

NURSING AND MIDWIFERY August 2017 STAFFING REPORT- Bedford Hospital NHS Trust

1. Introduction

This is the monthly Nursing and Midwifery staffing report outlining:

- August 2017 staffing data submitted via the UNIFY portal, including Care Hours Per Patient Day (CHPPD)
- Update on Safe Staffing work streams
- Roster compliance
- Incident reports on datix - Staffing shortages
- Enhanced Patient Observation (EPO) - Specials

Information not available at time of report

- August 2017 temporary staffing usage and progress against agency cap (information not available at time of report)
- Vacancy and recruitment update

2. August 2017 Staffing Data

2.1 Fill rate

Nineteen wards reported staffing data for August with an overall fill rate of 101.32% which include specials (5.57%).

	August 2017	July 2017
% of Registered nurse day hours filled as planned	94.7% of planned level	96.2% of planned level
% of Unregistered care staff day hours filled as planned	105.8% of planned level	105.6% of planned level
% of Registered nurse night hours filled as planned	99% of planned level	99% of planned level
% of Unregistered care staff night hours filled as planned	114.9% of planned level	112% of planned level
Percentage allocated for Enhanced Patient Observation (Specials)	5.27%	5.27%

Figure 1 Monthly staffing level fill rate summary July / August 2017

2.2 Care Hours per Patient Day (CHPPD)

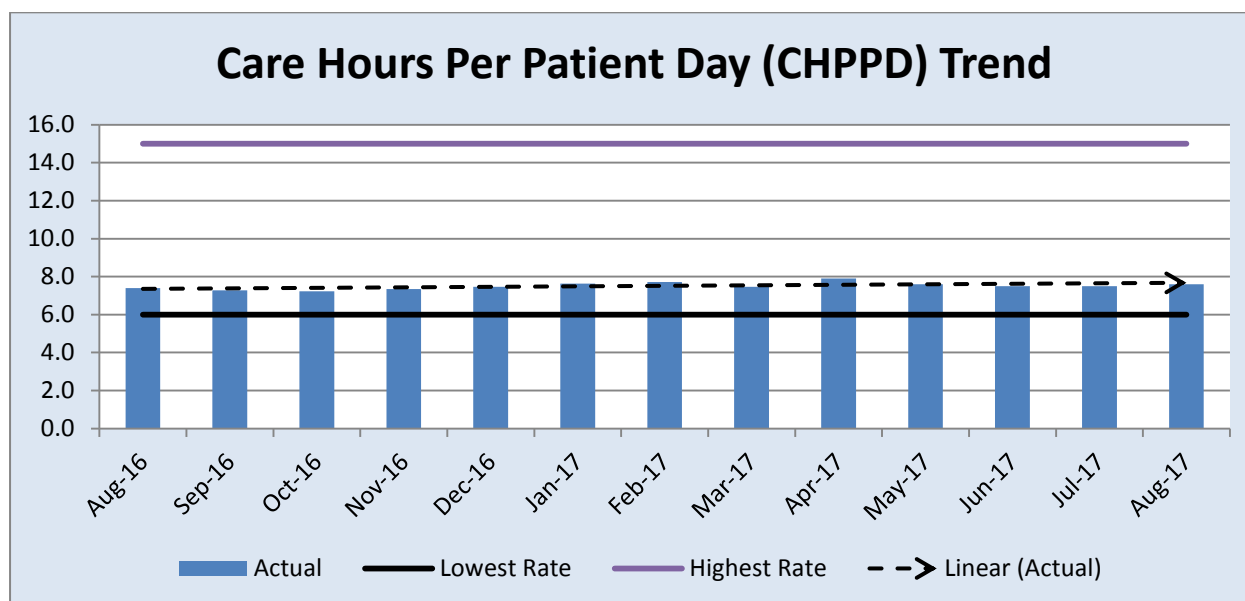


Figure 2 – CHPPD trends

CHPPD is a measurement for benchmarking developed following Lord Carter's workforce review (2016). The range identified was 6 to 15 hours across 25 hospitals that participated in this review.

Utilisation of this metric will increase as guidance from NHSI and the Lord Carter review is shared in coming months. The overall figure is influenced by the higher staff to patient ratios within ED, Critical Care, Maternity and Paediatric services.

In August 2017, the overall rate was 7.6 care hours across all patient wards (BHT)

3. Vacancy and Permanent Recruitment Update

Not available at time of report

4. Temporary Staffing Update

Not available at time of report

5. Datix events for Short staffing

During August 2017, 30 Datix forms were submitted categorised as short staffing. Nine of these were related to medical staff, outpatient areas or non-medical staff. This is a lower reporting rate than in July 2017. The top three impacts were staff unable to take breaks, delays in administering medication and delays in answering call bells. Of the 21 remaining incidents, 20 were all classified as 'no harm'. One event resulted in a minor injury for patient who fell at a time of reduced staffing.

At time of this report 8 incidents were still being investigated.

Seven of the above datix relate to maternity services. Maternity incidents have raised 8 red flags within these. Most of the incident forms require approval, as still being investigated. Staffing levels and safety are reviewed using a situation report every four hours. Trustwide staffing levels are

reviewed in the operational staffing meetings, three times per day, the . Senior managers have met and agreed that the Head of Midwifery will meet with staff raising datix to further review current situation reports and to gain assurance this tool is used appropriately. Recruitment has been actively pursued and a cohort of 7 recently qualified midwives starts in September 2017. The use of block booking agency midwives has been introduced for 4 WTE staff to improve consistency and continuity of temporary staff, approval to extend this arrangement is being sought at time of report.

The remaining incidents relate to short notice changes to staffing levels, partly due to sickness or unfilled temporary staff requests.

Lessons learned have been noted on several of the incidents that require reprioritisation of work load for that time. The themes from datix will be discussed at divisional quality meetings.



Figure 3 – Location of Datix incidents relating to staff shortages in August 2017

6. Safer Staffing

Units	Total Bank & Agency Use %	Post Vacancies WTE RN and CSW	Sickness %	Parenting %	Datix events (Cat; Short staffing)	Additional Duties	Mitigation
Shuttleworth/SAU	36.90%	8.4	5.8	5.8	0	12	Temporary staff use was 50:50 RN :CSW. The majority of RN hours was agency, Block booking arrangements have been instituted in August to ensure consistency and continuity of staff.
Reginald Hart W	33.60%	10.5	6.2	1.8	1	116	All additional shifts were for EPO . Most of temporary staff use was for CSW EPO. RN cover was 47% bank and 53% agency.
Whitbread Medical	33.0%	4.4	6.1	8.3	1	60	All additional shifts were for EPO . Most of temporary staff use was Bank CSW and small proportion RN agency
Arnold Whitchurch Ward	29.00%	8.1	0.8	2.4	2	2	Most of temporary staff use was Bank CSW and RN a small proportion was RN agency (3.94)
Shand	27.30%	6.5	7.2	3.2	0	21	Just over half of temporary staff use was for RN cover and of this half was agency (25% of total)

Figure 4 - Wards with highest temporary staffing use for August 2017 (data source roster perform 14/08/2017 to 10/09/2017)

The wards in Figure 4 are those identified with the highest rate of temporary staff usage. All wards had a staff fill rate >95%, excluding specials. Unavailability for these wards for this period was high. Reginald Hart and Shuttleworth Wards have planned recruitment to replace some of their vacancy factor in September 2017. Shuttleworth Wards also are using block booked agency staff. The divisions are actively managing sickness absence.

7.0 Enhanced Patient Observation (EPO).

There was an increased demand for enhanced patient observation during August 2017 (figures 5 and 6). A review of EPO is being conducted within the STP workforce working group. EPO requirements are reviewed daily with a process of approval in place. Audit of these patients is planned to determine if compliance with policy and process has been achieved, this information will be reported upon next month. To mitigate any risk associated with unfilled shifts patients identified as requiring EPO are reviewed and a risk assessment is undertaken regarding their care needs. Staff are reallocated, to ensure higher acuity wards are supported in care for these patients.

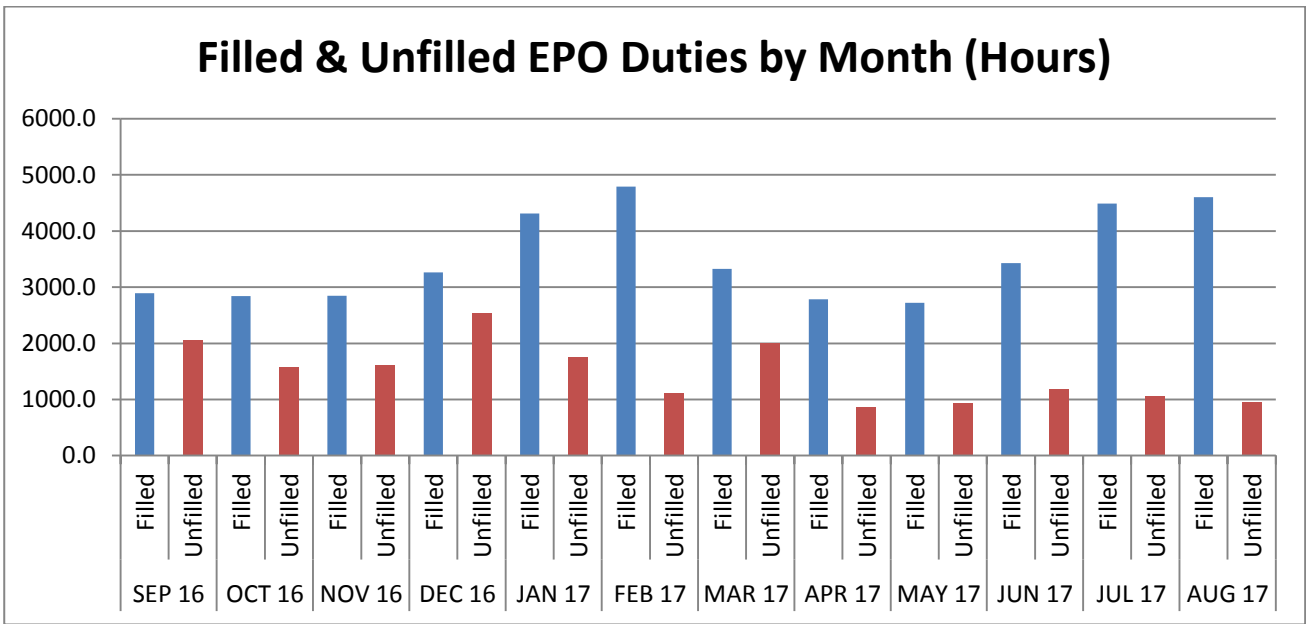


Figure 5 – Enhanced Patient Observation (Specials) Trends over the last year

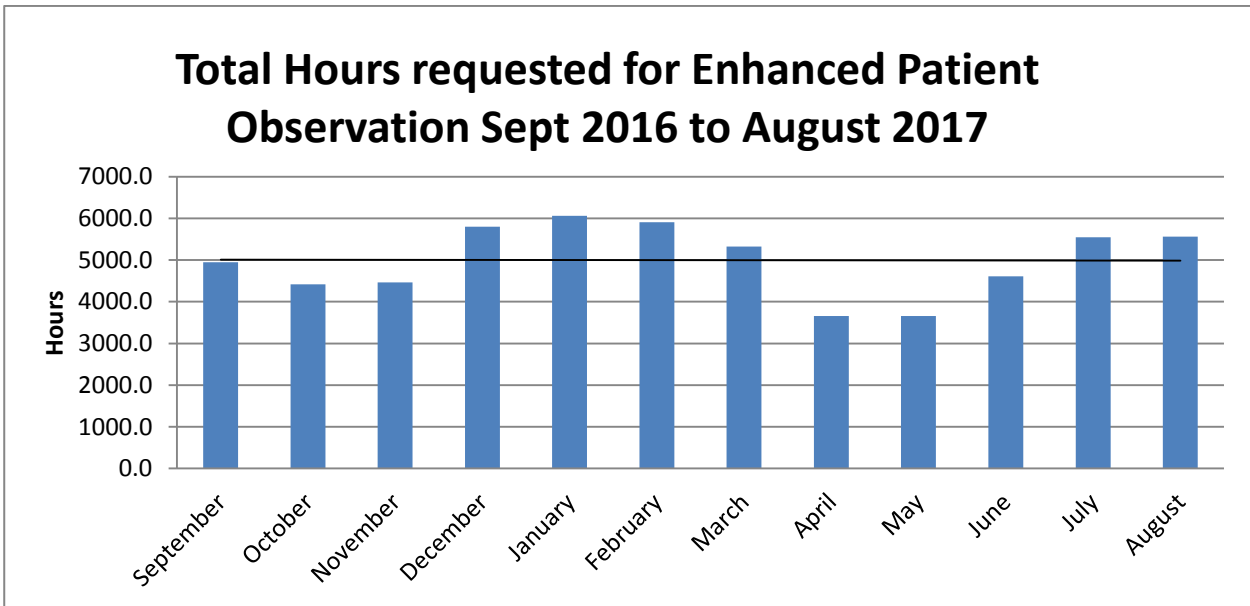


Figure 6– Enhanced Patient Observation Total Hours required trends over the last year

8. Roster Approval Compliance by wards (% of rosters)

The latest roster commencing on 09/10/2017 was completed on time by 63.6% of wards. All with the exception of eight rosters had been fully approved by the deadline date of 28/08/2017. All but one of the rosters was approved within 29 days of the deadline (status at 27/09/2017).

Divisional Lead Nurses will ensure that ward managers and matrons achieve 95 % compliance for the next roster period.

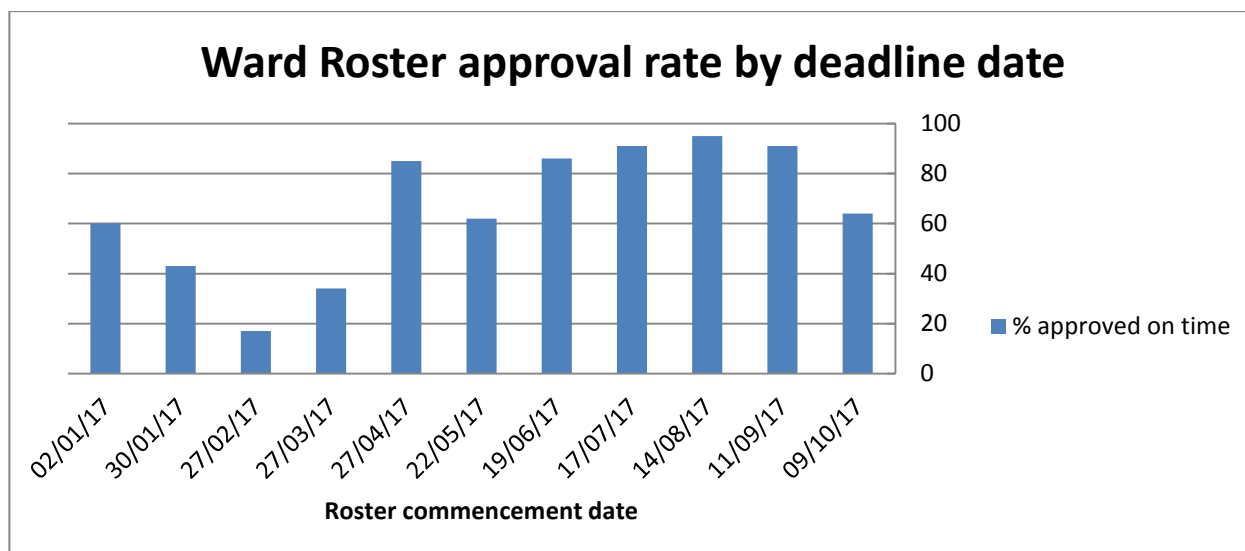


Figure 7 –Roster approval trend

9. Safer Staffing Work

- 9.1 **Nursing Work streams** – Work continues with all divisions reviewing nursing and midwifery efficiencies and potential cost improvement plans. Divisional progress is reported to the TfE N&M meeting.
- 9.2 **Clinical Time – supervisory shifts** - Ward Sister/Charge Nurses are expected to work in a supervisory capacity. In the roster commencing 17/07/2017, 55% of Supervisory shifts were worked. There is some local variation. This Divisional compliance is reviewed monthly at the roster review meetings with Divisional Lead Nurses.
- 9.3 **Establishment Review – Safer Staff report.** A full establishment review of all in-patient areas was conducted in June and July 2017. The report has been presented to Quality and Clinical risk committee. Further deep dive reviews are being conducted into Elizabeth, Reginald Hart Wards – post reconfiguration and Shand ward. The Birthrate⁺ Maternity staffing report is due in late September 2017. AE and Paediatric establishment reviews are also in progress and due to report this month.

10. Recommendations

To feedback this report at Workforce, Education and Wellbeing Board meeting on 04/10/2017.

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27th September 2017