

Trust Board 18th July 2019	
Safe Nurse Staffing Report for April/May 2019	Paper No: Attachment U
Presented by: Alison Robertson, Chief Nurse.	
Aims / summary This report provides the Board with an overview of the Nursing workforce during the month of April & May 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: <ol style="list-style-type: none"> 1. That the Trust operated within recommended parameters for staffing levels in both April and May. 2. The adoption of rostering metrics included in this report to ensure maximum benefit is derived from the implementation of HealthRoster & SafeCare. 3. The work to establish an accurate picture of Bank demand. 4. The ongoing work to address retention issues as part of the NHSI Retention Collaborative. 	
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	
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 April & May 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.

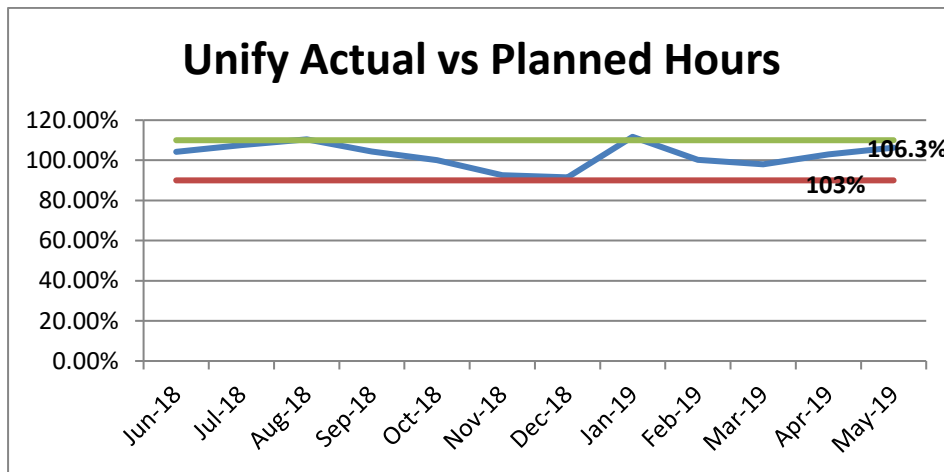
2. Safer Staffing.

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 April 2019 the overall fill rate of AvP was 103% which is within the recommended range and an improvement on the same month last year. In May the rate was 106.3%. HCA fill rates at night for May were lower at 77.5%, 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.

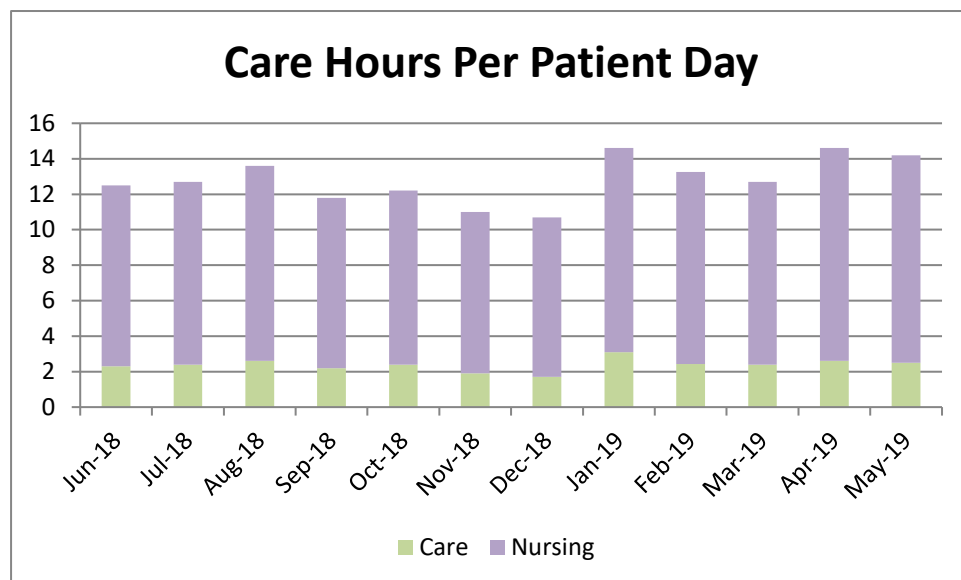
At a Directorate level, both Heart & Lung and International & Private Patients were outside of the recommended parameters in both months, exceeding the 110% upper range. These variances are being explored to ensure their reported plans reflect their current needs.



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 April 2019 was 14.6 hours, made up of 12 registered nursing hours and 2.6 HCA hours. In May, 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. It is important to note that in April & May, there was a planned reduction in patient activity during the EPIC launch, which will account for the higher than average CHPPD.



2.3 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 rostering team has been working with the EPIC team to develop a workflow between PANDA and EPIC reducing the need for double entries. The EPIC rollout had some impact on Safecare usage with input compliance falling from 88% in March to 36% in April. Remedial action and retraining of ward staff has improved compliance in May to 87%.

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. The SafeCare metric in the Rostering Scorecard will be included from June and will indicate staffing against acuity imbalances.

3. Workforce Utilisation.

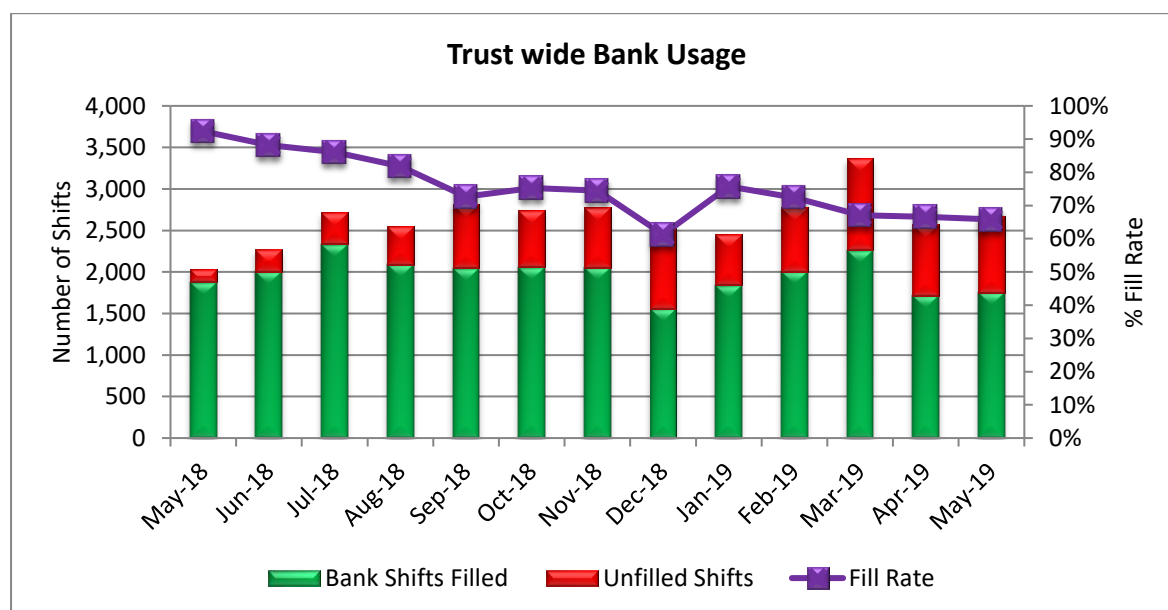
3.1 Rostering

Now all Nursing units are managing their staffing through HealthRoster, the Trust has relaunched its Rostering Scorecard which will report KPI's as previously reported in the last Board paper on a monthly basis at a ward level. Performance against these

measures will be used as the basis for identifying areas that require further support and training to realise the benefits of the new system. The information is measured against a 4 week roster period rather than a calendar month.

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

3.2 Temporary Staffing



Requested shifts during April (2,572 requests) and May (2,685 requests) continued to be higher than the long term average in April and May, although were lower than the March peak. The fill rate continued to be lower than the long term average at 67% and 66%. The ICUs in particular have seen a significant increase in requests over the last year (May-19: 754 /May-18: 478).

The increase in unfilled shifts and increase in requests is being explored to understand why there has been such a change over the last year. A new

Temporary Staffing working group has been established by HR with Nursing participation to look at reasons and make recommendations for improvement.

Agency nursing usage in the Trust remains well controlled. In May there were 14 RMN shifts supplied by Agency staff as specialist support skills were required, while there was a single Agency shift in April.

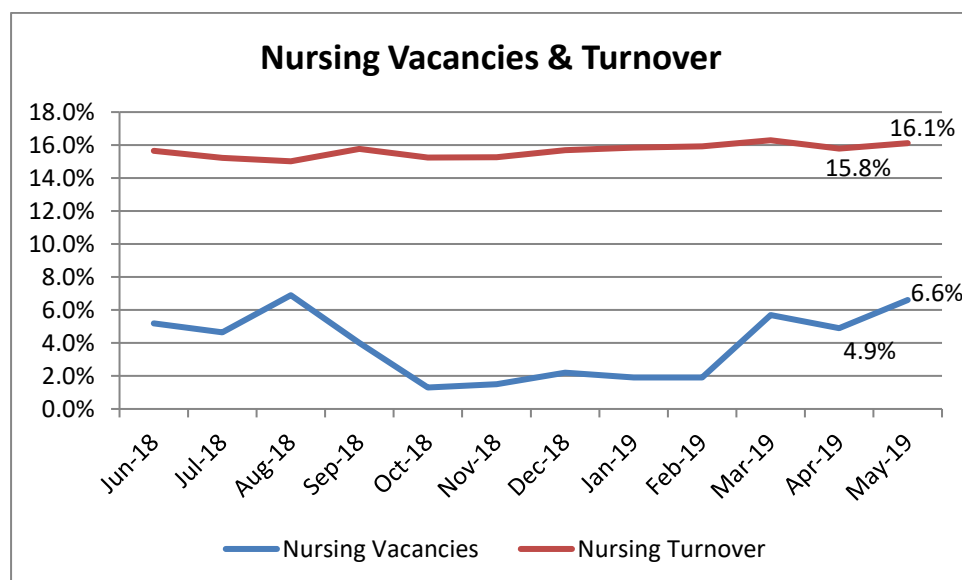
3.3 Vacancies & Recruitment

The Trust Nursing Vacancy rate for April was 4.9% (79.1 WTE) and had increased in May to 6.6% (108.1 WTE). This was in part due to increased turnover and in part slight increases to the 2019/20 finance budgets. Nursing vacancy rates remain highest in IPP (31 WTE 27.3% in May), Body, Bones & Mind (21.4 WTE, 8.5%), Operations & Images (17.9 WTE, 8.9%) and Heart & Lung which saw an increase between April and May of 2.5% (24.4 WTE, 4.6% in May) due to increased turnover.

Band 6 Vacancies remains above the Trust target and average at 71.9 (13%). 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 a business case to address areas of specific need and establish the cost effectiveness and efficacy of an international recruitment strategy.

Healthcare Assistants vacancies are for May are 8.5% (25.5 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.



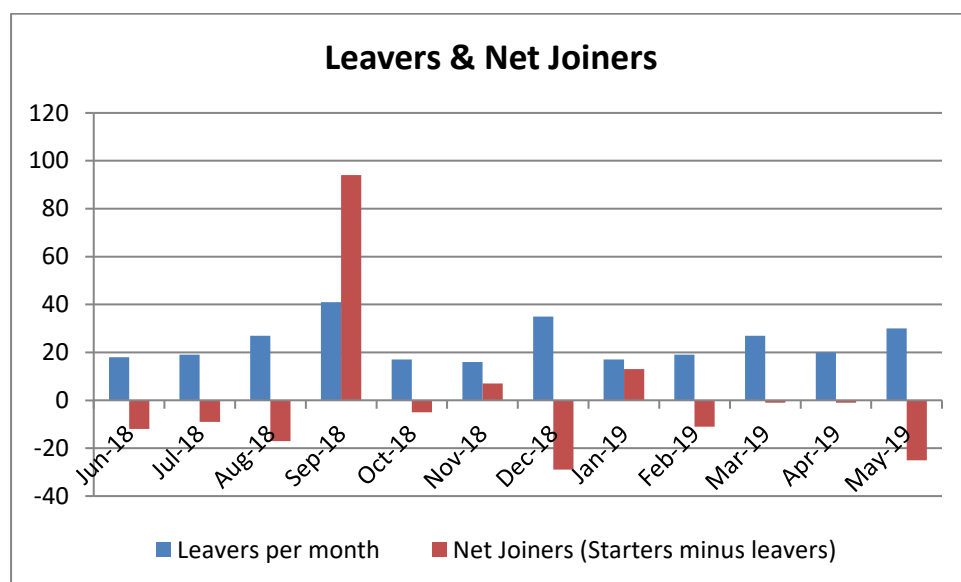
3.3 Retention

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 and workstreams supporting the 4 pillars have been established with nursing participation across all levels of the organisation.

The Trust has a 2019/20 (Q1) target of 13.75% Voluntary turnover, however the performance for April was 15.8%, which increased to 16.1% in May. Band 5 turnover remains significantly above the RN average at 23.4% in May. The Trust had 30 leavers in May (20 in April), and only 5 starters so had a net joiner rate of -25. Analysis of the net joiner data over the last 12 months indicates that only in 3 months of the year did the Trust have more joiners than leavers reflecting the major intake of Band 5 Nurses in the NQN recruitment drives.

Of the known reasons for leaving, relocation and promotion remain the most common given.



4. Patient Safety & Datix

As reported in the last board report (May 2019) the implementation of EPIC continued to have an effect on staffing as all nursing staff were required to undergo mandatory training prior to the launch.

Whilst planned activity levels were deliberately reduced in the weeks following 'Go Live', staffing levels remained either the same (or higher) in order to safely manage the transition.

There were two reported datix incidents in relation to nurse staffing in April, both were appropriately managed and escalated.

There were 9 reported incidents in May across 7 different clinical areas. Bumblebee and Hedgehog wards have temporarily merged due to recruitment issues for both doctors and nurses. It is evident in other datix that nursing staff were still managing the implementation of EPIC. All shifts were managed appropriately with remedial action being taken.

Appendix 1: April & May Workforce metrics by Directorate

Directorate	Actual vs Planned %	CHPPD (exc ICUs)	RN Vacancies (FTE)	RN Vacancies (%)	Voluntary Turnover %	Sickness %	Maternity %
Blood, Cells & Cancer	100.3%	14.3	9.5	4.1%	15.4%	2.8%	2.6%
Body, Bones & Mind	100.2%	13.7	16.8	6.6%	11.5%	2.6%	5.9%
Brain	91.1%	12.5	7.0	5.5%	16.9%	2.8%	5.3%
Heart & Lung	113.9%	14.8	11.3	2.1%	16.8%	3.5%	4.2%
International & PP	116.1%	12.4	28.3	24.9%	26.2%	4.3%	5.9%
Operations & Images	-	-	13.9	6.9%	10.0%	4.2%	2.0%
Sight & Sound	92.2%	8.8	6.6	11.7%	16.8%	3.1%	5.4%
Trust	103.0%	13.1	79.1	4.9%	15.8%	3.1%	4.1%

April 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%

May Nursing Workforce Performance