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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*	
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		Other*	

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Summary

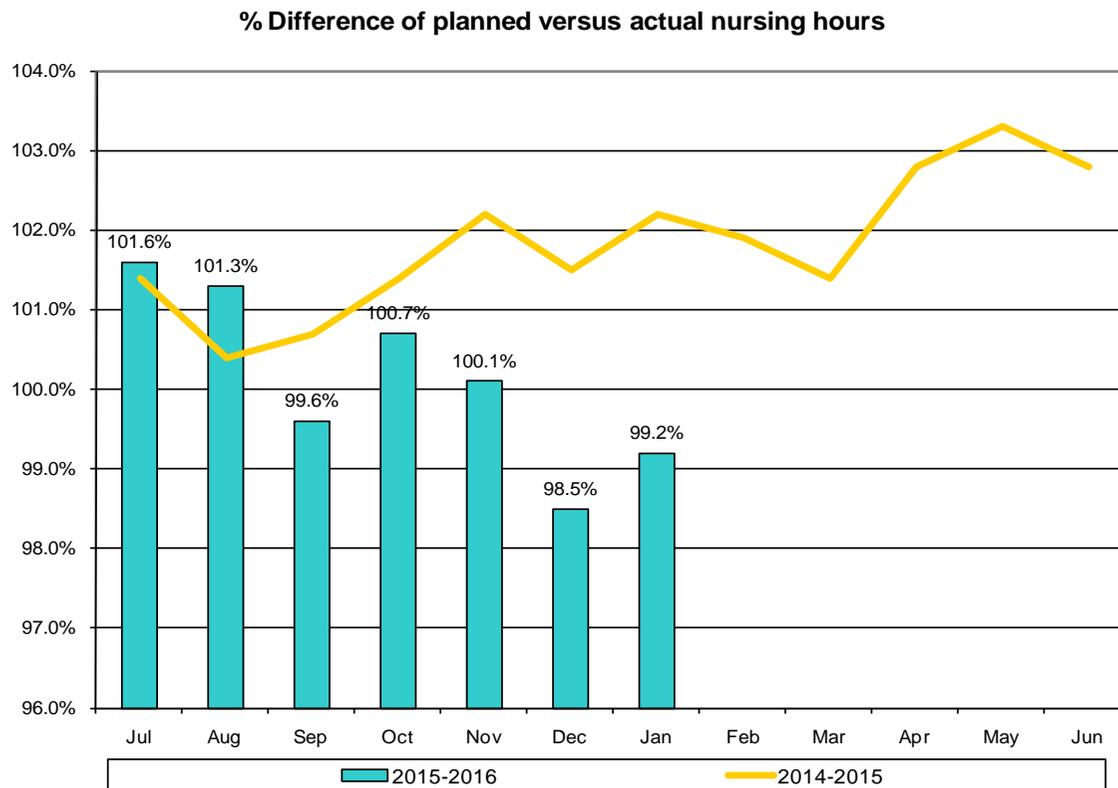
This briefing provides the Board with an overview of the nursing and midwifery workforce during the month of January 2016. It is a requirement on all senior nursing and midwifery staff to manage their respective clinical areas with safe, appropriate, effective staffing at all times. They must ensure that deviations are reported through the Red Flag system and are acted upon to protect patient care.

Nursing staff numbers in January 2016 grew by 32.85 WTE on the previous month to 5,161.3 WTE with a reduction in the number of vacancies as new staff joined the Trust. (ESR data, staff in post at 22nd January compared to 18th December), this means the Trust vacancy level is 10.5% (not including external pipeline starters). There are an additional 143 applicants in the Recruitment pipeline who are scheduled to join the Trust over the coming months.

- Planned versus actual nursing hours for January 2016 were 0.8% below plan; an improvement on Decembers figures of 1.5% below plan. (Figure 1).
- Registered nurse (RN) actual hours were 3,379 hours below plan (equivalent to 20.8 FTE) with Nursing Assistant (NA) actual hours 610 hours above planned (equivalent to 3.76 FTE).
- Average fill rates of planned hours for registered nurses (RN) for day were 98.1% with night at 99.6% in the month of January. Average fill rates for planned hours for nursing assistant (NA) was 96.6% and 108.5% for the night.
- The Heads of Nursing (HoN) have given assurance that, they have reviewed their staffing numbers and assessed them to be safely staffed.
- The Chief Nurse six monthly staffing reviews were commenced in January and due to conclude in February. Any changes will inform the business planning process. A full paper will be presented by the Chief Nurse at the April 2016 Board meeting.
- A new mental health one to one tool has been piloted within medicine. This has proved successful in the management of patients and resources and is being rolled out to other directorates and will contribute further to the continued downward trend in “one to one specialising” requirements.

- Vacancies within PCCP have fallen below ten percent which is a significant turnaround after very successful recruitment campaigns.
- The directorates have been working hard to achieve the reduction in the nurse agency spend to meet the set trajectories meet the Monitor regulations. January agency expenditure is the lowest value in any month this financial year, with 4.9% agency in January, again the lowest this financial year.

Figure 1



There were 52 Red flags raised in January compared to 51 in December. Further work is required to ensure that reporting is robust over the 24/7 period in all areas. All red flags raised were actioned at the time by the senior nursing teams to ensure patient safety and are all reviewed by the Heads of Nursing and the Chief Nurse Office. There were a number of local staffing concerns raised at ward level by the nurse in charge in a few directorates in the month of January which was resolved immediately without raising a formal red flag, these were managed at the time through a discussion with the senior nursing team. There have been no reported harm events or any patient quality metrics affected due to safe staffing concerns.

Recruitment activity increased in January after the Christmas period. An additional focus was placed on ensuring all external pipeline staff were ready to start and had their start date confirmed by their new line managers. Recruitment in the month of January increased following the seasonal reduction in December. All assessment centres were delivered as planned. A focused recruitment campaign was launched in the month of January aimed at attracting nursing and midwifery staff to join the Trust's temporary staffing pool. This had limited success, but some mental health nurses joined the bank from this event which will support patient with mental health care needs.

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. Temporary staffing managers continued to negotiate with nursing and midwifery agencies in an aim of reducing their pay rates to meet the Monitor agency use acceptable pay rates. The Trust continues to monitor Agency usage on a weekly basis and January saw nurse agency expenditure decrease to the lowest value in any month this financial year and the amount of nursing agency used to 4.9% in January, again the lowest this financial year. The next reduction on the Monitor cap will be implemented in February 2016 and Directorates are addressing of potential concern for temporary staffing.

2. Request to the Board of Directors

The Board of Directors is asked to note the information contained in this briefing, the reduction in temporary staffing use to the lowest in year, the continued recruitment and retention focus and the strict monitoring and use of agency usage supported by an improved "one to one specialising" process for mental health patients and the success of PCCP recruitment.

3. Directorate Commentary:

3.1 Abdominal Medicine and Surgery (AMS)

There was negative move in January in actual and planned nursing hours. The closed wards Nightingale and Florence reopened on 3rd January 2016. The gastrointestinal ward opened in January and the surgical assessment unit moved into the gastro- intestinal ward. There were eighteen red flags raised in month due to increased acuity and dependency of patients and vacancies. All were mitigated at the time by the senior nursing team and transferring of staff.

Improvement continues in workforce numbers in Urology Wards, with a number of new nurses coming into post, however this has led to concerns around skill mix, with newly qualified nurses being unable to undertake medication rounds. This has been mitigated by the ward manager, nurse in charge and practice development nurses supporting the newly qualified staff. Recruitment and retention is one of the key areas of focus the directorate. The Gastro Intestinal (GI) team are exploring the development of a GI nursing academy, involving a rotational and development programme to improve recruitment and retention.

There were two complaints received relating to facilities on the ward, and poor communication of follow-up arrangements. Both complaint are currently under investigation, but were not related to safe staffing nursing issues.

3.2 Acute Medicine

Acute Medicine continues to see high acuity and dependency in all areas, but the directorate was able to maintain safe staffing across all areas. There were thirteen red flags raised in January across Albert, Anne, Henry Mark, William Gull and Acute Admissions wards.

Several wards in the directorate (Acute Admissions, Mark Ward, Alexandra Ward, EMU and Albert) have a vacancy rate greater than 20% which equates to one hundred and twenty two whole time posts. There is a rolling recruitment campaign in place but this is yielding small successes.

Each month new starters are being commenced in post with daily reviews of staffing across all areas; ensuring staff are moved proactively- redeploying temporary staff to ensure consistency of care and patient safety. Hillyers bay remains closed and the additional staffing from the closed beds is being used to staff the shortfalls across the remainder of the directorate. Albert, William

Gull, EMU and Acute Admission have used above planned hours and this continues to be driven by a combination of physical and mental health needs of patients.

Alexandra ward remains open with twenty beds with eight beds being used as flex capacity. These beds were opened on several occasions during January when safe staffing supported opening.

The last week of January William Gull ward closed due to infection control issues with no adverse care incidents

3.3 Cardiovascular

The Directorate saw an increase in vacancies this month and therefore the number of unfilled shifts. Cardiovascular has supported the medical directorate with two nurses in month to support the shortfall and also to strengthen the heart failure pathway. The directorate raised twelve red flags in the month, but these were all mitigated, by the proactive management of staff by the senior nursing team. The amount of patients requiring “one to one specialising” increased in the month.

3.4 Community Adults – Inpatient bedded areas

Safe staffing levels within the community inpatient bedded units were maintained at all times in month. Actual nursing hours were below plan for both Pulross and ARU, due to careful scrutiny of unfilled shifts against acuity and dependency of patients. Additional Nursing assistant and Registered nurse hours were used in Minnie Kidd due to a number of patients requiring ongoing 1:1 specialising care and a number of escort duties.

Vacancies with the inpatient bedded units stabilised in month. Safe staffing was maintained through use of temporary staffing where required for any vacant duties. All vacancies are actively being recruited as part of the overall campaign for community services.

3.5 Evelina London Children’s Hospital

Across all wards actual hours were closely aligned to the planned hours. This is the first month that no red flags have been raised. The patient activity and acuity has increased over the month compared to December, but all nursing staff have been very flexible and moved to cover vacancies as required.

3.6 Oncology & Haematology

January demonstrated a gap in actual vs. planned for two of our surgical wards, as staff moved to respond to acuity increases on two oncology/haematology wards.

Oncology had eight red flags raised in the month of January across the inpatient wards. The flags were raised in response to increased acuity and unplanned absence, for all of these but one the directorate was able to support these areas by ward sisters working within the established numbers and moving staff around the clinical areas to maintain safe staffing levels.

Acuity has been very high in January across the five wards and day units as well as a volume increase in oncology admissions and day unit attendances. Esther has stayed open to seven days throughout the month to support the Guys site as well as the directorate specialities.

Temporary staff usage has increased this month due to a number of patients requiring “specialing “in response to increased needs of patients with acute episodes of confusion or distress. However, these have been risk assessed and supported by new risk assessment tool piloted by the medical directorate and now being rolled out within the directorate.

Samaritan and Hedley Atkins have released staff to support the Cancer day unit and the Acute Oncology Service as their senior nursing team has experienced unexpected absence. Staff continue to work across the day units and wards to ensure a safe skill mix; this skill mix is reviewed daily by the senior nursing team to ensure that planning is undertaken in advance.

There were two falls with harm in January which on investigation were not related to safe staffing levels and were deemed unavoidable.

The nursing leadership team are actively embedding retention initiatives to keep staff in the directorate, including team building, career surgeries and ease of transfer across different specialities. The recruitment plan is also focused on future turnover.

3.7 PCCP

December 15 and January 16 saw two of the busiest months ever experienced for PCCP. In Peri-Op there is traditionally a drop in work load over the holiday season, but this did not occur this year. There was significantly more activity than in previous years.

Likewise, Critical Care was exceptionally busy with continuous overspill of ICU patients from ICU into recovery areas and a record number of ECMO bed days. However, Staffing levels have remained safe throughout.

Vacancies across PCCP have dropped below ten percent, which is also unprecedented, so despite record activity, bank and agency spend in December dropped significantly.

3.8 Surgery

Sarah ward reopened on the 4th of January following closure over the Christmas period. 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

January 2016 has seen a similar level of activity across the maternity unit as in December, with birth numbers being slightly below average, but with a number of women with complex medical, social or psychological needs. This has been especially evident on 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.

The actual number of qualified staff on the antenatal ward and birth centres has been slightly lower than planned in line with the reduced activity. There was only one red flag reported from the Birth Centres which required the on call manager to be called in to assist.

Westminster Maternity Suite has continued to see an upward trend in the number of births and January 2016 was one of the busiest months on record for private maternity. 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.

The plan for support staff on the gynaecology ward is being revised as there is currently an imbalance between day and night cover. It is anticipated that this will improve efficiency in the future

4.0 Recruitment position

- The current nursing and midwifery establishment is 5652.88 wte (excluding research and development nurses not hosted in directorates), with 5073.25 wte staff in post (ESR data, 22/01/2016).
- There was a net increase of 32.86 wte staff in post in the nursing and midwifery workforce in January in comparison with the month of December (ESR data, staff in post at 22/1/2016 compared to 18/12/15).
- There are 579.63 wte vacancies (10.25% 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 143 external starters in the pipeline. There remain 374.73 wte posts to be appointed.
- There were four formal assessment centres planned in the month of January 2016 with a number of further interviews being held at directorate level.
- On the 20th January 2016 there was a dedicated assessment centre targeted at recruiting bank workers; with advertising run throughout the month of December.

In month of December the Trust implemented recruitment restrictions as part of the Trust financial recovery programme. Nursing and Midwifery (N&M) commenced alongside other professional disciplines in reviewing all vacant positions. A number of exceptions to front line posts were agreed. As part of the review the Directors of Nursing review all posts at the vacancy panel and are part of the authorisation process for posts not exempt.

The six monthly, Chief Nurse's Office workforce reviews commenced in January 2016, led by the Directors of Nursing. Staffing levels at ward/department will be reviewed alongside the outcome of the peer to peer reviews, safety indicators and recent clinical audits with the directorate management teams and ward sisters. The aim of the reviews is to ensure there are safe staffing levels in each area and that there is a high quality patient experience and clinical safety being delivered in each directorate. Any changes to establishments if required will inform the trust business planning process. On completion of the reviews in February 2016, a summary paper will be presented to the Board in April by the Chief Nurse.

Appendices:

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

