Meeting:CQRG Date: 23<sup>rd</sup> March 2018

Agenda Item: 11

# Monthly Report on Nurse Levels for February 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".	<b>Business:</b> 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.					
<b>Reputation:</b> 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 remain high and largely static (all qual & unqual) and are currently 20% as at end of February.
- There was a decrease in unqualified vacancies (17% to 15%) due to an increase in staff numbers
- Net qualified in post fell slightly with Ward qualified nurse vacancies increasing and are now just short of 30%.
- There is a total of 334 WTE (contracted) qualified nurse vacancies an increase from 326 WTE.
- All unqualified nurse vacancies have risen from 10% in March to just over 15% at February having recovered from a 20% high in Dec.

#### ALL NURSING - QUALIFIED & UNQUALIFIED

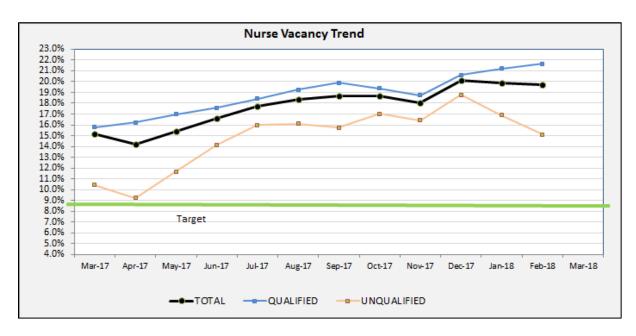
AREA	Funded	In Post	Vacant	%	Last Month
WARDS	1083.36	810.96	272.40	25.1%	25.1%
THEATRES	422.24	348.15	74.09	17.5%	17.6%
ALL OTHER	693.83	607.11	86.72	12.5%	13.2%
TOTAL	2199.43	1766.22	433.21	19.7%	19.9%
LAST REPORT TOTAL	2198.11	1760.50	437.61	19.9%	131070

#### QUALIFIED ONLY

-					
AREA	Funded	In Post	Vacant	%	%
WARDS	679.66	479.22	200.44	29.5%	28.6%
THEATRES	321.31	259.31	62.00	19.3%	19.0%
ALL OTHER	544.42	472.54	71.88	13.2%	13.1%
TOTAL	1545.39	1211.07	334.32	21.6%	21.2%
LAST REPORT TOTAL	1544.88	1217.95	326.93	21.2%	

#### UNQUALIFIED ONLY

AREA	Funded	In Post	Vacant	%	%
WARDS	403.70	331.73	71.97	17.8%	19.1%
THEATRES	100.93	88.84	12.09	12.0%	13.1%
ALL OTHER	149.41	134.58	14.83	9.9%	13.6%
TOTAL	654.04	555.15	98.89	15.1%	16.9%
LAST REPORT TOTAL	653.23	542.55	110.68	16.9%	



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. Writtle ward remains open during this period with a provisional end date of March 31<sup>st</sup> 2018.

## Nurse and HCA Turnover by Division - 12 Months to February 2018

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

Nurse or HCA	DIVISION	Average WTE	Leavers WTE	Turnover
HCAs	CORPORATE	0.00	0.00	-
HCAs	DIVISION 1 - MED & EMER CARE	185.01	13.87	7.50%
HCAs	DIVISION 2 - SURGICAL	147.93	12.59	8.51%
HCAs	DIVISION 3 - CLINICAL SUPPORT	90.94	9.51	10.45%
HCAs	DIVISION 4 - W & C	61.19	10.00	16.34%
HCAs	OPERATIONAL SUPPORT 18.52		1.00	5.40%
HCAs	Trust Total	503.58	46.96	9.33%
Nurses and Midwives	CORPORATE	23.61	7.20	30.50%
Nurses and Midwives	DIVISION 1 - MED & EMER CARE	276.62	15.60	5.64%
Nurses and Midwives	DIVISION 2 - SURGICAL	328.74	30.09	9.15%
Nurses and Midwives	DIVISION 3 - CLINICAL SUPPORT	315.92	25.93	8.21%
Nurses and Midwives	DIVISION 4 - W & C	242.93	18.77	7.72%
Nurses and Midwives OPERATIONAL SUPPORT		28.52	2.21	7.76%
Nurses and M	idwives Trust Total	1216.35	99.80	8.20%

The turnover for registered nurses is up by 0.5% on previous month and the turn over for HCAs has remained static from previous month. It is noted that with the low levels of unemployment that potential staff have a range of jobs which they can apply for.

#### 4. Fill Rates

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

It is noted that Stock ward have used a significant number of HCAs overnight, above their establishment. This is because of a skill mix review pilot where the ward is trialling an increase in HCAs with a decrease in RNs for the night time period. Output of this pilot will be managed as part of the bi-annual staffing and skill mix review.

Within division 1 (medicine) all areas achieved above 90% fill rate for registered nurses. This appears to have been supported by the ward sisters who have absorbed clinical shifts to ensure safety in preference to admin duties and ward supervision.

## **4.1 Overall Trust Position**

RN day	RN night	HCA day	HCA night
95.1%	99.6%	95.2%	118.9%

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

		Registere			HCA					
	Prev	/ious	Current Month		Prev	ious	Current Month			
	Day	Night	Day	Night	Day	Night	Day	Night		
Medicine	95.1%	101.8%	96.5%	102.4%	97.7%	119.8%	96.8%	117.8%		
Surgery	98.0%	103.1%	99.2%	103%	101.1%	129.6%	98.5%	132.2%		
Women & Children	89.0%	89.2%	87.8%	90.7%	82.4%	99.0%	83.3%	978%		

# 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.

	-	Day		Ni	ght	
Division	Ward name	Average fill rate - RN/RMs (%)	Average fill rate - HCA (%)	Average fill rate - RN/MW (%)	Average fill rate - HCA (%)	Mitigation
Div 1	EAU (AMU)	105.0%	89.2%	101.1%	100.6%	HCA staff moved around
	Burns Adult	93.3%	89.5%	100.0%	100.0%	Low activity in burns not requiring
Div 2	Burns Children	96.6%	50.8%	96.4%	-	essential fill rate for HCA in day. No
	SEW	89.7%	87.8%	100.0%	99.6%	concerns raised by matron
Div 3	GICU	96.6%	44.4%	99.1%	62.5%	Reviewed with unit, HCA fill date in day not essential to provide safe ratio of nursing care. No concerns raised
	Birthing	80.4%	-	81.2%	-	
	Neonatal	67.4%	89.3%	67.5%	103.6%	Staffing reviewed daily in risk
	Postnatal	91.2%	83.2%	99.4%	98.3%	huddles with Associate director of
Div 4	St Peters	96.5%	67.3%	97.6%	100.6%	Nursing. Staffing rotated around
	WJC	94.7%	72.0%	100.3%	100.0%	unit with highest activity and risk.
	Mayflower	113.3%	49.0%	98.2%	100.9%	unit with highest activity and fisk.
	Gosfield	86.6%	84.5%	100.0%	91.7%	

### 5. Incident reports and red flags

In February 2018, 13 incidents were reported with the specific category 'Staffing Issues', 6 of these fell within red flag criteria.

In total 17 incidents reported in January fell within red flag criteria, all were recorded as resulting in no or low harm.

	February 2018
Incidents reported where the category was 'Staffing Issues'	13
Incidents reported where the category was 'Staffing Issues' and Red Flag criteria was met	6
Red Flag (where staffing issues or skill mix was a contributing factor – all recorded categories)	17
Of those the degree of harm:	
Near miss	6
No injury	7
Minor (small skin tear/bruise)	3
Minimal (immediately recoverable)	1

Of the four incidents where harm occurred, all were attributed to falls. Three document possible head injury as falls were unwitnessed and neuro observations were commenced as per post falls care plan. One incident WEB59448 records minor harm as a superficial skin tear.

#### **5.1 ED Paediatrics**

WEB59463 – One incident was reported relating to ED Paediatrics where there was 1 trained staff member on a busy shift. 7 children and their parents left the department due to delays and a cardiac call put out for a 13 day old baby due to seizures

#### **5.2 Birthing Unit Closures**

WEB60072 – One incident was reported relating to the closure of the WJC Birthing Unit, this was due to unsafe staffing levels at the main obstetric unit and was managed according to Trust guidance.

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

1x Shortage of staff affecting safe care

1 x Other

7x Fall

3x Lack of staff

1x Unprofessional attitude

1x Closure of unit

1x Delay in performing treatment

1x transfer/inadequate

1x referral error

#### 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	February 20	)18	
Unit	Percentage of Contracted Admin Hours	Unit	Percentage of Contracted Admin Hours
A4.3 Postnatal Ward	30.67%	Gosfield Ward	27.67%
A4.4 Neonatal Unit	6.25%	Heybridge Ward	2.33%
Baddow Ward	38.33%	John Ray Ward	0.00%
Billericay Ward	26.00%	Lister Ward C451	0.00%
Birthing Unit	25.00%	Mayflower Ward	28.00%
Braxted Ward	102.00%	Notley Ward	0.00%
Burns Childrens Ward	12.50%	Phoenix Ward	28.57%
Burns ITU E220	17.49%	Rayne Ward	43.33%
Danbury Ward A302	79.00%	St Peters	47.33%
Delivery Suite A402	15.27%	Stock Ward	87.67%
Acute Medical Unit	41.25%	Stroke Unit	63.67%
ESS Ward A207	31.82%	Terling Ward	55.50%
Felsted Ward A205	75.00%	WJC Maternity	30.33%
GICU	26.36%		

Braxted is identified as 102% of admin hours this is due to the ward sister taking on role of patient assessor for the Guide at Broomfield project

#### 7. Recruitment Update

#### 7.1 Local Recruitment

- 20.24 HCAs commenced employment in February 2018.
- 29.12 HCAs have confirmed start dates between March 2018 and April 2018.
- 32.99 HCAs have have received conditional offer letters and are anticipated to start between April 2018 and May 2018.

Following a successful recruitment day a further event was completed in February where 26 HCA 23 were offered positions within Trust.

- 7.42 Band 5 RGNs commenced employment in February 2018
- 11.00 Band 5 RGNs have confirmed start dates between March 2018 and April 2018.
- 18.13 RGNs have received conditional offer letters and are anticipated to start between April 2018 and May 2018.

To ensure full grip and transparency of recruitment plans for divisions the Deputy Director Nursing has commenced weekly meetings with the Associate Directors of Nursing (ADoNs) Human Resources (HR) and Health Roster teams. This has resulted in proactive management of vacancies to ensure that recruitment process are not delayed by systems and process.

#### 8. International Recruitment

# 8.1 Kate Cowhig Recruitment agency

No current recruitment pipeline with this agency

# 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.

A proposal for continued overseas nurse recruitment is being progressed to source and supply an additional one hundred nurses over the next finical year

## 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 4 incidents of harm have been recorded on the Datix system. 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 safe care project has commenced with the plastics wards to pilot the implementation of this additional module of the Allocate software. Early indications and feedback from the pilot wards has been positive.

## **10. Further Actions**

- Additional PMO support has been sourced to improve recruitment and formalise recruitment plan with clear measurable outcomes
- 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.
- RN open day scheduled for May 2018 and a further HCA open day for April 2018
- 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 March 2018

# Appenidix

	Day				Night			Day Night		Care Hours Per Patient Day (CHPPD)						
	Regis midwive	tered s/nurses	Care	Staff	Regis midwive	tered s/nurses	Care	Staff	RN/RMs	CA (%)	RN/MW	- HCA (%)	rer the s at y			
Ward name	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - (%)	Average fill rate - HCA (%)	Average fill rate - Ri (%)	Average fill rate - H	Cumulative count over the month of patients at 23:59 each day	RN/RM	Care Staff	Overall						
Phoenix	2732.5	2483.5	815.5	784.05	2068.25	2007	644	624	90.9%	96.1%	97.0%	96.9%	429	10.5	3.3	13.7
Heybridge	2044.333	1924.583	1174	1502.5	1288	1298.25	644	839.5	94.1%	128.0%	100.8%	130.4%	974	3.3	2.4	5.7
Rayne	2045	1935.583	1024.5	1062.75	1297.25	1302	759	1252.783	94.6%	103.7%	100.4%	165.1%	952	3.4	2.4	5.8
Goldhanger	1361.417	1268.417	1358.25	1502.5	966	1029.5	644	995.5833	93.2%	110.6%	106.6%	154.6%	830	2.8	3.0	5.8
Notley	1520.5	1370.833	1190	1405.25	966	954.5	644	802.9167	90.2%	118.1%	98.8%	124.7%	788	3.0	2.8	5.8
Lister	1007	946.75	847.5	874.1667	966	950.5	621	952.75	94.0%	103.1%	98.4%	153.4%	582	3.3	3.1	6.4
John Ray	1369	1298.5	1194	1357.75	965.5	977.8333	644	980.1667	94.9%	113.7%	101.3%	152.2%	724	3.1	3.2	6.4
ESS	2062.5	2074	1386.5	1330	1232	1254	924	1182.75	100.6%	95.9%	101.8%	128.0%	927	3.6	2.7	6.3
EAU (AMU)	3074	3228.167	2243.1	2001.017	1848	1867.75	1538	1547.167	105.0%	89.2%	101.1%	100.6%	832	6.1	4.3	10.4
GICU	5383	5202.217	503	223.5	4389	4351.5	168	105	96.6%	44.4%	99.1%	62.5%	466	20.5	0.7	21.2
Danbury	1712	1551	1365.733	1279.733	966	979.25	966	1046	90.6%	93.7%	101.4%	108.3%	972	2.6	2.4	5.0
Terling	1696.483	1619.8	1381	1322	966	1286	632.5	754.25	95.5%	95.7%	133.1%	119.2%	918	3.2	2.3	5.4
Baddow	1353	1309.483	1353.233	1488.983	966	954.5	644	870.25	96.8%	110.0%	98.8%	135.1%	790	2.9	3.0	5.9
Braxted	1369.167	1266.167	1443.5	1537.25	966	966	644	990.75	92.5%	106.5%	100.0%	153.8%	790	2.8	3.2	6.0
Felsted	1457	1358.5	1033	1019.75	966	963.75	644	644	93.2%	98.7%	99.8%	100.0%	616	3.8	2.7	6.5
Stroke Unit	1705	1558.75	1357	1287.25	1288	1254	643.25	640.5833	91.4%	94.9%	97.4%	99.6%	740	3.8	2.6	6.4
Burns ITU	1529.5	1529.5	380	396.5	1302	1302	231	229.9833	100.0%	104.3%	100.0%	99.6%	109	26.0	5.7	31.7
Burns Adult Ward E221	1028.75	959.75	545.5	488	556.5	556.5	441	441	93.3%	89.5%	100.0%	100.0%	94	16.1	9.9	26.0
Burns Children	723	698.5	592	301	577.5	556.5	0	0	96.6%	50.8%	96.4%	-	83	15.1	3.6	18.7
Stock	1749.5	1707.5	1058	1079	1333.5	1323	283.5	588	97.6%	102.0%	99.2%	207.4%	719	4.2	2.3	6.5
Billericay	1775.5	2240	930	1100.75	1176	1575	588	724	126.2%	118.4%	133.9%	123.1%	668	5.7	2.7	8.4
Birthing	1010.25	812.25	0	0	668	542.3333	0	0	80.4%	-	81.2%	-	55	24.6	0.0	24.6
Neonatal Unit	2023.75	1364.75	322	287.5	1840	1242	322	333.5	67.4%	89.3%	67.5%	103.6%	446	5.8	1.4	7.2
Postnatal Ward	1336.5	1218.333	881.5	733.5	1004	997.6667	672	660.5	91.2%	83.2%	99.4%	98.3%	715	3.1	1.9	5.0
Delivery Suite	2447	2285.883	686.5	641	2352	2292.6	670.5	656.5	93.4%	93.4%	97.5%	97.9%	215	21.3	6.0	27.3
St Peters	1600	1544	804	540.8	308	300.5	308	310	96.5%	67.3%	97.6%	100.6%	81	22.8	10.5	33.3
WJC	1400.5	1325.833	636.5	458	336	337	336	336	94.7%	72.0%	100.3%	100.0%	98	17.0	8.1	25.1
Mayflower	1252	1419	1382	677.25	588	577.5	588	593	113.3%	49.0%	98.2%	100.9%	410	4.9	3.1	8.0
Gosfield	1153.483	998.4833	716	605	616	616	528	484	86.6%	84.5%	100.0%	91.7%	298	5.4	3.7	9.1
SEW	1257	1128	738	648	964.25	964.25	643.5	640.75	89.7%	87.8%	100.0%	99.6%	544	3.8	2.4	6.2