

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 June 2021 (May 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

This briefing provides the Trust Board with an overview of the Nursing and Midwifery workforce, excluding Royal Brompton and Harefield Hospitals, for May 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

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	April 2021	May 2021	Context and actions
Vacancy rate	10%	12.6%	12.8%	Staff in post decreased by 19.8 whole time equivalent (WTE) in month and the budgeted Nursing and Midwifery establishment decreased by 7.5 WTE in month. The overall vacancy rate (including those yet to start) is 6.4%. The Recruitment Team are working on reducing this with the individual Directorates concerned.
Agency spend	3.3%	2.6%	3.1%	Measures are in place to monitor and reduce agency spend

Key Performance Indicator	Target	April 2021	May 2021	Context and actions
				within the individual Directorates and through the Workforce Team recruitment and retention initiatives.
Annual turnover	12.0%	13.2%	13.5%	The Retention Team are actively working on solutions to reduce this. The monthly turnover rate in month remained same at 0.9%.
Sickness rate	3.0%	5.1%	4.9%	This is monitored through the monthly Directorate Performance Review Meetings.
Personal Development Review (PDR)	95%	78.6%	81.4%	Completion of PDRs was affected by the redeployment of staff in response to the COVID-19 pandemic. Directorates are actively addressing this with marked improvement.
Mandatory training	95%	90.5%	90.7%	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 until February 2021 where cases started to decrease. The Trust moved into a second stabilisation and recovery phase where COVID-19 continued to decrease during May 2021. There were 4 cases as of 31 May 2021 (inpatient wards n=2 and Critical Care n=2) in comparison to 8 on 30 April 2021.
- 3.2 No changes to the Nursing and Midwifery workforce and tactical actions were required during May 2021 in response to the pandemic and work continued to focus on wellbeing support for staff.

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	May 2020	May 2021	Difference	Change
Nursing Establishment WTE	7129.38	7181.31	51.93	▲
Nursing Staff in Post WTE	6426.91	6265.42	-161.49	▼
Vacancies WTE	702.47	915.89	213.42	▲
Vacancy rate	9.9%	12.8%	2.9%	▲
Annual turnover	12.7%	13.5%	0.8%	▲
Red Flags raised	3.00	58	55.00	▲
Agency % of Pay bill	3.0%	3.1%	0.1%	▲
Actual v Planned Hrs used	49.8%	79.8%	30.0%	▲

Table 2 - Nursing and Midwifery Workforce metrics

4.1.2 In May 2021 there was a 0.73% growth in establishment and a 2.5% reduction in staff in post when compared to May 2020 (Table 2). This is an extraordinary shift because our response to COVID-19 in May 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 30%, in comparison to May 2020 (wave one), and reflects an increase in activity in May 2021 as services returned to normal. Figures 1 and 2 show that performance against this expectation remains stable with the exceptions explained above.

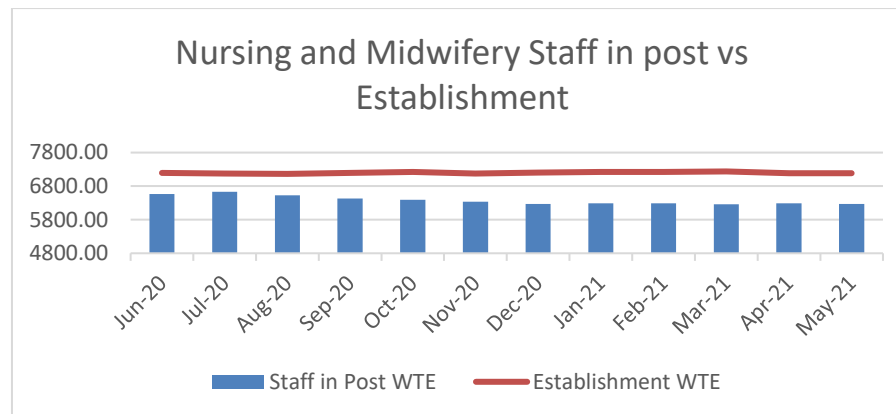


Figure 1

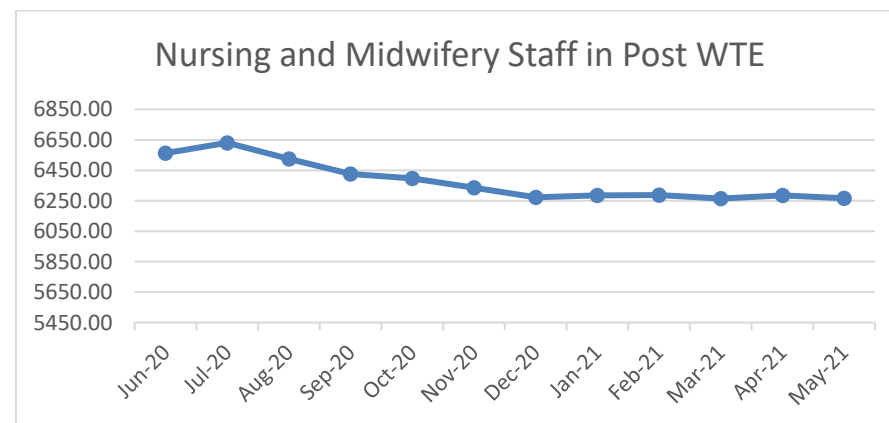


Figure 2

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.
- 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 May 2021 with a total of 23 International Nurses commenced within the Trust since January 2021 across Theatres Anaesthetics and Perioperative Directorate (n= 15), Evelina London Children's Hospital Theatres (n= 5) and General Adult Nursing (n= 3). Further nurses are planned to arrive in June (n=3) and July (n=7). 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 May 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 May 2021 was 4.9%, a reduction of 0.2% since April 2021. Directorates such as Commercial and Clinical Imaging & Med Physics recorded highest sickness absence rate of 7.5% and 6.9% respectively have small Nursing establishments therefore report higher percentage rates. COVID-19 related absence has further declined during May 2021. By 28 May 2021 a total of 28 Nurses and Midwives were off due to: shielding, not working from home (n=2), shielding, working from home (n=8), staff experiencing COVID-19 symptoms (n=12), self-isolation, not working from home (n=5), self-isolation, working from home (n=1), carers leave (n=0). Where indicated temporary staffing is used to meet the minimum staffing safety requirements.

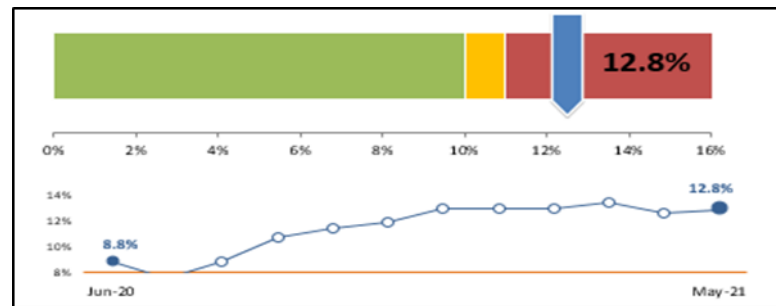


Figure 3 - Nursing and Midwifery vacancy rate

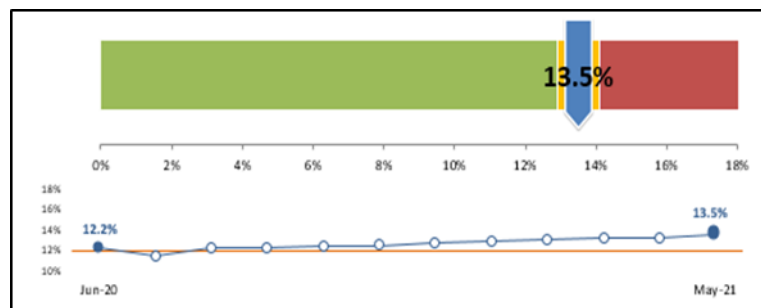


Figure 4 - Annual Turnover (voluntary leaving reasons only)

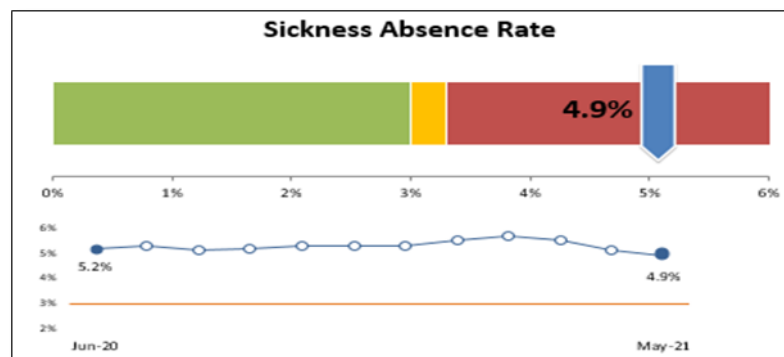


Figure 5 - Sickness rate

4.3 Activity and Acuity

4.3.1 In May 2021 the Trust had 4,863 more bed days than the previous month, representing an increase of 15,268 bed days from the same period in 2020 but a reduction of 7,932 bed days when compared to May 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
May 2021	5,765	11,311	22,056	1,276	124	40,532	14.2%	27.9%	54.4%	3.1%	0.3%
April 2021	5,575	9,347	19,170	1,425	152	35,669	15.6%	26.2%	53.7%	4.0%	0.4%

Table 3

4.3.2 The average fill rate for registered staff was 75.1% and 100.2% for unregistered staff owing to an overall fill rate of 87.6%. As outlined in Section 4.1, this reflects an increase in activity as the number of COVID-19 cases reduced in May 2021. 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 11.8 for the month of May 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 (90.7%, May 2021) had a 0.2% increase from the previous month and 1.2% reduction when compared to May 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.

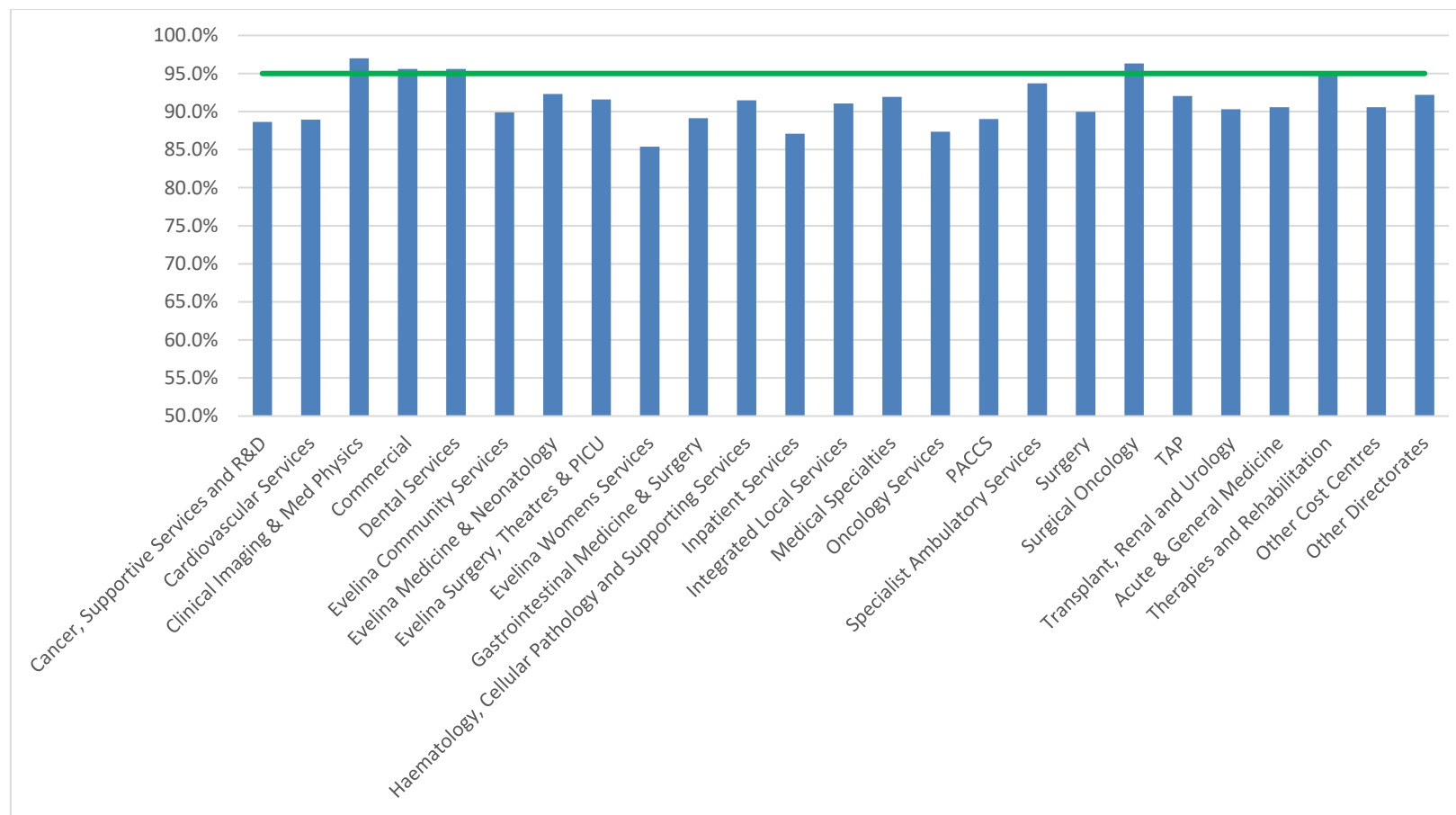


Figure 6 - Mandatory Training Rates by Directorate (May 2021)

5.1.2 The Nursing & Midwifery PDR rate (81.4%, May 2021) increased 2.8% from previous month and was 5.2% 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.

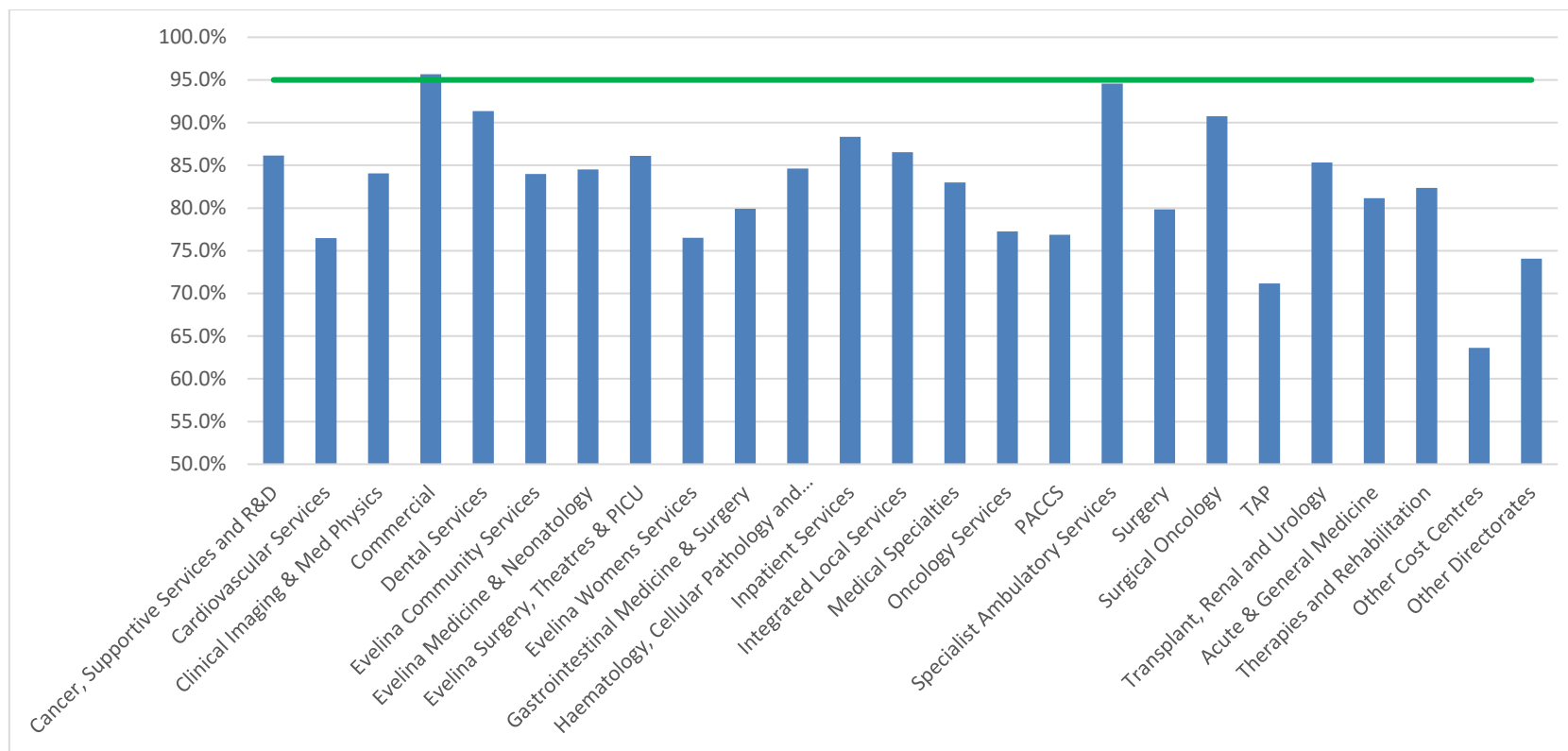


Figure 7 - PDR rates by directorate (May 2021)

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 May 2021 there was an increase of 10 red flags compared to the previous month (shown in Figure 8) of which all were closed with risks appropriately mitigated. 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.

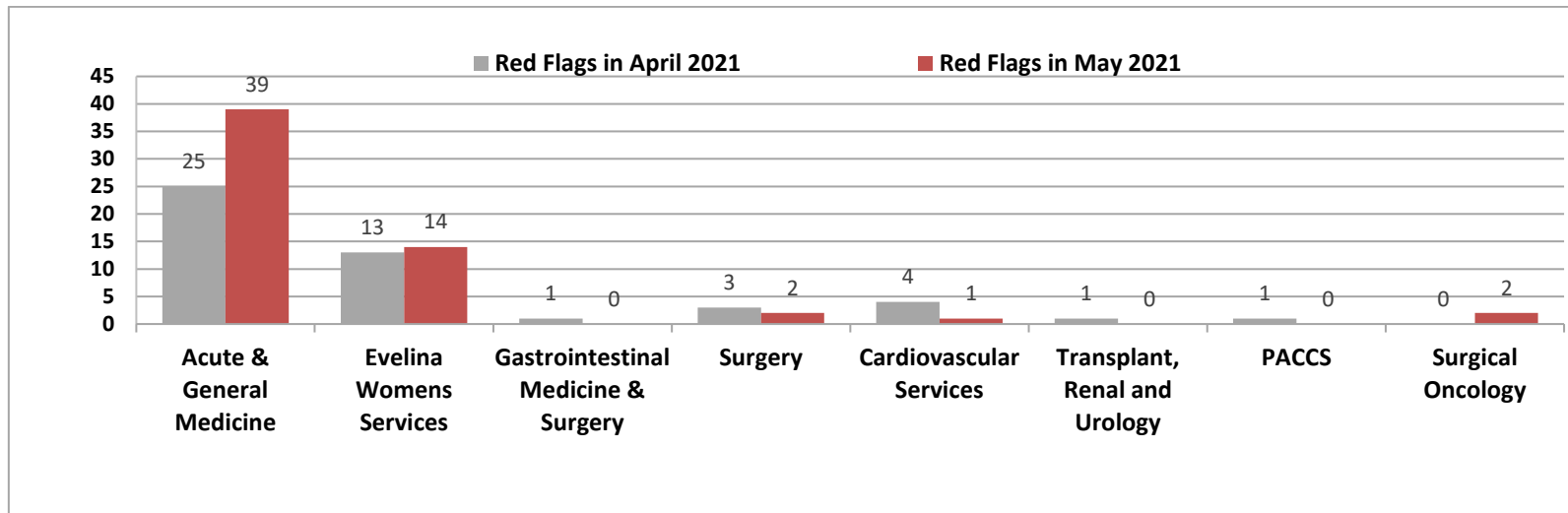


Figure 8 Red flags by Directorate

6.2 Efficient Employment, Minimising Agency Use

- 6.2.1 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	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	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
Planned Hours	1,070,995	813,986	806,897	841,754	809,983	838,153	819,568	814,132	882,632	892,589	914,674	838,966	817,095
Actual Hours	592,722	618,671	620,161	614,810	618,340	640,900	646,773	603,583	567,300	602,701	601,078	587,125	632,274
Actual CHPPD	10.7	11.5	11.1	11.0	10.5	12.3	13.2	13.6	12.0	12.4	12.5	12.9	12.1
Required CHPPD	5.2	5.6	6.3	6.8	7.1	7.6	7.8	7.8	7.0	6.7	7.0	7.2	7.5
Additional Duties (No of shifts over budget)	4,997	5,903	5,000	4,869	4,905	5,036	5,037	5,147	4,602	4,768	4,305	4,265	5,162
Overall Owed Hours (Net Hours)	372,469	324,952	281,501	294,997	276,596	289,321	297,961	275,256	404,227	428,799	322,689	249,586	198,885
Annual Leave % - Target 11-17%	10.8%	9.4%	12.8%	17.1%	12.5%	12.2%	10.6%	14.8%	16.4%	13.3%	16.4%	18.6%	9.3%
Total Unavailability % - Headroom/uplift Allowance - Target 24%	24.0%	22.4%	24.8%	28.5%	25.2%	24.8%	23.8%	27.6%	33.4%	28.0%	29.5%	31.1%	21.2%

Roster Approval (Full) Lead Time Days - Target 42 days	26	29	29	31	32	34	36	33	37	34	31	32	34
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Table 4 - KPIs and other key metrics relating to the efficient deployment of staff at Trust level for the specified roster period from May 2020 onward.

6.2.2 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 May 2021 was 3.1% of the total Nursing staff pay bill (Figure 9), this is a 0.5% increase from previous month, due sickness and vacancies where bank could not meet demand. It was 3.0% same period last year. Measures are in place to monitor and reduce agency spend.

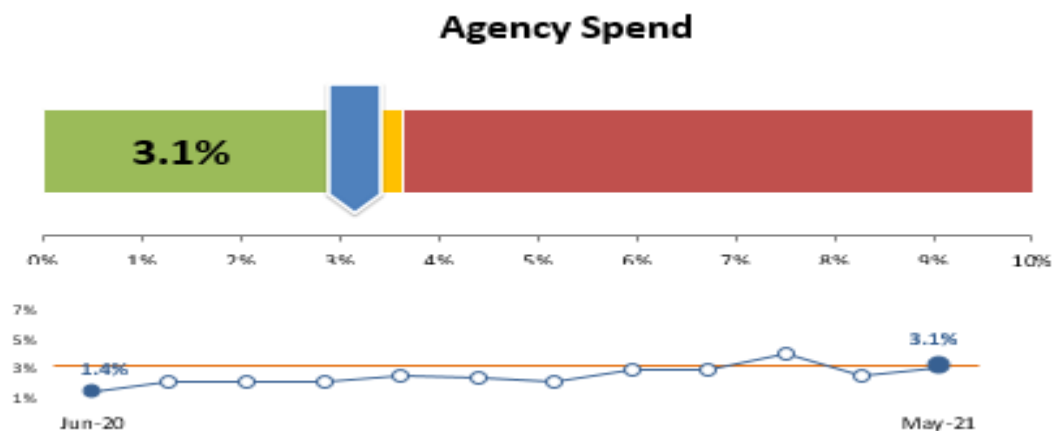


Figure 9 - Agency spend (12 month rolling period June 2020 - May 2021)



Figure 10 Actual usage of temporary staffing

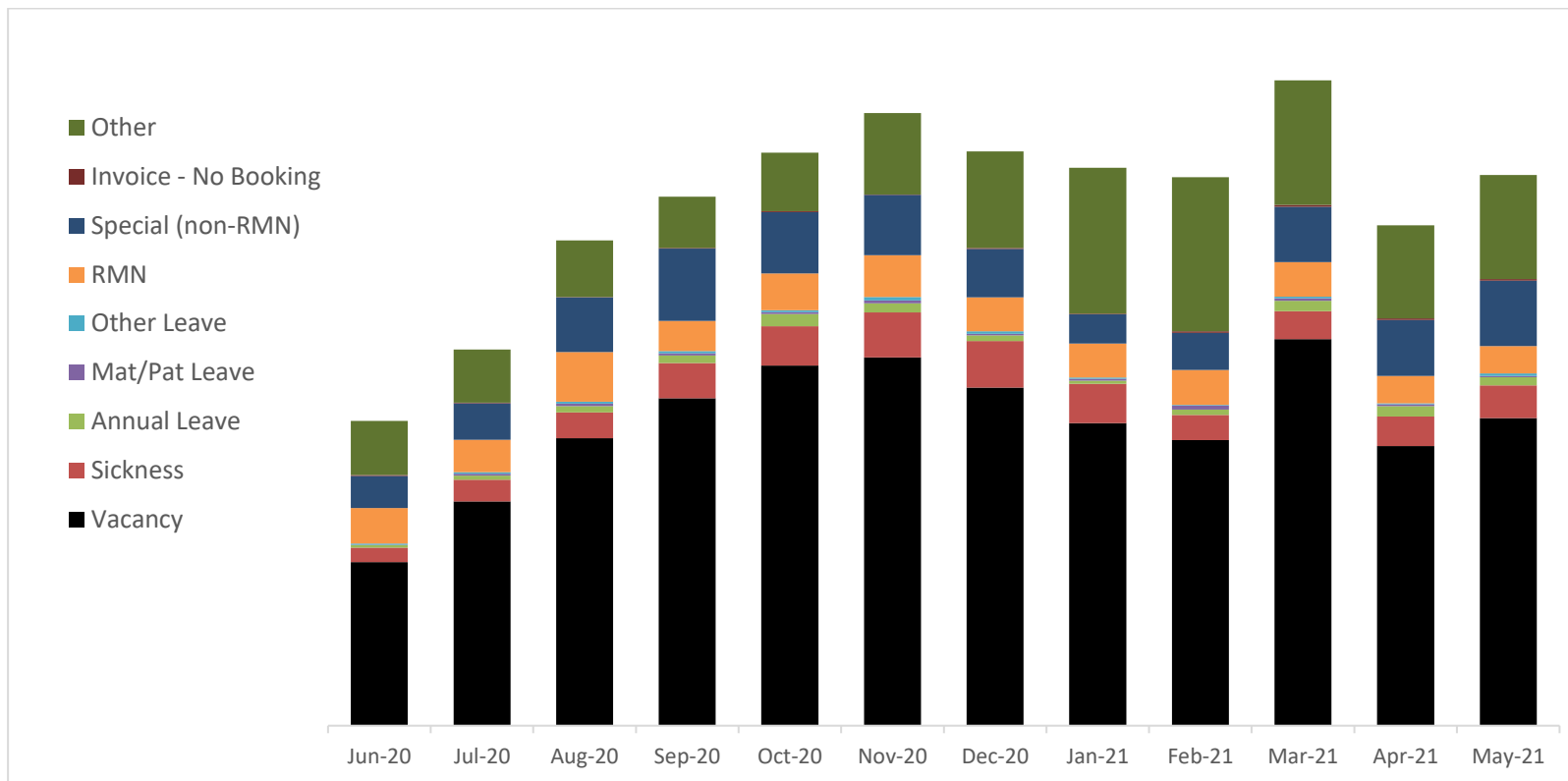


Figure 11 Temporary staffing usage, including the reasons

7 Request to the Board of Directors

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