


<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> December 2015 (November 2015 data)

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*		

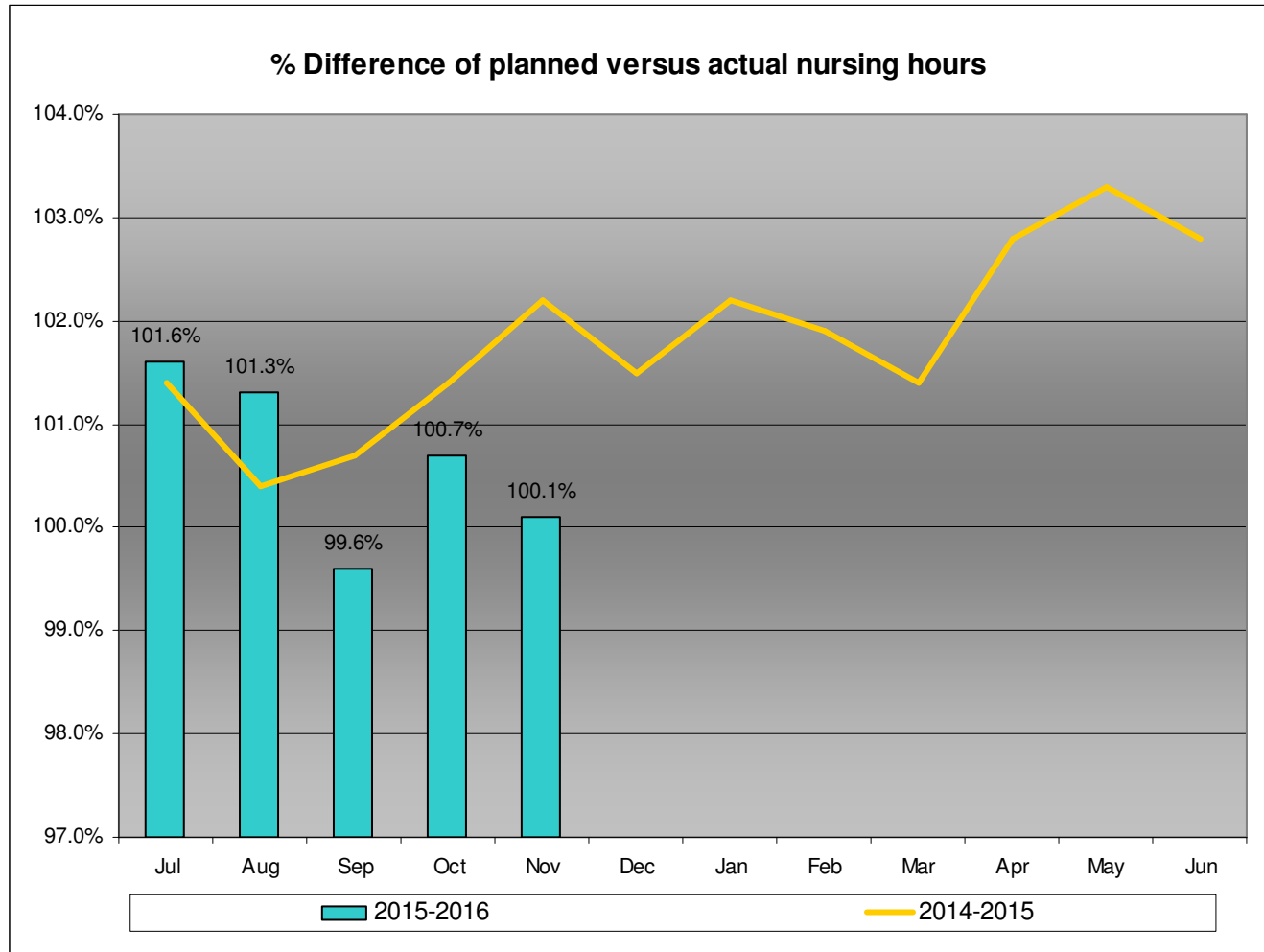
\* *Specify*

## Summary

This briefing provides the Board with an overview of the nursing and midwifery workforce during the month of November 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 November there was a net gain in the nursing and midwifery workforce of 56 whole time equivalents (ESR data, staff in post at 26/11/15 compared to 23/10/2015), with a Trust vacancy level of 11.07% (not including external pipeline starters).

Planned versus actual nursing hours for November 2015 was 0.1% above plan; a decrease of 0.6% from October (figure 1). Registered nurse (RN) actual hours were 1695 below plan (equivalent to 10.4 FTE) as a result of vacancies and actions to reduce temporary staff use. Activity across the emergency pathway remained high with the opening of flexible beds to cope with seasonal pressure and the subsequent flexing up of staffing rosters. The additional hours in month were primarily in nursing assistant (NA) hours, which were 2120 above plan. As per previous months, there were requirements to provide specials for vulnerable patients. In addition a number of newly qualified nurses and overseas trained nurses who were awaiting NMC registration worked as NAs on the trust bank. Working under the supervision of the qualified nurses, these staff provided support to clinical areas where there were gaps on the rosters.

Figure 1.



The Heads of Nursing (HoN) have given assurance that, where there were episodes of reduced RN availability, temporary staff have been employed and staff have been moved to ensure safe staffing. Whilst there have been 32 red flags raised in month this has decreased by three percent (one flag) on the October figures. All 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 in a few directorates, which resulted in red flags not formally being raised. 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 November. There was, and remains, a significant amount of effort focussed on ensuring delays in the 'pipeline' are minimised and mitigated against. These may be due to internal factors such as provision of accommodation or external, for example DBS clearances were highlighted as a contributing factor to some start dates being delayed; this was escalated to the agency supporting DBS management.

Reducing the trust reliance on temporary nursing and midwifery staffing remained the highest priority. The Director of Nursing, Adult Services and Head of Financial Management held individual meetings in month with the majority of directorate management teams to support directorate recruitment and reductions in agency spends.

Weekly external reporting to Monitor on the use of agency staff above the imposed cap commenced in November. There were a small number of shifts reported in the first week of reporting. Pan London and local work continues on negotiating new pay rates with agencies.

## **2. Request to the Board of Directors**

The Board of Directors is asked to note the information contained in this briefing, the net increase of the number of staff in post, the continuing recruitment and retention initiatives and the strict monitoring and use of agency usage within nursing and midwifery services.

### **3. Directorate Commentary:**

#### **3.1 Abdominal Medicine and Surgery**

There was a slightly negative move in November in actual and planned nursing. This was predominantly due to an overspend in renal RN usage (day/night) due to additional capacity, increased acuity and dependency of patients. Two patients required specialising 24 hours a day on Patience Ward.

Improvement was seen in the workforce numbers in both the GI and Urology Wards with a number of new nurses coming into post and staff from the recently opened Gastro Ward being allocated to GI Wards for induction. A decrease in staffing numbers in Urology was applied where possible due to empty beds over some weekend periods. Whilst recruitment has been positive, there remain a high percentage of vacant posts within the directorate; this is one of the key areas of focus the directorate are addressing. Staff were moved as required across the directorate to ensure safe staffing across all areas.

There were 27 staffing concerns raised in month across the inpatient areas by the nurse in charge of the shift. All but one were Urology speciality, five of these were reported to the SNP team as a red flag. All were mitigated at the time by the senior nursing team moving staff between clinical areas, with additional use of temporary staffing. There was one fall with harm within Urology and one complaint related to nursing care; both were not related to safe staffing levels. The formal patient complaint raised over nursing care is currently being investigated by the directorate senior management team.

#### **3.2 Acute Medicine**

The Directorate continued to experience significant pressure during November due to patients with high acuity and dependency needs and a continued high usage of temporary staff to safely staff the directorate's clinical services. The main drivers continued to be the need to special patients for physical and mental health needs and the opening of flex areas. RMN usage remained a significant pressure within EMU (731 hours) and the Acute Admission Ward (848 hours) used above budget to safely staff patients with mental health needs.

Pressure within the emergency pathway meant that the Admissions Ward had to have staff on standby to open its flex areas overnight and eight flex beds on Hillyers Ward remained open until the 19 November 2015.

Alexandra Ward opened as planned to 14 beds on 2nd November 2015. To achieve safe staffing, some staff were moved from other areas within the Acute Medicine directorate with temporary staff usage to support.

There were a total of 35 concerns raised in month across the inpatient areas by the nurse in charge of the shift, with three formally being raised as a red flag to the SNP team. These were predominantly due to short notice staff shortages on the shift which were resolved by the senior nursing team moving staff around the directorate alongside temporary staffing usage. There were no patient harm events due to safe staffing levels.

Vacancies remained high in November despite new starters commencing within the directorate. Acute Medicine directorate current vacancy rate stands at 19.3%. 27 pipeline nurses have start dates in December and January. There are recruitment campaigns in place to attract external staff whilst ensuring retention rates remain stable.

### **3.3 Cardiovascular**

All wards within cardiovascular have actual nursing hours closely aligned with planned hours, with the exception of Doulton Ward who used 7.7% above planned hours (287.5 hours) due to RMN use and specials. Becket Ward used a small number of hours for RMN for a medical patient.

Nearly all recruited newly qualified nurses are in post and commencing their preceptorship period. There were no harm events reported due to safe staffing or nursing complaints in the month of November.

### **3.4 Community Adults – inpatient bedded areas**

The community bedded units had safe staffing levels at all times. Reduced levels of patient acuity at the ARU for the early part of November led to a reduction in staffing requirements. Additional hours were required at Minnie Kidd due to several patients requiring 1:1 specialising care, which the senior nursing team have identified as being required for the foreseeable future. Extra

funding for the patients that require specialising is currently being negotiated with the local commissioners. In addition there were a number of escort duties reported as a contributing factor in the actual hours being above planned.

ARU had two Band 5 vacancies and one band 5 on maternity leave, within Minnie Kidd House there was two band 5 and two band 2 vacancies. Safe staffing was maintained through use of temporary staffing, with the vacancies being actively recruited to over the next two months.

### **3.5 Evelina London Children's Hospital**

Across the children's inpatient bedded areas there has been an improvement in the number of actual nursing hours against plan. Beach Ward has seen the most improvement, which is due to a large number of newly qualified nurses completing their supernumerary period.

PICU is the only ward that has had deterioration in month of actual hours being below planned. This was due to an increase in activity and patient acuity attributable to winter seasonal changes. Any shift where actual nursing hours fell below planned and red flags were raised was safely staffed by moving nurses from other clinical areas, alongside non ward based nurses assisting in the unit. Safe staffing was maintained at all times with no harm events or patient complaints attributable to safe staffing levels reported.

### **3.6 Oncology & Haematology**

There was close alignment overall in planned versus actual hours across the five inpatient wards. Where red flags were raised these were primarily due to short notice unplanned staffing gaps within rosters. At these times, staff were moved around the directorate to ensure the whole directorate was safely staffed at all times. Day units supported inpatient areas with the movement of staff; enhancing the overall skill mix across the directorate. There were no occasions where this impacted safe staffing levels within the day units as staff were only moved where activity allowed under the close supervision of the senior nursing team.

Acuity and occupancy rates were continuously assessed throughout the month by the senior nursing team; patients requiring one to one specialising were reviewed each day and requests are only authorised by the matron team. The directorate reported that bank and agency usage declined in line with staff coming into post in the month of November.

### **3.7 PCCP**

Actual nursing hours closely matched those planned in the month of November despite high activity within critical care. There was a significant decrease in temporary staff spend and additional hours required, this was achieved without raising any red flags and remaining within budget.

It is anticipated that the extended VH DU bed capacity will remain open indefinitely. Safe staffing levels were maintained in this area through use of recruited additional nursing posts across the remainder of the directorate

Agency nurse spend in critical care was scrutinised on a shift by shift basis and is being tightly controlled by the Head of Nursing and the senior nursing team. This enabled a positive impact on agency usage during November.

### **3.8 Surgery**

There was close alignment overall in planned versus actual hours across the inpatient wards. 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 the end of November Alan Apley Ward successfully moved to Somerset Ward, creating a reduction of six beds within the directorate.

To assist with the directorate safe staffing needs there was regular movement of staff on both sites to support patient dependency and activity needs, and to cover short notice sickness. This was reflected in a number of areas reporting small differences of actual hours used under planned.

There were a small number of red flags raised (three), which were addressed at the time by the senior nursing team. There was one avoidable pressure ulcer reported on George Perkins Ward which was not related to safe staffing levels.



### **3.9 Women's Services**

Staffing within Women's Services was generally as planned, with some exceptions. On the antenatal ward there were low daytime ratios for qualified midwives on some days due to a midwife being redeployed to another area of the maternity unit. Safe staffing on these occasions was always maintained.

Actual hours exceeded the planned in two areas, Postnatal Ward and Westminster Maternity Suite. Postnatal Ward; there was an unusually high number of vulnerable women requiring additional support from maternity support workers or specialising by an RMN. Westminster Maternity Suite saw an increased number of births requiring additional staffing.

### **4.0 Recruitment position**

- The current nursing and midwifery establishment is 5681.92 wte (excluding research and development nurses not hosted in directorates), with 5053.08 wte staff in post (ESR data, 26/11/15).
- There was a net gain in the nursing and midwifery workforce of 56 whole time equivalents (ESR data, staff in post at 26/11/15 compared to 23/10/2015).
- There are 628.84 wte vacancies (11.07 % ESR 26/11/15). Of these 248.99 wte are external starters in the pipeline. There remain 379.85 wte posts to be appointed.
- There were seven recruitment assessment centres run in the month of November, with six planned in the month of December.

Directorates continue to focus on reducing temporary staffing with all agency bookings being approved by the Heads of Nursing. Weekly exception reporting of any use of agency staff above the national pay cap commenced in the month of November. Monitoring and scrutiny of agency use is a key trust priority in reducing the pay costs within nursing and midwifery without reducing safe staffing levels.

The Trust Nursing and Midwifery Committee (TNMC) held a successful meeting in the month of November focused exclusively on workforce and productivity. A number of key actions were agreed, which included job planning for band 7 and above, staffing the

pathway and not the area and ensuring the effective use of Healthroster (e-rostering system) and a review of all nursing structures. It was agreed these action areas and others identified throughout the day will be implemented and help to ensure the nursing and midwifery workforce remains, skilled productive and cost effective moving into 2016.

### **Appendices:**

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