

**Meeting:** Finance and Performance Committee

**Date:** March 16<sup>th</sup> 2015

**Agenda Item:**

## Monthly report on Nurse levels for February 2015

### Key Risks -

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

**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.

## Introduction

The purpose of the paper is to outline the nursing staffing fill rates for the period of 1<sup>st</sup> February 2015 to 28<sup>th</sup> February 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.

## Trust Position.

The trust successfully uploaded February'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).

2 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).

Ward name	Specialty	Comment/Mitigation
Birthing Unit A402	501 - OBSTETRICS	Mitigation received from Head of Midwifery. Community team called to assist by the on call team. Shortfall managed by bleep holder. Staff redeployed from site as required to support community areas. Additional clinics put on in Birthing unit to identify area
St Peter's Maternity unit		

Table 1

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 (Appendix 2).

## Wards reporting above 100%

6 out of 28 wards (21%) reported over 100% fill rate of Registered Nurses within the day compared with 11 wards at night (39%). The incident of HCSWs fill above 100% was significantly more within the day at 16 out of 28 (57%) and 19 out of 28 (68%) 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.
- Current establishment reviews have reflected the acuity of patients that require 1:1 nursing so the consideration must be taken when reviewing any staffing uplifts of changes to ward establishments
- Some identified wards require additional duties depending on the needs of the individual patients, specifically Goldhanger and 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.

- It has been identified during this period that some wards planned hours (reflected in the FSR) does not match with what they are using (irrespective of 1:1 special requests). This needs exploring with the ward managers and finance to ensure financial resource is matching expected service delivery

### **RED FLAG events**

During this period 16 incidents were raised regarding nursing staffing levels and fill rates within the inpatient and emergency areas. Of these reported, 3 incidents have been identified as a red flag event.

- WEB24588: Stroke unit: 2 nurses and 1 HCA short on a night shift. Patients waiting longer for care. High acuity. Red flag for delay in patient care. No significant harm
- WEB25201: EAU. Significant RN shortfall on day shift, only 3 registered staff on (3x Overseas nurses working but not registered) duty. No harm to patient noted, on investigation 4 RNs were working. Red flag event from >25% staff shortfall
- WEB25398: Heybridge. 2 trained RNs on late shift. Band 6 extended hours, additional HCA support sent from ED. Red flag event as more than >25% of registered nursing time shortfall.

### **Recruitment update**

- 7 nurses from Overseas Recruitment Project commenced employment in February
- 8 registered nurses were recruited into posts in January in local employment. 2 of these were staff not existing staff
- 6 HCSW commenced employment from local recruitment in the month of December.

Recruitment open day was delivered on 14<sup>th</sup> February resulting in 25 job offers. The majority of candidates who attended and were successfully offer post within MEHT were ARU students qualifying in March and September.

### **CQC**

The CQC visited MEHT on 5<sup>th</sup> February 2015 with an unscheduled inspection to review staffing levels within EAU. The trust was subsequently issued Section 31 conditions on our registration. In response, the trust has conducted an internal investigation (with external advisors) and responded to all points raised to provide assurance regarding staff reporting and utilization. The trust has also invited the CQC to re-visit and inspect against our compliance.

### **Next Steps**

The trust board is asked to;

- Note the monthly submission of nurse staffing data for January 2014
- Note the areas RAG rated and the mitigations and steps taken to address staffing shortfalls
- Review of all FSRs in relation to MAPS activity and usage to ensure clarity and accuracy regarding fill rates.

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**APPENDIX 1 (unify upload)**




Hospital Site Details				Day				Night				Day		Night			
				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				
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name	Ward name	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	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	
RQ8L0	Broomfield Hospital - RQ8L0	Writtle Ward C450	502 - GYNAECOLOGY	300 - GENERAL MEDICINE	1,560	1,343	570	859	798	713	266	445	86.1%	150.7%	89.3%	167.1%	
RQ8L0	Broomfield Hospital - RQ8L0	Phoenix Ward E122	420 - PAEDIATRICS		2,683	2,622	1,338	1,418	1,480	1,580	280	638	97.8%	105.9%	106.8%	227.7%	
RQ8L0	Broomfield Hospital - RQ8L0	Heybridge Ward A303	100 - GENERAL SURGERY		2,046	2,106	1,218	1,594	1,064	1,017	532	731	102.9%	130.8%	95.5%	137.4%	
RQ8L0	Broomfield Hospital - RQ8L0	Rayne Ward A304	101 - UROLOGY	100 - GENERAL SURGERY	2,016	1,877	1,320	1,766	798	790	532	903	93.1%	133.8%	98.9%	169.7%	
RQ8L0	Broomfield Hospital - RQ8L0	Goldhanger Ward E222	120 - ENT	140 - ORAL SURGERY	1,764	1,819	784	936	665	987	532	825	103.1%	119.3%	148.4%	155.1%	
RQ8L0	Broomfield Hospital - RQ8L0	Notley Ward E223	110 - TRAUMA & ORTHOPAEDICS	300 - GENERAL MEDICINE	1,666	1,565	1,236	1,448	532	646	798	1,061	93.9%	117.1%	121.4%	133.0%	
RQ8L0	Broomfield Hospital - RQ8L0	Lister Ward C451	110 - TRAUMA & ORTHOPAEDICS		1,176	1,082	784	1,154	532	664	338	437	92.0%	147.2%	124.7%	129.1%	
RQ8L0	Broomfield Hospital - RQ8L0	John Ray Ward E323	110 - TRAUMA & ORTHOPAEDICS		1,512	1,373	1,196	1,327	532	651	266	266	90.8%	110.9%	122.3%	100.0%	
RQ8L0	Broomfield Hospital - RQ8L0	ESS Ward A205	300 - GENERAL MEDICINE		1,778	1,943	1,568	1,999	798	901	532	828	109.3%	127.5%	112.9%	155.6%	
RQ8L0	Broomfield Hospital - RQ8L0	EAU Ward A204	300 - GENERAL MEDICINE	100 - GENERAL SURGERY	2,382	2,434	2,144	2,555	1,960	1,969	1,400	1,953	102.2%	119.2%	100.4%	139.5%	
RQ8L0	Broomfield Hospital - RQ8L0	General Intensive Care Unit E226	192 - CRITICAL CARE MEDICINE		3,754	3,679	336	281	2,940	2,970	294	210	98.0%	83.7%	101.0%	71.4%	
RQ8L0	Broomfield Hospital - RQ8L0	MHDU Ward A211	192 - CRITICAL CARE MEDICINE		1,456	1,358	150	8	882	1,187	294	210	93.3%	5.0%	134.5%	71.3%	
RQ8L0	Broomfield Hospital - RQ8L0	Danbury Ward A302	301 - GASTROENTEROLOGY	370 - MEDICAL ONCOLOGY	1,718	1,702	1,568	1,568	798	800	798	993	99.1%	100.0%	100.3%	124.4%	
RQ8L0	Broomfield Hospital - RQ8L0	Terling Ward A305	300 - GENERAL MEDICINE	320 - CARDIOLOGY	1,568	1,776	994	1,777	798	789	532	770	113.2%	178.7%	98.9%	144.7%	
RQ8L0	Broomfield Hospital - RQ8L0	Baddow Ward C250	300 - GENERAL MEDICINE		1,624	1,560	1,568	2,182	798	789	532	997	96.0%	139.1%	98.8%	187.3%	
RQ8L0	Broomfield Hospital - RQ8L0	Braxted Ward C251	300 - GENERAL MEDICINE		1,624	1,390	1,568	2,541	798	799	532	1,149	85.6%	162.0%	100.1%	216.0%	
RQ8L0	Broomfield Hospital - RQ8L0	Felsted (A207)	300 - GENERAL MEDICINE	340 - RESPIRATORY MEDICINE	1,960	2,105	1,568	1,491	798	1,094	532	1,083	107.4%	95.1%	137.0%	203.5%	
RQ8L0	Broomfield Hospital - RQ8L0	Stroke Unit E125	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1,536	1,717	1,176	1,274	798	1,029	532	665	111.8%	108.3%	128.9%	124.9%	
RQ8L0	Broomfield Hospital - RQ8L0	Burns ITU E220	160 - PLASTIC SURGERY		2,912	2,667	572	495	2,352	2,396	294	242	91.6%	86.5%	101.8%	82.1%	
RQ8L0	Broomfield Hospital - RQ8L0	Burns Adult Ward E221	160 - PLASTIC SURGERY		1,456	1,399	560	527	588	598	588	555	96.1%	94.1%	101.6%	94.4%	
RQ8LJ	St Peter's Hospital - RQ8LJ	Burns Children Ward E225	160 - PLASTIC SURGERY		756	723	364	694	588	578	168	20	95.6%	190.7%	98.2%	11.6%	
RQ8L0	Broomfield Hospital - RQ8L0	Stock Ward E320	160 - PLASTIC SURGERY		1,958	1,773	1,092	1,071	1,344	1,333	294	346	90.6%	98.0%	99.1%	117.7%	
RQ8L0	Broomfield Hospital - RQ8L0	Billericay Ward E321	160 - PLASTIC SURGERY		1,390	1,302	1,050	1,255	882	893	588	1,006	93.6%	119.5%	101.2%	171.0%	
RQ8L0	Broomfield Hospital - RQ8L0	Birthing Unit A402	501 - OBSTETRICS		1,050	769	350	280	616	541	308	311	73.2%	80.0%	87.8%	101.0%	
RQ8L0	Broomfield Hospital - RQ8L0	A4.4 Neonatal Unit (WF 405)	420 - PAEDIATRICS		1,840	1,714	322	219	1,840	1,629	322	299	93.1%	67.9%	88.5%	92.9%	
RQ8L0	Broomfield Hospital - RQ8L0	A4.3 Postnatal Ward (WF404)	501 - OBSTETRICS		1,050	862	700	840	924	818	616	633	82.1%	120.0%	88.5%	102.8%	
RQ8L0	Broomfield Hospital - RQ8L0	Delivery Suite/Labour Ward A402	501 - OBSTETRICS		2,582	2,174	350	280	2,156	2,329	308	311	84.2%	80.0%	108.0%	101.0%	
RQ8LJ	St Peter's Hospital - RQ8LJ	St Peters Maternity	501 - OBSTETRICS		1,290	1,448	588	372	308	300	280	312	112.2%	63.3%	97.2%	111.4%	
RQ8LK	William Julien Courtaudal Hospital - RQ8LK	WJC Maternity	501 - OBSTETRICS		1,290	1,308	486	480	308	336	280	336	101.4%	98.7%	109.1%	120.0%	



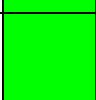

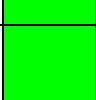
**APPENDIX 2**

Data extracted from February UNIFY upload


Ward name	Speciality	Day		Night		RAG	Comments/mitigation
		Average fill rate - registered nurses/ midwives(%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives(%)	Average fill rate - care staff (%)		
Heybridge Ward A303	GENERAL SURGERY	102.9%	130.8%	95.5%	137.4%		additional specials required attributing to increase use of HCA
Rayne Ward A304	UROLOGY	93.1%	133.8%	98.9%	169.7%		additional specials required attributing to increase use of HCA
Goldhanger Ward E222	ENT	103.1%	119.3%	148.4%	155.1%		consistent use of additional tracheostomy special required throughout February
Notley Ward E223	TRAUMA & ORTHOPAEDICS	93.9%	117.1%	121.4%	133.0%		Increase RN and HCA at night to assist with high acuity due to number of outliers
Lister Ward C451	TRAUMA & ORTHOPAEDICS	92.0%	147.2%	124.7%	129.1%		Increase HCA due to high acuity and c-diff vigilance
John Ray Ward E323	TRAUMA & ORTHOPAEDICS	90.8%	110.9%	122.3%	100.0%		Additional RN hours on night to support additional 4 beds opening due to elective activity

Ward name	Speciality	Day		Night		RAG	Comments/mitigation
		Average fill rate - registered nurses/ midwives(%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives(%)	Average fill rate - care staff (%)		
ESS Ward A205	GENERAL MEDICINE	109.3%	127.5%	112.9%	155.6%		Additional RN and HCA hours to facilitate contingency beds, consistently throughout February
EAU Ward A204	GENERAL MEDICINE	96.9%	119.2%	98.9%	139.5%		Consistent request for additional RN and HCA to cover contingency area throughout February
General Intensive Care Unit E226	CRITICAL CARE MEDICINE	98.0%	83.7%	101.0%	71.4%		HCA not essential to fulfil patient safety requirements, no effect on 1:1 provision
GHDU Ward A211	CRITICAL CARE MEDICINE	93.3%	5.0%	134.5%	71.3%		HCA role not used in day, only if RN shift shortfall for care support
Danbury Ward A302	GASTROENTEROLGY	99.1%	100.0%	100.3%	124.4%		additional specials required attributing to increase use of HCA at night
Terling Ward A305	GENERAL MEDICINE	113.2%	178.7%	98.9%	144.7%		additional specials required attributing to increase use of HCA at night
Baddow Ward C250	GENERAL MEDICINE	96.0%	139.1%	98.8%	187.3%		additional specials required attributing to increase use of HCA at night

Braxted Ward C251	GENERAL MEDICINE	85.6%	162.0%	100.1%	216.0%		high use of additional specials at night. Support from Baddow ward if RN shortfall
Felsted (A207)	GENERAL MEDICINE	107.4%	95.1%	137.0%	203.5%		additional HCA required at night due to FSR not reflecting new ward layout, and increased falls risk
Stroke Unit E125	GENERAL MEDICINE	111.8%	108.3%	128.9%	124.9%		Additional trained duties for airway management.

Ward name	Speciality	Day		Night		RAG	Comments/mitigation
		Average fill rate - registered nurses/ midwives(%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives(%)	Average fill rate - care staff (%)		
Goldhanger Ward E222	ENT	103.1%	119.3%	148.4%	155.1%		consistent use of additional tracheostomy special required throughout February
Burns ITU E220	PLASTIC SURGERY	91.6%	86.5%	101.8%	82.1%		HCA bank not requested, HCA shortfall not impacting on patient care .
Burns Adult Ward E221	PLASTIC SURGERY	96.1%	94.1%	101.6%	94.4%		No staffing area of concern
Burns Children Ward E225	PLASTIC SURGERY	95.6%	190.7%	98.2%	11.6%		Play specialist in unregistered numbers which reflects high 'use in day'. Unregistered not used at night.
Stock Ward E320	PLASTIC SURGERY	90.6%	98.0%	99.1%	117.7%		increase use of specials at night



Billericay Ward E321	PLASTIC SURGERY	93.6%	119.5%	101.2%	171.0%		increase use of specials at night
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Ward name	Speciality	Day		Night		RAG	Comments/mitigation
		Average fill rate - registered nurses/midwives(%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives(%)	Average fill rate - care staff (%)		
Writtle Ward C450	GYNAECOLOGY	86.1%	150.7%	89.3%	167.1%		beds closed to admissions on ad hoc basis in times of staffing shortfall
Phoenix Ward E122	PAEDIATRICS	97.8%	105.9%	106.8%	227.7%		FSR required review as 1 unregistered staff is budgeted and 2-3 staff used regularly on night shift
Birthing Unit A402	OBSTETRICS	73.2%	80.0%	87.8%	101.0%		low registered levels in day. At time of shortfall, additional clinics run to ensure no risk to mothers and improve access
A4.4 Neonatal Unit (WF 405)	PAEDIATRICS	93.1%	67.9%	88.5%	92.9%		unregistered staff not replaced if shortfall is in time of low cot occupancy
A4.3 Postnatal Ward (WF404)	OBSTETRICS	82.1%	120.0%	88.5%	102.8%		Unit staffing addressed daily if area has shortfall, RM moved to address shortfall accordingly. On call staff used as required
Delivery Suite/Labour Ward A402	OBSTETRICS	84.2%	80.0%	108.0%	101.0%		Unit staffing addressed daily if area has shortfall, RM moved to address shortfall accordingly. On call staff used as required
St Peters Maternity	OBSTETRICS	112.2%	63.3%	97.2%	111.4%		High unregistered hours as FSR indicated 9 hours required at night, unit running 11 hour shift
WJC Maternity	OBSTETRICS	101.4%	98.7%	109.1%	120.0%		High unregistered hours as FSR indicated 9 hours required at night, unit running 12 hour shift

