

**Meeting:** Finance and Performance Committee  
**Date:** June 2015

**Agenda Item:** 9

## Monthly Report on Nurse levels for May 2015

### Key Risks -

<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>
<b>Resource Required:</b>	

**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.

## 1. Introduction

The purpose of the paper is to outline the nursing staffing fill rates for the period of 1<sup>st</sup>May to 31<sup>st</sup>May 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 May'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).

4wards 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: May 2015

Table 1

Ward	Day RN/M %	Night RN/M %	Day care staff %	Night care staff	Explanation and mitigation
Burns children's				0	The unqualified staff on night duty is low this is because the unit is not funded for 7 nights per week HCA cover, and is always covered by 2 qualified nurses to meet the patient activity requirements
St Peters			68.8%		Staff are moved from main unit to cover long term sickness and maternity
John Ray				54.8%	The FSR has been uplifted for 28 beds, however the ward is currently running on 24 beds as the additional staff have not yet been recruited
Billericay	75.7%				The ward had additional CNS shifts added to the roster which have since been moved to the appropriate roster, staff were moved from Goldhanger and were working in a supernumery to enable skills

					training for airways management Plus additional hours available to provide specialising patients for airways management which were not utilised
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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. In areas where there are high levels of HCSW numbers this is due to specials.

### 3. Wards reporting above 100%

6 out of 28 wards (21%) reported over 100% fill rate of Registered Nurses within the day compared with 21 wards at night (75%). The incident of HCSWs fill above 100% was significantly more within the night duty period. On day duty there were 13 out of 28 wards with excess of 100% (46 %) compared to 20 out of 28 (71%) 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 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 May 2015, there were 34 Incidents reported with the category 'Staffing Issues'. 9 of the incidents fall within the red flag criteria. These caused no harm to the patient or the incident has been classified as a near miss.

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

- 6 nurses from Overseas Recruitment Project commenced employment in May
- 8 registered nurses were recruited into posts in May from local recruitment
- 14 HCSW commenced employment from local recruitment in May.

Staff completing recruitment processes.

	Anticipated starting month					
	June		July		TBC	
Local recruitment	RN =25	HCSW =9	RN= 61	HCSW= 29		
Overseas Recruitment (pending pin)	RN= 3		RN= 0		RN = 21	

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

The Trust is attending 2 national recruitment events the RCN jobs fair in London 10<sup>th</sup> September for 2 days and the Scottish recruitment fair in October 2015.

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.

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

### Maternity safer guideline

The maternity staffing guideline was published by NICE in February 2015. Like the adult inpatient ward guidelines the concept of red flags for staffing is included, these are managed via the datix system and reported in the monthly staffing reports to the Board. A local red flag will be agreed if one of the community units have to be closed. An audit will commence in July of the 121 care women are receiving whilst in labour.

The study of midwifery workforce "Birthrate plus" is currently being completed and will be reported to the Board in due course.

### Proposed nursing developments

The nursing resource paper agreed by the Board in March 2015 supported a number of nursing/midwifery budget uplifts with an associated benefit, the details of the progress for each scheme is detailed below

Scheme	Cost £	Benefit £	Progress
Overseas Nurse Recruitment,	218	400	13 out of 40 recruited from Italy, recruitment trip to Portugal planned for the end of July. Additional plan being developed with Medacs to support and assure 40 nurses are recruited. Impact will be a reduction in agency spend against the premium
Ward Manager	330	660	Funding not included in ward budgets yet as back filling at band 5 level recruitment has not occurred. Recruitment events in place to cover these posts
SEW and associated ward moves	500	250	Ward moves completed except the admissions area for mayflower ward which is currently being explored in adjacent areas
Emergency Department additional 5 cubicles	721	1,288	Additional cubicles are now open, and a revised roster agreed which reflects the patient activity within the department.
ESA	554	370	Specialing policy is currently being revised. Posts being recruited to

## Next Steps

The trust board is asked to;

- Note the monthly submission of nurse staffing data for April 2015
- Note the areas below 80% and the mitigations and steps taken to address staffing shortfalls

## Authors

Lyn Hinton: Deputy Chief Nurse

June 2015



APPENDIX 1 ( May unify upload)

# Mid Essex Hospital Services

NHS Trust

Hospital Site Details			Main 2 Specialties on each ward		Day				Night				Day		Night		
					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 (%)	
					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					
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name	Ward name	Specialty 1	Specialty 2													
R08L0	Broomfield Hospital - R08L0	Writtle Ward C450 (CLOSED)	502 - GYNAECOLOGY	300 - GENERAL MEDICINE													
R08L0	Broomfield Hospital - R08L0	Phoenix Ward E122	420 - PAEDIATRICS		2,370	3,034	1,481	1,554	1,633	1,619	310	835	102.1%	104.3%	98.8%	268.7%	
R08L0	Broomfield Hospital - R08L0	Keybridge Ward A303	100 - GENERAL SURGERY		2,265	2,476	1,343	1,426	884	1,140	589	608	103.3%	105.7%	123.0%	103.2%	
R08L0	Broomfield Hospital - R08L0	Rayne Ward A304	101 - UROLOGY	100 - GENERAL SURGERY	2,398	2,266	1,395	1,473	1,178	1,150	589	617	94.5%	105.6%	97.6%	104.7%	
R08L0	Broomfield Hospital - R08L0	Goldhanger Ward E222	120 - ENT	140 - ORAL SURGERY	1,736	1,630	1,736	1,453	884	997	589	752	93.9%	83.7%	112.8%	127.6%	
R08L0	Broomfield Hospital - R08L0	Notley Ward E223	110 - TRAUMA & ORTHOPAEDICS	300 - GENERAL MEDICINE	1,302	1,777	1,570	1,550	884	865	589	722	93.4%	98.7%	97.8%	122.6%	
R08L0	Broomfield Hospital - R08L0	Lister Ward C451	110 - TRAUMA & ORTHOPAEDICS		1,302	1,267	1,101	1,121	884	865	295	333	97.3%	101.9%	97.8%	112.3%	
R08L0	Broomfield Hospital - R08L0	John Ray Ward E323	110 - TRAUMA & ORTHOPAEDICS		1,736	1,537	1,535	1,255	884	771	589	323	88.5%	81.8%	87.3%	54.8%	
R08L0	Broomfield Hospital - R08L0	ESS Ward A205	300 - GENERAL MEDICINE		1,969	2,458	1,736	1,983	884	1,208	589	988	124.8%	114.2%	136.7%	167.7%	
R08L0	Broomfield Hospital - R08L0	EAU Ward A204	300 - GENERAL MEDICINE	100 - GENERAL SURGERY	2,637	2,789	2,374	2,462	2,170	2,102	1,550	1,689	105.7%	103.7%	96.3%	103.0%	
R08L0	Broomfield Hospital - R08L0	General Intensive Care Unit E226	192 - CRITICAL CARE MEDICINE		4,156	3,902	372	263	3,255	3,184	326	179	93.3%	70.8%	97.8%	54.8%	
R08L0	Broomfield Hospital - R08L0	MHDU Ward A211	192 - CRITICAL CARE MEDICINE		1,612	1,499	-	0	1,302	2,541	-	294	93.0%	#VALUE!	195.1%	#VALUE!	
R08L0	Broomfield Hospital - R08L0	Danbury Ward A302	301 - GASTROENTEROLOGY	370 - MEDICAL ONCOLOGY	1,302	1,932	1,736	1,621	884	876	884	874	101.6%	93.4%	99.2%	98.3%	
R08L0	Broomfield Hospital - R08L0	Terling Ward A305	300 - GENERAL MEDICINE	320 - CARDIOLOGY	2,170	1,979	1,736	2,052	884	886	673	922	91.2%	118.2%	100.3%	136.3%	
R08L0	Broomfield Hospital - R08L0	Baddow Ward C250	300 - GENERAL MEDICINE		1,736	1,654	1,736	2,381	884	893	589	1,122	92.0%	137.1%	101.1%	190.5%	
R08L0	Broomfield Hospital - R08L0	Braxted Ward C251	300 - GENERAL MEDICINE		1,736	1,529	1,736	2,617	884	893	589	1,216	85.0%	150.7%	101.1%	206.4%	
R08L0	Broomfield Hospital - R08L0	Felsted (A207)	300 - GENERAL MEDICINE	340 - RESPIRATORY MEDICINE	1,769	1,709	1,302	1,311	884	950	589	836	96.6%	100.7%	107.5%	141.9%	
R08L0	Broomfield Hospital - R08L0	Stroke Unit E125	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1,701	1,607	1,302	1,565	884	904	589	884	94.5%	120.2%	102.3%	150.0%	
R08L0	Broomfield Hospital - R08L0	Burns ITU E220	160 - PLASTIC SURGERY		3,224	3,210	633	583	2,604	2,647	326	315	99.6%	92.0%	101.6%	96.8%	
R08L0	Broomfield Hospital - R08L0	Burns Adult Ward E221	160 - PLASTIC SURGERY		1,612	1,531	620	553	651	661	651	595	95.0%	83.2%	101.5%	91.4%	
R08LJ	St Peter's Hospital - R08LJ	Burns Children Ward E225	160 - PLASTIC SURGERY		837	768	403	619	651	651	186	0	91.7%	153.7%	100.0%	0.0%	
R08L0	Broomfield Hospital - R08L0	Stock Ward E320	160 - PLASTIC SURGERY		2,168	2,061	1,209	1,046	1,488	1,596	326	315	95.1%	86.5%	107.2%	96.8%	
R08L0	Broomfield Hospital - R08L0	Billericay Ward E321	160 - PLASTIC SURGERY		1,371	1,433	1,163	1,211	1,139	1,167	651	807	75.7%	104.1%	102.4%	124.0%	
R08L0	Broomfield Hospital - R08L0	Birthing Unit A402	501 - OBSTETRICS		1,163	954	388	351	682	1,224	341	357	82.0%	90.6%	179.5%	104.7%	
R08L0	Broomfield Hospital - R08L0	A4.4 Neonatal Unit (WF 405)	420 - PAEDIATRICS		2,037	1,702	357	253	2,037	1,562	357	380	83.6%	71.0%	76.7%	106.5%	
R08L0	Broomfield Hospital - R08L0	A4.3 Postnatal Ward (WF404)	501 - OBSTETRICS		1,163	1084.25	775	729.65	1,023	1055	682	717	93.3%	94.1%	103.1%	105.1%	
R08L0	Broomfield Hospital - R08L0	Delivery Suite/Labour Ward A402	501 - OBSTETRICS		2,859	2566.31	388	351	2,387	2448.5	341	357	89.8%	90.6%	102.6%	104.7%	
R08LJ	St Peter's Hospital - R08LJ	St Peter's Maternity	501 - OBSTETRICS		1,428	1487	651	448	341	344	310	343	104.1%	68.8%	100.3%	110.6%	
R08LK	William Julian Courtald Hospital - R08LK	WJC Maternity	501 - OBSTETRICS		1,428	1428	538	519	341	375	310	372	100.0%	96.5%	110.0%	120.0%	
R08L0	Broomfield Hospital - R08L0	Msyflower (BADB)	160 - PLASTIC SURGERY		1,736	1735	976.5	898	775	840	651	587	96.6%	92.0%	108.4%	90.2%	
R08L0	Broomfield Hospital - R08L0	Goodfield (EACD)	502 - GYNAECOLOGY		1,594	1481.5	797.1	640	757.3	807.5	294.5	531.5	92.9%	80.3%	106.6%	180.5%	
R08L0	Broomfield Hospital - R08L0	SEW (GBBK)	100 - GENERAL SURGERY		1,860	1654.75	1,395.00	1299.5	883.5	845.25	589	570	89.0%	93.2%	95.7%	96.8%	