

EXTRACT FROM EXECUTIVE BOARD REPORT JULY 2017

QUARTERLY REPORT ON NURSING AND MIDWIFERY STAFFING LEVELS

Quarter 1 – April to June 2017

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 staffing levels for **1st April through to 30th June 2017** and 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:

- 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. During the reporting period fill rates were challenged by the need to open escalation (contingency) areas at short notice although this reduced in June.
- 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 continue to use care hours per patient day (CHPPD) to monitor the amount of care hours given to a patient over a 24 hour period as per Lord Carter (2016) guidance.
- There remain challenges with Registered Nurse recruitment due to the requirement for high pass rates in IELTS testing 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 shift fill rates for the Trust

Consistent with performance in previous quarters, across the Trust the average actual level of Registered Nursing and Midwifery staff was generally within the levels planned across all shifts.

Whilst in June 2017 there were minimal contingency areas open, it was noted though that there was an increase in the amount of patients admitted requiring enhanced observations following risk assessments. The numbers of and rationale for these are

reviewed and monitored daily by the Director of Nursing or her deputy and the Divisional Matrons.

We continue to explore new roles in order to address the national shortage of registered nursing staff. We will be introducing the role of Dementia Support workers, using the apprenticeship framework in September; these staff will support the delivery of quality care for Dementia patients on wards who are identified as requiring enhanced observation (specialling).

In April we have introduced to the Trust the role of ‘Nursing Associates’; this new role is supported by a robust training programme which aims to develop a role that will bridge the gap between Health Care Assistants (HCA’s) and Registered Nurses allowing them to deliver more hands-on care to the patient’s bedside. The training programme commenced in April in association with the University of Bedfordshire as our academic lead.

Table 1 BREAKDOWN OF AVERAGE SHIFT FILL RATES FOR THE TRUST

Month	Day		Night		Overall average
	% Average fill rate RN	% Average fill rate HCA	% Average fill rate RN	% Average fill rate HCA	
April	92.5	93.8	97.2	97.9	95.35
May	93.0	95.2	98.4	97.4	94.90
June	91.3	95.7	99.0	94.2	95.05

3.0 Staffing Management

Actions are taken in accordance with the Trust Safe Staffing policy (2016). This dictates the escalation process when shortfalls occur. It also outlines the risk assessments and communication required.

Operational staffing meetings occur up to 3 times a day in order to rectify staffing challenges in a timely manner. These are chaired by the Director or Associate Director of Nursing & Midwifery. 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 Lord 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 Associate Director of Nursing continue to review the utilisation of staff against establishment per ward.

In line with the Lord Carter (2016) recommendations to reduce ‘unwarranted variation’, we have introduced a new E-Rostering dashboard. This has been piloted and is currently undergoing evaluation. This is reviewed monthly with unit managers, Matrons and the Director/Associate Directors of Nursing.

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 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.

The Trust's CHPPD results per ward have seen little variation in the last quarter. Areas with high CHPPD (such as ITU and SCBU) reflect the acuity of the patients in these areas. These patients require higher levels of clinical input in a 24 hour period. During June there was an increase in the amount of care hours per patient day. This is directly attributable to the amount of beds occupied during the month. There were decreases in bed occupancy across EAU2, EAU1, and Ward 34. On ward 11 there was often the requirement for a Registered Mental Health Nurse to provide enhanced observations. This has meant that the amount of care hours has increased for that ward. We continue to benchmark these with our local Trusts although interpretation is difficult due to the differences in patient demographics on each ward across the sites.

Table 2 demonstrates the CHPPD per ward over the quarter

Care Hours per Patient Day 2017

	Apr-17	May-17	Jun-17	Average
Cobham	7.2	6.7	7.4	7.1
SCBU/NICU	13.0	13.8	13.9	13.6
Paediatric Wards 25	10.6	11.7	11.7	11.3
Paediatric Wards 24	11.7	9.7	11.5	11.0
Ward 19b	5.3	5.4	5.4	5.4
Ward 19a	6.0	6.7	6.7	6.5
Ward 14	5.4	6.4	6.3	6.0
Ward 15	5.4	5.7	6.2	5.8
Ward 17	7.8	7.6	7.5	7.6
Ward 18	6.5	6.9	6.7	6.7
Ward 16	5.7	5.1	5.2	5.3
CCU	8.0	8.1	8.8	8.3
Ward 12	6.0	6.1	6.1	6.0
Respiratory Ward (Ward 10)	5.3	5.4	5.7	5.5
Ward 11	5.7	5.7	6.3	5.9
EAU 2	8.4	8.6	9.4	8.8
Ward 3	6.2	7.0	6.8	6.7
Ward 34 (Gynae)	7.2	7.1	8.1	7.5
Ward 33 (Maternity)	7.1	7.2	7.0	7.1
Ward 32 (Maternity)	7.5	7.4	7.2	7.4
ITU	30.9	30.0	37.5	32.8
HDU	17.5	19.0	20.5	19.0
Ward 23	6.3	7.0	6.7	6.7

EAU 1	10.3	11.8	13.3	11.8
Ward 22	5.9	6.3	6.1	6.1
Ward 20	5.6	5.8	5.9	5.8
Ward 21 (SAU)	7.3	7.1	7.3	7.2
Average	8.5	8.7	9.3	8.8

5.0 Vacancies and recruitment activity

In collaboration with the recruitment team, proactive recruitment activity continues with both targeted and expedient campaigns running monthly. Activities over the last month have included (but not limited to) attendance at university careers fairs, Army recruitment campaigns, use of social media, radio advertising and involvement with schools and other businesses across Bedfordshire as part of the Luton Ambassador Enterprise network.

We continue to see success from our local measures we have implemented to increase the pass rate of our international nurses sitting the OSCE examination. We currently have a 90% pass rate on first sitting of the exam. This remains well above the national average of 40%. As a result of this high pass rate, we continue to be contacted from other overseas nurses across England who wish to work with us.

We have also identified the number of Registered Nurses who trained overseas who are working with us in a Health Care Assistant capacity who could enter the nursing register following support with their English language test (IELTs). We have now commenced providing in hospital teaching to these staff members following pre-assessment. We hope to see these staff successfully pass their test and register with the NMC commencing employment with us as Registered Nurses.

The Trust Nursing and Midwifery teams note that as we move towards the winter periods, we often require higher levels of staff due to contingency areas being open and the need to continue to deliver quality care. The Assistant Director of Nursing has commenced work with the Senior Staff to plan for this period.

Vacancies

We have a number of Nursing and Midwifery students qualifying in September. They are encouraged to apply up to 12 months prior to course completion. Conditional offers are made and their place of employment negotiated. Many of our student nurses also work as bank Health Care Assistants during their training. We hope that this will go some way to address the shortages.

Table 3 demonstrates the existing vacancies in the units as of 30th June 2017. This reflects the vacancies as they appear without accounting for staff going through recruitment or on maternity leave, data from January 2017 to present so that trends in vacancies can be shown.

Although it appears that there has been a minimal reduction in Registered and Unregistered vacancies since May 2017 we should note that the staffing for the additional Hematology/Oncology ward which is due to open on the 10th July 2017 has been included.

Despite the high numbers of vacancies there are significant amounts of staff going through recruitment. It is anticipated that 50 WTE Registered Staff will commence in post before 2018.

In the spirit of STP working the nursing teams from Bedford and Milton Keynes Hospitals continue to share with us ideas and experiences on recruitment and retention initiatives.

Table 3 Actual Trust Registered and Unregistered Vacancies 2017 (WTE)



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 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 or surplus between the planned and actual staffing levels.

WARDS	Average fill rate - Registered Nurse/Midwives (%)	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)
April	Day		Night			Comments
Ward 18	70.0	96.5	95.8	99.2	6.5	This ward has had a high demand for HCA enhanced care. Existing HCAs on shift were redistributed to ensure this was supported.
CCU	83.0	97.1	98.9	97.0	8.0	During April the cardiac unit had a significantly high amount of patient escorts requiring nurse attendance off the unit at short notice. The ward manager would work in in the numbers to maintain patient safety.
Ward 12	84.9	94.0	95.0	100.9	6.0	The ward has required an increase in requirement for Registered Mental Health Nurses to provide Enhanced Observation to patients. Ward Nurses provided this support when the shifts could not be filled
May	Day		Night			Comments
Ward 17	80.4	97.9	100.6	99.2	7.6	Whilst the team awaits new staff joining them the thrombolysis bleep holder and Lead Nurse has worked in the numbers to support the delivery of safe care
Ward 18	74.5	94.6	100	97.6	6.9	Ward 18 currently has a higher level of vacancy. The Ward Manager and Practice Educator have been working in the numbers in order to maintain quality patient care. Staff are currently being redeployed from within the division for a fixed period while recruitment is underway.
June	Day		Night			Comments
Ward 14	100.2	81.8	100.0	94.5	6.3	Wards 3, 14 and 15 have been experiencing an unusually high demand for staff to undertake enhanced observations. Substantive staff have been used to fill these duties where we were unable to fill the shifts. Cohort nursing has been used where appropriate following risk assessments
Ward 15	91.9	81.4	100.0	94.3	6.2	
Ward 3	98.3	94.6	101.0	84.1	6.8	

WARDS	Average fill rate - Registered Nurse/Midwives (%)	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)
Ward 16	80.9	99.1	95.0	99.0	5.2	Ward 16 has had a reduction in bed base in order to accommodate cardiology patients. However, during June 2016 the closed beds were used intermittently for medical outliers. It was difficult to fill these duties at short notice. Staff were redeployed from CCU to ward 16 to assist with care.
Ward 33	89.5	95.4	100.5	79.5	7.0	Maternity flexes staff around their units depending on the nature of patient activities. Recently there has been an increase in the amount of MCA vacancies. These have all been recruited to during an event held in June.
Ward 32	74.2	86.1	98.9	76.9	7.2	
Ward 18	72.6	92.4	97.5	98.3	6.7	Ward 18 currently has a higher level of vacancy. The Ward Manager and Practice Educator have been working in the numbers in order to maintain quality patient care. Staff are being redeployed from within the division for a fixed period while recruitment is underway.
Ward 17	81.2	104.9	98.9	96.0	8.6	Whilst the team awaits new staff joining them on 1.7.17 the thrombolysis bleep holder and Lead Nurse has worked in the numbers to support the delivery of safe care

