

NURSING AND MIDWIFERY September 2017 STAFFING REPORT

1. Introduction

This is the monthly Nursing and Midwifery staffing report outlining:

- September 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
- September 2017 temporary staffing usage and progress against agency cap (information not available at time of report)

Information not available at time of report

- Vacancy and recruitment update

2. September 2017 Staffing Data

2.1 Fill rate

Nineteen wards reported staffing data for September with an overall fill rate of 101.11% which include enhanced patient observation (5.56%).

	September 2017	August 2017
% of Registered nurse day hours filled as planned	94.3% of planned level	94.7% of planned level
% of Unregistered care staff day hours filled as planned	102.4% of planned level	105.8% of planned level
% of Registered nurse night hours filled as planned	101.1% of planned level	99% of planned level
% of Unregistered care staff night hours filled as planned	112.8% of planned level	114.9% of planned level
Percentage allocated for Enhanced Patient Observation (Specials)	5.56%	5.27%

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

2.2 Care Hours per Patient Day (CHPPD)

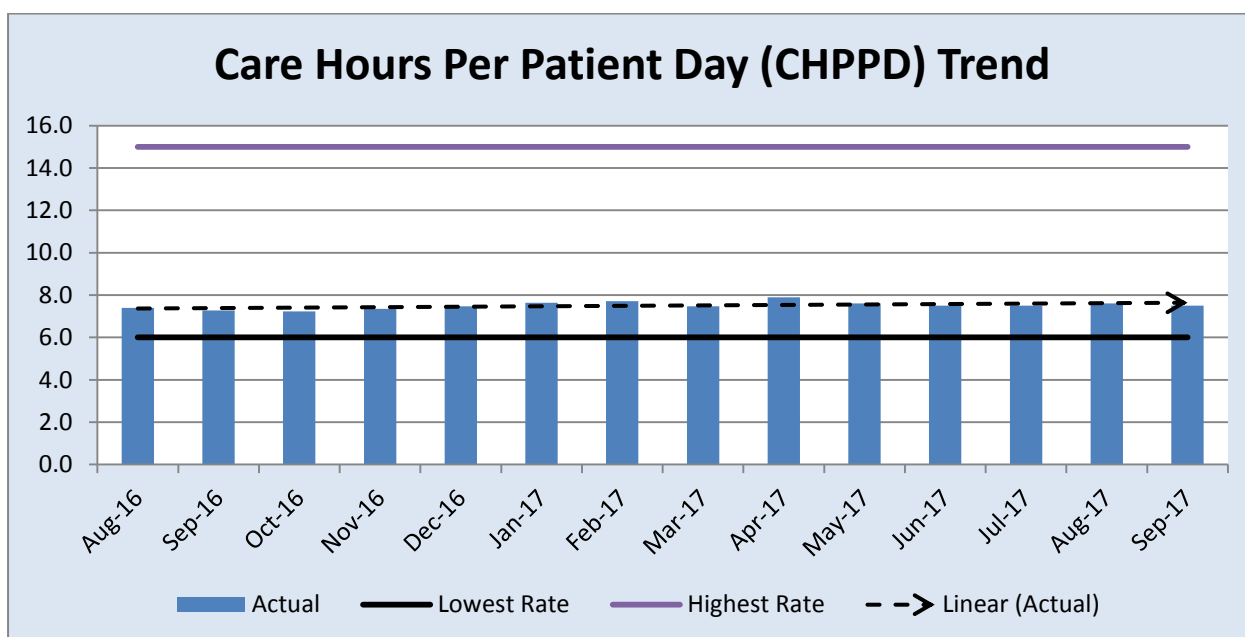


Figure 2 – CHPPD trends

CHPPD is a measurement for benchmarking staffing levels 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 September 2017, the overall rate was 7.5 care hours across all patient wards (BHT)

3. Vacancy and Permanent Recruitment Update

Permanent Recruitment

Registered Nurse (Band 5 and 6) Recruitment Summary (September)

Starter Details (External Only)	UK Recruitment	European Recruitment	Overseas Recruitment	Newly Qualified Nurse
29	3	10	3	13

Start Dates	October	November	December	January
UK Recruitment Only	16	5	4	2

Projected date as Band 5 Nurse (Impact on Roster)		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	TBC
PRP (Total 49)		20	0	3	8	2	10	0	0	6
22 in situ at BHT	27 to start									

PRP are made up of International / EU / Newly Qualified Nurses (Projected dates based on IELTS / OSCE, NMC Pin Number Issued)

Figure 3 – RN recruitment profile

The areas listed below are the top 5 highest vacancy areas for Band 5 nurses

416 Pilgrim Ward	-5.59
416 Acute Assessment Unit	-8.73
416 Endoscopy Unit	-6.87
416 Reginald Hart Ward	-7.71
416 Whitbread Ward	-4.40
416 Shuttleworth Ward	-5.95
416 Upper Theatre	-5.77

These vacancies have starters from the lists above set aside against them and are also being addressed in the following ways;

- Trust open day taking place in November for RN's, RMs and ODPs

CSW Recruitment Summary

Start Dates	October	November	December	January
CSW	5	6	4	0

CSW WTE Total Number of Starters Due

Figure 4 – CSW WTE Total Number of Starters Due

The areas listed below are the top 5 highest vacancy areas for CSW's.

416 Arnold Whitchurch Ward	-3.63
416 Endoscopy Unit	-3.63
416 A & E Department	-3.01
416 Acute Assessment Unit	-2.40
416 Reginald Hart Ward	-2.67

- General Advertising to support this.
- Shortlisting from 100+ candidates.

4. Temporary Staffing Update

Nursing

During September 2017 a total of 17489.57 hrs (Increase of 1061.57 hrs on August) was worked by Qualified Nursing staff (both bank and agency)

The highest booking reasons for filled shifts were;

- Vacancy – 11917.10 hrs (Decrease of 404.92 hrs on August 17 figure)
- Service demand –1197.63 hrs (Decrease of 12.37 hrs on August 17 figure)
- Sickness – 1014.25 (Increase of 79 hrs on August 17 figure)

CSW

During September 2017, a total of 10896.80 hrs (Decrease of 1170.78 hrs on August) was worked by Clinical Support Workers.

The highest booking reasons for filled shifts were;

- Vacancy –4923.45 hrs (Increase 229.03 hrs on August 17 figure)
- Specials – 3487.83 (Decrease of 549.42 hrs on August 17 figure)
- Sickness – 728.77 (Decrease 230.40 hrs on August 17 figure)

NHSI Data

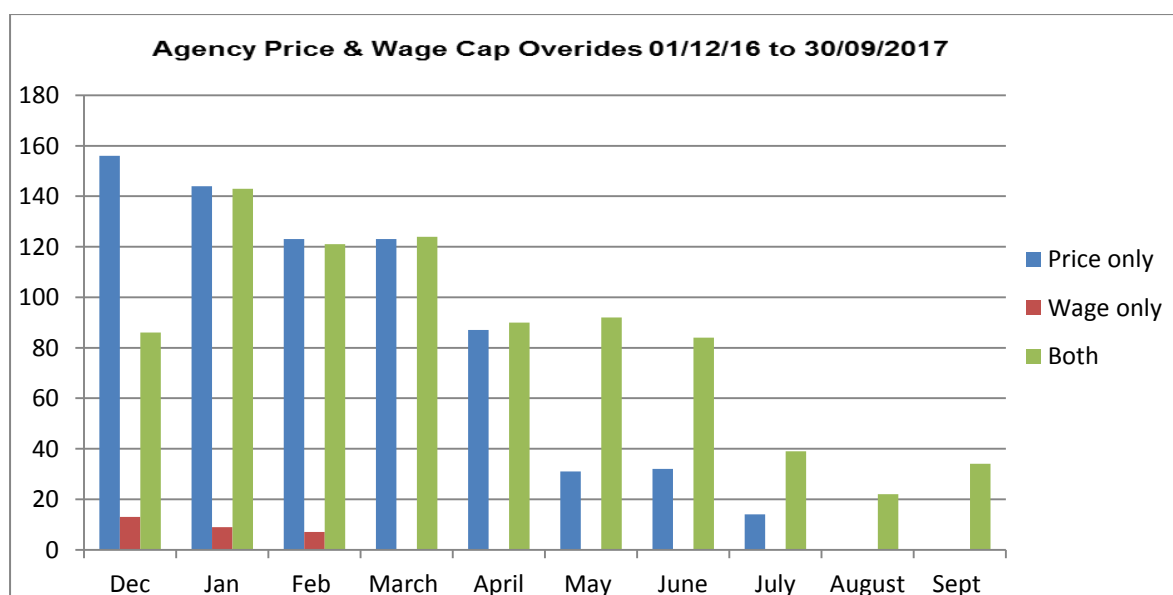


Figure 5 - Agency Breaches - Registered Nurse shifts are released to agencies via a cascade for outstanding unfilled shifts in line with the Hertfordshire and Bedfordshire collaborative agenda. Agency breaches were only registered against shifts that agencies deem as critical (ITU, A&E and Paeds). There have been no general ward shifts breaches.

Temporary Staff Recruitment

Nursing recruitment update for September;

- External 2 x RN
- Internal 3 x RN 2 x RSCN 1 x RM

CSW recruitment update for September;

- External x 2 CSW
- Internal 4 x CSW

5. Safer Staffing

Units	Total Bank & Agency Use %	Post Vacancies WTE RN and CSW	Sickness %	Parenting %	Datix events (Cat; Short staffing)	Fill rate %	Additional Duties	Mitigation
Whitbread Medical	37.40%	8.4	5.7	6.1	0	100.52	69	Temporary staff use was 47:53 RN: CSW. The majority of RN hours was bank, Additional duties were for EPO
Reginald Hart W	33.80%	10.5	1.8	1.7	3	96.81	117	Temporary staff use was 40:30 RN: CSW. Additional duties were for EPO. RN cover was 60% bank and 40% agency.
Shuttleworth Ward	32.30%	4.4	4.8	6.0	0	100.18	0	Temporary staff use was 50:50 RN: CSW. RN cover was 67% bank and 32% agency. Block agency booking in in place for RNs to ensure consistency and competence of agency staff
Tavistock	31.40%	8.1	16.4	3.5	0	NA	69	Temporary staff use was 85:15 RN: CSW. Additional duties were for additional bed capacity and a small amount for extra lists. RN cover was 23% bank and 77% agency.
Arnold Whitchurch Ward	29.70%	6.5	2.4	2.4	1	94.71	0	Temporary staff use was 49:51 RN: CSW. RN cover was 90% bank and 10% agency.

Figure 7 - Wards with highest temporary staffing use for September 2017 (data source roster perform 11/09/2017 to 08/10/2017)

The wards in Figure 4 are those identified with the highest rate of temporary staff usage. Most wards had a staff fill rate >95%, including 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. These staff are currently pre-registration practitioners who are undertaking their language testing (IELTS) prior to becoming registers with the NMC. The divisions are actively managing sickness absence.

6.0 Enhanced Patient Observation (EPO).

There was an increased demand for enhanced patient observation during September 2017 (figures 8 and 9). 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.

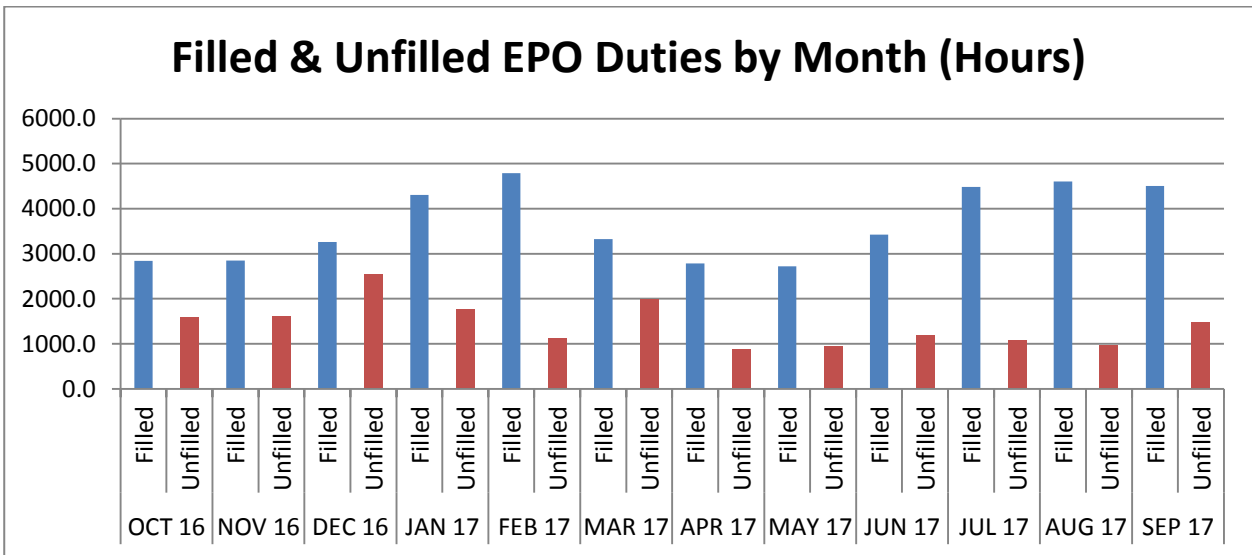


Figure 8 – Enhanced Patient Observation (Specials) Trends over the last year

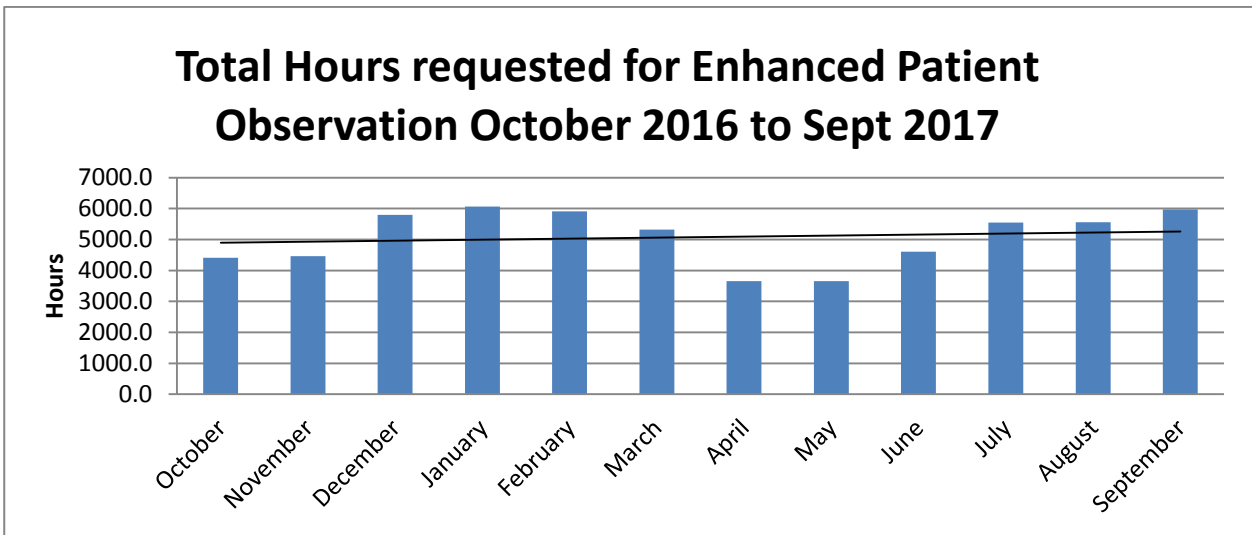


Figure 9– Enhanced Patient Observation Total Hours required trends over the last year

7. Datix events for Short staffing

During September 2017, 30 Datix forms categorised as 'short staffing' were submitted. Four of these were related to medical staff, outpatient areas or non-medical staff so are not included in this report. The top three impacts were; staff unable to take breaks, delays in observations and delays in answering call bells. The 26 remaining incidents were all classified as 'no harm'. At the time of this report 9 incidents were still being investigated. This is a higher reporting rate than in August 2017

Five of the above datix relate to maternity services. Maternity incidents have raised 4 red flags within these. Most of the incidents forms require approval, as are still being investigated. Staffing levels and safety are reviewed using a situation report every four hours. Trust wide staffing levels are reviewed in the operational staffing meetings, three times per day.

A third of incidents were reported on weekdays, two thirds over a weekend. Half were at night and twenty percent on late shifts. Four relate to insufficient staff being available to staff to support enhanced patient observations. Three incident forms, on the same day, describe IT failure as compounding staffing shortages. Prospective review to the unfilled shifts on nights are undertaken every day and plans for mitigation enacted. On Thursday and Fridays the weekend staffing is reviewed and plans made to address anticipated short falls in staffing levels. The senior nursing team will monitor the prevalence of out of hour's incidents over the next three months.

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 6 – Location of Datix incidents relating to staff shortages in September 2017

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

The latest roster commencing on 06/11/2017 was completed on time by 77.27% of wards. All with the exception of five rosters had been fully approved by the deadline date of 25/09/2017. All but one of the rosters was approved within 14 days of the deadline (status at 18/10/2017).

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

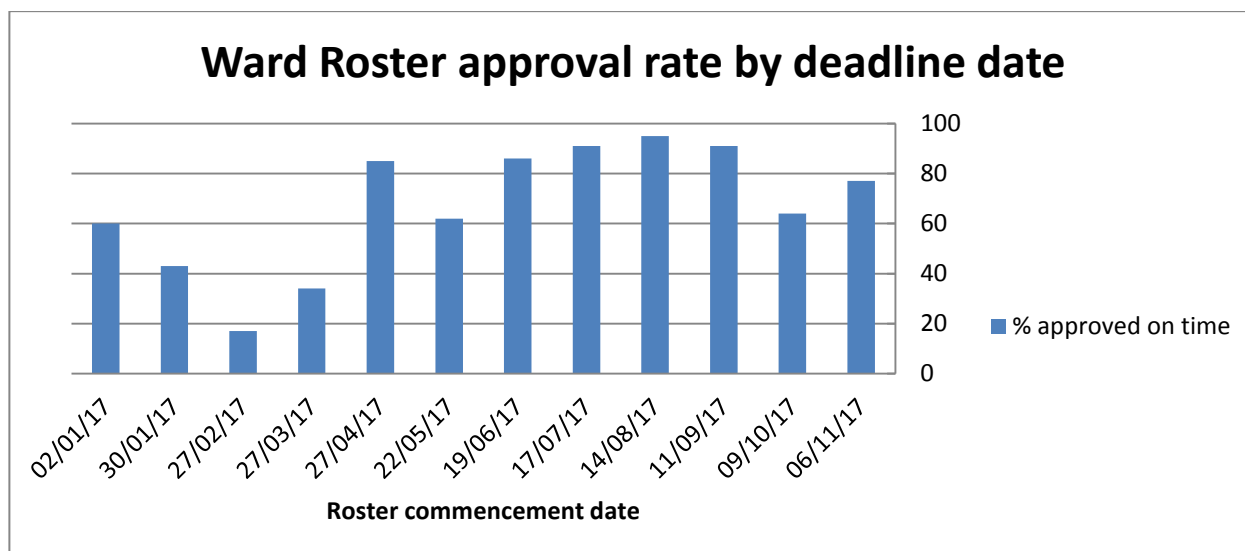


Figure 10 –Roster approval trend

9. Revalidation (NMC)

Revalidation is the process by which registered nurses and midwives maintain their registration with the NMC. As part of this process all nurses and midwives need to meet a range of requirements designed to show that they are keeping up to date and actively maintaining their ability to practise safely and effectively. Revalidation promotes greater professionalism among nurses and midwives and also improves the quality of care that patients receive by encouraging reflection on practice against the revised Nursing & Midwifery Code. This process occurs every three years.

Each month alerts are sent to managers with information about staff that are due to revalidate. Each registrant is required to provide evidence to another registrant that they meet terms for revalidation. This is the confirmation process. Its purpose is to provide assurance for the evidence of hours worked, practice related feedback, reflective accounts of their practice and also continual professional development are valid.

Month	Number of revalidations
September 2017	13
October 2017	19
November 2017	23
December 2017	10

Figure 11 –Current revalidation activity

In September 2017 there was three staff whose registration lapsed with the NMC. Two are on maternity leave and are not returning to employment with the Trust, the other is bank nurse who is inactive and therefore had their post closed

10. Safer Staffing Work

- 10.1 **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.
- 10.2 **Clinical Time – supervisory shifts** - Ward Sister/Charge Nurses are expected to work in a supervisory capacity. In the roster commencing 14/08/2017, 49% 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.
- 10.3 **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, Shand and Reginald Hart Ward post reconfiguration. The Birthrate⁺ Maternity staffing report is now due November 2017. AE and Paediatric establishment reviews are also in progress and due to report in late October
- 10.4 **Recruitment event for RNs, RMs and ODPs.** A recruitment event is being planned for 25/11/2017 at Bedford Hospital to seek further local staff within these grades
- 10.5 **New NMC guidance for language testing for overseas nurses.** A scoping exercise will be conducted for the current Pre-registration practitioners to determine if the new guidance applies to their work and training history, thus alleviating the requirement to achieve a pass at IELTS.
- 10.6 **Agency forecast.** Each week senior nurses prospectively review the temporary staff demand and utilisation of staff. This includes trained and untrained staff. Mitigation plans for anticipated short falls are then implemented.

11. Recommendations

To feedback this report at Workforce, Education and Wellbeing Board meeting on 07/11/2017.

Tracey Brigstock
Director of Nursing and Patient Services.

Adam Brown
Associate Director of nursing (Workforce)

25th October 2017