


<b>Board Briefing</b>	 <b>Guy's and St Thomas'</b> NHS Foundation Trust
<b>Board Briefing of Nursing and Midwifery Staffing Levels</b>	<b>Date of Briefing</b> June 2017 (May 2017 data)

This paper is for:		Sponsor:	<b>Chief Nurse- Dame Eileen Sills (DBE)</b>	
Decision		Author:	<b>Workforce Team (Chief Nurse's Office)</b>	
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Information	✓	ED*		
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		TME*		
		Other*		

\* *Specify*

## **1.0 Summary**

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

- Average fill rates of planned hours for Registered Nurses (RNs) for days were 96.8%, with nights at 99.8%. Average fill rates for planned hours for NAs was 104.8% in the daytime and 111.9% for the night. Overall 100.1% of planned hours were used.
- Vacancies have increased by 0.2% since April 2017. On 31<sup>st</sup> May 2017 there were 359 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 May 2017 compared to May 2016

Staffing measures	May 2016	May 2017	Change	
Nursing Establishment WTE	5921.50	6086.83	165.33	▲
Nursing Staff in Post WTE	5241.80	5320.40	78.60	▲
Vacancies WTE	679.70	766.43	86.73	▲
Vacancy rate	11.5%	12.6%	0.9%	▲
Annual turnover	14.5%	14.6%	0.1%	▲
Red Flags raised	45	121	76	▲
Agency % of Paybill	5.0%	4.7%	-0.3%	▼
Planned v Actual Hrs used	99.7%	99.9%	0.2%	▲
Care Hours per Patient Day	N/A	10.8	N/A	N/A

### **3.0 Recruitment**

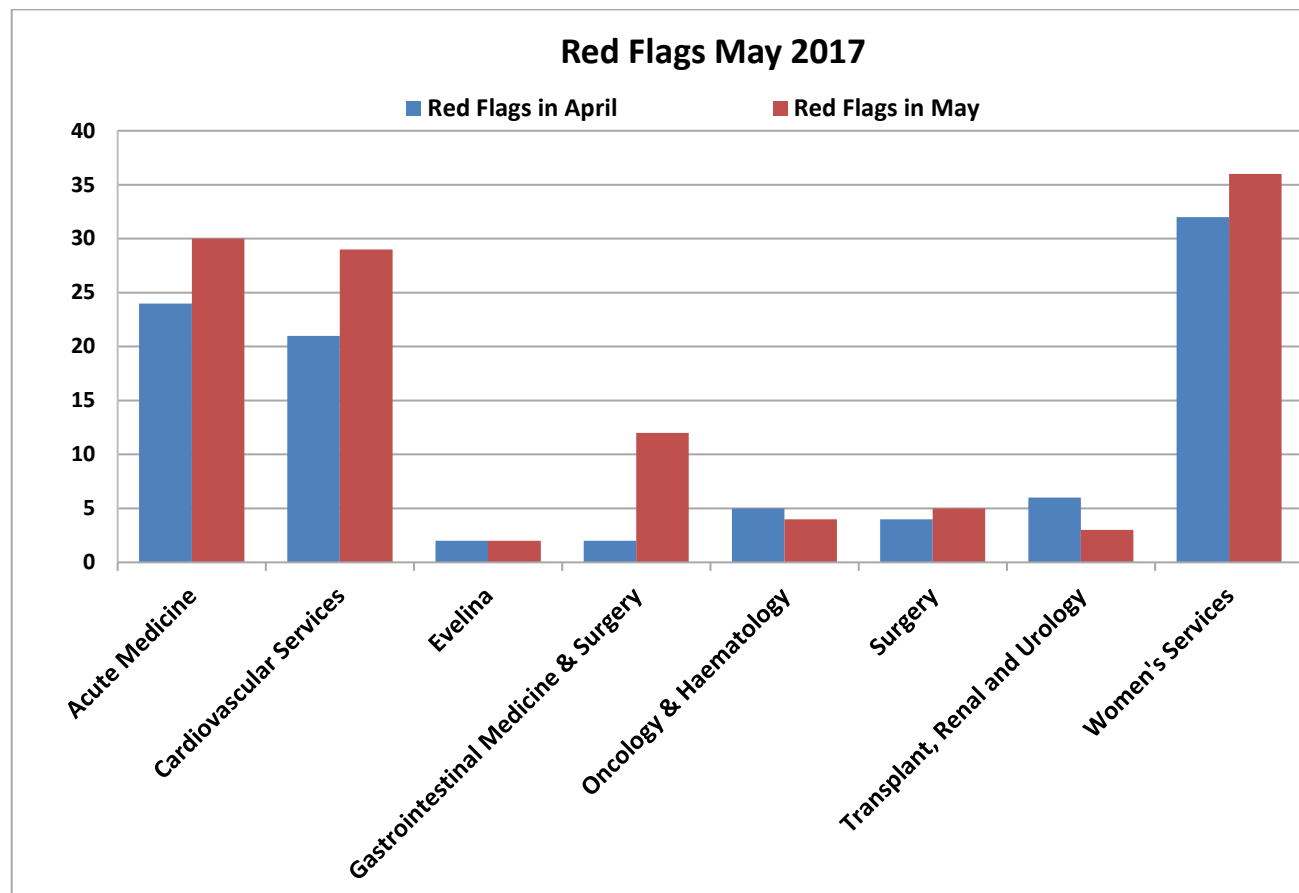
- 3.1** The overall Nursing vacancy rate for May 2017 was 12.6%, which is 0.2% higher than the previous month. There were 66 leavers recorded for May 2017 and there was a 4.5 WTE net increase in the number of staff in post compared to April 2017. Of note there are 78.6 WTE more staff in post than at the same period last year.
- 3.2** Recruitment activity continues with the 3 weekly Band 5 generic assessment centres yielding good numbers of high quality candidates. There were 3 consecutive days of assessment centres in May focusing on newly qualified candidates and an additional session on 12<sup>th</sup> June. There have been 233 offers made over the 4 days which is an additional 53 WTE compared to the same event last year. Work is now ongoing to allocate these candidates across the Trust.

## 4.0 Safe Staffing

- 4.1** As outlined in the table below, the number of bed days in May 2017 stood at 38,047. This is 1,582 more than the previous shorter month and 7,627 more than in May 2016. The increase from May 2016 is predominantly due to more consistent and therefore accurate recording of information within the IPAMS system, as referred to in Section 4.2.

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
May	11,660	7,712	17,162	1,506	7	38,047	30.6%	20.3%	45.1%	4.0%	0.0%
April	10,724	7,812	16,756	1,769	34	36,465	29.4%	19.7%	46.0%	4.9%	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 4,845 below the planned hours for the month, which equates to 29.73 WTE, whilst Nursing Assistants were 4,622 above planned hours which equates to 28.37 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 121 Red Flags, highlighting potential concerns regarding safe staffing were raised in May 2017, 25 more 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 May 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 May 2017 was 10.8, which is no change 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. 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 0.2% 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 increased by 0.2% and at 4.7% 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**

The Trust has renewed the software contract with Allocate (who provide HealthRoster, e-manpowers and Bankstaff modules), which includes an upgrade to their Optima package. The package includes a module called “SafeCare” which 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.

Early adopter areas in Cardiovascular services are testing the new software during July and August. A full implementation plan will be discussed and agreed at NMEC in July 2017.

**5.0 Health Roster**

**5.1 Rolling Roster**

Following listening exercises with frontline staff, a revised rolling roster implementation plan will commence with training for staff on week beginning 17<sup>th</sup> July 2017. The e-roster team will work with teams to design the best roster for individual 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.