

# MONTHLY REPORT ON NURSING AND MIDWIFERY STAFFING LEVELS

Quarter 4 January – March 2019

## 1.0 Summary of Report

In line with the NHS improvement 'Developing Work Safeguards' report 2018 the Trust will be assessed from April 2019 against their compliance with recommendations set out in the report to support a consistent approach to workforce decision making by delivering high quality care through safe and effective staffing.

The recommendations are as follows:

- To deploy sufficient suitably qualified, competent, skilled and experienced staff to meet care and treatment needs safely and effectively.
- To have a systematic approach to determining the number of staff and range of skills required meeting the needs of people using the service and to keep them safe at all times.
- To use an approach that reflects current legislation and guidance where it is available.

This report provides the Trust Board with information regarding staffing levels for Quarter 4 January 1<sup>st</sup> – March 31<sup>st</sup>

### Key Points:

- Despite the daily need to staff extra areas open for contingency the Trust has continued to maintain an overall staffing fill rate of above 90%. In line with the previous month the challenge has been filling HCA gaps, predominately due to the continued requirement provide enhanced care.
- There is a continued focus on recruitment of Registered Nurses; the pipeline of overseas nurses has remained consistent. The first cohort of eight Nursing Associates, have been recruited in to post; the new role will bridge the gap between the unregistered support worker and the Registered Nurse. The Nursing Midwifery Council is the legal regulator and each trainee will be registered on successful completion of the course.
- Band 5 vacancies continued to reduce in Q4, there are currently 85 vacancies with 143 nurses currently going through the recruitment process.

The following report details the breakdown of average shift fill rates for the Trust, staffing management, vacancies and recruitment activity.

## 2.0 Breakdown of Average Shift Fill Rates for the Trust

Consistent with performance in previous months, shift fill rates for clinical areas across the Trust demonstrate that safe staffing levels for registered and unregistered Nurses and Midwives have been maintained. However March, as with the previous two months remained challenging with the fill rate expanded by operational challenges and the opening of contingency. In order to maintain safety across inpatient areas the following actions were taken.

- Continued daily monitoring and ward RAG rating of staffing levels across inpatient wards.
- The introduction of the Safer care Nursing Tool (SCNT) as part of the twice daily staffing meeting which measures patient acuity to inform evidence based decisions this supports staff movement.
- Matrons review of staffing twice daily.
- Working with cap compliant agencies.
- Working with agencies to identify long line of rostered duties to support areas with high vacancies.
- Controlled release of unfilled shifts to agencies.
- Additional support provided by e-Roster and Bank.
- Active management by the Operational Matron and support from Divisional Matrons to review staffing requirements on a daily basis for identified wards.
- Matrons, Specialist Nurses and the Education Team working clinically where needed.
- The provision of the Clinical Site Nurse service in the evening to cover the handover of the night shift and support staffing across the Trust.

**Table 1 – Overall Unify Return fill rate  
March 2019**

| Day  |                                    | Night  |                                    |
|--|------------------------------------|--|------------------------------------|
| Average fill rate + registered nurses/midwives (%) | Average fill rate + care staff (%) | Average fill rate + registered nurses/midwives (%) | Average fill rate + care staff (%) |
| 90.08%   | 91.2%                              | 97.1%  | 97.6%                              |

**February 2019**

| Day  |                                    | Night  |                                    |
|--|------------------------------------|--|------------------------------------|
| Average fill rate + registered nurses/midwives (%) | Average fill rate + care staff (%) | Average fill rate + registered nurses/midwives (%) | Average fill rate + care staff (%) |
| 92.6%  | 89.1%                              | 99.0%  | 96.6%                              |

**January 2019**

| Day  |                                    | Night  |                                    |
|--|------------------------------------|--|------------------------------------|
| Average fill rate + registered nurses/midwives (%) | Average fill rate + care staff (%) | Average fill rate + registered nurses/midwives (%) | Average fill rate + care staff (%) |
| 93.76%   | 90.0%                              | 98.65%   | 97.87%                             |

The Unify submission for registered fill % decreased on month during Q4 fill % for registered nurses falling from to 93.76% in January to 92.6% in February and further to 90.08% in March. The indication being that annual leave was at an optimum in March. The Corporate Team are leading work around Health Roster rules to ensure managers provide robust rosters and Matrons responsible provide check and challenge.

**See Appendix 1 of this report for full UNIFY return rate. See Appendix 2 for a full list of CHPPD by ward.**

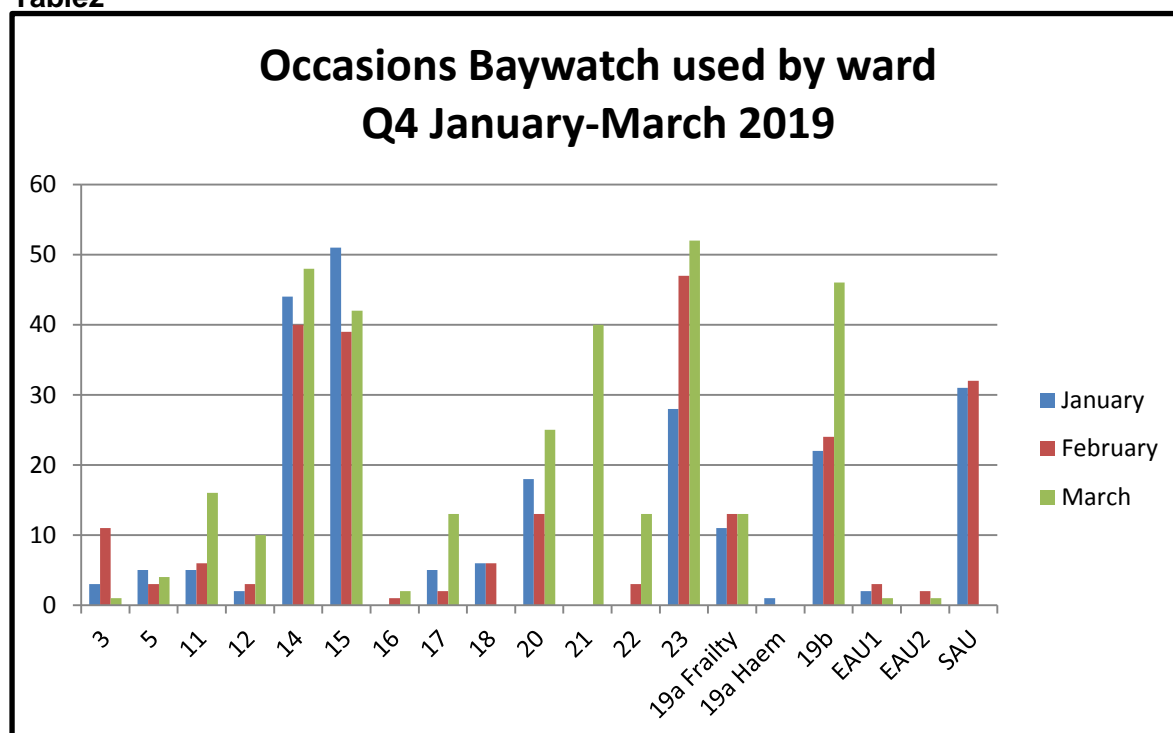
### 3.0 Staffing Management

The Trust has in place a number of mechanisms led by the Chief Nurse to ensure the delivery of patient care is safe. Staffing is used flexibly across the wards and clinical areas dependent of acuity of patients and staff skill mix. Multi-professional operational meetings occur throughout the day where patient requirements are reviewed and planned for. Actions are taken in accordance with the Trust Safe Staffing policy (2016). This outlines the escalation process when shortfalls occur in addition to the risks assessment process and.

The need to provide Enhanced Care (Health Care Assistant outside the established numbers), either 1:1 support or cohorting (Baywatch) remains a challenge and continues to be monitored daily. Patients who are identified in requiring enhanced care undergo a robust risk assessment of their needs. There is a formal process for requesting and deployment of additional staff.

The chart below shows the number of occasion and location of Baywatch during Q4. Wards 14 and 15 both Complex Medical wards with elderly, frail patients continued to have significantly higher. These wards along with Wards 23, SAU and Ward 21 had an increase in usage mainly due to an increase in medical outliers. Ward 19b had challenges in March predominately due to the increase in patients who have a Deprivation of Liberty Safeguards (DoLS) in place.

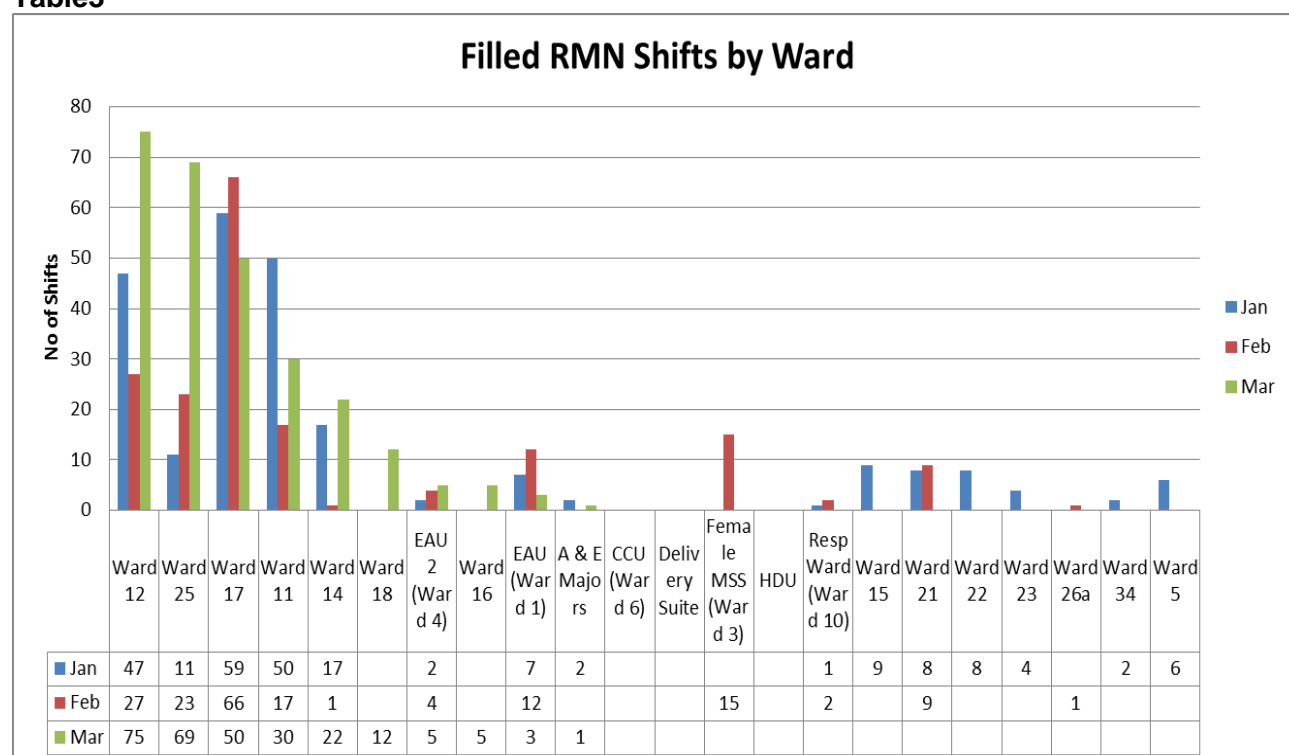
**Table2**



RMN (Registered Mental Health Nurses) shifts that were filled on adult and paediatric wards totalled 682 for Q4 (Table 3). Usage has increased in March, most significantly across paediatrics rising by 33%. Children waiting for CAMHS (Child and Adolescent Mental Health Service) assessment has contributed to the increased requirements. The consistently high usage on wards 11, 12 and 17 are predominantly due to delays in transferring patients awaiting mental health beds in the community, it is worth noting that there is around 50 shifts

per month that are not filled predominately during the day which can lead to operational challenges on the wards. The Senior Executive Team continue to support wards to expedite discharges in collaboration with external stakeholders.

**Table3**



|            | Jan-19 |          | Feb-19 |          | Mar-19 |          |
|------------|--------|----------|--------|----------|--------|----------|
|            | Filled | Unfilled | Filled | Unfilled | Filled | Unfilled |
| RMN Shifts | 233    | 54       | 177    | 44       | 272    | 46       |

#### 4.0 Care Hours Per Patient Day (CHPPD)

There remains no national data for us to compare our CHPPD with. However comparisons with neighbouring Trusts demonstrate that our information is very similar. Dissimilar to the other Trusts, we include our maternity and acute medical units in these figures (see appendix 2). It is felt that this is important in order for us to monitor the CHPPD for these areas over time.

There are a number of other contributory factors which affect the fill rate for Q4. Contingency beds (Cath Lab, Endoscopy recovery, Theatres 1-6 recovery, Theatres A-D, And SSSU) were open on a total of **236 occasions** from January until the end of March. The use of contingency areas reduced in March to 60 occasions compared to 94 in February.

Some of the areas highlighted below flag outside the normal expected fill rate in March:

- Cobham RN day fill rate fell due to sickness and vacancy.
- Ward 15 and 19b had a high number of enhanced care long day shifts unfilled.
- Ward 18 has a high RN vacancy which impacted on long day fill rate.
- Ward 21 had a high number of enhanced care shifts unfilled on the long day.
- CCU had a reduced RN fill rate on days due to vacancy

## **5.0 Vacancies and Recruitment Activity**

Registered nurse vacancies remain a challenge both locally and nationally, there is continued focus on Skype interviews for EU and Non-EU nurses which yielded 12 arrivals in Q4. In addition 36 nurses joined from various campaigns and nine Bank nurses. There are currently 85 Band 5 vacancies with 143 going through recruitment. During Q4 a total of 42 Health Care Assistants commenced in post, both substantive and the Nurse Bank. The current HCA vacancy is 83 which has reduced significantly this quarter.

The focus for the year ahead not only includes ongoing recruitment but more importantly the retention of staff with some engagement sessions with band 5 RN's which is part of the NHSI retention work stream.

## **6.0 Action Required**

- The Board is asked to note the content of the report.
- Be assured that there is the appropriate level of detail and assessment in reviewing the staffing across inpatient wards as per Carter recommendations.
- Note the increase in RMN usage particularly in paediatrics.
- Note the continued challenges to provide enhanced care for cohort nursing (Baywatch) particularly when contingency beds are open.
- The impact of contingency beds on CHPPD.

## Appendix 1

| Ward Name                          | Day   |                                    | Night   |                                    |
|------------------------------------|---|------------------------------------|---|------------------------------------|
|                                    | Average fill rate - registered nurses/ midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/ midwives (%) | Average fill rate - care staff (%) |
| 418 F05 Haem Onc Unit              | 93.4%   | 89.9%                              | 96.9%   | 100.0%                             |
| 418 N19 Cobham Clinic              | 83.6%   | 81.4%                              | 100.0%  | 100.0%                             |
| 418 H30 SCBU/NICU                  | 88.9%   | 97.9%                              | 97.6%   | 85.2%                              |
| 418 H25 Paediatric Wards 25        | 95.1%   | 92.8%                              | 94.5%   | 103.4%                             |
| 418 H25 Paediatric Wards 24        | 94.7%   | 91.1%                              | 88.3%   | 85.4%                              |
| 418 G10 Ward 19b - Rehab           | 85.6%   | 83.9%                              | 98.9%   | 97.5%                              |
| 418 G20 Ward 19a                   | 91.4%   | 93.2%                              | 100.0%  | 100.2%                             |
| 418 G16 Ward 14                    | 92.0%   | 95.3%                              | 100.0%  | 98.8%                              |
| 418 G15 Ward 15                    | 101.3%  | 83.9%                              | 99.5%   | 99.4%                              |
| 418 G06 Ward 17                    | 95.9%   | 93.9%                              | 101.3%  | 99.3%                              |
| 418 G05 Ward 18                    | 84.3%   | 81.1%                              | 97.7%   | 99.0%                              |
| 418 G02 Ward 16                    | 86.1%   | 102.7%                             | 94.3%   | 100.9%                             |
| 418 F40 CCU (Ward 4a)              | 84.3%   | 100.0%                             | 98.9%   | 98.0%                              |
| 418 F12 Ward 12                    | 80.0%   | 89.8%                              | 93.1%   | 96.6%                              |
| 418 F11 Respiratory Ward (Ward 10) | 87.3%   | 83.9%                              | 100.1%  | 97.5%                              |
| 418 F04 Ward 11                    | 89.8%   | 95.4%                              | 98.2%   | 98.9%                              |
| 418 F03 EAU 2                      | 87.8%   | 93.8%                              | 92.6%   | 100.0%                             |
| 418 F02 Female MSS (Ward 3)        | 96.1%   | 88.1%                              | 97.9%   | 100.0%                             |
| 418 E34 Ward 34 (Gynae 3rd Floor)  | 98.0%   | 98.7%                              | 99.0%   | 98.9%                              |
| 418 E33 Ward 33 (Mat 2nd Floor)    | 88.1%   | 95.4%                              | 96.9%   | 96.9%                              |
| 418 E32 Ward 32 (Mat 1st Floor)    | 96.9%   | 90.0%                              | 99.0%   | 99.1%                              |
| 418 D60 ITU                        | 97.7%   | 94.7%                              | 99.2%   | -                                  |
| 418 D20 Theatres - HDU             | 97.0%   | 94.0%                              | 98.9%   | 93.7%                              |
| 418 B23 Ward 23                    | 95.4%   | 87.1%                              | 96.9%   | 97.4%                              |
| 418 B01 EAU (Ward 1)               | 87.5%   | 102.6%                             | 94.4%   | 102.2%                             |
| 418 A22 Ward 22                    | 94.6%   | 95.7%                              | 100.0%  | 100.0%                             |
| 418 A21 Head & Neck Unit (Ward 20) | 89.9%   | 89.7%                              | 98.4%   | 94.6%                              |
| 418 A20 Short Stay Unit (Ward 21)  | 95.8%   | 81.8%                              | 102.2%  | 92.3%                              |

## Appendix 2

| Ward Name                          | Registered midwives/<br>nurses | Care Staff | Overall |
|------------------------------------|--------------------------------|------------|---------|
| 418 F05 Haem Onc Unit              | 4.3                            | 3.0        | 7.3     |
| 418 N19 Cobham Clinic              | 4.5                            | 2.2        | 6.6     |
| 418 H30 SCBU/NICU                  | 13.1                           | 0.8        | 13.9    |
| 418 H25 Paediatric Wards 25        | 10.8                           | 2.6        | 13.4    |
| 418 H25 Paediatric Wards 24        | 7.0                            | 4.7        | 11.7    |
| 418 G10 Ward 19b - Rehab           | 2.7                            | 3.8        | 6.5     |
| 418 G20 Ward 19a                   | 4.2                            | 4.9        | 9.2     |
| 418 G16 Ward 14                    | 2.7                            | 4.4        | 7.1     |
| 418 G15 Ward 15                    | 2.2                            | 4.6        | 6.8     |
| 418 G06 Ward 17                    | 5.2                            | 3.7        | 9.0     |
| 418 G05 Ward 18                    | 3.5                            | 3.1        | 6.6     |
| 418 G02 Ward 16                    | 3.0                            | 2.5        | 5.5     |
| 418 F40 CCU (Ward 4a)              | 5.7                            | 2.0        | 7.7     |
| 418 F12 Ward 12                    | 3.9                            | 3.2        | 7.2     |
| 418 F11 Respiratory Ward (Ward 10) | 3.0                            | 2.3        | 5.3     |
| 418 F04 Ward 11                    | 3.1                            | 3.2        | 6.3     |
| 418 F03 EAU 2                      | 5.8                            | 2.7        | 8.6     |
| 418 F02 Female MSS (Ward 3)        | 3.7                            | 2.4        | 6.0     |
| 418 E34 Ward 34 (Gynae 3rd Floor)  | 5.4                            | 3.3        | 8.6     |
| 418 E33 Ward 33 (Mat 2nd Floor)    | 4.2                            | 4.0        | 8.2     |
| 418 E32 Ward 32 (Mat 1st Floor)    | 4.1                            | 2.4        | 6.5     |
| 418 D60 ITU                        | 30.5                           | 0.9        | 31.4    |
| 418 D20 Theatres - HDU             | 16.3                           | 2.9        | 19.2    |
| 418 B23 Ward 23                    | 3.4                            | 3.5        | 6.9     |
| 418 B01 EAU (Ward 1)               | 6.4                            | 3.5        | 9.9     |
| 418 A22 Ward 22                    | 3.6                            | 3.1        | 6.7     |
| 418 A21 Head & Neck Unit (Ward 20) | 3.4                            | 2.6        | 6.1     |
| 418 A20 Short Stay Unit (Ward 21)  | 4.2                            | 3.7        | 7.9     |