

## Summary Nursing and Midwifery Safer Staffing

### 1.0 Purpose

This paper summarises the Nursing and Midwifery safer staffing reports for the three Trusts. From February to April 2019. Safe staffing is a key responsibility for the site Directors of Nursing and detailed reports and actions are presented and managed locally, reporting is in line with Unify.

The summary details:

- Registered Nurse Vacancies
- Specialties with over 25% Vacancies
- Fill rates of concern
- Correlates staffing levels with key Quality metrics

### 2.0 Background

Trusts are 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 trusts consider the quality measures listed below and correlated with vacancies and safer staffing levels:

- The numbers of falls with serious harms
- Hospital acquired pressure ulcers
- Hospital acquired Clostridium Difficile (C Diff)
- Hospital acquired Methicillin Resistant Staphylococcus aureus Bacteremia
- Patient experience – PALS concerns and formal complaints

### 3.0 Registered Nurse Vacancies

	MEHT		SUHFT		BTUH	
	WTE	%	WTE	%	WTE	%
<b>February 19</b>	251.73	35.6	115.92	13.74	207.86	12.85
<b>March 19</b>	257.92	36.4	113.04	13.4	212.56	13.15
<b>April 19</b>	268.05	37.5	133.81	15.74	243.67	14.78

### 4.0 Highest Vacancy Rate by Ward

#### 4.1 MEHT

MEHT	FEB	MAR	APR
<b>WARD</b>	<b>%</b>	<b>%</b>	<b>%</b>
Writtle	78	78	77.9
Braxted	56	56	55.6
Stroke	55	55	
Tollesbury			58.8

- Writtle ward remains the consistent area with the most challenging vacancy rate. This winter contingency ward was made substantive early 2019.
- The senior team are substantive and consistent agency staff are booked to ensure continuity of care.
- Agency members that have been booked long lines of shifts have been supported to complete MEHT Registered Nurse competencies to ensure consistent standards of care.
- Stroke increased its bed base from 26 to 32 in February 2019.
- Tollesbury has become one of the top three highest areas in April due to a number of staff retiring at the same time.

#### 4.2 **SUHFT**

<b>SUHFT</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>
<b>WARD</b>	<b>%</b>	<b>%</b>	<b>%</b>
Eleanor Hobbs	38.7	30.3	34.0
Princess Anne	30.6	30.7	28.2
Southbourne	33.9	33.9	31.1
Chalkwell	25.8		27.3
Neptune	27.8	25.9	32.6
Neonatal			28.17

- At SUHFT three areas in medicine have vacancies > 25%, these are showing a downward trend, it is expected that overseas Registered Nurse recruitment will continue to improve this trend.
- Chalkwell (Surgical Assessment Unit) has a variable trend in vacancies focussed recruitment is taking place.
- The Paediatric wards have been highlighted as a concern due to significant increase in vacancies; an action plan is in place. Actions include focused recruitment events, recruitment of overseas RN's with paediatric experience, affiliation with Great Ormond Street Hospital with reciprocal placements and liaison with Southbank University for placements.

#### 4.3 **BTUH**

<b>BTUH</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>
<b>WARD</b>	<b>%</b>	<b>%</b>	<b>%</b>
Florence Nightingale	39.6	38.8	30.4
Marjorie Warren			49.9
Laindon	38.8	38.8	41.3
ITU	35.7	35.7	35.8
Surgical Referrals Unit	33.7	27.7	32.5
Linford	50.4	45.2	46.0
Roding	35.7	34.1	28.4

- Marjorie Warren shows a significant increase in vacancies, this needs to be further understood. (ward budgets have recently been adjusted for 2019/20 and this may be the impact as staff change forms have not yet been completed) Winter escalation beds closed at the end of April and staff from these areas have been re-assigned back into the medical bed base wards.
- The three areas within surgery, critical care has a pipeline of staff and should see an improvement
- Linford ward is showing a reduction as staff who have been offered positions come into post.
- SRU focused recruitment is taking place.
- On Roding ward there is a reduction in the vacancy gap as staff commence employment.

## 5.0 Fill Rate Areas of Concern

Vacancy rates within the organisation remains a concern, however in general fill rates are consistently above 90% in most inpatient areas. This is very positive from a nurse to patient ratio however, this does demonstrate a significant reliance on temporary staff within the in-patient areas. Details below are by exception when fill rate is below 90%.

### 5.1 MEHT

MEHT	FEB	MAR	APR
WARD	%	%	%
Birthing Unit	77.1	82.4	75.4
Delivery Suite	80.5		
Mayflower		84.3	
Gosfield	87.0		81.0
Adult Burns		84.0	75.4

- The birthing unit consistently records the lowest fill rate due in part to lower activity levels and the model of care provided in Maternity staffing is mitigated daily by moving midwives from within the service from areas with lower activity. Community resource is used if activity out ways onsite provision.
- The adult Burns area is also activity dependent and when activity is lower, then staff rosters are not automatically filled.

### 5.2 SUHFT

SUFT	FEB	MAR	APR
WARD	%	%	%
Eastwood			76
Windsor	81.7	85.5	81.5
Elizabeth Loury	83.5	80.7	80.8
Estuary	88.9	75.6	83.1

- Eastwood ward from Feb–April vacancy rate 8.58% -14.79%, reductions in shift fill in April was due to change in comparison of planned and actual hours.
- Windsor ward had high vacancy rate of 29.53% in Feb/March improved to 24.09% in April and parenting leave of 12.2%.
- Elizabeth Loury in addition to vacancy of 8.89%-20.06%, sickness 5.3% in Jan-April had 6.9% parenting leave.
- Estuary ward in addition to vacancy of 12.7%-17.59%, Sickness 4.1% Feb-April above the Trust target and had 10.9% parenting leave.
- The areas with shift fill <75% does not reflect wards with high vacancies; this would indicate vacancies filled with bank agency in these areas.
- Parenting leave is above 10% in Windsor and Estuary Wards which is having an impact on the fill rate.

**5.3 BTUH**

BTUH	FEB	MAR	APR
WARD	%	%	%
Florence Nightingale	71.9	66.6	66.7

- The majority of the hospital has a fill rate of above 90%, the one area that has constantly had a fill rate <75% is Florence Nightingale ward, which is also showing a high vacancy rate. Staff re -deployed to the area and the Non-Invasive Ventilation bleep holder work clinically.

**6.0 Staffing Impact on Quality**

**6.1 MEHT**

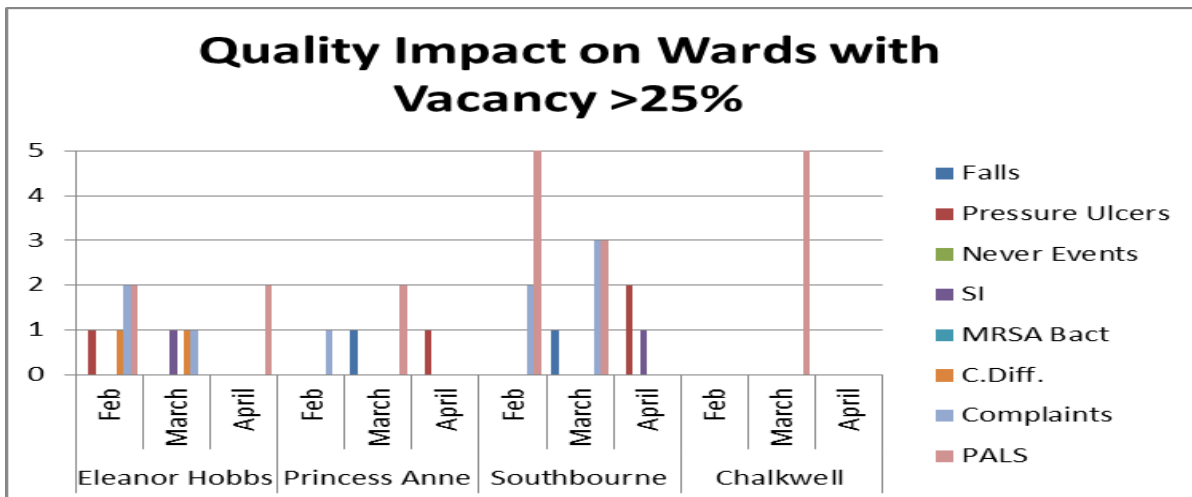
Despite positive fill rates areas where quality and safety has potentially been compromised proactive risk summits have taken place to understand themes and learn from adverse events and ensure that appropriate support is in place to improve standards of care.

Successful risk summits on Bardfield ward and Writtle ward have been completed in 2019 so far. These summits have resulted in ward-based support and action plans to monitor agreed outcomes. Since receiving their summit and subsequent action plan Bardfield has observed a reduction in both pressure ulcers and falls and is no longer considered a ‘worry ward’.

Tollesbury ward which is one of the top 3 vacancy rates since April 2019 observed a higher than expected incident of Hospital Acquired Pressure Ulcers. A proactive response from the Tissue Viability Nurse team has resulted in a supportive Quality Improvement Project to improve incidences.

A formal daily staffing meeting takes place Monday to Friday to review staffing across the whole organisation with the Deputy Director of Nursing, the Associate Directors of Nursing and Matrons. Shortfalls of staffing are mitigated at this meeting. Other informal meetings take place throughout the day, evenings and at weekends depending on need. Each weekday an Associate Director of Nursing is roster to work a late shift to provide senior oversight of staffing levels and safety.

## 6.2 SUHFT



- Eleanor Hobbs – 3 incidents of C diff, patient case mix more prone to C.diff
- Southbourne – 5 PALS concerns during Feb during period when escalation beds open during the winter period.
- Chalkwell – 5 PALS concerns during March, this correlates with a dip in RN fill rate to 91.6% despite lower vacancy.

### Quality Impact where Staffing Concerns have not been raised, of note:

From Feb to April 2019, 11 Pressure ulcers have been reported in the MSK Unit, these have been classed as avoidable, although not all of these have been assessed by the patient safety panel. A robust over-arching action plan has been developed for all reported incidents and RCA's, actions include; focussed ward training & education, updated monitoring systems and letter of expectation for agency staff.

## 6.3 BTUH

The site report that, during the reporting period there has been no correlation between staffing shortfalls and quality of care on the wards with high vacancy rates and a low fill rate. A weekly Harm Free review meeting is held if any emerging themes or wards flag as a concern for quality or safety action plans are implemented at that time.

## 7.0 Conclusion

Staffing remains a challenge across the group as seen within the summary, leaders on all sites are focused and committed to addressing. Work continues to align reporting and support triangulation of findings.