

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
QUALITY AND PERFORMANCE BOARD COMMITTEE
WEDNESDAY 08 SEPTEMBER 2021

Title:	Monthly Board Briefing of Nursing and Midwifery Staffing Levels for July 2021 (June data)
Responsible Director:	Avey Bhatia, Chief Nursing Officer
Contact:	Jay Dungeni, Deputy Chief Nurse
Purpose:	To assure the Board and the public regarding Nursing and Midwifery safe staffing levels
Strategic priority reference:	TO TREAT AS MANY PATIENTS AS WE CAN, SAFELY
Key Issues Summary:	<ul style="list-style-type: none"> • The nursing and midwifery vacancy rate is still above the Trust target of <10% mainly due to challenges associated with the COVID-19 pandemic. Significant progress has been made to close the gap using local and international recruitment drives which will mature with the easing of national restrictions. • PDR compliance is below the Trust target of 95% as was affected by the significant operational changes in response the COVID-19 pandemic. A key part of the approach to addressing this is to ensure that the education, training and development of our staff is relevant to the current climate.
Recommendations:	<p>The COMMITTEE is asked to:</p> <ol style="list-style-type: none"> 1. Note the content of the paper

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NURSING AND MIDWIFERY SAFE STAFFING LEVELS

AVEY BHATIA

1 Introduction

1.1 This briefing provides the Trust Board with an overview of the Nursing and Midwifery workforce, excluding Royal Brompton and Harefield Hospitals, for June 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. This includes the Nursing and Midwifery workforce response to COVID-19.

2 Key highlights

2.1 Table 1 outlines the key performance workforce indicators for Nursing and Midwifery mapped against the Trust target with comparison to the previous month's performance.

Key Performance Indicator	Target	May 2021 Performance	June 2021 Performance	Context and actions
Vacancy rate	10%	12.8%	13.0%	Staff in post decreased by 21.2 whole time equivalent (WTE) in month and the budgeted Nursing and Midwifery establishment remain same in month. The overall vacancy rate (including those yet to start) is 6.3%. The Recruitment Team are working on reducing this with the individual Directorates concerned.
				Measures are in place to monitor and reduce agency spend

Agency spend	3.3%	3.1%	3.3%	within the individual Directorates and through the Workforce Team recruitment and retention initiatives.
Annual turnover	12.0%	13.5%	13.9%	The Retention Team are actively working on solutions to reduce this. The monthly turnover rate in month increased by 0.1% to 1%.
Sickness rate	3.0%	4.9%	5.1%	This is monitored through the monthly Directorate Performance Review Meetings.
Personal Development Review (PDR)	95%	81.4%	81.3%	Completion of PDRs was affected by the redeployment of staff in response to the COVID-19 pandemic. Directorates are actively addressing this.
Mandatory training	95%	90.7%	90.8%	This is below the Trust target with Directorate plans formulated to improve compliance.

Table 1

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. Wave two started in November 2020 and the increase in cases was sustained till February 2021 where cases started to decrease and the Trust moved into a second stabilisation and recovery phase. COVID-19 increased during June 2021, with 10 cases as of 30 June 2021 (inpatient wards n=3, maternity n=1 and Critical Care n=6) in comparison to 4 on 31 May 2021.
- 3.2 Third wave deployment preparations commenced with all staff groups requested to identify 5% the workforce for potential deployment to critical care, inpatient or community, identifying any training requirements to support future staff movement.

4 EXPECTATION 1 – RIGHT STAFF

4.1 Evidence Based Workforce Planning

4.1.1 Having the right establishment, and the right staff in post, is essential to ensuring the safe and effective delivery of patient care. The Trust meets this expectation by undertaking twice yearly establishment reviews against which an increase in establishment is substantiated through business planning. Below is a summary of the key Nursing and Midwifery workforce metrics used to monitor performance against this expectation.

Staffing measures	June 2020	June 2021	Difference	Change
Nursing Establishment WTE	7150.00	7181.36	31.36	▲
Nursing Staff in Post WTE	6562.68	6244.25	-318.43	▼
Vacancies WTE	587.31	937.11	349.80	▲
Vacancy rate	8.2%	13.0%	4.8%	▲
Annual turnover	12.2%	13.9%	1.7%	▲
Red Flags raised	4.00	99	95.00	▲
Agency % of Pay bill	1.4%	3.3%	1.9%	▲
Actual v Planned Hrs used	40.7%	86.3%	45.6%	▲

Table 2 – Nursing and Midwifery Workforce metrics

4.1.2 In June 2021 there was a 0.43% growth in establishment and a 4.9% reduction in staff in post when compared to June 2020 (Table 2). This is an extraordinary shift because our response to COVID-19 in June 2020 included employing aspirant and student nurses against the funded establishment thereby inflating performance. The percentage of actual hours used against planned hours increased by 45.6%, in comparison to June 2020 (wave one), and reflects an increase in activity in June 2021 as services returned to normal. Figures 1 and 2 show that performance against this expectation remains stable with the exceptions explained above.

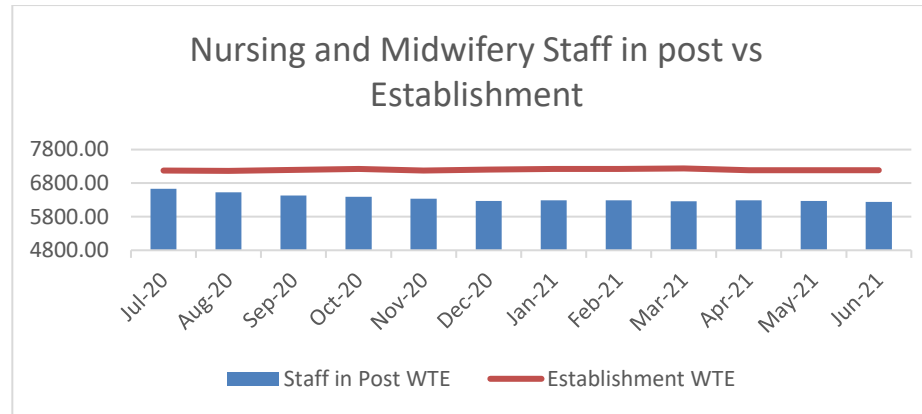


Figure 1

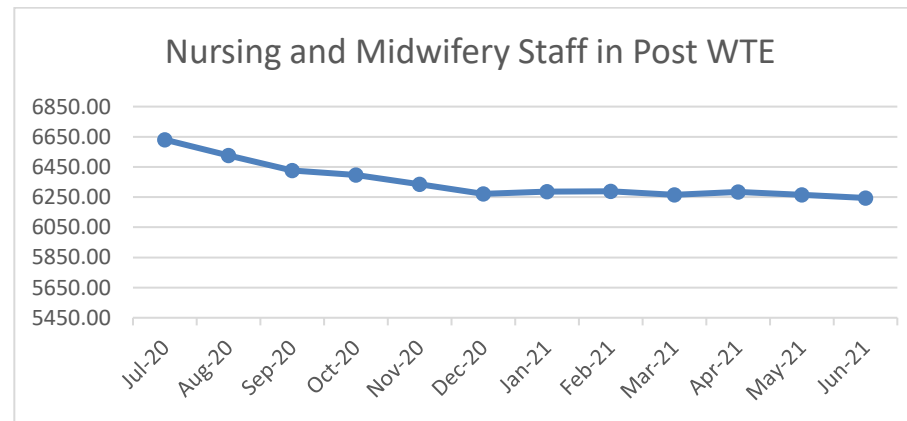


Figure 2

4.2 Recruitment and Retention

4.2.1 Figures 3, 4 and 5 display the trends in three key Nursing and Midwifery workforce metrics where performance ratings are categorised in line the Trust’s targets. The Trust faces some challenges with all three, with a similar picture across the sector, region and nationally.

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- 4.2.2 The Trust continues to drive improvement through local and national initiatives. Of note, digital platforms such as WhatsApp, Skype and Microsoft Teams have been used to maintain recruitment activity throughout the pandemic. International recruitment, as part of Capital Nurse, continued throughout June 2021 with 26 International Nurses commencing within the Trust from January 2021 across Theatres Anaesthetics and Perioperative Directorate (n= 15), Evelina London Children's Hospital Theatres (n= 6) and General Adult Nursing (n= 5). Further nurses are planned to arrive in July (n=17) and August (n=10). The recruitment of final-year nursing students makes up a significant part of the recruitment effort. As a result 223 students, qualifying in September 2021, were offered newly qualified nurse positions within the Trust (non-host students n = 75, host students n =158).
- 4.2.3 Retention activities were maintained throughout June 2021 with a focus on career development and wellbeing. Career and Wellbeing trolley visits became a focus, reaching out to staff in clinical areas.
- 4.2.4 The sickness absence rate in June 2021 was 5.1%, an increase of 0.2% since May 2021. Directorates such as Commercial and Clinical Imaging & Med Physics recorded highest sickness absence rate of 7.3% and 7.0% respectively have small Nursing establishments therefore report higher percentage rates. COVID-19 related absence increased during June 2021. By 30 June 2021 a total of 65 Nurses and Midwives were off due to: shielding, not working from home (n=1), shielding, working from home (n=2), staff experiencing COVID-19 symptoms (n=18), self-isolation, not working from home (n=40), self-isolation, working from home (n=4), carers leave (n=0). Where indicated temporary staffing is used to meet the minimum staffing safety requirements.

Vacancy Rate

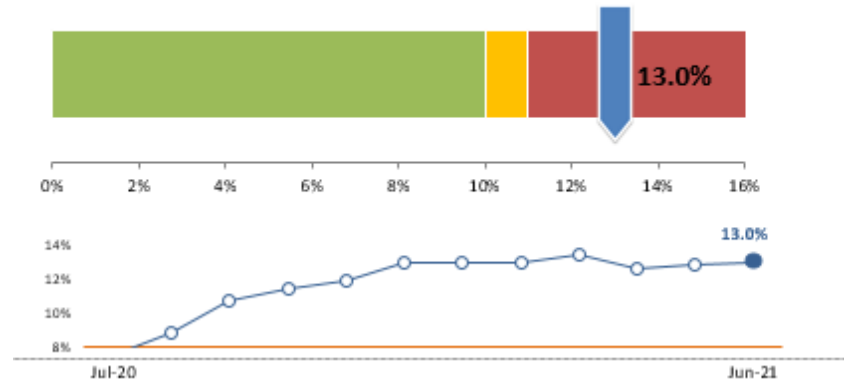


Figure 3

Annual Turnover (voluntary leaving reasons only) Jul 20 - Jun 21

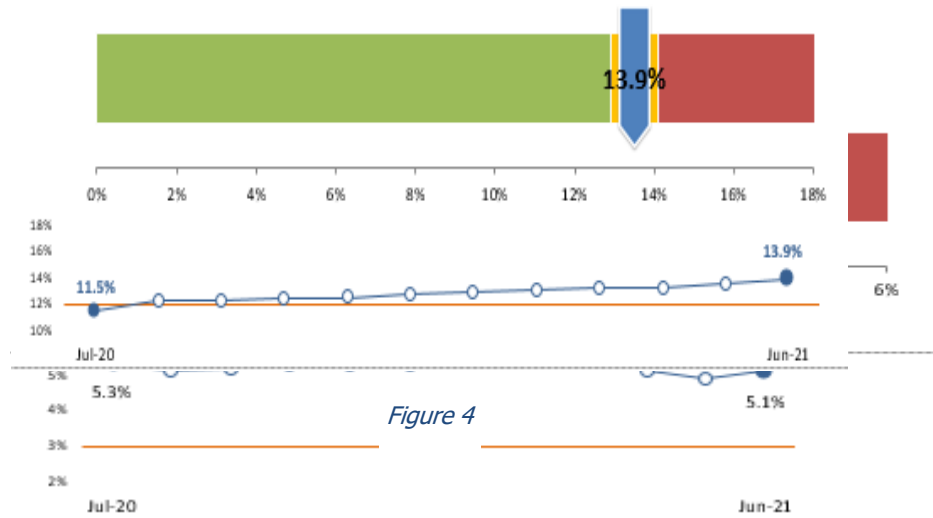


Figure 4

Figure 5

4.3 Activity and Acuity

4.3.1 In June 2021 the Trust had 807 less bed days than the previous month, representing an increase of 12,059 bed days from the same period in 2020 but a reduction of 5,726 bed days when compared to June 2019. This corresponds with the changes in activity associated with the COVID-19 pandemic. Level 1b (heavily dependent or acutely unwell) for 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 2021	7,573	10,082	20,551	1,409	110	39,725	19.1%	25.4%	51.7%	3.5%	0.3%
May 2021	5,765	11,311	22,056	1,276	124	40,532	14.2%	27.9%	54.4%	3.1%	0.3%

Table 3

4.3.2 The average fill rate for registered staff was 81% and 111% for unregistered staff owing to an overall fill rate of 96%. As outlined in Section 4.1, this reflects an increase in activity as the number of COVID-19 cases reduced. The fill rates are not representative of staffing levels. These are anticipated to normalise as the Trust moves into the stabilisation phase of the pandemic.

4.3.3 The Trust average ‘Care hours per patient day’ (CHPPD) was 11.9 for the month of June 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. The peer (Shelford Group) average, benchmarked on Model Hospital was 9.8 in May 2021. This demonstrates the Trust had higher staffing levels providing a greater number of patient care hours when compared to peers.

5 EXPECTATION 2 – RIGHT SKILLS

5.1 Mandatory Training, Development and Education

5.1.1 The Nursing and Midwifery mandatory training compliance (90.8%, June 2021) had a 0.1% increase from the previous month and 1.3% reduction when compared to June 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.

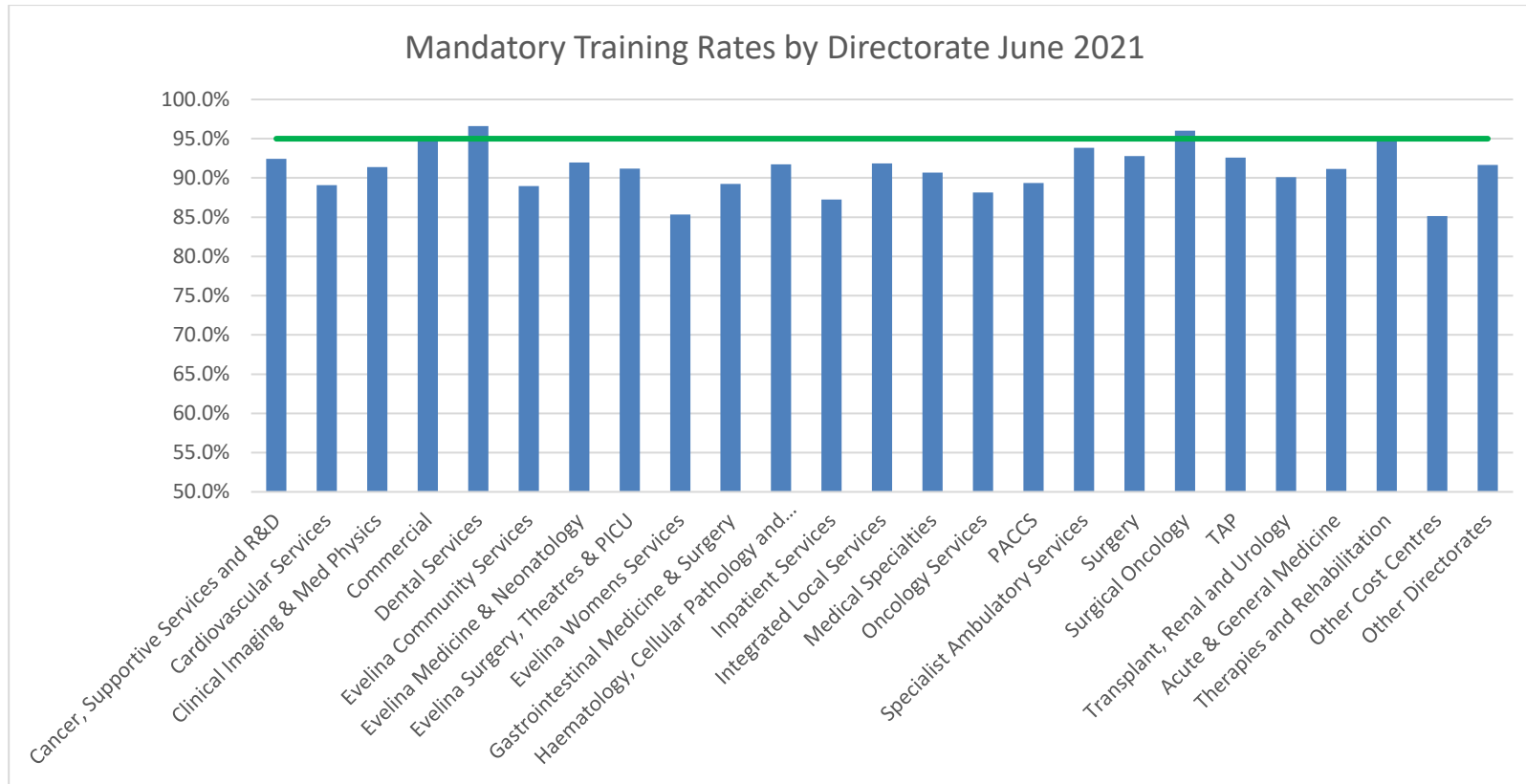


Figure 6 Mandatory Training Rates by Directorate (June 2021)

5.1.2 The Nursing & Midwifery PDR rate (81.3%, June 2021) a decrease of 0.1% from previous month and was 4.0% lower than same period in 2020. Completion of PDRs were affected by the significant staff deployment required to support Trust's response the COVID-19 pandemic. Directorates are actively undertaking PDRs as part of the recovery effort post wave two. Figure 7 demonstrates the breakdown of PDR compliance by Directorate.

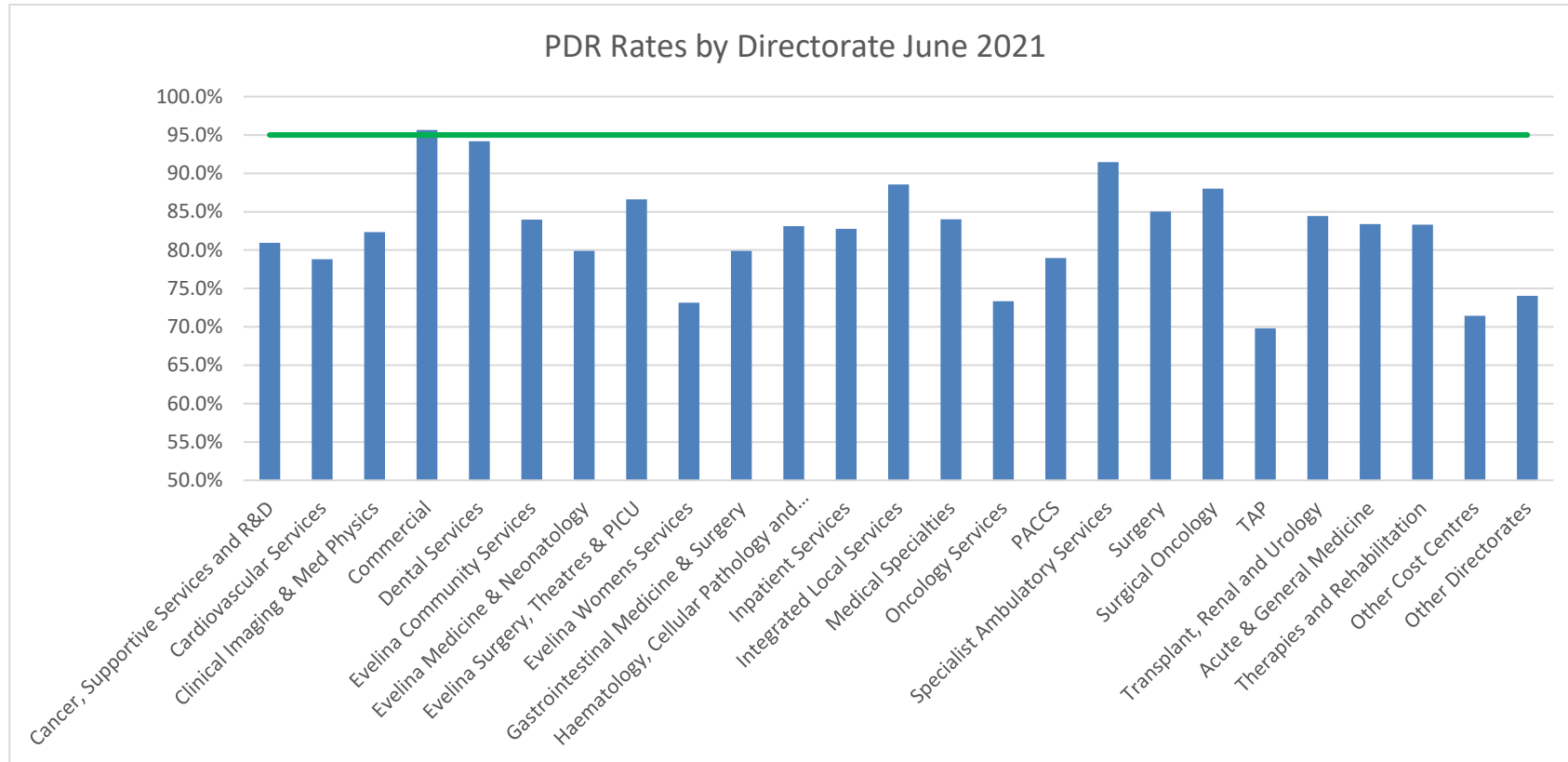


Figure 7 PDR rates by directorate (June 2021)

6 EXPECTATION 3: RIGHT PLACE AND TIME

The Trust meets this expectation because it uses tools to support efficient and effective decision-making around the deployment of staff to meet patient needs.

6.1 Efficient Deployment and Flexibility

6.1.1 Safe Care[®] is used across all adult and children inpatient areas to support the real time visibility of staffing levels across the Trust. The data collected highlights and supports decision making relating to the deployment and redistribution of staff to meet patient needs in other areas.

6.1.2 In June 2021 there was an increase of 41 red flags compared to the previous month (shown in Figure 8), reasons identified increase in staff unavailability and patient enhanced care requirements. All risks were appropriately mitigated, two red flags remain open with no evident cause and was 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.

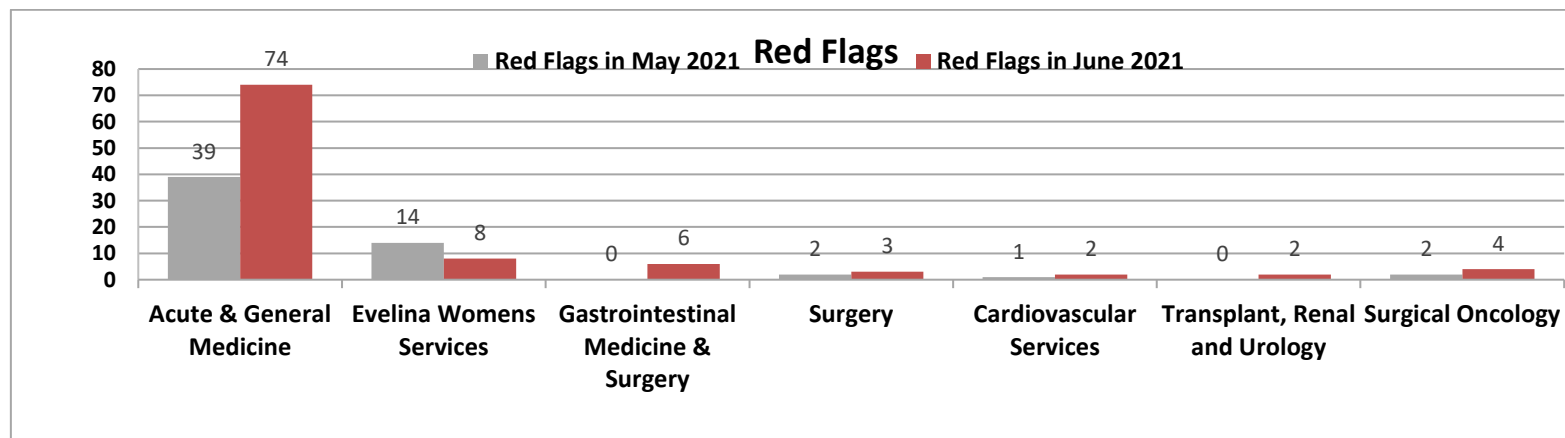


Figure 8 Red flags by Directorate

6.2 Efficient Employment, Minimising Agency Use

Roster reviews take place to support individual Directorates as required. Performance continues to be addressed with the individual areas who have not met the Key Performance Indicators (KPI). Challenge Boards and Annual Roster Reviews are held with all Directorates providing stronger assurance around the systematic approach to providing guidance and support in maintaining a fair, safe and cost-effective roster.

All nursing areas	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	22nd February 2020 to 21st March 2021	22nd March to 18th April 2021	19th April to 16th May 2021	17th May to 13th June 2021
Planned Hours	806,897	841,754	809,983	838,153	819,568	814,132	882,632	892,589	914,674	838,966	817,095	815,215
Actual Hours	620,161	614,810	618,340	640,900	646,773	603,583	567,300	602,701	601,078	587,125	632,274	626,859
Actual CHPPD	11.1	11.0	10.5	12.3	13.2	13.6	12.0	12.4	12.5	12.9	12.1	11.8
Required CHPPD	6.3	6.8	7.1	7.6	7.8	7.8	7.0	6.7	7.0	7.2	7.5	7.6
Additional Duties (No of shifts over budget)	5,000	4,869	4,905	5,036	5,037	5,147	4,602	4,768	4,305	4,265	5,162	5,586
Overall Owed Hours (Net Hours)	281,501	294,997	276,596	289,321	297,961	275,256	404,227	428,799	322,689	249,586	198,885	198,749
Annual Leave % -	12.8%	17.1%	12.5%	12.2%	10.6%	14.8%	16.4%	13.3%	16.4%	18.6%	9.3%	11.8%

Target 11-17%												
Total Unavailability % - Headroom/ uplift Allowance - Target 24%	24.8%	28.5%	25.2%	24.8%	23.8%	27.6%	33.4%	28.0%	29.5%	31.1%	21.2%	24.0%
Roster Approval (Full) Lead Time Days - Target 42 days	29	31	32	34	36	33	37	34	31	32	34	34

Figure 9 KPIs and other key metrics relating to the efficient deployment of staff at Trust level for the specified roster period from July 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 June 2021 was 3.3% of the total Nursing staff pay bill (Figure 9), this is a 0.2% increase from previous month, due sickness, vacancies and RMN requirements where bank could not meet demand. It was 1.4% same period last year. Measures are in place to monitor and reduce agency spend.

Agency Spend

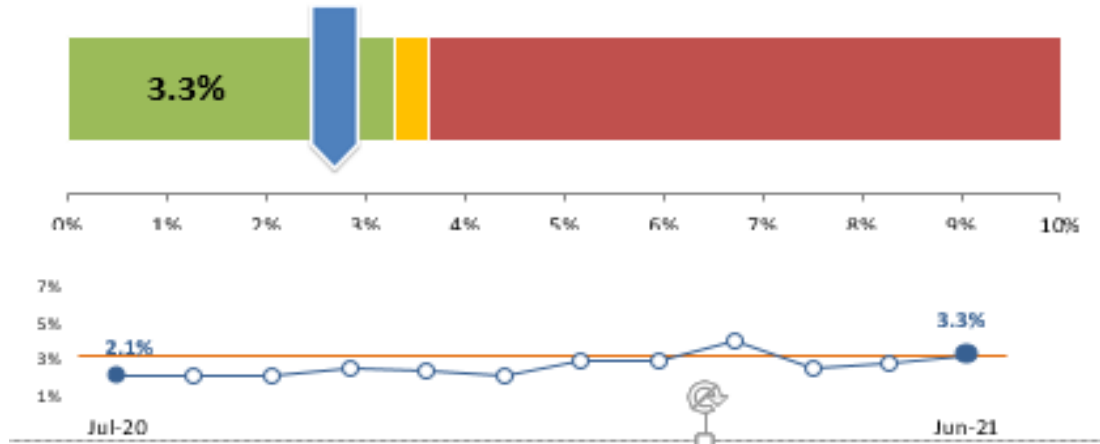


Figure 10 Agency spend (12month rolling period Jul 2020 – Jun 2021)

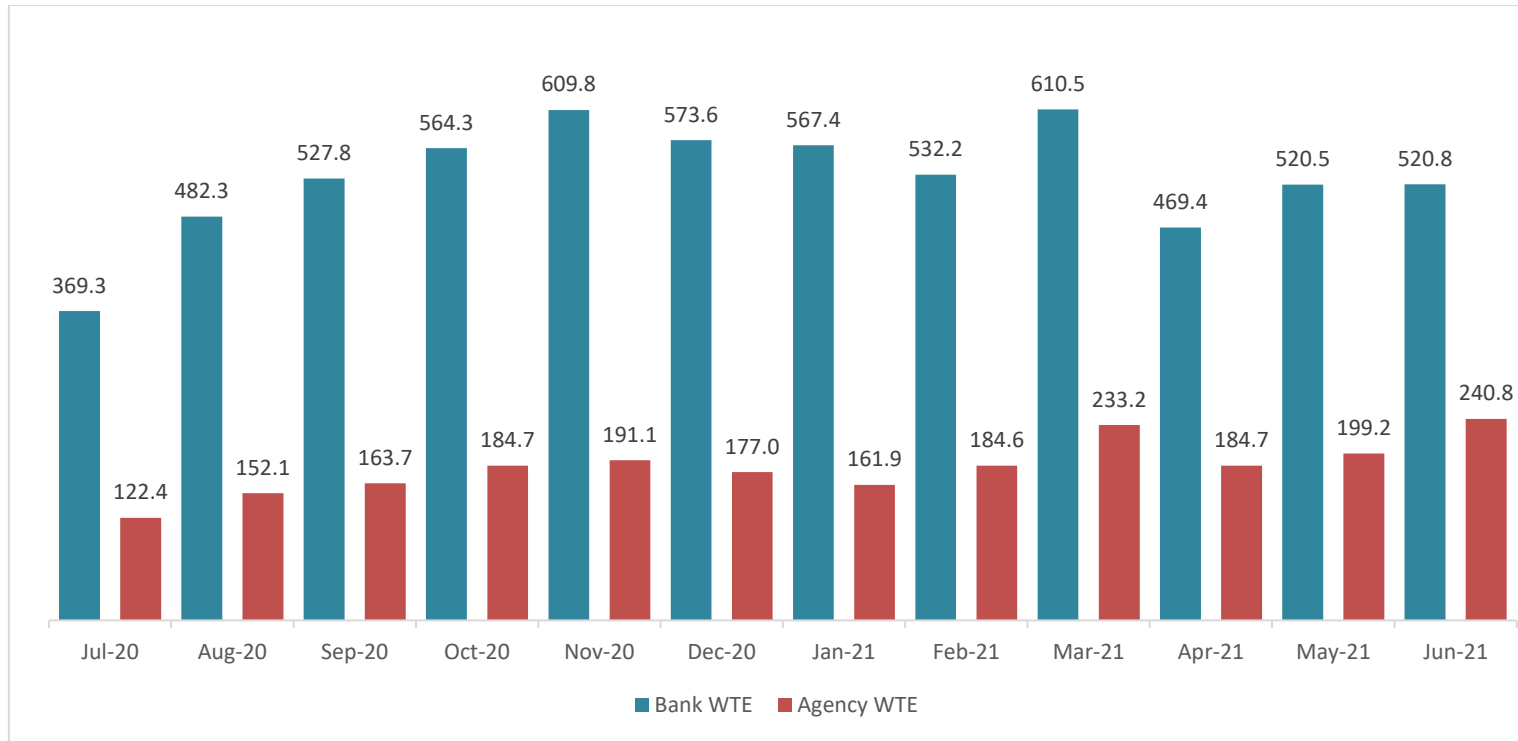


Figure 11 Actual usage of temporary staffing

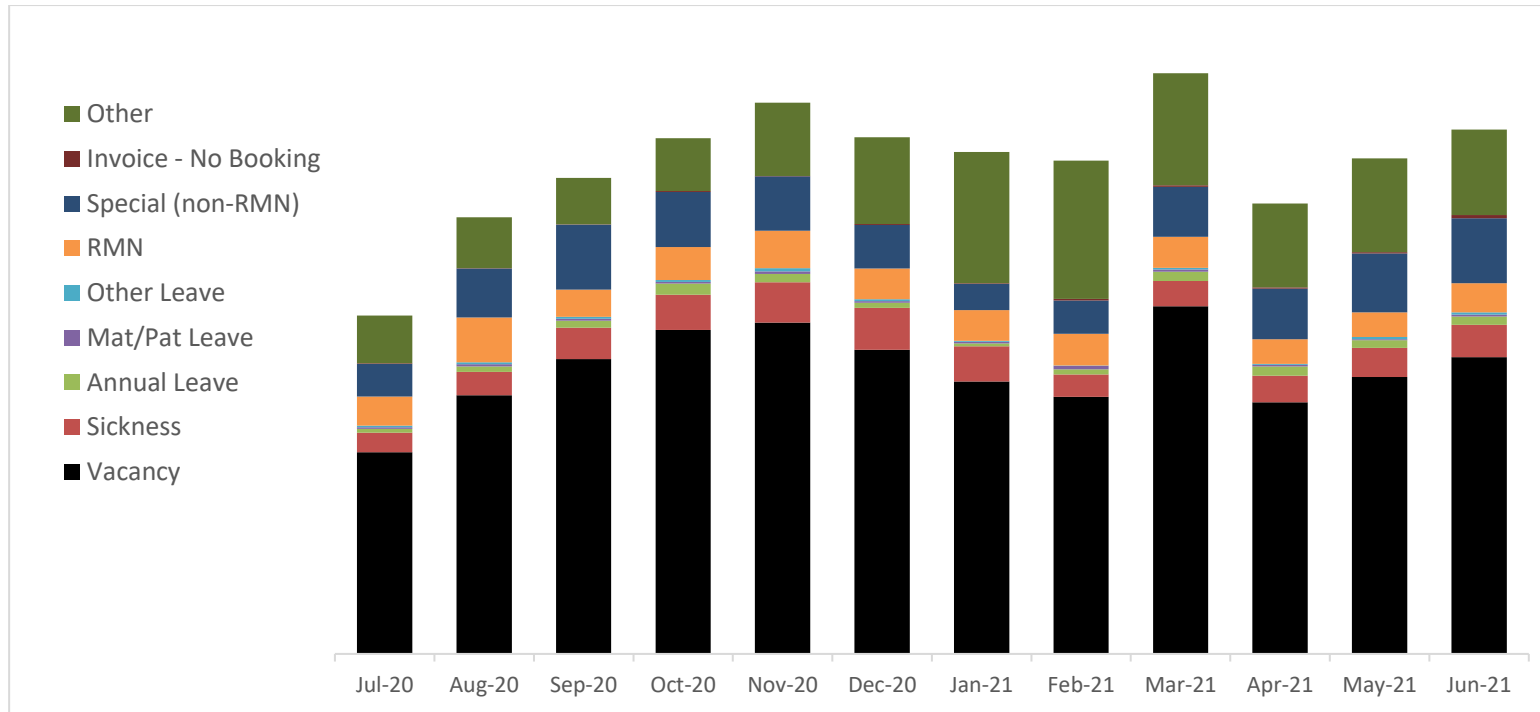


Figure 12 Temporary staffing usage, including the reasons

7 Request to the Board of Directors

7.1 The Board of Directors are asked to note the information contained in this briefing for June 2021.