


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

* *Specify*

1.0 Summary

This briefing provides the Board with an overview of the Nursing and Midwifery workforce during the month of August 2017.

This report provides assurance to the Board that we are proactive in ensuring that we do our utmost to safely staff our clinical services with the appropriate number of nurses & midwives with the right skills. We use the nationally accredited safer nursing care tool (SNCT) to monitor acuity, alongside professional judgement and have an escalation process in place in relation to safe staffing levels. In addition we also monitor if harm events or adverse incidents have been caused by inadequate staffing levels.

2.0 Key highlights for August 2017

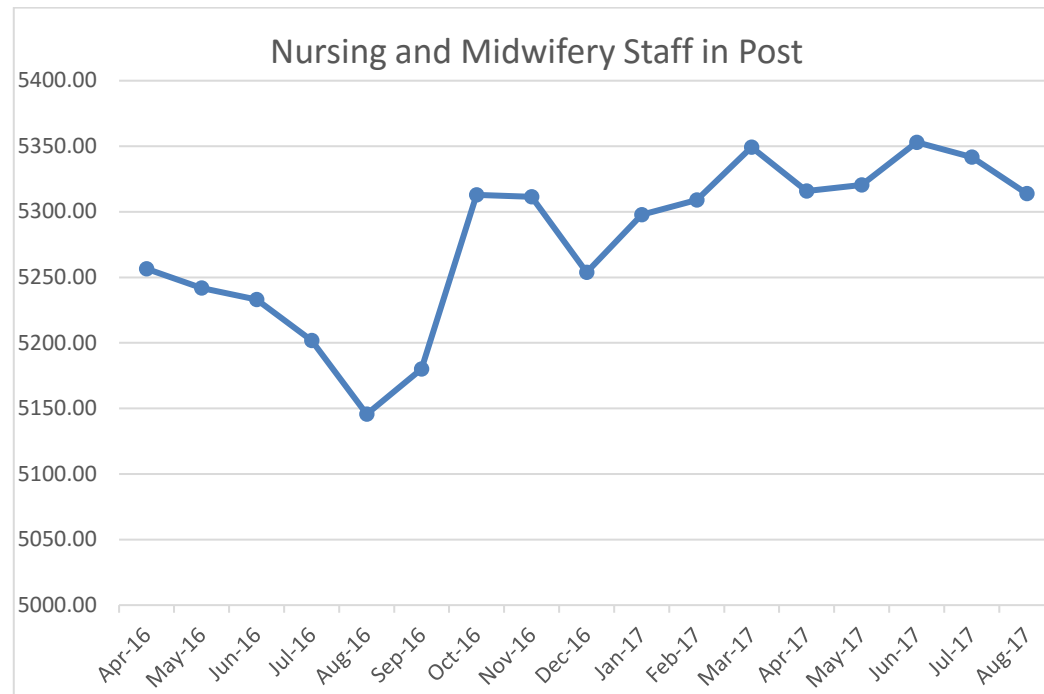
- Average fill rates of planned hours for Registered Nurses (RNs) for days were 96.4%, with nights at 98.6%. Average fill rates for planned hours for NAs was 110.8% in the daytime and 117.4% for the night. Overall 100.4% of planned hours were used.
- The vacancy rate has increased by 0.6% since July 2017. On 1st September 2017 there were 635 external candidates in the Recruitment Pipeline, who are expected to join the Trust over the next few months. Besides looking at possible strategies to increase the retention rate, three weekly recruitment assessment centres continue alongside work to make the on-boarding process more efficient, decreasing the drop-out rate of candidates and improving the time to hire.
- Full nursing and midwifery establishment reviews will be undertaken by the Chief Nurses Office, in collaboration with the Heads of Nursing, through the autumn and reported to the Board in January 2018.

Nursing and Midwifery Staffing Levels in August 2017 compared to August 2016

Staffing measures	August 2016	August 2017	Change	
Nursing Establishment WTE	5966.02	6147.85	181.83	▲
Nursing Staff in Post WTE	5145.64	5314.00	168.36	▲
Vacancies WTE	820.38	833.85	13.47	▲
Vacancy rate	13.8%	13.6%	-0.2%	▼
Annual turnover	14.4%	15.4%	1.0%	▲
Red Flags raised	138	115	-23	▼
Agency % of Paybill	4.6%	6.6%	2.0%	▲
Planned v Actual Hrs used	100.7%	100.4%	-0.3%	▼
Care Hours per Patient Day	10.9	10.8	-0.1	▼

3.0 Recruitment

3.1 The overall Nursing vacancy rate for August 2017 was 13.6%, which is 0.6% higher than the previous month. There were 75 leavers recorded for August 2017 which contributed to a reduction in the overall staff in post. This is a normal seasonal variation, however, as demonstrated in Table 2, there has been a less significant fall in the number of staff in post in 2017 than in the previous 12 months.



- 3.2** Recruitment activity continues with the 3 weekly Band 5 generic assessment centres yielding good numbers of high quality candidates. There are currently 635 candidates in the pipeline that are being on boarded across the Directorates. There are two Open Days running in October to showcase opportunities in both adult nursing (10th October) and in the Evelina Children's Hospital (13th October).

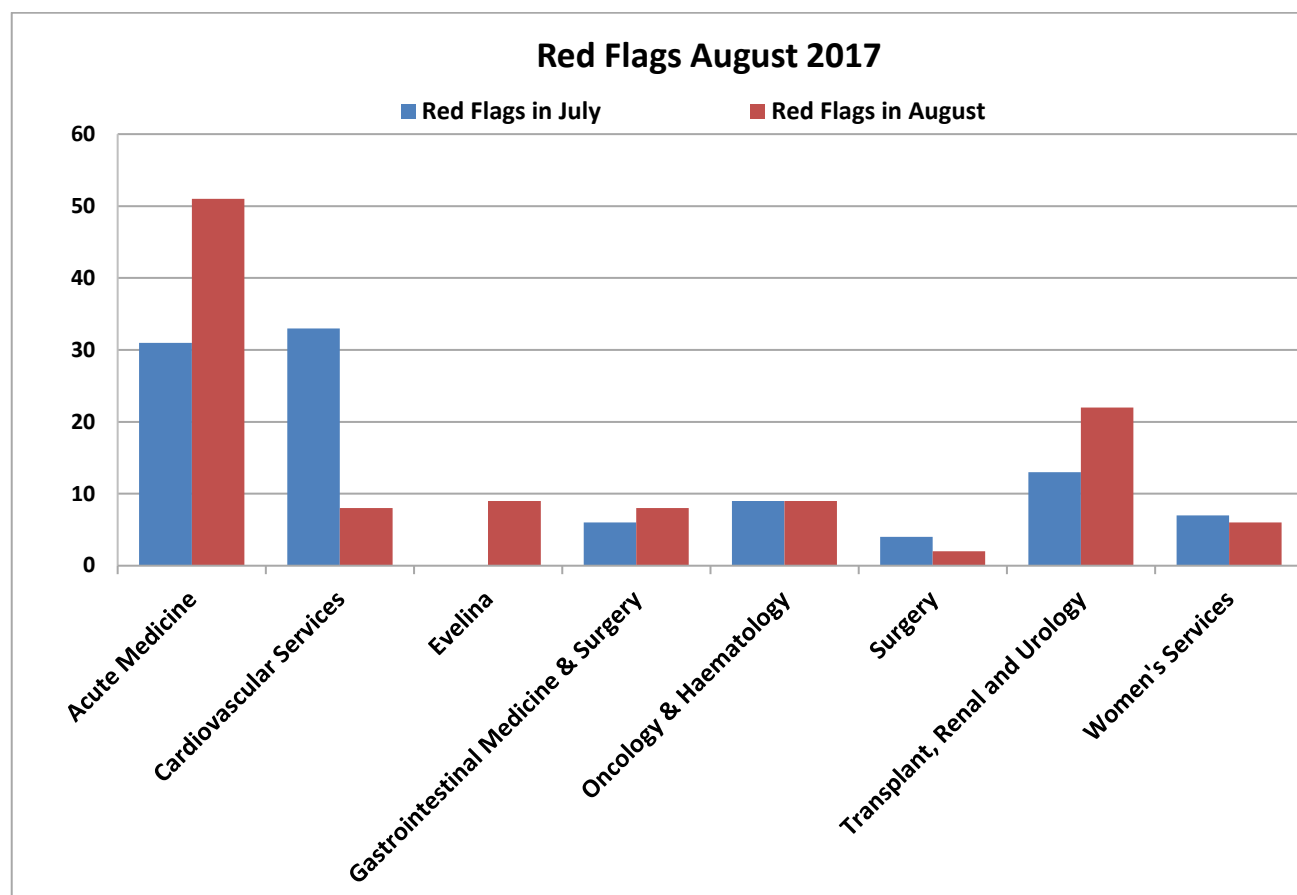
4.0 Safe Staffing

- 4.1** As outlined in the table below, the number of bed days in August 2017 stood at 37,615. This is 1,248 fewer than the previous month.

Count of bed days							Proportion of bed days				
Month	Level 0	Level 1a	Level 1b	Level 2	Level 3	Total	level 0	Level 1a	Level 1b	Level 2	Level 3
August	10,582	8,452	16,979	1,565	37	37,615	28.1%	22.5%	45.1%	4.2%	0.1%
July	11,582	7,557	17,821	1,868	35	38,863	29.8%	19.4%	45.9%	4.8%	0.1%

- 4.2** The IPAMS and SafeCare systems consistently collate planned and actual staffing numbers and hours on a twice daily basis as well as patient acuity and dependency. Actual hours for Registered Nurses was 6,768 below the planned hours for the month, which equates to 41.53 WTE, whilst Nursing Assistants were 7,768 above planned hours which equates to 48.90 WTE. This variation is driven by occasions where Nursing Assistants are employed in addition to the planned numbers to provide 1:1 care for those requiring enhanced care. There is also appropriate deployment of Nursing Assistants to cover a vacant shift for a Registered Nurse where patient acuity is lower.
- 4.3** A total of 115 Red Flags, highlighting potential concerns regarding safe staffing were raised in August 2017, an increase of 12 on the previous month. The numbers of red flags do fluctuate on a month by month basis and these were resolved within the Directorates without there being an impact upon patient care or patient safety. The number of red flags was higher in Acute Medicine and Transplant, Renal and Urology, than in the previous month. Both Directorates had a challenging month with regards to staffing which was related to the number of vacancies,

awaiting newly qualified staff to begin and an inability to secure temporary staff over the summer period. However, staff were flexed across the organisation to provide support.



- 4.4** Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis and reported as part of the UNIFY data report. The Trust measure for August 2017 was 10.8, up 0.4 hours from the previous month. The CHPPD metric that is reported is an aggregated position and as outlined in previous reports is not sensitive enough to draw any conclusions from.

4.5 There is a continued focus on reduction of agency staff across the Trust with 0.8% less agency nursing staff utilised in July 2017 than in the same month in 2016. Compared to the previous month, there was a 0.6% increase in agency spend.

4.6 Allocate “Safe Care” software

Safe Care, a module for collating patient acuity and dependence and staffing, forms part of the new contract signed with Allocate in May 2017. From December 2017, Safe Care will replace IPAMS in the adult inpatient ward areas (excluding Critical Care) for recording and analysing safe staffing data, red flag alerts and recording of CHPPD daily. This will enable meaningful conversations regarding safe staffing in areas based upon acuity and dependency data triangulated with staffing requirements and actual staffing levels.

Cardiovascular Services are the early adopter areas and are now using the new software consistently. The feedback is overwhelmingly positive with the system being more straightforward for staff to use. The remaining adult inpatient areas will commence implementation in October and November. The full Allocate system upgrade has been delayed until November due to a number of technical issues however implementation of Safe Care has continued.

5.0 Health Roster

5.1 Rolling Roster

The revised rolling roster implementation plan is in progress with training for staff in inpatient areas and close working with the e-roster team to design the best and fairest roster for their areas. The new patterns will be agreed by the end of October 2017 and will go live by April 2018. The project board has agreed exclusion criteria for areas with rosters that have insufficient staff to make a rolling roster work. These areas will be expected to meet roster KPIs outside of rolling roster.

6.0 Impact of staffing on quality

No relationship has been identified between the levels of staffing within the clinical areas and quality metrics however the Chief Nurses Office is closely reviewing any correlation between clinical incidents and the number of red flags being raised. There is also work underway to link the Quality and Workforce Scorecards to enable review of the data more seamlessly.