

## EXECUTIVE REPORT

# QUARTERLY REPORT ON NURSING AND MIDWIFERY STAFFING LEVELS

Quarter 4 - January to March 2017

## 1.0 Summary of Report

At the Trust we aim to provide safe, high quality care to our patients. Our staffing levels are continually assessed to ensure we meet this aim.

This report provides the Trust Board with information regarding staffing levels for **1<sup>st</sup> January through to 31<sup>st</sup> March 2017**. The report provides details of the actual hours of Registered Nursing, Midwifery and un-registered staff care time on the units. This is broken down between day and night shifts and includes the planned versus actual staffing levels.

### Key Points:

- Although the Trust has maintained an overall staffing fill rate of above 90%, these figures continue to include higher than optimum numbers of agency nurses. Fill rates have been challenged by the need to open escalation (contingency) areas at short notice.
- The number of staff required per shift is calculated using evidence based tools, which is based on the level of dependency of the patient. This is further informed using professional judgement, taking into consideration issues such as the ward environment including size, layout, staff experience, incidence of harm and patient satisfaction plus any additional tasks that the ward staff might be required to perform. This method is in line with NICE guidance. This gives us the optimum **planned** number of staff per shift
- We continue to use care hours per patient day (CHPPD) to monitor the amount of care hours given to a patient over a 24 hour period as per Lord Carter (2016) guidance.
- There remain challenges with Registered Nurse on-boarding due to the introduction of IELTS for both International and European recruits. This has meant delays to the start date of these staff on the wards.
- A reduction in vacancies within the maternity unit in March has resulted in an increase in fill rates.

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 quarters, the average actual level of Registered Nursing and Midwifery staff was generally within the levels planned across all shifts. Exceptions included areas where Assistant Nurse Practitioners (ANPs) are employed and those areas that provided support when escalation areas opened. Although not a Registered Nurse, the ANP role is aimed at providing a

higher level of care support to our Registered Nurses to ensure the continuity and quality of patient care.

At times the average fill rate for HCA's on night duty on some wards is above 100%. This is attributable to the last minute cancellations of registered nurses. Health Care Assistants were used as they were the only staff available to work.

We continue to explore new roles in order to address the national shortage of registered staff. We hope to implement Dementia Support workers in the near future. These staff will support the delivery of quality care for patients with dementia on wards where they frequently are admitted.

**Table 1 BREAKDOWN OF AVERAGE SHIFT FILL RATES FOR THE TRUST**

Month	Day		Night		Overall average %
	% Average fill rate RN	% Average fill rate HCA	% Average fill rate RN	% Average fill rate HCA	
<b>January</b>	93.2	93.2	98.2	95.9	<b>95.1</b>
<b>February</b>	91.5	94.2	98.5	95.2	<b>94.9</b>
<b>March</b>	92.5	95.3	98.2	97.5	<b>95.9</b>

### **3.0 Staffing Management**

Actions are taken in accordance with the Trust Safe Staffing policy (2016). This dictates the escalation process when shortfalls and red flag incidences occur. It also outlines the risk assessments and communication required.

Operational staffing meetings continue up to 3 times a day in order to rectify staffing challenges in a timely manner. These are chaired by the Operational Matron in conjunction with either the Director or Associate Director of Nursing. Matrons from each division discuss the staffing shortfalls and move staff accordingly to meet the peaks of demand and shortfalls.

At the operational staffing meetings the use of agency nursing staff is discussed and only agreed once all local staffing options have been explored. As per Lord Carter (2016) recommendations, we are actively exploring our use of staff for enhanced care (specialling) and investigating ways to address this while keeping our patients safe and well cared for. Weekly meetings between the Matrons and the Associate Director of Nursing continue to review the utilisation of staff against establishment per ward.

In line with the Lord Carter (2016) recommendations to reduce 'unwarranted variation', we have introduced a new E-Rostering dashboard. This has been piloted and is currently undergoing evaluation. This is reviewed monthly with Ward Managers, Matrons and the Director/Associate Directors of Nursing.

### 3.1 Red flag occurrences

The Trust continues to collect incidences of red flags on a daily basis. These are used as indicators of areas where staff composition requires intervention in order to maintain patient safety.

The amount of red flag occurrences this quarter is consistent with last quarter. This is most likely due to the on-going need for additional bed demands being placed upon the organisation requiring additional escalation capacity (see table 2). Trust staff have been redeployed to these areas to ensure safety is maintained.

We continue to see higher than optimal Registered Nurse to patient ratios on day shift. This is due to the need to redistribute nursing staff to contingency areas in order to ensure safety and continuity of care. It has been challenging to 'backfill' these shifts on the main wards.

The introduction of the Assistant Nurse Practitioner role within the organisation permits a higher level of 'non registered nursing' care to be provided to our patients within our ward areas. Quality indicators such as patient falls and pressure ulcers are monitored on a daily basis with the clinical nurse specialists flagging incidents or near misses immediately, allowing for any mitigation actions to be put in place.

**Table 2 RED FLAG OCCURENCES**

Month	Red flag 1: Number of shifts where more than 50% of RN on duty are agency (nights)	Red flag 2: Number of day shifts when RN to patient ratio is greater than 1:8
January	23 (3%)	111.5 (20%)
February	35 (1%)	146.5 (28%)
March	26 (1%)	162.0 (26%)

## 4.0 Variance report by ward/department

The Trust reports 'Hard Truth' data monthly which is uploaded to NHS Choices and the Trust website in order to promote transparency for the public. This data portrays the amount of staff needed versus the amount actually on the unit each day/night.

Appendix 1 illustrates actions taken for any wards/departments identified as having a variance of less than or greater than 15% against either the day or night staffing for either Nursing, Midwifery or Care staff over the quarter.

### 4.1 Overstaffing:

It is important to note that where variances are a lot higher than expected there will be contributing factors such as:

- A requirement for extra staff on an ad hoc basis to provide 'enhanced care' to high risk/vulnerable patients.

- Overseas nurses awaiting their NMC registration number so recorded as HCAs (unregistered)
- The introduction of the Band 4, Assistant Nurse Practitioner role across the hospital.
- Extra care staff on duty where unable to fill qualified requirements (following local risk assessments)

#### 4.2 Understaffing:

During the reporting period, all areas in the Trust demonstrated an above 75% fill rate for both qualified and unqualified staff. Staff are redeployed as required following local risk assessments this can result in fill rates being reduced.

#### 4.3 Care hours per patient day (CHPPD)

As set out in Lord Carter’s final report, *Operational productivity and performance in English acute hospitals: Unwarranted variations* (February 2016) in order to have a consistent measurement of staffing levels, which enables benchmarking across hospitals and reduces variation, a new metric tool has been introduced. This is Care Hours per Patient Day (CHPPD). CHPPD describes the actual hours worked (both registered and non-registered) divided by the number of inpatients at midnight.

The Trust’s CHPPD results per ward have seen little variation in the last quarter. We continue to benchmark these with our local Trusts although interpretation is difficult due to the differences in patient demographics on each ward across the sites. We have noted that per speciality our CHPPD are broadly similar. We are waiting for the NHS wide ‘Model Hospital Dashboard’ initiative to be in place in order to determine our position nationally.

Table 3 demonstrates the CHPPD per ward over the last quarter. Areas with high CHPPD (such as ITU and SCBU) reflect the acuity of the patients in these areas. These patients require higher levels of clinical input in a 24 hour period.

**Table 3 WARD CHPPD MONTHLY COMPARISON**

	Jan-17	Feb-17	Mar-17	Average
Cobham	7.0	6.2	6.4	6.5
SCBU/NICU	14.4	16.7	14.5	15.2
Paediatric Wards 25	11.1	9.9	9.0	10.0
Paediatric Wards 24	10.0	11.1	12.2	11.1
Paediatric Assessment Unit (PAU)	11.1	10.8	10.7	10.9
Ward 19b	5.8	5.6	5.2	5.5
Ward 14	5.3	5.2	5.7	5.4
Ward 15	4.9	5.4	5.4	5.2
Ward 17	6.5	7.2	7.1	6.9
Ward 18	6.9	6.5	6.6	6.7
Ward 16	5.1	5.0	5.1	5.1
CCU	7.8	7.9	7.7	7.8

Ward 12	6.5	6.1	6.4	6.3
Respiratory Ward (Ward 10)	5.3	5.5	5.6	5.5
Ward 11	5.7	5.7	5.8	5.7
Male MSS (Ward 4)	8.4	8.0	8.5	8.3
Female MSS (Ward 3)	6.0	6.3	6.2	6.2
Delivery Suite	26.1	30.6	27.8	28.2
Ward 34 (Gynae 3rd Floor)	7.2	6.8	6.6	6.9
Ward 33 (Mat 2nd Floor)	6.7	6.6	6.8	6.7
Ward 32 (Mat 1st Floor)	7.6	8.0	7.5	7.7
ITU	28.0	27.6	28.2	27.9
Theatres - HDU	16.7	18.0	16.9	17.2
Ward 23	6.0	6.2	6.1	6.1
EAU (ward 1)	8.7	9.1	10.1	9.3
Ward 22	5.6	5.6	5.9	5.7
Head & Neck Unit (Ward 20)	5.5	5.8	5.8	5.7
Short Stay Unit (Ward 21)	6.2	6.7	6.5	6.5
<b>Overall Average</b>	<b>9.0</b>	<b>9.3</b>	<b>9.2</b>	<b>9.1</b>

## 5.0 Vacancies and recruitment activity

In collaboration with the recruitment team proactive recruitment activities continue with both targeted and expedient campaigns running monthly. The Trust has both attended and is energetically pursuing local, European and International recruitment opportunities.

The Trust has had a presence at local Colleges, Academy's and the Luton Employment Fair to promote and discuss careers opportunities. Currently we have a marketing campaign underway with Diverse radio. This is in order to capture any local Nurses or Healthcare Assistants that may wish to come and work with us.

We have increased our presence at the surrounding Universities. This has included attending events at Hertfordshire, Bedfordshire and Northampton Universities. We are actively recruiting student nurses almost 12 months ahead of their qualifying date. This is with the view that they can work as bank Healthcare Assistants while they wait for their registration number.

The recruitment department continues to work through the on boarding process with the Filipino, Singaporean and Indian applicants. The standard of nurses who were appointed was high. We are starting to see these nurses commence with us however the time to recruit into post is slow due to the challenges these staff face in achieving the high pass rate required on the International English Language Test (IELTs). There are also delays with the Nursing and Midwifery Council in processing applications for registration.

We are proud to say that we have a 90% pass rate for international nurses completing their objective structure clinical examinations (OSCEs). This has been due to significant investment in the training programme led by our practice education team. Nationally the pass rate for first sitting of this exam is approximately 40%.

Recruiting to existing vacancies remains a challenge. This is consistent with the national picture. This is particularly evident in the overall amount of nursing vacancies that remain static month on month. Multiple initiatives are in place to retain staff including face to face leaver interviews and offers of rotation to other areas in the hospital.

The use of social media as a recruitment and marketing tool is recognised. The Trust has a nursing and recruitment presence on these. Regular updates are made each week. These tools are also used to communicate with our overseas nurses waiting to join us. We have increased our following and have generated over thousands of 'hits' to some adverts and events posted on these. We hope that this will direct potential candidates to our jobs posted on NHS Jobs.

We have commenced Divisional Healthcare Assistant recruitment campaigns. These are led by the Matrons and Senior nurses within the divisions and facilitated by the recruitment team. This has helped us to gain staff that are best suited to the areas where there are vacancies. It has also allowed our exiting nurses to feel engaged in the recruitment process of staff for their wards. Since January 2017 we have seen a decrease in the amount of Healthcare Assistant (band 2) vacancies. All positions have been recruited to and attrition allowed for.

**Table 4 TRUST NURSING VACANCIES (WTE)**

<b>Band</b>	<b>Vacancies as at 1<sup>st</sup> January</b>	<b>Vacancies as at 1<sup>st</sup> February</b>	<b>Vacancies as at 1<sup>st</sup> March</b>
<b>Band 7</b>	2.20	7.59	5.76
<b>Band 6</b>	9.59	7.42	11.58
<b>Band 5</b>	165.76	156.64	168.85
<b>Band 4</b>	4.21	Over by 2.61	Over by 1.99
<b>Band 3</b>	1.00	1.00	1.23
<b>Band 2</b>	28.86	31.89	31.98
<b>Total</b>	<b>211.62</b>	<b>201.93</b>	<b>217.41</b>

## **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 ward

## **Appendices**

Appendix a Variance report by ward/department

## Appendix a VARIANCE REPORT BY WARD/DEPARTMENT

The following wards have been identified as having a variance of greater than 15% against either the day or night staffing for Nursing, Midwifery or Care staff over the quarter. The Trust website lists the results for all inpatient wards and details whether there was a deficit or surplus between the planned and actual staffing levels.

WARDS	Average fill rate - Registered Nurse/Midwives (%)	Average fill rate - Care staff (%)	Average fill rate - Registered Nurses/ Midwives (%)	Average fill rate - Care staff (%)	Care Hours Per Patient Day (CHPPD)	Review by Matron where 15% or more of nursing hours did not meet agreed staffing levels (highlighted in red)
<b>January</b>	<b>Day</b>		<b>Night</b>			<b>Comments</b>
Ward 19b	97.3	82.2	100.0	91.9	5.8	This ward has had a high demand for HCA enhanced care. Existing HCAs on shift were redistributed to ensure this was supported.
Ward 17	99.2	87.4	94.1	80.5	6.5	There have been recent changes in the establishment for ward 17. This has meant some HCA shortfalls at night. The thrombolysis bleep holder has worked in the numbers to support
CCU	82.1	84.9	98.9	96.8	7.8	During January the cardiac unit had a significantly high amount of patient escorts requiring nurse attendance off the unit at short notice. The ward manager would work in in the numbers to maintain patient safety.
Delivery Suite	96.4	80.9	96.8	95.3	n/a	In Maternity staffing is flexed throughout the unit to ensure sufficient and safe numbers dependent upon acuity (number of births). These fill rates are consistent with previous months. Maternity are actively recruiting Maternity Nurses to support the Midwives with patient care.
Ward 32	90.0	87.5	93.7	82.4	7.6	
<b>February</b>	<b>Day</b>		<b>Night</b>			<b>Comments</b>
Ward 19a	87.3	76.6	100.0	86.9	6.6	There have been a high number of patients on ward 19a requiring enhanced observations. The ward manager and ward staff have been reallocated to complete the enhanced observations in order to maintain the safety of these patients.
CCU	84.3	87.1	98.8	92.9	7.9	Consistent with January's fill rates Registered Nurses have been moved between CCU, Ward 16 (now cardiology) and the Cardiac Lab dependent on staff shortfalls. The ward manager has worked in the numbers to assist with maintaining patient safety
Ward 12	84.4	98.3	93.2	101.8	6.1	During February there was a high amount of Registered Mental Health Nurses required for enhanced observations on the ward.

WARDS	Average fill rate - Registered Nurse/Midwives (%)	Average fill rate - Care staff (%)	Average fill rate - Registered Nurses/ Midwives (%)	Average fill rate - Care staff (%)	Care Hours Per Patient Day (CHPPD)	Review by Matron where 15% or more of nursing hours did not meet agreed staffing levels (highlighted in red)
						There were challenges in filling these shifts, as such the ward nurses undertook these duties
Ward 11	83.3	102.9	100.0	98.9	5.7	Ward 11 has had a number of vacancies during February. This was due to staff being seconded to other areas of the hospital to support wards with chronic shortfalls.
Ward 3	83.1	104.6	97.9	94.4	6.3	Ward 3 has significant vacancies at the moment. This has meant challenges in filling the shifts on the unit. The ward manager worked in the numbers to support the delivery of patient care. Staff were also moved from EAU1 to assist.
Ward 34	101.7	84.5	97.9	101.6	6.8	Following an assessment of ward activity, Ward 34 has been sending HCAs to other areas (including contingency) at short notice in order to help deliver patient care
Ward 32	83.5	78.4	94.2	89.5	8.0	February has continued to see challenges in meeting maternity staffing requirements. Staffing is flexed throughout the unit to ensure sufficient and safe numbers dependent upon acuity (number of births).
<b>March</b>	<b>Day</b>		<b>Night</b>			<b>Comments</b>
Ward 19a	85.4	89.5	100.0	91.3	6.5	Most days during March, Ward 19a has released staff to assist in the care of patients on escalation areas. The ward manager has worked in the numbers and has often worked late to help deliver care.
Ward 17	85.8	102.8	99.4	101.8	7.1	There are significant vacancies on ward 17 which has meant challenges in filling shifts despite these being sent to bank in a timely fashion. The thrombolysis holder has worked on the unit to assist with care of the patients
<p>Although there are limited areas with low fill rates in March 2017, the specialist nursing teams have worked on the wards to maintain patient safety. This has allowed us to deploy staff to escalation areas, staff training has also been deferred to allow staff to be released back into their wards to assist in the delivery of care.</p>						