


Type of paper: Board Briefing	Guy's and St Thomas'  NHS Foundation Trust
Title of Paper: Board Briefing of Nursing and Midwifery Staffing Levels	Date of Briefing October 2015

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*		
		Board Committee*		
		TME*		
		Other*		

* *Specify*

1. Summary

- This briefing provides the Board with an overview of the nursing and midwifery workforce during the month of September 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 September 2015 was 0.4 % below plan. This was a decrease of 1.7% from the previous month. Actual nursing hours of Registered Nurses (RN) for day and night shifts combined was 7720.15 hours below plan; Heads of Nursing have given assurance that, where there were episodes of reduced RN availability there were no harm events or patient quality metrics affected. Nursing Assistants (NA) hours were 6495 above plan.
- In total there were 30 wards or departments where staffing fell below planned hours, the same as last month. Two wards, Richard Bright and Queen used more than 11% actual hours below plan.
- 19 areas used more nursing hours than planned. Of those 19 areas, two wards, Albert and William Gull, used more than 10% above plan. For Albert Ward this was a significant 27.1%, predominantly by an increase in NA hours of 1481 over plan. Overall there was a decrease of five areas from those reported for August.
- The Trust Nursing & Midwifery Committee (TNMC) has approved the introduction of a risk assessment process for the use of 'specials' nursing patients within certain criteria. The purpose is to reduce the demand for additional workforce without compromising patient safety. Clinical Directorates are requested to report all specials usage on a daily basis to the Director of Nursing, Adult Services.

2. Request to the Board of Directors

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

3. Directorate Commentary:

3.1 Acute Medicine

- Across the Directorate of Acute Medicine there was a high level of temporary staffing requests due to a mixture of vacancies, patient dependency needs and new starters undergoing local induction. Sickness levels were above the Trust target of 3%. There are a number of newly recruited staff in the 'pipeline' who will be commencing work in the next two months. Inpatient wards have been fully engaged with the recently introduced risk assessment tool for specials and the daily recording that commenced on 1st September. Acuity has resulted in high number of NAs for 'specialling'. NAs have also been employed at times to fill gaps created by RN vacancies. This is always with the awareness and support of the senior nursing team to ensure patient care is not compromised
- **Albert Ward** reported that their actual nursing hours were 27.1% above plan. For RNs this was due to the requirement to provide night time RMN support for a total of 48 hours. Over both day and night an additional 1481 hours of NA staff were required for specialling. The ward red flagged eight times for staffing on the day shift due to unplanned absence and actions were put in place to redeploy nurses, including senior nursing staff to mitigate the risk.
- **William Gull Ward** reported actual RN hours on the day shift were 198 hours (11.7%) below plan. This was due primarily to vacancies of 6.78 wte, an 8% sickness rate with 2.5% parental (maternity) leave resulting in approximately 10.5% lack of availability taking account of the uplift built into the funded establishment. RN temporary staff were employed and the ward has four RNs in the pipeline awaiting start dates. NA actual nursing hours were above plan by 839 across both day and night shifts which was primarily due to specialling patients with 24 hour needs. The ward red flagged six times for staffing concerns, all within the day shift. Red flags raised were a mixture of unplanned absence and unfilled duties; actions were put in place to mitigate the flags by flexing staff across the directorate under the supervision of the senior directorate nursing team.

- **Acute Admissions Ward** – had the highest directorate level RN difference in actual vs. planned hours, with 546 hours under planned in the day and 153 hours at night. This was primarily due to staff vacancies of 18.5 wte reported, with 18wte externally appointed and in the pipeline to start over the coming months. For the month of September this resulted in high levels of temporary staffing requests being made due to a mixture of vacancies and also additional patient dependency needs. Based on the high volume of shifts requested from this area there was an 80% fill rate of temporary staffing requested. There was only one red flag raised on the day shift due to unplanned absence with no harm events reported related to staffing levels.

3.2 Surgery

- **Queen Ward** used 11.5% 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, with no harm events reported associated to staffing levels.

3.3 Abdominal Medicine and Surgery

- **Richard Bright Ward** has reported 262.5 less RN hours in the daytime and 175 fewer NA hours at night with an overall position of 11.4% below planned hours. The ward currently has 4.0wte RN vacancies with one nurse in the 'pipeline' waiting to commence work. Analysis of the September calendar period of rosters showed an 11.1% sickness rate and total unavailability, comprising sick leave, maternity leave, study leave and other leave of 29.3%. This is above the ward establishment uplift and contributed to the reduced hours (source: Roster Perform). However, during this month the ward experienced a period of reduced patient dependency with less than planned activity.
- **GI Unit comprising Page ward and Northumberland hours** reported that actual hours fell below plan due to high vacancies awaiting external pipeline nurses starting in October. For Page Ward this was 7.9% and for

Northumberland 2.7%. 16.92wte RN vacancies were reported, with 10wte externally recruited and in the pipeline to start over the coming months. The GI unit was safely staffed at all times with only five red flags raised during the month due to predominantly staffing concerns related to unplanned absence, with one red flag raised due to patient dependency. Nurse in Charge and Ward Sisters were included in the numbers on most day shifts to support the staffing needs of the patients. The Matron, Practice Development Nurses and directorate Clinical Nurse Specialists also worked clinically to support the unit to ensure fundamentals of nursing care were safely delivered.

3.4 Evelina London Children's Hospital

- All clinical areas, with the exception of PICU (0.8%) reported between 0.6% - 8.1% actual nursing hours below plan. This was reported to be due to short term staff sickness and vacancies within the RN workforce.
- **Beach Ward, Mountain Ward, NICU, PICU/SCBU, PCIU and Savannah Ward** reported a combine vacancy rate of 75wte RN posts. Currently there are 49 externally recruited staff waiting to commence employment over the coming three months.
- Across the seven inpatient roster areas within Evelina London Children's Hospital the average sickness was 3.87%, ranging from Savannah Cardiology at 1.4% to 8.8% within Mountain ward (source: Roster Perform for the period of 06/09-03/10/2015).
- Maternity leave was an additional pressure on the nursing rosters, ranging from 1.6% on Savannah/Neurology to 8.2% on Savannah Cardiology. There were no red flags reported from either of these areas or patient harm events reported related to staffing.
- **PICU** reported 0.8% actual nursing hours above planned, actual RN hours was 299.5 hours above plan across day and night duties, with 207 actual hours below planned for NAs. 22 red flags were reported over the month of September an increase of 14 from August. This was primarily due to patient acuity/dependency needs requiring additional RN support. Non-ward based RNs assisted at these times to ensure patient safety whilst also to relieve staff for meal breaks.
- At all times where actual nursing hours fell below planned it was reported that there was safe staffing to meet the needs of the patients. As new pipeline starters commence employment across the wards this will assist the staffing requirements over the next two months, with a view of reducing reliance on temporary staffing.

3.5 Women's Services

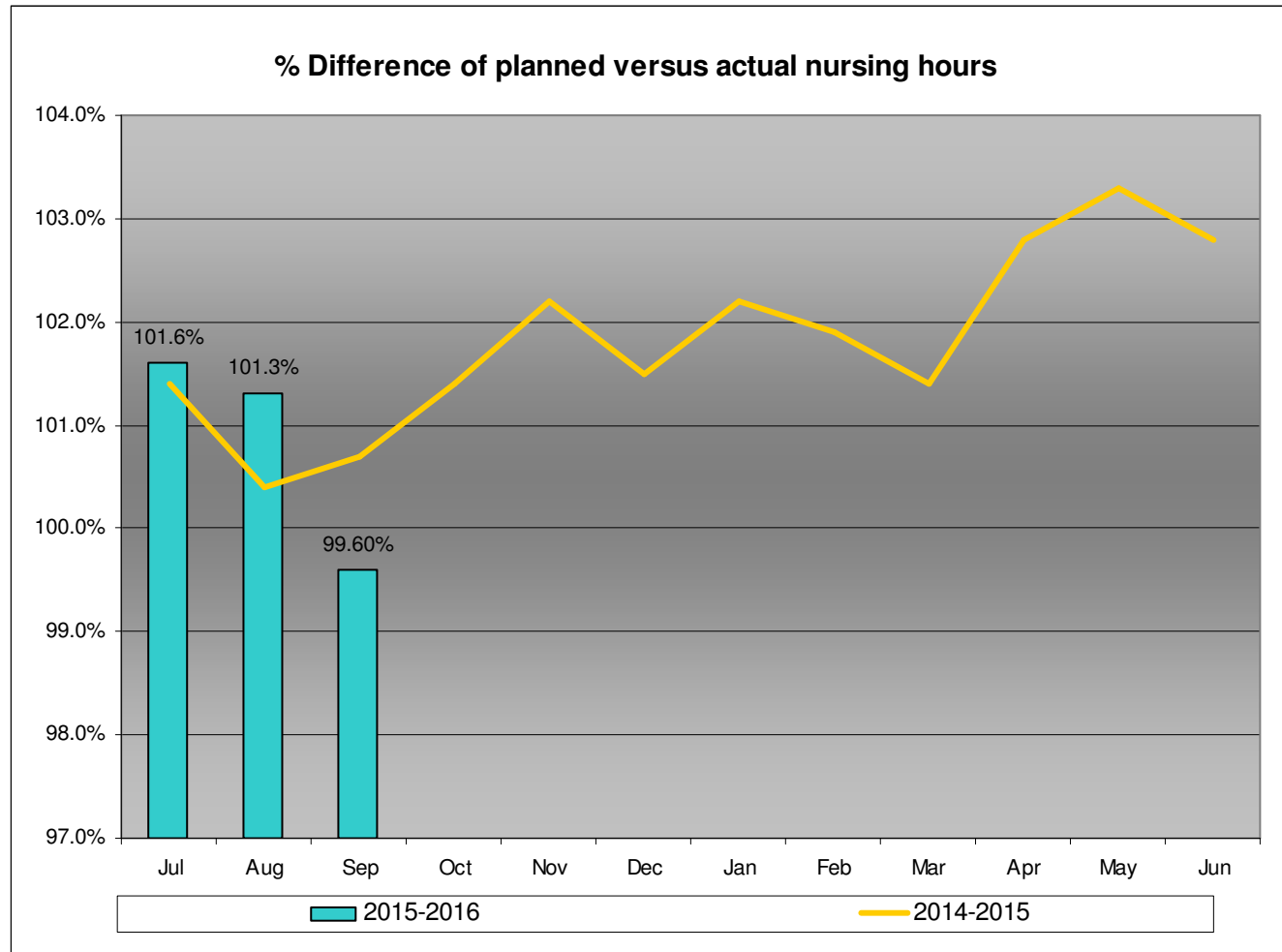
- All clinical areas were reported as being safely staffed during the month of September. Actual nursing hours ranged from 5% below planned on the antenatal ward, predominantly due to 100 less actual hours of Registered Midwives (RM) on the day shift to 6.7% above planned on the gynaecology ward where there was an additional 353 hours of NA time.
- At all times when actual nursing hours fell below planned, the directorate redistributed staff across the maternity unit under the supervision of the senior leadership team. Sickness percentage across the rosters within Women's Directorate for the period of 06/09-03/10/15 ranges from 0.3% reported within Early Pregnancy and Acute Gynaecology Unit to 9.4% in the post natal ward. Maternity leave was a further pressure at an average 5.62% A total of 13 red flags were raised; an increase of nine from August. Red flags were raised due to patient dependency needs and associated staffing concerns, all red flags were mitigated at the time by the senior leadership team supporting the clinical area to ensure safe staffing.

4.0 Summary update from previous month's report, August 2015:

- The month of September 2015 shows a continued decrease in overall Trust actual hours used, falling below planned for the first time since recording started in July 2014. For day and nights shifts combined there were 7720.15 fewer hours of RN time than planned and 6495 less NA hours.
- There was a decrease of 2492.8 hours of RN actual hours and 2628.05 NA hours used in comparison with the month of August.
- The changes in the month of September in comparison to August can be partially attributed to:
 - Sickness level and parenting leave (maternity) marginally increasing across the directorates in comparison with the month of August.

- Continued focus on the appropriate use of specials resulting in a decrease in actual NA hours above plan.
- Patient dependency was reported by a few clinical directorates as lower by comparison with August, which has required less actual nursing hours to bed used
- Temporary staff fill rate data indicates a decrease of around 2-3% between the month of August and September roster periods. This figure may be adjusted in the month of October as retrospective bookings are completed.
- There has been assurance from the senior management teams in each directorate that patient safety was maintained at all times despite the actual RN hours in some areas being below planned, this was supported by there being no overall increase in harm events from previous months' reporting. Use of NAs under the close supervision and leadership of clinical teams ensured correct placement across directorate where unfilled registered duties were present.

Figure 1.



4.0 Other workforce metrics:

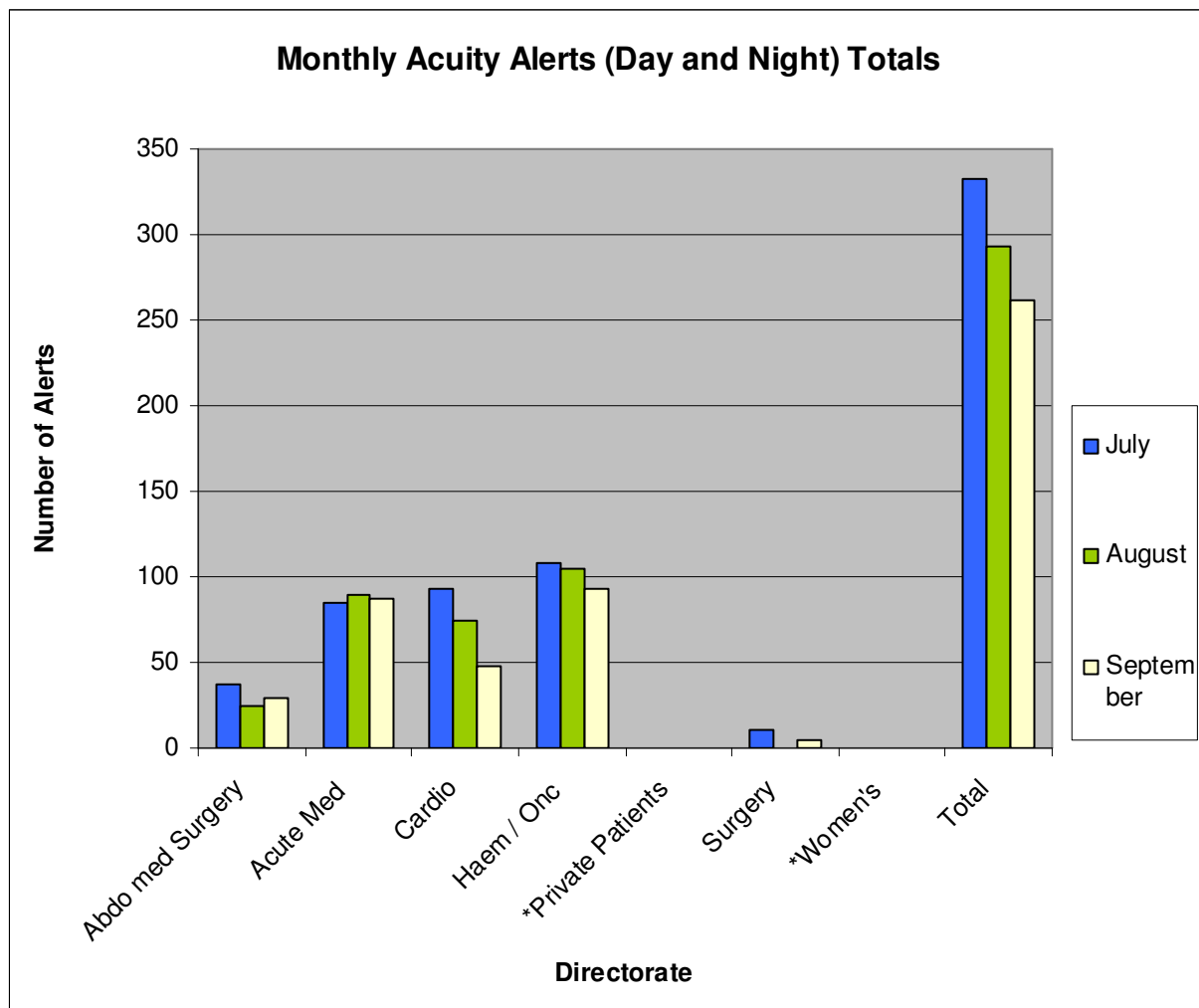
4.1 Red Flags

- There were 122 red flags raised over the month of September, an increase of 40 from the previous month, this can in part be attributed to higher levels of unfilled registered nurse hours below planned. Non-ward based nurses and senior nurse support assisted clinical areas' staffing requirements. NAs were used to assist unfilled duties where required, under the close supervision of senior directorate teams to ensure patient safety was maintained at all times.
- Clinical Directorate Heads of Nursing stated that red flags raised did not have a detrimental effect on patient care or safety. Directorates reported three complaints related to nursing care; one within Acute Medicine and two within Women's Services. Five avoidable hospital acquired pressure ulcers were reported, three in Acute Medicine and two in Surgery. Three patient falls associated with moderate or severe harm were reported, two in Acute Medicine and one in AMS. One severe / moderate medication error occurred in AMS. No incident/complaint has been reported as being safe staffing related.
- Any red flag alerts triggered were responded to with a senior nurse review at the time they were raised; with mitigating actions immediately put in place to ensure patient safety as mentioned earlier in this briefing paper.
- 21 areas reported no red flags this month.

4.2 Patient acuity alerts

- During day and night shifts (combined acuity alerts) 262 alerts were triggered across the inpatient ward areas; comprising 132 day shift and 130 night shift alerts. This was an overall decrease of 31 alerts (Figure 2).

Figure 2.



5.0 Recruitment position:

- The current nursing and midwifery establishment is 5744.49wte. There are 790.19wte vacancies (13.76%) at the time of this report's data being collated (source: esr data). This does not include external new starters in the pipeline (438.89wte). There remain 351.30 wte posts yet to be appointed to.
- All external pipeline staff are currently being given start dates once all pre-employment checks are completed. The recruitment department is working with managers to ensure the process is timely and any delays are identified and addressed.
- 51 new recruits have currently received start dates as all pre-employment checks have been completed. A further analysis of all other 'pipeline' starters was being completed which will be reported in October's briefing.
- There are approximately 70 nursing and midwifery newly recruited staff at various Occupational Health (OH) clearance stages. Six are currently being followed up as they have not responded to communication from the department. Ongoing communication between OH, recruitment and the Chief Nurse's office is ensuring any health clearance delays in the pre-employment checks are highlighted, investigated and escalated.
- The largest numbers of vacancies primarily sit at Band 6. Heads of Nursing have been encouraged to review these posts within their directorate with a view to formulating a workforce plan. PCCP, in conjunction with an external agency, are currently in the planning stages of crafting a bespoke recruitment campaign; feedback will be shared with other directorates and future Board briefing papers. The Band 6 job description has been amended in the essential criteria to include 'or equivalent experience'. This is aimed at recruiting experienced nurses who do not have a specialist course. The Trust is committed to commissioning and developing appropriate training courses for key staff.
- The Trust continues to work hard to achieve high levels of successful recruitment, whilst focussing on retaining and developing current staff. Recruitment assessment centres and job fair attendance plans for 2016 are currently being completed. These will be shared with Clinical Directorates in the month of October with a request for support and attendance of staff.
- The three month projected Trust Nursing and Midwifery workforce position, based on historical leavers' data is 480.30 wte (8.26%). This is an increase of 1.04% projected from that reported in August's data and is primarily due

to a small increase in the Trust wte establishment of 13.05wte as esr budgets are adjusted. Further analysis and investigation of the Trust establishment data is underway to ensure accurate workforce reporting.

- 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.
- There was recognition by the Trust staff bank department that there needs to be a focussed recruitment drive on increasing the 'bank only' pool of nursing and midwifery. Plans are being progressed at the time of this report being written. This recruitment drive will aim to recruit a number of nursing and midwifery bank workers to support the decreased reliance on use of agency staff in line with the Monitor agency rules that comes into force on the 19th October and further support the fill rates of any shift requests from clinical areas.

Key Brief Summary points:

- September actual planned hours at Trust level was 0.4% below plan. This was primarily due to actual RN hours being below planned, alongside a reduction in use of NA hours.
- NAs were used to assist unfilled duties where required, under the close supervision of senior directorate teams to ensure patient safety was maintained at all times.
- Early data analysis indicates in the month of September there was a decrease in temporary staff fill rates of duties requested compared to the month of August.
- External pipeline staff reported over the last three months are now commencing within the Trust and locally inducting in their clinical areas. In the month of September there are 66.85wte more staff in post than in August, these were primarily at Band 3 level which indicated the induction of newly qualified nurses awaiting their NMC registration into the organisation.
- Vacancy rate for September 2015 is 13.76%, a decrease from the August figure of 0.97% (excludes pipeline staff)
- Trust Nursing and Midwifery projected three month vacancy is forecast as 8.26% a marginal increase of 1.04%
- Future work within the Nursing and Midwifery Workforce Governance Group will be focussed on Healthroster productivity metrics to ensure efficient use of the nursing and midwifery workforce

Appendices:

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