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This paper is for:		Sponsor:	Chief Nurse- Dame Eileen Sills (DBE)	
Decision		Author:	Workforce Team (Chief Nurse's Office)	
Discussion		Reviewed by:	Director of Nursing, Adult Services (Chief Nurse's Office)	
Noting		CEO*		
Information	✓	ED*		
		Board Committee*		
		TME*		
		Other*		

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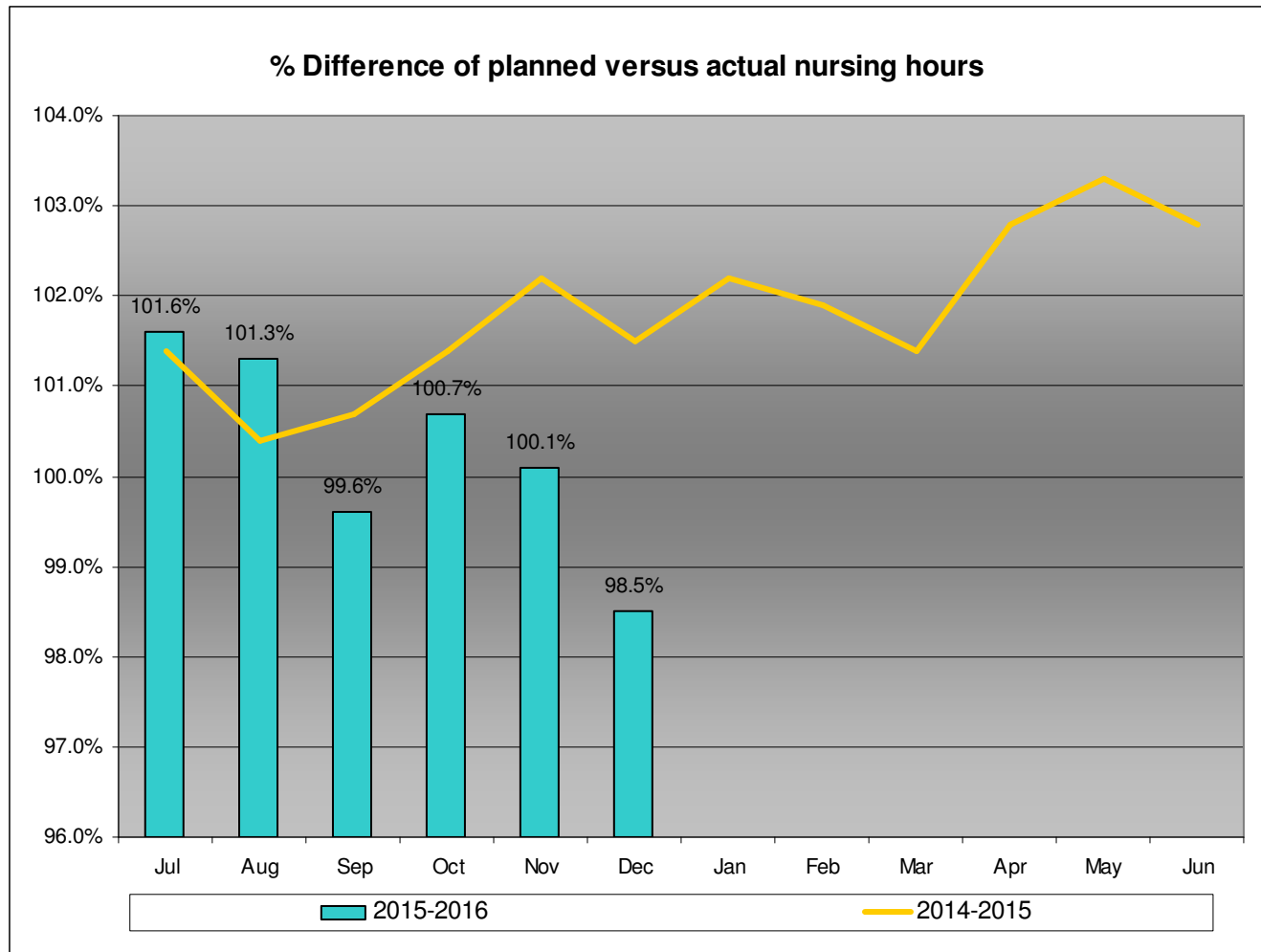
Summary

This briefing provides the Board with an overview of the nursing and midwifery workforce during the month of December 2015. It is a requirement on all senior nursing and midwifery staff to manage their respective clinical areas with safe, appropriate, effective staffing at all times. They must ensure that deviations are reported through the Red Flag system and are acted upon to protect patient care.

Overall in December 2015 there was a marginal increase in vacancies of 4.68 whole time equivalents, (ESR data, and staff in post at 18/12/2015 compared to 26/11/2015. The Trust vacancy level is 11.16% (not including external pipeline starters). In month there was an increase of 9.8 wte external starters compared to the month of November.

- Planned versus actual nursing hours for December 2015 was 1.5% below plan; a decrease of 1.6% from November (figure 1). This is the fourth month where the hours have been reduced against the same periods last year.
- Registered nurse (RN) actual hours were 5,544 below plan (equivalent to 34 FTE) with Nursing Assistant (NA) actual hours 723 hours above planned (equivalent to 4.4 FTE).
- Average fill rates of planned hours in December for registered nurses (RN) for day was 97.6% night 98.3%. Average fill rates for planned hours for nursing assistant (NA) was 99.4% for day and 104.4% for the night.
- There were five wards that closed from 24th December 2015 (Sarah, Esther, Nightingale, Florence and Howard Ward) until the beginning of January 2015 due to decreased activity. During the period of ward closure, all staff rostered were sent to alternative wards within their own directorate or to other directorates where there were staffing shortfalls. This supported filling vacant duties, short notice sickness and where patient acuity and dependency was the highest without the need for temporary staffing usage.
- During the period of 21st December until the New Year, temporary staffing within Nursing and Midwifery was used only in those areas where clinically required to maintain patient and staff safety. Due to the availability of staff from the closed wards, combined with a reduction in activity and dependency in some areas, it was safe to reduce the actual nursing hours used. This resulted in the Trust level actual hours total being below plan. The Heads of Nursing (HoN) have given assurance that, where actual hours were reduced, the shifts were always deemed to be safely staffed.

Figure 1.



Whilst there been an increase of nineteen red flags raised in month of December (total of 51 raised) compared to November, this is partly attributable to the change in mid December in how red flags are reported. Previously red flags were reported via the Matron or the Site Nurse Practitioners. Red flags are now reported via the Trust's electronic online iPAMS acuity system directly by the nurse in charge. All red flags raised were actioned at the time by the senior nursing teams to ensure patient safety. There were a number of local staffing concerns raised at ward level by the nurse in charge which were resolved immediately without raising a formal red flag. These were managed at the time through a discussion with the senior nursing team. There have been no reported harm events or any patient quality metrics affected due to safe staffing concerns.

The emphasis on recruitment and retention of nursing and midwifery staff continued in the month of December, however, activity was reduced due to the Christmas period. An additional focus was placed on ensuring all external pipeline staff were ready to start and had their start date confirmed by their new line managers. Recruitment in the month of December slowed marginally, which is a usual yearly pattern due to the holiday periods. All assessment centres were delivered as planned.

A focused recruitment campaign was launched in December aimed at attracting nursing and midwifery staff to join the Trust's temporary staffing pool. The assessment centre is planned for the 20th January 2016 and ten adult nurses and six registered mental health nurses are being interviewed. There were also six applications for children's services.

Reducing the trust reliance on temporary nursing and midwifery staffing remains a significant priority, both for quality, safety and financial reasons and this is closely monitored at directorate level. Temporary staffing managers continued to negotiate with nursing and midwifery agencies to reduce their pay rates to meet the Monitor agency caps. Work was also commenced in risk assessing and planning for the implementation of the next phase of the Monitor cap that commences in February 2016 to ensure appropriate workforce plans are in place.

2. Request to the Board of Directors

The Board of Directors is asked to note the information contained in this briefing, including the closure of inpatient beds over the Christmas period that supported a reduction in temporary staffing use, the continued recruitment and retention initiatives and the strict use and monitoring of agency staff within nursing and midwifery services.

3. Directorate Commentary:

3.1 Abdominal Medicine and Surgery (AMS)

There was a positive move in December with the actual and planned nursing hours more closely matching the nursing requirements. This change was predominantly due to the ward closures over Christmas and New Year where staff were moved across the directorate to support both vacancies and to reduce the need for bank and agency use. Within AMS, Nightingale and Florence Wards were closed during the period of 24/12/15 until after the New Year.

Alan Apley Ward; the new gastroentology ward successfully opened between nine and fifteen beds in the month of December. Bed numbers open on the ward at any one time were adjusted as safe staffing levels and activity required.

There was an overall improvement seen in the workforce numbers in urology wards, with a number of new nurses coming into post. The GI Unit saw an increase in vacancies following the relocation of the new starters and the opening of Alan Apley Ward. Recruitment plans are currently underway to address this with current staff in post being supported during this transition period. Exit interviews are being offered to all leavers with the outcomes being reviewed by the senior nursing teams to support future workforce planning.

There were twenty eight staffing concerns raised in month across the inpatient areas by the nurse in charge of the shift, thirteen of these were reported by the GI Unit to the SNP team as red flags due to increased acuity and dependency of patients and vacant duties at the time of the shift start. All red flags were mitigated at the time by the senior nursing team through transferring of staff Nightingale Ward and Florence Ward over the Christmas and New Year period. There was limited additional use of temporary staffing over the latter half of the month of December. There were two complaints received in month, one within GI speciality relating to total parental nutrition and Hickman line care and one on Nightingale Ward related to nursing care of a post operative ICU transfer patient, both are currently being investigated by the senior nursing and medical teams. Both of these were not related to safe staffing levels.

3.2 Acute Medicine

The month of December saw patient acuity and dependency remaining high, with a continued reliance on temporary staffing to support the substantive nursing team. This ensured at all times there were safe staffing levels and high quality care delivered to patients.

Vacancies at directorate level remained at 19% (data from the week commencing 15/12/15 workforce scorecard). Emergency Medical Unit (EMU) and Acute Admissions Wards remained high users of temporary staffing RMNs.

Twenty red flags were raised within the Acute Medicine directorate; this was mitigated by the movement of staff across the directorate where patient acuity and activity was reduced alongside the senior nursing team (Matron and Ward Sisters) working clinically.

To support safe staffing, eight flex beds on Hillyers Ward was closed in month, this was offset by the opening of a further six beds on Alexandra Ward to maintain patient flow and safety. This planned change, allowed the directorate to successfully move staff more flexibly to cover any directorate vacant duties, where patient dependency was greater.

Anne Ward and Albert Ward continued in month to have a number of patients who required 1:1 bedside specialising for a combination of physical and mental health needs. Albert Ward had the greater number of patients requiring specialising which was reflected in the higher actual hour's use of nursing assistant hours for both day and night shifts above plan.

There were no safety incidents raised due to safe staffing reported in month. There was one complaint received relating to a patient not receiving timely analgesia. This was found on investigation to be due to a failure in a ward process and not safe staffing related; learning was shared at the time with all staff.

3.3 Cardiovascular

All wards actual nursing hours within the cardiovascular directorate were closely aligned with the planned hours. There was one patient on Becket Ward who required specialising regularly during the month, this was planned within the rota's to ensure safe staffing levels were maintained at all times through use of permanent team members and temporary staffing.

During the Christmas period all patients that required specialising were successfully staffed through the current ward staffing numbers which reduced the requirement for temporary staffing use. This was safely achieved due to decreased activity in parts of the directorate alongside movement of staff to match dependency of the patient.

Sickness levels across the directorate improved in month which supported the overall directorate workforce levels, one member of staff on long term sickness was successfully reintroduced back to the workplace.

Vacancies at directorate level were 10.44% in month, (data from the week commencing 15/12/15 workforce scorecard) a number of Band 6's were successfully recruited, with all other posts being actively recruited. Focus at directorate level in 2016 is aimed at increasing the retention rates to assist with stabilising the workforce.

There were nine red flags raised in month which was addressed at the time through the senior nursing team. There were no patient complaints received. One avoidable pressure ulcer was acquired with the directorate which was not related to safe staffing levels.

3.4 Community Adults – Inpatient bedded areas

Safe staffing levels within the community inpatient bedded units were maintained at all times in month. Actual nursing hours above plan were used in both Pulross and Minnie Kidd units. Additional Nursing assistant and Registered nurse hours were used in Minnie Kidd due to a number of patients requiring ongoing 1:1 specialising care and a number of escort duties. Vacancies with the inpatient bedded units stabilised in month. Safe staffing was maintained through use of temporary staffing where required for any vacant duties. All vacancies will actively be advertised again in the month of January.

3.5 Evelina London Children's Hospital

Across the children's inpatient bedded areas there was stabilisation and improvement in the number of actual nursing hours being more closely aligned to plan in month within the directorate. This was primarily due to a decrease in activity and acuity of the patients during the Christmas period in a number of clinical areas. In addition the nurses who commenced in September through to December were fully established in their posts.

Safe staffing was maintained at all times When required additional support was delivered through the off wards nurses supporting the clinical areas and staff moved around the directorate to support the greatest patient acuity and dependency needs.

PICU was the only area that raised six red flags, and these were mitigated by senior nursing staff at the time.

Safe staffing was maintained at all times with no harm events or patient complaints attributable to safe staffing levels reported.

3.6 Oncology & Haematology

Oncology and Haematology actual hours were closely aligned to plan in month. There was successful closure of Esther Ward on the 24th December until the New Year with staff redistributed across the directorate to cover vacant shifts and any short notice sickness.

There were only two red flags raised in the month of December across the directorate inpatient wards. Both red flags were raised to request additional staffing to support two different patients who required specialising within one of the oncology wards in order to meet their end of life needs. These specialising requirements were met mostly within the area's establishments across the wards by movement of staff, with some additional support from temporary bank staff to ensure safe staffing levels on all shifts.

Through the successful leadership of the senior nursing teams, staff within the directorate see that moving across clinical areas is both acceptable and essential requirement to effectively utilise the workforce. An example of this can be found within Cancer Day Unit (CDU) where activity has grown significantly over the last few months, the oncology wards have shared skilled staff to manage

the chemotherapy treatments to ensure that patient waiting times for treatment do not increase and that safe staffing numbers are evident across the day units as well as the wards.

The induction of forty five new nursing staff within the directorate over the period of September to December has successfully enabled safe staffing numbers to be delivered daily, reducing the reliance on temporary staffing. However, at times this has impacted on increasing the junior skill mix in any one clinical area.

There has been a directorate rise in medication “no harm” incidents being reported over the past two months which may be partly contributed to the higher levels of a more junior workforce. Senior nursing leaders and experienced nurses are currently actively supporting the junior workforce to mitigate this risk through increased vigilance, support and extra training requirements. There was one fall with harm in December, and one pressure sore acquisition, which on investigation were not related to safe staffing levels.

The challenge and focus remains in increasing retention rates of the highly skilled nursing staff and continuing to reduce the 6% vacancy rate within the directorate.

3.7 PCCP

Actual nursing hours within the directorate were closely aligned to plan in month with safe staffing maintained at all times across the Directorate. Temporary staffing usage over the Christmas period was safely reduced despite the high activity within the Critical Care areas.

Critical Care continued to have exceptionally high activity in the month of December, whilst there has been successful agency spend reduction overall within the PCCP directorate by over 2%, supported by improving recruitment, the high activity over the normal capacity in these areas remains a directorate challenge.

3.8 Surgery

At all times the directorate clinical areas were safely staffed in the month of December. There was close alignment in planned versus actual hours across the inpatient wards on the whole across the directorate in month. The surgical wards were safely covered at all times through the movement of staff across clinical areas; under the supervision and support of the senior nursing team. At times during the Christmas period it was deemed safe for a number of shifts actual nursing hours to fall below plan, this was reviewed on a shift by shift basis to ensure patient safety.

The Directorate was able to successfully close an elective orthopaedic ward (Sarah Ward) for the Christmas and New Year period which allowed staff to be released to cover any short notice sickness/absence internally within the directorate whilst also supporting a number of other directorates. The closure and redistribution of staff from Sarah Ward positively supported Cardiovascular, AMS, Oncology & Haematology and Acute Medicine directorates in supporting the filling of vacant shifts without them having to use temporary staffing on a number of occasions during this period. This equated to one hundred and fifty nursing hours shared across these directorates from Sarah Ward closing from the 23/12/15 until the beginning of January.

3.9 Women's Services

Within the maternity services safe staffing has been maintained throughout the month of December. Activity has been steady with few 'peaks' throughout the month. There remained a high number of vulnerable women on the Postnatal Ward who required additional support and supervision through use of nursing assistant hours above planned. There was only one red flag reported from the Birth Centres which required the on call manager to be called in to assist.

Westminster Maternity Suite continued to see an upward trend in the number of births requiring additional staffing in month. There has been a consistent discrepancy between the use of planned and actual hours of nursing assistant time on the Gynaecology Ward over the last few months, with more actual hours worked than plan during the day and less during the night. The directorate are currently reviewing the data to inform a future revised workforce model with an aim of using this particular area of the workforce more effectively.

4.0 Recruitment position

- The current nursing and midwifery establishment is 5676.76 wte (excluding research and development nurses not hosted in directorates), with 5043.24 wte staff in post (ESR data, 18/12/15).
- There was a net loss of 9.84 wte staff in post in the nursing and midwifery workforce in December in comparison with the month of November (ESR data, staff in post at 18/12/15 compared to 26/11/2015).
- There are 633.52 wte vacancies (11.16 % ESR data 18/12/15), of these there are 258.79 wte external starters in the pipeline. There remain 374.73 wte posts to be appointed.
- There were two formal recruitment assessment centres run in the month of December with four directorate locally held interview days for various positions. There are four formal assessment centres planned in the month of January 2016 with a number of further interviews being held at directorate level.
- On the 20th January 2016 there is a dedicated assessment centre targeted at recruiting bank workers.

In month of December the Trust implemented vacancy controls as part of the Trust financial recovery programme. Nursing and Midwifery (N&M) commenced alongside other professional disciplines in reviewing all vacant position. Directorate peer to peer reviews were completed in the month of December led by the directorate Head of Nursing. The objective of these was to review the current workforce size and shape and to challenge as a peer where they may be efficiencies or changes proposed in the current workforce.

The next six monthly directorate Chief Nurse's Office workforce reviews commence in January 2016, led by the Directors of Nursing. Staffing levels at ward/department will be reviewed alongside the outcome of the peer to peer reviews, safety indicators and recent clinical audits with the directorate management teams and ward sisters. The aim of the reviews is to ensure there are safe staffing levels in each area and that there is a high quality patient experience and clinical safety being delivered in each directorate. On completion of the reviews in February 2016, a summary paper of the workforce reviews will be presented to the Board by the Chief Nurse and Directors of Nursing.

Appendices:

Appendix 1 – Planned vs. Actual nursing hours Trust collated – December 2015 (UNIFY)