

**Meeting:** Trust Board  
**Date:** 8<sup>th</sup> August 2017

**Agenda Item:**

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## Monthly Report on Nurse Levels for June 2017

### Key Risks -

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<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> None
<b>Resource Required:</b>	

**Cross Reference to Trust Strategic Priorities and Objectives:** Clinical and Service Excellence

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**Legal and Regulatory Implications/Equality and Diversity issues:** None

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**Trust Values and Behaviours consideration and impact:** Kind – Respectful and compassionate: Professional – Follows and shares best Practice.

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### 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. The paper includes an over view by division of their staffing position for trained and untrained staff and the turnover.

## BACKGROUND

The Trust is required to submit data monthly to Unify, detailing ward nursing and midwifery staffing fill rates and bed days; this information is also displayed on the Trust website.

The staffing level fill rates are RAG rated as Green above 90%, Amber 80-89% and Red below 79%. The numbers of falls with serious harms and hospital acquired pressure ulcers are also correlated with safer staffing levels

## STAFFING LEVELS

Staffing Measures	May	June	Change	↑↓
Nursing establishment wte.	1082.62	1,088.25	5.63	↑
Nursing establishment wte in post	905.00	888.67	16.33	↓
Vacancy wte	177.62	199.58	21.96	↑
Vacancy %	16.41	18.3	1.89	↑
Number of red flags raised	9	20	11	↑
Nurse agency % of pay bill	8.4	9.3	0.9%	↑

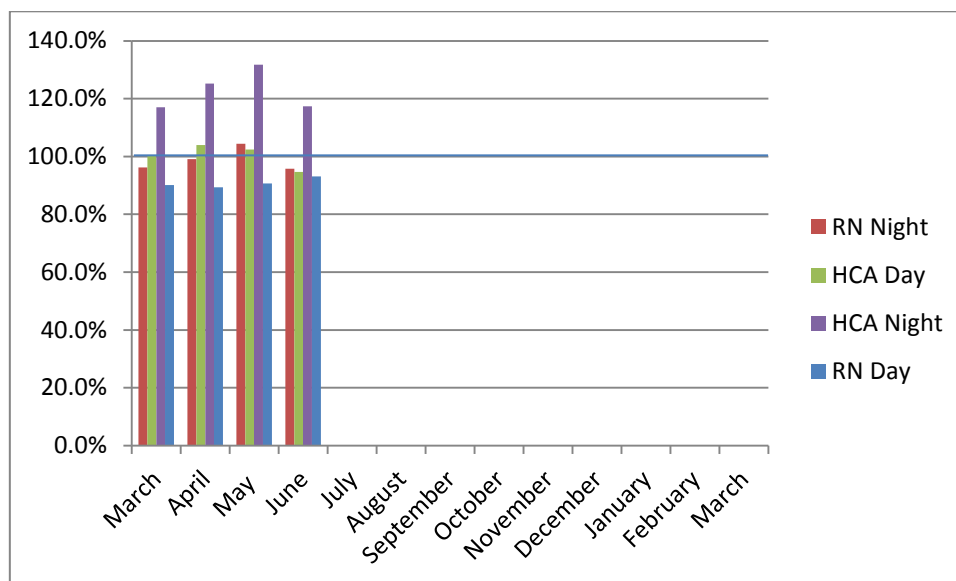
The increase in use of agency spend in the month of June, over establishment of HCAs can be seen throughout the report and has locally been identified as using specials, possibly reflected with the short fall in ESAs and night specials not within ESA budget or roster template. The Director of Nursing is working with the PMO to develop directorate based targets to increase ownership and reduction in spend. June saw the implementation of Lorenzo is likely to have increase demand for agency.

While the overall establishment for the inpatient wards has increased (uplift on ESS), then overall vacancy rate has increased with a vacancy percentage move of 1.89% from the previous month. On review with the AD for Transformation a task and finish group will be formed to understand why this percentage is increasing.

## RN/HCA fill rates for days and nights – Overall Trust position

RN day	RN night	HCA day	HCA night
93.1%	95.8%	94.7%	117.4%

### Cumulative Fill rates



### Overall fill rate RAG rating for the divisions / directorates for month

Division	Registered Nurses				HCA			
	Previous		Current Month		Previous		Current Month	
	Day	Night	Day	Night	Day	Night	Day	Night
Medicine	90.0%	113%	94.1%	99.2%	106.1	160.9%	101.1%	127.2%
Surgery	94.2%	98.9%	95.5%	96.6%	109.9%	114.9%	94.2%	120.9%
Women & Children	86.4%	92.4%	88.1%	89.3%	86.4%	101.2%	79.0%	92.0%

### Fill Rate Variance report by ward

The table below demonstrates a break down of areas and associated RAG ratings of those that trigger Amber or Red alerts.

Ward Unit	Day		Night		Reason	Impact	Mitigation
	Average Fill RN %	Average Fill HCA %	Average Fill RN %	Average Fill HCA			
SEW (GBBK)	90.5%	49.1%	96.5%	103.2%	Shortfall of HCAs	Nil	Nil reported necessary
Acute Medical Unit (EAU)	83.5%	96.5%	100.1%	104.8%	Additional requirement of triage nurses due to new ways of working	Nil	Moving staff around the emergency floor from ACU and AMU ward to facilitate
GICU	92.4%	48.3%	92.5%	64.7%	HCA shifts not always required only as required.	Nil	No action required
Burns ITU E220	72.4%	55.9%	71.4%	80.0%	Fill rate reflecting decreased demand for this period	Nil	No action required
Burns Children Ward E225	99.2%	65.7%	100.0%		HCA fill rate not essential unless child is without parent. Reflecting demand	Nil	No action required
Birthing Unit A402	82.6%		81.1%		Shortfall of staffing resulting in moving staff around to mitigate any shortfall. This includes pulling from community services as required	One closure this month	All services remain functioning within acute and community. On one occasion resulting in closure of a unit, but not reduction in services available to birthing women
A4.3 Postnatal Ward (WF404)	83.0%	74.9%	91.6%	90.0%			
St Peters Maternity	98.2%	69.3%	104.1%	102.7%			
WJC Maternity	93.9%	80.3%	86.9%	83.3%			
Mayflower (BADB)	88.7%	53.2%	96.7%	91.6%			
Gosfield (EACD)	95.2%	97.0%	100.0%	86.5%	Sickness	Nil	None required
A4.4 Neonatal Unit (WF 405)	79.7%	49.4%	76.2%	73.3%	Vacancy rate	Nil	Staff moved with paediatric to address staffing shortfall
Phoenix Ward E122	84.2%	76.4%	89.2%	101.7%			

## Fill rates: Overall Trust position and CHPPD

Ward name	Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
	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 (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
	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	3059	2577	985	752.5	2321	2070	690	701.5	84.2%	76.4%	89.2%	101.7%	437	10.6	3.3	14.0
Heybridge Ward	2504	2639.5	1430.25	1861.5	1139.167	1255.417	570	788	105.4%	130.2%	110.2%	138.2%	929	4.2	2.9	7.0
Rayne Ward	2238	2287.5	1283.5	1430.583	1140	1178	570	799.35	102.2%	111.5%	103.3%	140.2%	908	3.8	2.5	6.3
Goldhanger Ward	1475.5	1340.25	1462.75	1695.25	1032.75	1029.5	690	1202.5	90.8%	115.9%	99.7%	174.3%	794	3.0	3.6	6.6
Notley Ward	1850	1836.417	1410.3	1911.2	854.25	864	570	787.5	99.3%	135.5%	101.1%	138.2%	719	3.8	3.8	7.5
Lister Ward	1227.5	1229.5	1029.8	1352.5	855	846.5	285	626	100.2%	131.3%	99.0%	219.6%	566	3.7	3.5	7.2
John Ray Ward	1649.333	1568.083	1448.5	1344.25	855	813.25	570	560.3333	95.1%	92.8%	95.1%	98.3%	555	4.3	3.4	7.7
ESS Ward	1817.5	2156.083	1553	1612.5	990	1308.5	990	1215.25	118.6%	103.8%	132.2%	122.8%	888	3.9	3.2	7.1
EAU Ward	3347.5	2796.25	2378.8	2296	1978	1979.75	1320	1384	83.5%	96.5%	100.1%	104.8%	749	6.4	4.9	11.3
GICU	6019	5562.75	541	261.5	5039	4661.25	178.5	115.5	92.4%	48.3%	92.5%	64.7%	367	27.9	1.0	28.9
Danbury Ward	1839	1709.5	1474	1442	1035	1037.75	1032	1119.25	93.0%	97.8%	100.3%	108.5%	942	2.9	2.7	5.6
Terling Ward	1826	1746.583	1477	1383.3	1035	1030.75	690	712.25	95.7%	93.7%	99.6%	103.2%	890	3.1	2.4	5.5
Baddow Ward	1478	1371	1449.983	1450	1035	1025.75	689.25	1045.5	92.8%	100.0%	99.1%	151.7%	779	3.1	3.2	6.3
Braxted Ward	1466.5	1357.5	1460.5	1666.5	1029	1013.75	690	1222.5	92.6%	114.1%	98.5%	177.2%	770	3.1	3.8	6.8
Felsted	1498	1426	1120	1072.5	1035	1035	690	766	95.2%	95.8%	100.0%	111.0%	585	4.2	3.1	7.3
Stroke Unit	1812.55	1772.983	1446	1639	1375.25	1337.833	690	960	97.8%	113.3%	97.3%	139.1%	665	4.7	3.9	8.6
Burns ITU	3040.5	2202	589	329.5	2509.5	1792.25	315	252	72.4%	55.9%	71.4%	80.0%	74	54.0	7.9	61.8
Burns Adult Ward	1336.5	1294.5	755	696.25	630	642	630	609	96.9%	92.2%	101.9%	96.7%	177	10.9	7.4	18.3
Burns Children Ward	765.5	759	773.5	508.5	630	630	0	0	99.2%	65.7%	100.0%	-	58	23.9	8.8	32.7
Stock Ward	2007	1987	1184	1114.75	1480.5	1522.5	315	366	99.0%	94.2%	102.8%	116.2%	709	4.9	2.1	7.0
Billericay Ward	1950.583	2127.583	999	1215.25	1260	1426.5	630	882	109.1%	121.6%	113.2%	140.0%	663	5.4	3.2	8.5
Birthing Unit	1083.5	895	0	0	715.5	580	0	0	82.6%	-	81.1%	-	87	17.0	0.0	17.0
A4.4 Neonatal	1978	1576.5	338.75	167.25	1978	1507	345	253	79.7%	49.4%	76.2%	73.3%	417	7.4	1.0	8.4
A4.3 Postnatal	1451.5	1204.167	945	707.75	1078.5	988	718.5	646.5	83.0%	74.9%	91.6%	90.0%	735	3.0	1.8	4.8
Delivery Suite/Labour	2630.5	2378.917	751	696	2482	2399.417	711	694	90.4%	92.7%	96.7%	97.6%	231	20.7	6.0	26.7
St Peters	1754.333	1723	870	603	330	343.5	330	339	98.2%	69.3%	104.1%	102.7%	48	43.1	19.6	62.7
WJC Maternity	1522.25	1429.417	696	558.6667	360	313	360	300	93.9%	80.3%	86.9%	83.3%	51	34.2	16.8	51.0
Mayflower	1764.75	1565.417	1522	810	945	914	629.25	576.5	88.7%	53.2%	96.7%	91.6%	485	5.1	2.9	8.0
Gosfield	1252.5	1192.5	766	743	660	660	572	495	95.2%	97.0%	100.0%	86.5%	342	5.4	3.6	9.0
SEW	1619.467	1464.983	1917	942	866.5	836	570	588	90.5%	49.1%	96.5%	103.2%	475	4.8	3.2	8.1

## Ward Sisters Supervisory Time

The table below demonstrates the % of time that ward sisters have worked in the supervisory role. A task and finish group will develop the outcome criteria for the role.

Unit	Percentage of Contracted Admin Hours
A4.3 Postnatal Ward (WF404)	19.14%
A4.4 Neonatal Unit (WF 405)	21.47%
Baddow Ward C250	12.13%
Billericay Ward E321	28.31%
Birthing Unit A402	41.28%
Braxted Ward C251	21.16%
Burns Children's Ward E225	52.50%
Burns ITU E220	3.33%
Danbury Ward A302	34.54%
Delivery Suite A402	5.08%
Acute Medical Unit	57.56%
ESS Ward A207	14.00%
Felsted Ward A205	41.69%
GICU	19.54%
Gosfield Ward	22.71%
Heybridge Ward A303	45.43%
John Ray Ward E323	65.18%
Lister Ward C451	40.91%
Mayflower Ward E322	#DIV/0!
Notley Ward E223	41.07%
Phoenix Ward E122	63.39%
Rayne Ward A304	50.72%
St Peters Maternity	32.05%
Stock Ward E320	56.32%
Stroke Unit E125	46.05%
Terling Ward A305	19.91%
WJC Maternity	0.00%

Please note Mayflower have a band 6 acting in the band 7 role until the new senior Sister starts in August. This occurred midmonth hence the #Div/0!

## Recruitment update

8.33 HCAs have received conditional offer letters and are anticipated to start between July and August 2017.

4.00 RGN's have confirmed start dates between July and August 2017.

9.34 RGN's have received conditional offer letters from local recruitment and are anticipated to start between August and September 2017.

29.00 Student nurses have been offer positions at MEHT. We are currently in the process of allocating them to their preferred departments and wards. These are anticipated to start between the end of September and October 2017.

### European Recruitment

Kate Cowhig Recruitment agency

Italy recruitment campaign for Theatres 22nd August 2016

- Of the 5 nurses who commenced employment on 17 October 2016, one nurse who achieved IELTS Level 7 is now on HealthRoster as a registered nurse
- The remaining 5 nurses resat their IELTS in May 2017 but were not successful

Italy recruitment campaign 5th & 6th December 2016

- Of the 13 nurses who commenced employment January, February and March 2017, 12 sat their first IELTS 3rd June 2017
- All 12 nurses were unsuccessful, and are preparing to resit
- 1 nurse commenced IELTS preparation 21st March 2017, and needs to book their test.

Ongoing Recruitment

- 3 nurses commenced employment with MEHT 26th June 2017
- All 3 are required to achieve IELTS for NMC registration, and will commence their IELTS preparation through ARU 11th July 2017
- 1 nurse with NMC registration will commence employment with MEHT 17th July 2017

### Medacs Recruitment Agency

An additional nurse from Italy, with NMC registration, has been offered a conditional offer. The nurse is, through her choice, currently renewing her registration through Revalidation with the NMC prior to arrival in the UK.

As the planned IELTS preparation has completed with ARU, the lead for Nurse Recruitment is exploring the possibility of ongoing support to the nurses with IETLS preparation through either ARU or an external source

### **International Recruitment**

There are 43 nurses in the recruitment process.

### Kate Cowhig Recruitment

There are 3 nurses in the recruitment process

- 2 nurses have received their NMC decision letter: Recruitment will apply for one Certificate of Sponsorship (CoS) by July 5th deadline with an estimated commencement date of 4th September 2017. Recruitment will apply for the second CoS by 5th August deadline as notified of NMC decision end of June
- Remaining nurse is awaiting their NMC decision letter

### MSI recruitment Agency

There are 13 nurses in the recruitment process with an additional 2 on hold

- One nurse due to commence employment 26th June has been delayed due to a visa delay and therefore will commence employment 10th July 2017
- 3 nurses have now passed IELTS with 1 nurse passing their NMC Computer based test (CBT) and is preparing documents for their NMC process, 1 nurse due to sit her CBT 17.7.17, and remaining nurse preparing for their CBT.

### Medacs Recruitment Agency

There are 27 nurses in the recruitment process.

Pre- campaign:

- 7 nurses in recruitment process
- Recruitment has applied for one CoS, and the nurse is estimated to arrive August 2017
- 2 nurses have both passed IELTS, with one of the nurses also achieving their NMC CBT

Recruitment campaign in Abu Dhabi, March 2017

20 nurses in the recruitment process. Further interviews arranged for July 2017

- 4 nurses have achieved their IETLS: 1 nurse has also achieved their CBT, with 2 nurses in the CBT review process. The remaining nurse will resit their CBT September 2017 following 2 unsuccessful attempts
- Remaining 16 nurses are currently in the process of retaking their IELTS

## **TURNOVER**

### **Nurse and HCA Turnover by Division - 12 Months to June 2017**

*Data extracted from ESR. Primary Assignments only.*

Nurse or HCA	DIVISION	Average WTE	Leavers WTE	Turnover
HCA's	DIVISION 1 - MED & EMER CARE	174.41	15.43	8.85%
HCA's	DIVISION 2 - SURGICAL	141.20	10.00	7.08%
HCA's	DIVISION 3 - CLINICAL SUPPORT	89.61	8.29	9.25%
HCA's	DIVISION 4 - W & C	51.73	7.15	13.82%
HCA's	OPERATIONAL SUPPORT	20.12	5.20	25.84%
<b>HCA's Trust Total</b>		<b>477.07</b>	<b>46.07</b>	<b>9.66%</b>
Nurses and Midwives	CORPORATE	24.15	1.83	7.56%
Nurses and Midwives	DIVISION 1 - MED & EMER CARE	282.19	16.96	6.01%
Nurses and Midwives	DIVISION 2 - SURGICAL	331.81	23.63	7.12%
Nurses and Midwives	DIVISION 3 - CLINICAL SUPPORT	327.06	23.66	7.23%
Nurses and Midwives	DIVISION 4 - W & C	243.72	13.78	5.65%
Nurses and Midwives	OPERATIONAL SUPPORT	27.38	4.45	16.26%
<b>Nurses and Midwives Trust Total</b>		<b>1236.33</b>	<b>84.31</b>	<b>6.82%</b>



## STAFFING Vs QUALITY IMPACT

Ward	Pressure Ulcers HA	Falls	FFT Score
SEW (GBBK)	0	0	97%
Acute Medical Unit (EAU)	0	6	95%
GICU	2	0	No data
Burns ITU E220	0	0	No data
Burns Children Ward E225	0	0	100%
Birthing Unit A402	0	N/a	87%
A4.3 Postnatal Ward (WF404)	0	N/a	79%
St Peters Maternity	0	N/a	N/a
WJC Maternity	0	N/a	N/a
Mayflower (BADB)	1	N/a	94%
Gosfield (EACD)	0	1	100%
OA4.4 Neonatal Unit (WF 405)	0	N/a	N/a
Phoenix Ward E122	0	1	96%

There is no significant amount of incidents within the areas highlighted as Red/Amber within the table above. While it is noted that there is 6 falls within the AMU this is likely due to the increased amount of patients flowing through this area in acute delirium due to new ways of working. This is still below their monthly average when compared with 2016/17

Low scores within the post-natal ward were reviewed within the accountability meeting this month and the ACN will be exploring a more efficient method of capturing data to reflect the performance of the ward.

### Incident reports and red flags

In June 2017, 36 incidents were reported with the specific category 'Staffing Issues', 20 of these fell within red flag criteria.

In total 30 incidents reported in June fell within red flag criteria and all are recorded as resulting in no or low harm.

### **ED Paediatrics**

There were no red flag incidents reported relating to ED Paediatrics:

### **Birthing Unit Closures**

There was 1 reported birthing unit closure:

### **St Peter's Maternity Unit**

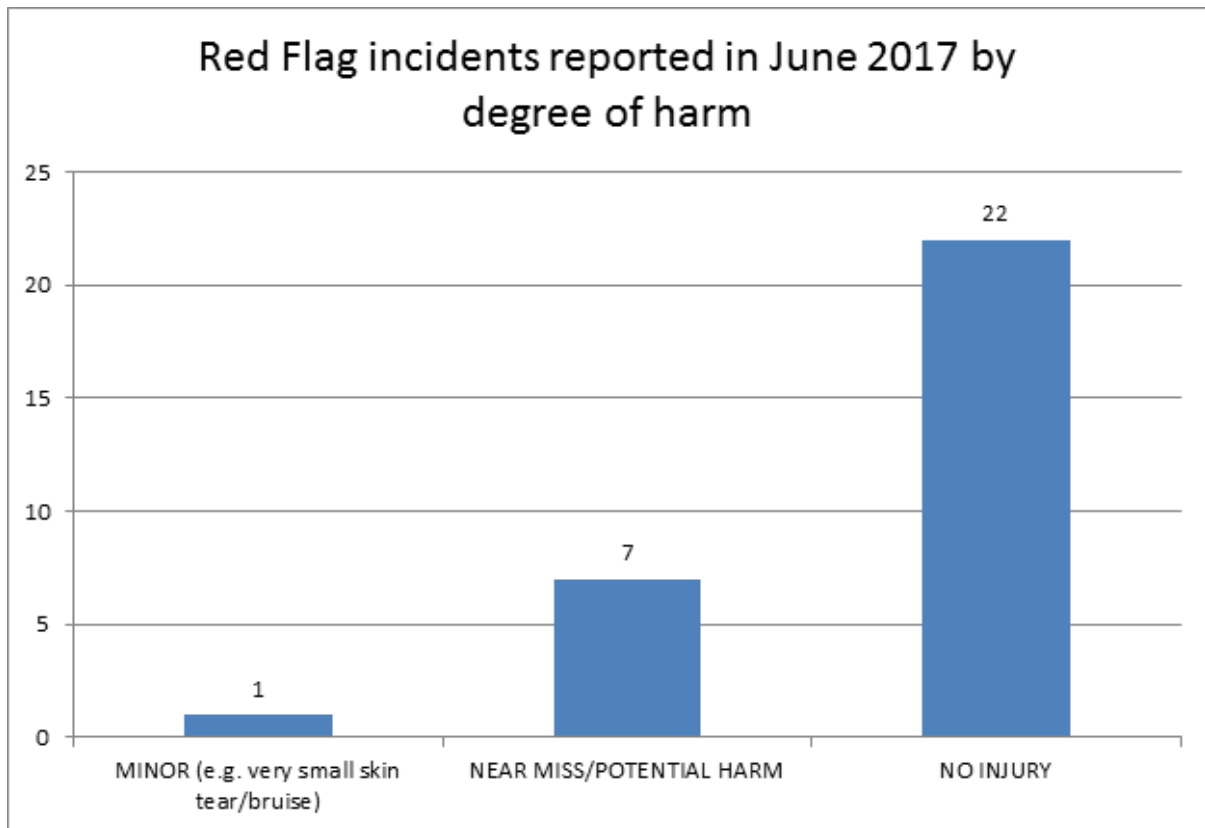
WEB50576 – The unit closed due to staffing issues at Broomfield Hospital and was in line with the safer staffing guidelines. No harm was recorded.

	<b>June 17</b>
<b>Incidents reported where the category was 'Staffing Issues'</b>	36
<b>Incidents reported where the category was 'Staffing Issues' and Red Flag criteria was met</b>	<b>20</b>
<b>Red Flag (where staffing issues or skill mix was a contributing factor – all recorded categories)</b>	30
<b>Of those the degree of harm:</b>	
Near miss	7
No injury	22
Minor/Minimal	1
Major/Severe	0
Moderate	0

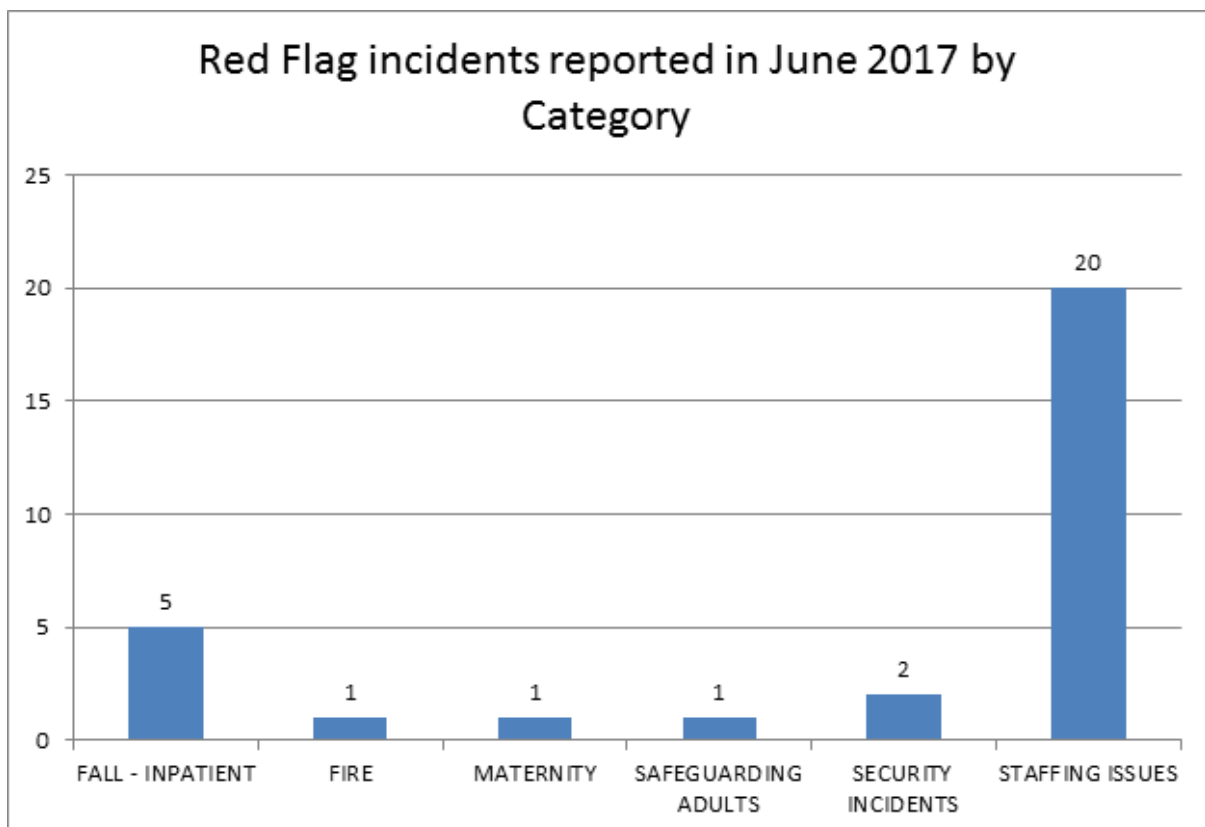
### **Sub Categories of issues relating to staffing numbers**

- 13 x Shortage of staff affecting safe care
- 2 x Portering issues affecting patient care
- 5 x Falls
- 3 x Missing Patient
- 4 x lack of staff due to sickness/annual leave
- 1 x Unit closure
- 1 x other

The graph below details the Red Flag incidents by degree of harm



The graph below details the incidents by Category selected on Datix.



1 incident was categorised as 'Fire' – this relates to a patient who left the ward via the fire escape resulting in the activation of the alarm system, the patient was returned to the ward with no harm.

2 incidents were categorised as 'Security' – both relate to patients unexpectedly leaving the wards. Both were located and returned to the wards without harm.

### **Conclusion and further actions required**

Recruitment challenges remain within the nursing sector. Overseas nurse recruitment has continued however due to changes in the application process less nurses are landing within MEHT as previously experienced. This is mainly affected by the high score required in the English language test. The NMC is being lobbied about this by professional groups.

Staffing is reviewed daily by Matrons and ACNS and mitigation processed activated when temporary staffing measure are not achieved. Areas with low fill rate for this month do not appear to have adversely affected quality patient care.

### **Further actions**

- Confirm and Challenge meetings are organised by the HealthRoster team and senior nursing team to monitor and improve effective roster management. Agreement by Director of Nursing and Deputy Director of nursing to meet with poor performing areas as priority. These reviews are diarised through August
- A project group will be set up with PMO support to explore staffing efficiencies with PMO support
- Data from recruitment requested to understand the increase in percentage of leavers over the past month.
- ACNs working closely with the HRD and Don to review how the overseas nursing budget is spent. The drive is to use this money to attract people into the Trust with post registration course, due to the reduction in CPD monies being allocated to the Trust this is seen as positive action.
- Developing 5/6 roles which enable staff to develop into a higher band when the NNU course has been completed.
- Promoting work across the 3 hospitals to attract staff so that rotations across areas can be recruited to.
- Medicine are having an RN open day.
- Trusts will be attending recruitment fairs in future

**Daniel Spooner, Deputy Director of Nursing**

**Lyn Hinton, Director of Nursing**

**July 2017**