

Board Briefing	Guy's and St Thomas'  NHS Foundation Trust
Board Briefing of Nursing and Midwifery Staffing Levels	Date of Briefing March 2016 (February 2016 data)

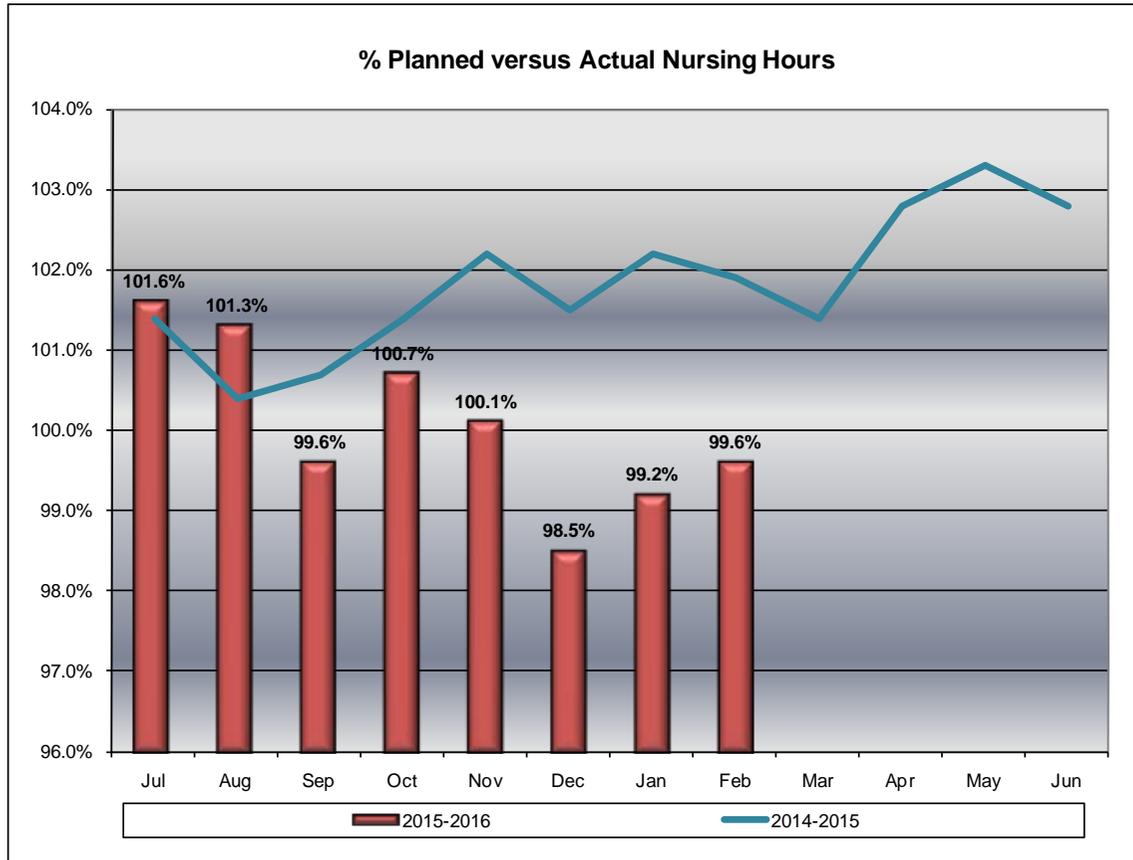
This paper is for:		Sponsor:	Chief Nurse- Dame Eileen Sills (DBE)
Decision	<input type="checkbox"/>	Author:	Workforce Team (Chief Nurse's Office)
Discussion	<input type="checkbox"/>	Reviewed by:	Director of Nursing, Adult Services (Chief Nurse's Office)
Noting	<input type="checkbox"/>	CEO*	<input type="checkbox"/>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

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1 Summary

- 1.1 This briefing provides the Board with an overview of the nursing and midwifery workforce during the month of February 2016. 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.
- 1.2 In February staffing numbers only increased by 1.2 wte after the January increase. The total establishment in post is now 5,091.27 wte (ESR data, staff in post at 29th February compared to 22nd January). Excluding 157 external applicants in the recruitment pipeline, the Trust vacancy level is 10.1%. These new starters are scheduled to join the Trust over the coming months.
- Planned versus actual nursing hours for February 2016 were 0.4% below plan; an improvement on January's figures of 0.8% below plan. (Figure 1).
 - Registered nurse (RN) actual hours were 4,876 hours below plan (equivalent to 29.9 wte) with Nursing Assistant (NA) actual hours 3,467 hours above planned (equivalent to 21.28 wte).
 - Average fill rates of planned hours for RNs for day were 98.1%, with night at 99.4%. Average fill rates for planned hours for NAs was 100.2% daytime and 117.1% for the night.
 - The Heads of Nursing and Midwifery (HoN/Ms) have given assurance that they have reviewed their staffing numbers and assessed their areas to be safely staffed.
 - The Chief Nurse six monthly staffing reviews concluded in February. Any changes will inform the business planning process. The Chief Nurse will present a full paper at the April 2016 Board meeting.
 - Vacancies across the Trust have reduced significantly over the last six months, with the overall rate of 10.1% comparing favourably with the same month last year at 12.5%. There are an additional 220.2 WTE substantive nursing staff, both registered and unregistered, in post since last year.
 - The directorates have been working hard to maintain the reduction in the nurse agency spend required to meet the Monitor regulations, the target is to be less than 6% by 31st March. Nurse agency spend in February was 5.2% of the total paybill.

Figure 1



1.3 Reducing the Trust reliance on temporary nursing and midwifery staffing remained a significant priority; this was delivered through close monitoring of agency usage at directorate level. Balanced against this has been the continued pressure on the provision of nursing care with high acuity and a requirement for ‘specialling’ within a number of directorates. The senior nursing and midwifery teams are very aware of the need to risk assess each case prior to the employment of any additional staff and balance this with safety and quality of care.

- 1.4 There were 58 red flags raised, compared to 52 in January. Further work is required to ensure that reporting is robust over the 24/7 period in all areas. All red flags were actioned promptly by the senior nursing teams to ensure patient safety and are all reviewed by the HoNs and the Chief Nurse's Office. There were a number of local staffing concerns raised at ward level by the nurse in charge in a few directorates, 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 were no reported harm events or any patient quality metrics affected due to safe staffing concerns.

- 1.5 The February 2016 reduction on the Monitor cap was implemented as planned and no nursing shifts were reported as breaching during the month. The next reduction will be implemented on 1st April and Directorates are addressing any potential concerns for temporary staffing requirements.

2. Request to the Board of Directors

- 2.1 The Board of Directors is asked to note the information contained in this briefing: the lower than average temporary staffing spend; the continued recruitment and retention focus; the strict monitoring on agency usage supported by an improved “one to one specialling” process balanced against the demands of high activity in a number of pathways and acuity.

3 Directorate Commentary:

3.1 Abdominal Medicine and Surgery (AMS)

3.1.1 **Renal & Urology:** There were concerns around staffing numbers for patients due to higher acuity requirements on some of the wards, vacancies and sickness. This was mitigated by staff moving between wards and senior nursing management assisting with staffing levels to ensure safe staffing.

3.1.2 **Gastrointestinal Medicine and Surgery (GMS):** Alan Apley ward is currently open to 16 beds inclusive of SAU; GMS staff have been moved between the areas to support where staffing vacancies were unable to be covered with bank/agency. The Ward Manager works as part of the numbers if ward cover is below expected levels. One red flag was raised.

3.1.3 There were three red flags on Nightingale ward due to the demands on the 'flex beds', which were not opened if staff were unavailable.

3.1.4 Across the entire AMS directorate there were 18 red flags raised in February, all were responded to.

3.2 Acute Medicine

3.2.1 February 2016 has seen continued pressure within the directorate and on the emergency pathways. Of particular note has been the lack of availability of external mental health beds; resulting in patients sometimes waiting for several days for placement. All patients were risk assessed as to whether additional staff were required.

3.2.2 The vacancy rate for Acute Medicine in February is 22%, which is a concern, despite a robust recruitment campaign, and new starters commencing employment. Work has commenced with the support of the Chief Nurse's Office to improve and stabilise the directorate position with external support being given. As a result of vacancies, acuity and dependency there is a high reliance on temporary staff with most shifts covered. During the month 16 red flags were raised. All were responded to and all wards were safely staffed with no complaints or incidents related to staffing.

3.3 **Cardiovascular**

3.3.1 Cardiovascular have a number of vacancies at bands 5 and 3 with an assessment centre scheduled for the end of March. There were 419.5 hours required of one to one specials for post cardiac surgical patients on Doulton Ward. There were 12 Red Flags raised across the Directorate in February. At all times senior staff were able to provide a response and ensure safety for patients.

3.4 **Community Adults – Inpatient bedded areas**

3.4.1 Safe staffing levels within the community inpatient bedded were maintained at all times in month. Actual nursing hours were below plan for Pulross and the Amputee Rehabilitation Unit (ARU) but in both units this was with careful scrutiny against acuity and dependency of patients. An error in the recording of planned and actual hours in the previous month has led to inaccurate data being captured, this has now been rectified.

3.4.2 Vacancies for registered staff at Minnie Kidd have increased and active recruitment is in place, vacancies across the other two inpatient bedded units stabilised in month. Safe staffing was maintained through the use of temporary staffing where required for any vacant duties. All vacancies are actively being recruited as part of the overall campaign for community

3.5 Evelina London Children's Hospital

3.5.1 February is the second month where planned and actual staffing hours have closely aligned. The main area of concern is Savannah ward where acuity has been high and has resulted in a significant level of specialising. There are a number of vacant posts particularly for more experienced band 5 and 6 nurses. Savannah have red flagged on two occasions. February has been extremely busy, both in terms of acuity and dependency.

3.5.2 There remain a number of vacancies across all wards, Mountain and PICU have the most, and there are over 30 nurses in the recruitment process. Responses to current adverts have not been as good as the hospital would have wished. The Evelina has a Jobs Fair planned for 4th March 2016; there has always been an excellent response and the hospital is looking forward to welcoming a significant attendance.

3.6 Oncology & Haematology

3.6.1 There were nine red flags across Oncology and surgical areas in February (an increase of two compared to January), raised due to staff sickness and acuity. In all but one case it was possible to move staff to fill the gap or for staff to work extra hours to maintain safety. Staff continue to work across day units and are encouraged to view this as an opportunity to develop new skills.

3.6.2 Staff absence has increased due to short term illnesses in February which has added to pressure nurse skill mix. Esther ward was able to close for one weekend out of four in February compared to operating seven days a week throughout January 2016. The need for seven day opening is assessed weekly.

3.6.3 The Chemotherapy Day Unit (CDU) have had significant staffing challenges recently with chemotherapy competent nurses from the wards helping out. In the past week CDU have been able to support the Oncology wards for the first time with associated boost to morale.

3.7 Perioperative, Critical Care and Pain (PCCP)

3.7.1 Actual vs planned hours have remained within expected levels. No red flags were raised during February. Vacancies are lower again this month and sickness rates overall remain below 3%. Temporary staff usage has been above trajectory for critical care but this has been due to high numbers of bed days and acuity and high numbers of ECMO cases due to a national surge, however this has not impacted on patient care.

3.8 Surgery

3.8.1 There were two red flags recorded in February. Staffing numbers across all wards were assessed on a daily basis to ensure safe patient care with any issues addressed by the nurse in charge.

3.9 Women's Services

3.9.1 All areas within (NHS) maternity have been at, or slightly below the planned staffing levels for qualified staff as birth numbers in February have been slightly lower than average. However, there have been a number of occasions when there has been a peak in both activity and acuity, and on five occasions red flags were triggered and additional staff called in to the maternity unit in order to maintain safety. Support staff levels have been within plan in all areas except the postnatal ward, where the actual number of support workers has been higher than planned due to the additional nursing assistants required to 'special' vulnerable women and their babies.

3.9.2 Westminster Maternity Suite has continued to see an upward trend in activity and the number of actual staff has exceeded the planned number as additional midwives have been booked to ensure the provision of one-to-one care in labour.

3.9.3 There has been a high level of activity and acuity on the gynaecology ward throughout the month, with a significant number of acutely unwell patients requiring one to one care. It is anticipated that the imbalance between day and night cover by support staff will be resolved by the end of April once the revised staffing plan is fully implemented.'

4 Recruitment position

4.1 Recruitment activity continued in February. Particular focus was placed on ensuring all external pipeline staff were ready to start and had start dates confirmed by their new line managers. The recruitment team are continuing to plan for Trust participation at Careers fairs over 2016.

- The current nursing and midwifery establishment is 5,663.7 wte (excluding research and development nurses not hosted in directorates), with 5091.9 wte staff in post (ESR data, 29/02/16).
- There was a net increase of 1.2 wte staff in post in the nursing and midwifery workforce in February in comparison with the month of January (ESR data, staff in post at 29/2/16 compared to 31/1/16).
- There are 571.8 wte vacancies (10.1% of the establishment); however temporary staff have been used to address gaps in the rota to deliver patient care. The vacancy rate is expected to reduce further in line with the trust target by year-end. There are 157 external starters in the pipeline. There remain 404 wte posts to be appointed.

5 Workforce Summary

- 71 nursing staff commenced at the Trust during February. 56 of these were Registered Nurses or Midwives. There was a further two recruits from the Staff bank joining substantively.
- 20 nursing staff left the Trust in February, with a further 46 leaving substantive employment but remaining on the Staff bank. From April 2016 these transfers to the Bank will be incorporated into the trust turnover metric to reflect attrition more accurately.
- Staff sickness across nursing remained higher than the trust average at 4.04%. However the trust continues to report lower rates than the NHS average for sickness absence. Sickness absence is monitored on a monthly basis with sickness trigger reports distributed by the Workforce Relations team for managers to review and action.
- The PDR rate reduced marginally for the fifth consecutive month to 70.5%. Individual department reports are available to managers on WIRED.
- Mandatory Training rates remain stable at 86%, although this is below the trust target of 95%

Appendices:

Appendix 1 – Planned vs. Actual nursing hours Trust collated – February 2016(UNIFY)