

# Board of Directors Meeting

August 2014

(BDA/07/xxx)

## Monthly Report of Nursing and Midwifery Staffing Levels July 2014

**Status:** A Paper for Information

**History:**

Eileen Sills CBE  
Chief Nurse and Director of Patient Experience

## Board of Directors Meeting

July 2014

A paper prepared by Neil Webb, Senior Nurse - Workforce  
and presented by Eileen Sills CBE, Chief Nurse and Director of Patient Experience

### Monthly Report of Nurse Midwifery Staffing Levels July 2014

#### Executive Summary

##### Purpose:

- To provide the board with an overview of nurse midwifery staffing levels in inpatient areas as outlined in the Nurse Staff Guide 'How to ensure the right people, with the right skills are in the right place at the right time!' Published by the National Quality Board and NHS Commissioning Board.
- A new report setting out planned versus actual hours worked, with safety indicators per ward and department, is presented at Appendix Two.
- To provide the board with an overview of nurse midwifery vacancies across both acute and community services.
- To bring to the attention of the board any workforce risks.

##### Key Points:

#### 1.0 General points:

- **Red Flag alerting system (previously reported in last month's board paper):**  
The Red flag operational process is currently being reviewed through the work of a small working group made up of clinical nursing staff. The Trust has reported partial compliance in the application of the NICE guidance on Safe staffing for nursing in adult inpatient wards in acute hospitals, published in July 2014. Full compliance to the guidance will be achieved once the Red Flag alerting process has been expanded to include collecting other patient and staff factors not currently recorded. This piece of work is anticipated to be complete by the end of October 2014 where the introduction of an e-solution is anticipated to be in place. This will ensure as an organisation that we have the correct governance in place to evidence 24/7 that we are monitoring safe, effective nursing staffing levels across our inpatient areas.
- Safely staffing inpatient areas during July 2014 remained a challenge across many clinical directorates due to high levels of patient dependency needs and staff vacancies awaiting new starters. Safe nursing care levels were maintained through use of increased temporary staffing and utilisation of non ward based nurses. In addition Ward Sisters and Matrons reduced their non-clinical work and assisted in working clinically where required.

## 2.0 Summary points of Appendix 1: Planned Vs. Actual Nursing Hours (Inpatient Areas)

- Trust summary of Planned Vs Actual hours for July 2014 = 1.3% actual nursing hours used higher than planned hours.
- In total there were 26 wards that recorded a deficit of actual nursing hours against planned nursing hours. In all these areas appropriate actions were taken to ensure staffing remained at safe levels. Some areas recorded lower actual hours than planned due to the movement of staff from one area of low activity/patient occupancy to assist areas where there were higher patient dependency needs. This falsely represents in some areas that they have been at risk of low levels of staffing.
- Of the 26 wards that recorded a deficit in actual hours against planned, 5 had actual nursing hours that were lower by more than 10%. However these directorates reported that there was no risk of patient care being compromised.
- In total there were 27 wards that recorded higher actual nursing hours than planned. Increased patient dependency was reported as the highest reason, in particular acute medicine. Of these 27 wards, 9 had actual nursing hours that were higher by more than 10% of the planned nursing hours. This was due to increased use of nursing assistant's to special patients at risk of falls or those patients with increased general dependency needs. Demand increased on the use of the 'Band 3 specials heightened surveillance team' across the organisation in the month of July to assist in meeting with the higher numbers of dependent patients. The specials heightened surveillance service is currently undergoing a review. A full business case is currently being prepared for a proposal to expand the team to incorporate a team of band 2 staff. Expansion of the service will assist in meeting the increased special demands across the organisation for high risk patients and reduce the dependency on temporary staffing.
- 21 clinical areas reported an amber rag rating, with 60 areas being reported as green by Heads of Nursing using the staffing model and applying professional judgement. There was no red rag rated areas. Amber rag rated areas reported no concern that patient care was at risk of being compromised. Amber rag rated areas were at this level due to either an increased use/dependency on use of temporary staffing or where there were high levels of staff vacancies awaiting new starters to commence.
- 50 Red Flag alerts were raised by ward/unit shift Nurse in Charge's where there was a concern over safe staffing. This decreased from June by 33 alerts. All red flag alerts raised, received a senior nurse review external to the ward/unit. This assisted the mitigation of any risk in there not being adequate staffing levels for patients care needs.

## 3.0 Other Workforce indicators:

**Acuity alerts** are escalated to the Trust's senior nursing midwifery staff and are activated when the recommended establishment is 10% higher than the funded establishment or if unplanned absence is greater than 3% of the funded establishment.

- In July there were 201 acuity alerts, alerts were responded to and the action taken recorded, not all acuity alerts required change in staffing as the skill mix of staff on duty matched the acuity of patients.

**4.0 Nursing Vacancy levels:** Positive steps have been achieved over the last month in significantly reducing the nursing vacancy levels amongst registered and unregistered staff groups. This has been through frequent generic and service focussed national recruitment campaigns.

- 377 candidate offers were made to nurses in the month of July, of which the majority were newly qualified nurses. Appendix 3 & 4 outlines in further detail the successful recruitment data at individual ward/unit for the month of July. However recruitment and vacancy levels are a daily changing picture and significant challenge to the organisation.
- District nursing recruitment campaigns remain an area of focussed attention where there are high level of vacancies, however some positive progress is being made in reduction of these numbers through national recruitment campaigns.
- At the time of this report being produced there were 262 wte nursing vacancies from the surveyed areas contained within the appendices. However, many of these vacancies are anticipated to be filled through planned assessment centres in early August. Values based recruitment remains a constant focus within the Chief Nurse Office and Trust recruitment department to ensure safe nursing levels. This is the best position the Trust has been in for many years.

#### **Implications:**

- Despite safe nursing levels being reported, this has been a challenge to many clinical directorates over the last month. September will see a large decrease in vacancy levels in a number of directorates as newly qualified nurses commence employment with the Trust. Initially this will create additional pressure on ward areas in providing clinical support to these junior nurses but will be mitigated through use of non-ward based nurses and practice development clinical nurse specialists to ensure the transition of student nurse to registered nurse is supported.
- Focussed recruitment campaigns will need to continue at high frequencies to ensure the reduction of outstanding vacancies and to meet the demand where services are expanding. There can be no complacency despite a successful period of nurse recruitment. Given the recruitment success we will now be turning our attention to retention.

#### **Recommendations:**

- The Board of Directors is asked to note the information contained in this summary report and the actions we have in place and the excellent progress we have made.

#### **Appendices**

Appendix 1 – Planned vs. Actual nursing hours Trust collated - July 2014

Appendix 2 – Trust collated public view summary – July 2014

Appendix 3 – Non-inpatient monthly staffing report collated – July 2014

Appendix 4 – (Internal) In-patient staffing vacancies/recruitment Trust summary levels – July 2014