QUARTERLY REPORT ON NURSING AND MIDWIFERY STAFFING LEVELS

January – March 2016

Summary of Report:

At the 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.

This report provides the Trust Board with information regarding nurse staffing levels for **January to March 2016**. The report provides details of the actual hours of Nursing and Midwifery and Care Staff time on ward day and night shifts versus planned staffing levels.

Key Points:

- February and March have been extremely challenging months with the highest levels of contingency beds open. Although the Trust has maintained an overall fill rate of above 90%, these figures include higher than optimum numbers of agency nurses. The Chief Nurse/Deputy Chief Nurse has a robust process for ensuring the safe levels of staffing on a daily basis.

- The number of staff required per shift is calculated using an evidence based tool, which is based on the level of sickness of the patient. This is further informed using professional judgement, taking into consideration issues such as ward size and layout, patient dependency, staff experience, incidence of harm and patient satisfaction and 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

  For each of the **31** clinical inpatient areas, the **actual** number of staff as a percentage of the planned number is recorded.

The average fill rate for the Trust in is shown below:

Month	Day		Night		Overall
	% Average fill rate RN	**% Average fill rate HCA**	**% Average fill rate RN**	**% Average fill rate HCA**	
January	**94%**	**96%**	**99%**	**94%**	**96%**
February	**91%**	**95%**	**97%**	**94%**	**94%**
March	**89%**	**95%**	**96%**	**96%**	**91%**

Some variance between planned and actual levels is to be expected. This report explores the detail where there was a variance of greater than 15% between the actual fill rates and planned staffing levels.

Across the Trust, the average actual level of Registered Nursing staff was generally within the levels planned across all shifts, with the exception of areas where Assistant Practitioners are employed (Department of Medical Elderly (DME), CCU and the Surgical Assessment Unit -Ward 21). Although not a Registered Nurse, this new role is aimed at providing a higher level of support for our Registered Nurses to ensure the high standard of patient care.

During each of the months reported, the Directorate of Medicine of the Elderly wards have reported that the number of **Healthcare Assistants** was more than 115% (above the planned level). In 4 areas where the fill rate was less that 60% of those planned, this is due to the specialist nature of the areas which require Care staff with a specific skill set.

For some 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.

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 'special' high risk/vulnerable patients. This number has reduced over the year.
- Overseas nurses awaiting their PIN number so recorded as HCA (unregistered).
- The introduction of the Band 4, Assistant Practitioner role within the Department of Medical Elderly (DME), CCU and the Surgical Assessment Unit -Ward 21.

Understaffing:

There were no areas where the average registered nursing staff fell below 85% during a month. A system is in place which collects red flags. There has been a sharp increase in flag occurrences during March due to the additional bed demands being placed upon the organisation meaning that we have had to open additional escalation capacity and therefore increase our dependency on temporary staff. Trust staff are always redeployed to escalation areas as they are familiar with all Trust processes. The increase in flags indicating the number of shifts where the RN to patient ratio is greater than 1:8 is reflective of the introduction of the Assistant Practitioner role. As outlined above. There are strict controls which ensure that agency use is minimised, some agency staff who work with us on a "regular basis" are trained to administer Intravenous infusions, competent in ward ware (electronic observations) and e prescribing. This improves the quality of skills available on shift.

Standard (Red Flags) Flag occurrences	No shifts where more than 50% of RN on duty are agency (nights)	No day shifts when RN to patient ratio is greater than 1:8
January	33	91
February	12	94
March	53	123

Staffing Management:

There remains in place 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. specialling) 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 continue to occur with the Matrons to review the utilisation of staff and expenditure per ward.

Vacancies and Recruitment Activity:

In collaboration with the recruitment team proactive recruitment activity continues with both targeted and ad-hoc campaigns. A proactive approach to recruitment continues. During the reporting period, campaigns to Europe and the Philippines have occurred which has resulted in over 140 job offers being made. Further local recruitment days for Registered Nurses and Midwives and Care staff continue.

The hospital continues to explore new ways of supporting some of our non EU staff who have trained as nurses overseas, but are either working here at the hospital or in the local community in non-nursing roles, to obtain their nursing registration with the NMC. The Trust is working collaboratively with the Bedfordshire and Hertfordshire Workforce Partnership and Health Education East of England Innovations Centre who are looking at the possibility of these nurses joining a pre-registration programme which would allow them to obtain NMC registration.

TRUST NURSING AND MIDWIFERY VACANCIES

Band	*Vacancies as of 31st January*	*Vacancies as of 29th February*	*Vacancies as of 1st 31stMarch*
Band 7	*2.18*	*2.18*	*4.22*
Band 6	*9.98*	*9.98*	*19.27*
Band 5	*139.87*	*139.87*	*122.44*
Band 4	*8.76*	*8.76*	*3.63*
Band 3	*1.26*	*1.26*	*0.55*
Band 2	*42.81*	*42.81*	*38.81*
Total	**204.86**	***178.51***	***188.92***

Action Required:

The Board is asked to note the report.

Appendices:

- Variance report by ward/department (Appendix I)

Appendix 1 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 either 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 of 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 (%)	Review by Matron/Ward where 15% or more of nursing hours did not meet agreed staffing levels (Highlighted in red**)**
January	**Day**		**Night**		
Ward 19a (contingency)	96.60%	84.10%	95.00%	50.00%	The HCA for days and nights was moved to cover Ward shortfalls elsewhere in the Trust following risk assessment of patient needs. Careful consideration was given to the patient dependency in this area before moving the HCA.
Ward 14 Elderly Care	76.20%	122.80%	102.20%	90.00%	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 the January figures for Wards 14,15, 16,17
Ward 15 Elderly Care	80.60%	121.30%	101.10%	94.90%	
Ward 16 Elderly Care	76.00%	133.10%	99.00%	98.00%	
Ward 17 Stroke	84.30%	116.10%	96.80%	107.50%	
Coronary Care (CCU)	96.00%	81.70%	102.20%	100.00%	Shortfall in HCAs on some day shifts. Risk assessed to ensure patient safety was not compromised. An additional HCA has been deployed to provide support with pacing and is difficult at times to cover.
Ward 22 a (contingency)	87.80%	60.90%	94.40%	44.40%	The HCA for days and nights was moved to cover Ward shortfalls elsewhere in the Trust following risk assessment of patient needs. The patient dependency in this area during January was low and this allowed movement of the HCA.
Neonatal Intensive Care Unit (NICU)	102.20%	59.60%	101.60%	40.30%	The shortfall of HCAs at night in NICU difficult to find competent HCAs who have the correct skillset to work in NICU. Care was not compromised.

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**)**
Ward 33 Maternity	84.60%	108.30%	83.80%	63.40%	In Maternity staffing is flexed throughout the unit to ensure sufficient and safe numbers depending on acuity (number of births)
Delivery Suite Maternity	89.70%	81.30%	99.10%	98.80%	
February	**Day**		**Night**		**Comments**
High Dependency Unit (HDU)	93.5%	100%	96.5%	50%	The low percentage fill rate for HCAs on nights in the critical care units relates to two occasions when an HCA was required to provide 121 to support a confused patient but was not available.
Intensive Care Unit (ITU)	93.8%	70%	97.3%	85.6%	
Ward 19a (contingency)	101%	32.5%	98.3%	51.7%	The HCA for days and nights was moved to cover Ward shortfalls elsewhere in the Trust following risk assessment of patient needs. Careful consideration was given to the patient dependency in this area before moving the HCA.
Ward 14 Elderly Care	75.4%	131.1%	96.6%	96.5%	Within DME the role of the Band 4 Assistant Practitioner supports the Band 5 Registered Nurse when there is a shortfall in the staffing numbers, this is demonstrated in the February figures for Wards 14,15, 16,17
Ward 15 Elderly Care	81.5%	112.3%	97.7%	91.8%	
Ward 16 Elderly Care	79.3%	131.3%	102.3%	103.4%	
Ward 17 Stroke	82.8%	116%	93.1%	113.8%	
Ward 22a (contingency)	82.8%	67.1%	89.7%	51.7%	The HCA for days and nights was moved to cover Ward shortfalls elsewhere in the Trust following risk assessment of patient needs. The patient dependency in this area during February was low.
Neonatal Intensive Care Unit (NICU)	98.8%	70%	97.3%	56.9%	The shortfall of HCAs at night in NICU is due to difficulty in finding competent HCAs who have the correct skillset.

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**)**
Ward 33 Maternity	87.1%	102%	102.1%	64.1%	In Maternity staffing is flexed throughout the unit to ensure sufficient and safe numbers in line with the number of births.
Delivery Suite Maternity	89%	75.6%	86.7%	80.1%	
March	**Day**		**Night**		**Comments**
Neonatal Intensive Care Unit (NICU)	92.3%	77.9%	97.7%	41.9%	The shortfall of HCAs at night in NICU is due to an inability to find competent HCAs who have the correct skillset to work in the unit
Paediatric Assessment Unit (PAU)	98.4%	100.0%	84.7%	121.9%	Unable to fill trained shift on night so used an HCA instead
Ward 14 Elderly Care	73.6%	116.7%	100.0%	94.8%	The variance in numbers is due to the role of the band 4 Assistant Practitioner who supports the RN when there is a shortfall.
Ward 15 Elderly Care	73.7%	124.4%	100.0%	92.5%	
Ward 17 Stroke	76.0%	117.4%	95.5%	122.6%	
Ward 18 (Infection Treatment)	82.3%	88.8%	98.1%	96.2%	
Ward 16 Elderly Care	77.3%	128.3%	98.9%	90.5%	
Delivery Suite Maternity	81.3%	76.5%	93.9%	99.6%	In Maternity staffing is flexed throughout the unit to ensure sufficient and safe numbers in line with the number of births.
Ward 33 Maternity	81.8%	74.3%	92.1%	80.7%	
Ward 32 Maternity	75.9%	70.2%	84.2%	85.0%	
Ward 22a (contingency)	72.6%	77.4%	72.6%	77.4%	These numbers are indicative of moving the RN and HCAs to other areas to cover shortfalls elsewhere in the Trust. This was done following risk assessment of patient requirements in the unit.