

Board Briefing	Guy's and St Thomas'  NHS Foundation Trust
Board Briefing of Nursing and Midwifery Staffing Levels	Date of Briefing June 2016 (May 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"/>
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		Board Committee*	<input type="checkbox"/>
		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 May 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 May 2016

- Planned versus actual nursing hours for both Registered Nurse (RN) and Nursing Assistant (reported as Care staff) hours for May 2016 demonstrate an overall 99.7% fill rate.
- RN actual hours were 6342 hours below plan (equivalent to 38.92wte) with Nursing Assistant (NA) actual hours 5267 hours above planned (equivalent to 32.32wte).
- Average fill rates of planned hours for RN's for day were 97.2%, with night at 98.2%. Average fill rates for planned hours for NA's was 104.9% daytime and 117.1% 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 is now being reported monthly and is included in the Planned vs. Actual nursing hours report attached. The purpose is for this data to enable national benchmarking with

other organisations on a ward specialty basis in order to ensure effective and efficient staffing levels. As outlined in the previous report GSTT are also working with the Carter Team to have a meaningful dataset for CHPPD including Allied Health Professional and Medical inputs in patient care. Updates on progress with this work will be provided as it emerges.

- 1.4** Acuity data for the month of May at Trust level was within 2% of the 12 month average for each level of acuity. Level 1b and Level 2 are at a higher rate than the average. All other levels are reduced against average. The total number of bed days recorded increased by 531 in comparison to April's figures. There were also three level 3 days, which represents an increase of 1 from the previous month. There was a decrease in the number of Level 1a bed days across the month. The highest total number of bed days for any level were for Level 1b at 12671 bed days. 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.

2 Recruitment

- 2.1** In May, staffing numbers decreased by 35.6 wte from April. The total establishment in post is now 5,000.4wte (ESR data, staff in post at 31st May). Excluding 476 external applicants in the recruitment pipeline, the Trust vacancy level is 12.11%, which is an increase from April. The 476 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). 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	May-15	May-16	Change	
Nursing Establishment WTE	5554.5	5689.3	134.8	▲
Nursing Staff in Post WTE	4844.6	5000.4	155.8	▲
Vacancies WTE	709.9	688.9	-21.0	▼
Vacancy rate	12.78%	12.11%	-0.67%	▼
Red Flags raised	75	45	-30	▼
Planned v Actual Hrs used	103.4% of planned used	99.7% of planned used	-3.7%	▼
Agency % of Paybill	7.67%	4.99%	-2.68%	▼

Table 1: year on year change

2.2 Recruitment activity has been high throughout May with 5 Assessment Centres for student nurses qualifying this summer taking place. 300 offers have been made to both adult and paediatric nurses to inpatient, outpatient and community areas. These assessment centres have taken place along side the usual ones for registered nurses and nursing assistants across the trust. 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. There was a new format for the assessment centre piloted for adult general nurses and this has yielded very positive feedback from both candidates and interviewers. 92% of candidates stated they would recommend GSTT to their colleagues/friends as a place to apply following their experience at the assessment centre.

2.3 The Nursing Recruitment team have continued to represent the Trust at national careers and job fairs. In June they will attend the Royal College of Nursing (RCN) Congress in Glasgow (18th-21st June) where they will be joined by representatives from the Acute Medicine Directorate who are using it as an opportunity to advertise and meet with potential experienced candidates.

- 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 Staffbank. 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 as anticipated the rate for May is broadly similar at 13.2%.
- 2.5** There is a focused piece of work underway to write a specific Recruitment and Retention Strategy for Nursing and Midwifery which will focus on themes aimed at reducing the turnover of staff whilst continuing to attract high quality candidates to the organisation and reduce the overall vacancy rate and therefore reliance on temporary staffing.

3 Workforce Utilisation

- 3.1** In May, there were 45 red flags raised across the Trust, compared to 46 in April. 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 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. Following the April 2016 reduction on the Monitor cap, some breaches to the cap in specialist areas occurred in May. The senior nursing and midwifery teams and Staffbank continue to apply their efforts to avoid such bookings and seek an alternative supply from compliant agencies wherever possible. There are several workstreams focusing on initiatives to reduce reliance on temporary staffing, particularly agency staffing, in order to ensure the Trust achieves its NHS Improvement mandated reduction.

3.3 Directorate Commentary:

3.3.1 Transplant, Renal & Urology (TRU)

There were a total of 7 red flags raised in May across all ward areas within the directorate which was consistent with the numbers raised in April. A good proportion of staff shortages were not reflected as red flags because of low patient acuity and dependency and vacant beds due to decreased activities. The latter was mostly influenced by two bank holidays weekends in May.

The staff shortages and subsequent red flags were due to unplanned absences caused by sickness, special emergency leave and vacancies which remain an ongoing factor. The red flags were mitigated by ward managers working clinically to cover the gaps and in some instances; staff deployed from lower acuity areas to support.

The ward manager and matron are working closely to manage and support staff who have sickness triggers. Vacancies are being managed through rolling adverts and the directorate are actively involved in wider trust initiatives. One Registered nurse started in Urology in May. Three Registered nurses were interviewed and appointed in April with 1 having a confirmed start in July for Renal. Four newly qualified nurses (NQN) were appointed through the Trust NQN interviews in May.

3.3.2 Gastrointestinal Medicine and Surgery (GMS)

Actual nursing hours were below plan within the GI unit and Nightingale wards for May. The wards reported 3 red flags this month which represented no change from April. In instances where bank shifts were unfilled, safe staffing was maintained either by the ward manager working within the numbers or where there were still shortages unable to be filled by redeployment of staff, the shift was escalated to agency. Vacancies across the wards remain a challenge and the directorate are working hard to address this. All senior staff nurse positions within the directorate have now been recruited to which will enable support of junior staff. Sickness rates overall remain well below 3%.

3.3.3 Acute Medicine

All areas continue to be safely staffed with no incidents or complaints related to staffing. Acuity and dependency remains high across the directorate with bed occupancy consistently above 95%. There were 6 red flags raised in May compared to 11 in April 2016. Four areas used more qualified staff than planned during the 24hour period due to high levels of patient acuity.

The directorate vacancy rate remains challenging at 20%. A recruitment campaign was launched as planned on the 13 May 2016 with a 'pop up' stall at the St Thomas' fund raising day. An online campaign using social media was also launched and to date there have been in excess of thirty applicants for experienced nurses from the various campaigns. During the newly qualified nurse interview days, 44 applicants were successfully conditionally offered posts. This includes 5 nurses recruited onto the rotation programme. Ten Registered Mental Health Nurses (RMN) have now commenced employment on the trust bank.

Work will commence in June 2016 to help support staff across the directorate dealing with patients who present with challenging behaviour.

3.3.4 Cardiovascular

All areas have been safely staffed with no incidents or complaints relating to staffing. There have been 11 red flags raised this month, all due to bank & agency shifts not being filled. This is a continued reduction from the number of red flags raised in March and April (15 and 14 respectively). To ensure patient safety was not compromised the Ward Sisters worked within the numbers or help was provided from other areas.

The Directorate has 15 actual vacancies with potentially 9 more to come. The NQN interview days have successfully recruited 20 nurses with some further in the pipeline. The Nursing Rotation programme in Cardiovascular was very

well evaluated and therefore the directorate have increased the numbers for September to 12 places. There is a structured orientation programme planned for all newly qualified staff in their first week in practice supported by the Practice Development Nurses who will be ward based for 2 months.

Patients from both vascular and cardiac surgery specialisms requiring close monitoring (specialling) has increased significantly this month. There have been 70 shifts required for specialling with 1 RMN shift. There has also been some ongoing education initiatives with the medical teams in the directorate to provide some teaching around patients with delirium and how to manage them appropriately.

3.3.5 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 Amputee Rehabilitation Unit (ARU) to ensure RN and NA levels are safe when below planned due to a number of staff being on long term sickness. Additional NA hours were used in Minnie Kidd due to a number of patients requiring ongoing 1:1 specialling care in addition to a number of escort duties. RN hours at Minnie Kidd were above planned during the month due to two rotational nurses undergoing induction and a phased return to work for one RN following long term sickness. Minimal amount of NA hours used over plan at Pulross due to specialling and supporting a staff member on phased return to work.

All vacancies are actively being recruited to as part of the overall campaign for the community directorate and plans for a community only rotation to cover inpatients, district nursing and @home is in progress.

3.3.6 Evelina London Children's Hospital

There were 6 red flags raised this month, with the vast majority being raised during day shifts. This reflects the continuing efforts of ward sisters and matrons to ensure nights and weekends are staffed as a priority, and enables the maintenance of safe staffing by the movement of non ward based nursing team members, such as matrons and members of the nurse education team during the week day shifts.

Two areas stand out with higher than usual variance for planned and actual staffing this month - PICU with -12% variance and Savannah with -9.5% variance.

PICU has been operating at a high level of capacity and acuity most of the month including up to four children in isolation and three children requiring prolonged ventilatory, life saving support. This has significantly increased planned staffing levels but safety has been maintained by the flexibility of staff willing to change shifts at short notice.

Savannah continues to have a high level of variance again this month. One particularly challenging case has led to a very difficult time emotionally and professionally for the team, and this has contributed to an increase in short term sickness. Short to medium term support strategies are in place to ensure this team is able to manage through this continuing challenging period.

Interviews were held for newly qualified band 5 nurses this month, with 115 candidates interviewed and over 70 successful. Adverts for experienced band 5 nurses and band 3 Senior NA's are open at present with interviews planned for mid June.

3.3.7 Oncology & Haematology

There were 7 red flags raised during May and these were responded to by senior staff stepping into the numbers and re-prioritising non-clinical workloads, in addition to movement of clinical staff around the directorate when unplanned absences have meant one clinical area has been more stretched than another. Less than ideal skill mix on one ward has meant the nursing team has relied on support from other wards to swap skilled, experienced nurses for junior staff to ensure the teams have been supported on shift, particularly on night shifts. There has also been an increase in acuity in the specialist ward areas which have required use of temporary staff to ensure ongoing safe patient care.

Nursing vacancies continue to be a challenge and temporary staff are being utilised to provide safe staffing whilst the vacancies are being recruited to. There are also a number of staff on maternity leave across the directorate which has further impacted upon staffing levels. Recruitment is in progress in each clinical area with an agreed strategy to over recruit where possible to enable the directorate to move staff around as required.

Acuity has remained high throughout May, in particular on the Oncology ward, where an acutely confused patient has required one to one specialising over a 24 hour period to maintain safety. Patients requiring specialising are assessed daily by senior staff to ensure that resources are focused appropriately and where possible the specialising is absorbed within the ward's own team and resource.

Esther ward has remained open to 7 days due to an increase in non -elective oncology admissions. This ward only has a funded establishment for 6 day working and therefore there is a continued reliance on temporary staff to safely manage this ward across the full week. The directorate has made the decision to keep these beds open to 7 days prevent patients being displaced to non-specialists wards.

3.3.8 Perioperative, Critical Care and Pain (PCCP)

Actual versus planned hours have again remained within expected levels. No Red Flags were raised across the directorate in May.

Vacancies during May have risen from 8.9% to 11.5%. Ten nurses have been successfully offered posts in the directorate from the NQN interview days in May. Ongoing recruitment for experienced nurses continues for all areas of the directorate.

The directorate has continued to work hard to reduce reliance on temporary staff and this has seen a reduction in May to 1,095 shifts from 1,372 shifts in April. Out of necessity to ensure adequate skills to provide safe nursing care, PCCP continue to use agencies which breach Monitor Cap rate. However, in conjunction with Staffbank resourcing temporary workers from other sources, there has been a significant reduction in May to 133 shifts which breach the cap in comparison to 178 shifts in April.

3.3.9 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 in the surgical directorate.

An RMN special was required for 2 days to support a patient with mental health needs together with Nursing assistant specials to special a confused elderly patient from another Trust at risk of falls/wandering.

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 and staff working during this period were re-deployed to other areas both within and outside the Directorate.

3.3.10 Women's Services

Activity in the maternity unit has been at the predicted level overall during May, but there was one period of 5 days when both activity and acuity were higher than average. During this period there were 4 red flags raised, all of which were escalated to, and dealt with by the midwifery managers. Actions included the redeployment of staff from managerial or other non-clinical duties to the clinical area, the conversion of the discharge lounge on the postnatal ward into a 4 bedded bay, and the use of additional staff for some of the shifts. All services were maintained safely, and there was no significant increase in the number of reported incidents.

Activity in the Westminster Maternity Suite (WMS) for private patients has reflected that of the NHS service, with pressure on capacity occurring in the same period. The staffing of WMS was included in the overall management of the maternity unit, and staff were deployed flexibly in order to cover the areas of greatest need.

Staffing on the gynaecology ward has been maintained at safe levels with just 1 red flag raised which was resolved promptly. However, there have been a few days when the number of acutely unwell patients on the ward, particularly post-operatively, has necessitated the use of additional staff. There remains an imbalance between day and night cover by support staff, but this is gradually being resolved through a review of the staffing patterns.

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 throughout 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 – May 2016(UNIFY)