

Board Briefing



Guy's and St Thomas'
 NHS Foundation Trust

Board Briefing of Nursing and Midwifery Staffing Levels

Date of Briefing
 February 2019 (January 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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Board Committee*	<input type="checkbox"/>	
TME*	<input type="checkbox"/>	
Other*	<input type="checkbox"/>	

* *Specify*

1.0 Summary

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

- The vacancy rate is 12.4% which is a decrease of 0.6% from the previous month. This decrease is attributed to a greater number of joiners than leavers and only a small increase in the overall nursing and midwifery establishment.
- As of 31st January 2019 there were 401 additional external candidates in the recruitment pipeline who are expected to join the Trust over the coming months. In terms of forecasting, taking into account pipeline attrition and turnover, a further 20 external candidates would more than halve the vacancy rate.
- Agency spend reduced from the previous month, but the booked whole time equivalent (WTE) increased.
- The voluntary turnover rate has reduced to 14.8%, as the average staff in post increased in January and there was a decrease in year-on-year voluntary leavers.
- Sickness absence changed minimally overall from the previous month and stands at 4.8%. The long term proportion of sickness is 48%, compared to 55% last month.
- PDR compliance has increased by 2.6% from December and is the highest it has been in the last 12 months.
- The mandatory training compliance rate has decreased for the fourth consecutive month and is currently at 84.3%. This may be due to ongoing issues with the recording of training on WIRED.

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 January 2018.

Staffing measures	January 2018	January 2019	Difference	Change
Nursing Establishment WTE	6291.53	6512.87	221.34	▲
Nursing Staff in Post WTE	5526.39	5704.63	178.25	▲
Vacancies WTE	765.14	808.23	43.09	▲
Vacancy rate	12.2%	12.4%	0.2%	▲
Annual turnover	15.0%	14.8%	-0.2%	▼
Red Flags raised	80	144	64	▲
Agency % of Pay bill	3.7%	3.4%	-0.3%	▼
Planned v Actual Hrs used	94.8%	98.7%	3.9%	▲

Table 1

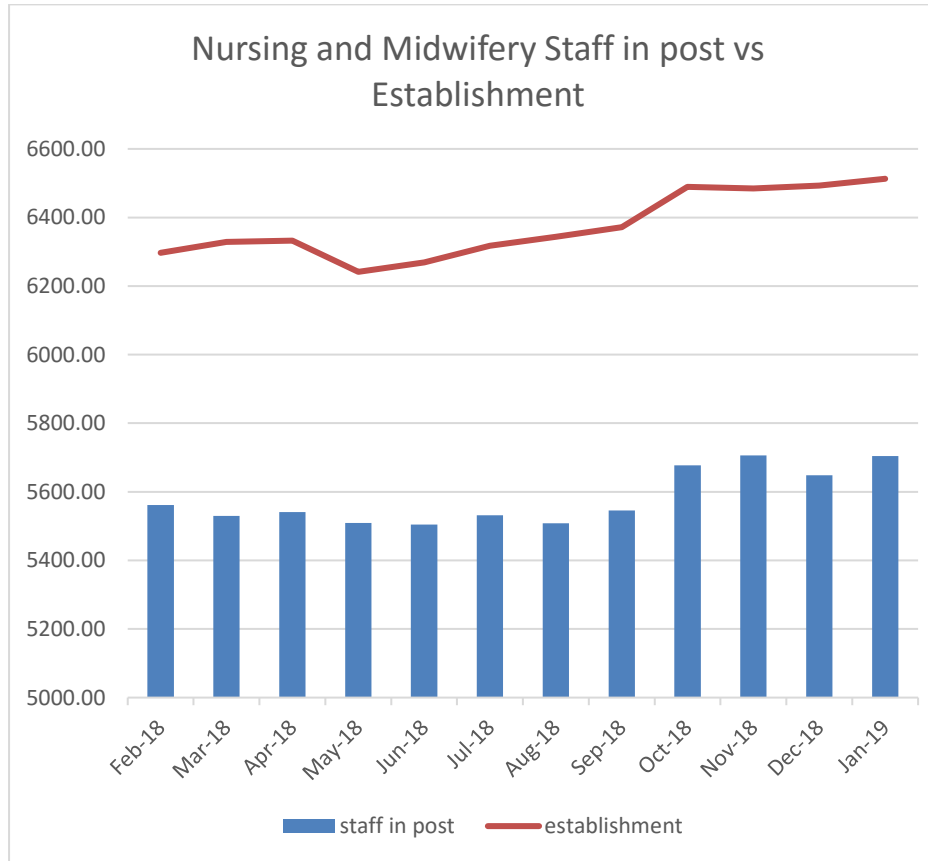


Table 2

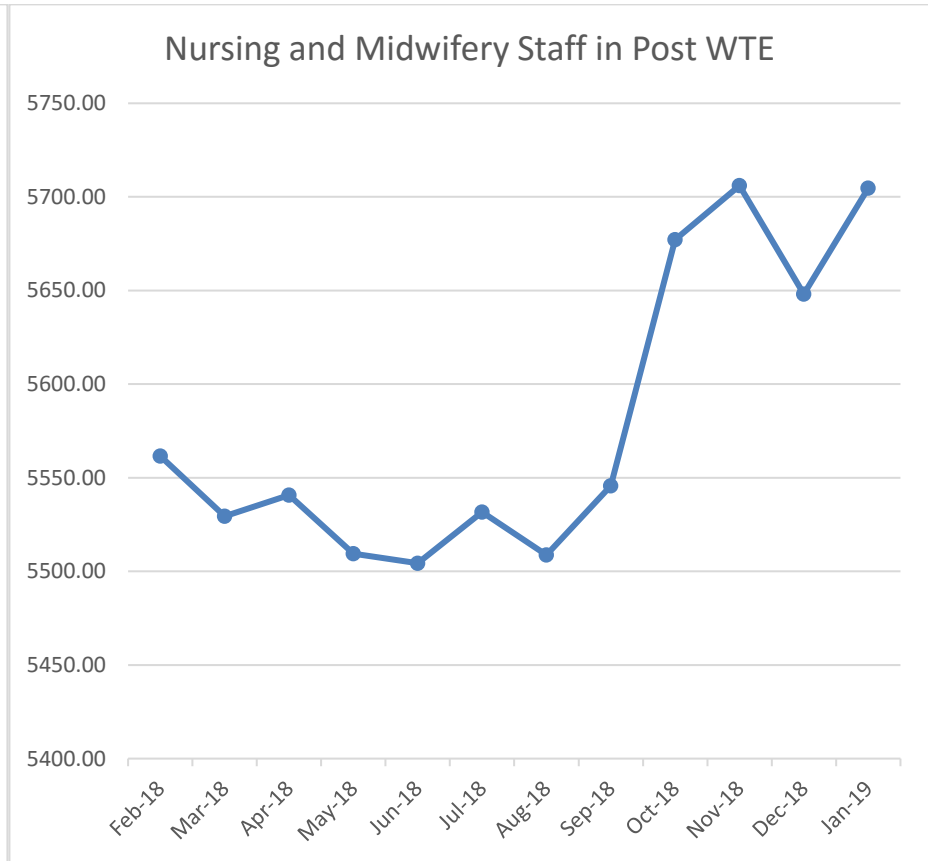


Table 3

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 in staff in post.

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 are now part of the Retention Collaborative led by NHSI and are reviewing the initiatives that have provided success for other organisations whilst continuing with our own successful initiatives including one stop career shops, internal transfers and stay conversations.

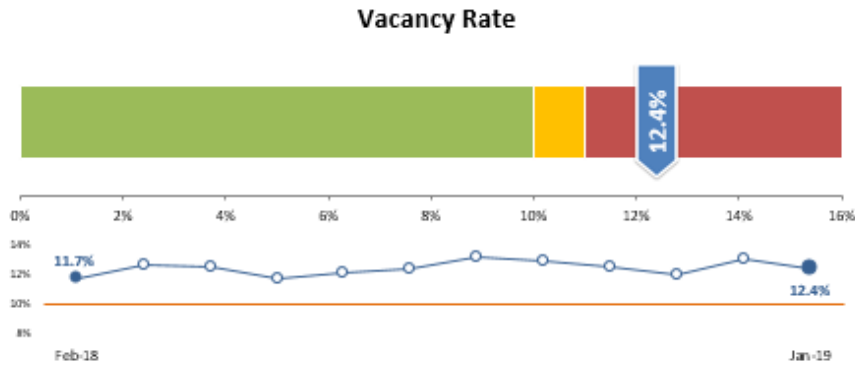


Table 4

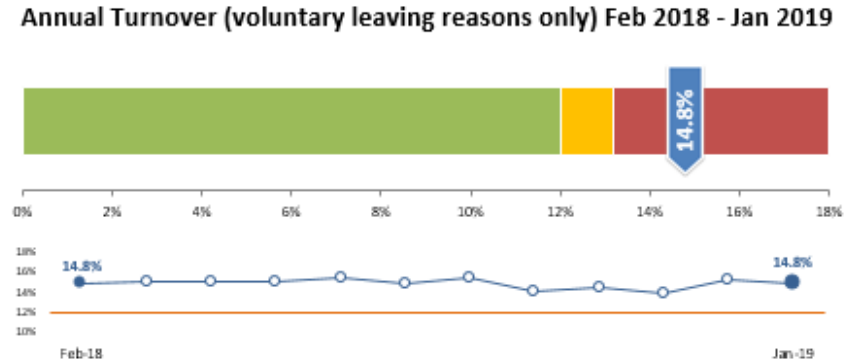


Table 5

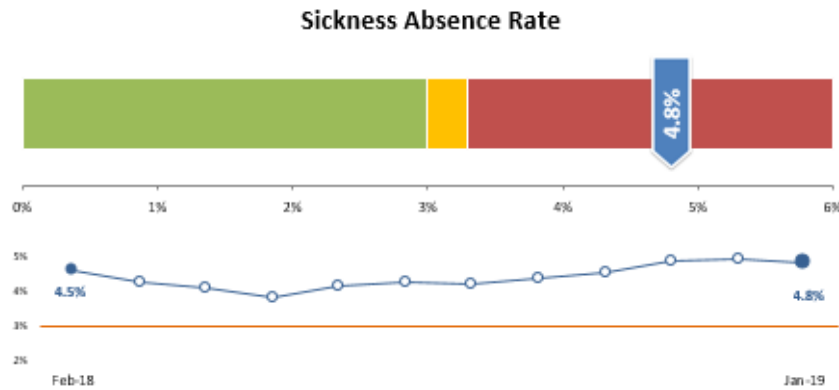


Table 6

3.3 Activity and Acuity

The number of bed days in January 2019 stood at 50,371 (Table 7). This is 3,529 more than the previous month and represents an additional 3,624 bed days from the same period in 2017 which demonstrates an 8% 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, however, there has been a rise in the number of level 2 patients in December 2018 and January 2019.

Month	Count of bed days						Proportion of bed days				
	Level 0	Level 1a	Level 1b	Level 2	Level 3	Total	level 0	Level 1a	Level 1b	Level 2	Level 3
January 2019	8,318	10,592	28,243	3,199	20	50,371	16.5%	21.0%	56.1%	6.4%	0.0%
December 2018	7,377	10,174	26,301	2,981	11	46,842	15.7%	21.7%	56.1%	6.4%	0.0%

Table 7

The fill rate for registered staff was 96.8% in comparison to an unregistered staff fill rate of 105.8%, with an overall fill rate of 98.7%. 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.

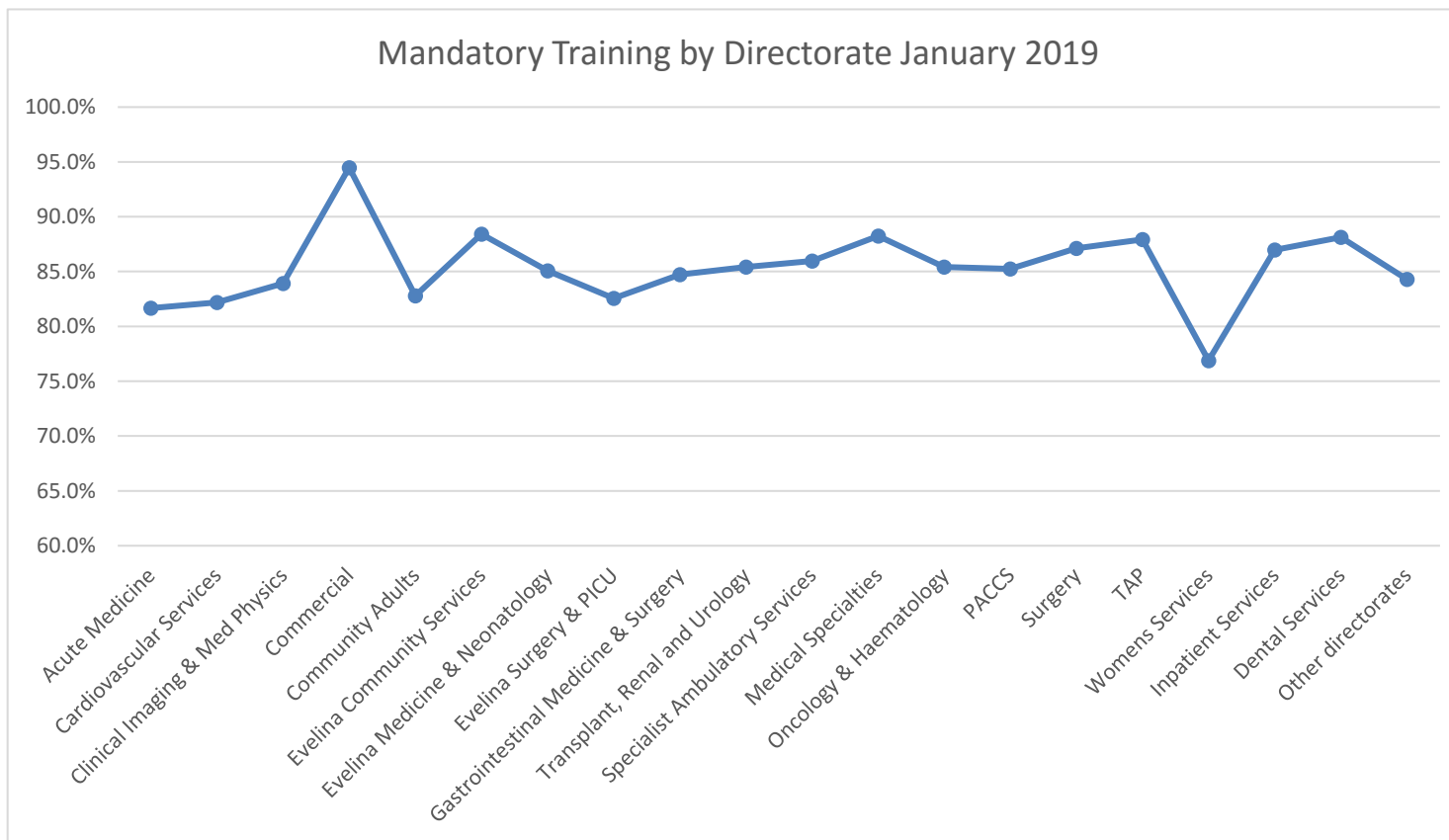
There is representation from the Chief Nurses' Workforce team at the daily situation report meeting to support all staff resources being effectively utilised across the Trust, to ensure safe staffing and minimise any impact on activity, especially in areas where flex beds are unable to be closed.

The Trust average 'Care hours per patient day' (CHPPD) was 10.7 for the month of January. 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 demonstrates that when acuity and dependency data is used to assess required and actual CHPPD, over the last year, the required versus actual is more comparable (as set out in Section 5.2 and Table 11 located therein). It is worth noting that in December and January the gap between required versus actual CHPPD and the number of Level 2 patients has increased and this has been apparent in a number of areas. This is of particular note in the haematology and oncology Directorate, where there has been a significant increase in the acuity of patients requiring additional support and care in order to meet their individual needs. This will be monitored closely to see whether this is a seasonal variation or an ongoing trend in increased acuity levels.

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 84.3%. 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.



The current PDR rate across the nursing and midwifery workforce is 82.1% 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.

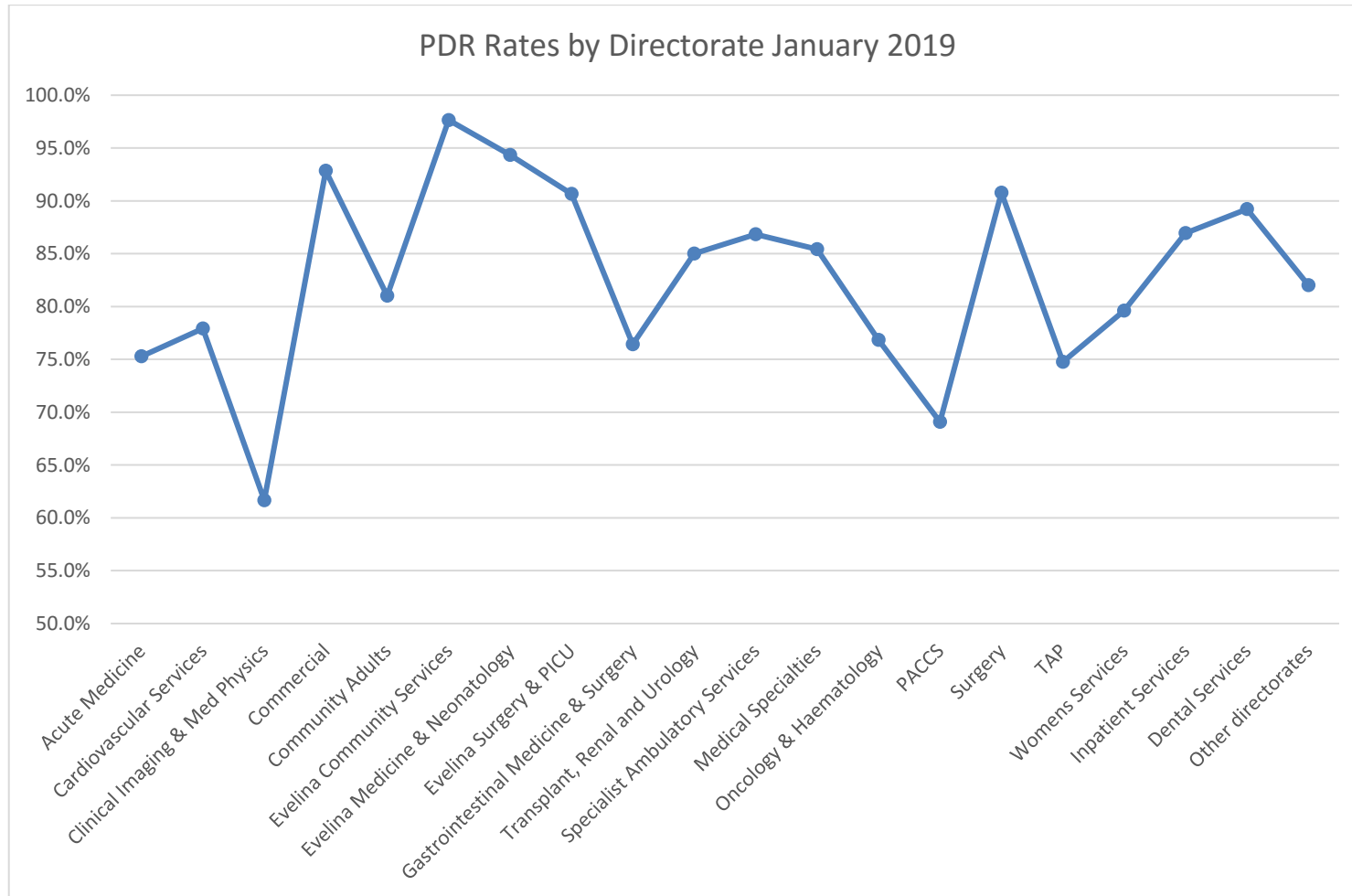


Table 9

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 have been issues with ensuring that all new candidates have the appropriate maths and English qualifications and this is being addressed locally and through HEE. In addition, there are eight staff members who are currently undertaking the Assistant Practitioner apprenticeship who are transitioning their learning to date onto the Nursing Associate programme. An implementation team have been recruited and commenced their roles within the CNO workforce team and are currently scoping with the Directorates the requirements for Nursing Associates as part of the ongoing workforce plan. This will inform the Trust as to the numbers of future cohorts and the financial modelling required.

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 the 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 January 2019, 144 red flags were raised by staff highlighting concerns with staffing. Table 10 shows the distribution of red flags and the comparison to December 2018. Staff are encouraged to raise red flags where there may be concerns with safe staffing levels. The increase in red flags in January further emphasises the challenges that the ward teams face in relation to increased acuity of patients.

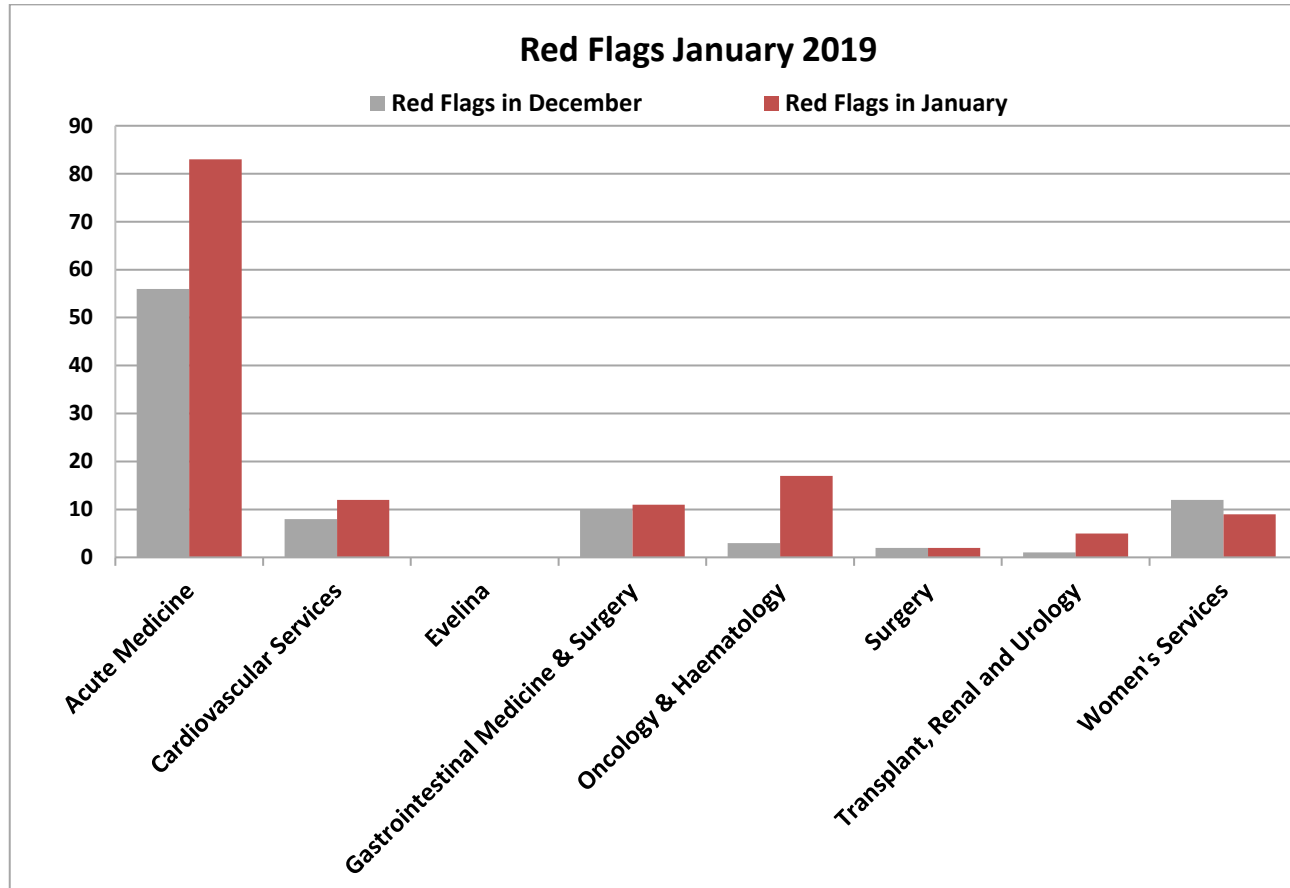


Table 10

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 to ensure rosters are properly allocated on Health Roster with recent changes in Directorate structures.

All nursing areas	29th Jan - 25th Feb	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
Planned Hours	571,193	569,053	567,288	573,163	572,317	575,132	581,105	583,312	583,188	588,827	589,675	590,355	600,409
Actual Hours	516,410	516,655	505,775	526,567	525,061	528,982	526,385	519,971	539,042	541,510	551,757	521,209	538,871
Required CHPPD	8.2	8.2	8.3	8.2	8.3	8.2	8.3	8.3	8.3	8.3	8.3	8.3	8.3
Actual CHPPD	8.6	7.9	8.3	8.4	8.4	8.3	8.6	8.5	8.6	8.8	8.9	9.3	9.6
Shifts Without Charge Cover	474	402	518	319	327	495	351	324	322	370	329	429	354
Additional Duties (No of shifts over budget)	4,870	4,712	4,730	4,463	4,330	4,831	4,288	4,620	4,918	5,007	4,972	4,629	5,015
Overall Owed Hours (Net Hours)	140,632	134,682	142,480	118,881	129,691	144,170	131,664	132,081	149,592	115,128	163,134	172,017	158,745
Annual Leave % - Target 11-17%	14.7%	16.7%	14.3%	9.8%	11.7%	11.9%	14.6%	16.1%	11.7%	11.6%	11.2%	13.4%	12.7%
Total Unavailability % - Headroom/uplift Allowance - Target 24%	28.4%	29.0%	27.5%	22.2%	24.1%	24.8%	26.4%	28.7%	25.9%	26.0%	24.7%	26.3%	25.6%
Roster Approval (Full) Lead Time Days - Target 42 days	18	18	21	20	22	23	23	24	31	24	34	38	65

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 a further improvement this month in the roster publication timing and this is in response to a significant push to get all rosters approved. There

has also 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 are paid back.

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 January 2019 was 3.4% 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.

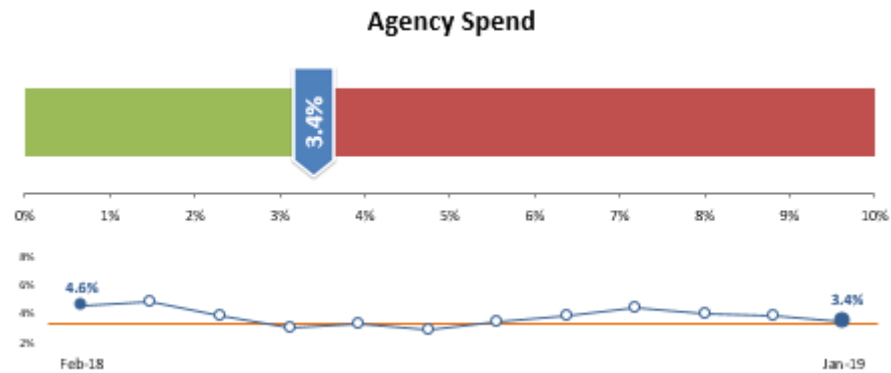


Table 12

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

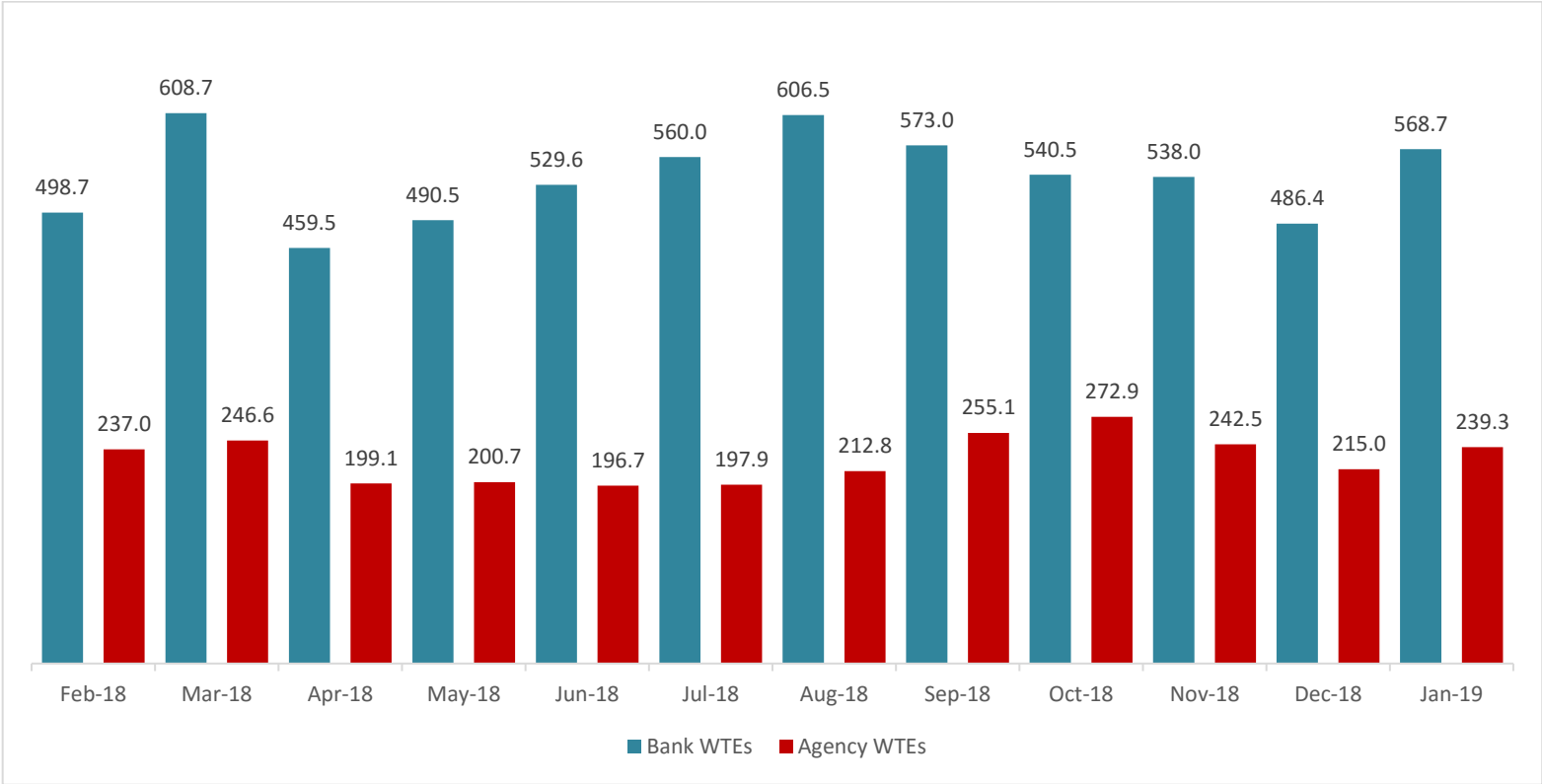


Table 13

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.

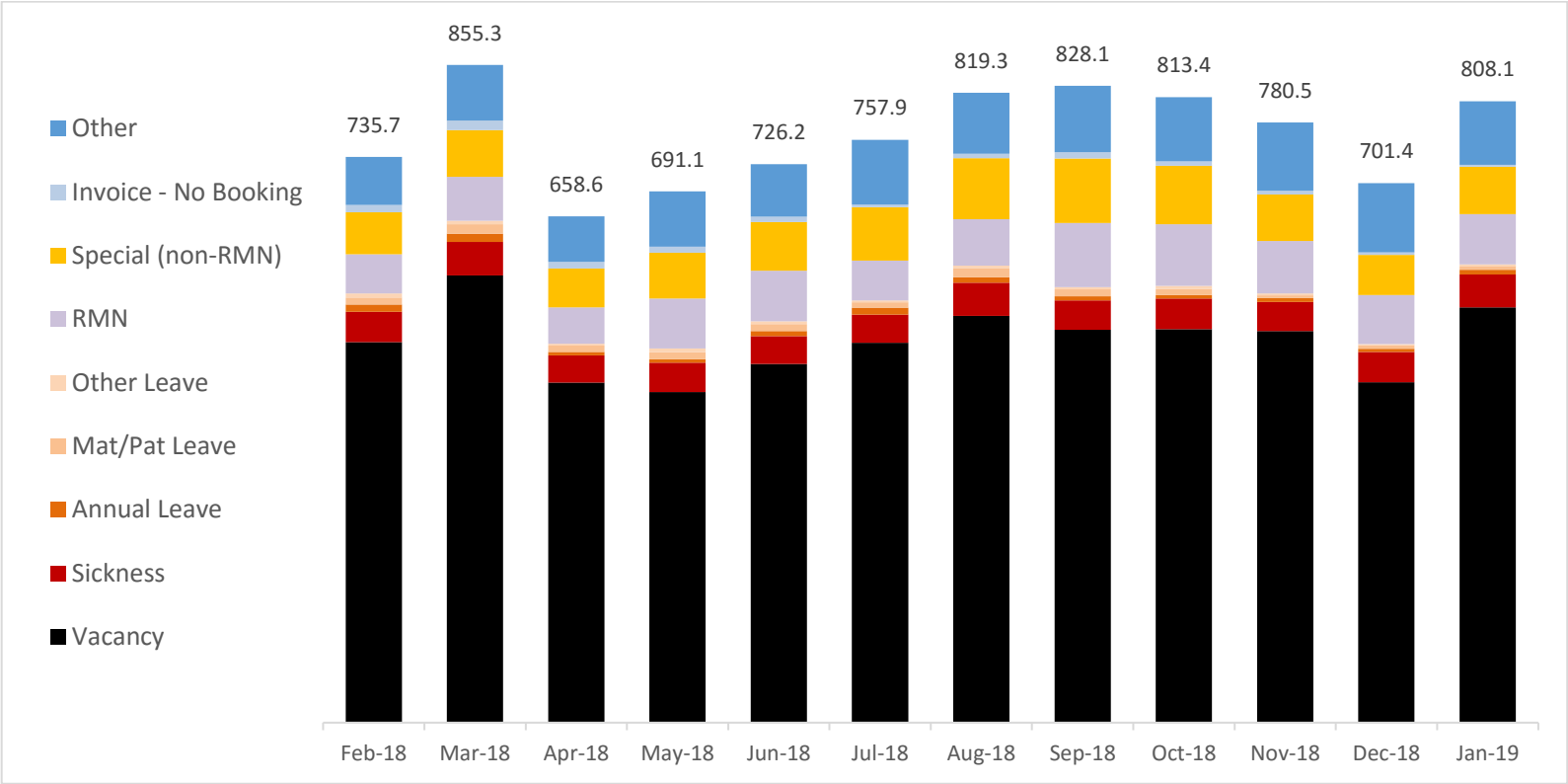


Table 14

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 commencement of the Nursing Associate programme at Guy's and St Thomas'.