

Board of Directors Meeting

May 2014

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Monthly Report of Nursing and Midwifery Staffing Levels April 2014

Status: A Paper for Information

History:

Eileen Sills CBE
Chief Nurse and Director of Patient Experience

Board of Directors Meeting

May 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 April 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 are now collecting 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 April 2014 was 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 163 shifts out of a total of 2,520 (6.4%) that fell below the agreed staffing levels, a reduction of non-compliant shifts from the data collected for March 2014. When shifts fell below the agreed staffing levels staff were moved or non ward based staff had to cover 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 April there were 230 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 continues to rise.

- 8 wards are amber rated for the month of April
 - 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 100 nursing staff across all bands. Details of vacancies can be found at both appendix 1&2.
- 72 new nurses commenced employment in the month of March.
- During April 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.
- Staffing numbers planned versus actual published on each ward on a shift by shift basis – commenced April 2014.
- Critical care, theatres and Accident and Emergency nursing identified a vacancy shortfall
 - Difficult to recruit to areas due to a national shortage of specialist nurses, this is an ongoing challenge
 - Robust recruitment plans in place, 60 new appointments in critical care and theatres waiting pre-employment checks prior to starting.
 - Recruitment focus now moving to experienced Band 6 staff as Band 5 vacancies have been recruited to.
 - 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
 - Launch of District Nursing recruitment focus planned for 23 May 2014
- Project WOW pilot launched across 3 wards, exploring new ways of working and improve nurse staffing levels across evenings where patient acuity remains high
- Plans being worked up to consider viability of overseas recruitment.
- Recent attendance at job fairs in Scotland and Ireland has been favourable. There is a good response to advertisements for nursing posts and applications are still coming forward
 - 10 nurses appointed
 - Further 25 nurses scheduled for interview on 14 May
 - Additional 25 candidates scheduled to attend assessment centres for specialist clinical areas

Implications:

- 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 numbers, 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 – April 2014

Appendix Two – Staffing Levels in our Non-Ward Based Clinical Areas – April 2014