

**Trust Board  
Date July 2020**

**Safe Nurse Staffing Report for reporting period April/May 2020**

**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 April and May 2020 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 nurse staffing which reflects actions taken by the nursing teams to assure readiness in March which continued through to April and May for any increases in activity due to COVID-19 and in response to changes in admission pathways to include general paediatrics (including mental health) from our North Central London partner organisations.

During the reporting period of April and May there were six Datix incidents in relation to safe staffing.

The Trust operated within nationally recommended parameters for safe staffing levels in April and May with reporting resumed in June. (Appendices)

**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 20/21 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 and Heads of Nursing

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

Chief Nurse; Directorate Management Teams

## **Safe Nurse Staffing Report for reporting period April/May 2020**

### **1. Summary**

This report on GOSH Safe Staffing covers the reporting period for April and May 2020. The 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 and during Phase 1 of the Covid 19 pandemic up to the 8<sup>th</sup> May 2020, and into Phase 2 during which time the trust also hosted general paediatric and mental health patients from our North Central London (NCL) partner organisations the North Middlesex, Royal Free, Whittington and University College Hospital. The national reporting process for safe staffing was suspended throughout April and May due to the COVID-19 pandemic and was reinstated on the 3<sup>rd</sup> June 2020.

### **2. Safer Staffing during Covid 19 Pandemic**

As previously reported the coronavirus pandemic has required GOSH nursing staff to work in new ways and in different wards, departments and organisations throughout April and May. At times, it has also required nursing staff to work in environments and with patient groups that may be unfamiliar. We followed NHSE/I principles and Nursing and Midwifery Council (NMC) regulatory guidance to support our response and maintain safe staffing measures which were outlined in the previous report and updates are provided against these points for the reporting period.

#### **2.1 Deployment**

GOSH nursing staff that were deployed throughout the reporting period are now returning or have returned to their home areas and departments in order to resume activity. This has also involved debriefing, risk assessments and ensuring staff are rested and adjusted to their substantive work environment.

#### **2.2 Building competence and confidence**

Although nurses brought transferable skills with them into new clinical areas they were also offered upskilling and refresher sessions via the education teams to ensure clinical competence. We are currently working with the directorate Heads of Nursing and the education teams to explore how we maintain these skills and competencies going forward and maintain the ability to respond rapidly if we experience a second outbreak.

#### **2.3 Health and Well-being**

The longer-term effects of the pandemic on our nurses are yet to be seen and the nursing retention plan has been revised to reflect the new and urgent challenges the pandemic will bring especially over the next 12-18 months. The plan's priorities have been shaped by local intelligence, recent research findings and NHSI case studies and evidence of good practice. Therefore it will be important to maintain the significant raft of measures which were put in place via the Health and Well-being Hub to ensure nursing staff receive ongoing support and have access to tools to ensure they are best able to maintain good health and wellbeing.

#### **2.4 Aspirant nurses**

On the 4<sup>th</sup> May GOSH welcomed 62 Aspirant Nurses all of whom have Newly Qualified Nurse (NQN) conditional offers with us for September 2020. Health

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Education England (HEE) advised trusts that funding for these posts would cease on the 31<sup>st</sup> July 2020. To support safe staffing and supplement the workforce over the summer months, a funding proposal has been submitted to the Operations Board and Executive Management Team (EMT) to bridge the gap between the 1<sup>st</sup> August and the 27<sup>th</sup> September in an effort to aid a smooth transition into their NQN roles on the 28<sup>th</sup> September and reducing the risk of attrition.

### 2.5 Mental Health Patients

The transfer of NCL patients to GOSH brought a new cohort of patients with acute mental health presentations and the use of the Mental Health Act. Working within the NCL network a cohort of Registered Mental health Nursing (RMNs) staff were identified and deployed to GOSH. All staff have now had informal de-escalation and break away training and there is a rolling programme upskilling the general paediatric team with concepts relating to MH nursing. We continue to accept on a case by case system and the safety of the environment (not being purpose built) is mitigated with higher levels of supervision.

### 3. Temporary Staffing

In response to the pandemic preparations, annual leave and study leave requests were cancelled and bank requests reviewed and cancelled as necessary. As a result requested shifts in April reduced to 1,846 with a slight increase in May to 2,062. Both months were significantly lower than the 12 month average. The fill rate in both months was much higher than the long term average at 86%. Agency usage increased significantly to 170 shifts in April and 359 in May. However the increase was driven by requirements for RMN requirements.

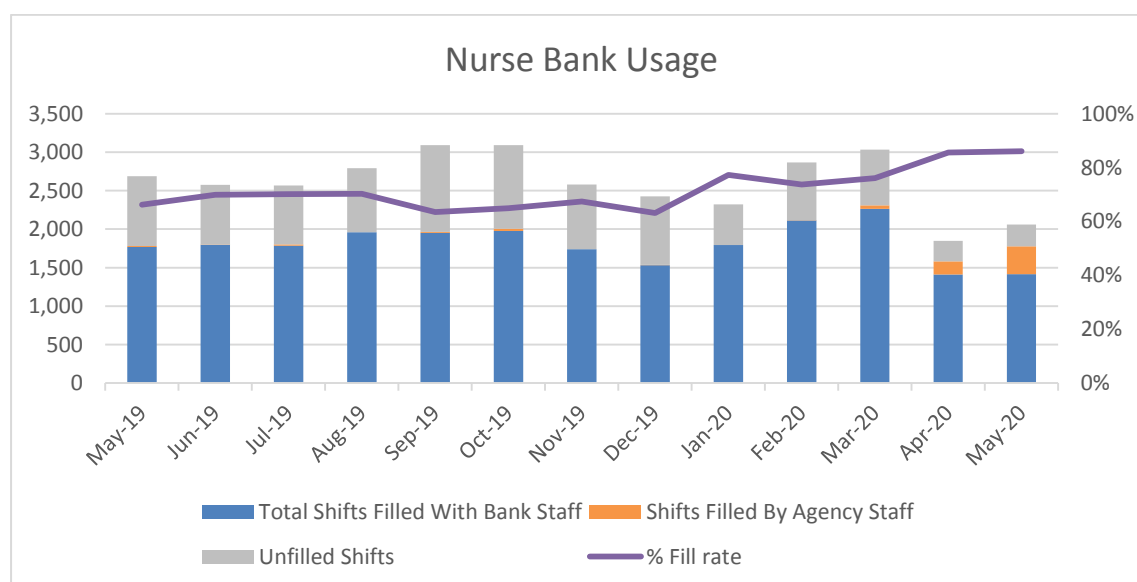


Fig. 1 Nurse Bank Usage (12 month rolling)

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### **4. Incident Reporting**

During the reporting period of April and May there were six datax incidents in relation to safe staffing.

- Heart and Lung x 2
- Ops and Imaging x 2
- Blood, Cells and Cancer x 1

The HoNs for each of these directorates have provided assurance that these incidents have been reviewed and addressed with mitigation in place to prevent reoccurrence. No patient harm occurred.

### **5. Nursing Establishment Review**

The biannual staffing establishment reviews which were deferred from March are currently underway along with the Safer Nursing Care Tool scoring which will be conducted in July to be reported at the next Trust board meeting.

### **6. Nursing Workforce Assurance Group (NWAG)**

The monthly NWAG meeting has resumed and is prioritising cleansing and accuracy of data in conjunction with the Workforce Information Team, Finance and the Directorate HoNs. Individual directorate meetings are currently underway, with visible improvements in the accuracy of data anticipated as we unmerge wards, cleanse data, extract ESR data and move towards restoration and recovery.

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### Appendix 1 : Workforce Utilisation

#### **Actual vs Planned (AvP)**

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 both months the fill rate for AvP was which is within range, April 101.9% and May 110% respectively.

The Unify return to NHS digital has now been re-instated following a pause during the active pandemic phase. Data for March, April and May 2020 will be retrospectively reported in July 2020 following directorate realignment and with caveats to reflect changes in activity during this phase.

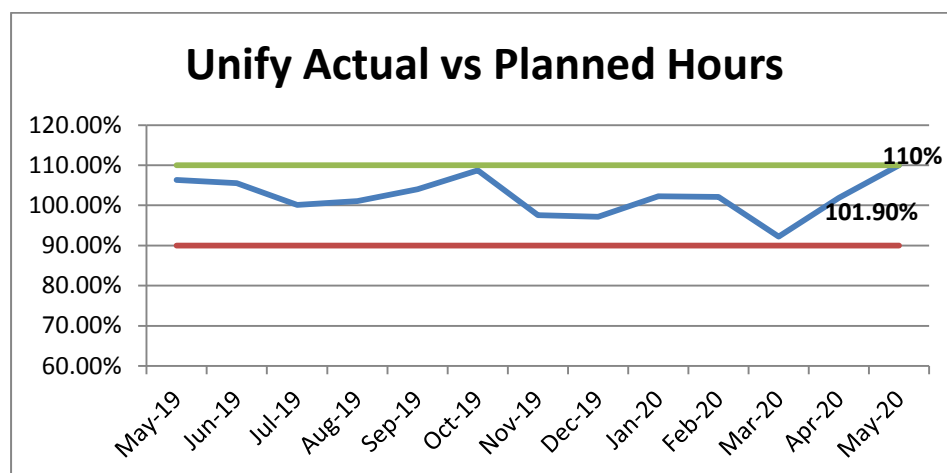


Fig. 2 AvP Hours (12 month)

#### **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 2020 was 16.1 hours, made up of 13.19 registered nursing hours and 2.90 HCA hours. Higher CHPPD is attributable to higher numbers of staff available due to cancelled leave.

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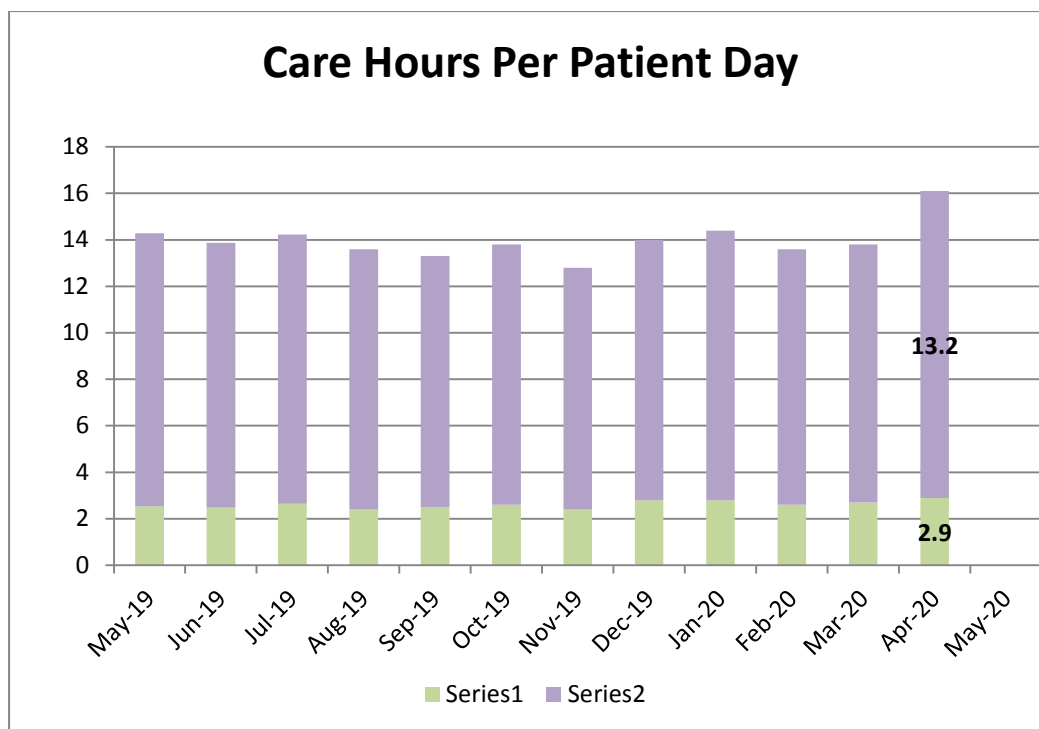


Fig. 3 Care Hours Per Patient Day (12 month)

## Safe Nurse Staffing Report for reporting period April/May 2020

### Appendix 2: April and May Workforce metrics by Directorate

Directorate	Actual vs Planned %	CHPPD (exc ICUs)	RN Vacancies (FTE)	RN Vacancies (%)	Voluntary Turnover* %	Sickness (1 mnth) %	Maternity %
Blood, Cells & Cancer	N/A	N/A	1.77	0.8%	12.7%	7.9%	7.1%
Body, Bones & Mind	N/A	N/A	-1.53	-6.8%	17.1%	4.9%	6.5%
Brain	N/A	N/A	15.68	12.0%	13.0%	3.2%	4.8%
Heart & Lung	N/A	N/A	18.31	3.1%	19.1%	4.0%	5.3%
International & PP	N/A	N/A	12.01	12.4%	25.1%	6.7%	3.4%
Operations & Images	N/A	N/A	-6.42	-4.2%	11.9%	9.4%	5.1%
Sight & Sound	N/A	N/A	-0.82	-1.7%	10.9%	2.1%	3.7%
Trust	101.9%	15.5	61.91	4.1%	16.0%	3.7%	5.3%

April Nursing Workforce Performance

\*Relates to all RN grades

Directorate	Actual vs Planned %	CHPPD (exc ICUs)	RN Vacancies (FTE)	RN Vacancies (%)	Voluntary Turnover* %	Sickness (1 mnth) %	Maternity %
Blood, Cells & Cancer	N/A	N/A	1.0	0.5%	11.1%	4.1%	7.5%
Body, Bones & Mind	N/A	N/A	8.33	3.6%	16.8%	1.1%	6.5%
Brain	N/A	N/A	13.9	10.6%	13.0%	1.9%	6.4%
Heart & Lung	N/A	N/A	18.3	3.6%	17.8%	3.2%	5.0%
International & PP	N/A	N/A	11.8	12.1%	21.8%	6.2%	3.3%
Operations & Images	N/A	N/A	-0.03	-1.9%	12.8%	5.9%	4.6%
Sight & Sound	N/A	N/A	0.4	0.9%	12.9%	0.4%	3.2%
Trust	110%	N/A	77.5	5.1%	15.2%	3.1%	5.3%

May Nursing Workforce Performance

\*Relates to all RN grades