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

2. **Key highlights for September 2016**

- Average fill rates of planned hours for RN's for day were 95.7%, with night at 98.2%. Average fill rates for planned hours for NA's was 109.5% daytime and 127.5% for the night. Overall 100.1% 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 increased where the WTE of funded posts has increased at a greater rate than staff in post. Newly qualified nurses have commenced employment at the Trust this month as the drop in band 5 vacancy rate shows. More newly qualified nurses are set to join throughout October and November in significant numbers.
- 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	Sep-15	Sep-16	Change	
Nursing Establishment WTE	5653.34	5761.48	108.14	▲
Nursing Staff in Post WTE	4882.53	4958.71	76.18	▲
Vacancies WTE	770.81	802.77	31.96	▲
Vacancy rate	13.63%	13.93%	0.3%	▲
Red Flags raised	122	82	-40	▼
Agency % of Paybill	8.17%	6.23%	-1.94%	▼
Planned v Actual Hrs used	99.6% of planned used	100.1% of planned used	0.5%	▲
Care Hours per Patient Day	N/A	11.0 hours	N/A	N/A

Table 1

3. Recruitment

The overall Nursing vacancy rate increased slightly to 13.9%, however the rate is expected to reduce towards the 9% target as the 400+ applicants in the recruitment pipeline join the Trust over the next few months. This increase can be explained partly due to the rise in the overall nursing establishment in September (up from 5729.01 in August). There was an overall increase of 24.53 wte in the number of nursing staff in post during September. The graph below illustrates the 1.87% drop in band 5 nursing vacancies compared to last month as a result of the onboarding of new nurses to the Trust.
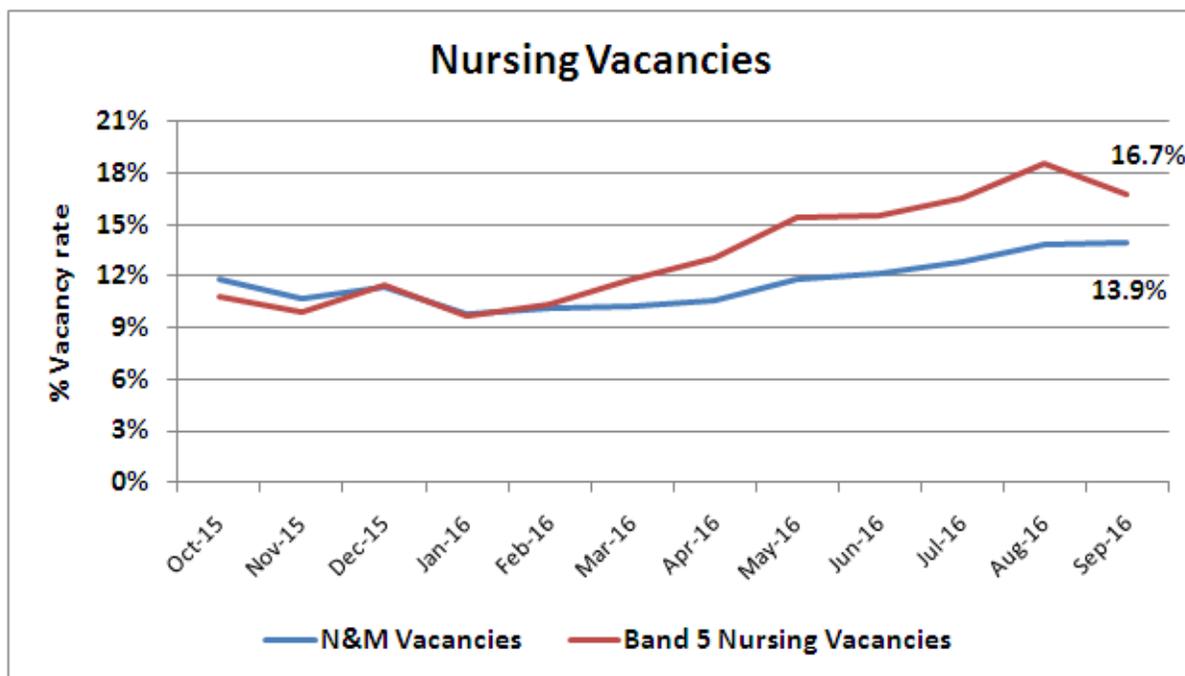
Nursing Vacancies

16.7%

13.9%

N&M Vacancies — Band 5 Nursing Vacancies

Table 2

4. Workforce Utilization.

4.1 Red Flags

A total of 82 Red Flags were raised in September, a large improvement on both the previous month and the same point in the previous year. This is partly due to the new starters commencing in September improving staffing on the ward areas, and an increased availability of temporary staff to support the areas following the summer months. Only two directorates reported an increase in Red Flags raised compared to August. The red flag reporting system is currently under review and recommendations will be presented in November through the Workforce Council.
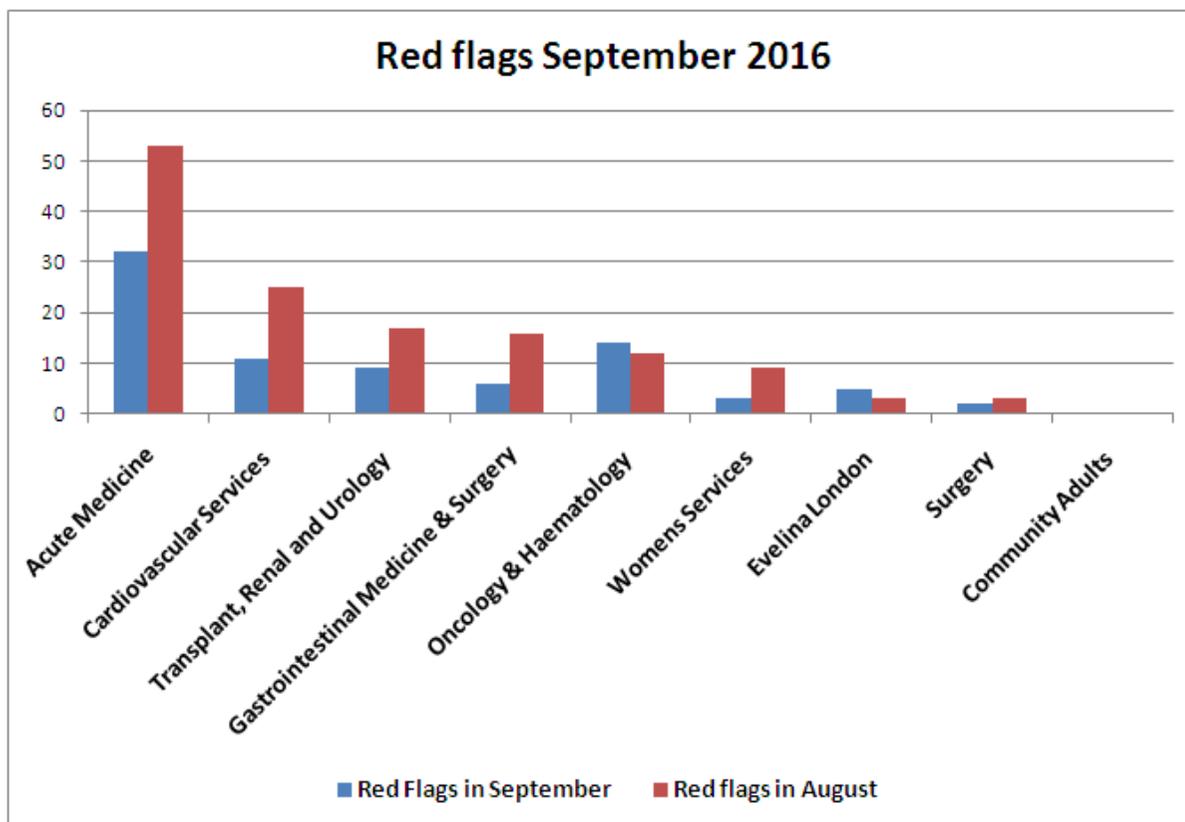
Red flags September 2016

Table 3

4.2 Care Hours Per Patient Day

As described in previous months, there is now a requirement to publish Care Hours Per Patient Day (CHPPD) at ward level on a monthly basis and this month's data is included in the Planned vs. Actual nursing hours report attached. The CHPPD data to date demonstrates that for the vast majority of areas, month on month there is minimal variation in the results.

The Trust is meeting with the Carter team through NHS Improvement to shape the way forward in terms of reporting on a more frequent basis and using the information and tool to make day to day safe staffing decisions. There is also a Trust working group underway looking at wider multi-professional workforce planning with the ultimate objective to produce a true CHPPD encompassing all professional groups involved in the patient's care provision.

4.3 Patient Acuity

Bed days in September stood at 33,160 - a decrease of 1,756 on the previous month and virtually the same as the previous year. Level 1b patients accounted for the most bed days and had the greatest share at 43.9% of total bed days, while Level 3 patients requiring most care accounted for 5 bed days, less than half of 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 7,249 below plan for the month, which equates to 44.49 WTE, while Nursing Assistants (NA) were 8,918 above plan (54.73 WTE). The additional unplanned hours for NA are mainly attributable to specialling requirements, and this was confirmed as being a factor for the 7 wards in Acute Medicine out of a total of 9 which reported as using more than 10% above their planned establishment. 7 wards reported using less than 90% of their planned establishment, however the Directorates were able to address any staffing concerns and ensure the safe delivery of patient care.

5. Health Roster

The Health Roster team are working through the plan of updating all Demand Templates and there are now only 15 remaining as Amber or Red (more than 12 months since last updated/reviewed). Of these only 3 are red (more than 2 years since last updated/reviewed) compared to 12 red in August.

There is also a marked improvement in the distribution of annual leave compared to August and the overall unavailabilities are improving in line with where they should be. These metric improvements are demonstrating the hard work invested by the directorates in highlighting good practice for roster management in addition to the investment in the Health Roster team enabling the appropriate rebasing of the rosters as part of the ongoing improvement work.

A meeting was held recently with Allocate to discuss the ongoing contract which is due for renewal next October.

6. 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 the improvements in roster management.