

# Board briefing of Nursing and Midwifery Staffing Levels

January 2014

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

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

### Executive Summary

#### Purpose:

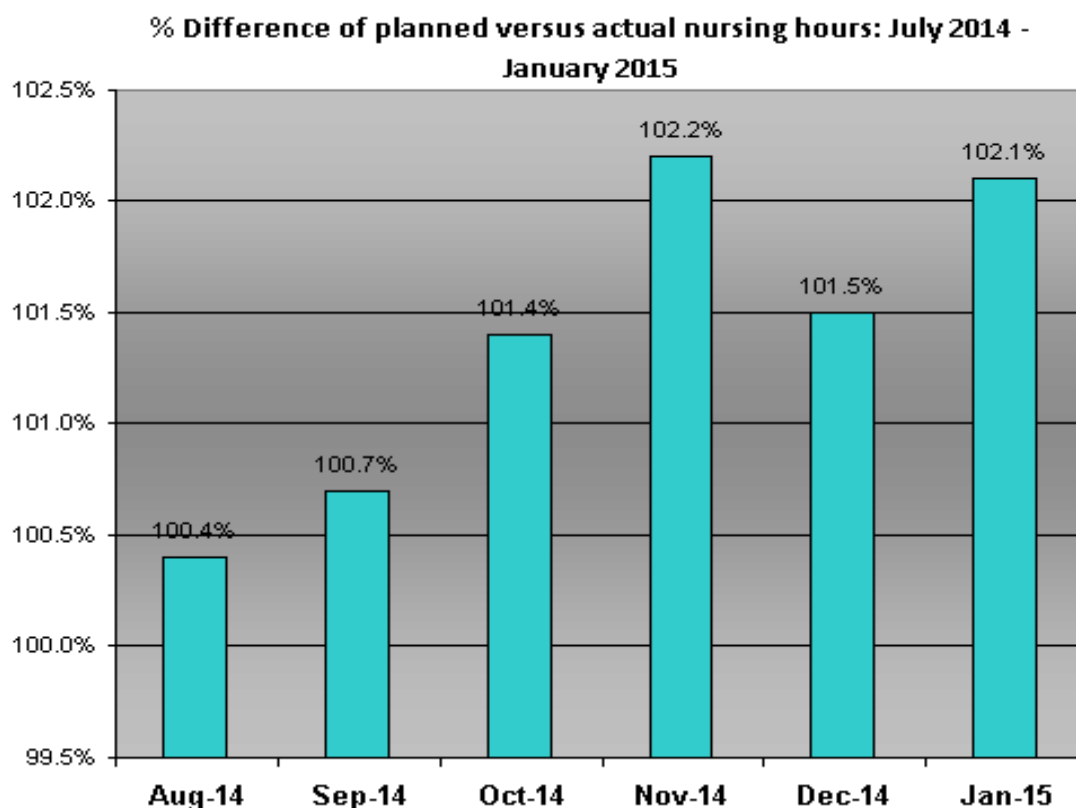
- Regular monthly report on nursing, midwifery and health visitors staffing levels.

#### Key Points:

##### 1.0 General points:

- **Planned versus actual nursing hours for January 2015 was 2.1 % above planned. This was a increase of 0.7% from the previous month.**
- In total there were 24 areas where staffing fell below planned hours. This was a decrease by 5 areas, from the 29 areas reported last month.
- In total there were 30 areas where actual nursing hours used were above planned. This was an increase from the 25 reported last month. One area's actual hours matched exactly their planned (Howard ward).
- 8 areas used more than 10% actual nursing hours above planned, this was an increase from the 5 areas reported last month.
- 1 area (Doulton HDU) reported that their actual nursing hours fell below planned by more than 10%. In this area, 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 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 team.
- The seven month trend (July – January 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 January 2015 of 102.1% being an increase to the 101.5% reported in December.

Figure 1.



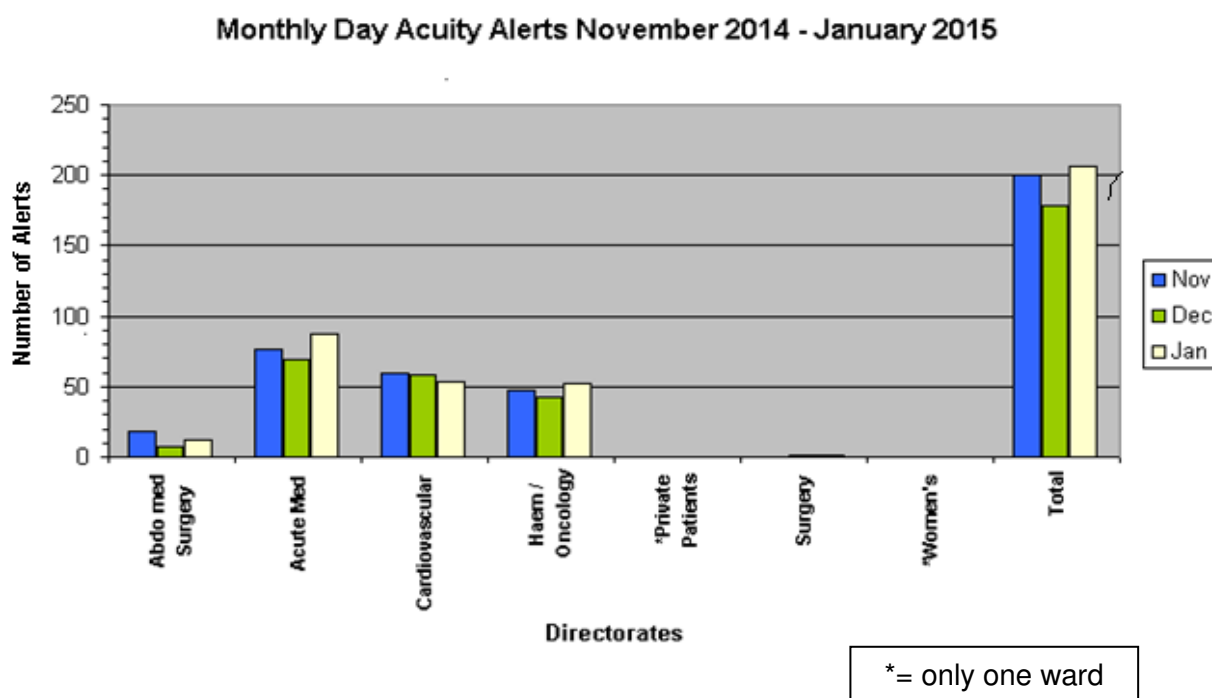
- **Appendix 1** shows at ward level the three month (November 2014 – January 2015) graph of planned vs. actual hours use.
- **Appendix 2** shows at Directorate level the three month (November 2014 - January 2015) graph of planned vs. actual hours use.
- **Acute Medicine:** Appendices 1 and 2 show that Acute Medicine directorate continues in the month of January 2015 to remain the higher users of actual hours over planned.
- In January 2015, eight areas reported using 10% or more actual nursing hours over planned; this was an increase of three areas from 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. Albert ward had the largest percentage variance for the second month running of actual hours use of nursing hours over planned, 44% which equated to 2,591 actual nursing hours. The vast majority of these nursing hours being non-registered staff for both the day and night shifts. On average daily (Day/Night) there was between 3-5 non-registered nurses used above that planned. This reflected the high levels of patient nursing dependency needs within this area throughout the month of January. 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.
- Anne, Henry, Mark, Hillyers and William Gull wards also used higher actual nursing hours above planned over the month of January 2015. A similar pattern to previous months. These ranged from 10.9% - 24.1%. This was on average a similar picture seen over the past seven months within these areas.

- **Evelina London Children's Hospital**, The month of January's data, showed that actual nursing hours were closely matched to plan for the third consecutive month. Lower activity/dependency 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 where there was higher acuity/dependency needs.
- **Women's Services:** *Postnatal ward* used higher actual nursing hours (15.3%, 947.5 hours) than planned due to using a number of non-registered nursing hours for 1:1 specialising of vulnerable women.

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

- **Red Flags:** There were 49 red flags raised over the month of December, a decrease of 16 from the previous month.
- The majority of red flags being reported from PICU (22). 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.
- Community inpatient bedded area's and Howard ward were the only areas where no Red flag alerts were reported.
- Any red flag alerts triggered in the month of January 2015 were 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:** 206 acuity alerts were triggered in the Trust over the month of January 2015 for the day shift across the inpatient ward areas. This was an increase of 28 from the month of December (Figure 2). The larger proportion of acuity alerts triggered in the day shift was from Acute Medicine directorate (69). Cardiovascular with 54 and Haematology and Oncology with 52 alerts. Lower numbers of acuity alerts were reported from GI/Abdominal Medicine/Surgery with 12 alerts and Surgery with 1 alert.

**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.** At the time of this paper being prepared there are currently 502.75 wte Nursing and Midwifery vacancies yet to be appointed to. An increase of 77.7wte from the month of December's reporting. This included a number of additional Health Visitor growth posts that was updated within esr for the community children's establishments in the month of January 2015.
- Overall vacancy levels equates to around 13.14% (740.84 wte) of the total Trust's Nursing & Midwifery establishment (5639.86 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 238.09 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 11.07% (631.75 wte). This is an increase of 1.29% projected from December's reported figures. Work is currently being commenced around reviewing how we can retain our staff within the Trust, including how we can nurture our talented workforce careers.
- **Community District Nursing & PCCP Theatres** remain 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.
- A dedicated webpage for both services is currently in development to showcase the excellent developmental opportunities for staff.
- A full review of the District nurse role has commenced, led by adult community services in conjunction with the Chief Nurse Office. This includes streamlining recruitment processes, to ensure a more rapid facilitation of candidates from application to assessment centres.

#### **Recruitment overseas:**

- Due to the UK national shortages of registered nurses in many specialities, there is now careful considerations being made to recruit overseas. Options of independently recruiting vs. enlisting an agency to source registered nurses are being made.
- The Home Office is receiving national pressure to recognise more nursing specialities as hard to recruit to jobs. Overseas recruiting to EU and non-EU countries is not a short term plan, but medium to long term, due to the complex Visa requirements required for Non-EU countries. This is at a time where visa restrictions are being put in place to control the number of overseas nurses being sourced internationally by many organisations.

#### **Other recruitment updates:**

- GSTT Chief Nurse, Dame Eileen Sills DBE is currently working alongside other senior nursing leaders nationally to look at the nursing workforce challenges the UK faces, in a bid to alleviate these pressures.

#### **Implications:**

- The Trust is continuing to remain busy, 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 excellent progress we have made to date.

### **Appendices:**

- Appendix 1 – Ward Level % Planned Vs Actual Trends November 2014 – January 2015
- Appendix 2 - Directorate level % Planned Vs Actual November 2014 – January 2015
- Appendix 3 – Trust Level Recruitment & Vacancy levels (24<sup>th</sup> January 2015)
- Appendix 4 - Planned vs. Actual nursing hours Trust collated - January 2015 (UNIFY)
- Appendix 5 - Trust collated workforce clinical indicator summary – January 2015
- Appendix 6 - Non-inpatient monthly staffing report collated – January 2015