

Monthly Report of Nursing & Midwifery Staffing Levels

December 2014

Purpose

This paper aims to provide the Board with:

- An overview of nursing and midwifery staffing levels
- An overview of the nursing and midwifery vacancies and recruitment activity
- An update on the monitoring and management of nursing and midwifery staffing
- Key workforce issues

Planned versus Actual Staffing

The Trust is committed to ensuring that all levels of nursing and midwifery staff including Care Support Workers (CSW) match the acuity and dependency needs of our patients. This includes an appropriate level and skill mix of nursing staff to provide safe and effective care. These staffing levels are viewed along with reported outcome quality measures.

There is a requirement for all Trusts to publish their staff fill rates (actual versus planned) in hours for both day and night shifts and Registered and Unregistered staff. This information appears on the NHS Choices website. This information sits alongside a range of our other safety indicators.

- Where the fill rate is above 100% reflects the increase in patient care needs, for example where a patient may need one-one nursing (a patient has become more acutely unwell or where a patient needs constant supervision due to challenging behaviour/confusion). However it is important to note, that in some clinical areas a lower percentage fill rate of care staff has been offset by a higher percentage of registered nurses. Where the fill rate is below 100% indicates there has been unfilled hours during the month. This may be due to staff vacancies or unplanned sickness that cannot be covered by existing or temporary staff.
- December has been a challenging month. The requirement for escalation areas has continued throughout the month with two additional areas opened for periods of time to meet demand (Cardiac Catheter Lab and Paediatric Emergency Department). The three other escalation areas have been required to be fully open during the month of December (ward 22A, 19A and 19b). This additional requirement for bed capacity has impacted on the overall fill rate for some clinical areas as staff had to be moved at short notice to manage these areas when temporary staff were not available.
- It is also important to note that the fill rate is based on total established hours for both day and night and during this period, there were frequent periods of reduced activity where the levels of staff met or exceeded need.
- Maternity – During December activity continued to be high, midwives were required to work flexibly depending on the birth rate and pressure in each area at any one time staff were moved to ensure 1:1 care of a woman in labour. This did impact on the ward fill rate although staffing remained safe in these areas.

Table 1 Staffing Fill Rate by Ward, Staff Group and by Shift (December 2014)

Table 1 WARDS	Day		Night	
	Average fill rate-Registered Nurse/Midwives (%)	Average fill rate-Care staff (%)	Average fill rate-registered Nurses/Midwives (%)	Average fill rate-Care staff (%)
High Dependency Unit (HDU)	96.3%	100%	99%	
Intensive Care Unit (ITU)	101.6%	92.5%	102.1%	
Ward 14 Elderly Care	93.4%	92.5%	102.8%	95.3%
Ward 15 Elderly Care	94.1%	95.7%	96.8%	99.5%
Ward 16 Elderly Care	95.1%	96.3%	100.1%	101.2%
Ward 17 Stroke	86.5%	104.4%	93.5%	110.5%
Ward 18 Infection	92.3%	89.7%	95.7%	102.6%
Ward 10 Medicine	94.8%	91.4%	99.2%	96.8%
Ward 11 Medicine	88.4%	99.8%	98.9%	98.4%
Ward 12 Medicine	92.2%	92.8%	102.2%	93.5%
Coronary Care (CCU)	92.2%	85.5%	100.0%	90.3%
Ward 5 Rehabilitation	93.8%	88.0%	96.8%	97.4%
Ward 3 Acute Emergency Medicine	95.5%	87%	95.7%	100%
Emergency Admission Unit (EAU)	92.8%	96.8%	93%	100%
Ward 4 Acute Emergency Medicine	98.4%	93.7%	97.5%	105.2%
Paediatric Assessment Unit (PAU)	99.0%	104.6%	102.4%	100.0%
Ward 24 Paediatrics	97%	98.2%	99%	92.9%
Ward 25 Paediatrics	100.0%	108.5%	100.0%	100%
Neonatal Intensive Care Unit (NICU)	97.6%	100%	96.5%	100%
Ward 20 Surgery	98.9%	96.1%	100%	100%
Ward 21 Surgery	94.5%	100.8%	100%	100%
Ward 22 Surgery	99.4%	95.7%	100%	95.1%
Ward 22a (Escalation)	92.5%	89.6%	101.9%	81.5%
Ward 23 Surgery	100.0%	100%	100%	100.0%
Cobham Clinic (Private)	100.3%	103.8%	100.0%	100%
Ward 32 Maternity	78.9%	68.6%	108.8 %	64%
Ward 33 Maternity	85.8%	69.5%	113.3%	62.8%
Delivery Suite Maternity	83.6%	83.4%	100.7%	77.2%
Ward 34 Gynaecology	98.9%	94.9%	100%	100%
Ward 19a (Escalation)	66.7%	60%	87%	65.2%
Ward 19b (Escalation)	53.5%	68%	77.3%	72%
Total	93%	91%	97%	93%

For December the overall fill rate was 93.5%

'Real Time' Staffing Management

During this busy period the Chief Nurse or Deputy Chief Nurse along with Matrons from each of the Divisions met up to four times a day to discuss the staffing issues including shortfalls. Plans were made for staff to be moved to cover gaps and risks shared across the organisation. Once all options had been explored a decision was made to use agency, however there were occasions when the demand was unmet.

As highlighted in previous reports to Board, Matrons for each shift assign a risk rating for their staffing, this contributes to a Trust wide risk rating determined from their situations. The nursing and midwifery risk rating is reported at the twice daily bed meetings to provide a workforce status for the organisation.

- Weekly meetings continue to be held with the Matrons to review the utilisation of staff, monitoring of absences and expenditure per ward.
- All ward areas are required to display their planned and actual staffing numbers daily within their clinical areas.

Staffing Standards

A number of red flags are collected on a daily basis around key staffing standards. When we were unable to achieve these standards a 'red flag' is triggered. This supports decision making regarding the movement of staff to areas of greatest need.

Standard	Flag occurrences
No shifts where more than 50% of RN on duty are agency	1% (n=6)
No day shifts when RN to patient ratio is greater than 1:8	9% (n=63)

The number of day shifts where the Registered Nurse to patient ration was greater than 1:8 mainly occurred within our Directorate of Medicine for the Elderly. Although baseline establishments are set to achieve this standard, vacancy levels and the non-availability of bank and agency Registered Nurses meant that on some occasions, Care Support Workers were employed to fill gaps these gaps if available.

Vacancies and Recruitment Activity

Summary				
Band	Vacancies as of 1 st December	No's Working Notice	Recruitment	Real funded Vacancies as of 1 st Month Total
Band 7	3.17	0.00	2.00	1.17
Band 6	15.12	1.00	3.00	13.12
Band 5	88.94	21.67	87.40	39.28 *
Band 4	2.73	0.00	0.00	2.73
Band 3	1.62	1.00	0.00	2.62
Band 2	34.54	7.76	34.00	15.70*
Total	146.12	31.43	126.4	74.62

*Some areas have over recruited staff which has affected the number of real vacancies shown. High vacancy levels are held in Theatres, NICU and General Medicine.

Summary

Throughout the month there have been significant staffing challenges to ensure that our clinical areas have remained safe. This has been a particular pressure during the latter part of the month and can be attributed to the following:

- Further demands on additional capacity (escalation areas) warranting additional staff
- Nurse and midwifery vacancies
- High patient acuity

The following outlines the on-going actions:

- The Trust is planning for monthly recruitment campaigns for permanent and bank band 5 Registered Nurses and Midwives and band 2 Health Care Assistants.
- A robust recruitment campaign using local media - radio, local newspapers and advertising on buses and the Trust website.
- The option of further international recruitment campaigns is under consideration
- Chief Nurse will continue to report staffing levels to the board monthly.

Patricia Reid - Chief Nurse
December 2014