward E323	91.5%	85.5%	96.8%	78.3%	Significant vacancies on unit. At times of shortfall support from within MSK services to mitigate risk. No incidents regarding patient harm have been reported
Stock Ward E320	91.4%	64.4%	101.9%	101.9%	HCA vacancies on unit with new starters pending until end of June. Mitigated by additional support staff that were able to assist with patient care
Billericay Ward E321	71.4%	94.5%	86.7%	51.7%	CNS shift still present in template (not used) would explain shortfall. No further concerns from HON
Birthing Unit A402	72.6%	231.9%	99.7%	173.9%	Cover from on call midwives and staff redeployed within maternity service to address shortfall
A4.3 Postnatal Ward (WF404)	98.0%	32.2%	104.4%	50.8%	Cover from on call midwives and staff redeployed within maternity service to address shortfall
Gosfield (EACD)	97.0%	75.9%	104.7%	129.1%	Reduction of HCA since move to new unit still reflected in roster template. Shift not being used. No further concerns from ward manager

Each ward has been reviewed with the Associate Chief Nurse (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%

9 out of 28 wards (32%) reported over 100% fill rate of Registered Nurses within the day compared with 9 wards at night (32%). The incident of HCSWs fill rate above 100% was significantly more within the night duty period. On day duty there were 12 out of 28 wards with excess of 100% (42%) compared to 14 out of 28 (50%) 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
- 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 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 June 2015, there were 32 Incidents reported with the category 'Staffing Issues'. 31 of the incidents fall within the red flag criteria and citing staffing as a contributory factor. Two of these incidents are reported as minor harm to patients and are currently under investigation by the respective wards (WEB28715, WEB28433).

The daily staffing meetings are now including a review of the datixs which have been raised over the previous 24 hour period during the week, and the 72 hour period on a Monday, or Tuesday following a bank holiday weekend.

5. Recruitment update

- 3nurses from Overseas Recruitment Project commenced employment inJune
- 18registered nurseswere recruited into posts in June from local recruitment
- 7 HCSW commenced employment from local recruitment in June.

Staff completing recruitment processes.

	Anticipated starting month		
	July	August	TBC

Local recruitment	RN = 32	HCSW =27	RN= 11	HCSW= 15		
Overseas Recruitment (pending pin)	RN= 0	n/a	RN= 0	n/a	RN = 21	n/a

Open days have been planned for the emergency floor to be held on July 2nd, Medicine will hold their event week commencing July 15th and Surgery are holding their event on Saturday July 11th.

The recruitment days for the Emergency Floor and Surgery did not yield a significant number of applicants. No confirmations of attendance were received for the emergency floor and the surgical open day successfully recruited one Registered Nurse. MEHT presence within nursing journals has increased and number of views on NHS jobs has significantly increased. Unfortunately the conversion rate does not reflect this.

A detailed recruitment plan has been developed to support the workforce element of the CQC action plan.

Italy/Portugal recruitment

The Trust went to Italy in May and recruited 13 trained nurses who are expected to join the Trust in October. The recruitment trip to Portugal in July 2015 anticipates the start date of November for these new recruits.

In addition, the Trust has been contacted by a recruitment agency regarding a cohort of Italian Nurses that have unexpectedly potentially become available to recruit. We are Skype interviewing 10 nurses on Friday 17th July.

Plans are being developed for another European recruitment trip to support the establishment of the winter ward with a December opening date.

Next Steps

The trust board is asked to;

- Note the monthly submission of nurse staffing data for June 2015
- Note the areas below 80% and the mitigations and steps taken to address staffing shortfalls
- Benefits realization review of improvements and savings cited in Nursing resource paper (March 2015) will be submitted to board in July paper

Authors

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APPENDIX 1 (Juneunify

Only complete sites your organisation is accountable for			Day				Night				Day		Night	
Ward name	Main 2 Specialties on each ward		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				
Phoenix Ward E122	420 - PAEDIATRICS		2,874	2,957	1,434	1,398	1,586	1,592	300	740	102.9%	97.5%	100.4%	246.7%
Heybridge Ward A303	100 - GENERAL SURGERY		2,192	2,461	1,305	1,348	855	1,121	570	588	112.2%	103.3%	131.1%	103.1%
Rayne Ward A304	101 - UROLOGY	100 - GENERAL SURGERY	2,321	2,156	1,350	1,587	1,140	1,072	570	732	92.9%	117.5%	94.0%	128.3%
Goldhanger Ward E222	120 - ENT	140 - ORAL SURGERY	1,680	1,532	1,680	1,941	855	964	570	839	91.2%	115.6%	112.7%	147.1%
Notley Ward E223	110 - TRAUMA & ORTHOPAEDICS	300 - GENERAL MEDICINE	1,841	1,705	1,519	1,858	855	836	570	797	92.6%	122.3%	97.8%	139.8%
Lister Ward C451	110 - TRAUMA & ORTHOPAEDICS		1,260	1,208	1,065	1,377	855	827	285	551	95.8%	129.2%	96.7%	193.3%
John Ray Ward E323	110 - TRAUMA & ORTHOPAEDICS		1,680	1,537	1,485	1,270	855	828	570	447	91.5%	85.5%	96.8%	78.3%
ESS Ward A205	300 - GENERAL MEDICINE		1,905	2,141	1,680	1,863	855	937	570	1,048	112.4%	110.9%	109.6%	183.9%
EAU Ward A204	300 - GENERAL MEDICINE	100 - GENERAL SURGERY	2,552	2,440	2,297	2,150	2,100	2,090	1,500	1,562	95.6%	93.6%	99.5%	104.1%
General Intensive Care Unit E226	192 - CRITICAL CARE MEDICINE		4,022	3,435	360	280	3,150	3,002	315	189	85.4%	77.9%	95.3%	60.0%
MHDU Ward A211	192 - CRITICAL CARE MEDICINE		1,560	1,587	0	36	1,260	1,208	0	63	101.7%	-	95.8%	-
Danbury Ward A302	301 - GASTROENTEROLOGY	370 - MEDICAL ONCOLOGY	1,841	1,973	1,680	1,861	855	855	855	1,149	107.2%	110.7%	100.0%	134.3%
Terling Ward A305	300 - GENERAL MEDICINE	320 - CARDIOLOGY	2,100	1,968	1,680	2,457	855	854	651	1,319	93.7%	146.3%	99.8%	202.5%
Baddow Ward C250	300 - GENERAL MEDICINE		1,740	1,593	1,680	2,305	855	887	570	924	91.6%	137.2%	103.7%	162.1%
Braxted Ward C251	300 - GENERAL MEDICINE		1,740	1,572	1,680	2,305	855	828	570	924	90.4%	137.2%	96.8%	162.1%
Felsted (A207)	300 - GENERAL MEDICINE	340 - RESPIRATORY MEDICINE	1,712	1,456	1,260	2,681	855	836	570	1,151	85.0%	212.8%	97.8%	201.9%
Stroke Unit E125	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1,646	1,527	1,260	1,166	855	856	570	551	92.8%	92.5%	100.1%	96.7%
Burns ITU E220	160 - PLASTIC SURGERY		3,120	3,406	613	1,199	2,520	2,613	315	617	109.2%	195.6%	103.7%	195.9%
Burns Adult Ward E221	160 - PLASTIC SURGERY		1,560	1,426	600	459	630	630	630	283	91.4%	76.4%	100.0%	44.8%
Burns Children Ward E225	160 - PLASTIC SURGERY		810	794	390	592	630	651	180	588	98.0%	151.8%	103.3%	326.4%
Stock Ward E320	160 - PLASTIC SURGERY		2,098	1,916	1,170	753	1,440	1,468	315	325	91.4%	64.4%	101.9%	103.2%
Billericay Ward E321	160 - PLASTIC SURGERY		1,907	1,362	1,125	1,064	1,103	956	630	326	71.4%	94.5%	86.7%	51.7%
Birthing Unit A402	501 - OBSTETRICS		1,125	817	375	870	660	658	330	574	72.6%	231.9%	99.7%	173.9%
A4.4 Neonatal Unit (WF 405)	420 - PAEDIATRICS		1,971	1,688	345	360	1,971	1575	345	0	85.6%	104.2%	79.9%	0.0%
A4.3 Postnatal Ward (WF404)	501 - OBSTETRICS		1,125	1103	750	241.5	990	1034	660	335	98.0%	32.2%	104.4%	50.8%
Delivery Suite/Labour Ward A402	501 - OBSTETRICS		2,766	2482.25	375	360	2,310	2418	330	335	89.7%	96.0%	104.7%	101.5%
St Peters Maternity	501 - OBSTETRICS		1,382	1574	630	523.5	330	323	300	334	113.9%	83.1%	97.9%	111.3%
WJC Maternity	501 - OBSTETRICS		1,382	1396.25	521	574	330	337	300	361	101.0%	110.2%	102.1%	120.3%
Mayflower (BADB)	160 - PLASTIC SURGERY		1,738	1790.26	945	864	750	894	630	606	103.0%	91.4%	119.2%	96.2%
Gosfield (EACD)	502 - GYNAECOLOGY		1,543	1496	771.43	585.5	732.86	767	285	368	97.0%	75.9%	104.7%	129.1%
SEW (GBBK)	100 - GENERAL SURGERY		1791.8	1613	1350	1213	855	855	570	570	90.0%	89.9%	100.0%	100.0%

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