Board Briefing	NHS Guy's and St Thomas' NHS Foundation Trust
Board Briefing of Nursing and Midwifery Staffing Levels	**Date of Briefing** March 2019 (February 2019 data)

This paper is for:		Sponsor:	**Chief Nurse - Dame Eileen Sills (DBE)**
Decision		Author:	**Workforce Team (Chief Nurse's Office)**
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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 February 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 February 2019

- The vacancy rate is 12.8%, which is an increase of 0.4% from the previous month. The WTE of staff in post increased from January but the establishment grew at a greater rate. There was a decrease in the number of leavers for the third consecutive month which has helped reduce the impact of this.
- As of 28th February there were 483 additional external candidates in the recruitment pipeline who are expected to join the Trust over the coming months.
- The rate of agency spend was greater this month than in January at 4.5% but this is an improvement compared to February 2018.
- Voluntary turnover is lower than it was last month and at this point last year. There were 47 leavers overall this month, which accounts for 5% of leavers in the last year.
- Sickness is down 0.6% from last month. The rate of long-term sickness within this has decreased from last month's 48.0% to 44.6%.
- PDR compliance has increased for a second consecutive month to 83.4%. It is up 1.3% from January.
- Mandatory training compliance has also increased for a second consecutive month.

3.0 EXPECTATION 1 – RIGHT STAFF

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 of posts and the right staff in post. Table 1 sets out the current overall nursing and midwifery workforce metrics in comparison to February 2018.

Staffing measures	February 2018	February 2019	Difference	Change
Nursing Establishment WTE	6296.93	6549.44	252.51	▲
Nursing Staff in Post WTE	5561.66	5714.36	152.70	▲
Vacancies WTE	735.27	835.08	99.81	▲
Vacancy rate	11.7%	12.8%	1.1%	▲
Annual turnover	14.8%	14.7%	-0.1%	▼
Red Flags raised	114	114		-
Agency % of Pay bill	4.6%	4.5%	0.1%	▼
Planned v Actual Hrs used	96.5%	98.8%	2.3%	▲

Table 1
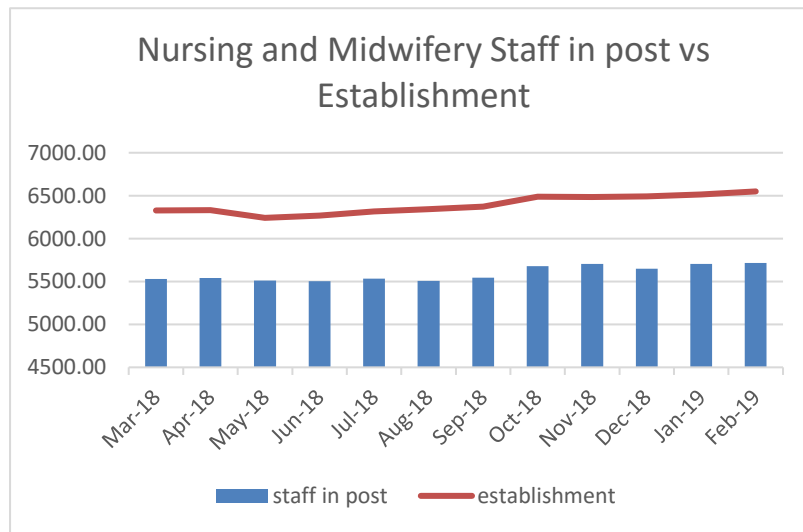
Table 2
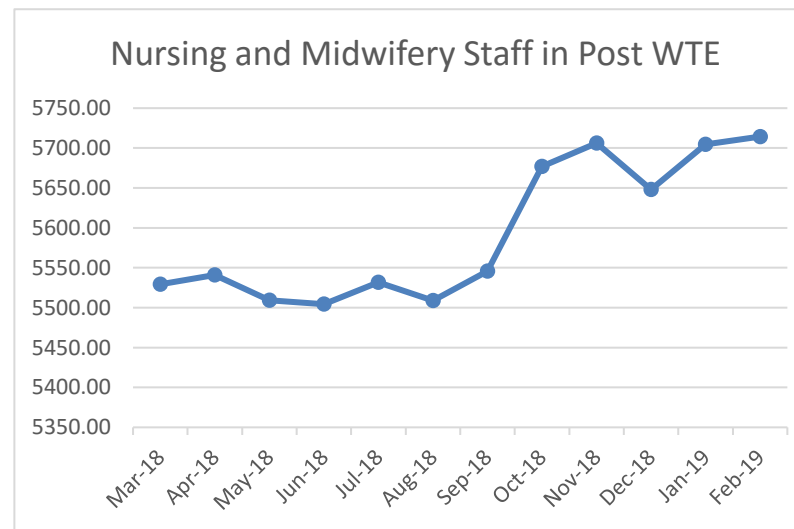
Table 3

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 variation of staff in post. The latter has positively influenced the turnover figure with fewer leavers to factor in.

Active recruitment strategies continue, however, retention of our staff remains a key focus with a number of activities being undertaken Trust wide. As indicated previously, we have been part of the Retention Collaborative led by NHSI and we hosted a team from NHSI who reviewed our retention activities and initiatives to date. There was a healthy discussion and they have requested the team to support other organisations who are having challenges with retention. An updated action plan has been created and sent to NHSI.

Sickness has reduced this month for the first time in 6 months. There has also been a corresponding reduction in the percentage of staff on long term sickness.
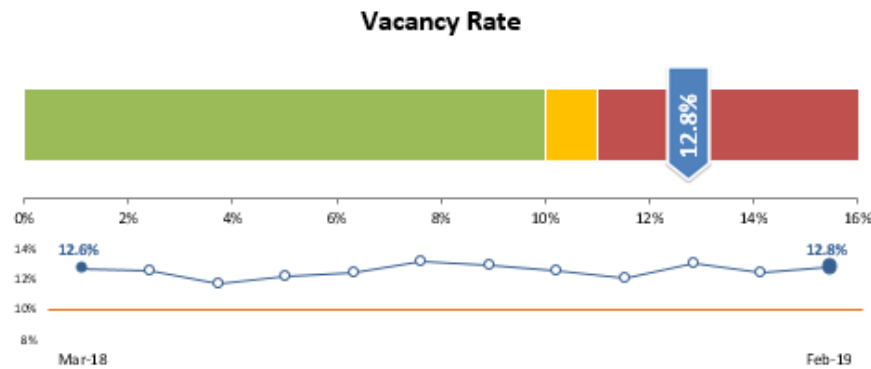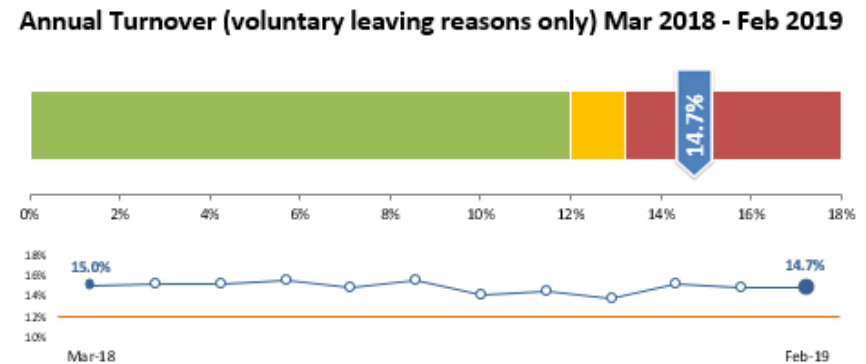

Table 4

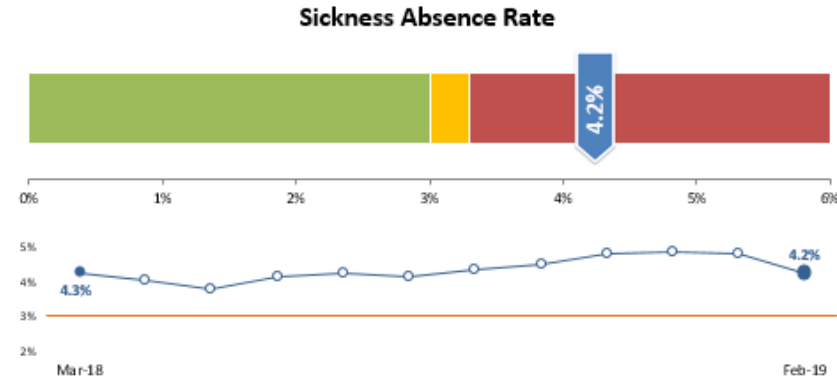*Table 5*

Sickness Absence Rate

Table 6

3.3 Activity and Acuity

The number of bed days in the shorter month of February 2019 stood at 45,315 (Table 7). This is 5,057 fewer than the previous month, however, represents an additional 4,809 bed days from the same period in 2018 which demonstrates a 12% 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.

	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**
February 2019	7,530	9,369	25,371	3,008	38	45,315	16.6%	20.7%	56.0%	6.6%	0.1%
January 2019	8,318	10,592	28,243	3,199	20	50,371	16.5%	21.0%	56.1%	6.4%	0.0%

Table 7

The fill rate for registered staff was 98.8% in comparison to an unregistered staff fill rate of 110.3%, with an overall fill rate of 95.8%. 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 Leads make operational patient safety decisions on a shift by shift basis to ensure all areas are safely staffed.

There is representation from the Chief Nurses' Workforce team at the daily situation report meeting to support all staff resources being effectively utilised across the Trust, to ensure safe staffing and minimise any impact on activity, especially in areas where flex beds are unable to be closed.

The Trust average 'Care hours per patient day' (CHPPD) was 10.8 for the month of February. This figure is reported monthly 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. Review of Safe Care data (as set out in Section 5.2 and Table 11 located therein) demonstrates a more accurate reflection of the CHPPD based on actual patient acuity and dependency. It also captures some of the fluctuations in activity in areas (e.g. ambulatory or day case patients) which is not reflected in the national metric.

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 85.2%. This has improved marginally from the previous month overall. 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.
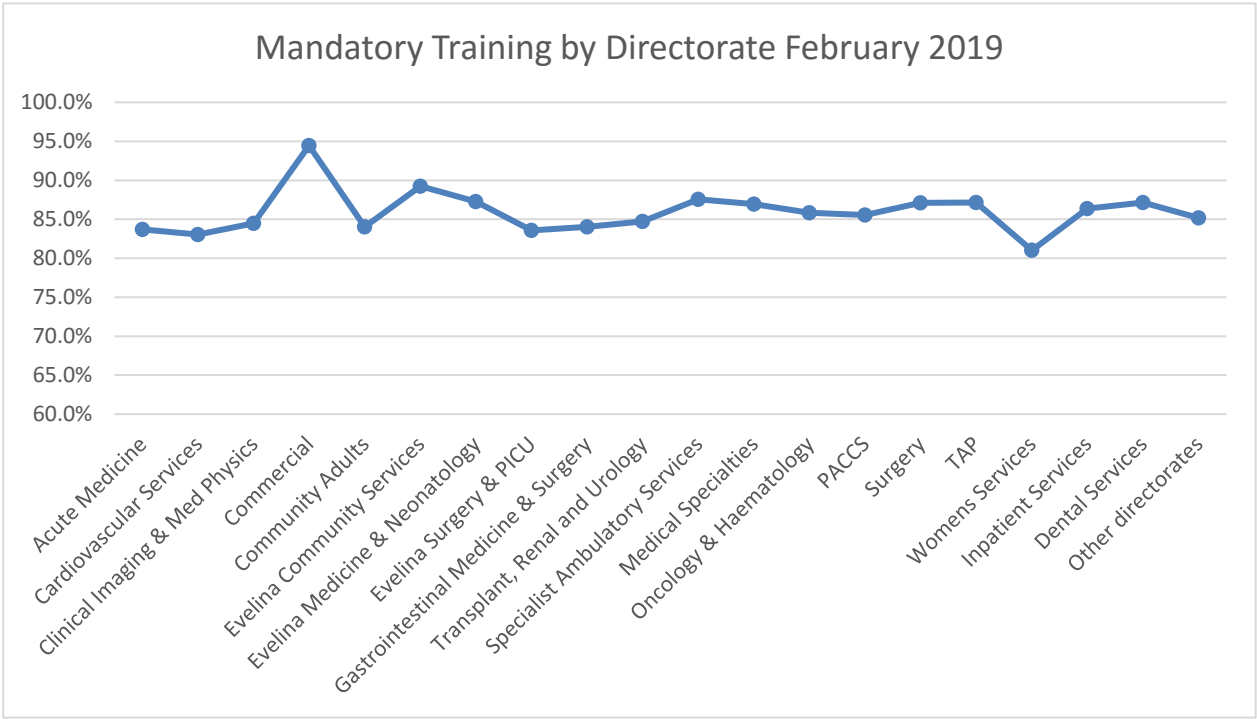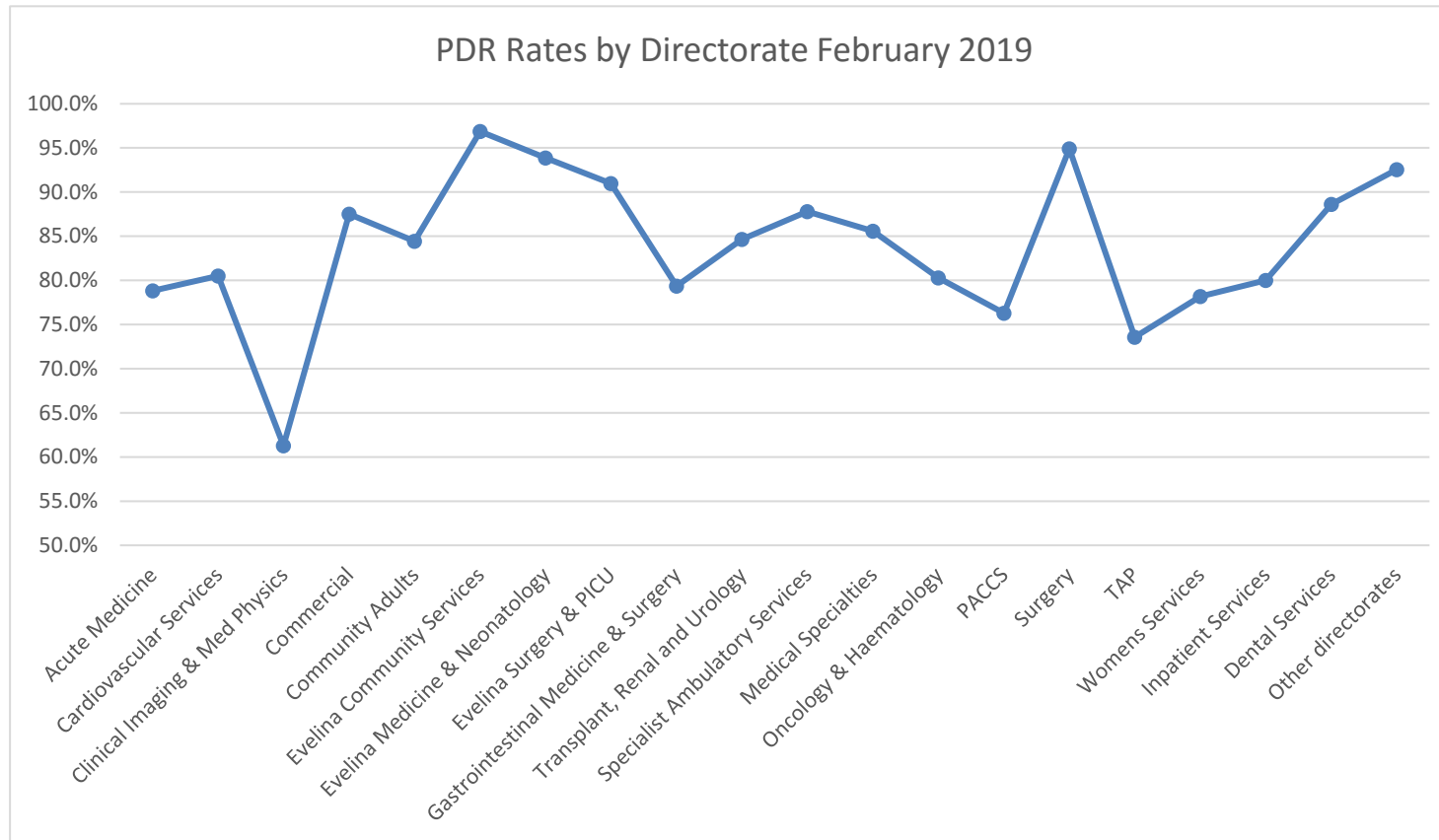

Table 8

The current PDR rate across the nursing and midwifery workforce is 83.4% which is a substantial increase from the previous month. 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.

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 Trust, in collaboration with London South Bank University (LSBU), South London and Maudsley (SLAM) and Health Education England (HEE), have commenced the Nursing Associate programme, focusing primarily in community nursing. This is funded through the apprenticeship levy and a number of apprentices commenced their programme in December with the remainder commencing in February and March 2019.

There are issues with ensuring that all new and potential candidates have the appropriate maths and English qualifications and this is being addressed both locally and through HEE.   There has been a high level scoping exercise undertaken internally to understand the potential opportunity that implementation of the Nursing Associate role presents to the organisation. The outcome is now going through a more detailed assessment, however, it does demonstrate that there is both appetite and opportunity to expand the role across the Trust in inpatient, outpatient and ambulatory areas.

EXPECTATION 3: RIGHT PLACE AND TIME

5.1   Efficient Deployment and Flexibility

With the implementation of Safe Care across all adult and children's inpatient areas in the Trust, there is now visibility, in real time, throughout the organisation, of appropriate levels of staffing for our patients. The use of Safe Care Live is now fully embedded in the daily situation report meetings to assess the patient acuity and staffing, twice daily in all areas, at the beginning of the day and night shift. There are some areas who are collecting data 3 times a day due to known variation in activity. 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 February 2019, 114 red flags were raised by staff highlighting concerns with staffing. Table 10 shows the distribution of red flags and the comparison to January 2019. Staff are encouraged to raise red flags where there may be concerns with safe staffing levels.
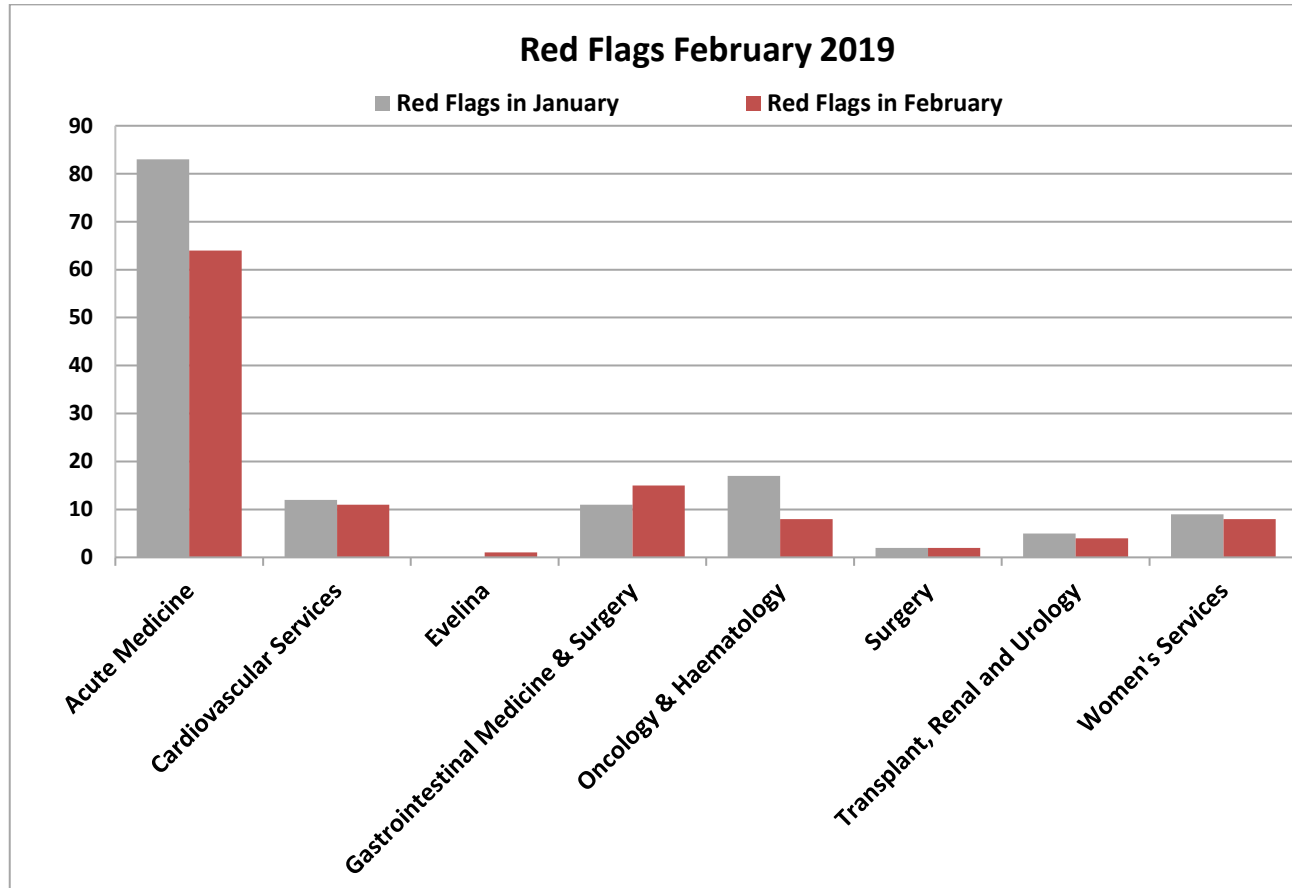
Red Flags February 2019

■ Red Flags in January   ■ Red Flags in February

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 and CLIMP, and to ensure these rosters are allocated on the Health Roster hierarchies for reporting purposes. The current trajectory is that all nurses and midwives should be on HealthRoster and a project plan to complete this within 9-12 months is being developed.

| All nursing areas	26th Feb - 25th Mar	26th Mar - 22nd Apr	23rd Apr - 20th May	21st May - 17th Jun	18th Jun - 15th Jul	16th Jul - 12th Aug	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
Planned Hours	569,053	567,288	573,163	572,317	575,132	581,105	583,312	583,188	588,827	589,675	590,355	600,409	633,300
Actual Hours	516,655	505,775	526,567	525,061	528,982	526,385	519,971	539,042	541,510	551,757	521,209	538,871	576,540
Required CHPPD	8.2	8.3	8.2	8.3	8.2	8.3	8.3	8.3	8.3	8.3	8.3	8.3	8.3
Actual CHPPD	7.9	8.3	8.4	8.4	8.3	8.6	8.5	8.6	8.8	8.9	9.3	9.6	10.1
Shifts Without Charge Cover	402	518	319	327	495	351	324	322	370	329	429	354	318
Additional Duties (No of shifts over budget)	4,712	4,730	4,463	4,330	4,831	4,288	4,620	4,918	5,007	4,972	4,629	5,015	5,100
Overall Owed Hours (Net Hours)	134,682	142,480	118,881	129,691	144,170	131,664	132,081	149,592	115,128	163,134	172,017	158,745	132,208
Annual Leave % - Target 11-17%	16.7%	14.3%	9.8%	11.7%	11.9%	14.6%	16.1%	11.7%	11.6%	11.2%	13.4%	12.7%	13.9%
Total Unavailability % - Headroom/uplift Allowance - Target 24%	29.0%	27.5%	22.2%	24.1%	24.8%	26.4%	28.7%	25.9%	26.0%	24.7%	26.3%	25.6%	26.2%
Roster Approval (Full) Lead Time Days - Target 42 days	18	21	20	22	23	23	24	31	24	34	38	65	48

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. Significant work is ongoing to improve a number of these metrics with a key focus on improving the timing of roster publication, recording of 'in charge' shifts and continued reduction in the number of hours owed whilst maintaining a close scrutiny on

annual leave management. All of these are being addressed through the monthly challenge boards. There has been an improvement in the number of overall owed hours in the last roster period, reflective of the work being undertaken in the areas to cleanse the data and improve the position whilst ensuring that any genuine hours owed or owing have a plan to pay them back.

Within the roster KPIs the 'Actual CHPPD' metric has risen marginally month on month since June/July 2018 and we are currently undertaking internal data analysis of this.

Having efficient rosters supports the measures taken to reduce agency spend across rostered areas. The agency spend (which represents invoices paid in month) in February 2019 was 4.5% of the total nursing staff pay bill (Table 12). Work is underway to help address the provision of enhanced care across the Trust particularly in relation to the care of patients with mental health needs.

Agency Spend
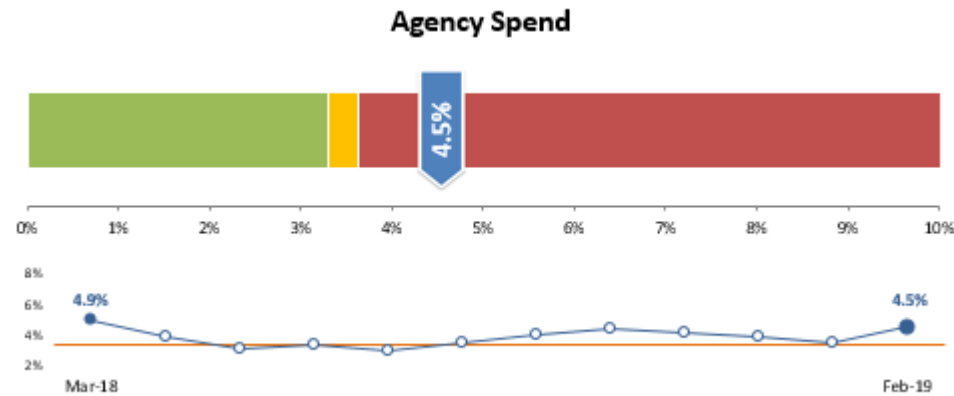
Table 12

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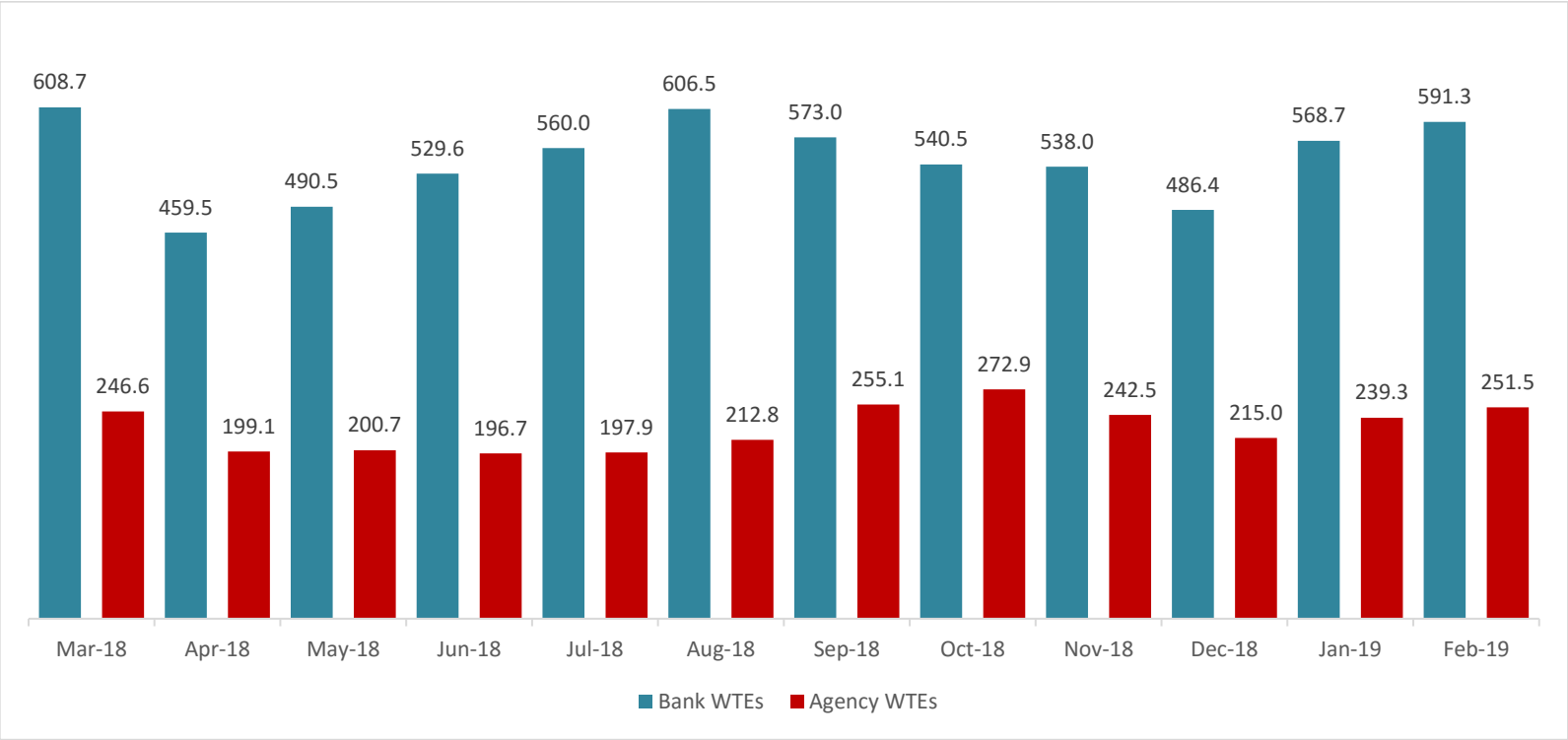
Table 13

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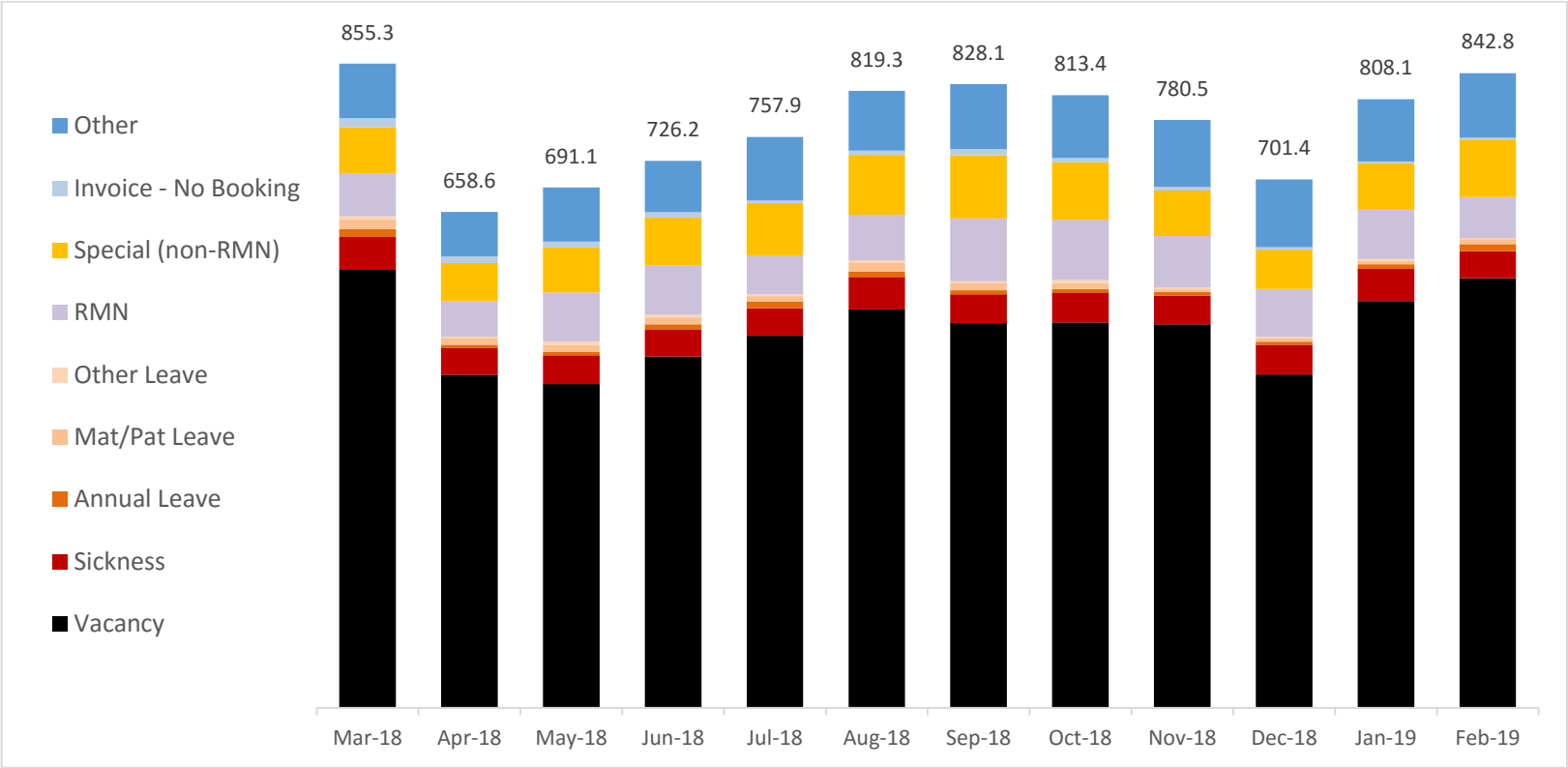

Table 14

6.0 Request to the Board of Directors

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