

## **Southwark Council Health Scrutiny Committee**

24 March 2014

### **Determination of staffing levels for nurses, midwives and health visitors at Guy's and St Thomas'**

**Status:** A Paper for *Information*

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### **Briefing paper on how Guy's and St Thomas' NHS Foundation Trust determines its nurses, midwifery and health visitor staffing levels**

#### **1.0 Introduction**

At Guy's and St Thomas' we take very seriously the nurse staffing levels across the Trust ensuring they are reviewed regularly and adjusted to, wherever possible, match the acuity and dependency of all our patients.

Set out below is the process that we follow.

#### **2.0 Setting staffing levels**

All clinical areas have their nurse, midwifery and health visiting staffing levels reviewed by the Chief Nurse every six months. This takes place as a formal review with each sister or equivalent and their manager. In reviewing the staffing levels we discuss:

- National guidance
- Acuity and dependency of the patients and has there been any change
- Skills and experience of the staff in the team
- Strength in leadership
- Any external factors influencing the staffing profile
- Number of vacancies, sickness and maternity leave.

The staffing levels may then be adjusted, this is followed up and confirmed in writing.

#### **3.0 Adjusting staffing levels**

Although staffing levels are reviewed and set six monthly, we also have a daily system in place that monitors acuity and dependency using the safer care acuity tool, and ward sisters have the authority to uplift their staffing levels without seeking permission. Therefore it is not uncommon for staffing levels to be above the planned number.

#### **4.0 Governance**

- 4.1 The Chief Nurse reports formally to the Board every six months, and from April a monthly report will be available on the Trust's website setting out the current staffing position.
- 4.2 The Trust has undertaken an assessment against each of the 10 expectations set out in the Nurse Staff Guide "How to ensure the right people, with the right skills, are in

the right place at the right time” and can confirm the Trust is compliant (appendix one).

- 4.3 The Chief Nurse has appointed a Deputy Chief Nurse who is responsible for providing strong, effective leadership to the workforce agenda.

## **5.0 Conclusion**

It is important to state that although we are satisfied with our approach and governance, there is no element for complacency and there is constant monitoring and actions taken to ensure staffing is safe.

The full Board reports are available for further information.

### **Attachments:**

January 2014. Update on the Nursing, Midwifery and Health Visitor Workforce. Guy's & St Thomas NHS Foundation Trust Board of Directors

April 2014. Report on safe staffing levels for our adult inpatient acute wards, including Midwifery and Evelina Children's Hospital. Guy's & St Thomas NHS Foundation Trust Board of Directors

Eileen Sills CBE  
Chief Nurse & Director of Patient Experience  
17<sup>th</sup> March 2014

## Appendix one

### Response to National Quality Board's 10 expectations:

Expected	Trust Response
Board takes full responsibility for the quality of care provided to patients and, as a key determinant of quality, take full and collective responsibility for nursing, midwifery and core staffing capacity and capability	<p>In place.</p> <p>The Board of Directors have in place a process for setting and monitoring nurse staffing levels. The Board of Directors receive regular updates from the Chief Nurse which will now be undertaken monthly.</p> <p>Staffing levels and patient acuity and dependency is monitored continuously and levels are adjusted as necessary. Nursing staff know they can escalate at anytime if they are concerned.</p>
Processes are in place to enable staffing establishments to be met on a shift by shift basis.	<p>There are a number of different processes in place to monitor shift by shift staffing:</p> <ul style="list-style-type: none"> <li>• ERoster</li> <li>• daily acuity</li> <li>• escalation procedures</li> <li>• daily sitrep monitoring</li> </ul>
Evidence based tools are used to inform nursing and midwifery and core staffing capacity and capability.	We use the National Safer Care acuity tool supported by further acuity and dependency data.
Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns.	<p>In place through;</p> <ul style="list-style-type: none"> <li>• Trust policies</li> <li>• clinical leadership model</li> <li>• clinical Fridays</li> <li>• regular forums to meet senior staff</li> <li>• post Francis listening exercise</li> </ul>
A multi-professional approach is taken when setting nursing, midwifery and care establishments.	All relevant staff are involved and the Chief Nurse works directly with ward sisters to review staffing establishments. There is a formal review six monthly.
Nurses, midwives and care staff have sufficient times to fulfil responsibilities that are additional to the direct care duties.	<p>All establishments have a built in uplift to cover study leave, sickness and annual leave.</p> <p>All ward sisters are in a supervisory role.</p>
Boards receive monthly updates on workforce information. Staffing capacity and capability is discussed at a public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review.	In place.
NHS providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift.	On the patient status at a glance boards on each ward, the nurses on duty are clearly stated.
Providers of NHS services take an active role in securing staff in line with their workforce requirements.	<p>In place.</p> <p>We have an active recruitment programme and work closely with LETBs to confirm our future workforce requirements.</p>
Commissioners actively seek assurance that the right people, with the right skills are in the right place at the right time with the providers with	Not applicable to us but as required we will be able to demonstrate to our commissioners the systems we have in place.

whom they contract.	
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