

Board Briefing



Guy's and St Thomas'
 NHS Foundation Trust

Board Briefing of Nursing and Midwifery Staffing Levels

Date of Briefing
 July 2020 (June data)

This paper is for:	
Decision	<input type="checkbox"/>
Discussion	<input type="checkbox"/>
Noting	<input type="checkbox"/>
Information	<input checked="" type="checkbox"/>

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TME*	<input type="checkbox"/>	
Other*	<input type="checkbox"/>	

1.0 Summary

This briefing provides the Trust Board with an overview of the Nursing and Midwifery workforce during June 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 vacancy rate reduced further in June to 8.8% and represents a 1.7% reduction from the previous month. The vacancy rate for the same period last year was 15.7%. The staff in post has increased by 135.77 WTE in month which includes the Aspirant Nurses and Part 2 Student Nurses employed as band 4 and band 3 respectively. The budgeted Nursing and Midwifery establishment has also increased by 20.62 WTE in month.
- If the current external applicants were added to the staff in post figure, the overall vacancy rate would be 3.7% which represents 0.7% reduction from last month.
- The agency spend rate has decreased from 3.0% to 1.4% representing a 1.6% reduction this month. It was 4.4% the same period last year.
- The annual turnover rate decreased by 0.5% to 12.2%. The monthly turnover rate has increased to 0.5% from 0.4% the previous month.
- The sickness rate decreased slightly this month by 0.1% to 5.2% compared to last month. Dental services, Integrated Therapies and Rehabilitation and Clinical Imaging and Medical Physics (CLIMP) recorded highest sickness rate of 7.4%, 7.1% and 7.0% respectively.

- Personal Development Review (PDR) compliance rate decreased for the third consecutive month by 1.3% from 86.6% to 85.3%. This represents a 4.8% increase when compared to June 2019.
- Mandatory training compliance increased by 0.2% from 91.9% to 92.1%. It was 86.2% 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 in June. This report is a summary of the key implications for the Nursing and Midwifery workforce and tactical actions.

3.1 Operational Changes Impacting the Workforce

- Five wards reopened to support the recommencement of elective (planned) activity, these were within the Cardiovascular, Gastrointestinal Medicine and Surgery and Urology Services.
- Dental Nurses continued to support the Community Services by undertaking COVID-19 swabbing on patients booked for all elective surgery.
- Staff COVID-19 Antibody Screening commenced in June and offered to all staff as part of a national programme led by NHS England. Nurses from Dental Services, Outpatient Services and the Commercial Directorate were deployed to run the clinics.

3.2 Critical Care Capacity and Workforce

As previously reported, the Trust increased its Critical Care capacity which reached its peak during April and declined over the month of May and June, returning to 1:1 critical care nurse: patient ratio for Intensive Care patients. The decrease in Critical Care bed capacity requirements allowed the remaining 176 Nurses

deployed to Critical Care to return to their host clinical area in June, completing the return of all 441 deployed Nursing staff from Critical Care.

As part of the Trust wide preparedness, plans are in place to staff increased Critical Care beds should the number of COVID-19 cases start to rise. The plans are phased, increasing by 10 beds per phase. An additional 60 WTE Nurses are required to support the opening of each phase. Staff are being identified from the 441 originally deployed to Critical Care in addition to other cohorts of staff. A training package to maintain skills following the initial upskill and surge training has been created to support those staff identified to be deployed to Critical Care as required.

3.3 Tactical Workforce Structure

The Tactical Workforce Hub continued to meet with a reduced frequency of twice per week. The work focused on the processes for future deployment in the event of a 2nd wave of COVID-19 and the staffing of an increased Critical Care facility of 114 beds (an increase of 14 beds from pre-COVID status).

3.4 Pre-registration Student Nurses

As previously reported, Part 3 (year 3) Student Nurses known as Aspirant Nurses and Part 2 (year 2) Student Nurses who met the required criteria were eligible to join the Nursing and Midwifery workforce within the Trust. The number of Part 3 and Part 2 students requesting to join GSTT continued to increase throughout June and a total of 191 Aspirant Nurses and 141 Part 2 Student Nurses were employed to work clinically, whilst continuing to support their clinical placement assessments. The recruitment process continues and more students are scheduled to join the Trust in July.

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 June 2019, table 2 identifies the growth in establishment (6.8%) compared to the growth of staff in post (15.1%) and table 3 sets out the growth of staff in post.

In preparation for any potential pandemic 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 June 2020 when compared to the temporary high increase in the planned hours.

Staffing measures	June 2019	June 2020	Difference	Change
Nursing Establishment WTE	6740.04	7199.00	458.96	▲
Nursing Staff in Post WTE	5701.05	6562.68	861.63	▲
Vacancies WTE	1038.99	636.31	-402.68	▼
Vacancy rate	15.4%	8.8%	-6.6%	▼
Annual turnover	14.6%	12.2%	-2.4%	▼
Red Flags raised	99	4	-95.00	▼
Agency % of Pay bill	3.2%	1.4%	-1.8%	▼
Actual v Planned Hrs used	98.2%	40.7%	-57.5%	▼

Table 1

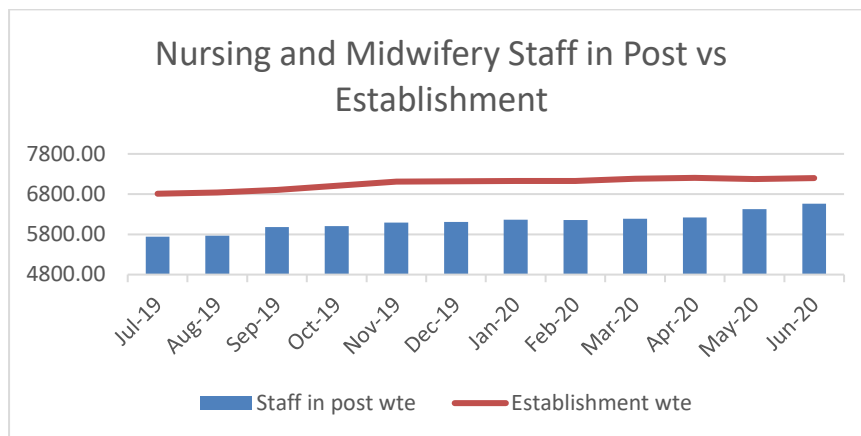


Table 2

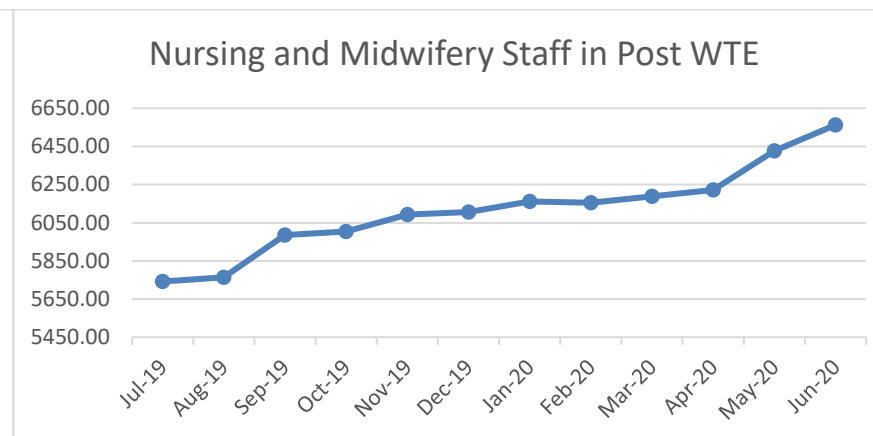


Table 3

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. As previously reported, all recruitment activity successfully continued throughout the COVID-19 pandemic and combined with a lower turnover rate has resulted in a reduction in the vacancy rate.

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

- Psychologists continue to work within the clinical departments
- Rest and recharge zones remain open providing a relaxing space for staff both onsite and across our Community Services. Virtual wellbeing zones commenced for staff unable to access on site services
- Debrief and reflective sessions were extended to all Nursing and Midwifery staff including those shielding at home, to participate in small virtual reflective groups.

COVID-19 related absence continues to decrease. By 30 June a total of 112 Nurses and Midwives were off due to: shielding (n=86), staff experiencing COVID-19 symptoms (n=13), 14 day self-isolation (n=12), carers leave (n=1). This is a reduction of 40 COVID-19 related absences when compared to 31 May 2020 and a decrease of 13 for those shielding. This is monitored via the Tactical Workforce Hub.

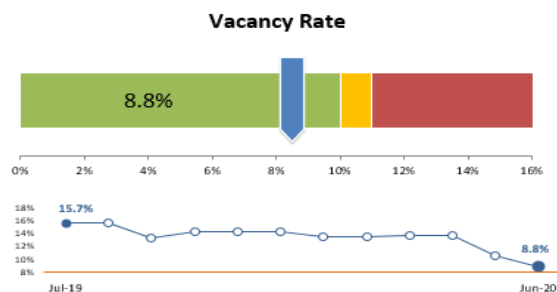


Table 4

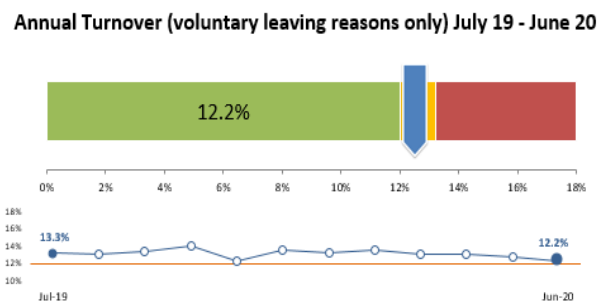


Table 5

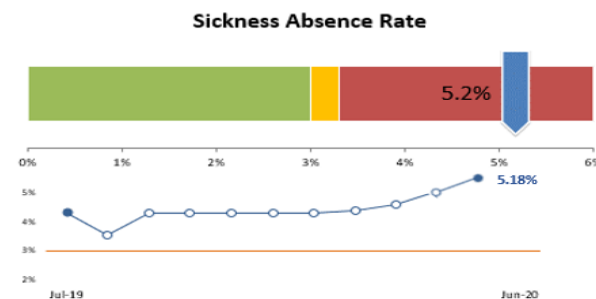


Table 6

4.3 Activity and Acuity

The number of bed days in June 2020 stood at 27,668 (Table 7). This is 2,403 more than the previous month and represents a decrease of 17,784 bed days from the same period in 2019 which demonstrates a 39.1% reduction in activity. The data articulates the required reduction in activity as the Trust responded 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
June 2020	3,576	6,400	16,665	978	49	27,668	12.9%	23.1%	60.2%	3.5%	0.2%
May 2020	2,502	5,346	16,159	1,138	120	25,265	9.9%	21.2%	64.0%	4.5%	0.5%

Table 7

The average fill rate for registered staff was 56.0% in comparison to an unregistered staff average fill rate of 72.1%, with an overall fill rate of 59.2%. As outlined in Section 4.1, the number of planned hours increased in preparation for a pandemic 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.

The safe staffing meeting chaired by the Deputy Chief Nurse, reduced to twice weekly in June to reflect the change in operational requirements, becoming business as usual during the stabilisation and recovery phase.

Submission of planned hours versus actual hours and CHPPD recommenced in June, some areas were reported as 0 in line with NHSEI guidance during COVID-19 until full reporting is recommenced in July.

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 92.1%. This represents an increase of 0.2% from the previous month. As previously reported there has been a Trust wide agreement to extend compliance dates for three months, until 30 June. 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.

All but 3 of the mandatory training modules have been converted to online and the remaining three modules are being converted to a digital platform and are expected to go live in July 2020.



Table 8

The current PDR rate across the Nursing and Midwifery workforce is 85.3%; this is a reduction of 1.3% from the previous month and 4.8% 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.

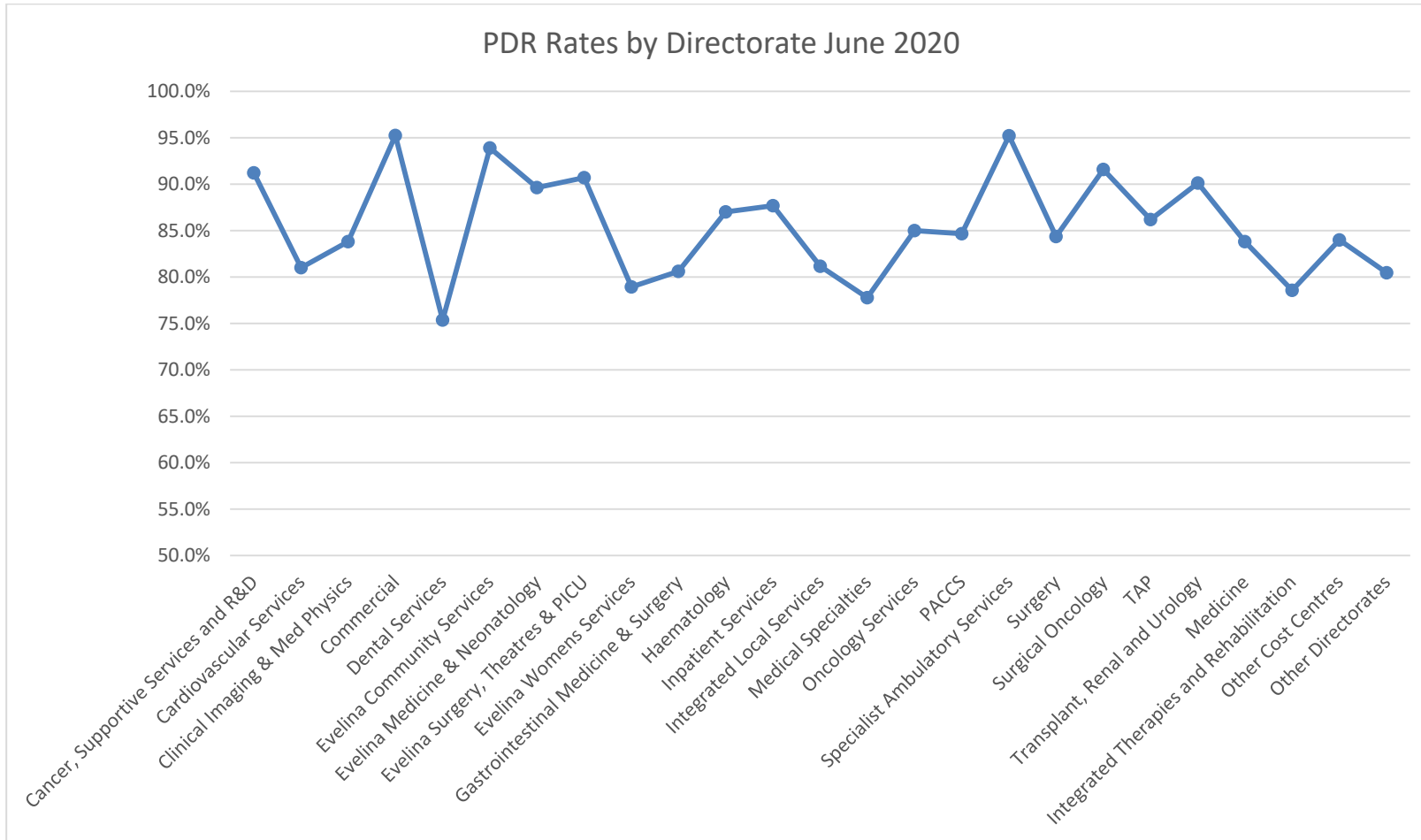


Table 9

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 June 2020, there was an increase of red flags (n=1) raised by staff highlighting concerns with staffing levels compared to the previous month. The low number of red flags raised may be partly due to the twice weekly staffing meetings which have facilitated deployment of staff to mitigate shortfalls. Table 10 shows the distribution of red flags and the comparison to May 2020 (3 Red flags in May, 4 Red flags in June). Staff are encouraged to raise red flags where there may be concerns relating to safe staffing levels.

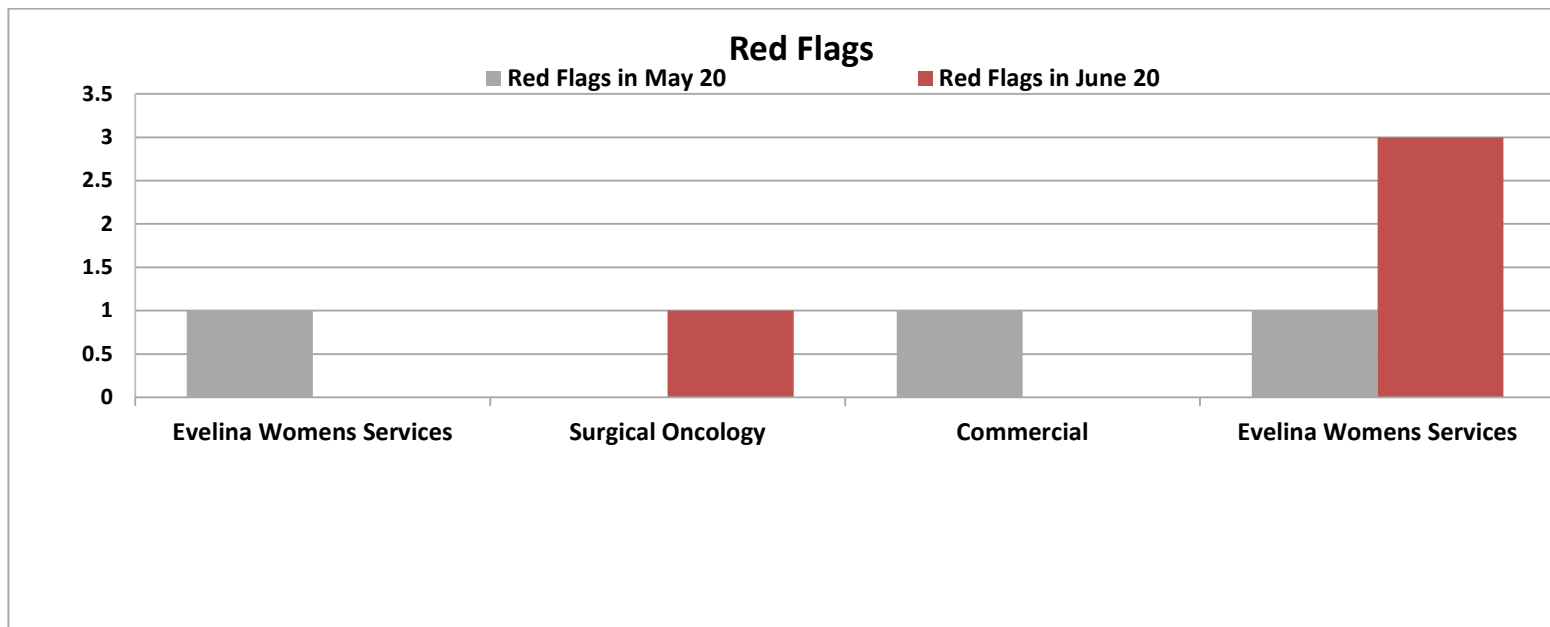


Table 10

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. During the peak of the pandemic there have been >800 staff in the Nursing and Midwifery workforce deployed from their existing area of work to other areas across the organisation. As of 30 June a total of 733 Nursing and Midwifery staff have returned to their host unit due to operational changes and as the Trust moves into the stabilisation and recovery phase. There continues to be a deterioration in the roster lead time metric over the last 5 months which is being addressed with the individual areas who have not met the Key Performance Indicators (KPI).

All nursing areas	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	20th Apr - 17th May	18th May - 14th June
Planned Hours	711,507	652,685	655,325	665,526	670,407	691,499	407,694	619,744	579,488	769,051	1,086,218	1,087,519	1,070,995
Actual Hours	696,731	583,265	565,353	589,519	873,659	613,806	326,340	505,186	613,313	621,891	553,224	602,438	592,722
Actual CHPPD	11.7	11.8	11.4	16.6	8.9	11.5	11.1	9.1	9.4	10.1	10.5	10.5	10.7
Required CHPPD	7.3	8.4	8.6	6.8	6.4	7.2	7.1	7.4	6.8	6.8	5.2	4.9	5.2
Additional Duties (No of shifts over budget)	5,756	5,812	5,844	6,132	5,726	5,486	2,450	5,075	5,134	5,345	5,923	6,020	4,997
Overall Owed Hours (Net Hours)	113,245	119,384	117,139	138,948	118,325	106,178	127,675	128,273	172,040	207,405	483,656	613,122	372,469
Annual Leave % - Target 11-17%	11.5%	13.9%	17.5%	10.3%	11.3%	10.3%	14.0%	14.4%	13.8%	15.4%	13.9%	7.8%	10.8%
Total Unavailability % - Headroom/uplift Allowance - Target 24%	23.4%	23.0%	28.3%	25.1%	27.1%	25.8%	23.4%	28.8%	24.6%	26.6%	38.3%	25.2%	24.0%
Roster Approval (Full) Lead Time Days - Target 42 days	23	45	43	40	42	43	44	44	39	37	34	33	26

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 June 19 to June 2020. The percentage of annual leave taken has increased through May–June as staff start to take leave reflecting a reduction in work commitments and staff recognition of health and wellbeing requirements.

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 June was 1.4% of the total Nursing staff pay bill (Table 12). This is a decrease of 1.6% from the previous month. There has been a consistent decrease in agency spend for five consecutive months. Measures are in place to monitor and reduce agency spend.

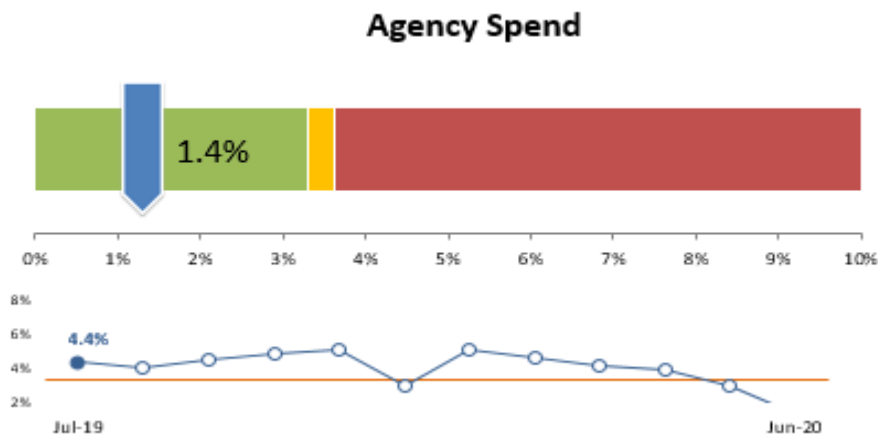


Table 12

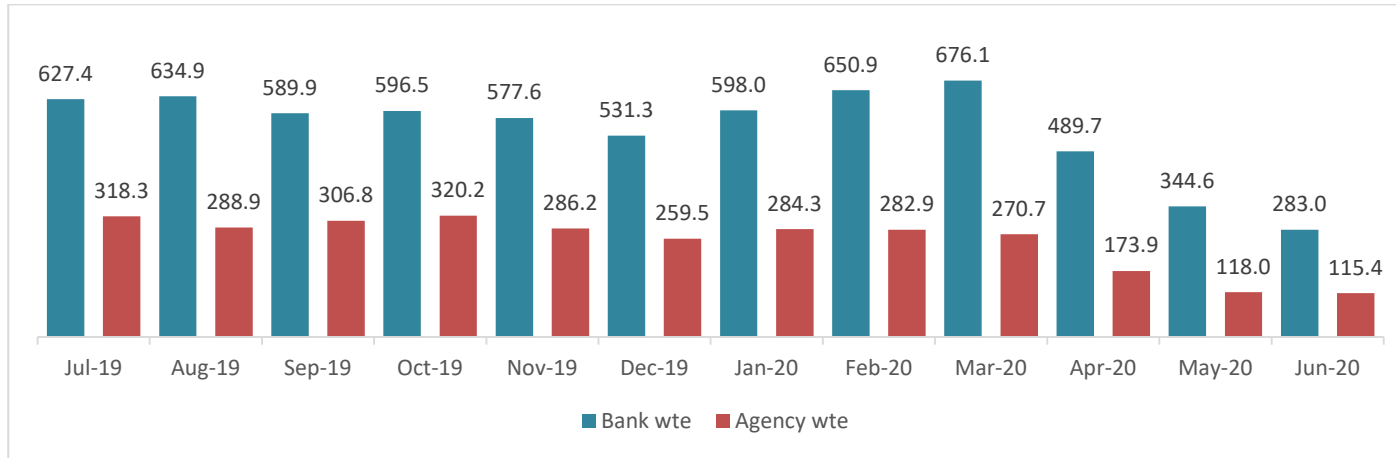


Table 13

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

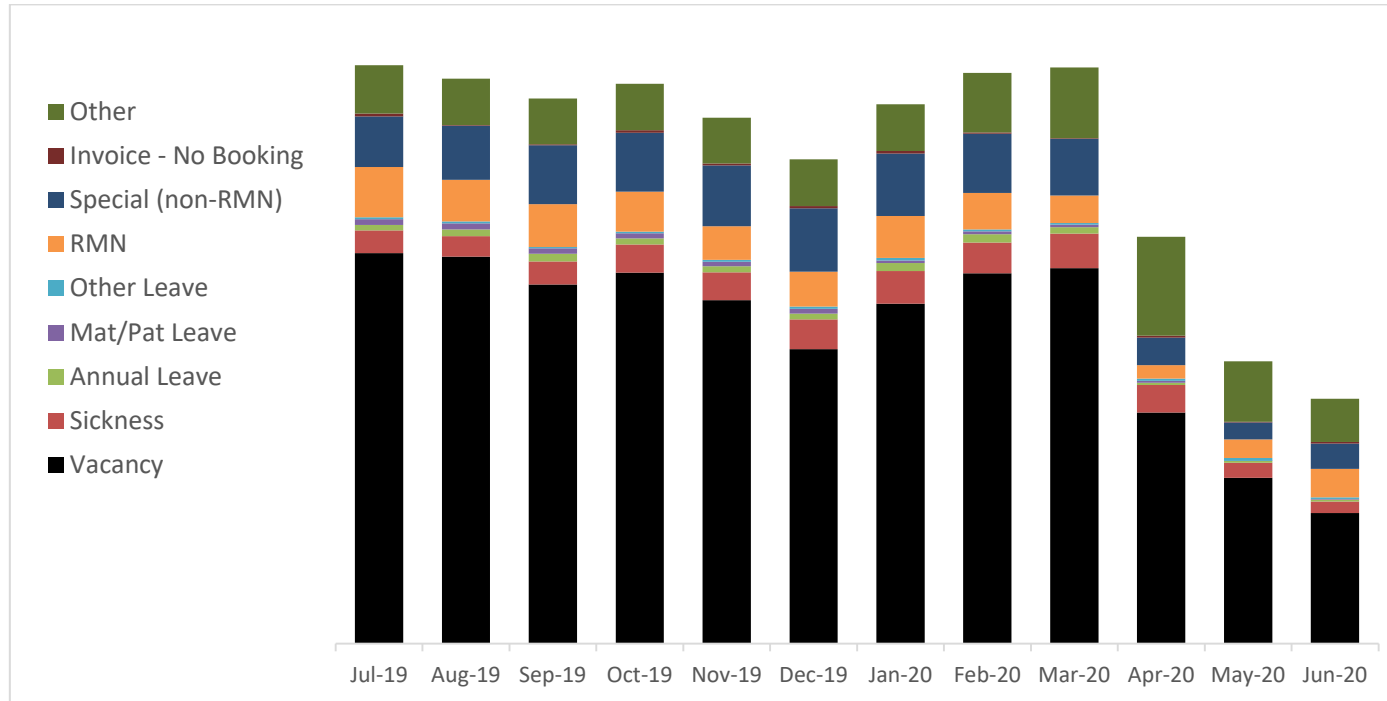


Table 14

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 June 2020. This includes the Nursing and Midwifery workforce response to COVID-19.