| Date of meeting | 13 September 2018 |
|---|---|
| Paper number | F2 |

### Safer Nurse/Midwifery Staffing – June and July 2018 data

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

| **Accountable Director** | Vicky Morris Chief Nursing Officer | | |
|---|---|---|---|
| **Presented by** | Jackie Edwards Deputy Chief Nurse (Quality) | **Author** | Jackie Edwards Deputy Chief Nurse (Quality) |

| **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 | |
| 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 | | | |

| **Alignment to the Single Oversight Framework** | | | | | |
|---|---|---|---|---|---|
| Leadership and Improvement Capability | | Operational Performance | **x** | Quality of Care | **x** |
| Finance and use of resources | | Strategic Change | | Stakeholders | |

| **Report previously reviewed by** | | |
|---|---|---|
| Committee/Group | Date | Outcome |
| P&C | 4 September 2018 | Approved |

| **Assurance**: *Does this report provide assurance in respect of the Board Assurance Framework strategic risks?* | Y | BAF number(s) | 10,11 |
|---|---|---|---|

**Assurance** in respect of: process/outcome/other (*please detail*) ……………………….

| **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* |

| Recommendations | The Board is requested to note this report for assurance. |
|---|---|

## Executive Summary

This paper provides an account of nursing and midwifery staffing levels on inpatient ward areas for the months of June and July 2018.  This includes data on the average fill rate per ward and the care hours per patient per day as recorded by ward staff. This data was triangulated with incident reports from staff where they believed there may have been a potential impact on patient care as a consequence to a reduction in the number of staff on shifts to that which was planned.

- The completion of the safer staffing app by wards (actual against planned) on the roster and the acuity and dependency of patients cared for, provides the unified data for submission to NHSI (Appendix 1). Data for June and July identifies that trust wide the fill rate for staffing was greater than 75% of planned shifts and that gap from vacancies, sickness and at times of increased patient demand/acuity was assessed and mitigations put into place through the use of temporary staffing
- There are a number of key work streams which support the nursing and midwifery workforce to ensure recruitment, retention and education plans are robust in order to meet patient needs.

Examples which have progressed well are:
- Commencement of a cohort of ten health care assistants who have gained nurse registration outside of the UK and are now living in UK who are being supported to obtain necessary requirements to enter NMC register.
- Opening of simulation laboratory at Kidderminster to support skill developments.
- International recognition for Consultant Midwife for research on maternity roles in UK.
- The workforce nursing team have been shortlisted for Nursing Times awards in October 2019 for work achieved in recruitment and retention.
- Principles for winter staffing agreed and the staffing template for the new wards drafted and subject to final approval.

Areas that require support to progress further are:
- Development of IT infrastructure for introduction of safer care module 'Allocate',
- The detailed wte staffing requirements for winter pressures need finalising
- Development of workforce plan for medical division to staff 48 new beds coming on line following refurbishment of Aconbury East in March 2019.

- A review was prompted when anomalies in budget setting was identified in early June 18.  These anomalies consisted of a reported increase in Trust wide vacancy factor in May 18.  A paper to update the Committee on further work undertaken is on the agenda.

## Background

Following the Francis Report (2014), all NHS Trusts are required to submit monthly data, detailing ward nursing and midwifery staffing fill rates against a rate of less than 25% planned. This information is required to be presented to a Board Committee and published on the Trust website.

The integrated score card (See Appendix 1) reports the June and July 2018 data.

The staffing level fill rates are RAG rated as Green above 90%, Amber 80-89% and Red 79% and below.

In October 2017 the Health Secretary announced the need to support nursing workforce reforms.  These reforms included improvement to working conditions.  The Trust has been committed to supporting the reforms required to development and roll out initiatives and work streams to provide safe staffing levels on wards to meet patient need and demand.  The trust has in place work streams for Nursing and Midwifery

staffing : Recruit, Retain, Return, Retire, Redesign, Reward known as 'R's supporting national reforms required to ensure safe, sustainable care is available to meet patient need and demand.

| Issues and options |
| --- |

Staffing levels across the Trust for the months of June and July 2018 were greater than 75% above planned.

Table 1 and 2 provide breakdown by staff group of registered and non-registered (health care assistants) and day/night shift.

The data identifies that overall staffing was in line with the planned levels to meet patient need. There were individual occasions when wards had staffing levels drop to below that planned due to staff sickness and the requirement to move staff to cover additional capacity and times when it was above 100%. In all occasions mitigations through assessment, escalation and appropriate actions were put into place to meet patient care/demand at that time.

**Table 1. RN/HCA fill rates for June 2018 days and nights – Overall Trust position (Inpatient)**

| RN/RM day | RN/RM night | Non registered (HCA) day | Non registered (HCA) night | Trust Staff % fill | Red flag shifts | Incident reports for staffing |
| --- | --- | --- | --- | --- | --- | --- |
| 93.87% | 98.17% | 252.98% | 275.01% | 84.90% | 121 (3% of shifts) | 27 |

**Table 2 RN/HCA fill rates for July 2018 days and nights – Overall Trust position (Inpatient)**

| RN/RM day | RN/RM night | Non registered (HCA) day | Non registered (HCA) night | Trust Staff % fill | Red flag shifts | Incident reports for staffing |
| --- | --- | --- | --- | --- | --- | --- |
| 93.18% | 96.66% | 182.26% | 97.53% | 83% | 196 (5% of shifts) | 20 |

Appendix 1 and 2 provides the safer staffing data submitted to NHSI.

The Health care assistant (HCA) workforce is reported for both June and July to be greater than 100%. This is due to fact that Laurel CCU have booked HCA's against a planned HCA requirement of 0%. HCA's are utilised to support patient care where there were times that qualified staffing numbers were reduced. On these occasions an assessment of patient needs occurs to determine that there were appropriate skills available per shift to meet patient need.

There has also been a need to book additional HCA to support patient dependency specifically within medical wards due to the risks of patient falls and those requiring observations for safety because of confusion states/dementia.

In all cases where there was a reduced staffing to that planned, there has been a review by Divisional Nurse

Directors through appropriate escalation in real time on shift declared as red. This process has ensured there was oversight and plans put into place through the use of bank/agency staff as well as staff covering from buddy wards to cover staff breaks.

A weekly staffing meeting is in place with all divisional nurse directors reporting exceptions, reviewing of health rosters, use of temporary staffing planned and used and hot spot areas that require support due to staff challenges or increased patient dependency. This meeting has been shown to have been helpful in trust oversight of ward that have been particularly challenging given the summer pressures experienced from increased patient demand for inpatient stays.

Wards that reported shifts below 75% planned for registered nurses/midwives that correlate with increased incident reports submitted due to staffing were:

- ➢ Medicine = Avon 2, Ward 12
- ➢ Urgent Care = ED 2 at Worcester and 1 Alexandra Hospitals
- ➢ Surgery = Ward 17, 18 and T&O, Beech C, Vascular Unit
- ➢ SCSD = Laurel 3, Silver Ward
- ➢ Women's and children: Delivery Suite,
- ➢ *there were no reports for children's ward.

- These areas all report vacancies and sickness levels within ward establishments as a primary reasons for staffing challenges experienced in month.

- All incident reports submitted were reviewed within 72 hours of submission and triangulated against safety incidents for pressure ulcers and falls. There was no correlation of harm for patients identified. Reasons for reporting the incidents were:
  - ➢ 9/47 occasions were for increased patient acuity requiring increased staffing levels on shift from either patients' at risk of falls, patient confusion or acutely unwell.
  - ➢ 1/47 incident reported patient analgesia was delayed due to staffing numbers on shift and business with no harm occurring to patient as an result.
  - ➢ 38/47 shifts reported staffing levels were lower than planned.

- Of the 47 incidents over 2 months, there were 17 at Alexandra Hospital, 31 Worcester Royal Hospital which is in line with size of site and proportional representation.

- **Safer staffing data**: The need to improve on the accurate timely reporting of staffing levels and ability to fill gaps in shifts has been recognised by the workforce team. A business case submitted in 2018 was approved to support the purchase and introduction of safer staffing software this will build efficiencies and effectiveness of our workforce utilisation. A task and finish group is establish led by Di Pugh this work is currently being reviewed from an IT infrastructure requirement resulting in the role out being delayed to 2019.
- **A business case** is being developed to support a programme to recruit and train nurses who are living in UK with an international registration but have not gained NMC registration has been submitted to HEE. Meeting at STP workforce meeting in July 2018 has requested a review through a task and finish group to establish whether WAHT could host this work stream across the health economy for Worcestershire and Herefordshire.
- **The simulation lab** was formally opened on 18th July 2018 at Kidderminster with recognition both locally and nationally.

- Consultant Midwife Caitlin Wilson has received **international recognition** after presenting her research findings at a birthing conference in Michigan, USA last month. Caitlin Wilson was invited to attend the International Normal Labour and Birth Research Conference at the University of Michigan in Ann Arbor, after submitting two pieces of original research on maternity roles in the UK.
- **The trust has been shortlisted for Nursing Times Workforce award** October 2018 "Strengthening our nursing workforce by focusing on 'R's' which are: Recruit, Retain, Return, Retires, Redesign, Rewards and Rules".
- Work has identified the principles needed for the **workforce needs for the winter plan**. The detail required in WTE will be developed by the end of August. A review of targeted recruitment has been considered through targeted recruitment days planned in September and October.
- The **development of a staffing template** for the 2 new wards (48 beds) has been drafted and support is required for the medical division in development of a business case for workforce plan
- Nursing and Midwifery trust wide staffing risk on risk register – 3847 risk rating 9.  Next review date 31st October 2018

| Recommendations |
|---|
| The Board is requested to note this report for assurance. |

| Appendices |
|---|
| 1 – explanatory notes<br>2 – June data<br>3 – July data |

| Appendices |
| --- |

Appendix 1

**Shifts and Hours**

- Early - 6 Hours
- Late - 6 Hours
- Night - 12 Hours
- Long Day (Early Without a Late) - 12 hours

**Total Planned Hours** - The amount of Planned Staff multiplied by shift hours
Note: See **Shifts and Hours** above.

**Total Actual Hours** - The amount of actual staff multiplied by shift hours
Note: See **Shifts and Hours** above.

**Avg Fill Rate %** - Percentage of the shift hours fill rate.
(Total Planned Hours / Total Actual Hours) * 100
Note: If a shift does not have any planned staff for that shift the number is defaulted to 1.
For Example: Ward A has 0 planned HCAs. If Ward A has covered a night shift with a HCA this will show up as 1200% because the default number is 1 hour but the night shift is 12 hours long.

**Avg Care Hours Per Day** - AVG Actual RN Hours + AVG Actual HCA Hours
AVG = Sum of the actual staff hours / Day Range input above.

**Avg Care Hours Per Patient Per Day** - AVG Care Hours Per Day / Number of Available Beds

**Unsafe Shifts** - Amount of unsafe shifts during the time period input above.

**% Trust Staff** - Percentage of staff that were trust staff and not bank.

**Data Collection Method** - This data is being collected by staff on the wards and manually inputted into the safer staffing application. If there is data missing this may be due to the shift not being filled by the ward staff.

June 2018

| HOSPITAL | WARD | Day | | Night | |
|---|---|---|---|---|---|
| | | Average fill rate - registered nurses/ midwives  (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/ midwives  (%) | Average fill rate - care staff (%) |
| | | | | | |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Acute Stroke Unit | 89.7% | 97.5% | 89.3% | 107.5% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Avon 2 | 96.7% | 90.0% | 78.9% | 116.7% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Avon 3 | 92.2% | 98.3% | 80.0% | 108.3% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Avon 4 | 73.9% | 97.0% | 76.7% | 79.2% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Beech A | 96.1% | 95.6% | 66.7% | 101.7% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Beech B | 61.7% | 101.7% | 63.3% | 76.7% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Beech C | 86.1% | 68.9% | 100.0% | 106.7% |
| ALEXANDRA HOSPITAL - RWP01 | Coronary Care | 95.0% | - | 93.3% | - |
| ALEXANDRA HOSPITAL - RWP01 | Critical Care | 82.8% | 83.3% | 84.4% | - |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Critical Care | 96.7% | 75.0% | 98.0% | - |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | EGAU/ANW Gynaecology | 97.5% | 74.2% | 90.0% | 76.7% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Evergreen | 79.6% | 116.3% | 67.8% | 131.1% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Head and Neck | 103.3% | 98.3% | 100.0% | 53.3% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Laurel 1 | 100.6% | 87.5% | 103.3% | 120.0% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Laurel 2 | 105.0% | 90.8% | 99.2% | 108.3% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Laurel 3 | 75.0% | 72.2% | 75.8% | 123.3% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Laurel CCU | 92.9% | - | 97.5% | - |

| | | | | | |
|---|---|---|---|---|---|
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Lavender Suites | 79.6% | 76.1% | 90.3% | 75.2% |
| ALEXANDRA HOSPITAL - RWP01 | Medical Assessment Unit | 95.3% | 90.3% | 98.3% | 94.4% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Medical Assessment Unit | 86.0% | 103.3% | 92.0% | 81.1% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Medical Short Stay | 92.7% | 72.2% | 96.7% | 101.1% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Neonatal TCU | 91.7% | 100.0% | 96.7% | 93.3% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Neonatal Unit | 83.7% | 93.3% | 135.6% | 86.7% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Riverbank | 92.2% | 80.0% | 98.3% | 103.3% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | SCDU | 88.9% | 96.7% | 100.0% | 193.3% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Silver Oncology Ward | 103.3% | 85.8% | 90.0% | 86.7% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Surgical High Care Unit | 96.7% | 83.3% | 93.3% | 116.7% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Trauma and Orthopaedic A | 66.1% | 135.8% | 100.0% | 106.7% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Trauma and Orthopaedic B | 94.2% | 82.5% | 103.3% | 102.2% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Vascular Unit | 82.3% | 67.8% | 96.7% | 50.0% |
| KIDDERMINSTER HOSPITAL - RWP31 | Ward 1 | 101.7% | 105.0% | 100.0% | - |
| ALEXANDRA HOSPITAL - RWP01 | Ward 10 | 91.7% | 83.3% | 98.3% | 96.7% |
| ALEXANDRA HOSPITAL - RWP01 | Ward 11 | 65.0% | 89.6% | 143.3% | 163.3% |
| ALEXANDRA HOSPITAL - RWP01 | Ward 12 | 93.3% | 96.3% | 96.7% | 101.7% |
| ALEXANDRA HOSPITAL - RWP01 | Ward 14 | 88.3% | 97.8% | 103.3% | 100.0% |
| ALEXANDRA HOSPITAL - RWP01 | Ward 16 | 85.0% | 70.0% | 74.4% | 81.7% |

| ALEXANDRA HOSPITAL - RWP01 | Ward 17 | 95.8% | 99.6% | 94.4% | 90.8% |
|---|---|---|---|---|---|
| ALEXANDRA HOSPITAL - RWP01 | Ward 18 | 74.3% | 75.8% | 94.4% | 98.3% |
| ALEXANDRA HOSPITAL - RWP01 | Ward 2 | 102.8% | 103.9% | 75.6% | 166.7% |
| ALEXANDRA HOSPITAL - RWP01 | Ward 5 | 80.7% | 96.7% | 82.7% | 138.3% |
| ALEXANDRA HOSPITAL - RWP01 | Ward 6 | 78.3% | 97.2% | 100.0% | 103.3% |

JULY 2018

| HOSPITAL | WARD | Day | | Night | |
|---|---|---|---|---|---|
| | | Average fill rate - registered nurses/ midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/ midwives (%) | Average fill rate - care staff (%) |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Acute Stroke Unit | 78.8% | 88.4% | 84.5% | 90.3% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Avon 2 | 95.7% | 98.4% | 76.3% | 119.4% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Avon 3 | 90.3% | 101.6% | 75.3% | 111.3% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Avon 4 | 84.4% | 122.3% | 71.0% | 88.7% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Beech A | 96.8% | 95.2% | 67.7% | 103.2% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Beech B | 69.4% | 104.8% | 69.4% | 61.3% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Beech C | 87.6% | 73.1% | 100.0% | 100.0% |
| ALEXANDRA HOSPITAL - RWP01 | Coronary Care | 96.8% | - | 95.2% | - |
| ALEXANDRA HOSPITAL - RWP01 | Critical Care | 77.7% | 32.3% | 84.4% | - |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Critical Care | 96.9% | 38.7% | 93.9% | - |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | EGAU/ANW Gynaecology | 91.1% | 78.2% | 85.5% | 69.4% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Evergreen | 79.0% | 116.1% | 65.6% | 144.1% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Head and Neck | 99.2% | 87.9% | 98.4% | 51.6% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Laurel 1 | 100.5% | 99.2% | 100.0% | 141.9% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Laurel 2 | 96.0% | 96.8% | 71.8% | 72.6% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Laurel 3 | 79.4% | 75.3% | 84.7% | 122.6% |

| | | | | | |
|---|---|---|---|---|---|
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Laurel CCU | 91.5% | - | 98.4% | - |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Lavender Suites | 82.2% | 84.1% | 90.6% | 100.9% |
| ALEXANDRA HOSPITAL - RWP01 | MAU | 96.2% | 90.6% | 91.9% | 91.9% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Medical Assessment Unit | 85.8% | 108.6% | 83.2% | 97.8% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Medical Short Stay | 88.4% | 70.4% | 96.0% | 103.2% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Neonatal TCU | 91.9% | 96.8% | 87.1% | 90.3% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Neonatal Unit | 81.0% | 72.6% | 80.6% | 48.4% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Riverbank | 90.0% | 69.4% | 96.2% | 103.2% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | SCDU | 93.0% | 104.8% | 98.4% | 187.1% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Silver Oncology Unit | 114.0% | 91.9% | 94.6% | 100.0% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Surgical High Care Unit | 94.6% | 103.2% | 90.3% | 103.2% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Trauma and Orthopaedic A | 96.8% | 71.0% | 96.8% | 67.7% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Trauma and Orthopaedic B | 95.2% | 83.1% | 91.9% | 75.0% |
| WORCESTERSHIRE ROYAL HOSPITAL - RWP50 | Vascular Unit | 79.0% | 68.8% | 91.1% | 50.0% |
| KIDDERMINSTER TREATMENT CENTRE - RWPTC | Ward 1 | 104.8% | 116.1% | 100.0% | - |
| ALEXANDRA HOSPITAL - RWP01 | Ward 10 | 92.5% | 95.2% | 100.0% | 100.0% |
| ALEXANDRA HOSPITAL - RWP01 | Ward 11 | 71.0% | 86.7% | 151.6% | 175.8% |
| ALEXANDRA HOSPITAL - RWP01 | Ward 12 | 85.1% | 100.4% | 103.2% | 99.2% |
| ALEXANDRA HOSPITAL - RWP01 | Ward 14 | 85.5% | 97.3% | 100.0% | 98.4% |
| ALEXANDRA HOSPITAL - RWP01 | Ward 16 | 79.8% | 75.4% | 73.1% | 88.7% |

| | | | | | |
|---|---|---|---|---|---|
| ALEXANDRA HOSPITAL - RWP01 | Ward 17 | 87.9% | 101.2% | 100.0% | 97.6% |
| ALEXANDRA HOSPITAL - RWP01 | Ward 18 | 70.6% | 67.3% | 94.6% | 103.2% |
| ALEXANDRA HOSPITAL - RWP01 | Ward 2 | 96.8% | 111.3% | 73.1% | 172.6% |
| ALEXANDRA HOSPITAL - RWP01 | Ward 5 | 78.1% | 93.5% | 76.1% | 106.5% |
| ALEXANDRA HOSPITAL - RWP01 | Ward 6 | 76.9% | 97.3% | 88.7% | 101.6% |