NHS
The Dudley Group
NHS Foundation Trust

Paper for submission to Trust Board 6th September 2018

TITLE:	_____Nursing and Midwifery Workforce Update		
AUTHOR:	Jo Wakeman, Deputy Chief Nurse	**PRESENTER:**	Jo Wakeman, Deputy Chief Nurse

CLINICAL STRATEGIC AIMS

Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.

CORPORATE OBJECTIVE:

SO1 – Deliver a great patient experience   SO2 – Safe and caring services

SO3 – Drive service improvements, innovation and transformation

SO4 – Be the place people choose to work   SO6 – Plan for a viable future

SUMMARY OF KEY ISSUES:

Safer Staffing

- The community nursing at night staffing review has been completed and combined with the community day review, this detailed report is with the division for presentation to the Directors.

- Meetings with Lead Nurses/Midwives and Matrons continue focusing on recruitment and retention of staff to deliver the reduction in bank and agency usage.

- Increased number of incidents reported in month relating to staffing (43). 43 staffing clinical incidents reported this month.

Agency Controls

- The last four months shows a reduction in agency usage. The use of agency clinical support workers remains nil in line with current agency controls.

- All bank and agency requests continue to be assessed daily by the Associate Chief Nurses to ensure continued patient safety and financial balance. A breakdown of the main areas using agency staff is included.

- Use of non-framework agency remains an Executive only authorisation.

Recruitment and Retention update

- July 2018 reports a total of 323 nurse vacancies across the trust
- Monthly recruitment events continue however work is underway to strengthen recruitment activity.
- A total of 89 nurses are predicted to join the trust in the next 3 months. Figures vary slightly from the predictor tool as some of our recruits have accepted posts recently.
- Predictor tools are within the paper as requested.

IMPLICATIONS OF PAPER:

RISK	Yes		**Risk Description:** • Nurse Recruitment – unable to recruit to vacancies to meet NICE guidance for nurse staffing ratios • Finance – Unable to remain within divisional Budget due to spend on Temporary Staff.
	Risk Register: Y		**Risk Score:** 20
COMPLIANCE and/or	**CQC**	Y	**Details:** Safe and effective care
	Monitor	Y	**Details:** Agency capping targets
LEGAL REQUIREMENTS	**Other**	N	**Details:**

ACTION REQUIRED OF COMMITTEE:

Decision	Approval	Discussion	Other
		√	

RECOMMENDATIONS FOR THE COMMITTEE: To receive the report and note the contents.

Staffing Reviews

Table 1 outlines progress against staffing reviews. The review of community nursing (during the day) has been seen by Executive Directors. With the further community nursing (evenings/nights) review now being completed the two reports have been combined for a further assessment by the Executive Directors before it is taken to the newly formed Transition Board of the Multispecialty Community Provider (MCP). A draft paper on AMU/FAU has been completed and updated and seen by the Executive Directors who have asked the Director of Operations to ensure it is consistent with the development plans for the ground floor reconfiguration.

Table 1

Area	Position
General Medical/Surgical Wards	Complete
Critical Care	Complete
Neonatal Unit	Complete.
Paediatrics (C2)	Executive Directors requested further amendments.
Emergency Department	Complete.
Acute Medical Unit	Completed and draft updated. Director of Operations to review.
Outpatients Department	Completed, presented to Executive Directors and will be considered as part of the planned OPD review.
Medical Day Case	Complete
Renal Unit	Complete.
Frailty Assessment Unit (FAU)	Completed and draft updated.
Community Nursing (Days)	Complete, to be presented at the newly formed Transition Board of the MCP.
Community Nursing (Nights)	Complete and now combined into one paper with the day review. To be presented to Executive Directors prior to MCP Transition Board.
Specialist Nurses	In draft, presented to Executive Directors August 2018.

Safer Staffing

The Safer Staffing Summary (Appendix 1) shows the actual and planned hours for qualified staff and unqualified staff for both day and night shifts, for each area of the Trust based on the new establishments for July 2018 (wards that have been fully or partially closed in the month are omitted). As well as showing the actual and planned hours the report shows the fill rates. The totals for the Trust are also indicated. In addition, the last three columns show the actual Care Hours Per Patient Day (CHPPD). We provide this information to NHS Improvement and part of it is utilised in informing the National Model Hospital data.

This is the second month the report is based on the new establishments with the data coming from Allocate, the rostering system. As expected the fill rates for qualified staff show a reduction from previous months up to March as the planned hours for the new establishments have increased relative to the staff available. The agreed plan is to achieve 80% of the qualified staff establishments initially, moving to 85% after three months and 90% after six months. This month the overall fill rates for qualified staff are 80% (Days) and 84% (Nights) (Table 2) although not all wards are achieving the plan. A number of factors influence fill rates such as occupancy and acuity. For

example if occupancy is low it would not make financial sense to book additional temporary staff and this would reflect as a low fill rate against the original plan. Triangulation of data against staffing incidents and quality dashboard KPIs provides the oversight that safe, quality care is being delivered to our patients.

It should be noted:

- The low qualified nurse fill rate (less than 70%) in some areas e.g. Coronary Care Unit/Post Coronary Care Unit and wards C1 (Renal/Endocrinology), C5 (Respiratory), B3 (Vascular) and C8 (Stroke) reflects the challenge in recruiting staff to these areas. Further work is required for our ward clinical teams to alter planned hours on Allocate to reflect occupancy when additional staff is not required for example CHPPD within critical care for July 2018 equates to 35.23 hours per patient despite having a low fill rate this would suggest that there was adequate staffing based on occupancy.
- In reports up to May the fill rates for C2 (Children) and NNU (Neonatal Unit) were based on recognised dependency tools. Now that the data originates from Allocate and the new establishments, these wards figures need to be interpreted differently to previously. With regards to NNU, the unit has now recruited further staff and so the fill rate will improve once the new appointments commence.

Lead Nurses and Matrons continue to meet regularly with the Associate Chief Nurses to discuss staffing challenges, whilst maintaining patient safety and sustaining financial balance. Monitoring and contingency processes are in place to daily ensure that staffing does fall below an absolute minimum (which are based on the old establishments). Timely filling of bank shifts continues to be a challenge however the Associate Chief Nurses are reviewing this daily to avoid late requests for staff that cannot be filled.

Table 2. Percentage fill rates April 2018 to the present

	Qualified Day	Unqualified Day	Qualified Night	Unqualified Night
April 2018	97%	96%	98%	98%
May 2018	95%	97%	97%	97%
June 2018	81%	90%	84%	96%
July 2018	80%	89%	84%	94%

Care Hours per Patient Day (CHPPD)

Following the publication of the Carter Review (2016) NHS Improvement have issued new guidance which requires all Trusts to report Care Hours per Patient Day. From May 2016 CHPPD has become the principle measure of nursing and care support deployment. CHPPD provides a single consistent metric of nursing and healthcare support worker deployment on inpatient wards and units. Care hours per patient day (CHPPD) (Appendix 1) remains within the nationally agreed variation of 6.3 CHPPD and 16.8 CHPPD (Carter Review, 2016).

Summary situation of staffing and potential recruitment over the next year

A summary table (Appendix 2) has been included which allows the reader to view the new budgeted establishments compared to the staff actually in post together with all operational vacancies. The use of Bank and Agency staff is also charted as are the sickness and maternity rates. All of these measures are in WTE.

This summarised chart groups staff into specific areas rather than by individual ward/units.
The predicted recruitment numbers is considered (against a forecasted 8% leaving rate).
This overview chart provides the ability to see at a glance the following:

- Vacancies compared to new establishments
- Vacancies compared to Bank and Agency Usage
- Maternity rates which are fully funded
- Overall sickness rates (funding is up to 3% of establishment)
- Recruitment rates based on expected joiners from jobs offered minus an estimated 8% leaver rate per month

Please note: Some areas do not log sickness and maternity on Allocate and so these cannot be displayed for these areas.

 Clinical Incident staffing analysis

Tables 3 and 4 below detail the number of clinical incidents during July 2018 that related to staffing. In total there were 43 incidents compared to 49 staffing incidents for June 2018. The Emergency Department generated more incidents than any other area. It is of note that areas with higher vacancies such as B3 and CCU have not reported any staffing incidents; this would suggest the potential of under reporting as fill rates for RN were reported as low 60-70%. During July 2018 30 incidents were reported as no harm caused to patients as a result of staffing concerns.13 staffing incidents were recorded as near misses. The reporting of staffing issues has been shared with the Associate Chief Nurses.
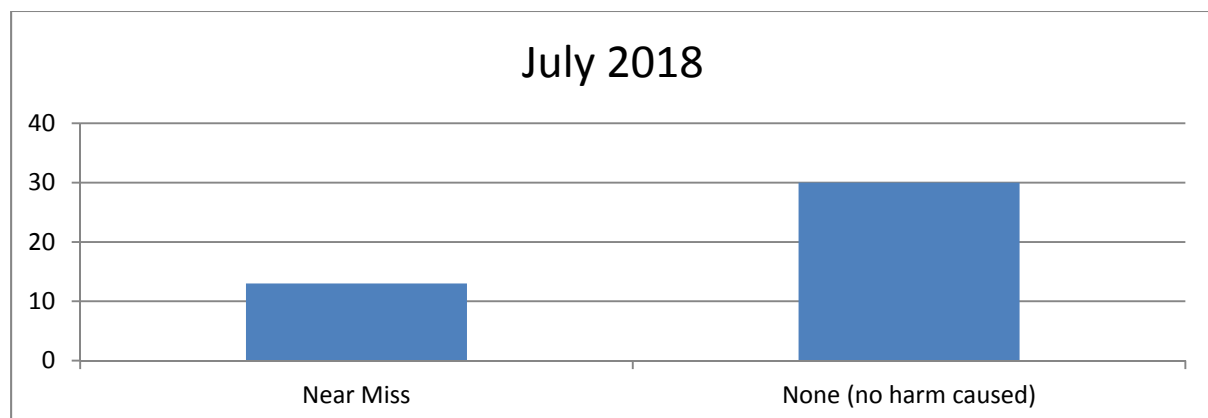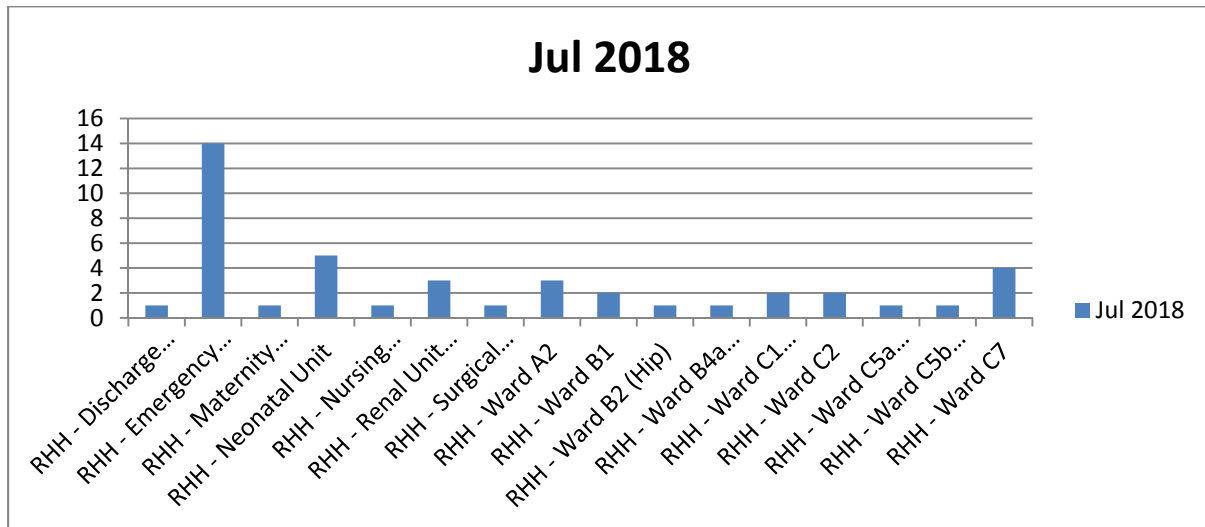Table 3

Table 4

Of the 13 incidents 10 were reported by ED, 2 by C7 and 1 by neonates. C7 was a patient reported to have had a fall, CSW allocated to confused patients. Site team unable to provide additional support.

The neonatal incident was a delay in administration of IVs via a central line as Outreach busy and staff not trained to administer.

Agency Controls

All bank and agency requests continue to be risk assessed by the Associate Chief Nurses to ensure continued patient safety and financial balance supporting the overall reduction in agency use. Requests for non-framework agency can only be made in exceptional circumstances and authorised by an Executive Director.

Table 5 shows the comparison usage of bank and agency, which has remained fairly static for June and July 2018. Agency usage has consistently been lower than bank usage since April 2018. Since June 2018 bank usage is significantly higher than agency of approximately 500 shifts per month. . This is with a vacancy situation of 323 WTE. The controls against agency usage for CSW staff have been maintained with zero shifts during this period (table 6) .

Agency and Bank RN monthly usage

Table 5

	April-2018	May-2018	June-2018	July-2018
Agency	1438	1466	1300	1292
Bank	1697	1709	1831	1814
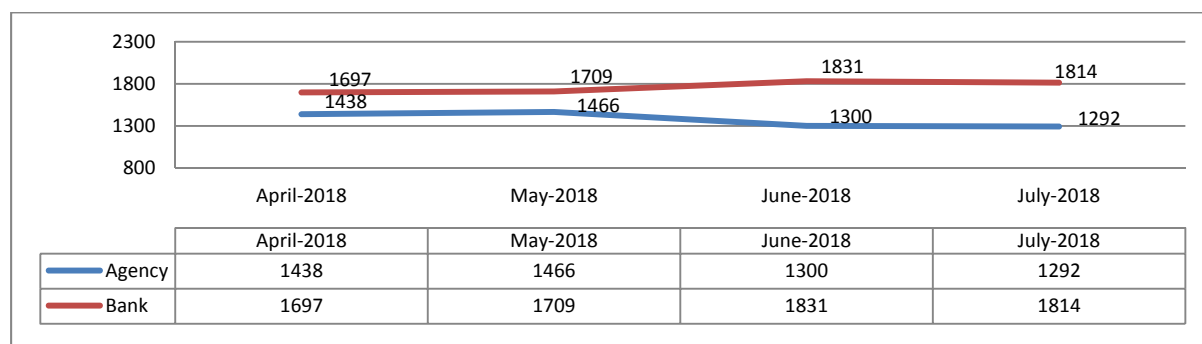
Top 5 areas for the last two months

Ward	June-2018
Emergency Dept Nursing Dept	201
B3 Emergency Surgery	145
Critical Care (ITU)	122
A2	99
AMU Dept	74

Ward	July-2018
Emergency Dept Nursing Dept	203
A2	121
B3 Emergency Surgery	112
AMU Dept	102
C8 Stroke Rehab Dept	96

CSW monthly bank usage

Table 6

	April-2018	May-2018	June-2018	July-2018
Bank	2301	2213	2295	2483
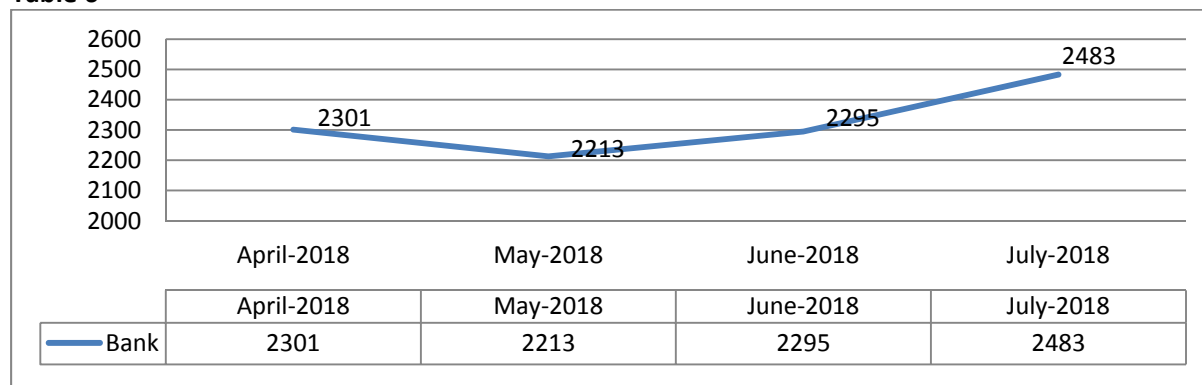
Recruitment Update

Monthly recruitment events continue. At the event on the 9th August 2018 five conditional offers were made for substantive posts and one offer for the neonatal bank. Area specific events are also being arranged with Theatres holding an open morning on the 6th September 2018 and C5 on the 21st of September 2018. The next general event will be held on the 19th September 2018. There is recognition that with the scale of the vacancies there needs to be greater focus on the recruitment and retention of staff at pace.

At the time of the report, a total of 15 experienced nurses are currently going through recruitment clearances of which 13 are Band 5 and two are Band 6.

69 graduate nurses are confirmed to commence 17th September at time of the report of which six are community nurses and three are paediatric nurses.

There are currently only six staff nurse adverts live on NHS Jobs totalling 40.68 WTE vacancies. These are not reflective of the Registered Nurse vacancies within the Trust. To address this, recruitment processes are being developed with the communications so all nursing vacancies within the Trust are continually advertised to optimise the recruitment activity. The recruitment and retention lead is also working with lead nurses, matrons, HR business partners and the staff engagement lead to devise specific recruitment and retention action plans specific for each area. The areas with high vacancy, bank and agency usage areas are being targeted as a priority. The concerns re divisions being proactive in the recruitment and retention of staff were raised within the divisional performance meetings as this is a key requirement to ensure we can deliver high quality patient care consistently across the organisation. The Associate Chief Nurses have been made aware of vacancies advertised versus actual vacancies.

RN Predictor Tool Current and New Establishments

The summarised version of the RN predictor tool (Appendix 2) reflects all nursing vacancies across the Trust within clinical and non-clinical roles. It enables a clearer picture of the staffing situation across each group and the whole organisation. Currently there are 323 WTE vacancies against the new establishment following the staffing review.

The Clinical Support Worker Predictor Tool

The Clinical Support Worker Predictor Tool data (Appendix 3) is attached as requested.

Appendix 1 – Percentage Fill rates by ward and CHPPD

Safer Staffing Summary	Jul			Days in Month	31									Actual CHPPD		
	Day RN	Day RN	Day CSW	Day CSW	Night RN	Night RN	Night CSW	Night CSW			UnQual		UnQual	Sum			
	Day RM	Day RM	Day MSW	Day MSW	Night RM	Night RM	Night MSW	Night MSW			Day		N				
Ward	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Qual Day	Day	Qual N	N	24:00 Occ	Registered	Care staff	Total
Evergreen																
A2	279	227	265	219	186	176	234	221	81%	83%	95%	94%	1,168	4.14	4.52	8.66
A3																
A4																
B1	135	99	62	45	93	66	63	43	73%	72%	71%	68%	440	4.26	2.39	6.65
B2(H)	158	108	214	176	124	88	194	176	68%	82%	71%	91%	760	3.03	5.56	8.58
B2(T)	119	99	144	123	93	66	108	103	83%	86%	71%	95%	663	2.98	4.10	7.08
B3	272	165	189	174	216	171	165	160	61%	92%	79%	97%	920	4.39	4.36	8.75
B4	247	194	255	247	186	150	197	184	78%	97%	81%	93%	1,354	2.97	3.82	6.80
B5	224	179	165	149	189	186	102	95	80%	90%	98%	93%	619	7.08	4.72	11.80
B6																
C1	247	171	279	266	186	150	199	188	69%	95%	80%	95%	1,456	2.64	3.74	6.39
C2	266	236	81	74	187	173	33	33	89%	92%	92%	100%	547	8.75	2.01	10.76
C3	225	203	372	331	187	161	376	366	91%	89%	86%	97%	1,581	2.76	5.29	8.06
C4	164	153	62	65	124	105	63	76	93%	104%	85%	121%	655	4.60	2.58	7.18
C5	236	145	262	269	186	146	190	195	62%	103%	79%	103%	1,432	2.44	3.85	6.29
C6	117	103	66	56	62	62	74	63	88%	85%	100%	85%	501	3.95	2.85	6.79
C7	243	179	187	157	149	119	151	134	74%	84%	80%	89%	1,080	3.15	3.16	6.30
C8	353	217	240	202	282	177	227	219	62%	84%	63%	96%	1,260	3.67	4.01	7.68
CCU_PCCU	237	174	62	52	217	152	33	33	74%	84%	70%	100%	636	6.15	1.60	7.76
Critical Care	430	379	86	60	419	333	1	1	88%	70%	80%	100%	257	32.51	2.73	35.23
EAU	275	219	323	297	258	241	327	299	80%	92%	93%	91%	1,168	4.73	6.12	10.86
Maternity	926	876	223	195	527	509	155	142	95%	88%	97%	92%	432	29.35	9.15	38.51
MHDU	161	132	41	39	154	116			82%	96%	75%		190	15.30	2.17	17.46
NNU	192	140			186	175			73%		94%		407	9.12	0.00	9.12
TOTAL	5,508	4,399	3,575	3,197	4,210	3,522	2,892	2,731	80%	89%	84%	94%	17,526	5.14	4.03	9.17

Med & Surg Divisions Qualified Nursing WTE		New Establishment			For Info : Pressures / Temporary Staffing				Known Recruitment Minus Estimated Leavers @ 8%											
Div	Team	Budget (Qual Nurses)	Contracted Staff in Post (Incl New Supernumerary)	Vacancy	Sickness	Maternity	Bank	Agency	A	S	O	N	D	J	F	M	A	M	J	J
Med/Int Care	Wards - Medicine	383.33	244.49	138.84	16.34	5.31	28.13	37.59	(1)	1	18	(2)	(2)	(2)	(2)	(1)	(2)	(2)	(2)	(2)
Surgery	Wards - Surgery	248.88	180.51	68.37	10.80	10.82	16.81	25.43	(1)	(1)	10	(1)	(1)	(1)	(1)	1	(1)	(1)	(0)	(1)
Med/Int Care	Specialist Areas Medicine	41.23	38.44	2.79	2.37	2.22	1.34	0.35	(0)	(0)	2	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
Surgery	Specialist Areas Surgery	40.69	35.42	5.27	1.21	2.80	1.16	0.46	(0)	(0)	2	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
Med/Int Care	ED	85.02	63.11	21.91	5.59	4.80	6.00	14.46	1	1	9	(0)	(0)	(0)	(0)	2	(0)	(0)	(0)	(0)
Surgery	Theatres	118.84	89.84	29.00	1.54	1.99	13.37	5.88	(1)	0	2	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
Surgery	Critical Care	76.35	60.40	15.95	0.99	4.87	4.72	10.86	(0)	(0)	5	(0)	(0)	(0)	(0)	1	(0)	(0)	(0)	(0)
Surgery	Maternity Unit	105.40	100.72	4.68	3.59	6.77	3.27	0.00	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
Med/Int Care	Community Nursing	152.34	147.46	4.88	0.00	0.00	5.31	0.00	(1)	(1)	4	(1)	(1)	(1)	(1)	(0)	(1)	(1)	(1)	(1)
Med/Int Care	All Other Med / Int Care Teams	263.68	239.96	23.72	0.00	0.00	9.02	5.79	(2)	(2)	1	(2)	(2)	(2)	(2)	2	(2)	(2)	(2)	(2)
Surgery	All Other Surgery Teams	148.83	149.50	(0.67)	0.00	0.00	3.36	0.43	(1)	(1)	2	(1)	(1)	(1)	(1)	3	(1)	(1)	(1)	(1)
Corp	All Corp Teams	87.78	79.38	8.40	0.00	0.00	0.70	0.00	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(0)	(0)	(0)
Total		1,752.37	1,429.23	323.14	42.43	39.58	93.19	101.25	(8)	(5)	55	(10)	(10)	(10)	(10)	6	(10)	(10)	(9)	(9)

Appendix 3 - CSW Predictor tool.

CSW PREDICTOR TOOL (Band 2/3)	Actual Apr-18	Actual May-18	Actual Jun-18	Predicted Jul-18	Predicted Aug-18	Predicted Sep-18	Predicted Oct-18	Predicted Nov-18	Predicted Dec-18	Predicted Jan-19	Predicted Feb-19	Predicted Mar-19
Minimum Establishment	463.86	463.86	463.86	463.86	463.86	463.86	463.86	463.86	463.86	463.86	463.86	463.86
Maximum Establishment	538.55	538.55	538.55	538.55	538.55	538.55	538.55	538.55	538.55	538.55	538.55	538.55
Staff in Post at Start of Month	**504.22**	**508.92**	**508.92**	**511.22**	**511.93**	**505.64**	**518.35**	**518.06**	**511.77**	**505.48**	**519.19**	**512.90**
Starters (predicted from active recruitment	3.00	4.00	2.00	7.00	0.00	19.00	6.00	0.00	0.00	20.00	0.00	0.00
Leavers	-3	-4	-2.7	-6.29	-6.29	-6.29	-6.29	-6.29	-6.29	-6.29	-6.29	-6.29
Other**	4.7		3									
Staff in Post at End of Month	**508.92**	**508.92**	**511.22**	**511.93**	**505.64**	**518.35**	**518.06**	**511.77**	**505.48**	**519.19**	**512.90**	**506.61**
Predicted Vacancies Minimum Establishment	-45.06	-45.06	-47.36	-48.07	-41.78	-54.49	-54.20	-47.91	-41.62	-55.33	-49.04	-42.75
Predicted Vacancy % Rate (Minimum Estab.)	-9.7%	-9.7%	-10.2%	-10.4%	-9.0%	-11.7%	-11.7%	-10.3%	-9.0%	-11.9%	-10.6%	-9.2%
Predicted Vacancies Maximum Establishment	29.63	29.63	27.33	26.62	32.91	20.20	20.49	26.78	33.07	19.36	25.65	31.94
Predicted Vacancy % Rate (Maximum Estab.)	5.5%	5.5%	5.1%	4.9%	6.1%	3.8%	3.8%	5.0%	6.1%	3.6%	4.8%	5.9%