### GUY’S AND ST THOMAS’ NHS FOUNDATION TRUST
#### QUALITY AND PERFORMANCE COMMITTEE
**WEDNESDAY 24 FEBRUARY 2021**

<table>
<thead>
<tr>
<th>Title:</th>
<th>Monthly Board Briefing of Nursing and Midwifery Staffing Levels for January 2021 (December 2020 data)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Director:</td>
<td>Chief Nursing Officer</td>
</tr>
<tr>
<td>Contact:</td>
<td>Toni Lynch, Deputy Chief Nurse</td>
</tr>
</tbody>
</table>

| 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:
- Vacancy reduction remains a priority

### Recommendations:
The COMMITTEE is asked to:
1. Note the content of the paper
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**

   o The vacancy rate in December was 12.9% representing a 1.2% increase from the previous month. The vacancy rate for the same period last year was 14.3%. The staff in post has decreased by 63.97 whole time equivalent (WTE) in month compared to previous month. The budgeted Nursing and Midwifery establishment increased by 23.41 WTE in month.

   o If the current external applicants were added to the staff in post figure, the overall vacancy rate would be 9.8% which represents 0.9% increase from last month.
The agency spend rate reduced by 0.3% to 2.2%. It was 3.0% for the same period last year.

The annual turnover rate increased by 0.3% to 12.8%. The monthly turnover rate decreased in month by 0.1% from 1.2% to 1.1%.

The sickness rate remained same in month at 5.3%. Commercial and Clinical Imaging & Medical Physics recorded highest sickness absence rates of 9.4% and 6.9% respectively.

Personal Development Review (PDR) compliance rates remained the same at 79.5% as in the previous month. This represents a 3.2% decrease when compared to December 2019.

Mandatory training compliance increased by 0.6% to 91.6%, it was 89.0% 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 from June. During November and December the Trust saw a rise in the number of COVID-19 cases with 289 COVID-19 positive cases on 31 December (inpatient wards n=206, Critical Care n=76, maternity n=7). 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 commenced to protect colleagues and patients by twice-weekly self-swabbed testing using Lateral Flow Device.

The first COVID-19 vaccination POD opened on the Guy’s site on 8 December and was staffed by Registered Nurses and Dental Nurses as part of the wider multi-disciplinary team. This provided vaccination for patients over 80 years of age and staff members. The POD was open 08:00–20:00 hours, 7 days a week. A second vaccination POD opened on 21 December, with a third planned for the beginning of January.
Accommodation was provided for staff, supporting those who were required to change their working hours to support the pandemic response.

- Three surgical wards closed during December 2020 due to reduced activity and the requirement to support further deployment to Critical Care.
- Further surgical wards were converted to medical wards as required during December to meet the growing demand.
- Deployment to community services commenced in December with 5.8WTE nurse being deployed to support District Nursing and community inpatient units.
- Dental services reduced their activity, the dental school closed on 4 December for the Christmas break and only Acute Dental Care and Oncology services remained open at the end of December. This enabled Dental Nurses to be deployed and trained to support the vaccination POD, inpatient wards, community and Critical Care.
- Elective surgical activity reduced in the last week of December with plans to stop all non-urgent elective activity from the beginning of January, enabling further deployment of staff.

### 3.3 Critical Care Capacity and Workforce

The number of patients within Critical Care increased to a total of 116 patients within Critical Care by 31 December. 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 143 beds within the adult Critical Care footprint on 31 December
- Sky Critical Care Unit, based within the Evelina London opened 10 beds to accommodate adult Critical Care patients on 30 December and this was staffed by the Evelina London nursing staff supported by the adult Critical Care Matron team.
- Deployment continued throughout December to meet the rising number of patients in Critical Care with a
total of 62 being deployed by 31 December.

3.4 Tactical Workforce Structure

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

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

Nursing and Midwifery Safe Staffing meetings increased to three times per week at the beginning of December, progressing to twice daily by the end of the month led by the Deputy Chief Nurse or Head of Nursing for Workforce. These meetings ensure the use of resources is safe and efficient across 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 December 2019, figure 1 identifies the growth in establishment (1.1%) compared to the growth of staff in post (2.7%) and figure 3 sets out the growth of staff in post.

The difference between actual versus planned hours has increased to 14.1%. This reflects the continued reduction in activity which mitigates the need to fill all shifts caused by underlying vacancies.
Table 1

<table>
<thead>
<tr>
<th>Staffing measures</th>
<th>December 2019</th>
<th>December 2020</th>
<th>Difference</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Establishment WTE</td>
<td>7122.21</td>
<td>7200.10</td>
<td>77.89</td>
<td>▲</td>
</tr>
<tr>
<td>Nursing Staff in Post WTE</td>
<td>6106.67</td>
<td>6271.92</td>
<td>165.25</td>
<td>▲</td>
</tr>
<tr>
<td>Vacancies WTE</td>
<td>1015.54</td>
<td>928.18</td>
<td>-87.36</td>
<td>▼</td>
</tr>
<tr>
<td>Vacancy rate</td>
<td>14.3%</td>
<td>12.9%</td>
<td>-1.4%</td>
<td>▼</td>
</tr>
<tr>
<td>Annual turnover</td>
<td>13.5%</td>
<td>12.8%</td>
<td>-0.7%</td>
<td>▼</td>
</tr>
<tr>
<td>Red Flags raised</td>
<td>65</td>
<td>250</td>
<td>185.00</td>
<td>▲</td>
</tr>
<tr>
<td>Agency % of Pay bill</td>
<td>3.0%</td>
<td>2.2%</td>
<td>-0.8%</td>
<td>▼</td>
</tr>
<tr>
<td>Actual v Planned Hrs used</td>
<td>88.7%</td>
<td>74.6%</td>
<td>-14.1%</td>
<td>▼</td>
</tr>
</tbody>
</table>

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.

The Recruitment Team continued to recruit with weekly interviews held via various online platforms; WhatsApp, Skype and Microsoft Teams.
In collaboration with the Capital Nurse Consortium, the Trust commenced an International Recruitment campaign to recruit Nurses for theatres to meet existing demand and the future growth of theatre services. The selection process commenced and the first cohort of successful candidates are scheduled to arrive in January 2021 (n=6). An internal Objective Structured Clinical Examination (OSCE) preparation course will be provided in February 2021 to support the candidates with their OSCE examination planned for March 2020.

Retention activities were maintained throughout December with continued focus on staff health and wellbeing initiatives as part of the wider Trust response to the pandemic. An online training package for wellbeing champions is under development with a go live date planned for January 2021.

COVID-19 related absence continues to increase. By 31 December, a total of 246 Nurses and Midwives were off due to: shielding not working from home (n=19), shielding working from home (n=16), staff experiencing COVID-19 symptoms (n=94), self-isolation not working from home (n=101), self-isolation working from home (n=16), carers leave (n=0).

![Figure 3](image1)

![Figure 4](image2)

![Figure 5](image3)
4.3 Activity and Acuity

The number of bed days in December 2020 stood at 38,490 (Table 2). This is 521 less than the previous month and represents a decrease of 7,628 bed days from the same period in 2019 which demonstrates a 16.5% 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.

<table>
<thead>
<tr>
<th>Count of bed days</th>
<th>Proportion of bed days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 0</td>
<td>Level 1a</td>
</tr>
<tr>
<td>December 2020</td>
<td>5,977</td>
</tr>
<tr>
<td>November 2020</td>
<td>6,487</td>
</tr>
</tbody>
</table>

Table 2

The average fill rate for registered staff was 71% in comparison to an unregistered staff average fill rate of 93.0%, with an overall fill rate of 82%. 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 the latest wave of the pandemic.

The Trust average ‘Care hours per patient day’ (CHPPD) was 12.6 for the month of December 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 91.6%. This represents an increase of 0.6% from the previous month and 2.6% increase when compared to December 2019. 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 and the test phase complete. The go live date has been delayed due to licence requirements and is planned for February 2021.
The current PDR rate across the Nursing and Midwifery workforce is 79.5%; this remained the same as in the previous month and 3.2% lower than same time in 2019. Figure 7 demonstrates the breakdown of PDR compliance by Directorate.
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 December 2020, there was an increase by 197 in the number of red flags (n=250) raised by staff highlighting concerns with staffing levels compared to the previous month. Figure 8 shows the distribution of red flags and the comparison to November 2020 (53 Red flags in November, 250 Red flags in December). The significant rise in red flags can be attributed to the rise in staffing requirements within Critical Care and the change to nurse:patient ratios as stated in section 3.3. Staff are encouraged to raise red flags where there may be concerns relating to safe staffing levels.
6.2 Efficient Employment, Minimising Agency Use

Roster challenge boards have currently been suspended due to the operational situation. Roster reviews have taken place to support individual Directorates with planned Roster Reviews and Challenge Boards due to commence in January 2021. There has been a decline in the roster lead time decreasing 33 days in December in part due to staff deployment across the different clinical areas. This continues to be addressed with the individual areas who have not met the Key Performance Indicators (KPI).

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 December 2019 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 December was 2.2% of the total Nursing staff pay bill (Figure 9), this is 0.3% reduction from previous month. It was 3.0% same period last year. Measures

<table>
<thead>
<tr>
<th>All nursing areas</th>
<th>2nd Dec - 29th Dec</th>
<th>30th Dec - 26th Jan</th>
<th>27th Jan - 23rd Feb</th>
<th>24th Feb - 22nd Mar</th>
<th>23r Mar - 19th Apr</th>
<th>20th Apr - 17th May</th>
<th>18th May - 14th June</th>
<th>15th June - 12th July</th>
<th>13th July - 9th August</th>
<th>10th August - 6th September</th>
<th>7th September - 4th October</th>
<th>5th October - 1st November</th>
<th>2nd November - 29th November</th>
<th>30th November - 27th December</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned Hours</td>
<td>407,694</td>
<td>619,744</td>
<td>579,488</td>
<td>769,051</td>
<td>1,086,218</td>
<td>1,087,519</td>
<td>1,070,995</td>
<td>813,986</td>
<td>806,897</td>
<td>841,754</td>
<td>809,983</td>
<td>838,153</td>
<td>819,568</td>
<td>814,132</td>
</tr>
<tr>
<td>Actual Hours</td>
<td>326,340</td>
<td>505,186</td>
<td>613,313</td>
<td>621,891</td>
<td>553,224</td>
<td>602,438</td>
<td>592,722</td>
<td>618,671</td>
<td>620,161</td>
<td>614,180</td>
<td>618,340</td>
<td>640,900</td>
<td>646,773</td>
<td>603,583</td>
</tr>
<tr>
<td>Actual CHPPD</td>
<td>11.1</td>
<td>9.1</td>
<td>9.4</td>
<td>10.1</td>
<td>10.5</td>
<td>10.5</td>
<td>10.7</td>
<td>11.5</td>
<td>11.1</td>
<td>11.0</td>
<td>10.5</td>
<td>12.3</td>
<td>13.2</td>
<td>13.6</td>
</tr>
<tr>
<td>Required CHPPD</td>
<td>7.1</td>
<td>7.4</td>
<td>6.8</td>
<td>6.8</td>
<td>5.2</td>
<td>4.9</td>
<td>5.2</td>
<td>5.6</td>
<td>6.3</td>
<td>6.8</td>
<td>7.1</td>
<td>7.6</td>
<td>7.8</td>
<td>7.8</td>
</tr>
<tr>
<td>Additional Duties (No of shifts over budget)</td>
<td>2,450</td>
<td>5,075</td>
<td>5,134</td>
<td>5,345</td>
<td>5,923</td>
<td>6,020</td>
<td>4,997</td>
<td>5,903</td>
<td>5,000</td>
<td>4,869</td>
<td>4,905</td>
<td>5,036</td>
<td>5,037</td>
<td>5,147</td>
</tr>
<tr>
<td>Overall Owed Hours (Net Hours)</td>
<td>127,675</td>
<td>128,273</td>
<td>172,040</td>
<td>207,405</td>
<td>483,656</td>
<td>613,122</td>
<td>372,469</td>
<td>324,952</td>
<td>281,501</td>
<td>294,997</td>
<td>276,596</td>
<td>289,321</td>
<td>297,961</td>
<td>275,256</td>
</tr>
<tr>
<td>Annual Leave % - Target 11-17%</td>
<td>14.0%</td>
<td>14.4%</td>
<td>13.8%</td>
<td>15.4%</td>
<td>13.9%</td>
<td>7.8%</td>
<td>10.8%</td>
<td>9.4%</td>
<td>12.8%</td>
<td>17.1%</td>
<td>12.5%</td>
<td>12.2%</td>
<td>10.6%</td>
<td>14.8%</td>
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<tr>
<td>Total Unavailability % - Headroom/uplift Allowance - Target 24%</td>
<td>23.4%</td>
<td>28.8%</td>
<td>24.6%</td>
<td>26.6%</td>
<td>38.3%</td>
<td>25.2%</td>
<td>24.0%</td>
<td>22.4%</td>
<td>24.8%</td>
<td>28.5%</td>
<td>25.2%</td>
<td>24.8%</td>
<td>23.8%</td>
<td>27.6%</td>
</tr>
<tr>
<td>Roster Approval (Full) Lead Time Days - Target 42 days</td>
<td>44</td>
<td>44</td>
<td>39</td>
<td>37</td>
<td>34</td>
<td>33</td>
<td>26</td>
<td>29</td>
<td>29</td>
<td>31</td>
<td>32</td>
<td>34</td>
<td>36</td>
<td>33</td>
</tr>
</tbody>
</table>

Table 3
are in place to monitor and reduce agency spend.

Figure 9
Figure 10

Figure 10 highlights the actual usage of temporary staffing in December 2020 in comparison to each month in the preceding year. This is broken down into Bank and Agency WTE.
Figure 11 outlines the total temporary staffing usage, including the reasons for usage in December 2020 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 December 2020. This includes the Nursing and Midwifery workforce response to COVID-19.