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

This paper is for:			Sponsor:	**Dame Eileen Sills (DBE), Chief Nurse and Deputy Chief Executive**
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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 October 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 October 2019

- The vacancy rate reduced this month from 13.3% to 12.9%. It was 12.5% for the same period last year. There continues to be an increase in the number of staff in post (n=98.08 WTE) compared to September, which correlates with a reduction in the vacancy rate. However, if the current external applicants were added to the staff in post figure, the overall vacancy rate would be 7.7%.

- The agency spend rate increased from 4.5% to 4.9% representing a 0.4% increase this month.

- The monthly Voluntary Turnover rate increased marginally this month from 1.5% to 1.6% and the annual turnover rate also increased slightly to 14.1%.

- The sickness absence rate remained the same at 4.3% as in the previous month. Dental Services continue to record the highest sickness rate, followed by Surgery and Evelina Community services with 6.7%, 6.1% and 5.9% respectively. HR have been engaged in supporting sickness absence management.

- The Personal Development Review (PDR) compliance rate increased marginally this month from 82.0% to 82.1% representing 0.1% increase only. However it is 2.2% higher when compared to October 2018.

- The mandatory training compliance increased by 0.4% from 87.1% to 87.5%, it was 84.7% 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 September 2018, table 2 identifies the growth in establishment (7.6%) compared to the growth of staff in post (7.1%) and table 3 sets out the growth of staff in post.

Staffing measures	October 2018	October 2019	Difference	Change
Nursing Establishment WTE	6488.92	6981.41	492.49	▲
Nursing Staff in Post WTE	5677.10	6082.73	405.63	▲
Vacancies WTE	811.82	898.68	86.86	▲
Vacancy rate	12.5%	12.9%	0.4%	▲
Annual turnover	14.5%	14.1%	-0.4%	▼
Red Flags raised	136	81	-55.00	▼
Agency % of Pay bill	4.4%	4.9%	0.5%	▲
Planned v Actual Hrs used	100.6%	107.1%	6.5%	▲

Table 1

Table 2

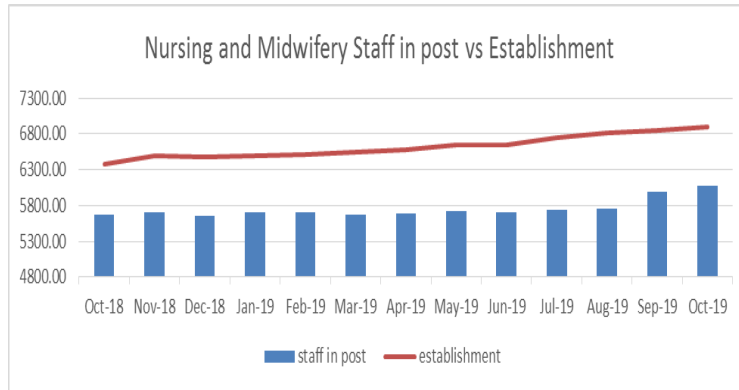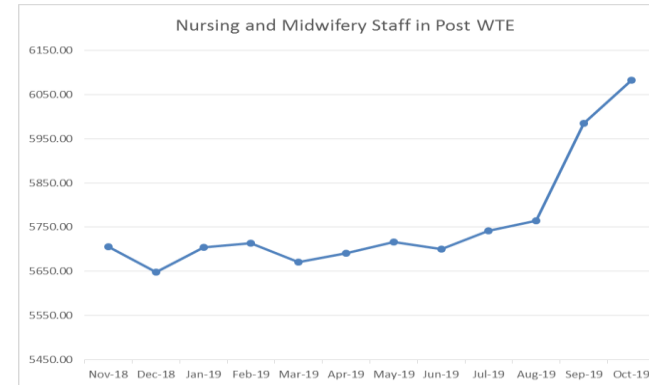**Table 3**

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 centres for Band 5 staff and six weekly assessment centres for Band 2 staff. There continues to be a healthy pipeline of new starters waiting to join the Trust, although this has now reduced overall due to large numbers joining over the autumn months.

There is a Trust open day in November which has over 400 potential new employees booked to attend and interviews will be offered on the day for any experienced nurses or nurses with an active Nursing and Midwifery Council (NMC) registration. All attendees who are due to qualify in September 2020 will be given information about how to applying in the New Year. The process for recruiting host and non-host student nurses has been reviewed and a modified approach agreed. This process is broadly in line with the recommendations from a recent Best Practice Guide to Recruitment of Newly Qualified Nurses produced by the Capital Nurse Programme. The Guy's and St Thomas' Nursing Workforce team have been actively involved in the work stream shaping this document.

The Trust has also engaged with NHS England and Improvement (NHSE/I) in a programme aimed at Reducing the Healthcare Support Worker Vacancy Rate. There is an action plan being developed which will be presented to Workforce Council and the Nursing and Midwifery Executive Committee (NMEC) in December before being sent to NHSE/I.
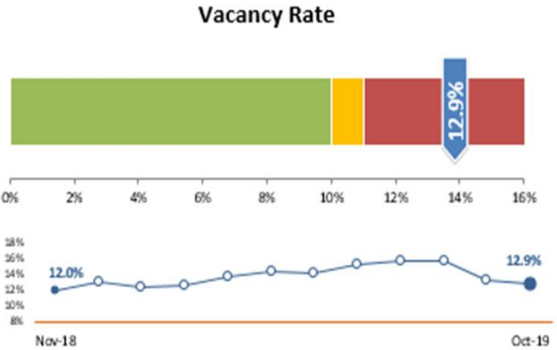
Table 4

Vacancy Rate

Table 5

Annual Turnover (voluntary leaving reasons only) Nov 2018 - Oct 2019
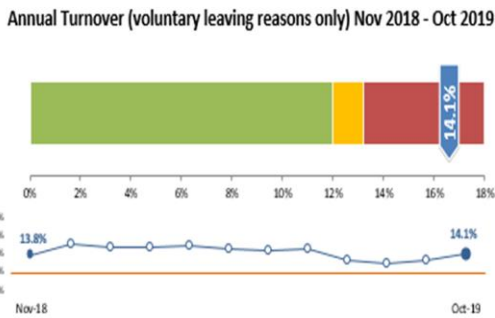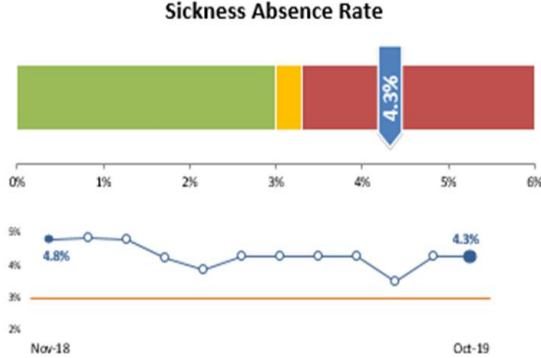
Table 6

Sickness Absence Rate

3.3 Activity and Acuity

The number of bed days in October 2019 stood at 48,422 (Table 7). This is 2,833 more than the previous month and represents an increase of 31 bed days from the same period in 2018 which demonstrates a 0.06% reduction 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

	Level 0	Level 1a	Level 1b	Level 2	Level 3	Grand Total		Level 0	Level 1a	Level 1b	Level 2	Level 3
October 2019	9,023	11,455	26,252	1,599	94	48,422		18.6%	23.7%	54.2%	3.3%	0.2%
September 2019	7,837	10,846	24,952	1,885	69	45,589		17.2%	23.8%	54.7%	4.1%	0.2%

Table 7

The average fill rate for registered staff was 104.6% in comparison to an unregistered staff average fill rate of 119.2%, with an overall fill rate of 107.1%. 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.

As part of safe staffing resilience planning, there is also a weekly Safe Staffing meeting on a Friday afternoon, chaired by the Deputy Chief Nurse or Director of Nursing, to review the staffing levels for the following weekend, with a view to providing mutual aid or other mitigation as required.

The Trust average 'Care hours per patient day' (CHPPD) was 11.8 for the month of October. 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 9.4. As intimated last month, there is a rise in the CHPPD within Critical Care at St Thomas' which is reflective of reduced bed capacity to facilitate refurbishment. Despite the corresponding reduction in staffing, the CHPPD is higher than the average month. It is anticipated that this will revert to expected levels once full activity resumes, currently projected to be 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 87.6%. This has increased by 0.5% from the previous month. Table 8 demonstrates the breakdown of compliance at Directorate level. Establishments have an uplift built in to support staff with undertaking their mandatory training and development whilst maintaining safe levels of staffing.
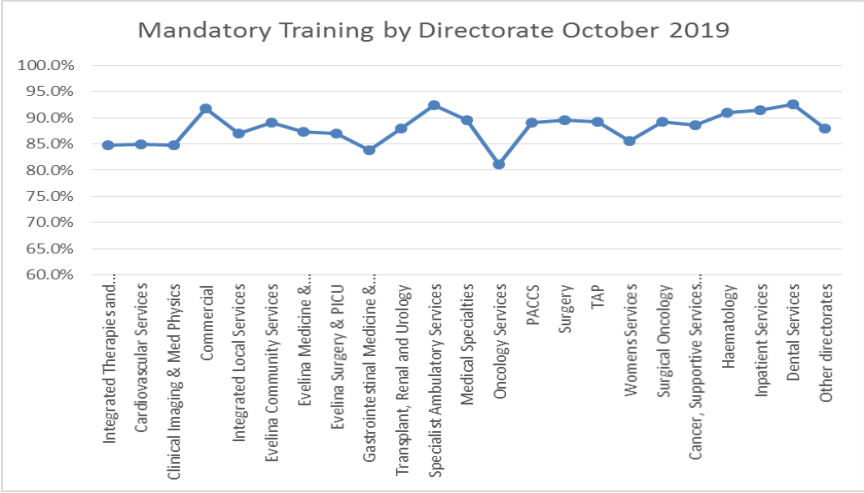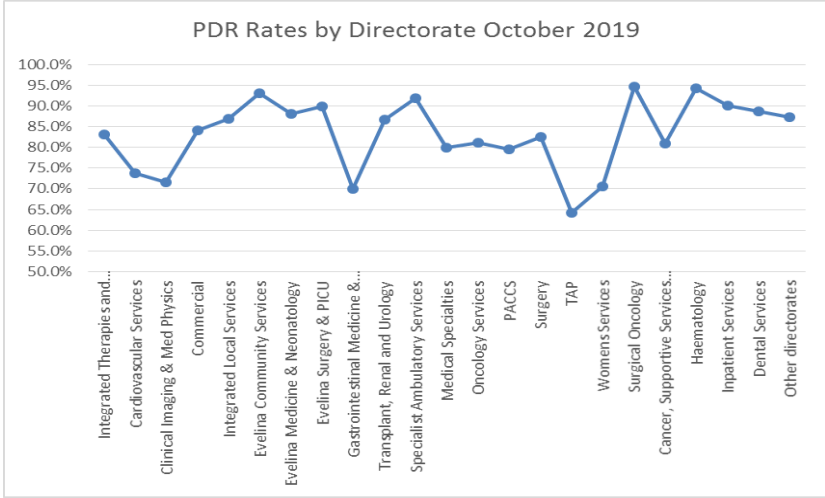

Table 8

Table 9

The current PDR rate across the nursing and midwifery workforce is 82.2% which is an increase of 0.2% from the previous month and 2.0% 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 Meeting (PRM).

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, with the Nursing Associate role as one such example. There are 123 funded Nursing Associate posts across Adult Community, Stroke and Older Persons wards, Cancer

services, Theatres and Cardiovascular services, of which 118 have been fully recruited to. There are 70 apprenticeship Nursing Associates currently in training within the Trust with a further 48 apprentices to commence the Nursing Associate course by January 2020.

The Trust is seeking to expand the Nursing Associate programme by utilising the Direct Entry model of education, commencing May 2020 in partnership with Coventry University.

5.0   EXPECTATION 3: RIGHT PLACE AND TIME

5.1   Efficient Deployment and Flexibility

Safe staffing of inpatient wards remains a focus with some wards having a >20% vacancy rate. The number of areas has reduced significantly with the influx of nurses over the last month. There are also sufficient nurses projected to join the Trust over the next few months to reduce all inpatient vacancy rates to <20%.

Action plans remain in place to support areas that historically have challenges with recruitment and retention to ensure that any risk to patient safety is mitigated.

Safe Care 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.

There continues to be a decrease in the number of red flags raised. In October 2019, there was a decrease of 39 red flags raised by staff highlighting concerns with staffing compared to the previous month, which is a consequence of new staff joining the Trust. Table 10 shows the distribution of red flags and the comparison to September 2019 (90 Red flags in September, 51 Red flags in October).
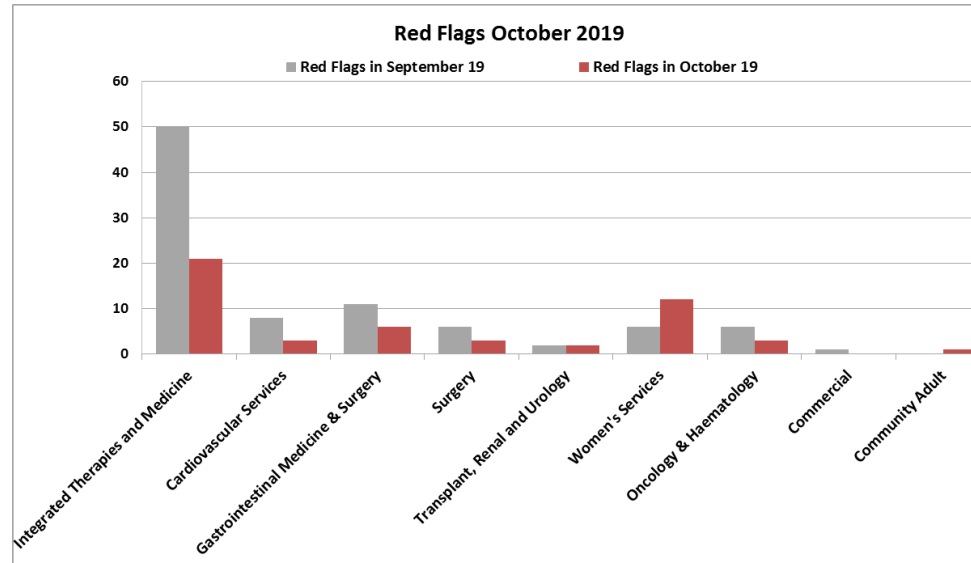
Red Flags October 2019

■ Red Flags in September 19   ■ Red Flags in October 19

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. Radiology, Specialist Nurses in some Directorates and moving traditional district nursing teams to the Neighbourhood Nursing model.

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- 6th Oct
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
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
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
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
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
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
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%
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%
Roster Approval (Full) Lead Time Days - Target 42 days	31	24	34	38	65	48	40	42	40	34	23	45	43	42

Table 11: *September 2018-October 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 improvement throughout 2019. The overall net or 'owed' hours has increased this month and this is driven by an error in the software following a recent upgrade which has been intimated in previous months which has been compounded by the addition of all new staff onto the rosters (including Apprentice Nursing Associates and Student Nurses). It is now anticipated that the error will not be resolved until 2020. There are manual processes in place to mitigate the issue; however, the volume of new starters on rosters has created a backlog at present.

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 October 2019 was 4.9% of the total nursing staff

pay bill (Table 12). This is an increase of 0.4% from the previous month. Measures are in place at Directorate and Strategy Business Unit (SBU) level to monitor and reduce agency spend.
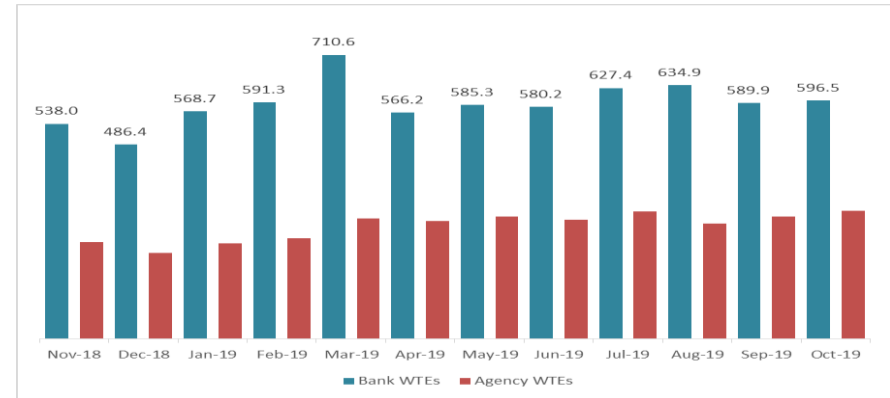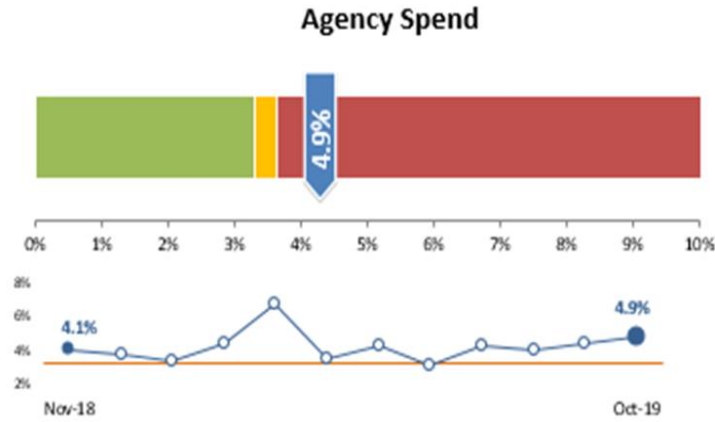

Table 12

Table 13

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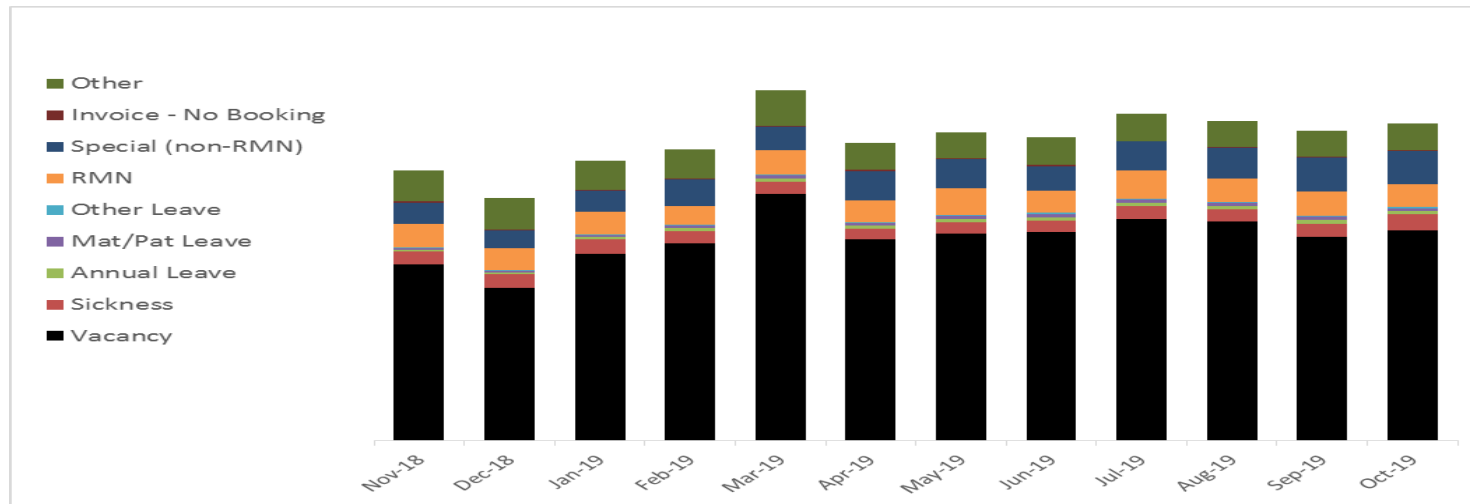

Table 14

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 Registered Mental Nurses (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 reduced vacancy rate, the use of the red flag system to highlight concerns on a daily basis, the continued focus on recruitment, the reporting of the roster KPIs and the expansion of the Nursing Associate programme at Guy's and St Thomas'.