

Meeting:CQRG

Date: 23/3/18

Agenda Item: 11

Monthly Report on Nurse Levels for January 2018

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: None
Resource Required:	
Cross Reference to Trust Strategic Priorities and Objectives: Clinical and Service Excellence	
Legal and Regulatory Implications/Equality and Diversity issues: None	
Trust Values and Behaviours consideration and impact: Kind – Respectful and compassionate: Professional – Follows and shares best Practice.	

RECOMMENDATION

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

REQUESTED ACTION

None

1. 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.

2. 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%. Areas showing as purple will have used staffing additional to their ward establishment. The numbers of falls with serious harms and hospital acquired pressure ulcers are also correlated with safer staffing levels.

3. Staffing Levels

The data below highlights the funded and in post vacancy rates within the nursing directorate.

- Total nurse vacancies (all qual & unqual) fell slightly and is now 20% as at end of January.
- The decreased vacancies was due to an increase in unqualified staff numbers
- Ward qualified nurse vacancies increased and are now 29%. Removing Writtle this figure is 28%
- There is a total of 327 WTE (contracted) qualified nurse vacancies an increase from 318WTE.
- All unqualified nurse vacancies have risen from 10% in March 2017 to just under 19% at December 2017 and recovered to 17% in January 2018.

ALL NURSING - QUALIFIED & UNQUALIFIED

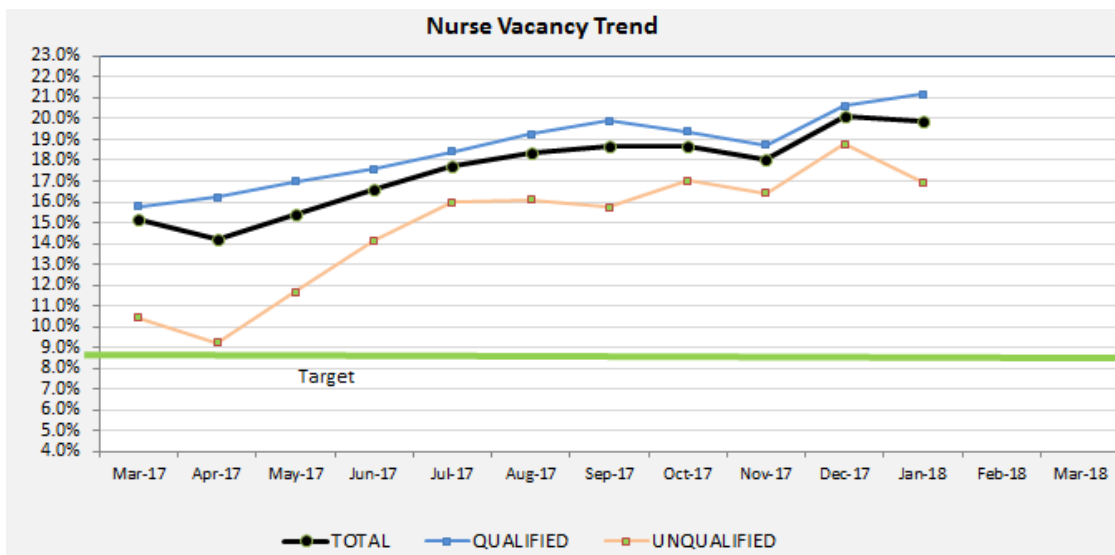
AREA	Funded	In Post	Vacant	%	Last Month
WARDS	1083.36	811.57	271.79	25.1%	24.7%
THEATRES	422.43	348.20	74.23	17.6%	18.1%
ALL OTHER	692.32	600.74	91.58	13.2%	14.0%
TOTAL	2198.11	1760.50	437.61	19.9%	20.1%
LAST REPORT TOTAL	2194.82	1754.07	440.75	18.0%	

QUALIFIED ONLY

AREA	Funded	In Post	Vacant	%	%
WARDS	679.66	485.02	194.64	28.6%	27.3%
THEATRES	321.31	260.37	60.94	19.0%	19.0%
ALL OTHER	543.91	472.56	71.35	13.1%	13.2%
TOTAL	1544.88	1217.95	326.93	21.2%	20.6%
LAST REPORT TOTAL	1541.59	1223.52	318.07	18.7%	

UNQUALIFIED ONLY

AREA	Funded	In Post	Vacant	%	%
WARDS	403.70	326.53	77.17	19.1%	20.4%
THEATRES	101.12	87.84	13.28	13.1%	15.1%
ALL OTHER	148.41	128.18	20.23	13.6%	16.9%
TOTAL	653.23	542.55	110.68	16.9%	18.8%
LAST REPORT TOTAL	653.23	530.55	122.68	16.4%	



The spike in November is attributed to the opening of Writtle ward which is the winter contingency ward. This represents 12.2 WTE registered nurses and 11.2 WTE health care assistants. It is acknowledged that the temporary staffing requests have increased in wards to replace the substantive nurses who have been redeployed to Writtle. Plans to close Writtle ward are in development by the operational team. As yet there is no definitive closure of this contingency area.

Nurse and HCA Turnover by Division - 12 Months to January 2018

Data extracted from ESR. Primary Assignments only. Does not include leavers who retain a bank assignment.

Nurse or HCA	DIVISION	Average WTE	Leavers WTE	Turnover
HCA's	CORPORATE	0.00	0.00	-
HCA's	DIVISION 1 - MED & EMER CARE	180.67	15.87	8.78%
HCA's	DIVISION 2 - SURGICAL	144.09	9.87	6.85%
HCA's	DIVISION 3 - CLINICAL SUPPORT	88.74	8.51	9.59%
HCA's	DIVISION 4 - W & C	59.45	10.64	17.90%
HCA's	OPERATIONAL SUPPORT	19.02	1.00	5.26%
HCA's Trust Total		491.97	45.88	9.33%
Nurses and Midwives	CORPORATE	24.11	6.60	27.38%
Nurses and Midwives	DIVISION 1 - MED & EMER CARE	279.55	15.47	5.53%
Nurses and Midwives	DIVISION 2 - SURGICAL	327.76	30.22	9.22%
Nurses and Midwives	DIVISION 3 - CLINICAL SUPPORT	318.24	25.93	8.15%
Nurses and Midwives	DIVISION 4 - W & C	243.44	18.81	7.73%
Nurses and Midwives	OPERATIONAL SUPPORT	29.02	2.64	9.10%
Nurses and Midwives Trust Total		1222.13	99.66	8.15%

The turnover for registered nurses is up by 0.12% on previous month and the turn over for HCAs is up by 0.1% on previous month. It is of concern that HCAs are leaving the organisation. It is noted that with the low levels of unemployment that potential staff have a range of jobs which they can apply for. The Director of Nursing and the Managing Director met a focus group of HCAs to understand granular detail and challenges contributing the high HCA turnover. This will be shared at the weekly strategic recruitment meeting.

4. Fill Rates

The following data illustrates fill rates of expected staff levels including temporary staff within these figures. Data taken from Unify report (Appendix A)

4.1 Overall Trust Position

RN day	RN night	HCA day	HCA night
94.5%	99.1%	96.4%	118.7%

4.2 Overall Fill Rate RAG Rating for the Divisions / Directorates for Month

	Registered Nurses				HCA			
	Previous		Current Month		Previous		Current Month	
	Day	Night	Day	Night	Day	Night	Day	Night
Medicine	93.5%	99.8%	95.1%	101.8%	96.3%	119.8%	97.7%	119.8%
Surgery	97.3%	101.6%	98.0%	103.1%	92.8%	116.1%	101.1%	129.6%
Women & Children	88.6%	91.3%	89.0%	89.2%	84.2%	99.9%	82.4%	99.0%

4.3 Fill Rate Variance Report by Ward

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

Division	Ward Unit	Day		Night		Mitigation
		Average Fill Rate RN %	Average Fill Rate HCA %	Average Fill Rate RN %	Average Fill Rate HCA %	
Div 1	Goldhanger	89.6%	108.8%	102.7%	152.6%	Staffing reviewed in daily safety huddles. Staffed moved within directorate. Moves not reflected in fill rate. ADoN communicated need for clarity of staff moves
	EAU	96.9%	85.5%	100.3%	103.1%	
	Danbury	88.0%	93.7%	100.1%	107.4%	
	Terling	98.9%	88.1%	135.6%	95.2%	
	Stroke	87.8%	120.1%	98.5%	132.0%	
Div 2	SEW	94.6%	73.4%	101.1%	100.0%	Staff moved around division in accordance with acuity and activity with areas.
	Mayflower	113.0%	59.6%	101.6%	112.9%	
	Burns ITU	97.9%	86.8%	103.7%	90.3%	No concerns. Activity low in January
Div 3	GICU	96.7%	68.2%	99.1%	100.0%	No incident reported HCA role not essential for safe patient care.
Divi 4	Birthing Unit	81.1%	n/a	88.6%	n/a	Staffing is supported within the division and staff are moved to areas of shortfall/high activity as required. Community staffs are used if needed. Low MCA fill in neonates but does not affect safety of the unit
	Neonatal Unit	78.5%	67.7%	71.9%	119.1%	
	Postnatal	93.6%	82.1%	94.8%	98.2%	
	St Peters	93.8%	70.8%	102.1%	101.5%	
	WJC	95.6%	81.1%	100.5%	97.2%	
	Gosfield	83.5%	89.0%	100.0%	94.3%	
	Phoenix	89.8%	82.3%	86.8%	95.4%	

5. Incident reports and red flags

In January 2018, 17 incidents were reported with the specific category 'Staffing Issues', 11 of these fell within red flag criteria.

In total 16 incidents reported in January fell within red flag criteria, all were recorded as resulting in no or low harm.

	January 2018
Incidents reported where the category was 'Staffing Issues'	17
Incidents reported where the category was 'Staffing Issues' and Red Flag criteria was met	11
Red Flag (where staffing issues or skill mix was a contributing factor – all recorded categories)	16
Of those the degree of harm:	
Near miss	5
No injury	9
Minor (small skin tear/bruise)	1
Minimal (immediately recoverable)	1

Of the two incidents were a patient received harm one patient received a small skin tear to their elbow following a fall. On review of the second incident there is no mention of harm within the narrative or the incident, the patient was being nursed on a low rise bed and fell missing the crash mat. A lack of a 1:1 was deemed as a route cause and this has been cascade to the staff regarding patient management if 1:1 is unable to be provided.

5.1 ED Paediatrics

WEB58726 – One incident was reported relating to ED Paediatrics where there was a shortage of staff affecting safe care on a twilight shift. A nurse from Phoenix attended to support, however due to a patient in resus for 4 hours one nurse was left in the department resulting in delays taking breaks.

5.2 Birthing Unit Closures

WEB59022 – One incident was reported relating to the closure of the WJC Birthing Unit. The decision was taken to close from the late shift due to unsafe staffing levels at the Broomfield Consultant Led Unit and was managed according to Trust guidance.

5.3 Sub Categories of issues relating to staffing numbers

- 5 x Shortage of staff affecting safe care
- 2 x Inappropriate delegation of seniority
- 1 x Other
- 4 x Fall
- 1 x Administration incorrect drug
- 2 x Administration non administration
- 1x Lack of staff

6. Ward Sisters Supervisory Time

As part of the winter plan ward sisters are expected to provide at least one rostered clinical shift within the nursing numbers to reduce the pressure of the staffing shortfall, and to reduce the reliance on temporary staffing. On review of the nursing rosters this is in place and ward sisters are providing additional clinical shifts to support the nurse staffing, this is mirrored in the data below with a significant reduction in admin hours reflecting activity and organizational pressures during this period. The impact with lack of administration time that the Ward Sisters are taking potentially results in a backlog of appraisals, RCA's and datixs being completed. We are currently working with agencies to arrange for nurses to come into the Trust and work lines of off duty. The principle of this is to promote continuity of care and support clinical practice, patient flow and safety.

Date Period	January 2018		
Unit	Percentage of Contracted Admin Hours	Unit	Percentage of Contracted Admin Hours
A4.3 Postnatal Ward	32.52%	Heybridge Ward	5.72%
A4.4 Neonatal Unit	17.31%	John Ray Ward E323	67.74%
Baddow Ward C250	23.18%	Lister Ward C451	66.09%
Billericay Ward E321	17.76%	Mayflower Ward	43.05%
Birthing Unit A402	25.19%	Notley Ward E223	0.00%
Braxted Ward C251	31.16%	Phoenix Ward E122	106.13%
Burns Childrens Ward E225	40.27%	Rayne Ward A304	29.51%
Burns ITU E220	4.43%	St Peters Maternity	24.69%
Danbury Ward A302	44.86%	Stock Ward E320	59.31%
Delivery Suite A402	14.63%	Stroke Unit E125	27.10%
Acute Medical Unit	48.55%	Terling Ward A305	27.70%
ESS Ward A207	14.00%	WJC Maternity	54.80%
Felsted Ward A205	9.03%	Gosfield Ward	33.42%
GICU	47.88%		

7. Recruitment Update

7.1 Local Recruitment

- 5.96 HCAs commenced employment in January 2018.
- 8.64 HCAs have confirmed start dates between February 2018 and March 2018.
- 3.64 HCAs have have received conditional offer letters and are anticipated to start between March 2018 and April 2018.

A health care support worker recruitment open day was completed in January which was successfully advertised on local radio. 38 individuals were successfully interviewed and offered positions within the trust. The members of the project management office are working with the recruitment team to expedite a more efficient on boarding process than previous experienced within the trust. A further open day is planned for the 17th February to repeat this success.

- 3.00 Band 5 RGNs commenced employment in December 2017.
- 3.00 Band 5 RGNs commenced employment in January 2018.

- 10.00 Band 5 RGNs have confirmed start dates between February 2018 and March 2018.
- 11.28 RGNs have received conditional offer letters and are anticipated to start between March 2018 and April 2018.

Students that were unable to attend the Student fair have been followed up by the project management team and will be interviewed in February

8. International Recruitment

8.1 Kate Cowhig Recruitment agency

The Director of Nursing met with the managing director of Kate Cowhig to discuss challenges within international recruitment. It was agreed that only nurses who have obtained IELTS will be put forward for interview given the difficulties in passing once within HCA roles.

8.2 Medacs Recruitment Agency

39 Nurses in the pipeline from outside of the EU

There are predicted start dates of March 18 (3 candidates), April 2018 (1 candidate), May 2018 (four candidates) and Jun 18 (2 candidates). The remaining candidates are progressing through the visa application process.

8.3 MSI recruitment Agency

6 nurses in the recruitment process.

9. Conclusion and Further actions

Recruitment challenges remain within the nursing sector. Overseas nurse recruitment has continued however due to changes in the application process less nurses are completing the application process and commencing employment in the Trust. This is mainly affected by the high score required in the English language test.

Staffing is reviewed daily by Matrons and Associate Directors of Nursing and mitigation processes are activated when temporary staffing measure are not achieved. A total of 2 incidents of harm have been recorded one of the areas has not had significant issues with fill rates and the other incident where minimal harm was recorded (but not reflected in the narrative) shows low fill rates for registered nurses in the day (88%). Assurance from the division is that this is mitigated on the day but not necessarily reflected on the e-roster to evidence staff moves. The associate director of nursing for this division has reiterated this process to her teams.

Successful open day was delivered for the recruitment of HCA staff and a proactive approach to ensure that the lead time to start dates is reduced for this cohort to improve recruitment to start date and reduce attrition

The Trust has invested in the additional Health roster application of 'safe care'. This will provide real time risk assessment and identification of staff resource. Implementation within 4 pilot wards is scheduled for March 2018. The pilot has been agreed to be rolled out within Division 2 with the plastics speciality.

10. Further Actions

- Additional PMO support has been sourced to improve recruitment and formalise recruitment plan with clear measurable outcomes
- Additional resource within the HR teams has been identified to support the recruitment process. This will provide three band 6 recruitment managers to support the operational teams in delivering a more efficient recruitment service

- Weekly task and finish group established to address RN and HCA vacancies by reviewing all vacant posts are being advertised and progressing through the recruitment process.
- Weekly meeting to agree support regarding roster management, roster planning and bank management
- Data from recruitment requested to understand the increase in percentage of leavers over the past month.
- Promoting work across the 3 hospitals to attract staff so that rotations across areas can be recruited to.
- HCA open day planned for February and March
- Detailed recruitment plan to be developed and reported to the Trust Board in May.
- Work with temporary staffing agencies continues to support the gaps in the substantive workforce whilst the recruitment plans are being implemented.
- A retention plan is being developed for the site, which is in line with the group plan. This will be taken to future meetings.
- Group model being developed to minimise duplication of effort and work and a retention strategy being developed across the group to maximise career development opportunities.

Daniel Spooner, Deputy Director of Nursing
Lyn Hinton, Director of Nursing
February 2018

