Trust Board **Date 27th November 2019**	
Safe Nurse Staffing Report for August/September 2019 **Presented by Alison Robertson, Chief Nurse.**	**Paper No: Attachment**

Aims / summary

This report provides the Board with an overview of the Nursing workforce during the month of August and September 2019 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 staffing including:

1. That the Trust operated within recommended parameters for staffing levels in both August and September.
2. The adoption of rostering metrics included in this report to ensure maximum benefit is derived from the implementation of HealthRoster & SafeCare.
3. Work continues to establish an accurate picture of Bank demand.
4. Actual versus planned care hours available are within recommended parameters
5. Care Hours Per Patient Per day continue to be higher than the 2018/19 average
6. Agency utilisation remains very low, overall bank fill rates have increased slightly, although are reduced in the critical care areas due vacancies, skill mix issues and rises in acuity.
7. In August and September there were 4 Datix reports which raised concerns in relation to nurse staffing levels –appropriate escalation and actions were put in place and no harm was recorded.
8. A successful recruitment Open Day was held in October
9. 84 newly registered nurses commenced in September.
10. The mid-year safe staffing establishment review was conducted in October
11. A new safe staffing establishment tool will be piloted in November and implemented in January 2020

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

Currently 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, Director of Education and Heads of Nursing

Who is accountable for the implementation of the proposal / project?

Chief Nurse; Directorate Management Teams

1. Summary

This report on GOSH Safe Staffing contains information from the months of August & September 2019.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.

2. Safer Staffing.

2.1 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 the parameters should be between 90-110%.

In August 2019 the overall fill rate of AvP was 101.1% which is within the recommended range and an improvement on the same month last year. In September the rate was 104.4%. In both months HCA fill rates at night were lower than the recommended minimum %, however Heads of Nursing have verified that despite these lower rates no shifts were unsafe, and local management of available staff resolved any staffing issues.

At a Directorate level, only the International & Private Patients directorate was outside of the recommended parameters in both months, exceeding the 110% upper range.

Unify Actual vs Planned Hours

104.0%

101.1%
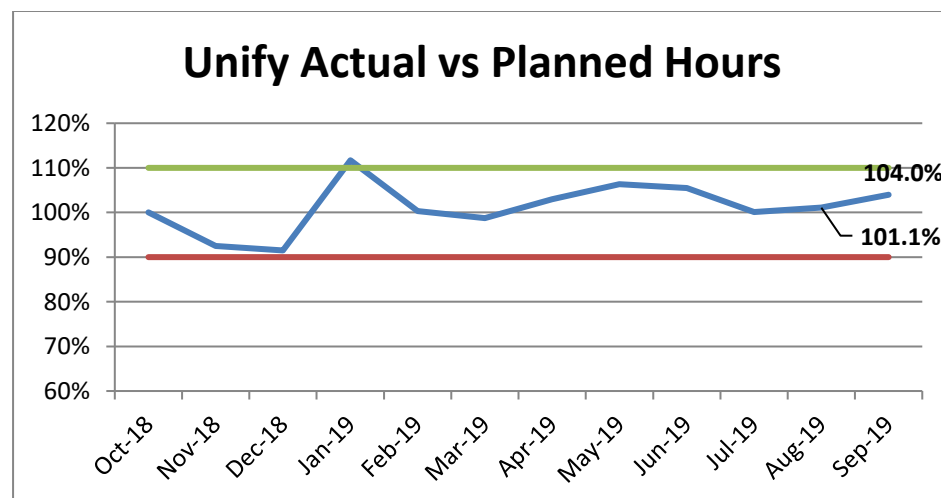
2.2 Care Hours Per Patient Day (CHPPD)

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. CHPPD data is uploaded onto the national Unify system and published on NHS Choices on a monthly basis.

When we report CHPPD we exclude the 3 ICUs to give a more representative picture across the Trust. The reported CHPPD for August 2019 was 13.6 hours, made up of 11.2 registered nursing hours and 2.4 HCA hours. In September, the figure was slightly lower at 13.3 hours (10.8 RN and 2.3 HCA) however both months are higher than the 12 month average of 13.1 total hours. With effect from 1 August 2019 national CHPPD guidance was updated to include a new requirement for Nursing Associates and Allied Health Professionals (AHPs) who are rostered to the in-ward establishment to be included as part of the CHPPD daily data return.

Care Hours Per Patient Day
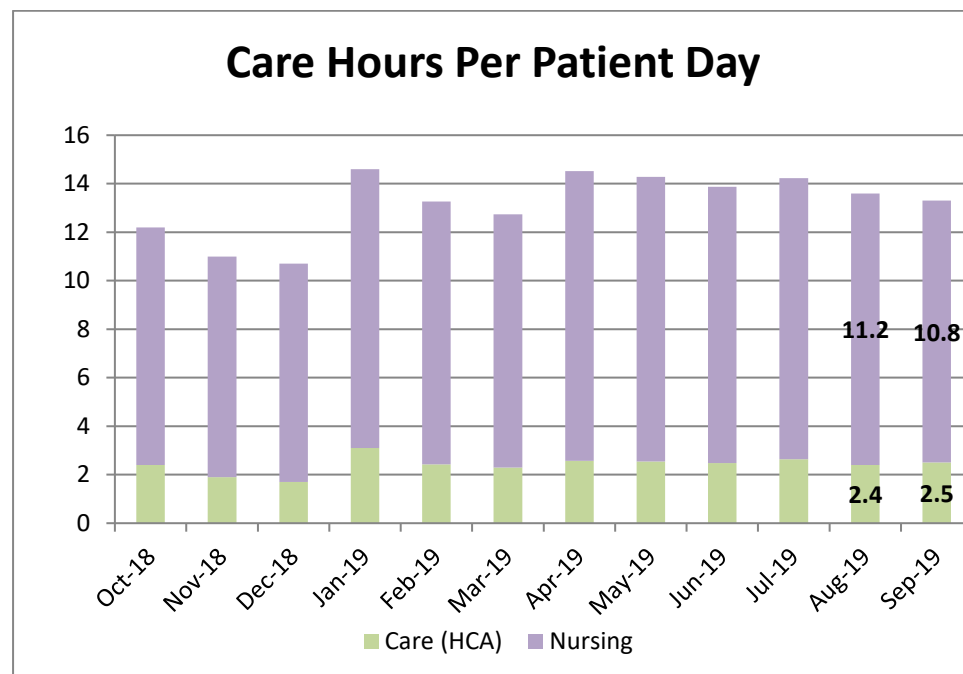
2.3 SafeCare

PANDA assessment on EPR continues to improve with a compliance average of 96% in August and September across inpatient wards. We are working with the EPR team to create a report that shows where PANDA was not complete and work with the senior nursing team to improve this. All outpatient areas will be live on SafeCare by the end of the year – this will include the ability for areas to input patient numbers and task types. The aim is to get SafeCare fully operational by March 2020 and to include all ITUs and Theatres. Working Groups will be organised with the clinical ops team to ensure it is being used operationally in trust bed meetings as a way of supporting safer staffing across the wards by using the feature professional judgement when PANDA acuity is not accurate.
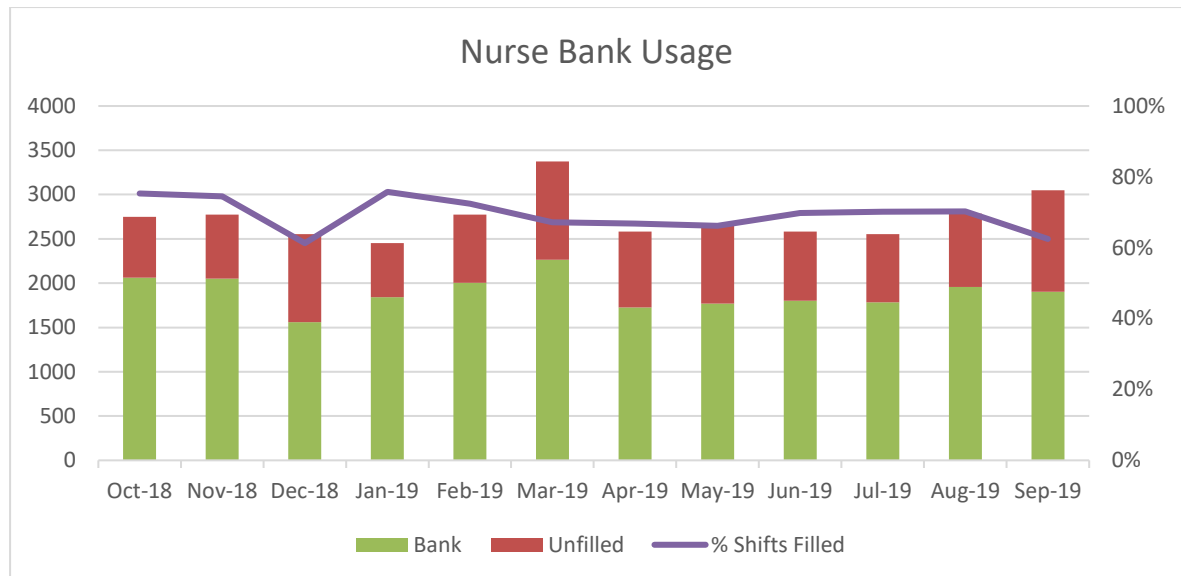
3. Workforce Utilisation.

3.1 Rostering

The Rostering Scorecard measures are shown below. Publication of Rosters in advance was a major focus for Rostering managers in July and August, which is expected to show results from autumn onwards. The reduction in variances between demand templates (amount of nurses to be scheduled to a shift) and the budgeted establishment continues to be addressed with the Heads of Nursing (HoNs) and this metric continues to show improvements. The newly appointed Director of Nursing (Corporate) and HoN for Workforce will be working with senior nurses to improve compliance with the rostering rules and therefore staff experience.

Metric	Target	April Roster	May Roster	June Roster	July Roster	August Roster	September Roster
Advance Publication of a Roster	42 + days	27	28	32	29	42	37
Time Balances in Hrs	Below 12 hours	7.5	8.7	8.1	8.1	9.9	6.4
% Annual Leave Unavailability	15-20%	11.20%	12.20%	11.70%	12.40%	11.70%	12.70%
Demand vs Budget (WTE)	0	116	171	235	109	76.7	31.8
% Staff working fair proportion of night and weekend duties	50%+	46%	43%	43%	40%	42%	38%
Additional Shifts Created	0	991	892	773	843	454	704
SafeCare Utilisation	90-100%	tbc	tbc	99%	100%	100%	99%

3.2 Temporary Staffing

Nurse Bank Usage

Legend: Bank, Unfilled, % Shifts Filled

Months: Oct-18, Nov-18, Dec-18, Jan-19, Feb-19, Mar-19, Apr-19, May-19, Jun-19, Jul-19, Aug-19, Sep-19

Requested shifts increased in both months to above the long term average with 2,786 shifts during August and 3,055 in September (over 200 more than the previous September). Filled shifts in both months were broadly similar to the 12 month average at 1,958 and 1,910 respectively. ICU requests continued to be higher than in previous years which has an impact on their fill rate which is lower than the Trust average at 60% and 50% respectively. The Director of Nursing (Corporate) and HoN for Workforce will be working with senior ICU nurses and bank partners to explore how this may be managed more effectively going forward.

Agency nursing usage in the Trust remains very low. There was no usage in August while there were 8 agency shifts in September, 7 of these in IPP to support short term safe staffing and maintain quality while long term solutions are being sought to address some vacancies.

3.3 Vacancies & Recruitment

The Trust Nursing Vacancy rate for August was 8.6% (140.5 WTE) and had reduced slightly to 8.4% (136.7 WTE) in September. The highest number of vacancies was in IPP (32.5 WTE, 28.7%), Heart & Lung (36.6 WTE, 7.0%) and Body, Bones & Mind (28.8 WTE, 11.5%).

Band 6 vacancies remains above the Trust target and average at 74.3 (13.4%). One of the drivers of the Nursing retention plan is a refresh of strategies around career development which aim to support Band 5 Nurses to progress in their career at

GOSH.

Healthcare Assistants vacancies remain above target (33.49 10.9% in September) The Nursing Workforce team will be reviewing the approach to recruiting HCAs, with a rejuvenated local recruitment drive and clear career progression plans in place to support a 'grow your own' approach to our nursing workforce and make the role more attractive to prospective candidates.

RN Vacancies & Turnover
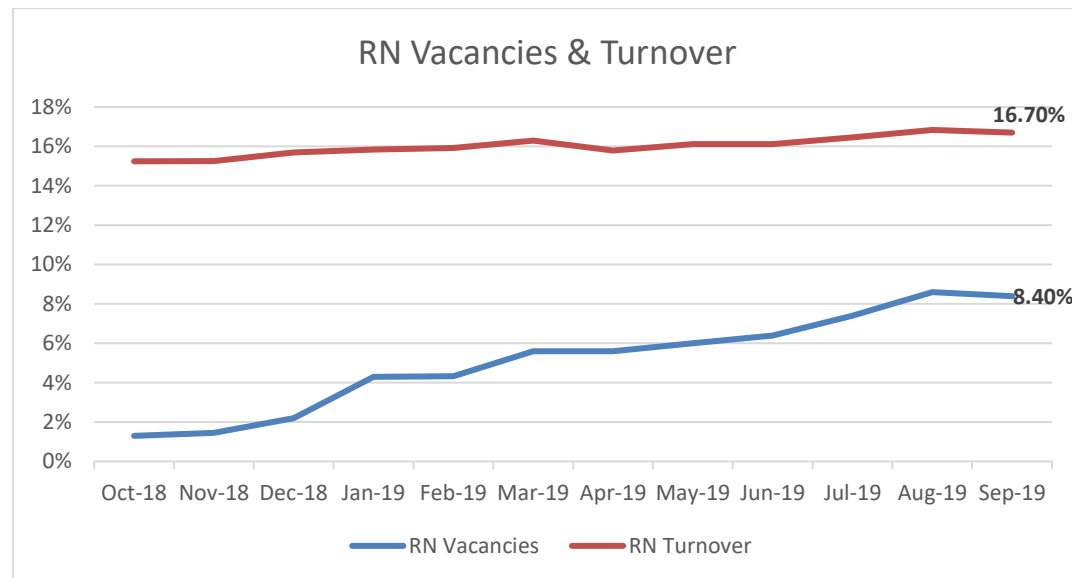
3.4 Retention

As part of the Retention initiative, a proactive approach was taken by the nursing workforce leads, education leads and some Heads of Nursing by supporting Retention Week (28 Oct – 1st Nov inclusive) at the trust. This involved visiting all clinical areas over a four-day period followed by an early morning breakfast to capture night staff on the fifth day. The aim was to engage with a variety of staff in order to gain insight into the what retains them and to build on this and what might risk them leaving and to address this where possible. We also wanted to promote visible leadership and a message of valuing our nursing staff. In addition to gathering useful feedback we also took the opportunity to highlight what benefits, opportunities and support was available to staff which they were not fully aware of. Staff sighted team spirit as their main reason for working at GOSH followed by good work/life balance, internal transfer opportunities, specialist knowledge and career development opportunities. Areas identified for improvement included equity of rostered shifts, career breaks opportunities, childcare and accommodation. The Nursing Workforce Team will incorporate these findings into their future plans and work with GOSH colleagues to explore how we mitigate against these risks.

4. International & Private Patients

Vacancies and Turnover in this area remain high, with a range of measures to support the Directorate having been agreed. These include the appointment of 5 nursing associates (NAs) due to commence in November, followed by an international recruitment campaign in January 2020 to create a pipeline of experienced nurses joining the trust later in the year. During the interim period safe staffing levels will be supported through established lines of agency nurse usage and staff redeployment as necessary.

5. Incident Reporting

5.1 Patient Safety and DATIX

In August there were two reported Datix incidents (NICU and Butterfly) and in September there were two Datix incidents (Butterfly and Panther) all of which identified concerns around nurse staffing levels.
The Heads of Nursing and Patient Experience have reviewed these incidents and have confirmed that there was appropriate escalation with remedial actions put in place to manage the situation. No harm came to any patients in relation to the reported incidents.

6. Bed Closures

GOSH monitors the number of beds that are closed on a daily basis due to poor staffing levels. This can be attributed to a number of reasons; high vacancy factor, short term sickness, increases in acuity/dependency.
In August there were between 24 – 36 beds and in September there were between 27 – 52 beds, closed on a temporary basis. It should be noted that in these two months 10 beds were closed on Hedgehog Ward (IPP) and 6-8 on Sky Ward (Body, Bones and Mind).
In both months between 0 – 9 beds were temporarily closed in critical care (CICU, PICU, NICU).

7. Nursing Establishment
7.1 Safe Staffing Establishment Review
In May 2019 a nursing establishment exercise was completed to identify each of the ward requirements based on the number of established beds, acuity and activity plan

for 19/20 in order to identify the nursing requirements to deliver safe high standards of care, quality care and staff and patient experience. We conduct a review of this establishment at a mid-year point to provide assurance that we are maintaining safe levels and also to review progress against the implementation of recommendations since the last report. A full report has been submitted to the board for assurance.

7.2 Safe Staffing Tool

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 in many organisations. The tool is used to determine nursing establishments based on the acuity of patients. As an organisation we are looking at introducing this evidence based and validated tool to GOSH with a pilot planned for November 2019 and testing of the tool alongside the existing method in January and June 2020 to analysis and validate results prior to full implementation. The tool is described in greater detail within the Safe Staffing Establishment Review Paper which has been submitted to the board.

8. Recruitment

9.1 Newly Qualified Nurses (NQN)

84 NQNs commenced in post in September across a number of clinical areas. They have now completed their induction and will be included in the establishment numbers for our next Trust Board meeting in January 2020.

9.2 GOSH Recruitment Open Day 23rd Oct 2019

The Nursing Workforce Team led a successful and vibrant recruitment day which saw all clinical areas well represented and generated great interest. Over 90 candidates registered an interest of working at GOSH will be followed up by the recruitment lead. Nurse Bank too used the opportunity to recruit a possible 24 candidates who will also be followed up and assessed. A social media campaign promoting the event achieved high engagement levels of over 2,000 views per tweet and reached high profile figures including the Chief Nurse of England who re-tweeted the event. The Nursing Workforce Team plan to actively promote the next Recruitment Open Day Event scheduled for February 2020 from mid-November 2019 to ensure greater attendance and allow for potential candidates to plan ahead. The social media campaign will actively target experienced nurses with a strong emphasis on promoting diversity and inclusivity.

9.3 Capital Nurse Graduate Nurse Guarantee

In addition to our own trust led recruitment we are also participating in the Capital Nurse Graduate Nurse Guarantee initiative which ensures we are working in collaboration with our STP partners and widens our scope to capture the interest of other potential NQNs from additional universities in and around London.

9. **Future Governance Arrangements**

Following the appointment of the new Head of Nursing for Workforce in October, she and the Director of Nursing (Corporate), plan to establish a Workforce Committee to provide oversight, co-ordination and to provide assurance to the board that safe staffing is being maintained. Sub groups of this committee will include a workforce data task and finish group and a workforce challenge and scrutiny group to assist with monitoring activity and to ensure robust plans are in place to maintain a secure recruitment pipeline and improve retention rates. Further details of proposed plans will be provided to the next trust board in January 2020.

Appendix 1: August & September Workforce metrics by Directorate

Directorate	Actual vs Planned %	CHPPD (exc ICUs)	RN Vacancies (FTE)	RN Vacancies (%)	Voluntary Turnover* %	Sickness %	Maternity %
Blood, Cells & Cancer	93.6%	15.0	17.2	7.4%	15.3%	2.7%	3.5%
Body, Bones & Mind	98.1%	12.4	29.2	11.7%	15.9%	2.7%	7.1%
Brain	98.4%	13.1	5.3	4.3%	15.0%	2.5%	6.4%
Heart & Lung	108.8%	16.2	36.5	7.0%	18.7%	3.8%	5.2%
International & PP	115.8%	12.4	31.3	27.6%	27.2%	4.4%	7.2%
Operations & Images	-	-	15.7	7.8%	9.5%	4.7%	2.4%
Sight & Sound	90.9%	11.2	8.2	14.0%	10.7%	3.2%	5.4%
Trust	101.1%	13.6	140.5	8.6	16.8%	3.3%	5.0%

August 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	93.8%	14.7	19.5	8.4%	13.3%	2.8%	3.9%
Body, Bones & Mind	101.7%	12.3	28.8	11.5%	15.1%	2.9%	6.7%
Brain	100.0%	13.2	7.3	5.8%	13.7%	3.4%	7.3%
Heart & Lung	112.3%	14.5	36.6	7.0%	20.1%	3.8%	5.6%
International & PP	130.1%	13.2	32.5	28.7%	23.6%	4.8%	6.6%
Operations & Images	-	-	13.2	6.5%	11.6%	4.7%	4.5%
Sight & Sound	85.2%	9.1	5.6	9.6%	11.9%	3.2%	6.6%
Trust	104.0%	13.3	136.7	8.4%	16.7%	3.4%	5.5%

September Nursing Workforce Performance
*Relates to all RN grades