

Board Briefing	Guy's and St Thomas'  NHS Foundation Trust
Board Briefing of Nursing and Midwifery Staffing Levels	Date of Briefing September 2016 (August 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:	Chief Nurse
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"/>

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1. Summary

This briefing provides the Board with an overview of the Nursing and Midwifery workforce during the month of August 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.

This is a revised format for the Workforce Board report and attached, in addition to the Actual vs Planned upload to UNIFY, is the Nursing Workforce Scorecard for the Trust. This includes the Health Roster Metrics.

2. Key highlights for August 2016

Staffing measures	Aug-15	Aug-16	Change	
Nursing Establishment WTE	5633.23	5729.01	95.78	▲
Nursing Staff in Post WTE	4813.15	4934.18	121.03	▲
Vacancies WTE	820.08	794.83	-51.0	▼
Vacancy rate	14.56%	13.87%	-0.7%	▼
Red Flags raised	82	138	56	▲
Agency % of Paybill	6.75%	4.57%	-1.8%	▼
Planned v Actual Hrs used	101.3% of planned used	100.7% of planned used	-0.6%	▼

Table 1

- Average fill rates of planned hours for RN's for day were 95.9%, with night at 98.6%. Average fill rates for planned hours for NA's was 112.9% daytime and 129.4% for the night. Overall 100.7% of planned hours were used.
- 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.
- Vacancies have increased but onboarding for the September cohort of newly qualified nurses is in preparation that will see the rate fall towards target.
- 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.

3. Recruitment

The Nursing vacancy rate increased to 13.8%, however the rate is expected to reduce towards the 9% target as the 500 applicants in the recruitment pipeline join the Trust. The Trust nursing staff in post decreased to 4934.0 wte

There is a continued focus on nurse recruitment with a drive through the Autumn and early Spring for a revised format of assessment centres. This is to encourage as many potential candidates as possible to attend the Trust for a welcoming but also a consistent and robust recruitment process. This new plan has arisen following the findings of a deep dive exercise undertaken by the Nursing Workforce team and Resourcing colleagues. The Trust will also continue to be represented at other recruitment days and Open Days including the RCN Careers Fair in Glasgow in October.

Table 2 shows the nursing vacancies vs pipeline. The work on assessment centres outlined above will address the Band 5 vacancies and ensure that there is focus on keeping ahead of the demand. There is also work underway to look at the nursing workforce as a whole and to address the vacancies at Band 6 and 7 in order to ensure the Trust keeps apace with skill mix challenges whilst providing a strong, innovative nursing career structure and maintains its profile as one of the top employers in the country.

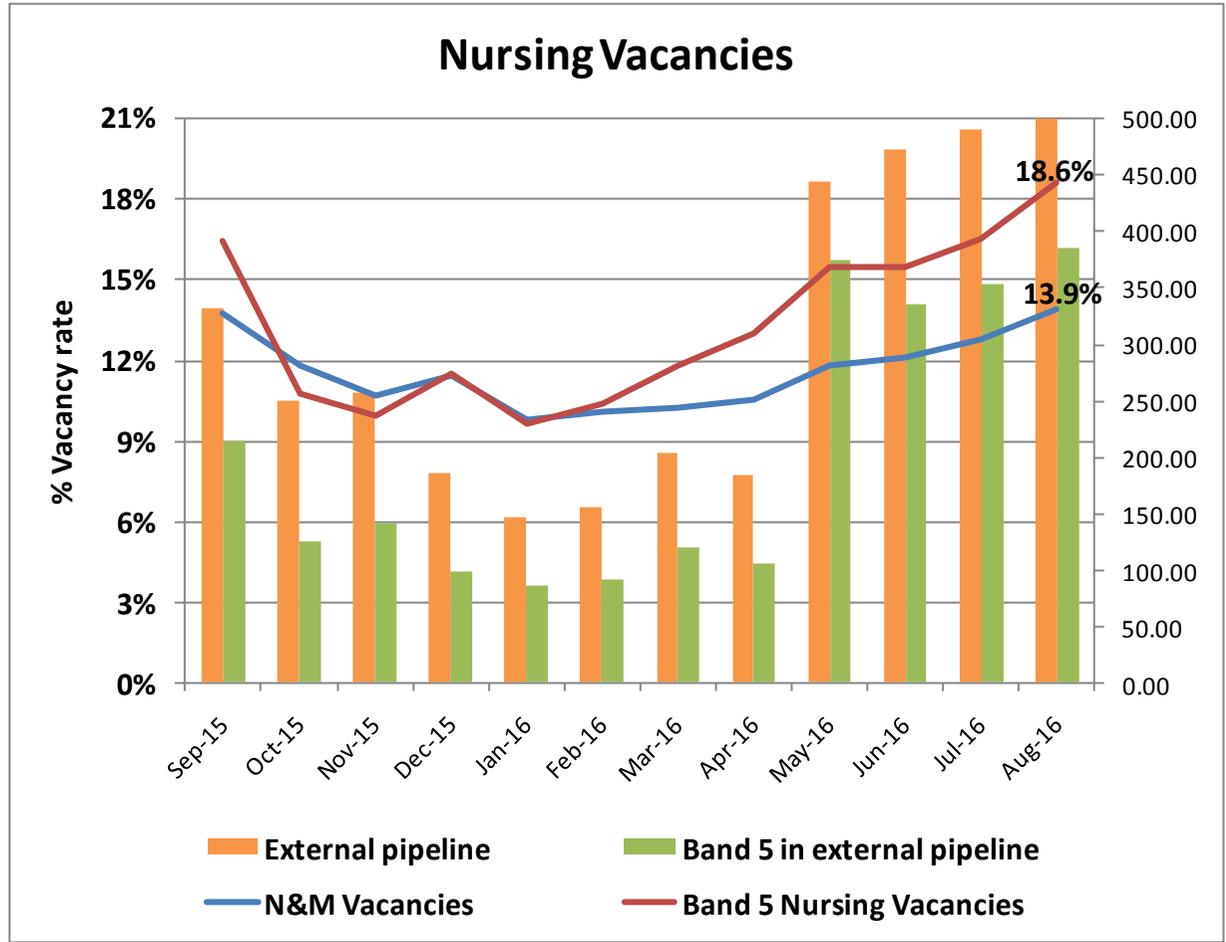


Table 2

4. Workforce Utilisation.

4.1 Red Flags

There was a reduction in the number of Red Flags raised in August, however, the number (138) raised, is higher than the same month last year, and several Directorates saw an increase on the previous month. There was significant pressure across the Trust in August with high patient acuity and no reduction in activity also impacted by difficulty resourcing temporary staff due to peak holiday season. Directorates supported each other with cross covering of staff in order to ensure safe patient care and no safety incidents were reported which directly related to safe staffing. In order to support areas who were having consistent challenges, additional administrative and housekeeping resources were supplied which was a successful initiative.

The Chief Nurse office has initiated a review with Nursing staff of how the Red Flag system is used as despite the number raised, the HoN/Ms are assured of the safe running of their Directorates and respond appropriately to any concerns raised.

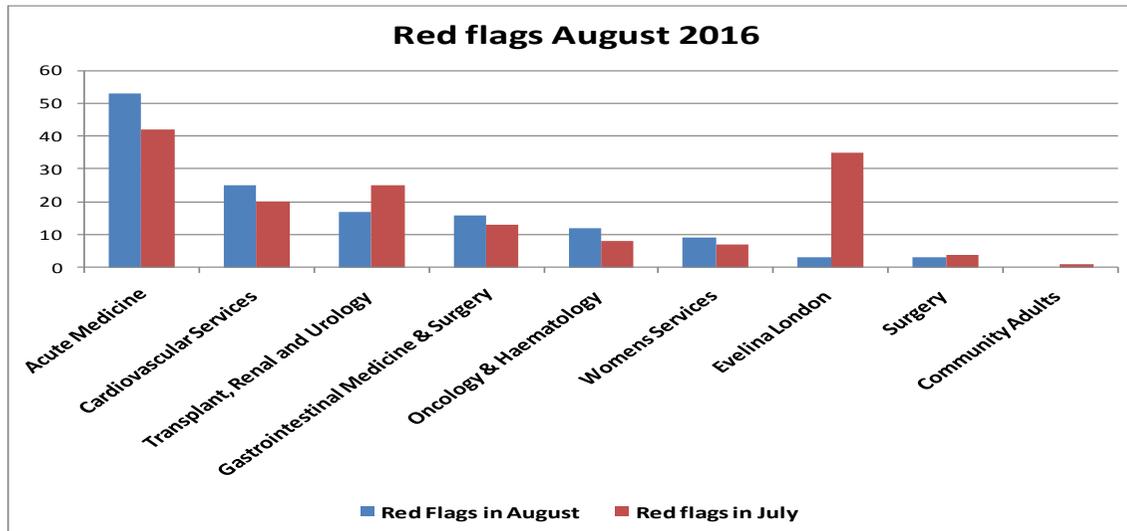


Table 3

4.2 Care Hours Per Patient Day

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 Trust measure for August was 10.3 CHPPD, slightly down from the 10.6 recorded in July. The CHPPD data to date demonstrates that for the vast majority of areas, month on month there is minimal variation in the results.

There is a multi professional team commencing work late September to undertake workforce reviews as outlined in the National Quality Board report (June 2016). There has been no methodology provided to undertake these reviews therefore the team will be developing a tool which will describe all activity associated with the effective running of an inpatient area in order to then draw conclusions as to whether the area is safely staffed (from the entire multi disciplinary team perspective), whether there are opportunities to change ways of working which promote patient centred, efficient and cost effective care and whether we can measure true CHPPD as a multiprofessional metric. This work will evolve over

the next 6 months and will move to specialist ambulatory areas, community and other outpatient areas once the inpatient wards have been completed.

4.3 Patient Acuity

Bed days in August stood at 34,916, an increase of 1,016 on the previous month and higher than August 2015. Level 1b patients accounted for the most bed days at 44.8% of total bed days, while Level 3 patients requiring most care accounted for 11 bed days (0.03% of the total). 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 and also supports decision making for safe staffing.

4.4 Planned v Actual Hrs

Planned Hours for Registered nursing (RN) staff were 7,692 below plan for the month, which equates to 47.21 WTE, while Nursing Assistants (NA) were 10,085 above plan (61.9 WTE). The additional unplanned hours for NA are at least partly attributable to an increase in specialising requirements particularly in the acute medical wards. 8 wards reported using more than 10% above their planned establishment of which 6 were in Acute Medicine. High patient acuity and specialising requirements were primarily responsible for these increases above the planned establishment. 5 wards reported using less than 90% of their planned establishment, however the Directorates were proactive in addressing any staffing concerns and ensuring the safe delivery of patient care.

4.5 Health Roster

The metrics for use of HealthRoster have now been agreed, including thresholds and rag rating and are being reported on a monthly basis. The process for challenge and scrutiny of these metrics is through the Health Roster Operational Group which now reports into the Nursing and Midwifery Workforce Council and then into the Nursing and Midwifery Executive Committee.

The three e-rostering facilitators have now commenced employment at the Trust and are working through specific aspects of the project plan. The main focus of their work currently is ensuring that all demand templates are up to date. This ensures that the baseline data is correct and enables robust monitoring of compliance against the Key Performance Indicators.

The HealthRoster KPIs are shown on the Workforce Scorecard which is attached to these papers.

There is ongoing work with the Allocate team to ensure maximisation of e-roster benefits.

5. Request to the Board of Directors

The Board of Directors are asked to note the information contained in this briefing including the addition of the Workforce Scorecard, the use of the red flag system to highlight concerns raised and the continued focus on recruitment and retention.

Attached:

UNIFY Actual vs Planned Hours, CHPPD – August Data

Nursing and Midwifery Workforce Scorecard – August Data