


Board Briefing	 Guy's and St Thomas' NHS Foundation Trust
Board Briefing of Nursing and Midwifery Staffing Levels	Date of Briefing October 2017 (September 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 September 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 (SNCT) 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 September 2017

- Average fill rates of planned hours for Registered Nurses (RNs) for days were 94.9%, with nights at 96.7%. Average fill rates for planned hours for NAs was 107.0% in the daytime and 116.1% for the night. Overall 98.5% of planned hours were used.
- The vacancy rate has decreased by 0.2% since August. On 29th September 2017 there were 561 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. An annual, full nursing and midwifery establishment review is currently being undertaken and will be reported to the Board in January 2018.

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

Staffing measures	September 2016	September 2017	Change	
Nursing Establishment WTE	5997.63	6149.30	151.67	▲
Nursing Staff in Post WTE	5180.17	5323.89	143.72	▲
Vacancies WTE	818.46	825.41	6.95	▲
Vacancy rate	13.6%	13.4%	-0.2%	▼
Annual turnover	14.1%	15.5%	1.4%	▲
Red Flags raised	82	130	48	▲
Agency % of Paybill	6.2%	6.7%	0.5%	▲
Planned v Actual Hrs used	100.1%	98.5%	-1.6%	▼
Care Hours per Patient Day	11.0	10.0	-1.0	▼

Table 1

3.0 Recruitment

- 3.1 The overall Nursing vacancy rate for September 2017 was 13.4%, which is 0.2% lower than the previous month. 136 new nurses joined the Trust in September.
- 3.2 Recruitment activity continues with the 3 weekly Band 5 generic assessment centres yielding good numbers of high quality candidates. There are currently 561 candidates in the pipeline that are being on boarded across the Directorates.
- 3.3 As demonstrated in Table 2, the net staff in post has risen in September 2017 to 5323.89wte. It is particularly of note that there hasn't been the same degree of staff attrition over the summer months as in 2016.

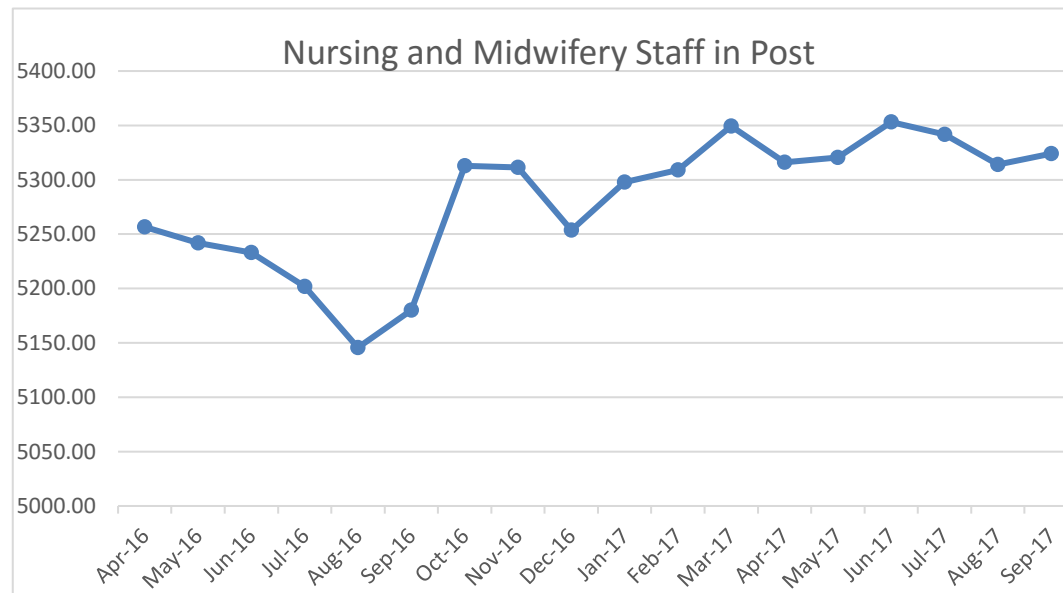


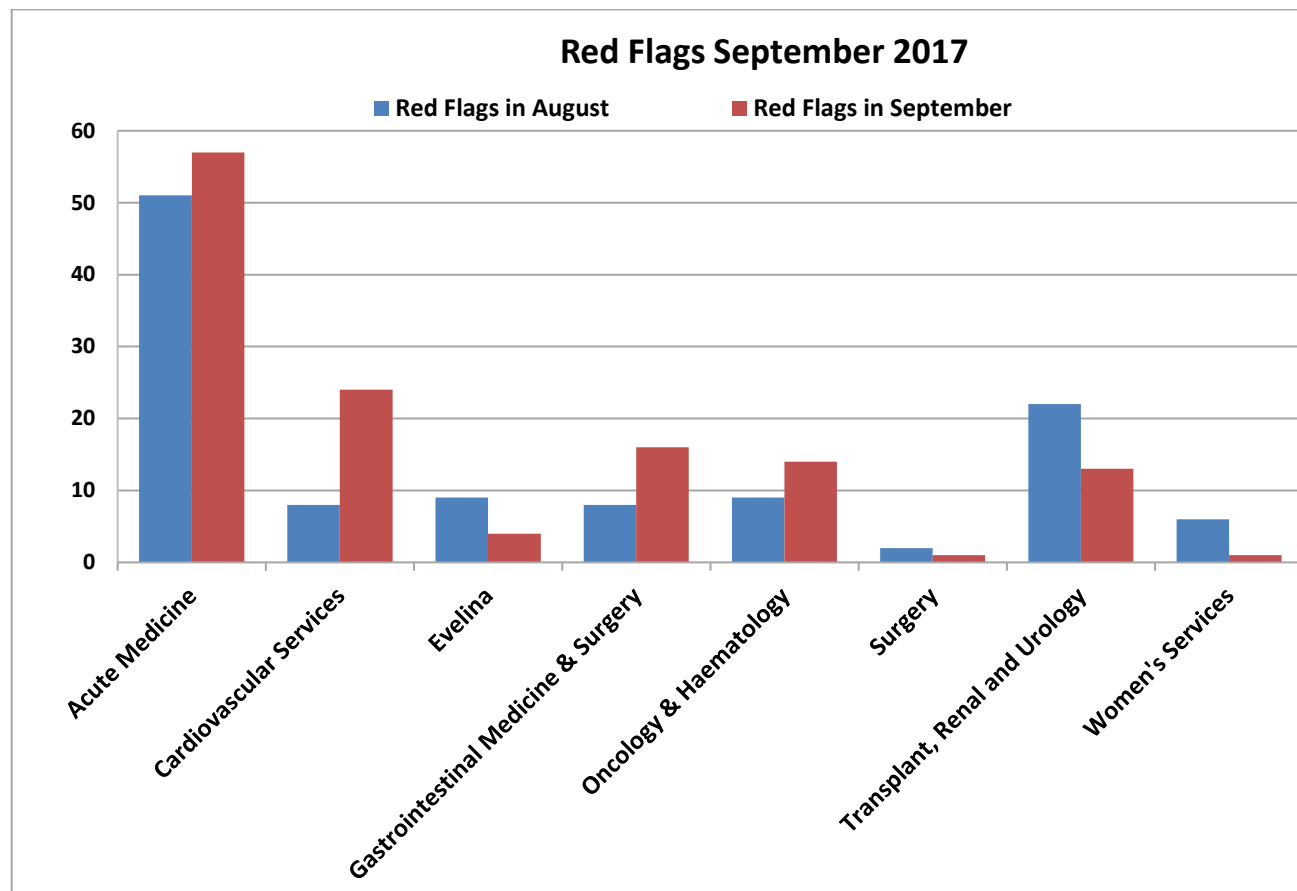
Table 2

4.0 Safe Staffing

- 4.1** As outlined in the table below, the number of bed days in September 2017 stood at 36,879. This is 736 less than the previous, longer 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
September	9,521	8,480	17,000	1,870	8	36,879	25.8%	23.0%	46.1%	5.1%	0.0%
August	10,582	8,452	16,979	1,565	37	37,615	28.1%	22.5%	45.1%	4.2%	0.1%

- 4.2** The IPAMS and Safecare systems consistently collate 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 9,163 below the planned hours for the month, which equates to 56.23 WTE, whilst Nursing Assistants were 6,240 above planned hours which equates to 38.29 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 130 Red Flags, highlighting potential concerns regarding safe staffing were raised in September 2017, an increase of 15 on 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.



- 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 September 2017 was 10.0, down 0.8 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. The nursing and midwifery staff spend on agency in September 2017 was 6.7% which was consistent with the previous month, however, 0.5% higher than September 2016.

- 4.6** The summer months were challenging with regards to staffing as a number of new recruits were awaiting NMC registration. Heads of Nursing and the Inpatient Services team led a co-ordinated Trust response to ensure the clinical areas remained safely staffed. During one weekend at the start of September, three patients were unable to be admitted for surgery within a Directorate as there would not have been enough registered nursing staff with the appropriate skills to safely manage increased activity. The three patients were rescheduled to another date later that week.
- 4.7** The annual establishment reviews commenced in September 2017 and the Directorates have been challenged on their agency spend as part of this, along with reviewing the existing establishments. There has also been consideration of ESR vs Ledger reconciliation, review of other key workforce metrics and crucially triangulating the data with a number of quality metrics.

4.8 Allocate “Safe Care” software

Safecare, a module for collating patient acuity and dependence and staffing, forms part of the new contract signed with Allocate in May 2017. From December 2017, Safecare will replace IPAMS in the adult inpatient ward areas (excluding Critical Care) 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.

Cardiovascular Services are the early adopter areas and are now using the new software consistently. The feedback is overwhelmingly positive with the system being more straightforward to use for staff. The remaining adult inpatient areas have commenced implementation in October. The Guy’s site ward areas plus two surgical wards at St Thomas’ will launch in October and the remaining St Thomas’ ward areas in November. The full Allocate system upgrade has been delayed until the end of November due to a number of technical issues.

5.0 Health Roster

5.1 Effective Rostering

The revised rolling roster implementation plan continues to progress with training for staff in inpatient areas, working with the e-roster team to design the most effective and fairest roster for their areas. A number of areas with complex rosters or who have specific challenges will delay implementation to after April 2018 to ensure that the implementation is effective. For areas that have agreed their new patterns they will go live by April 2018. For the delayed implementation areas their new rosters will be agreed by the end of February 2018 and go live on 1st October 2018. For all areas the focus is to be on effective rostering and there will be Masterclasses on how to create effective rosters with a view to improving overall compliance with basic rostering practice and improving performance against KPIs. The KPIs are also being reviewed as part of this and also a process for challenging roster practice, to ensure that there is focus on the right indicators and appropriate challenge where these are not being met.

6.0 Impact of staffing on quality

No relationship has been identified between the levels of staffing within the clinical areas and serious incidents however the Chief Nurses Office is closely reviewing any correlation between clinical incidents and the number of red flags being raised.