**Great Ormond Street Hospital for Children**

**NHS Foundation Trust**

| Trust Board<br>18th September 2019 | |
|---|---|
| **Safe Nurse Staffing Report for June/July 2019**<br><br>**Presented by: Alison Robertson, Chief Nurse.** | **Paper No: Attachment Y** |

**Aims / summary**

This report provides the Trust Board with an overview of the nursing workforce during the months of June and July 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 monitor nurse staffing in the inpatient wards.

**Action required from the meeting**

To note the information in this report on safe staffing including:

- Actual versus planned care hours available are within recommended parameters
- Care Hours Per Patient Per day continue to be higher than the 2018/19 average
- Work continues to improve rostering practice and to maximise the potential of the rostering system
- 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.
- There were 14 datix reports which raised concerns in relation to nurse staffing levels – appropriate escalation and actions were put in place and no harm was recorded
- A summary of the challenges in the International Private Patients Directorate around nurse staffing recruitment and retention is highlighted
- A full report outlining progress of our nurse retention plan has been presented to the People, Education and Assurance Committee
- A daily system for monitoring beds which are temporarily closed is in place. In June and July 10 beds were closed in Hedgehog and 8 on Sky ward which accounts for the majority of the bed closures
- 87 newly registered nurses commenced in September.

**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; Assistant Chief Nurse, Director of Education and Heads of Nursing and Patient Experience.

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

Chief Nurse; Directorate Management Teams.

Great Ormond Street **NHS**
Hospital for Children
NHS Foundation Trust

## 1. Summary

This report on GOSH Safe Staffing contains information for the months of June & July 2019. This paper provides assurance that GOSH has processes in place to review nurse staffing levels across all in-patient ward areas and systems in place to manage the demand for nursing staff. The report also includes updates on a number of other initiatives in place to ensure safe staffing throughout the Trust and optimally utilise our nursing workforce.

## 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 June the overall fill rate of AvP was 105.5% which is within the recommended range and an improvement on the same month last year. In July the rate was 102.8%. In both months HCA fill rates at night were lower than the recommended minimum %, however Heads of Nursing and Patient Experience 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, both Heart & Lung and International & Private Patients (IPP) were outside of the recommended parameters in both months, exceeding the 110% upper range. These variances are being explored to ensure their reported plans reflect their current needs. Further information about IPP can be found in section 4.

## Unify Actual vs Planned Hours
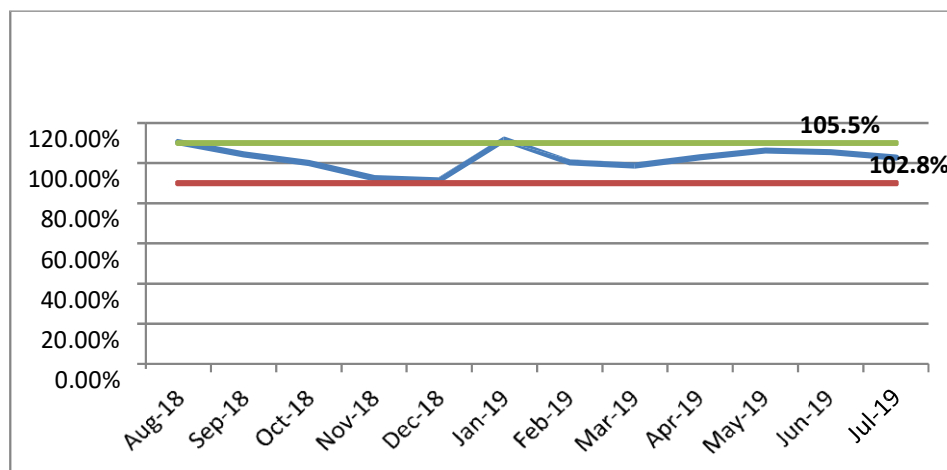
**2.2 Care Hours Per Patient Day (CHPPD)**

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 June 2019 was 14.6 hours, made up of 12 registered nursing hours and 2.6 HCA hours. In July, the figure was slightly lower at 14.2 hours (11.7 RN and 2.5 HCA) however both months are much higher than the 2018/19 average of 12.6 total hours.
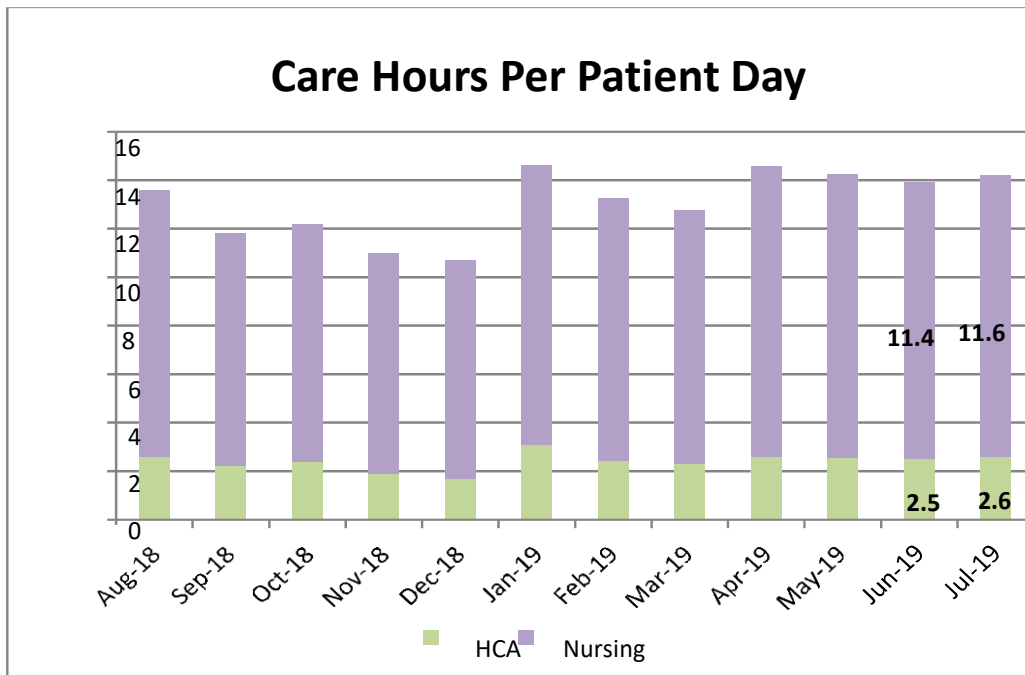


**2.3 SafeCare**

Completion of PANDA assessments continued to be a focus of the Rostering Team in both June and July; inpatient wards achieved compliance rates of over 90% in both months. A working group has also been established to consider the implementation of the 'Red Flags' system within Safecare. The Red Flags process is widely used across the NHS as a way of monitoring and resolving local safety pressures, and enabling easier monitoring of trends.

**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 better results from September 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 and Patient Experience and this metric continues to show improvements. The measure for

unsocial working (% of staff working at least the minimum number of unsocial shifts) is currently being reviewed.

| Metric | Target | April roster | May roster | June roster | July roster |
|---|---|---|---|---|---|
| Advance Publication of a roster. | 42 days + | 27 | 29 | 32 | 29 |
| Time Balances.(Hours per WTE) | +/- 12 hrs | 7.5 | 8.7 | 8.1 | 8.1 |
| % Annual Leave Unavailability | 15-20% | 11.2% | 12.2% | 11.7% | 12.4% |
| Demand vs Budget. (WTE) | 0 | 116 | 171 | 235 | 109 |
| Additional shifts created | 0 | 991 | 892 | 773 | 843 |
| % Staff working fair proportion of night and weekend duties | 50%+ | 46% | 43% | 43% | N/A |
| Safecare Acuity & Staffing Utilisation. | tbc | tbc | tbc | 99% | 100% |

**3.2 Temporary Staffing**



Nurse Bank Usage
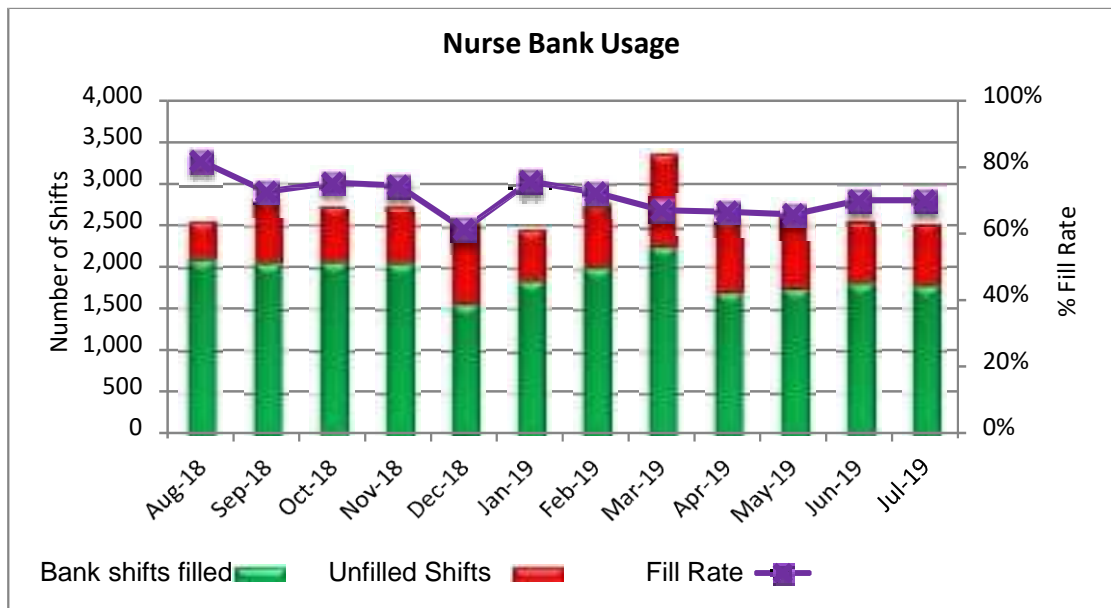
Requested shifts during June (2,586 requests) and July (2,569 requests) were stable and broadly in line with the long term trend. The fill rate for both months was 70%, which is higher than the 2019/20 average of 68% although lower than the 2018/19 average of 78%. ICU requests continued to be higher than in the previous year (18%) which has an impact on their fill rate which is lower than the Trust average at 54% and 56% respectively. Recruitment has significantly improved in recent months in NICU and PICU which should have an impact on reducing bank demand once all nurses have commenced in post and achieved their competences. CICU has experienced an increase in acuity and dependency in their patient group which partly explains the rise in shift requests.

Agency nursing usage in the Trust remains well controlled. In June there was 1 shift, while in July requirements for specialist RMN care meant there were 17 shifts filled by Agency, however this was in one patient area.

### 3.3 Vacancies & Recruitment

The Trust nursing vacancy rate for June was 6.4% (103 WTE) and increased in July to 7.4% (108.1 WTE). This reflects a seasonal trend that sees increased vacancy rates in the summer, and was in part due to increased turnover. The highest number of vacancies was in IPP (29.9 WTE, 26.3% in July), Heart & Lung (28.03 WTE, 5.3%) and Operations & Images (20.0 WTE, 9.8%).

Band 6 Vacancies continues to be a challenge at 72.2 WTE (13.1%). One of the drivers of the Nursing Retention Pjlan is a refresh of strategies around career development which aim to support Band 5 Nurses to progress in their career at GOSH (see appendix 2).

Healthcare Assistant vacancies is improving but remains above target 33.49 (10.9%) in July. The Nursing Workforce Team will be reviewing the approach to recruiting HCAs to address the longstanding high levels of vacancies in this cadre of staff.
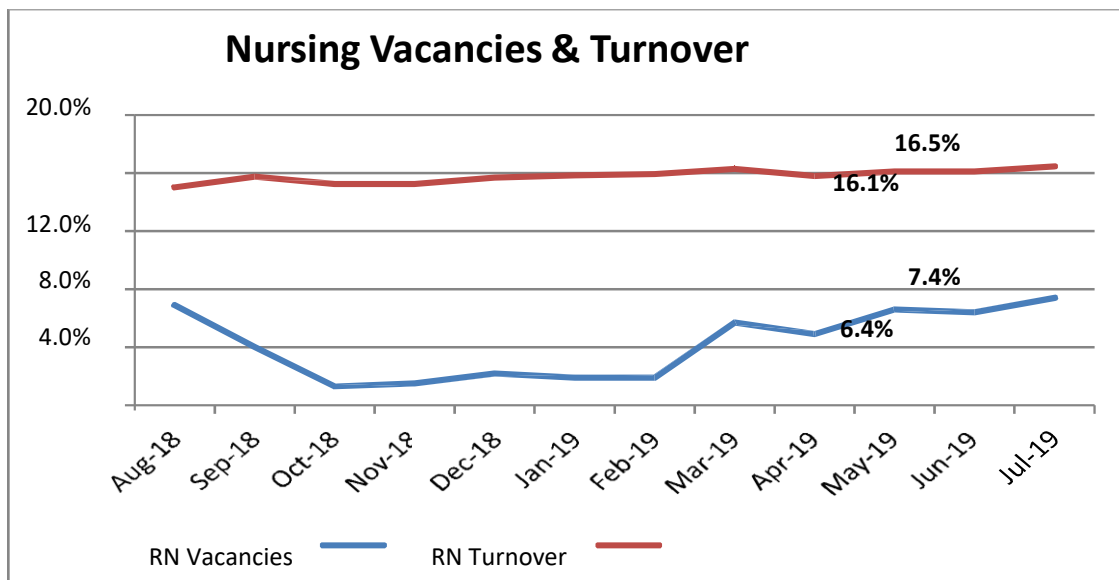
### 3.4 Retention

The Trust has 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 has been developed which will look at ways to improve nursing experience. The high level plan was presented to the board in March 2019 and workstreams supporting the 4 drivers have been established with nursing participation across all levels of the organisation.

The retention project has a target to reduce Band 5 and 6 combined turnover rates by 1% by March 2020. A full report on the Nurse Retention Plan was presented to the People and Education Assurance Committee in September.

## 4. Patient Safety

### 4.1 Patient Safety and DATIX

#### a) Unsafe Staffing Reports (DATIX)

In June there were four reported datix incidents which identified concerns around nurse staffing levels (Butterfly, Turtle, Kangaroo and Panther Urology). Three shifts were appropriately escalated to the clinical site practitioner; two of the four shifts were under staffed due to short notice sickness with bank staff also unavailable. Patient activity load was therefore prioritised and appropriate decisions were made to maintain safety.

In July there were 10 reported datix incidents in different areas across 5 directorates which identified concerns around safe 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. One shift remained very tight but no harm came to patients.

#### b) International Private Patients (IPP)

The safe staffing reports to the Trust Board have regularly highlighted the IPP directorate as a concern in relation to their ability to staff the wards safely with RN vacancies and turnover running between 25% - 30%.

A number of safety/patient experience indicators are consistently tracked and the report attached at appendix 3 demonstrates that the IPP directorate are finding it a challenge to maintain patient safety/experience.

Action has been taken by the directorate team by merging the nursing teams from Hedgehog and Bumblebee and consolidating on one ward. Butterfly (oncology) ward has to date remained fully open, however staffing levels will be especially impacted at the end of September and some beds may also temporarily close.

The IPP leadership team have been extremely proactive for many months in terms of exploring ways in which these staffing shortfalls can be overcome. Following the last Trust Board the Chief Nurse has met with the Head of Nursing and Patient Experience and General Manager in IPP along with the HR team to review the current situation. Additional actions have been agreed:

- Deployment of the temporary use of the Trust enhanced nursing bank rate to improve fill rate

- IPP to explore international recruitment opportunities in partnership with University College Hospital, London (November)
- IPP have now successfully recruited 5 (with a further 2 interviews planned)
- Director of Nursing – Operations and the IPP Head of Nursing and Patient Experience have reviewed the IPP nurse establishments which will need to be considered in the business planning round for 2019/20
- Meetings have been held to seek additional education and staffing support from the Heart and Lung and Blood, Cells and Cancer directorates.
- The IPP team will work with colleagues in HR to explore temporary recruitment/retention premia as it is clear that all of the usual recruitment and retention approaches are not resulting in a net increase in nurses required to keep all beds open
- A number of other actions have also been put in place to strengthen the oversight and supervision of the junior medical teams.
- All actions have been pulled together in a comprehensive action plan which will be monitored at the directorate performance review

### c) Closed Beds

GOSH monitors the number of beds that are closed on a daily basis due to poor staffing levels. This can be due to a number of reasons; high vacancy factor, short term sickness, increase in acuity/dependency.

In June there were between 24 – 32 beds closed on a temporary basis in July, there were between 21 – 31. It should be noted that in these two months 10 beds were closed on Hedgehog Ward (IPP) and 8 on Sky Ward (Body, Bones and Mind).

In both months between 0 – 9 beds were temporarily closed in critical care
(CICU, PICU, NICU).

### 5. Nursing Workforce – Assurance

A two day external assessment of our current nursing workforce approach has been arranged to take place in September. Information will be sent before the site visit which will identify areas of focus.

In October a workshop has been arranged to learn about the Safer Nursing Tool for Children and Young People which will then be included in the next nursing establishment review.

### 6. Recruitment

In September 91 newly registered nurses (NRNs) are due to join the trust, with a further 12 deferring until January 2020.

A GOSH nursing Open Day will be held in October to begin recruitment for NRNs who will commence in March.

The critical care areas are planning to attend the Royal College of Nursing recruitment fair.

Appendix 1:  June & July Workforce metrics by Directorate

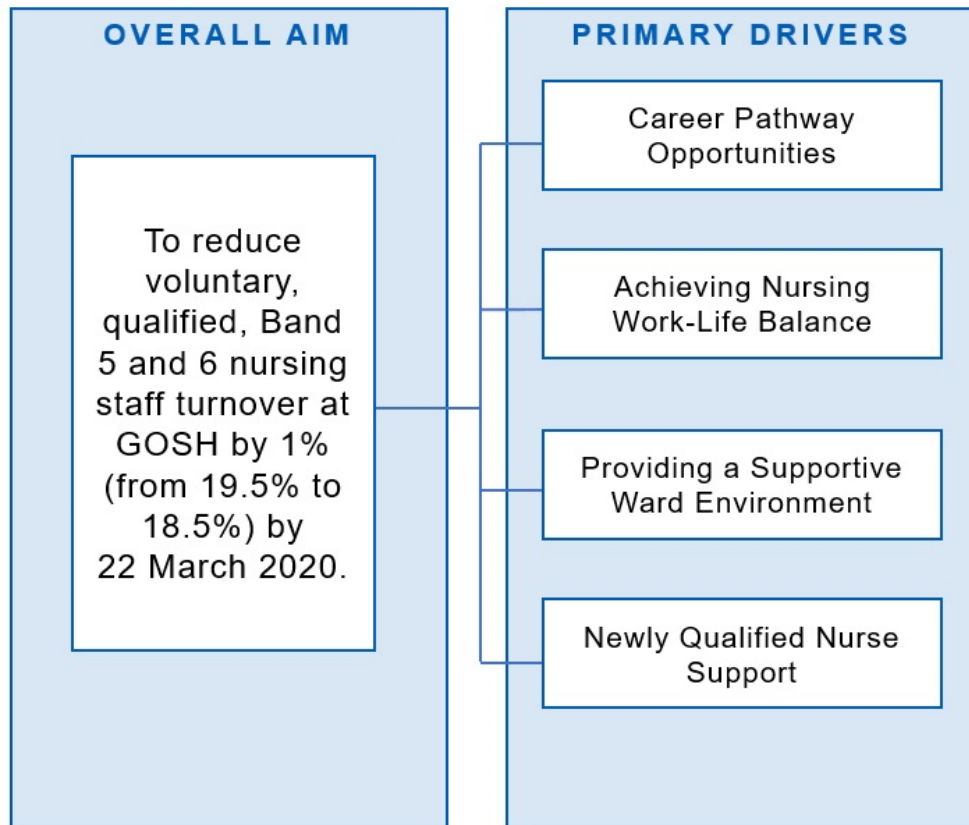| Directorate | Actual vs Planned % | CHPPD (exc ICUs) | RN Vacancies (FTE) | RN Vacancies (%) | Voluntary Turnover % | Sickness % | Maternity % |
|---|---|---|---|---|---|---|---|
| Blood, Cells & Cancer | 102.9% | 15.8 | 11.4 | 5.0% | 13.09% | 2.6% | 2.3% |
| Body, Bones & Mind | 107.7% | 13.3 | 17.8 | 4.7% | 13.5% | 3.7% | 6.3% |
| Brain | 90.3% | 12.2 | -8.0 | -8.2% | 15.4% | 2.6% | 6.4% |
| Heart & Lung | 113.3% | 14.8 | 28.0 | 5.0% | 17.7% | 3.5% | 4.3% |
| International & PP | 119.3% | 12.9 | 29.9 | 24.3% | 28.3% | 4.4% | 6.9% |
| Operations & Images | - | - | 20.1 | 9.4% | 10.3% | 4.6% | 3.3% |
| Sight & Sound | 91.3% | 9.7 | 9.9 | 16.4% | 14.0% | 2.4% | 5.3% |
| Trust | 105.5% | 13.9 | 103.5 | 6.4% | 16.1% | 3.3% | 4.6% |

*June Nursing Workforce Performance*

| Directorate | Actual vs Planned % | CHPPD (exc ICUs) | RN Vacancies (FTE) | RN Vacancies (%) | Voluntary Turnover % | Sickness % | Maternity % |
|---|---|---|---|---|---|---|---|
| Blood, Cells & Cancer | 104.7% | 15.3 | 11.9 | 5.1% | 15.1% | 2.9% | 2.6% |
| Body, Bones & Mind | 98.1% | 12.7 | 21.4 | 8.5% | 12.9% | 2.6% | 6.0% |
| Brain | 98.0% | 13.4 | 6.6 | 5.1% | 15.4% | 2.7% | 5.3% |
| Heart & Lung | 119.3% | 15.3 | 24.4 | 4.6% | 16.9% | 3.5% | 4.2% |
| International & PP | 122.1% | 13.9 | 31.1 | 27.3% | 29.6% | 4.4% | 6.0% |
| Operations & Images | - | - | 17.9 | 8.9% | 11.0% | 4.4% | 2.8% |
| Sight & Sound | 94.2% | 12.2 | 6.7 | 11.9% | 15.1% | 3.3% | 5.4% |
| Trust | 103.0% | 14.3 | 108.1 | 6.6% | 16.1% | 3.2% | 4.4% |

*July Nursing Workforce Performance*

Appendix 2:  Nurse Retention Plan – Drivers

# Retention Plan:
## Four Primary Drivers

| OVERALL AIM | PRIMARY DRIVERS |
|---|---|
| To reduce voluntary, qualified, Band 5 and 6 nursing staff turnover at GOSH by 1% (from 19.5% to 18.5%) by 22 March 2020. | Career Pathway Opportunities |
| | Achieving Nursing Work-Life Balance |
| | Providing a Supportive Ward Environment |
| | Newly Qualified Nurse Support |

Appendix 3

**IPP Feedback January- July 2019 (ward areas)**

# complaints/ Pals cases

FFT Percentage

*April FFT response ra data is not available*

*te*

| | | Pals |
| | | Formal Complaints |
| | | FFT (% recommend inpatients) |
| | | FFT (% response rate) |

FFT Recommendation by IPP ward

- Bumblebee
- Butterfly
- Hedgehog

Jan-19  Feb-19  Mar-19  Apr-19  May-19  Jun-19  Jul-19
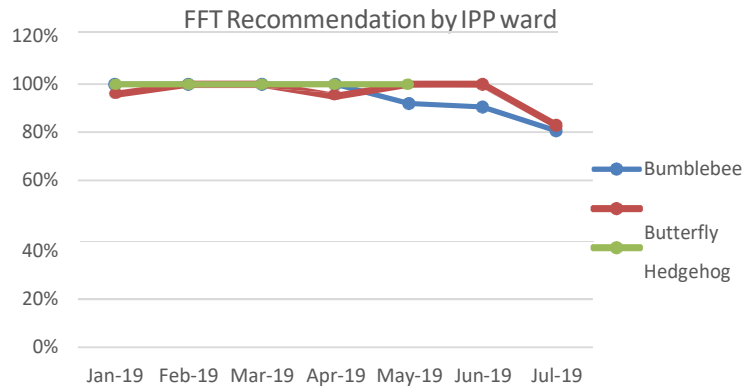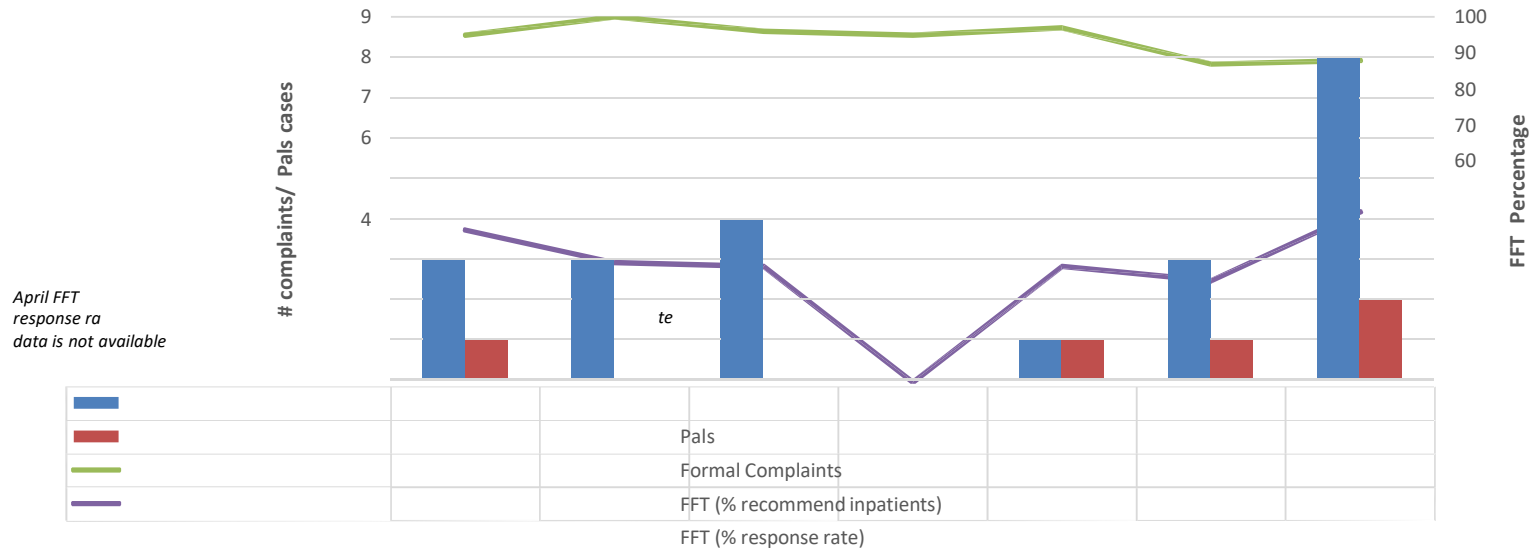
- High proportion of high risk complaints (40%) highlighting concerns about harm caused as a result of poor care.

- 22% increase in Pals cases for the same period in 2018.

- FFT recommendation rate of 95% has not achieved since June 2019.

- July recommendation rates at ward level ranged between 80.7% and 83%.

Incidents Data

There were 138 reported incidences between 5 May and 5 August compared to 174 this time last year; however Hedgehog ward was fully open in the 2018 period.
There has been an increase in the severity of incidents in the 2019 three month time period compared to the same period in 2018.

|  | No Harm | Minor Harm | Moderate Harm | Major harm | Catastrophic | Total |
|---|---|---|---|---|---|---|
| 2018 | 146 | 28 | 0 | 0 | 0 | 174 |
| 2019 | 100 | 34 | 5 - all required Duty of Candour (1x current SI) | 0 | 0 | 139 |

The main theme in is prescribing errors which include administration from incorrect prescriptions.

## Incidents by Reported (Week date) 2019