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Trust Board
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Trust Board
Date 1st April 2020

Safe Staffing Report for December 2019 & January 2020	**Paper No: Attachment**
Presented by: Alison Robertson, Chief Nurse.	

Aims / summary

This report provides the Board with an overview of the nursing workforce during the month of December 2019 and January 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 staffing including:

1. The Trust operated within recommended parameters for staffing levels over the reporting period.
2. Actual versus planned rate in December 2019 was 97.2% and in January was 102.3%, both of which are within acceptable parameters.
3. The reported CHPPD for December 2019 was 14.0 hours; in January 2020 the figure was slightly higher at 14.4 hours.
4. There is an improving picture across rostering compliance however additional actions are outlined within the report to progress and sustain.
5. Nurse bank usage - requested shifts for December reduced to 2,431 and January reduced further to 2,311. The fill rate for December was 63% while it increased in January to 77%.
6. The Trust nursing vacancy rate for December was 6.2% (100.7 WTE) and reduced to 5.6% (90.8 WTE) in January.
7. There are concerns over the accuracy of data which is derived from the budget statement provided by Finance rather than ESR. It is proposed that this will be changed from April 2020.
8. New recruitment pipelines are being established to improve the diversity and sustainability of the nursing workforce.
9. A revised and updated retention plan will be submitted to PEAC in May 2020.
10. There were a total of 13 datix incidents in relation to safe staffing during the reporting period.
11. In December there were between 46 -104 beds and in January there were between 31 – 49 beds, closed on a temporary basis. This includes 10 beds on Hedgehog
12. The biannual staffing establishment reviews are taking place this month with a full report to be submitted to the next trust board.

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 (Corporate) and Heads of Nursing

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

Chief Nurse; Directorate Management Teams

Safe Staffing Report - April Trust Board

1. **Summary**
   This report on GOSH Safe Staffing contains information from the months of December 2019 and January 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 measures in place to maintain this through recruitment and retention activity.

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 December 2019 the overall fill rate of AvP was 97.2% which is within the recommended range and an improvement on the same month last year. In January the rate increased to 102.3% which is within the recommended range but lower than the same month last year.
   At a directorate level, the Brain directorate was below the lower limit in both months (88.5% and 89.7% respectively), the reasons for this were explored at the Nursing Workforce Assurance Group Meeting (NWAG) and was attributed to a Norovirus outbreak during this period which impacted on staffing levels however measures were but in place to ensure safe staffing levels were maintained. Sight & Sound directorate exceeded the upper range in December (128.7%) when explored this was attributable to phlebotomy shifts being inaccurately included which distorts the figures. This has been highlighted to the Workforce Information team to address. The International & Private Patients Directorate marginally exceeded in January (110.9%) this was attributable to pre booked bank lines.
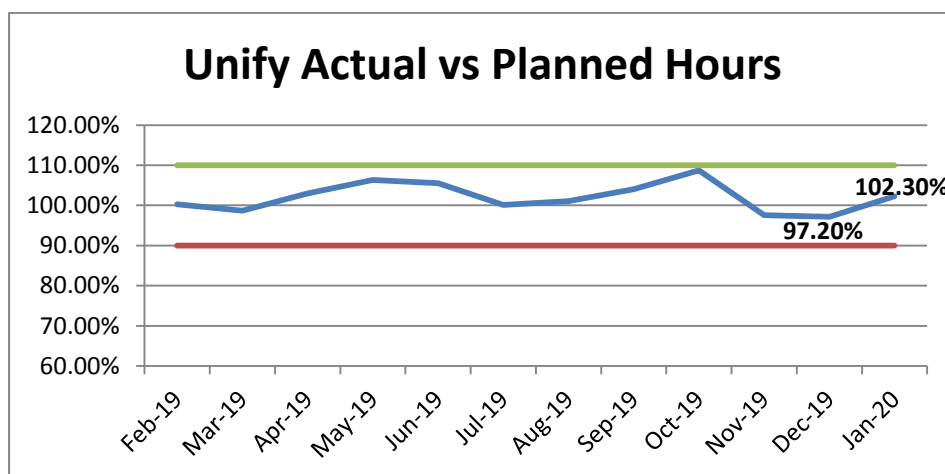

Fig. 1 Actual versus Planned hours 12 month view

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 December 2019 was 14.0 hours, made up of 11.2 registered nursing hours and 2.8 HCA hours. In January, the figure was slightly higher at 14.4 hours (11.6 RN and 2.8 HCA) and both months are higher than the 12 month average of 13.6 total hours. Going forward we have requested ward level CHPPD at NWAG to allow greater scrutiny of the data.
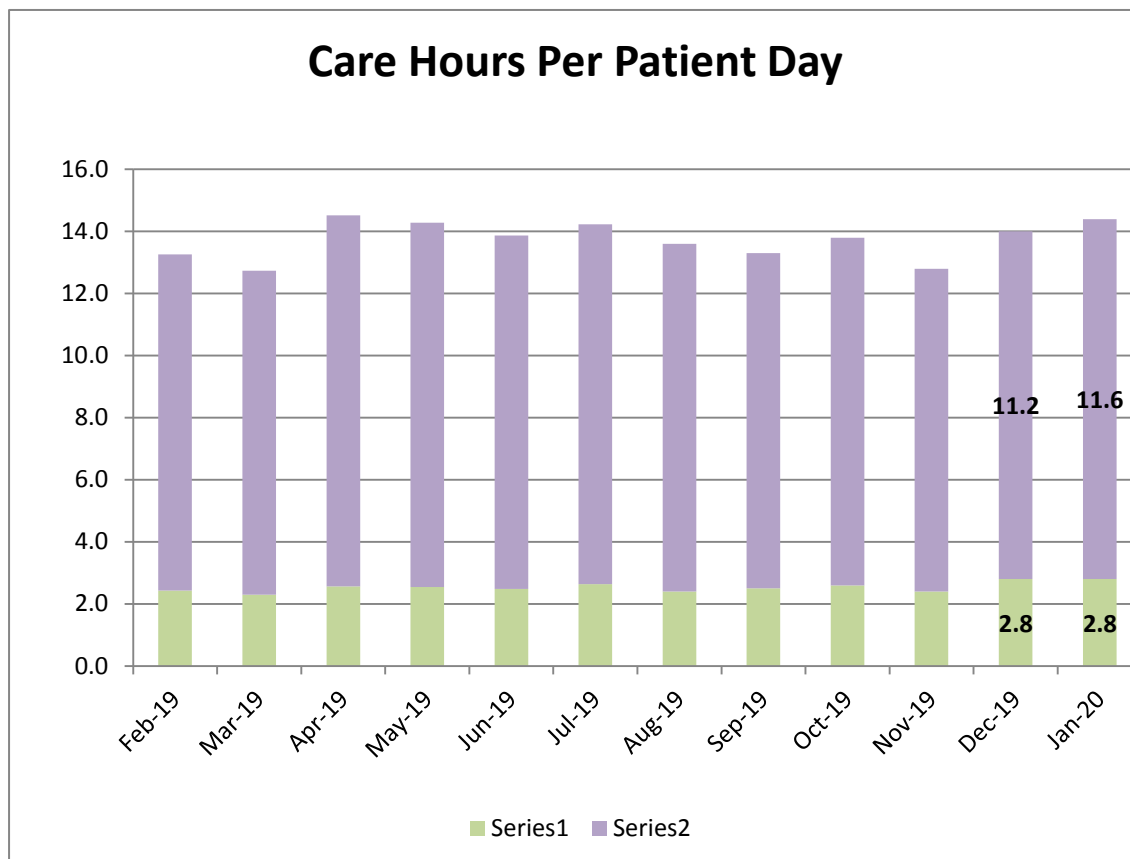

Care Hours Per Patient Day

Fig. 2 Care Hours Per Patient Day 12 month view

2.3 SafeCare

Safe Care is an integral module of HealthRoster that connect patient acuity and dependency with staffing. The data is captured in real-time so it will help our wards and inpatient areas to respond to changing demand and evidence the deployment of safe staffing numbers and skill mix during any 24 hour period.

To improve compliance we have designated "SafeCare Champions" across the trust that have more in-depth knowledge and understanding of the system. Training sessions are also being incorporated into the nursing – Stepping up to Leadership course to ensure all staff members get an overall view of how the system works and understand the benefits of using it.
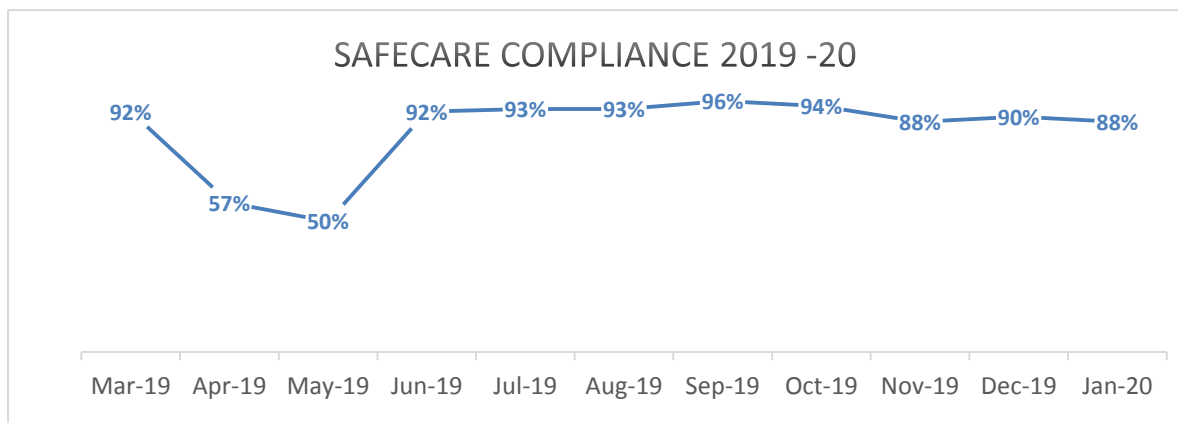
Fig. 3 SafeCare Compliance 2019- 2020

Fig 3 shows SafeCare compliance across all inpatient ward areas. SafeCare compliance needs to be 100% to ensure capture of accurate data in real-time. This helps the wards respond to the changing demand and evidence the deployment of safe staffing numbers and skill mix during any 24 hour period. SafeCare champions have been appointed across all directorates to help ensure the data is correct. Compliance has been moderately consistent throughout the year, except April and May 2019 due to EPR going live. For SafeCare to be fully operational, all nursing areas with direct patient contact require the implementation of SafeCare. Work is ongoing to establish a benefits realisation plan and will be completed once HealthRoster has been rolled out and implemented across all areas in the trust.

3. Workforce Utilisation

3.1 Rostering

The Rostering Scorecard measures are shown below. Appropriate and fair use of the Healthroster system in order to ensure work life balance for staff is a priority of the NWAG. In collaboration with the rostering team we are closely monitoring and prioritising compliance with

- Publication of rosters 42 days in advance which has improved by 3 days
- Monitoring and maintenance of time balance especially prior to requesting bank
- The reduction in variances between demand templates (amount of nurses to be scheduled to a shift) and the budgeted establishment shows significant improvement. Work continues with outlying areas (Ops & Images) to ensure that their roster demand matches their budgeted establishments.
- Improved compliance with fair distribution of annual leave throughout the year to avoid pinch points and underutilisation.
- The measure for unsocial working (% of staff working at least the minimum number of unsocial shifts) showed improvement in November and December, however through NWAG it was requested that a new metric be introduced. This was introduced in January and demonstrates when staff work more than 8 nights and/or more than 4 weekend shifts in a roster. If a formal flexible working arrangements in place this may be reported to the roster team who

will incorporate this into the local Healthroster system therefore not affecting the local KPIs. This will enable NWAG and the roster team to take a more targeted approach to improving compliance with this metric.

Actions taken to sustain improvements include

- Circulation of Nursing and midwifery e-rostering: a good practice guide (Sept 2019) to all Heads of Nursing, Matrons and Sisters/Charge Nurses
- Additional training to be provided to Heads of Nursing on interpretation and management of roster metrics
- Standing agenda item at Matrons meeting to include appropriate management and compliance with Healthroster rules
- To visit and review good practice at the Whittington Hospital and replicate if appropriate

Metric	Target	April roster	May roster	June roster	July roster	Aug roster	Sept roster	Oct roster	Nov roster	Dec roster	Jan roster
Roster Approval	42 days +	27	28	32	30	42	38	39	40	41	45
Time Balances (hrs per WTE)	+/- 12 hrs	7.5	8.7	8.1	8.1	9.9	6.4	6.3	5.9	5.3	6.9
% Annual Leave Unavailability	15-20%	11.2%	12.2%	11.7%	12.4%	11.7%	12.7%	10.8%	9.5%	11.7%	16.8%
Demand vs Budget (WTE)	0	116	171	235	109	76.7	31.8	32.2	16.8	-1.5	-1.7
Additional shifts created	0	991	892	773	843	454	704	707	688	748	777
% Staff working fair proportion of night and weekend duties(min)	50%+	46%	43%	43%	40%	42%	38%	34.1%	49.7%	50%	48.4%
% of staff working more nights and weekends than specified in trust policy	0%										6%
Safecare Utilisation (SafeCare)	90-110%			99%	100%	96%	96%	95%	95%	90%	90%

Fig. 4 Healthroster metrics against the Pillars

3.2 Temporary Staffing
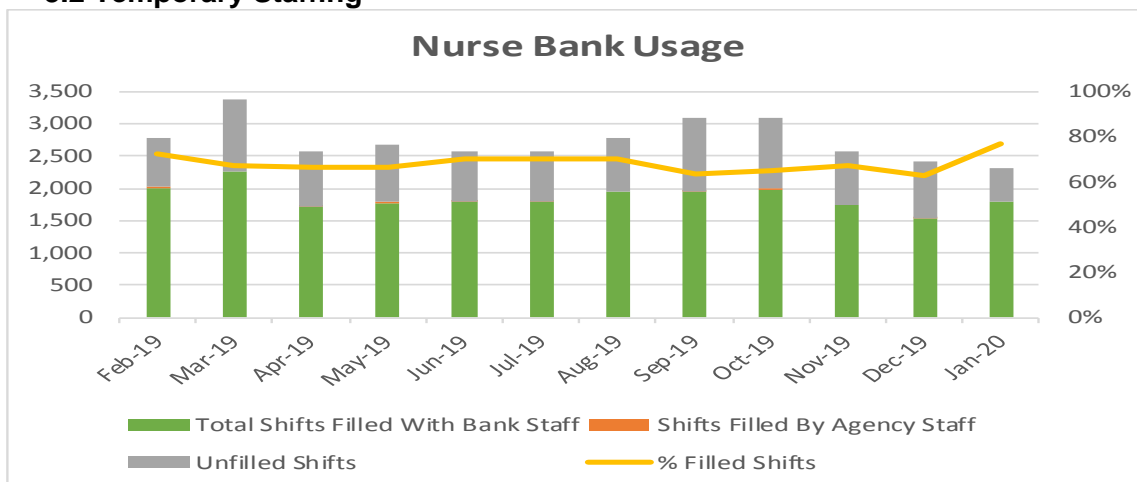
Fig. 5 Nurse Bank usage 12 month view

Requested shifts for December reduced to 2,431 and in January were lower still at 2,311. The fill rate for December was 63% while it increased in January to 77%. The overall increase benefitted from a significant improvement in the ICUs fill rate of 71% in January (up from 58% in the previous month). Agency nursing usage in the Trust remains well controlled. There were no agency shifts in either month.

Actions to improve monitoring and control of bank usage includes

- Inclusion of the Head of Nurse Bank in the NWAG and monthly attendance to the meetings to raise or address concerns or issues directly with the HoNs and DoNs
- Review of directorate level bank spend on a monthly basis through NWAG
- Additional training, improve compliance and introduce greater restrictions in relation to the creation and requesting of bank shifts.
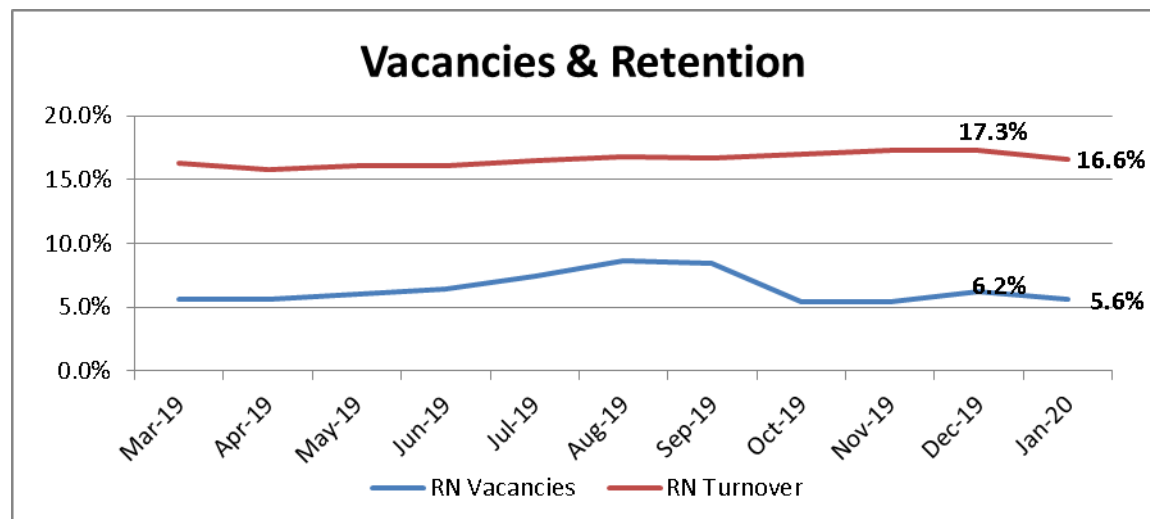
3.3 Vacancies & Turnover

Fig. 6 Registered Nurse Vacancies and Turnover for financial year 19/20

The Trust nursing vacancy rate for December was 6.2% (100.7 WTE) while it reduced to 5.6% (90.8 WTE) in January. The highest directorate rate in both months was International & Private Patients (33.3% and 25.5% respectively). An improvement action plan is in place to address this and is monitored through the People and Education Assurance Committee (PEAC).

Actions to address the vacancy rates and turnover in this group include

- Refreshing the retention plan, with greater support and focus on line manager capability
- Improving work life balance for Band 6 nurses a key priority through improved compliance of Healthroster rules
- The recruitment of experienced nurses both locally and internationally will assist in providing stability and reducing turnover in this nursing band.

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Healthcare Assistants vacancies have also reduced in recent months to below target while remaining above the trust average (24.0 WTE 7.9% in January) However the accuracy of this data is currently under review as upon investigation a number of non-nursing roles sit under the Band 2-4 descriptor and where Band 2 budgets have been used to fund Band 3 posts this has caused some distortion of the figures. The Head of Nursing Workforce is working with the Workforce Information Team to cleanse the data through review and confirmation via NWAG and the upcoming Staffing Establishment Review meetings in an effort to achieve a more accurate figure.

Actions to address recruitment of the unregistered nursing workforce include

- Promotion and recruitment of Health Care Support Worker Apprentices
- Promoting opportunities to access the Nursing Associate and Registered Nurse career pathway
- Promotion of unregistered nursing roles at Local Sixth Form colleges as a route into nursing
- Promotion of unregistered nursing roles at upcoming career events in Westfield, Shepherd's Bush.

Accuracy of data

As previously raised in Trust Board reports, there are concerns over the accuracy of data with the current vacancy rate for Band 5 staff standing at -9% and is based on the budget for all Band 5 Nurses 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. Currently the reconciliation accuracy for all bands for the whole trust between the two systems excluding the additional finance elements is 99%, and there is a process in place to manage the variance on a month to month basis to achieve 100% accuracy.

The new vacancy rate will be calculated as follows;
Vacancy rate: the proportion of budgeted whole time posts that are vacant, this does not include Sips, reserves, Recharges, bank or agency. For example there are 10 band 5 nurse posts budgeted and 9 are filled this will give a vacancy rate of 10%

The Trust Board need to note that previously reported data may have been under or over reported.

3.4 Recruitment

Recruitment activity is changing at GOSH with less reliance on a single pipeline which has historically been in the form Newly Qualified Nurses (NQNs). In an effort to improve the diversity and sustainability of the whole nursing workforce we will look to establish a number of pipelines which will have varying impacts in the short term, medium and long term. However once established will provide long term stability. These will include;

- Experienced nurses including international nurses; both internal conversion and overseas recruitment, increased local and social media campaigns and return to practice.
- Local recruitment through targeting the unregistered workforce and provision of work experience placements for local sixth form college students, which was piloted in Oct 2019 and implemented in February 2020.
- Grow your own through the nursing career pathway from Healthcare Support Worker Apprenticeship, Nursing Associate Apprenticeship, Nursing Associate Registered, Graduate Nurse Apprenticeship and Registered Nurse.
- Newly Qualified Nurses with an increased focus on improving BAME representation tackled through increased engagement with these student groups.

3.3 Retention

In March 2019 the Trust joined the NHSI Retention Collaborative which provides focussed support to trusts aiming to improve retention of their nursing workforce. As part of this work, a nursing retention plan was developed which looked at practical ways to improve nursing experience. As previously mentioned the plan is currently under review and being refreshed and will be presented to Nursing Board shortly.

The 19/20 retention project has a target to reduce Band 5 and 6 combined turnover rates by 1% by March 2020. However the existing retention plan has not yet impacted fully on these rates, as the initiatives are expected to have incremental and sustainable effects in the long term. Performance against this metric continues to be challenging with December performance of 20.1% against a target of 18.5%. The January rate has increased further to 20.8%. This is mainly driven by Band 5 turnover rates of over 25%.

The most commonly reported reasons for leaving the trust include relocation and promotion. The Head of Nursing is currently working with the Associate Director of HR Operations to review the exit interview process and align this across all directorates to ensure data is collected, collated and themes identified and learning/feedback is appropriately reapplied to directorates and utilised to inform Nursing Workforce Team and HR activity.

4. Incident Reporting

During the reporting period of December & January there were a total of 13 datix incidents in relation to safe staffing. These occurred in the following directorates; 2 in Brain, 2 in Blood, Cells and Cancer (BCC), 5 in Heart & Lung, 3 in Body Bones and Mind (BBM) and 1 in Ops and Imaging. At NWAG the Directorate HoNs provided assurance that these incidents have been reviewed 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.

5. Bed Closures

GOSH monitors the number of beds closed on a daily basis due to inadequate or low staffing levels in order to ensure patient safety is maintained. This may be attributed to a number of reasons; high vacancy factor, short term sickness, increases in

acuity/dependency, infection risks and planned decreased activity over the festive period.

In December there were between 46 - 104 beds and in January there were between 31 – 49 beds, closed on a temporary basis. This includes 10 beds on Hedgehog ward. In the critical care units (CICU, PICU, NICU) over the same reporting period bed closures ranged from 3 - 14 on temporarily basis.

6. Nursing Establishment

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 are testing the tool with the first phase completed in January and the next phase currently underway throughout March, with the next phase due in June 2020.

The biannual staffing establishment reviews are taking place this month with a full report to be submitted to board in May.

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Appendix 1: December & January Workforce metrics by Directorate

Directorate	Actual vs Planned %	CHPPD (exc ICUs)	RN Vacancies (FTE)	RN Vacancies (%)	Voluntary Turnover* %	Sickness %	Maternity %
Blood, Cells & Cancer	96.2%	15.3	16.1	6.9%	14.8%	5.6%	4.2%
Body, Bones & Mind	94.0%	13.1	26.7	10.6%	17.3%	3.1%	7.8%
Brain	88.5%	13.0	5.0	4.0%	14.9%	2.8%	6.3%
Heart & Lung	98.8%	14.4	21.8	4.2%	22.2%	3.9%	5.8%
International & PP	105.7%	14.7	37.9	33.3%	23.9%	5.1%	5.1%
Operations & Images	-	-	7.6	3.7%	15.4%	4.6%	4.8%
Sight & Sound	127.8%	11.4	10.3	17.7%	18.7%	3.0%	5.0%
Trust	97.2%	14.0	100.7	6.2%	17.3%	3.5%	5.5%

December 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	96.5%	16.6	17.1	7.4%	11.5%	2.7%	3.7%
Body, Bones & Mind	105.4%	13.1	25.0	10.0%	17.2%	3.0%	7.7%
Brain	89.7%	13.2	5.9	4.7%	12.2%	2.9%	5.6%
Heart & Lung	108.8%	14.3	24.7	4.7%	21.8%	3.9%	5.7%
International & PP	110.9%	15.7	29	25.5%	23.9%	5.2%	4.5%
Operations & Images	-	-	11.1	5.5%	12.0%	4.9%	4.8%
Sight & Sound	108.6%	12.4	1.5	2.6%	13.6%	3.2%	4.9%
Trust	102.3%	14.4	90.8	5.6%	16.6%	3.5%	5.5%

January Nursing Workforce Performance
*Relates to all RN grades