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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 October 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 October there was a net gain in the nursing workforce of 144 whole time equivalents. This positively affected the increase of actual registered nurse hours alongside an overall small increase of temporary staffing fill rates across nursing and midwifery.

Planned versus actual nursing hours for October 2015 was 0.7% above plan; an increase of 1.1% from September. This was due to additional bed capacity in some areas, induction of newly qualified staff and a number of patients who required one to one specialising. There has been an increase in patients with mental health needs with delays in availability of beds in other providers. The Heads of Nursing have given assurance that, where there were episodes of reduced registered nurse availability that temporary staff have been employed and staff have been moved to ensure safe staffing. Whilst there have been a number of red flags in month, this has decreased by sixty three percent on the September figures and all were actioned to ensure patient safety. The new staff in post and the availability of bank staff significantly contributed to the overall decrease. There have been no reported harm events or any patient quality metrics affected.

The focus on recruitment and retention has continued in October, for both bank and agency staff; with consistent efforts to recruit to the remaining vacant posts to ensure safe staffing and that the additional winter capacity can be staffed. There has also been significant effort by all departments to ensure that nurses recruited and in the pipeline are being transitioned into post as expediently as possible. The national rules on use of agency staff in nursing were implemented in month. An impact analysis on the nationally proposed price cap on pay rates is in progress in preparation for November implementation.

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 implementation of national guidance on nursing agency usage.

3. Directorate Commentary:

3.1 Abdominal Medicine and Surgery

There was generally a positive move in October in actual and planned nursing hours more closely aligned to plan. This was due to a number of new nurses coming into post, a decrease in staff sickness and a reduction in maternity leave in month. Whilst recruitment has been positive there still remain a high percentage of vacant posts within the directorate and this is one of the key areas of focus for the recruitment initiatives. Staff were moved within the directorate to ensure safe staffing across all areas. Nightingale and Patience wards used nursing hours above plan due to additional capacity, increased acuity and dependency of patients. There were twelve red flags raised in month, all were mitigated at the time by the senior nursing team by moving staff between areas and use of temporary staffing. There were no harm events as a result of staffing.

3.2 Acute Medicine

Across the directorate all inpatient wards areas reported actual nursing hours above plan, with a high use of temporary staff to maintain ward functionality and safety. The main drivers for this were a high level of vacancies and eight flex beds on Hillyers ward remaining open beyond the anticipated close date. There was increased patient acuity and dependency, especially those with mental health needs requiring support. This was a particularly significant issue in Albert ward. The directorate had a number of newly qualified nurses start work in month requiring additional support during their induction. Operational pressures within the emergency pathway saw the need to open flex beds overnight which also required additional staffing resources. The Acute Admissions ward was required to open extra beds which contributed to the additional staffing requirement. Vacancies in these areas remain high although it is anticipated that this will improve in November as fifteen new recruits commence in post. There

were five areas red flagged in October; all were resolved through the support of the senior nursing team. There were no harm events as a result of staffing.

3.3 Cardiovascular

All wards within cardiovascular have actual nursing hours closely aligned with planned hours. This is due to the successful recruitment within the directorate leaving only a small number of posts to be recruited. Where hours were above planned, this is almost exclusively due to a number of patients requiring one to one support. Staff were moved within the directorate to ensure safe staffing in all areas and the directorate reported three red flags and no harm events in month.

3.4 Community Adults

The community hospital wards saw an improvement in the actual versus planned nursing hours in month. . The units reported that safe staffing levels were present at all times. Reduced demand and lower levels of bed occupancy for the first part of October within the ARU supported the reduction in staffing requirements. Where additional hours were required, this was largely due to escort duties and higher than average patient acuity needs. There still remains a 14% vacancy rate within the community wards with ongoing recruitment plans in place.

3.5 Evelina London Children's Hospital

Beach and Mountain ward both reported actual nursing hours below plan in October, which was challenging for the directorate. Twenty newly qualified nurses commenced in post but created a challenge in regards to appropriately balancing the nursing skill mix. There was also an increase in the number of patients requiring dialysis combined with a national shortage of dialysis nurses that have added additional pressure to Beach Ward. To mitigate this, experienced nurses were been used to cover the dialysis unit. Winter pressures funding has allowed for four additional beds to be opened between Monday and Friday evenings. NICU/SCBU and Savannah reported overall nursing hours matching closely with those planned for the second month due to successful recruitment. There were six red flags raised, but these were mitigated by senior nursing staff.

3.6 Oncology & Haematology

There has been closer alignment overall in planned versus actual hours due to successful recruitment. There was also a reduction in specialising requirements; this was in part due to patient mix and in part due to an improved focus on assessments and allocation of staff. The directorate has had to move staff to support the ambulatory service due to a twenty percent increase in chemotherapy activity. The six day ward opened to seven days, three weeks out of four to meet a 30% increase in admissions in oncology patients. This has required temporary staffing to maintain safety over these weekends. There were no red flags or harm events as a result of nursing staffing.

3.7 PCCP

EW1, EW2, GCCU, Lane Fox Unit, OIR actual nursing hours closely matched those planned in the month of October. All critical care areas are managed as one unit for staffing purposes. Staffing shortfalls in any one unit, alongside any area that had excess staffing levels, were balanced on a shift by shift basis by moving staff between clinical areas. This maintained safety and close alignment of actual and planned hours over a number of units within the month of October. There were no red flags or harm events raised that related to safe staffing levels. Victoria HDU additional winter pressure beds were opened in the month of October (previously closed during summer) which required additional staffing resources. This affected the actual nursing hours marginally as planned hours increased. Staff were moved to assist the area from other clinical areas where acuity and activity was less, alongside use of temporary staff. There were no red flags or patient harms reported as a result of nursing staffing.

3.8 Surgery

The surgical wards were safely covered at all times through the movement of staff across clinical areas; under the supervision of the senior nursing team. The directorate is currently going through a transitional stage of reducing the size of the bed stock to 16 beds by the end of November as planned. New starters commenced in post leading to the improved position, alongside staff being flexed between wards as patient dependency and activity dictated. There were times in the month where unfilled shift hours were not sent to temporary staffing to fill due to low levels of activity/bed occupancy. There were four red flags raised and these were mitigated by the senior nursing staff.

3.9 Women's Services

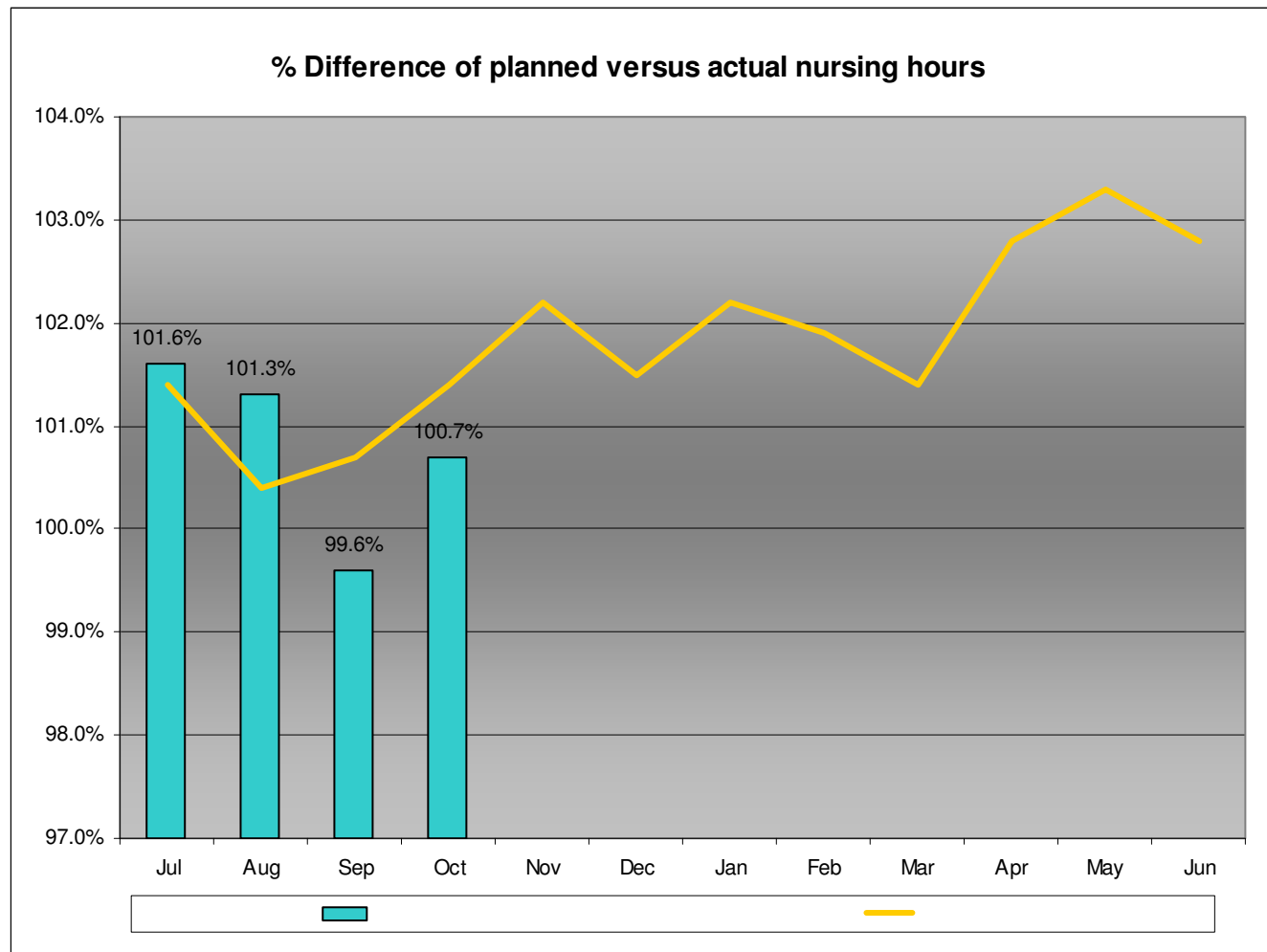
Antenatal Ward, Hospital Birth Centre, The Gynaecology Ward and Westminster Suite all reported very small percentage differences between actual hours compared to plan. The variations within the maternity unit were due to a number of factors, but at times of high activity registered staff were moved flexibly from one clinical area to another, coordinated by senior midwives, to ensure every woman in the directorate was cared for in a safe environment at all times. The postnatal ward required some additional hours due to increased specialising requirements for women with mental health needs/or social issues in order to ensure safety of the patient and unit.

4.0 Recruitment position

The current nursing and midwifery establishment is 5787 wte. There was an increase in October of 43 established posts as a result of business planning. These were part year funded from the beginning of October, mainly being research and development (non hosted Research and Development) and Evelina London Children's Hospital bed expansion. 175 new starters commenced substantive employment in the Trust in the month of October. An additional 33 registered nurses joined substantive positions in the Trust, moving from the bank. 64 nurses left substantive employment, but 41 remained on the bank. There are 712 vacancies (12.31 % ESR 23/10/15). This does not include 292 new starters in the pipeline. There remain 420 posts to be appointed and the concentrated recruitment efforts continue.

Directorates continued to focus on reducing temporary staffing with all agency bookings being approved by the Heads of Nursing. The internal transfer policy that has been implemented has been successful in helping to retain staff and the new assessment process for requesting a one to one special for a patient is proving successful. The nursing and midwifery committee meeting will focus exclusively on workforce and productivity challenges in November, whilst the recruitment and retention initiatives continue with high priority.

Figure 1.



Appendices:

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