Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board **Date May 2020**	
Safe Nurse Staffing Report for reporting period February/March 2020 **Presented by: Alison Robertson, Chief Nurse.** **Prepared by: Marie Boxall, Head of Nursing-Workforce**	**Paper No: Attachment**
Aims / summary This report provides the Board with an overview of the Nursing workforce during the month of February 2020 and March 2020 and is set out in line with the National Quality Board (NQB) Standards and Expectations for Safe Staffing published in 2016 and further supplemented in 2018. It provides assurance that arrangements are in place to safely staff the inpatient wards with the right number of nurses with the right skills and at the right time.	
Action required from the meeting To note the information in this report on safe nurse staffing which highlights actions taken by the nursing teams to assure readiness in March for any increases in activity due to COVID-19 and in response to changes in admission pathways to include general paediatrics (including mental health) from our North Central London partner organisations. There have been no reported safe staffing datix incident reported in February and March The Trust operated within nationally recommended parameters for safe staffing levels in February. Reporting was suspended in March (appendix one).	
Contribution to the delivery of NHS Foundation Trust strategies and plans Safe levels of nurse staffing are essential to the delivery of safe patient care and experience.	
Financial implications Already incorporated into 19/20 Directorate budgets.	
Who needs to be told about any decision? Directorate Management Teams Finance Department Workforce Intelligence	
Who is responsible for implementing the proposals / project and anticipated timescales? Chief Nurse, Director of Nursing and Heads of Nursing	
Who is accountable for the implementation of the proposal / project? Chief Nurse; Directorate Management Teams	

Safe Nurse Staffing Report for reporting period February/March 2020

1. Summary

This report on GOSH Safe Staffing contains information from the months of February and March 2020.This paper provides the required assurance that GOSH had safe nurse staffing levels across all in-patient ward areas and appropriate systems in place to manage the demand for nursing staff. The report also includes measures taken to ensure safe staffing throughout the Trust and during Phase 1 of the Covid 19 pandemic up to the 8th May 2020, during which time the trust also hosted general paediatric and mental health patients from our North Central London (NCL) partner organisations the North Middlesex, Royal Free, Whittington and University College Hospital. The national reporting process for safe staffing was suspended in March 2020 due to the COVID-19 pandemic.

2. Safer Staffing during Covid 19 Pandemic

The coronavirus pandemic has required GOSH nursing staff to work in new ways and in different wards, departments and organisations. At times, it has also required nursing staff to work in environments and with patient groups that may be unfamiliar. We followed NHSE/I principles and Nursing and Midwifery Council (NMC) regulatory guidance to support our response and maintain safe staffing measures.

2.1 Early deployment

GOSH nursing staff were deployed early into unfamiliar clinical areas in a super-nummary capacity prior to any surge in demand. This was to ensure staff received the right training, induction and familiarisation to the new environment and set of processes should they be required to work in a different area.

2.2 Building competence and confidence

All nursing staff have a responsibility to work within their competence, however team-based capability is more important than individual capability. Senior nurses and ward managers were encouraged to think in terms of competences rather than roles. This information was collected at an early stage via an online survey and health rosters updated to enable appropriate redeployment of nursing staff as necessary. As part of the Covid-19 response it was helpful to align the directorates into three main groups – General Paediatrics, Specialist and ICUs. Team and directorate nurse leaders were identified to ensure clear lines of reporting and accountability were in place.

Although nurses brought transferable skills with them into new clinical areas they were also offered upskilling and refresher sessions via the education teams to ensure clinical competence.

2.3 Supervision

All nursing staff working in a new clinical setting are being appropriately supervised by staff experienced in that field e.g. ICUs when delivering clinical care. They all have access to a clearly identified supervisor who is competent to act in that role. The intensity of supervision has been tailored to individual needs (i.e. direct or remote)

2.4 Health and Well-being

A significant raft of measures have been put in place via the Health and Well-being Hub to ensure nursing staff receive support and have access to tools to ensure they are best able to maintain good health and wellbeing. Local support mechanisms are

readily available and resources were also created specifically for those working from home.

As our nursing staff has also spent long periods wearing personal protective equipment (PPE), ward and unit areas have been sufficiently staffed to ensure regular breaks to remove equipment, rehydrate and eat. Skin care packs have also been provided by our Tissue Viability Teams to ensure staff well-being. Nursing staff sickness was well managed throughout February (3.5%) and March (3.6%).

2.5 Rosters

Working patterns were redesigned at an early stage in some directorates with the co-operation of nursing staff to ensure an increased presence of staff at night and out of hours but also to ensure adequate down time. Rosters also factored in the assumption that a proportion of nursing staff might be unavailable due to sickness or self-isolation. In addition to this we have continued to promote adherence to the principles of good rostering and the application of the Working Time Regulations (1998) during the coronavirus pandemic.

2.6 Tracking

The Heads of Nursing have ensured their nursing staff are maintaining up to date rosters and encourage their team leaders to make regular contact with all nursing staff to ensure they are identified and contactable, and their attendance/absence is tracked appropriately and recorded in ESR.

2.7 Returners

The Coronavirus Act 2020 has provided the nursing professional regulator, the NMC with emergency powers to establish a temporary register to those who have left the professional register. In March 2020 this applied to nurses who left the register within the last three years, in April it was extended to overseas nurses who had completed all parts of their NMC registration process except their OSCE and nurses who have left the register within the last four and five years. We did have some enquiries from nurses who had joined the temporary register however as we did not see the surge in demand that was anticipated and these enquiries were redirected to the Bring Back Bureau to redirect this support to our North Central London (NCL) partners where the need was greater. We did however recruit nurses who were returners to GOSH who had previously left for various reasons. Details of these are listed later in the report.

2.8 Aspirant nurses

Nursing students in their final six months of training have been invited to opt into joining the workforce in a paid capacity. On the 4th May GOSH welcomed 61 aspirant nurses all of whom have Newly Qualified Nurse (NQN) conditional offers with us for September 2020. This means we will be able to supplement the workforce over these challenging months of the pandemic, while supporting a smooth transition into their NQN roles in the autumn.

2.9 General Paediatric Patients

Our response included supporting the wider system by accepting general paediatric patients and Covid-19 positive patients. To ensure safe staffing additional support was put in place for the areas admitting these patients including senior staff with

general paediatrics experience, flexing and deployment of staff from other areas to supplement and support existing staff, full provision and fit testing of personal protective equipment (PPE), completion of risk assessments with mitigation put in place as appropriate and twice daily nursing operational huddles to ensure rapid identification and escalation of issues as required.

2.10 Mental Health Patients

The transfer of NCL patients to GOSH bought a new cohort of patients with acute mental health presentations and the use of the Mental Health Act. Working within the NCL network a cohort of Registered Mental health Nursing (RMNs) staff were identified and deployed to GOSH. These nurses in collaboration with the Mildred Creek Unit (MCU) staff are leading on the mental health care of patients with physical health care being provided by registered Children Nurses in a similar model to general paediatrics. Staffing and acuity levels are constantly reviewed, and capacity is determined on the supervision needs of those patients. The nursing staff caring for our mental health patients have a rolling programme of de-escalation training, common law and emergency situation training. Debriefing and staff support are offered each shift and nursing planning meetings allow nurses to raise concerns regarding staffing numbers and patient acuity. Out of hours safety was mitigated through the merger at night of Kingfisher and MCU allowing a senior MCU nurse to oversee the ward, lead on restraint and offer expertise in case management.

3. Temporary Staffing

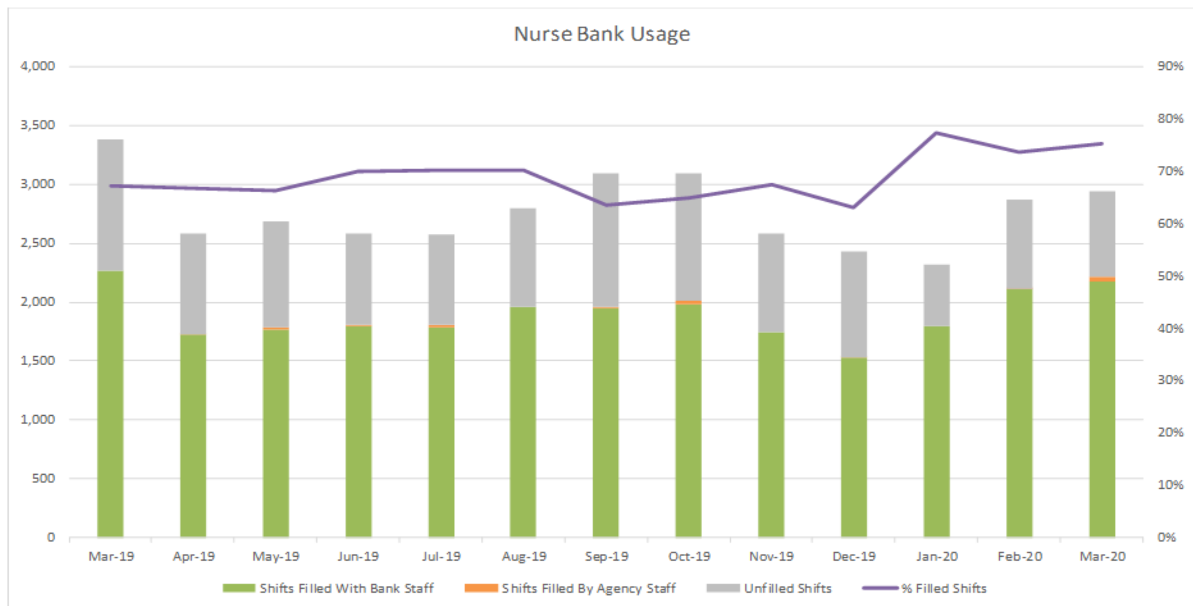

Fig. 4 Temporary staffing fill rate 12 month view

Requested shifts for February increased to 2,866 and further increased in March to 2,940. The fill rate for February was 74% increasing to 75% in March, both of which are above the 12 month average of 69%. In February, there were no agency nursing shifts, however in March; there were 45 agency shifts, all on Koala Ward to provide specialing support to patients. Agency nursing usage in the Trust remains well

controlled. There has been increased scrutiny and review of requested bank shifts since March and it is anticipated that there will be a significant drop in the number of requests over the following months.

4. Incident Reporting

During the reporting period of February and March there were no datix incidents in relation to safe staffing.

5. Nursing Establishment Review

The Children's & Young People's Safer Nursing Care Tool (C&YP SNCT) is an adaptation of the Safer Nursing Care Tool for adult inpatient wards developed in 2006 and updated in 2013 which has been used successfully implemented in many trusts across England. The tool is used to determine nursing establishments based on the acuity of patients.
As an organisation we commenced testing of the tool with the first phase completed in January and the second phase commenced in March however was paused at any early stage due to planning for Covid-19 response taking priority. As teams are currently deployed elsewhere, and wards and new activity aligned to new temporary directorates we will look to defer the next phase of the SNCT scoring to July 2020 once the new ways of working has been established.
The biannual staffing establishment reviews which were due to take place in March were also deferred due to prioritisation of Covid-19 response planning, and will be resumed through May and June, with a report due to go to the next Trust board.

6. Nursing Workforce Assurance Group (NWAG)

The NWAG meeting was paused in March to allow prioritisation of Covid-19 response planning. This meeting will be resumed in virtual form in May 2020.

7. Accuracy of Data

As previously reported in the last Trust Board report, there are concerns over the accuracy of data which is derived from the budget statement provided by Finance and includes SIPS, reserves, recharges, bank and agency. These additional elements are responsible for the current contrasts in vacancy rate reporting, as this is how the vacancy rate has historically been calculated at GOSH. The proposal to resolve these discrepancies and provide a more accurate picture is to adjust to a simpler methodology using Electronic Staff Record (ESR) budgets instead of finance budgets as of April 2020. Unfortunately due to the Covid-19 planning response this work had been slightly delayed but has now recommenced and we have been advised by the Head of Workforce Information that the new methodology for reporting workforce related data should be implemented by June 2020.

Appendix 1

Workforce utilisation

1. Actual vs Planned

Actual vs Planned (AvP) Hours shows the percentage of Nursing & Healthcare Assistant (HCA) staff who worked (including bank) as a percentage of planned care hours in month. The National Quality Board recommendations are that the parameters should be between 90-110%.
In February 2020 the overall fill rate of AvP was 102.1% which is within the recommended range and an improvement on the same month last year. During the day nursing shifts were 109.3% of plan, while HCA shifts were 99.7%. At night nursing shifts were 113.6% while HCA shifts were slightly below the lower range at 89.7% of plan.
At a directorate level, Sight and Sound were the only directorate to exceed the 90-110% range at 113.3% of plan, the Head of Nursing (HoN) has highlighted that this is not an accurate reflection due to an increase in the number of phlebotomy shifts requested with distorts the figures. Blood, Cells & Cancer and the Brain directorate were the only directorates below 100%. The HoN for these directorates has confirmed that this was as a result of reduced activity in BCC which led to the cancellation of bank shifts and redistribution of staff to support other areas. In Brain there was an outbreak of Norovirus and increased demand due End of Life (EoL) care which was mitigated through the closure of beds which maintained safe staffing levels. All other directorates were between 100-110% of plan.
In March, as part of a review of national readiness for COVID-19, the Unify return was suspended. Due to this, and the number of ward and team moves, there is no data available for March 2020. However the Trust implemented a number of planning changes to assure itself of its ability to safely staff wards and meet any expected increase in demand.

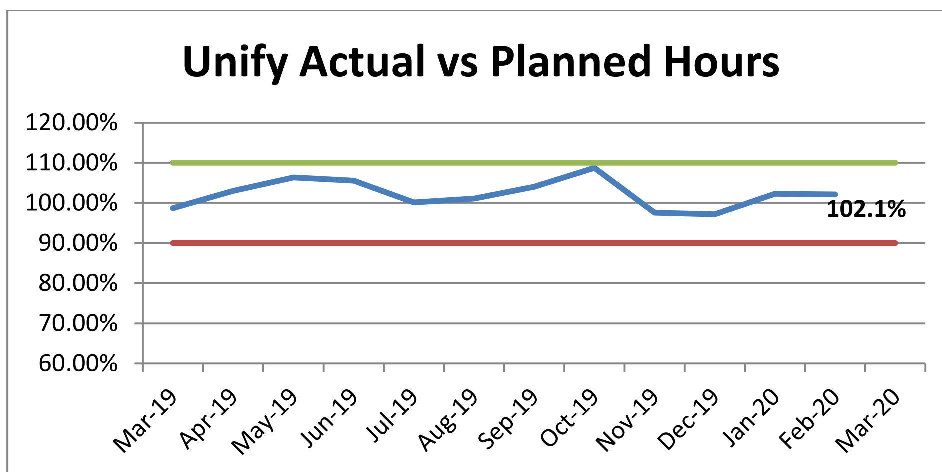

Fig. 1 Actual vs Planned Hours 12 month view

2. Care Hours Per Patient Day (CHPPD)

CHPPD is calculated by adding the hours of registered nurses and healthcare assistants available in a 24 hour period and dividing the total by the number of patients at midnight. CHPPD is reported as a total and split by registered nurses and HCAs to provide a complete picture of care and skill mix and uploaded onto the national Unify system which is published on NHS Choices on a monthly basis.

The reported CHPPD for February 2020 was 13.6 hours, made up of 11 registered nursing hours and 2.6 HCA hours. This is slightly lower than the 12 month average CHPPD of 13.7 hours. The ICUs are excluded from the figures.

As with Actual versus Planned there is no CHPPD data available in March.

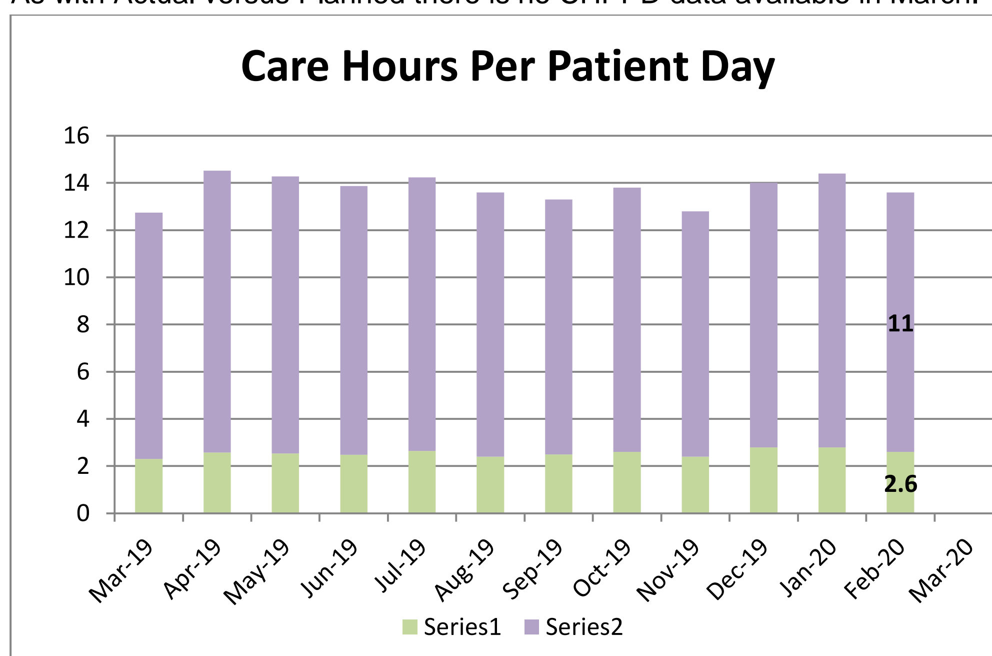

Fig. 2 Care Hours Per Patient Day 12 month overview

3. February & March Workforce metrics by Directorate

Directorate	Actual vs Planned %	CHPPD (exc ICUs)	RN Vacancies (FTE)	RN Vacancies (%)	Voluntary Turnover* %	Sickness %	Maternity %
Blood, Cells & Cancer	95.6%	15.7	16.1	6.9%	12.0%	2.7%	5.7%
Body, Bones & Mind	107.8%	12.3	28.4	11.3%	18.0%	3.0%	7.5%
Brain	92.3%	12.6	7.1	5.6%	12.1%	2.8%	4.8%
Heart & Lung	103.8%	14.0	27.1	5.2%	21.1%	3.9%	5.4%
International & PP	108.9%	14.7	32.4	28.5%	25.1%	5.2%	4.7%
Operations & Images	-	-	11.2	5.5%	12.7%	4.6%	4.8%
Sight & Sound	113.3%	10.6	2.7	4.7%	15.6%	3.2%	3.2%
Trust	102.1%	13.6	100.1	6.2%	16.9%	3.5%	5.4%

February Nursing Workforce Performance
**Relates to all RN grades*

Directorate	Actual vs Planned %	CHPPD (exc ICUs)	RN Vacancies (FTE)	RN Vacancies (%)	Voluntary Turnover * %	Sickness %	Maternity %
Blood, Cells & Cancer	Unavailable	Unavailable	17.1	7.4%	11.5%	2.7%	3.7%
Body, Bones & Mind	Unavailable	Unavailable	25.0	10.0%	17.2%	3.0%	7.7%
Brain	Unavailable	Unavailable	5.9	4.7%	12.2%	2.9%	5.6%
Heart & Lung	Unavailable	Unavailable	24.7	4.7%	21.8%	3.9%	5.7%
International & PP	Unavailable	Unavailable	29	25.5%	23.9%	5.2%	4.5%
Operations & Images	Unavailable	Unavailable	11.1	5.5%	12.0%	4.9%	4.8%
Sight & Sound	Unavailable	Unavailable	1.5	2.6%	13.6%	3.2%	4.9%
Trust	Unavailable	Unavailable	90.8	5.6%	16.6%	3.5%	5.5%

March Nursing Workforce Performance
**Relates to all RN grades*