

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

November 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 **94.9%** and Health Care Assistants of **93.7%** which is broadly similar to 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 **November 2015 was 94.2%** 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
92.1%	95.9%	97.6%	91.4%

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

We continue to collect data on red flags, strict controls continue to ensure that agency usage is minimised, some agency staff who work with us on a “regular basis”, are trained 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 a marked decrease in the number of red flags reported this month which is attributed to a number of Registered Nurses commencing employment within our DME wards.

Standard (Red Flags)	Flag occurrences
No shifts where the percentage of agency RNs on duty are 50% or more (night duty)	0
No day shifts when RN to patient ratio is greater than 1:8	15

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. specialising) 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.

Vacancies and Recruitment Activity

Recruitment activity is ongoing with a short campaign to Portugal which elicited limited success, an indication that the recruitment pipeline from some parts of Southern Europe is drying up as fewer nurses are opting to work overseas. For Healthcare Assistants an open day produced a positive outcome with a significant number of individuals appointed to full both permanent and bank positions

The Deputy Chief Nurse also led a successful long – haul campaign to India where 94 nurses were offered posts within the Trust. The recent lifting of restrictions with visas/Certificates of Sponsorship now makes it easier to undertake non European campaigns, however there still remains a complex appointment process as the individuals have to achieve an ILETS level of 7 and successfully complete a CBT (Computer Based Test) as required by the NMC.

The next recruitment day for HCAs is planned for the first week in January and a further long haul campaign to The Philippines is planned for later February.

TRUST VACANCIES

Band	Vacancies as of 1st December	Numbers Working Notice	Numbers Going through Recruit	Real Vacancies as of 1st December
Band 7	3.29	3.00	2.00	4.29
Band 6	32.47	2.00	7.66	26.81
Band 5	121.68	21.00	79.80	62.88
Band 4	11.00	0.00	3.00	8.00
Band 3	2.03	0.00	0.00	2.03
Band 2	27.75	5.00	17.00	15.75
Total	198.22	31.00	109.46	119.76

*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, Endoscopy, Medicine, and Cardiac Centre.

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)	95.30%	95.50%	99.50%	NA	
Intensive Care Unit (ITU)	93.50%	92.30%	97.90%	NA	
Ward 19a	97.70%	101.30%	100.00%	83.30%	The HCAs on night shifts were moved to cover ward staff shortfalls elsewhere in Trust following risk assessment of patient needs. The patient dependency in this area for November was low.
Ward 14 Elderly Care	75.50%	124.30%	101.00%	85.60%	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 November figures for Wards 14,15, 16,17
Ward 15 Elderly Care	75.70%	129.40%	101.10%	94.20%	
Ward 16 Elderly Care	76.70%	119.90%	100.00%	95.20%	
Ward 17 Stroke	82.10%	119.70%	92.00%	110.00%	
Ward 18 Infection	82.40%	90.70%	100.00%	101.61%	
Ward 10 Medicine	95.50%	89.80%	98.30%	65.60%	The patient acuity was high on Ward 10 for November, warranting additional HCA specialising so although the established workforce was met, the 2 additional HCAs could not always be filled on every occasion.
Ward 11 Medicine	92.10%	80.50%	101.10%	97.80%	
Ward 12 Medicine	93.30%	87.50%	101.00%	92.20%	
Coronary Care (CCU)	97.70%	64.40%	97.80%	89.60%	Shortfall in HCAs for the day shift. Risk assessed to ensure patient safety was not compromised. An additional

					HCA has been deployed to provide support with pacing. When this activity is not required the HCA can be used elsewhere.
Ward 5 Rehabilitation	99.10%	96.20%	101.70%	97.00%	
Ward 3 Acute Emergency Medicine	99.00%	91.10%	82.20%	150.00%	The 3 rd Trained nurse on nights was risked assessed and replaced by a HCA which is reflected in these figures.
Accident and Emergency	91.90%	91.10%	97.60%	96.70%	
Emergency Admission Unit (EAU)	95.50%	93.30%	98.90%	100.00%	
Ward 4 Acute Emergency Medicine	100.00%	91.10%	100.70%	105.00%	.
Paediatric Assessment Unit (PAU)	97.70%	150.00%	96.60%	100.00%	
Ward 24 Paediatrics	98.90%	101.60%	99.10%	100.00%	
Ward 25 Paediatrics	98.90%	101.60%	99.50%	100.00%	
Ward 22 a	88.30%	77.20%	100.00%	46.70%	The HCA for days was moved to cover Ward shortfalls as the patient group in this escalation area was less dependent.
Neonatal Intensive Care Unit (NICU)	96.30%	97.70%	100.70%	31.70%	The shortfall of HCAs at night in NICU difficult to find competent HCAs who have the correct skillset to work in NICU
Ward 20 Surgery	95.70%	101.00%	100.00%	94.10%	
Ward 21 Surgery	93.60%	98.80%	94.20%	101.70%	
Ward 22 Surgery	101.90%	91.80%	102.10%	97.00%	
Ward 23 Surgery	93.30%	104.00%	96.70%	105.60%	
Cobham Clinic (Private)	97.80%	111.70%	101.50%	90.90%	

Ward 32 Maternity	82.80%	106.8%	91.90%	106.60%	In Maternity staffing is flexed throughout the unit to ensure sufficient and safe numbers. This varies with peaks of activity and dependency of patients.
Ward 33 Maternity	78.50%	91.30%	96.30%	69.10%	In Maternity staffing is flexed throughout the unit to ensure sufficient and safe numbers
Delivery Suite Maternity	89.90%	58.90%	89.20%	73.90%	In Maternity staffing is flexed throughout the unit to ensure sufficient and safe numbers
Ward 34 Gynaecology	100.60%	98.30%	100.00%	93.30%	
Total	89.3%	94.0%	98.0%	86.2%	