

Board Briefing



Guy's and St Thomas'
 NHS Foundation Trust

Board Briefing of Nursing and Midwifery Staffing Levels

Date of Briefing
 June 2019 (May 2019 data)

This paper is for:

Decision	
Discussion	
Noting	
Information	✓

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1.0 Summary

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

- The vacancy rate reduced for the first time in three months to 14.1%, which is a decrease of 0.3% from last month. There was a decrease in the number of leavers for the second month running and if the current external applicants were added to the staff in post figure, the overall vacancy rate would be 4.4%, which represents 0.7% decrease from last month.
- There are a number of wards with a vacancy rate of >20%, an action plan is in place to mitigate the risk.
- The rate of agency increased to 4.3% this month. It was 3.6% last month and 3.0% for the same period last year.
- Voluntary turnover also decreased this month. There is a reduction of 0.3% since last month. There were 58 leavers this month compared to 67 last month.
- Sickness is unchanged from 4.3% last month. It was 3.8% for the same time last year. The rate of long term sickness went down from 54.2% to 53.9%. HR have been engaged to support sickness management in order to reduce the burden from sickness absence.
- For the second consecutive month, Performance Development Rate (PDR) Compliance Rate reduced from 85.0% to 82.2%. It is still in a positive position compared to 2018, however in order to ensure that the positive position is maintained, all areas have been asked for an action plan to improve their compliance and Education, Training and Development are working to rectify any recording anomalies.
- Mandatory training compliance increased for the second consecutive month from 85.7% to 86.5% this month. It was 84.3% same period last year.

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 and the right staff in post. Table 1 sets out the current overall nursing and midwifery workforce metrics in comparison to May 2018, table 2 identifies the growth in establishment and table 3 sets out the growth of staff in post.

Staffing measures	May 2018	May 2019	Difference	Change
Nursing Establishment WTE	6241.49	6651.56	410.07	▲
Nursing Staff in Post WTE	5509.39	5716.94	207.55	▲
Vacancies WTE	732.10	934.62	202.52	▲
Vacancy rate	11.7%	14.1%	2.4%	▲
Annual turnover	15.0%	14.5%	-0.5%	▼
Red Flags raised	54	93	39	▲
Agency % of Pay bill	3.0%	4.3%	1.3%	▲
Planned v Actual Hrs used	97.8%	100.1%	2.3%	▲

Table 1

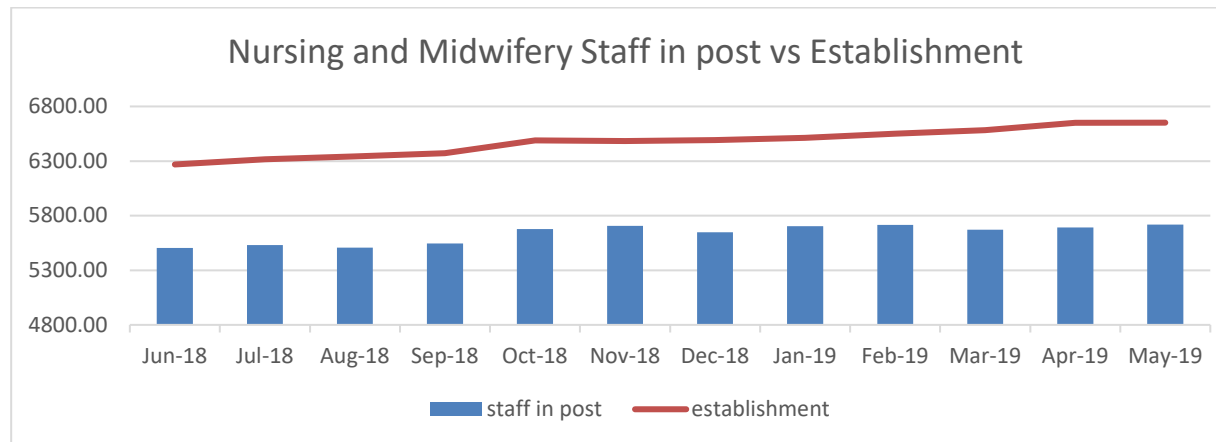


Table 2

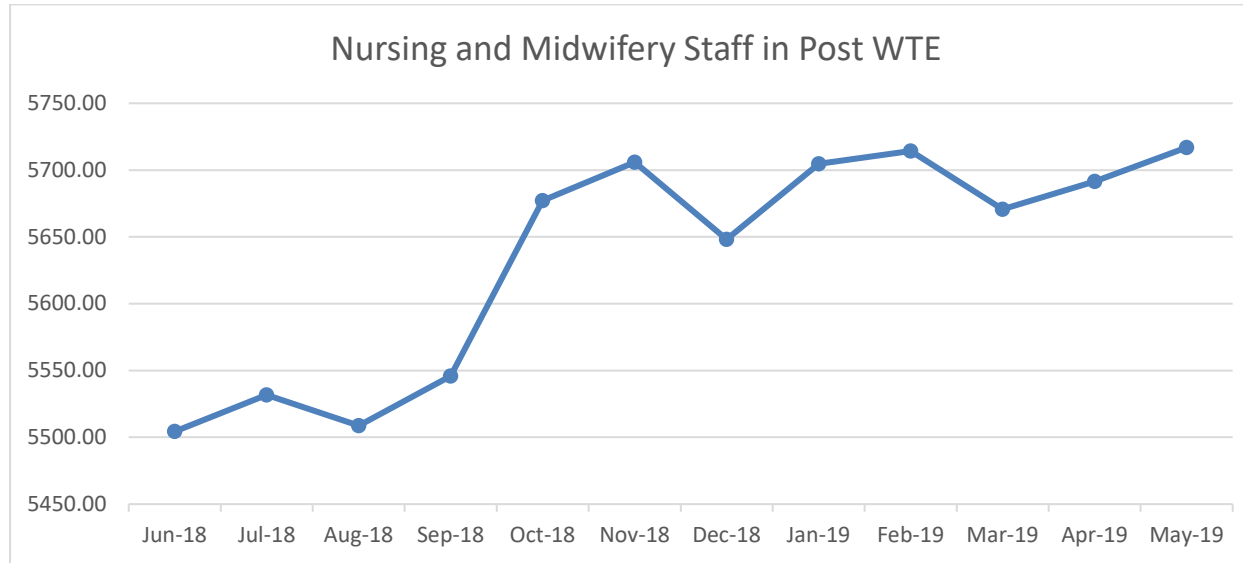


Table 3

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 2's. 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 workforce team held a successful recruitment EXPO for experienced nurses with 40 nurses attending and 17 being offered Band 5 or Band 6 posts on the day. All other candidates have been followed up to offer interviews or further information as required.

Retention remains a key focus and the team have had positive feedback from the action plan that was submitted to NHSI for the retention collaborative. As recommended in the feedback, further work is being undertaken to improve the use of data to evidence success and to ensure all initiatives are monitored closely for their efficacy.

Vacancy Rate

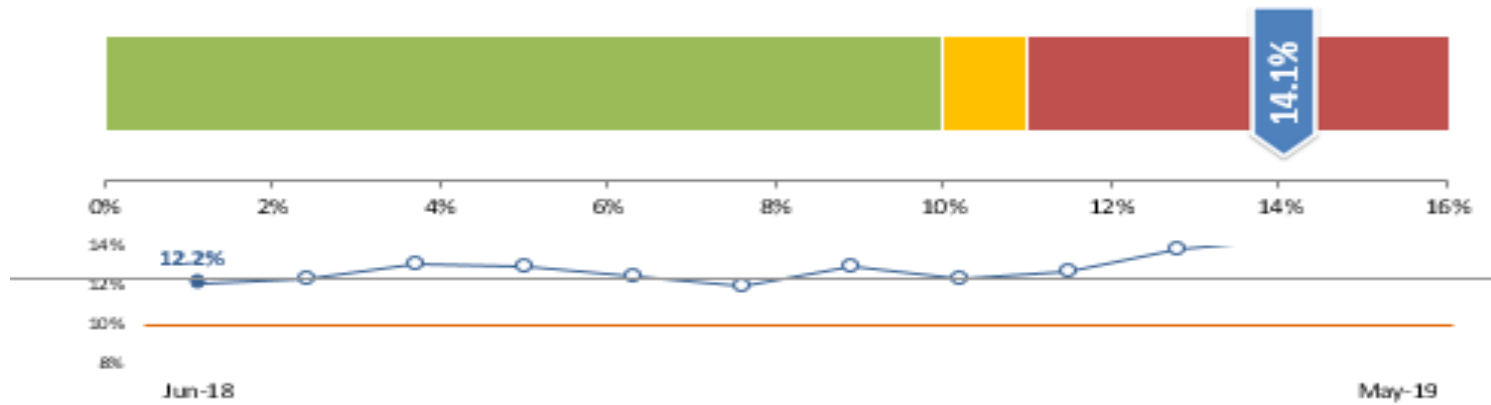


Table 4

Annual Turnover (voluntary leaving reasons only) June 2018 - May 2019

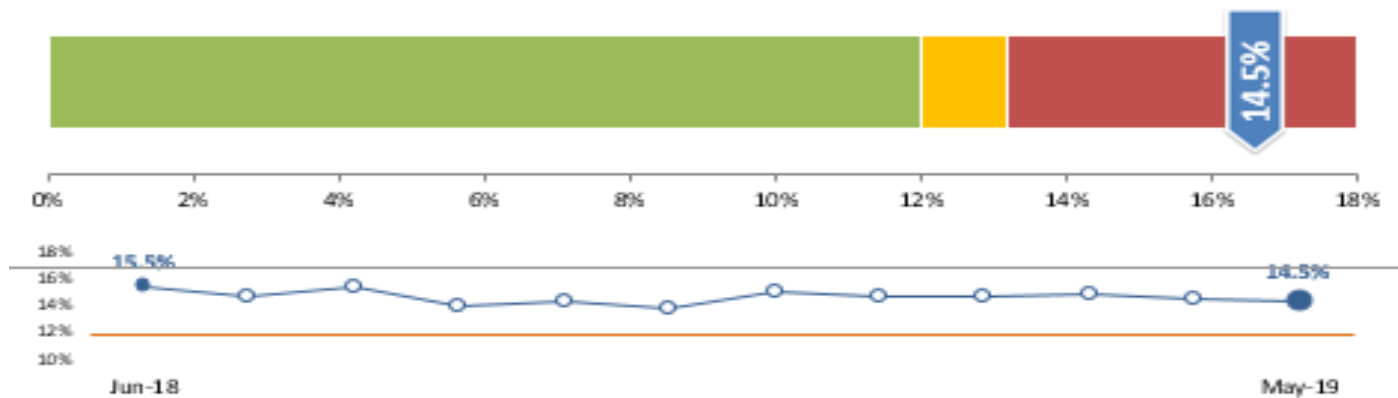


Table 5

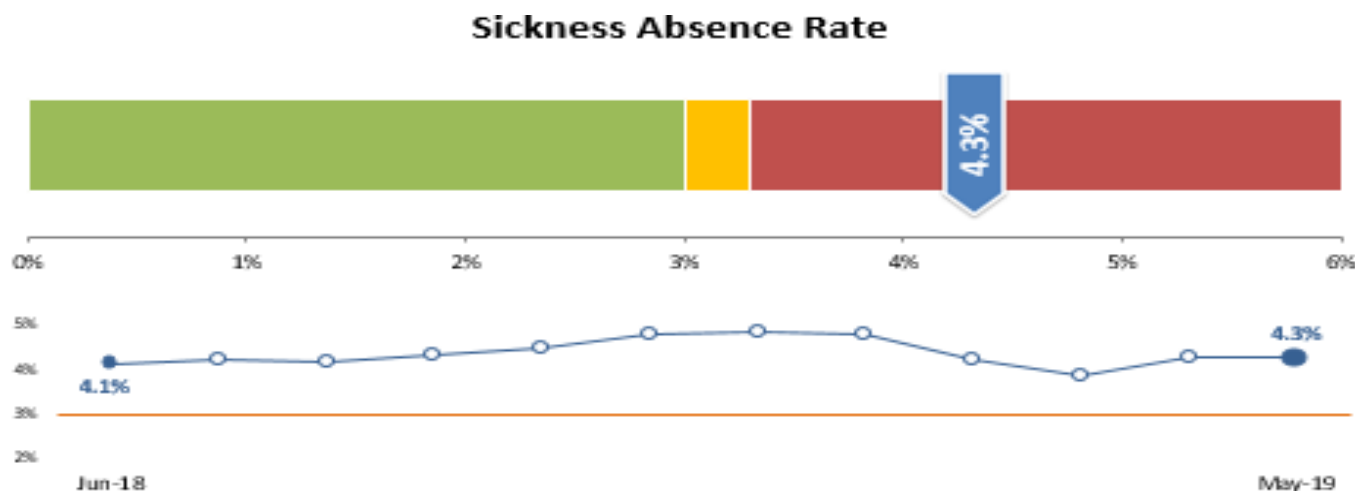


Table 6

3.3 Activity and Acuity

The number of bed days in May 2019 stood at 48,464 (Table 7). This is 1,360 more than the previous month and represents an additional 1,772 bed days from the same period in 2018 which demonstrates a 4% 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
May 2019	7,227	10,871	27,107	3,167	94	48,464	14.9%	22.4%	55.9%	6.5%	0.2%
April 2019	6,930	10,061	26,545	3,409	160	47,104	14.7%	21.4%	56.4%	7.2%	0.3%

Table 7

The fill rate for registered staff was 96.9% in comparison to an unregistered staff fill rate of 112.3%, with an overall fill rate of 100.1%. 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.

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. As part of the summer 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 10.8 for the month of May. 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 9.2.

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 86.5%. 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.

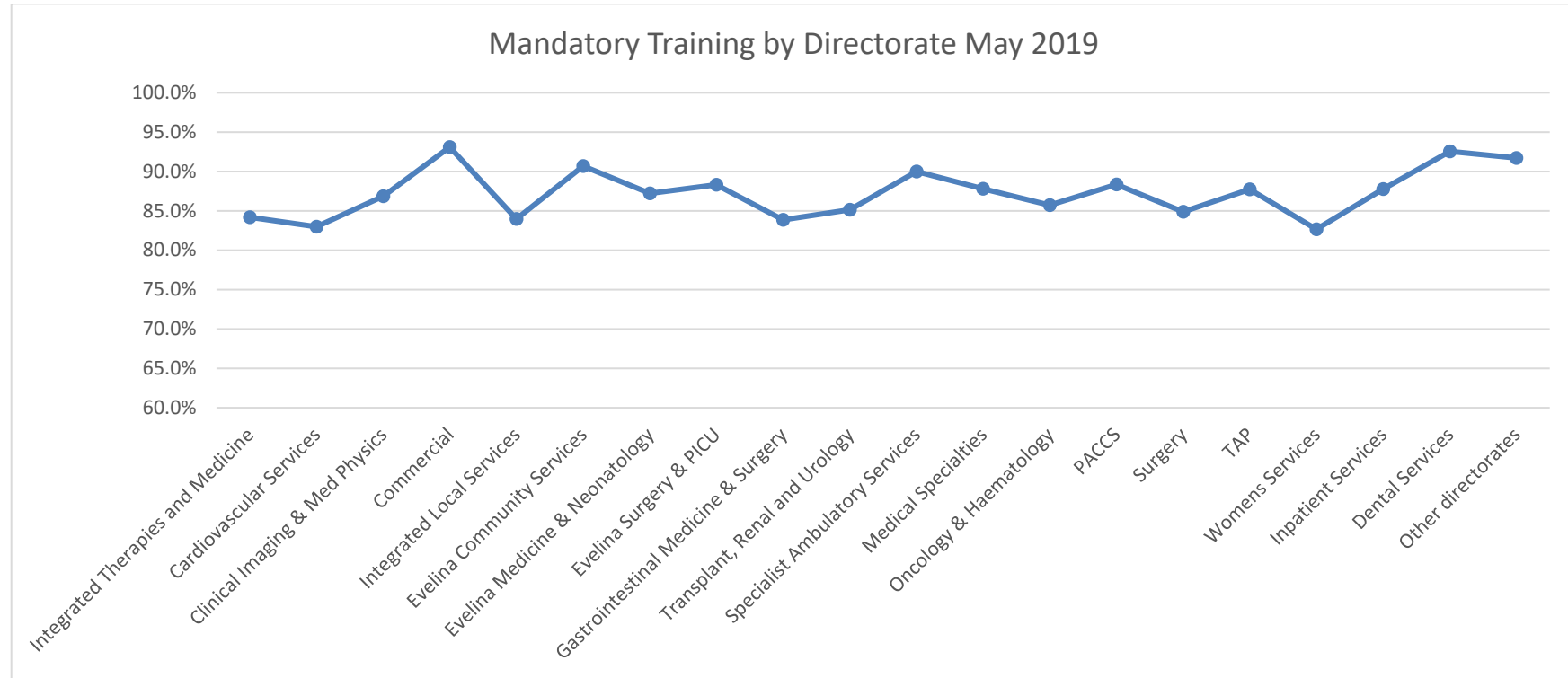


Table 8

The current PDR rate across the nursing and midwifery workforce is 82.2% which is a decrease from the previous month and is 7.7% 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.

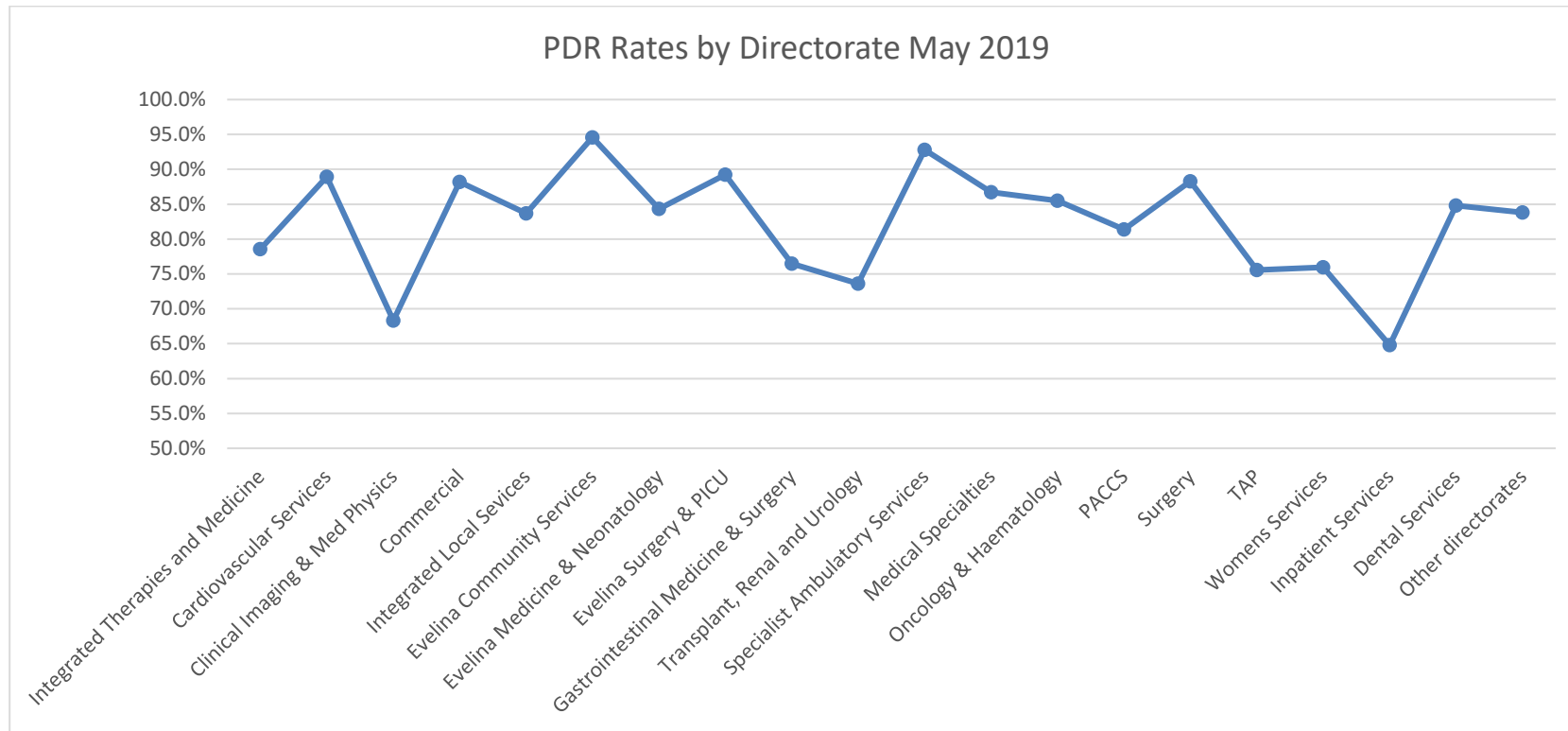


Table 9

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. There are now 111 funded Nursing Associate places across the organisation with 63 currently in post, 41 going through recruitment processes and a further 7 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 Cardiovascular, Integrated Therapies and Medicine and Cancer Services.

EXPECTATION 3: RIGHT PLACE AND TIME

5.1 Efficient Deployment and Flexibility

Safe staffing of inpatient wards remains a focus and a number of wards 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 is a Trust wide summer staffing action plan which aims to mitigate risk and the recruitment and retention strategy is being refreshed for review in September 2019.

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 May 2019, there was a marginal increase in the number of red flags raised by staff highlighting concerns with staffing. Table 12 shows the distribution of red flags and the comparison to April 2019 (91 red flags in April, 93 red flags in May). Staff are encouraged to raise red flags where there may be concerns with safe staffing levels.

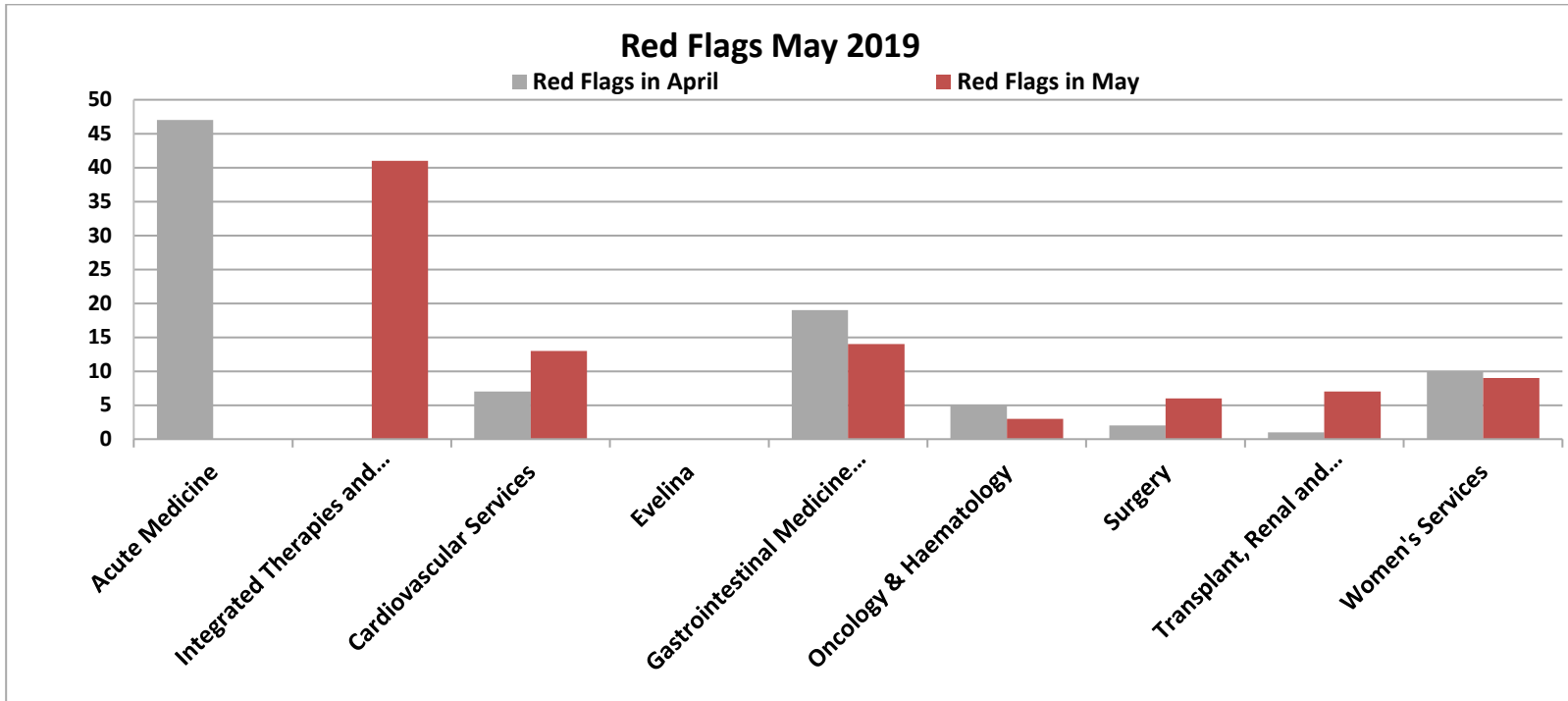


Table 12

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 CLIMP, and to ensure rosters are properly allocated on Health Roster.

All nursing areas	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	25th March - 21st Apr	22nd April - 19th May
Planned Hours	572,317	575,132	581,105	583,312	583,188	588,827	589,675	590,355	600,409	633,300	641,701	639,480	641,592
Actual Hours	525,061	528,982	526,385	519,971	539,042	541,510	551,757	521,209	538,871	576,540	572,925	568,448	580,969
Actual CHPPD	8.4	8.3	8.6	8.5	8.6	8.8	8.9	9.3	9.6	10.1	10.2	11.0	9.8
Required CHPPD	8.3	8.2	8.3	8.3	8.3	8.3	8.3	8.3	8.3	8.3	8.0	8.1	8.4
Additional Duties (No of shifts over budget)	4,330	4,831	4,288	4,620	4,918	5,007	4,972	4,629	5,015	5,100	5,022	5,412	5,830
Overall Owed Hours (Net Hours)	129,691	144,170	131,664	132,081	149,592	115,128	163,134	172,017	158,745	132,208	91,888	97,569	96,125
Annual Leave % - Target 11-17%	11.7%	11.9%	14.6%	16.1%	11.7%	11.6%	11.2%	13.4%	12.7%	13.9%	16.6%	14.6%	11.5%
Total Unavailability % - Headroom/uplift Allowance - Target 24%	24.1%	24.8%	26.4%	28.7%	25.9%	26.0%	24.7%	26.3%	25.6%	26.2%	28.0%	27.0%	23.9%
Roster Approval (Full) Lead Time Days - Target 42 days	22	23	23	24	31	24	34	38	65	48	40	42	40

Table 13

Table 13 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, 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. 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.

The nurse in charge KPI has been removed from the metrics and 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 May 2019 was 4.3% of the total nursing staff pay bill (Table 13). 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.

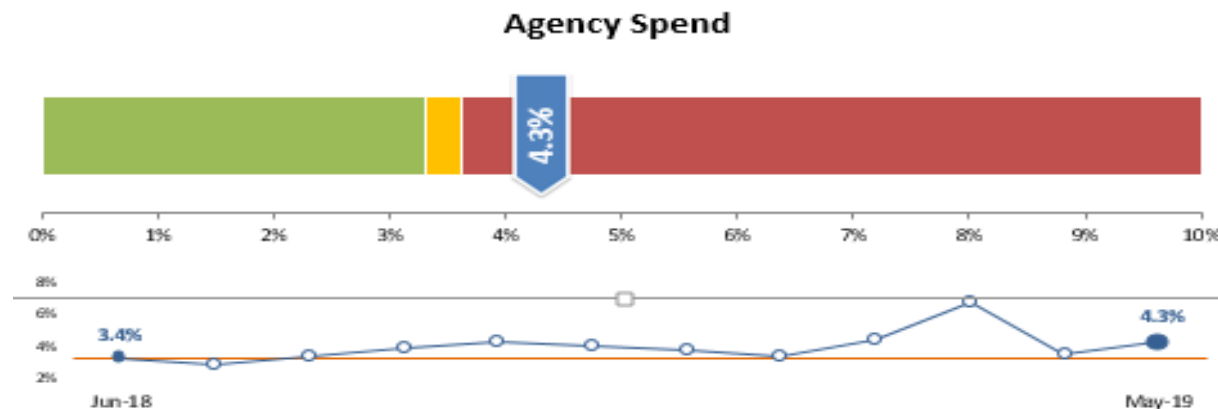


Table 14 highlights the actual usage of temporary staffing in May 2019 in comparison to each month in the preceding year. This is broken down into Bank and Agency WTE.

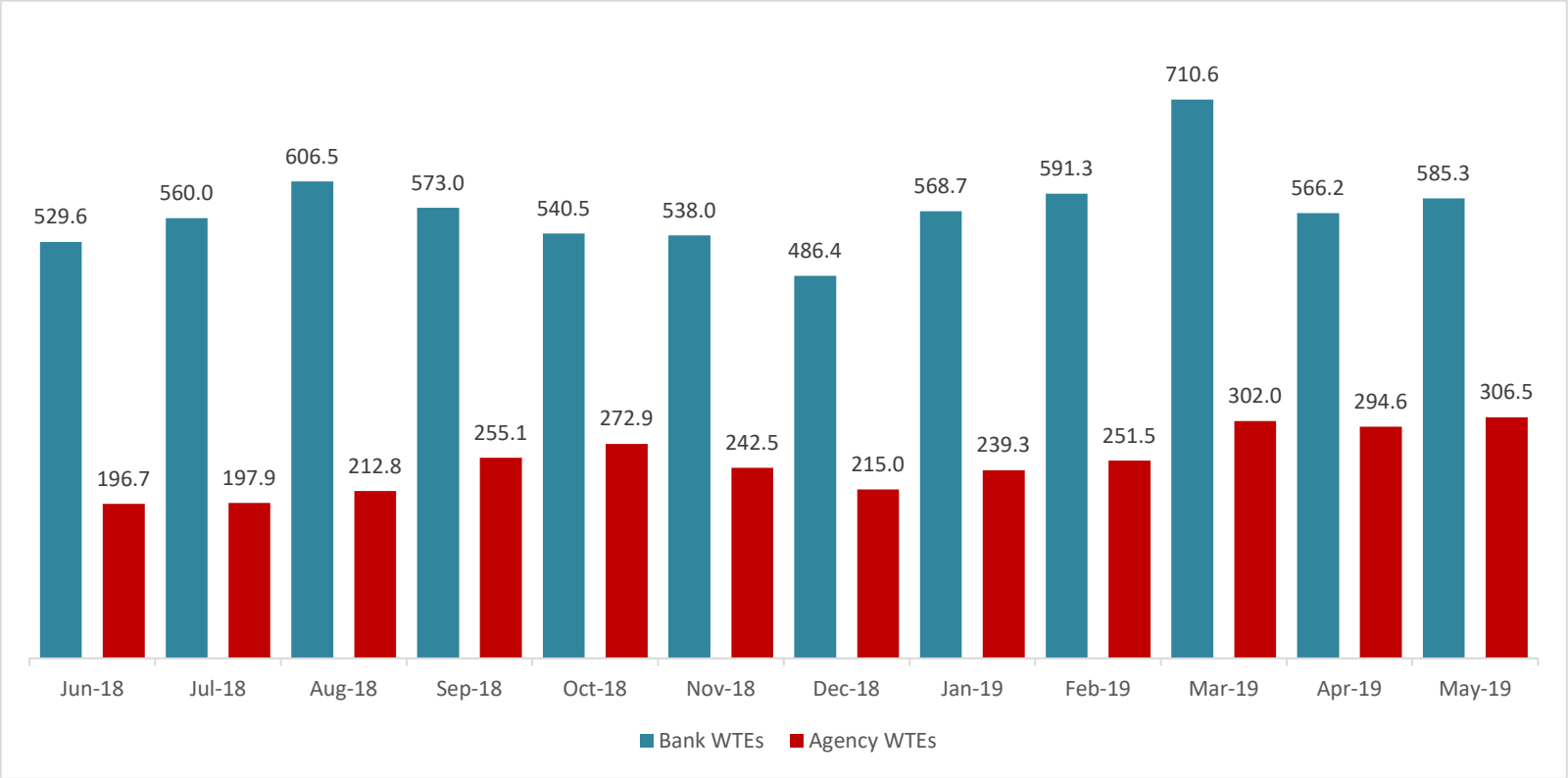


Table 14

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.

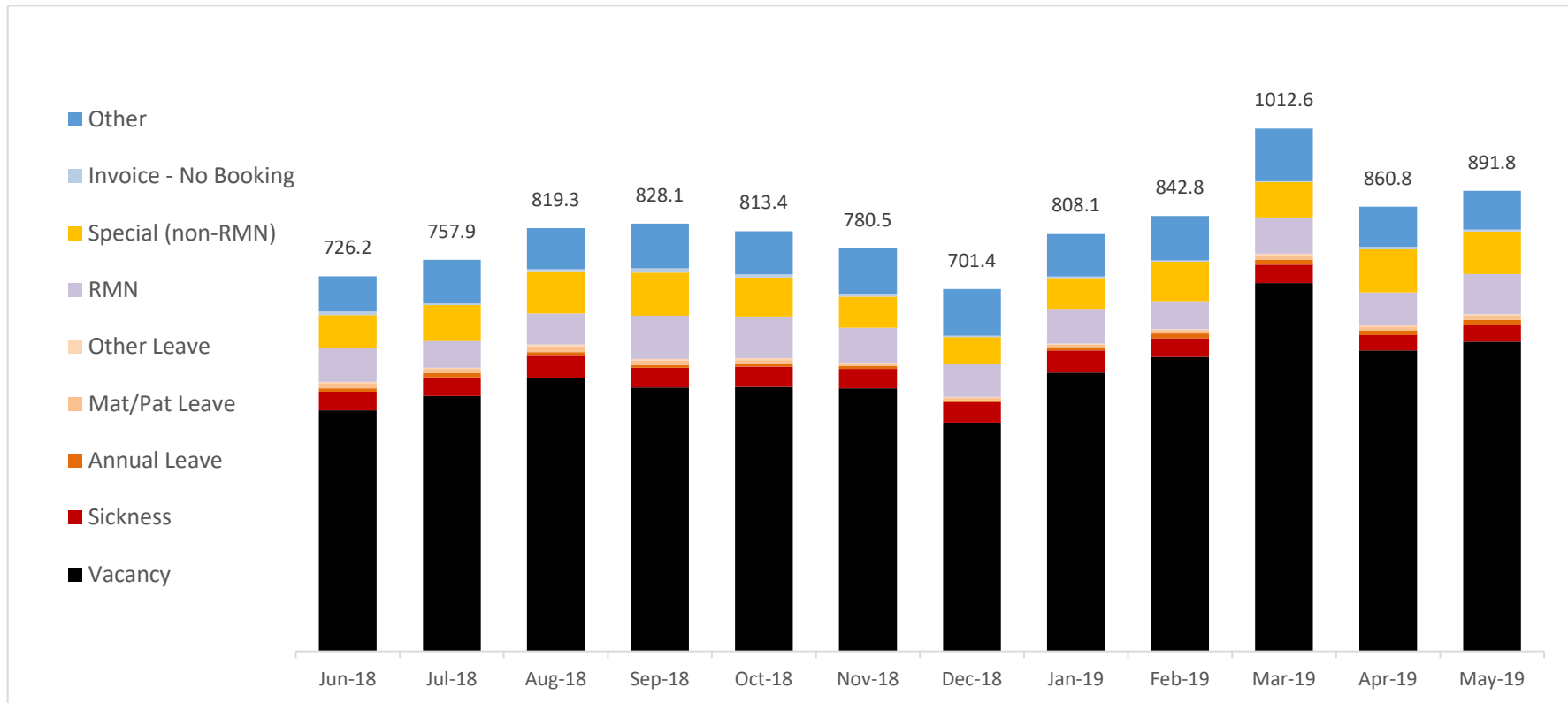


Table 15

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'.