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|  **Report on Nursing and Midwifery Staffing Levels – October 2018**  |

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

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| **Accountable Director** | Vicky Morris, Chief Nursing Officer |
| **Presented by** | Vicky MorrisChief 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 | 18th December 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** |[x]  **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 Board is requested to note this report. |

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| Executive Summary |
| This paper provides an overview to the People & Culture Committee of the nursing and midwifery staffing levels for the planned and the actual staffing levels for October 2018. The paper provides an overview of the Trust’s position regarding the mandatory submission for nursing fill rates, required by the Department of Health via UNIFY, highlighting key areas of risk and the mitigation taken at Divisional/ Directorate level.The paper also includes an overview by Division of their staffing position for registered and non – registered staff and the turnover rate is included, which indicates the ability of the organisation to retain staff against the regional and national benchmarks. Risks and incidents which have been attributed to staffing levels are also provided in order to review the impact and outcomes on patients. Safe staffing levels are in place across the Trust and the mitigation is detailed in Appendix 1. |
| Background |
| The Trust is required to submit monthly data to Unify. This information provides the detail per ward of the nursing and midwifery staffing fill rates and bed days. This information is displayed on the Trust’s website.From September 2018, NHSI have published Care Hours Per Patient Day (CHPPD) 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. This is through ward deployment of staff to care for the right patients at the right time with the right skill set to meet patients’ needs. Divisions review staffing on a shift by shift basis and move staff across wards/departments to ensure safe staffing. The staffing levels fill rates are RAG rated as Green above 90%, Amber 80-89% and Red below 79%. Areas showing as more than 100% will have used additional staff to their ward establishment. Reasons for this include, increased capacity i.e additional beds being open, and one to one nurse to patient ratio to provide enhanced observations for specific patient needs (specialling).  |
| Issues  |
| Staffing levels/Vacancies The data below in Table 1 highlights the funded and in post rates within the nursing workforce for October 2018. Overall the nursing and midwifery vacancies have decreased by 23 whole time equivalent (wte) for Health Care Assistants (HCAs). This decrease is as a result of the targeted recruitment campaign from September 2018 for HCA vacancies within the Trust in support of winter pressures. The RN vacancy rate is stable. |
|  **Table 1**

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| Vacancy (Trust wide) | October 2018 |
| Qualified  | 233.75 |
| Unqualified | 25.88 |
| Total | 259.63 |

Over the next two months there are a further 40 HCAs due to commence employment within the Trust. These staff have been recruited to support winter pressures and the additional Wards at the Alexandra Hospital site (Ward 4 and Ward 1) and the winter ward on the Worcester Royal Hospital site. Table 2 provides a summary of the vacancy rates across the Divisions.**Table 2**

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| --- | --- | --- | --- |
| **Division** | **RN vacancy****wte**  | **HCA vacancy****wte**  | **Concerns**  |
| Speciality Medicine\*  | 81.75  | 17.12  | Wards with vacancies greater than 25% of their establishment are Avon 3 and Acute Stroke, ward 11, Evergreen, ward 12.  |
| Urgent Care  | 48.91 | 0 | The ward with a vacancy factor of greater than 25% is Medical Assessment Unit at the Alexandra Hospital site. |
| Surgery  | 47.26  | 6.71 | Wards with a vacancy factor greater than 25% of their establishment is Trauma and Orthopaedics and ward 17. |
| SCSD | 45.19  | 1.15  | No areas above 25% |
| Women & Children  | 10.64  | 0 | No areas above 25% |

\*These figures exclude the additional winter wardsActions to support proactive recruitment. * Increased profiling of medicine and surgery in both recruitment events and adverts, This includes targeted recruitment for specialty wards/ units rather than generic recruitment adverts. This includes the use of social media which was very successful for HCAs.
* Wards with vacancies greater than 25% - prioritise block booking of bank and agency to ensure safe cover.
* A specialised managed agency project – “project nightingale” will be in place from December 2018 to support safe staffing of the winter wards. This will be provided through an external company supporting the Trust to fill substantive vacancies with the same agency staff from December until the end of March.
* A weekly staffing meeting involving DDNs and Workforce Leads/ Deputy CNO is in place to provide oversight of planned staffing and actual staffing numbers and actions in place for escalation.
* Wards with >25% vacancies will have a monthly workforce review meeting.

Fill rates of staffing shiftsFill 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 positionTable 3 demonstrates the average fill rates across the Trust. It is a concern that the fill rate for trained and untrained staff on the day shift is under 90%. This is a driver for Project Nightingale where temporary staff are being brought in to cover lines of off duty in wards/departments to enhance safer staffing levels. The Trust is working with 2 companies to support the wards having temporary staff working lines of off duty. The total number of staff which they are expected to provide is up to 150 wte. **Table 3 Trust wide RN/HCA fill rates for days and nights**

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| --- | --- | --- | --- |
| **RN day** | **RN night** | **HCA day** | **HCA night** |
| **88.9%** | **93.6%** | **89.1%** | **105%** |

For October 2018 wards that have triggered red on the Unify data in Appendix 1 have the explanation and mitigation detailed within the Appendix.Staffing is reviewed by the Matrons and Divisional Directors of Nursing three times a day and by the matrons on call overnight. Mitigation processes are activated in real time when temporary staffing measures are not achieved. These included reviews of the acuity and dependency of patients on wards to ensure needs are being met with reduced staffing numbers. Decisions taken included: cancelling 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. Work is progressing for the implementation of the Allocate safe staffing module that will provide a greater accuracy in reporting staffing in real time going forward. A pilot of 4 wards commenced this month. The full implementation of the NHSP interface and the safer care module from Allocate will have all inpatient wards live on the system from the end of April 2018.Incident reports and red flagsIn October 2018 there were 74 Incidents reported with the specific category of nurse/midwifery staffing. The number of reported incidents that fall within the red flag criteria has reduced from the previous report in August and September which was 159. The red flag shifts were indicative of events where staffing could be a causative factor; these incidents were triangulated with red triggered fill rates on the Unify data. These incidences were all recorded on Datix where staff select the appropriate outcome of short staffing. Table 4 provides a breakdown of red flag shifts reported.Table 4 Incident reported with category nurse/midwifery staffing

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| --- | --- | --- | --- |
|  | No Harm | Minor Harm | Moderate Harm |
| October 2018 | 64 | 9 | 1 |

Staffing incidents of harmThere was 1 moderate harm incident reported which describes the use of theatre recovery as an escalation area. The harm was a generic harm as this could have impacted on patients receiving their surgery in a timely fashion.There were 9 incidents that reported minor harm. All nine were related to situations where there has been decreased staffing on shift. In all incidents, mitigations have been put into place through the use of either bank or agency, moving staff from neighbouring wards to ensure patients’ needs were met. Winter planningIn meeting the increased needs of patients during winter, increased numbers of nursing staff are required. This totals 61.76 WTE RN’s and 91.21 HCA’s. There is a recruitment drive in place for recruitment of health care assistants. Proactive Recruitment in place* Social media continues to be actively used to raise the trust’s profile regarding nurse vacancies and opportunities being offered through targeted advertising.
* Fortnightly staffing meeting will now become weekly during winter months 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.
* Recruitment of a nurse to have a specific focus on raising the profile of the Trust regarding employment and career opportunities which are available is being explored (a ‘recruitment nurse’).
* The Lead for Professional Development is working with the University regarding the pre-registration employment process and opportunities and the ‘Golden ticket’ approach to support Worcester University student nurses to be guaranteed a post on qualifying.
* The Lead for Nursing Workforce will work with HR in raising profile of nursing in local schools for Worcestershire.
* The Professional Development Team are supporting recruitment events planned for 2019.
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| Recommendations | The Board is requested to note this report. |

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| **Appendices****Appendix 1 – Unify Data – October 2018** |

**APPENDIX 1**

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| RAG RATED DATA - OCTOBER 2018 ACUITY Day And Night  |
| Ward | Specialty | Average fill rate - registered nurses/ midwives (%)DAY | Average fill rate - care staff (%)DAY | Average fill rate - registered nurses/ midwives (%)Night | Average fill rate - care staff (%)Night | Mitigation |
| Acute Stroke Unit | 328 - STROKE MEDICINE | 82.5% | 97.7% | 91.6% | 96.8% |  |
| Avon 2 | 301 - GASTROENTEROLOGY | 89.2% | 95.2% | 76.3% | 108.1% | Robust governance around rosters 6 weeks in advance. All shifts are out to NHSP 6 weeks in advance. Ward Manager proactive with shift swaps to cover outstanding shifts, if unsuccessful clear escalation to Matron/DDDN/DDN and chief nurses.If shifts do not fill and on completion of ward risk assessment, swift escalation to all tiers of agency including Mayday and Thornbury. Datix unsafe shift(s) and completion of the acuity tool to capture acuity and dependency of patients. If night qualified numbers remain below 90% the ward will not board patients from 6am (approx. time) Difficult to support sister ward (A3) as same shifts difficult to cover  |
| Avon 3 | 350 - INFECTIOUS DISEASES | 91.4% | 94.4% | 78.5% | 100.0% | Robust governance around rosters 6 weeks in advance. All shifts are out to NHSP 6 weeks in advance. Ward Manager proactive with shift swaps to cover outstanding shifts, if unsuccessful clear escalation to Matron/DDDN/DDN and chief nurses.If shifts do not fill and on risk assessment escalation to all tiers of agency including Mayday and Thornbury. Datix unsafe shift(s) and completion of the acuity tool to capture acuity and dependency of patients.If night qualified numbers remain below 90% the ward will not board patients from 6am (approx. time) Difficult to support sister ward (A2) as same shifts difficult to cover Operation nightingale to be considered to support this ward |
| Avon 4 | 430 - GERIATRIC MEDICINE | 93.5% | 126.8% | 100.0% | 116.9% |  |
| Beech A | 100 - GENERAL SURGERY | 99.5% | 94.1% | 66.7% | 98.4% | Robust governance around rotas 6 weeks in advance. All shifts are out to NHSP 6 weeks in advance. Ward Manager proactive with shift swaps to cover outstanding shifts, if unsuccessful clear escalation to Matron/DDDN/DDN and Chief Nurses.If shifts do not fill and on risk assessment escalation to all tiers of agency including Mayday and Thornbury. Established for 3 RNs on night duty. Can safely run with 2 RNs at times when patient acuity allows.  |
| Beech B | 100 - GENERAL SURGERY | 71.8% | 137.1% | 87.1% | 87.1% | Robust governance around rotas 6 weeks in advance. All shifts are out to NHSP 6 weeks in advance. Ward Manager proactive with shift swaps to cover outstanding shifts, if unsuccessful clear escalation to Matron/DDDN/DDN and Chief Nurses.If shifts do not fill and on risk assessment escalation to all tiers of agency including Mayday and Thornbury. Ward safely covered with RNs as co located ward support if RN levels reduced on Beech B. |
| Beech C | 100 - GENERAL SURGERY | 83.3% | 75.8% | 100.0% | 100.0% | Robust governance around rotas 6 weeks in advance. All shifts are out to NHSP 6 weeks in advance. Ward Manager proactive with shift swaps to cover outstanding shifts, if unsuccessful clear escalation to Matron/DDDN/DDN and Chief Nurses.If shifts do not fill and on risk assessment escalation to all tiers of agency including Mayday and Thornbury. Able to safely cover with an HCA less on nights as dictated by patient acuity. |
| Coronary Care | 320 - CARDIOLOGY | 98.4% | - | 100.0% | - |  |
| Critical Care | 192 - CRITICAL CARE MEDICINE | 72.8% | 61.3% | 78.5% | - | The unit is managed as a county wide unit. Safe staffing is in place for both units and reflects the numbers of patients who are being nursed.  |
| Critical Care | 192 - CRITICAL CARE MEDICINE | 96.9% | 62.9% | 97.7% | - | The unit is managed as a county wide unit. Safe staffing is in place for both units and reflects the numbers of patients who are being nursed. |
| EGAU/ANW Gynaecology | 502 - GYNAECOLOGY | 96.8% | 77.4% | 91.9% | 77.4% | Unit safely staffed for patient acuity and activity. |
| Evergreen | 430 - GERIATRIC MEDICINE | 76.2% | 119.4% | 66.7% | 160.2% | Qualified staff for Evergreen remains a concern on days and nights. In view of this when unable to fill shifts, extra HCA are booked to support the team.Robust governance around rosters 6 weeks in advance. All shifts are out to NHSP 6 weeks in advance. Ward Manager proactive with shift swaps to cover outstanding shifts, if unsuccessful clear escalation to Matron/DDDN/DDN and Chief Nurses.If shifts do not fill and on risk assessment escalation to all tiers of agency including Mayday and Thornbury. Datix unsafe shift(s) and completion of the acuity tool to capture acuity and dependency of patients.Support from Avon 4 if able – When Evergreen staff depleted Avon 4 puts out shifts to support the ward.Operation Nightingale supporting this ward |
| Head and Neck | 145 - ORAL & MAXILLO FACIAL SURGERY | 102.4% | 84.7% | 101.6% | 50.0% | Robust governance around rotas 6 weeks in advance. All shifts are out to NHSP 6 weeks in advance. Ward Manager proactive with shift swaps to cover outstanding shifts, if unsuccessful clear escalation to Matron/DDDN/DDN and Chief Nurses.If shifts do not fill and on risk assessment escalation to all tiers of agency including Mayday and Thornbury. Unit safely staffed on nights as can managed at times with 1 HCA down if not able to be covered.  |
| Laurel 1 | 320 - CARDIOLOGY | 100.0% | 96.8% | 111.3% | 119.4% |  |
| Laurel 2 | 340 - RESPIRATORY MEDICINE | 102.4% | 95.2% | 100.0% | 98.4% |  |
| Laurel 3 | 303 - CLINICAL HAEMATOLOGY | 81.0% | 73.7% | 91.9% | 138.7% | HCA on days has decreased fill rate. As of 4/12 and post discussion with Deputy and Chief Nursing Officer, if HCA shifts do not fill and the ward is deemed unsafe/high risk, authorisation to go to agency has been granted. Robust governance needed and strict monitoring of these requests. |
| Laurel CCU | 320 - CARDIOLOGY | 98.4% | - | 98.4% | - |  |
| Lavender Suites | 501 - OBSTETRICS | 89.4% | 84.1% | 97.2% | 94.0% |  |
| MAU | 300 - GENERAL MEDICINE | 87.1% | 83.9% | 95.7% | 90.9% |  |
| Medical Assessment Unit | 300 - GENERAL MEDICINE | 83.2% | 104.3% | 81.9% | 93.5% |  |
| Medical Short Stay | 300 - GENERAL MEDICINE | 91.0% | 73.7% | 93.5% | 107.5% | Ward Manager worked within the numbers to ensure patient safety |
| Neonatal TCU | 422 - NEONATOLOGY | 83.9% | 95.2% | 87.1% | 96.8% |  |
| Neonatal Unit | 422 - NEONATOLOGY | 89.4% | 56.5% | 95.5% | 48.4% | Safe staffing in place for the numbers of babies being cared for. Clear escalation in place for safer staffing.  |
| Riverbank | 420 - PAEDIATRICS | 91.4% | 56.5% | 101.1% | 109.7% | Safe staffing in place for the numbers of children being cared for. Clear escalation in place for safer staffing. |
| SCDU | 100 - GENERAL SURGERY | 93.5% | 94.4% | 100.0% | 203.2% |  |
| Silver Assessment Unit | 800 - CLINICAL ONCOLOGY | 104.3% | 75.0% | 95.7% | 94.6% | Safe staffing in place. The establishment is being reviewed in the light of the acuity study to confirm the number of staff required. |
| Surgical High Care Unit | 100 - GENERAL SURGERY | 93.0% | 80.6% | 97.8% | 109.7% |  |
| Trauma and Orthopaedic A | 110 - TRAUMA & ORTHOPAEDICS | 67.2% | 136.3% | 95.2% | 98.4% | The orthopaedic unit is being managed as a whole 36 bedded unit. Safer staffing in place across the unit. This will be reported as one unit in the next report. |
| Trauma and Orthopaedic B | 110 - TRAUMA & ORTHOPAEDICS | 106.5% | 72.6% | 104.8% | 77.4% | The orthopaedic unit is being managed as a whole 36 bedded unit. Safer staffing in place across the unit. This will be reported as one unit in the next report. |
| Vascular Unit | 100 - GENERAL SURGERY | 83.2% | 66.1% | 99.2% | 51.6% | Unit safely staffed for the patient numbers and their acuity.  |
| Ward 1 | 100 - GENERAL SURGERY | 104.0% | 100.0% | 100.0% | - |  |
| Ward 10 | 101 - UROLOGY | 108.6% | 94.6% | 100.0% | 106.5% |  |
| Ward 11 | 100 - GENERAL SURGERY | 69.7% | 89.1% | 143.5% | 153.2% | Robust governance around rotas 6 weeks in advance. All shifts are out to NHSP 6 weeks in advance. Ward Manager proactive with shift swaps to cover outstanding shifts, if unsuccessful clear escalation to Matron/DDDN/DDN and Chief Nurses.If shifts do not fill and on risk assessment escalation to all tiers of agency including Mayday and Thornbury. Datix unsafe shift(s) and completion of the acuity tool to capture acuity and dependency of patients. In view of this when unable to fill shifts, extra HCA are booked to support the team.Operation Nightingale to be considered to support this ward. This ward is high risk in regards to falls risk. Day shifts are more difficult to cover. Ward Manager counted in the qualified numbers on daily |
| Ward 12 | 430 - GERIATRIC MEDICINE | 72.6% | 93.5% | 93.5% | 103.2% | Robust governance around rotas 6 weeks in advance. All shifts are out to NHSP 6 weeks in advance. Ward Manager proactive with shift swaps to cover outstanding shifts, if unsuccessful clear escalation to Matron/DDDN/DDN and Chief Nurses.If shifts do not fill and on risk assessment escalation to all tiers of agency including Mayday and Thornbury. Datix unsafe shift(s) and completion of the acuity tool to capture acuity and dependency of patients. Operation Nightingale to be considered to support this ward.This ward is high risk in regards to falls risk. Day shifts are more difficult to cover.Ward 11 not able to supportWard managers in the numbers. |
| Ward 14 | 430 - GERIATRIC MEDICINE | 82.8% | 95.2% | 98.4% | 98.4% |  |
| Ward 16 | 110 - TRAUMA & ORTHOPAEDICS | 94.8% | 73.4% | 75.3% | 95.2% | Staffing flexed to meet the patient acuity, safe staffing in place.  |
| Ward 17 | 110 - TRAUMA & ORTHOPAEDICS | 95.2% | 101.2% | 97.8% | 97.6% |  |
| Ward 18 | 100 - GENERAL SURGERY | 79.7% | 70.7% | 100.0% | 103.7% | Safer staffing levels confirmed. |
| Ward 2 | 302 - ENDOCRINOLOGY | 89.8% | 100.0% | 68.8% | 180.6% | Robust governance around rotas 6 weeks in advance. All shifts are out to NHSP 6 weeks in advance. Ward Manager proactive with shift swaps to cover outstanding shifts, if unsuccessful clear escalation to Matron/DDDN/DDN and Chief Nurses.If shifts do not fill and on risk assessment escalation to all tiers of agency including Mayday and Thornbury. Datix unsafe shift(s) and completion of the acuity tool to capture acuity and dependency of patients.If night qualified numbers remain below 90% the ward will not board patients from 6am (approx. time). |
| Ward 5 | 340 - RESPIRATORY MEDICINE | 73.9% | 95.2% | 77.4% | 111.3% | Robust governance around rotas 6 weeks in advance. All shifts are out to NHSP 6 weeks in advance. Ward Manager proactive with shift swaps to cover outstanding shifts, if unsuccessful clear escalation to Matron/DDDN/DDN and Chief Nurses.If shifts do not fill and on risk assessment escalation to all tiers of agency including Mayday and Thornbury. Datix unsafe shift(s) and completion of the acuity tool to capture acuity and dependency of patients.If night qualified numbers remain below 90% the ward will not board patients from 6am (approx. time) Operation Nightingale to be considered to support this wardThis ward is high risk in regards to falls risk. Day shifts are more difficult to cover. |
| Ward 6 | 320 - CARDIOLOGY | 75.8% | 89.8% | 101.6% | 104.8% | Robust governance around rotas 6 weeks in advance. All shifts are out to NHSP 6 weeks in advance. Ward Manager proactive with shift swaps to cover outstanding shifts, if unsuccessful clear escalation to Matron/DDDN/DDN and Chief Nurses.If shifts do not fill and on risk assessment escalation to all tiers of agency including Mayday and Thornbury. Datix unsafe shift(s) and completion of the acuity tool to capture acuity and dependency of patients.If night qualified numbers remain below 90% the ward will not board patients from 6am (approx. time) Operation Nightingale to be considered to support this wardThis ward is high risk in regards to falls risk. Day shifts are more difficult to cover. |