EXTRACTED FROM EXECUTIVE REPORT TO BOARD

QUARTERLY REPORT ON NURSING AND MIDWIFERY STAFFING LEVELS

Quarter 2 - July to September 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 form **1st July through to 30th September 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 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
- 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
- On-going challenges with international recruitment and the introduction of a high level IELTs 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 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.

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	
July	92	95	97	99	**96%**
August	93	95	96	102	**97%**
September	94	95	97	94	**95%**

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 more of RNs on duty are agency (nights)	Red flag 2: Number of day shifts when RN to patient ratio is greater than 1:8
July	31 (5%)	75 (12%)
August	26 (3%)	64 (10%)
September	39 (4%)	95 (16%)

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 Additional Staffing Requirements:

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 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 Health Care Assistant on duty when unable to fill with RNs (following local risk assessments)

4.2 Reduced Staffing Requirements:

During the reporting period, all 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.

Operational staffing meeting take place 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.

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. At present our CHPPD results per ward have been consistent over the last 3 months. We have commenced a benchmarking activity with our local Trusts. Similarly these results should be available towards the end of the 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. They have also had a presence at 'job expos' both in Dublin and Scotland. Recently trips to Portugal and Spain have yielded 12 registered nurses who have commenced work with us.

With the Bedfordshire University student nurses qualifying in September, a significant number have been successful in receiving job offers with us. This 'fast track' initiative is not available in most NHS Trusts. Many of these nurses have commenced work with the remainder planned to join us in October and November. These students are not only from our local provider but are also from other Universities around the country.

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.

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 downward trend in Health Care Assistant vacancies. We have seen positive results in our Band 2 recruitment with all vacancies recruited to and allowances for attrition. The establishment for a potential new Complex Medical ward (potentially to open towards the end of 2016) are being finalised and plans for recruitment underway.

Table 3 depicts the vacancies for the Trust during July to September 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)

Band	Vacancies as at 1st July	Vacancies as at 1st August	Vacancies as at 1st September
Band 7	6.74	6.24	6.24
Band 6	8.34	19.39	19.39
Band 5	126.60	120.47	124.49
Band 4	4.00	6.00	5.00
Band 3	1.57	1.00	1.00
Band 2	6.05	0.33	2.59
Total	**153.30**	**153.43**	**158.71**

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

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 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/mid wives (%)	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)
July	**Day**		**Night**			**Comments**
SCBU/Neonatal Intensive Care Unit	101	84	106	52	13.3	The shortfall of HCAs in NICU is due to an inability to find competent HCAs who have the correct skillset to work in the unit. Care was not compromised.
Ward 17 - Stroke Services	79	121	106	125	8.1	Ward 17 has an extra HCA on night due to the thrombolysis research project currently being undertaken. This will be completed at the end of the month
Ward 12 – Complex Medicine	91	100	84	100	6.6	There has been an increase in nurses on the night shift for ward 12. This accounts for the unfilled hours.
Delivery Suite	79	97	89	119	27.3	In Maternity staffing is flexed throughout the unit to ensure sufficient and safe numbers dependent upon acuity (number of births) Newly qualified Midwives are due to commenced with us in September
Ward 33 – Maternity	80	72	79	84	6.6	
Ward 32 - Maternity	81	77	103	109	8.7	
Intensive Therapy Unit	103	80	108	n/a	24.8	More HCAs have been required during the day and night shifts on ITU and HDU due to a need for close observation of patients (enhanced care)
High Dependency Unit	95	100	100	80	17.5	
August	**Day**		**Night**			**Comments**
Ward 11 - Gastroenterology	91	96	80	102	5.9	Following an establishment review, an increase in the amount of nurses is required on night shift on ward 11. At present we are struggling to fill these shifts – which accounts for the unfilled hours
Delivery Suite	81	92	94	99	31.7	In Maternity staffing is flexed throughout the unit to ensure sufficient and safe numbers dependent upon acuity (number of births).
Ward 33 – Maternity	87	80	86	88	6.7	
Ward 32 - Maternity	82	83	97	103	8.3	

WARDS	Average fill rate-registered nurse/mid wives (%)	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)
September	**Day**		**Night**			**Comments**
SCBU/Neonatal Intensive Care Unit	103	77	104	40		The shortfall of HCAs in NICU is due to an inability to find competent HCAs who have the correct skillset to work in the unit. Care was not compromised
Ward 18 – Infectious Treatment Ward	89	93	83	98		Due to short term sickness this ward has struggled to cover the night shift registered nurse duty. Staff were relocated from other areas as able. This ward also assisted at short notice to staff contingency areas
Ward 12 – Complex Medicine	81	89	87	99		Ward 12 often moved nursing staff to the contingency areas to support at short notice. This was done following a review of the patient dependency on the unit
Ward 32 Maternity	86	81	98	81		As with previous months staffing in maternity is flexed throughout the units to where need is greatest. A number of newly qualified Midwives have joined this month who are currently undertaking their orientation and inductions.
Accident and Emergency	93	82	99	100		On days where demand is greater than expected, a HCA has been redeployed to contingency to assist with staffing. This has resulted in a reduced fill rate in A&E