

Board Briefing	Guy's and St Thomas'  NHS Foundation Trust
Board Briefing of Nursing and Midwifery Staffing Levels	Date of Briefing May 2016 (April 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 April 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 in realtime in order to protect patient care.

1.2 Key Highlights for April 2016

- Planned versus actual nursing hours for April 2016 were 0.9% below plan; a slight improvement on March's figures of 1% below plan.
- Registered Nurse (RN) actual hours were 5,248 hours below plan (equivalent to 32.21 wte) with Nursing Assistant (NA) actual hours 2243 hours above planned (equivalent to 13.76 wte).
- Average fill rates of planned hours for RN's for day were 97.4%, with night at 98.8%. Average fill rates for planned hours for NA's was 100.2% daytime and 110.7% for the night.
- The Directorates have been working hard to maintain patient safety whilst also addressing the reduction in the nurse and midwifery agency spend required to meet the NHS Improvement regulations, and minimising the impact of the April reduction of the cap.
- 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.

1.3 Following the Carter Review, published in February 2016, the Trust has been a pilot site in April for submission of nursing Care Hours per Patient Day (CHPPD) data. This metric will be reported in subsequent months alongside the actual vs planned hours information. This data will enable Trusts in the future to nationally benchmark their staffing levels on similar wards. The Chief Nurses' Team at GSTT are also working with the central Carter Team on a multi-professional CHPPD metric which will enable more accurate analysis of different aspects of care delivered to patients within specific pathways.

2 Recruitment

2.1 In April, staffing numbers decreased by 42.5 wte from March. The total establishment in post is now 5,036.6 wte (ESR data, staff in post at 29th Apr compared to 31st Mar). Excluding 212 external applicants in the recruitment pipeline, the Trust vacancy level is 10.98%, which is higher than the previous month. These new starters are scheduled to join the Trust over the coming months. Although the vacancy rate has increased over the last two months, it compares favourably to the same period last year when the vacancy rate stood at 11.9% (Table 1). The Trust has a comprehensive schedule of recruitment activity to address the gaps in the establishment with temporary staffing flex used to ensure safe staffing levels are maintained.

Staffing measures	Apr-15	Apr-16	Change	
Nursing Establishment WTE	5615.0	5657.7	42.8	▲
Nursing Staff in Post WTE	4944.6	5036.6	92.0	▲
Vacancies WTE	670.4	621.1	-49.3	▼
Vacancy rate	11.94%	10.98%	-1.0%	▼
Red Flags raised	93	46	-47	▼
Planned v Actual Hrs used	102.8% of planned used	99.1% of planned used	-3.7%	▼
Agency % of Paybill	6.50%			

Table 1: year on year change

- 2.2** Recruitment activity has continued throughout April with regular assessment centres for Registered Nurses (RN) and Nursing Assistants (NA). The nursing recruitment team have attended several Nursing Recruitment and Careers Fairs including the Fair hosted by Kings College London. They also hosted an internal Open Day attended by 210 nurses from both the host student cohort and external potential candidates. The Newly Qualified Nurse (NQN) assessment centre for adults has 270 nurses shortlisted for assessment on 17th-19th May. There are also 205 Paediatric NQN's shortlisted for assessment on 25th-26th May. The Trust continues to see its strong brand reputation in attracting interest for careers in the Directorates from a large number of students around the country.
- 2.3** The Nursing Workforce team are working closely with HR colleagues to ensure that other mediums for advertising eg social media are being maximised in order to attract all potential candidates.
- 2.4** Two initiatives aimed at recruiting nurses with specific circumstances are being tested. Acute Medicine and the Neonatal Unit are to be Test and Learn areas for a proposal to attract more experienced nurses to the Trust who are unable to work flexibly across all shifts. This will enable nurses who have specific flexible working requirements, either through parenthood or lifestyle choices, to have substantive contracts whilst working flexibly within the Directorates. It is also anticipated that nurses who like to travel or undertake humanitarian work overseas from time to time will be attracted to an annualised hours contract that gives them job security whilst enabling their lifestyle/career choices.
- 2.5** In addition to robust and active recruitment, the Trust is keen to ensure it is retaining its' staff. To support this, from April 2016, the turnover metric has been amended in order to accurately capture those staff that leave a substantive post but remain on the Staffbank. This will have the effect of increasing the reported Nursing turnover rate from 7.4% in March to an anticipated rate of approximately 15% in April. The change will allow for the development of a retention strategy based on accurate analysis of the scale of the challenge. The Trust will continue to benchmark favourably against its' London peers, albeit at a reduced margin than previously reported.

3 Workforce Utilisation

- 3.1** In April, there were 46 red flags raised across the Trust, compared to 83 in March. This continues to reflect the emphasis on ensuring that all relevant areas use this process to any highlight staffing issues. All red flags were actioned promptly by the senior nursing teams to ensure the protection and safety of patients. Each red flag is reviewed by the relevant Head of Nursing and the Chief Nurse's Office. In addition there were situations where the senior teams proactively approved actions to resolve staffing concerns prior to a red flag being triggered. There were no reported adverse events or changes in patient quality metrics which were attributable to any safe staffing concerns.
- 3.2** The focus on reduction of agency usage has continued into the new financial year and work is underway to ensure that the Trust achieves the targets proposed by Monitor to achieve a year on year decline in spend on agency staff. The April 2016 reduction on the Monitor cap was implemented as planned. Despite the consistent attention to detail some breaches did occur during April; these were in areas of specialist nursing or midwifery. Credit is owed to the senior nursing and midwifery teams and Staffbank for their persistent efforts to avoid such bookings. The numbers of breaches reduced during the month as alternative supply was sought and secured.
- 3.3** The Chief Nurse's Office continues to work closely with Directorates on initiatives including predictive rostering which provides consistency of roster planning whilst also supporting staff with work-life balance. These are anticipated to assist with workforce planning, reduction of temporary staffing costs whilst also improving retention of staff and making the organisation attractive as an employer

3.4 Directorate Commentary:

3.4.1 Transplant, Renal & Urology (TRU): There was a reduction in the number of red flags raised in April across all ward areas with seven red flags raised compared to 22 in March. This was due to lower patient acuity and periods of low inpatient numbers and planned activity partially influenced by the doctors' strike. When raised, the red flags were due to short term sickness and higher than anticipated patient acuity. Safe staffing was maintained either with the ward manager working clinically or staff safely moved from other ward areas. The directorate welcomed several newly qualified nurses who joined the teams in March. They have all received a full induction and have been orientated to their areas, which is positively impacting upon safe staffing.

3.4.2 Gastrointestinal Medicine and Surgery (GMS): Actual nursing hours were below plan within the GI & gastro wards for April. The wards reported three red flags this month, a reduction from the 12 in March. A number of patients required 'specialling' which has meant an increase in temporary staff usage. Where bank shifts were unfilled, safe staffing was maintained as the ward manager worked within the numbers, otherwise this was escalated to agency. There continues to be a number of vacancies across the wards within the directorate, however, there is work underway to address this with a sustained recruitment drive and reviewing different ways to support and retain our staff.

3.4.2 Acute Medicine

All Areas within Acute Medicine were safely staffed in April. Alexandra ward closed to 14 beds as part of the Trust Annual plan.

Five areas used more qualified staff than planned during the 24 hr period. This was due to the continued high acuity of patients requiring 1:1 specials for both physical and mental health needs and also reflected the ongoing issues related to the availability of mental health beds.

There were 10 red flags raised due to staffing issues which is a reduction of seven on the previous month. These were all resolved promptly by the proactive movement of staff around the directorate and close working with Trust staff bank to predict any shortfall and therefore fill shifts.

The Directorate vacancy rate has risen to 20.5% and there is a recruitment strategy in place to address this. 22 candidates are currently in the pipeline to commence employment. There is a plan to launch a recruitment campaign on 13th May 2016. As outlined in point 2.4 above, the Directorate are a Test and Learn are for the initiative to attract experienced flexi workers to the Trust. The Trust Open Day yielded considerable interest that has resulted in several applications for employment. Three RMNs have been recruited to the Trust staff bank for Acute Medicine.

3.4.3 Cardiovascular

There have been 14 red flags raised this month which is a reduction from 15 in March. These flags were mainly due to shifts which were unable to be filled. Safe staffing was maintained by having staff moved from other areas, Ward Sisters working clinically and the Matrons being ward based covering lunches/breaks.

There have been a few additional shifts required for patients who have been assessed to need 1:1 special. The usage of specials is consistent with previous months.

Recruitment to vacancies is ongoing and has been successful to date, with 14 external applicants in the recruitment pipeline. Of particular note the Band 6 recruitment for the Cardiac Catheter Lab has been successful which is a difficult to recruit to area.

3.4.4 Community Adults – Inpatient bedded areas & District Nursing

Safe staffing levels within the community inpatient bedded units were maintained at all times in month with use of bank and agency staff, with no red flags raised. Careful scrutiny of patient dependency and acuity is continuing at Pulross and Amputee Rehabilitation Unit to ensure RN levels are safe when below planned. There has been a small increase in NA day hours at Pulross due to specialising of a patient. Additional NA hours were used in Minnie Kidd due to a number of patients requiring ongoing 1:1 specialising care and a number of escort duties. RN hours at Minnie Kidd were below planned during the day due to long term sickness, all shifts were safely staffed with the unit sister covering some duties.

Community inpatient services currently have one band 5 RN vacancy at Pulross and four at Minnie Kidd House.

Recruitment for Community inpatient services has been incorporated with District Nursing recruitment, and this ensures that a rolling advert will be advertised every 6 weeks alongside district nursing advert. There has also been an increase in presence at Recruitment/Careers Fairs from the community inpatient services. The community have joined with Acute Medicine to provide an Acute / Community rotation and the inpatient units will take priority. There is ongoing work to modernise recruitment materials and planned representation at key Recruitment Fairs.

District Nursing currently have a vacancy rate of 28%, however they have 29 staff in the pipeline which will hopefully bring the vacancy rate down to 14%. There has been success in generating interest from potential candidates at recent jobs fairs at Hammersmith and the Trust Open Day. There are 18 newly qualified nurses to interview shortly as part of the NQN interviews in May who have expressed Community as their first choice. This would fill all band 5 vacancies and there is a plan to over recruit in order to enable development of a clear community career pathway with a Band 6 development programme for Band 5's currently working within community services. All band 3 positions are fully recruited to.

3.4.5 Evelina London Children's Hospital

Only two red flags were raised this month both during day shifts and were resolved by the movement of non ward based nursing team members who rearranged their workloads to support the ward areas.

Two areas stand out with higher than usual variance for planned vs actual staffing this month which on average is around 4%. Savannah has a variance of 9.5%, which was related to a peak in short term sickness over a three week period. No red flags were raised as there was a general reduction in elective activity and a corresponding lower acuity level than anticipated in orthopaedics which enabled reallocation of the nursing team.

Mountain has a variance of 7.6% due to unexpected long term sickness of a team member. Mountain also had a high level of acuity in April due to large numbers of children with respiratory viruses & therefore specialising was required for 27 shifts. In addition there were 13 shifts requiring Registered Mental Health Nurse support for two young people with complex healthcare needs.

Vacancies remain highest within the band 5 workforce and interviews were held for experienced band 5 nurses this month, with 9 out of 10 successful candidates. As outlined in the Recruitment section above, adverts for newly qualified nurses are open at present, with interviews planned in May. The 2015 Recruitment Plans are also being revised and refined to meet the needs of the expanding workforce. As outlined in Section 2.4, the Neonatal Unit are also participating in the Test and Learn initiative to attract experienced flexible workers to the unit. They are particularly focusing on annualised hours contracts to cover their service needs.

3.4.6 Oncology & Haematology

There were 10 red flags raised in April. These were raised due to a combination of unplanned absences and vacant shifts which were unable to be filled by Staffbank. The Ward leaders have developed a healthy culture of sharing staff across wards and as a result, these shifts were deemed safe following staff redeployment for either all or part of the shift.

On two occasions staff utilised the red flag system part way through an otherwise safe shift, when patients' acuity unexpectedly changed and staff were supported by the Site Nurse Practitioner (SNP) and Advanced Nurse Practitioner (ANP) supporting the ward throughout this period.

Esther Ward has remained open seven days a week which has resulted in a reorganisation of the rota to ensure that there was an adequate skill mix of staff across the full week. Nursing staff on Esther Ward have been supported by staff on Blundell Ward, providing assistance and expertise as required.

There have been a number of patients on ITU at St Thomas' Hospital site that have required nurses with chemotherapy administration skills to attend. This has primarily affected Samaritan Ward and Hedley Atkins Ward who have flexed their staffing to provide the required level of expertise to these patients. This has not compromised safe staffing on these ward areas.

3.4.7 Perioperative, Critical Care and Pain (PCCP)

Actual vs planned hours have remained within expected levels and have returned to monthly average levels from the March peak, which was driven by activity. No red flags were raised in April.

Vacancies have reduced again this month to 8.9% which is the lowest level the Directorate has had for many years. Sickness rates have risen marginally to just above 3%. Staff turnover levels have remained static.

Temporary staff usage is has reduced over the last two months with a reduction of 22.5% in March followed by a further 3% reduction in April. As outlined above in Section 3.3, these specialist areas have had a challenge with using agencies which breach the Monitor Cap rate. It has been essential for ensuring appropriate skill level and preserving patient safety that 179 shifts were used in April which were above the cap rate with 64 of these within the first 10 days. The Directorate are working closely with Staffbank to reduce the number of breach shifts by sourcing appropriate alternative solutions and there has been a steady reduction in subsequent weeks. This is monitored and challenged on a daily basis by the Directorate senior nursing team.

3.4.8 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/matron. There were no red flags raised. Due to reduced levels of activity and acuity during the trainee doctors strike period staffing levels were reduced to reflect this and staff were also deployed to other areas.

3.4.9 Women's Services

Activity in the maternity unit has been at a fairly steady level throughout April, with just a few peaks in birth numbers around the middle of the month which necessitated the temporary conversion of the discharge lounge on the postnatal ward into a 4 bedded bay. Additional midwives were allocated to the PNW to ensure safe staffing was maintained, and there were no Red Flags. There continues to be a number of vulnerable women on the postnatal ward who require 'specialling', but this care has generally been provided by the staff rostered to be on duty, without needing additional staff.

Midwifery staffing on Westminster Maternity Suite for private patients has been reviewed in light of the consistent over performance in activity, and consideration has been given as to the need for an increase in the midwifery establishment. However, due to the unpredictable nature of birth, it has been agreed that additional midwives will continue to be booked 'as required' at times of peak activity.

As the majority of women on the gynaecology ward are surgical patients, there have been a number of days when activity has been low as a result of the doctors' industrial action and subsequent list cancellations. This reduction in activity has been reflected in the lower percentage of 'actual' qualified staff on duty. Safe staffing has been maintained and there were no red flags.

4 Request to the Board of Directors

- 4.1 The Board of Directors are asked to note the information contained in this briefing: the reduction in red flag concerns raised, the lower than average temporary staffing spend and the continued recruitment and retention focus.
- 4.2 Looking forward, the nursing recruitment team are going to the Royal College of Nursing Congress event in Glasgow in June and there will continue to be weekly Assessment Centres running through June for the individual Directorates to recruit more experienced Band 5 nurses.
- 4.3 The Chief Nurse's Office will continue to work on initiatives to improve the Assessment Centre experience for candidates, and to test and learn from the initiatives launched in May for flexible workers and predictive rostering

Appendices:

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