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

# September 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 93.6% which is a small increase of 0.4 % from last month and for other care staff against planned levels was 94.7% which was 3.0% decrease from last month. In September the overall fill rate was 94.4%
- 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 **September 2015** was as follows:

Day		Night		
% Average fill rate RN	_		% Average fill rate HCA	
91.1%	96.2%	97%	93.2%	

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) and the Surgical Assessment Unit /Ward 21. The role of Assistant Practitioner is being positively received areas where a higher level of non-registered nursing support can now be provided to our nursing teams and to ensure that our high level of patient care is sustained, with this in mind the Trust is seeking to further develop the role and recruit Assistant Practitioners to other clinical areas that are experiencing a shortage of registered nurses.

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. There has been an increase in the number of flags where the nurse patient ratio is greater than 1:8, one of the actions taken to mitigate this is the use of the band 4 role highlighted above.

Standard (Red Flags)	Flag occurrences
No shifts where 50% or more RNs on duty are agency (nights)	3
No day shifts when RN to patient ratio is greater than 1:8	101

### **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 (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 are in place with the Matrons to review the utilisation of staff and expenditure per ward.

### **Vacancies and Recruitment Activity**

Although the recruitment activity of both Registered Nurses and Health Care Assistants has increased significantly over the past few months with bimonthly Band 5 and monthly HCA recruitment events our vacancies have increased or have remained static. This could be caused by a number of reasons including changes to Ward/clinical establishments, the rise in the movement of the nursing workforce, and those applicants withdrawing from the recruitment process.

Thirty three band 5 registered nurses joined the Trust during September; with a further twenty two due to start in October. The Trust also continues to support and encourage our student nurses to work at the Trust once they have graduated; the Deputy Chief Nurse has already initiated dialogue with the nurses affected

Activity around recruiting Band 5 registered nurses continues to be paramount with representatives of the Trust attending events in Glasgow and Belfast. We have further European recruitment campaigns planned to Portugal during November 2015 and January 2016. The next Registered Nurse Open Day in late October will be hosted by the Medical Division where the highest numbers of Registered Nursing vacancies are held.

We have now secured a partner to undertake a long haul recruitment campaign to India and the Philippines; we intend that this will take place during November. The Trust is aware of the current challenges in obtaining Certificates of Sponsorships via the Home Office and is working alongside other Trusts and partners to seek a decision that Nursing and Midwifery be added to the 'shortage occupation list.'

There has also been an escalation in the recruitment of Band 2 Health Care Assistants (HCAs). This focus has finally generated a substantial volume of new recruits with 60 permanent posts commenced since 1st June; a further 37 with job offers. The new streamlined process for student nurses to join the Bank as HCAs has proved successful with 6 commencing post since the middle of August and an additional 7 going through recruitment.

Our aim is to over recruit into the role of Health Care Assistant to provide support for the ward teams while our registered nurse vacancies remain high. The Trust continues to look at ways to promote the Trust by using active social media, such as the use of Facebook; advertising events on Heart Radio and poster campaigns including the production of five sixty second videos to promote various aspects of working at the Trust.

Band	Vacancies as of 1st September	Numbers Working Notice	Numbers Going through Recruit	Real Vacancies as of 1st September
Band 7	4.58	2.57	2.00	5.15
Band 6	19.51	0.48	4.00	15.99
Band 5	156.06	17.00	120.30	52.76
Band 4	2.00	0.00	0.00	2.00
Band 3	1.27	0.00	0.00	1.27
Band 2	36.35	13.00	27.00	22.35
Total	219.77	33.05	153.30	99.52

<sup>\*</sup>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, Cardiac Centre and DME.

#### **Appendices:**

Unify upload (Appendix a)

Sheran Oke Deputy Chief Nurse October 2015

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)	99.01%	100.00%	101.46%	-	
Intensive Care Unit (ITU)	100.55%	100.00%	101.91%	-	
Ward 14 Elderly Care	77.84%	113.96%	100.00%	92.04%	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 Sept figures
Ward 15 Elderly Care	75.79%	108.99%	100.00%	93.22%	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 Sept figures
Ward 16 Elderly Care	81.05%	108.26%	104.44%	98.11%	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 Sept figures
Ward 17 Stroke	83.24%	97.57%	94.67%	107.78%	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 Sept figures
Ward 18 Infection	81.03%	86.08%	97.78%	99.21%	The percentage of HCAs would of offset the shortfall in registered staff had the Bank requests for 1:1 specials been filled during September.
Ward 10 Medicine	89.68%	94.45%	102.50%	100.00%	
Ward 11 Medicine	90.11%	92.78%	96.70%	98.33%	

Ward 12 Medicine	92.85%	96.85%	98.89%	102.17%	
Coronary Care (CCU)	79.89%	110.20%	101.11%	95.83%	CCU used a Band 4 Assistant Practitioner where there were shortfalls in registered staff.
Ward 5 Rehabilitation	98.04%	93.76%	100.00%	98.39%	
Ward 3 Acute Emergency Medicine	100.00%	90.00%	78.02%	148.72%	The 3 <sup>rd</sup> Trained nurse on nights was risked assessed and replaced by a HCA which is reflected in these figures.
Accident and Emergency	83.31%	69.47%	94.12%	93.33%	Current HCA vacancies, requests were not filled by Bank staff. A risk assessment was performed on the nights where there were HCA gaps and one patient area was closed earlier to concentrate staff and mitigate the risk to patient care.
Emergency Admission Unit (EAU)	95.27%	91.11%	95.58%	106.35%	
Ward 4 Acute Emergency Medicine	101.59%	100.00%	104.17%	98.41%	
Paediatric Assessment Unit (PAU)	97.49%	100.00%	98.10%	100.00%	
Ward 24 Paediatrics	99.54%	100.00%	98.84%	98.08%	
Ward 25 Paediatrics	99.46%	97.83%	97.44%	101.48%	
Neonatal Intensive Care Unit (NICU)	95.61%	85.51%	100.24%	63.64%	The shortfall of HCAs at night in NICU is offset by a higher percentage of trained staff
Ward 20 Surgery	93.53%	101.81%	98.89%	100.00%	
Ward 21 Surgery	94.67%	98.07%	84.17%	128.33%	On Ward 21 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 Sept figures.
Ward 22 Surgery	95.90%	99.50%	101.11%	101.09%	
Ward 23 Surgery	88.00%	104.96%	95.56%	110.00%	

Cobham Clinic (Private)	97.70%	112.77%	100.00%	106.45%	
Ward 32 Maternity	82.63%	92.78%	93.58%	90.81%	In Maternity staffing is flexed throughout the unit to ensure sufficient and safe numbers
Ward 33 Maternity	90.32%	81.44%	93.82%	84.63%	
Delivery Suite Maternity	82.14%	60.46%	89.31%	88.95%	In Maternity staffing is flexed throughout the unit to ensure sufficient and safe numbers
Ward 34 Gynaecology	96.75%	100.51%	90.00%	96.97%	
Total	91.1%	96.2%	97%	93.2%	