

Board briefing of Nursing and Midwifery Staffing Levels

March 2015

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Board briefing of Nursing & Midwifery staffing Levels for March 2015

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

Executive Summary

Purpose:

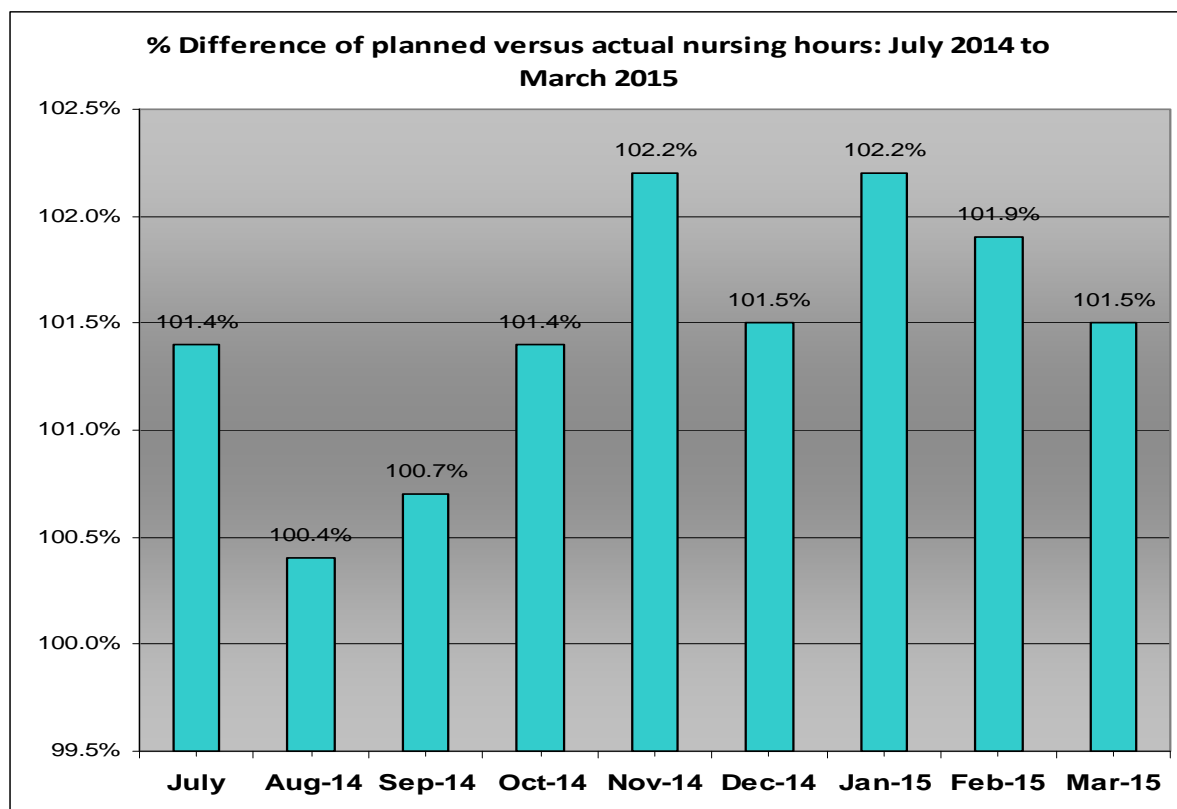
- Regular monthly report on nursing, midwifery and health visitors staffing levels.

Key Points:

1.0 General points:

- **Planned versus actual nursing hours for March 2015 was 1.5% above planned. This was a decrease of 0.4% from the previous month.**
- In total there were 28 areas where staffing fell below planned hours. This was an increase of three areas from the 25 areas reported last month.
- 24 areas used more nursing hours than planned. This was a decrease from 28 who reported last month. There were three areas where actual hours matched their planned (Aston Key, NICU and OIR)
- Of those 24 areas, ten used more than 10% above plan; an increase of two wards from the February report.
- There were three areas (Beach ward, Doulton HDU and Victoria HDU) where actual nursing hours fell below planned by more than 10%. All areas reported lower levels of patient dependency or activity, with no Red flags raised due to staffing concerns. The previous month's reporting period showed there were no areas that fell below 10%.
- The nine month data (July 2014 – March 2015) of planned vs. actual nursing hours within inpatient bedded areas, is relatively stable between 100.4% (August 2014) – 102.2 % (November 2014) Fig 1. The month of March 2015 of 101.5 % being a decrease to the 101.9% reported in February 2015. This is a similar picture to neighbouring London hospitals when benchmarked.

Figure 1.



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

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

- **Acute Medicine:** Appendices 1 and 2 show that the Directorate of Acute Medicine remains the highest users of actual hours over planned. Key reasons for this are the number of patients requiring 1:1 specialing. For the second month in a row, Albert ward continued to have the largest percentage variance of actual nursing hours used over planned of 1892.50 hours (32.8%). The largest proportion, 702.50 hours, were delivered by nursing assistants within the day shift period. The directorate senior nursing team are charged with the responsibility to ensure safe and appropriate staffing levels and skill mix throughout the 24 hour period. The Trust's 1:1 Specials Team supplied over 50 shifts to Albert ward, with the remainder provided through the temporary staffing service.

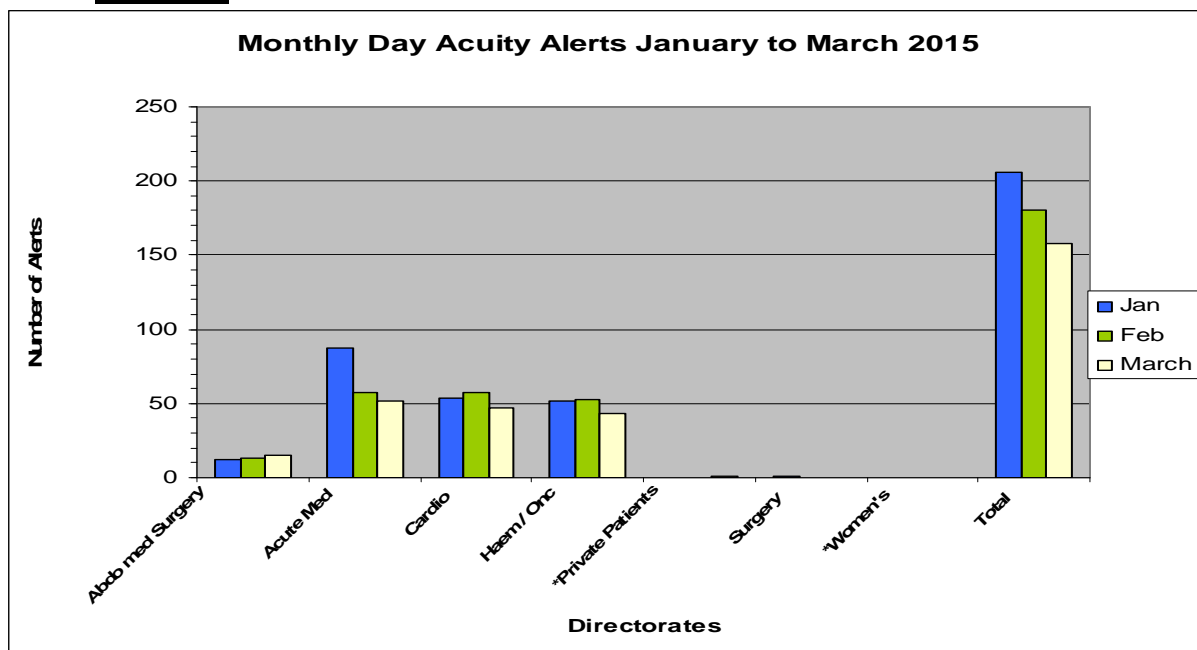
Alexandra ward closed six beds during March to assist with staffing demands. This was a Trust decision, based on the number of staffing vacancies and other absences and projected reliance on temporary staffing within this area. This will be continually monitored by both the senior nursing team within the directorate and the operations team within corporate services and the Chief nurses office to ensure the beds are able to reopen once staffing has been optimised.

Other workforce metrics:

- **Red Flags:** There were 82 red flags raised over the month of March, an increase of one 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.

- The majority of red flags reported were from PICU for the second month running (33), an increase from the previous month of 31. Red flags being raised in this area were due primarily to a sustained 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 for the second month running.
- Any red flag alerts triggered in the month of March 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 shifts in the month of March 158 acuity alerts were triggered across the inpatient ward areas. This was a decrease of 22 from the month of February (Figure 2). The larger numbers of acuity alerts triggered were evenly spread across the Directorates of Acute Medicine, Haematology/Oncology and Cardiovascular.
- Night shift acuity alerts have not been reported so far in the workforce 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 to improve the data recording across all inpatient areas.
- **Figure 2.**



- **Recruitment position:**
- The current position is that the nursing and midwifery establishment is 5628.71 wte. Of that number there are 680.52wte vacancies (12.09%) with 238.72wte in the pipeline waiting to commence work. This leaves 441.80wte yet to be

appointed to. The Trust continues to work hard to achieve high levels of recruitment through every mechanism available and to focus on retention of staff at all levels.

- 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 570.80 wte (10.02%). This is an increase of 0.06% projected from February reported figures. As reported in last month's paper, work is currently underway in reviewing the data quality of our leavers' information as there could be the potential of a small underreporting %. This issue is related to staff that leave the organisation in their substantive contract but remain on the bank where they are not classed as a leaver when data is analysed. Solutions to improve the accuracy of this data are currently being considered within HR services.
- **Areas of high vacancies:** Adult Local Services and PCCP Theatres remains the main Trust workforce risk areas, as reported in previous months' papers. Temporary staffing continues to support these areas in order to remain safely staffed.
- Other directorates have a number of vacancies and Temporary staff are assisting through use of both bank and agency usage.

Other Recruitment updates:

UK recruitment continues to be the main focus to fill nursing and midwifery vacancies. Trust presence at all large recruitment fairs has been organised for 2015, this includes a number held within UK universities.

- Additionally, the Trust is supporting a number of non-EU nurses in obtaining their NMC registration. This is through supporting their clinical hours requirement to be met within GSTT whilst they are actively enrolled in an accredited overseas nursing programme. The number of nurses registering for NMC registration via this route is anticipated to decrease as the year progresses as more non-EU nurses apply via the new NMC registration process for overseas nurses.
- The Trust is also focussing its attention on leading a local return to practice campaign targeted at nurses whose registration has lapsed. This is in partnership with two local universities who run a return to practice course. It is hopeful this campaign will attract a number of experienced nurses back into the nursing profession and to GSTT.
- Temporary staffing spend will be a focussed area of attention over the coming months. The Trust's Nursing and Midwifery Workforce Governance Group will lead on this, alongside the Fit for the Future work stream on nursing productivity.

Implications:

- This report provides the Board with an overview of the nursing and midwifery workforce during the month of March. 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.

Recommendations:

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

Appendices:

- Appendix 1 – Ward Level % Planned Vs Actual Trends January 2015 – March 2015
- Appendix 2 - Directorate level % Planned Vs Actual January 2015 – March 2015
- Appendix 3 – Trust Level Recruitment & Vacancy levels (27th March 2015)
- Appendix 4 - Planned vs. Actual nursing hours Trust collated - March 2015 (UNIFY)
- Appendix 5 - Trust collated workforce clinical indicator summary – March 2015
- Appendix 6 - Non-inpatient monthly staffing report collated – March 2015