

Board of Directors Meeting

November 2014

Monthly Report of Nursing and Midwifery Staffing Levels October 2014

Status: A Paper for Information

History:

Eileen Sills CBE
Chief Nurse and Director of Patient Experience

Board of Directors Meeting

October 2014

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

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

Monthly Report of Nursing & Midwifery Staffing Levels October 2014

Executive Summary

Purpose:

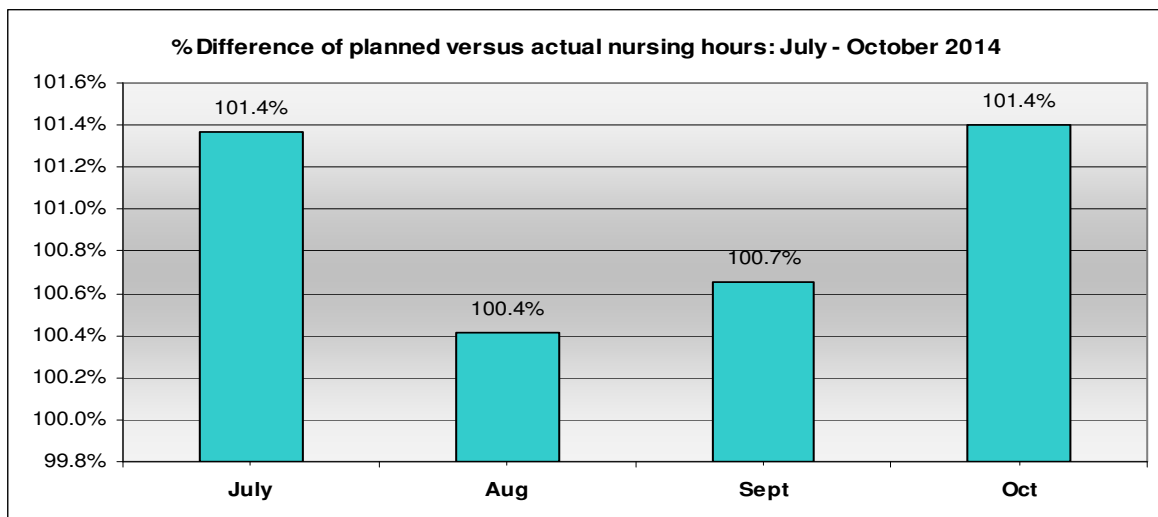
- Regular monthly report on nursing, midwifery and health visitors staffing levels.

Key Points:

1.0 General points:

- Planned versus actual nursing hours for October 2014 was 1.4% above planned.**
- In total there were 34 areas where staffing fell below planned hours. This was an increase from 25 areas reported last month. This is partly due to all newly qualified nurse starters having a period of supernumerary time
- In total there were 19 areas where actual nursing hours used were above planned.
- 7 areas used more than 10% actual nursing hours above planned, this was the same as last month. 1 area reported that their actual hours fell below planned by more than 10%. This was a reduction from 3 reported last month.
- The four month trend (July – October 2014) of planned vs. actual nursing hours within our inpatient bedded areas, shows a stable trend of between 100.4 – 101.4 % with the month of October matching data published in July, (Fig 1).

Figure 1.



- **Appendix 1** shows at ward level the three month (August-October) graph of planned vs. actual hours use.
- **Appendix 2** shows at Directorate level the three month (August-October) graph of planned vs. actual hours use.
- It can be seen from Appendices 1 and 2, that Acute Medicine continued in the month of October to remain the higher users of actual hours over planned. Whereas within Evelina London Children's Hospital and Haematology/Oncology directorate the actual hours fell below planned. This has been reported in previous workforce briefing papers. Both areas confirm they were safely staffed.
- **Acute Medicine Directorate** continues to use a higher % of actual hours than planned due to complex patient care needs requiring '1:1 specialing'. However, some wards have seen a reduction from previous months: Mark Ward, Sarah Swift and Victoria ward. Albert, Hillyers and William Gull have had an increase in their use of actual hours from last month ranging between 4-15% additional hours. (Appendix 2).
 - **Henry Ward** used 7.5% more actual nursing hours than planned primarily due to the specialing of a high risk of falls and delirium patient.
 - **Mark ward** has had a marginal decrease in the % of actual hours than planned. However, still used 27.3% more actual nursing hours than planned in the month of October. This equated to 1564.5 hours more actual hours than planned nursing hours to safely cover the care needs of four patients requiring arms length nursing and seven patients within eyesight monitoring. There 6 monthly staffing review has recommended an increase in 3 x band 3 staff to respond to the consistent high use of specials.
 - **Hillyers ward** had the largest % increase from last month of actual nursing hours than planned. This was an increase of around 15% more than the month of September previously reported. This was primarily due to additional flex beds being opened at short notice requiring additional staffing to safely staff the area combined with a patient requiring 1:1 specialing due to being deemed a risk of falls.
 - **Albert ward** had a similar pattern to Hillyers ward with a marked increase of actual hours used than planned. This was an increase of around 15% more than the month of September. There were a significant number of RMN hours used in specialing a vulnerable patient to protect their own safety. In addition, there were a number of other 1:1 and within 'eyesight' monitoring specialing needs patients who required additional nursing hours resources above planned.
 - **William Gull ward** had a marked % increase of actual nursing hours than planned of around 11% more than the month of September. This was primarily due to a number of 1:1 special needs patients.
 - In summary, the investment of additional actual nursing hours than planned allowed several wards within Acute Medicine directorate to operate safely, whilst providing high levels of quality nursing care to a complex patient group.
- **Evelina London Children's Hospital:** Reported in previous Board papers the use of a seasonal adjustment percentage (%) of planned hours within several areas. Within the month of October all areas reverted back to planning their nursing

hours as per their full nursing establishment with no seasonal adjustment in place. This was due to the winter season commencing with the directorate seeing levels of patient acuity rising alongside the activity of bed utilisation. This adjustment has meant that analysis of previous months planned and actual nursing hours difficult to interpret. However both **Beach and Savannah** wards saw an increase in actual hours used than previous months. Both areas still used less actual nursing hours than planned of around 5% however this was a marked improvement than the month of September.

- **PICU** remained fairly static in using around the same actual nursing hours as in the month of September. This equated to around 13% less actual nursing hours than planned, this has primarily been due to vacancies. Recent recruitment campaigns to attract new external staff have been successful in closing the vacancy gaps. However until new starters commence employment, senior nurses have been investigating further usage of agency lines of work (Due to the specialist skills sought) until the New Year. This additional temporary workforce will assist in supporting the substantive members of the nursing team in providing the required nursing care needs of the patients until new starters commence.

- Despite there still being a number of clinical inpatient areas reporting lower actual nursing hours than planned within Evelina London Children's Hospital, safe care has always been maintained throughout the 24 hour period. Senior nursing staff continue to monitor patients nursing needs closely to ensure that there is the appropriate staffing size and skill available to match patient dependency needs. Evelina has had a successful recruitment drive and all their new starters are now beginning to come into post, dropping their vacancy rate to 4% within their inpatient areas. *This % takes into consideration new starters employed, but yet to start.*

- **Surgery Directorate** remained stable in their monthly use of actual nursing hours than planned. Across the directorate the four inpatient wards fell within the range of using 1.9 - 9.2% less actual nursing hours than planned. Sarah ward used 9.2% less actual nursing hours than planned. This was primarily due to decreased activity and reduced patient dependency needs within the clinical area. Where there were occasions where activity or dependency demanded additional nursing hours, these were delivered by utilising temporary staff. All areas within the directorate were deemed safely staffed throughout the month of October by senior staff continuously assessing the patient dependency needs.

- **Cardiovascular Directorate** saw in two areas a reduction of actual nursing hours than planned. This matched more closely their established budgeted nursing numbers per shift. **Stephen ward** used 13.8% more actual nursing hours than planned, this was due to increased number of patients requiring 1:1 specialising needs. This was a similar % difference as the month of September. Current budgeted nursing establishment in this area has now been reviewed as part of the 6 monthly staffing reviews and an increase of 4 x band 5 and 3 x band 2 posts have been recommended. The directorate is making these adjustments from now.

- Due to ward reconfigurations of services within the Cardiovascular directorate over the last two months, senior nursing staff are closely monitoring the nursing requirements in each inpatient area to ensure safe nursing care is provided at all times.

- **Haematology /Oncology Directorate** remained within a range of less than 6.8% actual hours than planned through to using 5.4% more actual nursing hours than

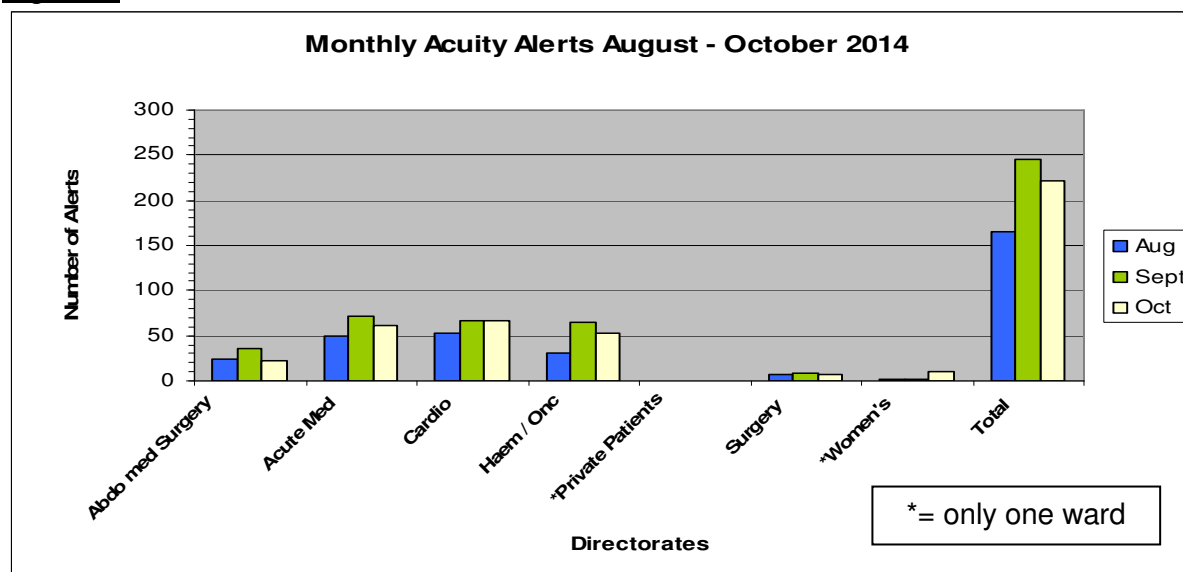
planned.

- Since July 2014, there has been a number of nursing vacancies within the directorate awaiting newly qualified nurses to commence employment in October. Moreover, additional theatre lists at weekends, opening of Esther ward and extra weekday theatre lists within Nuffield proved a challenge to staff over recent months. However, through strong senior nursing staff leadership and staff engagement within the directorate, all areas were safely staffed according to the patients' dependency and care needs.
- Vacancy levels have improved over the last two months within the directorate with some areas over recruited too. This recruitment strategy was put in place to re-stabilise the nursing workforce within the directorate.

Other Areas:

- **Patient Acuity System:** Planning of the replacement of the Trusts patient acuity system reached its final stage ready for a go live date of 'iPAMS' of the 3rd November. Communication and training continued throughout the month of October to ensure both ward level nursing staff and senior nurses outside of the ward environment were trained in its use. Essentia agreed for the system to be transitioned for 1st line user end support from the go live date on the 3rd November.
- **Red Flags:** There were 36 red flags raised over the month of October, a decrease of 27 from the previous month. All Red Flag alerts 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. Ongoing work across the organisation to encourage Red Flag alerting continued throughout the month of October. Many directorates recognising that this was still a work in progress to encourage staff to raise a concern where they felt staffing levels could be improved on a shift. This is to remain an area of focus in the coming months for all directorates to report accurate numbers of Red flags were nursing concerns are raised at ward level.
- **Patient acuity alerts:** 222 acuity alerts were triggered in the Trust over the month of October. This was a decrease of 24 from the month of September (Figure 2).

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.** At the time of this paper being prepared there are currently 398 wte Nursing and Midwifery vacancies. This equates to around 7% of the total Trust's Nursing & Midwifery establishment (5557.17 wte). *Pipeline external nursing staff recruited (249.29wte), but waiting to commence employment are included in the Trust employed numbers.* This is an extremely positive position for the second month due to successful recruitment campaigns. 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 9.48% a slight increase of 1.8% projected from September's figures.
- **November Workforce workshop:** Workforce senior operations team and Human Resource departments continue to plan for the Trust Nursing & Midwifery Committee workforce all day workshop in November. Reducing the temporary staffing financial spend and the increase of nurse to patient contact time being the days focus. Workforce data analysis is currently being completed at the time of this paper being written for all TNMC members as pre-reading.
- **Expansion of 1:1 specials team:** Approval at executive level was received for the expansion of the 1:1 specials team. The approval of the business case will enhance the size of the 1:1 specials team from 18wte B3 to an additional 22wte B2 nurses and x 4wte B5 RMN nurses. The investment in the team will allow for a greater support across the Trust in meeting the demands of the inpatient 1:1 special requirements. This will enhance both the quality of patient care and reduce significantly the reliance on temporary staffing needs to fulfil 1:1 special nursing requests across the Trust.
- **Correction of published data:** There was an error noted in the published actual hours used within Nightingale ward in the month of September. Within last months Board paper appendices, Nightingale ward was reported as using more actual nursing hours than planned. The ward had actually used less actual hours than planned. The data error was found within the raw data submitted. Data correction has been applied to all internal reports.
- **Chief Nurse bi-annual workforce reviews:** We are currently in process of the bi-annual staffing reviews. This report will be presented to the Board in January 2015.

Implications:

- The Trust is continuing to remain busy, requiring high levels of nursing hours to deliver safe effective patient care. However as a large number of newly qualified nurses commenced over the month of October this has assisted in stabilising the nursing workforce in clinical areas.

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 – October 2014
- Appendix 2 - Directorate level % Planned Vs Actual – October 2014
- Appendix 3 – Trust Level Recruitment & Vacancy levels (26th October 2014)
- Appendix 4 - Planned vs. Actual nursing hours Trust collated - October 2014 (UNIFY)
- Appendix 5 - Trust collated workforce clinical indicator summary – October 2014
- Appendix 6 - Non-inpatient monthly staffing report collated –October 2014