

Board Briefing	Guy's and St Thomas'  NHS Foundation Trust
Board Briefing of Nursing and Midwifery Staffing Levels	Date of Briefing December 2016 (November 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 November 2016. It is a requirement of 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 November 2016

- Average fill rates of planned hours for RNs for day were 98.6%, with night at 99.4%. Average fill rates for planned hours for NAs was 105.1% daytime and 121.3% for the night. Overall 101.1% 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 decreased marginally from October as the intake of newly qualified nurses has reduced steadily from the early autumn peak. There are currently 371 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 if turnover remains at current levels, vacancies are 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.
- The table on page 3 outlines staffing levels this November as compared to November 2015.

Nursing and Midwifery Staffing Levels-November 2016

Staffing measures	Nov-15	Nov-16	Change	
Nursing Establishment WTE	5683.51	5824.50	140.99	▲
Nursing Staff in Post WTE	5076.11	5100.54	24.43	▲
Vacancies WTE	607.40	723.96	116.56	▲
Vacancy rate	10.69%	12.43%	1.74%	▲
Red Flags raised	32	73	41	▲
Agency % of Paybill	4.76%	5.63%	0.87%	▲
Planned v Actual Hrs used	100.1% of planned used	101.1% of planned used	1.0%	▲
Care Hours per Patient Day	N/A	10.5	N/A	N/A

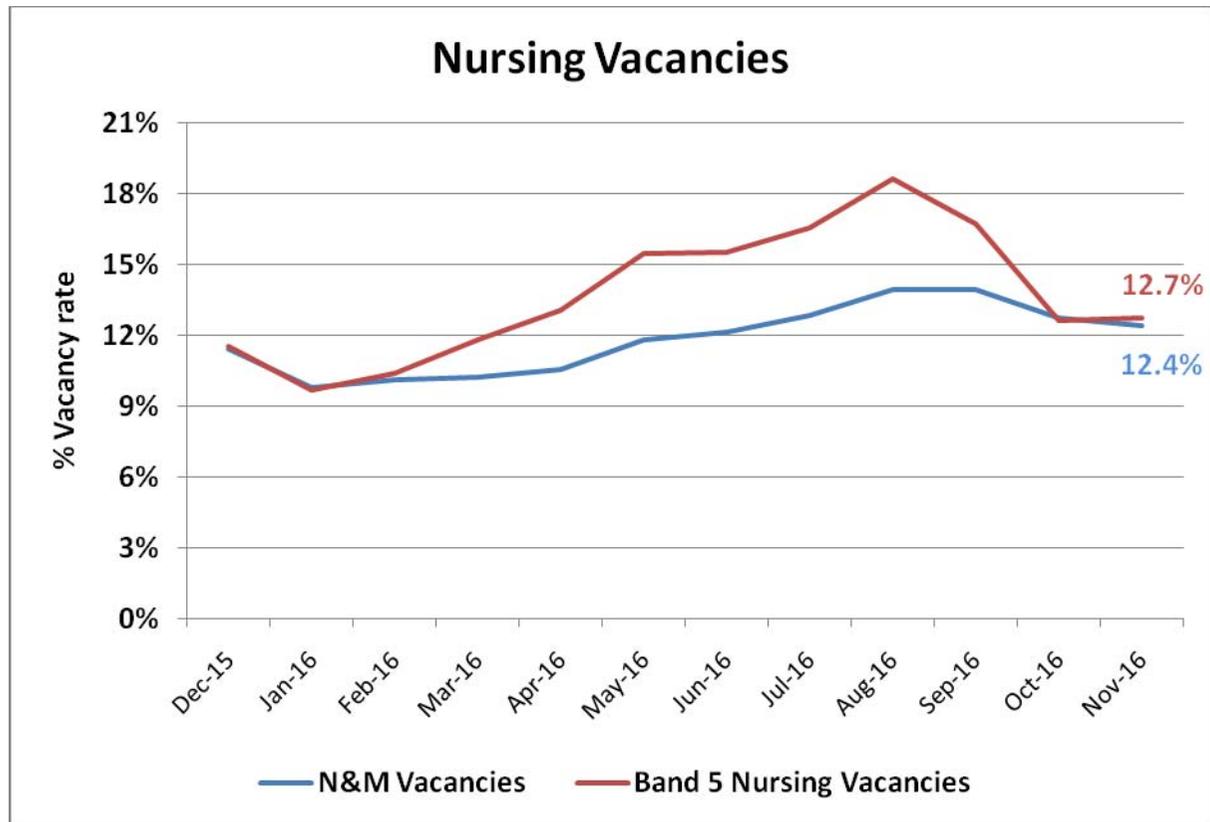
3.0 Recruitment

The overall Nursing vacancy rate decreased to 12.4%, which is 0.3% lower than the previous month. The number of nursing staff in post increased by 13.4 WTE. The transformation of the recruitment process for band 5 nurses has continued to be well received, with a very successful assessment centre on 28th November yielding a further 54 nurses across the Trust. There is now a rolling 3 weekly assessment centre plan in place for 2017 and posts are currently being advertised in preparation for the first of the New Year on 9th January. There have also

been 2 recent assessment days for Nursing Assistants which have successfully recruited 82 Band 2 nursing assistants.

The nursing workforce team were successful in getting a Facebook page approved through Digital Board in November and this was launched in December. The purpose is to create a nursing and midwifery community which is both internal and external facing, posting content that is of interest to nurses and midwives who currently work at the Trust as well as advertising opportunities for those who wish to come and work here. It is hoped to build a sense of what it is like to work at GSTT, encouraging existing staff to network and feel proud of what the Trust is doing, as well as building the attraction for others to come and work at the Trust.

Acute Medicine and Community Adult Directorates also have bespoke action plans to address their individual recruitment and retention issues and are exploring and implementing various options for increasing their volumes of new starters as well as retaining their existing staff. Progress against these action plans will be reported on monthly from January 2017.

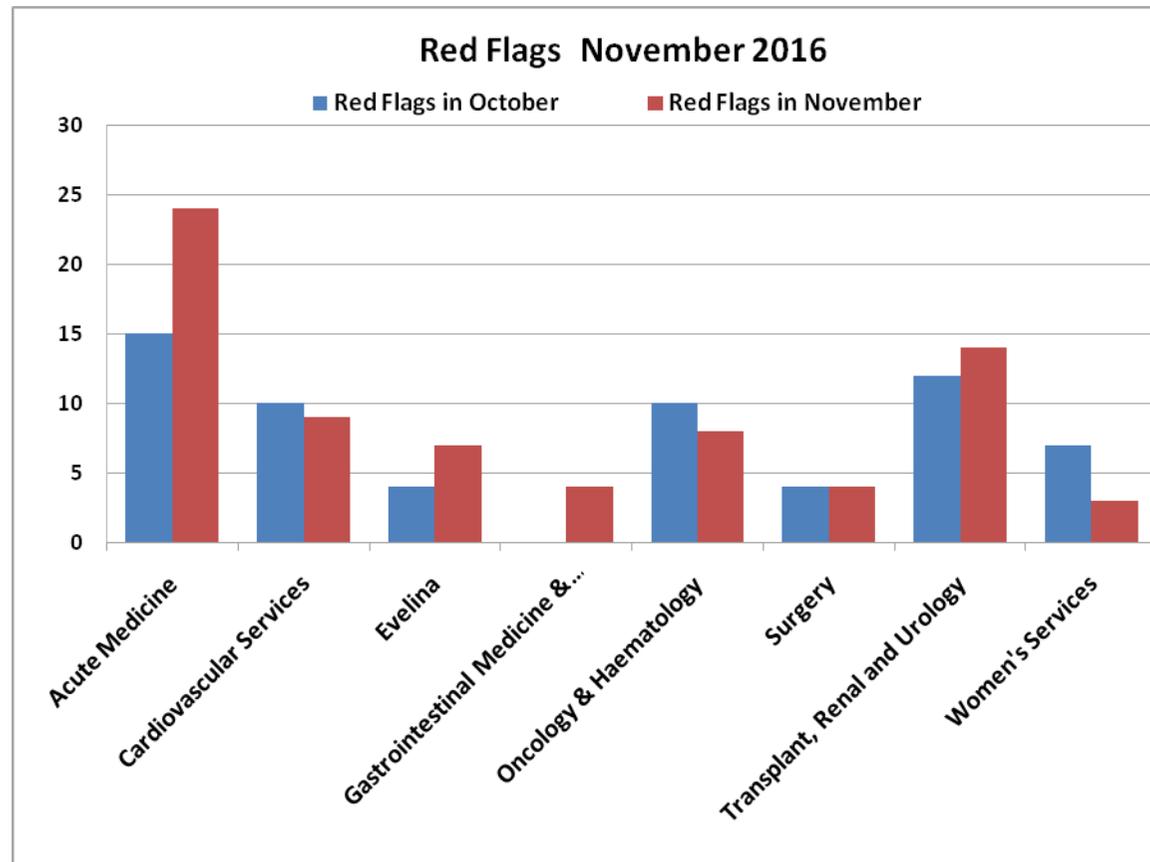


4.0 Workforce Utilization

4.1 Red Flags

A total of 73 Red Flags were raised in November, 11 more than the previous month. Red flags are mostly used as a marker for potentially unsafe levels of staffing which get resolved in real time without impacting on patient

care. This has the potential to reduce some of the significance of a red flag. The workforce utilisation team within the Chief Nurse Office are looking to consult on re-categorising instances of resolvable red flags so that the distinction in severity can be made.



4.2 Care Hours Per Patient Day

As outlined previously, 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 November was 10.5 CHPPD, a decrease of 0.1 hours against the figure reported in October. The CHPPD data to date demonstrates that for the vast majority of areas, month on month there is minimal variation in the results. The nursing workforce team have also worked through the methodology to enable calculation of the “required” CHPPD based upon the Shelford Safer Nursing Care Tool measure for acuity and dependency of the patients. This is now being reported for applicable areas on the monthly workforce scorecard. Overall this demonstrates that there are some outliers for CHPPD, both positive and negative, and reasons for this are being explored. As the figures are based on monthly averages which does not take into account skill mix, daily variations of staffing and occupancy it is important at this stage to treat the information with a degree of caution whilst variations are being investigated. It is anticipated that the Live Bed State project will encompass real time staffing, patient acuity and dependency and therefore required and actual CHPPD.

4.3 Patient Acuity

Inpatient, non critical care, bed days in November stood at 34,777 - an increase of 254 on the previous month and 3,096 on the previous year. The balance of bed days to each level of acuity was similar to last month, with Level 1b patients accounting for the most bed days with a share of 44.9%. Level 2 patient bed days were up by 444, an increase of 34% on last month. 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

Planned Hours for Registered nursing (RN) staff were 2,885 below plan for the month, which equates to 17.70 WTE, while Nursing Assistants (NA) were 6,609 above plan (40.56 WTE). This variation in NA hours is driven in the main by the need for specialling of patients who are at risk of harm or for escorting patients to appointments from community areas. Usage of nursing assistants for specialling is most significant in acute medicine and also in one of the community inpatient areas. The Specialling (or Enhanced Care) policy is currently under review and the revised policy and risk assessment will be presented to the Nursing and Midwifery Executive Council (NMEC) in February 2017.

5.0 Health Roster Update

Work to complete the overdue demand template reviews finishes on December 23rd 2016. Annual reviews will be included in the 2017 eRoster project plan.

The next phase of roster implementation is the rollout across the Trust of predictive rostering. The new project plan will be presented for discussion and approval at the Workforce Council in January 2017. Womens Services, Older Persons Unit and Guys Critical Care have begun preparations for their pilots in February. The next 3 areas keen to begin are GI Unit, Mark Ward and TRU.

A focus group to address issues related to advance roster publication reached the following conclusions, to which actions have been applied -

- **Forward planning by roster creators is key** - An increased lead time will be applied from the next unopened roster period. A new roster calendar will be published.

- **Late AL requests have direct impact on publication** - a violation and warning will be added to ESR and e-roster. AL requests and shift exchanges will have to be made in person to the roster manager
- **Auto-roster training required to improve compliance** - The e-roster team will facilitate this during clinical visits.
- **Build in alerts of non-compliant activity** - Allocate and e-roster manager to take forward

Planned upgrade to version 10.6.2 of HealthRoster was carried out on Monday 12th December. This involved improvements to Healthroster, Bank staff, eManpower, Employee OnLine (EOL) and RosterPerform. The upgrade was successful with no issues identified as a result.

6.0 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.