

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST

QUALITY AND PERFORMANCE COMMITTEE

WEDNESDAY 13 JANUARY 2021

Title:	Monthly Board Briefing of Nursing and Midwifery Staffing Levels for November 2020 (October data)
Responsible Director:	Chief Nursing Officer
Contact:	Toni Lynch, Deputy Chief Nurse

Purpose:	To assure the Board and the public regarding Nursing and Midwifery safe staffing levels
Strategic priority reference:	TO TREAT AS MANY PATIENTS AS WE CAN, SAFELY
Key Issues Summary:	<ul style="list-style-type: none"> • Vacancy reduction remains a priority
Recommendations:	<p>The COMMITTEE is asked to:</p> <ol style="list-style-type: none"> 1. Note the content of the paper

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**NURSING AND MIDWIFERY SAFE STAFFING LEVELS
FOR NOTING BY THE BOARD**

1. Introduction

- 1.1. This briefing provides the Trust Board with an overview of the Nursing and Midwifery workforce during 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. Key highlights

- The vacancy rate in October was 11.4% representing a 0.7% increase from the previous month. The vacancy rate for the same period last year was 14.3%. The staff in post has decreased by 30 whole time equivalent (WTE) in month which includes the Aspirant Nurses and Part 2 Student Nurses employed as band 4 and band 3s respectively at the height of the COVID-19 pandemic. The budgeted Nursing and Midwifery establishment increased by 20.3 WTE in month.

- If the current external applicants were added to the staff in post figure, the overall vacancy rate would be 8.7% which represents 0.9% increase from last month.
- The agency spend rate increased by 0.3% in month to 2.5%. It was 4.9% for the same period last year.
- The annual turnover rate increased by 0.1% to 12.4%. The monthly turnover rate decreased by 0.2% to 1.1% from 1.3% in the previous month.
- The sickness rate increased slightly this month by 0.1% to 5.3% compared to last month. Commercial, Clinical Imaging & Medical Physics and Dental services recorded highest sickness absence rate of 9.7%, 7.0% and 6.7% respectively.
- Personal Development Review (PDR) compliance rate increased by 1.3% to 75.8%. This represents a 6.3% decrease when compared to October 2019.
- Mandatory training compliance increased by 0.7% from 90.0% to 90.7%, it was 87.5% same period last year.

3.0 COVID-19

As outlined previously, the Trust received the first COVID-19 patient in February 2020, during May the numbers of patients with COVID-19 reduced and the Trust moved into a stabilisation and recovery phase since June.

Second wave preparations continue, preparing staff identified for deployment to Critical Care as required, with training continuing throughout October to maintain the skills gained following initial surge and upskill training. Ward upskill and community training commenced in October in preparation for staff requirements to support potential activity surge within the inpatient and community settings.

A Nursing & Midwifery Tactical Staffing Hub commenced twice weekly meetings with the Directorate Workforce Leads to support these preparations and future staff deployment. The Tactical Staffing Workforce Hub continues to meet once per week to support multi professional preparedness.

Collaborative work continues with King's College Hospital and Lewisham and Greenwich NHS Foundation Trusts to provide a resilient plan for South East London, as part of the wider London Transformation and Learning Collaborative (LTLC).

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 October 2019, figure 2 identifies the growth in establishment (3.1%) compared to the growth of staff in post (6.6%) and figure 3 sets out the growth of staff in post.

The difference between actual versus planned hours has reduced to 14.4% and although an increase in activity from previous month reflects the continued reduction in activity. This mitigates the need to fill all shifts caused by underlying vacancies.

Staffing measures	October 2019	October 2020	Difference	Change
Nursing Establishment WTE	7005.09	7218.78	213.69	▲
Nursing Staff in Post WTE	6003.55	6397.08	393.53	▲
Vacancies WTE	1001.53	821.69	-179.84	▼
Vacancy rate	14.3%	11.4%	-2.9%	▼
Annual turnover	14.1%	12.4%	-1.7%	▼
Red Flags raised	81	48	-33.00	▼
Agency % of Pay bill	4.9%	2.5%	-2.4%	▼
Actual v Planned Hrs used	97.4%	83.0%	-14.4%	▼

Table 1

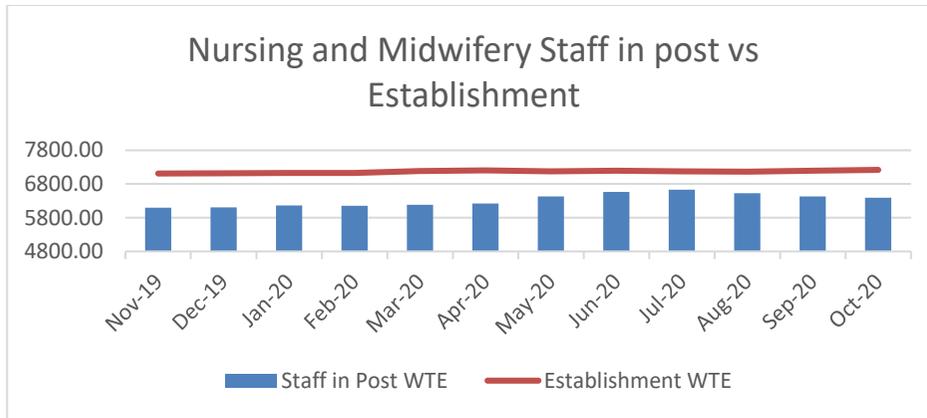


Figure 2

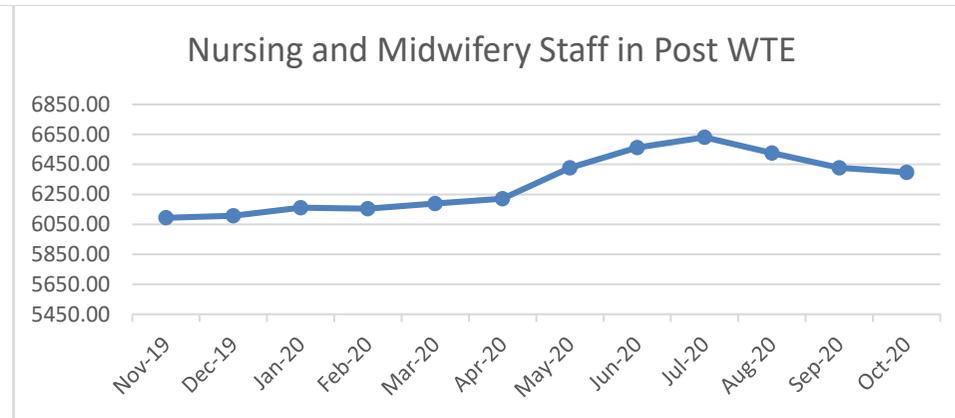


Figure 3

4.2 Recruitment and Retention

Figures 4, 5 and 6 display the trends in three key Nursing and Midwifery workforce metrics, namely vacancy, turnover and sickness.

The Recruitment Team continues to provide central support for Directorate recruitment initiatives via various online platforms; WhatsApp, Skype and Microsoft Teams. This continues to prove successful with a healthy pipeline of staff joining the organisation.

The Trust has joined the Capital Nurse Consortium for International Recruitment. Through a business case to support the planned programme of theatre expansion, 120 nurses for Theatres, Anaesthetics and Perioperative Medicine (TAP) have been requested in the first year of the Consortium Project. Interviews commenced in October and the first ten nurses expected to arrive in the Trust from January 2021.

Retention activities were maintained throughout October with continued focus on staff health and wellbeing initiatives as part of the wider Trust response to the pandemic.

COVID-19 related absence has increased. By 30 October, a total of sixty three Nurses and Midwives were off due to: shielding not working from home (n=6), shielding working from home (n=3), staff experiencing COVID-19 symptoms (n=15), self-isolation not working from home (n=33), self-isolation working from home (n=6), carers leave (n=0).

Vacancy Rate

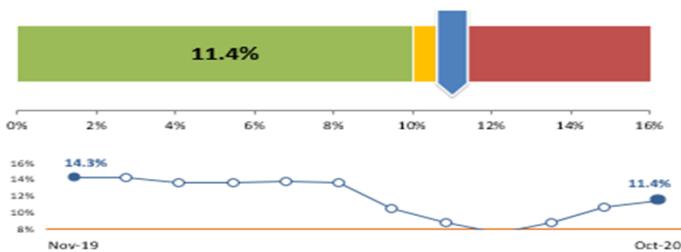


Figure 4

Annual Turnover (voluntary leaving reasons only) Nov 19 - Oct 20

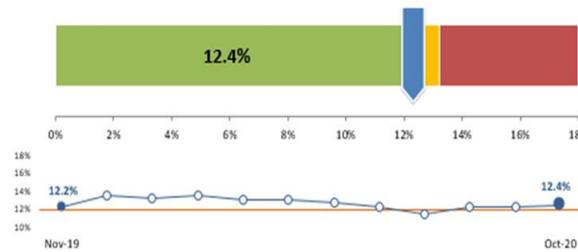


Figure 5

Sickness Absence Rate

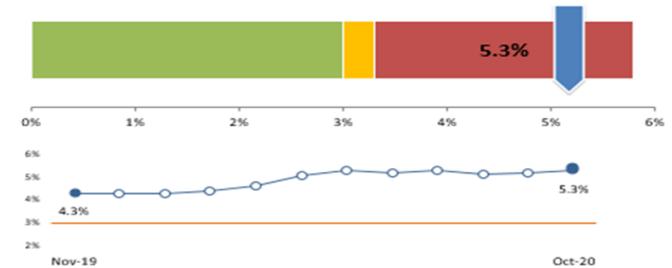


Figure 6

4.3 Activity and Acuity

The number of bed days in October 2020 stood at 40,574 (Table 7). This is 2,039 more than the previous month and represents a decrease of 7,848 bed days from the same period in 2019 which demonstrates a 16.2% reduction in activity. The data articulates the required reduction in activity as the Trust responded to the pandemic. 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					Grand Total	Proportion of bed days				
	Level 0	Level 1a	Level 1b	Level 2	Level 3		Level 0	Level 1a	Level 1b	Level 2	Level 3
October 2020	6,990	9,828	22,084	1,517	155	40,574	17.2%	24.2%	54.4%	3.7%	0.4%
September 2020	6,450	9,275	21,236	1,467	107	38,535	16.7%	24.1%	55.1%	3.8%	0.3%

Table 7

The average fill rate for registered staff was 73% in comparison to an unregistered staff average fill rate of 93%, with an overall fill rate of 83%. As outlined in Section 4.1, the number of planned hours required reflects the overall decrease in activity compared to this time last year. The fill rates are not representative of staffing levels. These are anticipated to continue to normalise as the Trust moves into the stabilisation phase and activity increases.

The Trust average ‘Care hours per patient day’ (CHPPD) was 13.0 for the month of October 2020. 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.

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 90.7%. This represents an increase of 0.7% from previous month and 3.2 % increase when compared to October 2019. Figure 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 staffing levels. As previously reported, all but one of the mandatory training modules have been converted to online, with the final module converted to a digital platform and the test phase complete. The go live date has been delayed due to licence requirements and planned for January 2021.

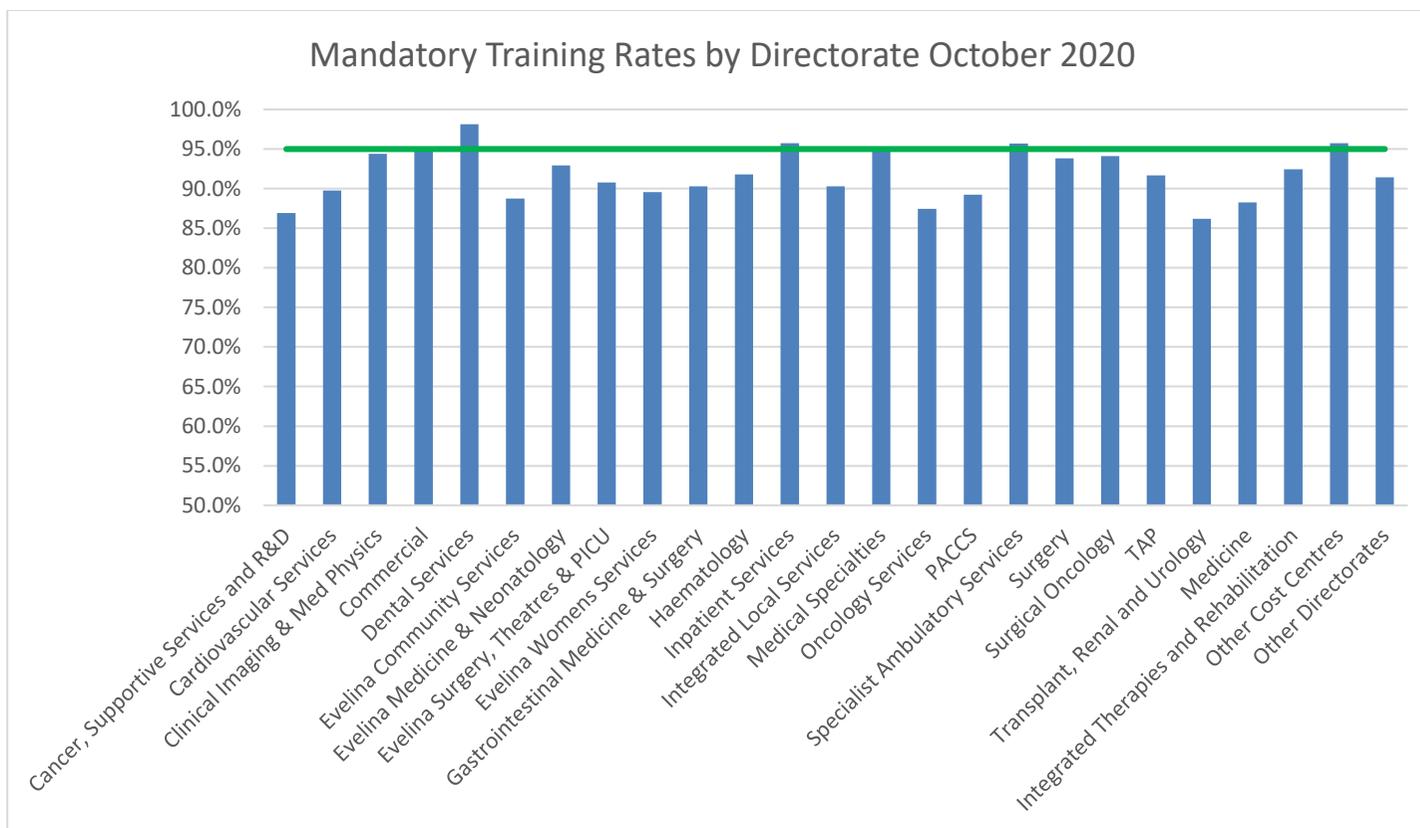


Figure 8

The current PDR rate across the Nursing and Midwifery workforce is 75.8%; this is an increase of 1.3% from the previous month and 6.3% lower than same time in 2019. Figure 9 demonstrates the breakdown of PDR compliance by Directorate.

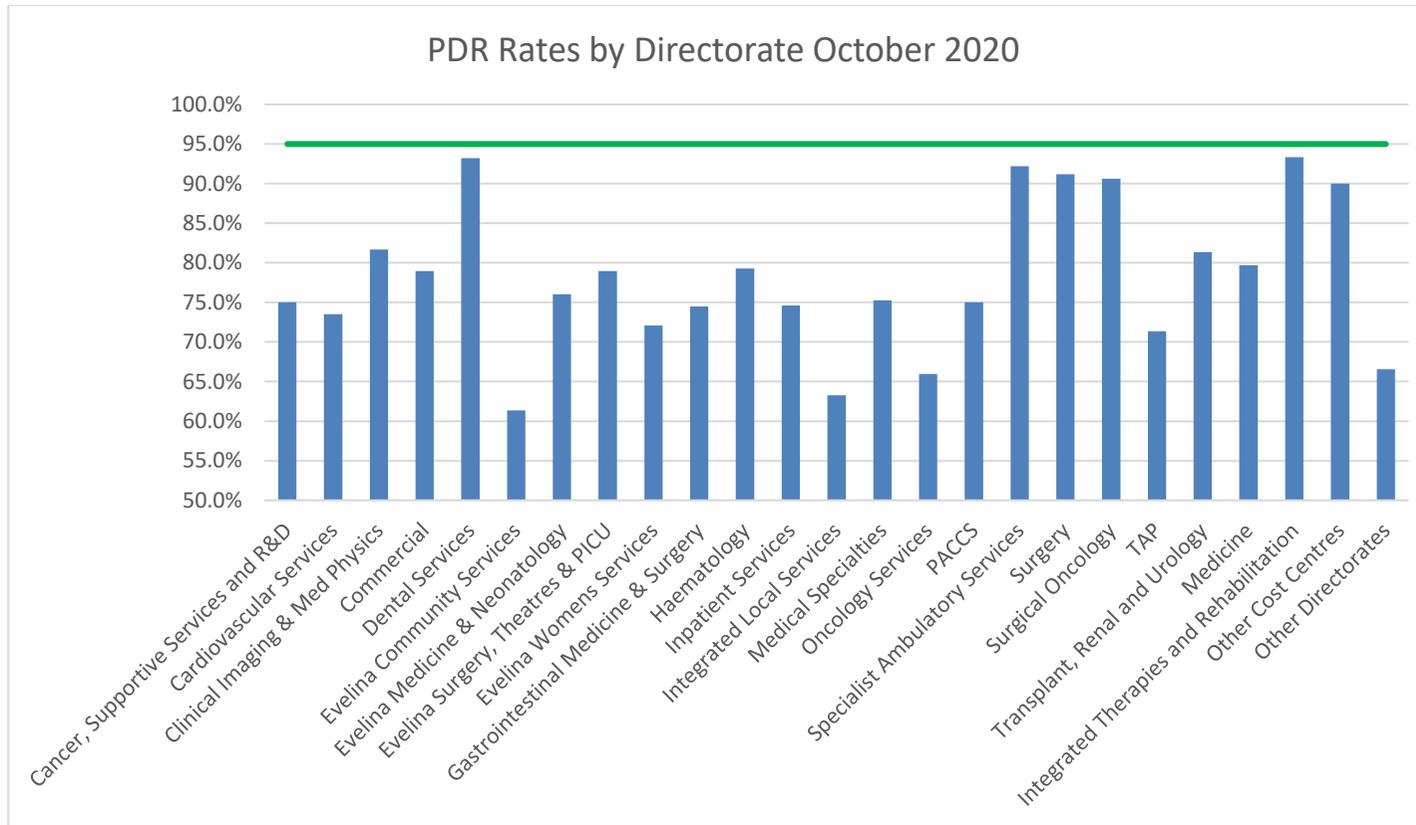


Figure 9

6.0 EXPECTATION 3: RIGHT PLACE AND TIME

6.1 Efficient Deployment and Flexibility

Safe Care across all adult and children 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 October 2020, there was no change in the number of red flags (n=48) raised by staff highlighting concerns with staffing levels compared to the previous month. Figure 10 shows the distribution of red flags and the comparison to September 2020 (48 Red flags in September, 48 Red flags in October). Staff are requested to raise red flags where there may be concerns relating to safe staffing levels.

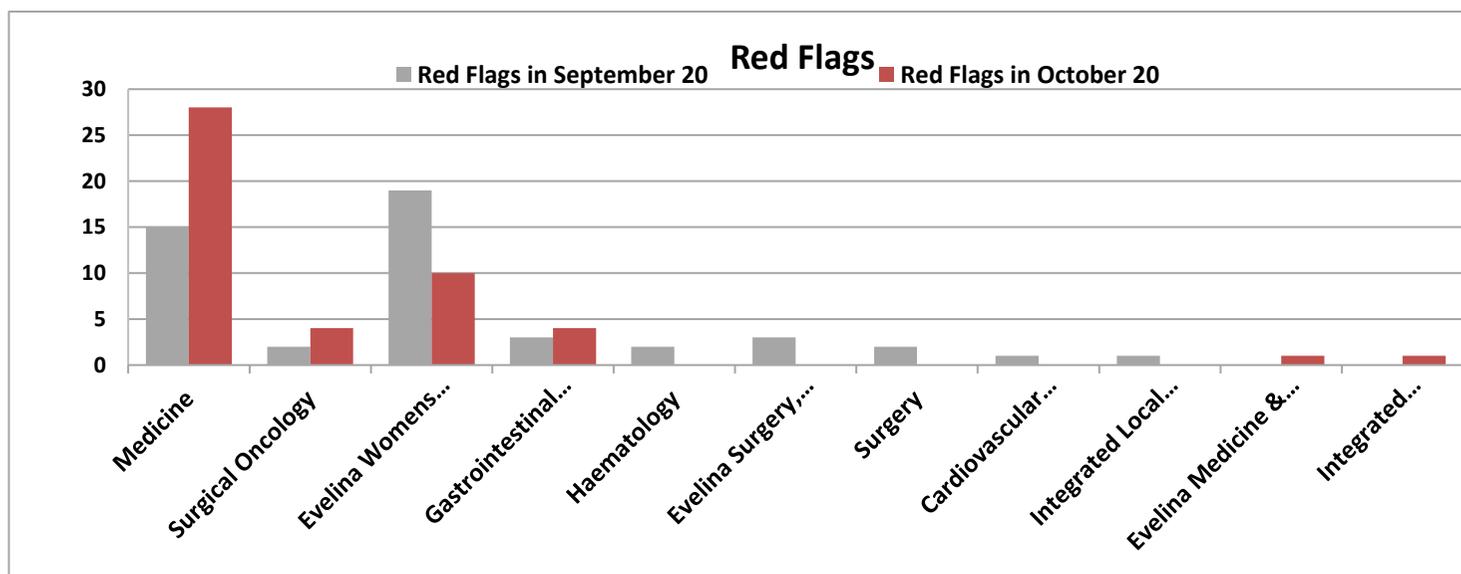


Figure 10

6.2 Efficient Employment, Minimising Agency Use

Roster reviews continue to take place to support individual Directorates with a planned schedule of both roster reviews and challenge boards to commence for all areas in January 2021. There has been further improvement in the roster lead time for the fifth consecutive month increasing to 34 days in October and continues to be addressed with the individual areas who have not met the Key Performance Indicators (KPI).

All nursing areas	7th Oct - 3rd Nov	4th Nov - 1st Dec	2nd Dec - 29th Dec	30th Dec - 26th Jan	27th Jan - 23rd Feb	24th Feb - 22nd Mar	23rd Mar - 19th Apr	20th Apr - 17th May	18th May - 14th June	15th June - 12th July	13th July - 9th August	10th August - 6th September	7th September - 4th October	5th October - 1st November 2020
Planned Hours	670,407	691,499	407,694	619,744	579,488	769,051	1,086,218	1,087,519	1,070,995	813,986	806,897	841,754	809,983	838,153
Actual Hours	873,659	613,806	326,340	505,186	613,313	621,891	553,224	602,438	592,722	618,671	620,161	614,810	618,340	640,900
Actual CHPPD	8.9	11.5	11.1	9.1	9.4	10.1	10.5	10.5	10.7	11.5	11.1	11.0	10.5	12.3
Required CHPPD	6.4	7.2	7.1	7.4	6.8	6.8	5.2	4.9	5.2	5.6	6.3	6.8	7.1	7.6
Additional Duties (No of shifts over budget)	5,726	5,486	2,450	5,075	5,134	5,345	5,923	6,020	4,997	5,903	5,000	4,869	4,905	5,036
Overall Owed Hours (Net Hours)	118,325	106,178	127,675	128,273	172,040	207,405	483,656	613,122	372,469	324,952	281,501	294,997	276,596	289,321
Annual Leave % - Target 11-17%	11.3%	10.3%	14.0%	14.4%	13.8%	15.4%	13.9%	7.8%	10.8%	9.4%	12.8%	17.1%	12.5%	12.2%
Total Unavailability % - Headroom/uplift Allowance - Target 24%	27.1%	25.8%	23.4%	28.8%	24.6%	26.6%	38.3%	25.2%	24.0%	22.4%	24.8%	28.5%	25.2%	24.8%
Roster Approval (Full) Lead Time Days - Target 42 days	42	43	44	44	39	37	34	33	26	29	29	31	32	34

Table 11

Table 11 demonstrates the main KPIs and other key metrics relating to the efficient deployment of staff at Trust level for the specified roster period from October 2019 onward.

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 was 2.5% of the total Nursing staff pay bill (Figure 12), this is 0.3% increase from previous month. It was 4.9% same period last year. Measures are in place to monitor and reduce agency spend.

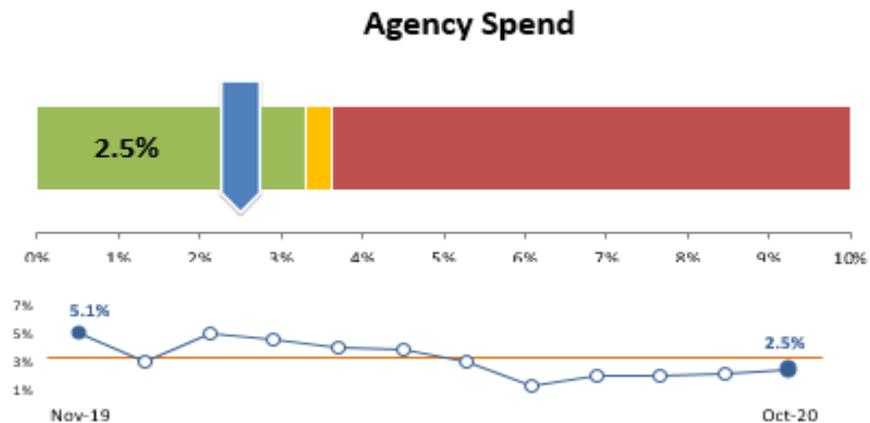


Figure 12

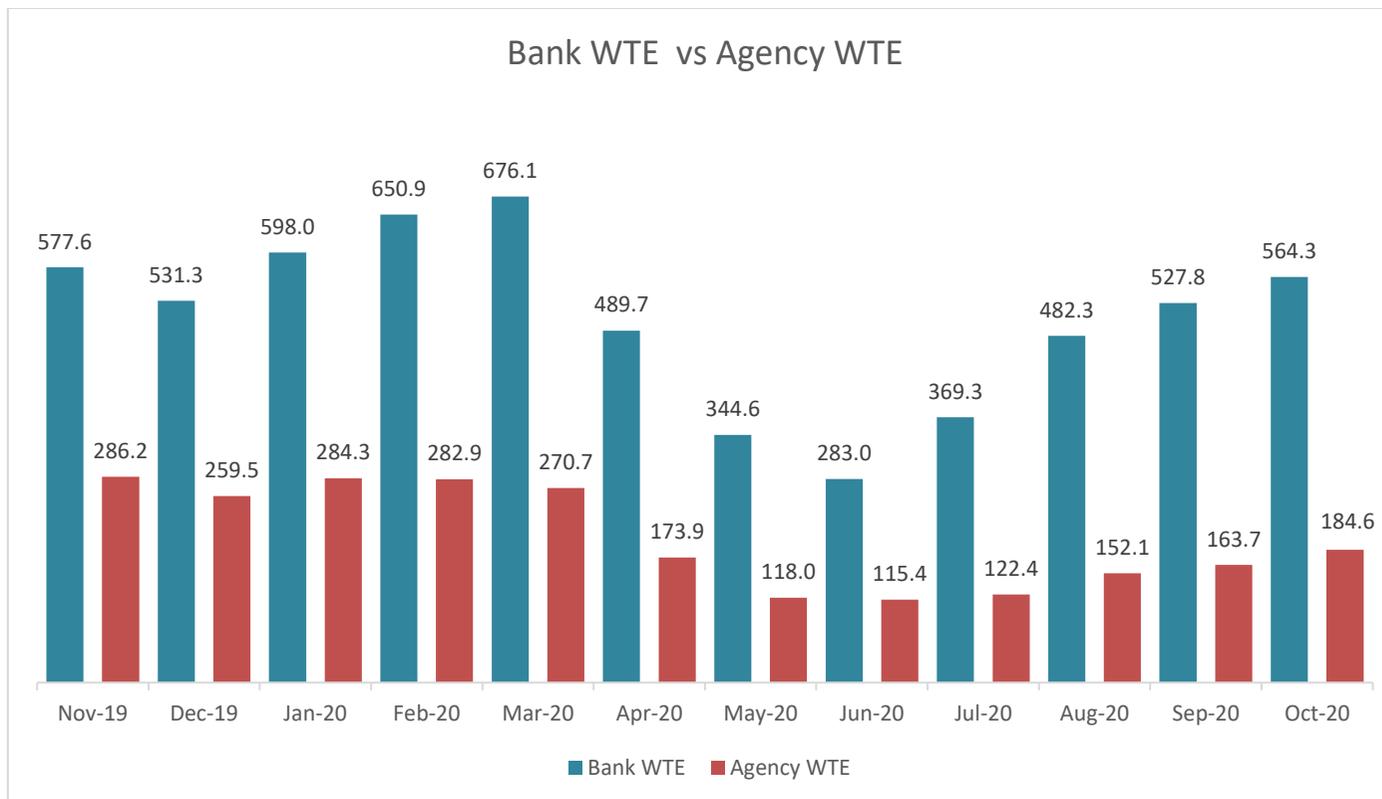


Figure 13

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

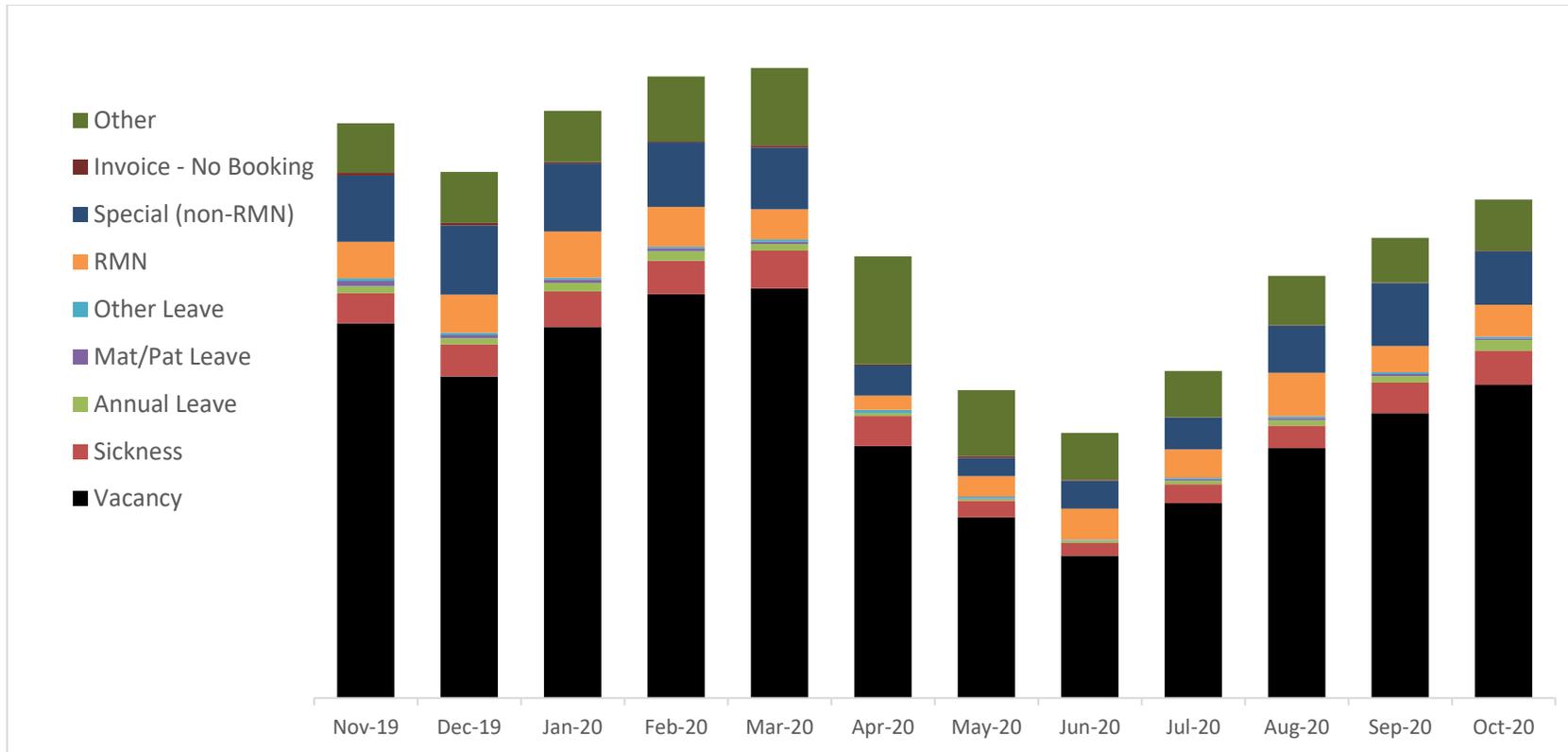


Figure 14

Figure 14 outlines the total temporary staffing usage, including the reasons for usage in October 2020 in comparison to each month in the preceding year.

7.0 Request to the Board of Directors

The Board of Directors are asked to note the information contained in this briefing for October 2020. This includes the Nursing and Midwifery workforce response to COVID-19.