


<b>Type of paper:</b> <b>Board Briefing</b>	<b>Guy's and St Thomas'</b>  <b>NHS Foundation Trust</b>
<b>Title of Paper:</b> <b>Board briefing of Nursing and Midwifery Staffing Levels</b>	<b>Date of Briefing</b> July 2015

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

\* *Specify*

## 1. Summary

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

This report provides the Board with an overview of the nursing and midwifery workforce during the month of June 2015. It is a requirement on all senior nursing and midwifery staff to manage their respective clinical areas with safe, 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. It is also their responsibility to consider the appropriate and efficient management of staff.

## 2. Request to the Board of Directors

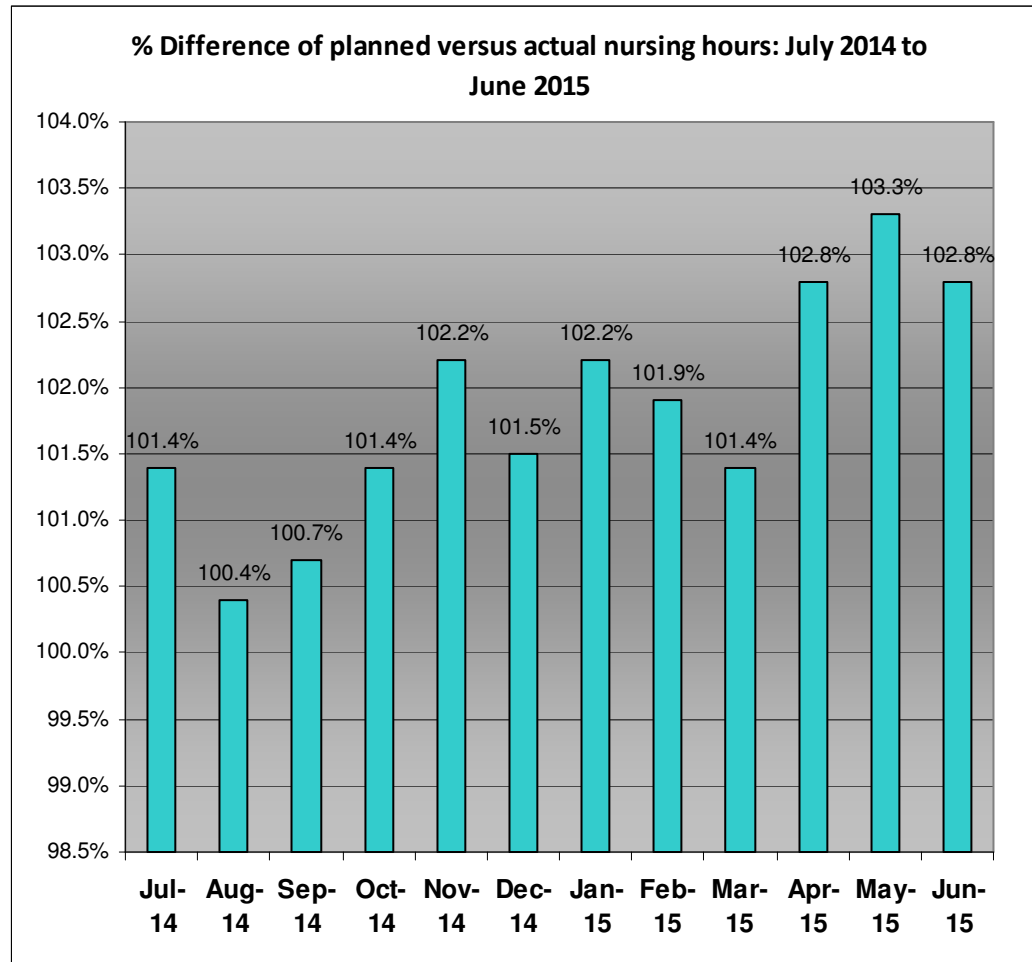
- The Board of Directors are asked to note the information contained in this summary report.

## 3. Detail/ Commentary

### General

- **Planned versus actual nursing hours for June 2015 was 2.8% above plan. This was a decrease of 0.5% from the previous month.**
- In total there were 24 areas where staffing fell below planned hours. This was an increase of one area from the 23 reported last month.
- 27 areas used more nursing hours than planned. This was a decrease from 32 who reported last month.
- Of those 27 areas, nine used more than 10% above plan; this is the same number as reported in May.

- Doulton HDU experienced a fall in actual nursing hours by more than 10%; this can be attributed to the transfer of that clinical area from the Directorate of Cardio-vascular to PCCP. Doulton Ward mirrored this fall by showing an increase in planned hours by more than 10%. It is anticipated that staffing numbers will be balanced in July returns.
- Planned vs actual nursing hours for inpatient bedded areas for the 12 month period (Jul 2014 – Jun 2015) was relatively stable at between 100.4% – 103.3 % (Aug 2014 - May 2015). The data is now showing an upward trend which is related to higher patient dependency, increased activity in some areas and the need for specials (Figure 1). It is anticipated that the reduction to 102.8% during June 2015 will be reflected in future months. A review of the provision of 1-2-1 specials is currently underway.



- **Appendix 1** shows planned vs actual hours used at ward level the three month (April – June 2015)
- **Appendix 2** shows planned vs actual hours used at Directorate level the three month (April – June 2015).

**Acute Medicine:**

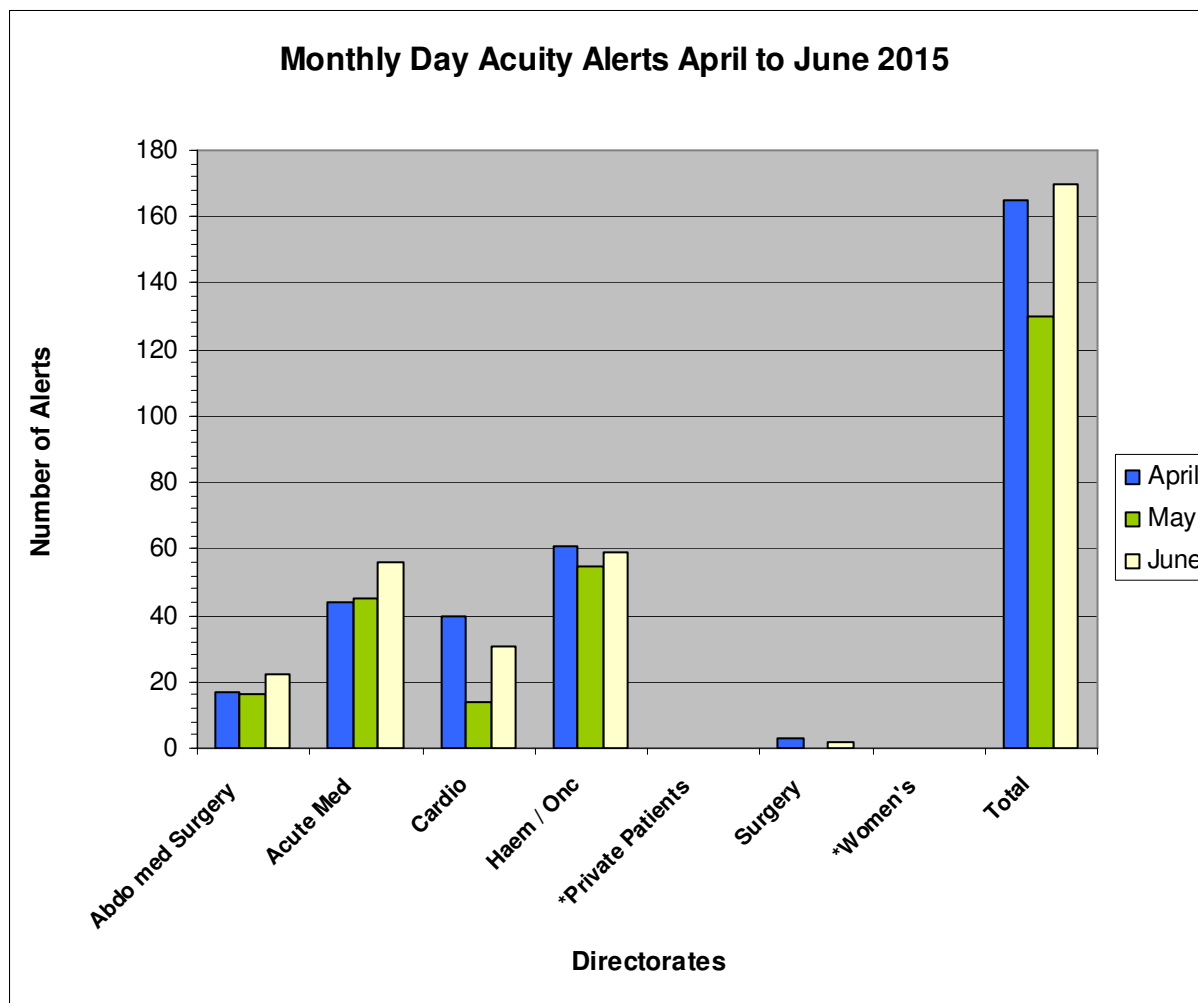
Appendices 1 and 2 show that the Directorate of Acute Medicine remains the highest user of actual hours over planned. For the fifth month in a row, Albert ward continued to have the largest percentage variance of actual nursing hours used over planned of 2692.5 hours (48.3%). The largest proportion, 814.5 hours, were delivered by nursing assistants within the day shift period. This reflects the high specialising usage during June including RMNs which, on some days the ward required four additional nurses to provide care on a 1-1 basis.

The Directorate has reported that in general the over use of hours versus the planned hours relates to 1:1 specialising, much of which is B3s and RMNs. This is a higher rate than this time last year. The Directorate Senior Management Team worked with colleagues throughout the period to ensure appropriate use of RMNs. This included daily review by psychiatric team, escalating delays with accessing and transferring to psychiatric beds (a shortage of capacity of psychiatric beds during June was noted). The Matrons continued to review all specials daily to assess appropriateness and step down where possible. The Directorate senior nursing team worked with the specials team to review booking and usage of the B3s and to pilot a tool to enable decision making as one to one specialising should only be applied once other measures have been exhausted. The Directorate have participated as active members as part of the Trust Nursing and Midwifery Workforce governance group and have planned to revisit the potential appointment of RMNs and expand the bank pool of this group of staff.

### Other workforce metrics:

- **Red Flags:** There were 37 red flags raised over the month of June, a decrease of 38 from the previous month. The Heads of Nursing have stated that no red flags raised had any detrimental effect on patient care being delivered or the safety of patients. The upgrade of iPAMS to record Red Flags electronically at ward level was successful in the month of June with a rollout of its functionality over the months of July and August.
- The highest proportions of red flags reported were from PICU for the fifth month running (5), a decrease from the previous month of 18. Red flags being raised in this area were due primarily to a sustained increase in patient activity within the area. When red flags were raised, off ward nurses assisted with the delivery of clinical care alongside ward based staff from other areas where patient dependency/activity was deemed to be lower.
- 30 areas reported no red flags this month.
- Any red flag alerts triggered in the month of June 2015 were responded to with a senior nurse review at the time of being raised with any mitigating actions immediately put in place to ensure patient safety.
- **Patient acuity alerts:** During day shifts in the month of June 170 acuity alerts were triggered across the inpatient ward areas. This was an increase of 40 from the month of May (Figure 2). The larger numbers of acuity alerts triggered were evenly spread across the Directorates of Acute Medicine, Haematology/Oncology and Cardiovascular.
- Night shift acuity alerts have not been reported so far in the workforce board paper, as consistent daily recording of patient level acuity remains an area where improvement is required. Directorates have this as an action for their ward areas to improve the data recording across all inpatient areas.

Figure 2.



### **Recruitment position:**

- The current position is that the nursing and midwifery establishment is 5699.27 wte. Of that number there are 746.29 wte vacancies (13.09%). This does not include external new starters in the pipeline (531.84 wte). There remain 214.45 wte yet to be appointed to and 354 wte of the newly recruited who will not commence with the Trust until the autumn as Newly Qualified Nurses. This leaves a gap of 568.45 wte in the intervening months. The Trust continues to work hard to achieve high levels of recruitment through every mechanism available and to focus on retention of staff at all levels. Work is being undertaken by the Workforce Governance Group to mitigate the risks of this vacancy rate over the summer period.
- Appendix 3 shows the current Trust Nursing and Midwifery workforce position with a projected three month vacancy position based on historical leavers' data of around 343.45 wte (5.95%). This is a decrease of 5.02% projected from May reported figures.
- Other directorates have a number of vacancies and temporary staff are being used to maintain the safe staffing levels. The Trust is currently focussing a piece of work under the Fit For the Future programme looking at effective use of temporary staffing both in clinical and non-clinical posts. This is with an aim in reducing the Trust's overall financial spend on temporary staffing from bank and agency usage whilst maintaining patient safety.

### **Other Recruitment updates:**

- Scheduled recruitment campaigns continued for experienced staff during the month of June
- Newly Qualified Nurse recruitment for Adults and Evelina was completed successfully. Two dates for pre employment checks to take place were well attended and will ensure timely start dates for those who can start working over the summer



- The Trust had representation at the RCN Congress event in Bournemouth and was successful in raising the profile of GSTT amongst nurses of the future. It was also a valuable networking opportunity for ward sisters and matrons to update themselves.
- Health Visiting and District Nursing held campaigns for students for specialist courses starting in September and were successful in filling posts.

### **Appendices:**

- Appendix 1 - Ward Level % Planned Vs Actual Trends April 2015 - June 2015
- Appendix 2 - Directorate level % Planned Vs Actual April 2015 - June 2015
- Appendix 3 - Trust Level Recruitment & Vacancy levels (24<sup>th</sup> June 2015)
- Appendix 4 - Planned vs. Actual nursing hours Trust collated - June 2015 (UNIFY)
- Appendix 5 - Trust collated workforce clinical indicator summary - June 2015