Board Briefing	NHS Guy's and St Thomas' NHS Foundation Trust
Board Briefing of Nursing and Midwifery Staffing Levels	**Date of Briefing** August 2019 (July 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:	Toni Lynch, Deputy Chief Nurse
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 July 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 July 2019

- Vacancy rate increased slightly from 15.4% to 15.7% this month, driven by an increase in the establishment of 70.2 WTE. There was an increase in the number of leavers from 56 to 89 and an increase in new starters with the net position of 5742.04 WTE staff in post, this is the highest number ever at GSTT. If all current external applicants were added to the staff in post figure, the overall vacancy rate will be 6.0%.

- There is an increase in the number of wards with a vacancy rate of >20% (n=25), but these are projected to be resolved in the next 2-3 months with the new starters in the pipeline. There is an action plan in place to mitigate the risk in the interim and to ensure the projections are realised.

- Agency rate increased from 3.2% to 4.4% representing 1.2% increase this month, it is likely to be a reflection of the increase in the turnover rate this month and lack of reduction in the sickness absence rate.

- Voluntary Turnover went up again this month from 0.8% to 1.3%. There were 89 leavers this month compared to 56 last month. However, the annual turnover rate reduced to 13.3% which is its lowest rate in several years.

- For the fourth month running, the sickness absence rate is 4.3% but the rate went up in more Directorates with Dental having the highest rate of 6.7%. Human Resources (HR) have been engaged to support sickness management in order to reduce the burden from sickness absence.

- Performance Development Review Compliance Rate reduced again this month from 80.5% to 79.2% representing 1.3% decrease. However, the position is still favourable compared to July 2018 (74%).

- Mandatory training compliance increased slightly by 0.4% from 86.2% to 86.6%, it was 85.4% 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 July 2018, table 2 identifies the growth in establishment and table 3 sets out the growth of staff in post. The establishment has increased by 7.2% overall and staff in post increased by 3.7% to its highest point ever.

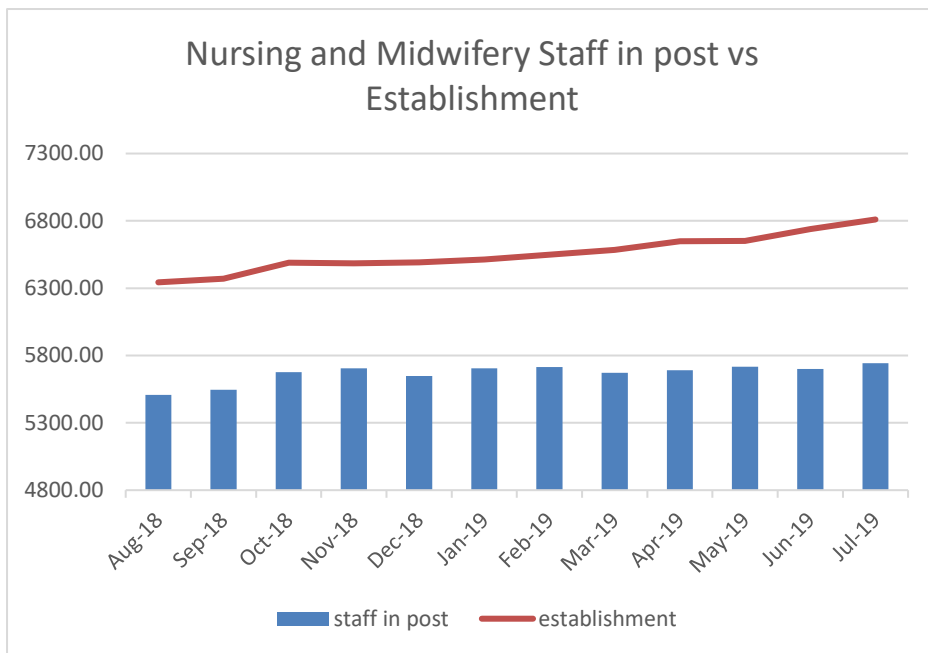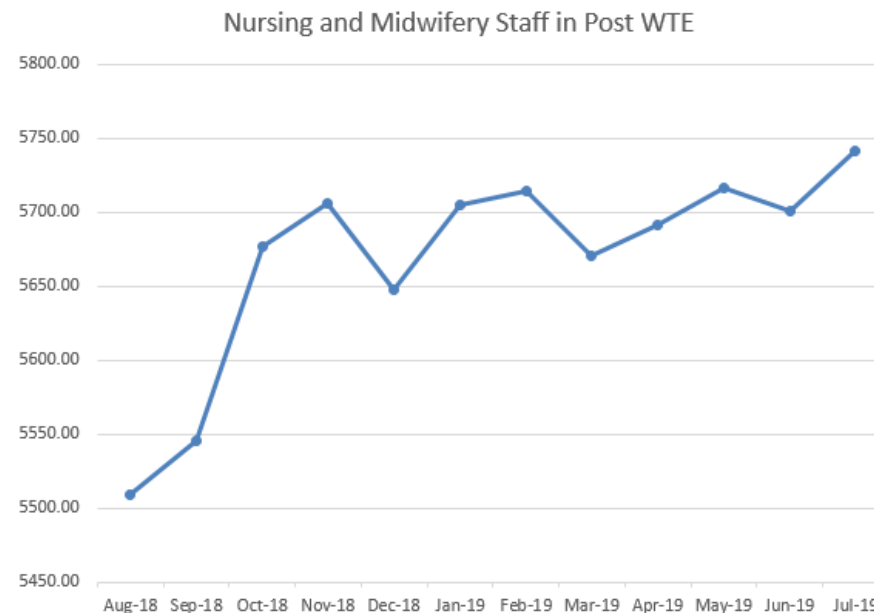| Staffing measures	July 2018	July 2019	Difference	Change
Nursing Establishment WTE	6317.26	6810.24	492.98	▲
Nursing Staff in Post WTE	5531.64	5742.04	210.40	▲
Vacancies WTE	785.62	1068.20	282.58	▲
Vacancy rate	12.4%	15.7%	3.3%	▲
Annual turnover	14.8%	13.3%	-1.5%	▼
Red Flags raised	126	123	-3	▼
Agency % of Pay bill	3.0%	4.4%	1.4%	▲
Planned v Actual Hrs used	98.3%	98.9%	0.6%	▲

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 2s. There is currently a waiting list for Band 2 nurses. There is a healthy pipeline of new starters waiting to join the Trust which includes circa 330 newly qualified nurses. This is approximately 100 more than in previous years.

The Trust have also joined the NHSI Healthcare Support Worker Vacancy Reduction programme which commences in September 2019.

A number of clinical areas have a vacancy rate of >20%, this is caused by the persistent challenge of recruiting sufficient staff or service expansion. In those areas, there are 2 weekly meetings with action plans to address the issues and mitigate in the short term whilst developing a medium and long term plan.

Retention remains a key focus and the team launched a One Stop Career Shop Trolley service, which visits the wards and departments with key information for staff, including what the Trust can offer in terms of career pathways but also health and wellbeing. These have been well received in the areas visited to date. There is a plan to ensure all areas receive a visit.
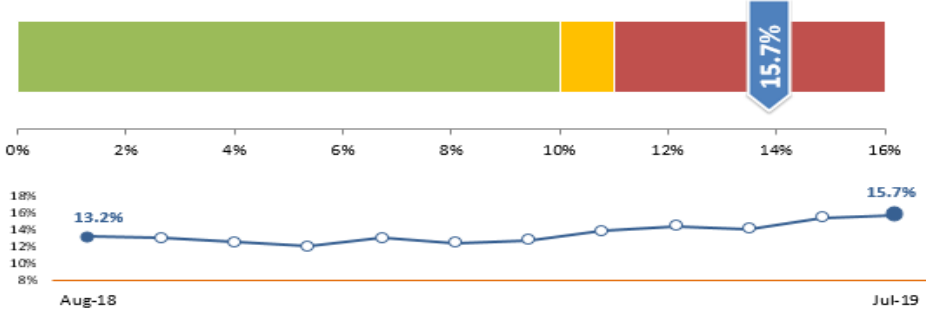
Vacancy Rate

Table 4

Annual Turnover (voluntary leaving reasons only) Aug 2018-July 2019
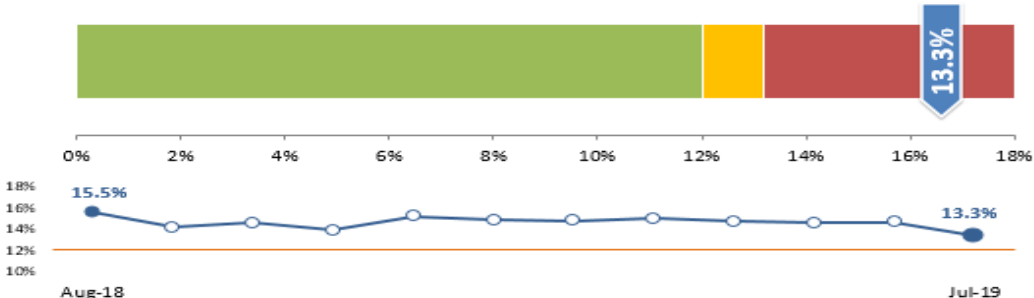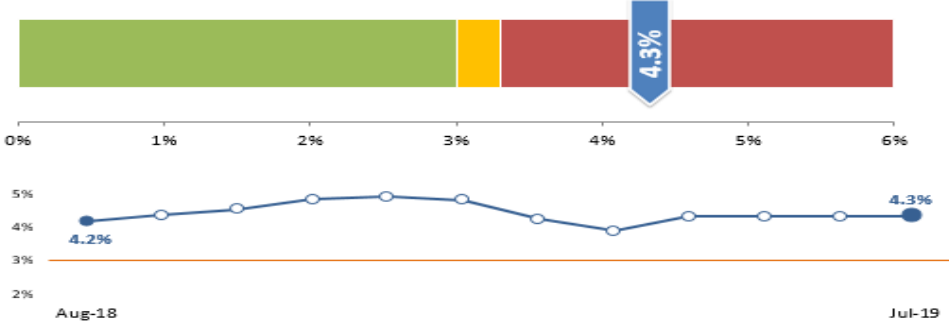
Table 5

Sickness Absence Rate

Table 6

3.3   Activity and Acuity

The number of bed days in July 2019 stood at 46,429 (Table 7). This is 978 more than the previous month and represents an additional 424 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.

	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
July 2019	7,207	10,979	25,908	2,274	62	46,429	15.5%	23.6%	55.8%	4.9%	0.1%
June 2019	6,936	10,467	25,745	2,213	91	45,451	15.3%	23.0%	56.6%	4.9%	0.2%

Table 7

The fill rate for registered staff was 94.1% in comparison to an unregistered staff fill rate of 116.5%, with an overall fill rate of 98.9%. 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.

There is representation from the Chief Nurses' Workforce team at the daily situation report meeting to ensure safe staffing and minimise any impact on activity, especially in areas where flex beds are open. As part of the staffing resilience planning, there is also a twice weekly Safe Staffing meeting, chaired by the Deputy Chief Nurse or Director of Nursing, to review the staffing for the following week and weekend, with a view to providing mutual aid or other mitigation as required.

The Trust average 'Care hours per patient day' (CHPPD) was 11.2 for the month of July. 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. The peer (Shelford Group) average, benchmarked on Model Hospital is 9.5 (May is the latest dataset on Model Hospital).

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 86.6%. This has increased slightly 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.
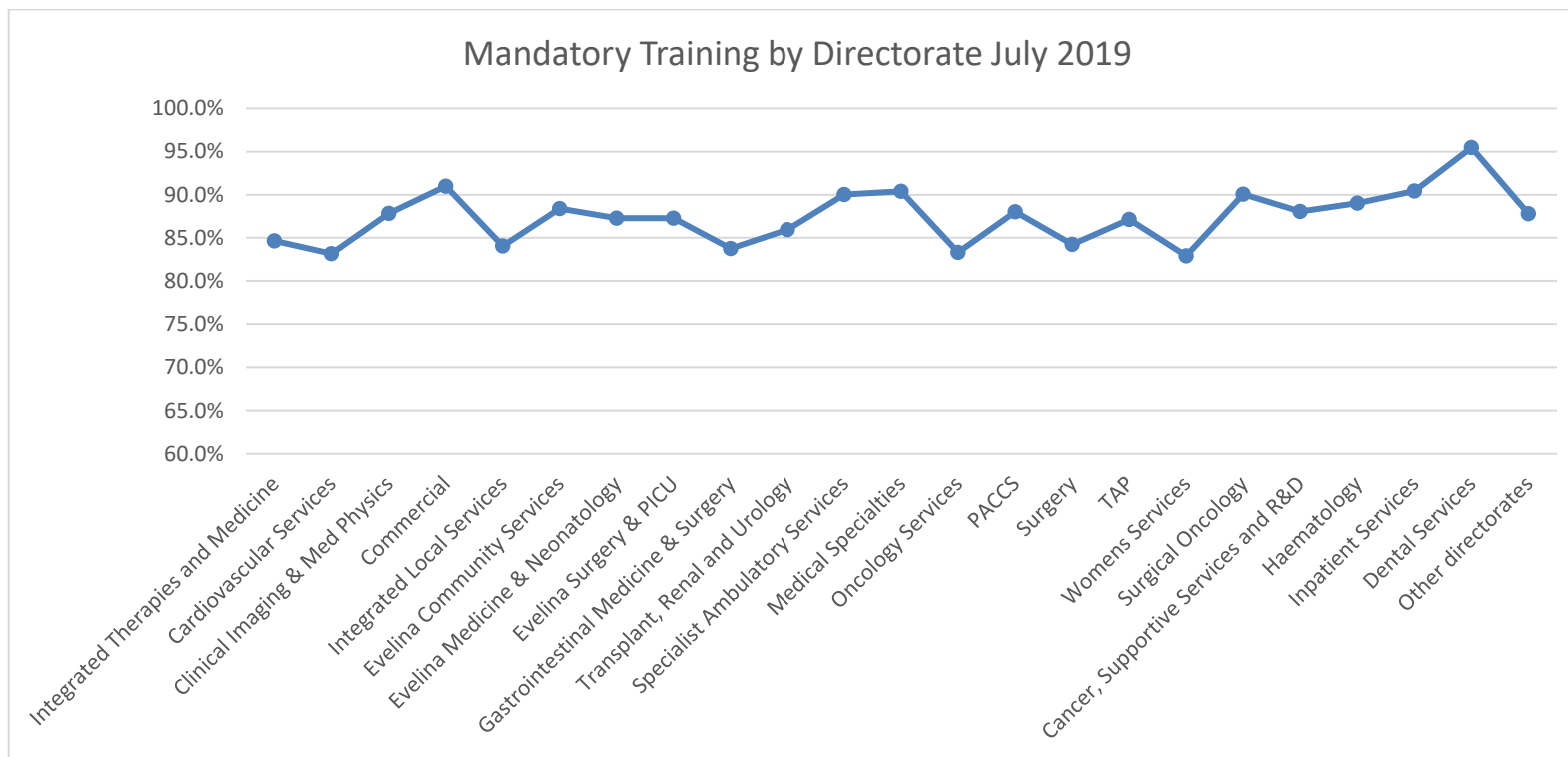

Table 8

The current Performance Development Review (PDR) rate across the nursing and midwifery workforce is 79.2% which is a decrease from the previous month, however, is 5.2% higher than at the corresponding 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).
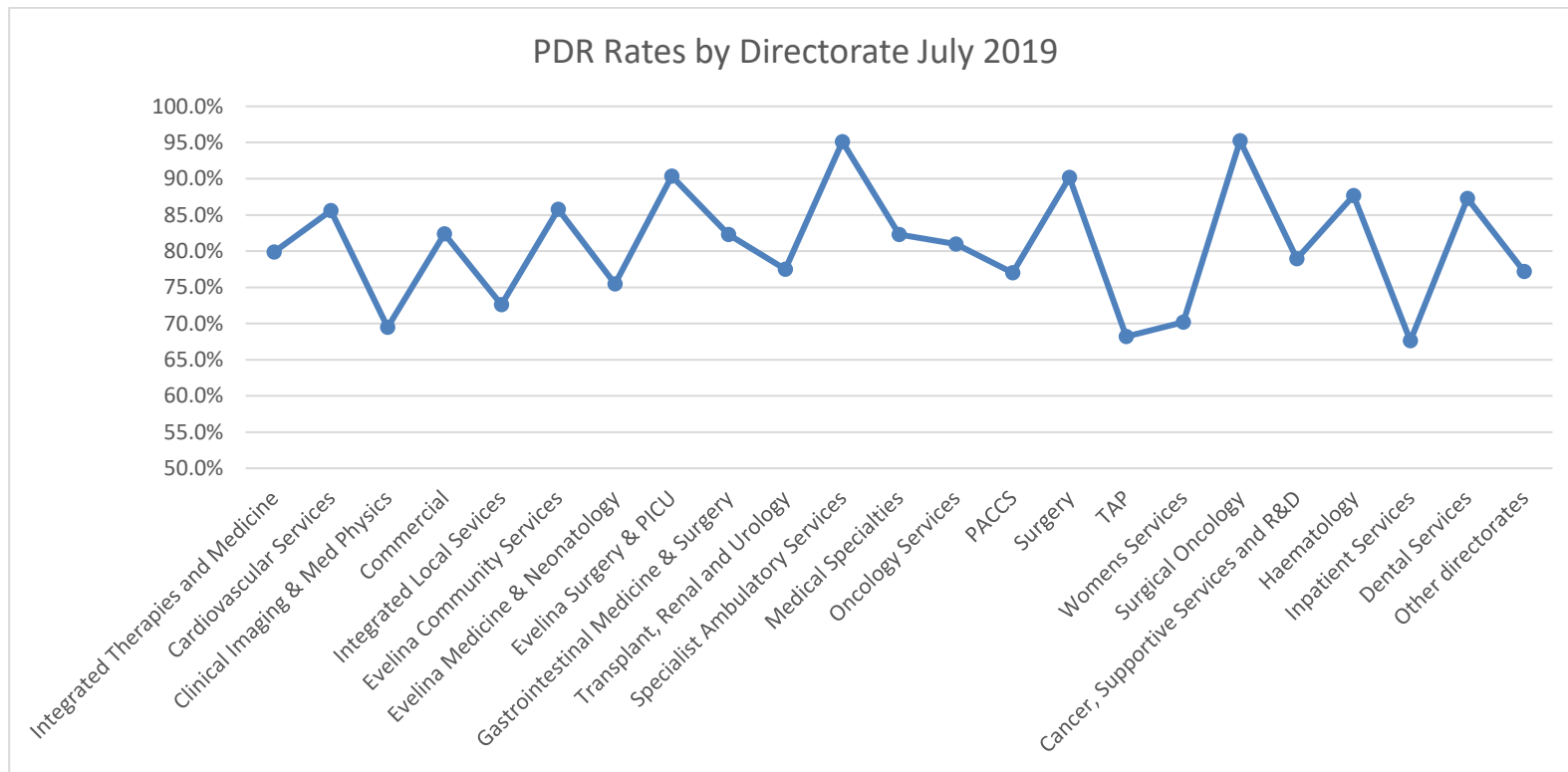

Table 9

4.2 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), commenced the Nursing Associate programme in December 2018. There are now 111 funded Nursing Associate places across the organisation with 70 currently in post, 32 going through recruitment processes and a further 9 being actively recruited. It is anticipated that all new recruits will have commenced their programme by autumn

2019. Directorates who are now taking Nursing Associates as host placements are Adult Community Services, Cardiovascular, Integrated Therapies and Medicine and Cancer Services.

In addition to the partnership with LSBU and SLAM, the Trust has also engaged with Coventry University to commence a direct entry Nursing Associate programme, planned to commence in May 2020.

EXPECTATION 3: RIGHT PLACE AND TIME

5.1   Efficient Deployment and Flexibility

Safe staffing of inpatient wards remains a focus with some wards continuing to have >20% vacancy rate. There are Directorate action plans which focus on effective and efficient use of their staff across a range of wards and departments. In addition there has been a Trust wide staffing action plan which aimed to mitigate risk. The nursing and midwifery recruitment and retention strategy is being refreshed for review in September 2019 in line with the Trust People Strategy, the Interim People Plan and the learning from participating in the NHSI retention collaborative.

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 July 2019, there was an increase in the number of red flags raised by staff highlighting concerns with staffing levels compared to previous month (n=24). Table 10 shows the distribution of red flags and the comparison to June 2019 (99 red flags in June, 123 Red flags in July). Staff are encouraged to raise red flags where there may be concerns with safe staffing levels.
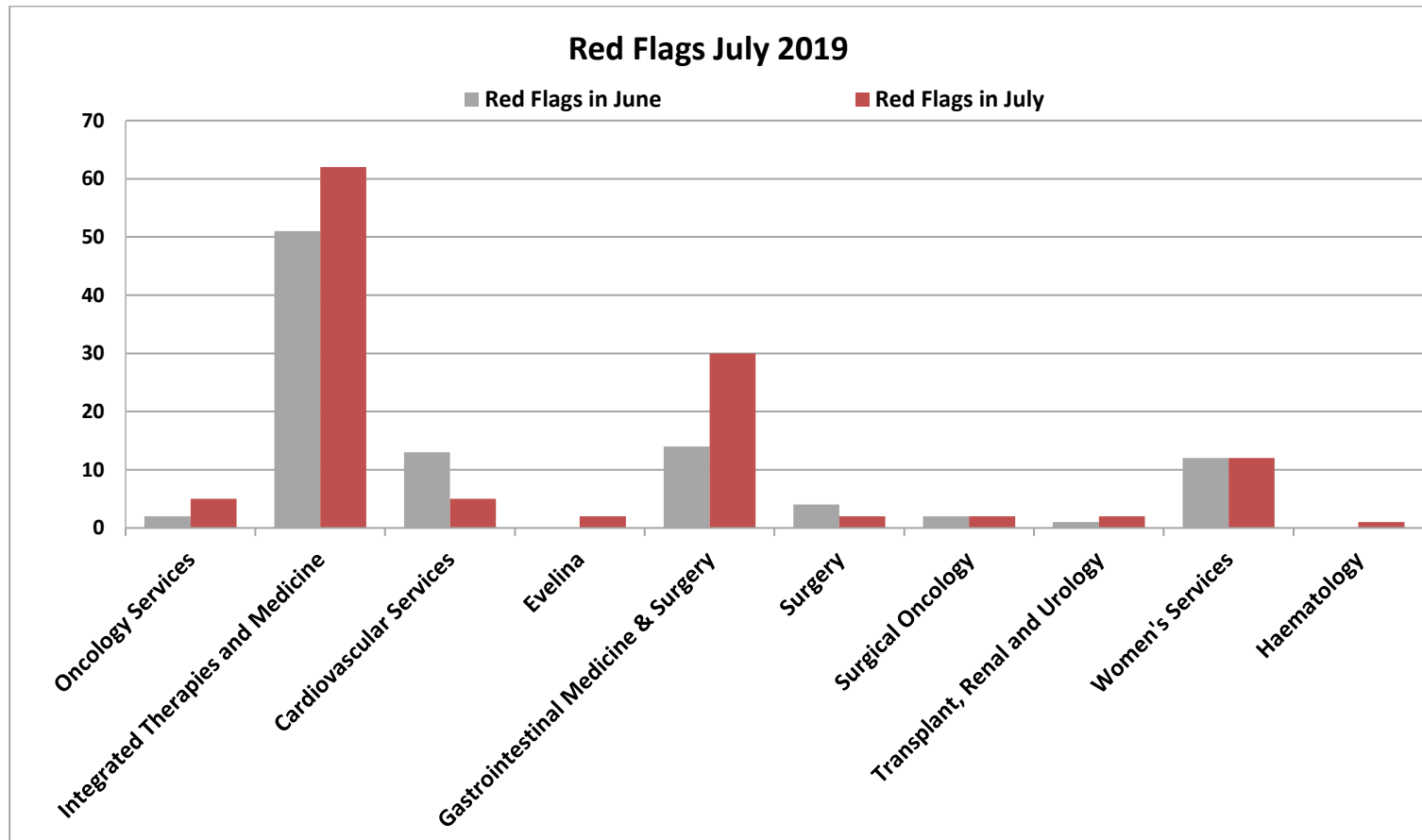
Red Flags July 2019

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, CLIMP and community midwifery, 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
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
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
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
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
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
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
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%
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%
Roster Approval (Full) Lead Time Days - Target 42 days	24	31	24	34	38	65	48	40	42	40	42	46

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 having been on improving the timing of roster publication, 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 challenge boards. Despite the ongoing work to cleanse the hours owed there has been an increase which has been partly driven by a glitch in the system following a recent upgrade, this will be resolved in the upgrade planned for later in the year. The roster lead time has predominantly been met since the turn of the year. There are a number of areas at department level who are still struggling and are being supported to ensure the target is met across all departments in the Trust.

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 July 2019 was 4.4% of the total nursing staff pay bill (Table 12). This is an increase from the previous month.
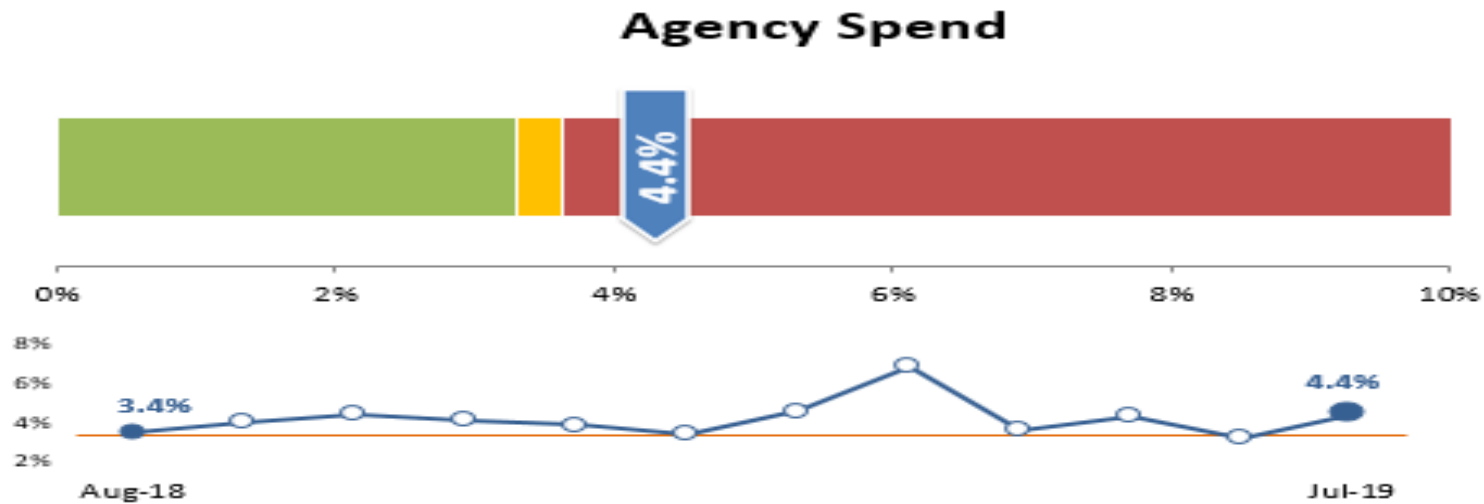
Agency Spend

Table 12

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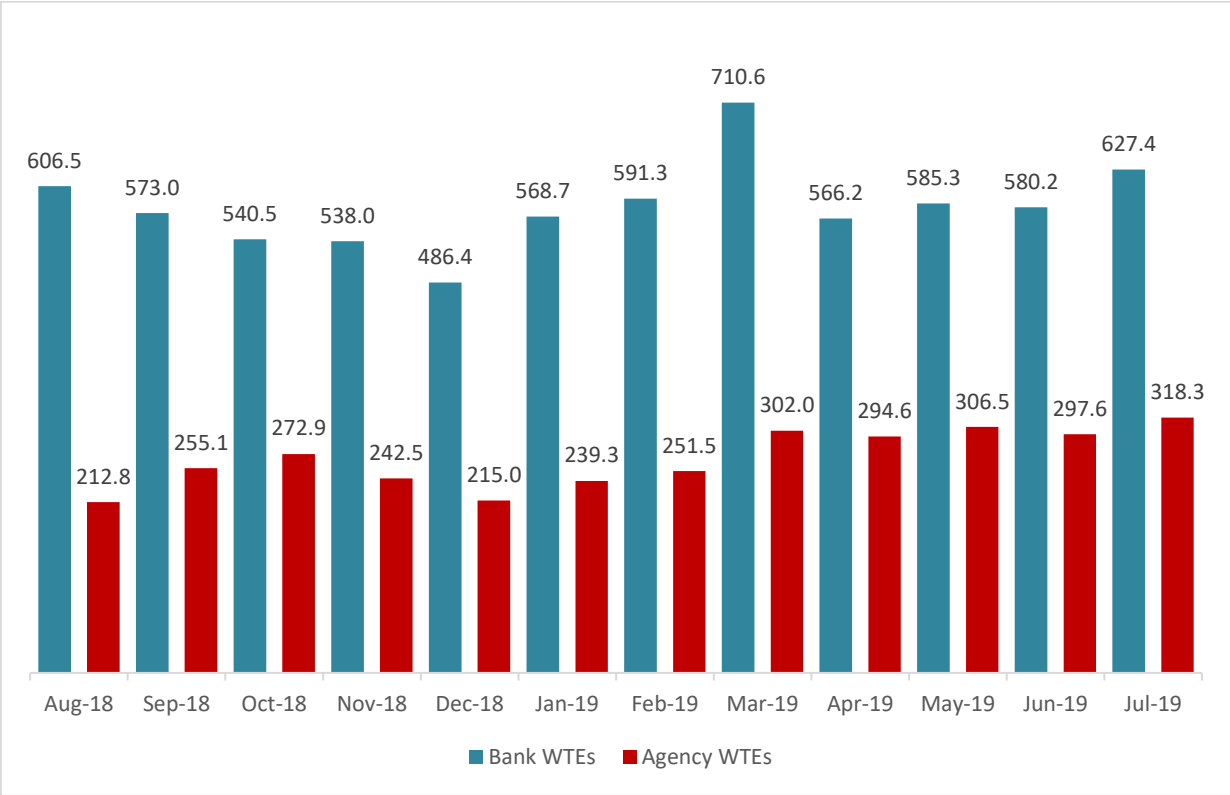

Table 13

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 Registered Mental Health Nurses (RMN).
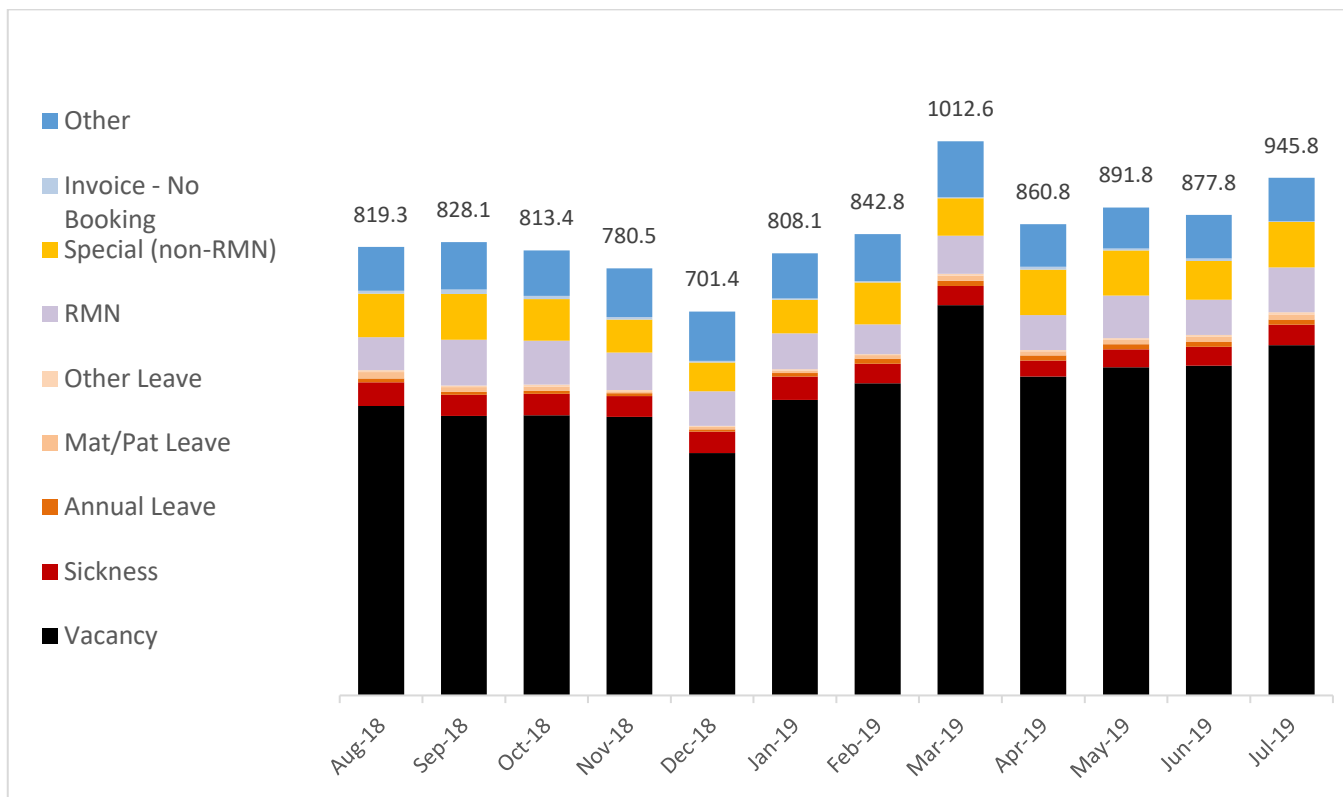
Table 14

6.0   Request to the Board of Directors

The Board of Directors are asked to note the information contained in this briefing, including the increased vacancy rate on a number of inpatient areas and the mitigation in place, 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 expansion of the Nursing Associate programme at Guy's and St Thomas'.