


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

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1.0 Summary

This briefing provides the Board with an overview of the Nursing and Midwifery workforce during the month of June 2017. Recently Sir Mike Richards made the following statement

On staffing levels and safety, Sir Mike Richards said: "In many cases we do not have a safety culture sufficiently embedded within trusts.

"Do I think there are some places where we don't have enough staff? Yes, I do. When we see that we comment on it. That was much more common in the first couple of years of our inspections than it is now. A combination of Robert Francis' emphasis on safe staffing combined with our approach to looking at it has had a very beneficial effect on staffing numbers. That does not mean necessarily the staffing on every ward, every day of the month in the NHS is what it should be."

Sir Mike warned trust boards it was their duty to ensure their organisations had safe levels of staffing and a failure to do this could lead to prosecution.

"The non-executives sitting on a board should be saying: have we tested the acuity [of patients]? How sure are you that this is the right level of staffing? Have we had any serious incident reported where staffing levels were low? If we have, was it because we hadn't done the right acuity assessments? That is what they should be doing," he said.

This reports provides the assurance to the Board that we are very 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 addition we also monitor if harm events or adverse incidents have been caused by inadequate staffing levels.

2.0 Key highlights for June 2017

- Average fill rates of planned hours for Registered Nurses (RNs) for days were 95.7%, with nights at 99.1%. Average fill rates for planned hours for NAs was 100.1% in the daytime and 109.0% for the night. Overall 98.4% of planned hours were used.
- Vacancies have decreased by 0.1% since May 2017. On 30th June 2017 there were 582 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 June 2017 compared to June 2016

Staffing measures	June 2016	June 2017	Change	
Nursing Establishment WTE	5946.63	6119.43	172.80	▲
Nursing Staff in Post WTE	5233.01	5353.05	120.04	▲
Vacancies WTE	713.62	766.38	52.76	▲
Vacancy rate	12.0%	12.5%	0.5%	▲
Annual turnover	14.0%	14.7%	0.7%	▲
Red Flags raised	85	108	23	▲
Agency % of Paybill	4.7%	4.6%	-0.1%	▼
Planned v Actual Hrs used	99.6%	98.4%	-1.2	▼
Care Hours per Patient Day	10.7	10.2	-0.5	▼

Table 1

3.0 Recruitment

3.1 The overall Nursing vacancy rate for June 2017 was 12.5%, which is 0.1% lower than the previous month. There were 76 leavers recorded for June 2017 but despite this the staff in post increased by 32.65 compared to May 2017. Also of note is the additional 120 wte staff in post compared to the same time last year. Table 2 demonstrates the upward trend of staff in post since April 2016.

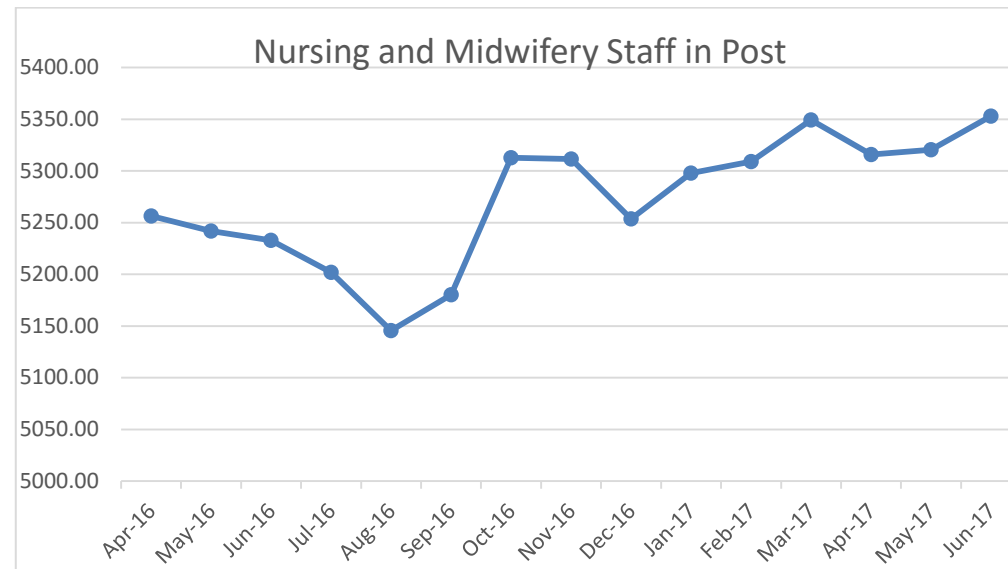


Table 2

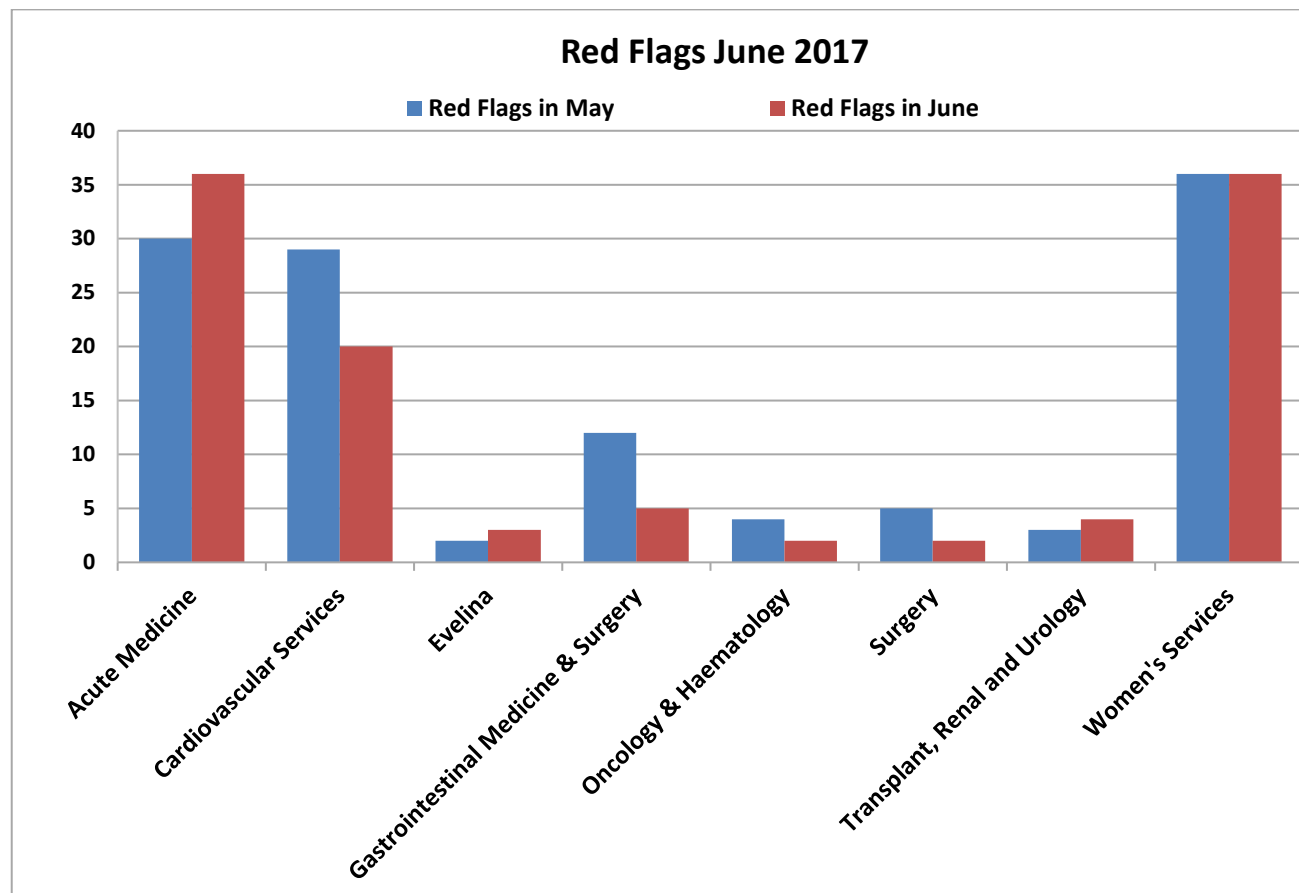
3.2 Recruitment activity continues with the 3 weekly Band 5 generic assessment centres yielding good numbers of high quality candidates. There are plans in place for an additional Saturday assessment centre in August. Due to the success of the Open Day in March the CNO Workforce team are also planning an Open Day event in October 2017 primarily aimed at candidates due to qualify in March 2018.

4.0 Safe Staffing

- 4.1** As outlined in the table below, the number of bed days in June 2017 stood at 37,868. This is 179 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
June	11,735	7,827	16,626	1,678	2	37,868	31.0%	20.7%	43.9%	4.4%	0.0%
May	11,660	7,712	17,162	1,506	7	38,047	30.6%	20.3%	45.1%	4.0%	0.0%

- 4.2** The IPAMS system is now consistently 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 7,056 below the planned hours for the month, which equates to 43.30 WTE, whilst Nursing Assistants were 2,126 above planned hours which equates to 13.05 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 are also occasions where patient acuity is lower than expected and Directorate Teams will facilitate appropriate deployment of Nursing Assistants to cover a vacant shift for a Registered Nurse.
- 4.3** A total of 108 Red Flags, highlighting potential concerns regarding safe staffing were raised in June 2017, 13 fewer than in the previous month. The numbers of red flags do fluctuate on a month by month basis and those reported 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 June 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 June 2017 was 10.2, down 0.6 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 0.1% less agency nursing staff utilised in May 2017 than in the same month in 2016. Compared to the previous month, agency usage for nursing staff decreased by 0.1% and at 4.6% is close to target.

- 4.6** All operational Heads of Nursing have been asked to review their staffing plans for the summer period to determine if there are any risks and provide assurance to the Directors of Nursing that mitigation plans are in place where risks are identified.

4.7 Allocate “Safe Care” software

Safe Care, a module for collating patient acuity and dependency 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 actual acuity and dependency data triangulated with staffing requirements and actual staffing levels.

Early adopter areas in Cardiovascular Services are currently testing the new software. A full implementation plan was discussed and agreed at NMEC in July 2017. Trust wide implementation will be delayed until after the full Allocate system upgrade which is expected to take place on 18th September 2017.

Discussions have commenced regarding enabling Safe Care Live software on the iPads that are currently in place for inputting the patient experience data in all areas to enable live reporting of patient acuity and staffing levels. There is an urgent scoping exercise underway to look at the feasibility of this.

5.0 Health Roster

5.1 Rolling Roster

The revised rolling roster implementation plan has commenced with training for staff on week beginning 17th July 2017. Inpatient areas from Haematology/Oncology are the first to undertake the new process working with the e-

roster team to design the best roster for their areas – meeting Trust and national KPI's and ensuring safe staffing and skill mix. 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.