



Safer Staffing Report January/February 2019

The child first and always

Always

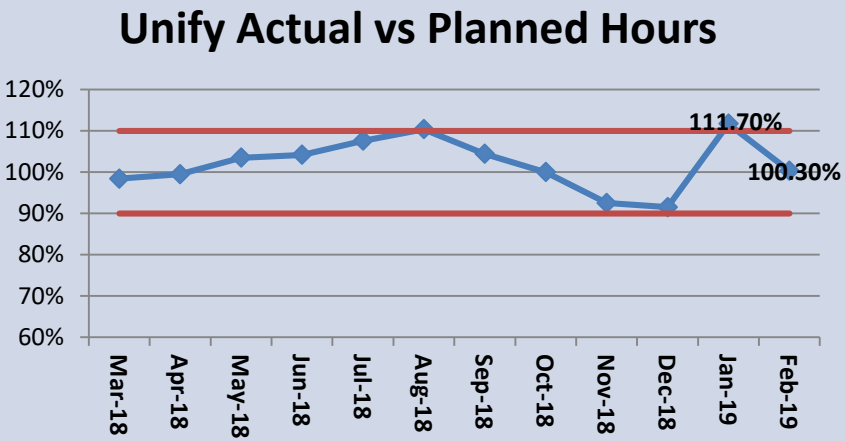


Nursing & HCA Safe Staffing- January/February 2019

Definition

Actual vs Planned Hours shows the percentage of Nursing & Care 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%.

Trend



Comments

The average Actual vs Planned Hours across all inpatient wards was 100.3% in February and 111.7% in January, higher than the last 4 months. All wards were above the recommended parameter of 90%

Nursing hours for February during the day were 114.4% (119% in January) against plan and 89.8% at night (100.7% in January).

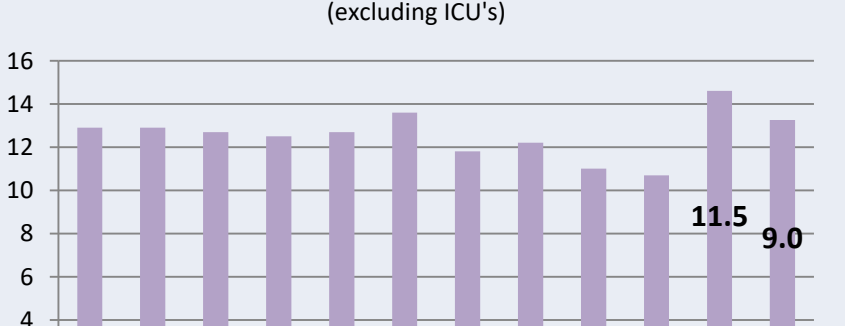
HCA actual hours in February were 99.6% (119% in January) for day shifts, and 73.7% at night (111.4% in January.)

No unsafe shifts were reported in January or February

Care Hours Per Patient Day (CHPPD)

CHPPD is calculated by adding the hours of registered nurses and healthcare support workers 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.

Care Hours Per Patient Day (excluding ICU's)

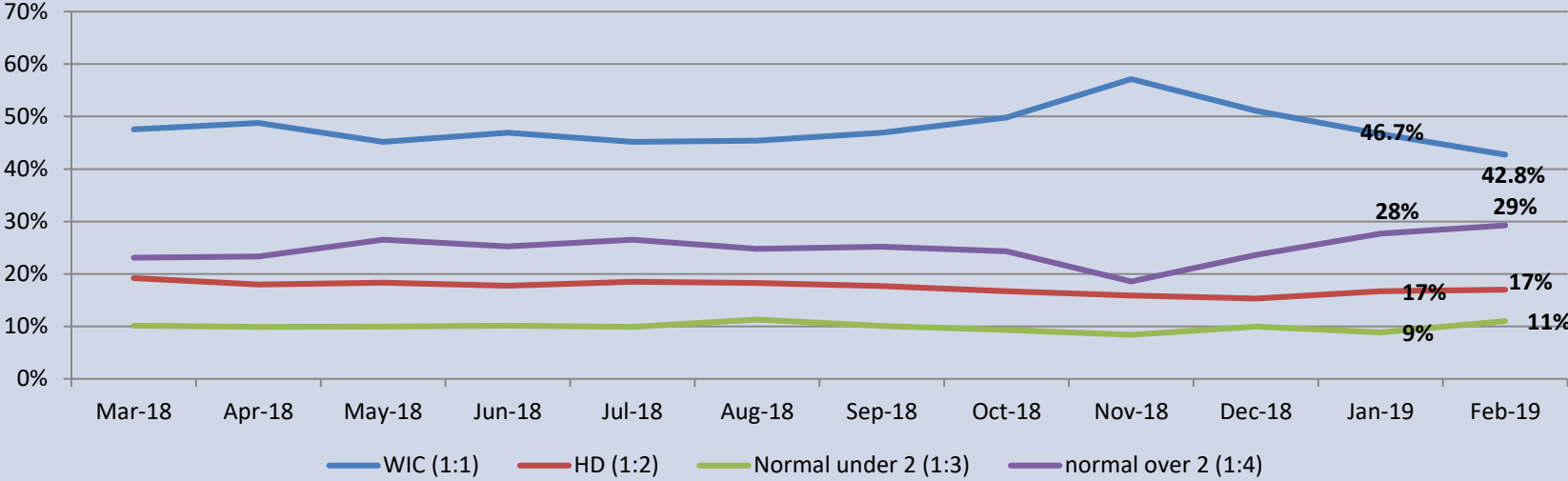


CHPPD for February was 13.3 This is lower than the January figure (14.6) but higher than the same month last year (12.7).

This figure is an indication of “care” hours given to patients, so if the total was 24, that indicates every patient received 1:1 nursing. The figures for February indicate that patients received, on average, just over 1:2 nursing.

This is used to reflect the actual

Patient Acuity (PANDA)



PANDA acuity data measures patient dependency based on the actual acuity and dependency of children. These are the following categories that are evaluated:

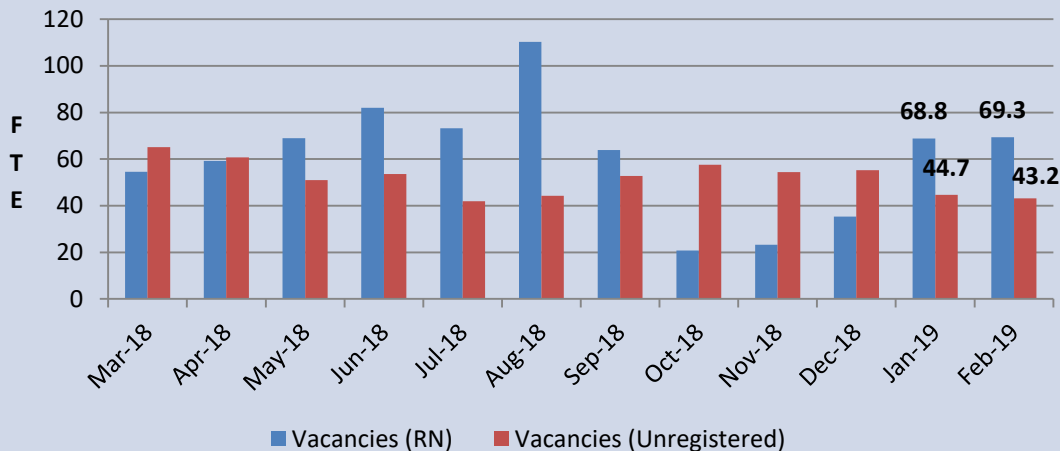
- Normal dependency Under 2 Years - 1 Nurse: 3 Patients
- Normal dependency Over 2 Years - 1 Nurse: 4 Patients
- Ward High Dependency (HD) - 1 Nurse: 2 Patients
- Ward Intensive Care (WIC) - 1 Nurse: 1 Patient

Patient acuity requiring a nurse to patient ratio of 1:1 or 1:2 level of care has seen a reduction since the beginning of the year however still accounts for 60% of patients in February. Patients requiring 1:1 level of care has reduced to 42.8% in February compared to the peak of 57.2% in November 2018. Patients with normal dependency of 1:3 and 1:4 has remained fairly constant over the last year. This is a trend that is continually reviewed and discussed to ensure that correct numbers and skill mix of staff are available for the needs of the wards and departments.

Recruitment & Retention

Comments

Vacancies & Pipeline

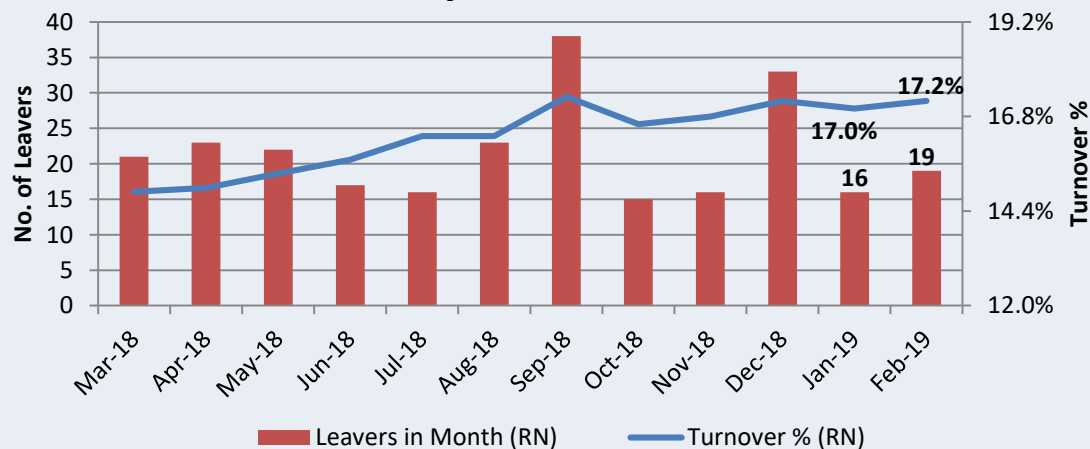


The RN Vacancy rate for February was 1.9% (30.4 WTE)

Unregistered Vacancies in February were 14.3% (44.7 WTE) which was a slight increase on January (13.8%: 43.2 WTE)

While the Trust rate is low. Vacancy hotspots remain in IPP & Sky Ward. There has recently been some positive recruitment activity in NICU/PICU.

Voluntary Turnover & Leavers



Turnover in February increased to 17.2% from 17% in January, with a net joiners ratio of -11 as 19 nurses left and 8 joined the Trust.

The Trust is participating in an NHS Improvement supported retention improvement programme. The programme's overall objective is to improve registered nurse retention rates by 1% over the next year.

Of the leavers in the last twelve months identified reasons for leaving include: - relocation (39%) and work life balance (24%).

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Nursing Workforce Metrics by Division: January

Directorate	Actual vs Planned %	CHPPD (exc ICUs)	RN Vacancies (FTE)	RN Vacancies (%)	Turnover %	Sickness %	Maternity %
Blood, Cells & Cancer	103.4%	14.3	1.3	0.6%	19.0%	3.1%	2.4%
Body, Bones & Mind	113.0%	17.9	17.1	6.9%	14.7%	2.5%	4.0%
Brain	115.9%	17.4	0.5	0.4%	14.4%	3.0%	3.7%
Heart & Lung	107.7%	13.7	30.5	6.1%	18.4%	3.7%	3.2%
International & PP	122.1%	13.7	34.1	30.7%	27.7%	4.3%	6.5%
Operations & Images	-	-	0.2	0.1%	11.9%	3.8%	2.8%
Sight & Sound	133.3%	14.8	-18.4	-59.5%	17.6%	4.1%	3.4%
Trust	111.7%	14.6	29.9	1.2%	17.0%	3.2%	3.6%

The recommended six monthly review of ward establishments is currently being undertaken to ensure all budgeted establishments are correct and allocated to the right wards and directorates. Establishments are also being aligned to the number of beds open and the activity plan for 2019/20.

IPP continues to have the highest RN vacancy rate (62.5%).

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Nursing Workforce Metrics by Division: February

Division	Actual vs Planned %	CHPPD (exc ICUs)	RN Vacancies (FTE)	RN Vacancies (%)	Turnover %	Sickness %	Maternity %
Blood, Cells & Cancer	93.5%	13.9	4.3	2.0%	18.2%	2.8%	2.0%
Body, Bones & Mind	100.9%	14.0	24.0	9.7%	13.8%	2.3%	4.4%
Brain	97.2%	13.1	-2.2	-1.8%	16.0%	2.8%	5.4%
Heart & Lung	107.0%	13.7	25.9	5.3%	19.0%	3.7%	3.0%
International & PP	104.2%	13.2	31.6	28.5%	30.4%	4.2%	6.4%
Operations & Images	-	-	6.1	3.2%	11.5%	3.7%	2.3%
Sight & Sound	110.5%	10.9	-21.9	-70.8%	17.9%	4.1%	3.4%
Trust	100.3%	13.3	30.4	1.9%	17.2%	3.0%	3.6%

Targeted recruitment initiatives are focusing on IPP, Sky and the ITU's, including working up an overseas recruitment campaign for IPP and hosting an open day for the ITUs in May.

Successes

- Hosted a successful site visit for NHSI as part of the retention programme where we presented our draft retention action plan to improve the Trust turnover rate by 1%. Final plan to be submitted to NHSI on the 22nd March (appendix one).
- Launched an @GOSH Nursing Twitter account now with over 190 followers.
- 22 NQNs started in March 2019.
- Assessment days for the next cohort of NQNs who qualify in September planned for March with over 170 shortlisted candidates.
- The changes to ward leadership in IPP have been well received by staff.

Challenges

- Finalising the methodology to identify the number of NQNs that can be offered posts to start in September.
- The potential impact on future student numbers if we are unable to recruit all current students wanting employment at GOSH.
- Only 6 Band 2 healthcare support workers starting the clinical apprenticeship programme in March rather than the planned 10.
- Ongoing work to ensure budgeted establishments are correct for bed numbers and activity and are aligned to the correct wards and departments following the organisational restructure in October 2018.