

**Trust Board
Date February 2020**

**Safe Nurse Staffing Report for
October/November 2019**

Paper No: Attachment

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Aims / summary

This report provides the Board with an overview of the Nursing workforce during the month of October and November 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 October and November 2019.
2. The adoption of rostering metrics included in this report to ensure maximum benefit is derived from the implementation of HealthRoster & SafeCare.
3. The ongoing work to address retention issues as part of the NHSI Retention Collaborative.
4. In October there were seven reported Datix incidents and in November there were five Datix incidents
5. The next Nurse Recruitment Open Day will be held in February 2020
6. 11 newly registered nurses commenced in January 2020.
7. An international recruitment campaign GOSH50 will commence in January 2020 to the Philippines.
8. The inaugural meeting of the Nursing Workforce Assurance Group is scheduled for the 22nd of January, TORs have been approved.

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

1. Summary

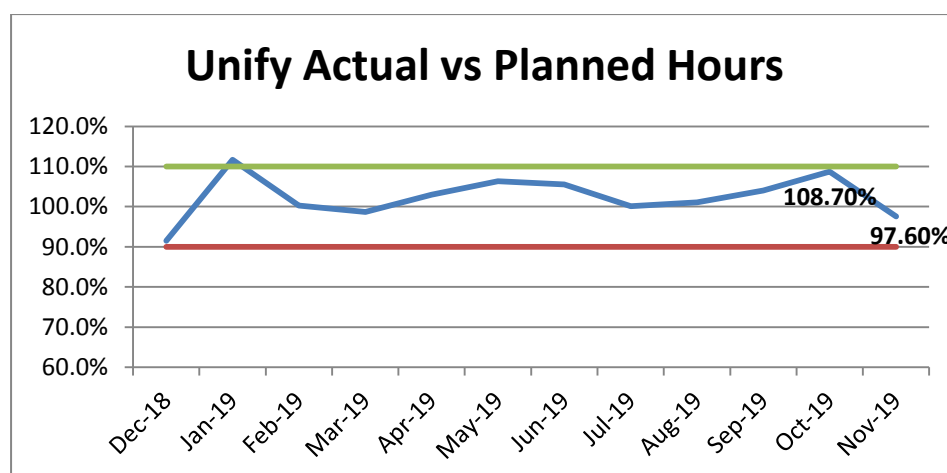
This report on GOSH Safe Staffing contains information from the months of October & November 2019. This paper provides the required assurance that GOSH had safe nurse staffing levels across all in-patient ward areas and appropriate systems in place to manage the demand for nursing staff. The report also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

2. Safer Staffing.

2.1 Actual vs Planned

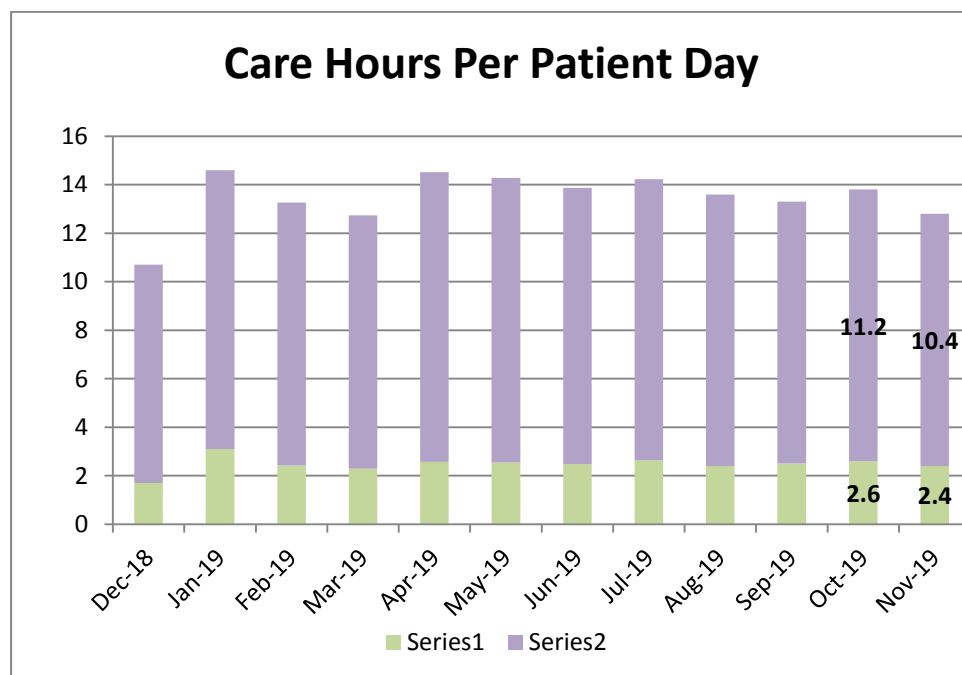
Actual vs Planned (AvP) Hours shows the percentage of Nursing & Healthcare Assistant (HCA) staff who worked (including Bank) as a percentage of planned care hours in month. The National Quality Board recommendations are the parameters should be between 90-110%.

In October 2019 the overall fill rate of AvP was 108.7% which is within the recommended range and an improvement on the same month last year. In November the rate was 97.6% which while lower than the previous month, is within the recommended range and higher than the same month last year. 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, the International & Private Patients, Heart & Lung and Body, Bones & Mind Directorates exceeded the upper range in October 2019. We will be exploring the causes for this through the newly established Nursing Workforce Assurance Group (NWAG). All Directorates were within the 90-110% range in November.



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 October 2019 was 13.8 hours, made up of 11.2 registered nursing hours and 2.6 HCA hours. In November, the figure was slightly lower at 12.8 hours (10.4 RN and 2.4 HCA). CHPPD is a metric we will be monitoring through the newly established NWAG.



2.3 SafeCare

SafeCare champions have been appointed in all clinical areas to help ensure that the data is accurate and a true reflection. Average compliance of PANDA being complete on EPR remains above 90%. All outpatient areas will be live on SafeCare by the end of January 2020. This will allow for patients with a higher acuity which may not be identified through PANDA, due to the weighting & complexity (clinical need for cubicle or infection risks) to be adjusted in the feature 'professional judgements'. The senior nurses on the ward may raise this and are able to mitigate or escalate their risk prior to trust bed meetings to ensure their clinical decision is considered when making patient flow and safe staffing decisions and wards will be RAG rated. Working Groups will be organised with the clinical ops team to ensure it is being used

in trust bed meetings by the end of March 2020. This will provide an additional level of assurance and confidence in maintaining and monitoring safe staffing activity.

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 recent months, however further work is required to achieve the 42 day target. 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 this metric continues to show improvements. There are 8/40 units that still have a demand template over their established budget. These are:

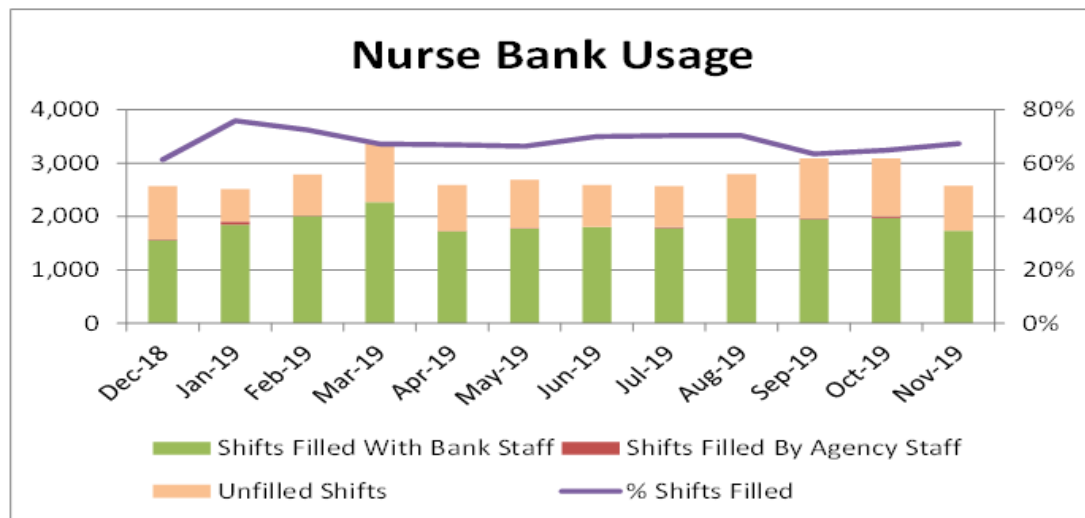
- Otter
- Recovery Theatres
- Scrub Staff Theatre
- Woodpecker/Nightingale Ward
- Anaesthetic Pre Op Assessment (APOA)
- Neonatal Intensive Care Unit (NICU)
- CATS Retrieval Unit
- Lion Ward

The measure for unsocial working (% of staff working at least the minimum number of unsocial shifts) showed improvement in November, however a further review of the fairness of rostering will be undertaken in 2020. Compliance with rostering rules and will be addressed through NWAG.

Metric	Target	April roster	May roster	June roster	July roster	Aug roster	Sept roster	Oct roster	Nov roster
Advance roster Publication.	42 days +	27	28	32	30	42	38	39	40
Time Balances.(Hrs per WTE)	+/- 12 hrs	7.5	8.7	8.1	8.1	9.9	6.4	6.3	5.9
% Annual Leave Unavailability	15-20%	11.2%	12.2%	11.7%	12.4%	11.7%	12.7%	10.8%	9.5%
Demand vs Budget. (WTE)	0	116	171	235	109	76.7	31.8	32.2	16.8
Additional shifts created	0	991	892	773	843	454	704	707	688
% Staff working fair proportion of night and weekend duties	50%+	46%	43%	43%	N/A	N/A	N/A	34.1%	49.7%
Safecare Acuity & Staffing Utilisation.	tbc	tbc	tbc	99%	100%	96%	96%	95%	95%

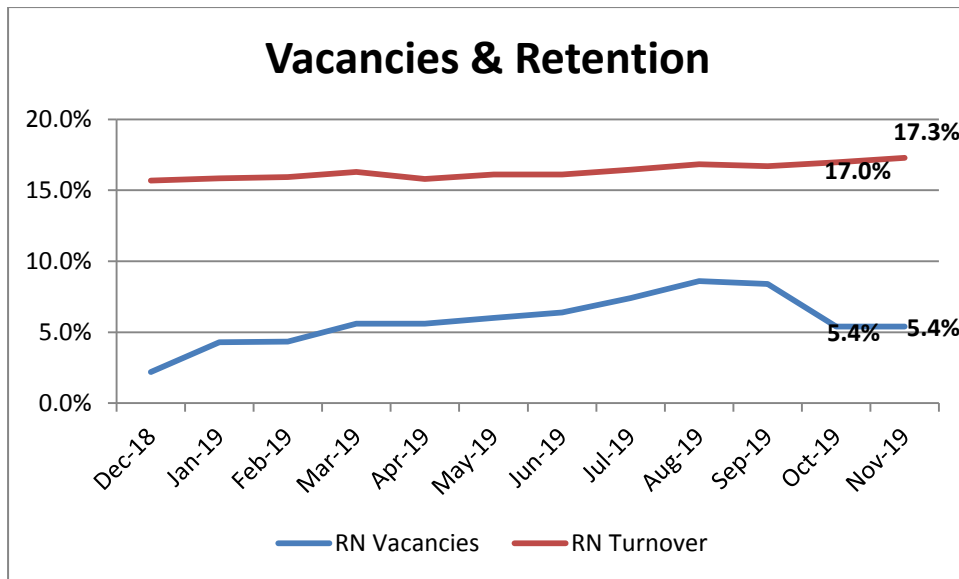
3.2 Temporary Staffing

Requested shifts for October remained above 3000; however saw a reduction to 2,577 in November as new joiners completed their supernumerary period. Fill rates were broadly similar to the 12 month average at 65% and 67% respectively. ICU requests reduced to below 700 in November for the first time since January. Agency nursing usage in the Trust remains well controlled. There were 28 agency shifts in October and none in November. The majority of those in October were in IPP was granted permission to use Agency lines in light of continuing high vacancies.



3.3 Vacancies & Recruitment

The Trust Registered Nurse vacancy rate for both months was 5.4% (88.5 WTE). The IPP directorate saw an improvement in October reducing to 21.1% (23.4 WTE) before increasing again to 28.7% in November (29.2 WTE). Body, Bones & Mind nursing vacancies remained high at 10% (25.1 WTE) Band 6 vacancies remains above the Trust target, particularly in the ICUs and IPP 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, and the longer term stability which will be supported through international recruitment. Healthcare Assistants vacancies remain above target (28.0 WTE 9.2% in November) 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, with a focus on local recruitment and creating a clear career development pathway.



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 has been developed which will look at practical ways to improve nursing experience. The high level plan was presented to the board in March and work streams supporting the 4 pillars 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. Performance against this metric continues to be challenging with November performance of 21.4% against a target of 18.5%. This is mainly driven by Band 5 turnover rates of over 25%. It should be noted the reduction of turnover is a long term. Of the known reasons for leaving, relocation and promotion remain the most common given.

4. International & Private Patients

Vacancies and turnover in this area continue to be amongst the highest in the Trust. A range of measures to support the Directorate have been agreed, and the Trust is preparing an international recruitment campaign in January 2020 to create a pipeline of nurses joining the trust. The first recruits are not expected to join the Trust until the second half of 2020, so other measures to support the Directorate are being developed in the interim.

5. Incident Reporting

In October there were seven reported Datix incidents (2 IPP, 3 BCC, 1 Brain, 1 BBM) and in November there were five Datix incidents (1 IPP, 1 BBM, 1 Brain and 2 H&L) 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 may be attributed to a number of reasons; high vacancy factor, short term sickness, increases in acuity/dependency.

In October there were between 44 – 68 beds and in November there were between 33 – 68 beds, closed on a temporary basis.

In both months between 0 – 12 beds were temporarily closed in critical care (CICU, PICU, NICU).

7. 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 in many organisations. The tool is used to determine nursing establishments based on the acuity of patients. As an organisation we piloted the use of the tool on Koala Ward week commencing 18th November 2019. This allowed us to test and evaluate the implementation process and assist with informing our approach to training. Throughout December 2019, four training sessions were delivered to over sixty nurses including sisters/charge nurses, matrons and practice educators. They have been identified as scorers in preparation for the full testing exercise which will take place daily at 3pm, Monday through to Friday from 6th January till the 31st January. This will be repeated in March and June 2020 to analyse and validate results prior to full implementation.

8. Recruitment

8.1 Newly Qualified Nurses (NQN)

Following a successful Recruitment Open Day in October 2019, we had a large number of applications for our NQN positions in 2020. The Nursing Workforce Team led on the coordination, interviewing and recruitment of nursing students due to

qualify next year over a number of selection days throughout November and December. In total 58 offers were made with intakes planned for April and September 2020. This does not include an additional 11 NQNs due to commence in post in January 2020.

8.2 GOSH Recruitment Open Day Feb 2020

The next recruitment Open Day is scheduled for the 27th February 2020. Following feedback from attendees and staff we have implemented some changes to include avoiding school half term, relocation of the event to the Lagoon Staff Side rather than UCL Institute for Child Health and earlier promotion of event.

9. Future Governance Arrangements

The Terms of Reference for the new Nursing Workforce Assurance Group Meeting have been agreed and circulated to members, with the inaugural meeting scheduled for the 22nd January 2020 and monthly thereafter.

Appendix 1: October & November Workforce metrics by Directorate

Directorate	Actual vs Planned %	CHPPD (exc ICUs)	RN Vacancies (FTE)	RN Vacancies (%)	Voluntary Turnover*	Sickness %	Maternity %
Blood, Cells & Cancer	93.7%	17.7	16.4	7.1%	12.9%	2.8%	3.4%
Body, Bones & Mind	111.8%	13.6	22.0	8.8%	14.7%	3.1%	6.6%
Brain	105.6%	13.7	1.3	1.1%	14.1%	2.8%	6.8%
Heart & Lung	112.3%	13.5	17.0	3.2%	20.9%	3.9%	5.2%
International & PP	140.4%	11.4	23.4	21.1%	21.8%	5.1%	4.5%
Operations & Images	-	-	15.7	7.8%	14.6%	4.9%	5.0%
Sight & Sound	102.5%	11.4	5.5	9.4%	18.3%	3.1%	4.7%
Trust	108.7%	13.8	88.3	5.4%	17.0%	3.5%	5.0%

October 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	93.1%	14.7	16.1	6.9%	14.8%	2.9%	3.9%
Body, Bones & Mind	95.8%	12.4	25.1	10.0%	17.3%	2.2%	6.7%
Brain	101.7%	11.4	2.1	1.6%	14.9%	2.5%	7.3%
Heart & Lung	98.4%	13.1	16.5	3.1%	22.2%	4.3%	5.6%
International & PP	103.6%	13.0	29.2	26.3%	23.9%	5.1%	6.6%
Operations & Images	-	-	10.8	5.4%	15.4%	3.9%	4.5%
Sight & Sound	101.7%	9.8	2.5	4.3%	18.7%	3.0%	6.6%
Trust	97.6%	12.8	88.3	5.4%	17.3%	3.4%	5.1%

November Nursing Workforce Performance

**Relates to all RN grades*