

**Board Briefing**



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

**Nursing and Midwifery Staffing Levels**

**Date of Briefing**

October 2019 (September 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 September 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 September 2019

- Vacancy rate reduced from 15.7% to 13.3% this month. It was 13.0% in the same period last year. There has been a significant increase in the number of staff in post in September (n=220.45 WTE). The overall nursing and midwifery establishment has also increased by 65.88 WTE. If the current external applicants were added to the staff in post figure, the overall vacancy rate would be 6.7%.
- Agency rate increased from 4.1% to 4.5% representing 0.4% increase this month.
- Annual voluntary turnover is 13.4% compared to 14.1% in September 2018.
- Sickness absence rate increased to 4.5% from 3.5% from last month. The rate went up in all Directorates except Oncology Services, Gastrointestinal Medicine and Surgery. Dental services had the highest sickness rate of 6.8%. HR are supporting sickness management processes.
- Personal Development Review (PDR) compliance rate increased again this month from 79.2% to 82.0% representing 2.8% increase. It is also 2.3% higher than in September 2018.

- Mandatory training compliance reduced by 0.9% from 88.0% to 87.1%, however, this is 2.5% greater than in the same period in 2018.

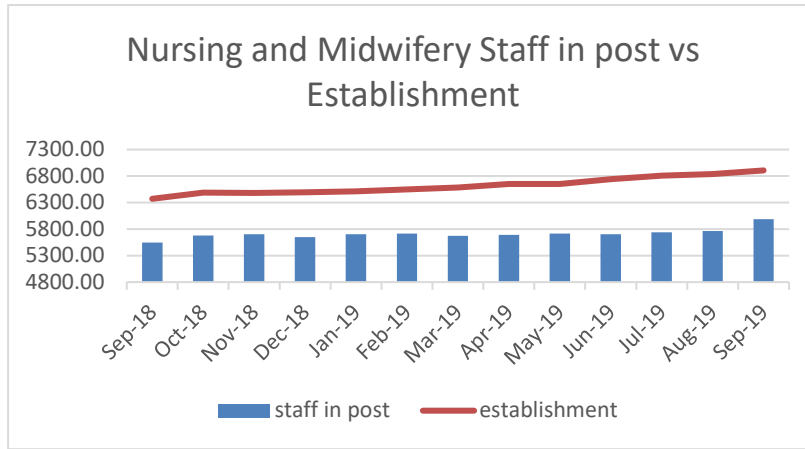
### 3.0 EXPECTATION 1 – RIGHT SKILLS

#### 3.1 Evidence Based Workforce Planning

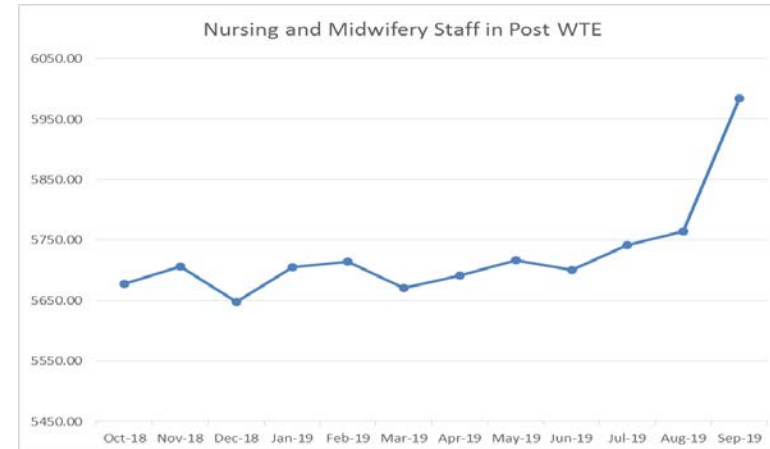
In order to ensure the safe and effective delivery of patient care it is essential that we have the right establishment and the right staff in post. Table 1 sets out the current overall nursing and midwifery workforce metrics in comparison to September 2018, table 2 identifies the growth in establishment (7.7%) compared to the growth of staff in post (7.3%) and table 3 sets out the growth of staff in post.

Staffing measures	September 2018	September 2019	Difference	Change
Nursing Establishment WTE	6371.66	6906.69	535.03	▲
Nursing Staff in Post WTE	5545.77	5984.65	237.46	▲
Vacancies WTE	825.89	922.04	96.15	▲
Vacancy rate	13.0%	13.3%	0.34%	▲
Annual turnover	14.1%	13.4%	-2.40	▼
Red Flags raised	145	90	-55.00	▼
Agency % of Pay bill	4.0%	4.5%	0.70	▲
Planned v Actual Hrs used	99.7%	98.0%	-0.02	▼

**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 in September.

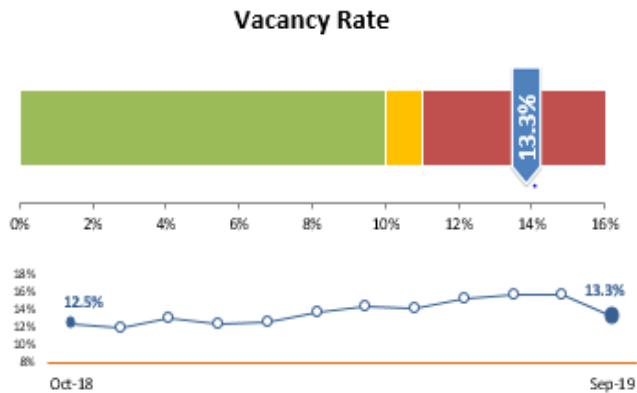
Retention of the new starters and all staff remains a key focus and there are a number of initiatives being tested across the Trust including “The Perfect Welcome” aimed at designing a standardised package ensuring that all staff receive the best welcome when they join the organisation.

All Directorates/Strategic Business Units (SBU) were challenged in June 2019 to complete workforce plans taking into consideration all their workforce related activities, current and planned. These were presented

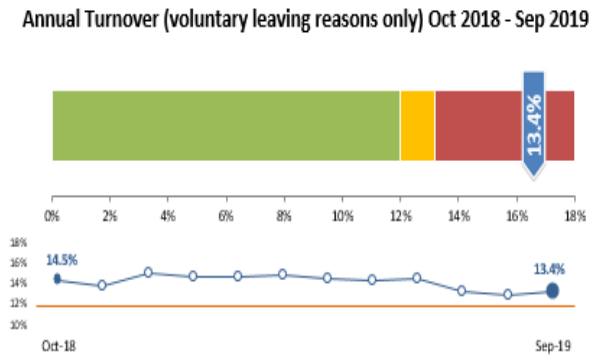
at the Nursing and Midwifery Executive Committee (NMEC) in October. The plans include bespoke and generic approaches to:

- Recruitment activity
- Retention activity
- Supporting and retaining students
- Flexible working
- Future workforce redesign patterns (including Nursing Associates)
- Return to Practice
- Internationally trained nurses
- Black, Asian and Minority Ethnic talent management
- Development of meaningful PDRs
- Image of Nursing and Midwifery within the Directorate/SBU
- Development plans for non-ward based nurses
- Engaging teams in developing workforce strategies

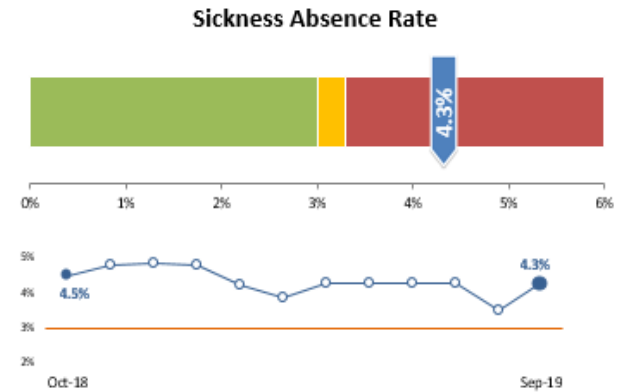
The actions arising from the plans will be monitored through the Directorate Management Teams (DMT) and where there are trustwide actions, these will be monitored through the Nursing and Midwifery Workforce Council.



**Table 4**



**Table 5**



**Table 6**

### 3.3 Activity and Acuity

The number of bed days in August 2019 stood at 45,589 (Table 7). This is 519 more than the previous month and represents a reduction of 676 bed days from the same period in 2018 which demonstrates a 1% 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.

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
September 2019	7837	10846	2495s2	1885	69	45589	17.2%	23.8%	54.7%	4.1%	0.2%
August 2019	6,267	11,327	25,478	1,827	171	45,070	13.9%	25.1%	56.5%	4.1%	0.4%

**Table 7**

The average fill rate for registered staff was 92.2% in comparison to an unregistered staff average fill rate of 123.9%, with an overall fill rate of 98.0%. 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.

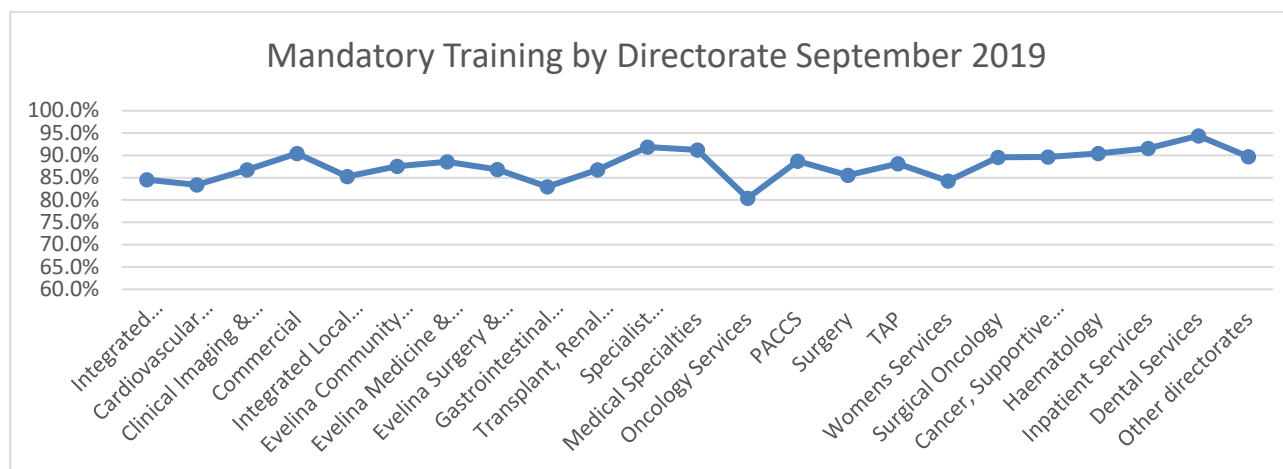
There is representation from the Chief Nurse’s Workforce team at the daily situation report meeting to support all staff resources being effectively utilised across the Trust, to ensure safe staffing and minimise any impact on activity, especially in areas where flex beds are unable to be closed. As part of 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 11.2 for the month of September. 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. It has been noted that 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.

## 4.0 EXPECTATION 2 – RIGHT SKILLS

### 4.1 Mandatory Training, Development and Education

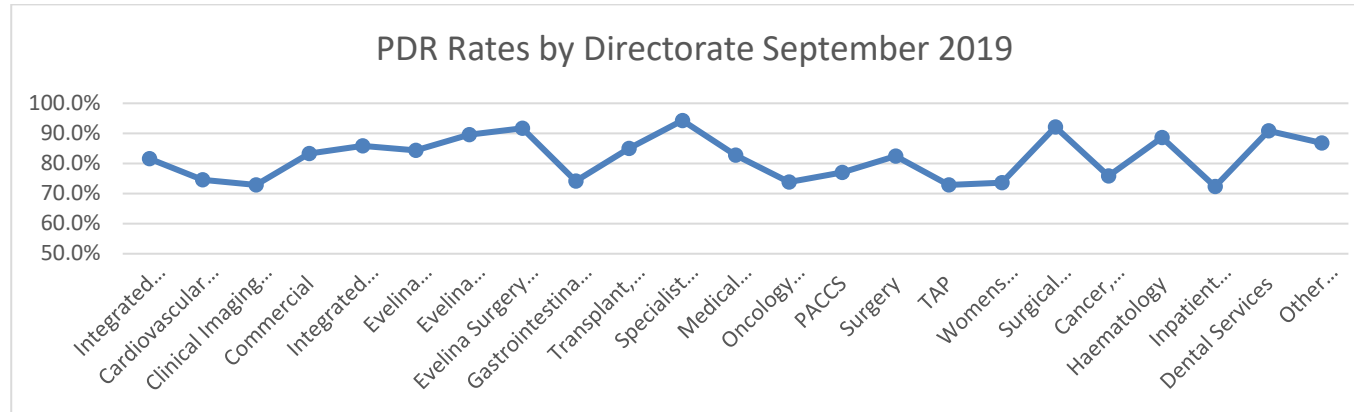
The current compliance with mandatory training across the nursing and midwifery workforce is 87.1%. This has reduced by 0.9% from the previous month. Table 8 demonstrates the breakdown of compliance at Directorate level. All establishments have a built in uplift to support staff with undertaking their mandatory training and development whilst maintaining safe levels of staffing.



**Table 8**

The current PDR rate across the nursing and midwifery workforce is 82.0% which is an increase of 2.5% from the previous month and is 2.3% higher than 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).





**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 implementation of the Nursing Associate role is progressing well, with 123 funded posts across Adult Community, Stroke and Older Persons wards, Cancer services, Theatres and Cardiovascular services. The associated workforce transformation project is also underway in order to ensure the new role is integrated fully into the nursing profession at Guy’s and St Thomas’. The Trust is seeking to rapidly expand the programme utilising a self-funded model of study in addition to the apprenticeship model.

### EXPECTATION 3: RIGHT PLACE AND TIME

#### 5.1 Efficient Deployment and Flexibility

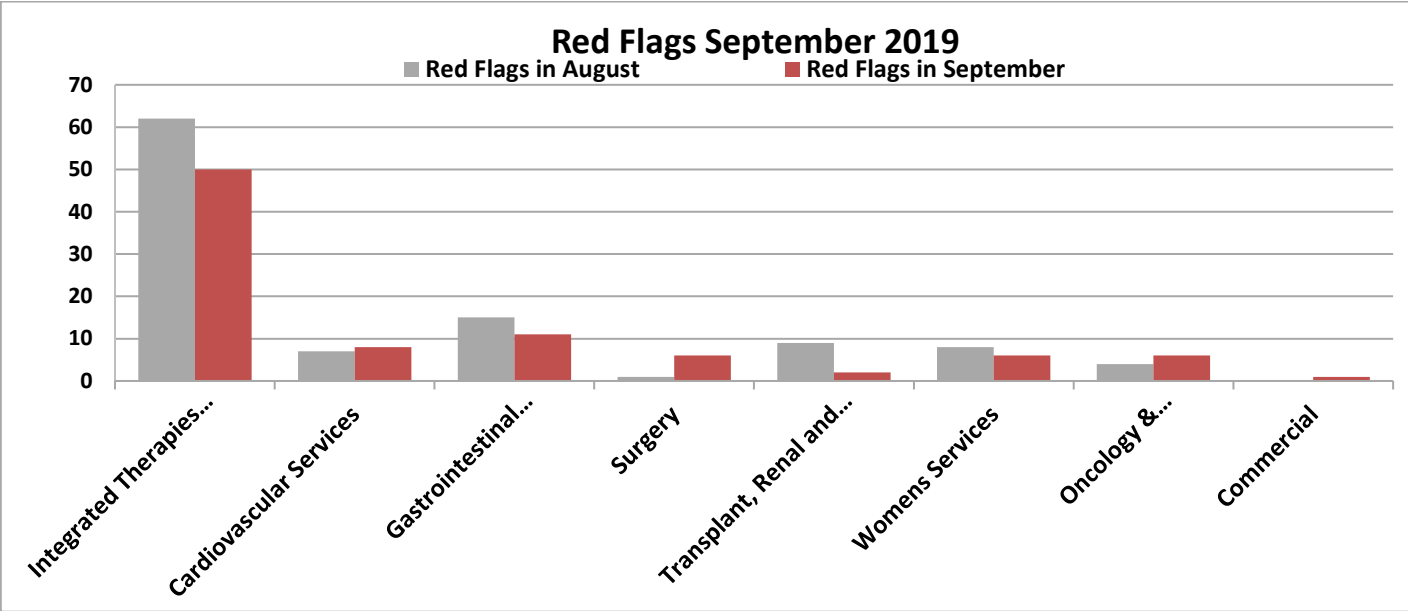
Safe staffing of inpatient wards remains a focus with some wards having >20% vacancy rate. The number of areas have reduced significantly with the influx of nurses over the last month. There are also sufficient nurses projected to join the Trust over the next few months to reduce all inpatient vacancy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

20%. Action plans remain in place to support areas who 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 September 2019, there was a decrease of 16 red flags raised by staff highlighting concerns with staffing compared to the previous month. Table 10 shows the distribution of red flags and the comparison to August 2019 (106 red flags in August, 90 Red flags in September). Staff are encouraged to raise red flags where there may be concerns relating to 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 CLIMP, and to ensure rosters are properly allocated on Health Roster.

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
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
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
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
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
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
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
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%
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%

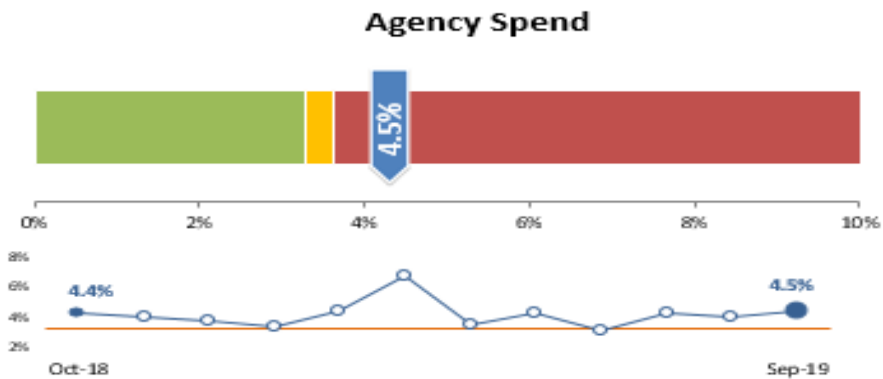
Roster Approval (Full) Lead Time Days - Target 42 days	31	24	34	38	65	48	40	42	40	34	23	45	43
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**Table 11**

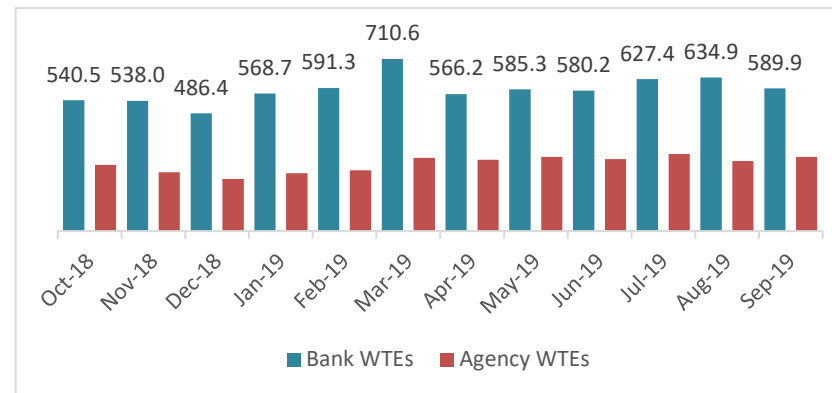
Table 11 demonstrates the main KPIs and other key metrics relating to the efficient deployment of staff at Trust level for rosters covering the last year. The overall roster lead time has demonstrated consistent improvement throughout 2019 and there has been a 21.7% overall reduction in the number of “net” or “owed” hours. These have reduced slightly in the last roster period but are affected by the glitch in software following a recent upgrade which will be resolved in late 2019/early 2020. There are manual processes in place to mitigate the issue in the meantime.

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 a request has been submitted to Allocate 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 September 2019 was 4.5% of the total nursing staff pay bill (Table 12). This is an increase of 0.4% from the previous month. Measures are in place to monitor and reduce agency spend.

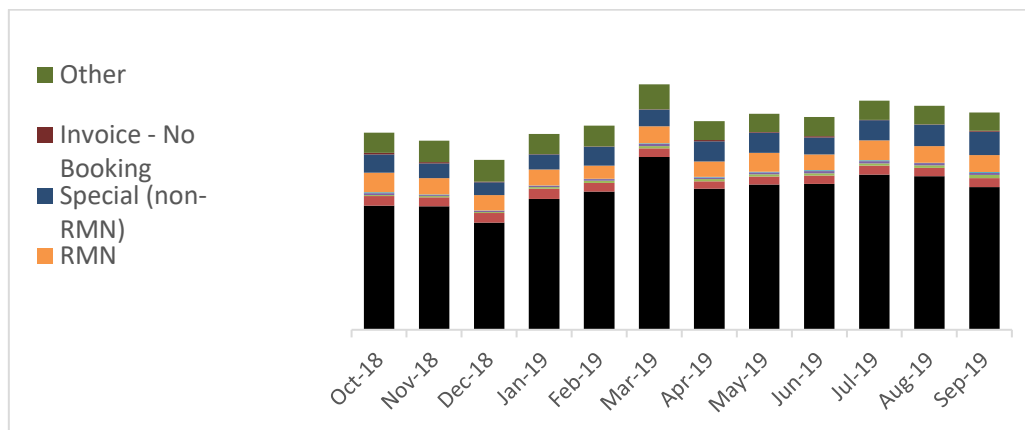


**Table 12**



**Table 13**

Table 13 highlights the actual usage of temporary staffing in September 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 on-going 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 reduced vacancy rate, the use of the red flag system to highlight concerns on a daily basis, the continued focus on recruitment and retention including Directorate level workforce plans, the reporting of the roster KPIs and the expansion of the Nursing Associate programme at Guy's and St Thomas'.