Report on Nursing and Midwifery and Care Staff Levels (Hard Truths) and an Update to Nursing and Midwifery Workforce Position.

Agenda Item:	2.7
Executive Sponsor	Sharon McNally – Director of Nursing & Midwifery
Presented by:	Sharon McNally - Director of Nursing and Midwifery
Prepared by:	Andy Dixon - Matron for Quality Improvement Sarah Webb – Deputy Director of Nursing and Midwifery
Date prepared:	May 2019
Subject / Title:	Report on Nursing and Midwifery and Care Staff Levels (Hard Truths) and an Update to Nursing and Midwifery Workforce Position

Purpose:	Approval		Decision		Information	■	Assurance	■

Executive Summary: [please don't expand this cell; additional information should be included in the main body of the report]	This paper sets out the regular nursing and midwifery retrospective staffing report for the month of April 2019 (part A), and provides an update to the workforce position (part B). Headlines: • Whilst the RN/M fill rate dropped in month, the overall fill rate (RN/M and HCA) for the wards has remained static • There has been a reduction in NHSP demand. • The overall nursing vacancy position remains broadly unchanged in M1 as is the Band 5 vacancy rate. The Band 5 pipeline recruitment plan has been slow to start picking up however the target offer rate continues to have strong focus with a projected stepped increase in the number of new starters from August 19. • An exception report detailing the analysis of the rota fill, any impact on
Recommendation:	The Board is asked to note the information within this report

Trust strategic objectives: [please indicate which of the 5Ps is relevant to the subject of the report]	Patients	People	Performance	Places	Pounds
	■	■	■		■

Previously considered by:	WFC.20.05.19
Risk / links with the BAF:	BAF: 2.1 Workforce capacity All Health Groups have both recruitment and retention on their risk registers
Legislation, regulatory, equality, diversity and dignity implications:	NHS England and CQC letter to NHSFT CEOs (31.3.14): Hard Truths Commitment regarding publishing of staffing data. NHS Improvement letter: 22.4.16 NHS Improvement letter re CHPPD: 29/6/18

Appendices:	Appendix 1: Ward level fill rates
	Appendix 2: Ward staffing exception reports

1.0 PURPOSE

To update and inform the Committee on actions taken to provide safe, sustainable and productive staffing levels for nursing, midwifery and care staff in April 2019. To provide an update to the nursing vacancy rate, that the plans to further reduce the vacancy rate over 2019.

2.0 BACKGROUND

The report is collated in line with The National Quality Board recommendations (July, 2016).

3.0 ANALYSIS

3.1 This report provides an analysis based on the planned versus actual coverage in hours for the calendar month of April 2019

3.2 The report includes additional shifts that have been worked due to increased workload (activity, patient dependency and / or acuity) or 1:1 patient supervision (specialing). As the requirement for additional shifts is not static and fluctuates, these shifts are not planned in advance of the rota being published, it is possible for the rota to have > 100% fill.

3.3 Care Hours per Patient Day* (CHPPD) has been confirmed as the national principle measure of nursing, midwifery and healthcare support worked deployment on inpatient wards (NHSI, 2018). From September 2018, publication of CHPPD replaced the actual v's fill dataset on My NHS and NHS Choices. CHPPD is reported under section 3.8.

3.4 The summary position for the Trust Safer Staffing Fill rates for April 2019 is included in the table below (March 19 in brackets):

Trust average	Days RM/RN	Days Care staff	Nights RM/RN	Nights care staff	Av RM/RN	Av care staff	Av ALL staff
Trust average	85.2% (83.3%)	84.9% (82.1%)	95.4% (108%)	111% (103.7%)	90.3% (95.7%)	98% (92.9%)	94.2% (94.3%)
Change	↑1.9%	↑2.8%	↓12.3%	↑7.3%	↓5.4%	↑5.1%	↓0.1%

CHPPD is the total number of hours worked on the roster (clinical staff), divided by the bed state captured at 23.59 each day. For the purposes of reporting, this is aggregated into a monthly position.

3.5 Fill rate: the rolling 12 month data is included in the table below:
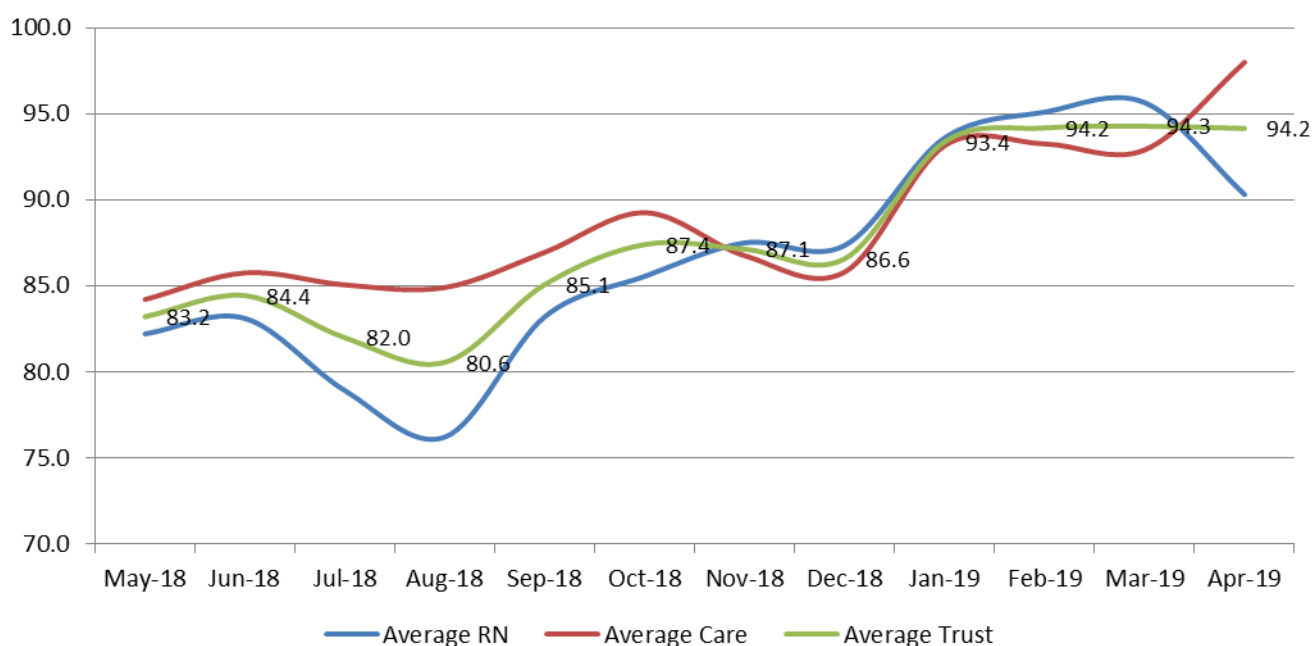
3.6 Exception reporting: Appendix 2 shows the exception report for the wards. The report includes analysis of the position, impact on quality, safety or experience and details actions in place to mitigate and improve the position where safe staffing is of concern.

3.6.1 National reporting is for inpatient areas, and therefore does not include areas including the emergency department or day units. To ensure the Board is sighted to the staffing in these areas, the data for the following areas is included below:

	Day		Night	
Ward name	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
A&E Nursing	86.2%	178.3%	102.4%	94.4%
PAH Theatres	80.4%	76.0%	88.0%	100.0%
Endoscopy Nursing	102.8%	88.3%	-	-

The above data has been calculated using the same methodology as the full UNIFY report

3.7 Datix reports: The trend in reports completed in relation to nursing and midwifery staffing is included below. All incidents continue to the reviewed by the safety and quality review process.

Recorded Staffing Incidents May 18 - April 19

Month	Value
May-18	33
Jun-18	25
Jul-18	36
Aug-18	46
Sep-18	34
Oct-18	44
Nov-18	30
Dec-18	31
Jan-19	41
Feb-19	43
Mar-19	25
Apr-19	35
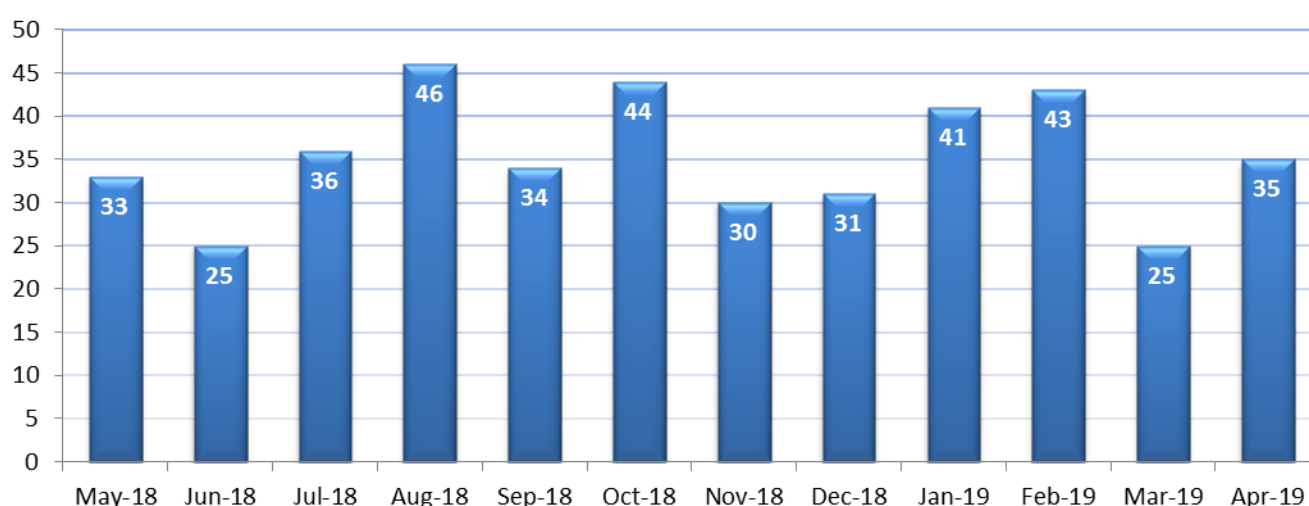
3.7.1 Led by the Deputy Director of Nursing, work is continuing on developing the process for taking forward how the Trust will use and record Red Flags alongside refreshed nurse sensitive key performance indicators.

3.8 Care Hours per Patient Days (CHPPD): Data from the Model Hospital Dashboard (updated February 2019).

	January 2019 data	Feb 2019	March 2019	National Median (Feb 2019)	Variance against national median
CHPPD Total	7.3	7.4	Not available	7.9	0.5
CHPPD RN	4.4	4.4	Not available	4.6	0.2
CHPPD HCA	3.0	3.0	Not available	3.2	0.2

The graph below shows Care Hours per Patient Day (total Nursing and Midwifery Staff) taken from the Model Hospital site (last data refresh February 2019) showing PAH against the national median.

Care Hours per Patient Day – Total Nursing & Midwifery Staff
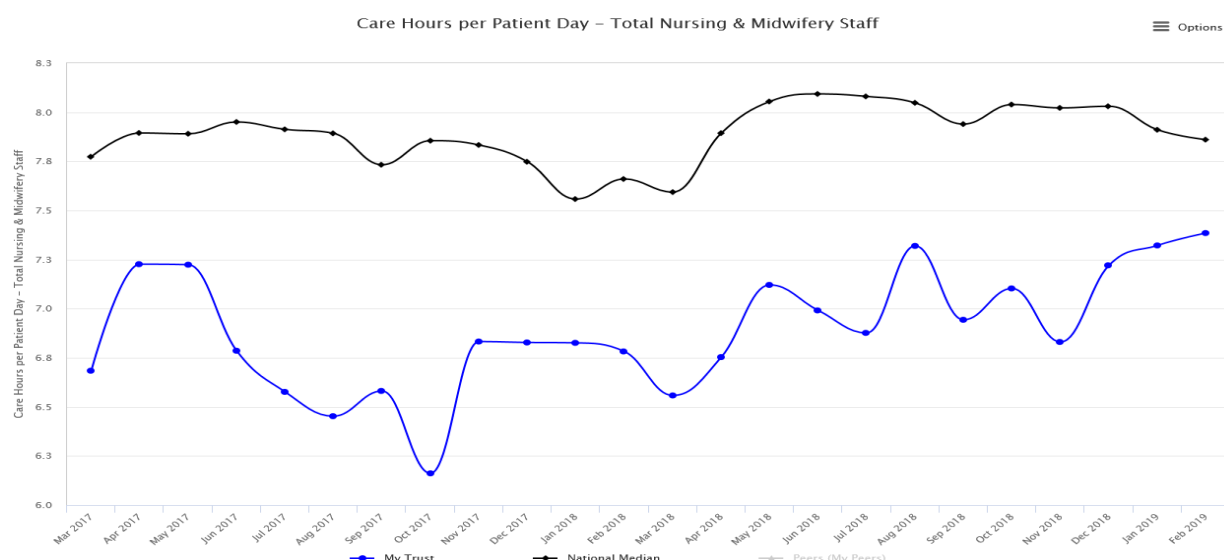
3.9 There were no beds closed as a result of staffing concerns during April 2019.

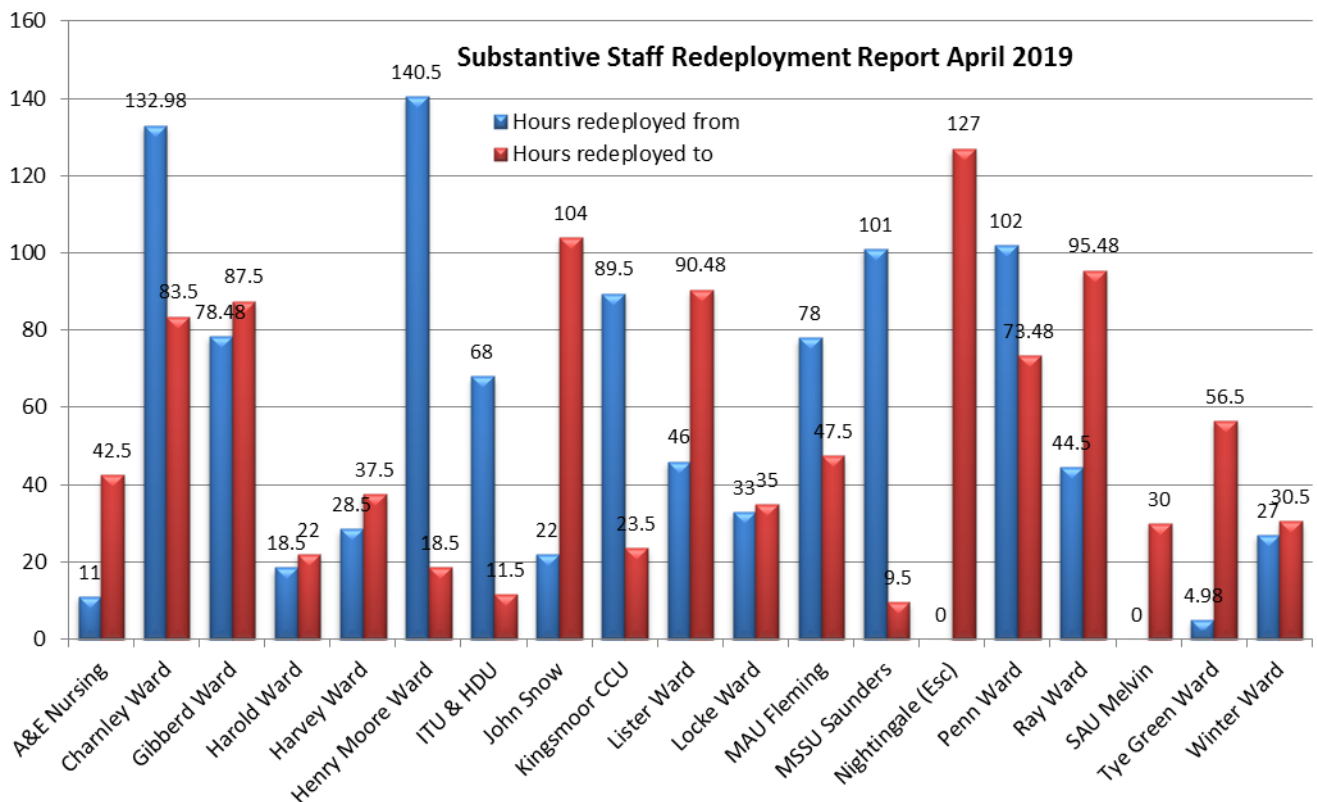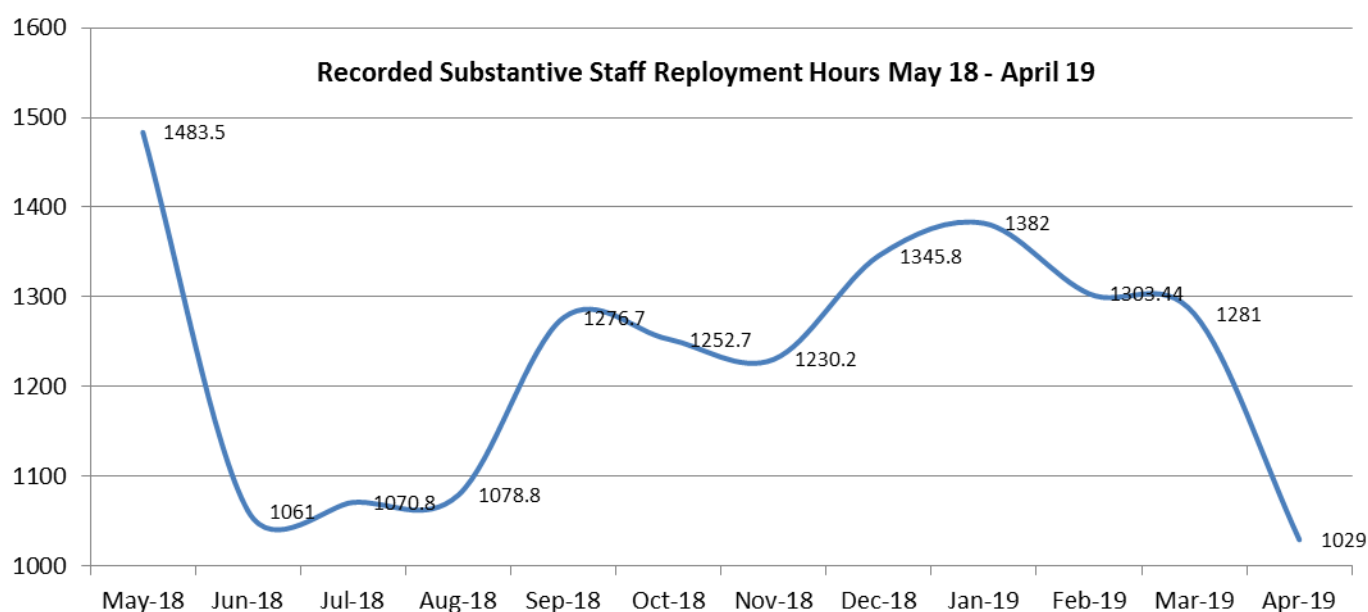3.10   Mitigation: The day to day management of safer staffing across the organisation is managed through the operational huddles and use of SafeCare to ensure support is directed on a shift: shift basis as required in line with patient acuity and activity demands. Ward managers support safe staffing by working in the numbers which continues to compromise their ability to work in a supervisory capacity.

In order to support the safer staffing processes further, the Director of Nursing has requested the senior nursing team develop a safer staffing policy. The policy was reviewed and approved at the Nursing, Midwifery and Allied Health Professional Senior Leadership Team meeting in March, and will commence implementation

3.11   Redeployment of staff: The graph below shows each of the Safer Staffing Wards and the number of hours of staff redeployed from the ward to support safe staffing and the number of hours of staff received. The maternity wards have been excluded from this report as they flex staff across the whole service dependant on patient and service needs. The graph only shows the redeployment of substantive Trust staff and does not capture the moves of bank or agency staff.

Substantive Staff Redeployment Report April 2019

Legend: ■ Hours redeployed from   ■ Hours redeployed to

Ward	Hours redeployed from	Hours redeployed to
A&E Nursing	11	42.5
Charnley Ward	132.98	83.5
Gibberd Ward	78.48	87.5
Harold Ward	18.5	22
Harvey Ward	28.5	37.5
Henry Moore Ward	140.5	18.5
ITU & HDU	68	11.5
John Snow	22	104
Kingsmoor CCU	89.5	23.5
Lister Ward	46	90.48
Locke Ward	33	35
MAU Fleming	78	47.5
MSSU Saunders	101	9.5
Nightingale (Esc)	0	127
Penn Ward	102	73.48
Ray Ward	44.5	95.48
SAU Melvin	0	30
Tye Green Ward	4.98	56.5
Winter Ward	27	30.5

Recorded Substantive Staff Reployment Hours May 18 - April 19

The accuracy of these reports continues to be dependent on the wards and site team redeploying staff, capturing and recording these moves in real-time in the e-Roster or SafeCare system.

3.12 Bank and Agency fill rates:

The use of NHSP continues to support the clinical areas to maximise safer staffing. The Trust has worked with NHSP to increase the availability of resource, and are working in partnership to improve this further. The table below shows that there was a significant decrease in registered demand (↓921 shifts) in April. Although there was a reduction in NHS P fill, there was an increase in agency fill resulting in an increase in overall registered fill rate. This is likely to be in line with the reduction in availability over the Easter holidays. The HCSW demand also decreased (↓548 shifts) and though the number of shifts filled was down the overall fill rate was up against March.

RN/M temporary staffing demand and fill rates:

Last YTD Month & Year	Shifts Requested	NHSP Filled Shifts	% NHSP Shift	Agency Filled Shifts	% Agency Filled Shifts	Overall Fill Rate	Unfilled Shifts	% Unfilled Shifts
January 2019	3,934	1,832	46.6 %	1,074	27.3 %	73.9 %	1,028	26.1 %
February 2019	4,047	1,824	45.1%	1,123	27.7%	72.8%	1,100	27.2%
March 2019	5,303	2,208	41.6%	1,387	26.2%	67.8%	1,708	32.2%
April 2019	4,382	1652	37.7%	1,407	32.1%	69.8%	1323	30.2%
April 2018	3904	1330	34.1%	961	24.6%	58.7%	1613	41.3%

HCA temporary staffing demand and fill rates:

Last YTD Month & Year	Shifts Requested	NHSP Filled Shifts	% NHSP Shift	Agency Filled Shifts	% Agency Filled Shifts	Overall Fill Rate	Unfilled Shifts	% Unfilled Shifts
January 2019	2,132	1,663	78.0 %	0	0.0 %	78.0 %	469	22.0 %
February 2019	2,349	1,723	73.4%	0	0%	73.4%	626	26.6%
March 2019	2,762	1,951	70.6%	0	0%	70.6%	811	29.4%
April 2019	2214	1707	77.1%	0	0%	77.1%	507	22.9%

| April 2018 | 1996 | 1197 | 60.0% | 0 | 0% | 60.0% | 799 | 40.0% |

The December 2018 bank staffing initiative continues to be a success, and has been further extended until the end of August 2019, in order to continue supporting safe staffing and maximise the bank fill rates, the impact will continue to be reviewed and assessed. .

B: Workforce:

Nursing Recruitment Pipeline

The registered nursing vacancy rate (currently at 27.1%) remains one of the organisations biggest challenges. The bulk of this sits within the band 5 nursing establishment where currently 42% of the posts are vacant (April). The trust seeks to significantly reduce the vacancy position for band 5 nurses throughout 2019, with a concerted overseas recruitment campaign that will see an intensive programme of international nurse recruitment over the next financial year and into 2020/21. A stretch target of < 10% vacancy rate is being pursued for the end of the financial year.

The focus of our nursing recruitment campaigns is to employ Band 5 registered nurses. Whilst we seek to do this nationally the UK supply is severely limited resulting with an increase drive to recruit internationally.

The table below details our overall nursing vacancy and highlights our band 5 nursing establishment and the corresponding recruitment pipeline. As at end of April 2019, there were 205 WTE vacant band 5 posts. This is an increase from M12 however this takes into account the additional funding for 20WTE that was agreed at the beginning of 2019 as part of the nursing establishment review. The trajectory remains in place to reduce this to > 10% by the end of 2019/20. The pipeline is reviewed and updated each month to reflect actual starters and leavers.

Establishment V Staff in Post												
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Funded Establishment WTE	942.61	942.61	942.61	942.61	942.61	942.61	942.61	942.61	942.61	942.61	942.61	942.61
Staff in Post WTE	687.27	690.27	704.27	717.27	730.27	762.27	791.27	820.27	838.27	848.27	851.27	857.27
Vacancy WTE	255.34	252.34	238.34	225.34	212.34	180.34	151.34	122.34	104.34	94.34	91.34	85.34
Forecast RN Vacancy Rate	27.1%	26.8%	25.3%	23.9%	22.5%	19.1%	16.1%	13.0%	11.1%	10.0%	9.7%	9.1%

Band 5 Establisment V Staff in Post												
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Funded Band 5 Establisment WTE	487.93	487.93	487.93	487.93	487.93	487.93	487.93	487.93	487.93	487.93	487.93	487.93
Band 5 Staff in Post WTE	282	285	299	312	325	357	386	415	433	443	446	447
Band 5 Starters	6	5	20	19	19	38	35	35	24	16	9	7
Projected Band 5 RN Leavers	9	2	6	6	6	6	6	6	6	6	6	6
Vacancy Band 5 WTE	206.16	203.16	189.16	176.16	163.16	131.16	102.16	73.16	55.16	45.16	42.16	41.16
Forecast Band 5 Vacancy Rate	42.3%	41.6%	38.8%	36.1%	33.4%	26.9%	20.9%	15.0%	11.3%	9.3%	8.6%	8.4%

Starters Pipeline													
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Total
Band 5 RN Starter													
Newly Qualified/ Pre Reg Nurses	0	0	0	0	0	6	0	0	6	0	0	0	12
International Recruitment													
Skype Recruitment *	5	5	13	12	12	22	25	25	10	10	3	2	144
Overseas Campaigns (July + Dec 18)	1	0	7	7	7	10	10	10	8	6	6	5	77
Provisional Band 5 Starters (Total)	**6**	**5**	**20**	**19**	**19**	**38**	**35**	**35**	**24**	**16**	**9**	**12**	**233**

* Relates to buisness case

NB Funded establishment does not include any planned uplift for additional areas

The above demonstrates that international recruitment is fundamental towards aiding the reduction of our vacancy rate;

- We are continuing to pursue the offers made to candidates on the 2 international recruitment campaigns undertaken in July and December 2018. The timeline for these nurses to commence at PAH is >12months from offer to start date which is within expected range however the recruitment team are working closely with the agencies to try speed up this process where possible and understand what the actual drop-out rate will be in order to have a more accurate picture of the nurses who will commence in post.

- Recruitment via Skype interview a more effective way of interviewing candidates as the lead in time from interview to start date is considerably shorter. We have expanding the number of recruitment agencies used to provide candidates for Skype interview with a plan to interview 50 candidates per month and expect to make offers to 25/30 nurses of these based on our experience to date.

- From the above, we average approximately 6 WTE registered nurse leavers a month; work will continue to embed the nursing retention plan to reduce this figure which will be taken forward by the new post of Lead Nurse or Recruitment and Retention when they are recruited which is expected to be by October 2019.

Attraction & Retention
- Utilising LinkedIn & twitter to promote our vacancies, using imagery to portray the staff experience

- Nursing recruitment open days to be held through the remainder of 2019 (April, June, September & November), with varied promotion on social media, trust website and Heart Radio campaigns.

- Periodic 'post induction check-ins' for our recent starters (held at 3, 6, 9 months - linked to career clinics) and for any themes raised to inform initiatives and plans to aid retention;

- International recruitment buddies/network, to formalise the integration of our international recruits with existing overseas nurses. This will include;
  o Buddying for new employees
  o 'Itchy feet' coaching for those employees who are looking for their next step
  o Career development coaching

- We also seek to maximising on the apprenticeship and graduate schemes to support staff development

Effective rostering and efficient use of resources:
- A monthly roster KPI report has been developed for circulation and ownership across the HCGs. Monthly meetings have been scheduled over 2019 to focus on productivity and driving forward efficient rotas.
- Roster Perform, which provides an accessible retrospective and prospective view of rostering metrics, will be made visible and used to demonstrate performance and drive forward improvements. Importantly, the system will enable a prospective view of rota fill, and identify areas that can be actioned in advance to improve availability (peaks in annual leave, study leave). The E Roster team needs to re-focus training on this.

4.0   RECOMMENDATION
The Board is asked to receive the information describing the position regarding nursing and midwifery recruitment, retention and vacancies, along with sickness rates, and note the plan to review and make further recommendations to improve the trajectory.

Author: Andy Dixon. Matron for Quality Improvement,

Sarah Webb, Deputy Director of Nursing and Midwifery

Date: 23rd May 2019

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Appendix 1.

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Ward level data: fill rates April 2019.

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 (%)
Dolphin Ward	88.7%	72.6%	89.8%	147.5%
Kingsmoor CCU	88.4%	77.1%	104.2%	104.4%
MAU Fleming	55.2%	72.1%	71.2%	105.0%
Tye Green Ward	94.8%	109.2%	81.1%	116.0%
Harvey Ward	85.1%	81.0%	121.7%	102.8%
ITU & HDU	75.1%	54.7%	79.8%	-
John Snow	93.8%	91.3%	90.3%	114.4%
Charnley Ward	88.2%	83.9%	124.7%	110.7%
Lister Ward	100.7%	98.4%	151.6%	150.2%
Locke Ward	90.9%	99.1%	113.7%	159.9%

Neo-Natal Unit	98.7%	54.1%	85.3%	66.7%
Penn Ward	99.0%	97.0%	140.4%	120.7%
Ray Ward	99.5%	80.6%	149.5%	144.1%
MSSU Saunders	111.1%	100.4%	125.7%	103.3%
Harold Ward	72.7%	83.0%	127.6%	120.5%
Henry Moore Ward	84.8%	65.6%	91.0%	79.6%
Gibberd Ward	74.2%	108.6%	85.6%	107.9%
Winter Ward	67.8%	112.8%	105.4%	144.1%
Chamberlen Ward	79.6%	75.2%	72.9%	86.4%
Labour Ward	83.7%	60.1%	71.3%	71.7%
Samson Ward	113.1%	72.2%	94.9%	83.3%
Birthing Unit	86.6%	79.8%	90.7%	87.0%

Trust Performance	**85.2%**	**84.9%**	**95.4%**	**111.0%**

Appendix 2

Ward staffing exception reports

Reported where the fill is < 85% during the reporting period, or where the ADoN has concerns re: impact on quality/ outcomes

April 19

Ward	Report from the Associate Director of Nursing for the HCG		
	Analysis of gaps	Impact on Quality / outcomes	Actions in place
Fleming	Staff are not deployed to Fleming from pool due to specialist nature of Fleming however staff from Saunders are deployed. DQ issues as Allocate nit updated to reflect in real time.	No complaints received and 1 new PALS enquiry. There were no red or SI incidents reported in month.	Live adverts in place. Matron and Head of Nursing meet monthly to review current situation.
Gibberd Ward	Registered nurse numbers offset by increase in HCA numbers reflecting nature of care needs of patient group	No complaints received and 4 new PALS enquiries. There were no red or SI incidents reported in month.	Live adverts in place. Matron is working on ward every Monday and maintaining a high profile throughout the week. Ward Manager and matron meet with the Head of Nursing monthly.
Chamberlin Ward	Long term sickness within maternity and number of midwives on maternity leave.	No impact on quality or outcomes. Staff are moved across all maternity areas as part of the daily staffing huddle and senior managers are redeployed to support with workload when required.	Close monitoring of LTS alongside policy plus maternity leave Trajectory for those staff that require appraisal

Daily staffing huddles reviewing red flags alongside activity so all areas are safe

Review of data from Birthrate plus |
Labour Ward	Long term sickness within maternity and number of midwives on maternity leave.		As above as staffing is reviewed as a unit
Neo Natal Unit	No gaps in HCSW numbers our workforce plan has changed as yet E-roster does not reflect this	No noted impact on quality or safety	Plans to amend the e-roster template to reflect our actual staffing demand
Henry Moore	Due to reduction of patient capacity within ward, shifts not	No noted impact on quality or safety	Capacity and staffing demands matched – no further

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	required to be covered.		actions required.
ITU / HDU	Due to reduction of patient capacity and acuity within unit, shifts not required to be covered.	No noted impact on quality or safety	Capacity and staffing demands matched – no further actions required.