


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

- Average fill rates of planned hours for RNs for day were 97.8%, with night at 99.2%. Average fill rates for planned hours for NAs was 103.5% in the daytime and 109.3% for the night. Overall 99.7% of planned hours were used.
- The Directorates have been working hard to maintain patient safety whilst also continuing to focus on reducing the nurse and midwifery agency spend required to meet the NHS Improvement regulations.
- Vacancies have decreased by 1.1% since December. On 3rd February 2017 there were 310 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 vacancy rate is likely to remain above target. Besides looking at possible strategies to increase the retention rate, recruitment open days are being trialled to engage with candidates and make the on-boarding of them more efficient, decreasing the drop-out rate of candidates and improving the time to hire.
- 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.

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

Staffing measures	Jan-16	Jan-17	Change	
Nursing Establishment WTE	5853.50	6040.36	186.86	▲
Nursing Staff in Post WTE	5302.52	5289.83	12.69	▲
Vacancies WTE	550.98	750.53	199.55	▲
Vacancy rate	9.4%	12.4%	3%	▲
Red Flags raised	52	99	47	▲
Agency % of Paybill	4.7%	4.4%	0.3%	▼
Planned v Actual Hrs used	99.2%	99.9%	0.7%	▲
Care Hours per Patient Day	N/A	10.9	N/A	N/A

3.0 Recruitment

- 3.1** The overall Nursing vacancy rate came down to 12.4%, which is 1.1% lower than the previous month. The number of nursing and midwifery staff in post, increased by 44.1 WTE from December 2016. 131 nursing and midwifery staff commenced employment this month, outweighing the month's 78 leavers.
- 3.2** Recruitment activity continues with the 3 weekly generic assessment centres yielding good numbers of quality candidates. The review of the new assessment centre process over its' first four months is currently underway and will be presented to the Nursing and Midwifery Workforce Council in March. A summary of the findings will be presented to the Board as part of this report in April.

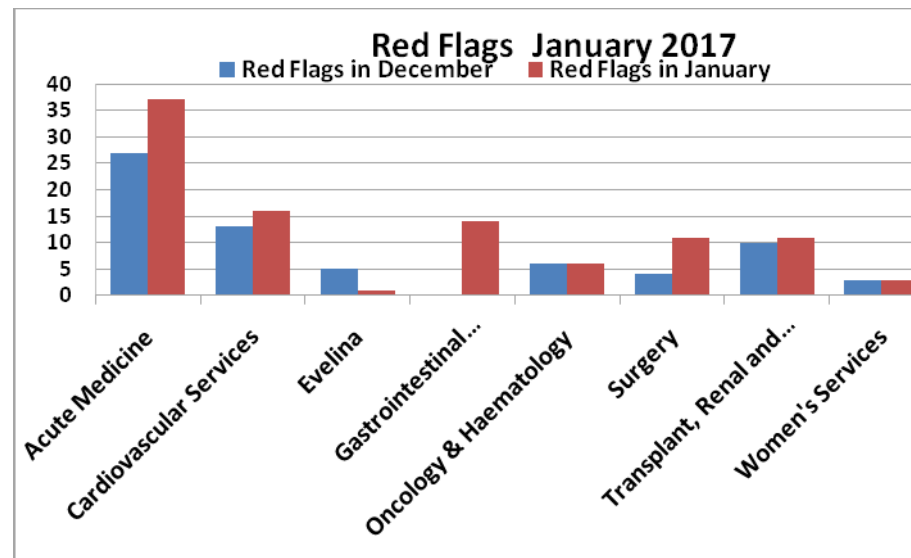
4.0 Safe Staffing

- 4.1** As outlined in the table below the number of bed days in January 2017 stood at 39,554, an increase of 6,512 on the previous month and 7,932 more than in January 2016. This increase is mainly related to Level 0 and Level 1b patients with the latter group accounting for just over 50% of recorded bed days. There was a single Level 3 bed day recorded during the month.

Count of bed days						
Month	Level 0	Level 1a	Level 1b	Level 2	Level 3	Total
January	11,511	7,677	18,874	1,491	1	39,554
December	9,141	6,542	15,948	1,403	8	33,042

Proportion of bed days				
level 0	Level 1a	Level 1b	Level 2	Level 3
29.1%	19.4%	47.7%	3.8%	0.0%
27.7%	19.8%	48.3%	4.2%	0.0%

- 4.2** The iPAMs system is now collating 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 4,402 below the planned hours for the month, which equates to 24.17 WTE, whilst Nursing Assistants were 3,547 above planned hours which equates to 21.77 WTE. This variation may be due to occasions where Nursing Assistants are employed in addition to the planned numbers to provide 1:1 care for those requiring enhanced care. There are also occasions where patient acuity lower than expected and Directorate Teams will facilitate appropriate deployment on Nursing Assistants to cover a vacant shift for a Registered Nurse.
- 4.3** A total of 99 Red Flags, highlighting potential concerns re safe staffing, were raised in January 2017, 31 more than the previous month. These were resolved within the Directorates without there being an impact upon patient care or patient safety. There were no reported quality incidents related to staffing reported in January 2017.



- 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 January was 10.9 CHPPD, an increase of 0.3 hours against the figure reported in December. The CHPPD data to date demonstrates that for the majority of individual areas, month on month the difference is less than 1 hour.
- 4.5** There is a continued focus on reduction of agency staff across the Trust with 0.3% less agency nurses utilised in January 2017 than in the same month in 2016, despite there being an increase in acuity/activity as outlined in Section 4.1. This has been achieved through continued vigilance of controls in place, increase in recruitment to the Staff Bank, focus on publishing rosters further in advance to get shifts to Staff Bank earlier and increasing and expediting recruitment to the areas.

5.0 Health Roster

Work to update the overdue demand template reviews is complete. Annual reviews are included in the 2017 eRoster project plan.

The second cohort of clinical areas (Cardiovascular Services, Community Services, William Gull, Hillyers and Albert Wards) has begun their predictive roster preparation to go live in April/May 2017.

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 going to undertake a further review of this in the coming weeks in light of an increased number of red flags being raised.

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 the ongoing vigilance in controlling the use of temporary staff.