






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

<b>Agenda Item:</b>	2.7				
<b>Executive Sponsor</b>	Sharon McNally – Director of Nursing & Midwifery				
<b>Presented by:</b>	Sharon McNally - Director of Nursing and Midwifery				
<b>Prepared by:</b>	Andy Dixon - Matron for Quality Improvement Sharon McNally - Director of Nursing and Midwifery				
<b>Date prepared:</b>	18.02.19				
<b>Subject / Title:</b>	Report on Nursing and Midwifery and Care Staff Levels (Hard Truths) and an Update to Nursing and Midwifery Workforce Position				
<b>Purpose:</b>	Approval		Decision		Information ■ Assurance ■
<b>Executive Summary:</b> [please don't expand this cell; additional information should be included in the main body of the report]	<p>This paper sets out the regular nursing and midwifery retrospective staffing report for the months of December 2018 and January 2019 (part A), and provides an update to the workforce position (part B).</p> <p>Headlines:</p> <ul style="list-style-type: none"> <li>The overall fill rate (RN/M and HCA) for the ward areas is showing an improving position, 93.38% in January and 83.62% in December 2018.</li> <li>This is in line with an improved fill of bank and agency to support safe staffing.</li> <li>The nursing vacancy position remains broadly unchanged. The overall RN/M rate is 22.18% (22.67% last month) and for adult wards is 37.16% (38.33 % last month). The RN vacancy rate is 25.92% (26.4%)</li> <li>The highest area of vacancy remains at Band 5 nurse which is 36.7%</li> <li>There is a drive and focus to significantly improve the vacancy position over 2019.</li> </ul>				
<b>Recommendation:</b>	The Committee is asked to note the information within this report,				
<b>Trust strategic objectives:</b> [please indicate which of the 5Ps is relevant to the subject of the report]	 Patients ■	 People ■	 Performance ■	 Places ■	 Pounds ■
<b>Previously considered by:</b>	n/a				
<b>Risk / links with the BAF:</b>	BAF: 2.1 Workforce capacity All Health Groups have both recruitment and retention on their risk registers				
<b>Legislation, regulatory, equality, diversity and dignity implications:</b>	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				
<b>Appendices:</b>	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 November and December 2018. 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

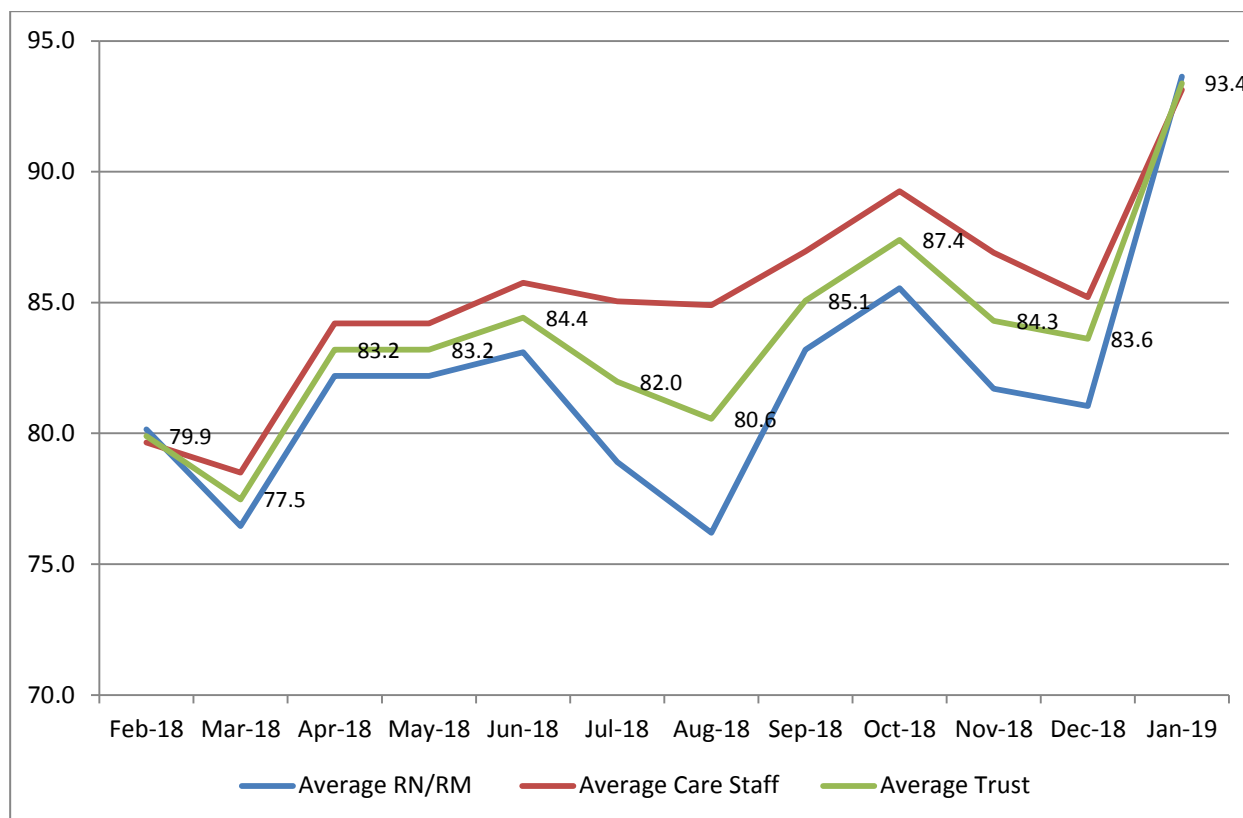
- 3.1 This report provides an analysis based on the planned versus actual coverage in hours for the calendar months of December 2018 and January 2019
- 3.2 The report includes additional shifts that have been worked due to increased workload (activity, patient dependency and / or acuity) or 1:1 patient supervision (specialling). 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 3.9.
- 3.4 The summary position for the Trust Safer Staffing Fill rates for January is included in the table below (December 18 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	83.2% (75%)	84% (75.2%)	104.6% (88.7%)	102.29% (95.2%)	93.63% (81.85)	93.14% (85.2%)	93.38% (83.62%)
Change	↑ 8.2%%	↑ 8.8%%	↑ 15.9%%	↑ 7.09%	↑ 5.89%	↑ 7.94%	↑ 9.76%

\* 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:

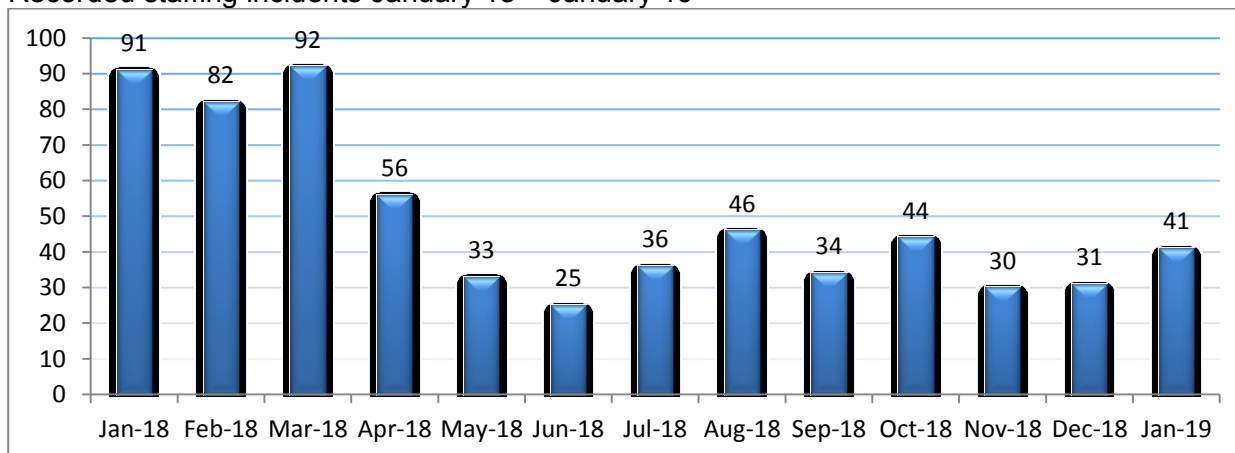




3.6 **Exception reporting:** Appendix 2 shows the exception report for the wards. The report includes analysis of the position, impact on quality, safety or experience and details actions in place to mitigate and improve the position where safe staffing is of concern.

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

Recorded staffing incidents January 18 – January 19

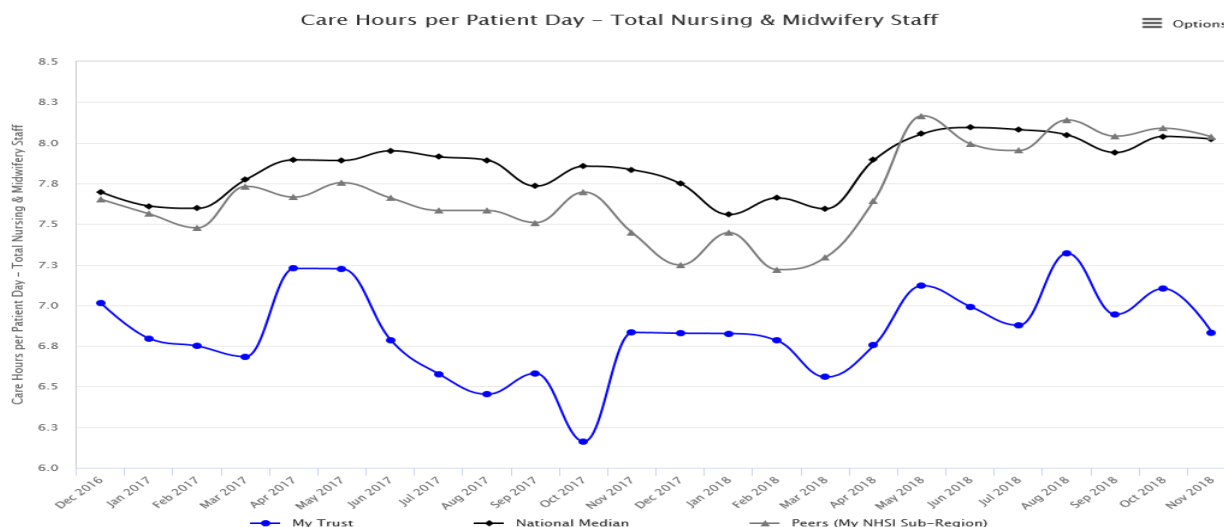


3.8 **Care Hours Per Patient Days (CHPPD):** Data from the Model Hospital Dashboard (updated November 2018 data). National median in brackets:

Table 3	November 2018 data	Variance against national median
CHPPD Total	6.8 (8.0)	↓ 1.2
CHPPD RN	4.0 (4.7)	↓ 0.7
CHPPD HCA	2.8 (3.1)	↓ 0.3



The graph below shows Care Hours per Patient Day (total Nursing and Midwifery Staff) taken from the Model Hospital site ( data updated November 2018) showing PAH against the national median and NHSI selected peers. A CHPPD of 6.8 and 4.0 is in the lowest quartile nationally. A reduction in the vacancy rate would have a positive impact on the CHPPD.



### 3.9 Quality & Safety

During 2019, the Trust will be moving to holding monthly nursing workforce meetings, which will provide an opportunity to review the shift templates, vacancies, skill mix, roster KPIs and nurse sensitive indicators including red flags. There will also be a corresponding move to undertake ‘deep dives’ in areas where there is concern, and provide a summary position in this report.

There were no beds closed as a result of staffing concerns during January 2019.

### 3.10 Mitigation

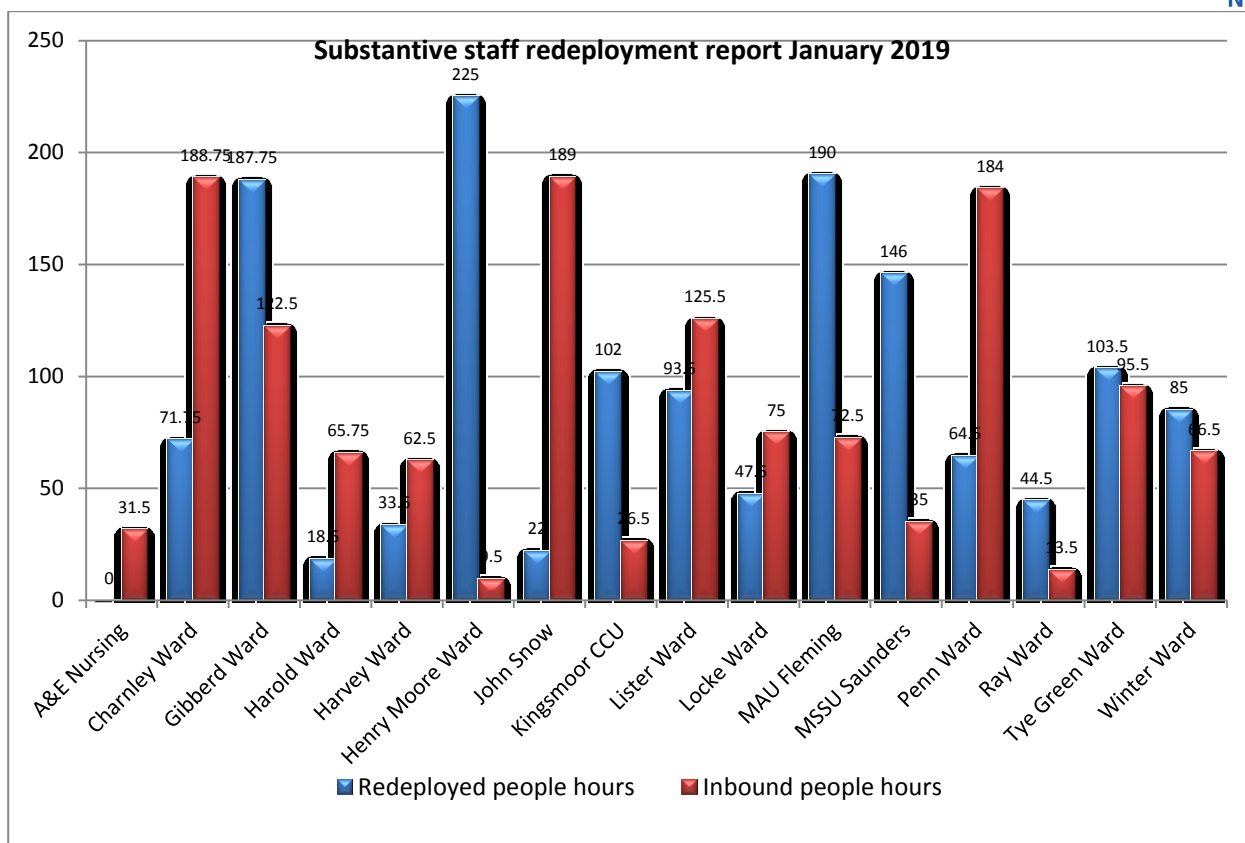
The day to day management of safer staffing across the organisation is managed through the operational huddles and use of SafeCare to ensure support is directed on a shift: shift basis as required in line with patient acuity and activity demands. Ward managers support safe staffing by working in the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

In order to support safer staffing processes further, the Director of Nursing has requested the senior nursing team develop a safer staffing policy to guide day: day and prospective decision making. The policy is due to be ratified in February 2019.

The Trust is in the process of establishing a “specialist pool” of HCAs to be used when vulnerable patients require close observation (patients with dementia, learning disabilities or those at high risk of falling).

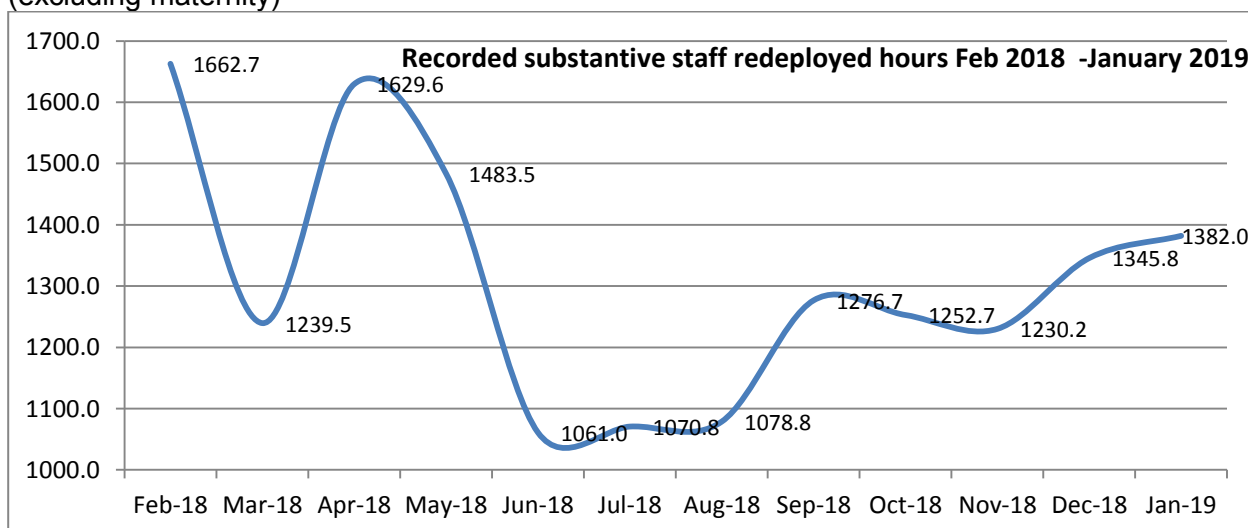
### 3.11 Redeployment of staff: the following graph shows the redeployment of substantive Trust staff by hours and does not capture the moves of bank or agency staff.





The graph 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 following graph shows the number of recorded redeployed hours for substantive staff (excluding maternity)



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 an increase in registered demand, though there was a corresponding increase in fill rate. The impact of the NHS P incentives on this has yet to be assessed.

The HCSW % fill rate has remained broadly unchanged between December and January.

#### 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
September 2018	3,958	1,530	38.7 %	920	23.2 %	61.9 %	1,508	38.1 %
October 2018	3,853	1,570	40.7 %	1,007	26.1 %	66.9 %	1,276	33.1 %
November 2018	3,524	1,496	42.5 %	1,060	30.1 %	72.5 %	968	27.5 %
December 2018	3,622	1,490	41.1 %	982	27.1 %	68.2 %	1,150	31.8 %
January 2019	3,934	1,832	46.6 %	1,074	27.3 %	73.9 %	1,028	26.1 %
January 2018	4,431	1,409	31.8 %	1,070	24.1 %	55.9 %	1,952	44.1 %

#### 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
August 2018	2,234	1,532	68.6 %	0	0.0 %	68.6 %	702	31.4 %
September 2018	2,061	1,488	72.2 %	0	0.0 %	72.2 %	573	27.8 %
October 2018	2,100	1,479	70.4 %	0	0.0 %	70.4 %	621	29.6 %
November 2018	2,029	1,455	71.7 %	0	0.0 %	71.7 %	574	28.3 %
December 2018	2,099	1,528	72.8 %	0	0.0 %	72.8 %	571	27.2 %
January 2019	2,132	1,663	78.0 %	0	0.0 %	78.0 %	469	22.0 %
January 2018	2,021	1,194	59.1 %	4	0.2 %	59.3 %	823	40.7 %

In order to support safe staffing, in December 2018 the Trust launched an initiative aimed at increasing the bank fill rates.

- Establishment of a bank “pool” for both RNs and HCAs – which gives a premium rate of pay to the RNs (with the proviso that they would be moved to any ward which needs cover).
- For RNs there is a £25 per shift premium – which will be continued until the end of March. Currently, it is too early to be able to measure the impact of these initiatives but the outcomes are being monitored.
- Lottery for RN's working shifts between 24/12/2018 and 31/03/2019 with 6 RN's chosen at random to receive cash prizes of £500 providing they work a bank shift in that time period.

3.13 The risks associated with registered nurse vacancy and turnover has been assessed both from a corporate perspective and at individual health group level; these are entered on the Risk Assure system and regularly reviewed through the Trust Risk Management Group.





## Part B:

### Workforce:

### Nursing Recruitment Pipeline

There continues to be a positive improvement in the nurse vacancy rate. However, there continues to be areas with a higher vacancy rate, and this is particularly challenging across adult inpatient areas where the rate is c. 38%.

The dataset below has been developed to gain greater oversight of the vacancy position and recruitment requirement to support a focused drive to significantly reduce the vacancy rate.

Establishment V Staff in Post												
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Funded Establishment WTE	919.88	919.88	919.88	919.88	919.88	919.88	919.88	919.88	919.88	919.88	919.88	919.88
Staff in Post WTE	681.57	681.57	687.57	696.57	703.57	739.57	775.57	813.57	857.57	894.57	927.57	969.57
Vacancy WTE	238.31	238.31	232.31	223.31	216.31	180.31	144.31	106.31	62.31	25.31	-7.69	-49.69
Forecast RN Vacancy Rate	25.9%	25.9%	25.3%	24.3%	23.5%	19.6%	15.7%	11.6%	6.8%	2.8%	-0.8%	-5.4%
Band 5 Establishment V Staff in Post												
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Funded Band 5 Establishment WTE	486.19	486.19	486.19	506.19	506.19	506.19	506.19	506.19	506.19	506.19	506.19	506.19
Band 5 Staff in Post WTE	307.83	304.83	311.83	312.83	311.83	314.83	323.83	330.83	372.83	408.83	446.83	494.83
Band 5 Conversion	1		8	5	3	7	13	11	40	40	42	42
Vacancy Band 5 WTE	178.36	181.36	174.36	193.36	194.36	191.36	182.36	175.36	133.36	97.36	59.36	11.36
Forecast Band 5 Vacancy Rate	36.7%	37.3%	35.9%	38.2%	38.4%	37.8%	36.0%	34.6%	26.3%	19.2%	11.7%	2.2%
Starters Pipeline												
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
RNs	5	2	2	2	2	2	2	2	2	2	2	2
Newly Qualified/ Pre Reg Nurses	1	1	3	0	0	0	0	0	6	0	0	10
International Recruitment												
Skype Recruitment	2	2	6	9	7	35	35	35	35	35	30	30
India Campaign (July 18)	2	1	1	3	2	1	2	2	2	2	2	2
Philippines Campaign (Dec 18)	0	0	0	1	2	4	3	5	5	4	5	4
Provisional Starters	10	6	12	15	13	42	42	44	50	43	39	48
Confirmed Starters	10											
Average Band 5 Leavers WTE												
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Projected Band 5 RN Leavers	6	6	6	6	6	6	6	6	6	6	6	6
Confirmed Band 5 RN Leavers	5											

The current trajectory sees the overall nursing vacancy rate reducing to c.-5% for December 2019. The projection takes into account the projected new starters from existing recruitment activity including the 2 overseas campaigns and regular SKYPE interviews and successful conversion to RN for HCA's and Associate Practitioners and identifies the number of new starters required each month (in Green) required to meet the trajectory - we will be increasing the number of SKYPE interviews and are looking at additional campaigns during spring to achieve this.

In summary:

- Two international campaigns to India (July 2018) and the Philippines (December 2018) resulted in 97 offers of employment. These have been phased into the table with a 40% drop out rate from initial offers and this will be adjusted as the start dates for staff are confirmed..
- We are in consultation with a number of recruitment agencies to intensify our skype recruitment programme. We currently interview via skype weekly, and seek to double the number of interviews as we receive additional CVs from our new agencies.



- From the above, we average approximately 6WTE leavers a month; work will continue to embed the nursing retention plan to reduce this figure.

#### Attraction & Retention

- Revamp and promotion of staff benefits and the attraction package for provisional recruits, appropriately articulating the 'sell' of PAH & living/working in Harlow
- Bi-monthly nursing recruitment open days throughout 2019, with varied promotion on social media, new trust website & nursing microsite and radio campaigns
- Improvements are being made to international Nurse Starter packs – in a bid to meet their immediate needs of navigating the Harlow area, bus and train information, sim cards etc. This will improve the overall induction experience and impression of our new recruits – particularly when coming from overseas.
- Analysis of trends from exit interview data will be used to inform training & development/career options for our staff
- Periodic 'post induction check-ins' for our recent starters (held at 3, 6, 9 months) 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.
  - Thinking of you/ trust update letters to those on long term sick/mat leave
- Short Pulse surveys to be conducted on ward areas to enable insights into staff motivations and challenges at work.

#### Effective rostering and efficient use of resources:

- The rostering policy is under review to ensure this is aligned to NHSI e-rostering good practice guide (2018), which will include rota KPIs in line with national guidance
- 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).

#### 4.0 RECOMMENDATION

The Committee 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,  
 Sharon McNally, Director of Nursing and Midwifery

**Date:**





Appendix 1.

Ward level data: fill rates January 2019.

	DAY				NIGHT			
	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff	
	Average fill rate	ind	Average fill rate	ind	Average fill rate	ind	Average fill rate	ind
Dolphin	91.0%	▲	89.8%	▲	90.3%	▼	182.6%	▲
K/Moor	75.6%	▼	77.0%	▼	90.3%	▼	108.2%	▲
Fleming	53.7%	▼	67.5%	▼	72.1%	▲	90.1%	▲
Tye Green	81.5%	▲	101.4%	▲	137.7%	▲	111.1%	▲
Harvey	82.6%	▲	119.9%	▲	117.4%	▲	95.4%	▼
ITU/HDU	94.4%	▲	19.8%	▼	101.0%	▲	-	►
John Snow	96.0%	▲	92.3%	▲	90.3%	▲	92.1%	▲
Charnl	79.2%	▲	98.6%	▲	97.9%	▼	98.1%	▲
Lister	84.5%	▼	96.5%	▲	135.6%	▲	108.6%	▲
Locke	81.4%	▼	110.2%	▲	112.9%	▲	141.2%	▼
NICU	87.3%	▼	58.2%	▼	84.5%	▲	65.5%	▲
Penn	84.3%	▲	103.2%	▲	142.1%	▲	103.5%	▲
Ray	85.0%	▼	84.5%	▲	140.8%	▲	112.8%	▲
Saunder	87.9%	▼	101.1%	▲	148.2%	▲	96.5%	▼
Harold	61.2%	▲	84.5%	▼	121.0%	▲	107.5%	▲
Henry Moore	83.7%	▲	59.7%	▲	87.9%	▲	84.1%	▲
Gibberd	60.4%	▼	94.5%	▲	61.1%	▲	112.2%	▲
Winter	66.1%	▼	96.6%	▲	118.5%	▲	116.0%	▲
Chamb	92.1%	▲	78.6%	▲	89.2%	▲	87.4%	▲
Labour	87.1%	▲	61.0%	▼	75.8%	▼	69.1%	▼
Birthing unit	89.5%	▼	77.9%	▲	87.6%	▼	90.3%	▲
Samson	125.5%	▲	75.0%	▲	87.2%	▼	75.8%	▲



## Appendix 2

Ward staffing exception reports

Reported where the fill is < 85% over a 24 hour period, or where the ADoN has concerns re: impact on quality/ outcomes

Jan 19

				Report from the Associate Director of Nursing for the HCG		
	%fill RN/M	% Care Staff	% overall fill	Analysis of gaps	Impact on Quality / outcomes	Actions in place
Fleming	62.9%	78.8%	70.85%			
Gibberd	60.75%		82.05%			
Henry Moore		71.9%	78.85%	Template for HMU only 3RN therefore % gap increases when 1 RN short of template. Variable occupancy of HMU also permits the redeployment of staff across the HCG where 3 RN may not be required and so the fill rate appears <85%	No impact upon quality outcomes	Daily assessment OF SAFER Staffing needs as well as a forward look according to TCI list to predict staffing required in advance
Kingsmoor	82.95%			Increase in support staff to support the RN shortfalls and support patient care. Ward Manager and Ward Matron working clinically to when required.	Some delays in performing vital signs observations but ward team working to address this. No increase in pressure injuries or patient falls.	Roster completed 8 weeks in advance with all shifts requested to NHSP. Regular safety huddles and daily review of staffing levels to assess the needs of patients. Monthly monitoring of patient falls, pressure injuries and incident reporting to assess any detrimental effect of staffing template on quality of care to patients.
NICU		61.85%	73.87%	long term sickness in care staff continues however this does include the community neonatal team		
Chamberlen		83%		Maternity continue to have some long term sickness within maternity Care Assistants , all are being monitored appropriately in line with policy.	Core compliance for FAWs 88%  All managers given individual ward compliance with names of all staff members non-compliant	
Labour ward	81.45%	65.05%	73.25%			
Samson		75.4%				
Birth unit		84.1%				

