

Board Briefing



Guy's and St Thomas'
 NHS Foundation Trust

Board Briefing of Nursing and Midwifery Staffing Levels

Date of Briefing
 February 2020 (January 2020 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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TME*	<input type="checkbox"/>	
Other*	<input type="checkbox"/>	

1.0 Summary

This briefing provides the Trust Board with an overview of the Nursing and Midwifery workforce during the month of January 2020 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 2020

The vacancy rate in January 2020 reduced to 13.6% which is a 0.7% reduction from the previous month. The establishment increased marginally by 7.68 WTE and the staff in post increased by 54.82 WTE. The vacancy rate for same reporting month last year was 12.4%. If the current external applicants were added to the staff in post figure, the overall vacancy rate would be 9.9%

There are 9 inpatient areas with a vacancy rate >20%. Most areas have staff in the recruitment pipeline to address the gaps.

The voluntary annual turnover rate reduced by 0.2% from previous month to 13.3%.

The sickness rate remains the same this month at 4.3% with 48% of the Directorates recording a reduction in their sickness absence rate. Nursing staff within Dental Services, Evelina Community Services and Medical Specialties had the highest sickness rates with 6.6%, 6.1% and 5.6% respectively.

Performance Development Review (PDR) compliance rate increased by 2.2% this month from 82.7% to 84.9%. It is also 2.8% higher when compared to January 2019.

Mandatory training compliance also increased by 0.3% from 88.9% to 89.2%. It was 84.3% for 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 January 2019, table 2 identifies the growth in establishment (9.48%) compared to the growth of staff in post (8.00%) and table 3 sets out the growth of staff in post.

Staffing measures	January 2019	January 2020	Difference	Change
Nursing Establishment WTE	6512.87	7129.89	617.02	▲
Nursing Staff in Post WTE	5704.63	6161.49	456.85	▲
Vacancies WTE	808.23	968.40	160.17	▲
Vacancy rate	12.4%	13.6%	1.2%	▲
Annual turnover	14.8%	13.3%	-1.5%	▼
Red Flags raised	144	43	-101.00	▼
Agency % of Pay bill	3.4%	5.1%	1.7%	▲
Planned v Actual Hrs used	98.7%	94.2%	-4.5%	▼

Table 1

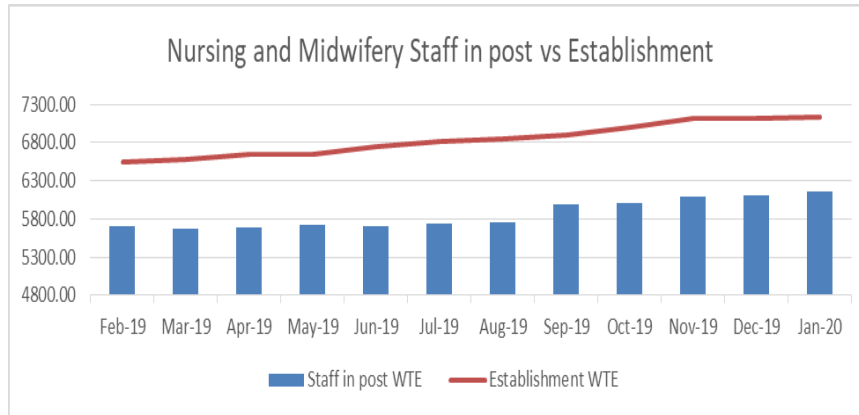


Table 2

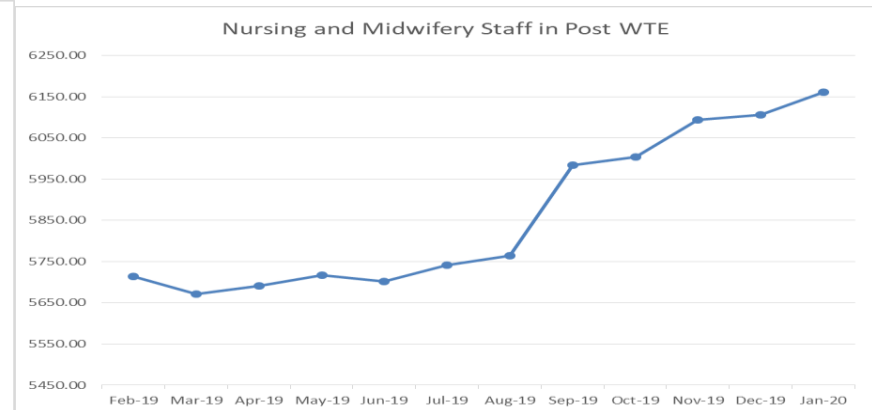


Table 3

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 variations of staff in post.

Active recruitment and retention strategies continue with regular activities aimed at attracting new staff to the Trust in addition to ensure that we retain the talent that we already have within the organisation.

Vacancy Rate

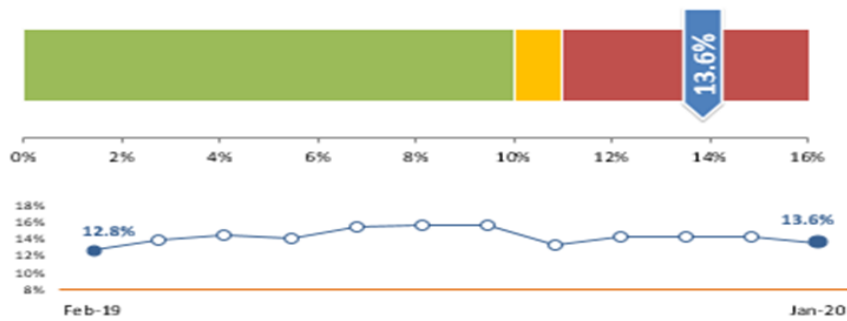


Table 4

Annual Turnover (voluntary leaving reasons only) Feb 19 - Jan 20

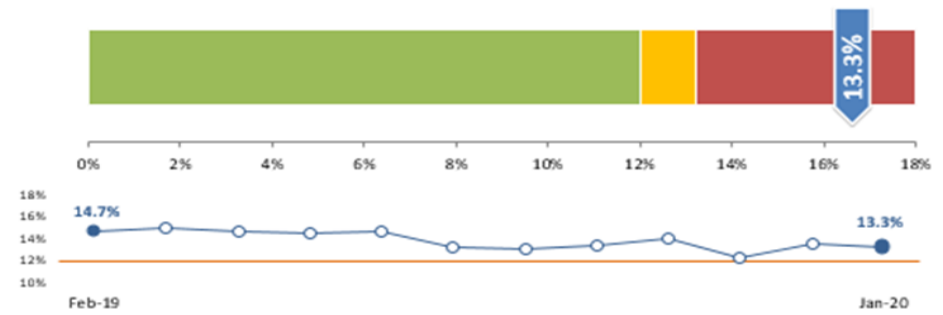


Table 5

Sickness Absence Rate

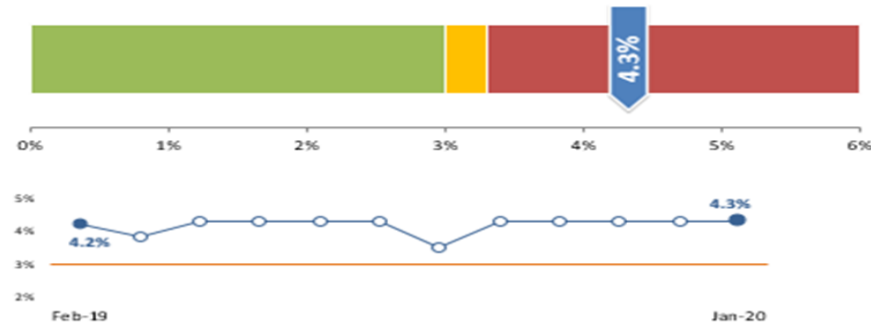


Table 6

3.3 Activity and Acuity

The number of bed days in January 2020 stood at 48,750 (Table 7). This is 2,633 more than the previous month however, represents a decrease of 1621 bed days from the same period in 2019 which demonstrates

a 3.22% reduction in activity. As reported last month, there was a reduction in bed days during December which was anticipated due to the Christmas Bank holiday period and therefore the increase demonstrated in January is also be expected. However, it is worth noting that for the second month in a row, there has been a reduction in activity in comparison to January 2019.

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
January 2020	8,245	11,858	26,871	1,669	109	48,750	16.9%	24.3%	55.1%	3.4%	0.2%
December 2019	7,541	10,223	26,530	1,626	199	46,118	16.4%	22.2%	57.5%	3.5%	0.4%

Table 7

The average fill rate for registered staff was 105.6% which is predominantly driven by the requirement for Registered Mental Health Nurses (RMN), in comparison to an unregistered staff average fill rate of 113.9%, with an overall fill rate of 106.2%. 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.

Safe Staffing meetings continue to be held on Friday mornings, with Senior Nursing representation, in order to ensure that all areas are safely staffed over weekend periods and for the week ahead.

The Trust average ‘Care hours per patient day’ (CHPPD) was 11.9 for the month of January. 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 9.2. It had previously been noted that there was a rise in the CHPPD within Critical Care at St Thomas' which reflected the reduced bed capacity over previous months to facilitate refurbishment works. The area was restored to full capacity during January and the CHPPD has returned to anticipated levels as seen prior to the commencement of the works.

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 89.2%. This has increased by 0.3% 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.

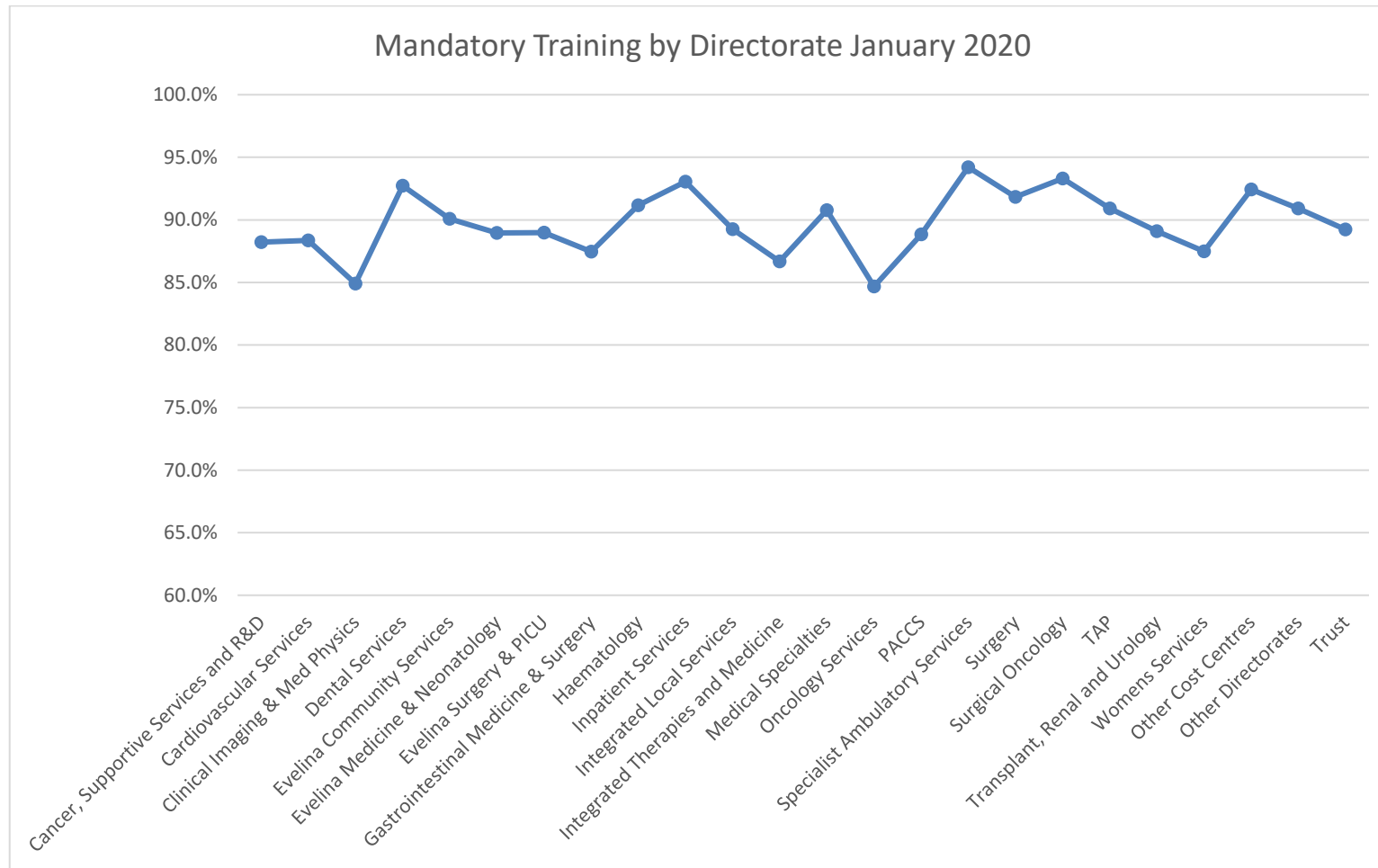


Table 8

The current PDR rate across the Nursing and Midwifery workforce is 84.9% which is an increase of 2.2% from the previous month and 2.8% higher than at the same time in 2019. 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.

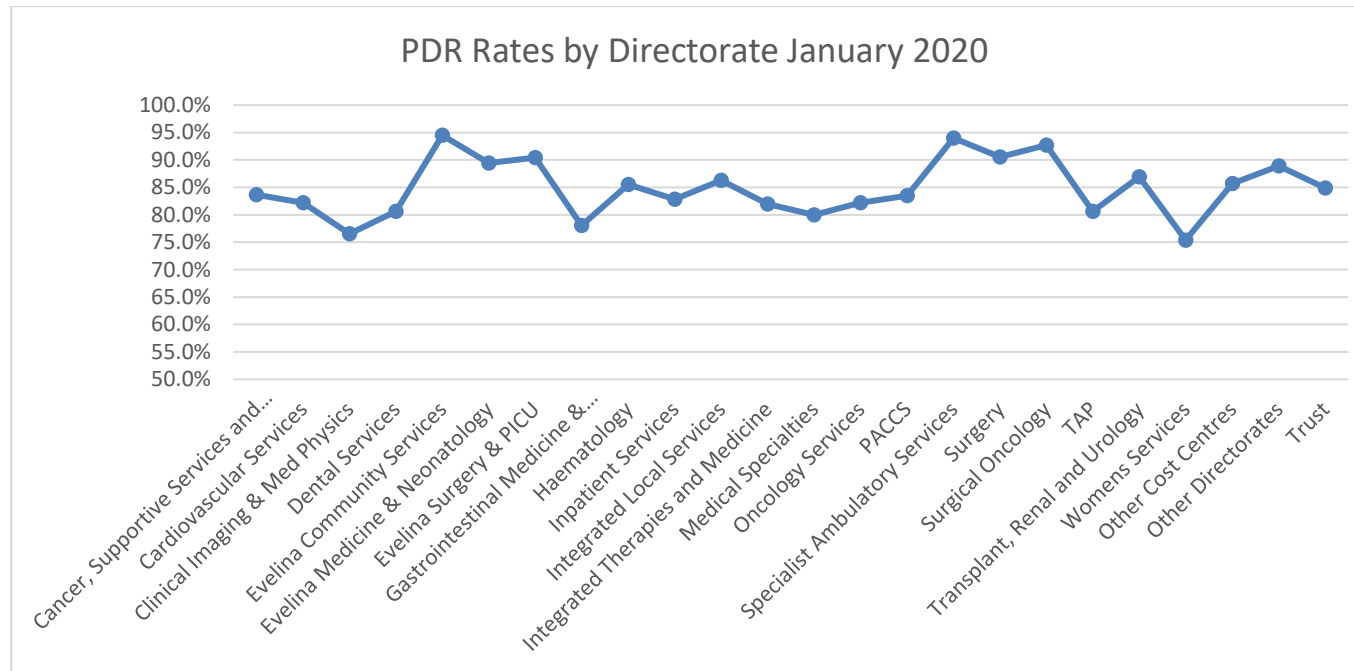


Table 9

4.2 Nursing Associate Programme

The number of Apprentice Nursing Associates in post remains static with 116 of the funded 123 posts recruited into, 110 of which are in training and 6 applicants are awaiting Maths and English results (n=5) or on the waiting list for next course (n=1). Currently 7 posts are vacant and a total of 6 have withdrawn from the course since the programme commenced in December 2018. The next Apprentice Nursing Associate Course is planned to commence in May 2020, the self-funded direct entry course is planned to commence in September 2020, both with Coventry University London.

Directorates/Strategic Business Units (SBU) have completed the workforce redesign as part of the annual establishment review process, providing an overarching 5 year workforce plan (until 2024). The workforce plans for the next 12 months have been submitted as part of the business planning for 2020/2021.

Each of the inpatient areas have either undertaken a series of table top simulation sessions to test and confirm final establishment requirements for their areas. Future Nursing Associate numbers have been subdivided into a combination of apprenticeship training and self-funded student requirements. These are in the process of being finalised and confirmed for each Directorate by end February 2020.

Further engagement work has been completed with a survey of 329 Nurses and Midwives providing an overview of the understanding of the Registered Nursing Associate role. Promotional events have been held across Guy's, St Thomas' and Community sites. The intelligence gathered from both the survey and the promotional events will inform future bespoke teaching across the Trust.

4.3 Ensuring Equality Diversity and Inclusion

Following the NHSI report in 2019 which looked at the Workforce Race Equality Standard data for Nurses, Midwives and Health Visitors, a review of career progression for Nursing and Midwifery staff was undertaken. GSTT has a higher proportion of Nursing and Midwifery staff from Black, Asian and Minority Ethnic (BAME) backgrounds, 40% compared to the national average of 20%. The representation of BAME staff at GSTT in 2018 was approximately 50% higher than the national average across bands 5-8a. At band 8b and above it falls in line with the national average (fig below) and a number of actions are being taken to support and develop BAME colleagues to reach their potential.

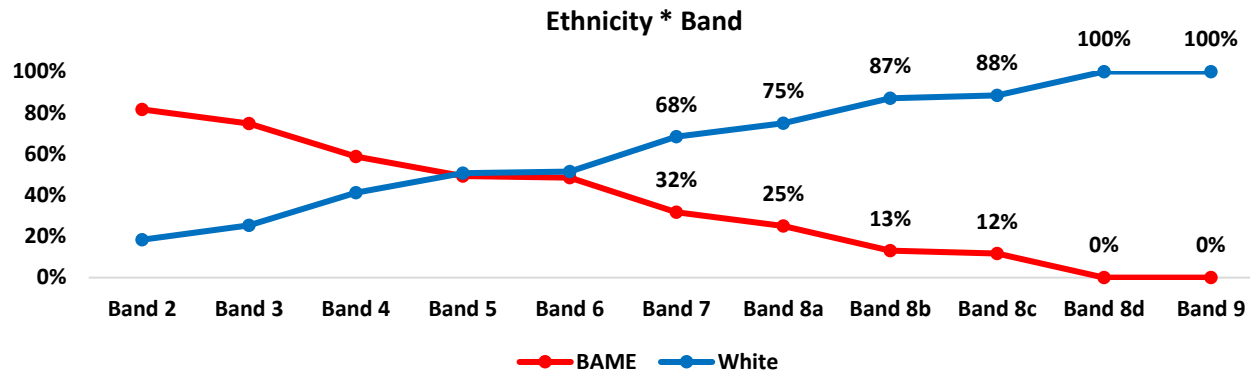


Table 10 - Representation of BAME Nursing and Midwifery staff at GSTT

5.0 EXPECTATION 3: RIGHT PLACE AND TIME

5.1 Efficient Deployment and Flexibility

The SafeCare application, utilised 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.

In January 2020, there was a decrease of 22 red flags raised by staff highlighting concerns with staffing compared to the previous month. Table 11 shows the distribution of red flags and the comparison to

December 2019 (65 Red flags in December, 43 Red flags in January). Staff are encouraged to raise red flags where there may be concerns relating to safe staffing levels.

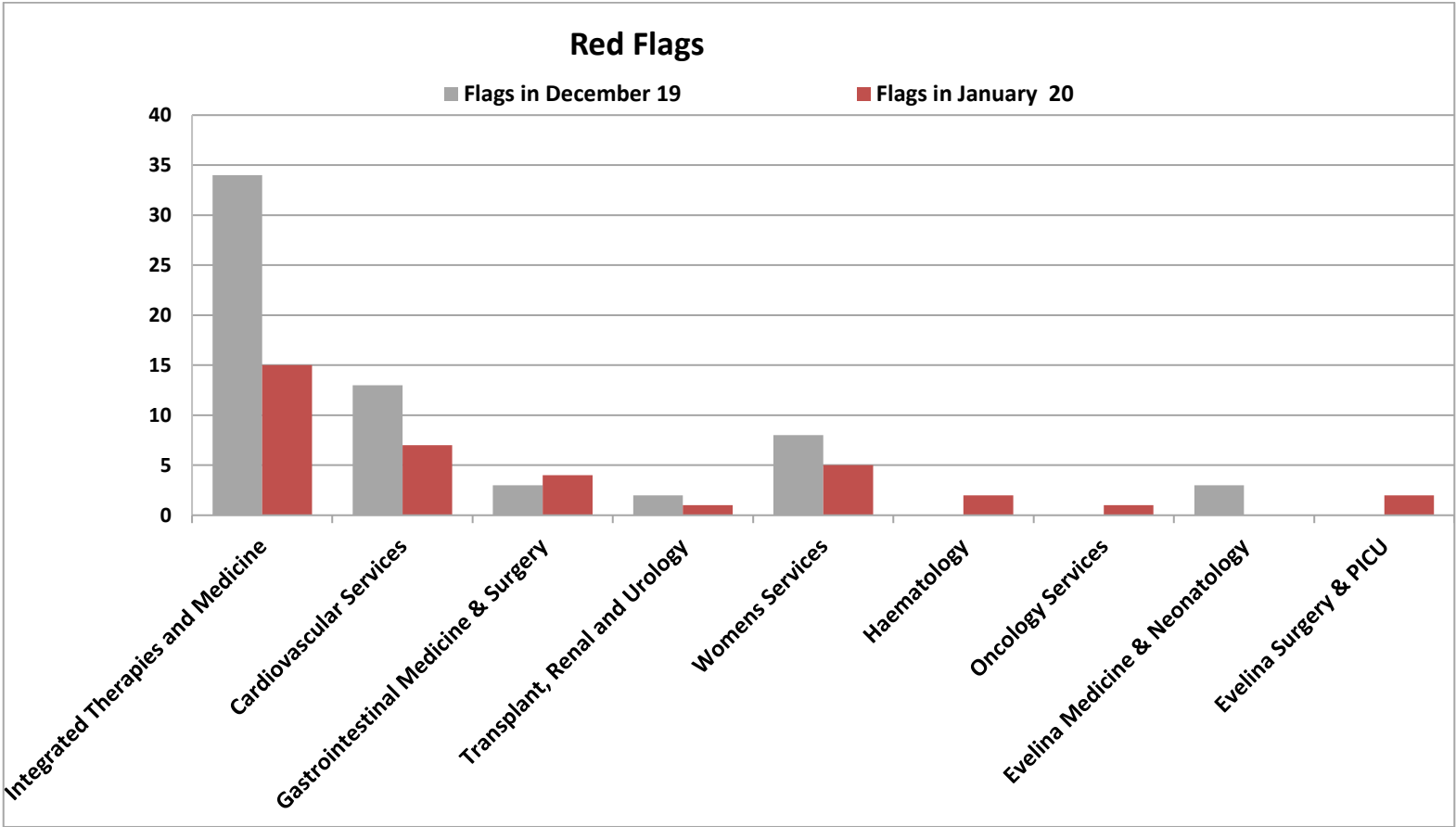


Table 11

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 and to ensure rosters are properly allocated on Health Roster. There is currently an issue with the reporting module of the Allocate suite which means that we are currently unable to report against the KPI's on some of the rosters that have been created in the last 6 months. This does not impact on the frontline users and the issue has been escalated and is being addressed by Allocate.

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- 6thOct	7th Oct - 3rd Nov	4th Nov - 1st Dec	2nd Dec - 29th Dec	30th Dec - 26th Jan
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	670,407	691,499	407,694	619,744
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	873,659	613,806	326,340	505,186
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	8.9	11.5	11.1	9.1
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	6.4	7.2	7.1	7.4
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	5,726	5,486	2,450	5,075
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	118,325	106,178	127,675	128,273

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 %	11.3 %	10.3 %	14.0 %	14.4 %
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 %	27.1 %	25.8 %	23.4 %	28.8 %
Roster Approval (Full) Lead Time Days - Target 42 days	31	24	34	38	65	48	40	42	40	42	46	45	43	42	42	43	44	44

Table 12 – September 2019-January 2020

Table 12 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 and the KPI has been met at Trust level for the last 9 months. As indicated previously, there is an issue within the system that is causing an artificial inflation of the net or unused hours. The next upgrade which should fix the issue is currently being scheduled for later in 2020.

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 was 5.1% of the total Nursing staff pay bill (Table 13). This is an increase of 2.1% from the previous month. Measures are in place within Directorates/SBUs to monitor and reduce agency spend.

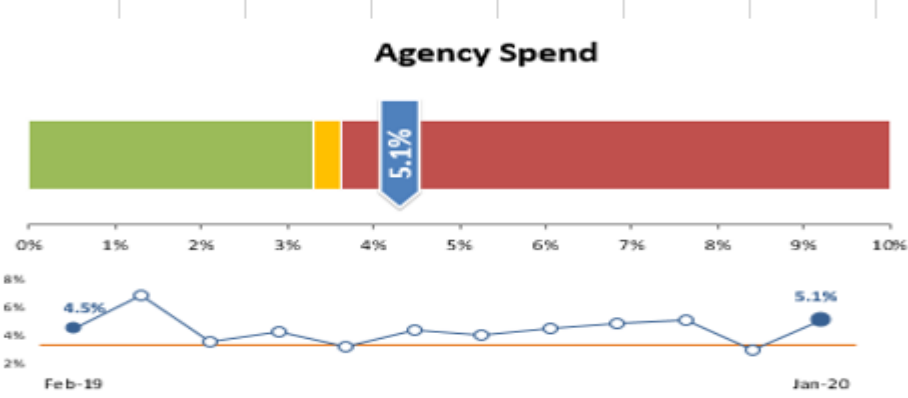


Table 13

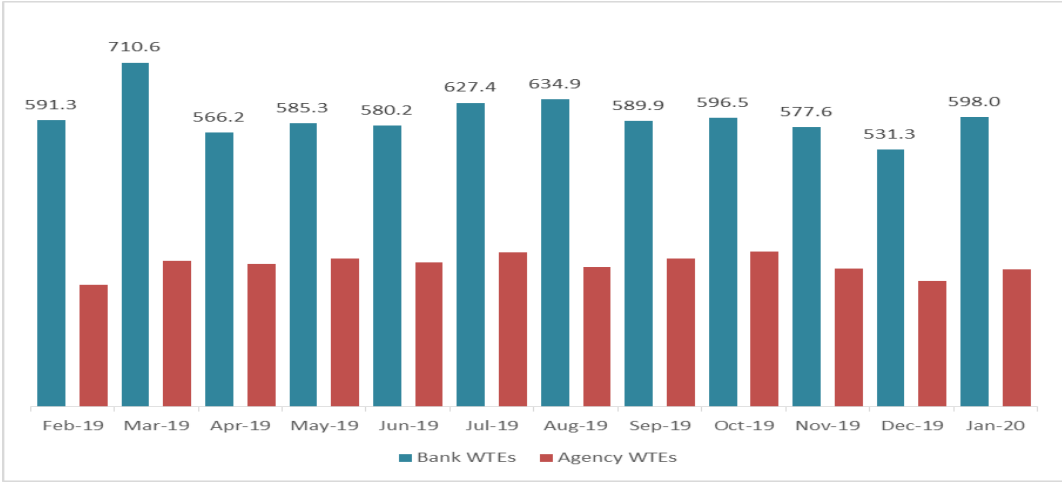


Table 14

Table 14 highlights the actual usage of temporary staffing in January 2020 in comparison to each month in the preceding year. This is broken down into Bank and Agency WTE.

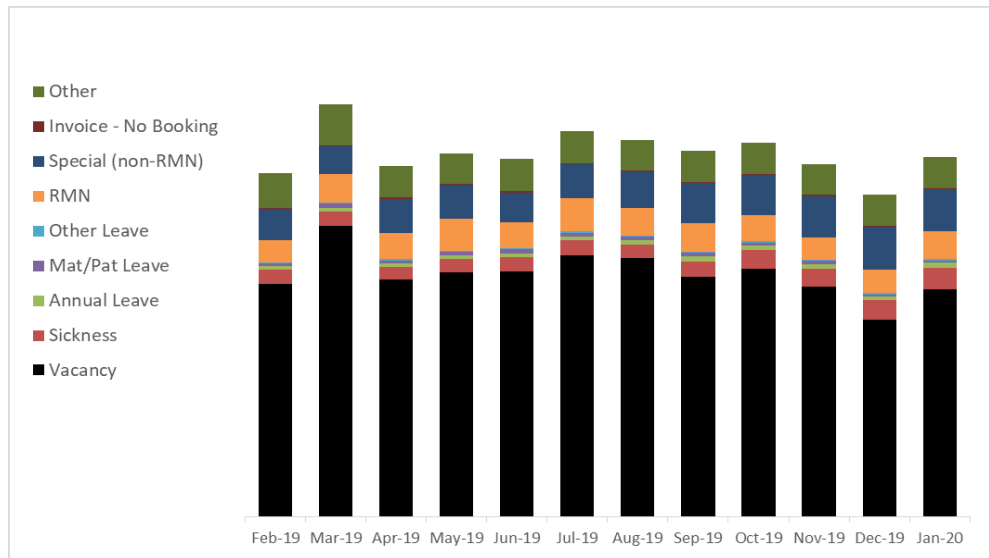


Table 15

Table 15 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 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 vacancy rate, 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 ongoing development of the Nursing Associate programme at Guy's and St Thomas'.