Mid Essex Hospital Services **NHS**
NHS Trust

Meeting: Finance and Performance Committee
Date: 26th May 2016

Agenda Item:

Monthly Report on Nurse Levels for April 2016

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:**
Resource Required:	

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 1stto 30th Apriland 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 Aprilunify data within the requested time frame from the TDA.In order to enable an overview of the actual against planned, a summary table is detailed in table 1. The table includesthe reasons, the impact and the actions which have been taken to address the staffing deficit and support quality, safety and patient experience.

Table 1 Aprilunify 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	97.3%	92.1%	96.6%	233.0%			
Heybridge Ward A303	85.2%	99.2%	97.5%	103.3%	Vacancies	Staff moved around to support care	Recruitment plan in place
Rayne Ward A304	93.6%	95.6%	93.6%	103.3%			
Goldhanger Ward E222	72.4%	77.2%	94.6%	90.0%	Sickness and shifts not filled by bank	Safe care as staff moved around to support	Ward fully established staff moved around the unit to provide safe care
Notley Ward E223	94.6%	97.4%	96.7%	111.6%			
Lister Ward C451	96.5%	121.8%	94.6%	180.0%			
John Ray Ward E323	93.2%	96.5%	91.4%	101.7%			
ESS Ward A205	92.7%	114.4%	99.9%	121.0%			
EAU Ward A204	94.8%	98.9%	98.3%	109.0%			
General Intensive Care Unit E226	89.6%	39.2%	95.8%	40.0%	Safe staffing level based on a patient activity and acuity		
MHDU Ward A211	84.5%	#DIV/0!	92.1%	#DIV/0!	Safe staffing level based on a patient activity and acuity		

Danbury Ward A302	85.7%	103.7%	99.4%	116.7%	Sickness and shift snot filled by agency	Staff being managed through the sickness policy	Staff moved around the unit to provide safe care
Terling Ward A305	95.7%	92.9%	98.9%	108.2%			
Baddow Ward C250	87.6%	96.0%	96.7%	106.1%	Sickness and shifts not filled by agency	Staff being managed through the sickness policy	Staff moved around the unit to provide safe care
Braxted Ward C251	88.8%	148.6%	96.7%	176.3%	Sickness and shifts not filled by agency	Staff being managed through the sickness policy	Staff moved around the unit to provide safe care
Felsted (A207)	90.5%	102.9%	94.4%	115.0%			
Stroke Unit E125	106.2%	155.2%	121.2%	164.8%			
Burns ITU E220	83.3%	84.5%	90.8%	96.7%	Safe staffing level based on a patient activity and acuity		
Burns Adult Ward E221	84.4%	74.3%	100.0%	73.3%	Safe staffing level based on a patient activity and acuity		
Burns Children Ward E225	73.5%	152.9%	98.3%	#DIV/0!	Safe staffing level based on a patient activity and acuity		
Stock Ward E320	90.4%	128.8%	99.2%	225.4%			
Billericay Ward E321	91.2%	91.4%	109.6%	99.8%			
Birthing Unit A402	90.4%	#DIV/0!	95.0%	#DIV/0!			
A4.4 Neonatal Unit (WF 405)	96.2%	50.0%	86.9%	80.0%	Safe staffing level based on a patient activity and acuity		
A4.3 Postnatal Ward (WF404)	86.5%	71.3%	104.3%	108.9%	vacancies	Stand alone units closed to support main site	Staff moved to provide safe care

Delivery Suite/Labour Ward A402	90.4%	184.1%	101.3%	204.8%			
St Peters Maternity	98.1%	62.5%	102.4%	111.2%	MCAs are managed across the maternity unit as a whole service		
WJC Maternity	90.6%	55.0%	109.1%	105.5%	MCAs are managed across the maternity unit as a whole service		
Mayflower (BADB)	103.0%	104.3%	91.8%	100.0%			
Gosfield (EACD)	95.0%	73.1%	92.1%	93.3%	Sickness	Care managed to meet patient needs	Staff being managed through sickness policy
SEW (GBBK)	84.2%	84.7%	94.4%	100.8%	Safe staffing level based on a patient activity and acuity		

The majority of fill rates for nursing and care staff were above 80% .

In April201615wards reported staffing fill rates below 90%. This excludes GICU/GHDUwhichhas 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.

3. Wards Reporting Above 100%

3.12 out of 28 wards reported over 100% fill rate of Registered Nurses within the day (7 %) compared with 6wards at night (21%). The incident of HCSWs fill above 100% was significantly more within the night duty period. On day duty there were 9 out of 28 wards with excess of 100% (32%) 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.
- 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 April 2016, 30 incidents were reported with the specific category 'Staffing Issues', 20 of these fell within red flag criteria. A total of 39 incidents reported in April fell within red flag criteria, 1 incident has been recorded with major/severe harm; this relates to a patient fall resulting in an acute sub arachnoid haemorrhage which has been declared an SI and is currently under investigation.

(The graph below details the categories of the 39 incidents recorded on Datix where red flag criteria was met).

	April 2016
Incidents reported where the category was 'Staffing Issues'	30
Incidents reported where the category was 'Staffing Issues' and Red Flag criteria was met	20
Red Flag (where staffing issues or skill mix was a contributing factor – all recorded categories)	39
Of those the degree of harm: Near miss	6
No injury	26
Minor/Minimal	6
Major/Severe	1

Red flag incidents reported in April 2016 by category
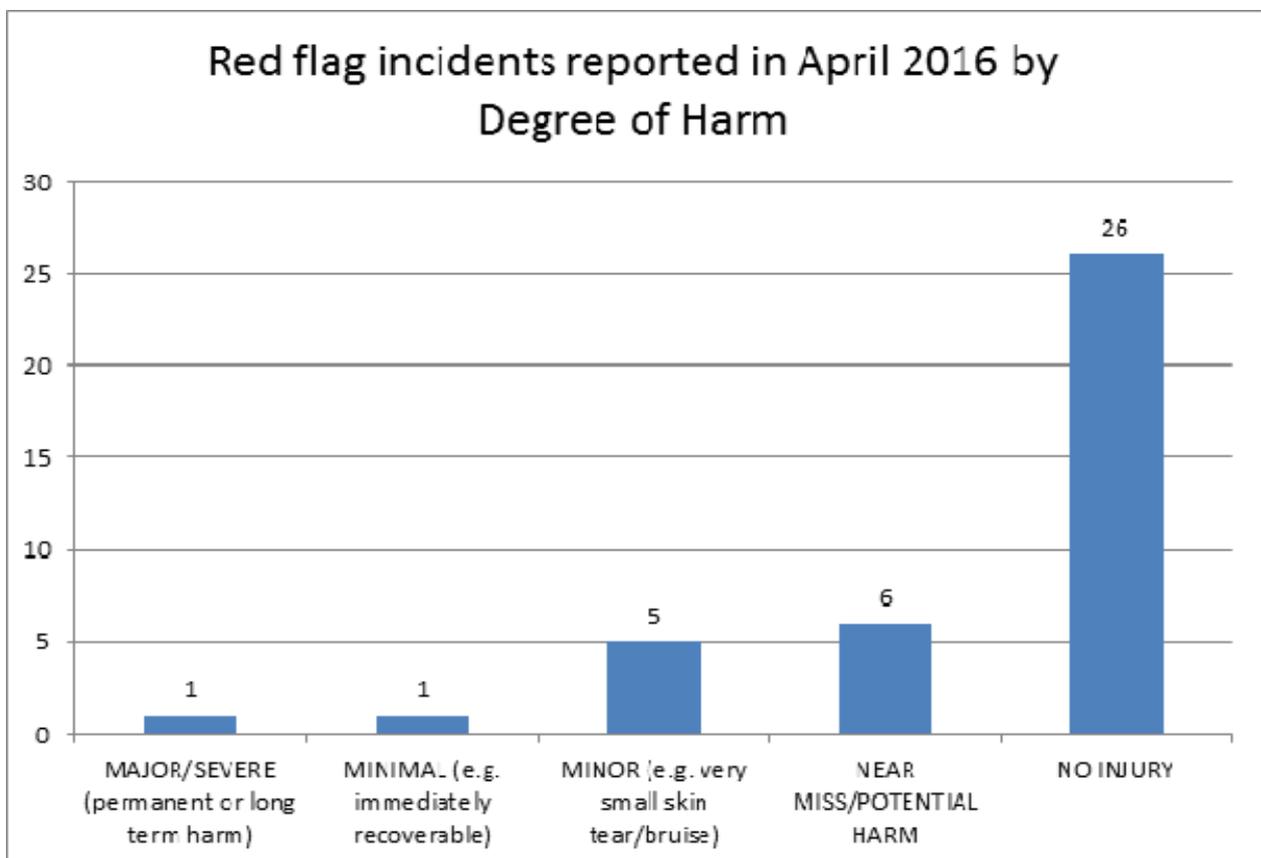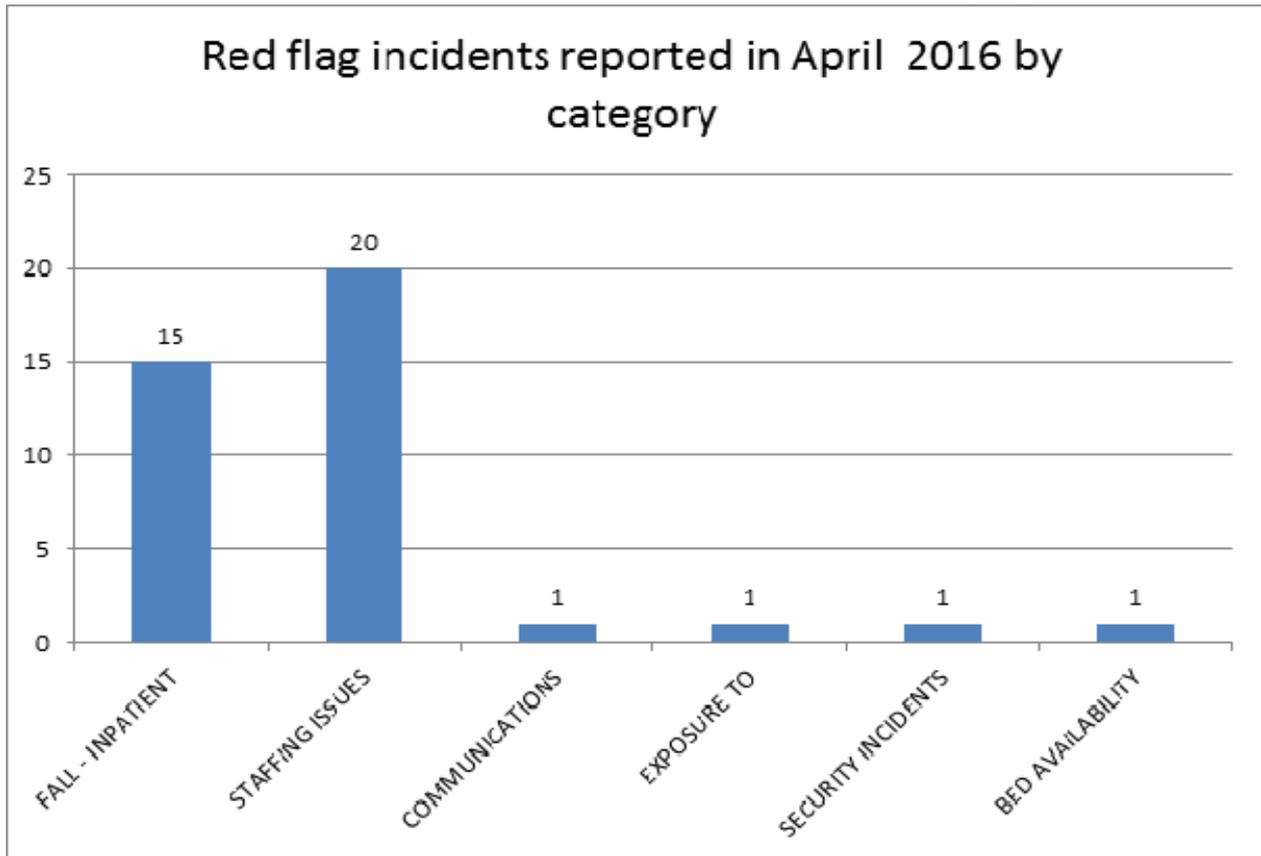
Birthing Unit Closures:
2 incidents were reported in April relating to the closure of Birthing Units (WJC & St Peter's), both are recorded as no injury.

- 1 related to the WJC birthing unit being closed overnight on 14 April 2016 and the correct procedure was followed.
- The other relates to the closure of the St Peter's birthing unit overnight on 25 April 2016 due to a staffing shortage at Broomfield.

Incident details for reference:

Birthing Unit Closures:
WEB36820– *WJC No Injury*
"WJC Maternity Unit closed overnight." (14 April 2016) Procedure for Closure routine followed.

WEB37177 – *St Peter's No injury*
"closure of standalone unit due to staffing shortage at Broomfield.Managed appropriately"

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.

5 HCA's commenced employment in April 2016.
8.32 HCA's have confirmed start dates for May 2016 and an additional 9.47 HCA's have anticipated start dates for late May 2016.
3.60 HCA's have anticipated start dates for June 2016.

11 Registered Nurses commenced employment in April 2016 via local recruitment.
5 Registered Nurses have confirmed start dates for May 2016 via local recruitment. An additional 18.60 Registered Nurses have anticipated start dates for late May 2016.
10.29 Registered Nurses have anticipated start dates for June 2016 via local Recruitment.

5.1 European recruitment

Following Skype interviews and interviews in Italy:

- 14 Registered Nurses commenced employment in April 2016 via EU recruitment.

- 4 overseas RN's commenced employment in May 2016 and an additional 4 are anticipated by the end of May 2016.

- 4 overseas RN's are anticipated for June 2016.

5.2 International recruitment

Plans are being developed to recruit 40 Nurses from India and 25 nurse from the Philippines. The nurses will be for ED, theatres and the remainder for the ward areas. The timescale is expected to be 6 months. Now that Nursing is on the shortage occupation list we are now planning to go overseas and recruit up to 50 Nurses by January 2017.

5.3 Monitor/TDA Nurse agency rules

The final agency rate reduction came into place on April 1st 2016. We are showing as red rag rated at the TDA as we continue to use agencies with above the cap rates in the following areas:

- Chemo day unit
- ED
- Burns ITU
- Theatres
- Peadiatrics

Next Steps

The Finance & Performance Committee is asked to:
- Note the monthly submission of nurse staffing data for April2016
- Note the areas below 90% and the mitigations and steps taken to address staffing shortfalls

Author

Lyn Hinton,
Deputy Chief Nurse
May 2016