


<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> September 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**

- This report provides the Board with an overview of the nursing and midwifery workforce during the month of August 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.
- Planned versus actual nursing hours for August 2015 was 1.3 % above plan. This was a decrease of 0.3% from the previous month.
- In total there were 30 wards or departments where staffing fell below planned hours. This was an increase of three areas from the 27 reported last month. Of those 30, five wards used more than 10% actual hours below planned, Aston Key (-10.2%), Florence Ward (-11.7%), Beach Ward (-10.2%), Queen Ward (-12.8%) and Antenatal Ward (-13.7%).
- 20 areas used more nursing hours than planned. This was a decrease from six reported last month. Of those 20 areas, seven used more than 10% above plan; this is an increase of one above those reported for July. The detail for each of the areas is available in the commentary in the main body of the report, section 3.0.

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

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

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

#### **3.1 Acute Medicine (Actual nursing hours used above planned >10%):**

- Six areas reported using 10% actual nursing hours above planned within the Acute Medicine Directorate; Albert Ward (31.6%), Anne Ward (16.3%), Henry Ward (12.7%), Mark Ward (19.8%), William Gull Ward (23.0%) and the Emergency Medical Unit (EMU) (11.0%).
- For the directorate, August has remained a challenging month for both acuity and dependency. The success of the Older Persons Unit based in the Emergency Department enabled the business plan for closing beds on Alex Ward to be implemented. Vacancies on this Ward and across other wards in Acute Medicine resulted in the decision to close all beds on Alex Ward in July; permanent staff were distributed to other medical wards. The flexible beds on Hillyers Ward remained open throughout the month.
- Albert Ward –August data continues a downward trend regarding planned versus actual usage. The majority of the actual hours above planned were attributable to one to one specials use.
- Anne Ward – The majority of the actual hours above planned continue to be attributable to one to one specials; however there has been a decrease in August.
- Henry Ward - has seen a decrease in the monthly variance against planned and actuals. There has been a reliance on specialising (500 hours), mainly for falls risk, and a small amount relating to mental health needs.
- Mark Ward and William Gull Ward have seen an increase in variance between actual and planned usage over the last three months. The main driver during August has been the use of specials due to high dependency and acuity and challenging behaviour of patients.
- EMU - moved to Evan Jones Ward in August and has seen a change in patient pathways due to location and protocols. There continued to be a high level of patients with mental health needs requiring one to one support.

### **3.2 Surgery**

- Queen Ward used 12.8% less actual hours than planned, actual staffing levels were adjusted to reflect periods of low activity/bed occupancy where there was a reduced staffing requirement. Sarah Ward staff supported other directorate areas during periods of low activity, this was to ensure staffing levels matched both activity and patient dependency needs across the directorate as a whole. On both Wards, safe staffing was maintained under the close supervision of the directorate's senior nursing teams.

### **3.3 Abdominal Medicine and Surgery**

- Aston Key Ward (-10.2%) and Florence Ward (-11.7%) - had high vacancies for the month, staff rotated from other parts of the directorate during this period to support the staffing levels.
- On the days where actual hours fell below planned the following actions were taken; planned supervisory staff were moved into the direct patient care numbers, this included Ward Sisters, Nurse in Charge and Matron for the area. Further assistance was supplied from the redistribution of staff across the renal wards under the close supervision of the senior nursing team.

### **3.4 Cardiovascular**

- For the month of August actual nursing hours was above planned for Doulton Ward (3.6%) and Stephen Ward (8.3%) this was as a result of patients requiring one to one specialising needs, although this has reduced in month.

### **3.5 Community Adults**

- Pulross Inpatient Services above planned (14.9%), this was due to the needs of one patient and a higher than usual planned number of patients requiring escorts to attend hospital appointments.

### **3.6 Haematology/Oncology:**

- Dorcas Ward (-6.2%) had sickness and a member of staff on secondment. Patient dependency was continually monitored in the area, utilising Bank and Agency temporary staff when required to ensure safe staffing at all times. The Ward reported that all vacant posts have now been recruited to.
- Hedley Atkins Ward (-2.2%) remained safely staffed during the month of August. However, there are a small number of staff on maternity leave and staff seconded to other areas. Hedley Atkins managed their rota flexibly in order to safely staff the Ward and has successfully recruited to all of their vacant posts. Due to the higher number of new staff joining the existing team this has created, at times, additional pressure in rostering the appropriate skill mix whilst they orientate to the Ward. The senior nursing team has put in place a supportive orientation and closely monitored staffing levels per shift, to ensure safe staffing at all times. The Ward is supporting a number of overseas nurses currently working in a Nursing Assistant capacity; this has supported the areas' rosters in being flexible to meet patient dependency needs, whilst also providing an enhanced skill set. The area noted ongoing use of one to one specialising requirements to support more high risk patients. However this is closely monitored and assessed by the senior nursing team.

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

- As a result of normal annual trends, patient dependency has been less over the summer months for Children's inpatients services. This has resulted in Mountain Ward (1.9%) and PICU (9.3%) having slightly more registered nurses than is actually required. However this is balanced against PICU also having had a number of new starters who need a significant amount of teaching/supervision due to the complex nature of an intensive care area. Nurses have also been moved to other wards over the last month when there have been shortages to help with break relief if required. This support has been for short periods only and the registered nurses have returned to their substantive ward area to not disrupt their development whilst also maintaining safe staffing across the directorate.

- Beach Ward (-10.2%) have had lower acuity and the number of planned hours reduced further in August due to less staff being rotated through to the area with the Band 5s on the rotation programme. This area has remained safely staffed due to seasonal decrease in patient dependency. Newly qualified nurses are due to start within the area to be fully orientated for the winter period.
- Savannah Ward (-6.3%) have had a number of nurses going on maternity leave in August, this reflects the data for a second consecutive month showing actual hours being below planned. This area has remained safely staffed due to seasonal decrease in patient dependency. Newly qualified nurses are due to start within the area to be fully orientated for the winter period.
- The directorate has successfully recruited 50 newly qualified nurses to start in the coming months.

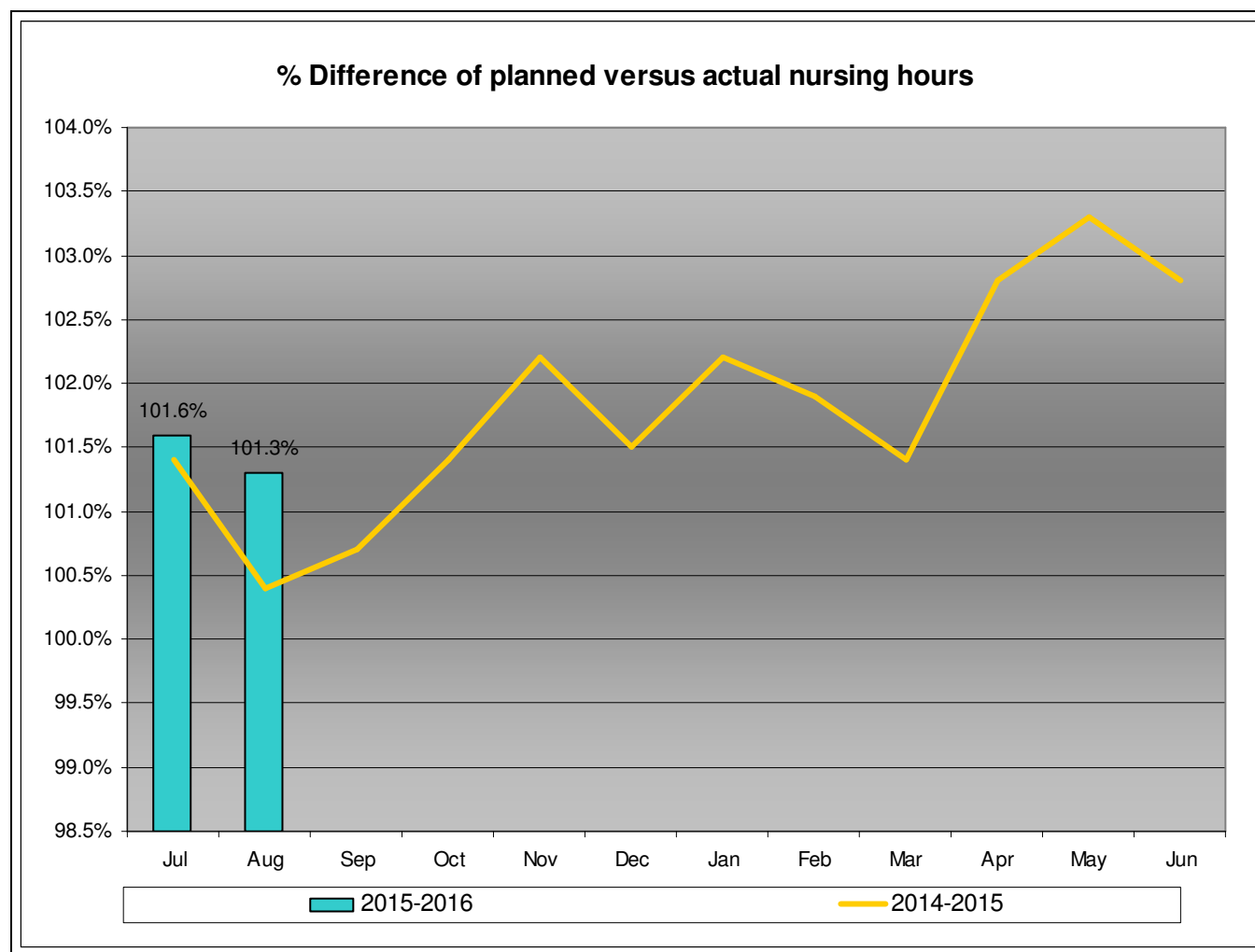
### **3.8 Women's**

- Antenatal Ward (-13.7%) – For a third consecutive month midwifery hours fell below planned. At all times the unit was deemed to be safely staffed by redistribution of staff across the maternity unit through senior leadership of the matron or manager on call. On one occasion this triggered a red flag which was escalated to and managed by the midwifery manager on call.

### **4.0 Update from previous months report, July 2015:**

- The month of August 2015 shows a continued decrease in overall Trust actual hours used over planned. This supports the projection from the July 2015 Board Briefing of there being a decrease in overall Trust hours used as more focus is applied to the appropriate use of one to one specials and temporary staffing usage.

Figure 1.



## 4.0 Other workforce metrics:

### 4.1 Red Flags

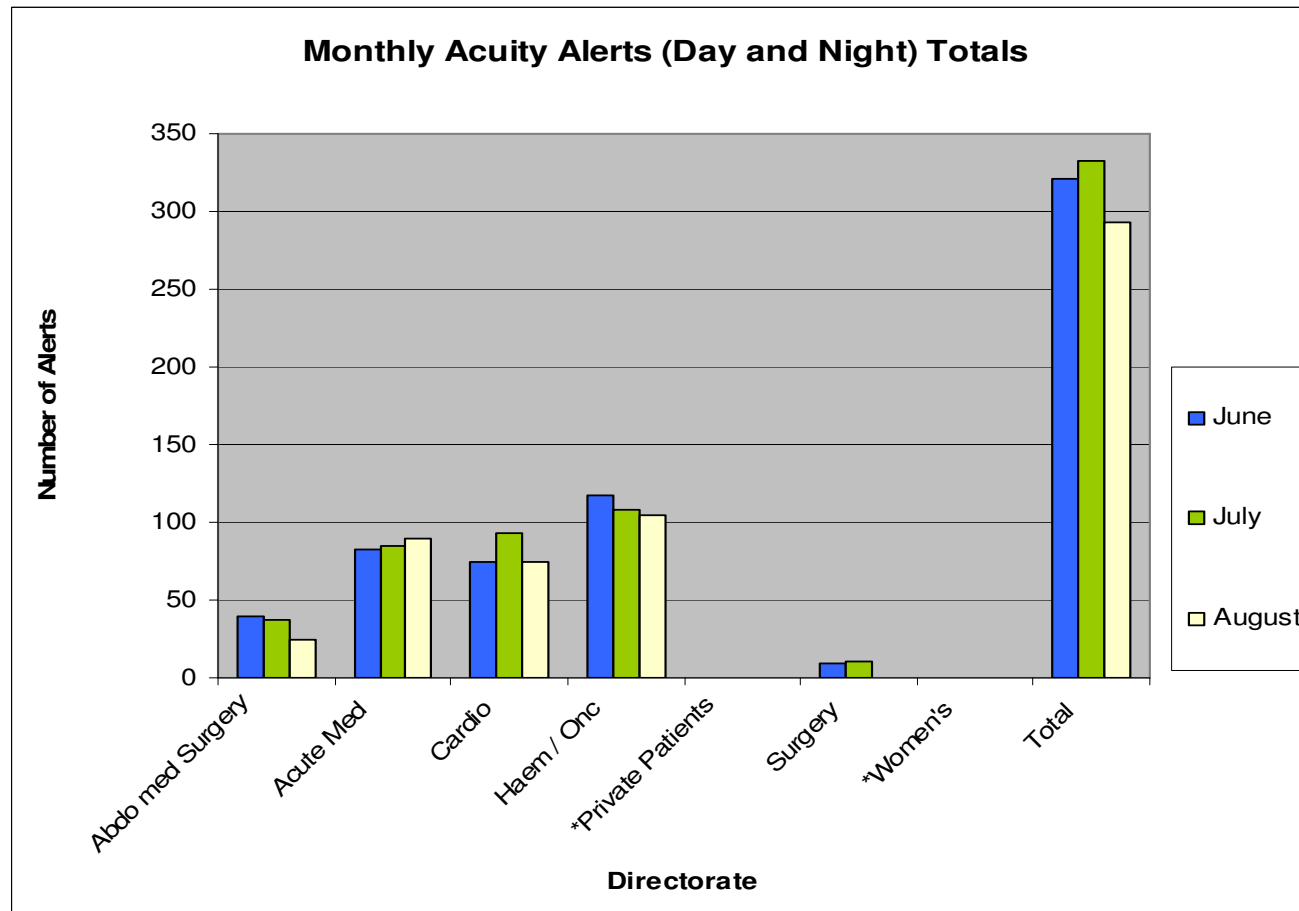
- There were 82 red flags raised over the month of August, an increase of 31 from the previous month, this can in part be attributed to closer monitoring and reporting of red flags within Acute Medicine. Clinical directorate Heads of Nursing stated that no red flags raised had any detrimental effect on patient care or safety.
- Mark Ward recorded the highest number of red flags at 21 due, primarily to increased acuity with patients who had tracheotomy. Senior nursing staff assessed the alerts on an individual basis and took steps to mitigate the risk by reallocating staff both within the Ward and across the directorate alongside approving the use of temporary staff where it was felt safe staffing would be compromised.
- 29 areas reported no red flags this month.
- Any red flag alerts triggered in the month of August 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.

### 4.2 Patient acuity alerts

- During day and night shifts (combined acuity alerts) 293 alerts were triggered across the inpatient ward areas; comprising 153 day shift and 140 night shift alerts.
- **Figure 2:** The larger numbers of acuity alerts triggered were evenly spread across the Directorates of Acute Medicine, Haematology/Oncology and Cardiovascular as previously reported.



Figure 2.



## 5.0 Recruitment position:

- The current nursing and midwifery establishment is 5731.44 wte. There are 843.99 wte vacancies (14.73%) at the time of this report's data being collated (24/08/2015). This does not include external new starters in the pipeline (554.31 wte). There remains 289.68 wte yet to be appointed to. As previously reported in last month's paper, 354 wte of the recruited will commence within the Trust over the next two months. The vacancies to be recruited at Trust level primarily sit at Band 6. Work is currently underway within the Workforce Governance Group to plan how to support the transition of nursing staff from Band 5 to Band 6 in conjunction with the wider nursing retention strategy.
- The Trust continues to work hard to achieve high levels of successful recruitment, whilst focussing on retaining and developing our current staff.
- 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 418.68 wte (7.22 %). This is an increase of 1.17% projected from that reported in July's data, this is primarily due to a small increase in wte establishments as esr budgets are adjusted and a marginal decrease in retention rates.
- Reductions on temporary staffing spend, whilst ensuring safe staffing levels are maintained, continues to be a key focus. Weekly review of temporary staff usage is being both monitored at directorate and corporate level to ensure traction is maintained over the coming months.
- It was agreed in the month of August that there will be daily reporting to the Director of Nursing of specials usage Trust wide from the beginning of September following the implementation of the Assessment tool. This was to work alongside the strict adherence to the Nursing and Midwifery temporary staffing controls to ensure appropriate, cost effective safe staffing levels are maintained at all times.
- Healthroster housekeeping activities are currently due to complete the first phase of work which focussed on ensuring the accuracy of staff hours within the system. The next phase will be focussed on ensuring rosters have accurate templates and establishments. Both activities, will position the Trust in being assured the data with Healthroster is accurate to guide effective future rostering practice.

### **5.1 Other Recruitment updates:**

- August recruitment campaigns continued to run for qualified nurses with experience and non-registered nurses at band 2 and 3. Assessment centres recruited an additional 19 wte experienced nurses in the month of August.
- Winter ward campaign: These ran internally and externally for staffing of the Winter Ward staff (fixed term contracts) and secondment opportunities.
- Planned Trust presence at the London Jobs Fair is arranged for September, where it is anticipated a large number of potential candidates will be present who are interested in joining Guy's & St Thomas' Hospital.
- Three return to practice nurses who were successful at interview in the month of August will commence clinical placements in the Trust in August.
- The large scale recruitment campaigns over the last few months are now being realised as September approaches, which will positively impact clinical areas staffing levels as they commence within the Trust.

### **6.0 Trust Nursing and Midwifery Committee (TNMC)**

- The TNMC is a monthly meeting chaired by the Chief Nurse. The August meeting was held on 26<sup>th</sup> of the month and workforce was the single agenda item. Key workforce approaches were discussed, and agreed to be adopted and applied consistently in the coming months. These were agreed by all Heads of Nursing and Midwifery. As a result of this meeting a number of "Always Events"\* were agreed.

\* The Trust is using the term “Always Event” as a positive term to denote a number of areas that senior nursing leaders have agreed will adopt in everyday practice.

**Appendices:**

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