

Board of Directors Meeting

June 2014

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Monthly Report of Nursing and Midwifery Staffing Levels May 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 May 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.
- 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:

- To demonstrate compliance with new staffing expectations and 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.
- We have collected the number of times shifts fell below agreed staffing levels; as this is currently being undertaken manually there may be slight inaccuracies in the data. It is expected we will be able to automate this by the summer.
- Staffing during May 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 approximately 110 shifts out of a total of 2,604 (4.2%) that fell below the agreed staffing levels, a continued reduction of non-compliant shifts from the data collected for March (16%) and April (6.4%).
 - When shifts fell below the agreed staffing levels staff were moved or non ward based staff covered to ensure safe staffing. Appendix one sets out the detail.
- 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 May there were 231 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.

- 6 wards are amber rated for the month of May
 - 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

- Vacancy levels vary across wards and departments. There is a continued central drive to recruit and during our April recruitment drive we offered positions to 104 nursing staff across all bands. Details of vacancies can be found at Appendix One.
- 64 new nurses commenced employment in the month of May.
- During May 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.

- Critical care, theatres and Accident and Emergency nursing have identified a continuing vacancy shortfall, however robust recruitment plans are making sustained progress to reduce the vacancy rate.
 - Vacancy shortfall covered by the use of temporary staff
 - Senior nurses covering clinical shifts to ensure safe care
- Community areas reporting significant vacancy shortfalls and high sickness. . Recruitment campaign has begun, but to manage staffing shortfall at present the following is in place
 - Community matrons taking a district nurse case load
 - Daily conference calls to manage and share workload
 - Staff flexed across all areas
 - High use of temporary staff to cover vacancy shortfall
 - District Nursing to undertake focused workforce recruitment plan and education / development plan to attract experienced nurses into District Nursing
- A plan to recruit nurses from abroad is being worked up to focus on difficult to recruit to areas such as District Nursing and Critical Care.
- Recent attendance at job fairs in Scotland and Ireland has been favourable.
 - 27 nurses appointed
 - Further 10 nurses scheduled for interview.
- Recruitment open day held in May 2014
 - 160 nurses registered attendance at the open day
 - 858 applications received in May from nurses and midwives due to qualify in September 2014 seeking employment within GSTT.

Implications:

- In response to new guidance issued by 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.
- We will upload the data collated in June of planned versus actual nursing and midwifery hours on a ward by ward basis to fulfil the expectation to publish in July 2014.
- 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. It is important to state that this system has existed for some years but on an informal basis, the red flag system formalises our governance arrangements.
- This is the last report that will be presented in this format as we respond to National changes in the reporting requirements.
 - A new monthly Board report will be produced in line with the altered recording and escalation structure in place.
- Constant focus on recruitment required.
- Continue to review nurse midwifery staffing levels and patient acuity on a shift by shift basis, using escalation procedures as required.
- Chief Nurse to report staffing levels to the board monthly.
- Work commissioned and commenced on current iPAMS acuity tool to develop a system to centrally record staffing, planned v actual on a shift by shift basis.

Recommendations:

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

Appendices

Appendix One – Staffing Levels in our Hospitals and our Non-Ward Based Clinical Areas – May 2014