

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST**

**QUALITY AND PERFORMANCE COMMITTEE**

**WEDNESDAY 25 NOVEMBER 2020**

<b>Title:</b>	<b>Monthly Board Briefing of Nursing and Midwifery Staffing Levels for September 2020 (August data)</b>
<b>Responsible Director:</b>	<b>Chief Nursing Officer</b>
<b>Contact:</b>	<b>Toni Lynch, Deputy Chief Nurse</b>

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

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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 August was 8.9% representing a 1.3% increase from the previous month. The vacancy rate for the same period last year was 15.7%. The staff in post has decreased by 105.33 whole time equivalent (WTE) in month which includes the Aspirant Nurses and Part 2 Student Nurses employed as band 4 and band 3 respectively at the height of the COVID-19 pandemic. The budgeted Nursing and Midwifery establishment decreased by 9.41 WTE in month.

- If the current external applicants were added to the staff in post figure, the overall vacancy rate would be 5.4% which represents 2.4% increase from last month.
- The agency spend rate remains the same as the previous month at 2.1%. It was 4.1% the same period last year.
- The annual turnover rate increased by 0.8% to 12.3%. The monthly turnover rate has increased to 1.2% from 0.7% the previous month.
- The sickness rate decreased this month by 0.2% to 5.1% compared to last month. Commercial, Clinical Imaging and Medical Physics and Dental services recorded highest sickness rate of 7.7%, 7.0% and 6.8% respectively.
- Personal Development Review (PDR) compliance rate increased slightly by 0.6% to 73.3%. This represents a 6.2% decrease when compared to August 2019.
- Mandatory training compliance increased by 0.3% from 89.9% to 90.2%, it was 88.0% same period last year.

### **3.0 COVID-19**

**3.1** 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. This report is a summary of the key implications for the Nursing and Midwifery workforce and tactical actions.

### **3.2 Operational Changes Impacting the Workforce**

- 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 continued to be offered to all staff throughout August 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.

### 3.3 Critical Care Capacity and Workforce

As previously reported 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. Work continues on preparing those staff identified for deployment to Critical Care as required, and training will commence in September to maintain the skills gained following initial surge and upskill training.

The Trust continues to work in conjunction 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). Education and training has been provided by the LTLC for Trusts within the region to support leadership and health and wellbeing training for staff.

### 3.4 Tactical Workforce Structure

- The Tactical Staffing Workforce Hub continues to meet once per week. The focus of these meetings include:
- The processes for future deployment in the event of a second wave of COVID-19.
  - Capacity planning to ensure Personal Protective Equipment training and FIT testing is available on Induction for all students commencing from September.
  - Undertaking of a structured debrief of the Tactical Workforce Hub, identifying good practice, lessons learned and changes to operational management.

### **3.5 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 be employed as part of the Nursing and Midwifery workforce within the Trust. As students prepared to return to their studies, all 204 Part 2 Student Nurses, ceased employment with the Trust by 31 August prior to returning for their final year, commencing in September, in a supernumerary capacity. The remaining Part 3 (band 4) Nurses and Midwives continued to be supported throughout August to complete their transition placement prior to registering with the Nursing and Midwifery Council (NMC) and taking up Newly Qualified Band 5 positions within the Trust.

## **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 August 2019, figure 2 identifies the growth in establishment (4.7%) compared to the growth of staff in post (13.2%) and figure 3 sets out the growth of staff in post.

The difference between actual versus planned hours has increased slightly to 24.0% from 20.5% last month. This reflects the continued reduction in activity which mitigates the need to fill all shifts caused by underlying vacancies.

Staffing measures	August 2019	August 2020	Difference	Change
Nursing Establishment WTE	6840.81	7164.99	324.18	▲
Nursing Staff in Post WTE	5764.20	6525.40	761.20	▲
Vacancies WTE	1076.61	639.59	-437.02	▼
Vacancy rate	16.0%	8.9%	-7.1%	▼
Annual turnover	13.1%	12.3%	-0.8%	▼
Red Flags raised	107	29	-78.00	▼
Agency % of Pay bill	4.1%	2.1%	-2.0%	▼
Actual v Planned Hrs used	98.1%	74.1%	-24.0%	▼

Table 1

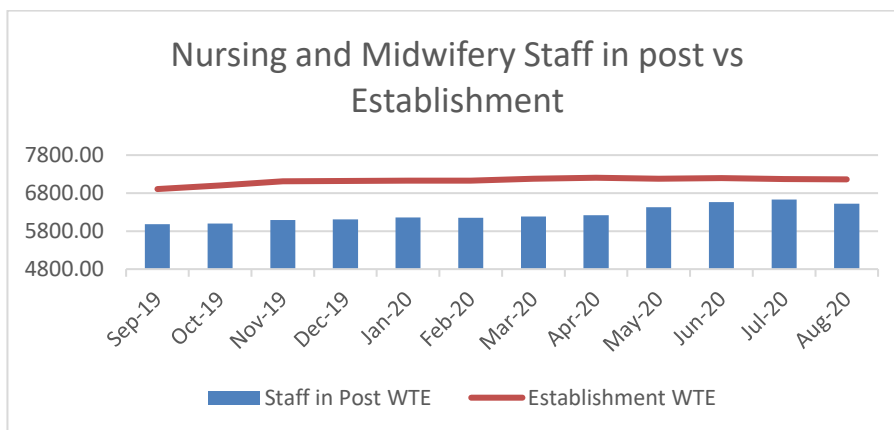


Figure 2

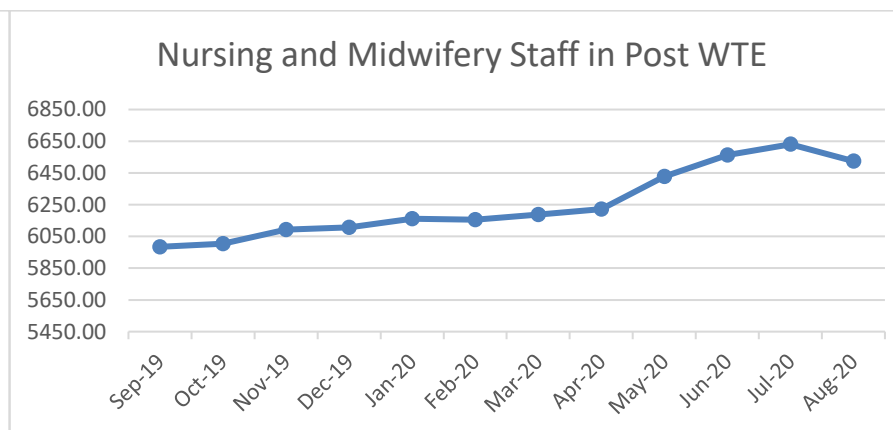


Figure 3

#### 4.2 Recruitment and Retention

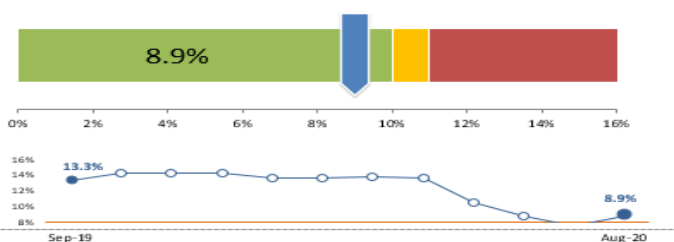
Figures 4, 5 and 6 display the trends in three key Nursing and Midwifery workforce metrics, namely vacancy, turnover and sickness.

The Recruitment Team continued to recruit with weekly interviews held via various online platforms; WhatsApp, Skype and Microsoft Teams. This continues to prove successful with a healthy pipeline of staff joining the organisation.

Retention activities were maintained throughout August with continued focus on staff health and wellbeing initiatives as part of the wider Trust response to the pandemic. Debrief and reflective sessions continued throughout August and the Rest and Recharge zones remained open providing a relaxing space for staff.

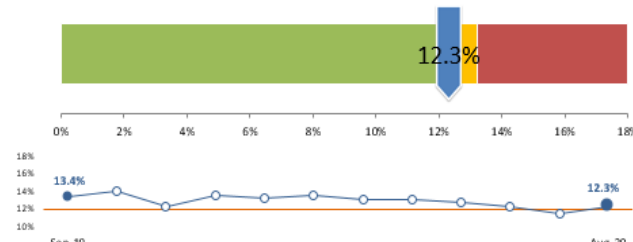
COVID-19 related absence continues to decrease. By 28 August, a total of 39 Nurses and Midwives were off due to: shielding (n=14), staff experiencing COVID-19 symptoms (n=9), 14 day self-isolation (n=16), carers leave (n=0).

**Vacancy Rate**



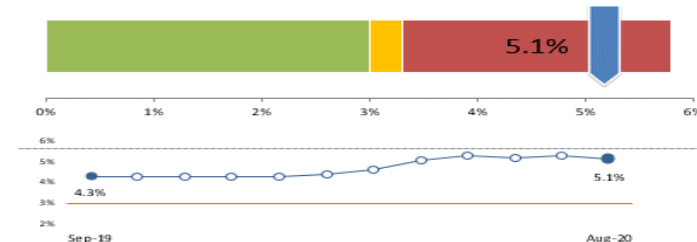
**Figure 4**

**Annual Turnover (voluntary leaving reasons only) Sep 19 - Aug 20**



**Figure 5**

**Sickness Absence Rate**



**Figure 6**

### 4.3 Activity and Acuity

The number of bed days in August 2020 stood at 36,851 (Table 7). This is 4,237 more than the previous month and represents a decrease of 8,219 bed days from the same period in 2019 which demonstrates an 18.2% 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						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
August 2020	6,045	8,509	20,728	1,494	75	36,851	16.4%	23.1%	56.2%	4.1%	0.2%
July 2020	4,812	9,070	17,668	994	70	32,614	14.8%	27.8%	54.2%	3.0%	0.2%

Table 7

The average fill rate for registered staff was 69.7% in comparison to an unregistered staff average fill rate of 93.2%, with an overall fill rate of 74.2%. 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 14.4 for the month of August 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 90.2%. This represents an increase of 0.3% from the previous month and 2.2 % increase when compared to August 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 in the test phase with the go live date planned for October 2020.

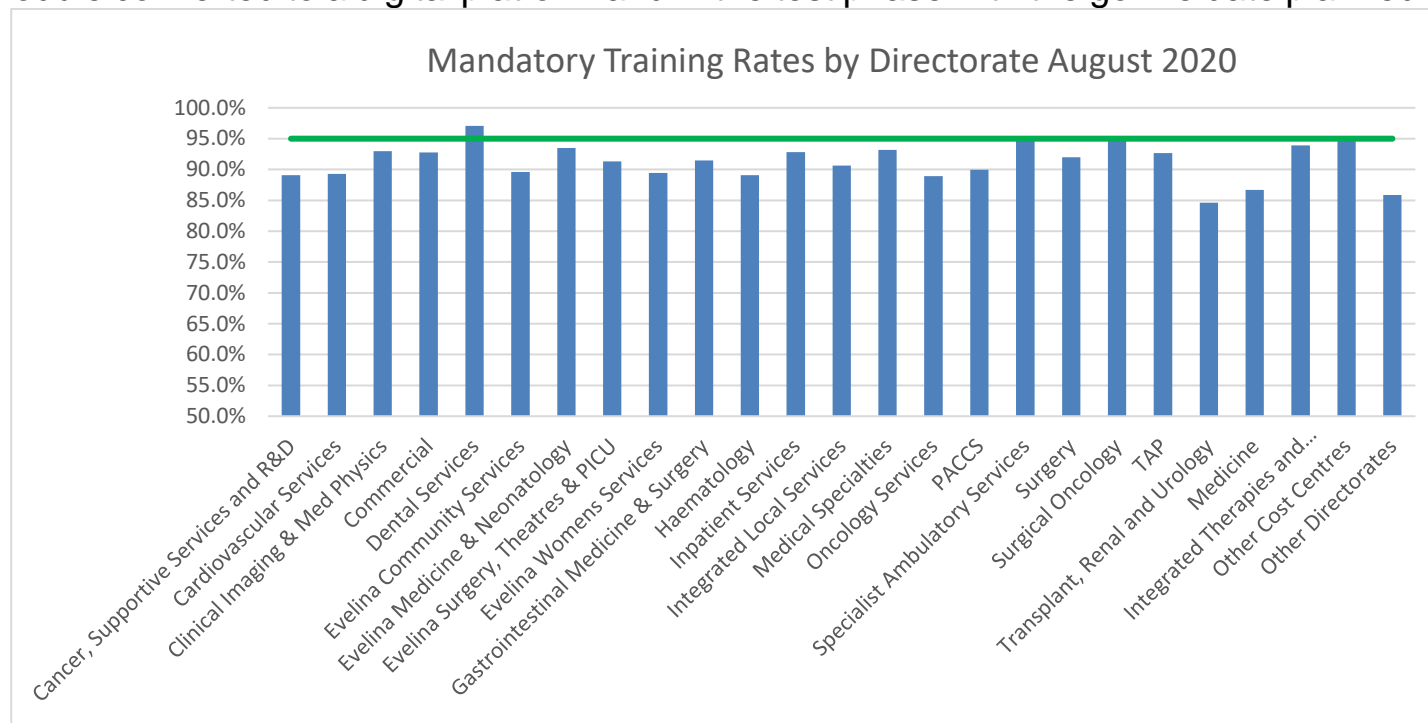


Figure 8

The current PDR rate across the Nursing and Midwifery workforce is 73.3%; this is an increase of 0.6% from the previous month and 6.2% lower than same time in 2019. Figure 9 demonstrates the breakdown of PDR compliance by Directorate.

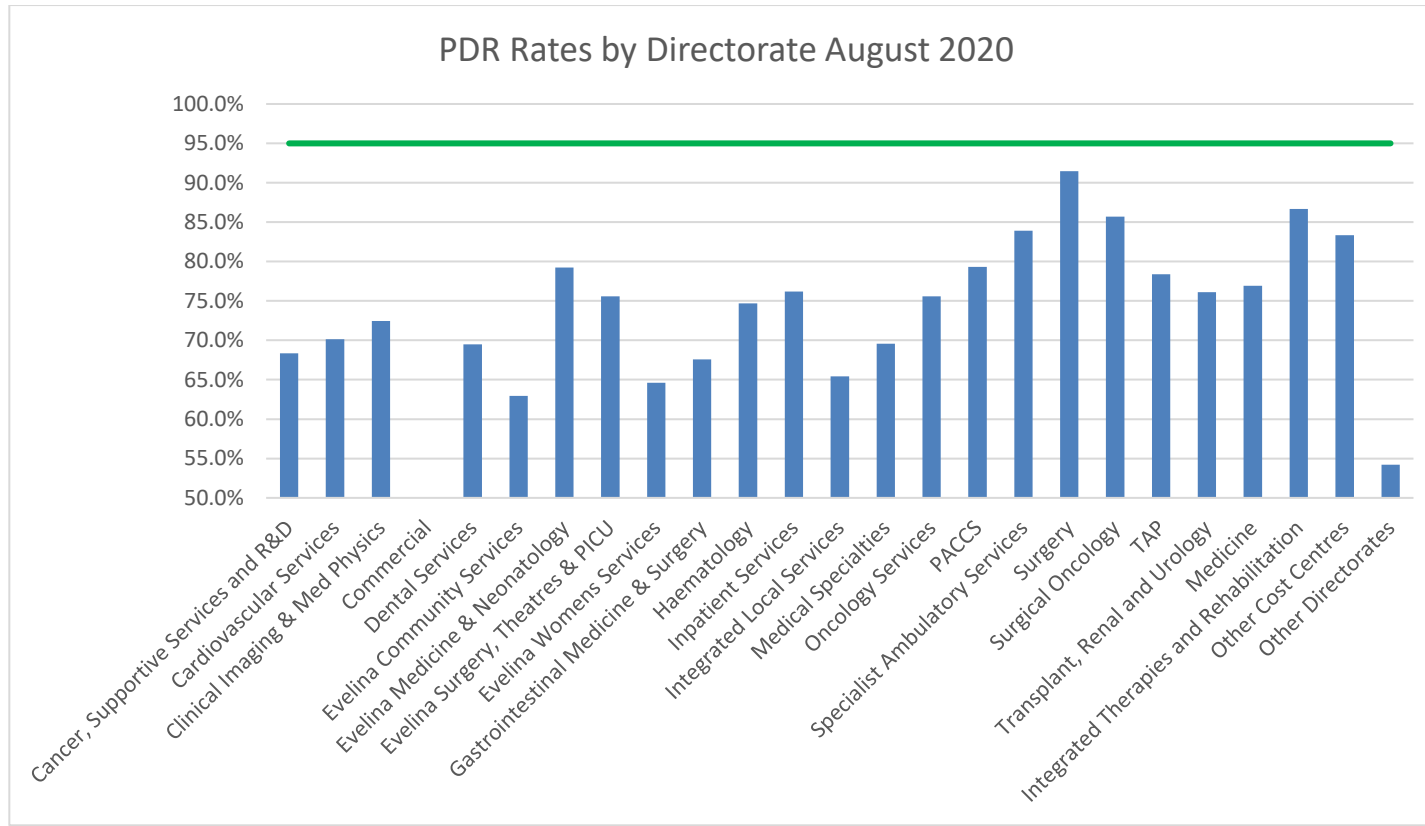


Figure 9

## 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 August 2020, there was an increase of red flags (n=9) 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 July 2020 (20 Red flags in July, 29 Red flags in August). Staff are encouraged to raise red flags where there may be concerns relating to safe staffing levels.

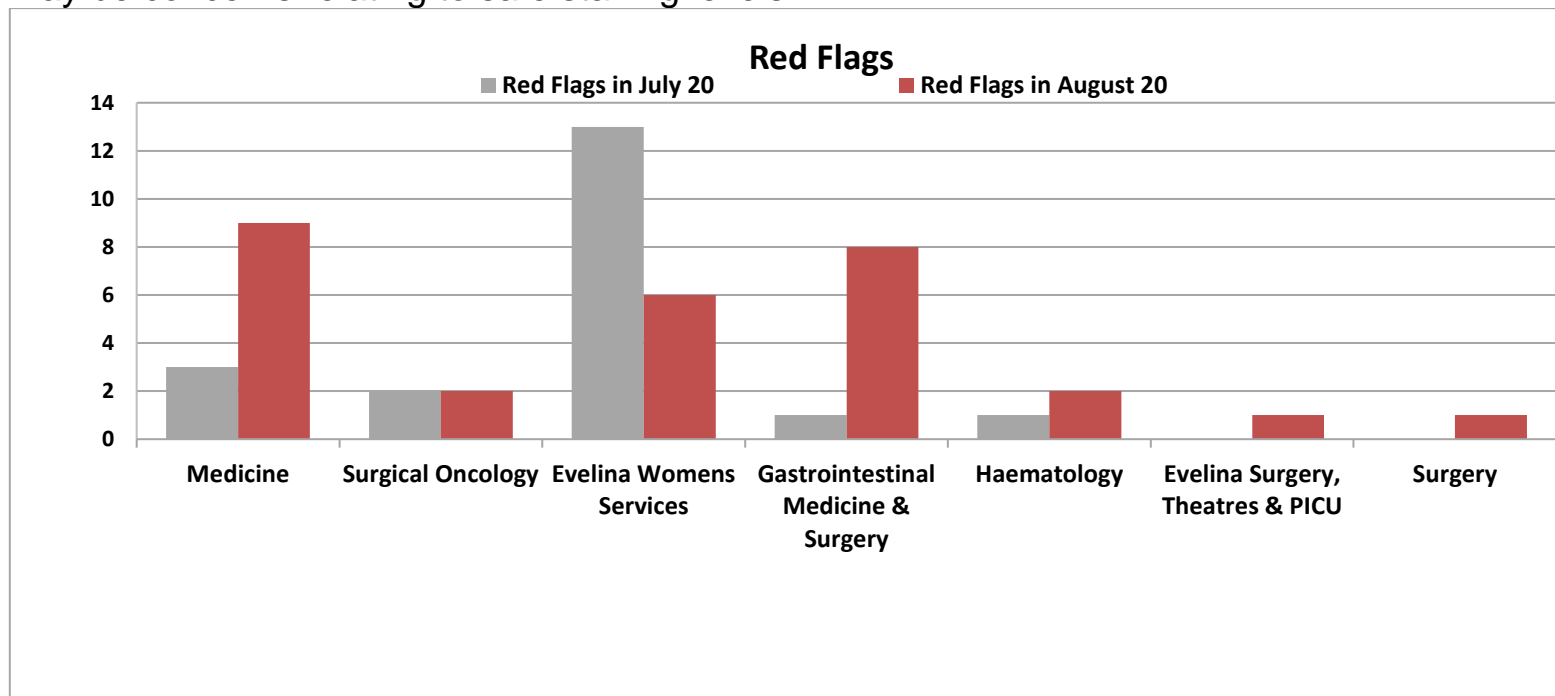


Figure 10

## 6.2 Efficient Employment, Minimising Agency Use

Roster challenge boards have currently been suspended due to the operational situation. During August, roster reviews have taken place to support individual Directorates with a view to recommence planned roster reviews and challenge boards for all areas from October. There has been further improvement in the roster lead time for the third consecutive month increasing to 31 days in August and continues to be addressed with the individual areas who have not met the Key Performance Indicators (KPI).

All nursing areas	15th July - 11th August	12th August - 8th September	9th September - 6th October	7th October - 3rd November	4th November - 1st December	2nd December - 29th December	30th December - 26th January	27th January - 23rd February	24th February - 22nd March	23rd March - 19th April	20th April - 17th May	18th May - 14th June	15th June - 12th July	13th July - 9th August	10th August - 6th September
Planned Hours	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	813,986	806,897	841,754
Actual Hours	583,265	565,353	589,519	873,659	613,806	326,340	505,186	613,313	621,891	553,224	602,438	592,722	618,671	620,161	614,810
Actual CHPPD	11.8	11.4	16.6	8.9	11.5	11.1	9.1	9.4	10.1	10.5	10.5	10.7	11.5	11.1	11.0
Required CHPPD	8.4	8.6	6.8	6.4	7.2	7.1	7.4	6.8	6.8	5.2	4.9	5.2	5.6	6.3	6.8
Additional Duties (No of shifts over budget)	5,812	5,844	6,132	5,726	5,486	2,450	5,075	5,134	5,345	5,923	6,020	4,997	5,903	5,000	4,869
Overall Owed Hours (Net Hours)	119,384	117,139	138,948	118,325	106,178	127,675	128,273	172,040	207,405	483,656	613,122	372,469	324,952	281,501	294,997
Annual Leave % - Target 11-17%	13.9%	17.5%	10.3%	11.3%	10.3%	14.0%	14.4%	13.8%	15.4%	13.9%	7.8%	10.8%	9.4%	12.8%	17.1%
Total Unavailability % - Headroom/uplift Allowance - Target 24%	23.0%	28.3%	25.1%	27.1%	25.8%	23.4%	28.8%	24.6%	26.6%	38.3%	25.2%	24.0%	22.4%	24.8%	28.5%
Roster Approval (Full) Lead Time Days - Target 42 days	45	43	40	42	43	44	44	39	37	34	33	26	29	29	31

Table 11

Table 11 demonstrates the main KPIs and other key metrics relating to the efficient deployment of staff at Trust level for rosters the specified roster period from July 2019 onward. The percentage of annual leave taken has increased through August – September reflecting similar levels this time last year.

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 August was 2.1% of the total Nursing staff pay bill (Figure 12), remaining the same as previous month. Measures are in place to monitor and reduce agency spend.

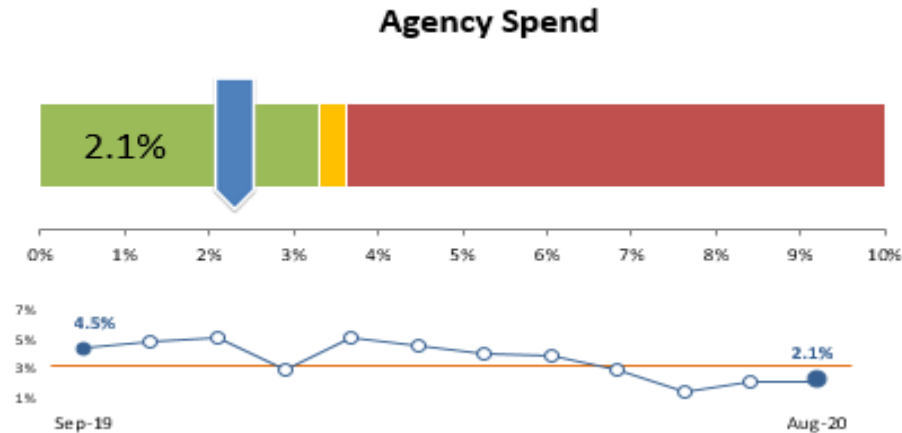
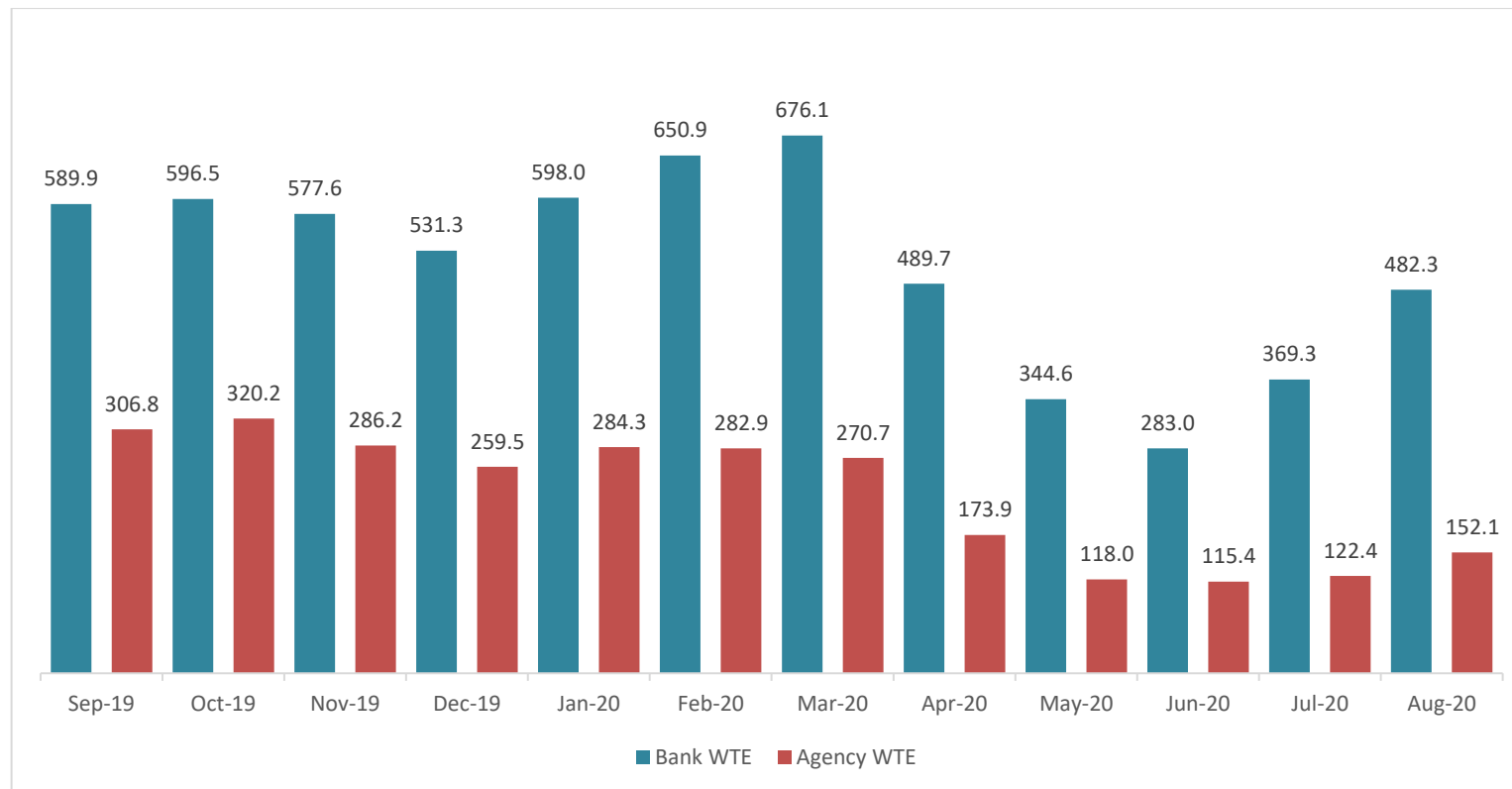


Figure 12



**Figure 13**

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

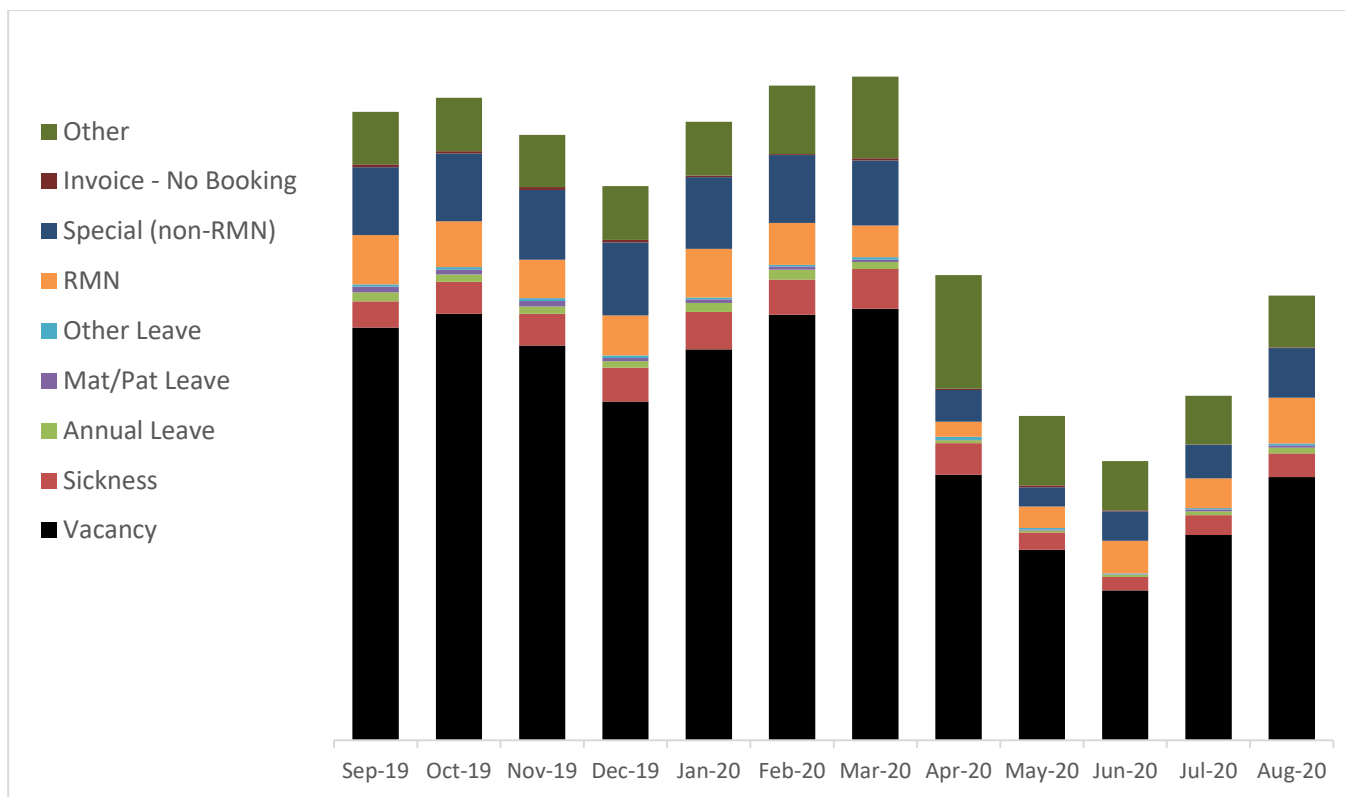


Figure 14

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

### 7.0 Request to the Board of Directors

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