Bedford Hospital NHS
NHS Trust

NURSING AND MIDWIFERY October 2017 STAFFING REPORT

1. Introduction

This is the monthly Nursing and Midwifery staffing report outlining:
- October 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
- October 2017 temporary staffing usage and progress against agency- not available at time of report
- Vacancy and recruitment update – not available at time of report

2. October 2017 Staffing Data

2.1 Fill rate

Nineteen wards reported staffing data for October with an overall fill rate of 101.29% which include enhanced patient observation (5.74%).

	October 2017	September 2017
% of Registered nurse day hours filled as planned	95.3% of planned level	94.3% of planned level
% of Unregistered care staff day hours filled as planned	102.7% of planned level	102.4% of planned level
% of Registered nurse night hours filled as planned	101% of planned level	101.1% of planned level
% of Unregistered care staff night hours filled as planned	110% of planned level	112.8% of planned level
Percentage allocated for Enhanced Patient Observation (Specials)	5.74%	5.56%

Figure 1 Monthly staffing level fill rate summary September / October 2017
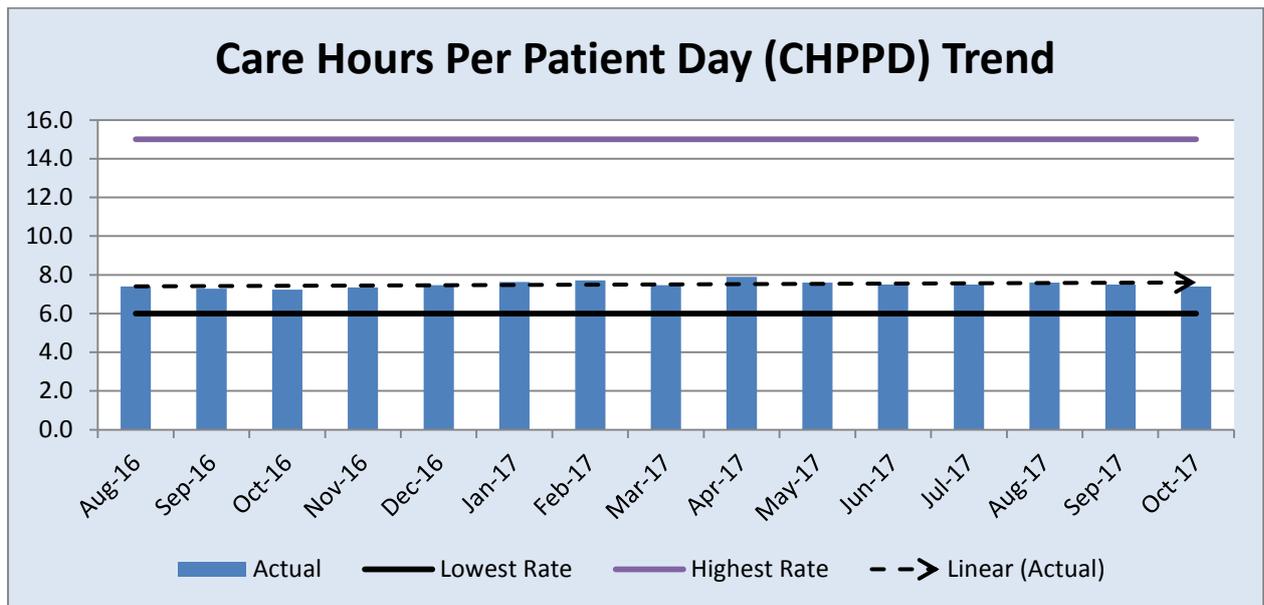
2.2 Care Hours per Patient Day (CHPPD)

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 October 2017, the overall rate was 7.4 care hours across all patient wards (BHT)

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

4. Temporary Staffing Update – not available at time of this report

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
Howard Medical	32.70%	8.4	11.9	3.6	2	95.49	71	Temporary staff use was 45:55 RN: CSW. RN cover was 39% bank and 61% agency., Additional duties were for EPO
Whitbread	32.20%	10.5	3.8	6.5	0	98.47	51	Temporary staff use was 53:47 RN: CSW. Additional duties were for EPO. RN cover was 58% bank and 42% agency.
Arnold Whitchurch Ward	30.50%	4.4	0.8	2.3	1	96.75	1	Temporary staff use was 38:62 RN: CSW. RN cover was 88% bank and 12% agency.
Reginald Hart Ward	29.30%	8.1	4.2	1.6	1	96.9	137	Temporary staff use was 51:49 RN: CSW. Additional duties were enhanced patient observation. RN cover was 64% bank and 36% agency. Additional duties were for EPO
Elizabeth Ward	28.80%	6.5	5.0	0.2	1	98.86	87	Temporary staff use was 32:68 RN: CSW. RN cover was 80% bank and 20% agency.

Figure 7 - Wards with highest temporary staffing use for October 2017 (data source roster perform 09/10/2017 to 05/11/2017)

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. The reconfiguration of intermediate care wards In October 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 October 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.
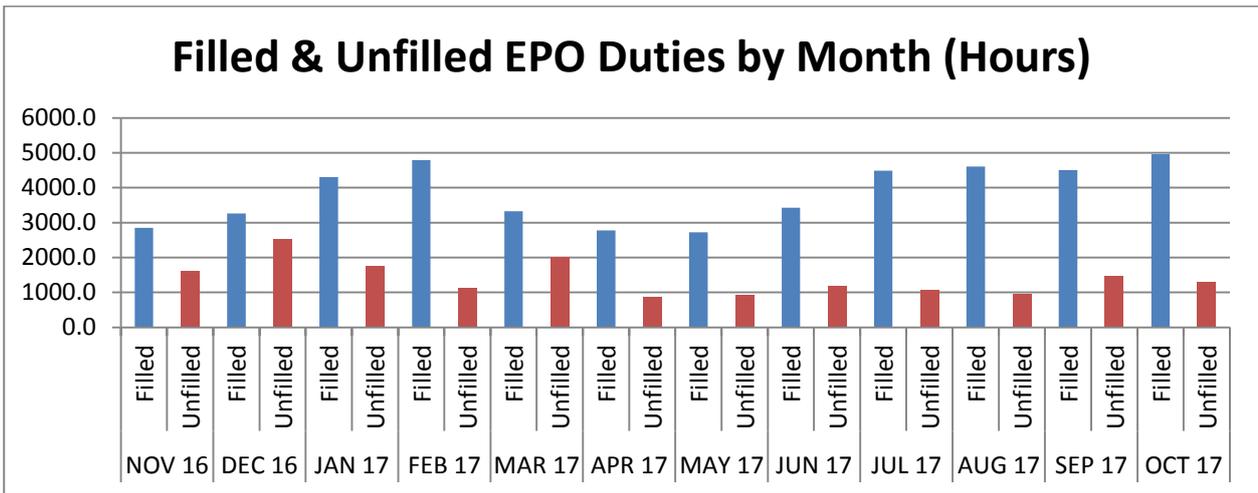
Filled & Unfilled EPO Duties by Month (Hours)

Figure showing filled (blue) and unfilled (red) EPO duties in hours per month from NOV 16 to OCT 17.

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

Total Hours requested for Enhanced Patient Observation Nov 2016 to Oct 2017

Figure showing total hours (y-axis: Hours) requested per month from November to October, with a trend line.
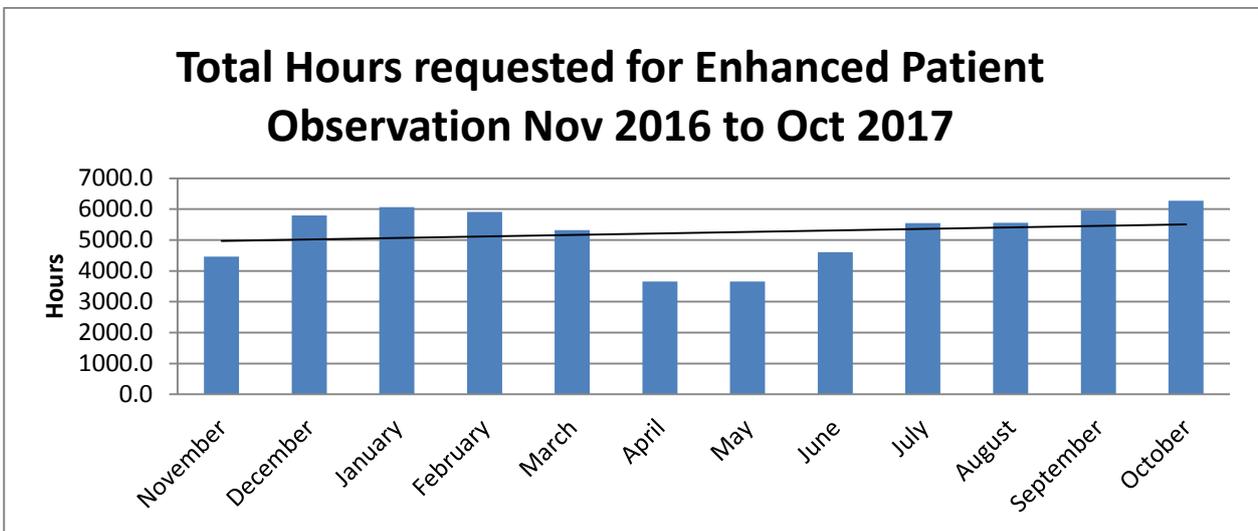
Figure 9– Enhanced Patient Observation Total Hours required trends over the last year

7. Datix events for Short staffing

During October 2017, 35 Datix forms categorised as 'short staffing' were submitted. Six 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 29 remaining incidents, 27 were classified 'no harm' and two low harm.

At the time of this report 20 incidents were still being investigated. This is a similar reporting rate as September 2017.

Thirteen of the above datix relate to maternity services. Maternity incidents have raised 10 red flags within these. Most of the incidents reports require approval, as are still being investigated. A number of forms were generating in one weekend and these are subject of a root cause analysis review, yet to report on findings. 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 (59%). Most were at night (80%) and twenty percent on day shifts. Four relate to insufficient staff being available to staff to support enhanced patient observations.

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 in September and October 201

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

The latest roster commencing on 04/12/2017 was completed on time by 58% 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.
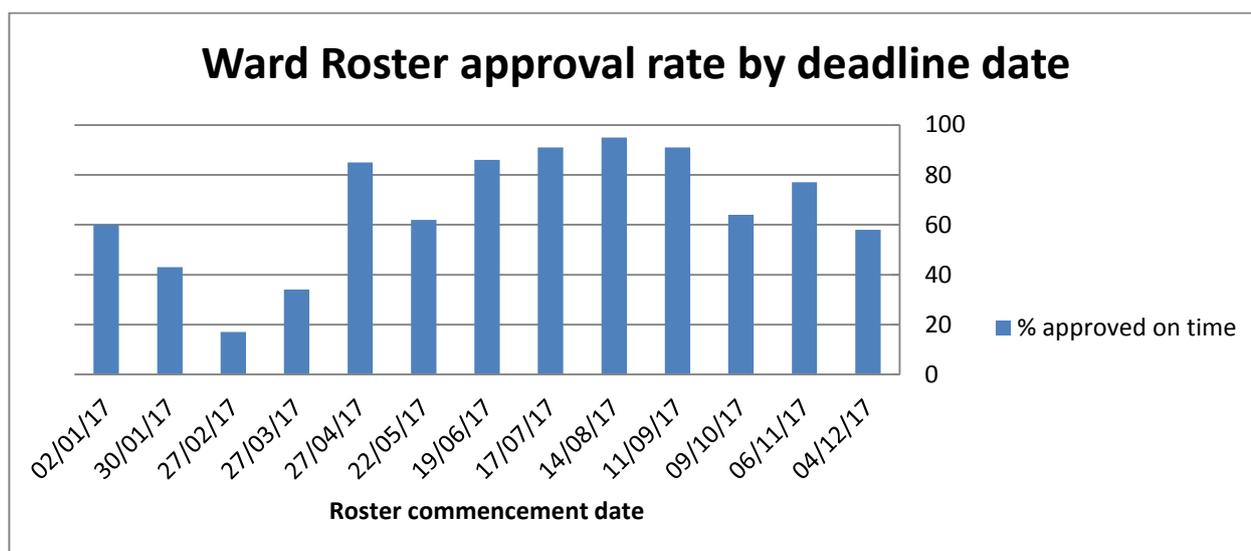
Figure 10 –Roster approval trend

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 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. 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 is 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 05/12/2017.

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20th November 2017