

**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 February 2021 (January 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>• Continued impact of COVID-19 on the Nursing and Midwifery workforce</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 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 January was 13.0% representing a 0.1% increase from the previous month. The vacancy rate for the same period last year was 13.6%. The staff in post has increased by 14.3 whole time equivalent (WTE) in month compared to the previous month. The budgeted Nursing and Midwifery establishment increased by 24.04 WTE in month.

- If the current external applicants were added to the staff in post figure, the overall vacancy rate would be 10.1% which represents 0.3% increase from last month.
- The agency spend rate increased by 0.7% to 2.9%. It was 5.1% for the same period last year.
- The annual turnover rate increased by 0.1% to 12.9%. The monthly turnover rate decreased in month by 0.1% from 1.1% to 1.0%.
- The sickness rate increased by 0.2% to 5.5% compared to previous month and the sickness rate for same reporting period last year was 4.3%. Commercial, Clinical Imaging & Medical Physics and Medical Specialties have the highest sickness absence rate of 9.1%, 7.6% and 6.8% respectively. These Directorates have small Nursing establishments (n=22 WTE, 79.91 WTE and 111.33 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 reduced by 0.4% to 79.1% from previous month. This represents a 5.8% decrease when compared to January 2020.
- Mandatory training compliance decreased by 1.1% to 90.5%, it was 89.2% same period last year.

### **3. 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. During January 2021 the Trust continued to see a rise in the number of COVID-19 cases with 309 COVID-19 positive cases on 31 January (inpatient wards n=165 and Critical Care n=144). 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**

- Continued rollout of the voluntary asymptomatic COVID-19 testing for all frontline staff.

- The COVID-19 vaccination programme continued to expand with further PODs opening on both the St Thomas' site and the Guy's site. Dental Nurses continued to be deployed and recruitment commenced for non-registered staff to support the vaccination programme.
- Dental Nurses were deployed to support increased phlebotomy and swabbing services.
- Edward ward opened and was staffed by nurses who were deployed from other clinical areas; this enhanced the General and Acute bed base and enabled the Trust to provide mutual aid to other organisations.
- A medical ward was opened on the Guy's site to support the provision of mutual aid for patients across the sector.
- Non-urgent elective surgical activity ceased and outpatient activity reduced during January to enable further deployment of staff.
- A total of > 550 nurses were deployed across Critical Care, Inpatients and Community Services by 31 January.
- In conjunction with our Higher Education Institute (HEI) partners, a decision was made to postpone Part 1 (first year) student placements in January due to the changes in operational activity.
- The Nursing and Midwifery Council (NMC) reintroduced emergency standards, as they did in wave one, giving provider organisations the option for Part 3 Student Nurses to become part of the substantive workforce to alleviate workforce pressures. After consulting with Student Nurses, HEIs and other provider organisations across the sector, GSTT chose to maintain their student status enabling them to continue with their studies.

### 3.3 Critical Care Capacity and Workforce

The number of patients reached its peak during January with a total of 204 patients within adult Critical Care reducing to 192 on 31 January. As previously reported in December, NHSI/E agreed an adjusted nurse:patient ratio, moving from a 1:1 Critical Care nurse:patient ratio to 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 daily increase in patient numbers and are summarised below:

- Capacity increased to a total of 210 beds for adult Critical Care, including 24 beds with Sky Critical Care

- Unit and the opening of two further units in EW3 and Overnight Intensive Recovery.
- Deployment continued throughout January to meet the rising number of patients in Critical Care with a total of 433 nurses and support staff deployed by 31 January.
- Dental Nurses, Allied Health Professionals, Healthcare Scientists and Medical Students were deployed to Critical Care to form turning teams and mouth care teams.
- Consultants joined the Critical Care teams to undertake 'Nursing' shifts to support care delivery.

### **3.4 Tactical Workforce Structure**

Nursing and Midwifery Tactical Staffing continued to meet twice weekly to identify staff for deployment within Critical Care, inpatient and community services. Training and wellbeing discussions were provided to support staff preparedness.

The Tactical Staffing Workforce Hub increased its meeting frequency to thrice weekly to support multi professional preparedness and growing number of staff deployment requests.

Nursing and Midwifery Safe Staffing meetings continued twice daily throughout January increasing to 7 days per week led by the Deputy Chief Nurse or Head of Nursing for Workforce. These meetings ensured the use of resources is safe and efficient across the Trust. Additional Senior Nurse support was provided 08:00 – 20:00 over the weekend throughout January to support workforce and operational pressures across the Trust.

## **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 January 2020, figure 1 identifies the growth in establishment (1.3%) compared to the growth of staff in post (2.0%) and figure 2 sets out the growth of staff in post.

The difference between actual versus planned hours has decreased by 26.6% in comparison to January 2020. This reflects the continued reduction in activity which mitigates the need to fill all shifts caused by underlying vacancies.

Staffing measures	January 2020	January 2021	Difference	Change
Nursing Establishment WTE	7129.89	7224.14	94.25	▲
Nursing Staff in Post WTE	6161.49	6286.25	124.76	▲
Vacancies WTE	968.40	937.89	-30.51	▼
Vacancy rate	13.6%	13.0%	-0.6%	▼
Annual turnover	13.3%	12.9%	-0.4%	▼
Red Flags raised	43	537	494	▲
Agency % of Pay bill	5.1%	2.9%	-2.2%	▼
Actual v Planned Hrs used	97.2%	70.6%	-26.6%	▼

Table 1

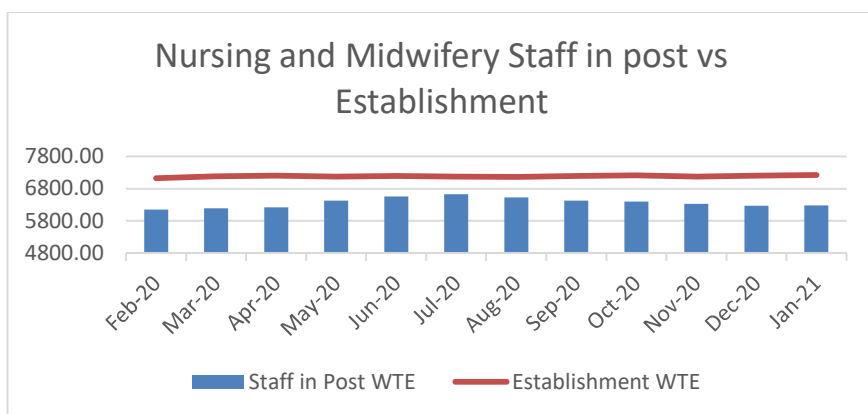


Figure 1

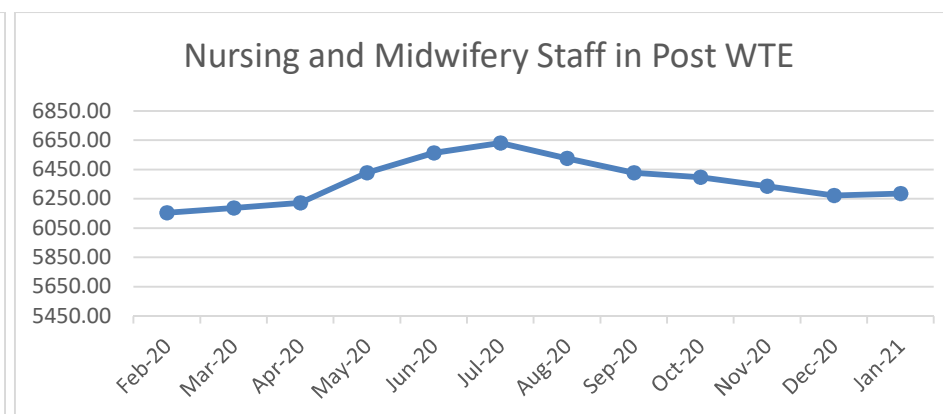


Figure 2

## 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 with weekly interviews, held via various online platforms; WhatsApp, Skype and Microsoft Teams. The Trust International Recruitment campaign continued throughout January with 7 International Nurses arriving from India, United Arab Emirates and Singapore with further nurses planned to arrive in February (n=1) and March (n=9).

As part of an NHSE/I programme to support the recruitment of Health Care Support Workers and reducing national vacancies, the Trust has committed to recruiting 74WTE Nursing Assistants by 31 March.

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

COVID-19 related absence decreased during January. By 29 January, a total of 214 Nurses and Midwives were off due to: shielding, not working from home (n=31), shielding, working from home (n=38), staff experiencing COVID-19 symptoms (n=80), self-isolation, not working from home (n=54), self-isolation, working from home (n=11), carers leave (n=0).

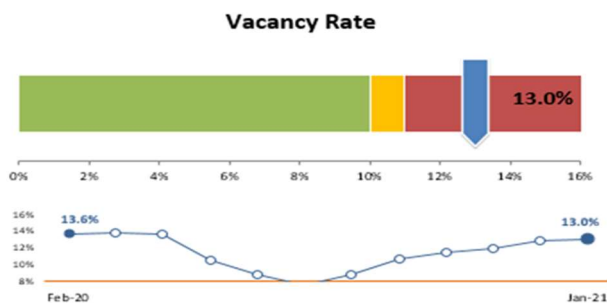


Figure 3

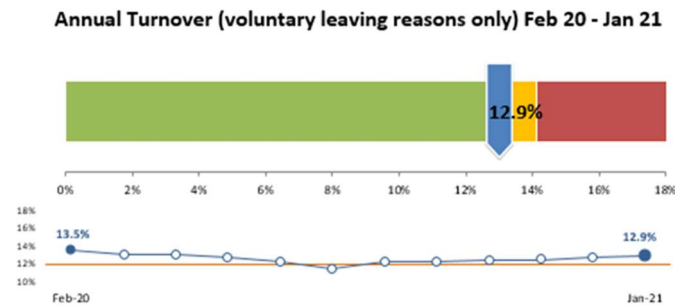


Figure 4

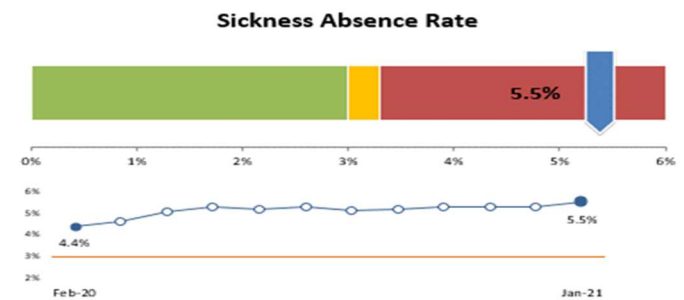


Figure 5

### 4.3 Activity and Acuity

The number of bed days in January 2021 stood at 32,898 (table 2). This is 5,592 less than the previous month and represents a decrease of 15,852 bed days from the same period in 2020 which demonstrates a 32.5% reduction in activity. The data articulates the required reduction in activity as the Trust responds 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
January 2021	3,156	8,246	20,000	1,331	165	32,898	9.6%	25.1%	60.8%	4.0%	0.5%
December 2020	5,977	9,213	21,466	1,720	114	38,490	15.5%	23.9%	55.8%	4.5%	0.3%

Table 2

The average fill rate for registered staff was 69% in comparison to an unregistered staff average fill rate of 80.0%, with an overall fill rate of 75%. 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 13.1 for the month of January. 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 is 90.5%. This represents a decrease of 1.1% from the previous month and 1.3% increase when compared to January 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. 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 with a go live date planned for February 2021.

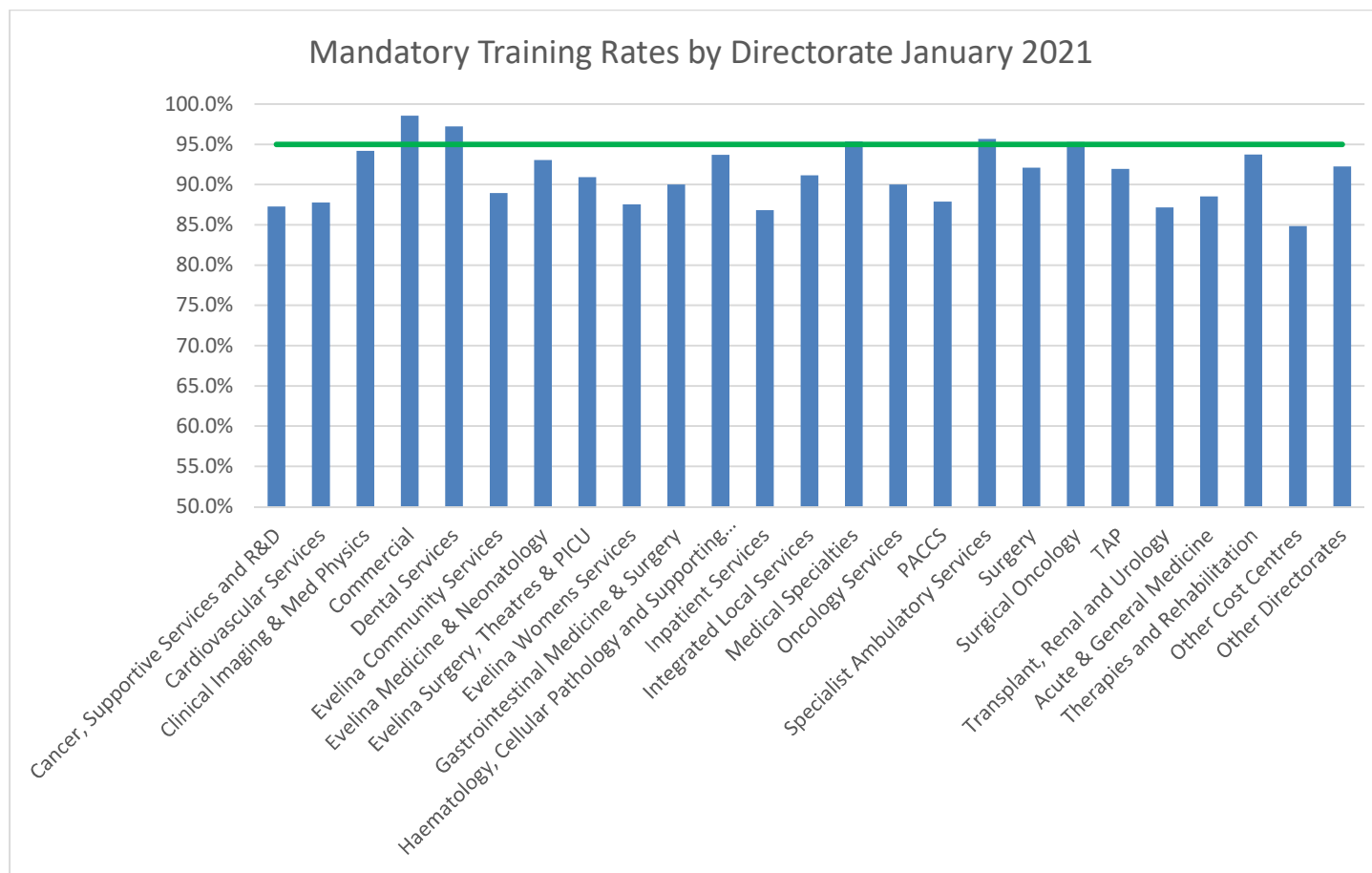


Figure 6

The current PDR rate across the Nursing and Midwifery workforce is 79.1%; this is a reduction of 0.4% from previous month and 5.8% lower than same time in 2020. PDR compliance dates have been extended for 3 months, until the end of March to allow staff to focus on the management of COVID-19. Figure 7 demonstrates the breakdown of PDR compliance by Directorate.

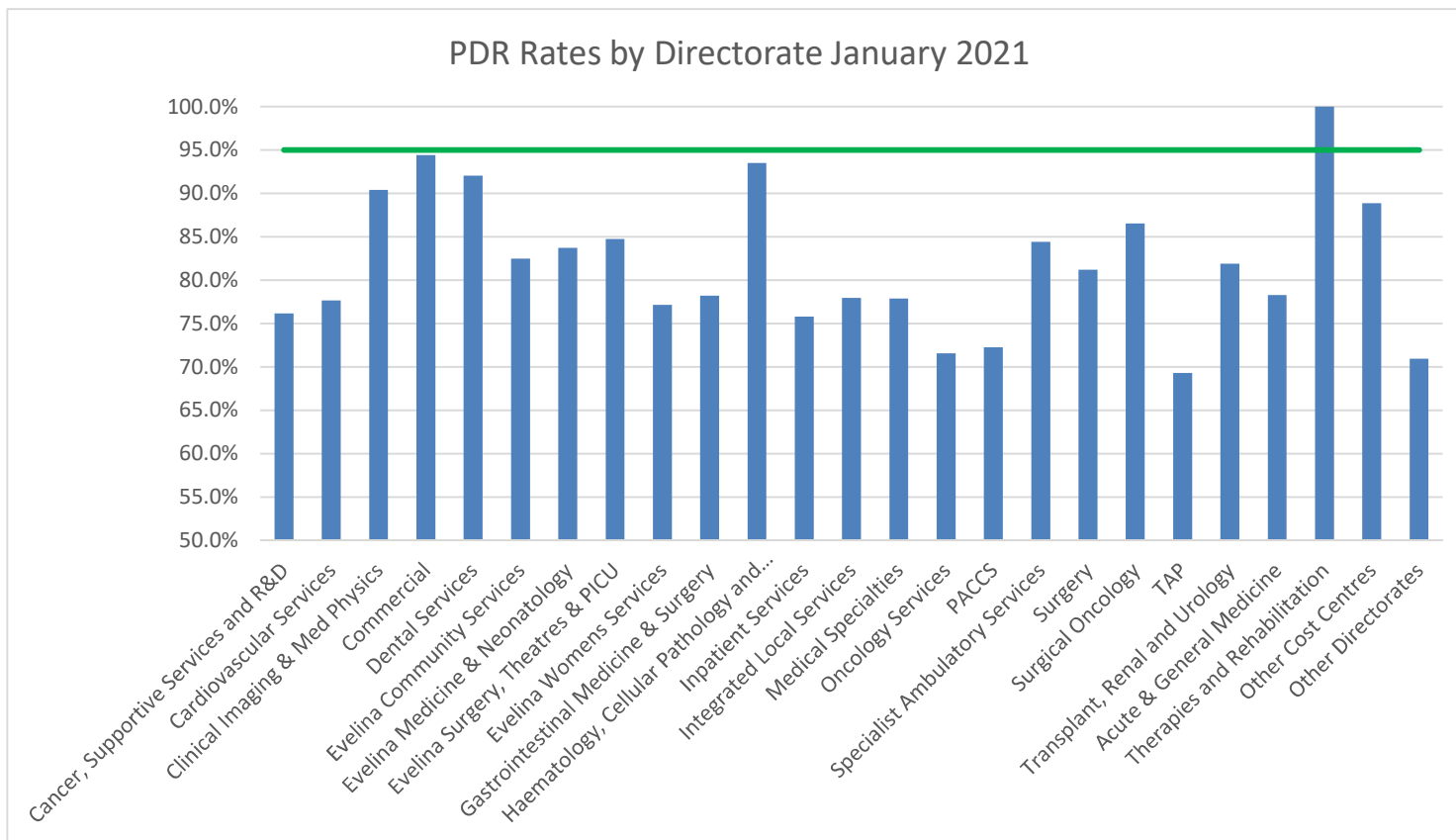


Figure 7

## 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 January 2021, 537 red flags were raised, which is an increase of 287 compared to the previous month. Figure 8 shows the distribution of red flags and the comparison to December 2020 (250 red flags in December 2020, 537 red flags in January 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, all but 11 have evidence that they were addressed at the time. Of the 11, it is most likely this was addressed but not closed on the electronic system which is being addressed with the teams. Staff are requested 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.

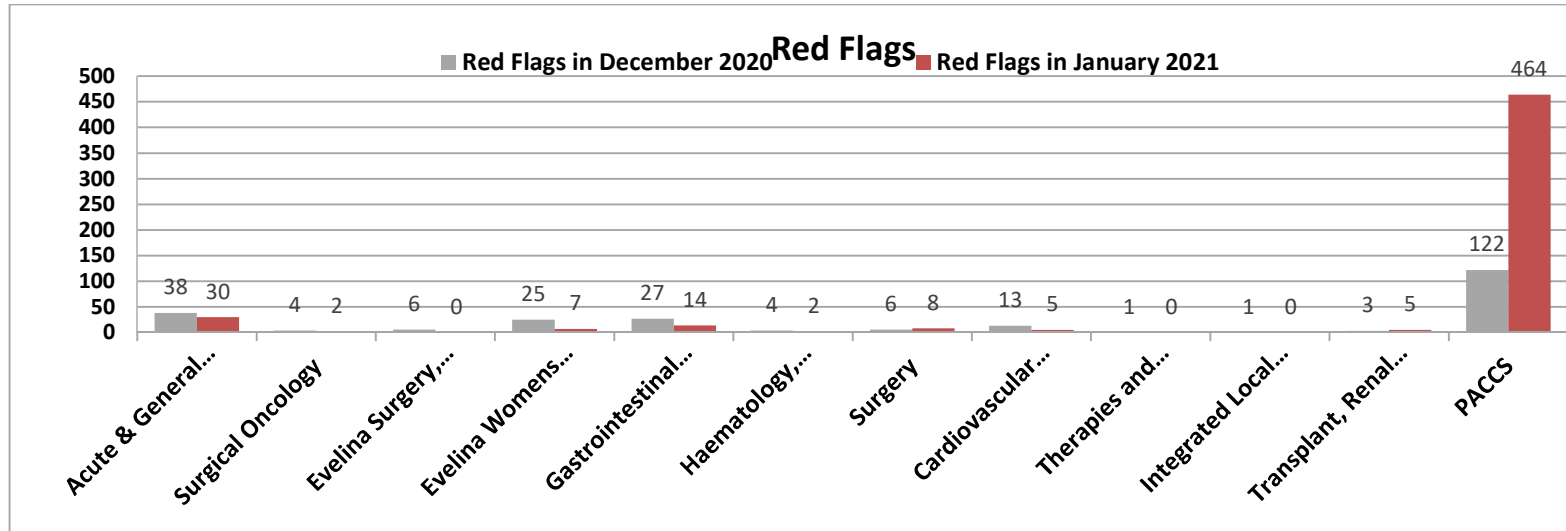


Figure 8

### 6.2 Efficient Employment, Minimising Agency Use

Planned roster reviews have taken place to support individual Directorates as required. There has been an improvement in the roster lead time increasing from 33 days to 37 days in January. This continues to be addressed with the individual areas who have not met the Key Performance Indicators (KPI).

	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	2nd November - 29th November	30th November - 27th December	28th December 2020 to 24th January 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
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
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
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

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
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
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%
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%
Roster Approval (Full) Lead Time Days - Target 42 days	39	37	34	33	26	29	29	31	32	34	36	33	37

**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 January was 2.9% of the total Nursing staff pay bill (Figure 9), this is 0.7% increase from previous month. It was 5.1% same period last year. Measures are in place to monitor and reduce agency spend.

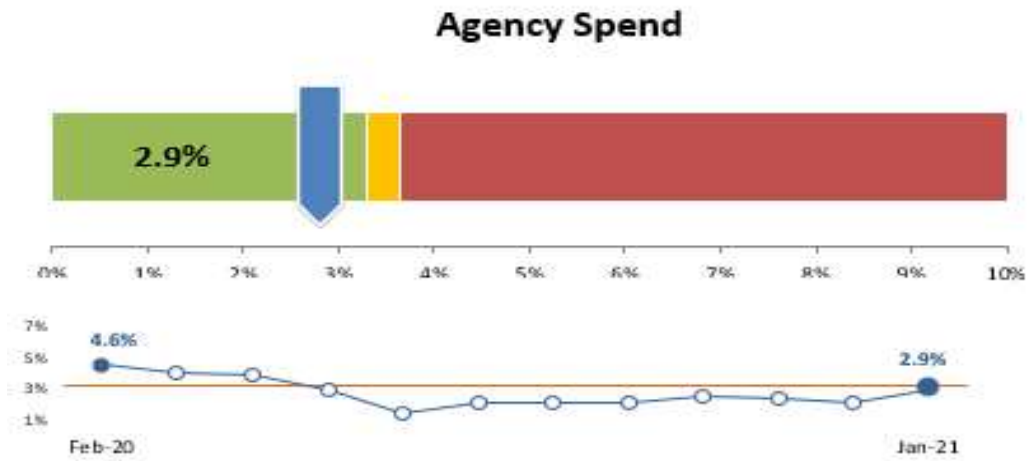
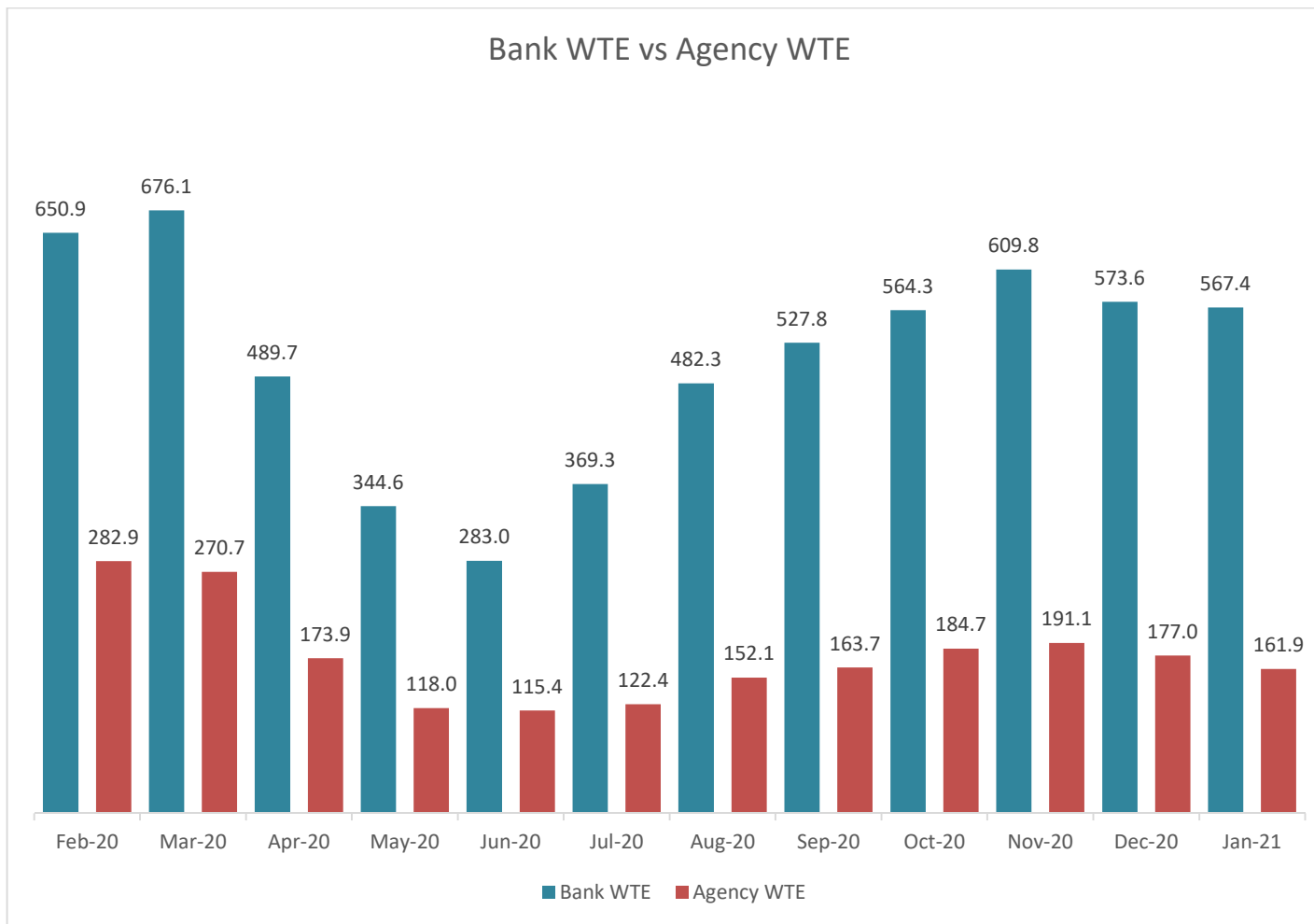


Figure 9



**Figure 10**

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



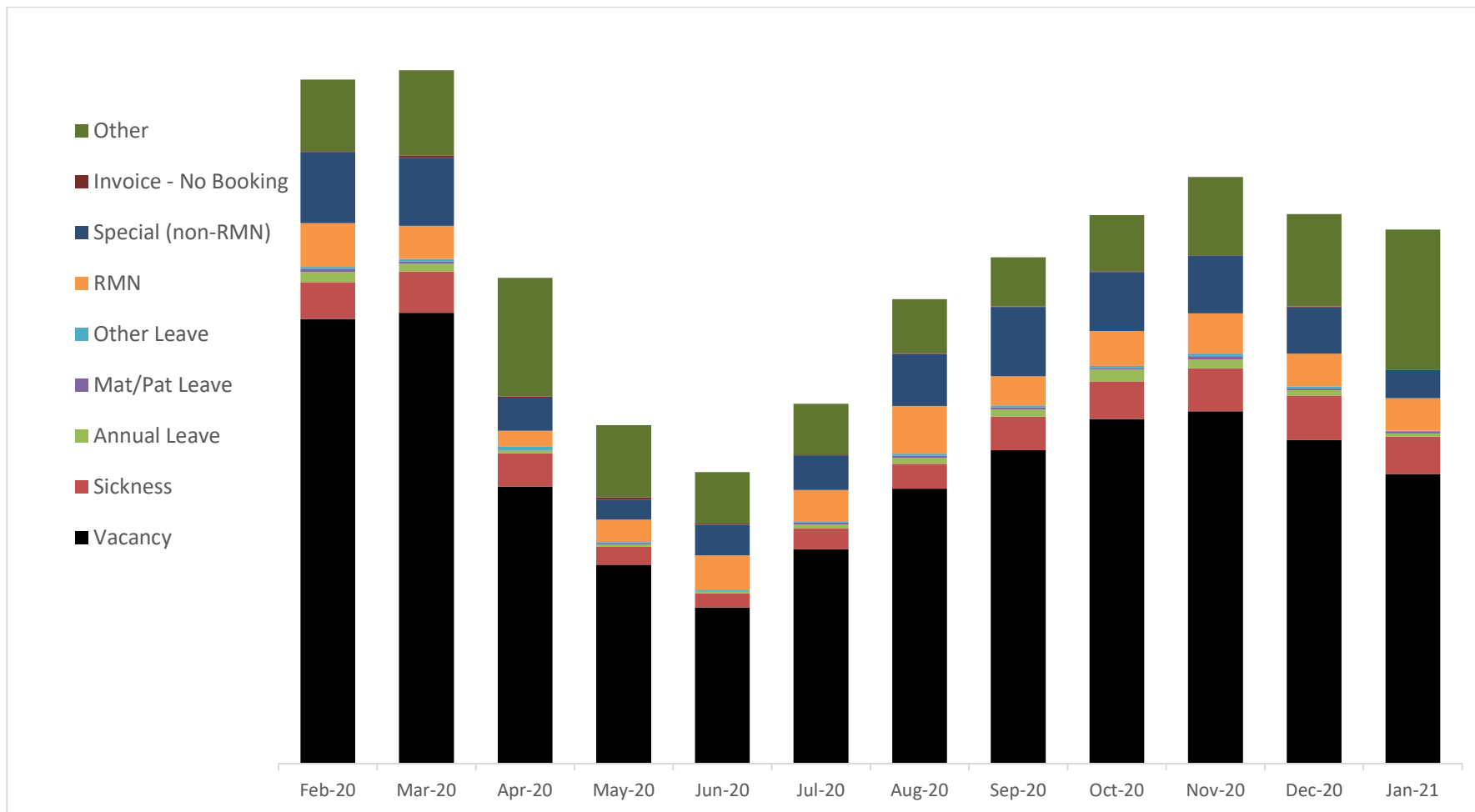


Figure 9

Figure 9 outlines the total temporary staffing usage, including the reasons for usage in January 2021 in comparison to each month in the preceding year.

**7. Request to the Board of Directors**

The Board of Directors are asked to note the information contained in this briefing for January 2021. This includes the Nursing and Midwifery workforce response to COVID-19.