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

This paper is for:				Sponsor:	**Chief Nurse- Dame Eileen Sills (DBE)**
Decision				Author:	**Workforce Team (Chief Nurse's Office)**
Discussion				Reviewed by:	Director of Nursing, Adult Services (Chief Nurse's Office)
Noting				CEO*	
Information	✓			ED*	
				Board Committee*	
				TME*	
				Other*	

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1. Summary

This briefing provides the Board with an overview of the Nursing and Midwifery workforce during the month of October 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. Key highlights for October 2016

- Average fill rates of planned hours for RN's for day were 98.2%, with night at 98.7%. Average fill rates for planned hours for NA's was 104.4% daytime and 123.7% for the night. Overall 100.8% 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 where newly qualified nurses have been inducted throughout the month, raising the number of staff in post at a higher rate than the growth of funded posts. Like in September, this is particularly true of band 5 positions which have seen another drop in vacancy rate (from 16.7% to 12.6%). More newly qualified nurses are set to join throughout November in significant numbers, which should see the vacancy rate come down further.
- 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.

Staffing measures	Oct-15	Oct-16	Change	
Nursing Establishment WTE	5674.51	5824.96	150.45	▲
Nursing Staff in Post WTE	5024.49	5087.17	62.68	▲
Vacancies WTE	650.02	737.79	87.77	▲
Vacancy rate	11.46%	12.67%	1.21%	▲
Red Flags raised	30	62	32	▲
Agency % of Paybill	9.80%	6.31%	-3.49%	▼
Planned v Actual Hrs used	100.07% of planned used	100.8% of planned used	0.1%	▲
Care Hours per Patient Day	N/A	10.6	N/A	N/A

3. Recruitment

The overall Nursing vacancy rate decreased to 12.7% from its September rate of 13.93%, and is expected to reduce further towards the 9% target as applicants in the recruitment pipeline join the Trust. The Trust nursing staff in post increased through October 2016 by 128.5 wte. This also represents a further 62.68 wte more nursing staff working in the organisation than in October 2015. The graph below illustrates the 4.1% drop in band 5 nursing vacancies compared to last month as a result of the onboarding of newly qualified nurses.

There have been several recruitment events throughout October and November both internally and externally including recruitment fairs, university careers fairs and Assessment Centre/Open Days. There is also ongoing work on improving the candidate experience through the recruitment and onboarding process and a focus on retention of existing staff, including a planned relaunch of the internal staff transfer policy and focus groups to understand what our staff are looking for in terms of job satisfaction and development opportunities.

Nursing Vacancies

12.6%

12.7%

N&M Vacancies   Band 5 Nursing Vacancies
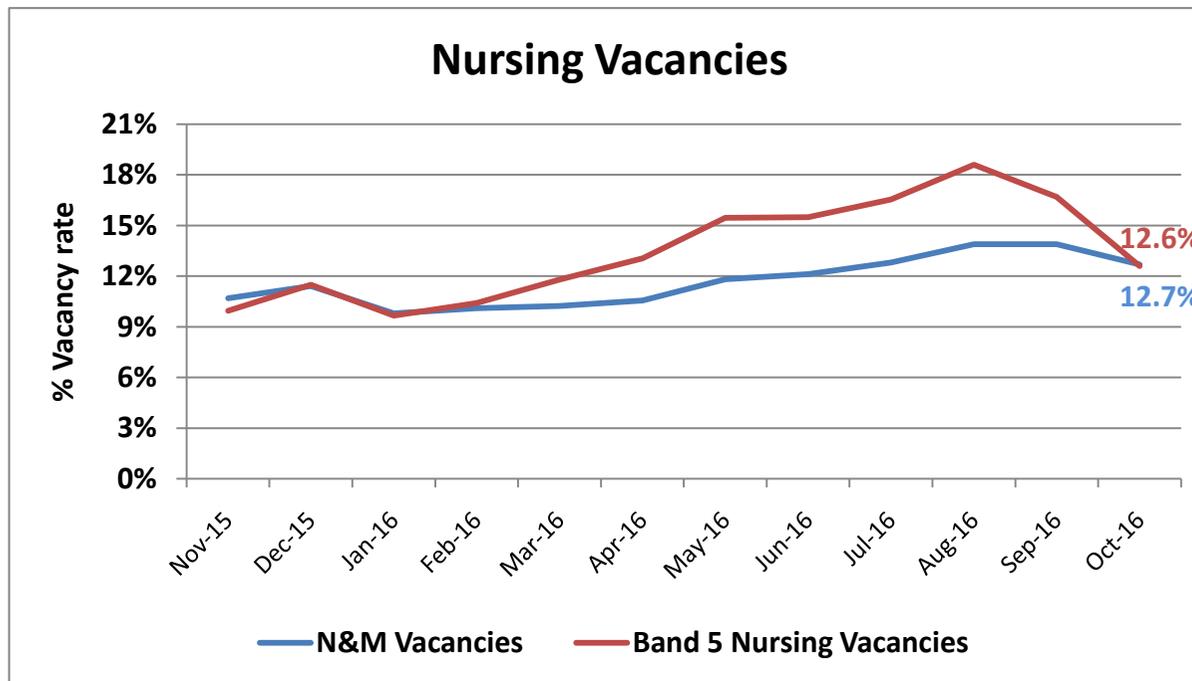
4.0   Workforce Utilization.

4.1   Red Flags

A total of 62 Red Flags were raised in October, an improvement on the previous month. Red flags are mostly used as a marker for potentially unsafe levels of staffing which get resolved without impacting on patient care, which takes away some of the significance of a red flag. We are looking to consult on recategorising instances of resolvable red flags so that the distinction in severity can be made.

Red Flags October 2016

■ Red Flags in September   ■ Red Flags in October
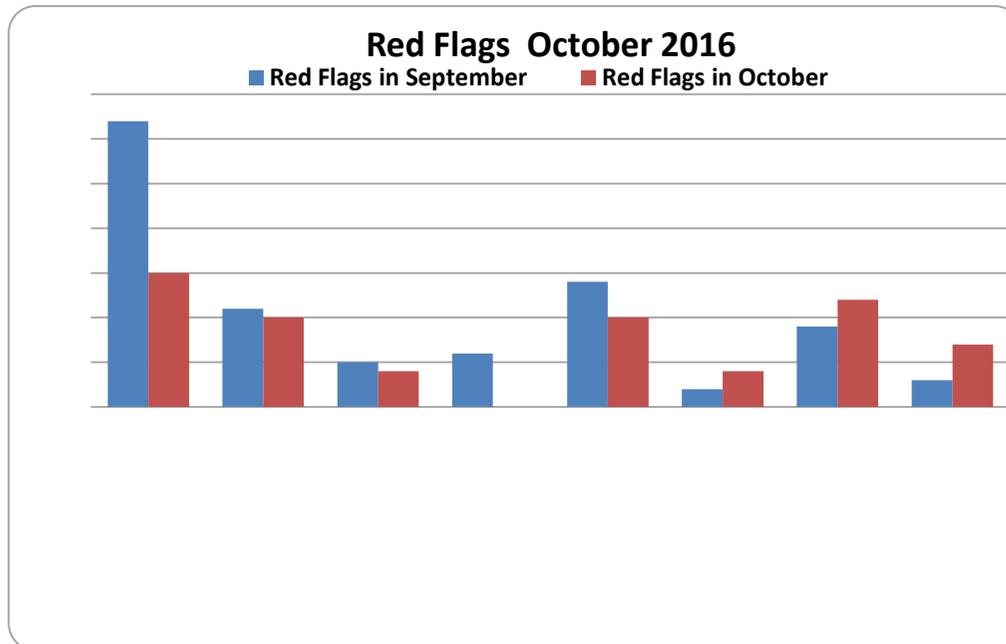
4.2   Care Hours Per Patient Day (CHPPD)

Following the Carter Review, published in February 2016, the Care Hours Per Patient Day (CHPPD) metric continues being reported monthly. The Trust measure for October was 10.6 CHPPD, a decrease of 0.4 hours against the figure reported in September. The CHPPD data to date demonstrates that for the vast majority of areas, month on month there is minimal variation in the results. It is anticipated that from 1st December 2016, CHPPD will be the metric of choice for reporting and Actual vs Planned hours will no longer be required to be submitted to UNIFY. The Trust are currently analysing acuity data to give a required CHPPD vs the actual CHPPD in order to provide a more accurate view on a day by day basis of workforce requirements and in the longer term to assist with workforce planning.

4.3   Patient Acuity

Bed days in October stood at 34,523 - an increase of 1,363 on the previous month and 1,525 on the previous year. For the inpatient general wards and HDU areas, 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 44.7%. Level 3 patients requiring most care accounted for 25 bed days, which is 5 times that of last month.

4.4   Planned v Actual Hrs

Planned Hours for Registered nursing (RN) staff were 3,205 below plan for the month, which equates to 19.67 WTE, while Nursing Assistants (NA) were 6,879 above plan (42.21 WTE). This was in the main due to enhanced care ("specialling") requirements, particularly in Acute Medicine. As outlined in section **4.2,** it is anticipated that from 1st December, Actual vs Planned hours will no longer be reported externally via UNIFY .

4.5   Health Roster Update

Work to update demand templates continues. All red rated templates will be complete at the end of November. Predictive roster pilot will begin in Womens' Services and PCCP in late January 2017. There is work also commencing with OPU and the GI unit to have predictive rostering early in the New Year. AAU and Childrens Short Stay Unit began using e-roster in October.

A focus group is scheduled for 24th November to address issues related to advance roster publication which is a key performance indicator.

A Band 3 administrator has been appointed to support the e-roster team and enable the facilitators to be more agile out in the business, supporting areas with their e-rostering processes.

 ALLOCATE are reviewing alert functionality for unlocked rosters at finalising stage and have a planned upgrade scheduled in December.

Improvement in the utilisation of staff can be seen clearly in the drop in % of agency usage over the past year from 9.8% In October 2015 to 6.31% in October 2016. While there is clearly still more work to do this demonstrates the ongoing commitment of the teams to reduce the reliance on agency workers in order to improve the quality of care to patients as well as reducing the financial burden on the Trust.

5.0   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.