

Board Briefing



Guy's and St Thomas'
 NHS Foundation Trust

Board Briefing of Nursing and Midwifery Staffing Levels

Date of Briefing
 April 2020 (February and March 2020 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 months of February and March 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.

The combined report is reflective of the requirement to pause the formal reporting schedule to focus on the tactical and strategic management of COVID-19.

2.0 Key highlights

- The Nursing and Midwifery vacancy rate is 13.8%. It was 13.9% for the same period in 2019. The staff in post increased by 33.18 WTE in March. The establishment has increased since January 2020 by 50.53 WTE.
- There was an increase in the external pipeline by 145.78 WTE. If the current external applicants were added to the staff in post figure, the overall vacancy rate will be 8.0%.
- Agency spend decreased from 4.6% to 4.1% representing 0.5% reduction in March. There has been a 0.5% reduction in agency spend for two consecutive months (February and March 2020).
- There has also been a decrease in the monthly turnover rate from 0.8% to 0.5%. The annual turnover rate also reduced from 13.5% to 13.0%.
- Sickness rate increased in March by 0.2% to 4.6% compared to February 2020. Dental services, Evelina Community Services and Surgery recorded high sickness rates of 6.6%, 5.9% and 5.6% respectively. The sickness rate increase is reflected across 67% of the Directorates and includes staff showing symptoms of COVID-19 in the early stages of the pandemic.

- Personal Development Review (PDR) compliance rate increased by 3.2% this month from 85.5% to 88.7%. It represents 3.2% increase when compared to March 2019.
- Mandatory training compliance went up by 2.2% from 90.1% to 92.3%. It was 84.1% same period last year.
- Mandatory training and PDR compliance dates have been extended for 3 months, until the end of June to allow staff to focus on the management of COVID-19.

3.0 COVID-19

The Trust received the first COVID-19 patient in February 2020, this report provides a summary of the key implications for the Nursing and Midwifery workforce.

3.1 Tactical Workforce Structure

At the end of March, a new tactical workforce structure was put in place. The Tactical Workforce Hub met daily, chaired by the Deputy Chief Nurse, working in collaboration with leads for Medicine, Allied Health Professionals, Human Resources, Administration and Clerical and Essentia. The remit of the group was to manage all elements of multi-professional workforce planning to enable rapid training and deployment of staff to support the operational changes, ensuring that staff with the right skills were deployed to the clinical specialities.

3.2 Operational Changes Impacting the Workforce

- An additional ward was opened and staffed for COVID-19 patients, staff were deployed from across the Directorates – this remains open
- A testing pod was opened on the St Thomas' site on 2 March to swab patients referred from NHS 111 with potential COVID-19 symptoms. This was staffed by Ambulatory Care Staff and Dental Nurses who were trained to undertake patient swabbing
- A drive through testing pod was created in Southwark which was staffed by Community and Dental Nurses

- Patient swabbing in their own homes was initiated, this was undertaken by Dental Nurses and the @Home team
- >800 nurses have been deployed across acute and community services
- Ambulatory Care Nursing staff were trained to work in ward areas
- As elective activity reduced, a number of surgical wards were converted to medicine for patients displaying symptoms of COVID-19, this required ward Nursing teams to be mixed (surgery and medicine) to ensure staff had the right knowledge and skills to care for patients. Additional training and supervision was provided.

3.3 Critical Care Capacity and Workforce

The Trust was required to increase critical care capacity, NHSI/E issued guidance on how to maintain a 1:1 nurse: patient ratio for intensive care patients. To achieve this:

- 441 staff members received training and were deployed to Intensive Care, this included staff who had previous ITU experience and staff who had not previously worked in critical care to facilitate an increase in critical care bed capacity
- Children's ITU staff were trained to care for adult ITU patients
- A 'turning team' was developed to support the optimum positioning of patients in ITU, predominantly undertaken by Dental Nurses and other professional groups
- Dental Nurses and Dentists provided mouth care for all patients
- 44 Registered Nurses were deployed to the Nightingale Hospital at the Excel, one becoming the Head of Nursing for the Nightingale Hospital

3.4 Apprentice Nursing Associates

During the pandemic the Apprentice Nursing Associates (ANA) have remained in training, their academic activity continues to be provided by the Universities, however this has been converted to online study. All ANAs remain in clinical practice with support from the Practice Educators and clinical teams. Their supernumerary hours have been reduced from full supernumerary status, to enable them to work within the nursing establishment 23 hours per week whilst ensuring the Nursing and Midwifery Council (NMC)

requirements are being met for protected and academic learning so preventing the need to interrupt their studies.

3.5 COVID-19 Temporary Register and Return to Practice

Following Government legislation, NHS England/NHS Improvement and the NMC created a temporary register in March to allow those Nurses who left the profession within the last 3 years to return to practice. Ten Nurses requested to join the temporary register, their applications are being processed.

3.6 Pre-registration Student Nurses

At the end of March, the Trust received guidance from the NMC, Health Education England (HEE) and the Council of Deans regarding Student Nurse Placements. As a result all part 1 (year 1) students were removed from clinical placement to undertake online academic learning provided by their Universities. Part 2 (year 2) Nursing Students who meet the criteria set within the above recommendations became eligible to join the Nursing and Midwifery workforce at Guy's and St Thomas' (GSTT) and be paid as a band 3 for 30 hours a week on a four month fixed term contract.

Part 3 (year 3) host (those undertaking their clinical placements at GSTT) and non-host (those training elsewhere) Nursing and Midwifery students who are in the last 6 months of their training, meeting the criteria are eligible to join the Nursing and Midwifery workforce. The students will be paid as a band 4 for 37.5 hours a week on a six month fixed term contract. The students, referred to as 'Aspirant Nurses', will be deployed to the clinical areas that best match to their final placement or specialty of choice.

Both the Part 2 and Part 3 Aspirant Nurses are not supernumerary during this time, however they continue to receive supervision and assessment to complete their practical placement requirements.

4.0 EXPECTATION 1 – RIGHT SKILLS

4.1 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 March 2019, table 2 identifies the growth in establishment (9.06%) compared to the growth of staff in post (9.12%) and table 3 sets out the growth of staff in post.

Staffing measures	March 2019	March 2020	Difference	Change
Nursing Establishment WTE	6583.89	7180.42	596.53	▲
Nursing Staff in Post WTE	5670.77	6187.97	517.20	▲
Vacancies WTE	913.12	992.45	79.33	▲
Vacancy rate	13.9%	13.8%	-0.1%	▲
Annual turnover	14.9%	13.0%	-1.9%	▼
Red Flags raised	152	35	-117.00	▼
Agency % of Pay bill	6.8%	4.1%	-2.7%	▼
Planned v Actual Hrs used	97.8%	106.3%	8.5%	▲

Table 1

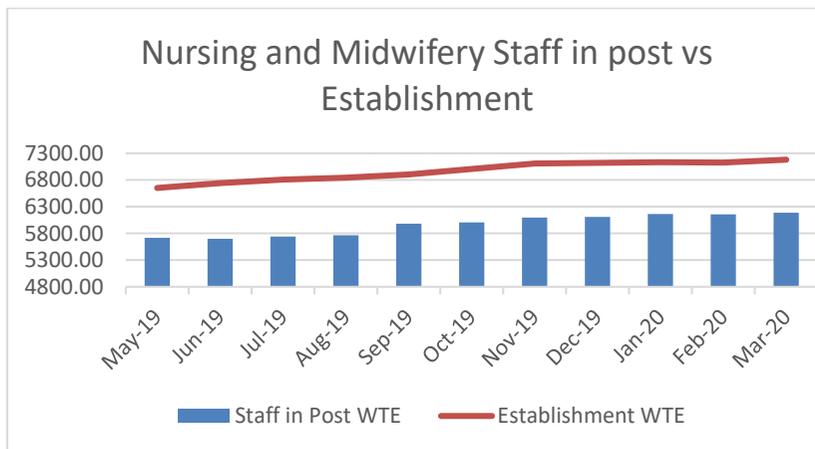


Table 2

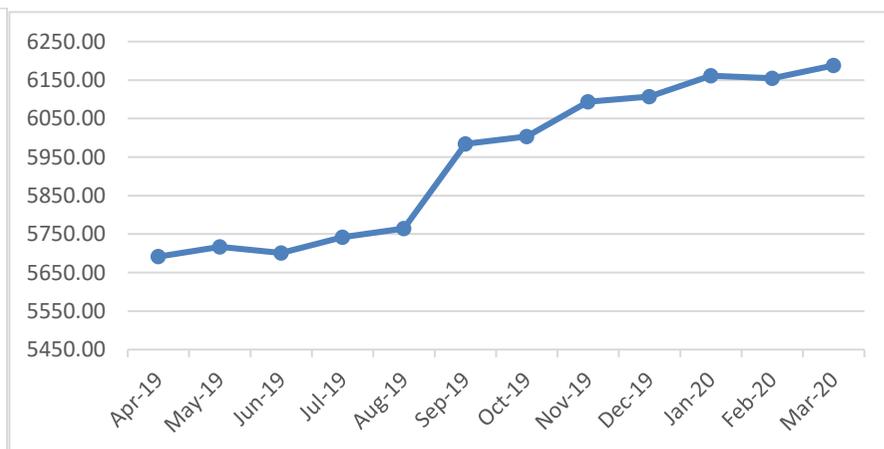


Table 3

4.2 Recruitment and Retention

Tables 4, 5 and 6 display the trends in three key Nursing and Midwifery workforce metrics, namely vacancy, turnover and sickness. The vacancy rate has been relatively stable since January 2020, with increases in establishment being offset by new starters in post.

All recruitment activity was converted from face to face interview to virtual recruitment, predominantly via skype which has been successful, delivering an increase in the numbers of staff being recruited.

Retention activities have focussed on staff health and wellbeing initiatives as part of the wider Trust response to the pandemic. These include:

- A psychologist has been deployed to every ward and department to provide support to all staff
- Rest and recharge zones provide a relaxing space for staff which include access to Wellbeing Advisors, massage chairs, exercise bikes, aromatherapy, free magazines, tea, coffee, cool drinks and snacks
- Sleep pods for staff in ITU have enabled staff to rest on their break periods

COVID-19 related absences gradually increased in March, by 31 March a total of 578 Nurses and Midwives were off due to: shielding (n=13), staff experiencing COVID-19 symptoms (n=253), 14 day self-isolation (n=294), carers leave (n=15), annual leave (n=3). This was monitored via the Tactical Workforce Hub.

Vacancy Rate

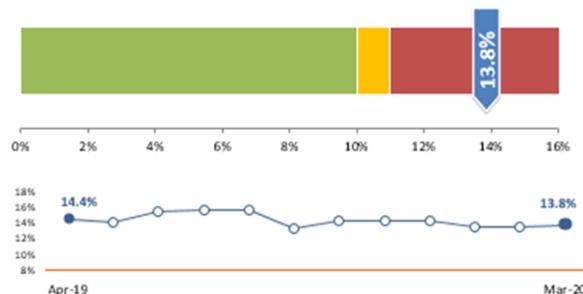


Table 4

Annual Turnover (voluntary leaving reasons only) Apr 19 - Mar 20

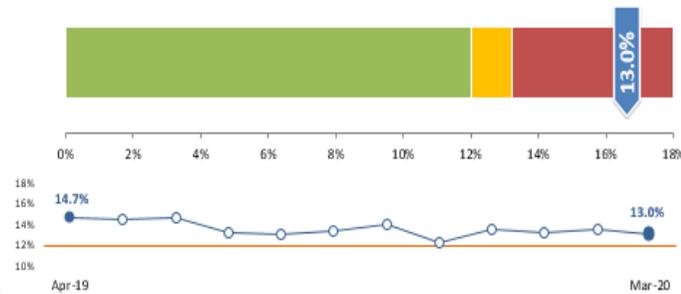


Table 5

Sickness Absence Rate

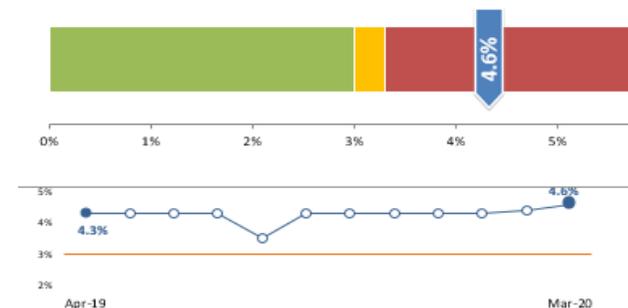


Table 6

4.3 Activity and Acuity

The number of bed days in February 2020 stood at 36,449 (Table 7). This is 8,661 less than the previous month and represents a decrease of 13849 bed days from the same period in 2019 which demonstrates a 27.53% reduction in activity. The data articulates the required reduction in activity as the Trust prepared for COVID-19 during February and March. 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
March 2020	5,456	8,420	20,856	1,624	93	36,449	15.0%	23.1%	57.2%	4.5%	0.3%
February 2020	7,817	10,781	24,815	1,626	71	45,110	17.3%	23.9%	55.0%	3.6%	0.2%

Table 7

The average fill rate for registered staff was 94.0% in comparison to an unregistered staff average fill rate of 96.7%, with an overall fill rate of 95.4%. Throughout February and March, a significant numbers of staff were deployed to different clinical areas to prepare and respond to the evolving COVID-19 situation.

A twice daily safe staffing meeting, chaired by the Deputy Chief Nurse, was implemented in early March to ensure that all open areas were safely staffed, utilising substantive staff effectively, and bank and agency staff appropriately (in the early stages of the pandemic, temporary staff were unable to be deployed to work on wards or areas within the COVID-19 positive patient pathway). The twice daily meetings enabled rapid decision making to respond to the changing needs of patients and the opening of additional capacity.

The Trust average 'Care hours per patient day' (CHPPD) was 14.7 for the month of March. Due to the pandemic, submission to the digital collections site has been suspended by NHSI and therefore the report containing planned hours versus actual hours and CHPPD is not required to be uploaded until further notice.

5.0 EXPECTATION 2 – RIGHT SKILLS

5.1 Mandatory Training, Development and Education

The current compliance with mandatory training across the Nursing and Midwifery workforce is 92.3%. This has increased by 2.2% from the previous month. As indicated in the key headlines, there has been a Trust wide agreement to extend compliance dates for 3 months due to current operational situation. Table 8 demonstrates the breakdown of Directorate compliance. All establishments have an uplift built in, to support staff with undertaking their mandatory training and development whilst maintaining safe levels of staffing.

Additional training was developed and rolled out in February for staff being deployed to other clinical areas, as described earlier. Staff were also trained to use Personal Protective Equipment (PPE) and the simulation centre provided training in advanced life support and the PPE requirements when resuscitating patients displaying symptoms of COVID-19.



Table 8

The current PDR rate across the Nursing and Midwifery workforce is 88.7% which is an increase of 3.2% from the previous month and 3.2% higher than at the same time in 2019. There has been a Trust wide agreement to extend compliance dates for 3 months. Table 9 demonstrates the breakdown of PDR compliance by Directorate.

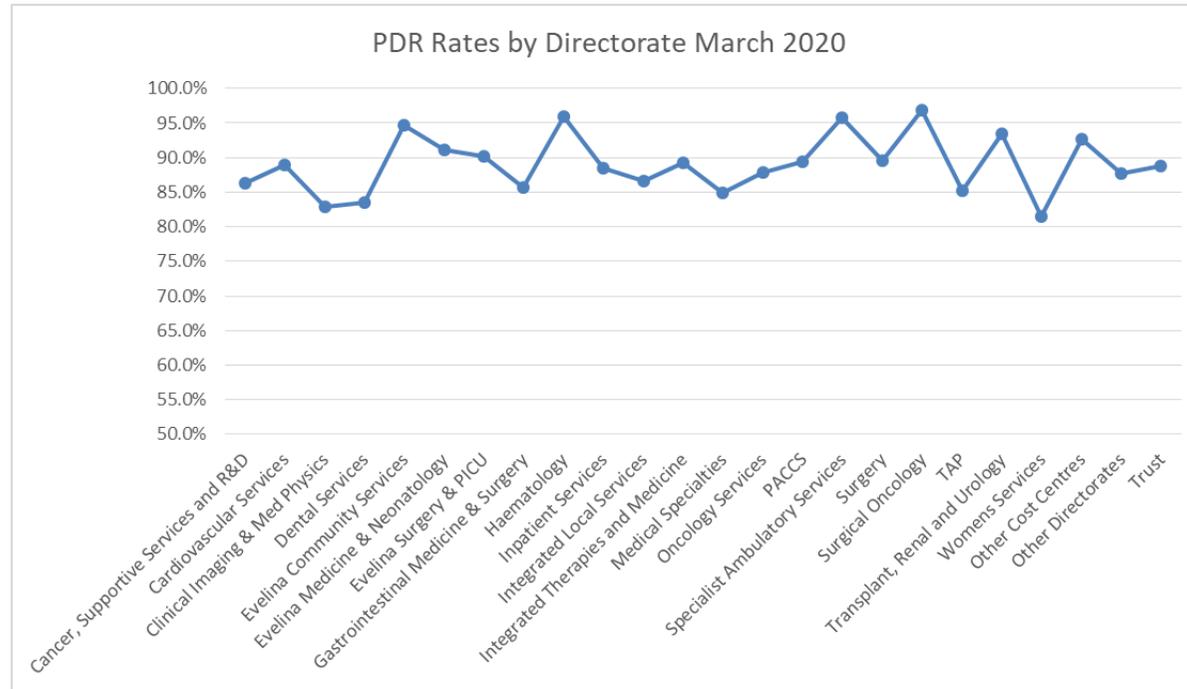


Table 9

5.2 Apprentice Nursing Associates

As part of the workforce changes, the Apprentice Nursing Associates full supernumerary status was reduced to enable them to work within the clinical establishment whilst meeting the protected learning and academic requirements. This has negated the need for the Apprentice Nursing Associates to interrupt their studies.

6.0 EXPECTATION 3: RIGHT PLACE AND TIME

6.1 Efficient Deployment and Flexibility

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.

In March 2020, there was a reduction of red flags (n=12) raised by staff highlighting concerns with staffing levels compared to the previous month, this may be partly due to the twice daily staffing meetings which have facilitated deployment of staff to mitigate shortfalls. Table 10 shows the distribution of red flags and the comparison to February 2020 (47 Red Flags in February, 35 Red Flags in March). Staff are encouraged to raise red flags where there may be concerns relating to safe staffing levels.

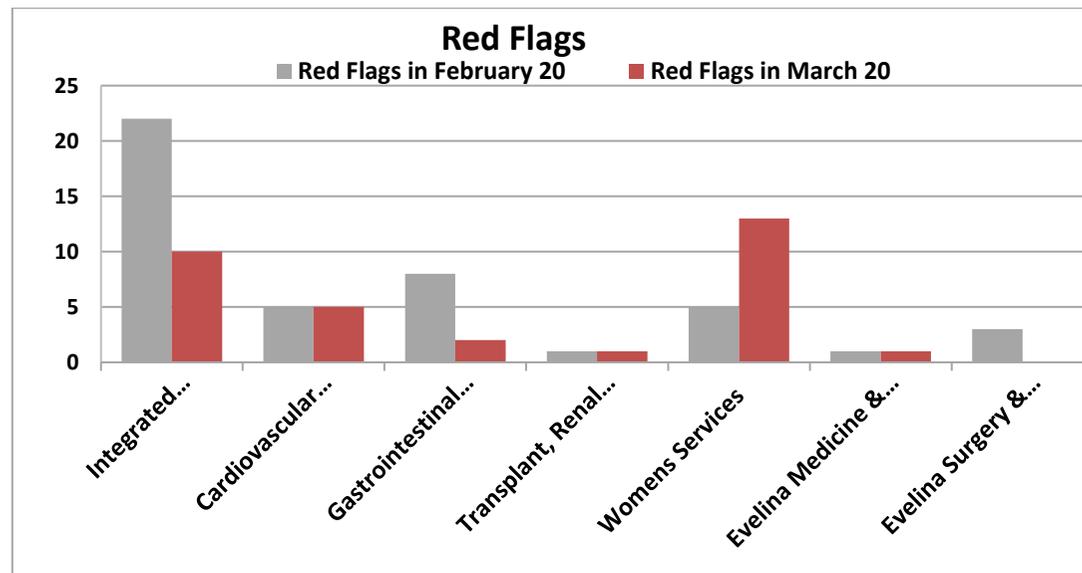


Table 10

6.2 Efficient Employment, Minimising Agency Use

Roster challenge boards have currently been suspended due to the operational situation. There has also been a significant amount of work undertaken in moving staff across rostered areas as part of the redeployment programme. There have been >800 staff in the Nursing and Midwifery workforce, deployed from their existing area of work to other areas across the organisation. These staff have, broadly, committed to move for 3 months. Additionally, there has been daily deployment of staff across inpatient areas particularly, as wards have opened or closed in response to the pandemic situation. It has been a dynamic process responding to patient acuity and dependency and has included the changing of roster templates to increase staffing requirements. There has been a slight deterioration in the roster lead time metric over the last 2 months which is being addressed with the individual areas who have not met the KPI.

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	27th Jan - 23rd Feb	24th Feb - 22nd Mar
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	579,488	769,051
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	613,313	621,891
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	9.4	10.1
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	6.8	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	5,726	5,486	2,450	5,075	5,134	5,345
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	172,040	207,405
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%	13.8%	15.4%

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%	27.9%	29.4%
Roster Approval (Full) Lead Time Days - Target 42 days	31	24	34	38	65	48	40	42	40	34	23	45	43	40	42	43	44	44	39	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 from September 2019 to March 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 March was 4.1% of the total Nursing staff pay bill (Table 12). This is a decrease of 0.5% from the previous month. There has been a consistent 0.5% decrease in agency spend for two consecutive months. Measures are in place to monitor and reduce agency spend.

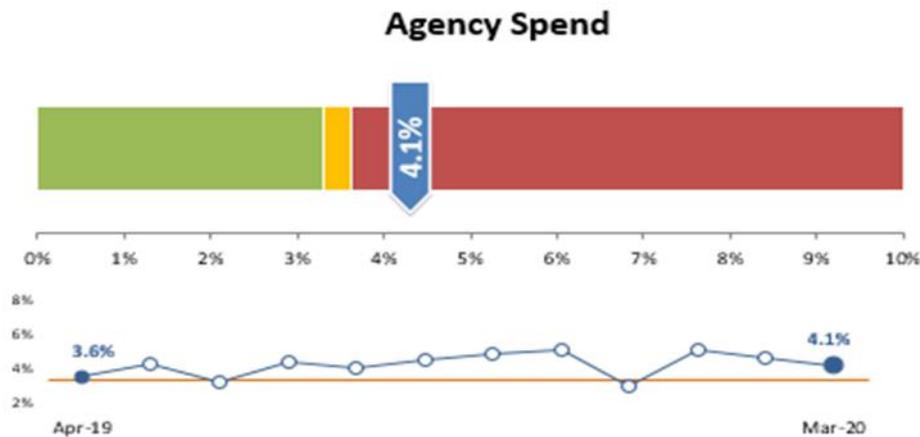


Table 12

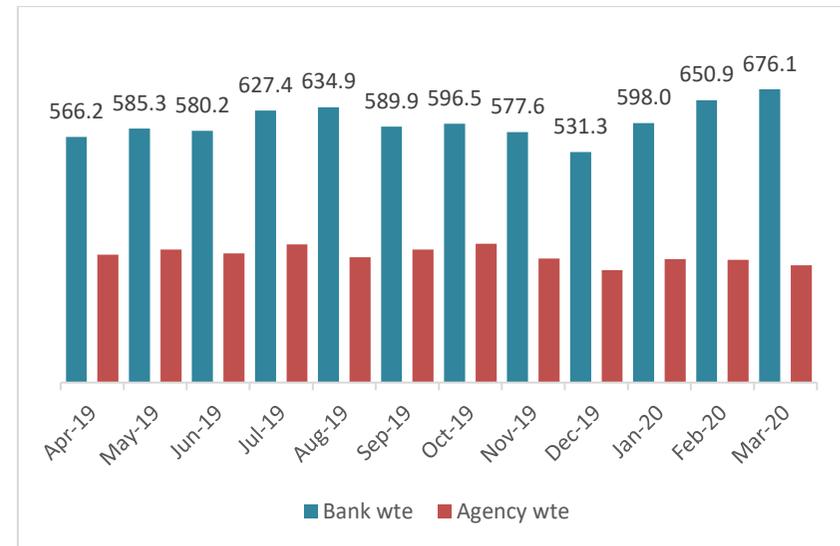


Table 13

Table 13 highlights the actual usage of temporary staffing in March 2020 in comparison to each month in the preceding year. This is broken down into Bank and Agency WTE.

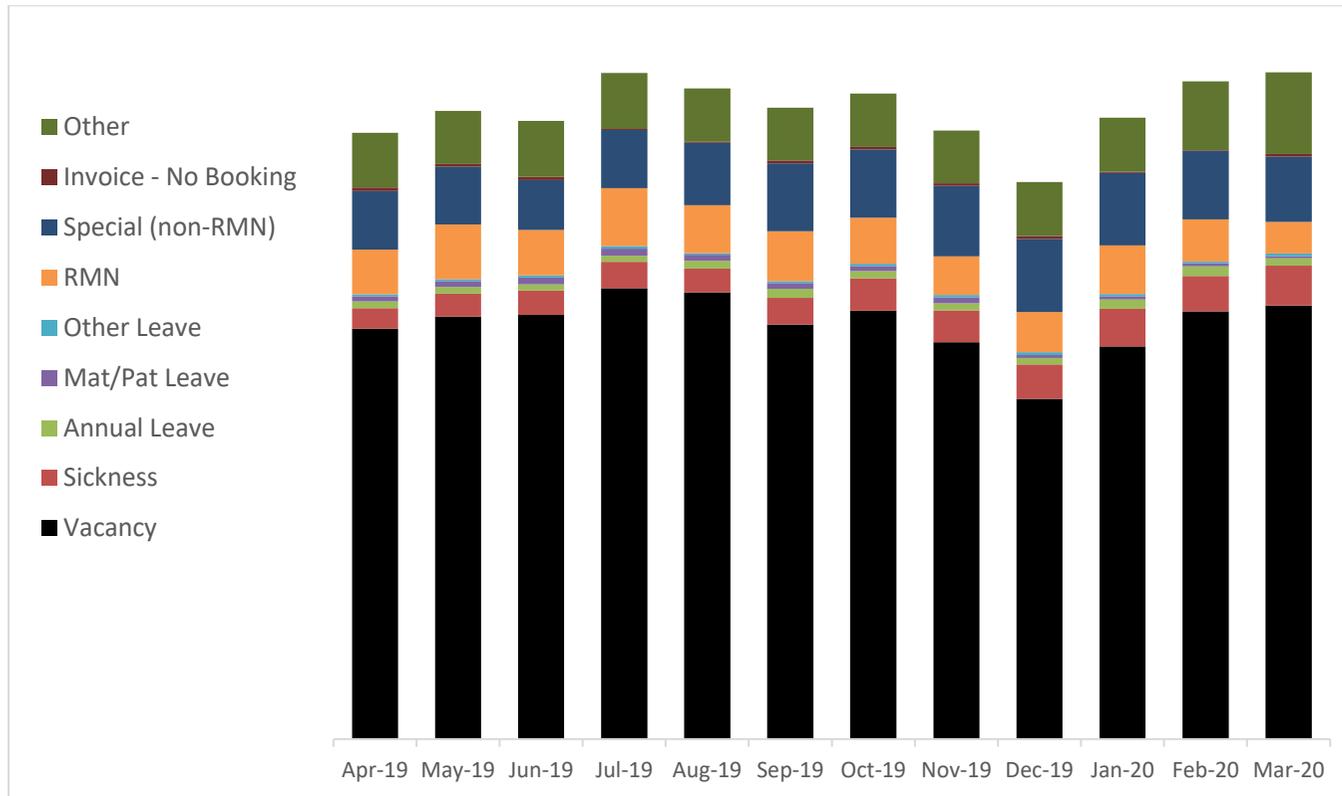


Table 14

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 RMNs.

7.0 Request to the Board of Directors

The Board of Directors are asked to note the information contained in this briefing for the months' of February and March. This includes the Nursing and Midwifery workforce response to COVID-19 pandemic.