

**Meeting:** Finance and Performance Committee

**Date:** 28 January 2016

**Agenda Item:** 9

## Monthly Report on Nurse Levels for December 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 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.

## **1. Introduction**

The purpose of the paper is to outline the nursing staffing fill rates for the period of 1<sup>st</sup> to 31<sup>st</sup> December 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 the December unify data within the requested time frame from the TDA. Appendix 1 shows the unify return for December. In order to enable an overview of the actual against planned, a summary table is detailed in table 1. The table includes the reasons, the impact and the actions which have been taken to address the staffing deficit and support quality, safety and patient experience.

Table 1 Decemberunify upload summary

Ward Unit	Day		Night		Reasons	Impact	Actions taken to address the gap
	Average Fill Rate RN %	Average Fill Rate HCA %	Average Fill Rate RN %	Average Fill Rate Care Staff %			
Phoenix Ward E122	100.7%	99.8%	105.2%	250.1%			
Heybridge Ward A303	96.4%	91.2%	100.8%	103.3%			
Rayne Ward A304	100.9%	120.0%	99.9%	145.2%			
Goldhanger Ward E222	90.1%	100.7%	95.6%	131.1%			
Notley Ward E223	97.4%	119.1%	100.1%	163.2%			
Lister Ward C451	97.3%	158.4%	100.6%	273.3%			
John Ray Ward E323	86.0%	85.5%	82.3%	88.4%	Beds closed due to the planned Christmas bed closures	Safe care provided	None required
ESS Ward A205	97.3%	117.1%	116.6%	178.8%			
EAU Ward A204	90.3%	91.2%	103.7%	102.3%			
General Intensive Care Unit E226	91.2%	58.7%	96.6%	43.3%	HCAS are not required on all shifts	Safe care provided	None required
MH DU Ward A211	87.5%	#DIV/0!	96.7%	#DIV/0!	The unit merged in December with ITU due to patient activity	Safe care provided	None required
Danbury Ward A302	96.2%	102.3%	94.5%	123.3%			

Terling Ward A305	95.3%	93.9%	102.3%	126.6%			
Baddow Ward C250	92.6%	120.4%	96.6%	169.7%			
Braxted Ward C251	90.9%	117.3%	98.9%	165.3%			
Felsted (A207)	97.1%	98.2%	101.1%	108.3%			
Stroke Unit E125	92.9%	139.1%	99.7%	183.4%			
Burns ITU E220	80.9%	71.3%	83.4%	93.3%	Staffing levels related to patient activity	Safe care provided	None required
Burns Adult Ward E221	90.8%	94.5%	105.0%	89.9%	Staffing levels related to patient activity	Safe care provided	None required
Burns Children Ward E225	95.3%	101.8%	103.3%	#DIV/0!			
Stock Ward E320	93.2%	122.1%	100.5%	218.6%			
Billericay Ward E321	85.7%	91.8%	92.4%	128.0%	No additional airway shifts not required for patients during the month		
Birthing Unit A402	96.1%	96.7%	99.2%	108.8%			
A4.4 Neonatal Unit (WF 405)	79.9%	86.7%	73.5%	116.7%	Staffing levels related to patient activity	Safe care provided	None required
A4.3 Postnatal Ward (WF404)	118.2%	82.4%	100.2%	101.6%	Staffing levels related to patient activity	Safe care provided	None required
Delivery Suite/Labour Ward A402	93.3%	193.2%	109.5%	108.8%			
St Peters Maternity	107.9%	116.6%	97.0%	106.7%			
WJC Maternity	98.6%	90.7%	102.6%	107.7%			

Mayflower (BADB)	103.9%	100.1%	121.9%	95.4%		
Gosfield (EACD)	92.3%	81.7%	98.4%	110.0%	HCA shift reduced during the week and moved to support weekend activity	Safe care provided None required
SEW (GBBK)	89.1%	88.6%	97.7%	103.3%	Staffing levels related to patient activity	Safe care provided None required

The majority of fill rates for nursing and care staff were above 80% (Appendix 1).

In December 2015 eight wards reported staffing fill rates below 90%. This excludes GICU/GHDU which has 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.

Each ward has been reviewed with the Associate Chief Nurse (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. This will decrease in the future as the Enhanced Support Assistants begin work, 9 people are in post. Further interviews are planned for the recently shortlisted candidates.

### 3. Wards Reporting Above 100%

3.1 Five out of 28 wards (17 %) reported over 100% fill rate of Registered Nurses within the day compared with 15 wards at night (53%). The incident of HCSWs fill above 100% was significantly more within the night duty period. On day duty there were 14 out of 28 wards with excess of 100% (50%) compared to 24 out of 28 (85%) in the night.

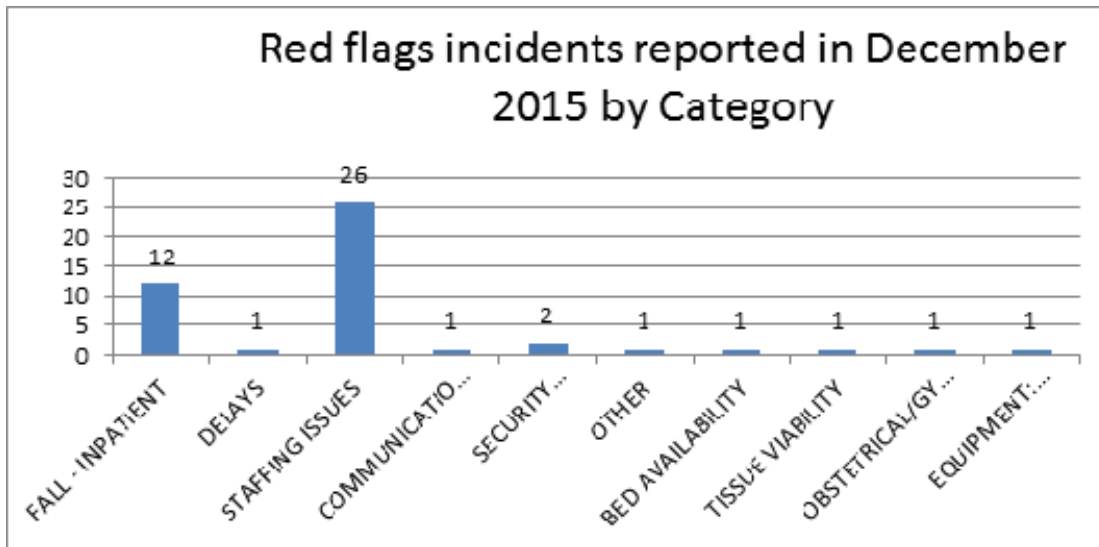
The following reasons are attributable to this:

- Submission of data includes additional duties that have been added over and above the ward establishment. This includes specials, increased capacity and increased acuity.
- 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).
- 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.

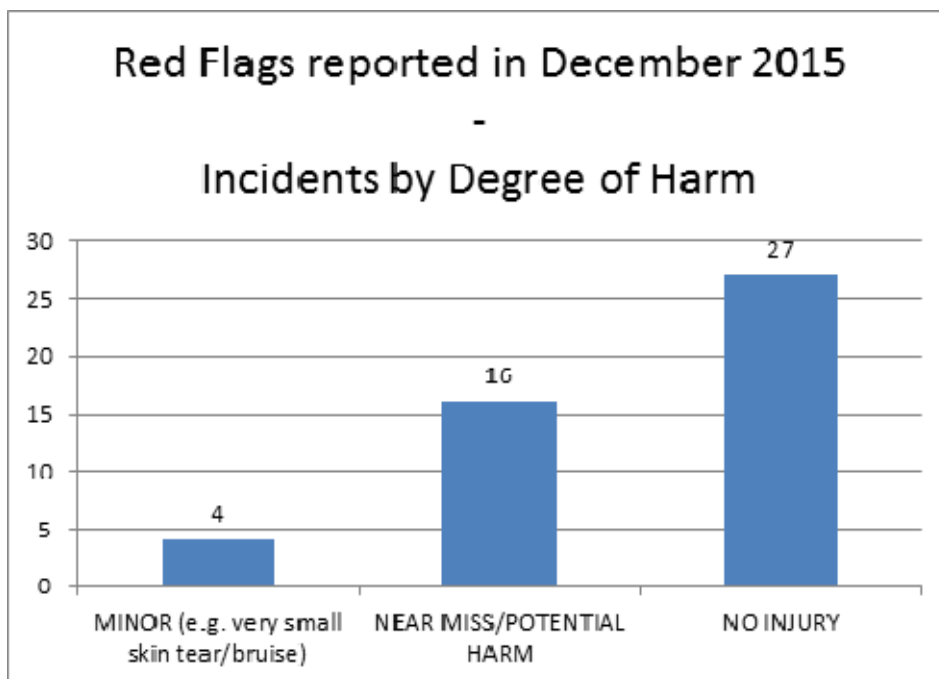
### 4. Incident Reports and Red Flags

In December 2015, there were 42 Incidents reported with the category 'Staffing Issues' (26 of these fell within the red flag criteria). A total of 47 incidents reported in December fall within the red flag criteria. All of these incidents were near miss, low or no harm incidents.

	December 2015
Incidents reported where the category was 'Staffing Issues'	42
Red Flag (where staffing issues or skill mix was a contributing factor)	47
Of those the degree of harm:	16
Near miss	
No injury	27
Minor	4



There were 3 datixs which suggested care was unsafe, 2 were near misses and 1 no harm events .



## 5. Recruitment update

The recruitment of qualified nurses remains a challenge for the Trust. Scoping work is being undertaken to review the gaps within the workforce and develop an international recruitment plan for next year.

- 1 x HCA commenced employment via local recruitment in December.
- 12x HCA / HCSW will be in post by the end of January 2016.
- 3 x Band 5 RGNs commenced employment via Local recruitment.
- There will be an additional 10 x Band 5 RGNs anticipated to be in post by the end of January 2016.

## 5.1 European Recruitment

Following recent Skype interviews:

- 3 x Band 5 RGN commenced employment in December 2015 via EU recruitment.
- 11x Italian Nurses will be in post by the end of January 2016.
- The Trust attended a recruitment event in Italy on the 13th and 14th January 2016 and offered 14 x RGN's and these will be expected to start by the end of March 2016.

## 5.2 International Recruitment

In January five nurses will be arriving from the international campaign.

The Trust has invested in international nurse recruitment and the previous NMC route for international nurses wishing to join the UK was to have the ILETs (English language) test at a score of 7.5, to have a decision letter from the NMC which articulated how long and in some cases the specific aspects which were required to be covered as part of their Overseas Nurses programme. The nurses who have been recruited over the last 18 months are now gaining their NMC registration and it is anticipated that the following numbers will gain their registration as detailed below:

Now that Nursing is on the shortage occupation list we are now planning to go overseas and recruit 150 Nurses by January 2017. This is being worked up and is reliant on Nursing remaining on the shortage occupation list. A second proposal is being developed to secure European nurses if the international nursing campaign cannot go ahead due to home office issues.

The overseas nurses who have been recruited over the last 18 months are now gaining their NMC registration and it is anticipated that the following numbers will gain their registration as detailed below:

Month	Number anticipated to be receiving NMC Registration	Number who actually received NMC Registration
August	5	8
September	21	12
October	5	2
November	2	1
December	7	4
January	3	

## 5.3 Monitor/TDA Nurse agency rules

The agency rules have been published and include a consultation on the agency price cap. The use of non-framework agencies has been put in place from Monday 19<sup>th</sup> October. Trusts that use non framework agencies will have these monitored via the TDA/Monitor. It has been identified that the chemo day unit, ED, winter pressure ward and burns ITU are areas in



which we may have to use non framework agencies. The reality is that we have worked with agencies who are part of the framework but are above the agency rate cap. The variance

requested by the Trust to the TDA to achieve the agency trajectory of 12% by the end March 2016 has been declined. A revised trajectory has been submitted. The Trust achieved 11.9% agency spend as part of its total qualified nursing spend in December.

Month	TDA ceiling target %	Actual %
October	15.88	17.7
November	12.79	13.8
December	11.9	11.9
January	10.39	
February	10.61	
March	10.13	

## Next Steps

The Finance & Performance Committee is asked to:

- Note the monthly submission of nurse staffing data for November 2015
- Note the areas below 90% and the mitigations and steps taken to address staffing shortfalls

## Authors

Lyn Hinton, Acting Chief Nurse  
January 2016





Fill rate indicator return  
Staffing: Nursing, midwifery and care staff

Org: Mid Essex Hospital Services NHS Trust  
Print: December 2016

Please provide the URL to the page on your trust website where your staffing information is available

Please ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include "http://" in your URL

http://www.merfhs.uk/sites/default/files/...

Comments

Hospital Site Details		Word name	Main 2 Specialities on each ward		Day		Night		Average fill rate - registered individuals (%)	Average fill rate - care staff (%)	Average fill rate - care staff (%)
Site code - The Site code is automatically populated where Site name is selected	Hospital Site name		Speciality 1	Speciality 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours			
R20L	Boothferry R20L	Pharm Ward C12	01-PEDIATRICS		2674	2622	1424	1698	98.2%	98.8%	102.1%
R20L	Boothferry R20L	Hygiene Ward A100	01-GENERAL SURGERY		2810	2733	1530	1442	97.3%	97.2%	100.3%
R20L	Boothferry R20L	Raye Ward A104	01-ONCOLOGY	01-GENERAL SURGERY	222	2142	126	1142	96.5%	92.6%	142.2%
R20L	Boothferry R20L	Goldings Ward C10	01-ENT	01-ORAL SURGERY	188	1752	100	92	93.2%	91.7%	101.1%
R20L	Boothferry R20L	Wiley Ward C13	01-TRAUMA & ORTHOPAEDICS	01-GENERAL MEDICINE	1852	1838	1452	1322	99.2%	91.8%	101.2%
R20L	Boothferry R20L	Leam Ward C41	01-TRAUMA & ORTHOPAEDICS		1428	1322	108	102	92.5%	92.4%	103.3%
R20L	Boothferry R20L	John Ray Ward C13	01-TRAUMA & ORTHOPAEDICS		1808	1744	1482	1372	96.4%	91.4%	98.4%
R20L	Boothferry R20L	ESB Ward A105	01-GENERAL MEDICINE		1852	1832	148	132	99.0%	91.1%	103.8%
R20L	Boothferry R20L	EAU Ward A104	01-GENERAL MEDICINE	01-GENERAL SURGERY	252	234	216	198	92.8%	91.2%	102.2%
R20L	Boothferry R20L	General Intensive Care Unit	01-CRITICAL CARE MEDICINE		402	392	30	24	97.5%	91.7%	43.3%
R20L	Boothferry R20L	IMD Unit C11	01-CRITICAL CARE MEDICINE		162	154	1	1	95.1%	-	91.7%
R20L	Boothferry R20L	Dobson Ward A102	01-ASTROGASTROENTEROLOGY	01-MEDICAL ONCOLOGY	282	282	168	172	100.0%	92.2%	94.2%
R20L	Boothferry R20L	Taking Ward A105	01-GENERAL MEDICINE	01-CARDIOLOGY	210	201	168	157	95.7%	91.2%	102.8%
R20L	Boothferry R20L	Radwin Ward C10	01-GENERAL MEDICINE		180	172	138	122	95.6%	92.4%	99.7%
R20L	Boothferry R20L	Deane Ward C10	01-GENERAL MEDICINE		180	172	138	122	95.6%	92.4%	99.7%
R20L	Boothferry R20L	Fisher A11	01-GENERAL MEDICINE	01-RESPIRATORY MEDICINE	172	162	138	122	94.2%	91.1%	100.3%
R20L	Boothferry R20L	Shute Unit E13	01-GENERAL MEDICINE	01-GERIATRIC MEDICINE	182	174	138	122	95.6%	92.4%	99.7%
R20L	Boothferry R20L	Burns Unit E10	01-PLASTIC SURGERY		324	312	216	202	96.3%	91.2%	93.1%
R20L	Boothferry R20L	Burns Unit Ward C10	01-PLASTIC SURGERY		182	174	138	122	95.6%	92.4%	99.7%
R20L	Boothferry R20L	Burns Outpatient Ward E10	01-PLASTIC SURGERY		84	72	62	52	85.7%	80.8%	103.1%
R20L	Boothferry R20L	Spinal Ward C10	01-PLASTIC SURGERY		282	274	182	174	97.2%	92.1%	100.2%
R20L	Boothferry R20L	Shelley Ward C11	01-PLASTIC SURGERY		182	174	138	122	95.6%	92.4%	99.7%
R20L	Boothferry R20L	Shelley Unit A12	01-GERIATRICS		172	162	138	122	94.2%	91.1%	100.3%
R20L	Boothferry R20L	A&P Renal Unit (W/F 40)	01-PEDIATRICS		182	174	138	122	95.6%	92.4%	99.7%
R20L	Boothferry R20L	A&P Renal Unit (W/F 40)	01-GERIATRICS		172	162	138	122	94.2%	91.1%	100.3%
R20L	Boothferry R20L	Safety Unit (W/F 40)	01-GERIATRICS		182	174	138	122	95.6%	92.4%	99.7%
R20L	Boothferry R20L	St Peter's Wards	01-GERIATRICS		182	174	138	122	95.6%	92.4%	99.7%
R20L	Boothferry R20L	MU Ward	01-GERIATRICS		182	174	138	122	95.6%	92.4%	99.7%
R20L	Boothferry R20L	Ward 6A10	01-PLASTIC SURGERY		174	162	138	122	93.7%	91.1%	101.2%
R20L	Boothferry R20L	Ward 6A10	01-GERIATRICS		182	174	138	122	95.6%	92.4%	99.7%
R20L	Boothferry R20L	SEU (BBN)	01-GENERAL SURGERY		180	174	138	122	96.7%	92.4%	100.3%