

## NURSING AND MIDWIFERY November 2017 STAFFING REPORT

### 1. Introduction

This is the monthly Nursing and Midwifery staffing report outlining:

- November 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
- November 2017 temporary staffing usage and progress against agency
- Vacancy and recruitment update – not available at time of report

### 2. November 2017 Staffing Data

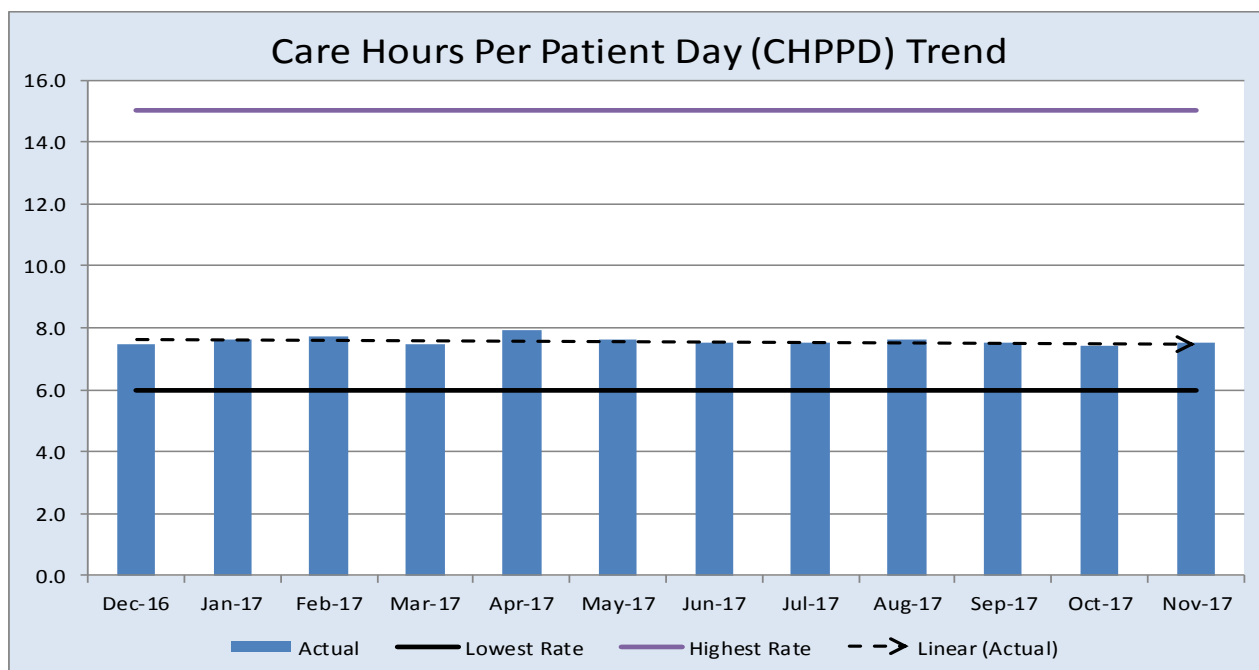
#### 2.1 Fill rate

Nineteen wards reported staffing data for November with an overall fill rate of 103.79% which include enhanced patient observation (6.87%).

	November 2017	October 2017
<b>% of Registered nurse day hours filled as planned</b>	94.9% of planned level	95.3% of planned level
<b>% of Unregistered care staff day hours filled as planned</b>	111.7% of planned level	102.7% of planned level
<b>% of Registered nurse night hours filled as planned</b>	103.2% of planned level	101% of planned level
<b>% of Unregistered care staff night hours filled as planned</b>	115% of planned level	110% of planned level
<b>Percentage allocated for Enhanced Patient Observation (Specials)</b>	6.87%	5.74%

Figure 1 Monthly staffing level fill rate summary October / November 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 November 2017, the overall rate was 7.5 care hours across all patient wards (BHT)

### **3. Vacancy and Permanent Recruitment Update – not available at time of this report**

### **4. Temporary Staffing Update**

#### **Nursing**

During November 2017 a total of 18400.52 hrs (Increase of 615.09 hrs on October) was worked by Qualified Nursing staff (both bank and agency)

The highest booking reasons were;

- Vacancy – 12693.32 hrs ( Decrease of 161.58 hrs on October 17 figure)
- Service demand –1581.17 hrs (Increase of 738.42 hrs on October 17 figure)
- Sickness – 1698.13 hrs (Increase of 303.98 hrs on October 17 figure)

## CSW

During November 2017, a total of 10867.10 hrs (Increase of 231.70 hrs on October) was worked by Clinical Support Workers.

The highest booking reasons were;

- Vacancy –4705.52 hrs (Decrease 491.25 hrs on October 17 figure)
- Specials – 3955.25 (Increase of 650.25 hrs on October 17 figure)
- Sickness – 940.63 (Increase 274.50 hrs on October 17 figure)

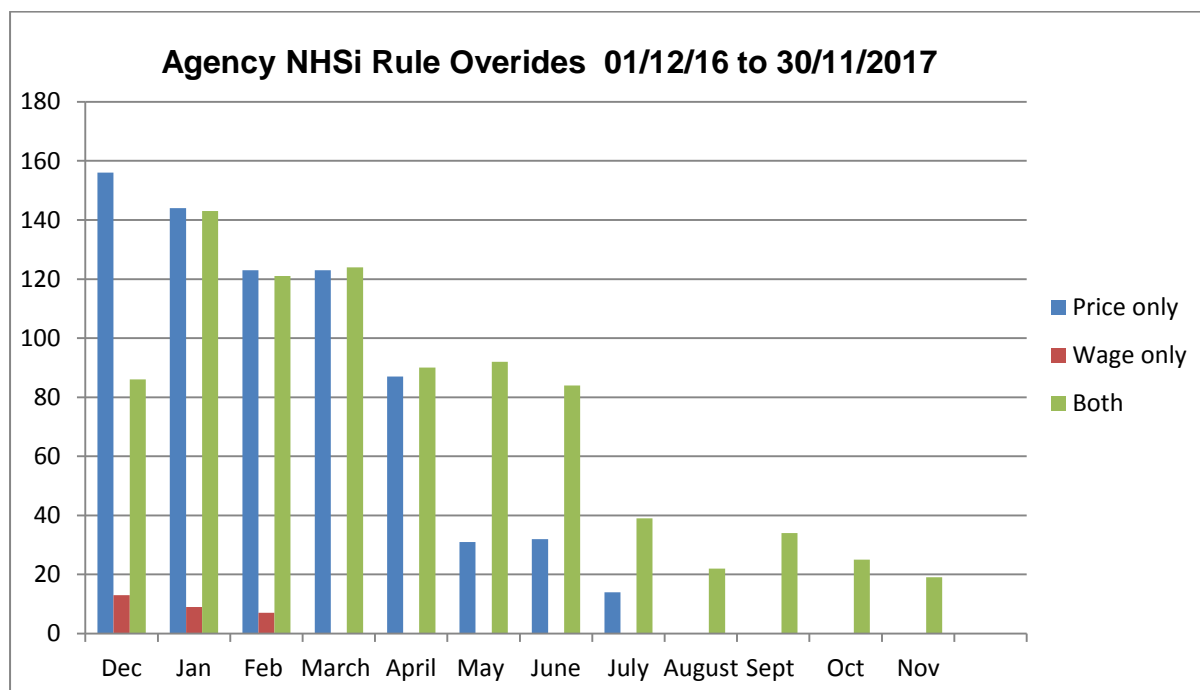


Figure 2 – NHSi Data

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 Critical department shifts. There have been no general ward shifts breaches.

### Temporary Staff Recruitment

Bank staff cleared to work in November;

- Qualified staff – 5 x RN's 1 x ODP
- Unqualified Staff - 12 x CSW's 1 X Phlebotomist

## 5. Safer Staffing

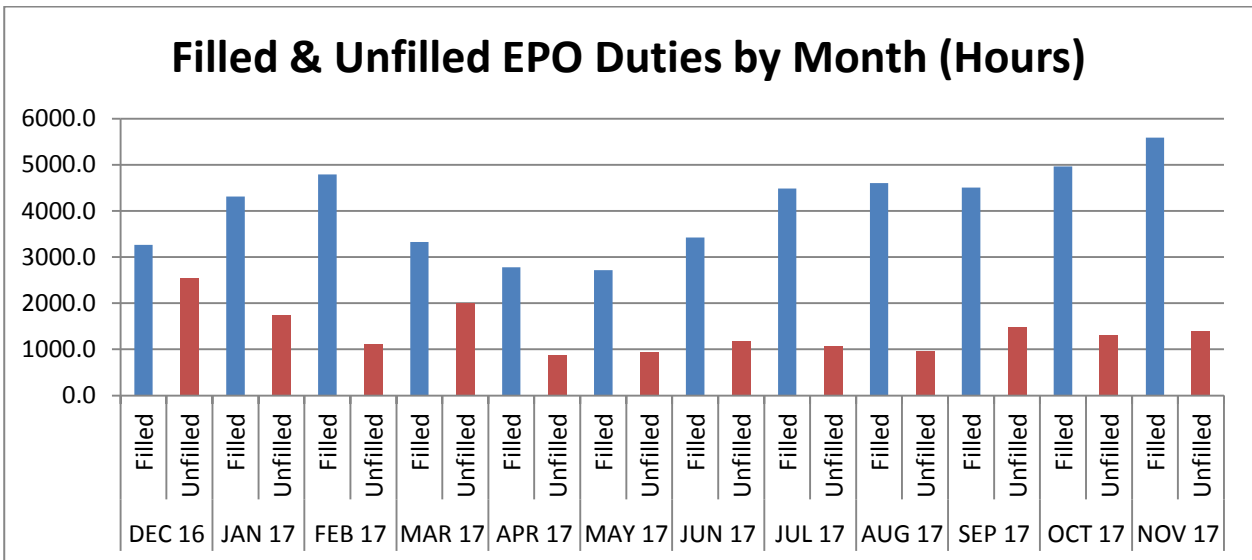
Units	Total Bank & Agency Use %	Post Vacancies WTE RN and CSW	Sickness %	Parenting %	Datix events (Cat; Short staffing)	Fill rate %	Additional Duties	Mitigation
Godber	37.10%	6.7	5.4	0	0	98.67	65	Temporary staff use was 29:71 RN: CSW. RN cover was 53% bank and 47% agency. Additional duties were for EPO
Whitbread	33.30%	8.6	5.0	7.2	2	100.92	67	Temporary staff use was 76:24 RN: CSW. Additional duties were for EPO. RN cover was 24% bank and 76% agency.
Reginald Hart Ward	31.8%	9.1	7.8	1.5	1	98.42	137	Temporary staff use was 54:36 RN: CSW. RN cover was 54% bank and 46% agency. Additional duties were for EPO
Shuttleworth Ward	30.40%	7.0	9.8	3.0	1	98.32	74	Temporary staff use was 34:66 RN: CSW. Additional duties were enhanced patient observation. RN cover was 9% bank , 4% substantive and 87% agency. Additional duties were for EPO and some PRP shifts
Howard Ward	27.5%	7.3	10.0	3.6	1	101.39	48	Temporary staff use was 66:34 RN: CSW. RN cover was 80% bank and 20% agency . Additional duties were for EPO and some PRP shifts

**Figure 7** - Wards with highest temporary staffing use for November 2017 (data source roster perform 06/11/2017 to 03/12/2017)

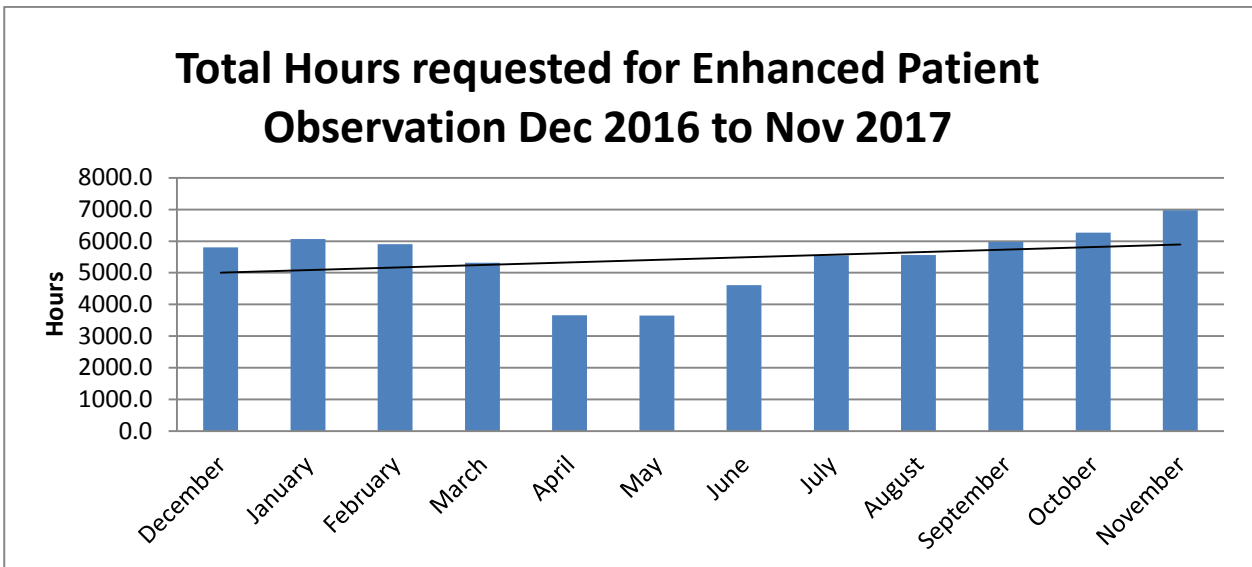
The wards in Figure 7 are those identified with the highest rate of temporary staff usage. Most wards had a staff fill rate >95%, including specials. Unavailability for these wards for this period was high. The reconfiguration of integrated medicine wards in November 2017 has resulted in transfer of staff and some change establishments. Within the above wards are 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 November 2017 (figures 8 and 9). In January 2018 additional support will be provided for Reginald Hart Ward to review current EPO practice and improve patient experience receiving these criteria of care. 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 November 2017, 29 Datix forms categorised as 'short staffing' were submitted. Eight of these were related to medical staff, outpatient areas or non-medical staff so are not included in this report. The top four impacts were; delays in administering medications, pain relief observations and answering call bells. Within the 21 remaining incidents, 20 were classified 'no harm' and one low harm.

At the time of this report 7 incidents were still being investigated. This is a lower reporting rate than October 2017.

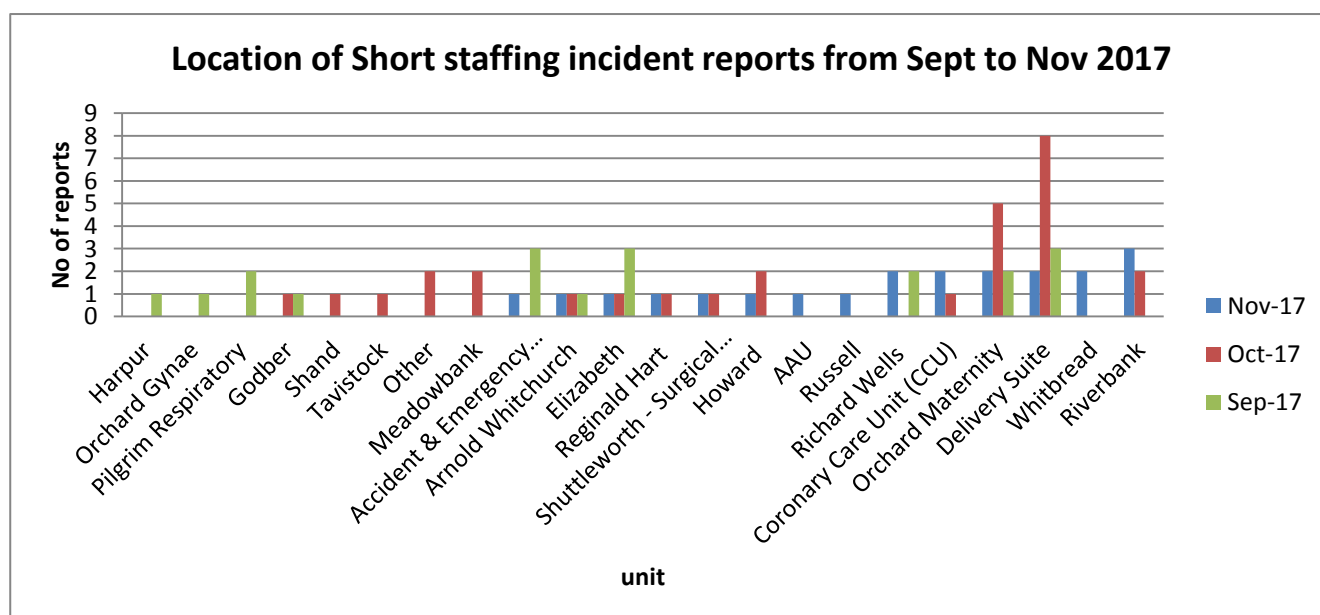
Four of the above datix relate to maternity services. Maternity incidents have raised 1 red flag within these. Most of the incidents reports require approval, as are still being investigated. This is a reduction for this department since October 2017. Staffing levels and safety are reviewed using a situation report every four hours. Trust wide staffing levels are reviewed in the operational staffing meetings, three times per day.

More incidents were reported on weekdays (71%). The incident reports rate at night (47%) has reduced since last month and increased on day shifts (53%). Three relate to insufficient staff being available to staff to support enhanced patient observations. One incident noted the inability to access the roster system on a Sunday, processes for escalation and support internally and with Software provider have been reviewed and clarified.

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.

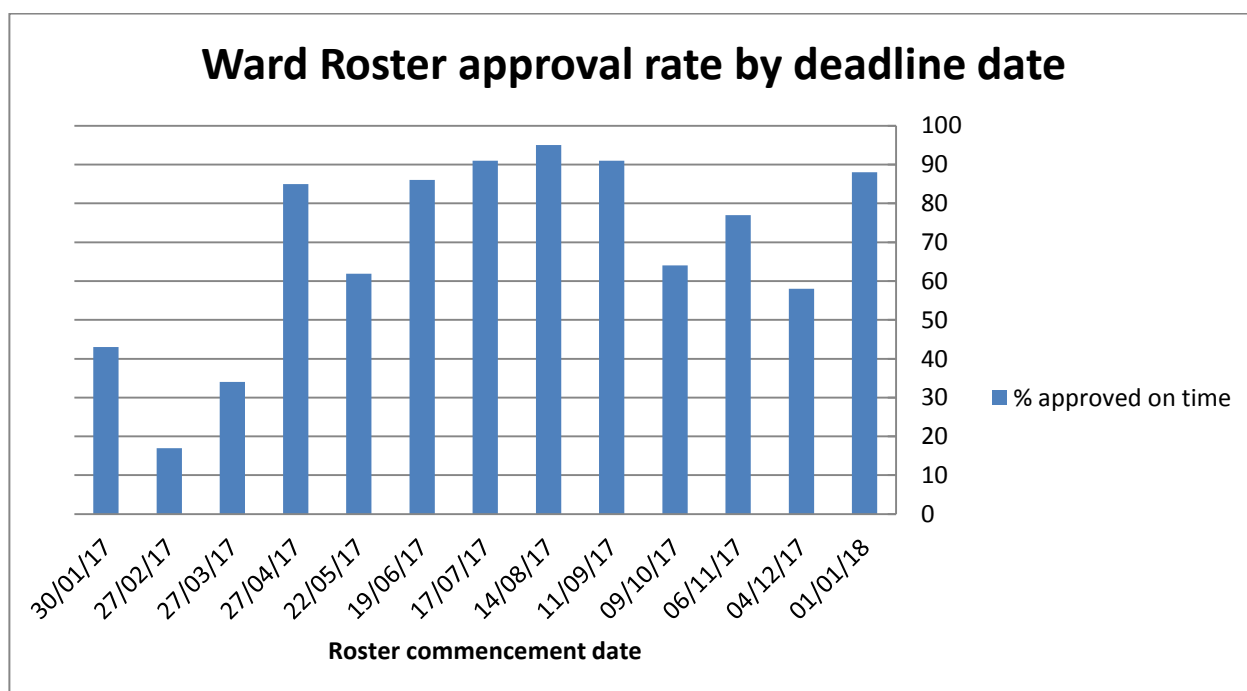


**Figure 6** – Comparison of Datix incidents relating to staff shortages from September to November 2017

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

The latest roster commencing on 01/01/2018 was completed on time by 81.82% of wards. Nine rosters had been fully approved by the deadline date of 23/10/2017. All but one of the remaining eight rosters was approved within 16 days of the deadline (status at 20/11/2017). Three rosters were delayed as they had to be revised following the reconfiguration of wards within integrated medicine; these are not included within the above approval percentage

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, and reflective accounts of their practice and also continual professional development are valid.

Month	Number of revalidations
November 2017	14

December 2017	11
January 2018	19
February 2018	37

**Figure 11** –Current revalidation activity

## 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 TtE 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 09/10/2017, 42% 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. A progress report on outcomes of this review has been produced and will be submitted to executive committee and then Quality and Clinical Risk committee in December 2017
- 10.4 **Recruitment event for RNs, RMs and ODPs.** A recruitment event took taking place on 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 continues for the current Pre-registration practitioners to determine if transfer to another format of English testing. Occupational English Test System (OETS) is preferable for some PRPs
- 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 08/02/2017.

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24th January 2018