

Trust Board 22nd May 2019	
Safe Nurse Staffing Report for March 2019	Paper No: Attachment 1
Presented by: Alison Robertson, Chief Nurse.	
<p>Aims / summary This report provides the Board with an overview of the Nursing workforce during the month of March 2019 (data for April was not available at the time of submission) 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.</p> <p>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.</p>	
<p>Action required from the meeting To note the information in this report on safe staffing including:</p> <ol style="list-style-type: none"> 1. Implementation of Heathroster is now complete in all clinical areas along with the introduction of Safecare, allowing nurses to measure the roster against patient acuity. A number of KPIs have been agreed which will allow us to track compliance with the rostering policy to ensure that we are using our nursing workforce effectively to deliver safe standards of patient care. 2. The Trust has joined NHSI Retention Collaborative to help focus improvements in nursing workforce. We are still waiting for our feedback. 3. Improved data reporting has indicated a higher level of vacancies, the new data set will be a realistic calculation of the current vacancies in the nursing workforce. Previously 'bank lines' have been omitted from the overall % calculation giving a lower than actual vacancy factor. 	
<p>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.</p>	
<p>Financial implications Already incorporated into 19/20 Directorate budgets.</p>	
<p>Who needs to be told about any decision? Directorate Management Teams Finance Department Workforce Intelligence</p>	
<p>Who is responsible for implementing the proposals / project and anticipated timescales? Chief Nurse; Assistant Chief Nurse, Director of Education and Heads of Nursing</p>	
<p>Who is accountable for the implementation of the proposal / project? Chief Nurse; Directorate Management Teams</p>	

1. Summary

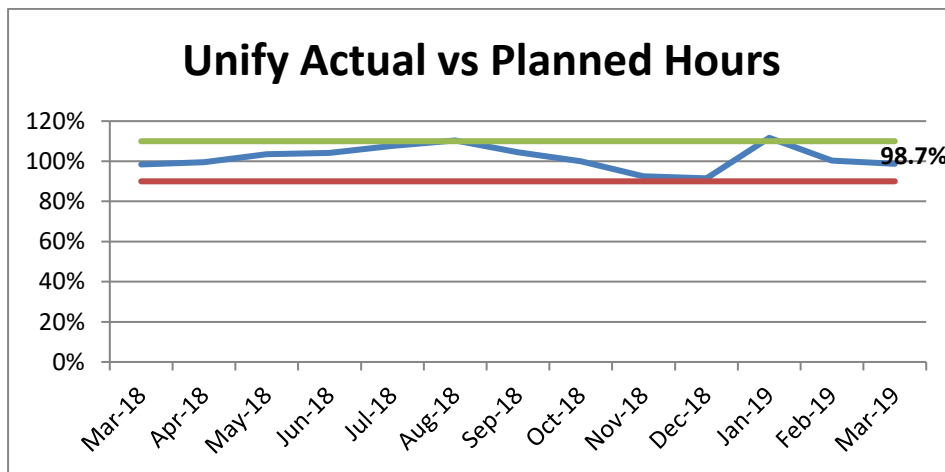
This report on GOSH Safe Staffing contains information from the month of March 2019. This paper provides the required assurance that GOSH had safe nurse staffing levels across all in-patient ward areas and appropriate systems in place to manage the demand for nursing staff. The report also includes measures taken to ensure safe staffing throughout the Trust.

2. Actual vs Planned

Actual vs Planned (AvP) 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%.

In March 2019 the overall range of AvP was 98.7% which is within target but slightly lower than the same month last year (101.4%). While daytime fill rates were within the target range (Nursing: 113%, Care: 96.4%), night shifts for both groups were below (Nursing 89.1%, Care 70.4%). Heads of Nursing have verified that despite the lower rates of Actual hours no shifts were unsafe, and local management of available staff resolved any staffing issues.

During 2018/19 the overall rate fell within the target range in 10 of the 12 months, with an average fill rate of 102%. In March the final inpatient wards moved on to the new rostering system HealthRoster, which will allow for more accurate analysis of the Actual vs Planned hours alongside patient acuity.

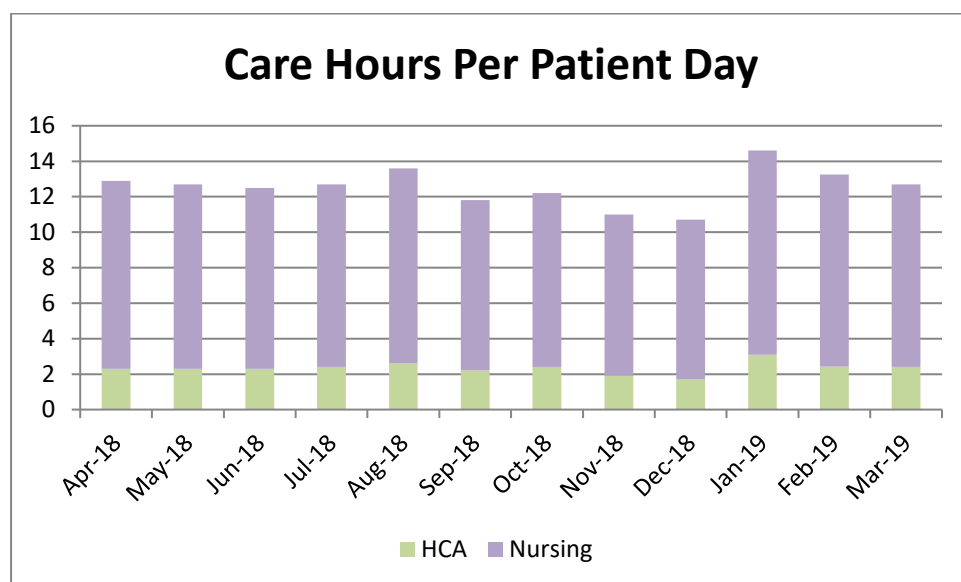


3. Care Hours Per Patient Day (CHPPD)

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

HCA's 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 March 2019 was 12.7 hours, made up of 10.4 registered nursing hours and 2.3 care hours. This was slightly higher than the 2018/19 average of 12.6 hours.



4. Safecare

In February the Trust rolled out SafeCare which links the rostering system to the Patient Acuity system (PANDA) allowing the measurement of the roster against patient acuity. The interface, which is the first of its kind between PANDA and HealthRoster, was rolled out in the 20 inpatient units using PANDA, with other units scheduled for later release in 2019. The rostering team has been working with the EPIC team to develop a workflow between PANDA and EPIC reducing the need for double entries.

Safecare will provide managers at all levels of the organisation with an easy to monitor view of staffing ratios against patient acuity. Using this tool nurse managers will be able to monitor Care Hours per Patient Day in almost real time and deploy available staff where needed in real time rather than review CHPPD on a monthly retrospective basis as now. This information will be available at the twice daily bed management meetings and will enable decisions to be made to deploy nurses in response to wards reporting higher levels of acuity than expected or shortfalls in nursing due to unplanned absences.

5. Rostering

In March the final Nursing units moved from RosterPro and as of the 18th March all inpatient wards are rostering through Allocate HealthRoster. This improved system will allow the Trust greater visibility of how rosters are being managed at Trust,

Directorate & Ward level. The Nursing Board has approved the creation of a Rostering Scorecard which will report the following KPIs on a monthly basis.

- Advance Publication of a roster.
- Time Balances. (Measuring the effective utilisation of contracted hours)
- % Unavailability (% of staff on annual or other leave)
- Demand vs Budget. (Ensuring the roster requirements align with agreed budgets.)
- Additional Duties created.(Measuring post roster creation additions)
- % Staff working fair proportion of night and weekend duties
- Safecare Acuity & Staffing Utilisation.

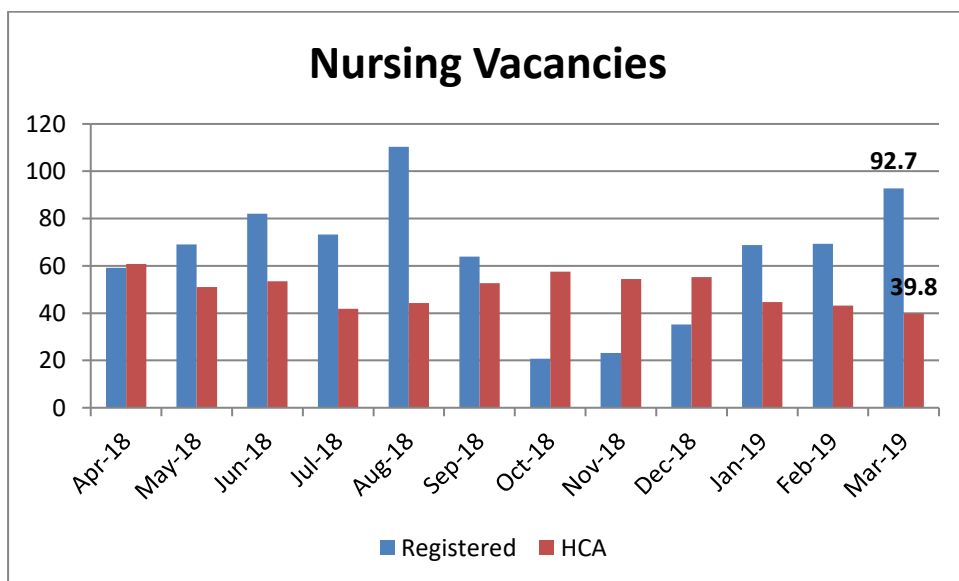
6. Nursing Vacancies

The Trust Nursing Vacancy rate increased in March to 5.6% (92.7 WTE), up from 1.9% in February, in part due to increased turnover but additionally some budget WTE (38.9 WTE) which has historically been recorded against bank lines have now been transferred to the substantive establishment. This will ensure transparency and consistency of vacancy reporting while not making any changes to managers ability to fill vacant posts with bank staff, should the need arise.

Band 6 Vacancies remains above the Trust target and average at 11.2%. 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.

An international recruitment group has been established to look at the potential for filling vacancies in some of the areas with higher than average vacancies such as IPP, Theatres and ICUs. The group is developing links with other organisations in the STP and beyond to look at cost effective solutions available.

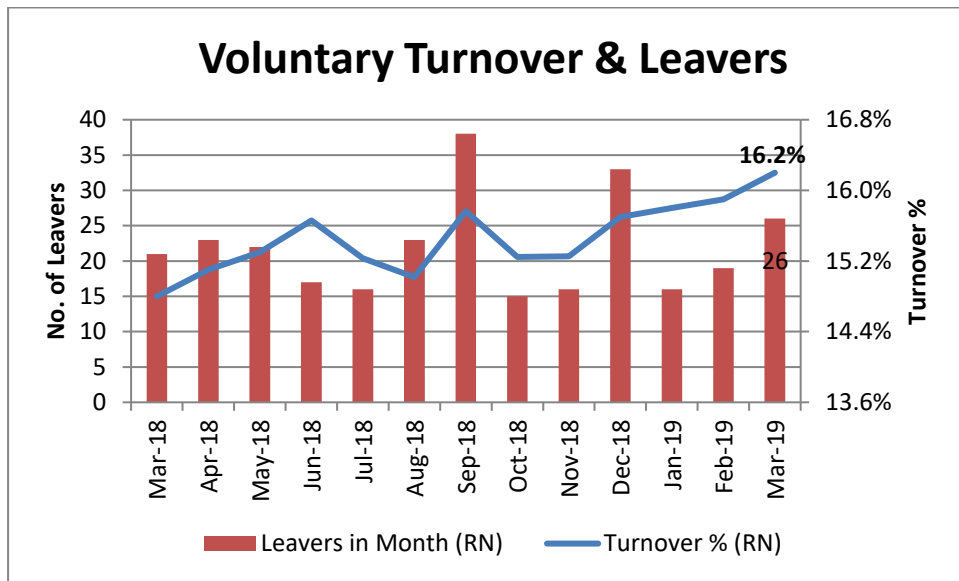
Healthcare Assistants vacancies are higher than the Trust average at 9.9% (39.79 WTE). The Nursing Workforce team will be reviewing the approach to recruiting HCAs to address the longstanding high levels of vacancies in this cadre of staff.



7. Retention

The Trust has recently 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 practical ways to improve nursing experience. The high level plan was presented to the board in March.

The Trust has a target of 14% Voluntary turnover, however the performance for March was 16.2%, which was an increase on the February rate and higher than the same month last year. 26 RNs left the Trust in March, the higher than average volumes reflect a seasonal spike that is reported each year.



8. Recruitment activity

A cohort of 19 new Junior Band 5's onto the Preceptorship/Graduate Programme. The second cohort of 6 Associate Nurse Apprentices commenced in March. 8 candidates were selected for the next cohort of the healthcare support workers programme.

9. Issues

March was a challenging month for nursing as the full impact of EPIC mandatory training requirements were felt. No activity adjustments had been made and some wards and departments struggled to deliver planned activity. Trust operational needs (admissions, referrals, repatriations and discharges) were managed as safely as possible via the twice daily bed management meetings to limit the disruption.