

Introduction

This report provides information on planned versus actual nurse and midwifery staffing for May 2017 and an update on progress with the reduction in use of agency staff in the nursing and midwifery workforce. The report also includes information on the NHS Improvement retention programme and detail of medical agency usage as previously requested by the Board.

Planned versus actual staffing

The overall trust summary of planned versus actual hours for May was 2% more actual (271,564) hours than planned hours (265,086). Site specific data is as follows:

- Barnet Hospital 1% more actual hours than planned
- Chase Farm Hospital 10% less actual hours than planned
- Royal Free Hospital 4% more actual hours than planned

Planned versus actual staffing

The tables below show that planned versus actual hours by ward for registered nurses and midwives and healthcare assistants.

Transplantation and Specialist Services May 2017									
Ward	Beds	Registered nurse to patient ratio Day Shift	Percent of actual vs total planned shifts (RN days)	Percent of actual vs total planned shifts (RN nights)	Percent of actual vs total planned shifts (HCA days)	Percent of actual vs total planned shifts (HCA nights)	Falls	Attributable Cdiff	FFT Score
9 West	33	1:4	105%	110%	103%	121%	7	2	90%
9 North	33	1:4.7	99%	101%	213%	154%	3	1	86%
11 West	22	1:4.8	94%	111%	98%	119%	2	0	96%
11 South	19	1:3.8	119%	126%	104%	158%	2	0	97%
11 East	24	1:4.8	95%	100%	91%	116%	2	0	95%
10 East	24	1:3.4	93%	101%	101%	113%	0	0	93%
10 South	25	1:6.25	101%	100%	95%	100%	4	0	90%
5 East B	24	1:5	100%	104%	94%	113%	2	0	88%
Mulberry	13	1:5	96%	99%	101%	106%	3	0	95%

Urgent Care May 2017									
Ward	Beds	Registered nurse to patient ratio Day Shift	Percent of actual vs total planned shifts (RN days)	Percent of actual vs total planned shifts (RN nights)	Percent of actual vs total planned shifts (HCA days)	Percent of actual vs total planned shifts (HCA nights)	Falls	Attributable Cdiff	FFT Score
10 North	32	1:5.3	97%	98%	97%	99%	3	0	87%
8 West	36	1:5.1	92%	99%	99%	99%	6	0	79%
8 North	32	1:4	102%	104%	127%	131%	0	0	72%
10 West	27	1:5	102%	103%	111%	114%	2	0	91%
8 East	26	1:4.3	93%	99%	141%	141%	5	0	91%
6 South	28	1:4	97%	98%	105%	121%	3	0	88%
ITU (RF)	vary	1:1/1:2	112%	112%	88%	72%	1	0	n/a
ED (RF)	n/a	n/a	107%	103%	79%	97%	2	0	87%
ED(BH)	n/a	n/a	105%	102%	99%	127%	4	0	82%
UCC (CF)	n/a	n/a	98%	148%	79%	100%	0	0	n/a
Adelaide	25	1:6.25	72%	71%	110%	187%	3	0	89%
Capetown	36	1:5.1	94%	100%	109%	90%	3	0	100%
CCU	8	1:2	96%	99%	n/a	n/a	2	0	94%
ITU (BH)	vary	1:1/1:2	99%	102%	100%	85%	0	0	n/a
Juniper	24	1:4.8	123%	138%	97%	150%	3	0	67%
Larch	22	1:5.5	94%	99%	99%	151%	1	0	73%
Olive	22	1:5.5	96%	105%	97%	150%	2	0	86%
Palm	22	1:5.5	96%	108%	97%	137%	2	1	80%
MSSU	48	1:4.8	99%	103%	111%	123%	6	0	90%
Rowan	24	1:4.8	94%	101%	107%	126%	3	0	92%
Spruce	24	1:6	84%	100%	107%	99%	4	0	67%
Walnut	24	1:6	93%	101%	111%	127%	2	0	90%
NRC	14	1:5	133%	114%	91%	106%	3	0	n/a

Surgery and Associated Services May 2017									
Ward	Beds	Registered nurse to patient ratio Day Shift	Percent of actual vs total planned shifts (RN days)	Percent of actual vs total planned shifts (RN nights)	Percent of actual vs total planned shifts (HCA days)	Percent of actual vs total planned shifts (HCA nights)	Falls	Attributable Cdiff	FFT Score
5 north A	18	1:4.5	99%	100%	99%	103%	1	0	91%
7East A	20	1:5	88%	101%	119%	106%	1	0	84%
7 East B	13	1:4.3	88%	101%	119%	106%	1	0	95%
7 West	32	1:4	103%	114%	104%	148%	6	0	89%
7 North	24	1:4.7	97%	96%	206%	145%	1	0	83%
Beech	24	1:6	92%	100%	99%	102%	1	0	80%
Canterbury	25	1:6.25	72%	62%	87%	97%	5	0	96%
Cedar	24	1:4	97%	100%	122%	121%	4	0	92%
Damson	24	1:6	89%	101%	98%	103%	3	0	90%
Wellington	39	1:6.5	82%	94%	76%	97%	0	0	94%

Womens and Childrens May 2017									
Ward	Beds	Registered nurse to patient ratio Day Shift	Percent of actual vs total planned shifts (RN days)	Percent of actual vs total planned shifts (RN nights)	Percent of actual vs total planned shifts (HCA days)	Percent of actual vs total planned shifts (HCA nights)	Falls	Attributable Cdiff	FFT Score
6 North	20	1:4	82%	81%	n/a	n/a	0	0	n/a
5 South	31	1:8	91%	102%	87%	99%	0	0	96%
Neonate	RFH	vary	70%	100%	54%	n/a	0	0	n/a
Galaxy	30	1:4	81%	92%	35%	12%	0	0	n/a
Neonate	BH	vary	81%	82%	n/a	n/a	0	0	n/a
Willow	16	1:5.3	96%	100%	117%	171%	1	0	85%
Victoria	48	1:8	111%	105%	89%	90%	0	0	94%

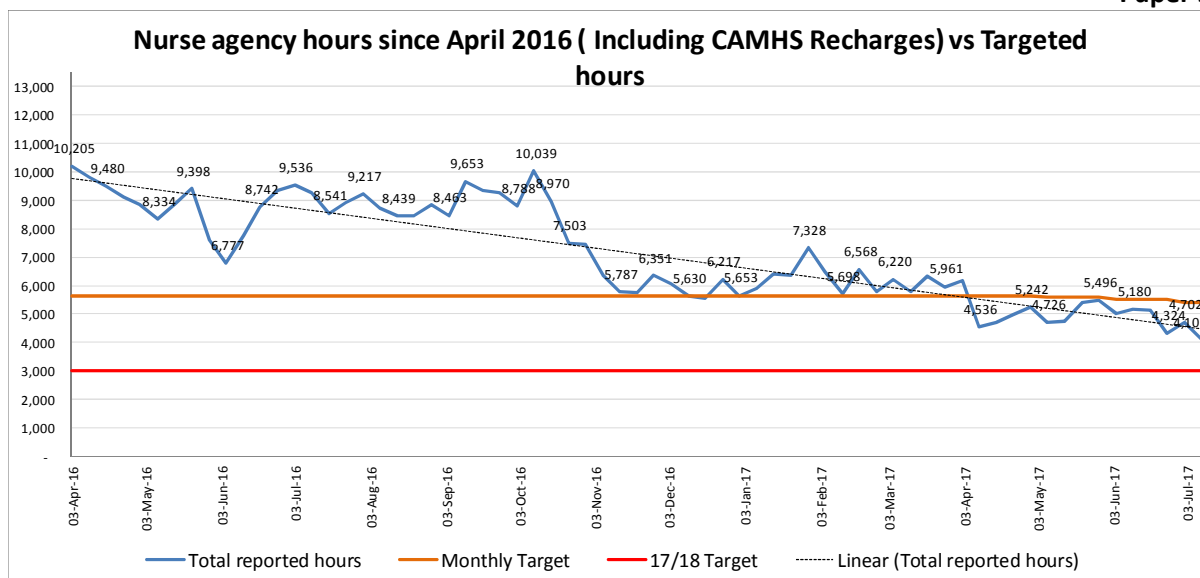
Private Practice May 2017									
Ward	Beds	Registered nurse to patient ratio Day Shift	Percent of actual vs total planned shifts (RN days)	Percent of actual vs total planned shifts (RN nights)	Percent of actual vs total planned shifts (HCA days)	Percent of actual vs total planned shifts (HCA nights)	Falls	Attributable Cdiff	FFT Score
12 Wesr	15	vary	102%	148%	203%	219%	0	1	100%
12 South	16	1:4	95%	101%	100%	148%	0	0	n/a
12 East B	12	vary	101%	103%	95%	106%	0	0	n/a

Safe staffing.

There was one reported shift in May where the staffing level fell below 1:8 during the day or 1:11 at night. This was a night shift on Juniper at Barnet Hospital where there were two registered nurses for 24 patients supported by nursing assistants. There were no reported patient safety incidents on this shift.

Registered nurse agency staff

The reduction in nurse agency hours continues and is under the monthly target but yet to reach the 2017/18 target.



Recruitment

There are currently 375 nursing and midwifery recruits in the pipeline, 63 have agreed start dates and 313 are being processed. The overall starters versus leavers position is shown in the table below (from April 2016). This month approximately 30 nurses were transferred under TUPE arrangements from the Royal Free Hospital following the implementation of new arrangements for sexual health services.

Staff Group	Starters WTE	Leavers WTE	Net Starters WTE
Nursing and Midwifery Registered	711	667	45
Healthcare Assistants	314	180	133

Retention

NHS Improvement has developed a national programme for improving retention across the health service launched in June 2017 to run until 2017. Direct support has been offered to trusts whose leaver rates are higher than the regional trust peer group; this includes the Royal Free London. The workshop held on 14 July 2017 was attended by Rebecca Longmate, director of nursing, Royal Free hospital and Ragini Patel, assistant director of Workforce.

The table below shows the position of the trust in comparison to its peer group.

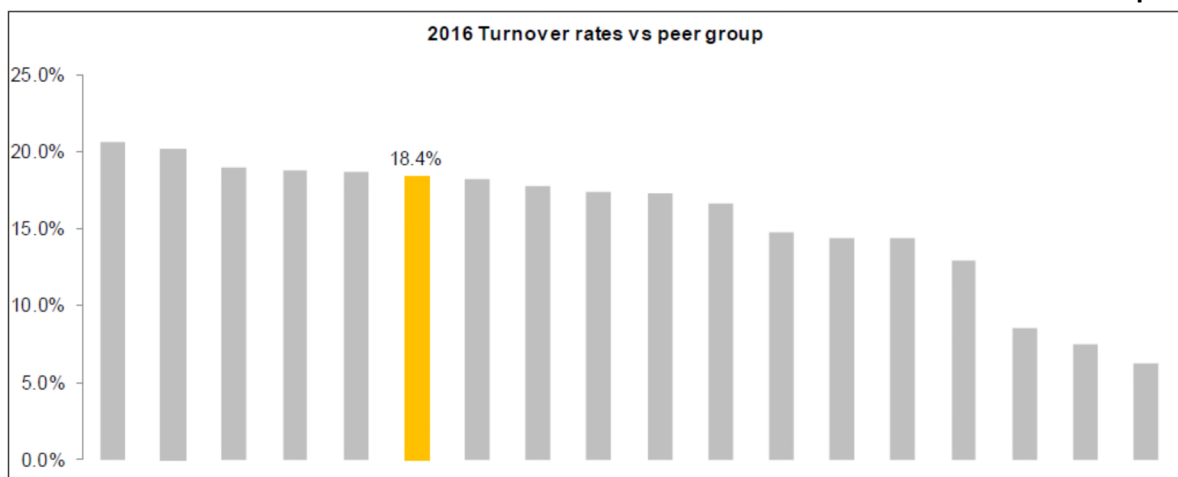
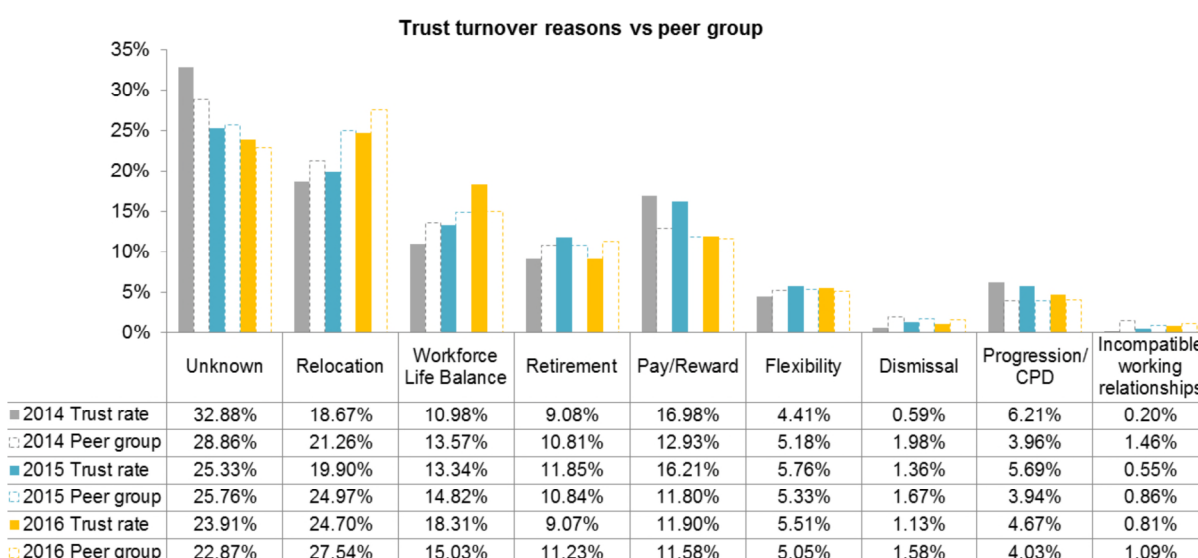


Chart information:

The above chart details the trust position in comparison with peer group organisations, detailing the position of the trust in rank order of highest to lowest trust turnover rates. The highlighted column reflects your trusts position.

The table below would suggest that the areas in which we outlie are in people leaving to relocate or issues with work-life balance.



Our local data would also suggest that an area to focus attention is the Intensive Care unit. Between June 2016 to May there were 542 leavers of which 87 (16%) came from ICU.

Medical agency

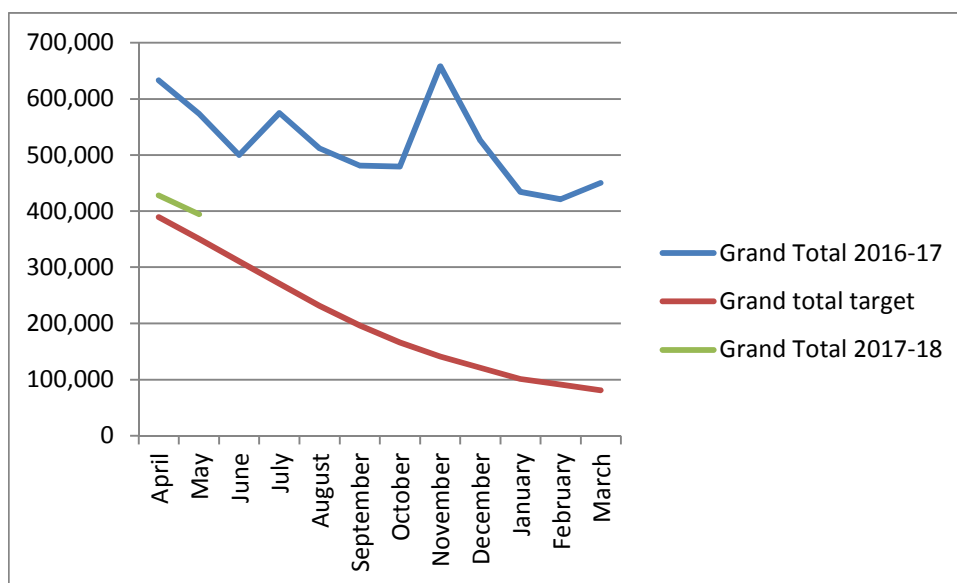
Achieving a reduction in medical temporary staffing spend is a priority within the Productivity, Processes & Controls work stream of the medical workforce programme. Several key deliverables have been agreed to support this objective as follows:

- Implementation of a revised process for the requesting and booking of all temporary medical staff
- Piloting of an electronic rostering system across the medical workforce
- Review of junior doctor rotas and implementation of revised rosters
- Transfer of long-term agency staff to bank through IR35 changes
- Improved planning of annual & study leave

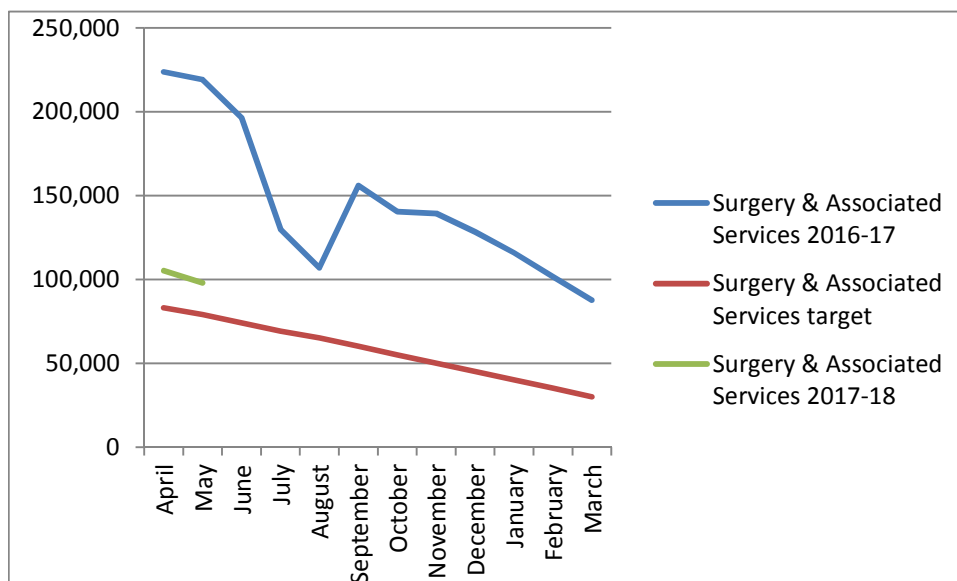
As part of this work stream, divisional and trust-wide trajectories for temporary staffing spend reduction have been set and are due to be agreed with leadership teams. It is proposed that divisions will then be held to account by site Medical Directors on a regular basis to ensure these are adhered to and remedial action is taken where this is not the case. A summary of the revised temporary staffing and leave planning processes, which are designed to support this improvement, will shortly be submitted to Group Executive Committee for approval.

The graphs below show the overall trust position on the medical agency reduction against target and a divisional view of the same.

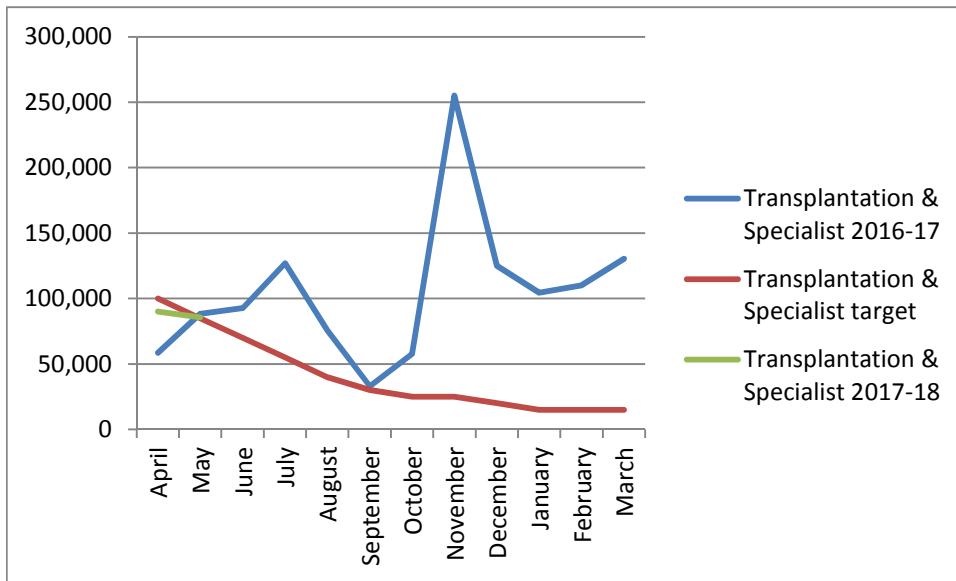
Trust total spend v target



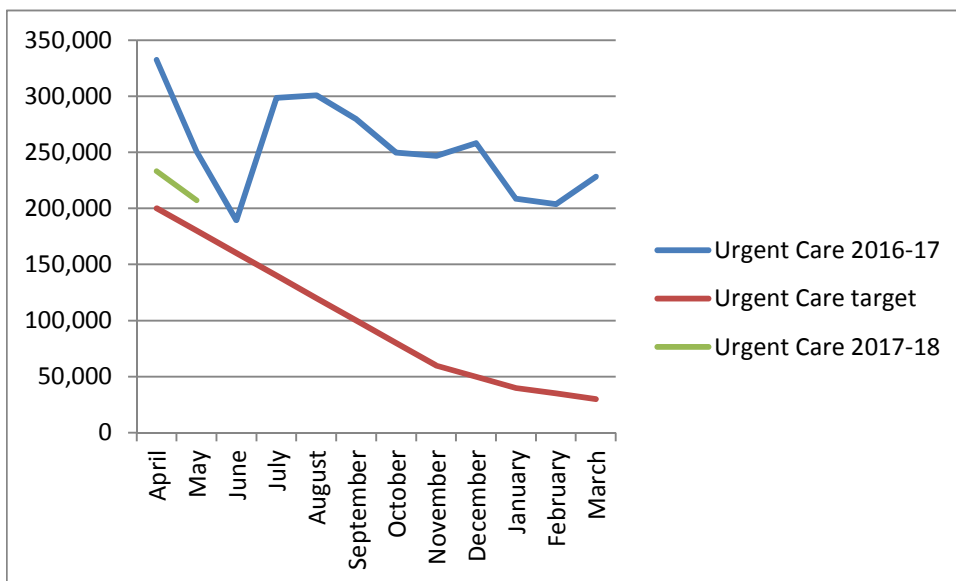
Surgery and associated services spend v target



TASS spend v target



Urgent care spend v target



Women's and Children spend v target

