

<b>Board Briefing</b>	<b>Guy's and St Thomas'</b>  NHS Foundation Trust
<b>Board Briefing of Nursing and Midwifery Staffing Levels</b>	<b>Date of Briefing</b> August 2016 (July 2016 data)

This paper is for:		Sponsor:	<b>Chief Nurse- Dame Eileen Sills (DBE)</b>
Decision	<input type="checkbox"/>	Author:	<b>Workforce Team (Chief Nurse's Office)</b>
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 July 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 any 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 July 2016**

- Planned versus actual nursing hours for both Registered Nurse (RN) and Nursing Assistant (reported as Care staff) hours for July 2016 demonstrate an overall 99.6% fill rate.
- RN actual hours were 8602 hours below plan (equivalent to 52.79wte) with Nursing Assistant (NA) actual hours 7210 hours above planned (equivalent to 44.25wte).
- Average fill rates of planned hours for RN's for day were 95.6%, with night at 98.3%. Average fill rates for planned hours for NA's was 109.8% daytime and 117.8% 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 Care Hours Per Patient Day (CHPPD) metric is now being reported monthly and is included in the Planned vs. Actual nursing hours report attached. The purpose is that over time this data will be used to enable national benchmarking with other organisations on a ward specialty basis in order to ensure effective and efficient staffing levels.

- 1.4** The CHPPD data to date demonstrates that for the vast majority of areas, month on month there is minimal variation in the results. The only exception to this is Beach Ward where there has been a marked reduction over the last 3 months (from 16.1 in May to 10.5 in July). There has been some overall increase in activity and reduction in actual staffing numbers which may account for some of the variation but the Directorate are investigating this specifically in order to be clear about the reasons for the reduction.
- 1.4** The Trust has used the Shelford Safer Nursing Care Tool (SNCT) for sometime to assess the acuity and dependency of the patients in the inpatient beds. This is reported through the iPAMS system and is now reported twice daily. The scores are on a scale of Level 0 – Level 3 and it is expected that most patients will fall into the level 1a or 1b categories. Level 3 is the highest acuity/dependency patients and Level 0 is the least acute/dependent.
- 1.5** The total number of bed days for July stood at 33,900. This is an increase of 2165 compared to June 2016 and 608 more than July 2015. July had 13 Level 3 bed days, fewer than last month by 3 days. There were 30 more level 2 bed days than in June but the percentage lowered to 4.7% because of a significant increase of 1a and 1b bed days (2347 combined) which form 63.9% of the total bed days. The number of level 0 bed days came down by 209, accounting for 31.3% in July. Acuity and Dependency is collected twice daily from the wards through the iPAMS system to enable the site team to have an accurate picture of the sickest/most dependent patients in the hospital. There is ongoing work within the Live Bed State project to triangulate this acuity and staffing data to enable ease of timely submission by clinical teams and improved visibility for the operational teams.

## **2 Recruitment**

- 2.1** In July, staffing numbers decreased by 18.8 wte from June. The total establishment in post is now 4975.8 wte (ESR data, staff in post at 29<sup>th</sup> July). Excluding 493 external applicants in the recruitment pipeline, the Trust vacancy level

is 12.89%, which is an increase from June. As per last month, it should be noted that there is always an upward trend in the vacancy rate at this time of year in anticipation of the newly qualified nurses and midwives commencing in the autumn. This has been more pronounced since most universities moved to one intake per academic year.

Staffing measures	Jul-15	Jul-16	Change	
Nursing Establishment WTE	5701.7	5712.4	10.7	▲
Nursing Staff in Post WTE	4914.1	4975.8	61.7	▲
Vacancies WTE	787.6	736.6	-51.0	▼
Vacancy rate	13.81%	12.89%	-0.92%	▼
Red Flags raised	51	155	104	▲
Planned v Actual Hrs used	101.6% of planned used	99.6% of planned used	-2.0%	▼
Agency % of Paybill	8.4%	TBC		▼

**Table 1: year on year change**

- 2.2** Recruitment activity has continued throughout July with weekly assessment centres. As is expected at this time of year, attendee numbers are lower than at other times, but the calibre of candidates has been high with good success rates at interviews.
- 2.3** A joint piece of work with HR Resourcing team is underway to understand the candidate journey from application to start date. This is to ensure that all potential candidates are being offered roles in the Trust even if not successful in their preferred area.
- 2.4** Turnover in nursing remains stable at 14%. This benchmarks favourably with other Trusts in London. The national average is 11.82% and the Trust aspiration is to reduce the turnover to be more in line with the national rather than London average.

**2.5** The Trust has declined to be a pilot site for the Nurse Associate role and is liaising with London South Bank University (LSBU) to lead the way with a programme that responds to patient and service need whilst providing an improved career structure for nursing. The CNO workforce team are also looking at the broader skill mix on the wards which will tie into the complete workforce reviews as described in the National Quality Board (NQB) report in July 2016.

### **3.0 Workforce Utilisation**

**3.1** In July, there were 155 red flags raised across the Trust, compared to 63 in June – the reasons for the increase are discussed in more detail below in the Directorate Commentaries. The most marked increases were in Acute Medicine, Cardiovascular and Evelina Children’s Hospital. There is also an increase in compliance with using the system twice daily to report both any staffing concerns along with the acuity and dependency of patients. As in previous months 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 and senior teams also proactively approve 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** There continues to be a focus on reduction of agency usage across the Trust and there has been some success in recruiting more registered staff (both RN and RMN) to the Staffbank. There are ongoing efforts in both the Emergency Department and in Critical Care and Anaesthetic areas to minimise the number of agency shifts which Breach the agency cap. The Staffbank team are also working with other Trusts across London, through the LPP framework, to pressure the agencies which continue to breach the cap for specialist areas, to bring their rates in line with the required level. There has been success to date with a further 2 agencies reducing rates in July, however the one outstanding agency which affects GSTT most is Pulse. It is important to emphasise that bookings with agencies

who breach the cap are only made where all other avenues have been exhausted and patient safety could be compromised if the shift was not filled.

### **3.3 Directorate Commentary:**

#### **3.3.1 Transplant, Renal and Urology (TRU)**

There were 25 red flags raised in July, an increase from 23 in June. Short term sickness and high acuity were the reasons for red flags raised. Many shifts put out to bank were unable to be filled requiring alternative arrangements to maintain safe staffing. To ensure safe staffing and patient safety where the wards were down on planned staff numbers the managers worked clinically in the numbers. Staff were also moved from different wards to cross cover

A Band 2 special was required for both day and night shift for 6 days in total in July.

The bank and agency usage for July has increased due to an increase in maternity leave, vacancies and patients requiring specials. There was a decrease in temporary spend due to staff sickness.

Throughout the 5 wards there are 25.62 full time registered and unregistered vacancies. 7 registered nurses have been successful at interview and in the recruitment process, 4 of which are newly qualified nurses who will start in October once they have received their registration.

Actual registered and unregistered hours were less than the planned hours across all areas in July.

#### **3.3.2 Gastrointestinal Medicine and Surgery (GMS)**

There have been 13 red flags raised this month an increase of 8 from last month, all due to bank & agency shifts not being filled to allow for safe staffing. This was mitigated either by the ward manager working within the numbers or

where there were still shortages, by the redeployment of staff from our other ward areas. As a result the actual hours against planned remains down this month.

Nursing vacancies continue to be a challenge in the directorate. To maintain safe staffing levels temporary staffing usage has been higher this month than previously with agency staff being utilised to staff the wards whilst the vacancies are being recruited to. This continues to be monitored and reviewed on a weekly basis. There are 27 nurses in the pipeline, and it is anticipated that all should in post by October.

Acuity has remained high throughout July, there have been a high number of specials required within the GI unit for patients with complex needs, confusion and falls risks. Regular assessment by senior staff is maintained to ensure that resources are focused appropriately and where possible the specialising is absorbed within the ward's own team and resource.

### **3.3.3 Acute Medicine**

All areas in the Directorate we safely staffed with no incidents or complaints related to nursing staffing numbers.

Acuity and dependency remained high in July with a higher demand of attendances with patients who required mental health (RMN) specials and also patients who required increased observation to prevent harm eg falls. This rise in acuity and dependency plus last minute cancellations of temporary staff led to an increase in red flags from 15 to 42.

Albert ward saw 6 patients requiring 24 hours a day specialising for the whole month over and above its base line staffing. These patients had a statutory requirement for the 24/7 care they received.

The Emergency Department has now recruited 15 additional nurses as per agreement in June. Despite this recruitment the directorate as a whole still has high numbers of vacancies but remains on track with its recruitment and retention strategy monitored via the monthly KPI meeting.

### **3.3.4 Cardiovascular**

The Directorate raised 20 red flags in July – an increase from 12 in June. All were due to shifts not being filled due to vacancy and sickness. All areas have a number of vacancies, however, despite this, the agency spend for the Directorate was down to 2.2% this month. There were a number of shifts not filled and on these occasions the Ward Sisters worked within the shift numbers to ensure safe nursing care. There were also appropriate occasions when some shifts were covered with a Band 2 instead of a Band 5. Across the wards in addition to the vacancies there are also staff unavailable due to unauthorised absence, maternity leave and long term sickness

There has been a need for specials in several areas across the Directorate. Doulton Ward required 18 shifts of specials for agitated and delirious patients. A small group has been developed to investigate care of these patients and to consider a long term strategy. Luke ward required 1 shift to be covered with band 2 for specialising a confused patient who was at risk of falls. Stephen Ward had 4 nights of specials for 2 confused pts and Sarah Swift Ward required 1 shift for specialising for a confused patient

There are nurses in the pipeline to fill vacancies. 15 vacancies are to be filled with newly qualified nurses. The Directorate continue to recruit more experienced nurses steadily through the Assessment Centres.

### **3.3.5 Community Adults – Inpatient bedded areas & District Nursing**

There was 1 red flag raised on 26th July at ARU due to short term sickness. On this occasion clinical support was provided by the clinical lead for the ARU. There were no patient safety issues in the month of July.

Specials continue at Minnie Kidd House for agreed patients and escort duties, this increases our nursing assistant actual hours both day and night around 50% over planned hours. This will not reduce until the change of bed usage in the autumn of 2016. Bank and agency usage remains high across Minnie Kidd House and ARU to cover vacancies, sickness and specials.

ARU continues to have 3 staff on long term sick and this month have also had a small amount of short term sickness, resulting in registered hours being considerably under planned hours. Each shift is carefully looked at to ensure safe staffing. All sickness is being managed in line with the sickness policy.

Ongoing work with recruitment across the directorate continues. The Matron post for the three inpatient units has been recruited to with the successful candidate starting in September.

ARU - Two Band 5 vacancies (filled from 1st August), 1 Band 3 on long term secondment to nurse training which is being covered by bank. 1.35 Band 2 vacancies being re profiled to be a Band 5 nurse, which will be filled in September.

MKH - Five Band 5 vacancies, currently being back filled with three rotation nurses and 1 Continental nurse on the Overseas Nurse Programme. There are 4 Band 2 vacancies, which are being recruited to through nursing assistant central recruitment.

Pulross – 2 x Band 5 vacancies – recruited to and awaiting start dates. 4 x Band 2 vacancies which are part of the recruitment for the new Level 2b beds that open in September 2016, not affecting staffing at present.

Ongoing transformation work continues at Pulross to support the change of 6 beds to Level 2b Neuro rehab in September 2016.

### **3.3.6 Evelina London Children's Hospital**

There has been a significant increase in the number of red flags raised this month. Mountain raised 27 red flags, PICU 5 and Beach 3 respectively. These were largely resolved across Evelina by reallocation of nursing staff. On Mountain ward, non ward based staff including the Matron & PNP team provided support and worked clinically to maintain appropriate skill mix and staffing. Reduction in staffing concerns was largely resolved on day shifts, however night shifts were more difficult to resolve. Non ward based staff provided breaks cover on PICU for all of their red flags. To maintain safe staffing levels temporary staffing use has remained unchanged in comparison to last month. The HoN's are authorising all agency use and lines of work have been established with agency to prevent utilisation of those agencies over the cap agencies wherever possible, however, those over the cap are reducing in number. All staff continued to provide direct care and ensured children received appropriate care as the main priority. There were no harm events relating to staffing issues.

Variance between planned and actual staffing has improved from last month on Beach, Savannah and PICU. Variance has declined very slightly (less than 1%) on NICU and Mountain.

Variance has improved on Snow Leopard to +5%, 67% of these hours were provided by unregistered staff, this is within the new staffing model for the Paediatric long term ventilation unit.

Savannah have had specialising requirements for one child with complex needs.

There continues to be high vacancy rates across the inpatient wards, predominantly at band 5 which has been exacerbated by the band 5 rotation moving nurses onto specialist placements – lessons have been learned from this and it will not happen in future. 90 newly qualified nurses have been offered positions with further interviews planned for 6th July for both experienced and newly qualified staff.

Work is commencing to improve the Health Roster KPIs.

### **3.3.7 Oncology & Haematology**

In the oncology directorate 8 red flags were raised via ipams across the directorate - a further 7 were anticipated red flags which were resolved prior to the flag being raised.

These 8 red flags highlighted staffing shortages created by unplanned absence, accompanied by high acuity on the wards. Staff were moved across the directorate to maintain safe numbers and skill mix and Sisters/Charge nurses worked within the rostered numbers. Blundell ward were able support other wards in July as bed occupancy was lower than usual and on 4 full shifts, staff moved to other areas to share resources. This prevented the need for temporary staff usage on Hedley Atkins and Samaritan ward.

Staff from the Cancer Day unit and Samaritan ward were deployed on occasions to administer chemotherapy in a non cancer setting i.e. Intensive care or on medical wards; this was accommodated by skilled staff leaving the unit for periods of time and, as this cannot be planned, there is the potential to leave the acute wards stretched for this period.

Esther ward has remained open and staffed to 7 days with reduced bed numbers on Saturday and Sunday, staff movement in the event of less bed occupancy than predicted, ensured that resources were not wasted.

Specials were used to support patients across the acute areas, in particular Hedley and Samaritan in July. These are monitored daily and reassessed for need. Where possible this specialising requirement was absorbed into the normal staff numbers.

Backfill for vacancies with temporary staff is being provided by 5 wte continental nurses and on average 13 wte temporary bank staff per week, many of these shifts are undertaken by the Directorate's own staff to maintain continuity and quality of care.

Excluding the off ward nurses, there are currently 23 wte vacancies across the whole directorate, along with 7 wte on maternity leave. In addition there are 2 wte ward staff on secondment into Clinical Nurse Specialist teams to provide cover while recruitment is in progress. There is a plan to be fully recruited across all band 5 and band 6

posts by October 2016. 30 new staff have already been recruited and the directorate will be supporting 9 new rotation nurses starting in September and October. This recruitment will allow the directorate to continue to support the medical directorate with 1 wte nurse who is currently rotating into the medical ward to provide extra support, as well as fill the 2 extra posts required to increase working days to 8pm in the new Guys Cancer centre and the Cancer centre at Sidcup.

### **3.3.8 Perioperative, Critical Care and Pain (PCCP)**

No Red Flags were raised across the directorate in July and the use of specials has remained consistent over last 2 months. There have been no particular staffing issues raised in any clinical areas this month. There have been no new patient safety issues raised in the last month

Bank and Agency usage has been higher than would be expected for the time of year however acuity and general Trust activity has been high and there are an increasing number of vacancies in Peri-Operative Medicine. Breach Agency nurses are still be used when activity requires, although as outlined above this is always the last option. They are mostly required for anaesthetic nursing and critical care nursing.

Vacancies have risen in month, partly due to staff leaving and also due to additional posts which were added to the establishment for a new theatre at Guys and the ECH procedure room. Recruitment is continuous and there are currently 75 staff in the pipeline waiting to start.

CHPDD hours in critical care areas appear to be higher than expected however benchmarked across London, GSTT is not an outlier in this, in fact GSTT rates are lower than equivalent Trusts. It is early days with analysing the data and at this stage it is not possible to draw conclusions from this, however, it will be monitored closely to understand why the hours are higher than predicted

### **3.3.9 Surgery**

There were 4 red flags raised across the elective orthopaedic wards and this represented an increase from June. The red flags were raised due to short notice sickness, vacancies and on occasion the un-availability of bank/agency staff. The Ward sister/charge nurse often included in the shift numbers when bank/agency staff are not available.

During July, specials were required for three patients across 3 wards with complex needs - high risks of falls, confusion and aggression. Specials were predominantly provided from within the existing workforce and bank or agency was only used where this was not possible.

The need for specials is reviewed and monitored daily by the senior nursing and medical teams.

Bed occupancy is high across all inpatient areas across the Directorate on occasion associated with high acuity - 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.

On the occasions when Levels of activity and acuity have been reduced - especially on the elective orthopaedic pathway staffing levels were reduced to reflect this. Staff during this period were re-deployed to support other areas with higher acuity both within and outside the Directorate.

There are vacancies across all inpatient areas, with the highest level in elective orthopaedics. There is a rolling recruitment programme in place and newly qualified staff have been recruited to start in Oct/Nov.

### **3.3.10 Women's Services**

There were four red flags raised in maternity due to both activity and acuity, and these were mainly around the middle of the month when activity reached record levels. The additional activity was accommodated by opening 4 'flex' beds on the postnatal ward which required extra staff. The midwifery manager on call was able to resolve all

red flags. There were 3 red flags raised on the gynaecology ward due to short notice sickness which created gaps in the rota which could not be filled.

Despite the red flags, patient safety has been maintained in maternity by escalating issues promptly to the midwifery manager. On the gynaecology ward safe staffing was maintained by careful allocation of staff and by 'off ward' staff working clinically.

There has been a requirement for Band 2 specials on the postnatal ward for most of the month to provide extra support for vulnerable women.

The gynaecology ward continues to face staffing challenges due to high levels of maternity leave, and a number of vacancies that will not be filled until September when the newly qualified nurses start in post. The percentage of nursing assistants on duty at night has been significantly lower than planned and this has been due to 1 vacancy and 1 Maternity leave from the establishment of 5 WTE. However, this has not caused staffing concerns as there has been a high number of senior, experienced students on the ward.

Although the average sickness rate across Women's services is low, some of the smaller areas have had high levels of sickness amongst frontline staff who have been replaced by temporary staff. In the maternity unit, birth numbers have been at record levels and it has been essential to employ additional (temporary) staff in order to maintain safe staffing levels.

In gynaecology, whilst vacancy levels have remained high, the use of temporary staff has not been excessive as many of the shifts have remained unfilled.

As reported in June, there are a number of vacancies across the Directorate, most notably for newly qualified (NQ) Band 5 nurses and midwives. Recruitment to all gynaecology ward NQ posts and Band 5 NQ rotation midwife posts is complete and we look forward to welcoming all our new starters in September.

### **3.4 Health Roster Project Update**

The efficient and effective deployment of nursing and midwifery staff across the Trust is a high priority for the workforce team within the Chief Nurse office (CNO). The improvements in the use of Health Roster to produce and monitor staff usage are well underway with the establishment of the Health Roster Steering Committee and Health Roster Operational Group. Key Performance indicators have been established; rag rated, and are being monitored. The existing Health Roster team are moving into the CNO and the recruitment of the e-rostering facilitators has been successful, with 2 of the 3 new recruits starting with the team on w/c 8<sup>th</sup> August and the 3<sup>rd</sup> member starting in September. Their primary focus will be to work with the Directorates ensuring that all demand templates within the system are fully up to date, the roster rules and permissions are appropriate for the areas, flexible workers are fully inputted and checking that the individual staff hours on Health Roster, match what is on the Electronic Staff Record (ESR).

The areas' performance against the KPIs will be reported on the Workforce Scorecard going forward.

## **4 Request to the Board of Directors**

- 4.1** The Board of Directors are asked to note the information contained in this briefing: the use of the red flag system to highlight concerns raised and the continued recruitment and retention focus.
- 4.2** Looking forward, the nursing recruitment team are continuing to hold assessment centres to recruit nurses on a regular basis and are considering all options to maximise the opportunities for high quality new candidates to come and work at the Trust

**Appendices:**

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