

MONTHLY REPORT ON NURSING AND MIDWIFERY STAFFING LEVELS

July 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 most 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 using fewer beds than planned, or 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 **97%** which is an increase of **1.39 %** from last month and for other care staff against planned levels was **96.0%** which was **.25%** lower than last month. In July the overall fill rate was **96.2%**
- 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 **July 2015** was as follows:

Day		Night	
% Average fill rate RN	% Average fill rate HCA	% Average fill rate RN	% Average fill rate HCA
93.6%	95.1%	100.2%	98.3%

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) and the Surgical Assessment Unit -Ward 21. The new role of Assistant Practitioner is aimed to provide a higher level of support to our qualified staff and maintain the high standard of patient care, this is also playing a key support role in areas where there are Registered Nurse vacancies and temporary staff are difficult to access.

Red Flags

We continue to collect data on red flags, strict controls continue to ensure that agency use 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.

Standard (Red Flags)	Flag occurrences
No shifts where 50% or more RNs on duty are agency (nights)	8
No day shifts when RN to patient ratio is greater than 1:8	60

Staffing Management

There are three operational staffing meetings 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 (ie 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 with the matrons to review the utilisation of staff and expenditure per ward have commenced.

Vacancies and Recruitment Activity

Proactive recruitment continues to address trained and untrained vacancies, at our recruitment event held on the 4th July we appointed 18 registered Band 5 nurses, 13 into permanent posts and 5 into temporary Bank positions.

The European recruitment event that took place over the 11th – 13th of August was very successful with 25 Portuguese nurses offered provisional positions at the Trust. We expect to see the first cohort arrive in November 2015.

On the back of this success; two further Portuguese recruitment campaigns have been agreed for this forth coming October and December.

A further recruitment event for registered nurses is planned for the 5th September where we expect to recruit both permanent and temporary staff.

The plan for recruitment of registered nurses from further afield in the Philippines and India has been deferred as the Trust goes out to tender recruitment agencies.

Band 2 Healthcare Assistant vacancies continue to fall; the plan is to continue robust recruitment to ensure that these vacancy levels remain minimal. The recruitment event held on the 10th August was again productive with 13 permanent HCAs and 15 temporary Bank staff provisionally offered positions with the Trust; a further recruit of HCAs will be run this coming September 14th.

Band	Vacancies as of 1st July	Numbers Working Notice	Numbers Going through Recruit	Real Vacancies as of 1st July
Band 7	6.23	1.00	3.00	4.23
Band 6	24.62	6.20	5.00	25.82
Band 5	116.70	26.00	105.80	36.90
Band 4	0.68	1.00	0.00	1.68
Band 3	0.62	0.00	1.00	-0.38
Band 2	38.33	4.00	48.00	-5.67
Total	187.18	38.20	162.80	62.58

*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 the Cardiac Centre.

UNIFY upload July 2015	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)	100.0%	93.5%	99.5%	100.0%	
Intensive Care Unit (ITU)	102.9%	93.3%	104.6%	-	.
Ward 14 Elderly Care	72.6%	121.3%	100.0%	94.4%	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 Julys figures for Ward 14
Ward 15 Elderly Care	87.2%	100.4%	100.0%	97.4%	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 Julys figures for Ward 15
Ward 16 Elderly Care	84.7%	109.1%	100.0%	97.6%	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 Julys figures for Ward 16
Ward 17 Stroke	86.5%	105.2%	96.0%	104.5%	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 Julys figures for Ward 17
Ward 18 Infection	99.3%	91.3%	97.8%	100.0%	
Ward 10 Medicine	97.3%	89.3%	98.4%	104.2%	
Ward 11 Medicine	95.4%	80.8%	98.9%	96.5%	
Ward 12 Medicine	92.6%	98.7%	92.5%	93.1%	

Coronary Care (CCU)	94.2%	103.1%	97.0%	97.8%	Trained gaps during the day were offset by a higher HCA %
Ward 5 Rehabilitation	98.7%	100.1%	101.6%	100.0%	
Ward 3 Acute Emergency Medicine	100.0%	93.6%	77.4%	137.5%	
Emergency Admission Unit (EAU)	96.9%	96.8%	96.3%	106.5%	Trained gaps during the day were offset by a higher HCA %
Ward 4 Acute Emergency Medicine	97.8%	101.1%	99.2%	101.6%	
Paediatric Assessment Unit (PAU)	97.4%	100.0%	94.4%	100.0%	
Ward 24 Paediatrics	100.0%	96.4%	98.3%	100.0%	
Ward 25 Paediatrics	100.0%	100.0%	100.0%	100.0%	
Neonatal Intensive Care Unit (NICU)	101.6%	108.9%	102.8%	69.4%	The shortfall of HCAs at night in NICU is offset by a higher percentage of trained staff
Ward 20 Surgery	96.9%	93.0%	98.9%	101.5%	
Ward 21 Surgery	91.7%	117.7%	96.0%	101.3%	
Ward 22 Surgery	101.9%	95.2%	98.9%	99.0%	
Ward 23 Surgery	81.9%	102.5%	88.2%	104.3%	
Cobham Clinic (Private)	100.7%	91.9%	106.5%	86.8%	
Ward 32 Maternity	85.1%	76.1%	107.1%	100.7%	Within all of Maternity wards, the shortfall in MCAs on days was countered by the use of Registered Midwives.
Ward 33 Maternity	90.0%	83.6%	112.6%	91.4%	
Delivery Suite Maternity	83.0%	69.6%	110.5%	87.2%	
Ward 34 Gynaecology	99.6%	88.1%	96.8%	108.6%	
Ward 19b (Escalation)	100.0%	75.0%	100.0%	100.0%	
Total	93.6%	95.1%	100.0%	98.3%	