

# Board briefing of Nursing and Midwifery Staffing Levels

February 2015

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Chief Nurse and Director of Patient Experience

## Board briefing of Nursing & Midwifery staffing Levels for February 2015

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

and presented by Directors for Nursing Adult Services on behalf of  
Dame Eileen Sills DBE, Chief Nurse and Director of Patient Experience

### Executive Summary

#### Purpose:

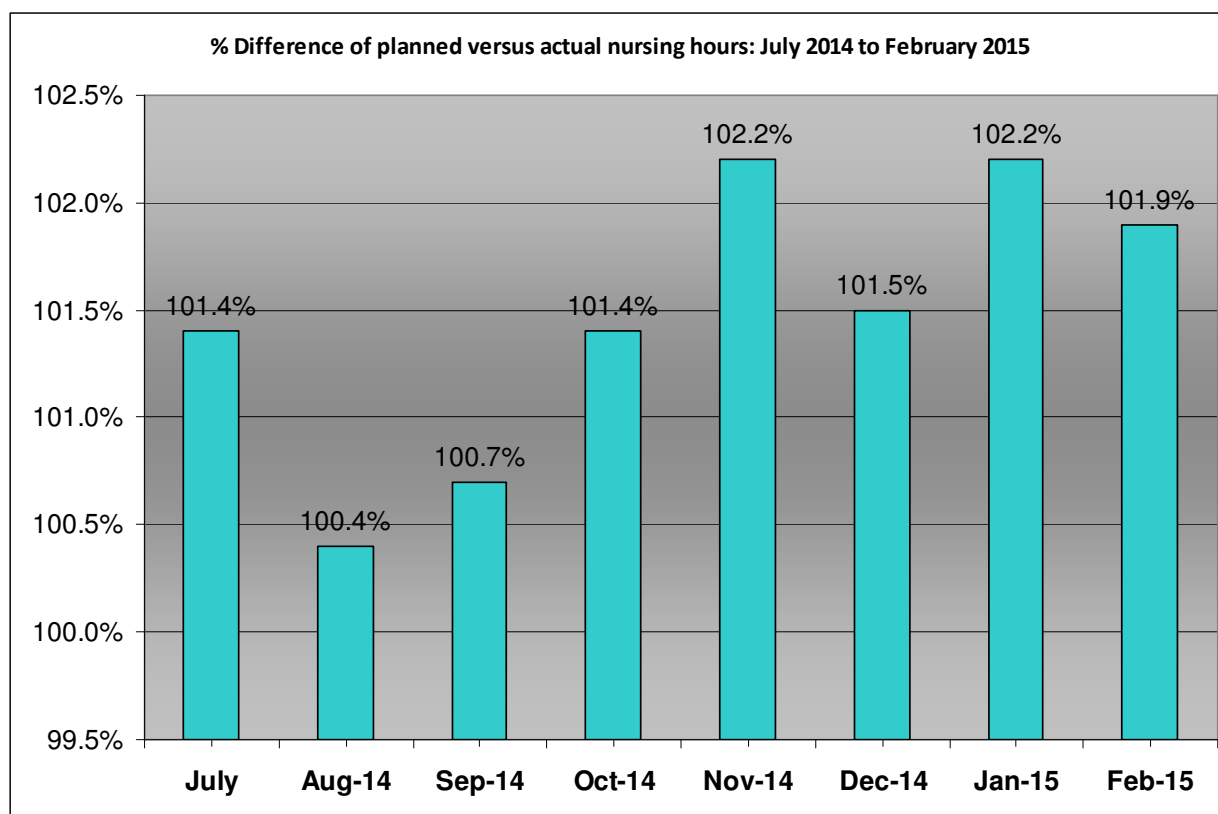
- Regular monthly report on nursing, midwifery and health visitors staffing levels.

#### Key Points:

##### 1.0 General points:

- **Planned versus actual nursing hours for February 2015 was 1.9 % above planned. This was a decrease of 0.2% from the previous month.**
- In total there were 25 areas where staffing fell below planned hours. This was an increase by 1 area, from the 24 areas reported last month.
- In total there were 28 areas where actual nursing hours used were above planned. This was a decrease from the 30 reported last month. One area's actual hours matched exactly their planned as per previous months data (Howard ward).
- 8 areas used more than 10% actual nursing hours above planned, this was same as last months reporting.
- There were no areas that reported that their actual nursing hours fell below planned by more than 10%.
- The eight month trend (July 2014 – February 2015) of planned vs. actual nursing hours within our inpatient bedded areas, shows a stable trend of between 100.4% (August 2014) – 102.2 % (November 2014) The month of February 2015 of 101.9 % being an decrease to the 102.1% reported in January 2015. This is a similar picture to neighbouring London hospitals.
- Recruitment Initiatives continue, but remain an ongoing challenge. With overall vacancy rates at 12%. However the overall vacancy rate has decreased by 64 posts in month.

**Figure 1.**



- **Appendix 1** shows at ward level the three month (December 2014 – February 2015) graph of planned vs. actual hours use.

- **Appendix 2** shows at Directorate level the three month (December 2014 - February 2015) graph of planned vs. actual hours use.

- **Acute Medicine:** Appendices 1 and 2 show that Acute Medicine directorate continues in the month of February 2015 to remain the higher users of actual hours over planned.

- In February 2015, five areas reported using 10% or more actual nursing hours over planned; this was a decrease of three areas from last month's data.

- Acute Medicine directorate continues to have a significant number of patients that required 1:1 specialising needs to safely staff their inpatient bedded areas. Albert ward continued for the second month in a row to have the largest percentage variance of actual hours use of nursing hours over planned, 39.8%. This equated to 2,084 actual nursing hours above those planned. The largest proportion of these hours being related to additional Nursing assistant hours within the day shift. This reflected the high levels of patient nursing dependency needs within this area throughout the month of February, similar to previous months reporting. The directorate senior nursing team maintained close supervision with the Ward Sister to ensure safe appropriate staffing levels/skill mix was delivered at all times. The Trust's 1:1 specials team and temporary staffing service supplied the additional staffing levels, in the majority of shifts.

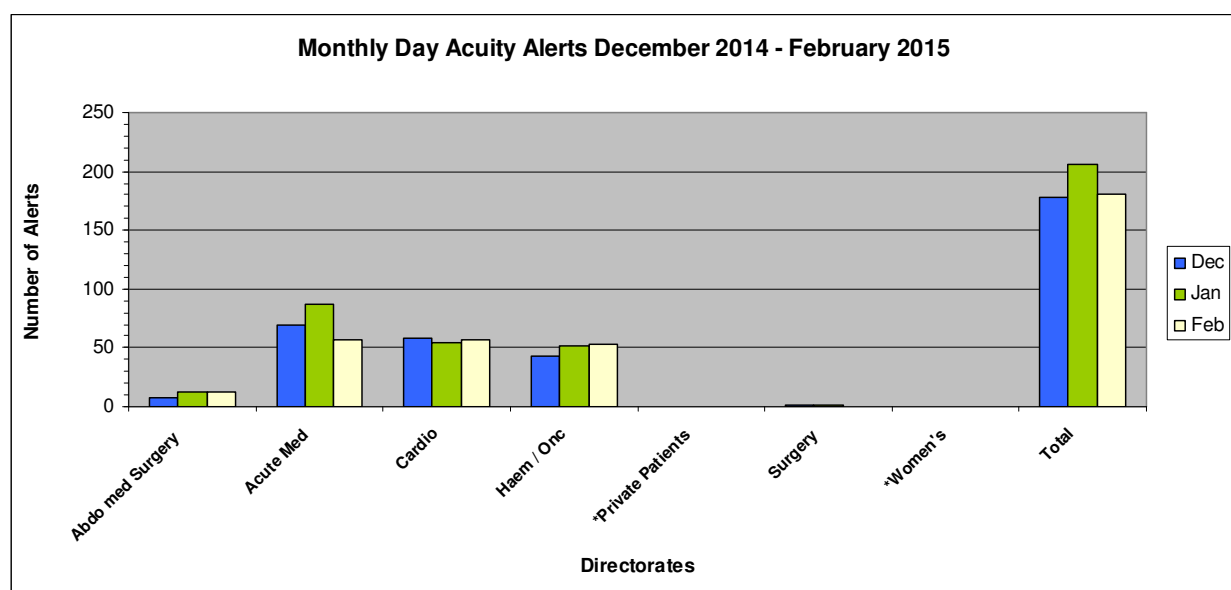
- **Women's Services:** *Postnatal ward* used higher actual nursing hours (9.6%, 538 hours) than planned due to using a number of non-registered nursing hours for

1:1 specialling of vulnerable women. This was the second month this trend has been seen.

### **Other workforce metrics:**

- **Red Flags:** There were 81 red flags raised over the month of February, an increase of 32 from the previous month.
- The majority of red flags being reported from PICU (31), an increase from the previous month of 9. Red flags being raised were due primarily to a significant increase in patient activity within the area. When red flags were 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.
- Surgery, Community inpatient bedded areas and Howard ward were the only Directorates where no Red flag alerts were reported.
- Any red flag alerts triggered in the month of February 2015 were responded to with a senior nurse review at the time of being raised with any mitigating actions immediately put in place to ensure patient safety.
- **Patient acuity alerts:** 180 acuity alerts were triggered in the Trust over the month of February 2015 for the day shift across the inpatient ward areas. This was a decrease of 26 from the month of January (Figure 2). The larger proportion of acuity alerts triggered in the day shift was from Acute Medicine directorate (57). Cardiovascular (57) and Haematology and Oncology with 53 alerts. Lower numbers of acuity alerts were reported from GI/Abdominal Medicine/Surgery with 13 alerts. Future months reporting will be looking at providing numbers of night shift acuity alerts.
- Night shift acuity alerts have not been reported in this board paper, as consistent daily recording of patient level acuity remains an area where improvement is required. Directorates have this as an action for their ward areas.

**Figure 2.**



- 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, but is an ongoing challenge to the organisation.**
- Overall vacancy levels equates to around 12.48% (702.18 wte) of the total Trust's Nursing & Midwifery establishment (5627.86 wte). *This does not include external new starters in the pipeline who are waiting to start at the Trust.* At the time of this paper being prepared there are currently 438.38 wte Nursing and Midwifery vacancies yet to be appointed to. A decrease of 64.37 wte from the month of January's reporting. *Pipeline external nursing staff recruited stood at 263.8 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 9.96% (567.38 wte). This is a decrease of 1.11% projected from January reported figures. Work is currently being commenced around reviewing the data quality of our leavers' information.
- **Community District Nursing & PCCP Theatres** remains the main Trust workforce risk areas, as reported in last month's paper. 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. There has been some success with the current recruitment campaigns, with small numbers being recruited. Further details can be found in the appendices.
- All other directorates have a number of vacancies throughout their wards in varying degrees. Temporary staff are currently assisting with the demand of vacant nursing shifts through use of both bank and agency usage.

#### **Other Recruitment updates:**

- The Trusts Nursing and Midwifery workforce governance group is in the second month of running. The group consists of senior nursing and HR representatives who are focussed on ensuring there is a continued focus on recruitment and retention initiatives and good governance within our workforce strategy to ensure there is stability within the Nursing and Midwifery workforce.

#### **Implications:**

- The Trust continues with a high level of activity and acuity demands, requiring high levels of nursing hours to deliver safe effective patient care. Stabilising and retaining the nursing workforce in clinical areas is a priority as we move through 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 progress made to date.

**Appendices:**

- Appendix 1 – Ward Level % Planned Vs Actual Trends December 2014 – February 2015
- Appendix 2 - Directorate level % Planned Vs Actual December 2014 – February 2015
- Appendix 3 – Trust Level Recruitment & Vacancy levels (23<sup>rd</sup> February 2015)
- Appendix 4 - Planned vs. Actual nursing hours Trust collated - February 2015 (UNIFY)
- Appendix 5 - Trust collated workforce clinical indicator summary – February 2015
- Appendix 6 - Non-inpatient monthly staffing report collated – February 2015