

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

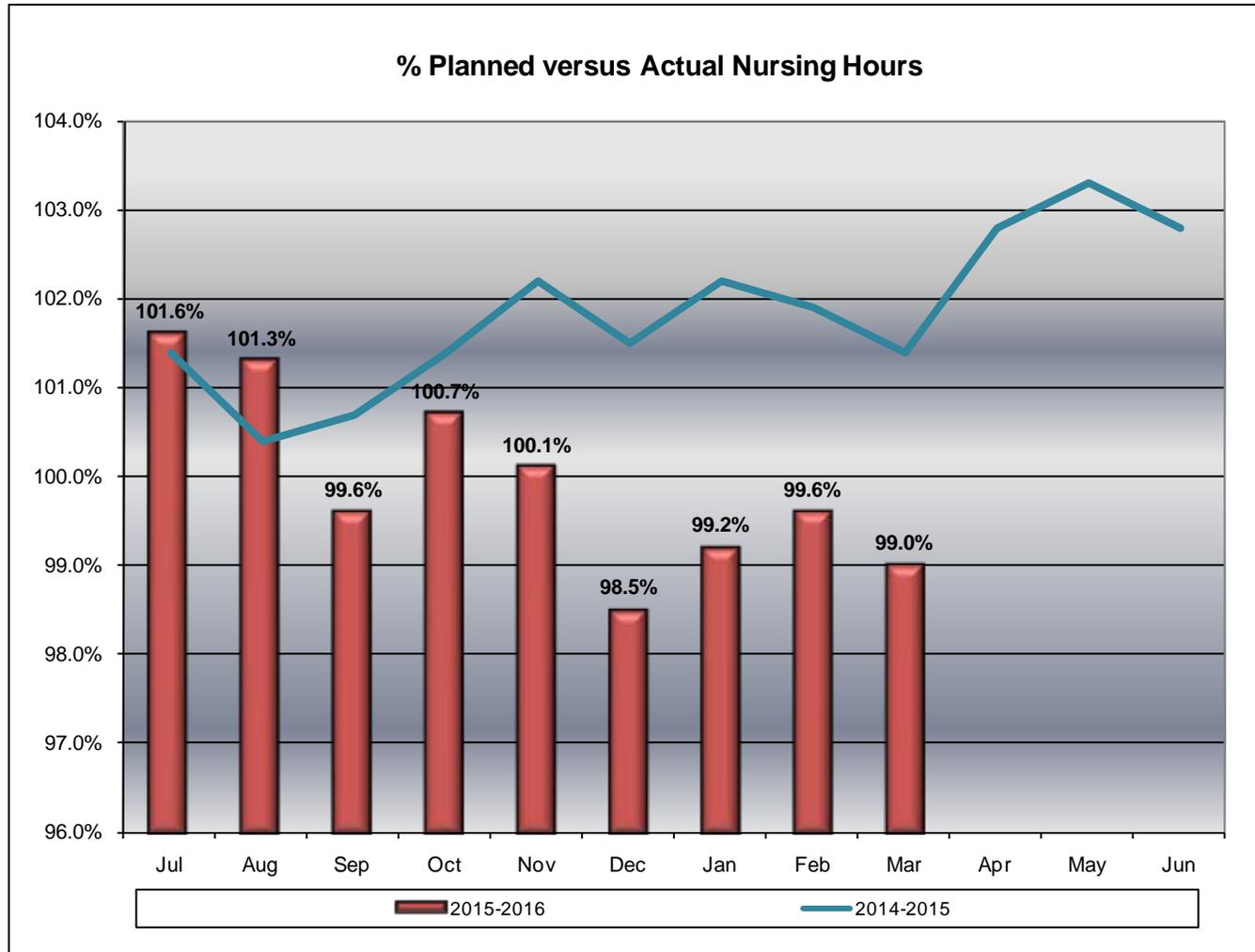
This paper is for:		Sponsor:	Chief Nurse- Dame Eileen Sills (DBE)
Decision	<input type="checkbox"/>	Author:	Workforce Team (Chief Nurse's Office)
Discussion	<input type="checkbox"/>	Reviewed by:	Director of Nursing, Adult Services (Chief Nurse's Office)
Noting	<input type="checkbox"/>	CEO*	<input type="checkbox"/>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

* *Specify*

1 Summary

- 1.1 This briefing provides the Board with an overview of the nursing and midwifery workforce during the month of March 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 March staffing numbers decreased by 12.6 wte from the previous month. The total establishment in post is now 5,078.6 wte (ESR data, staff in post at 31st March compared to 29th February). Excluding 205 external applicants in the recruitment pipeline, the Trust vacancy level is 10.28% which is higher than the previous month. These new starters are scheduled to join the Trust over the coming months.
- Planned versus actual nursing hours for March 2016 were 1% below plan; a deterioration on February's figures of 0.4% below plan. (Figure 1).
 - Registered nurse (RN) actual hours were 6,447 hours below plan (equivalent to 39.64 wte) with Nursing Assistant (NA) actual hours 3142.3 hours above planned (equivalent to 19.28 wte).
 - Average fill rates of planned hours for RNs for day were 96.9%, with night at 98.5%. Average fill rates for planned hours for NAs was 102.2% daytime and 111.7% 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.
 - 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. Nursing Agency spend was slightly higher than this at 6.16% in March, however this represented a reduction of £0.5 million on the same month last year.

Figure 1



- 1.3 As the end of financial year figures reveal, the focus on reduction of agency usage has continued with the final position just above the Monitor target of 6%. Heads of Nursing and Midwifery have worked hard with their teams to achieve this without compromising patient care. The reduction in establishment this month reinforces the need for constant attention to both recruitment and retention.
- 1.4 There were 83 red flags raised, compared to 64 in February and reflects the emphasis on ensuring that all relevant areas use this process to highlight issues. 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. In addition there were situations where the senior teams approved actions to resolve staffing concerns prior to a red flag being triggered. 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 March. The next reduction will be implemented on 1st April and Directorates are addressing any potential concerns for temporary staffing requirements. Although the Trust is actively working to minimise the impact of the reduction, it is anticipated that some breaches may occur as Directorates flex staffing to address safe staffing issues.

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 which has resulted in a year end result of 6.1% agency usage against a target of 6%.

3 Directorate Commentary:

3.1 Renal & Urology:

Actual hours have been lower than planned for qualified staff across all areas. 22 red flags were raised in March due to sickness and high patient acuity. Where bank shifts were unfilled, safe staffing was maintained as the ward manager worked within the numbers, otherwise this was escalated to agency. Vacancies have improved with newly qualified staff starting. There was a high level of sickness requiring increased bank usage, with six staff continuing on long term sick.

3.2 Gastrointestinal Medicine and Surgery (GMS):

Actual nursing hours were below plan within the GI & gastro wards for March. The high acuity and staff vacancies across the ward areas have resulted in an increase in red flags this month. Coupled with short term sickness this has put increased pressure on the wards. To ensure safe staffing levels within the directorate we have moved staff to cover from our other wards, outpatient areas and used bank and agency staff. The increase in activity within the Trust has meant we have had to open our additional 'flex beds' on Nightingale ward which equally resulted in an increase in acuity, the red flags have been due to the ward not being staffed to cover the additional patient numbers. Where this has happened the nurse in charge has taken patients and the patient nurse ratio has increased; however there were no harm incidents related to staffing.

There remain a number of vacancies across all wards within the directorate however we are working hard to address this with a sustained recruitment drive and reviewing different ways to support and retain our staff such as rotational posts within the directorate. Although our vacancies have increased from last month's position we currently have 12 posts in the pipeline of both registered nurses and nursing assistants for our inpatient areas and in April we hope to see an improvement.

3.3 Acute Medicine

During March all ward areas were safely staffed with no patient issues related to staffing, 17 red flags were reported and resolved. All areas continued to experience high levels of physical health acuity and dependence. A key challenge was related to HDU/ITU step downs and a requirement for some patients to have 'specials' for both RMN and NAs. Recruitment continues with 25 new starters in the pipeline however there are still some areas with a greater than 20% vacancy rate (overall the vacancy rate for Acute Medicine is 18.8%).

3.4 Cardiovascular

Safe staffing levels for Cardiovascular this month, 9 red flags were raised due to shortages of staff - there have been 18 unfilled bank shifts. The wards were made safe through a number of actions including transferring staff to other areas, Ward Managers putting themselves into the numbers and using band 2 NAs to provide additional staff for the nurse in charge to use appropriately. A number of patients required 'specialling' and, where it was safe, this was provided within the establishment numbers. Acuity has been lower this month than previously. Recruitment has seen six of the 13 RN vacancies filled and both the NA posts. Assessment dates for Band 6 RNs in place with preparation for the Open Day on 13th April. The directorate is increasing the Cardiovascular rotation to 12 nurses.

3.5 Community Adults – Inpatient bedded areas

Safe staffing levels within the community inpatient bedded units were maintained at all times in month with use of bank and agency staff. Actual nursing hours were below plan for Pulross due to four beds being closed for refurbishment work. This facilitated some staff to take annual leave. On ARU the actual nursing hours were agreed to be below plan following careful assessment on the dependency levels of the patients. This month many of the patients were younger and therefore more mobile which reduces their dependency levels. Additional NA and RN hours were used in Minnie Kidd due to a number of patients requiring ongoing 1:1 specialling care and a number of escort duties. This month there was no increase to vacancy rates and one nurse (overseas programme) was moved from Pulross to Minnie Kidd House to help support their registered nurse vacancies. All vacancies are actively being recruited to as part of the overall campaign for the community directorate.

3.6 Evelina London Children's Hospital

Planned and actual staffing levels varied between -2.5 to -4% across Evelina in March, similar to previous months. There were a higher number of red flags raised this month, seven in total. Six were raised during day shifts and one at night. All were resolved by staff being reallocated from other areas within Evelina or senior staff supporting clinically on the wards as most red flags were during the day. The two red flags raised this month in the neonatal unit relate to a period of rapid acute admissions that resulted in an unexpected peak in acuity for 24 hours rather than any reduction in availability of staff. Acuity on Savannah ward remains high with safe staffing levels being maintained by a temporary reduction in the total bed numbers of neurology & metabolic beds. No moderate or severe harm events occurred this month.

Vacancies remain highest in our band 5 workforce. Almost 150 people attended the Evelina London jobs fair & recruitment activity this month has remained high, with excellent outcomes in recruiting band 6 nurses for the neonatal unit and Mountain ward, who will both be fully established for band 6 RN. 45 nurses are in various stages of the recruitment pipeline to commence work in acute wards across Evelina. Our band 5 recruitment is in progress and interviews are planned for April and May.

3.7 Oncology & Haematology

There were three red flags formally reported in March - a decrease of six compared to February 2016. However ward data is not aligned with this and shows a higher number. The HoN is ensuring that all red flags are recorded on the system. Safe staffing was maintained through a combination of standing staff down from other duties such as management days, discharge co-ordination, moving staff between wards plus clinical support from the Matrons. As a result of norovirus there was movement of patients for infection control purposes and this led to a higher acuity in some areas towards the end of the month.

3.8 Perioperative, Critical Care and Pain (PCCP)

Actual vs planned hours have remained within expected levels, actual hours used were slightly higher than planned due to high activity. One red flag was raised for critical care during March, though this was immediately de-escalated as staff were quickly moved between units to cover the staffing gap. At no time was staffing unsafe. Vacancies have reduced again this month, 9.3% which is the lowest level the Directorate has had for many years. Sickness rates overall remain below 3%. The amount of annual leave given in March was slightly higher than previous months however this was due to theatres not running over the Bank Holiday days over Easter and therefore staff are not required. Temporary staff usage has been on a par with recent months despite reduction in vacancies however the critical care and ECMO service have continued to have exceptionally high activity and acuity due to National Surge status from Flu. There were no incidents of harm.

3.9 Surgery

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. One red flag for the period where a patient needed specialising, staff were moved from another area to support the clinical care. Due to reduced levels of activity and acuity during the trainee doctors strike period staffing levels were reduced to reflect this- staff were also deployed to other areas. Due to reduced levels of activity and acuity Queen ward was shut for the four days over the Easter period. Staff were redeployed to other areas within and outside the directorate.

3.10 Women's Services

Safe staffing has been maintained across the maternity service despite actual numbers being marginally lower than planned. There were two Red Flags triggered on the postnatal ward when an increase in activity meant an additional bay of four beds had to be opened. The situation was quickly resolved by the matron and manager on call who deployed staff from other areas of the maternity unit and booked an additional member of staff to cover the period of high activity. The postnatal ward is the only area where actual numbers of support staff were higher than planned: this was due to the additional NAs required to 'special' vulnerable women and their babies. This has been a consistent theme over a number of months and the NA establishment is currently under review.

For the fourth consecutive month the number of actual staff on Westminster Maternity Suite for private patients has exceeded the planned number. Activity remains higher than average and additional midwives have been booked to ensure the provision of one-to-one care in labour.

On the gynaecology ward the level of acuity has remained high, with a significant number of acutely unwell patients requiring one to one care. The first phase of altering the shift patterns for the NA staff has resulted in a better balance of staff cover between the day and night shifts.

4 Recruitment position

4.1 The recruitment team are continuing to plan for Trust participation at Careers fairs over 2016. The Nursing team are working with the Recruitment department to identify opportunities to vary recruitment campaigns held, particularly building on the success of the recent PCCP micro site campaign “Feel the Pulse”.

- The current nursing and midwifery establishment is 5,657.7 wte (excluding research and development nurses not hosted in directorates), with 5078.6 wte staff in post (ESR data, 31/03/16).
- There was a net decrease of 12.6 wte staff in post in the nursing and midwifery workforce in March in comparison with the month of January (ESR data, staff in post at 29/2/16 compared to 31/1/16), however the numbers of applicants in the recruitment pipeline has increased to 205.
- There are 581.6 wte vacancies (10.28% of the establishment) compared to 571.8 wte in February (10.1%). There are 205 external starters in the pipeline (157 in February). There remain 376 wte posts to be appointed.

5 Workforce Summary

- The Easter period in March meant that staff had to plan roster performance carefully and this was a challenge for some directorates especially with new starters during the last quarter who have contributed positively to the workforce but needed to take annual leave. Heads of Nursing and their teams are focused on ensuring

that leave planning is a twelve month process with quarterly targets to ensure equity and future proofing for peak holiday periods.

- 34 nursing staff commenced at the Trust during March. 28 of these were Registered Nurses or Midwives. There was a further three recruits from the Staff bank joining substantively.
- 29 nursing staff left the Trust in March, with a further 26 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 has reduced to 3.73% but remains higher than the trust average. Sickness at Bands 2 and 3 sickness rates were both above 5%. 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 sixth consecutive month to 70.4%. Individual department reports are available to managers on WIRED.
- Mandatory Training rates remain stable at 86.4%, although this is below the trust target of 95%

Appendices:

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

