


Board Briefing	 Guy's and St Thomas' NHS Foundation Trust
Board Briefing of Nursing and Midwifery Staffing Levels	Date of Briefing August 2017 (July 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 July 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 safe nursing care tool 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 July 2017

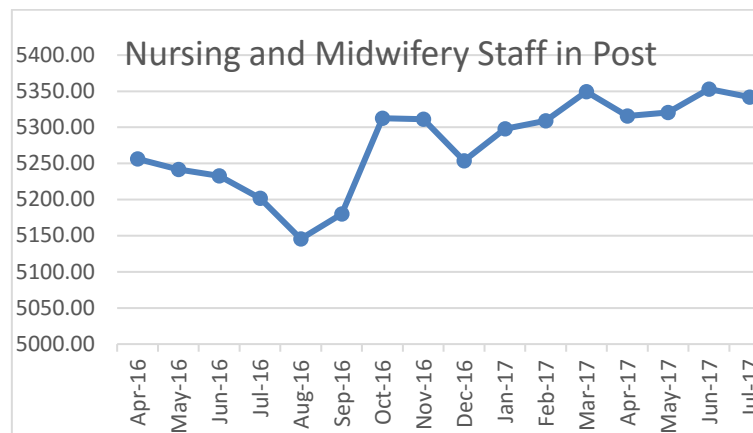
- Average fill rates of planned hours for Registered Nurses (RNs) for days were 97.8%, with nights at 99.1%. Average fill rates for planned hours for NAs was 103.9% in the daytime and 114.5% for the night. Overall 100.2% of planned hours were used.
- The vacancy rate has increased by 0.5% since June 2017. On 4th August 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.
- 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 July 2017 compared to July 2016

Staffing measures	July 2016	July 2017	Change	
Nursing Establishment WTE	5971.16	6141.92	170.76	▲
Nursing Staff in Post WTE	5201.84	5341.78	139.94	▲
Vacancies WTE	769.32	800.14	30.82	▲
Vacancy rate	12.9%	13.0%	0.1%	▲
Annual turnover	14.4%	15.3%	0.9%	▲
Red Flags raised	155	103	-52	▼
Agency % of Paybill	6.0%	5.2%	-0.8%	▼
Planned v Actual Hrs used	99.6%	100.2%	0.6%	▲
Care Hours per Patient Day	10.6	10.4	-0.2	▼

3.0 Recruitment

3.1 The overall Nursing vacancy rate for July 2017 was 13.0%, which is 0.5% higher than the previous month. There were 71 leavers recorded for July 2017 which contributed to a small reduction in the overall staff in post. The graph below indicates that there has been some success in both the recruitment and retention of staff this year compared to 2016, with an upward trend of staff in post from January 2017 onwards. April – August is traditionally a difficult time to bring in new starters in advance of the newly qualified nurses starting during the autumn months.



3.2 Recruitment activity continues through the summer months with 3 weekly Band 5 generic assessment centres yielding good numbers of high quality candidates. There are currently 525 Band 5 candidates in the pipeline that are being on boarded across the Directorates.

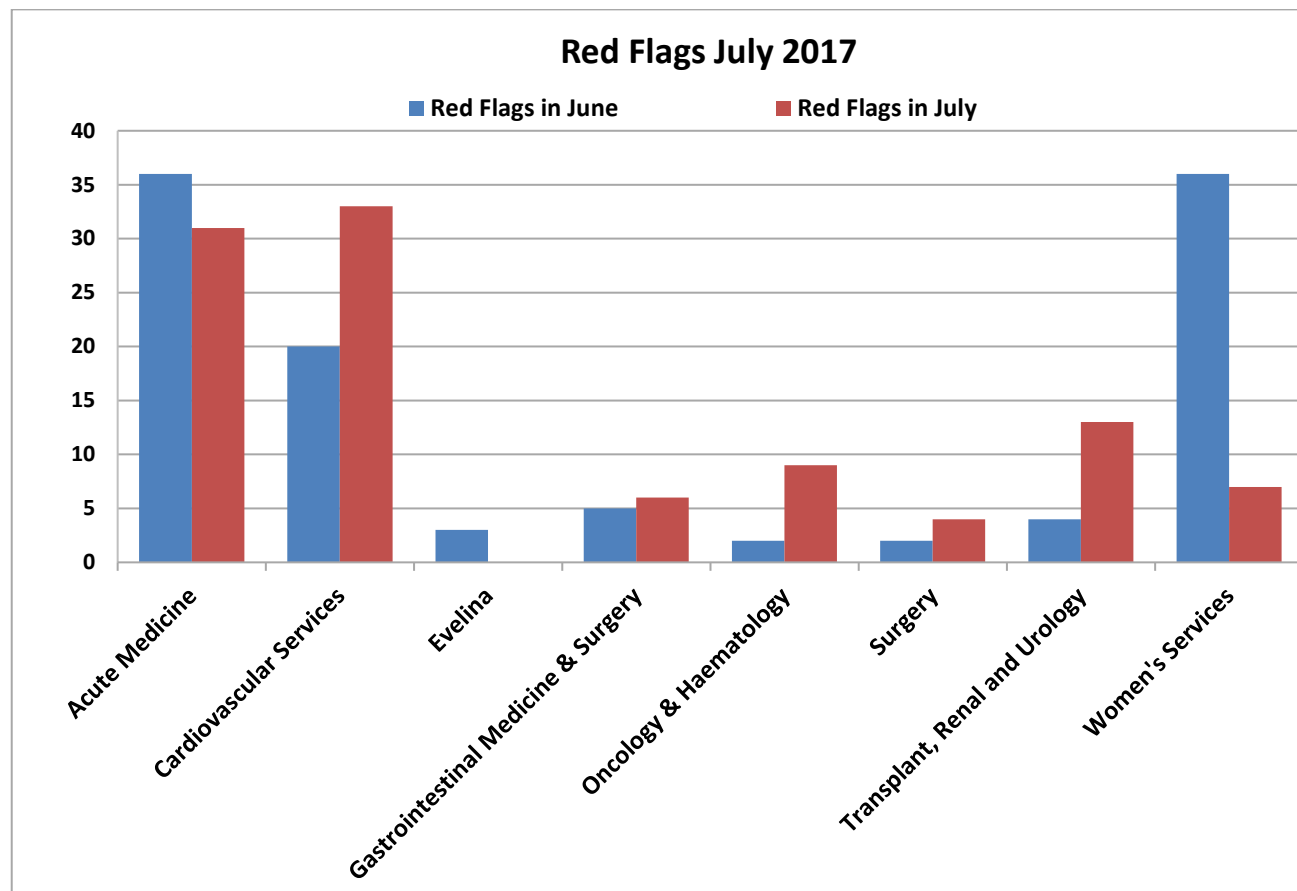
4.0 Safe Staffing

4.1 As outlined in the table below, the number of bed days in July 2017 stood at 38,863. This is 995 more 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
July 2017	11,582	7,557	17,821	1,868	35	38,863	29.8%	19.4%	45.9%	4.8%	0.1%
June 2017	11,735	7,827	16,626	1,678	2	37,868	31.0%	20.7%	43.9%	4.4%	0.0%

4.2 The IPAMS system consistently collates 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 4,141 below the planned hours for the month, which equates to 25.41 WTE, whilst Nursing Assistants were 4,795 above planned hours which equates to 29.43 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 103 Red Flags, highlighting potential concerns regarding safe staffing were raised in July 2017, 5 fewer than in 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. There were no reported quality incidents related to staffing reported in July 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 July 2017 was 10.4, up 0.2 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 All operational Heads of Nursing have reviewed their staffing plans for the summer period to determine risk areas and these are being monitored daily in the directorates, and weekly at a staffing meeting with the site operational team. Where risks are identified mitigation plans are in place.

4.7 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. Going forward Safe Care will replace IPAMS 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.

Early adopter areas in Cardiovascular Services are now using the new software and implementing August data into Safecare. The trust wide implementation will be delayed until after the full Allocate system upgrade which is expected to take place on 18th or 25th September 2017.

5.0 Health Roster

5.1 Rolling Roster

The revised rolling roster implementation plan has commenced with training for staff in several inpatient areas undertaking the new process, working with the e-roster team to design the best and fairest roster for their areas. The new rosters will be live by April 2018.

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.