

# Board of Directors Meeting

July 2014

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## Monthly Report of Nursing and Midwifery Staffing Levels June 2014

**Status:** A Paper for Information

**History:**

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Chief Nurse and Director of Patient Experience

## Board of Directors Meeting

June 2014

A paper prepared by Simone Hay, Deputy Chief Nurse  
and presented by Eileen Sills CBE, Chief Nurse and Director of Patient Experience

### Monthly Report of Nurse Midwifery Staffing Levels June 2014

#### Executive Summary

##### Purpose:

- To provide the board with an overview of nurse midwifery staffing levels in inpatient areas as outlined in the Nurse Staff Guide 'How to ensure the right people, with the right skills are in the right place at the right time!' Published by the National Quality Board and NHS Commissioning Board.
- A new report setting out planned versus actual hours worked with safety indicators per ward and department is presented at Appendix Two.
- To provide the board with an overview of nurse midwifery vacancies across both acute and community services.
- To bring to the attention of the board any workforce risks.

##### Key Points:

- We are now compliant with new staffing expectations and national staffing guidance.
- Ward establishments are based on evidence based assessment of acuity and dependency using the Safer Nursing Care Tool, alongside professional judgement and key clinical indicators. All nursing establishments are reviewed 6 monthly and signed off directly with the Ward Sister and the Chief Nurse.
- We have adjusted the data collection tool in line with recent guidance from NHS England. Staffing is now being recorded as nursing / midwifery hours planned versus actual hours worked on a shift by shift basis and per ward. This is recorded in all inpatient bedded areas where patients stay overnight, including all critical care areas.
- The Board of Directors are asked to note the significant amount of work that has gone in to changing the data collection system which has required every single nurse and midwife who is in charge of a shift to be fully trained and to comply with the new system.
- The data is currently being collected manually. It is expected we will have a tool that will assist with the electronic capture of the hours worked by the autumn.
- A Red Flag system has been put in place to flag when staffing and skills available do not meet the complexity of the patients, this generates escalation and appropriate action is taken, to ensure patient safety is maintained. The Red Flag system formalises our governance arrangements

- Staffing during June 2014 remained challenging, due to high acuity, vacancies and sickness and the bank were not able to fill all shifts. This led to staff being moved, other non ward based staff covering shifts and ward sisters having to at times be included into the numbers, to maintain safe staffing levels.
  - In total there were 26 wards that recorded a deficit of actual nursing hours against planned nursing hours. In all areas appropriate actions were taken to ensure staffing remained at safe levels.
  - On 88 occasions a Red Flag was raised by the Nurse in Charge of the ward. When this occurred it was escalated to the senior nursing team to take action, which ensured the wards and departments remained safe.
  - Where necessary when shifts fell below the agreed staffing levels staff were moved or non ward based staff covered to ensure safe staffing.
  - A number of ward areas that had lower actual nursing hours than planned did not require any action as patient acuity and occupancy was lower than usual.
  - In 7 wards actual nursing hours were higher by more than 10% of the planned nursing hours. In these wards patient acuity was higher than usual and predominantly the increase in hours was for nursing assistants roles to special patients at risk, for example those patients at risk of falling.
  - Over all areas we had 1.45% more nursing hours than we planned for.
- 10 wards are amber rated for the month of June
  - Where individual shifts triggered the acuity measure the agreed Trust escalation process was triggered and contingency plans implemented. However staffing levels remained safe with flexing of staff across wards and department, utilisation of temporary staff and the use of the specials team to care for the unwell patient requiring one to one care
  - Sisters and Matrons worked clinically and in the numbers to ensure care remained safe.
- Daily acuity measure reviews nurse staffing and skill mix levels against complexity of patient care and utilising an online data collection tool
  - Acuity alerts are escalated to senior nursing midwifery team and are activated when required establishment is 10% higher than the funded establishment or if unplanned absence is greater than 3% of the funded establishment.
  - In June there were 177 acuity alerts, alerts were responded to and the action taken recorded, not all acuity alerts required change in staffing as the skills on duty matched the acuity of patients. The acuity, dependency and complexity of our patients continue to rise.
- Vacancy levels vary across wards and departments, with the most significant problem within District Nursing. There is a sustained recruitment drive underway with a particular focus on recruiting student nurses who qualify in September 2014. We have had in excess of 380 applications from these student nurses and are in the process of interviewing.
- Theatre Nursing and District nursing have had a significant number of newly qualified nurse applications requesting these areas as their first choice placement; this has not been seen in the past and is a welcome development.
- Following an intensive recruitment campaign in critical care nursing, vacancies have reduced from 30% to 7% of the establishment. This is an excellent achievement and the lowest rate of critical care vacancies for many years.
- Paediatric nursing has recruited 60 newly qualified nurses due to start in September 2014. The neonatal unit currently has no vacancies, this is very encouraging.
- There is a continued central drive to recruit and during our June recruitment drive we offered positions to 141 nursing staff across all bands. Details of all vacancies can be found at Appendix Three and Four.
- 83 new nurses commenced employment in the month of June.
- During June the staff bank has not always been able to fill every shift, gaps have been

covered by flexing staff and Sisters and Matrons covering shifts as required.

- With all of the recruitment activity underway we still have 485 vacancies. We will continue to review our recruitment strategies, including going overseas. However if we are to do this we have to take into account the Nursing and Midwifery Council registration process for overseas nurses is difficult, therefore this is unlikely to be an easy option.

### **Implications:**

- Although we continue to make progress, staffing our hospital safely is relentless and there is no room for complacency, therefore we will continue our recruitment drive and continue to review nurse and midwifery staffing levels and patient acuity on a shift by shift basis, using escalation procedures as required.

### **Recommendations:**

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

### **Appendices**

Appendix One – Nurse Staffing Results M03 June 2014

Appendix Two – Trust Collated Public View – June 2014

Appendix Three – June 2014 Non Inpatient areas for Public Monthly Reporting Collated

Appendix Four – Staffing vacancies / recruitment Trust Summary levels