

**Board Briefing**



**Guy's and St Thomas'**  
 NHS Foundation Trust

**Board Briefing of Nursing and Midwifery Staffing Levels**

**Date of Briefing**  
 June 2020 (May data)

This paper is for:

Decision	<input type="checkbox"/>
Discussion	<input type="checkbox"/>
Noting	<input type="checkbox"/>
Information	<input checked="" type="checkbox"/>

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ED*	<input type="checkbox"/>	
Board Committee*	<input type="checkbox"/>	
TME*	<input type="checkbox"/>	
Other*	<input type="checkbox"/>	

## 1.0 Summary

This briefing provides the Trust Board with an overview of the Nursing and Midwifery workforce during May 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.

## 2.0 Key highlights

- The vacancy rate reduced to 10.5% in May 2020 representing a 3.1% reduction from the previous month. The vacancy rate for the same month last year was 14.1%. There was a reduction of 26.15 WTE in the budgeted establishment compared to April 2020 and the staff in post increased by 205.27 WTE, primarily due to Student Nurses joining the Nursing workforce as Aspirant Nurses.
- There was an increase in the external pipeline by 36.2 WTE compared to April 2020. If the current external applicants were added to the staff in post figure, the overall vacancy rate would be 4.0%, which represents 3.7% reduction from last month.
- The agency spend rate is 3.0%, this reduced by 0.9% from previous month. It was 4.3% for the same period last year.
- There was a decrease in the monthly turnover rate from 0.9% to 0.4%. The annual turnover rate also reduced by 0.4% to 12.7%.
- The sickness rate increased this month by 0.2% compared to last month to 5.3%. The increase was reflected across 87.5% of the Directorates and includes staff showing symptoms of COVID-19 during the pandemic. Dental services, Clinical Imaging and Medical Physics (CLIMP) and Evelina Community Services continue to record the highest sickness rate with 7.8%, 6.9% and 6.8% respectively, for the second consecutive month.

- The Personal Development Review (PDR) compliance rate decreased by 0.8% this month from 87.4% to 86.6%. This represents 4.4% increase when compared to May 2019.
- Mandatory training compliance went up by 0.6% from 91.3% to 91.9%. It was 86.5% at the same period last year.

### **3.0 COVID-19**

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 this report provides a summary of the key implications for the Nursing and Midwifery workforce and tactical actions taken throughout May.

#### **3.1 Operational Changes Impacting the Workforce**

- Edward Ward closed on 27 May as additional inpatient capacity was no longer required.
- Five cardiovascular wards remain closed and the staff remained deployed in Critical Care and other clinical areas across the Trust.
- The Trust prepared to recommence elective (planned) activity in June 2020. To support this, the Dental Nurses were deployed to the Community Services to undertake COVID-19 swabbing on patients booked for elective day case surgery.
- The inpatient Nursing staff deployed to the Community Services continue to support end of life care and District Nursing Services.

#### **3.2 Critical Care Capacity and Workforce**

As previously reported, the Trust increased its Critical Care capacity which reached its peak during April and declined over the month of May, returning to 1:1 critical care nurse: patient ratio for Intensive Care patients. The decrease in Critical Care bed capacity requirements allowed the following to occur:

- 264 of the 441 Nurses deployed to Critical Care returned to their host clinical area.

- The paediatric Intensive Care Unit (ICU) which was converted to treat adult patients was closed and reopened to paediatric patients. The paediatric ICU staff returned to their paediatric clinical areas.
- The 'turning team', which supported the optimum positioning of patients in ICU was stepped down as the nurse to patient ratio returned to 1:1.
- The Nightingale Hospital at Excel London closed and the 44 staff returned to their host areas at Guy's and St Thomas'.

### **3.3 Tactical Workforce Structure**

The Tactical Workforce Hub continued to meet and coordinate the redeployment of staff back to their host clinical areas. There was a continued focus on staff support and wellbeing. Psychological support services continued to run debrief and reflective sessions with clinical teams.

### **3.4 Pre-registration Student Nurses**

As previously reported, Part 3 (year 3) Student Nurses known as Aspirant Nurses and Part 2 (year 2) Student Nurses who met the required criteria were eligible to join the Nursing and Midwifery workforce within the Trust. The number of Part 3 and Part 2 students requesting to join GSTT continued to increase throughout May and a total of 158 Aspirant Nurses were employed to work clinically, the recruitment process continues and more students are scheduled to join the Trust in June.

## **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 May 2019, table 2 identifies the growth in establishment (7.9%) compared to the growth of staff in post (12.4%) and table 3 sets out the growth of staff in post.

As previously highlighted additional critical care rosters were built with sufficient planned hours to enable staff to be deployed to meet potential super surge requirements with ICU demand. As with last month this has resulted in a very low % of actual v planned hours used in May 2020.

Staffing measures	May 2019	May 2020	Difference	Change
Nursing Establishment WTE	6651.56	7178.38	526.82	▲
Nursing Staff in Post WTE	5716.94	6426.91	709.97	▲
Vacancies WTE	934.62	751.47	-183.15	▼
Vacancy rate	14.1%	10.5%	-3.6%	▼
Annual turnover	14.5%	12.7%	-1.8%	▼
Red Flags raised	93	3	-90.00	▼
Agency % of Pay bill	4.3%	3.0%	-1.3%	▼
Actual v Planned Hrs used	100.1%	49.8%	-50.3%	▼

Table 1

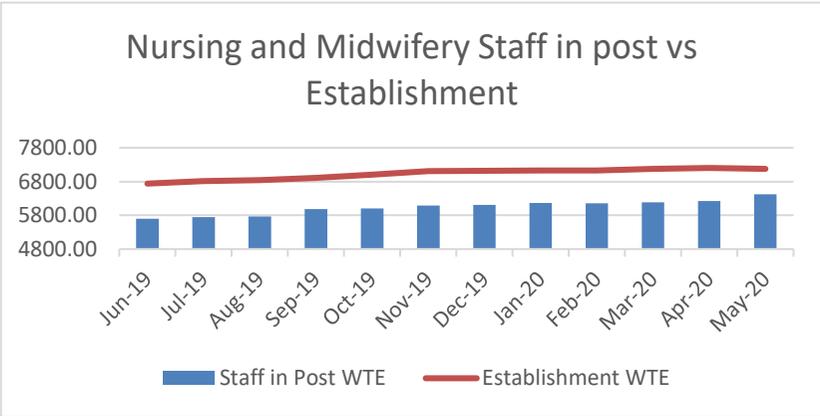


Table 2

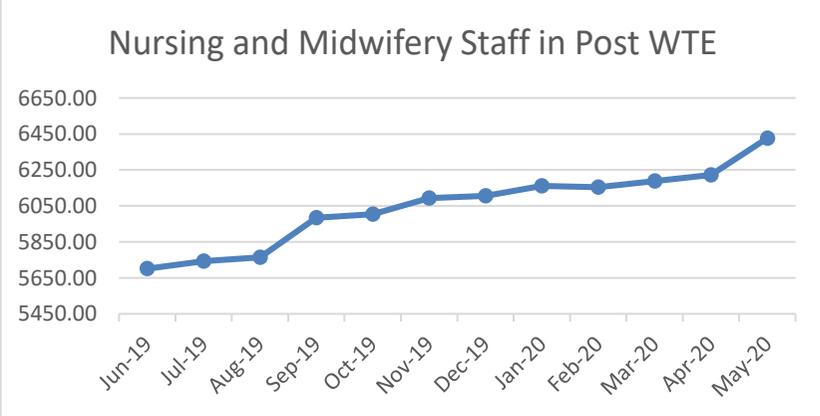


Table 3

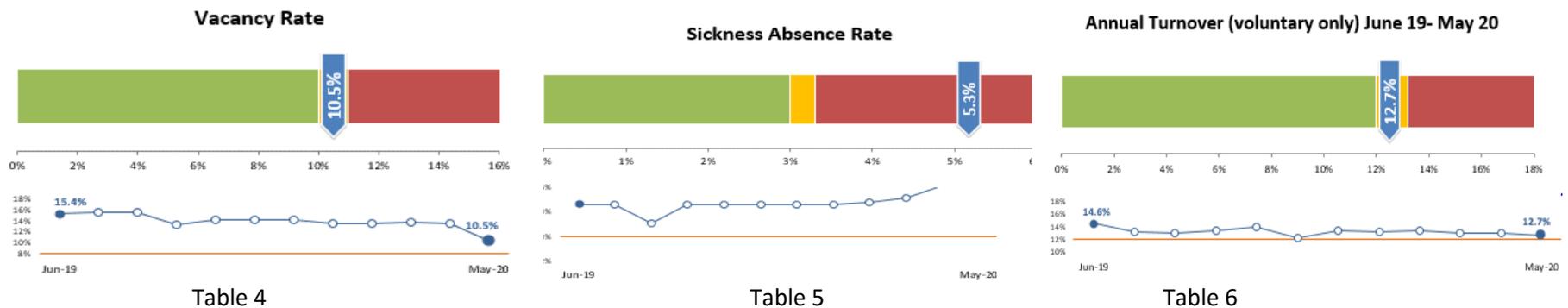
## 4.2 Recruitment and Retention

Tables 4, 5 and 6 display the trends in three key Nursing and Midwifery workforce metrics, namely vacancy, turnover and sickness. All recruitment activity continued during the pandemic and a reduction in turnover has resulted in a decreased in the vacancy rate.

Retention activities were maintained throughout May with continued focussed on staff health and wellbeing initiatives as part of the wider Trust response to the pandemic. These include:

- Psychologists continue working within every ward and department.
- Rest and recharge zones remain open providing a relaxing space for staff including 5 zones across the Community Services. Virtual wellbeing zones commenced for staff unable to access on site services.
- Debrief and reflective sessions for deployed staff commenced in the form of focus groups and telephone reviews.

COVID-19 related absences continued to reduce and by 31 May, 152 Nurses and Midwives were off due to: shielding (n=99), staff experiencing COVID-19 symptoms (n=31), 14 day self-isolation (n=20), carers leave (n=2). This is a reduction of 102 COVID-9 related absences compared to 30 April 2020, however it reflects an increase of 10 staff who are shielding. This is monitored via the Tactical Workforce Hub.



### 4.3 Activity and Acuity

The number of bed days in May 2020 stood at 25,265 (table 7). This is 2,398 more than the previous month and represents a decrease of 23,200 bed days from the same period in 2019 which demonstrates a 47.9% reduction in activity. The data articulates the required reduction in activity as the Trust continues to respond 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					Grand Total	Proportion of bed days				
	Level 0	Level 1a	Level 1b	Level 2	Level 3		Level 0	Level 1a	Level 1b	Level 2	Level 3
May 2020	2,502	5,346	16,159	1,138	120	25,265	9.9%	21.2%	64.0%	4.5%	0.5%
April 2020	1,837	4,952	15,196	809	74	22,868	8.0%	21.7%	66.5%	3.5%	0.3%

Table 7

The twice daily safe staffing meeting implemented in early March and chaired by the Deputy Chief Nurse, reduced to once a day during May to reflect the change in operational requirements. The Senior Nurse weekend rota ceased on 31 May, and operational resilience returned to business as usual.

As previously reported, due to the pandemic, NHSI suspended submission of planned hours versus actual hours and CHPPD until further notice.

## 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 91.9%. This increased by 0.6% from the previous month. As previously indicated, there has been a Trust wide agreement to extend compliance dates for three months, until 30 June, due to current operational situation. Table 8 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 levels of staffing.

All but 3 of the mandatory training modules have been converted to online and the remaining three modules are being converted to a digital platform and are expected to go live in July 2020.

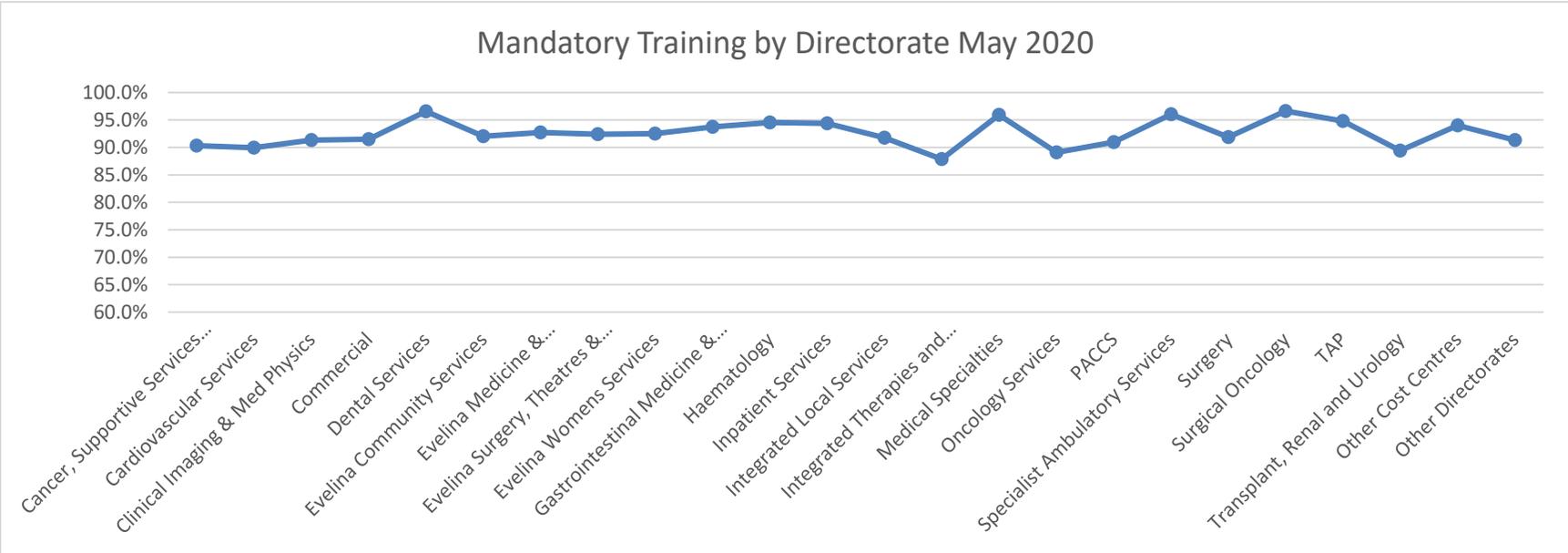


Table 8

The current PDR rate across the Nursing and Midwifery workforce is 86.6%, this is a reduction of 0.8% from the previous month and 4.4% higher than at the month in 2019. As previously indicated, there has been a Trust wide agreement to extend compliance dates for 3 months until 30 June. Table 9 demonstrates the breakdown of PDR compliance by Directorate.

Table 9

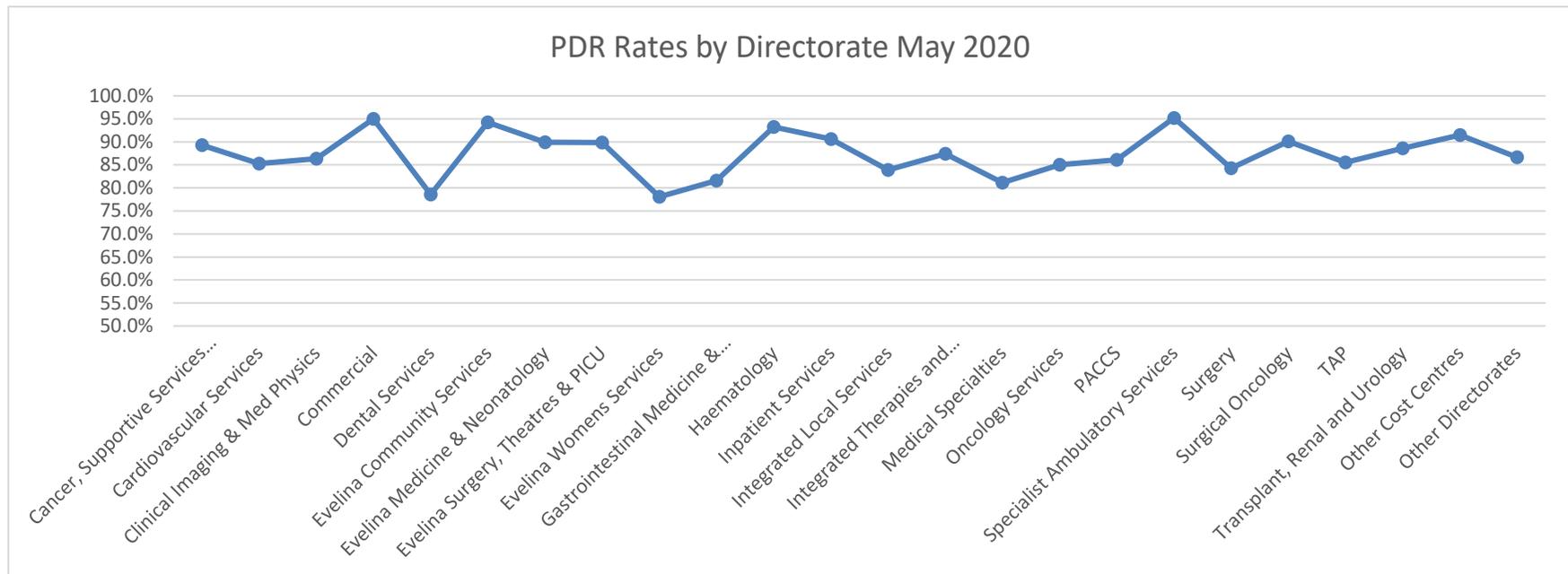


Table 9

## 6.0 EXPECTATION 3: RIGHT PLACE AND TIME

### 6.1 Efficient Deployment and Flexibility

Safe Care across all adult and children's 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 May 2020, there was a reduction of red flags (n=3) raised by staff highlighting concerns with staffing levels compared to the previous month, this may be partly due to the daily staffing meetings which have facilitated deployment of staff to mitigate shortfalls. Table 10 shows the distribution of red flags and the comparison to April 2020 (6 Red flags in April, 3 Red flags in May). Staff are encouraged to raise red flags where there may be concerns relating to safe staffing levels.

Table 10

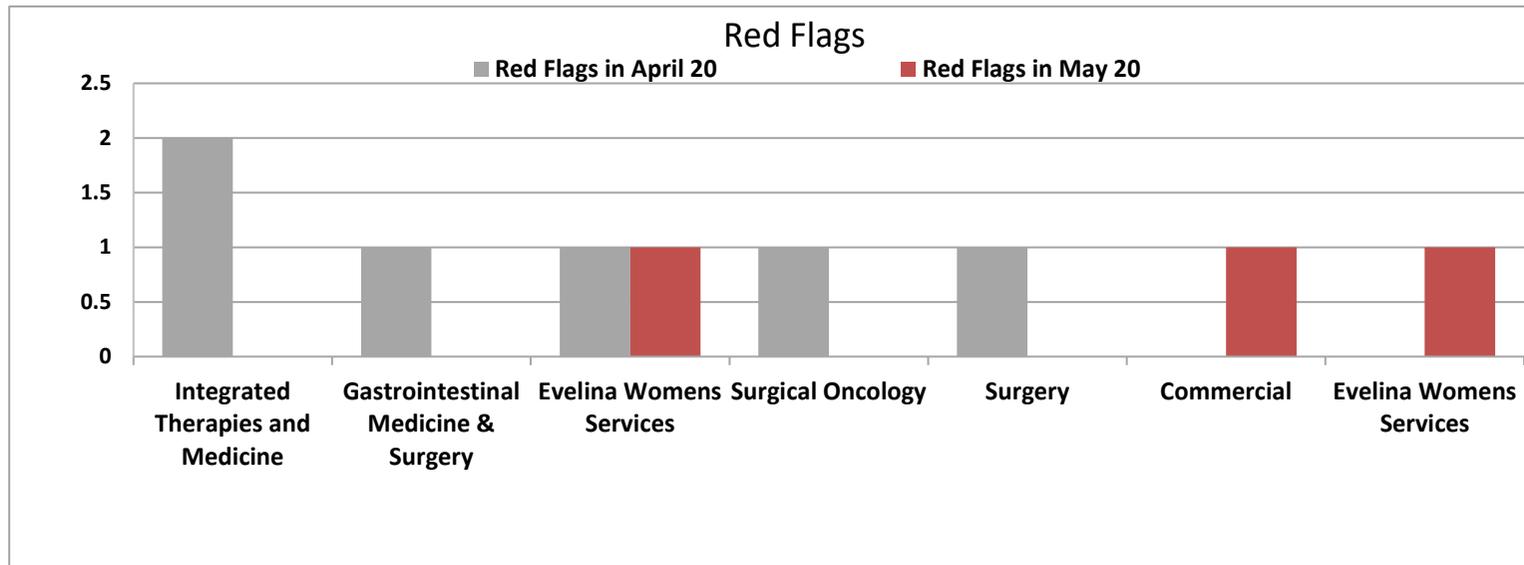


Table 10

## 6.2 Efficient Employment, Minimising Agency Use

As previously reported, roster challenge boards have currently been suspended due to the operational situation. There has also been a significant amount of work undertaken in moving staff across rostered areas as part of the deployment programme. During March and April there have been >800 staff in the Nursing and Midwifery workforce, deployed from their existing area of work to other areas across the organisation. As of 31 May, 414 staff have been redeployed back to their existing area of work due to operational changes and as the Trust moves into stabilisation and recovery phase. There continues to be a slight deterioration in the roster lead time metric over the last 4 months which is being addressed with the individual areas who have not met the Key Performance Indicators (KPI).

	22nd April - 19th May	20th May - 16th June	17th June - 14th July	15th July - 11th August	12 Aug - 8th Sep	9th Sep - 6th Oct	7th Oct - 3rd Nov	4th Nov - 1st Dec	2nd Dec - 29th Dec	30th Dec - 26th Jan	27th Jan - 23rd Feb	24th Feb - 22nd Mar	23rd Mar - 19th Apr	20th Apr - 17th May
<b>All nursing areas</b>														
All Red Flags	73	96	96	118	87	81	42	46	56	46	38	44	13	2
Resolved Red Flags	70	93	90	116	73	73	31	29	49	33	32	26	9	1
Planned Hours	641,592	646,070	711,507	652,685	655,325	665,526	670,407	691,499	407,694	619,744	579,488	769,051	1,086,218	1,087,519
Actual Hours	580,969	581,757	696,731	583,265	565,353	589,519	873,659	613,806	326,340	505,186	613,313	621,891	553,224	602,438
Actual CHPPD	9.8	9.8	11.7	11.8	11.4	16.6	8.9	11.5	11.1	9.1	9.4	10.1	10.5	10.5
Required CHPPD	8.4	8.3	7.3	8.4	8.6	6.8	6.4	7.2	7.1	7.4	6.8	6.8	5.2	4.9
Additional Duties (No of shifts over budget)	5,830	5,626	5,756	5,812	5,844	6,132	5,726	5,486	2,450	5,075	5,134	5,345	5,923	6,020
Overall Owed Hours (Net Hours)	96,125	103,004	113,245	119,384	117,139	138,948	118,325	106,178	127,675	128,273	172,040	207,405	483,656	613,122
Annual Leave % - Target 11-17%	11.5%	12.3%	11.5%	13.9%	17.5%	10.3%	11.3%	10.3%	14.0%	14.4%	13.8%	15.4%	13.9%	7.8%
Total Unavailability % - Headroom/uplift Allowance - Target 24%	23.9%	24.3%	23.4%	23.0%	28.3%	25.1%	27.1%	25.8%	23.4%	28.8%	24.6%	26.6%	38.3%	25.2%
Roster Approval (Full) Lead Time Days - Target 42 days	40	34	23	45	43	40	42	43	44	44	39	37	34	33

Table 11 Roster Key Performance Indicators from April 2019 to May 2020

Table 11 demonstrates the main KPIs and other key metrics relating to the efficient deployment of staff at Trust level for rosters from April 2019 to May 2020. The percentage of annual leave taken through April – May is below the KPI target and reflects staff choosing to cancel planned leave due to work commitments and national lockdown restrictions.

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 was 3.0% of the total Nursing staff pay bill (Table 12). This is a decrease of 0.9% from the previous month. There has been a consistent decrease in agency spend for four consecutive months. Measures continues to be in place to monitor and reduce agency spend.

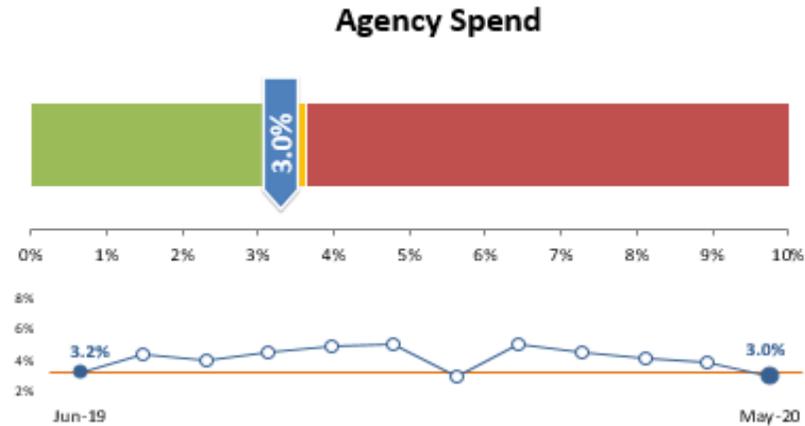


Table 12

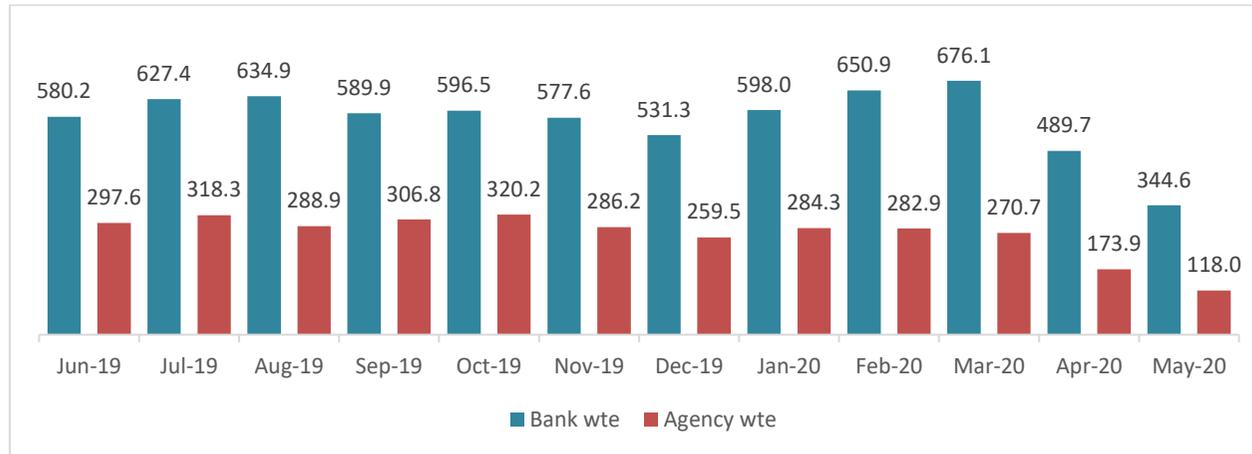


Table 13

Table 13 highlights the actual usage of temporary staffing in May 2020 in comparison to each month in the preceding year. This is broken down into Bank and Agency WTE.

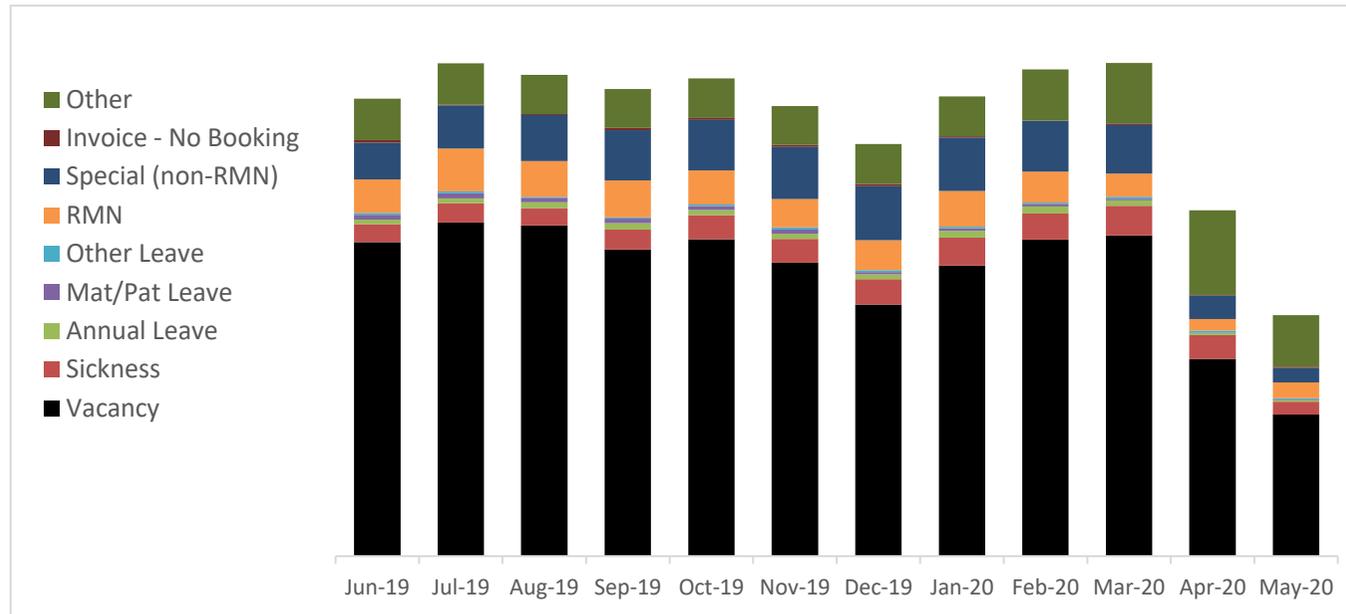


Table 14

Table 14 outlines the total temporary staffing usage, including the reasons for usage.

## 7.0 Request to the Board of Directors

The Board of Directors are asked to note the information contained in this briefing for the month of May 2020. This includes the Nursing and Midwifery workforce response to the COVID-19 pandemic.