

**Meeting:** Board

**Date:**

**Agenda Item:**

## Monthly Report on Nurse Staffing Levels October 2018

### 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. High agency spend used to fill nursing vacancies will</p>
<p><b>Reputation:</b> Failure to deliver high quality care may impact on reputation.</p>	<p><b>Legal:</b> None</p>
<p><b>Resource Required:</b></p>	

**Cross Reference to Trust Strategic Priorities and Objectives:** Clinical and Service Excellence

**Legal and Regulatory Implications/Equality and Diversity issues:** None

**Trust Values and Behaviours consideration and impact:** Kind –Respectful and compassionate: Professional – Follows and shares best Practice.

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**Sponsors:** Diane Sarkar, Chief Nursing Officer; Maggie Bayley, Director of Nursing

### RECOMMENDATION

The Board is asked to discuss the findings of the report and mitigations to address staffing shortfalls and incidents relating to patient safety and quality.

### REQUESTED ACTION

To note the contents

## MONTHLY REPORT ON NURSE STAFFING LEVELS OCTOBER 2018

### 1. SUMMARY

This paper provides an overview of the nurse staffing levels for planned and actual staffing levels in October 2018. The Trust's position on the mandatory submission for nursing fill rates to the Department of Health via UNIFY, is included in the appendix and key areas of risk and the mitigation taken at divisional level is detailed. An overview by division of their staffing position for trained and untrained staff and the turnover is included. Risks and incidents that have been attributed to staffing levels are also reviewed.

### 2. BACKGROUND

The Trust is 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 staffing level fill rates are RAG rated as Green above 90%, Amber 80-89% and Red below 79%. Areas showing as purple will have used staffing additional to their ward establishment with possible reasons including:

- increased capacity,
- one to one specialing

### 3. STAFFING LEVELS/VACANCIES

KEY (Vacancy Rating)	
12%	Above 12%
10%	Between 8-12%
8%	Below 8%

TREND % VACANCY	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct 18
Registered	21.8%	21.9%	23.5%	24.3%	25.4%	25.6%	25.0%
Non-registered	11.9%	11.4%	14.5%	14.9%	16.0%	16.3%	17.8%
TOTAL	18.9%	18.7%	20.8%	21.5%	22.6%	22.9%	22.9%

- Nurse vacancies have remained static at 22.9% (516 wte).
- Qualified ward vacancies have decreased to 36% (252 wte).
- Over half of the qualified funded posts in the Medicine directorate wards are vacant (51% = 90 wte)
- Unqualified vacancies have increased to 17.8%, the highest since Dec 17 having previously been <12% in Apr and May.

Table 1 below demonstrates the position of vacancies for all nursing staff and broken into registered and unregistered staff.

**Table 1: ALL NURSING – Registered and Non-Registered**  
**ALL NURSING – Registered and Non registered**

AREA	Funded	In Post	Vacant	%	Last Month
WARDS	1129.33	778.72	350.61	31.0%	31.5%
THEATRES	412.07	347.93	64.14	15.6%	16.8%
ALL OTHER	713.20	611.78	101.42	14.2%	12.8%
<b>TOTAL</b>	<b>2254.60</b>	<b>1738.43</b>	<b>516.17</b>	<b>22.9%</b>	22.9%
LAST REPORT TOTAL	2257.57	1740.77	516.80	22.9%	

Registered only

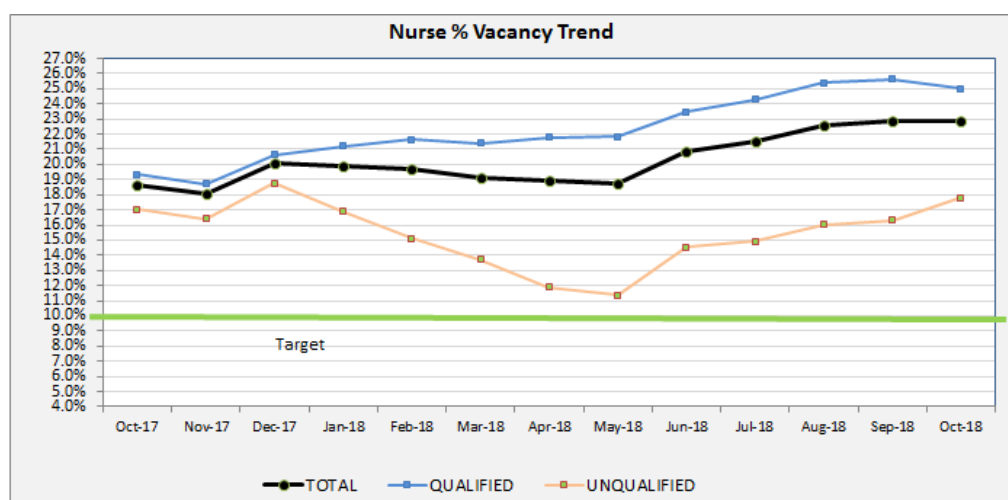
AREA	Funded	In Post	Vacant	%	%
WARDS	709.46	457.77	251.69	35.5%	37.5%
THEATRES	313.03	250.64	62.39	19.9%	20.8%
ALL OTHER	566.61	483.04	83.57	14.7%	13.6%
<b>TOTAL</b>	<b>1589.10</b>	<b>1191.45</b>	<b>397.65</b>	<b>25.0%</b>	25.6%
LAST REPORT TOTAL	1591.34	1183.17	408.17	25.6%	

Non registered only

AREA	Funded	In Post	Vacant	%	%
WARDS	419.87	320.97	98.90	23.6%	21.5%
THEATRES	99.04	97.29	1.75	1.8%	3.9%
ALL OTHER	146.59	128.72	17.87	12.2%	10.0%
<b>TOTAL</b>	<b>666.23</b>	<b>557.61</b>	<b>108.62</b>	<b>17.8%</b>	16.3%
LAST REPORT TOTAL	665.84	559.25	106.59	16.0%	

Recruitment to HCA vacancies undertaken Trust wide initially proved successful however the attrition rate was extremely high due reaching out to a wider potential workforce who had limited or no prior experience in working in healthcare.

Whilst open days are continuing, all wards have been requested to continue local recruitment so that parallel pipelines occur. Targeted recruitment is being planned for this group of staff with a planned role specific induction week within the next two months.



#### 4. TURNOVER

Table two below demonstrates that month on month turnover has decreased from 19.99% last month, to 17.09%, with the highest turnover seen within Women and Children's services of unregistered staff and corporate services for registered nurses.

**Table 2**

**Nurse and HCA Turnover by Division - 12 Months to 31st October 2018**

*Data extracted from ESR. Primary Assignments only. Does not include leavers who retain a bank assignment.*

Nurse or HCA	DIVISION	Average WTE	Leavers not retaining Bank WTE	Leavers retaining Bank	Total Leavers	Turnover
HCA's	CORPORATE	0.50	0.00		0.00	-
HCA's	DIVISION 1 - MED & EMER CARE	172.31	21.13	24.86	45.99	26.69%
HCA's	DIVISION 2 - SURGICAL	108.91	15.07	16.09	31.16	28.61%
HCA's	DIVISION 3 - CLINICAL SUPPORT	92.00	7.07	7.00	14.07	15.29%
HCA's	DIVISION 4 - W & C	56.88	10.23	11.72	21.95	38.59%
HCA's	DIVISION 5 - ST ANDREWS	39.45	1.87	1.00	2.87	7.27%
HCA's	OPERATIONAL SUPPORT	15.05	3.00	1.00	4.00	26.57%
<b>HCA's Trust Total</b>		<b>485.10</b>	<b>58.36</b>	<b>61.67</b>	<b>120.03</b>	<b>24.74%</b>
Nurses and Midwives	CORPORATE	29.78	7.20	2.40	9.60	32.24%
Nurses and Midwives	DIVISION 1 - MED & EMER CARE	272.62	17.81	34.09	51.90	19.04%
Nurses and Midwives	DIVISION 2 - SURGICAL	185.71	11.56	22.64	34.20	18.42%
Nurses and Midwives	DIVISION 3 - CLINICAL SUPPORT	298.10	18.49	22.87	41.36	13.87%
Nurses and Midwives	DIVISION 4 - W & C	243.23	19.22	26.36	45.58	18.74%
Nurses and Midwives	DIVISION 5 - ST ANDREWS	139.65	3.57	16.33	19.90	14.25%
Nurses and Midwives	OPERATIONAL SUPPORT	27.95	1.07	1.00	2.07	7.39%
<b>Nurses and Midwives Trust Total</b>		<b>1197.05</b>	<b>78.93</b>	<b>125.68</b>	<b>204.61</b>	<b>17.09%</b>

#### 5. FILL RATES

Fill rates are calculated from what the expected level of staffing is expected shift by shift by what was actually provided. This data is produced monthly from the HealthRoster team and submitted to unify in response to Lord Carter recommendations. The following data (table 3 and 4) illustrates fill rates at both a trust level and divisional level of expected staff levels including temporary staff within these figures. Full data set is taken from Unify report (Appendix A).

##### 5.1 Overall Trust Position

Table 3 demonstrates that fill rates have remained favourable throughout the last 6 months with both registered and unregistered shifts being filled above 95% of the time. Incidence over 100% indicate that staffing additional to establishment have been used for specialing due to the complex case mix of patients. It should be noted that 20wte enhanced support workers (ESA) are funded and placed on a central budget, however this is not reflected in the unify submission currently and we are working with finance to find a solution that will bring down the over 100% fill rate by feeding the financial information into the submission. As part of the bi-annual staffing review (Safer Nursing Care Tool) we are also undertaking an audit of the use of specialing for one week to enable scrutiny of usage and the ability to plan future actions required to address issues highlighted.

Table 3

Month	RN day	RN night	HCA	HCA night
May	98.6%	97.7%	100.2%	111.7%
June	99.6%	101.6%	98.2%	111.7%
July	97.9%	99.3%	95.7%	114%
August	97.7%	99.5%	96.3%	116.1%
September	96.6%	99.1%	97.5%	117.2%
October	93.5%	97.2%	98.3%	115.5%

## 5.2 Overall Fill Rate RAG Rating for the Divisions / Directorates for Month

Table 4 demonstrates that each division has been consistently above 95% in all areas for the past five months.

- Additional Registered nurses to care for patient with CPE on Rayne ward (Isolation)
- Unplanned admissions to Billericay ward increasing the number of patients with complex airway management and increased admission through Mayflower ward

Table 4

Registered Nurses						
	August 2018		September		October	
	Day	Night	Day	Night	Day	Night
Medicine	94.8%	97.7%	97.6%	100.7%	92.4%	96.5%
Surgery	105.3%	105.1%	101.5%	102.8%	95.4%	99.3%
Women & Children's	91.3%	94.1%	88.0%	90.8%	93.2%	95.7%

Table 5 below illustrates that the unregistered/HCA staff within medicine are consistently over establishment which is attributed to the adhoc need for specialising patients' and one to one care. Surgery and Women's and children mimic this trend on night shifts only. This trend is consistent with partner sites in the MSB. Acknowledging this trend the MSB Deputy Directors of Nursing will be coordinating an audit into current practice to assess the appropriateness of these requests.

Table 5

	Health Care Support Workers					
	August 2018		Sept 2018		Oct 2018	
	Day	Night	Day	Night		
Medicine	99.2%	118.6%	104.2%	122.5%	98.0%	117.9%
Surgery	98.0%	123.3%	95.3%	122.6%	103.2%	122.6%
Women & Children's	85.7%	98.0%	88.2%	99.4%	90.8%	98.5%

## 5.3 Fill Rate Variance Report by Ward

Table 6 below demonstrates a breakdown of areas and associated RAG ratings of those wards that triggered amber or red fill rates from the unify submission (Appendix 1). Mitigation and assurance to address these shortfalls, has been provided by the Associate Directors of Nursing.

Table 6

Division	Ward name	Day		Night		Mitigation
		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	
1	Felsted	92.5%	88.0%	100.1%	101.3%	Mitigated at daily divisional staffing huddles
	Writtle Ward	87.5%	91.7%	95.7%	116.1%	Support provided by Matron for clinical improvement when required
2	Notley	95.1%	89.5%	99.9%	101.2%	MSK proactively move within division to support any shortfall
4	Birthing Unit	70.8%	-	87.8%	-	Staffing reviewed daily by ADoN at safety huddle. Staff deployed to areas of shortfall depending on activity and demand
	Labour Ward A402	92.6%	85.5%	93.4%	97.8%	
	St Peters	100.5%	74.9%	97.2%	100.4%	
5	Burns ITU	96.4%	62.9%	97.0%	90.3%	No concerns raised by division
	Stock	87.1%	99.5%	96.1%	122.6%	Supported by Burns critical care as required

As previously reported areas over establishment for HCAs has been attributed to additional duties for specials include care of patients under deprivation of liberty standards and requiring 1:1 supervision. This has been a specific issue on Rayne ward where the ward is funded for two HCA shifts per night, however is showing as a significant over establishment due to the number of specials. The surgical division are working with the finance team to pull funding from central budget to ensure that special requirement is better demonstrated within the fill rate.

## 6. INCIDENT REPORTS AND RED FLAGS

In October 2018, 48 incidents were reported with the specific category 'Staffing Issues', 32 of these fell within red flag criteria.

These incidences are recorded on Datix where staff can select the appropriate outcome of the short staffing. This includes delay in care rounding, more than 25% of expected nursing hours, delay in administration of medication for example.

Table 6

	July 2018	Aug 2018	Sept 2018	October 18
Incidents reported where the category was 'Staffing Issues'	30	21	25	48
Incidents reported where the category was 'Staffing Issues' and Red Flag criteria was met	9	14	15	32
Red Flag (where staffing issues or skill mix was a	18	31	34	51

	July 2018	Aug 2018	Sept 2018	October 18
contributing factor – all recorded categories)				
<b>Of those the degree of harm:</b>				
Near miss	6	4	10	18
No injury	12	24	22	27
Minor (small skin tear/bruise)	0	3	2	6
Minimal (immediately recoverable)	0	0	0	0
Potential For Adverse Publicity	0	0	1	

Staffing incidences with harm:

WEB69461: Goldhanger ward, pressure ulcer  
 WEB70151: Rayne ward: Fall from chair, small skin tear to arm  
 WEB69662: Rayne ward, delay in administration of analgesia  
 WEB69290: Braxted ward, inpatient fall  
 WEB69579: Heybridge ward, inpatient fall  
 WEB69255: Baddow ward, inpatient fall.

## 7. INCIDENCES WITH HARM VERSUS VACANCY FACTOR

While fill rates remain positive in the majority of the inpatient areas, high vacancy rates will mean that high percentages of agency and bank staffing are used within these areas.

Incidences with moderate to severe harm have been reviewed for this period a percentage of registered staff. All areas that had an incident of moderate/severe have vacancy rate of over 30% (A vacancy rate of over 30% applies to the majority of inpatient areas).

Table 7

WARD	Vacancy %	Moderate harm
WRITTLE	88%	1
GOLDHANGER	49%	1
DANBURY	50%	2

## 8. WARD SISTERS SUPERVISORY TIME

All in-patients area's ward sisters are 100% supervisory and not included in staffing numbers within the day to ensure robust governance and clinical supervision. However, as part of supporting nursing shortfall pressures and to reduce run rate, ward sisters are expected to provide at least two rostered clinical shifts.

The impact with lack of administration time that the Ward Sisters are taking may potentially result in a backlog of appraisals, RCA's and Datix being completed. This is being monitored by the ADoNs and reported to the Director of Nursing if there are areas of concern.

## 9. RECRUITMENT UPDATE

### 9.1 Local Recruitment

To ensure full grip and transparency of recruitment plans for divisions the Director of Nursing has continued weekly meetings with the Associate Directors of Nursing (ADoNs) Human Resources (HR) and Health Roster teams. This has resulted in proactive management of vacancies to ensure that recruitment processes are not delayed by systems and process. In addition roster compliance is reviewed and areas of noncompliance monitored to ensure that safer staffing practices are followed, promoting efficient working practices. In addition, areas of risk are highlighted and supportive plan discussed to ensure divisions are supported in the areas where vacancies remain low.

- 12.40 HCAs commenced employment in September 2018.
- 8.60 HCAs commenced employment in October 2018.
- 4.00 HCAs have confirmed start dates between November 2018 and December 2018.
- 2.00 HCAs have received conditional offer letters and are anticipated to start between November 2018 and December 2018.
- 21.93 Band 5 RGNs commenced employment in September 2018.
- 24 Band 5 RGNs commenced employment in October 2018.
- 16.56 Band 5 have confirmed start dates between November 2018 and January 2019.
- 16.47 RGNs have received conditional offer letters and are anticipated to start between November 2018 and January 2019.

### 9.2 International Recruitment

#### 9.2.1 Medacs Recruitment Agency

35 Nurses are in the pipeline to commence employment at MEHT from outside of the EU. Table 9 below demonstrates the predicted start dates and the stage of process that is currently being completed.

Table 9

No. of nurses	Starting date - Estimated	Progress
2	November	Landed and commenced with MEHT 22.11.18
4	January	MEHT applying for 1 x Certificate of Sponsorship (CoS) 3 x HR pre-employment check in progress then MEHT will apply for CoS
6	February	1 x Decision letter (pregnant) 2 x in NMC decision queue 3 submitted documents to NMC
9	March	2 x submitted documents to NMC 7 x uploading documents to NMC
1	August	Uploading documents to NMC (pregnant)
13	TBC	9 booked CBT



		4 planning to book
Total 35		

All candidates that have been interviewed more than 12 months ago have been reviewed. Those that have had minimal contact with the agency and have not progressed through the application process have been removed from the pipeline list to ensure an accurate number of arriving candidates is demonstrated. This equates to the removal of 22 nurses.

## 10. SAFE CARE ROLL OUT

The roll out of SafeCare module has been completed. All wards participating are inputting consensus data regularly. A peer review of how Cambridge University Hospital use the system operationally was completed in November which was positive and demonstrated well how the system can be used to demonstrate daily assurances. Terms of reference and a SOP for managing this process within MEHT is being developed.

## 11. CONCLUSION AND FURTHER ACTIONS

Recruitment challenges remain and the escalating trend of vacancies continues. Overseas nurse recruitment has continued however due to changes in the application process less nurses are completing the application process and commencing employment in the Trust. This is mainly affected by the high score required in the English language test.

Staffing is reviewed daily by Matrons and Associate Directors of Nursing and mitigation processes are activated when temporary staffing measure is not achieved.

### 11.1 Strategy & Actions

- Nurse recruitment action plan monitored through a fortnightly task and finish group with oversight from the Director of Nursing
- Retention plan for MEHT in place to address the NHSI retention wave 2 agenda with fortnightly task and finish group driving this work with oversight from the Director of Nursing
- Weekly meetings with HR and Bank Partners to address staffing fill rates and take targeted action to mitigate risk
- Daily approval of agency usage has been ongoing since early September specifically with regards to above cap
- Risk assessments are being undertaken by all Divisions in line with a planned stop of above cap agencies in early November to manage and mitigate to maintain quality of care
- Targeted HCA recruitment and role specific induction to take place within two months
- Daily organisational huddles with Associate Directors of Nursing commenced in November to ensure inter divisional staffing mitigation

Appendix 1 October 2018

Ward name	Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
	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 (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
	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								
Phoenix	2988.5	2852	783	775	2217.5	2200.25	713	702.5	95.4%	99.0%	99.2%	98.5%	442	11.4	3.3	14.8
Heybridge	2217.3333	2139.1667	1318.5	1422.5	1426	1383.75	713	827.75	96.5%	107.9%	97.0%	116.1%	957	3.7	2.4	6.0
Rayne	2143.4167	2145.75	1096	1488.5	1426	1374.8333	713	1496.5	100.1%	135.8%	96.4%	209.9%	947	3.7	3.2	6.9
Goldhanger	1503.5	1413	1525	1540	1058	1069	713	1242.75	94.0%	101.0%	101.0%	174.3%	825	3.0	3.4	6.4
Notley	1682.5	1599.5	1333	1193	1069.5	1068	713	721.5	95.1%	89.5%	99.9%	101.2%	720	3.7	2.7	6.4
Lister	1118	1057.25	942	1126	1069.5	1033.75	713	953.5	94.6%	119.5%	96.7%	133.7%	589	3.6	3.5	7.1
John Ray	1083	998.41667	1089	995.5	989	943	713	655.5	92.2%	91.4%	95.3%	91.9%	487	4.0	3.4	7.4
ESS	2293.25	2189.5	1552	1500	1364	1364	1023	1256	95.5%	96.6%	100.0%	122.8%	914	3.9	3.0	6.9
EAU	652.5	645.08333	440.5	401	2046	2040	1700	1709.25	98.9%	91.0%	99.7%	100.5%	741	3.6	2.8	6.5
GICU	6244	5631	329.75	297.25	5197.5	4728.5	157.5	147	90.2%	90.1%	91.0%	93.3%	396	26.2	1.1	27.3
Danbury	1884	1732.25	1526	1443.5	1069.5	1038.25	1067.75	1102	91.9%	94.6%	97.1%	103.2%	965	2.9	2.6	5.5
Terling	1888.5	1781.9167	1508.5	1458	1424.25	1445.75	713	698.5	94.4%	96.7%	101.5%	98.0%	954	3.4	2.3	5.6
Baddow	1515.3333	1420.8333	1521.5	1387.25	1068.75	1023.5	713	825.5	93.8%	91.2%	95.8%	115.8%	790	3.1	2.8	5.9
Braxted	1135	1044	1497	1727.5	1056.25	1032	713	1109.6667	92.0%	115.4%	97.7%	155.6%	800	2.6	3.5	6.1
Felsted	1497.67	1385.3333	1152	1014	1069.5	1070.25	713	722.5	92.5%	88.0%	100.1%	101.3%	588	4.2	3.0	7.1
Stroke Unit	1880.9	1694.65	1515.5	1546.1667	1426	1381	706.5	878.25	90.1%	102.0%	96.8%	124.3%	679	4.5	3.6	8.1
Burns ITU	2702.75	2605.25	523	329	2173.5	2108.75	325.5	294	96.4%	62.9%	97.0%	90.3%	96	49.1	6.5	55.6
Burns Adult 1	1495.08	1390.0833	781	774.5	651	651	651	679.5	93.0%	99.2%	100.0%	104.4%	165	12.4	8.8	21.2
Burns Children	796	800.5	451.5	415.5	651	651	0	0	100.6%	92.0%	100.0%	-	85	17.1	4.9	22.0
Stock	2196.5	1914	1196.5	1191	1470	1412.25	325.5	399	87.1%	99.5%	96.1%	122.6%	674	4.9	2.4	7.3
Billericay	2175.0833	2139.6667	1028	1179.5	1302	1503.25	661.5	900.5	98.4%	114.7%	115.5%	136.1%	601	6.1	3.5	9.5
Birthing Unit	1129.5	799.5	0	0	744	653.25	0	0	70.8%	-	87.8%	-	73	19.9	0.0	19.9
Neonatal	1755	1659.75	276	273.25	1483.5	1426	322	322	94.6%	99.0%	96.1%	100.0%	210	14.7	2.8	17.5
Postnatal	1512	1384.15	981	896.5	1116	1061	744	724	91.5%	91.4%	95.1%	97.3%	823	3.0	2.0	4.9
Labour Ward A402	2691	2492.8333	723.5	618.5	2571.5	2401.6667	744	727.5	92.6%	85.5%	93.4%	97.8%	260	18.8	5.2	24.0
St Peters	1704.5	1713	899	673.75	372	361.5	372	373.5	100.5%	74.9%	97.2%	100.4%	116	17.9	9.0	26.9
WJC	1504	1492.5	644	591	360	362	324	324	99.2%	91.8%	100.6%	100.0%	70	26.5	13.1	39.6
Mayflower	1556.5	1489	837.5	824	640.5	652	651	651	95.7%	98.4%	101.8%	100.0%	360	5.9	4.1	10.0
Gosfield	1174	1083	744.46667	757.96667	682	670.5	537.5	526.5	92.2%	101.8%	98.3%	98.0%	294	6.0	4.4	10.3
Writtle Ward	1508.1667	1319.1667	1533.1667	1406.6667	1069.5	1023.25	713	828	87.5%	91.7%	95.7%	116.1%	535	4.4	4.2	8.6
SEW	1408.5	1294.5	852	830	1069.5	1058	713	736	91.9%	97.4%	98.9%	103.2%	752	3.1	2.1	5.2