EXECUTIVE REPORT

QUARTERLY REPORT ON NURSING AND MIDWIFERY STAFFING LEVELS

April - June 2016

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 nurse staffing levels for **1st April through to 30th June 2016**. 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:
- Consistent with previous staffing reports, this reporting period has demonstrated significant challenges to maintain safe staffing levels due to unprecedented amounts of Accident and Emergency attendances resulting in contingency beds being opened to meet this demand.
- 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. 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
- Despite these challenges, our CQC results identify nursing as highly effective and well-led.
- There is a national move to use 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)

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.

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	
April	91	96	99	90	**94%**
May	93	97	99	98	**97%**
June	91	97	96	99	**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. Additional shifts required (i.e. specialling) and unfilled shift hours are recorded. Weekly meetings between the Matrons and the Deputy Chief Nurse continue to review the utilisation of staff against establishment per ward.

3.1   Red flags

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.

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
April	51 (9%)	103 (17%)
May	53 (9%)	92 (15%)
June	30 (2%)	77 (13)

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.

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 'special' 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 within the Complex Medicine, Cardiology and the Surgical Wards. Accident and Emergency, along with the Paediatric wards are now trialling the band 4 Assistant Nurse Practitioners in their units
- Extra care staff on duty where unable to fill qualified requirements (following local risk assessments)

4.2　Understaffing

Challenges remain in maternity services in recruiting to vacant positions. The Head of Midwifery in conjunction with the Senior Midwives review staffing levels twice daily. Staff are redeployed as required following local risk assessments. Communication with the Operations Matron/Chief Nurse/Deputy Chief Nurse if local resolution is not possible. Nursing staff are then positioned to assist in order to maintain safe maternity staffing levels. 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) and in conjunction with the Chief Nurse of England, Jane Cummings has mandated that in order to have a consistent measurement of staffing levels, which enables benchmarking across hospitals and reduces variation, a new metric tool will be introduced. This is Care Hours per Patient Day (CHPPD). CHPPD describes the actual hours worked divided by the number of inpatients at midnight.

In May the Trust commenced reporting CHPPD to UNIFY and are currently undertaking a benchmarking exercise with other Trusts, initial review demonstrates consistency. This information will be presented in more detail in the next reporting period.

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.

While the Trust has attended the local Colleges and Academy to discuss careers opportunities they have also had a presence at 'job expos' both locally and in Dublin and Scotland. Campaigns to Spain and Portugal have yielded 14 registered nurses who will join us mid July 2016.

Work continues to increase the Trust's presence at the 3 surrounding universities in the hospitals catchment area. The majority of Bedfordshire University student nurses due to qualify in September this year have been successful in receiving job offers with us. The 'fast track' initiative adopted here is not available in most NHS Trusts. It is anticipated that these student nurses will qualify and be in post late September/early November 2016.

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 and it is expected that the nurses will join us later in 2016. Challenges in reducing the time into post have been due to difficulties they face in achieving the high pass rate required on the International English Language Test (IELTs). It is hoped that this may be assisted by recent changes in Nursing and Midwifery Council regulations.

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.

The use of social media as a recruitment and marketing tool is recognised. As such the opportunities for this are being explored in conjunction with the hospital Communications Team.

Although June's data shows an increase in HCA vacancies – this is due to the change in establishments on the units following the annual establishment review. The last 3 months data demonstrates an overall downward trend in these vacancies. We continue with bi-monthly HCA recruitment campaigns.

In order to attract and recruit a better calibre of band 2 staff, a new 'strengths based recruitment' technique has been applied. This is being evaluated at present. If successful this may be moved forward to include the recruitment of registered nursing staff.

Table 3 depicts the vacancies for the Trust during April to June. The data presented describes the amount of nursing vacancies taking into account staff working their notice and those going through the on boarding process. The increase in vacancies is, in part, due to additional posts following the annual establishment review and some service redesign.

Table 3   TRUST NURSING VACANCIES

Band	Vacancies as at 1st April	Vacancies as at 1st May	Vacancies as at 1st June
Band 7	4.22	4.99	Over by 0.43
Band 6	21.38	21.25	19.86
Band 5	75.44	90.72	86.7
Band 4	4.63	3	6.32
Band 3	0.55	1.89	1.57
Band 2	15.81	Over by 2.20	9.77
Total	**122.03**	**119.65**	**124.79**

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