

## MONTHLY REPORT TO THE BOARD OF DIRECTORS ON NURSING AND MIDWIFERY STAFFING LEVELS

October 2015

At Luton and Dunstable University Hospital NHS Foundation Trust we aim to provide safe, high quality care to our patients and our staffing levels are continually assessed to ensure we meet this aim.

For most wards, there will be a difference between the planned and actual staffing hours. In some cases, departments will have used more hours than they planned to use and in other cases they will have used less hours than they planned. The reasons for using more staff hours than planned could include needing to open and staff additional beds, or needing to care for patients who are either more unwell or who have greater care needs than those patients usually cared for on that ward. The reasons for using less staff hours than planned could include caring for patients who are less unwell or with fewer care needs than those patients usually cared for on that ward. The planned staffing level is based on optimal staffing levels and where actual staff is below this on a shift, the Trust has a number of mechanisms led by the Chief Nurse and her Deputy to ensure the staffing on that shift remains at a safe and appropriate level.

### Key Points:

- Overall the actual fill rate for shifts for Registered Nurses was **92.6%** which is a decrease of **1%** from last month and for other care staff against planned levels was **98.5%** which was **1%** increase from last month. In October the overall fill rate was **93.46%**.
- This report details those areas where there was a variance of greater than 15% between actual fill rates and planned staffing levels. The reasons for the variance are given and any actions that were taken are detailed.

The average fill rate for the Trust in **October 2015** was as follows:

Day		Night	
% Average fill rate RN	% Average fill rate HCA	% Average fill rate RN	% Average fill rate HCA
<b>89.6%</b>	<b>96.0%</b>	<b>95.6%</b>	<b>95.6%</b>

Where the percentage fill rate for Care staff is higher than the percentage of trained can be associated with the introduction of the Band 4, Assistant Practitioner role within the Department of Medical Elderly (DME), CCU and the Surgical Assessment Unit (Ward 21). This role of the Assistant Practitioner is aimed to provide a higher level of support for our qualified staff and maintain the high standard of patient care.

The post of Assistant Practitioner has proven very successful in providing support for our nursing teams and ensuring that our high level of patient care is sustained; with this in mind the Trust is seeking to further develop the role and recruit Band 4s to other clinical areas experiencing a shortage of registered nurses.

## Red Flags

We continue to collect data on red flags, strict controls continue to ensure that agency use is minimised. Some agency staff who work with us on a “regular basis” are trained in ward ware (electronic observations) and e prescribing; this improves the quality of skills available on shift. Trust staff are always redeployed to escalation areas as they are familiar with all Trust processes. There has been an increase in the number of day shifts when the RN to patient ratio is greater than 1:8, in these cases we have employed a band 4 into a RN shift.

Standard (Red Flags)	Flag occurrences
No shifts where 50% or more of RNs on duty are agency (nights)	7
No day shifts when RN to patient ratio is greater than 1:8	123 (mitigation Band 4s)

## Staffing Management:

There are three operational staffing meetings each day chaired by the operational matron/Chief Nurse or Deputy Chief Nurse. Matrons from each Division discuss the staffing shortfalls and move staff accordingly to meet the peaks of demand and shortfalls. A decision to use agency nursing staff is only made once all options have been explored. Additional shifts required (i.e. specialising) and unfilled shift hours are recorded. Each Matron provides the risk rating for staffing (red/amber/green) for their Division. A Trust wide risk rating is then determined and this information is provided to the twice daily bed meetings to provide a workforce status for the organisation. Weekly meetings occur with the matrons to review the utilisation of staff and expenditure per ward.

## Vacancies and Recruitment Activity

30 Band 5 registered nurses commenced in post during October with a further 31 due to start in November and 7 with start dates throughout December and January. An additional 85 applicants are going through the recruitment process.

Bimonthly Band 5 recruitment events continue; the event held on the 24<sup>th</sup> October; led by the Medicine Division saw 7 RNs offered permanent positions.

Activity around recruiting Band 5 registered nurses continues to be paramount and representatives of the Trust attended the following:

- Skills4Nurses Event Glasgow - 22nd October
- Queens University Belfast - 28th October
- Careers Fair at Bedfordshire University - 3rd November

Following the successful European recruit in August, the Trust revisited Portugal on the 3<sup>rd</sup> of November. The number of applicants was far fewer than before but 14 were interviewed with 12 posts offered and the plan is to return to Porto on the 26th to 28th January and then bimonthly throughout 2016.

The non-European campaign planned for India is scheduled for November to depart on the 14<sup>th</sup> returning on the 20<sup>th</sup> November. A further campaign to the Philippines is planned for early 2016.

Of the March 2016 cohort of newly qualified nurses, 19 were invited to attend their drug calculation assessment on the 22<sup>nd</sup> October, of these, 15 student nurses attended and 13 have now been appointed to the Trust.

The HCA vacancies are steadily falling and with nineteen applicants commencing Induction on the 2<sup>nd</sup> November and a further twenty nine going through the recruitment process; this should enable us to fill most of our current vacancies. This is dependent on factors including, staff leavers, applicants withdrawing from the recruitment process and those applicants who are unable to work the required shift patterns and transfer from permanent to Bank positions.

Many HCA applicants require more flexible working and are unable to fulfil the requirements of a permanent position, this may be due to a number of factors including child care and further education. When this is the case the individuals are offered bank positions.

The next recruitment day for HCAs is planned for the 7<sup>th</sup> December.

### TRUST VACANCIES

Band	Vacancies as of 1st October	Numbers Working Notice	Numbers Going through Recruit	Real Vacancies as of 1st October
Band 7	4.15	3.00	0.00	<b>7.15</b>
Band 6	20.38	3.35	3.00	<b>20.73</b>
Band 5	140.90	15.22	97.80	<b>58.32</b>
Band 4	7.68	0.00	0.00	<b>7.68</b>
Band 3	0.73	0.00	0.00	<b>0.73</b>
Band 2	36.73	2.00	43.00	<b>-4.27</b>
<b>Total</b>	<b>210.57</b>	<b>23.57</b>	<b>143.80</b>	<b>90.34</b>

\*Some areas have over recruited staff, which affects the number of real vacancies shown. High vacancy levels are held in Theatres (Anaesthetic nurses and ODPs), Critical Care, Endoscopy, Medicine and Cardiac Centre.

### Appendices:

- Variance report by ward/department (Appendix b)

Appendix b	Day		Night		
WARDS	Average fill rate-Registered Nurse/Midwives (%)	Average fill rate-Care staff (%)	Average fill rate-registered Nurses/Midwives (%)	Average fill rate-Care staff (%)	Review by Matron/Ward where 15% or more of nursing hours did not meet agreed staffing levels (Highlighted in red)
<b>High Dependency Unit (HDU)</b>	93.70%	100.00%	97.03%	NA	
<b>Intensive Care Unit (ITU)</b>	91.30%	106.45%	94.30%	NA	
<b>Ward 19a</b>	99.33%	68.75%	98.39%	77.42%	The HCAs on both the Day and Night shifts were moved to cover Ward Staff shortfalls
<b>Ward 14 Elderly Care</b>	71.46%	125.07%	98.92%	89.83%	Within DME the role of the Band 4 Assistant Practitioner will support the Band 5 Registered Nurse when there is a shortfall in the staffing numbers, this is demonstrated in August figures for Wards 14,15, 16,17
<b>Ward 15 Elderly Care</b>	71.19%	118.23%	101.08%	95.93%	
<b>Ward 16 Elderly Care</b>	73.87%	124.26%	97.85%	96.77%	
<b>Ward 17 Stroke</b>	76.30%	123.11%	89.68%	111.83%	
<b>Ward 18 Infection</b>	82.29%	81.58%	100.00%	101.61%	The percentage of HCAs would have offset the shortfall in registered staff had the Bank requests for 1:1 specials been filled during September.
<b>Ward 10 Medicine</b>	94.15%	88.44%	106.45%	67.74%	Ward 10 had requested HCAs 1:1 for night duty which were not filled but in part were filled with RNs which is reflected in the figures.
<b>Ward 11 Medicine</b>	94.80%	86.85%	102.15%	93.50%	
<b>Ward 12 Medicine</b>	91.33%	91.52%	98.98%	88.60%	
<b>Coronary Care (CCU)</b>	89.85%	82.41%	96.77%	100.00%	Shortfall in HCAs for the Day shift, risked assessed to ensure patient safety was not compromised.
<b>Ward 5 Rehabilitation</b>	97.05%	97.00%	100.00%	91.09%	
<b>Ward 3 Acute Emergency Medicine</b>	96.55%	92.47%	77.08%	160.00%	The 3 <sup>rd</sup> Trained nurse on nights was risked assessed and replaced by a HCA which is reflected in these figures.

<b>Accident and Emergency</b>	86.88%	95.14%	97.56%	106.45%	
<b>Emergency Admission Unit (EAU)</b>	93.47%	101.08%	97.86%	106.45%	
<b>Ward 4 Acute Emergency Medicine</b>	80.65%	116.13%	83.23%	125.81%	HCA's were booked to cover the shortfall in trained nurses for both the Day and Night shift.
<b>Paediatric Assessment Unit (PAU)</b>	99.21%	93.52%	100.00%	100.00%	
<b>Ward 24 Paediatrics</b>	96.87%	100.00%	98.99%	96.30%	
<b>Ward 25 Paediatrics</b>	99.12%	99.27%	98.40%	102.24%	
<b>Ward 22 a</b>	87.52%	84.29%	98.39%	90.32%	The HCA for days was moved to cover Ward shortfalls
<b>Neonatal Intensive Care Unit (NICU)</b>	96.51%	77.28%	98.13%	56.45%	The shortfall of HCA's at night in NICU is offset by a higher percentage of trained staff
<b>Ward 20 Surgery</b>	99.56%	97.88%	89.90%	91.43%	
<b>Ward 21 Surgery</b>	94.61%	102.26%	86.29%	124.19%	On Ward 21 the role of the Band 4 Assistant Practitioner will support the Band 5 Registered Nurse when there is a shortfall in the staffing numbers; this is demonstrated in August figures.
<b>Ward 22 Surgery</b>	100.61%	93.11%	100.00%	100.00%	
<b>Ward 23 Surgery</b>	89.45%	108.76%	101.08%	116.13%	
<b>Cobham Clinic (Private)</b>	94.14%	110.18%	101.61%	93.55%	
<b>Ward 32 Maternity</b>	84.09%	97.10%	93.49%	87.49%	In Maternity staffing is flexed throughout the unit to ensure sufficient and safe numbers
<b>Ward 33 Maternity</b>	86.66%	60.96%	83.91%	74.31%	In Maternity staffing is flexed throughout the unit to ensure sufficient and safe numbers
<b>Delivery Suite Maternity</b>	83.58%	63.60%	91.26%	75.87%	In Maternity staffing is flexed throughout the unit to ensure sufficient and safe numbers
<b>Ward 34 Gynaecology</b>	97.82%	97.56%	95.70%	96.77%	
<b>Total</b>	<b>89.6%</b>	<b>96.0%</b>	<b>95.6%</b>	<b>95.6%</b>	