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Title of Paper: Board briefing of Nursing and Midwifery Staffing Levels	Date of Briefing August 2015

This paper is for:		Sponsor:	Chief Nurse- Dame Eileen Sills (DBE)	
Decision		Author:	Workforce Team (Chief Nurse's Office)	
Discussion		Reviewed by:	Directors of Nursing (Chief Nurse's Office)	
Noting		CEO*		
Information	✓	ED*		
		Board Committee*		
		TME*		
		Other*		

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1. Summary

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

This report provides the Board with an overview of the nursing and midwifery workforce during the month of July 2015. It is a requirement on all senior nursing and midwifery staff to manage their respective clinical areas with safe, effective staffing at all times. They must ensure that deviations are reported through the Red Flag system and are acted upon to protect patient care. It is also their responsibility to consider the appropriate and efficient management of staff.

2. Request to the Board of Directors

- The Board of Directors are asked to note the information contained in this summary report.

3. Detail/ Commentary

General

- **Planned versus actual nursing hours for July 2015 was 1.6 % above plan. This was a decrease of 1.2% from the previous month.**
- In total there were 27 areas where staffing fell below planned hours. This was an increase of three areas from the 24 reported last month. Of those 27 areas, 2 areas used less than 10% actual hours below planned, Queen (-12.3%) & Antenatal Ward (-12.5%).
- 26 areas used more nursing hours than planned. This was a decrease from 1 who reported last month. Of those 26 areas, six used more than 10% above plan; this is 3 fewer areas than that reported in June.

Directorate Commentary:

Acute Medicine (Actual nursing hours used above planned >10%):

- 5 areas reported using 10% actual nursing hours above planned within the Acute Medicine Directorate; Albert Ward (39.5%), Anne Ward (24.2%), Henry (19.7%), Mark (12.1%) and William Gull (17.7%).
- The planned closure of Alexandra Ward during the month of July assisted in filling the wider directorate staffing requirements. 27 staff were re-deployed from Alexandra ward across the other directorate clinical areas to assist with filling vacancies within the rosters in other inpatient areas. 16 Registered Nurses and 11 unregistered staff were redeployed. The temporary closure of Alexandra ward and redeployment of staff, assisted positively in covering many of the vacancies in the other Acute Medicine wards, preventing the reliance on using temporary staffing. This assisted not only in the quality of patient care being maintained, but also had a positive impact on morale across the directorate. The full positive effect of any financial impact in the temporary closure of the ward will not be known until next month. The Acute Medicine directorate still had a large number of dependent patients in July requiring full assistance in their care needs, alongside a number of patients requiring 1:1 special needs or RMN support.
- Albert ward - The majority of the actual hours above planned were attributable to 1:1 specials use, with approximately 50% of the specials being RMNs during July for patients under Mental Health section.
- Anne ward – The majority of the actual hours above planned were attributable to 1:1 specials, with 168 hours RMNs during July, and the remainder Nursing Assistants primarily for managing patients at high risk of falls.
- Henry ward - The majority of the actual hours above planned were attributable to 1:1 specials of Nursing Assistants, primarily for managing patients at high risk of falls

- Mark ward - The majority of the actual hours above planned were attributable to 1:1 specials of Nursing Assistants, primarily for managing patients at high risk of falls
- William Gull - The majority of the actual hours above planned were attributable to specials for patients with tracheotomies requiring closer supervision and increased care needs.

Pulross (Community inpatient area – Actual Nursing hours used above planned >10%):

- Pulross ward used 21.9% actual nursing hours above planned, primarily of Nursing Assistant hours. 3 Patients at the same time within the ward required 1:1 specials to ensure their clinical safety on a 24hour basis.

Queen Ward (Surgery – Actual Nursing hours used below planned >10%)

- Queen ward used 12.3% less actual hours than planned. Staff were moved from this area to assist with staffing requirements within Sarah Ward during the final week of July. This was to ensure staffing levels matched both activity and patient dependency needs in both areas. On both wards, safe staffing was maintained through this approach, under the close supervision of the directorate's senior nursing teams.

Antenatal Ward: (Women's-Actual Nursing hours used below planned >10%)

- Antenatal ward used 12.5% less actual hours than planned. This was due to short and long term sickness. Through the leadership of the senior Midwifery team safe staffing was maintained at all times through the redeployment of staff across the directorate as required.

Cardiovascular: Reported successful recruitment to the Cardiac Catheter Lab in the month of July. Through use of bespoke advertising, there has been positive recruitment of both experienced and non experienced nurses who will commence employment to the Trust in the coming months. The vacancy position in this area at the beginning of 2015 was a 50% vacancy level which was supported safely by use of temporary staffing. The successful recruitment of the nurses will move the department to a position of being fully recruited in the coming months.

Haematology/Oncology: In the month of July there were a number of unplanned absences due to short term sickness, which is reflective in the Actual nursing hours used . This was safely supported by use of appropriate levels of temporary staff, following per shift senior nurse assessments. Through the senior nurse reviews, there were a number of shifts where actual nursing hours fell below planned which were deemed as safely staffed. This was due to an appropriate skill mix matching patient activity and dependency needs. Red flags were reported and actioned across the directorate when raised.

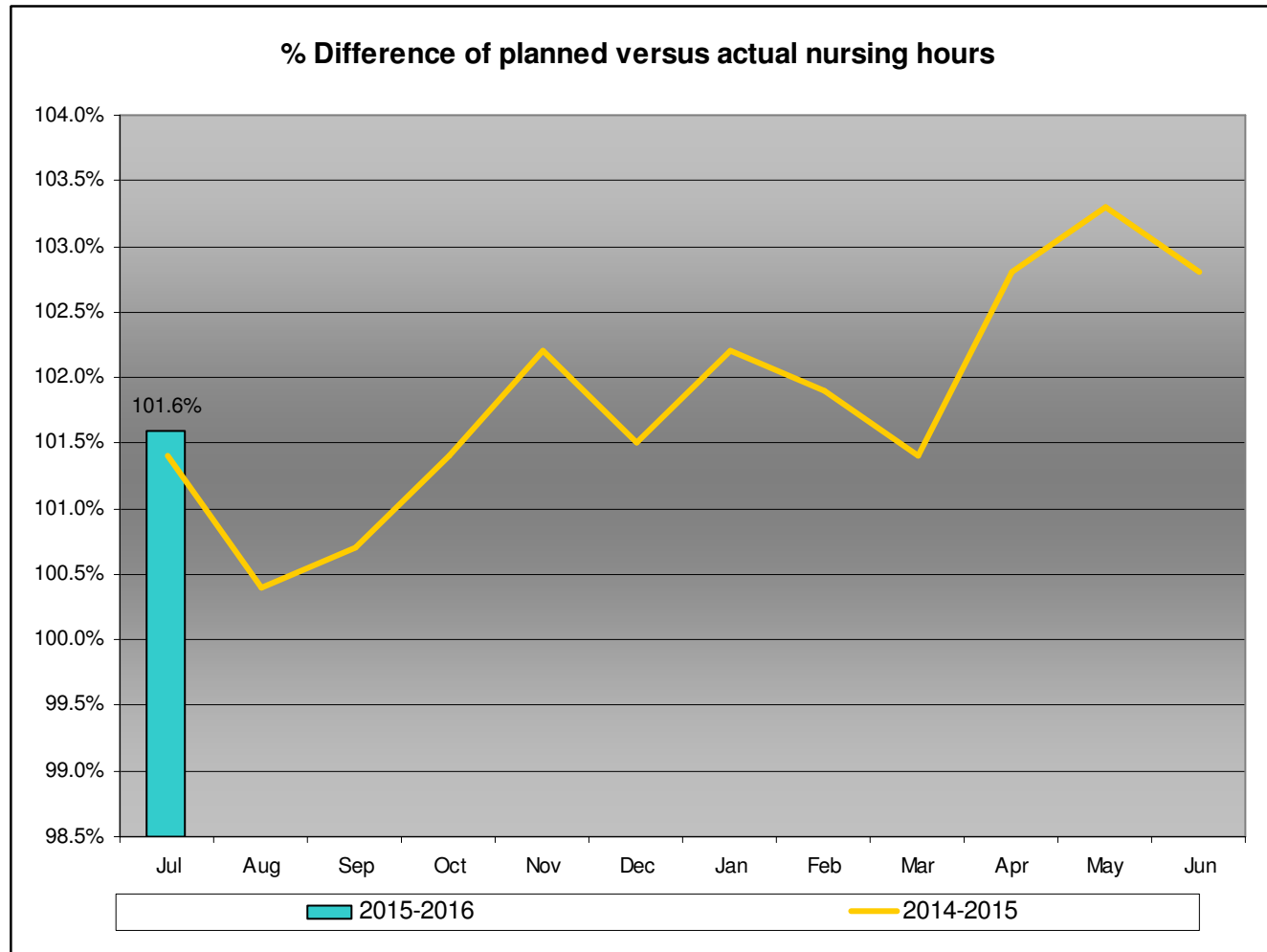
Evelina Children's reported successful recruitment of 53 wte newly qualified nurses, who are due to commence employment in September/October 2015. July 2015 data shows the inpatient bedded area's currently have 59.92 wte vacancies with total pipeline nurses of 68 wte. Within the coming three months it is anticipated the vacancy levels will significantly reduce as new starters commence employment, if the current retention rates are maintained.

Update from previous months report, June 2015:

- It was anticipated within last months report that the staffing hours would be balanced in July's returns for Doulton ward and Doulton HDU due to the move of Doulton HDU from the Cardiovascular directorate to PCCP. The data for July shows a on Doulton HDU a decrease of used hours to an almost balance of planned Vs actual hours used (0.1%). Doulton Ward reported still using 8.3% actual above planned nursing hours.
- Planned vs actual nursing hours for inpatient bedded areas for the 12 month period (Jul 2014 – July 2015) was relatively stable at between 100.4% – 103.3 % (Aug 2014 - May 2015).

The month of July 2015 shows the first month in recent months of a decrease in overall Trust actual hours used over planned. This supports the projection noted in last months Board paper, that it is anticipated there being a decrease in overall Trust hours used as more focus is applied to the appropriate use of 1:1 specials and temporary staffing usage.

Figure 1.



- **Appendix 1** shows planned vs actual hours used at ward level the three month (May – July 2015)

- **Appendix 2** shows planned vs actual hours used at Directorate level the three month (May – July 2015).

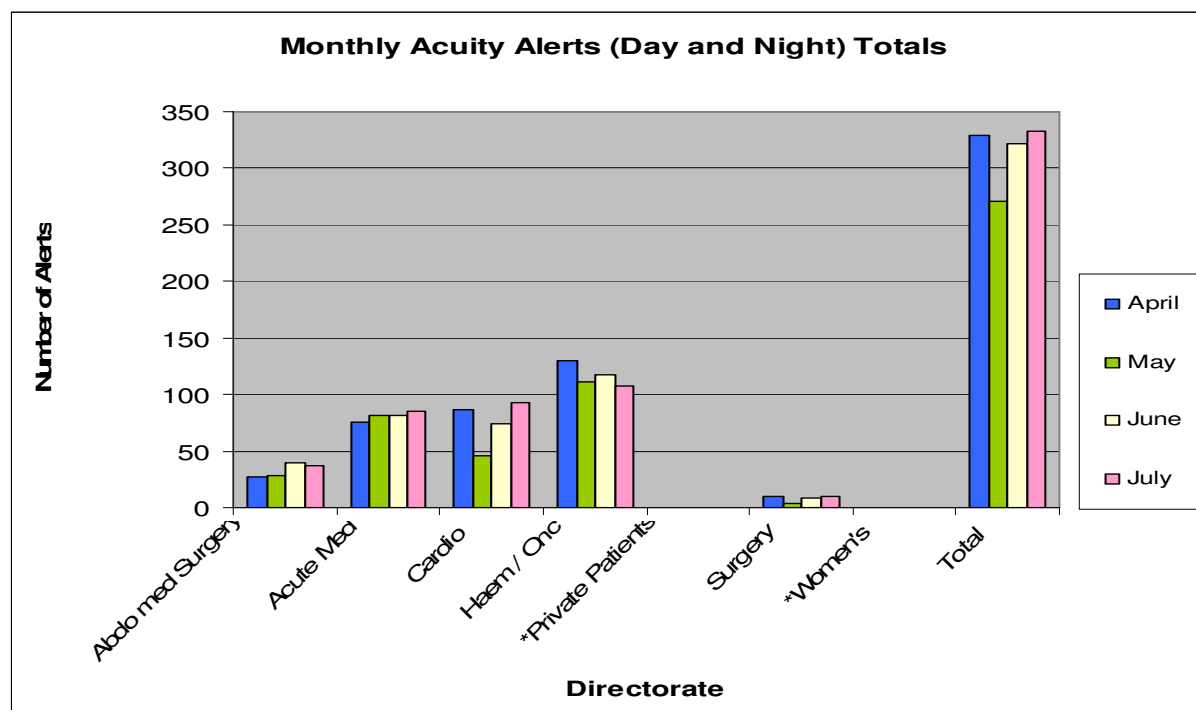
Other workforce metrics:

- **Red Flags:** There were 51 red flags raised over the month of July, an increase of 14 from the previous month. The Heads of Nursing have stated that no red flags raised had any detrimental effect on patient care being delivered or the safety of patients. As reported in last months Board paper, the upgrade of iPAMS to record Red Flags electronically at ward level, was successful in the month of June the rollout of its functionality has been delayed until after the summer period to support the focus in the summer months being on safely staffing the wards and not removing staff for additional training. It is anticipated the training and rollout of the additional functionality will now be over the months of September and October 2015, a project plan is currently being devised. The current Red flag reporting process will continue in the interim.
- The highest proportion of red flags reported from a single unit was from PICU for the sixth month running with 12 Red flags being raised, an increase of 7 Red flags from the previous month. This should not be interpreted as negative, but supports good governance and use of the red flags process within this 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.
- 31 areas reported no red flags this month.
- Any red flag alerts triggered in the month of July 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:** During day and night shifts (Combined acuity alerts) in the month of July 2015, 333 alerts were triggered across the inpatient ward areas. This total number of Day & Night shift alerts being made up of 182 Day

shift alerts and 151 Night shift alerts. It is noted from data analysis that compliance in recording Night shift acuity is less than the day shift, work is currently underway to increase this.

- **Figure 2:** The larger numbers of acuity alerts triggered were evenly spread across the Directorates of Acute Medicine, Haematology/Oncology and Cardiovascular as previously reported last month.

Figure 2.



Recruitment position:

- The current position is that the nursing and midwifery establishment is 5701.75 wte. Of that number there are 787.60 wte vacancies (13.81%). This does not include external new starters in the pipeline (567.5 wte). There remain 220.10 wte yet to be appointed to and as previously reported 354 wte of the newly recruited who will not commence with the Trust until the autumn as Newly Qualified Nurses.
- The Trust continues, as reported in last month's paper, to work hard to achieve high levels of successful recruitment campaigns through every mechanism available, whilst focussing on retaining and developing our current staff. Work continues in partnership with HR, through the Workforce Governance Group, to review initiatives to stabilise the workforce and become the employer of choice for Nursing and Midwifery professionals.
- Appendix 3 shows the current Trust Nursing and Midwifery workforce position with a projected three month vacancy position, based on historical leavers' data of around 349.10 wte (6.05 %). This is a marginal increase of 0.1% projected from that reported in June's data.
- Reduction on temporary staffing spend, whilst ensuring safe staffing levels are maintained continues to be a key focus. Close weekly review of temporary staff usage is being both monitored at Directorate and corporate level to ensure traction is maintained over the coming months.
- Healthroster housekeeping activities are currently underway across the Trust, commencing with a review of the accuracy of staff hours within the system. The next phase will be focussed on ensuring rosters have accurate templates and establishments assigned which all form part of ensuring accurate data is produced. Once these activities are complete, the Trust will be in a position to monitor roster practice more accurately and will place the Trust in a position to identify where areas of improvements may be required to create better use of the workforce.

Other Recruitment updates:

- July recruitment campaigns have continued for nurses with experience. The Assessment centres have been streamlined and new dates circulated to ensure all Directorates have adequate and frequent access to Assessment centre.
- Clinical Directorates, alongside the education department and Chief Nurse Office Graduate Nurse PDN's are continuing their preparation for the large number of newly qualified staff that will commence in the coming months. This is to ensure there is adequate support for the nurses once they formally commence their clinical careers within nursing and midwifery.
- NQN Recruitment for Evelina Children's and Adult Inpatients and Community is complete with Induction dates already being circulated to Directorates
- The Trust had representation at the Birmingham RCN Bulletin Job Fair and interviews took place at the event. September RCN jobs fair will be attended in London.

Return to Practice

Around 2-3 candidates will have their clinical placement within GSTT as part of their return to practice course being studied at Greenwich University. This is excellent news in attracting a small number of experienced nurses back into the profession which GSTT will hopefully benefit from in the future by attracting these nurses to apply for substantive positions once they have successfully finished their studies.

Winter Ward Campaign

Winter ward planning has now fully commenced with the Trust. The required staffing for this area has now been advertised both externally and internally. Internal interest through the Chief Nurse Bulletin and Staff Bulletin has already attracted interest.

Appendices:

- Appendix 1 - Ward Level % Planned Vs Actual Trends May 2015 - July 2015
- Appendix 2 - Directorate level % Planned Vs Actual May 2015 – July 2015
- Appendix 3 - Trust Level Recruitment & Vacancy levels (27th July 2015)
- Appendix 4 - Planned vs. Actual nursing hours Trust collated - July 2015 (UNIFY)
- Appendix 5 - Trust collated workforce clinical indicator summary - July 2015