

# Monthly Report of Nursing and Midwifery Staffing Levels

December 2014

**Paper produced: January 2015**

<b>Status:</b> A Paper for Information
--

Dame Eileen Sills DBE  
Chief Nurse and Director of Patient Experience

## Monthly Report of Nursing & Midwifery staffing Levels for December 2014

A paper prepared by Neil Webb (Head of Nursing, Workforce)

and presented by Dame Eileen Sills DBE, Chief Nurse and Director of Patient Experience

### Executive Summary

#### Purpose:

- Regular monthly report on nursing, midwifery and health visitors staffing levels.

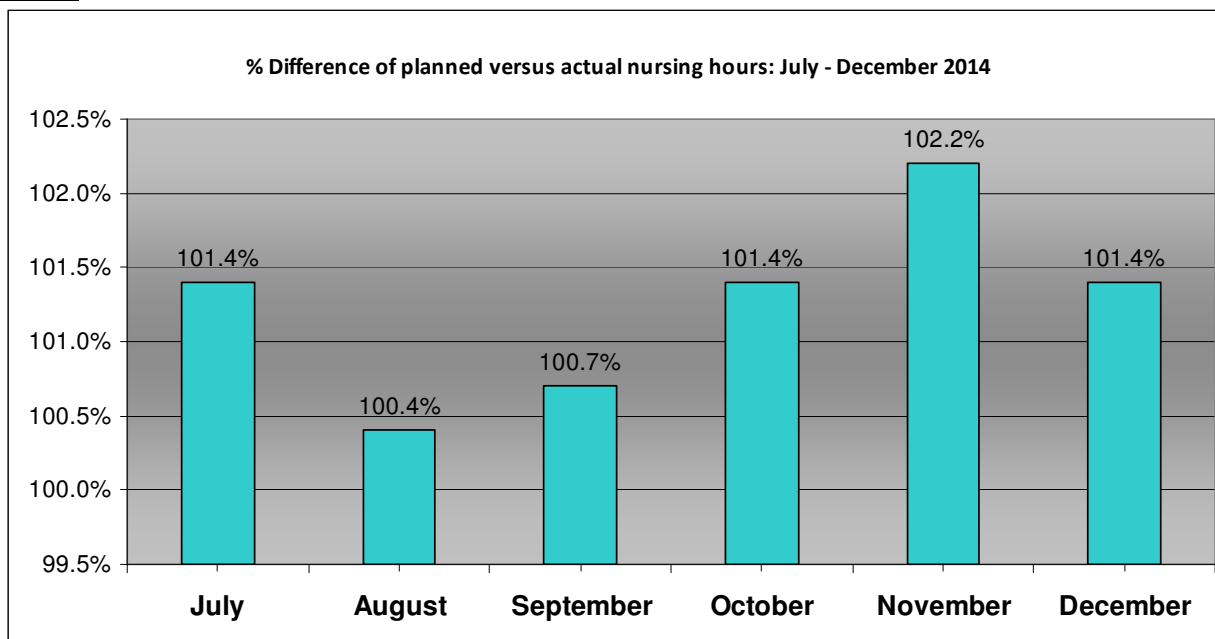
#### Key Points:

##### 1.0 General points:

- **Planned versus actual nursing hours for December 2014 was 1.4 % above planned. This was a decrease of 0.8% from the previous month.**
- In total there were 29 areas where staffing fell below planned hours. This was an increase by 5 areas, from the 24 areas reported last month.
- In total there were 25 areas where actual nursing hours used were above planned. This was a decrease from the 28 reported last month. One area's actual hours matched exactly their planned (Howard ward).
- 5 areas used more than 10% actual nursing hours above planned, this was a decrease from the 7 areas reported last month.
- 2 area's reported that their actual nursing hours fell below planned by more than 10%. In these areas, staff were moved to assist other wards where it was deemed there was a higher patient dependency/activity levels. Lower 'actual nursing hours' below those reported for planned falsely represented a negative position in the areas where staff were moved from. Operationally this was seen as a safe and effective approach of utilising the nursing resource available. Any staff moves were always under the supervision of the directorate senior nursing teams.
- The six month trend (July – December 2014) of planned vs. actual nursing hours within our inpatient bedded areas, shows a stable trend of between 100.4 (August 2014) – 102.2 % (November). The month of December being a slight decrease to 101.4%.
- There were a number of wards spread across the directorates that either closed or reduced their number of beds that were open during the festive period due to lower activity levels. This directly affected the number of planned and actual nursing hours reported. Planned and actual nursing hours were adjusted in these areas to reflect the operational staffing requirements during these periods. Directorates utilised any

surplus nursing staff scheduled to work in these areas by redeploying them to clinical areas where they were required. This assisted in reducing the temporary staffing reliance and financial spend whilst maintaining safe staffing levels. Only those essential vacant clinical shifts over the festive period were filled with temporary staffing, whilst still maintaining safe staffing levels across the organisation.

**Figure 1.**



- **Appendix 1** shows at ward level the three month (October - December 2014) graph of planned vs. actual hours use.

- **Appendix 2** shows at Directorate level the three month (October - December 2014) graph of planned vs. actual hours use.

- **Acute Medicine:** It can be seen from Appendices 1 and 2 that Acute Medicine directorate continued in the month of December to remain the higher users of actual hours over planned. This has been the consistent trend over the last six months. In December, four areas reported using 10% or more actual nursing hours over planned; this was consistent with last month's data. The directorate continues to have a significant number of patients that required 1:1 specialising needs to safely staff their inpatient bedded areas. There was an increase in some areas of actual nursing hours used over planned, in others a decrease. Appendix 2, (Acute Medicine directorate graph) shows the spread across the wards in more detail.

- Albert ward had the highest variance percentage in actual nursing hours over planned, 36.8%. On average daily (Day/Night) there was between 4-5 non-registered nurses used above that planned. This reflected the high levels of patient nursing dependency needs within this area throughout the month of December. The directorate senior nursing team maintained close supervision with the ward Charge Nurse to ensure safe appropriate staffing levels/skill mix was delivered at all times. The Trust's 1:1 specials team delivered 63 (787.5 hours) clinical shifts to support Albert ward's staffing needs over the month of December.

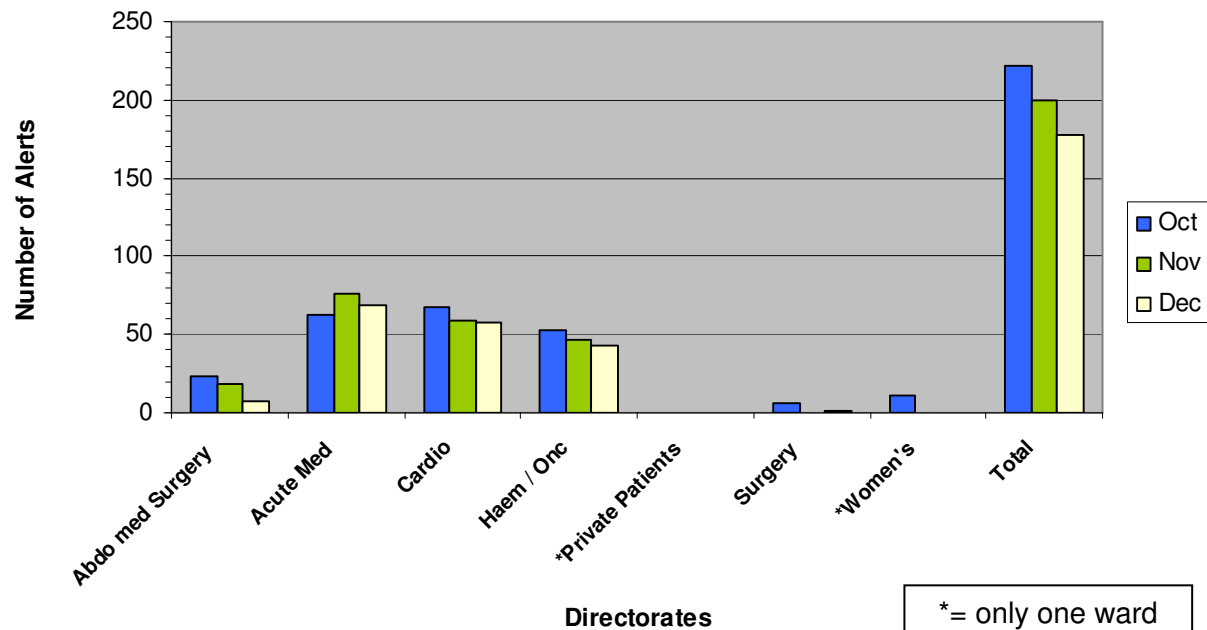
- Anne, Hillyers and William Gull wards also used higher actual nursing hours above planned over the month of December. These ranged from 13.3% - 19.2%. This was on average a similar picture seen over the past six months within these areas.
- **Evelina London Children's Hospital**, The month of December's data, showed that actual nursing hours were closely matched to planned for the second consecutive month. Lower activity levels in some areas allowed for a number of staff to be moved from their normal rostered areas to assist with delivering clinical nursing hours to PICU.
- **Women's Services:** *Gynaecology ward* used higher actual nursing hours (12.1%) than planned for the second consecutive month. However the reason for the month of December being clinically related this month.
- Higher levels of actual nursing hours above planned was reported to be due to using a number of non-registered nursing hours for 1:1 specialising of vulnerable women.

#### **Other workforce metrics:**

- **Red Flags:** There were 65 red flags raised over the month of December, a decrease of 5 from the previous month.
- The majority of red flags being reported from PICU (34). On these occasions of red flags being raised, off ward nurses assisted with the delivery of clinical care alongside ward based staff from other areas where patient dependency/activity was deemed to be lower.
- Acute Medicine and Women's services reported that that there was an under reporting of Red Flags over the month of December. Work is in progress within the directorate to encourage staff not to view reporting of a red flag as a negative event but be seen as positive. Red flags are encouraged to be reported (where applicable) as this not only strengthens the governance for patient safety but also assists with evidence basing the fluctuating clinical demands within the units for future workforce planning.
- Any red flag alerts triggered in the month of December was responded to with a senior nurse review at the time of being raised and any mitigating actions immediately put in place to ensure patient safety.
- **Patient acuity alerts:** 178 acuity alerts were triggered in the Trust over the month of December for the day shift across the inpatient ward areas. This was a decrease of 22 from the month of November (Figure 2). The larger proportion of acuity alerts triggered in the day shift was from Acute Medicine directorate with 69 alerts triggered. Cardiovascular with 58 and Haematology and Oncology with 43 alerts triggered.

#### **Figure 2.**

### Monthly Acuity Alerts October - December 2014



- All acuity email alerts triggered were responded to appropriately by a senior nurse and staffing levels adjusted where required to ensure safe staffing levels.
- **Recruitment position remains positive.** At the time of this paper being prepared there are currently 425.05 wte Nursing and Midwifery vacancies yet to be appointed to. A marginal increase of 7.55wte from the month of November's reporting.
- Overall vacancy levels equates to around 12.25% (685.54 wte) of the total Trust's Nursing & Midwifery establishment (5596.86 wte). *This does not include external new starters in the pipeline who are waiting to start at the Trust.*
- *Pipeline external nursing staff recruited stood at 260.49 wte, who were waiting to commence employment at the time this paper was written.*
- Appendix 3 shows the current Trust Nursing and Midwifery workforce position with a projected three month vacancy position based on historical leaver's data of around 9.78% (554.05 wte) a slight increase of 0.3% projected from November's reported figures.
- **Community District Nursing & PCCP Theatres** remain the main Trust workforce risk areas. Both areas have a number of hard to recruit to vacancies which are being managed by delivering a rolling recruitment campaign and frequent advertising/promotion of the services. Work is currently commencing within the community around reviewing the way nursing services can be delivered. Alternative approaches are being considered utilising allied health professionals to deliver some of the aspects which historically the traditional District Nurse would have delivered.
- A full review of the District nurse role is being led by adult community services in conjunction with the Chief Nurse Office.
- **The bi-annual six month Nursing and Midwifery workforce paper** reviews the individual directorates in greater depth. Please refer to this published paper for further details.

- **Expansion of 1:1 specials team:** Recruitment into the 1:1 specials team is in full progress. Vacant posts remaining to recruit to are 3 wte at band 3 and 2 wte at band 2 with a virtual Ward Sister/Charge Nurse position currently advertised. In post are 15wte band 3, 6 band 2 non-registered nurses with 2 wte registered nurse band 6 team leaders.
- A further 14 wte band 2 non-registered nurses have been recruited and in the pipeline. It is anticipated that the full 1:1 specials team establishment will be recruited and in post over the next 2 months. Once all staff are in post, this will significantly assist with supplying the increasing demand of 1:1 specials for the inpatient clinical services.

### **Implications:**

- The Trust is continuing to remain busy, requiring high levels of nursing hours to deliver safe effective patient care. Stabilising the nursing workforce in clinical areas is a priority as we move into 2015.

### **Recommendations:**

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

### **Appendices:**

- Appendix 1 – Ward Level % Planned Vs Actual Trends October – December 2014
- Appendix 2 - Directorate level % Planned Vs Actual October – December 2014
- Appendix 3 – Trust Level Recruitment & Vacancy levels (19<sup>th</sup> December 2014)
- Appendix 4 - Planned vs. Actual nursing hours Trust collated - December 2014 (UNIFY)
- Appendix 5 - Trust collated workforce clinical indicator summary –December 2014
- Appendix 6 - Non-inpatient monthly staffing report collated – December 2014