

## EXECUTIVE REPORT

# QUARTERLY REPORT ON NURSING AND MIDWIFERY STAFFING LEVELS

Quarter 3 - October - December 2016

## 1.0 Summary of Report

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 nurse staffing levels from **1<sup>st</sup> October through to 31st December 2016**. The report provides details of the actual care hours of Registered Nursing, Midwifery and un-registered staff. 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 95% for the quarter, these figures continue to include higher than optimum numbers of agency nurses. The Chief Nurse and Deputy Chief Nurse continue to implement robust processes for ensuring safe staffing levels on a daily basis.
- 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 have commenced using care hours per patient day (CHPPD) to monitor the amount of care hours given to a patient over a 24 hour period (discussed more later). Benchmarking is underway with local Trusts.
- There are on-going challenges with international recruitment and the introduction of a high level IELTSs for both international and European recruits

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 fill rates for the Trust

Across the Trust, the average actual level of Registered Nursing staff was generally within the levels planned across all shifts. Exceptions included areas where Assistant Nurse Practitioners are employed. These are in Complex Medicine – including the former Department of Medical Elderly, Cardiology and Surgery. 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 and continuity of patient care.

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. This is representative of the changing needs of patients on a daily basis.

Average fill rates for registered and unregistered staff have remained consistent over the last 3 months. Although the average fill rate for HCAs on night duty is above 100% this is attributable to the late cancellations of registered nurses due to sickness or the opening of escalation areas. Health Care Assistants were used as they were available to work.

We continue to explore new roles in order to address the national shortage of registered staff.

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

Month	Day		Night		Overall
	% Average fill rate RN	% Average fill rate HCA	% Average fill rate RN	% Average fill rate HCA	
October	93	96	97	98	96%
November	94	95	97	98	97%
December	94	95	97	96	96%

### 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 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.

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 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 Deputy Chief Nurse continue to review the utilisation of staff against establishment per ward.

In line with the Lord Carter (2016) recommendations to reduce 'unwarranted variation', a new e-rostering dashboard has been introduced. This is currently in the pilot stage. This is reviewed monthly with unit managers, Matrons and the Deputy/Chief Nurse.

#### 3.1 Red flag occurrences

The Trust continues to collect incidences of red flags on a daily basis. These are used as indicators where intervention is required 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 capacity (see table 2). Trust staff have been redeployed to these areas to ensure safety is maintained.

**Table 2 RED FLAG OCCURENCES**

Month	Red flag 1: Number of shifts where 50% or	Red flag 2: Number of day shifts when RN
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	more of RNs on duty are agency (nights)	to patient ratio is greater than 1:8
October	38 (2%)	62 (10%)
November	26 (3%)	64 (10%)
December	30 (2%)	94 (15%)

#### 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 actual numbers on the unit each day.

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).
- Assistant Nurse Practitioners at Band 4 have been introduced across the Trust, these are not Registered practitioners but are working at a more advanced level than a Health Care Assistant
- Extra Health Care Assistant being on duty when unable to fill with RNs (following local risk assessments).

#### 4.2 Understaffing:

During the reporting period, all clinical areas in the Trust demonstrated an above 75% fill rate for both qualified and unqualified staff. Challenges remain in maternity services during peaks of high activity. The Head of Midwifery in conjunction with the Senior Midwives review staffing levels twice daily. Staff are redeployed as required following local risk assessments. Recent recruitment events have yielded midwifery staff who we anticipate will commence in post in October.

#### 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.

In May the Trust commenced reporting CHPPD to UNIFY and is currently undertaking a benchmarking exercise with other Trusts, initial review demonstrates consistency. Our CHPPD results per ward have been consistent over the last 3 months; we have commenced a benchmarking activity with our local Trusts within the STP footprint. Similarly these results should be available towards the end of the financial year, as part of the NHS wide 'Model Hospital Dashboard' initiative.

## **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 is attending local Colleges, Academies and the Luton Employment Fair to discuss careers opportunities. Recently trips to Italy have yielded 18 registered nurses.

Bedfordshire University student nurses qualified in September, a significant number of those whom trained with us have chosen to remain working for the Trust, these nurses commenced employment during this quarter.

The recruitment department continues to work through the on boarding process with the Filipino and Indian applicants. The standard of nurses who were appointed was high. We are starting to see these nurses commence with us towards the end of October through to November. There are challenges in reducing the time into post due to difficulties they 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. A recruitment campaign to Singapore in October yielded 134 job offers.

Recruiting to existing vacancies remains a challenge. This is consistent with the national picture. This is particularly evident in the amount of band 5 vacancies that are consistent 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. Trends are being fed back to the Matron and actions taken accordingly. An overall analysis will be completed in 6 months with feedback given to the Divisions and Human Resources.

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.

In order to attract and recruit a better calibre of band 2 staff, a new 'strengths based recruitment' technique and candidate scoring system have been applied. We continue to use these and aim to evaluate its impact in December 2016. If successful this may be moved forward to include the recruitment of registered nursing staff.

In line with previous reports, the last 3 months vacancy data demonstrates an overall slight increase in Health Care Assistant vacancies.

Table 3 depicts the vacancies for the Trust during October to December 2016. The data presented describes the amount of nursing vacancies, taking into account staff working their notice and those going through the on boarding process.

**Table 3 TRUST NURSING VACANCIES (WTE)**

<b>Band</b>	<b>Vacancies as at 1<sup>st</sup> Oct</b>	<b>Vacancies as at 1st Nov</b>	<b>Vacancies as at 1<sup>st</sup> Dec</b>
<b>Band 7</b>	3.00	7.96	3.20
<b>Band 6</b>	20.72	5.39	9.59
<b>Band 5</b>	110.86	131.53	120.99
<b>Band 4</b>	4.00	-3.00	2.21
<b>Band 3</b>	1.22	1.00	1.00
<b>Band 2</b>	17.40	24.77	26.47
<b>Total</b>	<b>157.20</b>	<b>167.65</b>	<b>163.46</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 wards.