

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST**  
**QUALITY AND PERFORMANCE COMMITTEE**  
**WEDNESDAY 14 APRIL 2021**

<b>Title:</b>	<b>Monthly Board Briefing of Nursing and Midwifery Staffing Levels for March 2021 (February data)</b>
<b>Responsible Director:</b>	<b>Chief Nursing Officer</b>
<b>Contact:</b>	<b>Jo Carter, Director of Nursing</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>	Continued impact of COVID-19 on the Nursing and Midwifery workforce
<b>Recommendations:</b>	The COMMITTEE is asked to: 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 February 2021 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 February 2021 was 12.9% representing a 0.1% decrease from the previous month. The vacancy rate for the same period last year was 13.6%. The staff in post increased by 1.4 whole time equivalent (WTE) in month compared to the previous month. The budgeted Nursing and Midwifery establishment decreased by 2.2 WTE in month.

- If the current external applicants were added to the staff in post figure, the overall vacancy rate would be 10.4% which represents 0.3% increase from last month.
- The agency spend rate increased by 0.1% to 3.0%. It was 4.6% for the same period last year.
- The annual turnover rate increased by 0.2% to 13.1%. The monthly turnover rate decreased in month by 0.1% from 1.0% to 0.9%.
- The sickness rate increased by 0.2% to 5.7% compared to previous month and the sickness rate for same reporting period last year was 4.4%. Commercial and Clinical Imaging & Medical Physics have the highest sickness absence rate of 9.1% and 8.0% respectively. These Directorates have small Nursing establishments (n=25 WTE and 81.91 WTE respectively) in comparison to other Directorates thereby resulting in higher reported percentage rates in comparison to total numbers of staff reporting as sick.
- Personal Development Review (PDR) compliance rate increased by 1.7% to 80.8% from previous month. This represents a 4.7% decrease when compared to February 2020.
- Mandatory training compliance decreased by 0.3% to 90.2%, it was 90.1% same period last year.

### 3.0 COVID-19

- 3.1 As outlined previously, the Trust received the first COVID-19 patient in February 2020, signalling the start of 'wave one', and the Trust moved into a stabilisation and recovery phase in June 2020. In November the Trust saw a rise in the number of COVID-19 cases, signalling the start of 'wave two'. During February 2021 the number of COVID-19 cases across the Trust declined with 143 COVID-19 positive cases on 25 February (inpatient wards n=69, Maternity n=0 and Critical Care n=74), in comparison to 309 COVID-19 positive cases on 1 February 2021. 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

- Voluntary asymptomatic COVID-19 testing for all frontline staff continued throughout February 2021.
- The COVID-19 vaccination programme continued with 5 vaccination PODs open across the St Thomas' and Guy's sites. Recruitment continued for non-registered staff to support the vaccination programme.
- A total of >720 Nursing and Midwifery staff were deployed across Critical Care, Inpatients and Community Services by the beginning of February 2021.
- Redeployment of Nursing and Midwifery staff back to home units commenced as COVID-19 demand reduced during February 2021, aligning with Trust operational changes and increases in elective activity. 66 Nurses had been redeployed by 28 February 2021 for service requirements.
- Edward Ward Closure due to additional General and Acute capacity no longer being required.
- Two surgical wards reopened as elective activity started to increase.
- The staff wellbeing and recovery plan was launched in February 2021 designed to help staff support each other, feel valued and create a Trust-wide culture of wellbeing and mutual support.

### 3.3 Critical Care Capacity and Workforce

The number of patients reached its peak during January 2021 with a total of 204 patients within adult Critical Care reducing to 114 patients on 28 February 2021. The previously agreed NHSI/E adjusted nurse:patient ratio remained with a 1:3 Critical Care nurse:patient ratio supported by deployed nursing staff with the underlying principle that every patient had a nurse. A number of operational changes were made to support the change in patient numbers and are summarised below:

- Critical Care capacity decreased to a total of 140 beds by 28 February 2021.
- Sky Critical Care Unit converted back to a paediatric intensive care unit.
- Redeployment of staff from critical care to their home units commenced with 66 nurses redeployed by 28 February.
- Turning teams and mouth care teams continued throughout February 2021 supported by Dental Nurses,

Allied Health Professionals, Healthcare Scientists and Medical Students.

### **3.4 Tactical Workforce Structure**

Nursing and Midwifery Tactical Staffing continued to meet twice weekly to identify staff for redeployment from Critical Care, Inpatient and Community Services in line with Trust prioritisation and increased activity plans. Plans for rest and reflective/debrief sessions were discussed for all staff as redeployed nurses returned to their home units.

The Tactical Staffing Workforce Hub decreased its meeting frequency to twice weekly, supporting de-escalation plans and redeployment requests to meet the operational changes across the Trust.

Nursing and Midwifery Safe Staffing meetings continued twice daily led by the Deputy Chief Nurse or Head of Nursing for Workforce, reducing to 5 days per week by 28 February 2021. These meetings ensured that use of resources are safe and efficient across the Trust. The additional Senior Nurse support provided over the weekend ceased as workforce and operational pressures across the Trust reduced.

## **4 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 February 2020, figure 1 identifies the growth in establishment (1.3%) compared to the growth of staff in post (2.2%) and figure 2 sets out the growth of staff in post.

The difference between actual versus planned hours has decreased by 25.5% in comparison to February 2020.

This reflects the continued reduction in activity which mitigates the need to fill all shifts caused by underlying vacancies.

Staffing measures	February 2020	February 2021	Difference	Change
Nursing Establishment WTE	7126.24	7221.95	95.71	▲
Nursing Staff in Post WTE	6154.79	6287.64	132.85	▲
Vacancies WTE	971.45	934.31	-37.14	▼
Vacancy rate	13.6%	12.9%	-0.7%	▼
Annual turnover	13.5%	13.1%	-0.4%	▼
Red Flags raised	47	449	402.00	▲
Agency % of Pay bill	4.6%	3.0%	-1.6%	▼
Actual v Planned Hrs used	97.5%	72.0%	-25.5%	▼

Table 1

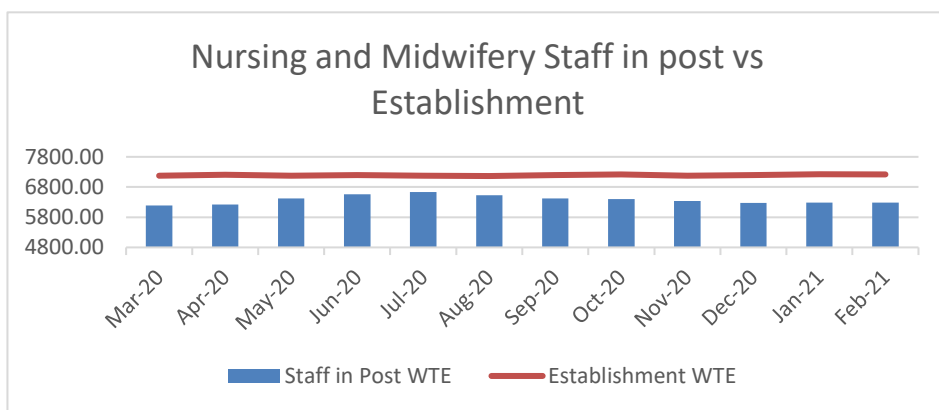


Figure 1

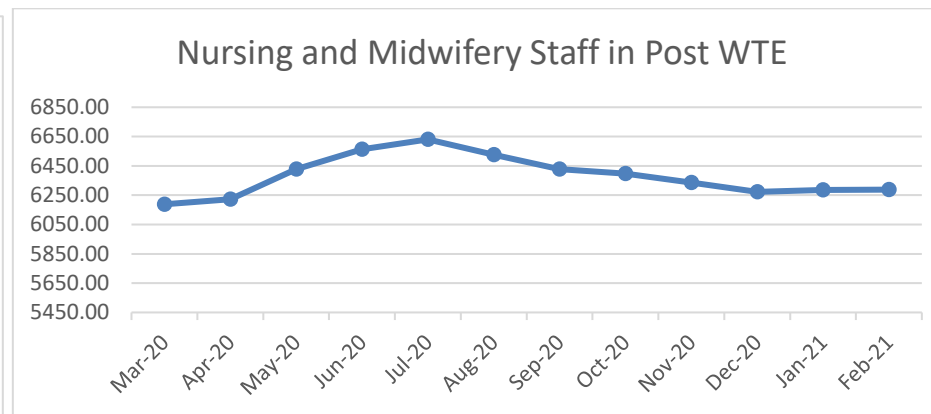


Figure 2

## 4.2 Recruitment and Retention

Figures 3, 4 and 5 display the trends in three key Nursing and Midwifery workforce metrics, namely vacancy, turnover and sickness.

Recruitment continued throughout February 2021, focusing on Healthcare support worker (HCSW) recruitment, band 5 assessment centres, and International Recruitment.

As previously reported the Trust has committed to recruiting 74WTE Nursing Assistants as part of the NHSE/I initiative to reduce HCSW vacancies to zero. The Trust worked in conjunction with Indeed to deliver a recruitment webinar on 23 February 2021 with 318 candidates attending. Interviews have been arranged for the end of February 2021 and beginning of March 2021.

Band 5 assessment centres continued online, with the central team coordinating and supporting Directorate interview panels.

The International Recruitment programme saw 2 nurses arrive in February 2021 from Singapore and India, to work within adult and paediatric theatres. The nurses that arrived in January 2021 completed the in-house Observed Structured Clinical Examination (OSCE) training programme in preparation for their OSCE in March ahead of registration with the Nursing and Midwifery Council (NMC). The Trust International Recruitment campaign continued with nurses planned to arrive in March 2021 (n=13) and further interviews conducted for Theatres, Anaesthetic and Perioperative (TAP) Directorate and Evelina London Children's Hospital.

Retention activities were maintained throughout February 2021 with continued focus on staff health and wellbeing initiatives as part of the wider Trust response to the pandemic.

COVID-19 related absence continue to decrease during February 2021. By 26 February 2021, a total of 146 Nurses and Midwives were off due to: shielding, not working from home (n=51); shielding, working from home

(n=42); staff experiencing COVID-19 symptoms (n=29); self-isolation, not working from home (n=20); self-isolation, working from home (n=4); carers leave (n=0).

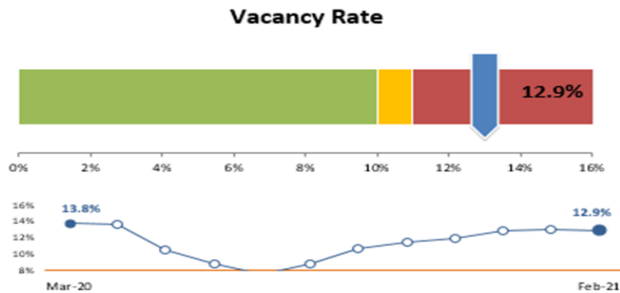


Figure 3

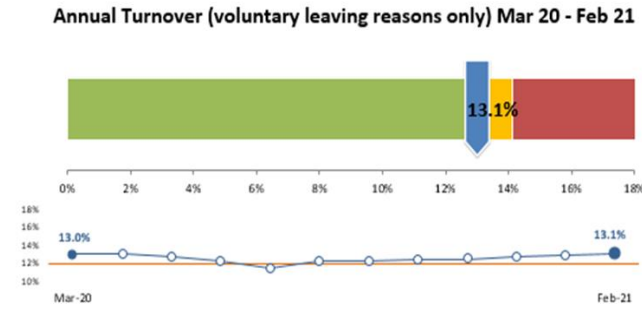


Figure 4

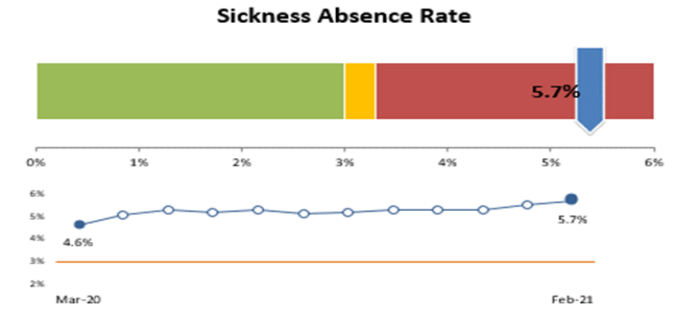


Figure 5

### 4.3 Activity and Acuity

The number of bed days in February 2021 stood at 29,362 (table 2). This is 3,536 less than the previous month and represents a decrease of 15,748 bed days from the same period in 2020 and demonstrates a 34.9% reduction in activity from February 2020. 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
February 2021	3,040	7,502	17,728	1,011	81	29,362	10.4%	25.6%	60.4%	3.4%	0.3%
January 2021	3,156	8,246	20,000	1,331	165	32,898	9.6%	25.1%	60.8%	4.0%	0.5%

Table 2



The average fill rate for registered staff was 70% in comparison to an unregistered staff average fill rate of 84.0%, with an overall fill rate of 77%. 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 reflect a reduction in activity as the Trust responds to an increase in COVID-19 cases during wave 2 of the pandemic.

The Trust average 'Care hours per patient day' (CHPPD) was 14.1 for the month of February 2021. 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 EXPECTATION 2 – RIGHT SKILLS**

### **5.1 Mandatory Training, Development and Education**

The current compliance with mandatory training across the Nursing and Midwifery workforce in February 2021 is 90.2%. This represents a decrease of 0.3% from the previous month and 0.1% increase when compared to February 2020. Figure 6 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 of the mandatory training modules have now been converted to an online digital platform, with the final module going live in February 2021.

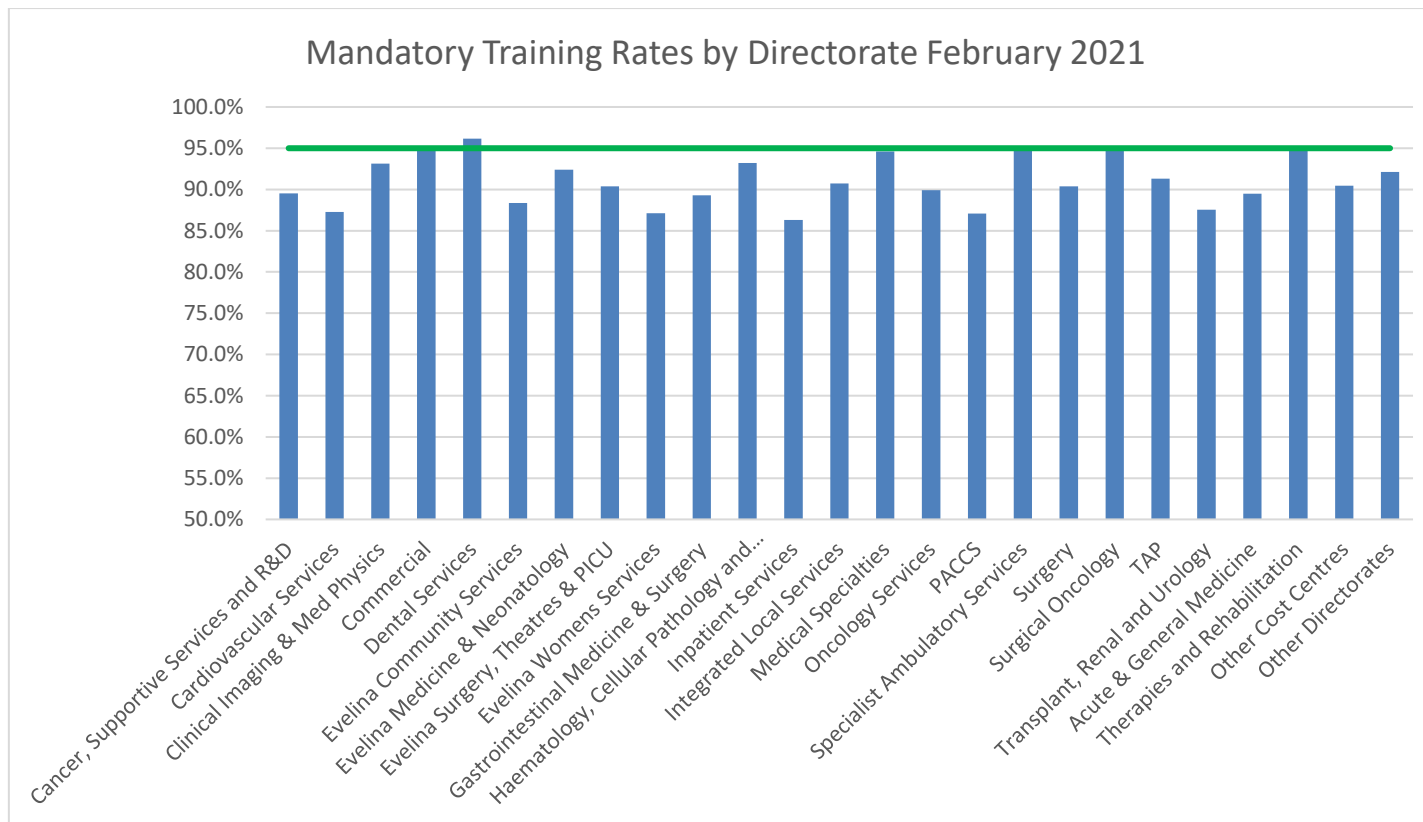


Figure 6

The current PDR rate across the Nursing and Midwifery workforce is 80.8%; this is an increase of 1.7% from previous month and 4.7% lower than same time in 2020. PDR compliance dates have been extended for 3 months, until the end of March 2021 to allow staff to focus on the management of COVID-19. Figure 7 demonstrates the breakdown of PDR compliance by Directorate.

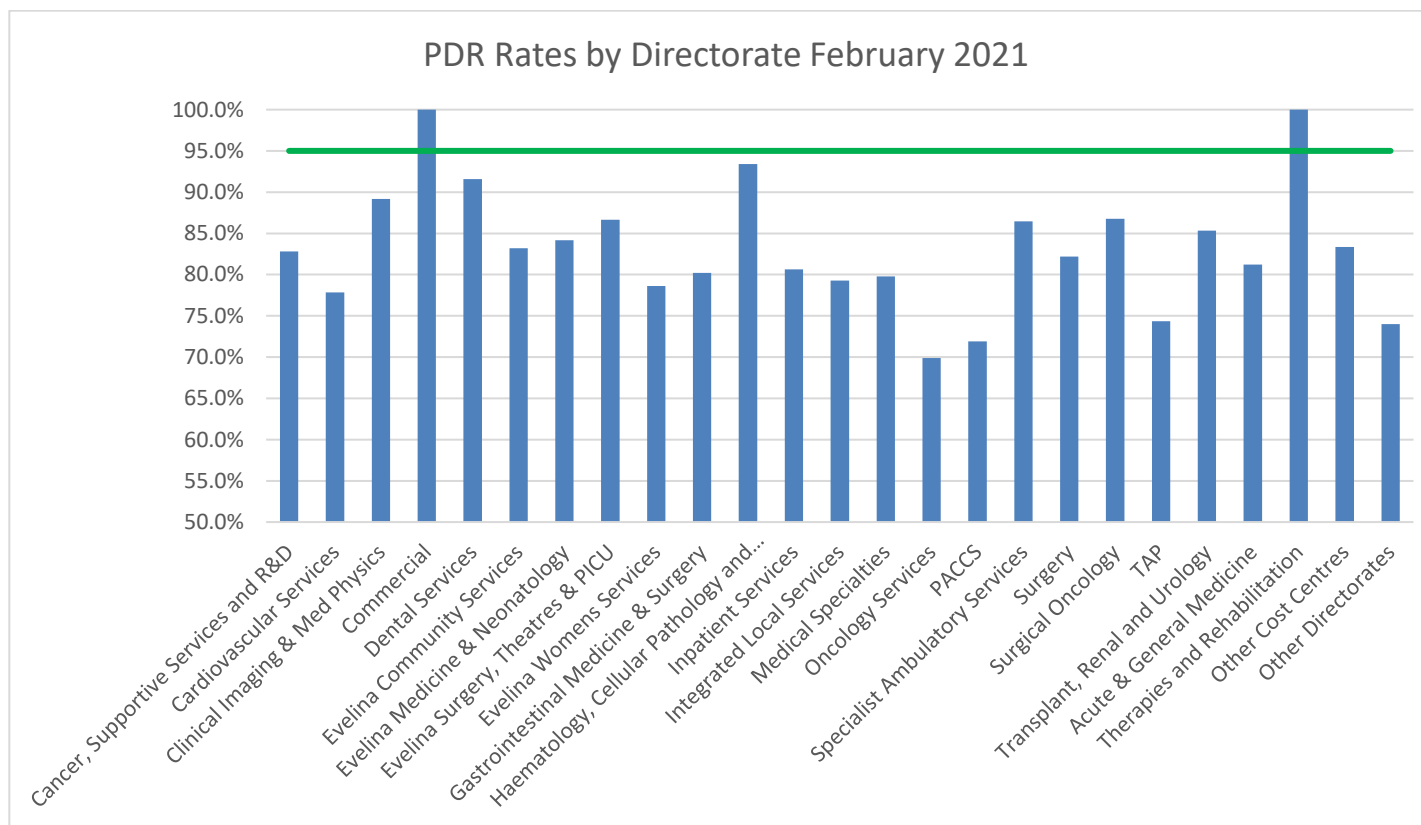


Figure 7

## 6 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 February 2021, 449 red flags were raised, which is a decrease of 88 compared to the previous month. Figure 8 shows the distribution of red flags and the comparison to January 2021 (537 Red flags in January 2021, 449 Red flags in February 2021). As in the previous month, the significant rise in red flags can be attributed to the rise in staffing requirements within Critical Care and the change to the nurse: patient ratios as stated in section 3.3. Of all the raised red flags, 3 have remained open with no evident cause for them to remain open and is addressed with the individual teams. Staff are encouraged to raise red flags where there may be concerns relating to safe staffing levels, which triggers a review by the Senior Sister/Matron or Head of Nursing to resolve any immediate staffing concerns.

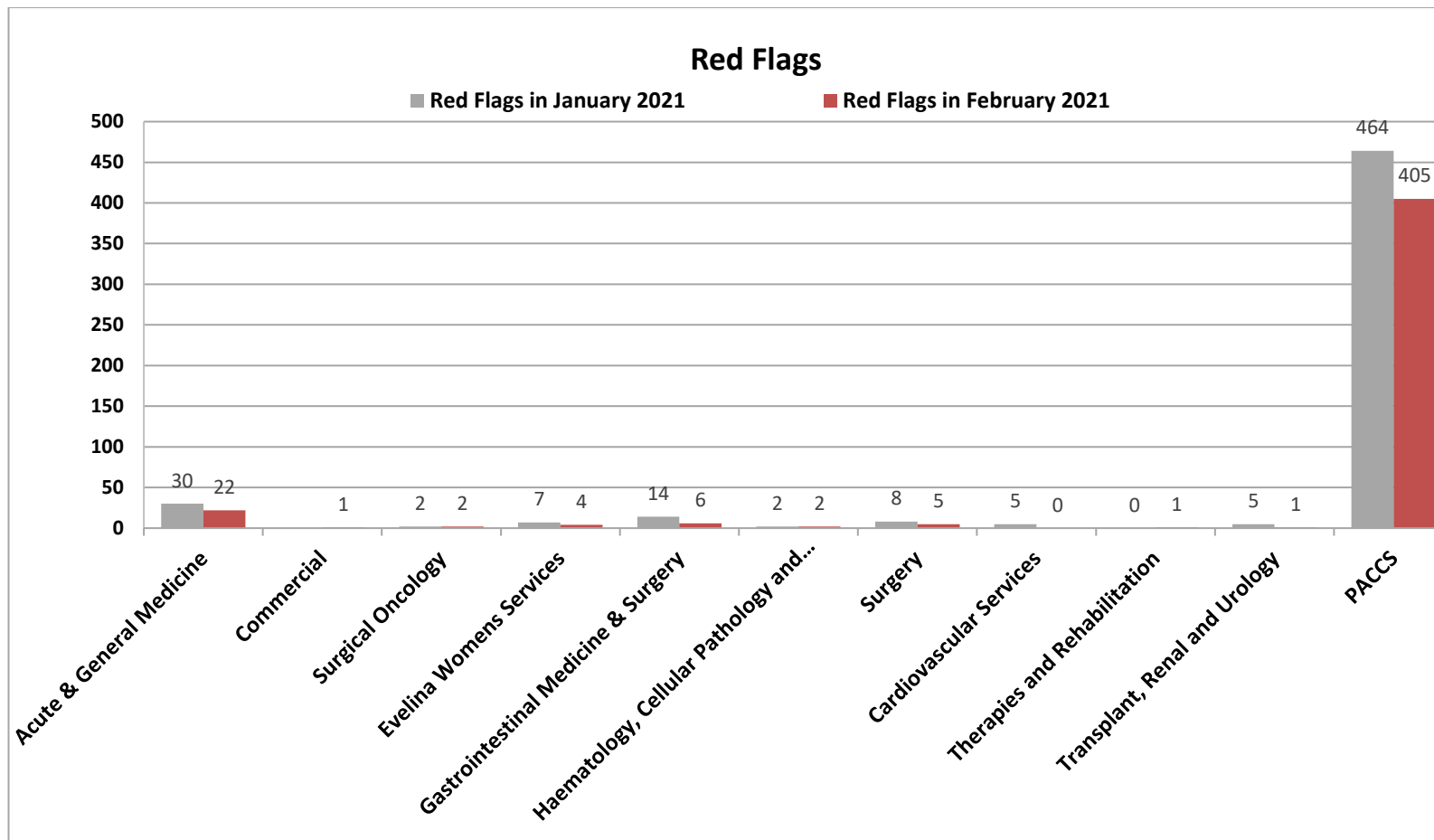


Figure 8

## 6.2 Efficient Employment, Minimising Agency Use

Planned roster reviews continue to take place to support individual Directorates as required. There has been a decrease in the roster lead time from 37 days to 34 days in February 2021 with staff deployment during this time a contributing factor. This continues to be addressed with the individual areas who have not met the Key Performance Indicators (KPI).

	27th Jan - 23rd Feb 2020	24th Feb - 22nd Mar 2020	23rd Mar - 19th Apr 2020	20th Apr - 17th May 2020	18th May - 14th June 2020	15th June - 12th July 2020	13th July - 9th August 2020	10th August - 6th September 2020	7th September - 4th October 2020	5th October - 1st November 2020	2nd November - 29th November 2020	30th November - 27th December 2020	28th December 2020 to 24th January 2021	25th January 2021 to 21st February 2021
<b>All nursing areas</b>														
Planned Hours	579,488	769,051	1,086,218	1,087,519	1,070,995	813,986	806,897	841,754	809,983	838,153	819,568	814,132	882,632	892,589
Actual Hours	613,313	621,891	553,224	602,438	592,722	618,671	620,161	614,810	618,340	640,900	646,773	603,583	567,300	602,701
Actual CHPPD	9.4	10.1	10.5	10.5	10.7	11.5	11.1	11.0	10.5	12.3	13.2	13.6	12.0	12.4
Required CHPPD	6.8	6.8	5.2	4.9	5.2	5.6	6.3	6.8	7.1	7.6	7.8	7.8	7.0	6.7
Additional Duties (No of shifts over budget)	5,134	5,345	5,923	6,020	4,997	5,903	5,000	4,869	4,905	5,036	5,037	5,147	4,602	4,768
Overall Owed Hours (Net Hours)	172,040	207,405	483,656	613,122	372,469	324,952	281,501	294,997	276,596	289,321	297,961	275,256	404,227	428,799
Annual Leave % - Target 11-17%	13.8%	15.4%	13.9%	7.8%	10.8%	9.4%	12.8%	17.1%	12.5%	12.2%	10.6%	14.8%	16.4%	13.3%
Total Unavailability % - Headroom/uplift Allowance - Target 24%	24.6%	26.6%	38.3%	25.2%	24.0%	22.4%	24.8%	28.5%	25.2%	24.8%	23.8%	27.6%	33.4%	28.0%
Roster Approval (Full) Lead Time Days - Target 42 days	39	37	34	33	26	29	29	31	32	34	36	33	37	34

Table 3

Table 3 demonstrates the main KPIs and other key metrics relating to the efficient deployment of staff at Trust level for the specified roster period from January 2020 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 February was 3.0% of the total Nursing staff pay bill (Figure 9), this is 0.1% increase from previous month. It was 4.6% same period last year. Measures are in place to monitor and reduce agency spend.

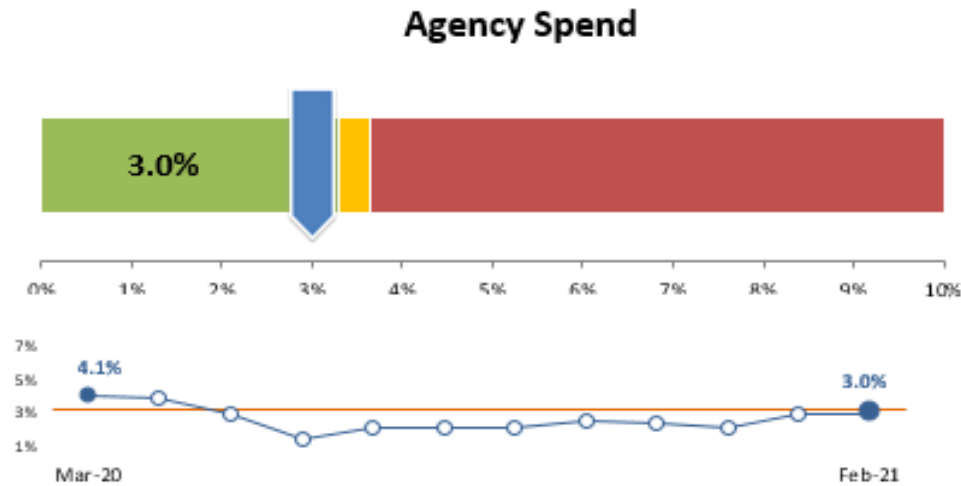
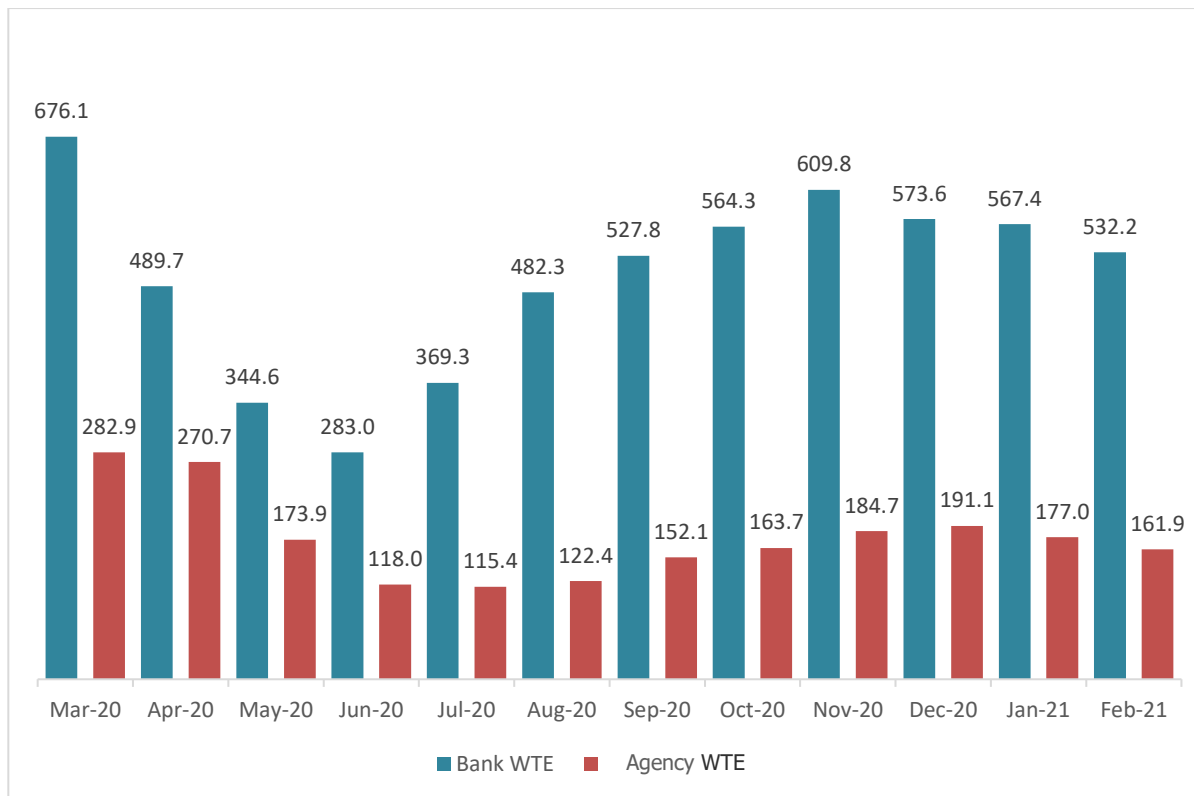


Figure 9



**Figure 10**

Figure 10 highlights the actual usage of temporary staffing in February 2021 in comparison to each month in the preceding year. This is broken down into Bank and Agency WTE.



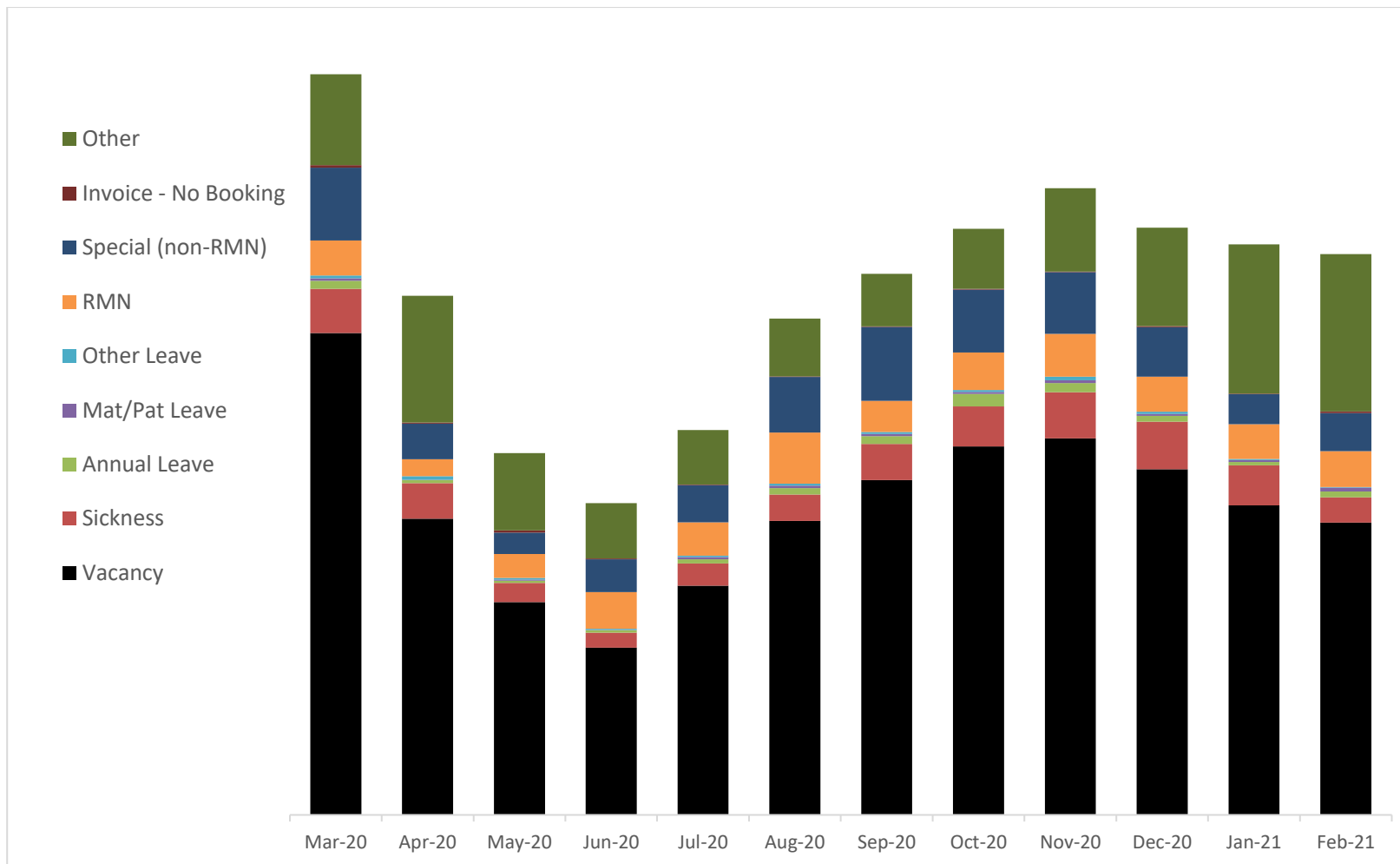


Figure 11

Figure 11 outlines the total temporary staffing usage, including the reasons for usage in February 2021 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 February 2021. This includes the Nursing and Midwifery workforce response to COVID-19.