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

December 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 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. 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 **95.7%** and Health Care Assistants of **95.4%** which shows a slight increase in both RN and HCA fill rates from the previous month.
- 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 **December 2015 was 95.5%** which can be broken down as follows:

Day		Night	
% Average fill rate RN	**% Average fill rate HCA**	**% Average fill rate RN**	**% Average fill rate HCA**
94.1%	95.6%	97.3%	95.2%

Where the percentage fill rate for Care staff is higher than the percentage of trained can be associated to 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 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 develop the role and recruit Band 4s to other clinical areas experiencing a shortage of registered nurses.

Red Flags

The collection of red flags continues. Strict controls ensure that agency use is minimised, and 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. 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 red flags reported this month from last month but remains below that of the previous month (October). The flags have been raised across the medical directorate wards.

Standard (Red Flags)	Flag occurrences
No shifts where 50% or more of RNs on duty are agency (nights)	1
No day shifts when RN to patient ratio is greater than 1:8	63

Staffing Management:

There are three operational staffing meetings each day chaired by 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. 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 occur with the matrons to review the utilisation of staff and expenditure per ward.

*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, Medicine.

Vacancies and Recruitment Activity

In collaboration with the recruitment team proactive recruitment activity continues with both targeted and adhoc campaigns.

During December an Assistant Practitioner campaign was run by the Medical Division resulting in 8 appointments being made. In addition to this a further HCA campaign resulted in 21 substantive and 1 bank job offers being made. The Emergency Department undertook a targeted HCA campaign resulting in 3 appointments being made.

The next European campaign is scheduled for 26th January with approximately 10 -15 nurses to attend interviews. In addition to this the next intake of 12 European nurses are due to arrive at the Trust on 18th February. A further Staff Nurse Open Day is planned for 16th

January and the next International Recruitment campaign to the Philippines is scheduled for the end of February.

The hospital is also looking at 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 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 VACANCIES

Band	Vacancies as of 1st January	Numbers Working Notice	Numbers Going through Recruit	Real Vacancies as of 1st January
Band 7	6.18	0	3.00	**3.18**
Band 6	17.72	4.0	3.66	**18.06**
Band 5	129.09	23.60	95.30	**57.39**
Band 4	7.50	0.00	9.00	**-1.50**
Band 3	1.26	0.00	0.00	**1.26**
Band 2	30.04	6.0	34.00	**2.07**
Total	**191.79**	**33.60**	**144.96**	**80.46**

Appendices:

- Variance report by ward/department (Appendix a)

Appendix a	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)
High Dependency Unit (HDU)	90.30%	103.10%	98.20%	NA	
Intensive Care Unit (ITU)	94.80%	77.60%	101.00%	NA	
Ward 19a	100.00%	78.30%	102.80%	83.30%	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 December was low.
Ward 19b	93.30%	91.90%	98.90%	109.70%	
Ward 14 Elderly Care	85.10%	100.00%	106.50%	84.60%	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 December figures for Wards 14,15, 16,17
Ward 15 Elderly Care	79.70%	122.10%	98.90%	96.10%	
Ward 16 Elderly Care	83.50%	127.50%	103.20%	98.60%	
Ward 17 Stroke	83.30%	120.30%	90.30%	125.80%	
Ward 18 Infection	89.10%	81.50%	100.00%	92.70%	
Ward 10 Medicine	96.90%	96.80%	100.00%	96.00%	
Ward 11 Medicine	96.00%	94.90%	96.80%	96.90%	
Ward 12 Medicine	98.60%	83.60%	99.00%	98.30%	
Coronary Care (CCU)	96.00%	81.70%	102.20%	100.00%	An additional HCA has been deployed in CCU to provide support with pacing. As this post is not always required, the HCA is often deployed elsewhere.
Ward 5 Rehabilitation	97.30%	104.20%	100.00%	100.00%	
Ward 3 Acute Emergency Medicine	104.20%	92.10%	83.90%	145.20%	The 3rd Trained nurse on nights was risked assessed and replaced by a HCA which is reflected in these figures.
Accident and Emergency	97.80%	97.00%	97.40%	103.20%	
Emergency Admission Unit (EAU)	96.40%	93.50%	98.40%	101.60%	

Ward 4 Acute Emergency Medicine	97.50%	102.70%	97.40%	98.40%	.
Paediatric Assessment Unit (PAU)	94.70%	121.40%	101.00%	100.00%	
Ward 24 Paediatrics	99.40%	99.20%	100.00%	100.00%	
Ward 25 Paediatrics	96.10%	102.00%	99.10%	100.20%	
Ward 22 a	97.80%	34.80%	95.70%	52.20%	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 December was low.
Neonatal Intensive Care Unit (NICU)	98.90%	81.60%	99.70%	35.50%	The shortfall of HCAs at night in NICU was due to difficulties in finding competent HCAs who have the correct skill set to work in NICU.
Ward 20 Surgery	92.60%	101.70%	93.50%	119.40%	
Ward 21 Surgery	100.10%	94.70%	104.30%	94.30%	
Ward 22 Surgery	97.80	93.90%	97.90%	96.00%	
Ward 23 Surgery	97.20%	97.00%	96.80%	103.20%	
Cobham Clinic (Private)	95.70%	84.10%	93.90%	100.00%	
Ward 32 Maternity	86.10%	97.20%	98.30%	94.30%	In Maternity staffing is flexed throughout the unit to ensure sufficient and safe numbers
Ward 33 Maternity	82.70%	101.50%	83.80%	63.40%	In Maternity staffing is flexed throughout the unit to ensure sufficient and safe numbers
Delivery Suite Maternity	91.10%	71.10%	90.30%	81.10%	In Maternity staffing is flexed throughout the unit to ensure sufficient and safe numbers
Ward 34 Gynaecology	102.20%	94.40%	94.60%	100.00%	
Total	**94.10%**	**95.80%**	**97.30%**	**95.20%**	