

Board Briefing	Guy's and St Thomas'  NHS Foundation Trust
Board Briefing of Nursing and Midwifery Staffing Levels	Date of Briefing January 2017 (December 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*

1.0 Summary

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

2.0 Key highlights for December 2016

- Average fill rates of planned hours for RN's for day were 97.3%, with night at 99.4%. Average fill rates for planned hours for NA's was 100.3% daytime and 106.2% for the night. Overall 99.0% 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. Nurse Agency usage was 4.66% of the total paybill in December. This is a significant improvement on the same period in 2015 where it was 6.45%.
- Vacancies have gone up 1.3% from November 2016 where the number of staff in post has decreased and the overall establishment has increased along with a seasonal drop in new starters. At 6th January 2017 there were 385 external candidates in the Recruitment Pipeline, who are expected to join the Trust over the next few months which will have a positive impact on the vacancy rate, however due to turnover this is likely to remain above the target of 9%.
- 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 on a daily basis and their establishments have been approved at January Board.

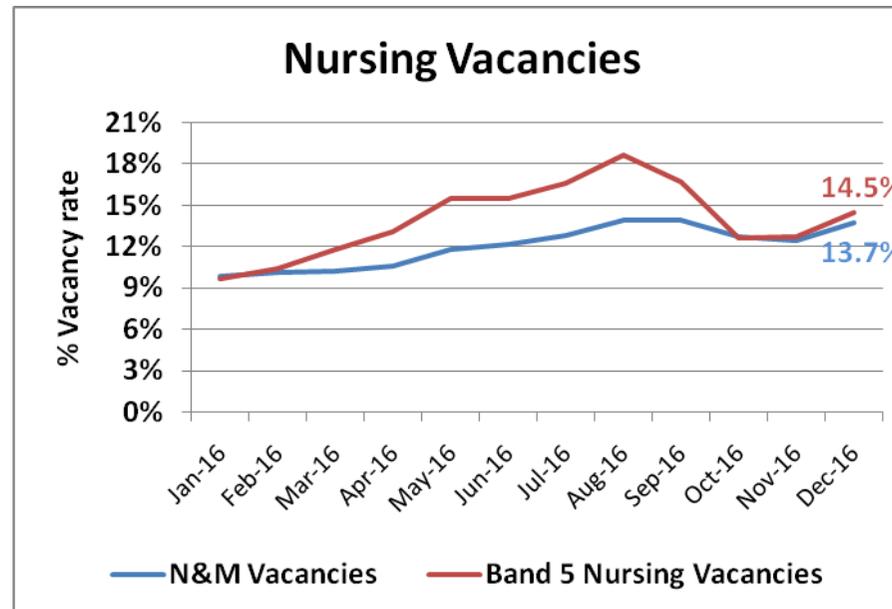
Nursing and Midwifery Workforce Data – December 2016

Staffing measures	Dec-15	Dec-16	Change	
Nursing Establishment WTE	5668.52	5849.78	181.26	▲
Nursing Staff in Post WTE	5021.69	5049.43	27.74	▲
Vacancies WTE	646.83	800.35	153.52	▲
Vacancy rate	11.41%	13.68%	2.27%	▲
Red Flags raised	51	68	17	▲
Agency % of Paybill	6.45%	4.66%	-1.79%	▼
Planned v Actual Hrs used	98.5% of planned used	99.0% of planned used	0.5%	▲
Care Hours per Patient Day	N/A	10.6	N/A	N/A

3.0 Recruitment

3.1 The overall Nursing vacancy rate increased to 13.7%, which is 1.3% higher than the previous month. The number of nursing staff in post decreased by 51.1 WTE. The number of leavers remained steady compared to November 2016 but there were 61 new starters in November and only 26 in December. The low number of new starters in December is an expected seasonal variation. There have already been 88 new nursing and midwifery starters in the first two weeks of January 2017 which will positively impact upon the overall vacancy rate, and as stated in the Key Highlights there are a further 385 WTE nurses and midwives in the pipeline to commence over the next few months.

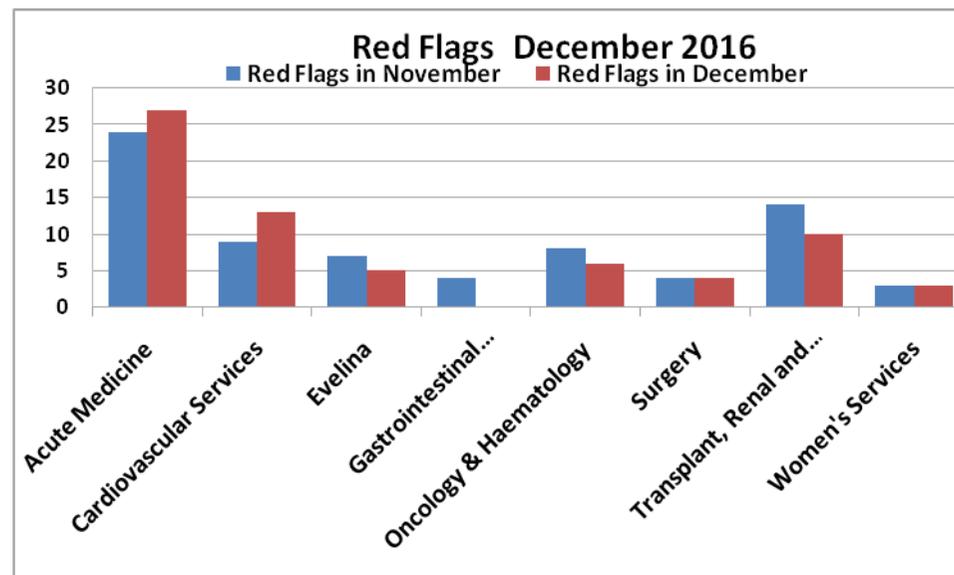
- 3.2 The new format of assessment centres for Band 5 nurses is now on a 3 weekly cycle with adverts being placed to link with the upcoming assessment centre. Candidate and interviewer feedback is overwhelmingly positive and a steady number of candidates are being offered positions. A formal review of the metrics and feedback will take place by the end of March to inform the ongoing strategy for Band 5 recruitment.
- 3.3 Further discussions are in progress to inform a strategy for Band 6 recruitment particularly in PCCP, Evelina, Community and the Emergency Department. These areas will need an individualised approach as their challenges are unique to specialty and are a national issue
- 3.4 There is also work underway to improve retention of staff. This will involve some focus groups in the first instance to understand what our staff are saying – what makes them want to stay at GSTT and what are the initiatives they are looking for. The Staff Internal Transfer Policy has been rewritten and will be re-launched in February to encourage staff to look for other internal opportunities and make moving around the Trust an easier option.



4.0 Workforce Utilization.

4.1 Red Flags

A total of 68 Red Flags were raised in December, 5 fewer than the previous month. Red flags are mostly used as a marker for potential rather than actual unsafe levels of staffing. These issues are predominantly resolved internally without impacting on patient care, which has the potential to reduce the significance of a red flag. The workforce team are exploring options to make this a more meaningful trigger whereby red flags are only raised in instances where staffing concerns are unresolved, despite best efforts of the Directorate Team, and this in turn prompts action from the wider nursing team.



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. The Trust measure for December was 10.6 CHPPD, an increase of 0.1 hours against the figure reported in November. The CHPPD data to date demonstrates that for the vast majority of areas, month on month there is minimal variation in the results.

4.3 Patient Acuity

Bed days in December stood at 33,042 - a decrease of 1,735 on the previous month and 3,888 more than the previous year. The balance of bed days to each level of acuity has seen an increase in Level 1b, with the patients requiring that level accounting for the most bed days with a share of 48.3%. The spike in Level 2 bed days recorded last month has virtually reversed, while level 0 days recorded dropped 12%. 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.

4.4 Planned v Actual Hrs

Actual Hours for Registered nursing (RN) staff were 4,914 below plan for the month, which equates to 30.16 WTE, while Nursing Assistants (NA) were 1,611 above plan (9.88 WTE).

5.0 Health Roster Update

5.1 Predictive Roster project plan : The first cohort of in -patient areas are TRU, GIU and Alan Apley Ward, Mark Ward, Lane Fox Unit and Doulton HDU, Home From Home birth centre and Hospital Birth Centre. Planned for live predictive rosters by March 2017.

5.2 Key Performance Indicators :

- A new KPI is to be included on the Roster Metrics – “Finalising Roster Compliance”. Non-compliance has the potential of considerable impact on pay extraction each month.
- Workforce utilisation of staff continues to improve, confirmed by a further drop in % of agency spend in December of 0.97% to 4.66%. This demonstrates ongoing commitment of teams to reduce reliance on agency staff to deliver high quality care to patients and reduce the financial burden on the Trust.

6.0 Quality Impact

The incidence of falls per 1000 bed days, has increased in 2016/17 from 4.9 falls per 1000 bed days in 2015/16 to 5.4 falls per 1000 bed days in 2016/17 (please note this is for 9 months to date not 12). The average number of falls with harm has also increased. In December the actual number of falls reduced significantly from the previous month (136 falls versus an average of 166 over past 6 months). No relationship has been identified between the levels of staffing in the clinical areas and this increase in falls.

7.0 Request to the Board of Directors

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 focus on recruitment and retention, as well as controlling the use of temporary staff.