

Meeting: Site Governance Forum

Date: June 2019

Agenda Item:

Safer Staffing Nursing Report

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: n/a

Finance and Performance: clinically effective care positively impacts on performance. Failure to deliver on safe, high quality care may impact on the hospital of choice. High agency spend used to fill nursing vacancies will

Reputation: failure to act on key safety and quality metrics could negatively impact on the Trust's reputation

Legal: failure to act on key safety and quality metrics could result in liabilities and compromise the Trust's registration

Resource Required: None

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

Legal and Regulatory Implications/Equality and Diversity issues:

Trust Values and Behaviours Consideration and Impact: supports strengthened professional approach to the delivery of high quality care to patients and an environment that values and enables staff.

Mid and South Essex Success Regime Consideration and Impact:

Sponsor/s: Wendy Matthews, Director of Nursing

Author/s: Daniel Spooner, Deputy Director of Nursing

Recommendation

To note content on report and actions taken to mitigate shortfalls and assessment of quality metrics

Requested Action

None

Report Summary

This paper summaries the Nursing and Midwifery safer staffing for May 2019

Safer Staffing Nursing and Midwifery Mid Essex NHS Trust May 2019

1.0 PURPOSE

This paper outlines the Nursing and Midwifery safer staffing for May 2019

2.0 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 Red below 79%, Amber 80-89% and Green above 90%. Rates over 100% Lilac.

The numbers of falls with serious harms, hospital acquired pressure ulcers, never events, serious incidents, infection prevent and patient experience data are also correlated with safer staffing levels

3.0 STAFFING LEVELS

Staffing levels are representative of inpatient wards including critical care

Registered Nurses and Midwives	April 2019	May 2019	Variation	
Funded Registered Nursing establishment (WTE)	713.95	720.13	6.18	
In Post Registered Nursing establishment (WTE)	445.9	447.7	1.8	
Vacant Registered Nursing Posts (WTE)	268.05	272.43	4.38	
Vacant Registered Nursing Posts % (WTE)	37.5%	37.8	0.3%	
Sickness *	4.25(March)	4.31(Apr)	0.6%	
Bank spend % of pay bill	13.5%	13.3%	0.2	
Agency spend % of pay bill	9.2%	11.7%	2.5%	
Number of Red flags (Datix)	19	22	3	

*Trust level data.

Health Care Assistants	April 2019	May 2019	Variation	
Funded Non Registered Nursing establishment (WTE)	422.6	428.62	6.02	
In Post Non Registered Nursing establishment (WTE)	324.55	337.94	13.39	
Vacant Non Registered Nursing Post (WTE)	98.05	90.68	7.37	
Vacant Non Registered Nursing Post % (WTE)	23.2%	21.2%	2%	

Table 1: SOURCE: Monthly finance update

Funded Registered Nursing and HCA (WTE) has increased this month (6.18 for Registered nurses and 6.02) following uplift in John Ray ward to match current capacity. Moving from an funded establishment to care for 16 beds to a bed base of 28. Vacancy percentage remains static despite this uplift.

3.1 Registered Nursing (RN) & Non Registered Nursing Fill Rates (days/ nights) Overall Trust position

Registered Nurse Day	Registered Nurse Night	Non Registered Nurse Day	Non Registered Nurse Night
95.4%	99.8%	100.8%	117.4%

Table 2: SOURCE: Unify submission

3.2 Cumulative Fill Rates

Registered Nursing fill rates for day shifts has observed a two month improvement. Nights are consistently well filled. Due to vacancy rates within the inpatient area often only one substantive RN is staffed on the night shifts and supported consistently by temporary staffing. While this could be seen as releasing premium rate shifts to temporary staffing it is to maintain acceptable standards of care during the high activity day shifts.

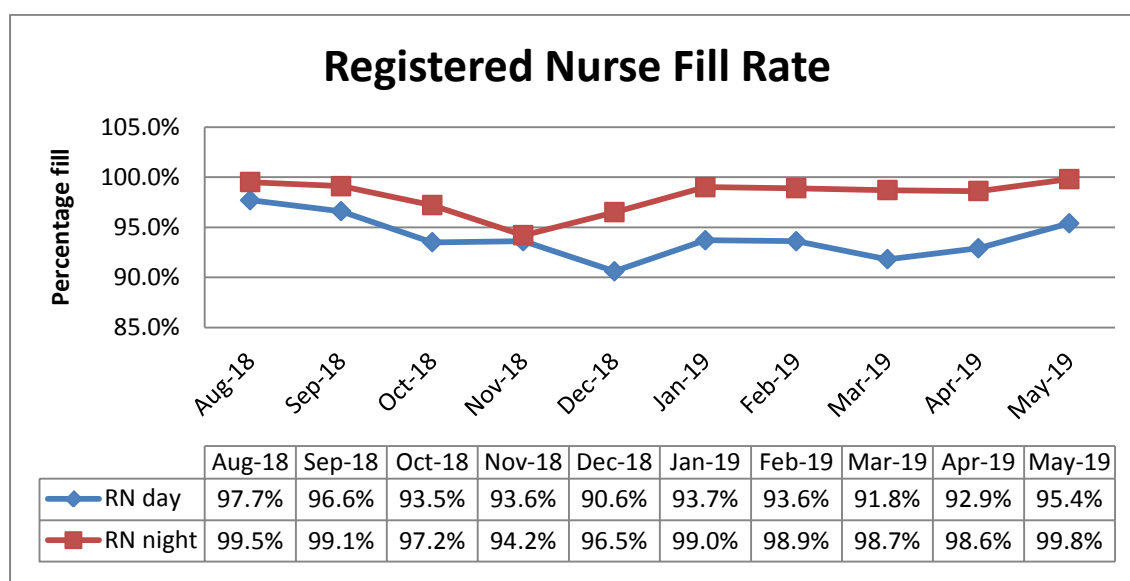


Table 3

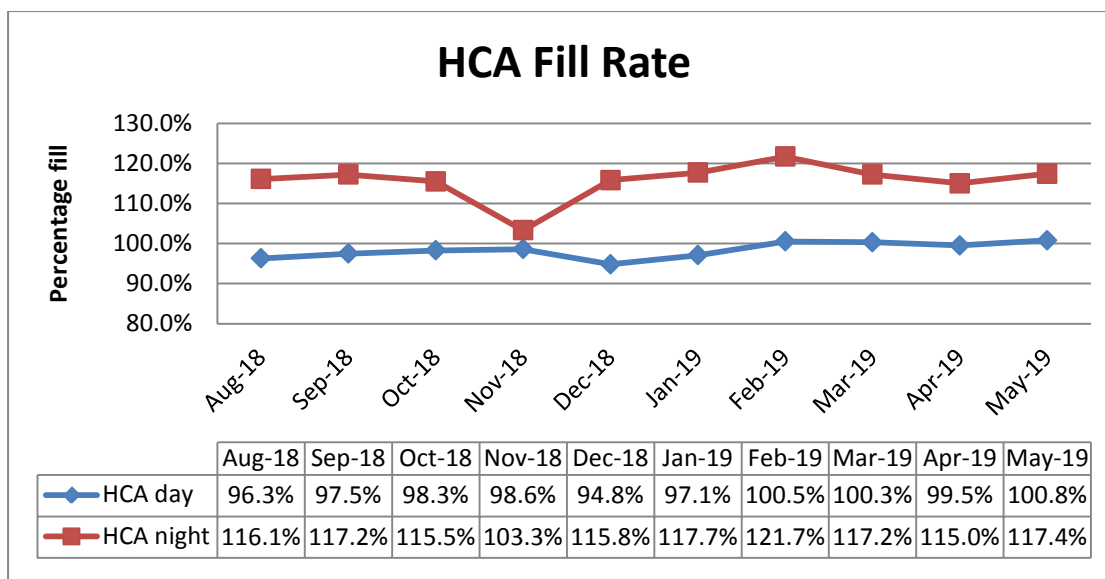


Table 4

HCA fill rates have remained favourable night shifts demonstrate a fill rate of 117% in part illustrates the additional short term uplifts to provide 1:1 or enhanced supervision for at risk patients

3.3 Overall rag rating for the divisions / directorates for April 2019

Division	Registered Nurses		Non Registered Nurse	
	Day	Night	Day	Night
1. Acute Medicine	110.2%	100.8%	115.4%	136.6%
1. Medicine	94.4%	97.2%	99.4%	118.6%
2.Surgery	95.3%	108.5%	105.8%	127.4%
3. Critical care	95.3%	100.0%	98.1%	112.5%
4. Women & Children	92.3%	90.8%	95.6%	97.5%
5.Burns & Plastics	94.1%	101.8%	100.0%	105.1%

Table 5: SOURCE: Unify submission

All divisions observed a positive fill rate with no division achieving less than 90%. A number of areas have seen an over fill of staffing (Appendix 1).

Acute Medicine:

Following ward reconfiguration the Emergency Short Stay (ESS)/Frailty unit moved to the smaller footprint of twenty beds from thirty-two with a reduced establishment. However as a result of increasing bed pressures the ward was moved back to the thirty-two bedded footprint. To ensure safe staffing the unit has been running above rostered template (20

beds) due to expansion of footprint (thirty-two beds) therefore illustrated as >100% fill rate. The template will be corrected following bed reconfiguration and finance approval.

Surgery:

Rayne ward has planned an additional HCA at night to improve safety at night following increase in acuity from critical care step downs. This was authorised by the Director of Nursing at the time. This is above planned budgeted establishment and therefore demonstrates a over fill of 160%. Following review by the ADoN the ward is currently reviewing its FSR to increase senior nursing support and implement a Twilight shift for HCAs to better match activity to shift pattern

John Ray ward has also been uplifted to staff sixteen beds to twenty-eight in May. This has increased the staffing requirement substantively and will not be reflected until roster template matches budget (being completed in time for June data collection)

Burns & Plastics:

short term increase in RN establishment on Mayflower to accommodate increase activity and RTT backlog

Specials/1:1 care: The majority of inpatient wards demonstrate a fill rate above 100% for night shifts for HCA's which is attributed to short term unplanned uplifts to accommodate patients requiring enhanced observation. Such patients may be at risk of deterioration, risk of falling, or risk of harm to themselves or other. It could be argued that areas with high use of unplanned uplifts, should consider planning these into their establishment. The Deputy Director of Nursing is working with the Healthroster team to identify areas where this would be planned better in advance and be reflected in planned establishment.

3.4 Variance Report by Ward

Division	Ward name	Day		Night		Mitigation
		Av fill rate - RN/RM (%)	Av fill rate - care staff (%)	Av fill rate - RN/RM (%)	Av fill rate - care staff (%)	
1	Terling	96.1%	87.9%	100.8%	100.0%	HCA fill rate supported by internal redeployment and current supernumery staff
2	SEW	88.5%	89.7%	100.8%	104.5%	Band 4 Associate care practitioner used to support nursing shortfall.
	Notley	88.7%	94.0%	100.0%	104.7%	Shortfall within MSK mitigated by internal redeployment and additional HCA used when RN fill not achieved
	Lister	89.5%	93.8%	99.9%	101.6%	High RN on night shift to support IPC patient requiring 1:1 RN care. Support from within the division as required on day shifts for RNs
	Billericay	88.0%	127.8%	101.5%	138.7%	High RN on night shift to support IPC patient requiring 1:1 RN care. Support from within the division as required on day shifts for RNs
4	Birthing Unit	89.4%	N/A	87.2%	N/A	Divisional mitigation daily within midwifery to areas of greatest acuity. Community pool of RM used as activity requires to support acute
	Postnatal	96.9%	75.4%	98.8%	99.5%	
	Delivery Suite	90.0%	96.4%	89.8%	91.7%	
	WJC Mat	100.0%	83.7%	100.3%	100.3%	
	Gosfield	86.1%	95.3%	100.1%	98.0%	
	Phoenix	86.0%	93.1%	98.4%	98.4%	
5	Burns Adult	89.4%	99.2%	110.6%	102.1%	Increased specials used this month due to RMN requirement not consistently met.

Table 6

3.5 Care Hours Per Patient Day (CHPPD)

Lord Carter highlighted in the February 2016, the need to eliminating unwarranted variation in the distribution of nursing and care staff within the NHS. There was an absence of a single means of consistently recording, reporting and monitoring staff deployment.

This led to the development of benchmarks and indicators to enable comparison across peer trusts as well as wards and to the development of the care hours per patient day (CHPPD) measure. CHPPD has since become the principal measure of nursing, midwifery and healthcare support staff deployment within in-patient facilities.

Data below demonstrates comparison of the overall CHPPD across the MSE for March 2019, which is the most recent data captured from NHSI website.

Organisation Name	CHPPD - Overall	CHPPD – Registered Nurses and Midwives	CHPPD – Healthcare Support Workers
Southend University Hospital NHS Foundation Trust	8.63	4.61	4.01
Basildon And Thurrock University Hospitals NHS Foundation Trust	8	5.06	2.94
Mid Essex Hospital Services NHS Trust	9.05	5.76	3.29

Table 7

Table 8 demonstrates local data from the MSE in May 2019 from three areas that share common patient group (and specialism) for ease of comparison

Organisation Name	Ward Name	Specialty 1	CHPPD - Overall	CHPPD - RNs/RM	CHPPD - HCAs
Basildon And Thurrock University Hospitals NHS Foundation Trust	Puffin/Wagtail	420 - Paediatrics	12.6	9.6	3.0
Mid Essex Hospital Services NHS Trust	Phoenix Ward E122	420 - Paediatrics	14.1	10.7	3.4
Southend University Hospital NHS Foundation Trust	Neptune	420 - Paediatrics	17.9	11.4	6.5
Basildon And Thurrock University Hospitals NHS Foundation Trust	Horndon	110 - Trauma & Orthopaedics	10.6	5.4	5.2
Mid Essex Hospital Services NHS Trust	Notley Ward E223	110 - Trauma & Orthopaedics	6.0	3.4	2.6

Southend University Hospital NHS Foundation Trust	MSK Unit	110 - Trauma & Orthopaedics	7.2	2.8	4.4
Basildon And Thurrock University Hospitals NHS Foundation Trust	Pasteur	328 - Stroke Medicine	8.4	5.5	2.9
Mid Essex Hospital Services NHS Trust	Stroke Unit E125	300 - General Medicine	8.0	4.4	3.5
Southend University Hospital NHS Foundation Trust	Stroke Unit)	300 - General Medicine	8.0	3.3	4.7

Table 8

4.0 REGISTERED STAFFING IMPACT ON QUALITY

Directorate / Division	Ward	Staffing		Falls (severity)		Pressure Ulcers (hospital acquired)		Key Patient Safety Metrics				Patient Experience	
		% Vacancies RN	RN shift Fill %	Moderate	Severe	Hospital acquired	Avoidable (Panel reviewed in month)	Never Events	SI's	MRSA Bact	Hosp Acq Cdiff	Complaints	PALS Concerns
Division 1 Emergency Care	Acute Medical Unit	43%	93.0%	1	0	1	1	0	1	0	0	0	1
	Emergency Short Stay	45%	153.0%	0	0	0	0	0	0	0	0	0	2
	Emergency Department	40%	97.8%	0	0	1	0	0	0	0	0	2	8
Division 1 Medicine	Baddow	27%	95.5%	1	0	2	0	0	0	0	1	1	1
	Braxted	61%	95.2%	0	0	0	0	0	0	0	0	0	2
	Stroke	65%	92.2%	1	0	1	1	0	0	0	0	0	0
	Bardfield	48%	96.8%	0	0	0	0	0	0	0	0	0	0
	Writtle	78%	97.0%	0	0	0	1	0	0	0	0	1	1
	Terling	40%	96.1%	0	0	0	0	0	0	0	0	0	1
	Feering	49%	90.1%	0	0	1	0	0	1	0	0	1	0
	Tollesbury	53%	94.4%	0	0	0	0	0	0	0	0	1	2
Division 2 Surgery	Rayne	25%	93.0%	0	0	2	2	0	1	0	0	0	1
	Heybridge	43%	93.9%	0	1	1	0	0	1	0	0	0	2
	SEW	21%	88.5%	0	0	1	0	0	0	0	0	1	1
	Notley	56%	88.7%	1	0	0	1	0	1	0	0	0	
	Lister	52%	89.5%	0	0	2	0	0	0	0	0	0	2
	John Ray	66%	148.4%	0	0	0	0	0	0	0	0	0	2
	Courtauld (BCH)	36%	N/A	0	0	0	0	0	0	0	0	0	0
	Billericay	20%	88.0%	0	0	1	0	0	0	0	0	0	0
Division 3 Crit care	GICU/HDU	15%	95.3%	0	0	0	0	0	0	0	0	1	
Divison 4 Womens and Children	Phenix	17%	86.0%	0	0	0	0	0	0	0	1	2	
	Gosfield	29%	86.1%	0	0	0	0	0	2				2
	Neonatal	15%	97.5%	0	0	0	0	0	0	0	0	0	0
	Postnatal	32%	96.9%	0	0	0	0	0	0	0	0	0	
	Labour ward	1%	90.0%	0	0	0	0	0	0	0	0	2	
	Birthing unit	16%	89.4%	0	0	0	0	0	0	0	0	0	0
Division 5 Burns and Plastics	Burns Adult	11%	89.4%	0	0	0	0	0	0	0	0	0	0
	Childrens Burns	18%	99.5%	0	0	0	0	0	0	0	0	0	0
	Mayflower	39%	105.2%	0	0	1	0	0	0	0	0	0	2
	Stock	30%	92.6%	0	0	0	0	0	0	0	0	0	0
	Burns ITU	24%	90.6%	0	0	3	0	0	0	0	0	0	1

Table 9

Notable incidents

- Four falls resulting in moderate harm all relating to upper limb injuries and one 1 fall with severe harm on Heybridge ward resulting in a fractured hip. Currently being reviewed through RCA process
- High incidents this month on Burns ITU for HAPU. Two panelled in month of June no breaches in policy found
- Reduction in PALS complaints in ED this month (eleven last month)
- Two cases of Hospital Acquired C-Diff against. Total of six in 2019/20. Both have been through RCA process and no lapses in policy have been found.
- Increased incidence of HAPU on Rayne ward. QI project to commence in June once TVN team returns to full establishment

5.0 RECRUITMENT UPDATE

The Group Retention and Recruitment forum was established in December 2018 to oversee delivery of the actions underpinning the Nursing Retention Strategy. The group is chaired by the Chief Nurse. The Group extended its remit to include both Recruitment & Retention from January 2019 and is now also supported by the Chief People & Organisational Development Director. Each site holds local meetings feeding into the forum.

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. Generic advertisement for HCAs continues with monthly recruitment days. While shortlisting yields high number of interested candidates attrition leading to interview is high. Average number of offers per month through this process is twelve. This process continues in May.

90 Nurses are in the current pipeline to commence employment at MEHT from outside of the EU. Fourteen started within the trust in May with a further twenty-one predicted in June, four in July and eleven in August.

In addition a successful recruitment campaign was completed in India and following four days of interviews, 191 candidates were offered positions within Mid Essex Hospitals. The calibre of candidates was strong and predictions for the first cohort will land in June 2019. The Director of Nursing is working with PA Consulting to establish a clear trajectory of arrivals to the organisation over the coming months.

6.0 CONCLUSION and further actions required

Recruitment challenges remain acknowledging the increase in vacancy rate this month due to WTE increases. Overseas nurse recruitment has continued and there is a clear trajectory for nurses arriving at MEHT. Planning of recruitment event to India is progressing well.

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

6.1 Actions

- 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
- DDoN to liaise with local university and educational leads to increase student nurse pipeline and placement provision
- Working group to manage arrivals from India formed to track arrival process, induction and escalation of concerns
- Review 1:1/specialling usage within all inpatient areas to consider increasing establishment and used within planned staffing
- Review healthroster functionality to identify planned uplifts not reflected in roster templates

Appendix 1

May 2019 Ward by Ward fill rate and CHPPD

Ward name	Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
	Registered		Care Staff		Registered		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	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	3,398.75	2,924.38	1,064.33	990.83	2,379.25	2,342.33	701.50	690.00	86.0%	93.1%	98.4%	98.4%	494	10.7	3.4	14.1
Heybridge	2,262.67	2,124.25	1,473.67	1,470.17	1,422.50	1,421.75	713.00	849.17	93.9%	99.8%	99.9%	119.1%	966	3.7	2.4	6.1
Rayne	2,242.58	2,085.33	1,116.00	1,108.50	1,426.00	1,435.00	713.00	1,065.50	93.0%	99.3%	100.6%	149.4%	960	3.7	2.3	5.9
Bardfield	1,497.42	1,450.08	1,497.00	1,625.75	1,069.50	1,074.25	713.00	1,007.00	96.8%	108.6%	100.4%	141.2%	788	3.2	3.3	6.5
Notley	1,698.50	1,505.92	1,333.98	1,254.50	1,069.50	1,069.00	713.00	746.75	88.7%	94.0%	100.0%	104.7%	760	3.4	2.6	6.0
Lister	1,131.50	1,012.50	1,093.00	1,025.50	1,069.50	1,068.00	713.00	724.50	89.5%	93.8%	99.9%	101.6%	602	3.5	2.9	6.4
John Ray	1,009.00	1,497.17	652	1,255.00	621	1,047.00	356.5	791.25	148.4%	192.5%	168.6%	221.9%	844	3.0	2.4	5.4
Frailty	1,339.83	2,052.33	1,554.50	1,725.25	1,023.00	1,456.75	682.00	1,482.50	153.2%	111.0%	142.4%	217.4%	316	11.1	10.2	21.3
AMU	3,350.33	3,117.25	2,706.25	2,571.67	2,057.00	2,097.75	1,771.00	1,867.75	93.0%	95.0%	102.0%	105.5%	863	6.0	5.1	11.2
GICU	6,054.25	5,768.25	356.5	356.5	4,840.50	4,747.50	168.00	189.00	95.3%	100.0%	98.1%	112.5%	375	28.0	1.5	29.5
Tollesbury	1,514.75	1,430.17	1,507.00	1,521.00	1,069.50	1,069.50	713.00	1,027.00	94.4%	100.9%	100.0%	144.0%	821	3.0	3.1	6.1
Terling	1,889.00	1,815.50	1,541.00	1,354.17	1,426.00	1,437.17	713.00	713.00	96.1%	87.9%	100.8%	100.0%	975	3.3	2.1	5.5
Baddow	1,513.75	1,445.75	1,529.50	1,394.25	1,069.25	1,051.25	710.50	782.75	95.5%	91.2%	98.3%	110.2%	776	3.2	2.8	6.0
Braxted	1,514.75	1,441.42	1,508.50	1,555.00	1,069.50	1,067.75	713.00	986.92	95.2%	103.1%	99.8%	138.4%	788	3.2	3.2	6.4
Feering	2,017.50	1,817.75	1,139.75	1,068.25	1,426.00	1,414.25	713.00	713.00	90.1%	93.7%	99.2%	100.0%	761	4.2	2.3	6.6
Stroke Unit	2,251.33	2,075.08	1,880.00	1,832.75	1,782.50	1,763.75	1,058.00	1,233.25	92.2%	97.5%	98.9%	116.6%	865	4.4	3.5	8.0
Burns ITU	2,871.75	2,600.75	604	628.25	2,300.50	2,248.00	325.50	304.50	90.6%	104.0%	97.7%	93.5%	122	39.7	7.6	47.4
Burns Adult	1,365.00	1,220.75	717	711	651	720	588	600.5	89.4%	99.2%	110.6%	102.1%	149	13.0	8.8	21.8
Burns Children	776	772.5	383.5	402.75	651	630.5	0	0	99.5%	105.0%	96.9%	0.0%	47	29.9	8.6	38.4
Stock	2,164.50	2,004.00	1,346.75	1,317.00	1,480.50	1,460.50	325.50	430.50	92.6%	97.8%	98.6%	132.3%	711	4.9	2.5	7.3
Billericay	2,380.00	2,093.75	1,025.00	1,310.25	1,291.50	1,311.50	651.00	903.00	88.0%	127.8%	101.5%	138.7%	644	5.3	3.4	8.7
Birthing Unit	1,056.00	944.5	0	0	744	648.5	0	0	89.4%	N/A	87.2%	N/A	65	24.5	0.0	24.5
Neonatal	1,592.00	1,552.50	299	299	1,414.50	1,406.75	345.00	333.50	97.5%	100.0%	99.5%	96.7%	243	12.2	2.6	14.8
Postnatal	1,490.02	1,444.42	963	726.5	1,116.00	1,102.75	744.00	740.00	96.9%	75.4%	98.8%	99.5%	808	3.2	1.8	5.0
Delivery Suite	2,976.95	2,678.08	672	648	2,748.00	2,467.00	732.00	671.50	90.0%	96.4%	89.8%	91.7%	249	20.7	5.3	26.0
St Peters Mat	1,722.00	1,708.75	681	678.5	372	373	372	372.5	99.2%	99.6%	100.3%	100.1%	73	28.5	14.4	42.9
WJC Mat	1,511.50	1,511.25	547.5	458.5	372	373	372	373	100.0%	83.7%	100.3%	100.3%	104	18.1	8.0	26.1
Mayflower	1,428.00	1,502.17	859.5	923.5	651	673.5	651	651	105.2%	107.4%	103.5%	100.0%	450	4.8	3.5	8.3
Gosfield	1,187.00	1,022.00	758	722.75	682	682.5	539	528	86.1%	95.3%	100.1%	98.0%	347	4.9	3.6	8.5
Writtle	1,533.00	1,487.50	1,535.50	1,442.75	1,069.50	1,046.17	713.00	708.75	97.0%	94.0%	97.8%	99.4%	772	3.3	2.8	6.1
SEW	1,405.00	1,243.00	860.25	771.5	1,069.50	1,078.50	713.00	745.00	88.5%	89.7%	100.8%	104.5%	489	4.7	3.1	7.8
Total	60145	57349	33205	33149	41434	41785	18936	22231	95.4%	99.8%	100.8%	117.4%	15917			