

**Board Briefing**



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

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

**Date of Briefing**  
 April 2019 (March 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 March 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 March 2019**

- The Vacancy rate is 13.9%, which is an increase of 1.1% from the previous month. The WTE of staff in post reduced marginally from last month's figure. The establishment continues to increase to support service delivery. If the current external applicants were added to the staff in post figure, the overall vacancy rate would be just over 5%.
- The rate of agency has increased to 6.8% this month.
- Voluntary turnover for the month increased marginally. There were 108 leavers this month compared to 47 last month.
- Sickness has reduced from 4.2% last month to 3.9% this month. It was 4.3% same time last year.
- PDR compliance rate has increased for a third consecutive month by 2.1% from 83.4% to 85.5%. It was 73.3% same time last year.
- Mandatory training compliance reduced by 1.1% from 85.2% to 84.1% over the month. It was 84.4% in March 2018.

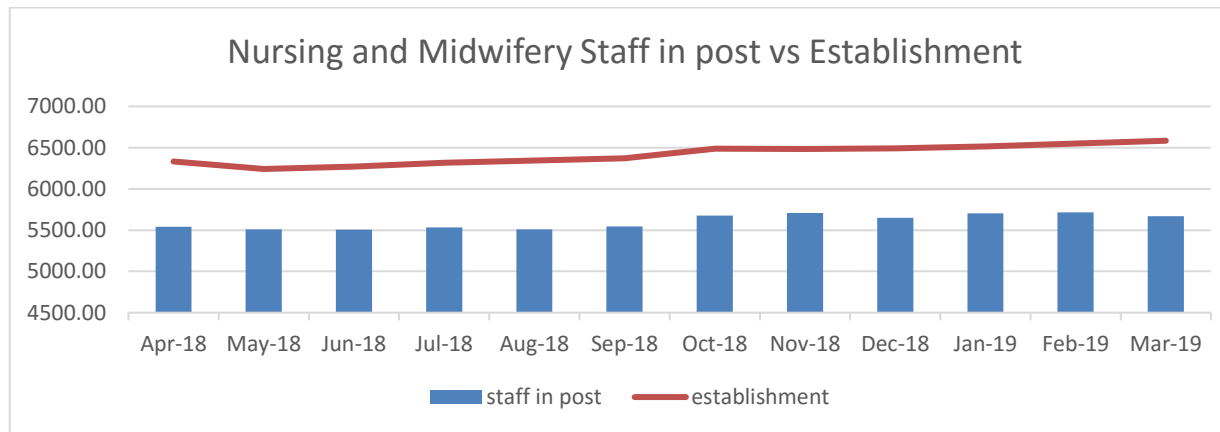
## EXPECTATION 1 – RIGHT STAFF

### 3.1 Evidence Based Workforce Planning

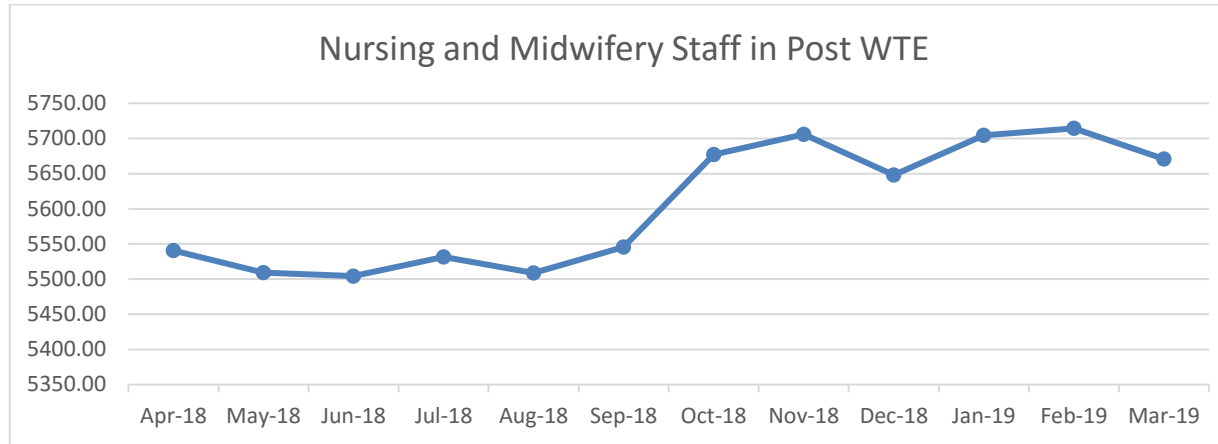
In order to ensure the safe and effective delivery of patient care it is essential that we have the right establishment of posts and the right staff in post. Table 1 sets out the current overall nursing and midwifery workforce metrics in comparison to March 2018.

Staffing measures	March 2018	March 2019	Difference	Change
Nursing Establishment WTE	6329.18	6583.89	254.71	▲
Nursing Staff in Post WTE	5529.46	5670.77	141.31	▲
Vacancies WTE	799.72	913.12	113.40	▲
Vacancy rate	12.6%	13.9%	1.3%	▲
Annual turnover	15.0%	14.9%	-0.1%	▼
Red Flags raised	134	152	18	▲
Agency % of Pay bill	4.9%	6.8%	1.9%	▼
Planned v Actual Hrs used	97.0%	97.8%	0.8%	▲

**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, however, retention of our staff remains a key focus with a number of activities being undertaken Trust wide. Retention initiatives also continue and an action plan has been submitted to NHSI as a result of the collaborative which the Trust were engaged in.

### Vacancy Rate

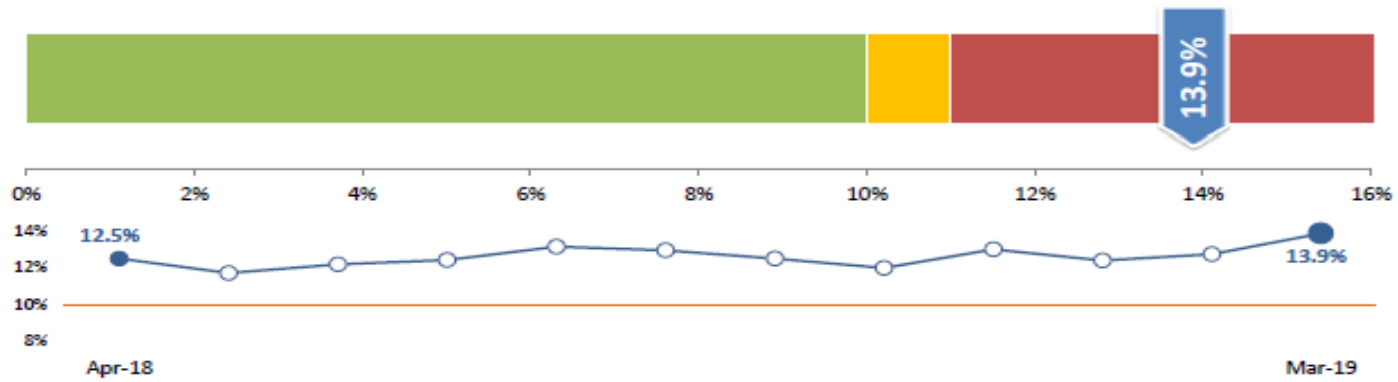


Table 4

### Annual Turnover (voluntary leaving reasons only) Apr 2018 - Mar 2019

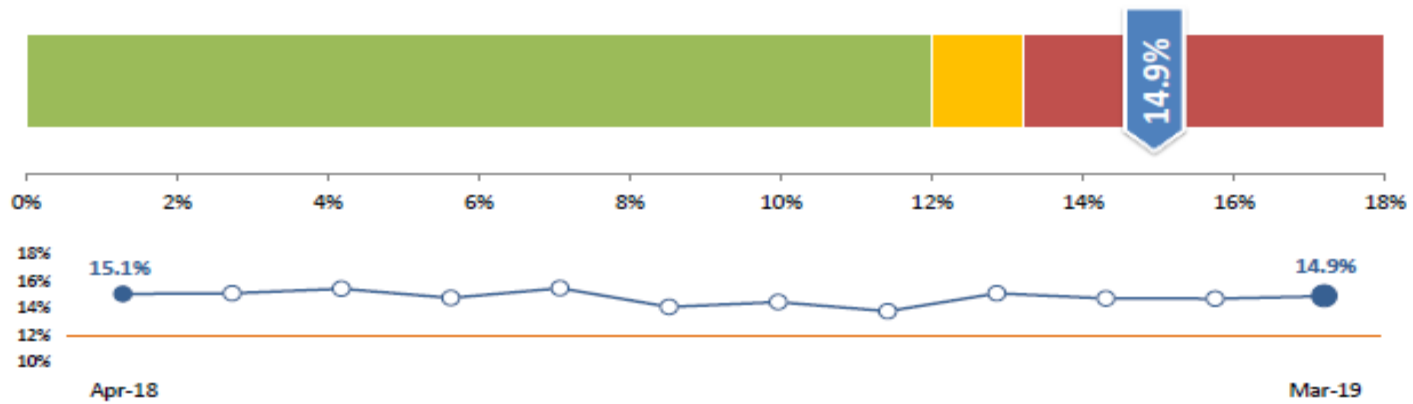
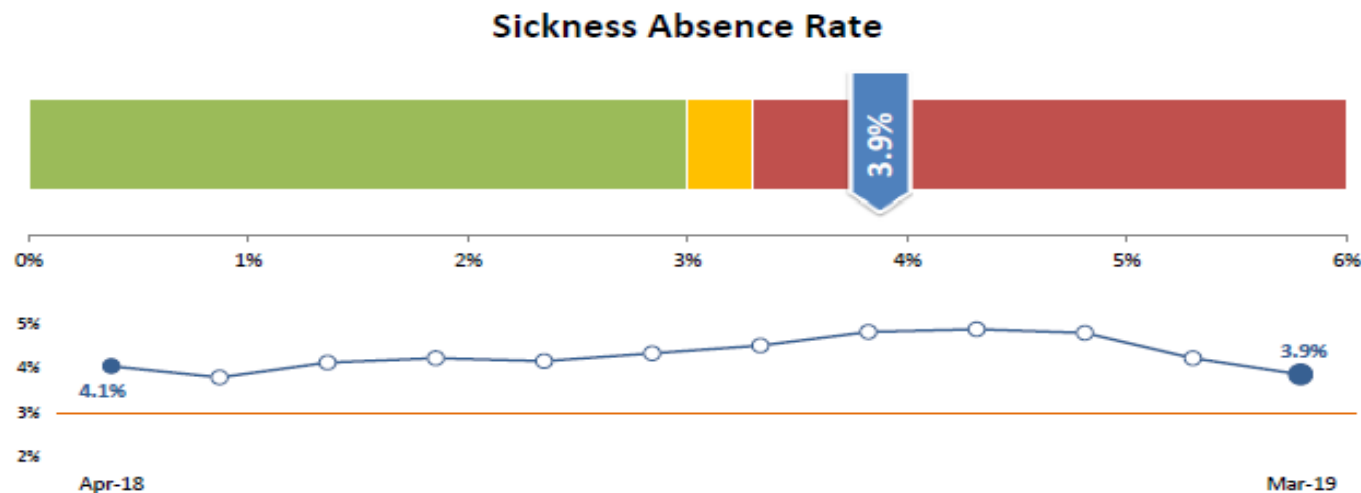


Table 5



*Table 6*

### 3.3 Activity and Acuity

The number of bed days in March 2019 stood at 50,297 (Table 7). This is 4,982 more than the previous month and represents an additional 4,004 bed days from the same period in 2018 which demonstrates a 9% 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.

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
March 2019	8,279	10,901	27,792	3,183	143	50,297	16.5%	21.7%	55.3%	6.3%	0.3%
February 2019	7,530	9,369	25,371	3,008	38	45,315	16.6%	20.7%	56.0%	6.6%	0.1%

*Table 7*

The fill rate for registered staff was 94.9% in comparison to an unregistered staff fill rate of 108.9.3%, with an overall fill rate of 97.8%. 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 Leaders make operational patient safety decisions on a shift by shift basis to ensure all areas are safely staffed.

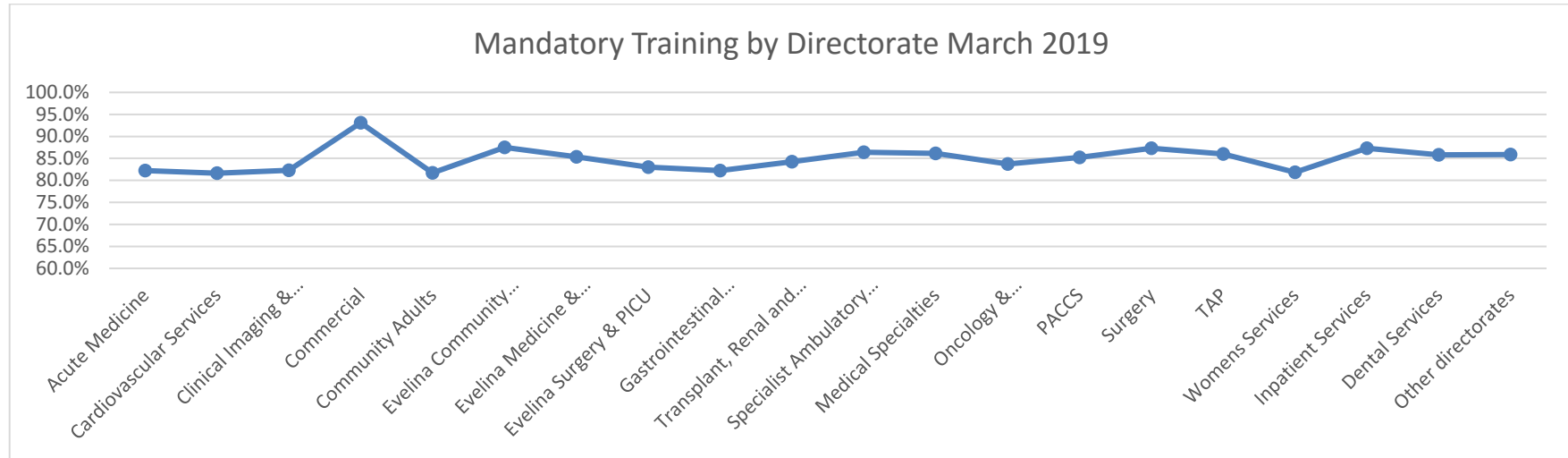
There is representation from the Chief Nurses' Workforce team at the daily situation report meeting to support all staff resources being effectively utilised across the Trust, to ensure safe staffing and minimise any impact on activity, especially in areas where flex beds are unable to be closed.

The Trust average 'Care hours per patient day' (CHPPD) was 10.6 for the month of March. 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, overall over the last year, the required versus actual is more comparable (as set out in Section 5.2 and Table 11 located therein).

### **3.0 EXPECTATION 2 – RIGHT SKILLS**

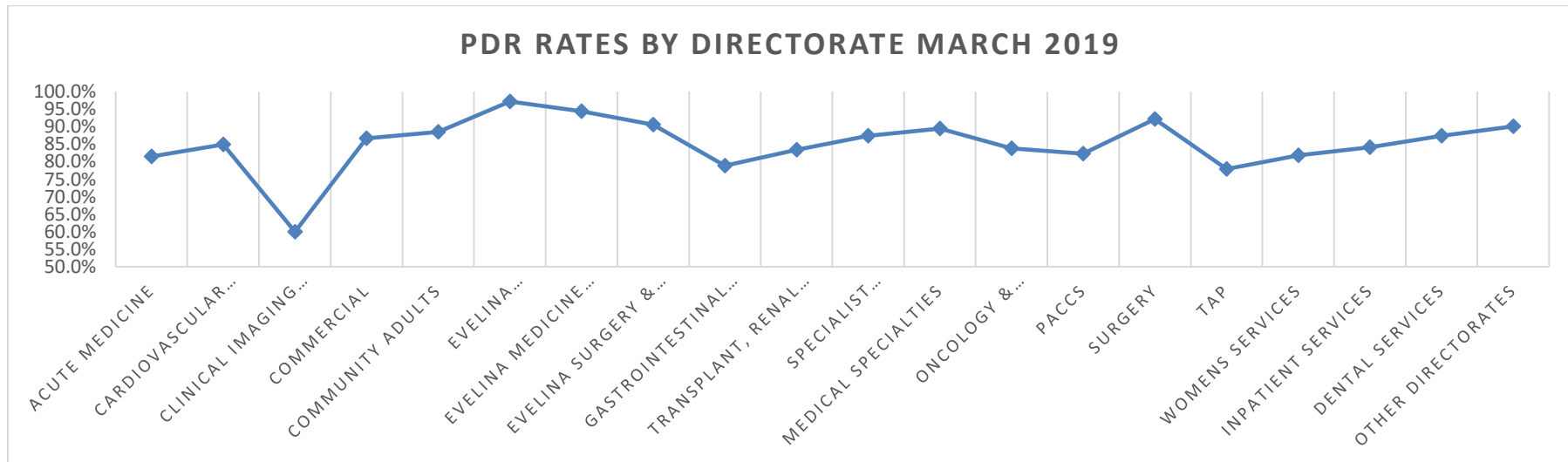
#### **4.1 Mandatory Training, Development and Education**

The current compliance with mandatory training across the nursing and midwifery workforce is 84.1%. This has gone down 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 PDR rate across the nursing and midwifery workforce is 85.5% which is an increase from the previous month and is 12.2% 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.



**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, and are continuing to implement the role across adult community areas. Recruitment has also commenced for a further cohort to be deployed within acute medicine, cardiovascular and cancer services.

### **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 March 2019, 132 red flags were raised by staff highlighting concerns with staffing. Table 10 shows the distribution of red flags and the comparison to February 2019. Staff are encouraged to raise red flags where there may be concerns with safe staffing levels.

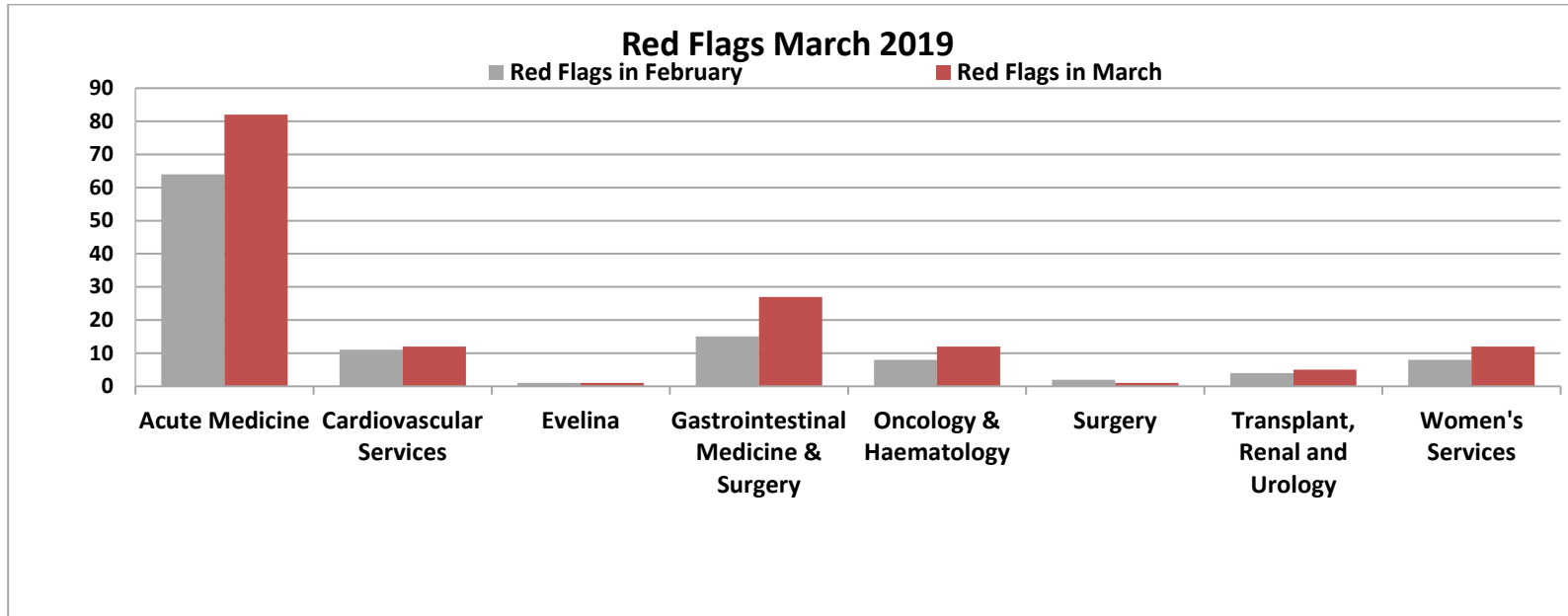


Table 10

## 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.

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	25th Feb - 24th Mar
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	641,701
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	572,925
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	10.2
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	8.0
Shifts Without Charge Cover	402	518	319	327	495	351	324	322	370	329	429	354	318	263
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	5,075
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	91,888
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%	16.5%
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%	27.5%
Roster Approval (Full) Lead Time Days - Target 42 days	18	21	20	22	23	23	24	31	24	34	38	65	48	38

**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 have a plan to pay them 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 March 2019 was 6.8% of the total nursing staff pay bill (Table 12). This is an increase from the previous month but the increase has also been reflected across the Trust and not just within nursing. The highest percentage rise is within corporate areas, driven by an increased requirement for occupational health nurses.

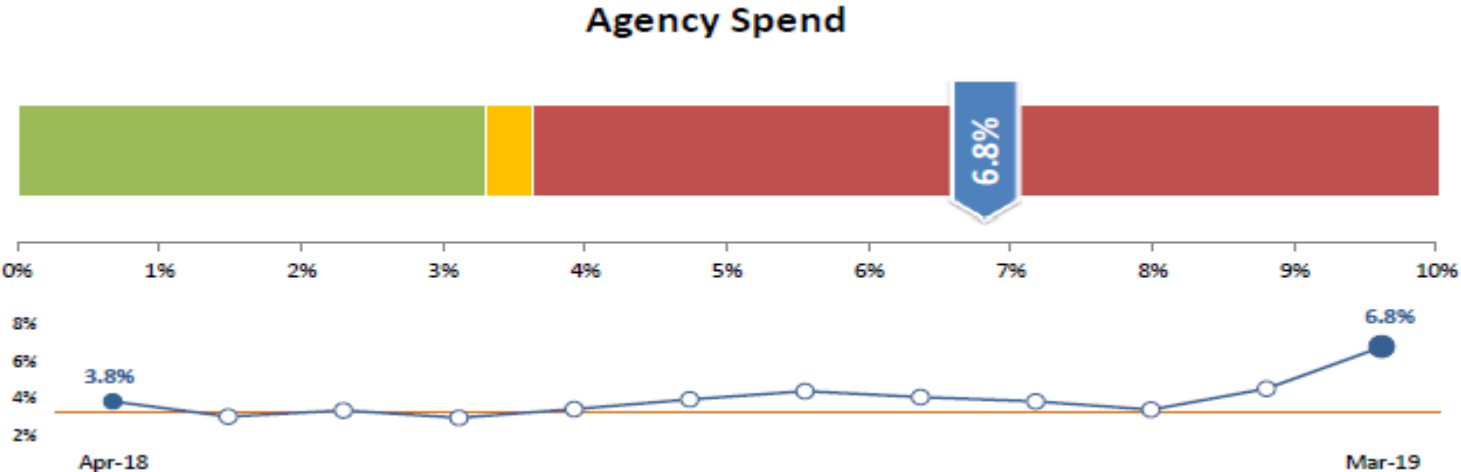
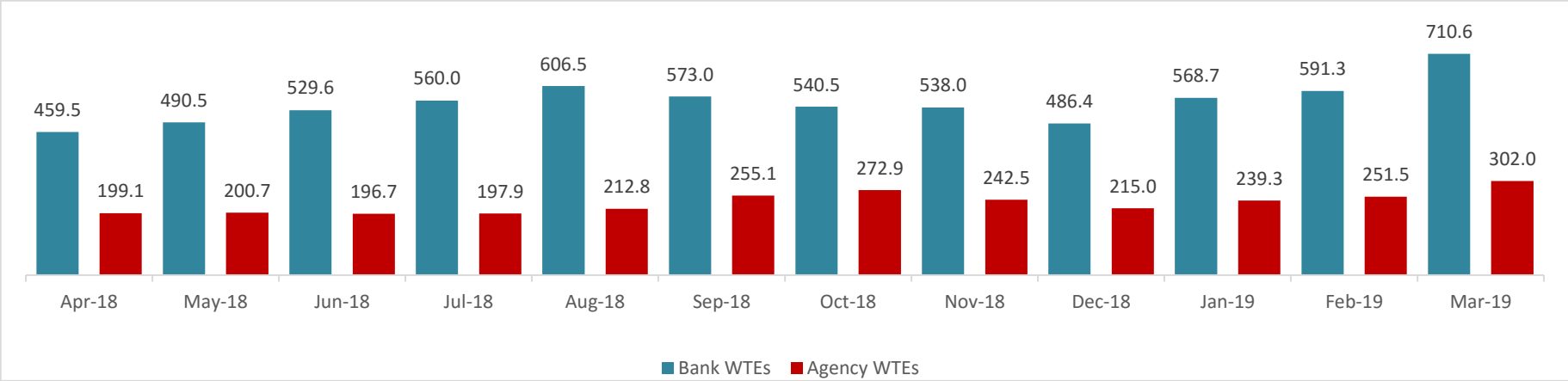


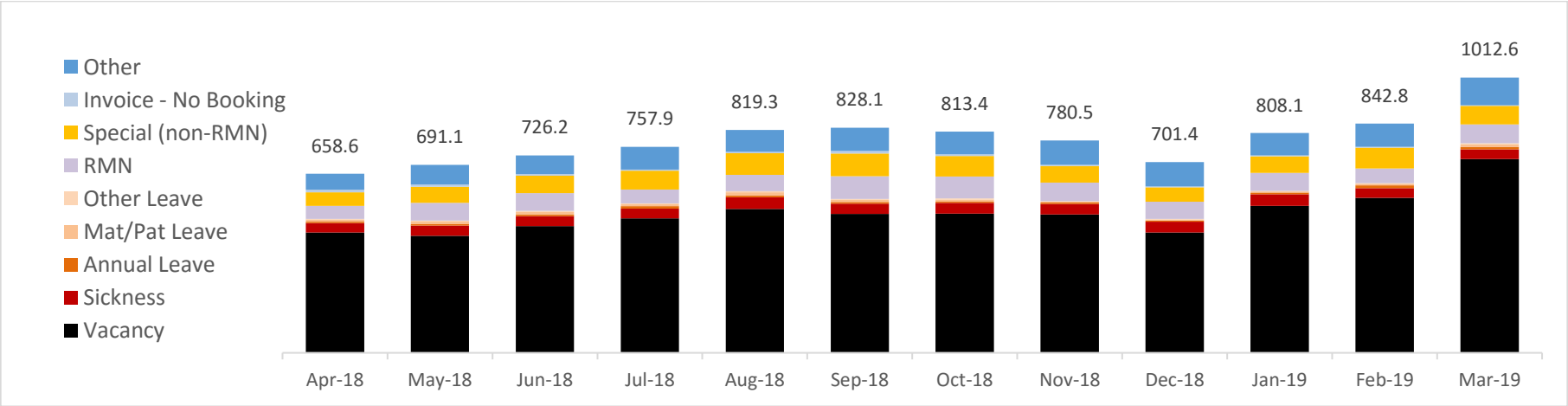
Table 12

Table 13 highlights the actual usage of temporary staffing in March 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 use 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 expansion of the Nursing Associate programme at Guy's and St Thomas'.