

## Board of Directors

Date:	25 September 2019	Attachment Number:	10
Title of Report:	<b>Monthly Nursing and Midwifery Staffing Report</b>		
Purpose of the report and the key issues for consideration/decision:	<p>This report provides information on the Operational Division level trend data for the nurse specific performance indicators of falls, pressure ulcers and medication related incidents, and forms the monthly nursing and midwifery staffing report for August 2019 in response to the publication of <i>Hard Truths: Putting Patients First</i> (Department of Health, 2014), providing information on the planned versus actual nursing and midwifery staffing fill rates along with the care hours per patient day (CHPPD) by ward.</p> <p><b>The key issues for consideration are:</b></p> <p><b>Fill Rates:</b> A similar picture to previous months with 9 areas out of the 17 areas are reporting fill rates below the 90% threshold for Registered Nurses on day shifts. These are the result of vacancies and the number of escalation beds open during this period, particularly in the medical wards. To mitigate this there has been an increased use of healthcare support workers, therefore the fill rates for unregistered staff exceeds 100% in most clinical areas. The registered nursing associates are counted in the unregistered numbers in line with the reporting requirements for NHSI, this is still interim until the collection tool has been refined to reflect the new role.</p> <p><b>Midwifery ratios:</b> 1:25, with no unit diversions during August. The team report that the number of vacancies and staff on maternity leave is presenting the team with some challenges, which has been reflected in the safer staffing fill rates.</p> <p><b>RN Vacancies:</b> The registered nurse vacancy figure is now at 61wte. This vacancy figure does not include the nurses that are in pipeline 20wte, they will take up post once their training has completed in September. The approved business case for the international recruitment of 70 nurses is being progressed.</p> <p><b>Safety:</b> All wards have the number of hours required to care for patients in the wards, albeit with a sub optimal skill mix on occasions. The Ward leaders continue to report high numbers of patients who require enhanced cares; this is supported through a combination of permanent and temporary staffing. The ward teams are maintaining safe care and the nursing metrics (falls and pressure ulcers) remain stable.</p> <p><b>People:</b> The resilience of staff across the clinical workforce remains a concern with leaders at all levels supporting and engaging teams to develop support mechanisms for example Schwartz Rounds.</p> <p><b>Escalation beds:</b> Ward 20 has opened on a few occasions during August and there has been escalation beds opened in some of the ward areas.</p>		

<b>Prepared by:</b>	Karen Walker, Deputy Director of Nursing					
<b>Presented by:</b>	Jill Asbury, Director of Nursing					
<b>Strategic Objective(s) supported by this paper:</b>	<b>Financial Sustainability</b>		x	<b>Empower &amp; Engage Staff</b>		x
	<b>Quality of Care</b>		x			
<b>Is this on the Trust's risk register:</b>	<b>No</b>		<b>Yes</b>	x	<b>If Yes, Score</b>	20
<b>Which CQC Standards apply to this report:</b>	Person Centred Care					
<b>Have all implications related to this report been considered: (please X)</b>	<b>Finance Revenue &amp; Capital</b>			<b>Equality &amp; Diversity</b>		
	<b>National Policy/Legislation</b>			<b>Patient Experience</b>		x
	<b>Human Resources</b>		x	<b>Terms of Authorisation</b>		
	<b>Governance &amp; Risk Management (BAF)</b>		x	<b>Other:</b>		
<b>Action Required: (please X)</b>	<b>Approve</b>		<b>Discuss</b>		<b>Receive for information</b>	x
					<b>Decision</b>	
<b>Previously Considered By:</b>					<b>Date:</b>	
<b>Recommendations:</b>	The Board is asked to receive and note the contents of this paper.					

# Nursing and Midwifery Staffing Exception Report August 2019

## 1. Context

This monthly report aims to triangulate the data between patient outcomes, with a specific focus on the nurse specific indicators (NSI's) of pressure ulcers, falls and medication related incidences resulting in harm alongside nurse staffing, with a view to determining trends and whether there is a correlation between the two.

To this end the paper includes information at Division level, for the Integrated Care and Surgical Divisions, on the nurse specific indicators described above. (Hard Truths staffing data reporting is only required for the in-patient wards and not for departments or facilities that are not providing 24 hour services).

It should be noted that actual and planned staffing, CHPPD and fill rates do not denote acuity and dependency or bed occupancy. The ward teams consistently risk assess and flex staffing resources to ensure safety is maintained and this is explored more fully in section 5.

It is important to note that the registered nursing associates, of which there are 5 working in the adult wards, are not assigned to the registered nursing numbers for the purpose of data submission. NHSI have advised that their contribution be reflected in the non-registered numbers at this moment in time until the data collection tool has been amended to reflect this new role.

## 2.0 Integrated Care Division

The report describes how nurse staffing of the wards in the Integrated Care Division (ICD) during August continued to be challenging and the main cause of this is the number of registered nurse vacancies. The number of escalation beds in use, despite being out of the winter season, continues to increase the burden on the nursing and medical teams. There were a few occasions during August when the surge beds opened on ward 1 were reduced, however this was not sustained for the whole month.

The overall monthly Safer Staffing numbers for registered nurses indicate an improved picture to previous months. During August 2 wards in ICG reported fill rates of below 90% for day shifts, in most areas the fill rates for unregistered staff were above 100% as additional healthcare support workers have been used to support the deficit in RN numbers at times when bank / agency staff were unavailable. There were no night shifts during August with 1 RN on duty in ICG. All wards in this Division have the number of hours required to care for patients in the wards, albeit with a sub optimal skill mix on occasions.

Additional HCSWs have, and continue to be booked, to meet the enhanced supervision requirements of patients needing this level of support.

There has been a decrease in the number of patient falls reported in the ICG compared to previous month; this does remain within normal variation. Of these falls 2 patients sustained a fracture. The reduced number of category 2 pressure ulcers reported this month has been sustained and is within normal variation.

Staff resilience is being maintained with the support of listening sessions undertaken by the head of Nursing and HR Business Partner: sickness absence being 3.41% for the Division and 3.97% for the Acute Assessment Unit – the lowest since 2017.

## 2.1 Patient Outcomes and Patient Experience for Integrated Care Division (metrics excludes community services)

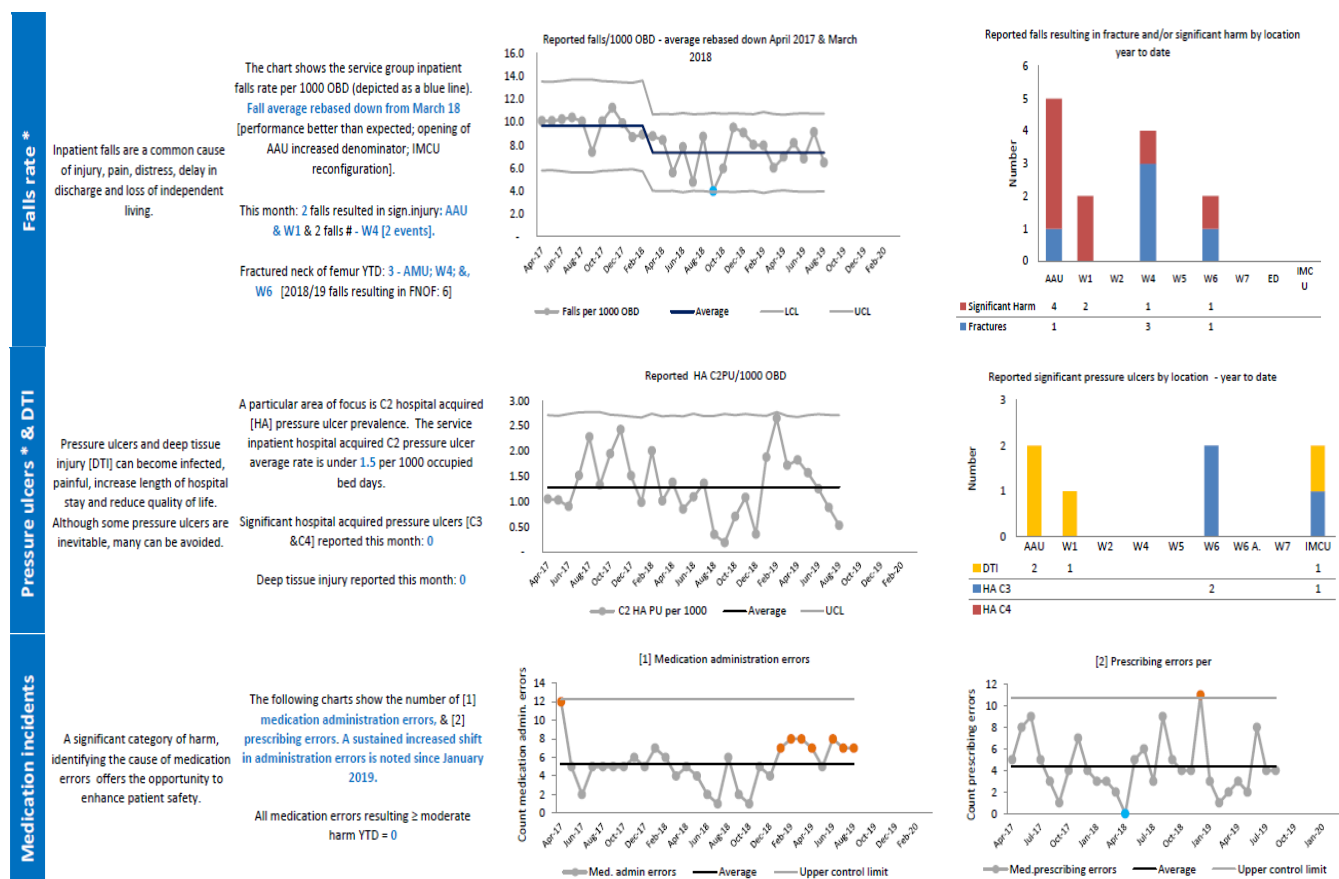


Figure 1

Please note that the patient outcomes are within those expected for normal variation, all have Ward Development Plans and these include plans to make improvements where required.

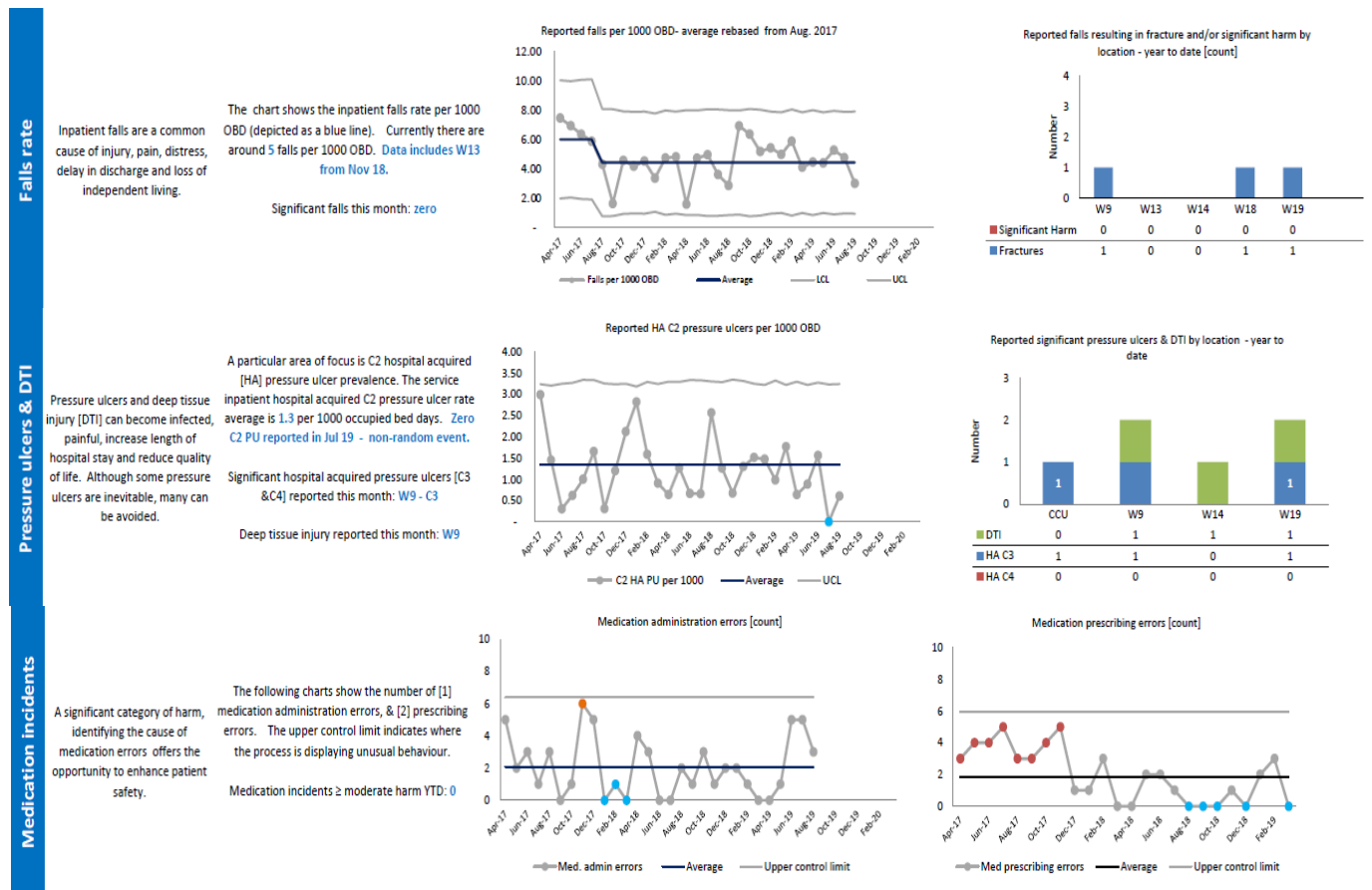
## 3.0 Surgical Division

The wards in the Surgical Division continue to report challenges for staffing, with 6 areas reporting fill rates below the 90% threshold for day shifts. This is mainly due to the number of vacancies and maternity leave in ward areas. In August there were 3 night shifts when a ward was staffed with just 1 RN. Additional support for the RN on each occasion was provided by the critical care outreach team and additional healthcare support workers. The critical care unit fill rate was reported to be below the 90% at times, this was due to staff supporting ward areas when the unit's activity allowed this.

The number of falls reported by the wards in the surgical Division is reduced from the previous months and remains within normal variation. Similar to ICG, the teams have reported an increased number of patients requiring enhanced cares which is being delivered by increasing the numbers of staff via the bank.

The low number of category 2 pressure ulcers reported during August has been maintained.

### 3.1 Patient Outcomes and Patient Experience for the Surgical Division



**Figure 2**  
Please note that the patient outcomes are within those expected for normal variation, all have Ward Development Plans and these include plans to make improvements where required.

### 4.0 Women and Children's Division

During August there were occasions when the fill rates for day shifts on Children's Unit fell below 90% this was sufficient for the ward activity over this period.

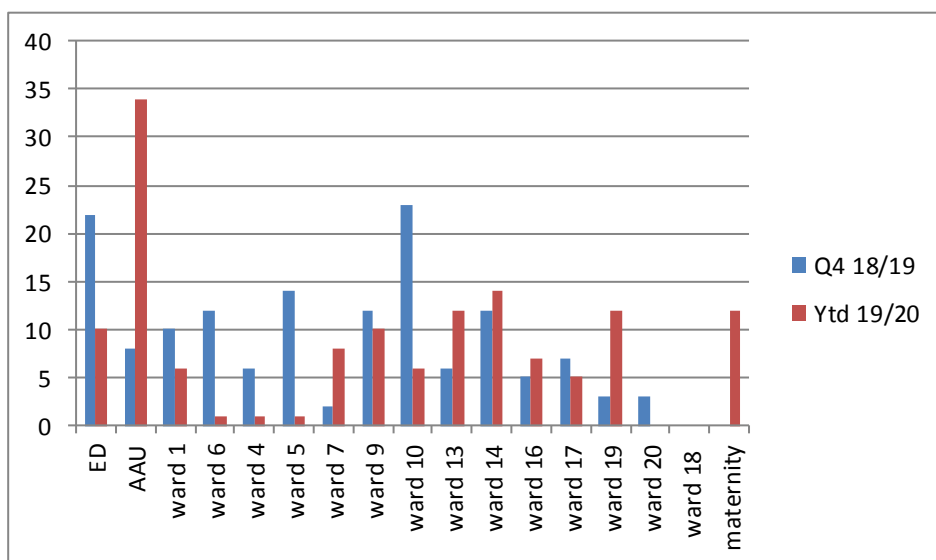
In maternity, the midwifery staffing levels have been adequate and the fill rates not falling below 90%.

The midwife to birth ratio is 1:25. There are a small number of vacancies, the majority of which are recruited to with staff commencing in this month. The team have reported achieving 94% of one-to-one care in labour during August which is comparable with previous months. There have been no unit diversions from the maternity unit during August.

The Division are looking at the perennial impact of maternity leave on both the Children's and Maternity nursing workforce with a view to proposing an alternative to costly temporary staffing.

## 5.0 Pressures Experienced by the Nursing Teams

The nursing staff are encouraged to use the incident reporting process for reporting any concerns they have in relation to nurse staffing levels and how this may impact on nursing care. Graph 1 demonstrates the number of Adverse Event Forms (AEFs) submitted per ward during the months of 2019 where nurse staffing levels were a cause for concern to the ward staff. On reviewing the content of the AEFs, the description provided by the staff is that the staff shortage is as a result of staff movement, where staff have been moved to other areas in response to patient need or surge beds and where a shift has remained unfilled by bank or agency staff.



**Graph 1 The number of AEFs submitted during Quarter 4 (2018/2019) and YTD 2019 for staffing issues**

Another metric used is the Safety Thermometer Data. This is a point prevalence study which is carried out each month and is presented to Trust Board in the Patient Safety Scorecard. Table 1 is the data relating to new harms only.

Measure	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19
Sample size	464	429	433	422	432	409	456	469	479	455	404	423	428	437
Pressure ulcers new	1	5	2	5	3	6	6	8	5	1	6	9	9	2
Falls with harm	2	1	1	3	1	2	2	5	9	2	3	2	0	2
Catheters and new UTIs	3	3	4	4	2	1	4	4	3	2	2	1	1	0
New VTE's	1	0	0	1	3	2	2	0	1	1	2	1	0	2
Total new harms	7	8	6	13	9	11	14	17	18	6	12	13	10	6
% of Patients developed new harm in our care	1.5%	1.9%	1.4%	3.1%	2.1%	2.7%	3%	3.6%	3.8%	1.3%	2.97%	3%	2.3%	1.4%

**Table 1 – Safety Thermometer Data Extract**

## 5.1 Actions Taken to Support the Nursing Teams

- Daily staffing meetings are held each morning with the Matron of the Day, followed up with meetings throughout the day where required to ensure safe staffing, with contingencies agreed for weekends and out of hours
- Daily staffing meetings with the matrons and Director of Nursing/Deputy to review the numbers of shifts requested to meet the needs of patients requiring enhanced care.
- Additional health care assistants are being utilised to support the registered nurse gaps
- Matrons continue to undertake late shifts until 22.00hrs during the week
- Shifts have been released to agencies until late October for registered nurses.
- There have been 3 shifts when a ward has been staffed overnight with just 1 registered nurse. Table 2 provides the information of occurrence.

Number of nights with 1 RN reported by the wards	Dec 2018	Jan 2019	Feb 2019	Mar 2019	April 2019	May 2019	June 2019	July 2019	Aug 2019
Integrated Care Division	1	1	0	1	0	0	0	0	0
Surgical Division	10	2	1	1	3	1	2	0	3

**Table 2 – Night Shifts with 1 RN**

## 6.0 Care Hours per Patient Day (CHPPD)

CHPPD continues to be collected and presented on the Unify database and the accompanying appendix, the data demonstrates that wards have the number of hours required to care for patients in the wards, albeit with a sub optimal skill mix on occasions.

We continue to benchmark our position against the information available in the Model Hospital data, ANHSFT registered nurse CHPPD is 3.5 against a peer median of 4.6 and a national median of 4.8.

## 7.0 Workforce developments

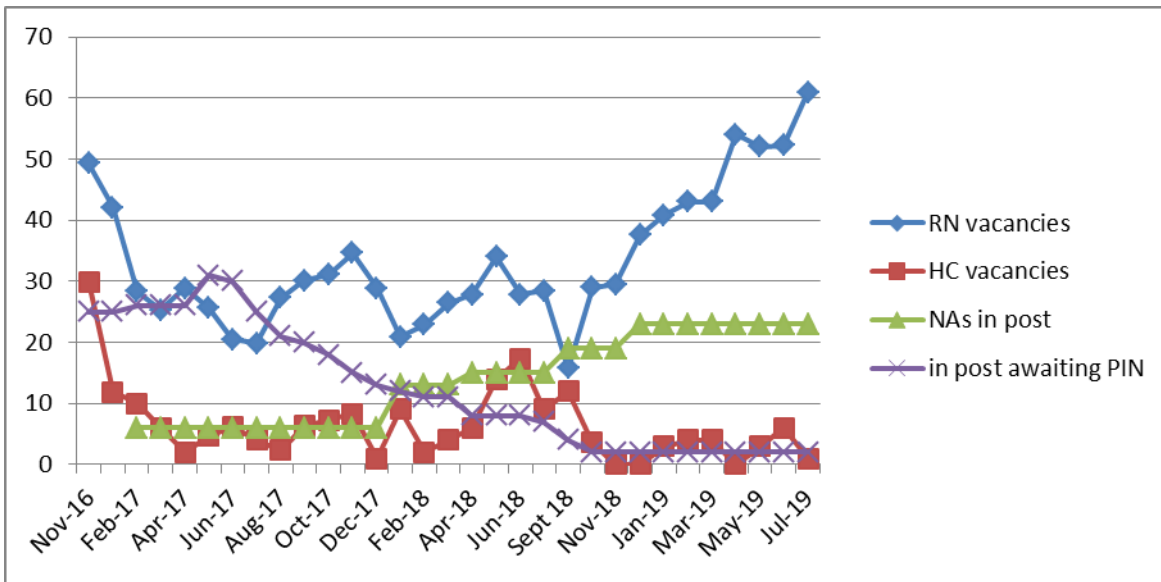
There continues to be progress with developments in the nursing workforce which are outlined in this section.

### 7.1 Recruitment

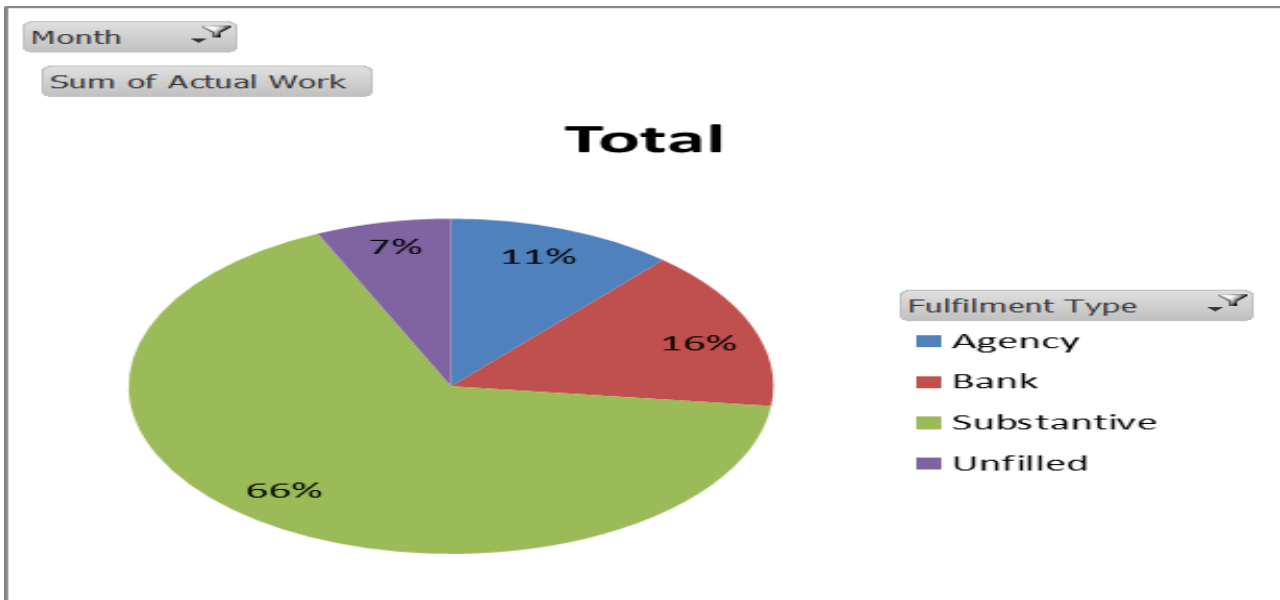
The local recruitment events held in March and May have resulted in 20 job offers to new registrants from September 2019. Recruiting newly registered nursing associates is also in the recruitment plan.

#### Vacancy Tracker:

The graph below shows the wte vacancies in the inpatient areas, assuming the 2 international nurses will pass their international English language test (IELTS) and take up their positions as registered nurses. The number of registered nurse vacancies outlined in this table does not reflect the number of nurses in pipeline yet to start. Recent recruitment events resulted in a total of 20 job offers made to take up post from September 2019 on completion of training. There has been a steady increase in nurse vacancies and this is reflected in Graph 2. The number of RN vacancies compared to last year will remain higher than the same time last year after the new recruits have taken up post. A number of nurses have left the Trust to take up career opportunities external, and there has also been some movement to the Telehealth team and community.

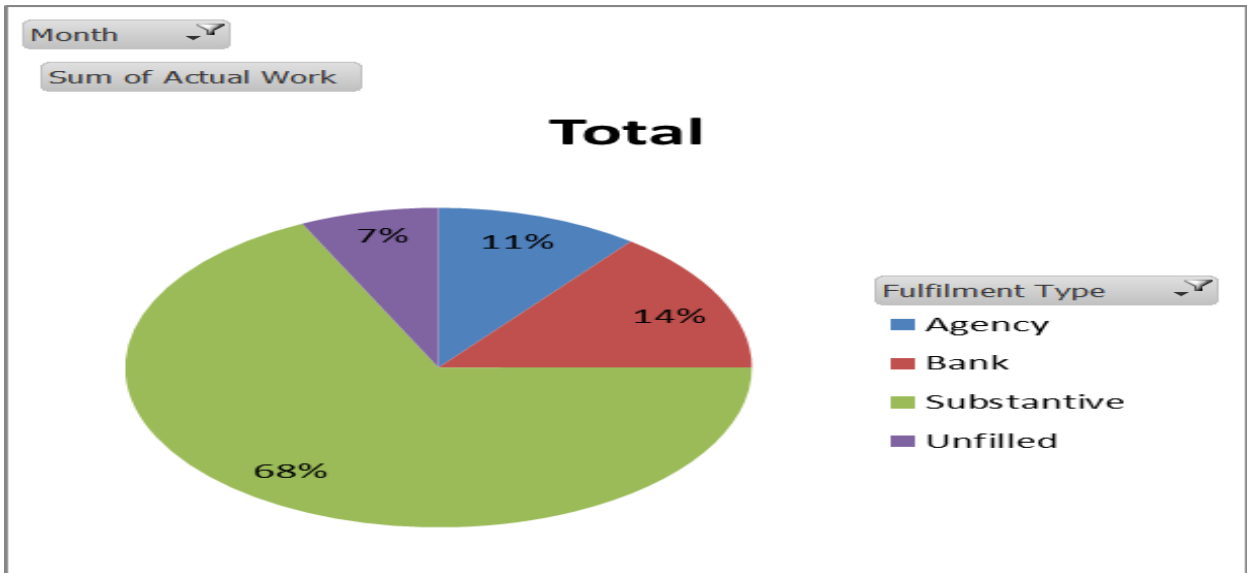


**Graph 2 – Number of wte vacancies in the acute nursing teams (excludes the 20 with job offers for Sept).** There are currently 2 nurses in post who are working towards achieving the necessary standard to register with the NMC.

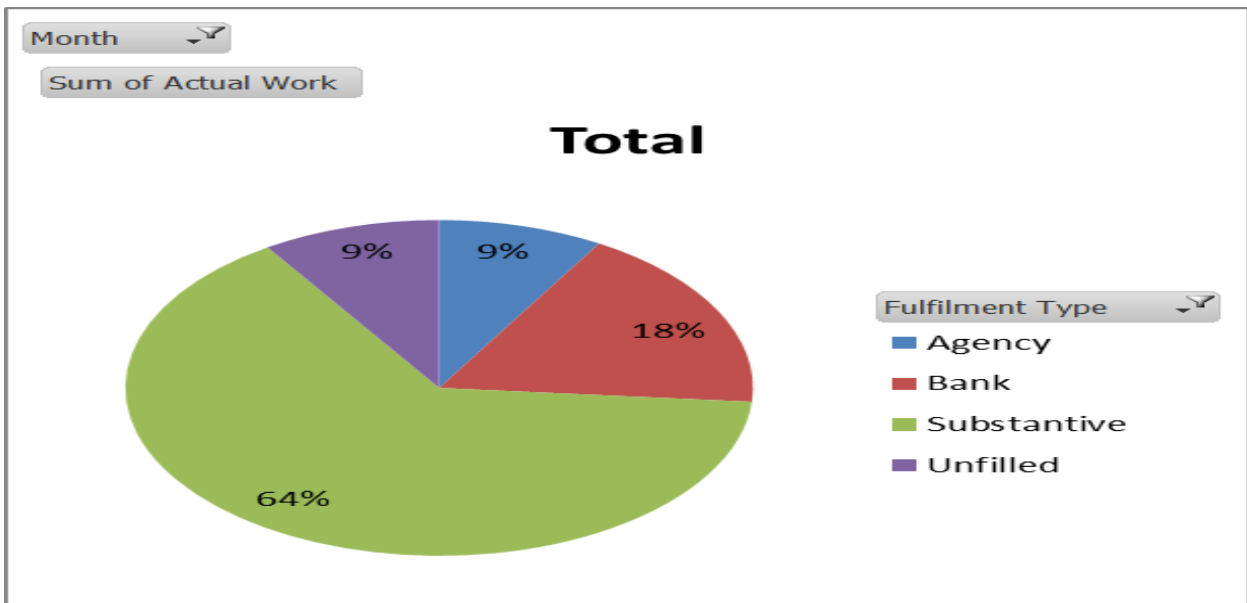


**Graph 3 – Temporary staff use data for June 2019**

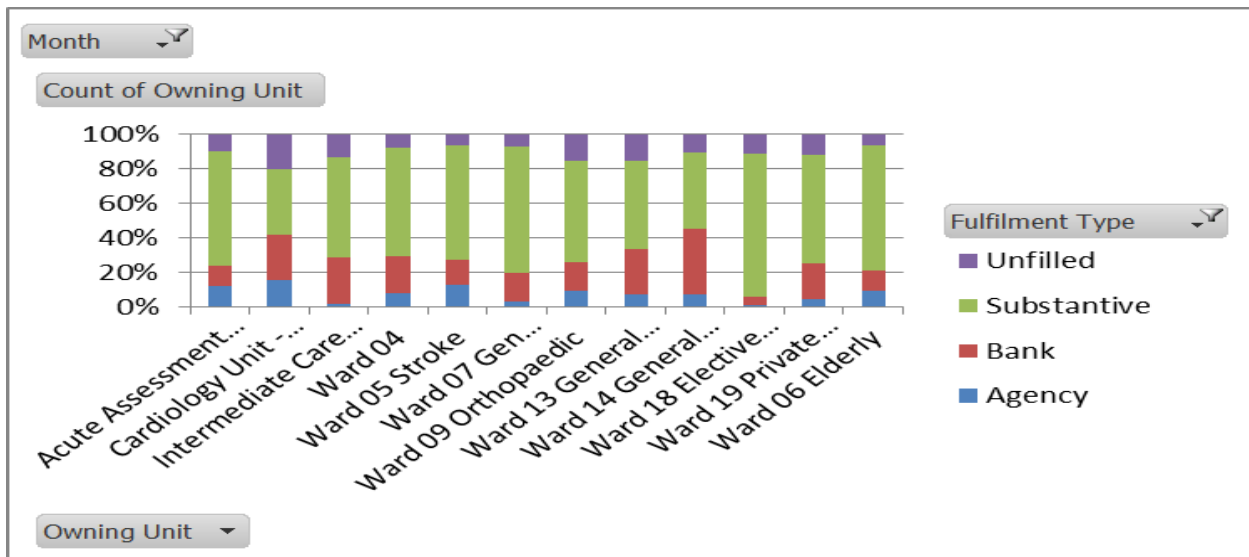




Graph 4 – Temporary staff use data for July 2019



Graph 5 – Temporary staff use data for August 2019



**Graph 6 – Temporary staff by ward for August 2019.**

The use of temporary staff is demonstrated in graphs 5 and 6 for the month of August 2019. Agency usage has decreased during August and bank usage increased. The fill rate by substantive staff is comparable to the previous 2 months as shown in graphs 3 and 4.

## 8.0 Pathway to Excellence

As briefed at the July Board meeting, the Director of Nursing was invited to put in an expression of interest to join a small group of 14 Trusts, to pursue an internationally recognised accreditation programme licensed by the American Nurses Credentialing Center (ANCC). This programme recognises hospitals with a commitment to creating a positive practice environments that empowers and engages staff, and is part of the Chief Nurse for NHS/E's vision 'Shared Governance : Collective Leadership' to strengthen the voice and influence of nurses throughout the NHS..

This programme has been successfully completed by Northampton General Hospital, and as a result has seen their vacancies fall by 50%.

In August the DoN was notified that the Trust had been successful in achieving a place on the programme.

The Board will receive a paper at the October Board describing the programme in more detail.

## 9.0 Overseas Recruitment update

At May Trust Board the business case for international recruitment was approved. A weekly task and finish has been established and work is underway to source an agency to work with the Trust on delivering this business case, of recruiting 70 nurses from overseas. This work is progressing and the practice educator post for the nurses is now in post. The attraction package has been agreed with the recruitment visit planned for October 2019.

## 9.1 Grow Your Own Approach

Alternative routes to supporting current employees into nurse training are in place.

### Open University

There are 5 students in post working in the Trust who are undergoing the Open University programme. There are plans to support another 3 healthcare support workers from September with this same programme of

study. 3 of the current students are expected to complete training in 2020, and the others complete in 2022 as this approach is a 4 year programme of study.

#### Apprentice Healthcare Support workers

Apprentices continue to be the route for recruiting into the healthcare support worker vacancies in most ward areas. Following a period of 12 month training the apprentices achieve the level2/level 3 award. This can then lead onto further career opportunities, such as access to the nursing associate programme and also registered nurse training.

Supporting HCSW's who have a registration in their birth country to the point of registration is being taken forward with Bolton University with a plan to commence in January 2020.

#### Return to Practice Students

The Placement officer works with the placement team at Bradford University to provide placements in the clinical areas within the Trust for Return to Practice students. There are currently 2 on placement in the Trust.

### **10. Conclusions**

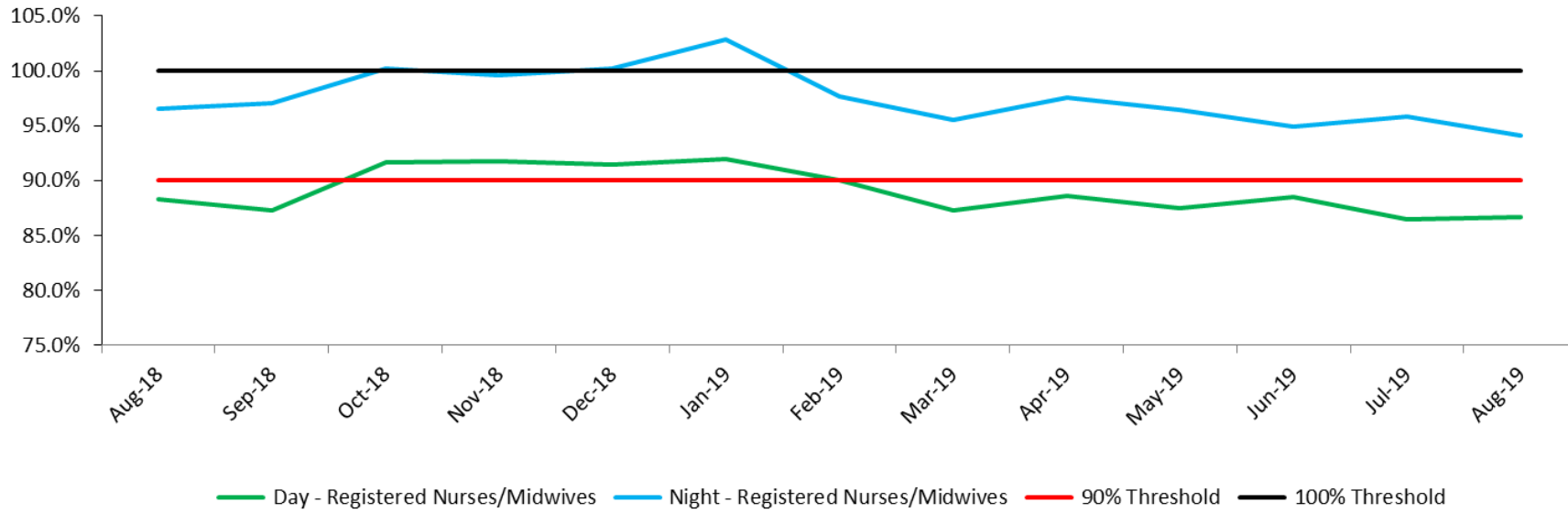
During August nurse staffing has remained under pressure. The teams are managing to hold the quality of care that they provide to patients as demonstrated in the metrics however there are specific areas that are consistently affected by lower fill rates due to the high number of nurse vacancies. Additional healthcare support workers are being used. There are occasions when registered nurses are moved from critical care to support the ward areas if required and appropriate. An alternative approach to delivering enhanced supervision in our ward areas enabling greater grip and control is in progress.

### **11. Recommendations**

The Board is asked to note the key points set out in this paper and the actions in place to mitigate any risks to the quality of patient care and the actions that are taking place to support the registered nursing workforce.



### Registered Nurses/Midwives



### Non-Registered Nurses/Midwives (care staff)

