

Monthly Report of Nursing & Midwifery Staffing Levels

January 2015

Purpose

This paper aims to provide the Board with:

- An overview of nursing and midwifery staffing levels
- An overview of the nursing and midwifery vacancies and recruitment activity
- An update on the monitoring and management of nursing and midwifery staffing
- Key workforce issues

'Real Time' Staffing Management

Nurse staffing meetings continue up to four times a day led by the Chief Nurse or Deputy Chief Nurse along with Matrons from each of the Divisions. Nurse staffing levels are discussed including immediate shortfalls and staff are moved to cover any gaps in nurse numbers or peaks in activity. Staffing standards such as nurse to patient ratio also inform this decision making and are measured daily through the collection of red flags; when these standards are not achieved a 'red flag' is triggered. These help inform a risk rating for the Division and the Trust. The nursing and midwifery risk rating is reported at the twice daily bed meetings to provide a workforce status for the organisation.

As part of the daily risk assessment process, non-ward based nurses are also redeployed to support clinical areas that fall below agreed staffing levels. All ward areas display their planned and actual staffing numbers daily within their clinical areas.

Planned versus Actual Staffing

During January, the Trust continued to experience extraordinarily high levels of patient activity which meant that the Trust needed to open up to 46 additional escalation beds in five areas. Towards the end of the month two areas were able to be closed for periods of time. The opening of escalation beds required additional staffing which impacted on the overall fill rate in some clinical areas as staff had to be moved at short notice to manage these areas. The increased usage of agency nurses for the escalation areas reduced the availability of nurses for the older peoples' wards resulting in a lower fill rate. In maternity fill rates although improved from previous months, fluctuated with midwives being moved to cover areas of peak activity.

The data presented works on the assumption that bed occupancy is always at 100%. There are times however, when staffing can be temporarily reduced in line with reduced numbers of occupied beds. In areas such as NICU, cot capacity is reduced when staff are not available.

Where the fill rate was above 100%, this reflects the increase in patient care needs, for example where a patient may need one-one nursing (a patient has become more acutely unwell or where a patient needs constant supervision due to challenging behaviour/confusion). However it is important to note, that in some clinical areas a lower percentage fill rate of care staff has been offset by a higher percentage of registered nurses.

The number of day shifts where the Registered Nurse to patient ratio was greater than 1:8 predominately occurred within our Directorate of Medicine for the Elderly. Although baseline establishments are set to achieve this standard, vacancy levels and the non-availability of bank and agency Registered Nurses meant that on some occasions, where available Care Support Workers

were employed to fill gaps.

Overall the Trust delivered a 94.5% fill rate for the month (see Appendix 1 for the monthly fill rate).

Standard	Flag occurrences
No of shifts where more than 50% of RN on duty are agency	1% (n=2)
No of day shifts when RN to patient ratio is greater than 1:8	8% (n=59)

Vacancies and Recruitment Activity

Band	Vacancies as of 1st January	Numbers Working Notice	Numbers Going through Recruit	Real Vacancies as of 1st January
Band 7	1.17	0.00	0.00	1.17
Band 6	22.36	1.00	4.00	19.36
Band 5	106.99	23.47	91.80	51.35 *
Band 4	2.73	0.00	0.00	2.73
Band 3	2.62	1.00	0.00	3.62
Band 2	33.15	4.77	33.00	16.33
Total	169.02	30.24	128.80	94.56

There is a noted increase in band 5 vacancies and a decrease in band 6 vacancies since the previous Board report. Proactive bi monthly recruitments campaigns are planned in addition to innovative marketing including radio, bus and website advertising.

Summary

The significant staffing challenges have continued during the month of January with actions being taken to ensure that our clinical areas have remained safe.

Patricia Reid - Chief Nurse
January 2015

Appendix 1 : Staffing Fill Rate by Ward, Staff Group and by Shift (January 2015)

Table 1	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 (%)
High Dependency Unit (HDU)	98.4%	101.9%	100%	
Intensive Care Unit (ITU)	102.1%		105.3%	
Ward 14 Elderly Care	85.8%	104.4%	102.8%	90.3%
Ward 15 Elderly Care	89.9%	91.8%	98.9%	106.3%
Ward 16 Elderly Care	89.1%	96.9%	95.5%	100.7%
Ward 17 Stroke	86.5%	98%	94%	104.1%
Ward 18 Infection	91.5%	88.2%	102%	100.9%
Ward 10 Medicine	95.5%	92.6%	100%	98.5%
Ward 11 Medicine	95.5%	99.6%	100%	95.8%
Ward 12 Medicine	88.7%	81.8%	100%	101.8%
Coronary Care (CCU)	91.1%	80.6%	96.8%	87.1%
Ward 5 Rehabilitation	97.8%	97.2%	98.4%	102.6%
Ward 3 Acute Emergency Medicine	93.2%	106%	98.9%	100%
Emergency Admission Unit (EAU)	98.4%	96.8%	95.8%	98.4%
Ward 4 Acute Emergency Medicine	94.9%	85.8%	100%	93.5%
Paediatric Assessment Unit (PAU)	98.3%	100%	102.4%	100%
Ward 24 Paediatrics	100%	100%	100%	100%
Ward 25 Paediatrics	100%	98.4%	100%	100%
Neonatal Intensive Care Unit (NICU)	97.6%	79.9%	97.2%	59.7%
Ward 20 Surgery	96.5%	100.9%	100%	100%
Ward 21 Surgery	97.6%	95.2%	100%	100%
Ward 22 Surgery	98.6%	96.2%	100%	100%
Ward 22a (Escalation)	83.2%	106.5%	95.2%	93.5%
Ward 23 Surgery	98.7%	98.4%	100%	100%
Cobham Clinic (Private)	98.4%	105.1%	100%	100%
Ward 32 Maternity	84.8%	81.7%	100.4 %	63.4%
Ward 33 Maternity	83.7%	67.2%	123.3%	73.3%
Delivery Suite Maternity	87.8%	85.6%	98.5%	85%
Ward 34 Gynaecology	93.4%	88.7%	87.5%	108.6%
Ward 19a (Escalation)	86.8%	78.9%	108%	90.3%
Ward 19b (Escalation)	96.8%	103.2%	99%	100%
Total	93%	92%	99%	94%

In January Luton and Dunstable University Hospital has an overall fill rate of 94. 5%