

**Board Briefing**



**Guy's and St Thomas'**  
 NHS Foundation Trust

**Board Briefing of Nursing and Midwifery Staffing Levels**

**Date of Briefing**  
 January 2020 (December 2019 data)

This paper is for:

Decision	<input type="checkbox"/>
Discussion	<input type="checkbox"/>
Noting	<input type="checkbox"/>
Information	<input checked="" type="checkbox"/>

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CEO*	<input type="checkbox"/>	
ED*	<input type="checkbox"/>	
Board Committee*	<input type="checkbox"/>	
TME*	<input type="checkbox"/>	
Other*	<input type="checkbox"/>	

## **1.0 Summary**

This briefing provides the Trust Board with an overview of the Nursing and Midwifery workforce during the month of December 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 December 2019**

- The vacancy rate for December 2019 is 14.3%. It has remained steady since October 2019 despite there being an additional 103.12 WTE staff in post since October. The vacancy rate was 13.0% in the same period last year. If the current external applicants were added to the staff in post figure, the overall vacancy rate would be 10.5%. Had the establishment remained static since December 2018 our current vacancy rate would be 5.9%.
- The agency spend rate decreased from 5.1% to 3.0% representing a 2.1% decrease this month.
- The annual turnover rate increased this month to 13.5% from 12.2%. It is anticipated that the turnover rate in the month of December will increase due to the seasonal variation in starters and leavers.
- The sickness rate remains the same as in the previous two months at 4.3%. 38% of the Directorates had a reduction in their sickness absence rate while only 17.4% of the Directorates had sickness absence rate below the threshold of 3%. Nursing staff within Dental Services, Evelina Community Services and Surgery Directorates recorded the highest sickness rates in month, with 6.6%, 6.1% and 5.8% respectively.
- Personal Development Review (PDR) compliance rate reduced slightly this month from 82.8% to 82.7% representing 0.1% reduction. It has increased by 3.3% compared to December 2018.
- Mandatory training compliance increased by 0.9% from 88.0% to 88.9%. It was 84.3% same period last year.

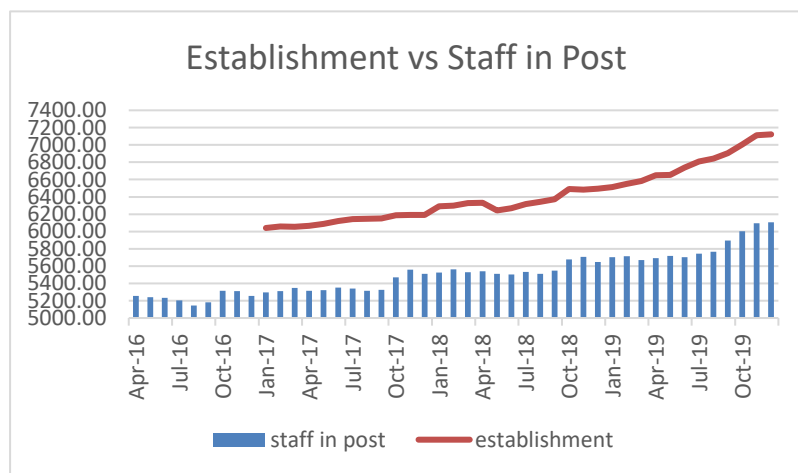
### 3.0 EXPECTATION 1 – RIGHT SKILLS

#### 3.1 Evidence Based Workforce Planning

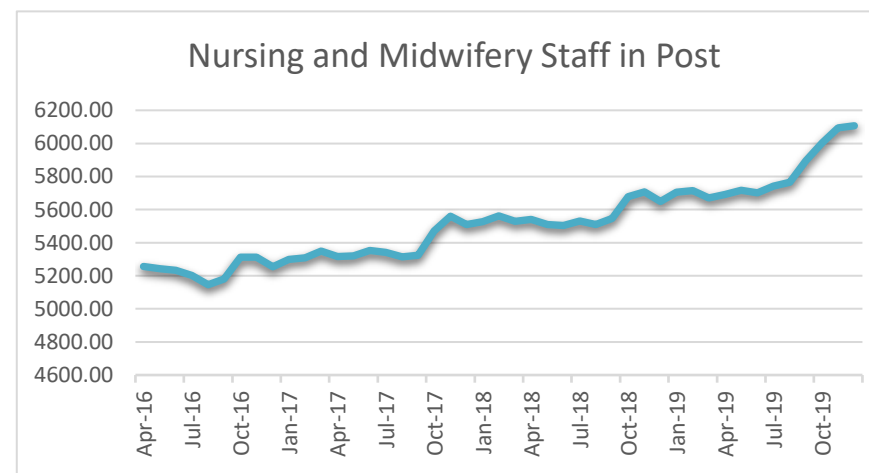
In order to ensure the safe and effective delivery of patient care it is essential that we have the right establishment and the right staff in post. Table 1 sets out the current overall Nursing and Midwifery workforce metrics in comparison to December 2018. Table 2 identifies the growth in establishment (9.7% since December 2018) compared to the growth of staff in post (8.1% since December 2018) and Table 3 sets out the growth of staff in post.

Staffing measures	December 2018	December 2019	Difference	Change
Nursing Establishment WTE	6492.71	7122.21	629.50	▲
Nursing Staff in Post WTE	5648.16	6106.67	458.51	▲
Vacancies WTE	844.55	1015.54	170.99	▲
Vacancy rate	13.0%	14.3%	1.3%	▲
Annual turnover	15.2%	13.5%	-1.7%	▼
Red Flags raised	93	65	-28.00	▼
Agency % of Pay bill	3.8%	3.0%	-0.8%	▼
Planned v Actual Hrs used	98.2%	106.1%	7.9%	▲

**Table 1**



**Table 2**



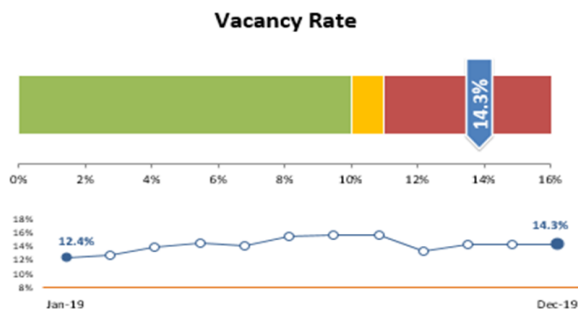
**Table 3**

### 3.2 Recruitment and Retention

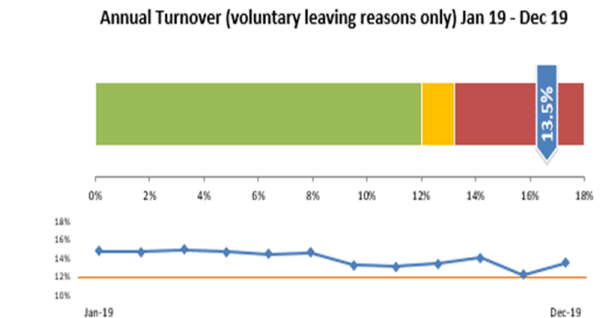
Tables 4, 5 and 6 display the trends in three key Nursing and Midwifery workforce metrics, namely vacancy, turnover and sickness. These demonstrate fluctuations in the vacancy rate partly driven by continued changes in the establishment and partly by seasonal variation of staff in post.

It has also been noted that in September and October 2019, there was an issue with extraction of the source data which has led to an inaccuracy with the actual (staff in post) WTE which has impacted the vacancy rate for both months. The rates reported previously were 13.3% for September and 12.9% for October. Following revision of the figures the vacancy rate is now 14.6% for September and 14.3% for October. Extra checks are in place to ensure there is no recurrence of this issue.

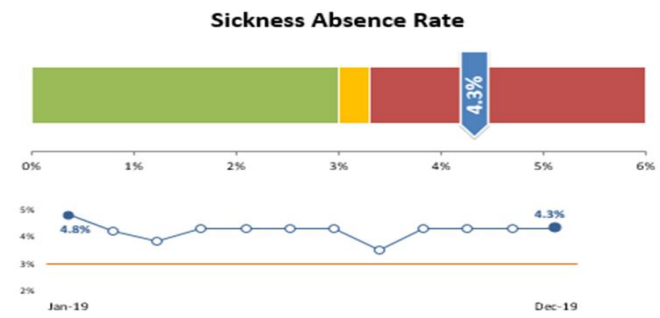
The Trust is taking part in the NHSI Healthcare Support Worker Vacancy Reduction programme, as part of this, we aim to streamline occupation coding to enhance data quality and promote a more efficient and effective vacancy reduction plan, promoting continuous safe staffing and a reduction in agency spend.



**Table 4**



**Table 5**



**Table 6**

### 3.3 Activity and Acuity

The number of bed days in December 2019 stood at 46,118 (Table 7). This is 1,091 less than the previous month and represents a decrease of 725 bed days from the same period in 2018 which demonstrates a 1.55% reduction in activity. As the data period covers the Christmas bank holiday period, the reduction in activity compared to other months would be anticipated, however, there has been a marginal percentage reduction in activity compared to the same period in 2018.

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.

	Count of bed days						Proportion of bed days				
	Level 0	Level 1a	Level 1b	Level 2	Level 3	Grand Total	Level 0	Level 1a	Level 1b	Level 2	Level 3
December 2019	7,541	10,223	26,530	1,626	199	46,118	16.4%	22.2%	57.5%	3.5%	0.4%
November 2019	8,951	10,804	25,821	1,505	128	47,208	19.0%	22.9%	54.7%	3.2%	0.3%

*Table 7*

The average fill rate for registered staff was 104.49%, as a result of the use of registered staff to undertake enhanced care, in comparison to an unregistered staff average fill rate of 114.3%, with an overall fill rate of 106.1%. 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.

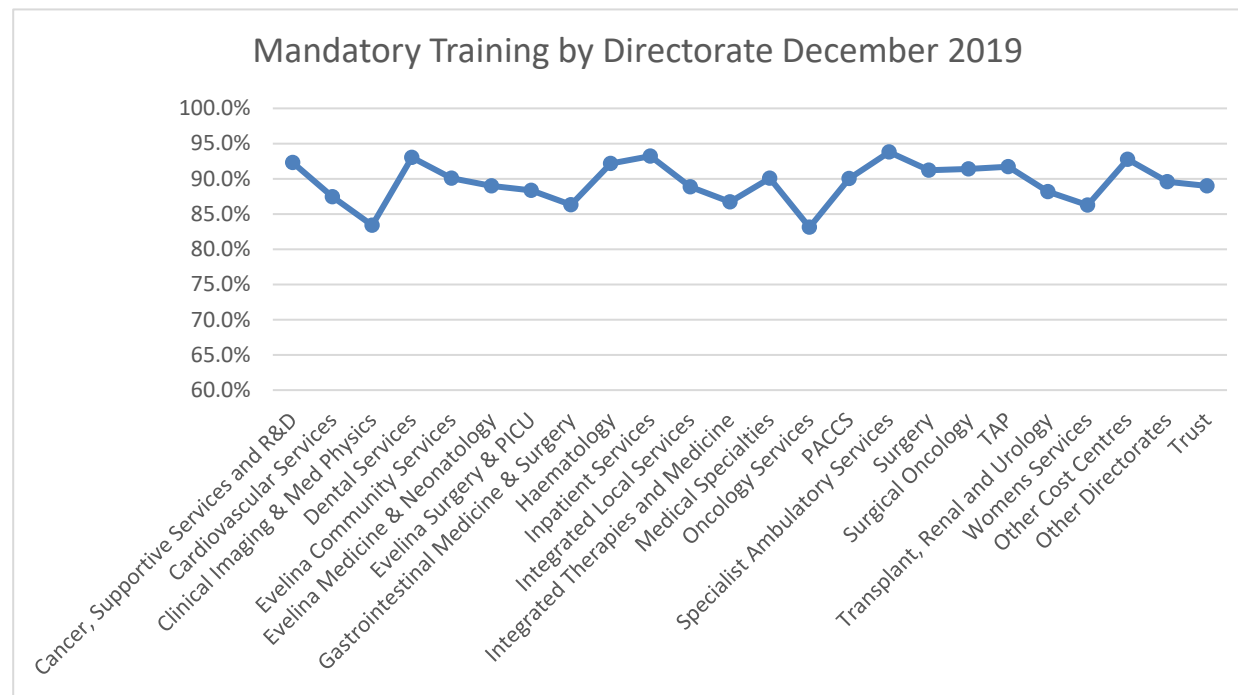
Safe Staffing meetings continue to be held on Friday mornings, with Senior Nursing representation, in order to ensure that all areas are safely staffed over weekend periods and the week ahead.

The Trust average 'Care hours per patient day' (CHPPD) was 12.3 for the month of December. This figure is reported monthly to NHSI as required and is a national metric based on the 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 9.0. As previously reported, there had been a rise in the CHPPD within Critical Care at St Thomas' which is reflective of reduced bed capacity to facilitate refurbishment of the clinical areas. As the capacity is now beginning to increase, the level of CHPPD is normalising and it is anticipated to be back within normal limits once full capacity is reinstated in January 2020.

## 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 88.9%. This has increased by 0.9% from the previous month. Table 8 demonstrates the breakdown of compliance at Directorate level. Nursing establishments (except Dental) have an uplift built in to support staff with undertaking their mandatory training and development whilst maintaining safe levels of staffing.



**Table 8**

The current PDR rate across the Nursing and Midwifery workforce is 82.7% which is a decrease of 0.1% from the previous month, however, 3.3% 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 Performance Review Meetings (PRM).

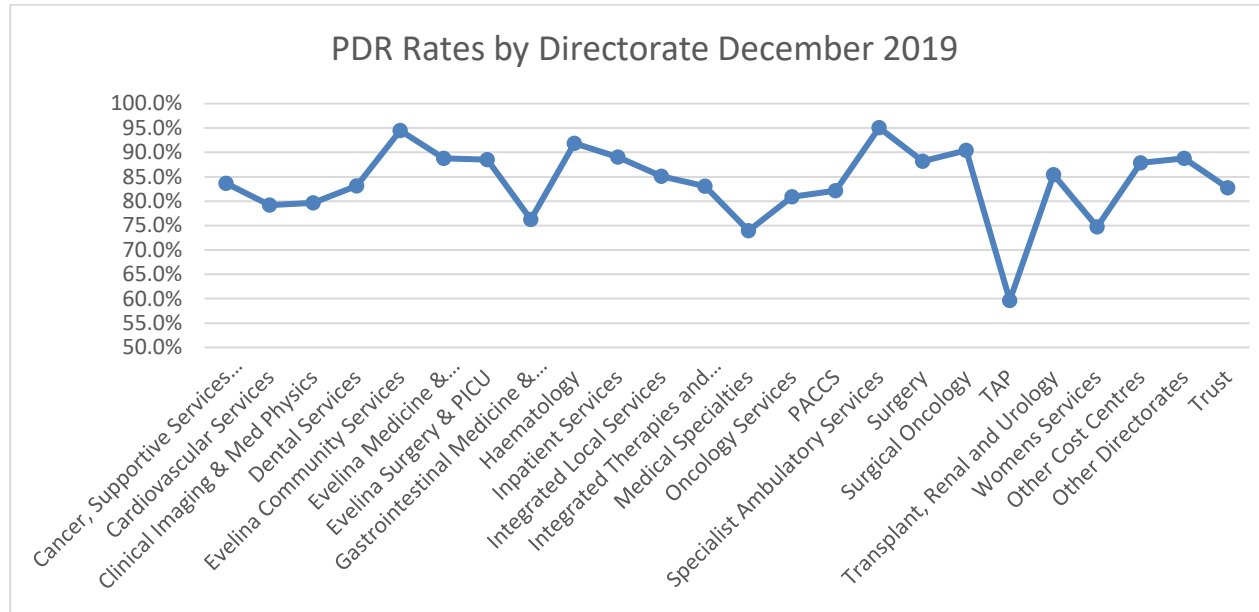


Table 9

## 4.2 Nursing Associate Programme

An additional 45 apprentice Nursing Associates commenced their training in December and January and of the 123 funded apprenticeship Nursing Associate posts, 116 have now been recruited to. 110 apprentices are currently in training, a further 5 candidates are awaiting their results having undertaken the Functional Skills assessment to ascertain if they have the required level of Maths and English and one is on the waiting



list to commence the next apprentice Nursing Associate course planned for May 2020. A total of 6 staff have withdrawn from the course since the programme commenced in December 2018.

Directorates/Strategic Business Units are finalising the number of future apprentice Nursing Associate posts as part of their business planning for 2020/21.

## 5.0 EXPECTATION 3: RIGHT PLACE AND TIME

### 5.1 Efficient Deployment and Flexibility

The Safe Care application, used across all adult and children's inpatient areas, supports the real time visibility of staffing levels across the Trust. The collection of the data highlights and supports decision making relating to the 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 November 2019, there was a decrease of 2 red flags raised by staff highlighting concerns with staffing levels compared to the previous month. Table 10 shows the distribution of red flags and the comparison to October 2019 (51 red flags in October, 49 red flags in November). Staff are encouraged to raise red flags when there are concerns relating to safe staffing levels.

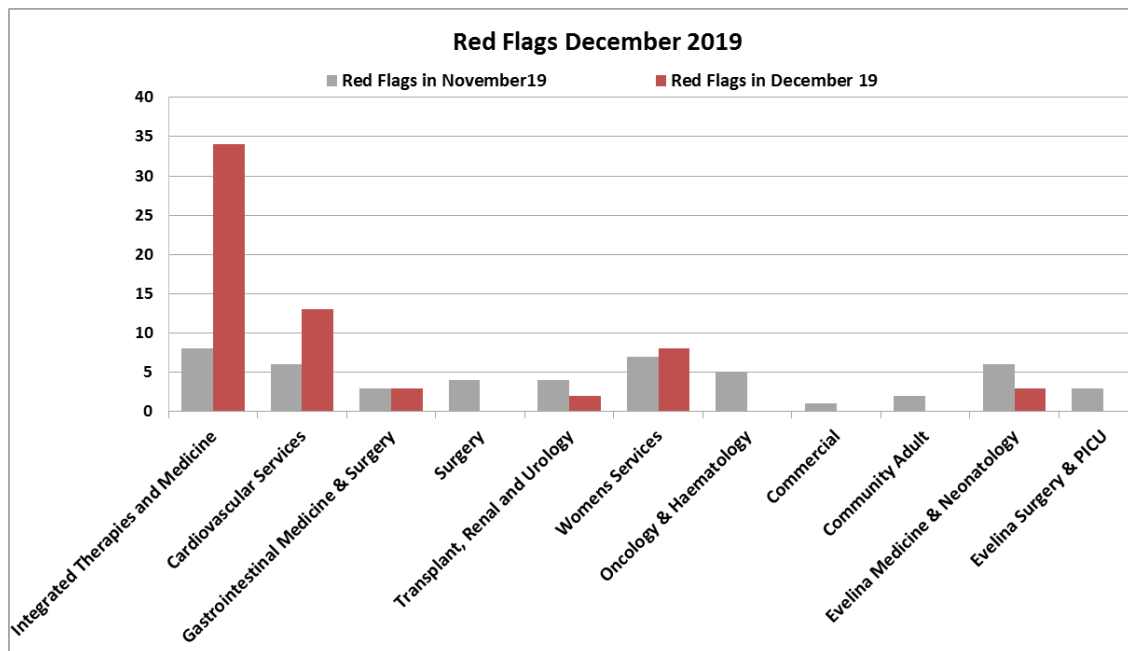


Table 10

## 5.2 Efficient Employment, Minimising Agency Use

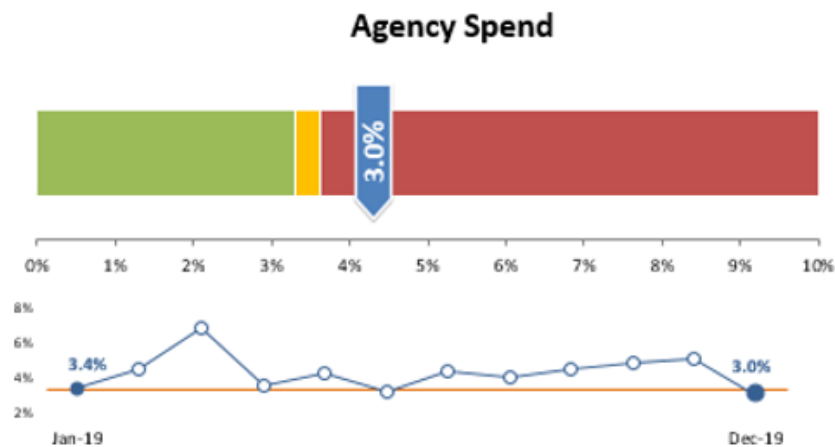
Roster challenge boards continue which are designed to improve rostering against agreed KPIs. These are being led by the Chief Nurse Workforce team to ensure that all areas are producing effective, fair, safe and efficient rosters. There has been a significant amount of work undertaken to add new areas onto Health Roster and to ensure rosters are properly allocated on Health Roster.

All nursing areas	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	12Aug- 8th Sep	9thSep- 6thOct	7th Oct - 3rd Nov	4th Nov - 1st Dec	2nd Dec - 29th Dec
Planned Hours	583,188	588,827	589,675	590,355	600,409	633,300	641,701	639,480	641,592	646,070	711,507	652,685	655,325	665,526	670,407	691,499	407,694
Actual Hours	539,042	541,510	551,757	521,209	538,871	576,540	572,925	568,448	580,969	581,757	696,731	583,265	565,353	589,519	873,659	613,806	326,340
Actual CHPPD	8.6	8.8	8.9	9.3	9.6	10.1	10.2	11.0	9.8	9.8	11.7	11.8	11.4	16.6	8.9	11.5	11.1
Required CHPPD	8.3	8.3	8.3	8.3	8.3	8.3	8.0	8.1	8.4	8.3	7.3	8.4	8.6	6.8	6.4	7.2	7.1
Additional Duties (No of shifts over budget)	4,918	5,007	4,972	4,629	5,015	5,100	5,022	5,412	5,830	5,626	5,756	5,812	5,844	6,132	5,726	5,486	2,450
Overall Owed Hours (Net Hours)	149,592	115,128	163,134	172,017	158,745	132,208	91,888	97,569	96,125	103,004	113,245	119,384	117,139	138,948	118,325	106,178	127,675
Annual Leave % - Target 11-17%	11.7%	11.6%	11.2%	13.4%	12.7%	13.9%	16.6%	14.6%	11.5%	12.3%	11.5%	13.9%	17.5%	10.3%	11.3%	10.3%	14.0%
Total Unavailability % - Headroom/uplift Allowance - Target 24%	25.9%	26.0%	24.7%	26.3%	25.6%	26.2%	28.0%	27.0%	23.9%	24.3%	23.4%	23.0%	28.3%	25.1%	27.1%	25.8%	23.4%
Roster Approval (Full) Lead Time Days - Target 42 days	31	24	34	38	65	48	40	42	40	42	46	45	43	42	42	43	44

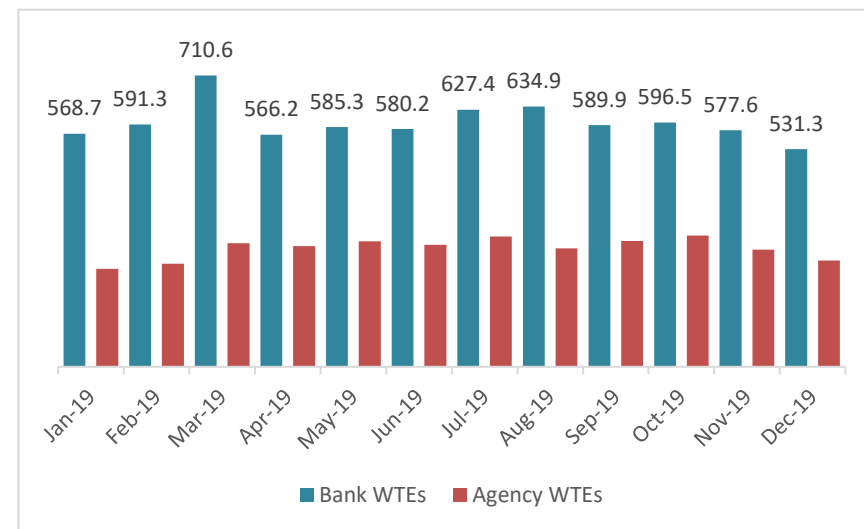
*Table 11: September 2018 - December 2019*

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 and sustained improvement throughout 2019 and the KPI has been met for the last 8 months. The “net” or “owed hours” have reduced overall, however, have increased again at the end of the year, the cause of this is an error in the system which will be resolved in the next system upgrade which is due in spring 2020 and the implementation of ESR Go which has identified the need to change the current process for people who commence or terminate their contracts in relation to the roster period.

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 December 2019 was 3.0% of the total nursing staff pay bill (Table 12). This is a decrease of 2.1% from the previous month. Measures are in place within Directorates/SBU to monitor and reduce agency spend.

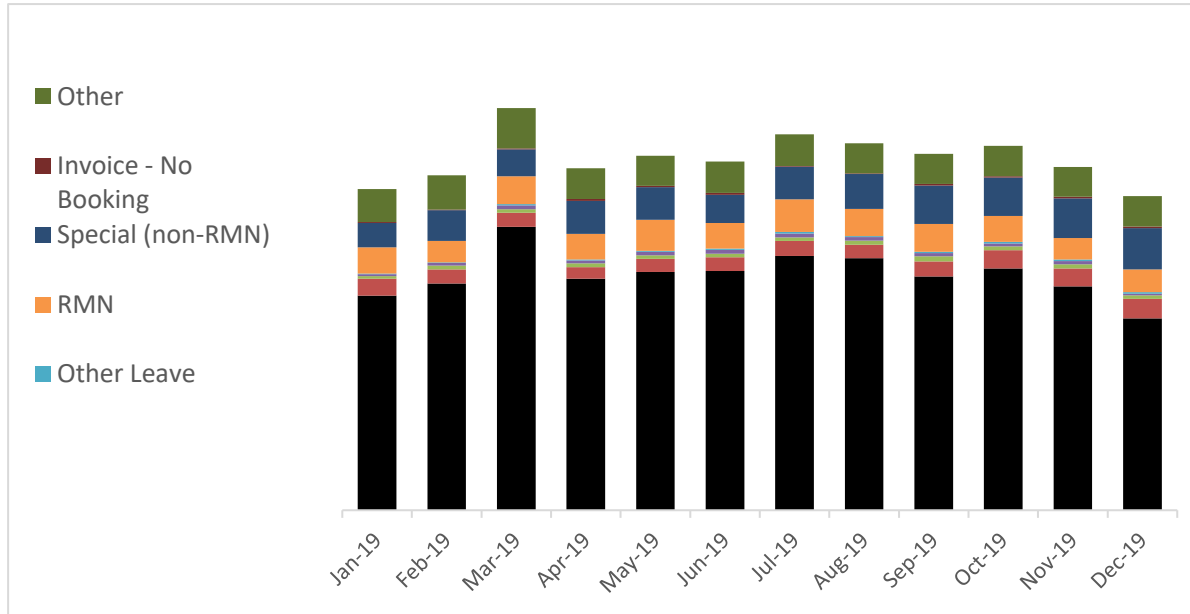


**Table 12**



**Table 13**

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



**Table 14**

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.

## **6.0 Request to the Board of Directors**

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