


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

This paper is for:		Sponsor:	Chief Nurse- Dame Eileen Sills (DBE)
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Discussion	<input type="checkbox"/>	Reviewed by:	Director of Nursing, Adult Services (Chief Nurse's Office)
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		TME*	<input type="checkbox"/>
		Other*	<input type="checkbox"/>

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1 Summary

1.1 This briefing provides the Board with an overview of the Nursing and Midwifery workforce during the month of June 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 real-time in order to protect patient care.

1.2 Key Highlights for June 2016

- Planned versus actual nursing hours for both Registered Nurse (RN) and Nursing Assistant (reported as Care staff) hours for June 2016 demonstrate an overall 99.6% fill rate.
- RN actual hours were 6747 hours below plan (equivalent to 41.41wte) with Nursing Assistant (NA) actual hours 5386 hours above planned (equivalent to 33.05wte).
- Average fill rates of planned hours for RN's for day were 96.6%, with night at 98.4%. Average fill rates for planned hours for NA's was 105.3% daytime and 117.4% 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. The publication of the updated National Quality Board (NQB) report in June has placed an emphasis on ensuring safe staffing of all disciplines and this will be reflected in the 6 monthly staffing reviews in the autumn. To date these have been focussed on nursing/midwifery safe staffing but going forward will encompass the multi-disciplinary team and the mechanisms for achieving this are being worked through.

- 1.4** The total number of bed days for June 2016 was 31735. This was an increase from May - up 1315, despite having one less day to report on.

Patient acuity and dependency is measured twice daily in all ward areas and is recorded on the iPams system. The patient acuity and dependency is assessed using the Shelford Nursing Care Tool. Overall there was an evidenced increase in patient acuity in June, most significantly in Level 3 bed days which were at 16 compared to 3 in May and 1 in April; with 11 of these days being attributed to a single ward.

Level 2 days reduced by 158 compared to the previous month, the proportion dropping to 4.9%. Levels 1b and 0 increased against May, 776 and 677 days respectively. Level 1a bed days did not change by a significant number month on month. There is ongoing work within the Live Bed State project to triangulate acuity and staffing data to enable ease of timely submission by clinical teams and improved visibility for the operational teams and the system is going live in July in Acute Medicine initially.

2 Recruitment

- 2.1** In June, staffing numbers decreased by 5.8 wte from May. The total establishment in post is now 4994.6 wte (ESR data, staff in post at 30th June). Excluding 441 external applicants in the recruitment pipeline, the Trust vacancy level is 12.63%, which is an increase from May. The 441 new starters are scheduled to join the Trust over the coming months, with a significant proportion (around 60%) starting September through to December as they are newly

qualified nurses (NQNs). Although the vacancy rate has increased over the last three months, it compares favourably to the same period last year when the vacancy rate stood at 12.78% (Table 1). It should be noted that there is always a downward 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	Jun-15	Jun-16	Change	
Nursing Establishment WTE	5643.7	5717.0	73.3	▲
Nursing Staff in Post WTE	4912.4	4994.6	82.2	▲
Vacancies WTE	731.3	722.4	-8.9	▼
Vacancy rate	12.96%	12.63%	-0.33%	▼
Red Flags raised	37	85	48	▲
Planned v Actual Hrs used	102.8% of planned used	99.6% of planned used	-3.2%	▼
Agency % of Pay bill	7.7%	4.7%	-3%	▼

Table 1: year on year change

2.2 Recruitment activity has continued throughout June with weekly Assessment Centres and also a team representing the Trust at the Royal College of Nursing (RCN) Congress in Glasgow. As outlined above there are currently 441 nurses in the pipeline who are anticipated to commence with the Trust over the coming months. The nursing recruitment team are working hard to secure completed checks and start dates for the candidates as well as keeping in touch with them to reduce the risk of withdrawals and improve the on-boarding experience. Compared to 2015 there are less candidates in the pipeline, however, due to changes in the updating and monitoring of the pipeline there is more confidence in the reality of the numbers and with the improved on-boarding experience, there is anticipated to be a higher conversion rate from offers made to actual starters.

- 2.3** Following on from the success of the Newly Qualified Nurse Assessment Centres in May, there is a proposal being considered through the Nursing and Midwifery Workforce Governance Group to continue with this model on a three weekly basis with new venues being sought and this is to be tested on 27th July.
- 2.4** As outlined in the Report submitted in May, the turnover metric has been amended in order to accurately capture those staff that leave a substantive post but remain on the Staff bank. This had the effect of increasing the reported Nursing turnover rate from 7.4% in March to a rate of 14.1% in April and 14.3% in May. In June it is forecast to be close to the 14.3% as this metric does not tend to fluctuate much from month to month.
- 2.5** The work on writing the Recruitment and Retention strategy is well underway and includes a short project considering the impact of digital media on both the recruitment and retention of nursing staff. There will be a proposal presented to the Digital Board at the beginning of August with the potential of expanding the use of digital media, initially for recruitment purposes, early in the autumn.
- 2.6** In August, the Trust is to apply to be a pilot site for the introduction of the new Nursing Associate role. The teams are working through the application process with a view to the new role being piloted in two areas mainly. This will be in collaboration with London South Bank University (LSBU)
- 2.7** There is also work underway to streamline the induction and orientation package for newly qualified nurses across the Trust. There have been significant changes made to ensure sufficient capacity in the formal Trust Corporate and Clinical induction sessions. In addition a small task and finish group from the Nursing and Midwifery Workforce Governance Group are rewriting the former competency document into a GSTT Handbook in order to reflect the needs of the modern workforce in line with service needs.

3 Workforce Utilisation

- 3.1** In June, there were 77 red flags raised across the Trust, compared to 45 in May – the reasons for the increase are discussed below in the Directorate Commentaries, however the numbers are more reflective of the normal monthly average. This continues to reflect the emphasis on ensuring that all relevant areas use this process to 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 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** The focus on reduction of agency usage has continued into the new financial year and work continues to ensure that the Trust achieves the targets proposed by NHSI to achieve a year on year decline in spend on agency staff. There have been significant 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. These bookings 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)

15 red flags were raised in June, which represents an increase from the 7 raised in May. Actual staffing levels were below planned across all wards for both registered and unregistered nurses. The red flags were raised due to unplanned absence for short term sickness and vacancies which remain an ongoing issue.

Activity was higher than planned on the Transplant ward due to an increased number of patients undergoing kidney transplants which required the ward to operate at maximum capacity for a week. In addition unregistered one to one nursing was required for 3 patients across the two renal wards for a total of 8 shifts.

Where safe staffing remained a concern and unable to be covered by bank, this was escalated to agency. Staff shortages were covered either because low patient acuity demanded less nursing time, or staff were deployed from lower acuity areas to support. Managers also worked in the numbers and non essential study was postponed where appropriate.

The ward manager and matron are working closely to manage and support staff with sickness triggers. Vacancies are managed through rolling advert and other trust initiatives. There are 6 newly qualified nurses in the pipeline and due to start once all the checks completed.

3.3.2 Gastrointestinal Medicine and Surgery (GMS)

There have been 5 red flags raised this 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 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, with temporary staff being utilised to provide safe staffing whilst the vacancies are being recruited to. However this is monitored and reviewed on a weekly basis. There are 17 nurses in the pipeline having recruited both from the NQN interview day and from the local assessment centre onto the GI rotation programme.

Acuity has remained high throughout June, with some patients requiring specialling. This is assessed daily by senior staff to ensure that resources are focused appropriately and where possible the specialling is absorbed within the ward's own team and resource.

3.3.3 Acute Medicine

All areas continue to be safely staffed with no incidents or complaints regarding staffing numbers. There has been an increase in the number of red flags within the directorate from 6 in May to 15 in June. In all cases the wards are reviewed and support is obtained through flexing staff across the patch, including practice development nurses and/or asking Sisters to work within the established numbers.

Acuity & dependency remains high across the directorate in conjunction with high bed occupancy. Wards have used more nurses than planned due to the high dependency of patients to maintain patient safety; reviews of all additional staffing is made daily.

In addition ED has put in additional staffing, approved by the executive team, which is currently being filled with temporary staff until substantive recruitment is achieved.

The directorate vacancy rate remains high, however, there it is anticipated there will be an improvement in this in September/October as the new recruits start work.

3.3.4 Cardiovascular

There were 12 red flags raised this month, all responded to, and all due to bank/agency request not filled.

There have been a high number of specials required across the wards for patients with complex needs, confusion and falls risks. These are monitored on a daily basis by the senior nursing team.

There are a total of 25 vacancies across the Directorate, 20 newly qualified staff recruited, and all have had direct contact with the directorate. A few are starting as Nursing Assistants whilst awaiting their NMC registration. There is a further assessment centre at the end of July where it is anticipated the 5 remaining vacancies will be recruited to.

There are ongoing issues with 6 members of staff on maternity leave, 1 staff member on long term absence and two staff retiring within the next 3 months. Due to all the above issues the agency spend within the directorate has risen slightly to 4.9% (4.4% in May).

3.3.5 Community Adults – Inpatient bedded areas & District Nursing

There were no red flags raised in community in June. Safe staffing levels within the community inpatient bedded units were maintained at all times in month with use of bank and agency staff. This includes long term sickness at the ARU resulting in some bank staff being used to ensure safe staffing levels.

Minnie Kidd continues to use a large number of bank nursing assistants for specialising and escorting to dialysis. Staffing levels are being reviewed as part of the project to increase the number of complex patients that are cared for.

The community team are recruiting for band 5 nurses across the inpatient units and two posts are being covered with rotation nurses.

Pulross is recruiting Band 2 nursing assistants as part of the Level 2b neurology beds opening in September 2016. The team are also recruiting a Matron post to cover all three inpatient units.

In order to assist with recruitment and retention of nursing staff the community team are planning for a community only rotation to cover inpatients, district nursing and @home, due to start in September 2016.

3.3.6 Evelina London Children's Hospital

There has been a significant increase in red flags this month. Mountain raised 9 red flags, PICU raised 5 and Beach and Savannah both raised one red flag. These were resolved across Evelina by reallocation of nursing staff providing 300 hours of nursing. On Mountain ward 113 hours of direct nursing care was provided by the ward sister, Matron and Practice Nurse Team to maintain appropriate skill mix and staffing. PICU reallocated 125 hours of non ward based staff to provide direct care and ensure children received appropriate care.

One child on Savannah neurology required specialising throughout the month due to complex palliative care. 49 shifts on mountain ward were required to special a child with complex health needs whose condition also required them to be in a cubicle.

Variance between planned and actual staffing has risen this month on Beach, Savannah and Mountain reflecting the increase in band 5 vacancies from the movement of nurses on rotation. PICU variance has improved as a direct consequence of movement of staff to this specialist area.

To maintain safe staffing levels temporary staffing use has been higher this month than previously. HoN's are authorising all agency use and lines of work have gone to agency to prevent utilisation of over cap agencies wherever possible.

There are high vacancy rates across inpatient wards, predominantly at band 5 and impacted by band 5 rotation nurses moving onto specialist placements. Mountain floor has a vacancy rate of 24%, Savannah 19 %, Beach 16% and PICU 9%. 90 newly qualified nurses have been offered positions with further interviews taking place on 6th July

for both experienced and newly qualified staff. 14 senior nursing assistants are being interviewed during the week of 11th July with a plan to fill all band 3 vacancies.

The rotation programme is being reviewed to look at how to further minimise the impact of the movement of nurses to specialist areas from inpatient wards in future.

3.3.7 Oncology & Haematology

There were 8 ward red flags reported and a further 8 potential red flags were raised to the matron team and resolved prior to the shift commencing. A positive culture promoting staff movement across the directorate continues to support clinical areas that have experienced unplanned absence or an unexpected increase in acuity.

Backfill with temporary staff is being provided by 5 wte continental nurses and on average 13 wte temporary staff per week. Many of these shifts are undertaken by the directorate's own staff to maintain continuity and quality of care; however, unexpected absences have left three of the wards with additional staffing challenges on occasions in June. These shifts have been supported in part by staff movement from the day units, outpatient areas and other wards and in part by the sisters and matrons providing extra clinical support.

Specials were used to support patients across the acute areas; these are monitored daily and reassessed for need. Where possible this specialising requirement was absorbed into the normal staff numbers. There have been 2 very high risk falls patients who have required 24 hour care intermittently across June.

Excluding the non ward based nurses; the directorate are currently carrying 14 wte vacancies across the 5 wards, 2 treatment day units and 6 outpatients' areas. There are also 7 wte on maternity leave and 2 wte ward staff are on secondment into non ward based roles to provide cover while recruitment is in progress.

The Haematology day unit and acute oncology service, (2 small teams of 11 and 6 respectively) have been particularly challenged in June due to unexpected staff sickness. This did not have any safety implications, however, did impact both the patients' and staff experience. Staff have since returned to work and staffing numbers have recovered to a safe level.

3.3.8 Perioperative, Critical Care and Pain (PCCP)

There have been no Red Flags raised across PCCP in June and there have been no staffing issues raised in any clinical areas this month. The use of specials has been lower across the critical care areas than in recent months.

Bank and agency usage was high at the start of June. The Trust as a whole had high activity and high acuity which was mirrored in critical care areas. Usage has dropped over the last 2 weeks of June in line with activity. Agency nurses are still be used when activity required. A small number of these breach the agency cap, but this is authorised at a senior level and they are always the last option, but used to maintain patient safety. These are mostly required for anaesthetic nursing and critical care nursing.

Vacancies remain around 10% for the whole Directorate, which has remained consistent over the past months despite continuous recruitment and an active recruitment pipeline.

3.3.9 Surgery

There were no red flags raised in June. 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 other areas both within and outside the Directorate.

3.3.10 Women's Services

There were six red flags raised in maternity due to both activity and acuity. There was a period of around 10 days when the Unit was closed due to a lack of capacity. This necessitated the opening of an additional 4 beds on the postnatal ward. At the same time the acuity levels were unusually high with twice as many women as usual who required high dependency care. Despite the red flags, patient safety has been maintained in all areas by escalating issues promptly to the midwifery manager who has redeployed staff to critical areas, utilised 'off ward' staff and employed temporary staff when necessary. The on call midwifery manager has also been on site 'out of hours' to support and assist.

The gynaecology ward has been a challenging area to staff due to high levels of maternity leave, together with a number of resignations from nurses who are leaving to further their careers (e.g. through promotion or to undertake midwifery training). Careful management of the rota on a daily basis has been essential in order to ensure safe staffing.

There has been a requirement for RMNs and Band 2 specials on the antenatal ward for most of the month to provide extra support for pregnant women with mental health issues. Other areas have needed specials for 1 or 2 days only.

Despite strict controls, the level of temporary staff usage has been high in a number of areas for a variety of reasons (for example, a high sickness rate in one area, a high percentage of maternity leave in another area). However, the most significant issue has been the activity and acuity levels of women using the maternity unit.

There are a number of vacancies across the Directorate, most notably for newly qualified (NQ) Band 5 nurses and midwives. Recruitment to the gynaecology ward NQ posts is complete; it is anticipated that all the NQ midwifery posts will be filled at the assessment centre in mid-July. Whilst the calibre of the applicants has been impressive and the Directorate look forward to welcoming them starting in September, managing the vacancies in the interim is challenging.

4 Requests 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 – June 2016(UNIFY)