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| **Report on Nurse Staffing Levels - August to September 2018** |

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| For approval: |  | For assurance: | x | To note: |  |

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| **Accountable Director** | | Vicky Morris, Chief Nursing Officer | | | | | | | | | | | | |
| **Presented by** | | Vicky Morris  Chief Nursing Officer | | | | | | **Author /s** | | | Louise Pearson: Lead for Nursing and Midwifery workforce | | | |
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| **Alignment to the Trust’s strategic priorities** | | | | | | | | | | | | | | |
| Deliver safe, high quality, compassionate patient care | | | | x | Design healthcare around the needs of our patients, with our partners | | | |  | Invest and realise the full potential of our staff to provide compassionate and personalised care | | | | x |
| Ensure the Trust is financially viable and makes the best use of resources for our patients | | | |  | Continuously improve our services to secure our reputation as the local provider of choice | | | |  |  | | | |  |
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| **Alignment to the Trust’s goals** | | | | | | | | | | | | | | |
| Timely access to our services | x | | Better quality patient care | | | x | More productive services | | | | |  | Well-Led |  |

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| **Report previously reviewed by** | | | |
| Committee/Group | | Date | Outcome |
| People and Culture Committee | | 23 October 2018 | Received for assurance |
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| **Assurance**: *Does this report provide assurance in respect of the Board Assurance Framework strategic risks?* | | | | | | | Y | BAF number(s) | | | 11 | | |
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| **Significant assurance** | |  | **Moderate assurance** |  | | **Limited assurance** | | |  | **No assurance** | | |  |
| *High level of confidence in delivery of existing mechanisms/objectives* | | | *General confidence in delivery of existing mechanisms /objectives* | | | *Some confidence in delivery of existing mechanisms /objectives* | | | | *No confidence in delivery* | | | |
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| Recommendations | The Trust board is requested to note the findings of the report and mitigations to address areas of concern, specifically in relation to staffing shortfalls and incidence relating to patient safety and quality. | | | | | | | | | | | | |

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| Executive Summary |
| This paper provides an overview to the Board of the nursing and midwifery staffing levels for planned and actual staffing for August 2018.  The paper incorporates the Trust’s position on 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.  An overview by division of their staffing position for registered and non – registered staff and the turnover is included.    Risks and incidents that have been attributed to staffing levels are also reviewed. |
| Background |
| The Trust is required to submit data monthly to Unify. This information provides the detail per ward of the nursing and midwifery staffing fill rates and bed days. This information is also displayed on the trust’s website.  From September 2018, NHSI plan to publish Care hours per patient day on MY NHS and NHS choices. This measure is used alongside clinical quality and safety outcome measures to reduce unwarranted variation and support delivery of high quality, efficient patient care through ward deployment of staff to care for the right patients at the right time with the right skill set to meet patients’ needs.  The staffing levels fill rates are RAG rated as Green above 90%, Amber 80-89% and Red below 79%. Areas showing as purple will have used additional staff to their ward establishment. Reasons for this include increased capacity and one to one specials. The number of harms are also correlated with safer staffing levels. |
| Issues |
| Staffing levels/Vacancies The data below in Table 1 highlights the funded and in post rates within the nursing workforce for the most recent month of August 2018. Overall the nursing vacancies have increased. This increase is from the impact of additional funding of posts, as a result of the funding of the ward establishment for Evergreen ward following the outturn April 2018 and not due to an increase in leavers. |
| **Table 1**   |  |  | | --- | --- | | Vacancy for in patient wards areas | Aug 2018 | | Qualified | 232.47 | | Unqualified | 56.97 | | Total | 282.72 |   In line with the Executive Director of Nursing for NHS improvement request for all hospitals to have no vacancies for Healthcare Assistants (HCA) to support patient need during Winter, the Trust is working to increase HCA positions on wards and minimise any vacancies. This will enable a position for winter staffing of wards to support the increased patient demand and demand for one to one specialing.  Substantive recruitment is in progress for Evergreen Ward as well as proposed staffing identified for winter wards, the discharge lounge, additional staffing for specialing of patients and surge areas. This detail is provided in the winter staffing paper.  The division with the largest vacancy factor is specialised medicine. Increased focus in recruitment is being taken to support the reduction in vacancies, which includes profiling the speciality in both recruitment events and adverts, block booking of bank and agency to cover areas with vacancies greater than 25%. Table 2 below provides a breakdown of vacancies by division **Speciality Medicine**   |  |  |  |  | | --- | --- | --- | --- | |  | August |  | August | | Registered funded | 323.42 | Unregistered  Funded | 235.93 | | Registered vacancy | 70.66 | Unregistered  Vacancy | 5.89 | | Vacancy rate | 21% | Vacancy rate | 2.5% |  Urgent Care  |  |  |  |  | | --- | --- | --- | --- | |  | August |  | August | | Registered funded | 213.7 | Unregistered  Funded | 77.72 | | Registered vacancy | 56.42 | Unregistered  Vacancy | 15.03 | | Vacancy rate | 23% | Vacancy rate | 19% |  SCSD  |  |  |  |  | | --- | --- | --- | --- | |  | August |  | August | | Registered funded | 514.02 | Unregistered  Funded | 190.75 | | Registered vacancy | 55.04 | Unregistered  Vacancy | 15.94 | | Vacancy rate | 11% | Vacancy rate | 8% |  Surgery  |  |  |  |  | | --- | --- | --- | --- | |  | August |  | August | | Registered funded | 235.44 | Unregistered  Funded | 154.59 | | Registered vacancy | 46.33 | Unregistered  Vacancy | 10.28 | | Vacancy rate | 19% | Vacancy rate | 7% |  Women and Children  |  |  |  |  | | --- | --- | --- | --- | |  | August |  | August | | Registered funded | 239.67 | Unregistered  Funded | 98.41 | | Registered vacancy | 4.22 | Unregistered  Vacancy | 9.94 | | Vacancy rate | 5% | Vacancy rate | 10% |  Fill rates Fill rates are calculated from the expected level of staffing on a shift by shift basis against what was actually provided. This data is produced from the safer staffing app and submitted to Unify in response to Lord Carter’s recommendations. The full data set is provided in the unified data - Appendix 1. Overall trust position Table 3 demonstrates that fill rates have been positive and above the planned 75% per roster. This position has remained positive for the past 12 Months. Where there have been incidents with staffing levels of over 100%, staffing additional to establishment have been used to meet patient needs.  The staffing levels fill rates are RAG rated as Green above 90%, Amber 80-89% and Red below 79%. Table 3 RN/HCA fill rates for days and nights  |  |  |  |  | | --- | --- | --- | --- | | **RN day** | **RN night** | **HCA day** | **HCA night** | | **90%** | **96%** | **223%** | **157%** |   For August 2018 and September 2018 Wards have triggered as red on Unify data Appendix 1 are:   * Specialised medicine - Avon 2, 3 and Evergreen, Wards 2 and 5 for registered staff nights. This is due to the fact that these areas reported a reduction of 1 registered nurse down on shifts due to vacancies and no backfill established. * Surgical division -Beech A, Beech B. This is due to the fact that these areas reported a reduction of 1 registered nurse down on shifts due to vacancies and no backfill established * Areas that required further analysis over the next month due to triggering red for fill rates: * Critical Care * Ward 16 * Trauma and Orthopaedics   These areas have identified that capturing the narratives of actions taken in real time is affecting data results. There is work in progress with ward managers and these gaps in data which the Lead Nurse for nursing and midwifery workforce in November 2018 will address actions required in month and support the implementation of the Allocate safe staffing module for accuracy of reporting going forward. This is being commenced on four pilot wards in October.  Staffing is reviewed by matrons and DDN’s three times a day and by the matron on call overnight. Mitigation processes are activated in real time when temporary staffing measures are not achieved, which includes review of the acuity and dependency of patients on wards to ensure needs are being met with reduced staffing numbers. These decisions can include, cancelling mandatory training, use of non-ward based nursing staff, ward managers included in provision of patient care, not opening extra capacity beds and accepting acutely dependant patients. Incident reports and red flags In August and September 2018, 159 Incidents were reported with the specific category staffing. The number of reported incidents that fall within the red flag criteria has reduced from the previous report in June/July 2018. Red flags are indicative of events where staffing could be a causative factor, these incidents are triangulated with red triggered fill rates on unified data. These incidences are recorded on Datix where staff select the appropriate outcome of short staffing. Table 4 Incident reported with category nurse/midwifery staffing  |  |  |  |  | | --- | --- | --- | --- | |  | No Harm | Minor Harm | Moderate Harm | | August 2018 | 57 | 13 | 0 | | September 2018 | 43 | 14 | 0 |  Staffing incidents of harm There were no moderate harm incidents reported.  Triangulation of the red flag shifts against minor harms reported a combined total of 27 for August and September. All are related to situations where there has been decreased staffing numbers on shift. In all incidents mitigations had been put into place through use of either bank or agency, moving staff from neighbouring wards to ensure patients’ needs were met. Incidents of harm triangulated with ward vacancy factor While the trust wide fill rates remain green and is positive, high vacancy factors in specific areas and staffing of additional bed areas means that high percentages of bank and agency staffing are used in these areas. Incidents with moderate to minor harm have been reviewed for this period against wards that have a vacancy rate > 25%. There are three ward areas that meet this criteria.   * Specialist medicine: Acute Stroke Unit reported 17 falls, 1 moderate harm and 1 severe, 4 delays to monitoring with no harm to patients and 4 Hospital Acquired Pressure Ulcer (HAPU). * Specialist medicine: Avon 4 reported 12 falls over the 2 months, 1 fall with harm, 3 HAPU. * Surgery: Beech B3 reported 3 delays to medications or treatment and 1 HAPU incident   Whilst investigations of incidents on wards have not identified staffing as a causative factor on the days where there was a shortfall in shift numbers, for the above three ward areas there is a round table supportive meeting in planned for October 2018 to explore if further supportive actions are required. Recruitment update – 5 R’s (Recruit, Retain, Reward, Rules, Redesign) An overview and update on the approach to the recruitment and retention actions being taken is provided in the action plan (available on request). This plan supports the overarching recruitment and retention trust wide action plan with an aim to recruit 33 registered nurses per month to meet demand. Winter planning In meeting the increased needs of patients during winter, increased numbers of nursing staff are required. This totals 61.76 WTE Registered nurses and 91.21 health care assistants. There is a recruitment drive in place for recruitment of health care assistants. Strategy and action plan  * Further approaches are being explored * The trust has employed an interim experienced lead for nursing workforce to support the development of the nursing recruitment and retention strategy and ensure efficiencies and productivity is optimised.  Recruitment processes  * Social media is actively used to raise the trust’s profile regarding nurse vacancies and opportunities being offered. * Fortnightly meetings are in place to discuss health rosters (e-rostering), vacancies and bank usage ensuring that posts are being actioned appropriately. This is overseen by Chief Nursing Officer and areas where deep dives are needed are being explored through Divisional Directors of Nursing. Fortnightly meetings with strategic partners is in place to ensure agency partners and HR, are addressing the agency staff being used appropriately. * A deep dive into is planned with this information monitored through weekly staffing meetings and exit interviews * Recruitment of a nurse to have a specifically focus on raising profile of the Trust and employment and career opportunities available is planned (a ‘recruitment nurse’). * The lead for nursing workforce position has been recruited. * The lead for professional development is working with the university regarding pre-registration employment process and opportunities. * The lead for nursing workforce will work with HR in raising profile of nursing in local schools for Worcestershire.   The Nursing workforce team are delighted to have be awarded the Nursing Times Workforce team of the year award 2018 in October 2018. This recognition of work put into place through 5 R’s will be significant in taking forward recruitment strategies for 2018/19. |

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| Recommendations | Note the findings of the report and mitigations to address areas of concern, specifically in relation to staffing shortfalls and incidence relating to patient safety and quality. |

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| **Appendices**  **Appendix 1 – Unify Data – August and September 2018** |

**APPENDIX 1**

August 2018 Data

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|  | | **Day** | | **Night** | |
| **Ward name** | **Main 2 Specialties on each ward** | **Average fill rate - registered nurses/ midwives (%)** | **Average fill rate - care staff (%)** | **Average fill rate - registered nurses/ midwives (%)** | **Average fill rate - care staff (%)** |
| **Specialty 1** |
| Acute Stroke Unit | 328 - STROKE MEDICINE | 82.3% | 96.1% | 85.8% | 96.8% |
| Avon 2 | 301 - GASTROENTEROLOGY | 91.4% | 96.0% | 73.1% | 108.1% |
| Avon 3 | 350 - INFECTIOUS DISEASES | 89.2% | 101.6% | 68.8% | 119.4% |
| Avon 4 | 430 - GERIATRIC MEDICINE | 86.0% | 127.1% | 83.9% | 104.8% |
| Beech A | 100 - GENERAL SURGERY | 96.8% | 93.0% | 66.7% | 100.0% |
| Beech B | 100 - GENERAL SURGERY | 63.7% | 124.2% | 69.4% | 80.6% |
| Beech C | 100 - GENERAL SURGERY | 83.9% | 72.6% | 100.0% | 111.3% |
| Coronary Care | 320 - CARDIOLOGY | 96.8% | - | 95.2% | - |
| Critical Care | 192 - CRITICAL CARE MEDICINE | 73.1% | 45.2% | 77.4% | - |
| Critical Care | 192 - CRITICAL CARE MEDICINE | 95.8% | 56.5% | 97.4% | - |
| EGAU/ANW Gynaecology | 502 - GYNAECOLOGY | 93.5% | 74.2% | 85.5% | 71.0% |
| Evergreen | 430 - GERIATRIC MEDICINE | 72.2% | 119.0% | 66.7% | 157.0% |
| Head and Neck | 145 - ORAL & MAXILLO FACIAL SURGERY | 96.0% | 92.7% | 103.2% | 53.2% |
| Laurel 1 | 320 - CARDIOLOGY | 101.6% | 97.6% | 104.8% | 119.4% |
| Laurel 2 | 340 - RESPIRATORY MEDICINE | 99.2% | 95.2% | 99.2% | 101.6% |
| Laurel 3 | 823 - HAEMATOLOGY | 79.0% | 75.8% | 84.7% | 112.9% |
| Laurel CCU | 320 - CARDIOLOGY | 102.0% | - | 99.2% | - |
| Lavender Suites | 501 - OBSTETRICS | 82.4% | 84.7% | 90.8% | 100.0% |
| MAU | 300 - GENERAL MEDICINE | 88.4% | 91.1% | 94.6% | 97.8% |
| Medical Assessment Unit | 300 - GENERAL MEDICINE | 82.6% | 100.0% | 83.9% | 95.7% |
| Medical Short Stay | 300 - GENERAL MEDICINE | 91.6% | 72.0% | 92.7% | 116.1% |
| Neonatal TCU | 422 - NEONATOLOGY | 64.5% | 80.6% | 58.1% | 83.9% |
| Neonatal Unit | 422 - NEONATOLOGY | 83.5% | 87.1% | 89.0% | 51.6% |
| Riverbank | 420 - PAEDIATRICS | 84.9% | 85.5% | 96.8% | 116.1% |
| SCDU | 100 - GENERAL SURGERY | 91.4% | 110.5% | 100.0% | 212.9% |
| Silver Assessment Unit | 800 - CLINICAL ONCOLOGY | 112.9% | 79.0% | 91.4% | 96.8% |
| Surgical High Care Unit | 100 - GENERAL SURGERY | 97.8% | 100.0% | 89.2% | 132.3% |
| Trauma and Orthopaedic A | 110 - TRAUMA & ORTHOPAEDICS | 87.9% | 72.6% | 93.5% | 63.4% |
| Trauma and Orthopaedic B | 110 - TRAUMA & ORTHOPAEDICS | 89.5% | 85.9% | 95.2% | 74.2% |
| Vascular Unit | 100 - GENERAL SURGERY | 80.3% | 70.4% | 96.0% | 54.8% |
| Ward 1 | 100 - GENERAL SURGERY | 101.6% | 88.7% | 100.0% | - |
| Ward 10 | 101 - UROLOGY | 91.4% | 97.3% | 98.4% | 96.8% |
| Ward 11 | 100 - GENERAL SURGERY | 61.3% | 78.6% | 125.8% | 158.1% |
| Ward 12 | 430 - GERIATRIC MEDICINE | 63.7% | 74.2% | 97.8% | 97.6% |
| Ward 14 | 430 - GERIATRIC MEDICINE | 80.6% | 95.2% | 96.8% | 101.6% |
| Ward 16 | 110 - TRAUMA & ORTHOPAEDICS | 77.8% | 76.6% | 72.0% | 101.6% |
| Ward 17 | 110 - TRAUMA & ORTHOPAEDICS | 89.1% | 94.4% | 100.0% | 99.2% |
| Ward 18 | 100 - GENERAL SURGERY | 68.7% | 72.2% | 93.5% | 96.8% |
| Ward 2 | 302 - ENDOCRINOLOGY | 94.6% | 101.1% | 65.6% | 153.2% |
| Ward 5 | 340 - RESPIRATORY MEDICINE | 74.2% | 106.5% | 74.2% | 117.7% |
| Ward 6 | 360 - GENITOURINARY MEDICINE | 67.7% | 86.0% | 82.3% | 93.5% |

September 2018 Data

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|  |  | **Average fill rate - registered nurses/ midwives (%)** | **Average fill rate - care staff (%)** | **Average fill rate - registered nurses/ midwives (%)** | **Average fill rate - care staff (%)** |
| Ward Name | Hospital |
| Acute Stroke Unit | WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | 73.9% | 91.1% | 82.7% | 105.0% |
| Avon 2 | WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | 92.2% | 94.2% | 77.8% | 105.0% |
| Avon 3 | WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | 88.9% | 99.2% | 74.4% | 116.7% |
| Avon 4 | WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | 81.1% | 107.0% | 70.0% | 84.2% |
| Beech A | WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | 96.7% | 90.6% | 66.7% | 105.0% |
| Beech B | WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | 62.5% | 143.3% | 76.7% | 96.7% |
| Beech C | WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | 75.6% | 76.1% | 110.0% | 91.7% |
| Coronary Care | ALEXANDRA HOSPITAL - RWP01 | 96.7% | - | 100.0% | - |
| Critical Care | ALEXANDRA HOSPITAL - RWP01 | 73.1% | 56.7% | 76.1% | - |
| Critical Care | WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | 99.5% | 48.3% | 98.7% | - |
| EGAU/ANW Gynaecology | WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | 95.8% | 71.7% | 91.7% | 71.7% |
| Evergreen | WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | 71.3% | 124.6% | 64.4% | 154.4% |
| Head and Neck | WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | 92.5% | 85.8% | 98.3% | 68.3% |
| Laurel 1 | WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | 100.0% | 99.2% | 108.3% | 136.7% |
| Laurel 2 | WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | 93.3% | 93.3% | 99.2% | 100.0% |
| Laurel 3 | WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | 81.3% | 76.7% | 87.5% | 116.7% |
| Laurel CCU | WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | 95.4% | - | 97.5% | - |
| Lavender Suites | WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | 82.8% | 76.3% | 92.1% | 78.5% |
| MAU | ALEXANDRA HOSPITAL - RWP01 | 86.1% | 79.7% | 95.0% | 93.3% |
| Medical Assessment Unit | WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | 82.7% | 106.7% | 82.7% | 97.8% |
| Medical Short Stay | WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | 85.3% | 72.2% | 95.0% | 118.9% |
| Neonatal TCU | WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | 83.3% | 93.3% | 96.7% | 70.0% |
| Neonatal Unit | WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | 90.3% | 68.3% | 148.9% | 50.0% |
| Riverbank | WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | 88.7% | 79.2% | 98.3% | 96.7% |
| SCDU | WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | 95.6% | 95.8% | 100.0% | 200.0% |
| Silver Assessment Unit | WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | 91.1% | 71.7% | 80.0% | 86.7% |
| Surgical High Care Unit | WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | 90.0% | 78.3% | 94.4% | 113.3% |
| Trauma and Orthopaedic A | WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | 53.3% | 116.7% | 76.7% | 73.3% |
| Trauma and Orthopaedic B | WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | 85.0% | 71.7% | 73.3% | 73.3% |
| Vascular Unit | WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | 82.3% | 67.8% | 95.8% | 51.7% |
| Ward 1 | KIDDERMINSTER HOSPITAL - RWP31 | 103.3% | 95.0% | 100.0% | - |
| Ward 10 | ALEXANDRA HOSPITAL - RWP01 | 102.2% | 92.2% | 100.0% | 100.0% |
| Ward 11 | ALEXANDRA HOSPITAL - RWP01 | 71.7% | 87.9% | 158.3% | 155.0% |
| Ward 12 | ALEXANDRA HOSPITAL - RWP01 | 65.8% | 80.8% | 92.2% | 98.3% |
| Ward 14 | ALEXANDRA HOSPITAL - RWP01 | 83.9% | 96.1% | 100.0% | 103.3% |
| Ward 16 | ALEXANDRA HOSPITAL - RWP01 | 79.2% | 71.3% | 70.0% | 86.7% |
| Ward 17 | ALEXANDRA HOSPITAL - RWP01 | 93.3% | 96.7% | 97.8% | 101.7% |
| Ward 18 | ALEXANDRA HOSPITAL - RWP01 | 68.0% | 67.1% | 91.1% | 100.0% |
| Ward 2 | ALEXANDRA HOSPITAL - RWP01 | 96.1% | 107.2% | 71.1% | 156.7% |
| Ward 5 | ALEXANDRA HOSPITAL - RWP01 | 72.3% | 102.8% | 78.7% | 111.7% |
| Ward 6 | ALEXANDRA HOSPITAL - RWP01 | 66.7% | 86.7% | 95.0% | 101.7% |