


Board Briefing	 Guy's and St Thomas' NHS Foundation Trust
Board Briefing of Nursing and Midwifery Staffing Levels	Date of Briefing April 2017 (March 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 March 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 March 2017

- Average fill rates of planned hours for Registered Nurses (RNs) for days were 97.1%, with nights at 101.8%. Average fill rates for planned hours for NAs was 108.9% in the daytime and 112.0% for the night. Overall 101.3% of planned hours were used.
- Vacancies have decreased by 0.7% since February 2017. On 31st March 2017 there were 338 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. Besides looking at possible strategies to increase the retention rate, three weekly recruitment open days 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 March 2017 compared to March 2016

Staffing measures	Mar-16	Mar-17	Change	
Nursing Establishment WTE	5982.82	6054.58	71.76	▲
Nursing Staff in Post WTE	5377.73	5349.40	-28.33	▼
Vacancies WTE	605.09	705.18	100.09	▲
Vacancy rate	10.1%	11.6%	1.5%	▲
Red Flags raised	83	102	19	▲
Agency % of Paybill	6.2%	6.7%	0.5%	▲
Planned v Actual Hrs used	99.0%	101.3%	1.3%	▲
Care Hours per Patient Day	N/A	10.4	N/A	N/A

3.0 Recruitment

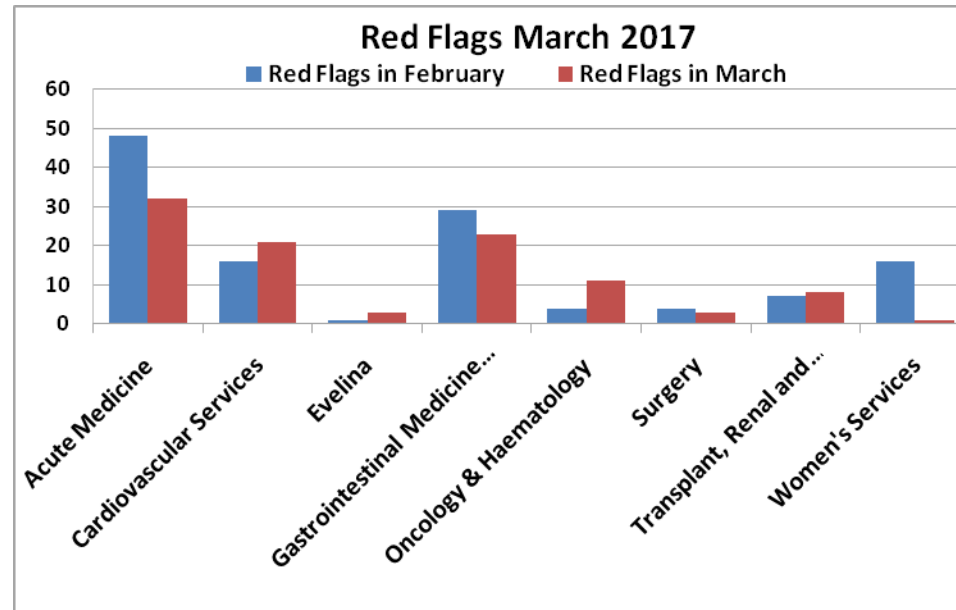
- 3.1** The overall Nursing vacancy rate came down to 11.6%, which is 0.7% lower than the previous month. The number of nursing and midwifery staff in post increased by 40.4 WTE from February 2017 while there were 90 leavers recorded for March.
- 3.2** Recruitment activity continues with the 3 weekly Band 5 generic assessment centres yielding good numbers of quality candidates. The review of the new assessment centre process was due to be presented to the Workforce Council in March but the meeting was deferred due to the Westminster Bridge Incident. It will be presented in April and a summary of the findings will be presented to the Board as part of this report in May.
- 3.3** The Trust Open Days for staff interested in working at the Trust were held in March with an excellent turnout both at Evelina and at St Thomas'. These were attended predominantly by nurses due to qualify in September of this year, however there were also attendees who already have their NMC PIN and some experienced staff, particularly in adults. Interviews were conducted on the day and offers made to 27 suitable candidates at both Band 5 and Band 6 level.

4.0 Safe Staffing

- 4.1** As outlined in the table below the number of bed days in March 2017 stood at 39,815, an increase of 3,154 on the shorter previous month and 8,954 more than in March 2016. There were 44 level 3 days captured this month which is an increase on previous months and represents increased patient acuity within areas outside Critical Care.

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
March	12,459	7,665	17,692	1,995	44	39,815	31.3%	19.3%	44.4%	4.9%	0.1%
February	10,590	7,140	17,453	1,447	31	36,661	28.9%	19.5%	47.6%	3.9%	0.1%

- 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 1,999 below the planned hours for the month, which equates to 12.27 WTE, whilst Nursing Assistants were 6,189 above planned hours which equates to 37.98 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 patients 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 102 Red Flags, highlighting potential concerns regarding safe staffing were raised in March 2017, 23 fewer than in 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 March 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 CHPPD data for March remains consistent with the previous months data , however, this is an aggregated position and as outlined previously is not sensitive enough to draw any conclusions from as it does not take into account skill mix (registered and unregistered as well as different bandings and experience levels) or patient acuity or dependency. There is ongoing work to use CHPPD as a decision making metric for nursing including linking to the required CHPPD on any given day based upon the Safer Nursing Care Tool acuity and dependency classifications.
- 4.5** There is a continued focus on reduction of agency staff across the Trust with 0.5% less agency nurses utilised in March 2017 than in the same month in 2016. There was, however, an increase in agency usage in March 2017 over the previous month which has been driven by bookings related to vacancies, enhanced care provision and increased

acuity across the areas. There continues to be vigilance of controls in place, as well as ongoing recruitment to the Staff Bank.

5.0 Health Roster

5.1 Rolling Roster

In May last year the CNO launched the Nightingale Programme with the aim of reducing variation and improving the safety and experience of both our staff and our patients. The priority was to establish a standardised and structured approach to the beginning, middle and end of a shift. As part of this work, the poor experience of staff as to how we plan rosters was highlighted as an issue. Agreement was reached that management of rosters should be improved and the Nightingale pilot areas suggested the introduction of rolling rosters. The benefits of rolling rosters include staff receiving their roster in a timely fashion, effective deployment of staff and improvement in the health and well-being of the workforce.

This concept of rolling roster was launched to the entire nursing and midwifery workforce on Wednesday 29th March. A project board has been established and a pre- and post-implementation survey of staff in e-rostered areas is being undertaken to ensure that staff views are taken into consideration. Areas who are keen to commence rolling roster are going first.

10 early implementer areas from Womens', Acute Medicine, GMS and TRU go live with their rolling roster on 24th April 2017. E- Rostered areas from Cardiovascular Services, Intensive Care and Haematology/Oncology Directorates are beginning the preparation for the implementation of rolling roster in their areas.

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 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 controlling the use of temporary staff.