

Board Briefing



Guy's and St Thomas'
NHS Foundation Trust

Board Briefing of Nursing and Midwifery Staffing Levels

Date of Briefing
May 2020 (April 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 April 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

- The Nursing and Midwifery vacancy rate stands at 13.6%. It was 12.5% for the same period in 2019; however, the establishment has grown by 554.9 WTE over the past 12 months. The staff in post has increased by 530.09 WTE in the same period. For April 2020 the staff in post has increased by 33.67 WTE in month while the overall Nursing and Midwifery establishment has also increased by 24.11 WTE. If the current external applicants were added to the staff in post figure, the overall vacancy rate would be 7.7%.
- Agency spend rate decreased from 4.1% to 3.9% representing a 0.2% reduction this month.
- The annual turnover rate increased slightly by 0.1% to 13.1%.
- The sickness rate increased this month by 0.5% to 5.1% compared to last month. The sickness rate increase is reflected across all Directorates and includes staff showing symptoms of COVID-19 during the pandemic. Dental services, Evelina Community Services and Clinical Imaging and Medical Physics (CLIMP) recorded the highest sickness rate of 7.6%, 6.6% and 6.5% respectively.
- Personal Development Review (PDR) compliance rate decreased by 1.3% this month from 88.7% to 87.4%. However, it represents a 2.4% increase when compared to April 2019.

- Mandatory training compliance reduced by 1.0% from 92.3% to 91.3%. It was 85.7% 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

As outlined last month, the Trust received the first COVID-19 patient in February 2020 and the peak of the pandemic occurred in the first 2 weeks of April. This report is a summary of the key implications for the Nursing and Midwifery workforce and tactical actions taken during April 2020:

3.1 Operational Changes Impacting the Workforce

- Edward Ward (additional inpatient capacity) remained open throughout April, staffed by nurses from across the organisation.
- Training and deployment of staff continued at pace to ensure safe services in all areas.
- Five cardiovascular wards closed to create additional Critical Care capacity and enable deployment of staff to Critical Care and other clinical areas across the Trust.
- Ward areas converted from non-COVID to COVID positive areas as the patient demand increased and staff were deployed appropriately to support those areas.
- Ambulatory areas converted their appointments to virtual clinics to provide support and advice for the most vulnerable patients, some Nurses remained to undertake virtual clinics and others were deployed across the Trust.
- The Emergency Department attendances reduced; however, clinicians changed their internal clinical pathways to create distinct COVID and non-COVID areas. This included moving departments including fracture clinic and hand trauma clinic to Gassiot House and Westminster Bridge Outpatients. Staff were deployed from across ambulatory areas to support the new pathways.
- Inpatient Nursing staff were deployed to Community Services support end of life care and District Nursing.

- Establishments across the medical wards were reviewed and a new establishment, integrating Allied Health Professionals and non-clinical roles into the ward establishment was implemented.
- Nurses received training to deliver Renal Replacement Therapy to meet the increasing clinical demand in Critical Care.

3.2 Critical Care Capacity and Workforce

As previously reported, the Trust was required to urgently increase Critical Care capacity. The Trust prepared to increase Intensive Therapy bed capacity and National guidance stated that Trusts should move from a 1:1 Critical Care nurse to patient ratio to a 1:6 Critical Care nurse to patient ratio supported by other clinical roles. The staffing levels for each Intensive Therapy Unit (ITU) were reviewed by the Chief Nurses Office (CNO) Workforce Team in conjunction with the ITU clinical teams. It was not deemed safe to move to this ratio, given the acuity of the patients, thus staffing levels were changed to a 1:2 ratio and where necessary they remained at 1:1 ratio.

During April the number of patients in Critical Care beds reached its peak which meant the following:

- 441 staff members received training and remain deployed in the ITU, working alongside the core critical care team.
- The Paediatric Intensive Care (PICU) was converted to an adult Critical Care facility and children's ITU staff cared for adult patients alongside adult ITU nurses. The PICU temporarily relocated.
- The 'turning team' supported 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 remain deployed at the Nightingale Hospital at the Excel.

3.3 Tactical Workforce Structure

At the end of March a new workforce tactical structure was established. The Tactical Workforce Hub met daily, throughout April, 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 in the initial weeks 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.

3.4 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 met 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. A total of 195 Part 3 and 69 Part 2 students requested to join the Trust in April with further recruitment planned throughout May and June.

3.5 COVID-19 Temporary Register and Return to Practice

Following changes to Government legislation, NHS England/Improvement and the Nursing and Midwifery (NMC) created a temporary register to allow those Nurses who left the profession within the last 3 years to return to practice. Six nurses joined the temporary register.

3.6 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 academic learning. This has prevented a need to interrupt their studies.

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 April 2019, table 2 identifies the growth in establishment (13.8%) compared to the growth of staff in post (12.3%) and table 3 sets out the growth of staff in post.

In preparation for any potential pandemic super surge, additional critical care rosters were built with sufficient planned hours to enable staff to be deployed effectively on shifts. This has resulted in a very low percentage of actual hours used in April 2020 when compared to the temporary high increase in the planned hours.

Staffing measures	April 2019	April 2020	Difference	Change
Nursing Establishment WTE	6332.78	7204.53	871.75	▲
Nursing Staff in Post WTE	5540.79	6221.64	680.85	▲
Vacancies WTE	791.99	982.89	190.90	▲
Vacancy rate	12.5%	13.6%	1.1%	▲
Annual turnover	15.1%	13.1%	-2.0%	▼
Red Flags raised	80	6	-74.00	▼
Agency % of Pay bill	3.9%	3.9%	0.0%	▼
Actual v Planned Hrs used	95.4%	50.7%	-44.7%	▼

Table 1

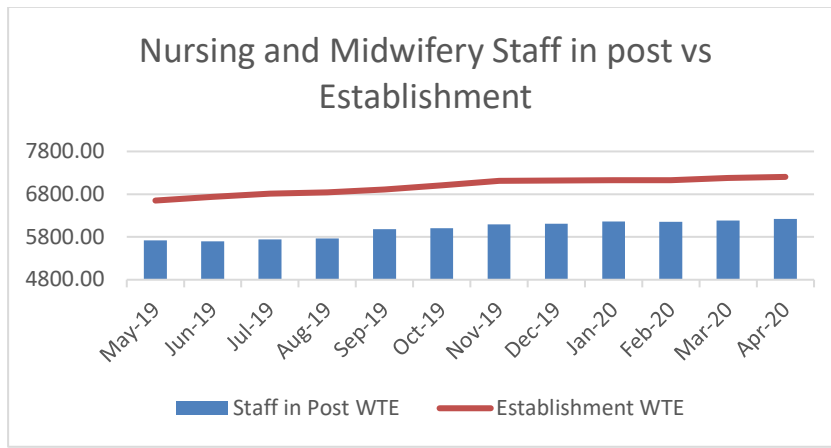


Table 2

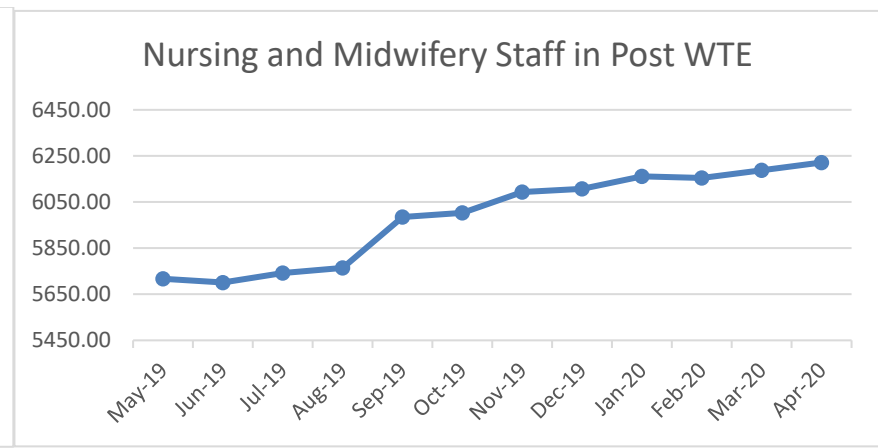


Table 3

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 continues via Skype which has been successful, delivering an increase in the numbers of staff being recruited, including experienced nurses.

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 decreased in April. By 30 April a total of 254 Nurses and Midwives were off due to: shielding (n=89), staff experiencing COVID-19 symptoms (n=107), 14 day self-isolation (n=56), carers leave (n=2). This is a reduction of 324 COVID-19 related absences when compared to 31 March 2020 but an increase of 76 for those shielding. This was monitored via the Tactical Workforce Hub.

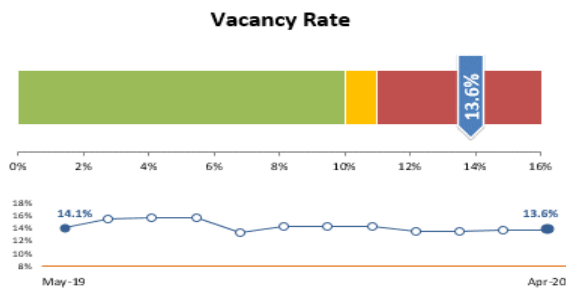


Table 4

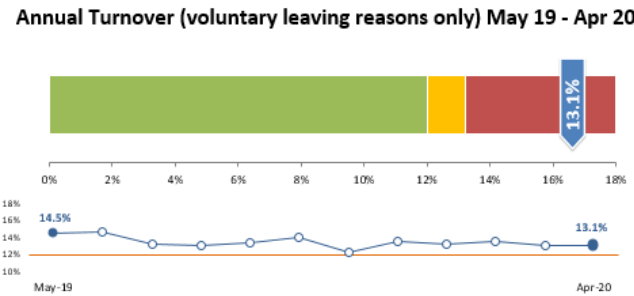


Table 5

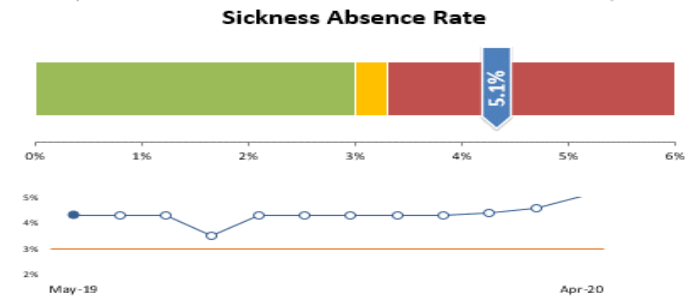


Table 6

4.3 Activity and Acuity

The number of bed days in April 2020 stood at 22,867 (Table 7). This is 13,582 less than the previous month and represents a decrease of 24,237 bed days from the same period in 2019 which demonstrates a 51.45% reduction in activity. The data articulates the required reduction in activity as the Trust continues to respond 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						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
April 2020	1,837	4,952	15,196	809	74	22,868	8.0%	21.7%	66.5%	3.5%	0.3%
March 2020	5,456	8,420	20,856	1,624	93	36,449	15.0%	23.1%	57.2%	4.5%	0.3%

Table 7

The average fill rate for registered staff was 49.2% in comparison to an unregistered staff average fill rate of 75.80%, with an overall fill rate of 62.5%. As outlined in Section 4.1, the number of planned hours increased in preparation for a pandemic super surge and therefore fill rates have been significantly affected by this change. The fill rates are not representative of staffing levels. These are anticipated to normalise as the Trust moves into the stabilisation phase. There have also been significant movements of staff around the organisation to prepare for, and manage the response to COVID-19.

A twice daily safe staffing meeting, chaired by the Deputy Chief Nurse, which was implemented in early March, continued throughout April, to ensure that all open areas were safely staffed, utilising substantive staff effectively. The twice daily meetings enabled rapid decision making to respond to the changing needs of patients and the opening and closing of additional capacity.

Due to the pandemic, NHSI suspended submission of planned hours versus actual hours and CHPPD 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 91.3%. This has reduced by 1.0% from the previous month. As indicated in the key headlines, there has been a Trust wide agreement to extend compliance dates for three months, until 30 June, 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 staffing levels.

As indicated in previous reports, additional training has been developed and implemented to prepare staff for the areas they are being deployed to during the pandemic. All face to face mandatory training modules have ceased due to COVID-19 and all but three of the training modules have been converted to online learning to enable more efficient use of time and resource and make it easier for staff to access.



Table 8

The current PDR rate across the Nursing and Midwifery workforce is 87.4%; this is a reduction of 1.3% from the previous month and 2.4% higher than at the same time in 2019. There has been a Trust wide agreement to extend compliance dates for 3 months, until 30 June. Table 9 demonstrates the breakdown of PDR compliance by Directorate.

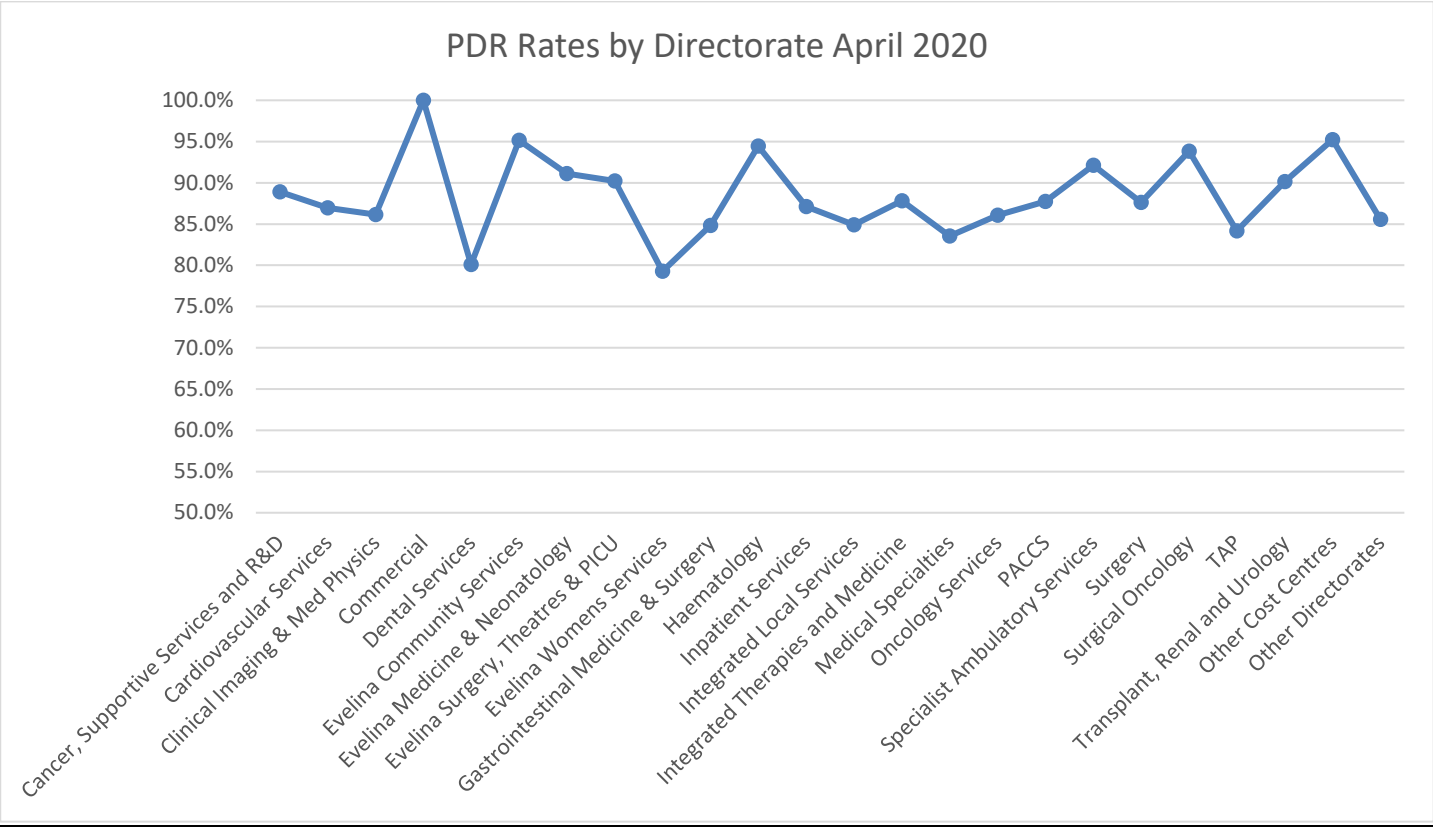


Table 9

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 April 2020, there was a reduction of red flags (n=28) 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 March 2020 (32 Red flags in March, 4 Red flags in April). Staff are encouraged to raise red flags where there may be concerns relating to safe staffing levels.

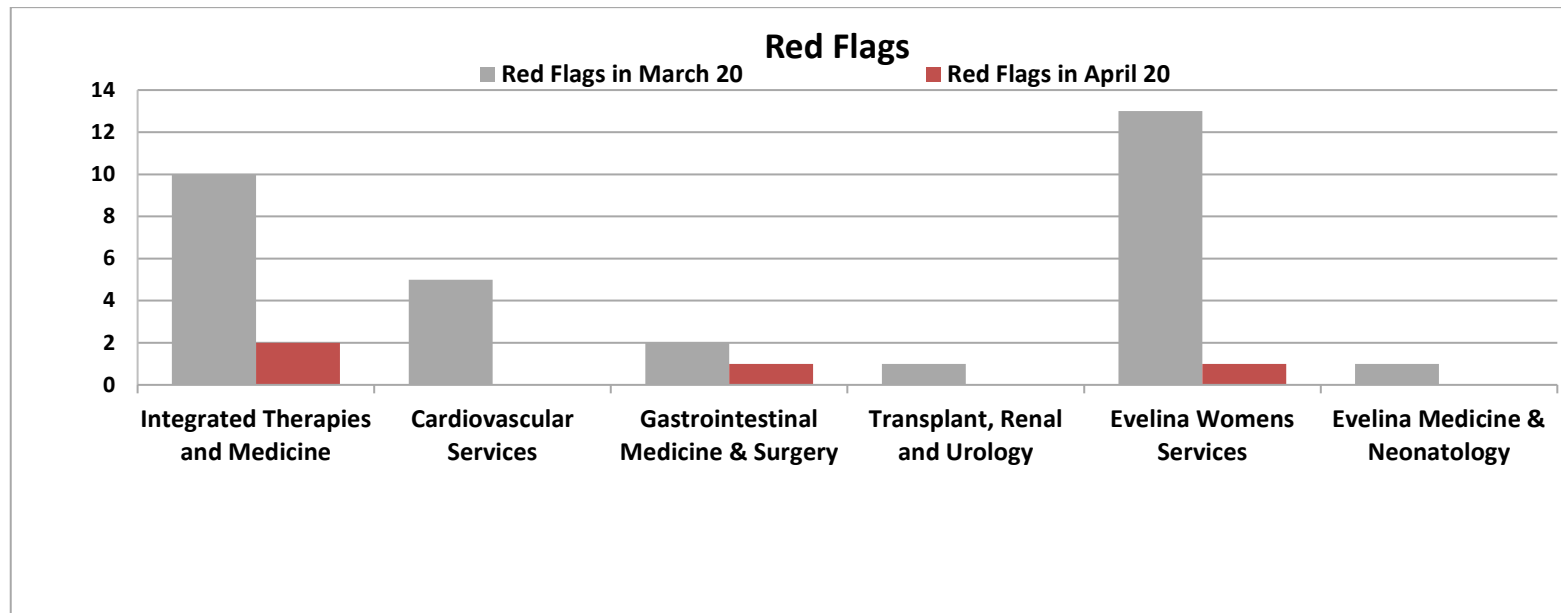


Table 10

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 deployment 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 three months. Additionally, there has been daily deployment of staff across inpatient areas particularly, as wards have opened or closed in response to the pandemic. 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 three months which is being addressed with the individual areas who have not met the KPI.

All nursing areas	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	23r Mar-19th Apr
All Red Flags	116	73	96	96	118	87	81	42	46	56	46	38	44	13
Resolved Red Flags	112	70	93	90	116	73	73	31	29	49	33	32	26	9
Planned Hours	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	1,086,218
Actual Hours	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	553,224
Actual CHPPD	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	10.5
Required CHPPD	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	5.2
Additional Duties (No of shifts over budget)	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	5,923
Overall Owed Hours (Net Hours)	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	483,656
Annual Leave % - Target 11-17%	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%	13.9%
Total Unavailability % - Headroom/uplift Allowance - Target 24%	27.0%	23.9%	24.3%	23.4%	23.0%	28.3%	25.1%	27.1%	25.8%	23.4%	28.8%	24.6%	26.6%	38.3%
Roster Approval (Full) Lead Time Days - Target 42 days	42	40	34	23	45	43	40	42	43	44	44	39	37	34

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 April 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 April was 3.9% of the total Nursing staff pay bill (Table 12). There has been a consistent decrease in agency spend for three consecutive months. Measures are in place to monitor and reduce agency spend.

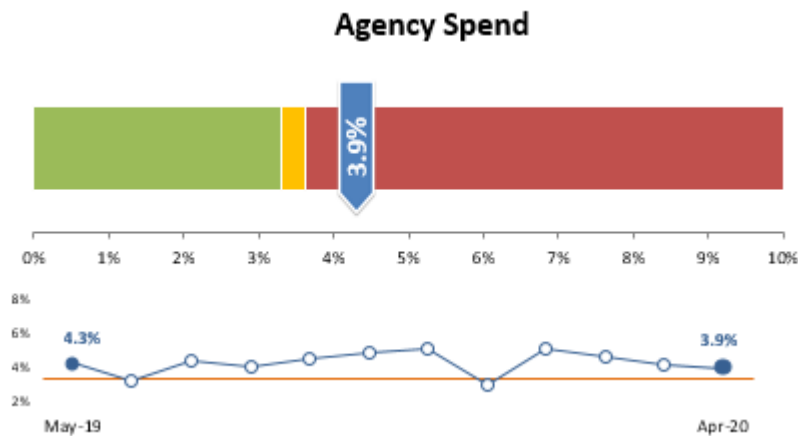


Table 12

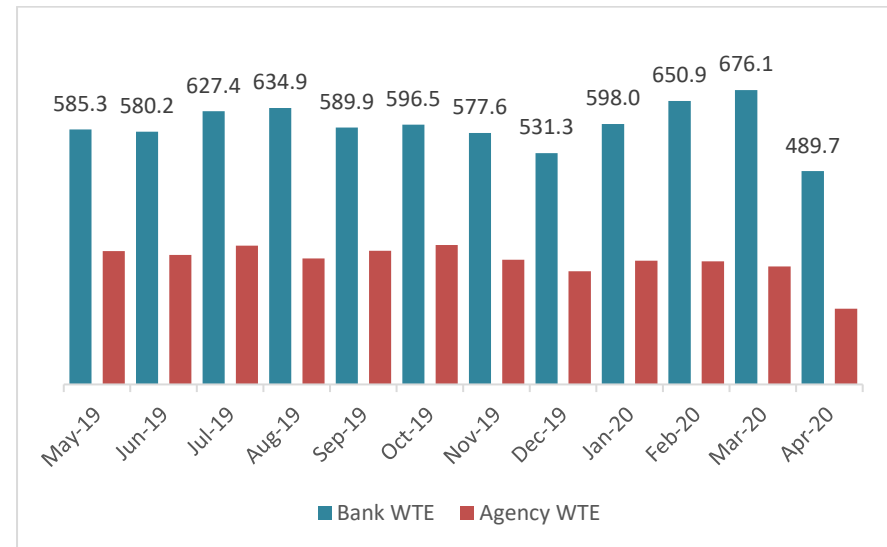


Table 13

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

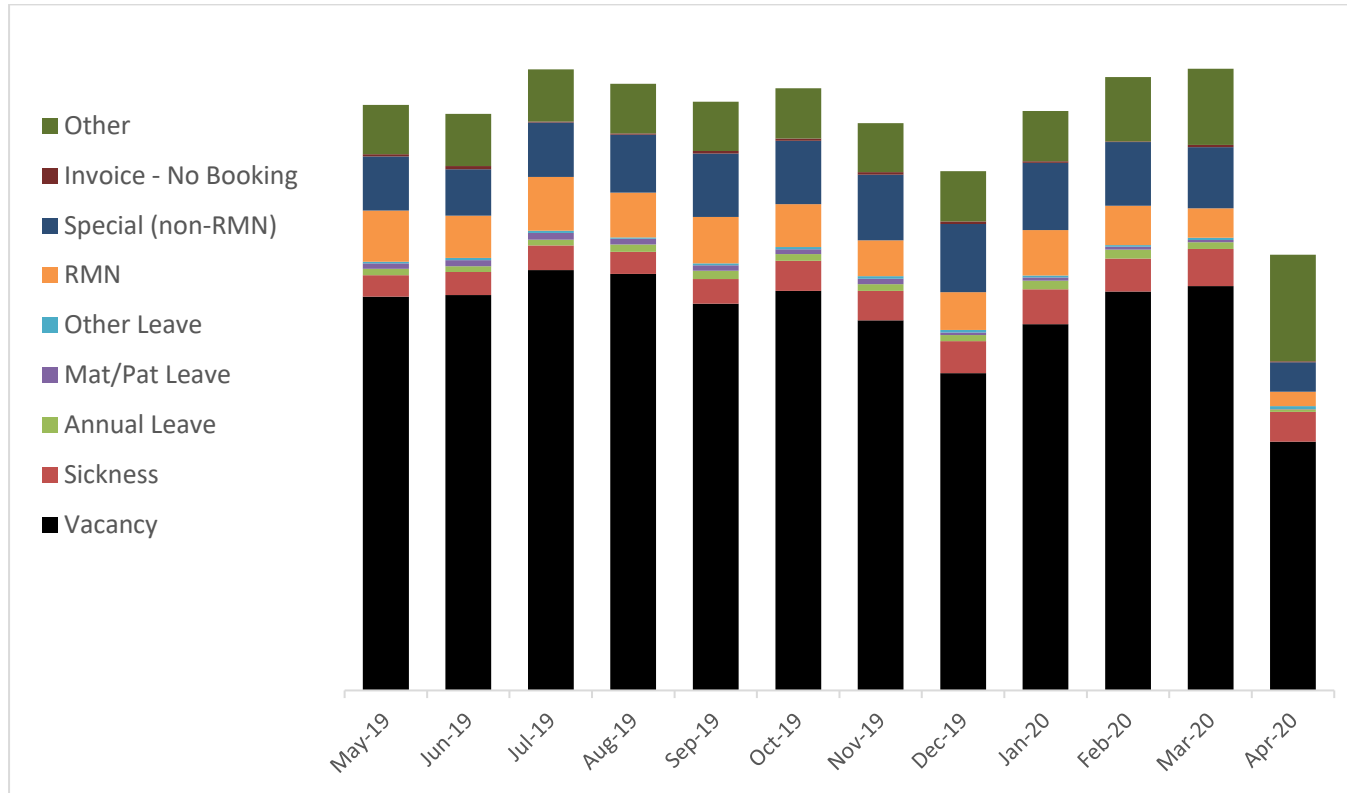


Table 14

Table 14 outlines the total temporary staffing usage, including the reasons for usage.

7.0 Request to the Board of Directors

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