Board Briefing	
Board Briefing of Nursing and Midwifery Staffing Levels	**Date of Briefing** September 2019 (August 2019 data)

This paper is for:			Sponsor:	**Dame Eileen Sills (DBE), Chief Nurse and Deputy Chief Executive**
Decision			Author:	**Workforce Team (Chief Nurse's Office)**
Discussion			Reviewed by:	Sarah Wilding, Director of Nursing
Noting			CEO*	
Information	✓		ED*	
			Board Committee*	
			TME*	
			Other*	

1.0 Summary

This briefing provides the Trust Board with an overview of the Nursing and Midwifery workforce during the month of August 2019 and is set out in line with the National Quality Board (NQB) Standards and Expectations for Safe Staffing published in 2016.

It provides assurance that arrangements are in place to safely staff our services with the right number of nurses and midwives with the right skills, at the right time.

2.0 Key highlights for August 2019

- Vacancy rate remained at the same level as in the previous month at 15.7%. It was 13.2% same period last year. There has been a further small increase in the overall nursing establishment (additional 497.29 wte) and also a further increase in the number of staff in post (additional 237.46 wte). If the current external applicants in the recruitment pipeline were added to the staff in post figure, the overall vacancy rate will be 7.5%,
- There was a significant decrease in the number of leavers in August which has impacted on the voluntary turnover rate which is now at its lowest point in more than 3 years at 13.1%.
- Agency rate decreased from 4.4% to 4.1% representing a 0.3% decrease in month
- Sickness absence rate reduced from 4.3% to 3.5% representing a 0.8% decrease. HR have been engaged for continuous support in sickness management.

- Professional Development Review (PDR) Compliance Rate increased this month from 79.2% to 79.5% representing 0.3% increase. It is also 3.4% higher when compared to August 2018

- Mandatory training compliance increased slightly by 1.4% from 86.6% to 88.0%, it was 86.2% in the same period last year.

3.0 EXPECTATION 1 – RIGHT SKILLS

3.1 Evidence Based Workforce Planning

In order to ensure the safe and effective delivery of patient care it is essential that we have the right establishment and the right staff in post. Table 1 sets out the current overall nursing and midwifery workforce metrics in comparison to August 2018, table 2 identifies the growth in establishment vs staff in post and table 3 sets out the growth of staff in post. The overall nursing establishment has grown by 7.3% in the past 12 months, whilst the staff in post has grown by 4.4%.

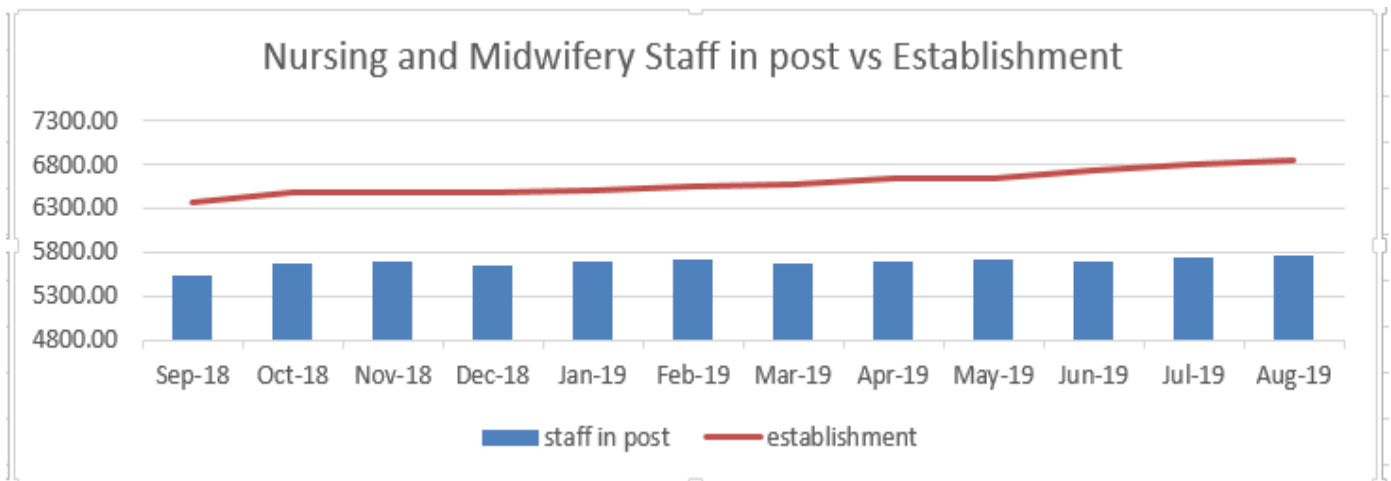| Staffing measures	August 2018	August 2019	Difference	Change
Nursing Establishment WTE	6343.52	6840.81	497.29	▲
Nursing Staff in Post WTE	5508.74	5764.20	237.46	▲
Vacancies WTE	834.78	1076.61	241.83	▲
Vacancy rate	13.20%	15.7%	2.50	▲
Annual turnover	15.50%	13.1%	-2.40	▼
Red Flags raised	159	107	-52.00	▼
Agency % of Pay bill	3.40%	4.1%	0.70	▲
Planned v Actual Hrs used	98.2%	98.1%	-0.10	▲

Table 1

Table 2

Table 3

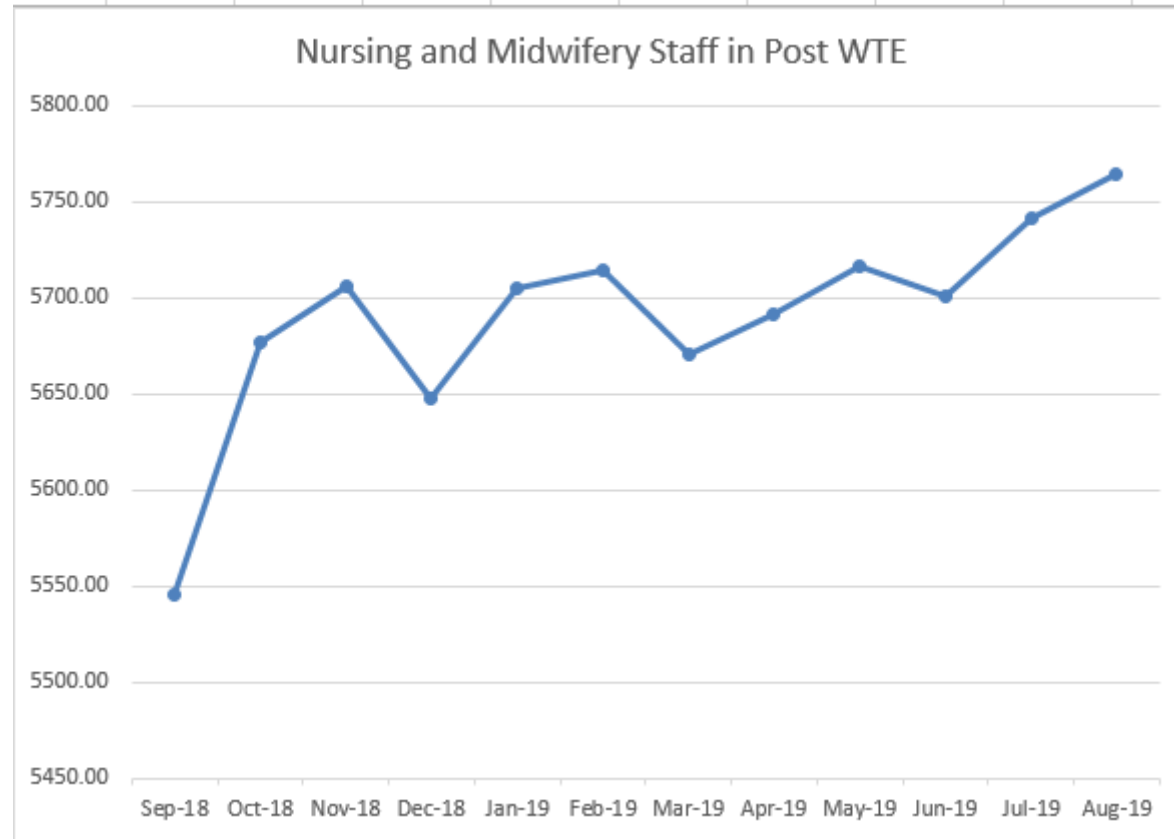### 3.2 Recruitment and Retention

Tables 4, 5 and 6 display the trends in three key nursing and midwifery workforce metrics, namely vacancy, turnover and sickness. These demonstrate fluctuations in the vacancy rate partly driven by continued changes in the establishment and partly by seasonal variation of staff in post.

Active recruitment strategies continue, including the three weekly assessment centre for Band 5s and 6 weekly assessment centre for Band 2's. Both assessment centre processes are being reviewed currently to ensure they are maximising the

opportunities to recruit staff, to provide the best recruitment experience for candidates and to be the most efficient use of resources in the recruitment process.

There is a healthy pipeline of new starters waiting to join the Trust which includes an increase in the number of newly qualified nurses from previous years. Some have commenced employment as Band 4's already whilst awaiting their Nursing and Midwifery Council (NMC) PIN. This has supported the clinical areas over the challenging summer months.

As at end of August there are 21 inpatient areas with a vacancy rate of over 20%. The vast majority of these areas have sufficient staff commencing employment in the current weeks and months to address their vacancy rate, with most having recruited to all their vacant posts. There are action plans in place for the small number who will have an ongoing challenge.

The Trust have also engaged in an NHSI led initiative to reduce Health Care Support Worker vacancies. There is an action plan being developed which includes ensuring that all clinical Nursing Assistant roles are coded correctly on ESR.

Retention of staff in all areas remains a key focus particularly with so many new starters joining the organisation. There is a pilot in 4 directorates looking at the "perfect welcome". This is with a view to standardising the process and expectations across all areas and includes questionnaires for new starters at 12 days, 12 weeks and 12 months. The Chief Nursing Office (CNO) Workforce Team are working in close collaboration with the Trust Corporate Retention Group on all retention initiatives.
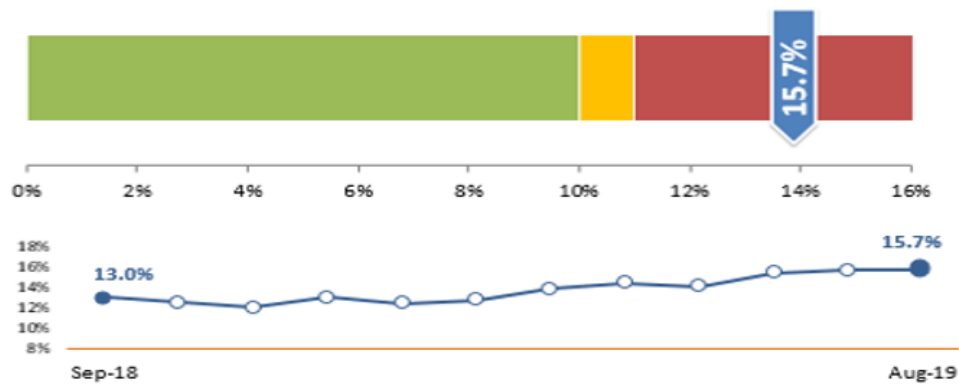

Vacancy Rate

15.7%

13.0%   15.7%

Sep-18   Aug-19

Table 4

Annual Turnover (voluntary leaving reasons only) Sep 2018 - Aug2019

13.1%

14.1%   13.1%

Sep-18   Aug-19
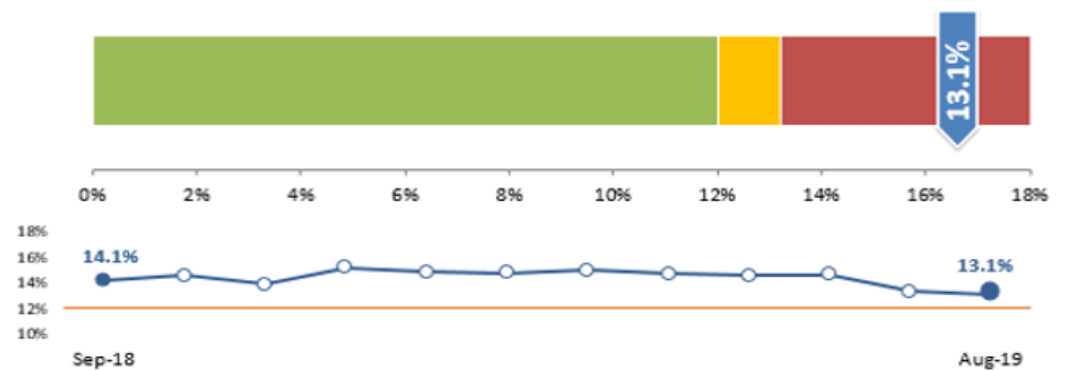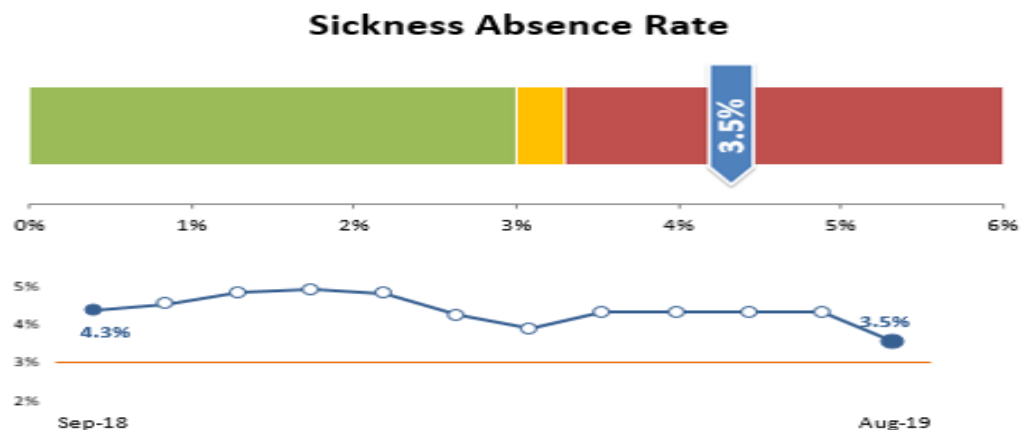
Table 5

Sickness Absence Rate

Table 6

3.3 Activity and Acuity

The number of bed days in August 2019 stood at 45,070 (Table 7). This is 1,359 less than the previous month and represents an additional 631 bed days from the same period in 2018 which demonstrates a 1% rise in activity. From an acuity perspective, Level 1b (heavily dependent or acutely unwell) patients in non-critical care beds, continues to be the most prevalent acuity score across the Trust which is consistent with the past few years. There is an acuity and dependency validation process ongoing throughout September and early October (30 days in total) in line with the recommendations in Developing Workforce Safeguards (NHSI 2018) which will inform the Annual establishment review process in October and November 2019.

	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
August 2019	4,400	10,246	24,385	1,358	3	45,070	9.8%	22.7%	54.1%	3.0%	0.0%
July 2019	7,207	10,979	25,908	2,274	62	46,429	15.5%	23.6%	55.8%	4.9%	0.1%

Table 7

The average fill rate for registered staff was 92.3% in comparison to an unregistered staff average fill rate of 122.6%, with an overall fill rate of 98.1%. There are times when it is appropriate to utilise unregistered staff to support safe staffing in the

absence of registered staff. Heads of Nursing, Matrons, Site Nurse Practitioners and Ward Leaders make operational patient safety decisions on a shift by shift basis to ensure all areas are safely staffed.

The Trust average 'Care hours per patient day' (CHPPD) was 11.9 for the month of August. This figure is reported monthly (UNIFY) to NHSI as required and is a national metric based on number of hours of nursing and midwifery care used, divided by the number of patients in beds at 12 midnight for the month. The peer (Shelford Group) average, benchmarked on Model Hospital is 9.6. An addition to the Unify report from September 2019 is the requirement to report on hours of Allied Health Professionals (AHP's) and Nursing Associates within ward rosters or be working towards reporting these staff groups. This is quite complex from a reporting perspective and the Trust are working through a plan to be able to report on these in the coming months. There is only one qualified Nursing Associate working in the organisation, however, there are a number in training that will require reporting going forward.

4.0   EXPECTATION 2 – RIGHT SKILLS

4.1   Mandatory Training, Development and Education

The current compliance with mandatory training across the nursing and midwifery workforce is 88.0%. This has increased by 1.4% from the previous month. Table 8 demonstrates the breakdown of compliance at Directorate level. All establishments have an uplift built in to support staff with undertaking their mandatory training and development whilst maintaining safe levels of staffing.
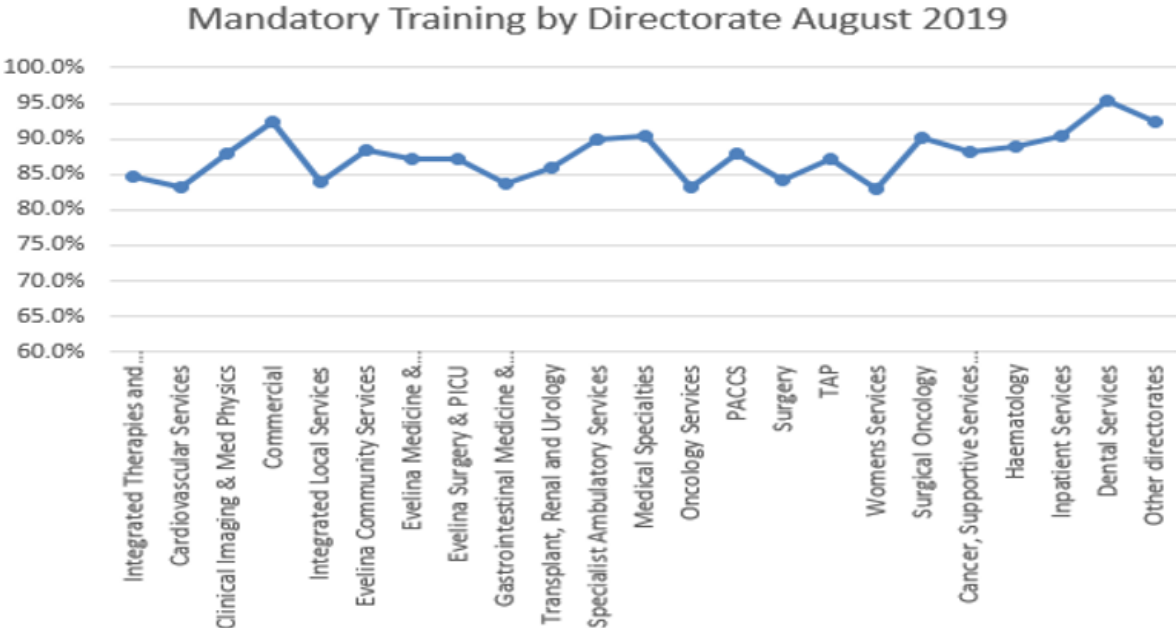

Mandatory Training by Directorate August 2019

Table 8

The current PDR rate across the nursing and midwifery workforce is 79.5% which is an increase of 0.3% from the previous month and is 3.1% higher than at the same time in 2018. Compliance with completion of PDRs at Directorate level is shown in Table 9. All areas are monitored on their PDR rates through the Directorate PRMs.
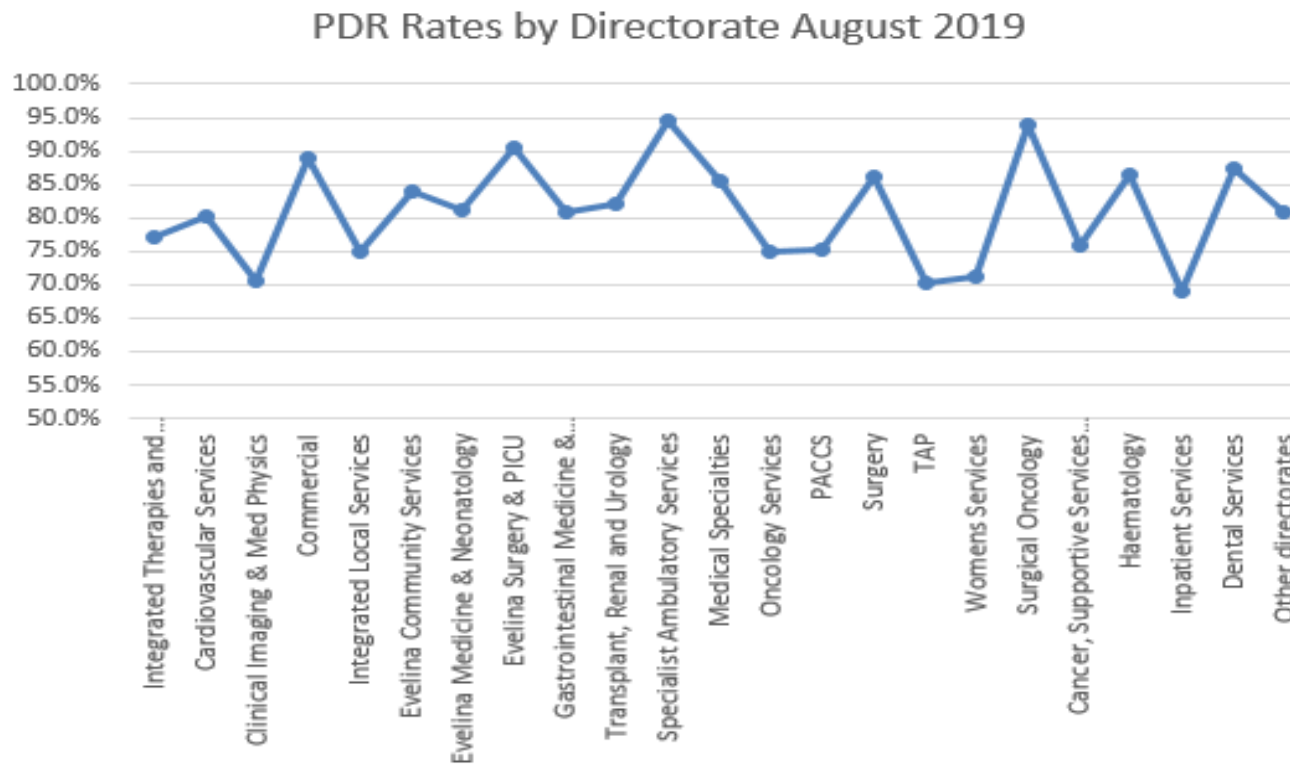

PDR Rates by Directorate August 2019

Table 9

4.2 Working as a multi-professional Team

The organisation is committed to considering new roles and particularly looking at roles which cross traditional professional boundaries. The implementation of the Nursing Associate role is progressing well, with 111 posts currently funded across Adult Community, Stroke and Older Persons wards, Cancer services and Cardiovascular services. The associated workforce transformation project is also underway in order to ensure the new role is integrated fully into the nursing profession at Guys and St Thomas'. The Trust are seeking to rapidly expand the programme utilising a self funded model of study alongside the apprenticeship model.

EXPECTATION 3: RIGHT PLACE AND TIME

5.1 Efficient Deployment and Flexibility

Safe Care across all adult and children's inpatient areas in the Trust, supports the real time visibility, throughout the organisation, of appropriate levels of staffing for our patients. The collection of the data highlights and supports decision making relating to deployment of temporary staff or the need to move staff to support patient needs in other areas.

Maternity Services continue to use Safe Care for staff check-in and red flag functionality.

In August 2019, there was a decrease by 17 in the number of red flags raised by staff highlighting concerns with staffing compared to previous month. Table 10 shows the distribution of red flags and the comparison to July 2019 (123 red flags in July, 106 Red flags in August). Staff are encouraged to raise red flags where there may be concerns with safe staffing levels.
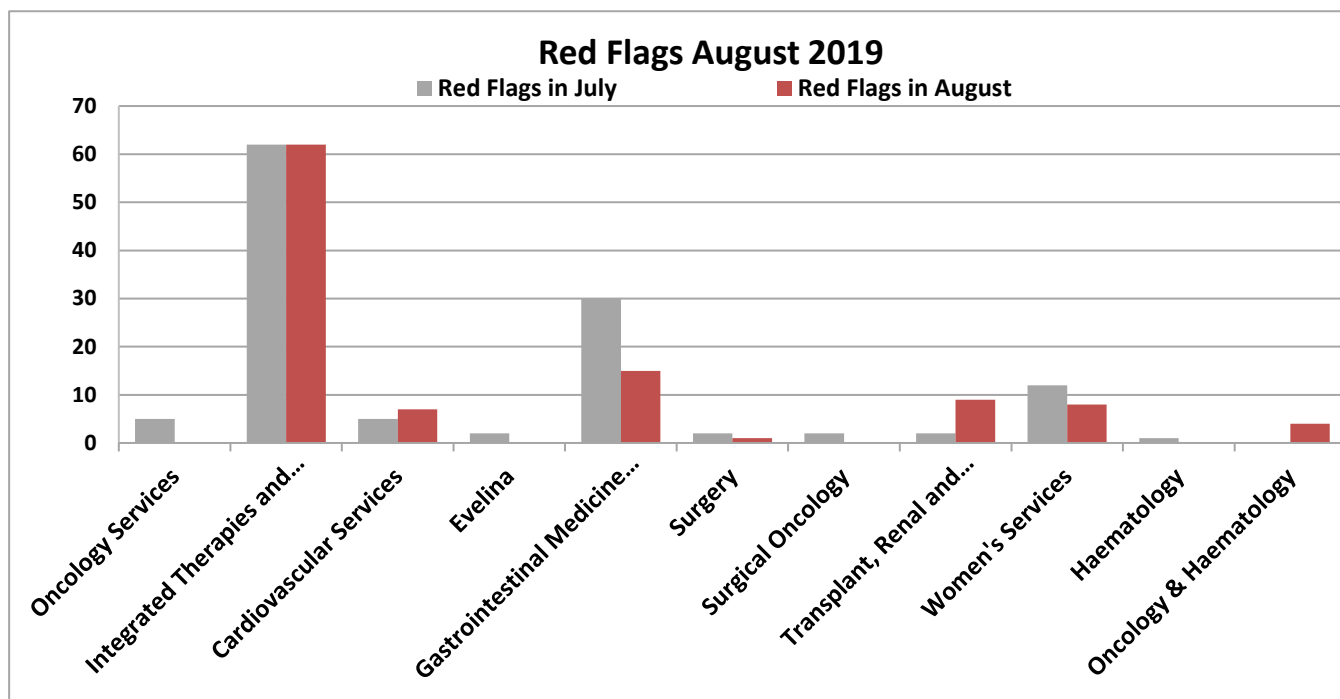
Red Flags August 2019

Table 10

5.2 Efficient Employment, Minimising Agency Use

Since January 2018, all Directorates have engaged with roster challenge boards which are designed to improve rostering against agreed KPIs. These are being led by the Chief Nurse Workforce team to ensure that all areas are producing effective, fair, safe and efficient rosters. There has been a significant amount of work undertaken to add new areas onto Health Roster e.g. Dental Services, Community Midwifery and CLIMP, and to ensure rosters are properly allocated on Health Roster.

All nursing areas	13th Aug - 9th Sep	10th Sep - 7th Oct	8th Oct - 4th Nov	5th Nov - 2nd Dec	3rd - 30th Dec	31st Dec - 27th Jan	28th Jan - 24th Feb	25th Feb- 24th Mar	25th March- 21st Apr	22nd April - 19th May	20th May -16th June	17th June -14th July	15th July – 11th August
Planned Hours	583,312	583,188	588,827	589,675	590,355	600,409	633,300	641,701	639,480	641,592	668,409	711,507	652,985
Actual Hours	519,971	539,042	541,510	551,757	521,209	538,871	576,540	572,925	568,448	580,969	652,047	696,731	583,265
Required CHPPD	8.3	8.3	8.3	8.3	8.3	8.3	8.3	8.0	8.1	8.4	7.9	8.3	8.4
Actual CHPPD	8.5	8.6	8.8	8.9	9.3	9.6	10.1	10.2	11.0	9.8	10.7	9.9	11.8
Additional Duties (No of shifts over budget)	4,620	4,918	5,007	4,972	4,629	5,015	5,100	5,022	5,412	5,830	5,625	5,756	5,812
Overall Owed Hours (Net Hours)	132,081	149,592	115,128	163,134	172,017	158,745	132,208	91,888	97,569	96,125	102,997	113,245	119,384
Annual Leave % - Target 11-17%	16.1%	11.7%	11.6%	11.2%	13.4%	12.7%	13.9%	16.6%	14.6%	11.5%	12.7%	11.5%	13.9%
Total Unavailability % - Headroom/uplift Allowance - Target 24%	28.7%	25.9%	26.0%	24.7%	26.3%	25.6%	26.2%	28.0%	27.0%	23.9%	24.3%	22.5%	23.0%
Roster Approval (Full) Lead Time Days - Target 42 days	24	31	24	34	38	65	48	40	42	40	42	46	45

Table 11

Table 11 demonstrates the main KPIs and other key metrics relating to the efficient deployment of staff at Trust level for rosters covering the last year. The overall roster lead time has demonstrated consistent improvement throughout 2019 and there has been a 20.1% overall reduction in the number of "net" or "owed" hours. These have risen slightly in the last roster period and this is due to a glitch in the software following a recent upgrade which will be resolved in the next upgrade due to be taken late 2019/early 2020. There are manual processes in place to try and mitigate the issue in the meantime.

The nurse in charge KPI has been removed from the metrics and will be replaced by a more meaningful metric which will be the percentage of shifts covered by a Band 6 or Band 7 nurse or midwife. This report is not currently available from Healthroster and therefore Allocate have been requested to build a bespoke report. This will be added to the KPI table once it is available.

Having efficient rosters will support the measures taken to reduce agency spend across rostered areas. The agency spend (which represents invoices paid in month) in August 2019 was 4.1% of the total nursing staff pay bill (Table 12). This is a decrease of 0.3% from the previous month. Measures continue to be in place for agency spend monitoring and reduction.
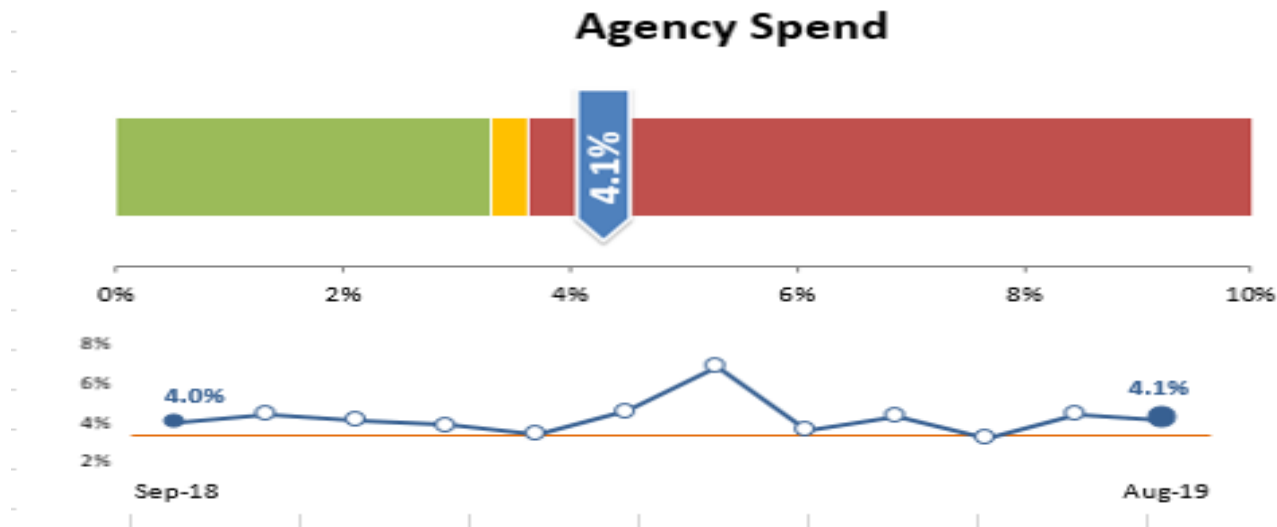

Table 12

.Table 13 highlights the actual usage of temporary staffing in August 2019 in comparison to each month in the preceding year. This is broken down into Bank and Agency WTE
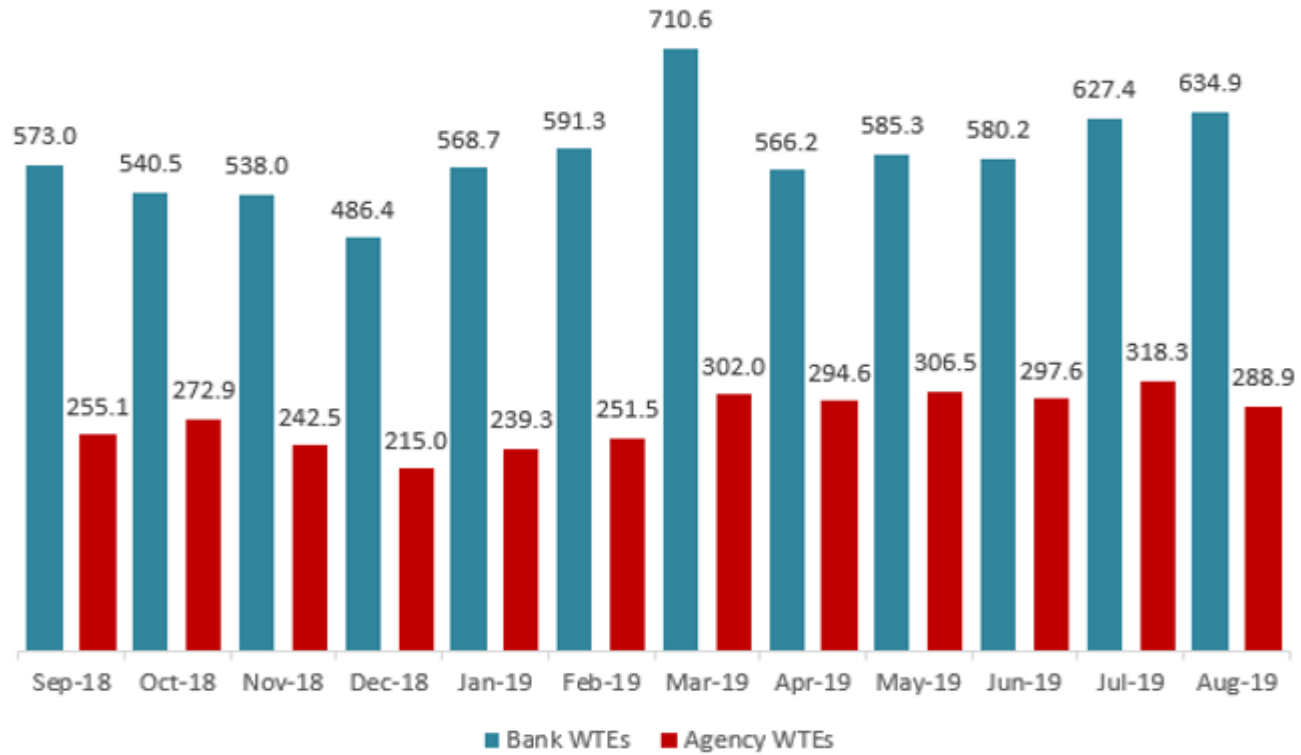

Table 13

Table 14 outlines the total temporary staffing usage, including the reasons for usage. As in previous months, there continues to be usage of temporary staff to support the enhanced care of patients, notably the ongoing use of RMNs.
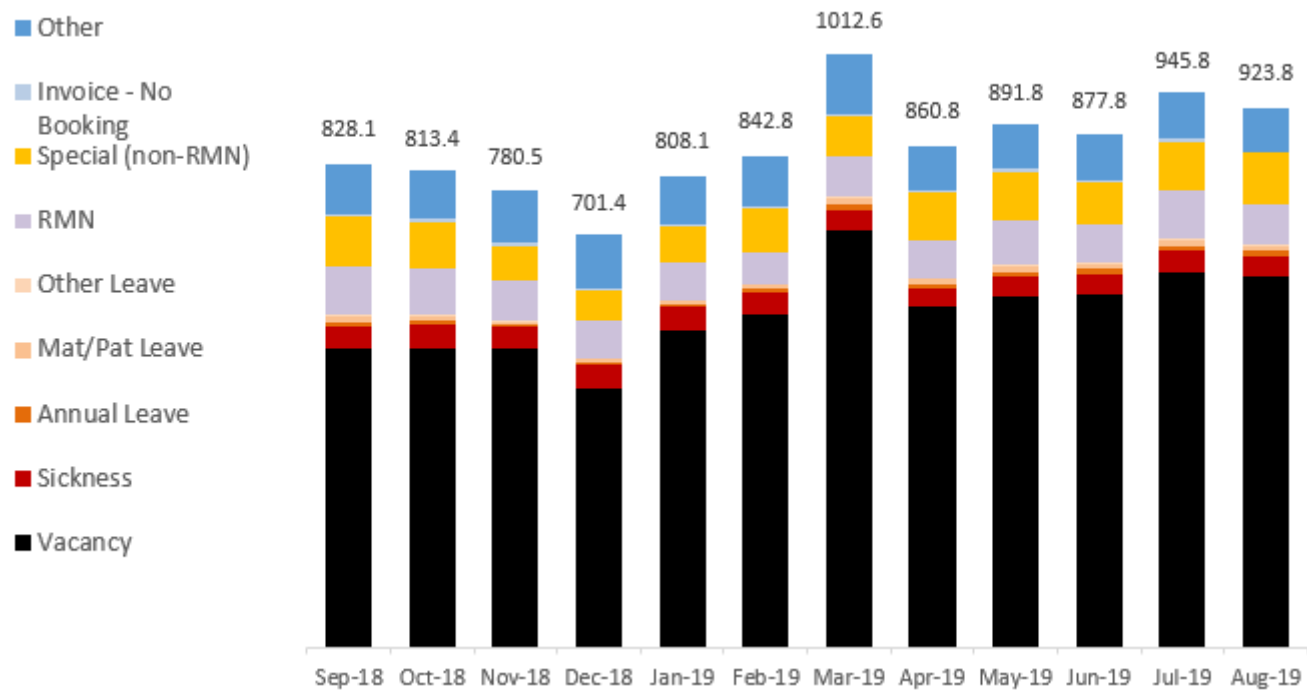
Table 14

6.0 Request to the Board of Directors

The Board of Directors are asked to note the information contained in this briefing, including the improvement in the roster KPIs, the use of the red flag system to highlight concerns on a daily basis, the continued focus on recruitment and retention, and the expansion of the Nursing Associate programme at Guy's and St Thomas'.