

1. Purpose

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. This report covers the reporting period for October and November 2020. The report also includes measures to ensure preparedness and the health and well-being of staff throughout the current pandemic surge in December and January 2021. It also outlines the strategic support provided to the wider system for our North Central London (NCL) partner organisations; the North Middlesex, Royal Free, Whittington and University College Hospitals.

2. Covid 19 Pandemic - Second Surge Response

As in the first phase of the pandemic GOSH nursing staff have been required to work in new ways and in different wards, departments and organisations over recent weeks. 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 reports, and updates are provided against these points for the reporting period.

2.1 Deployment

Internal deployment - Nursing staff have been deployed to Pelican (Covid), Paediatric Intensive Care Units (PICU) and the Staff Vaccination Clinic to support expansion or new services in response to the pandemic.

External deployment - 20 GOSH nursing staff have been deployed to the Whittington NCL South Hub (general paediatrics) since early November 2020, with 5 returning in January and 15 remaining until March 2021. An additional 70+ nurses have been deployed to support patient care in the adult ICUs and mental health units/Emergency Departments (EDs) at the Royal Free, University College, North Middlesex and Barnet Hospitals over recent weeks. At time of reporting a total of 67 nurses are currently on external deployment with weekly reviews in place.

Preparedness included upskilling, staff health risk assessments, FIT testing, 'keeping in touch' measures and an enhanced Health and Well-being offer, all of which are outlined below. A Standard Operating Procedure (SOP) has been developed and approved which provides a robust process to ensure safe staffing levels are maintained at GOSH while supporting the system response to the pandemic.

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, specifically in general paediatrics, adult vaccination, anaphylaxis, adult Basic Life Support (BLS) and adult ICU skills via the education team to support clinical competence. We also worked with senior nursing staff and education teams to ensure skills and competencies developed during the first surge were maintained to support rapid response during the second surge.

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 was previously revised to respond to these challenges. The enhanced Health and Well-being offer continues to grow and evolve, with regular 'catch up' Zooms for deployed staff, letters issued to relevant staff clearly outlining ongoing support and how to access it, regular weekly 'check ins' with line managers

Safe Nurse Staffing Report for reporting period October - November 2020

while on deployment and access to tools which promote good health and wellbeing habits.

3. Recruitment

Throughout this period and in an effort to support our response, we continue to grow and develop our nursing workforce. The following have been recruited or commenced in the Trust since the last reporting period:

- 19 newly qualified nurses (NQNs), on the 4th January 2021
- 5 experienced Band 3 Health Care Assistants (HCA)
- 11 international nurses arrived on the 18th January
- 1 'Return to Practice' Registered Nurse (Child Health)
- 18 Registered Nurse Apprentices (RNA)
- 9 Nursing Associates have now commenced their Registered Nurse 'Top up' programme
- Appointed 12 new Band 2 Health Care Support Worker Apprentices (HCSW), to replace those who have been appointed to RNA apprenticeship.

4. Nursing Vacancy and Voluntary Turnover Rate

The Trust registered nursing vacancy rate continues to improve with the rate decreasing to 4.59% in November from 4.85% in the previous month. The vacant WTE during this period fell by 4.1 WTE from 76.3 WTE to 72.2 WTE, continuing the Trust's positive trajectory. Unregistered HCA vacancies remain very low with only 12 WTE across the whole trust following recent recruitment.

In terms of recruitment there were 11 WTE new starters in October and 26 (23.40 WTE) in November, offset by 20 leavers in October (17.65 WTE) and 21 in November (18.04 WTE). Voluntary turnover has improved consistently throughout the calendar year and is currently 12.73% for November and below Trust target (13%).

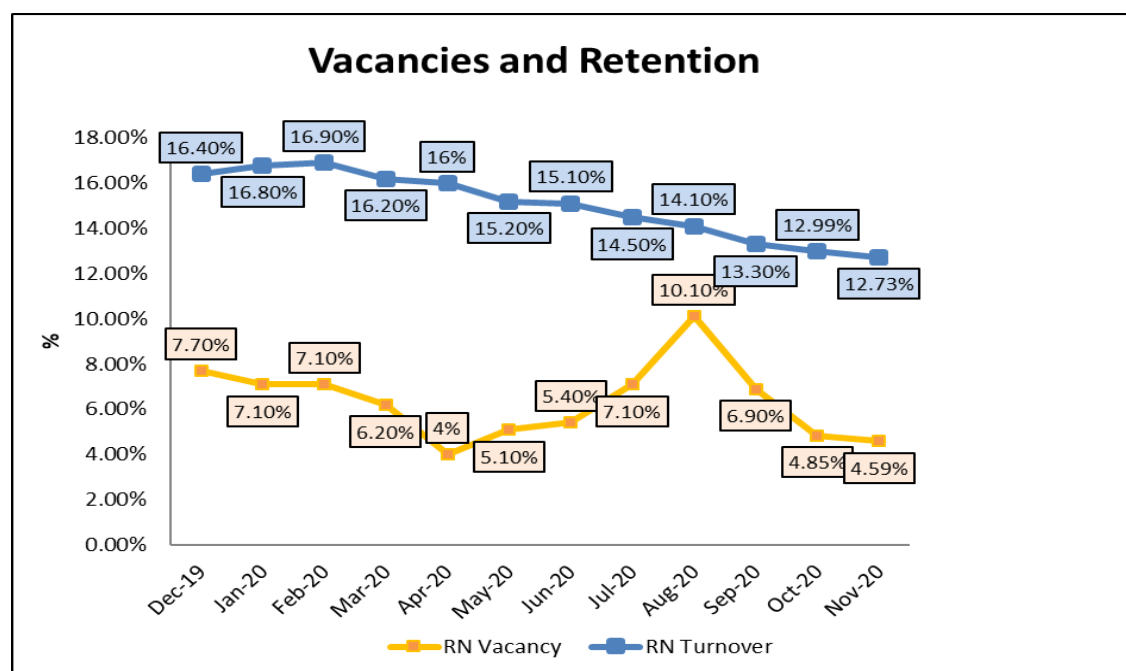


Fig.1 Registered Nurse vacancy and voluntary turnover rate (12 month view)

Safe Nurse Staffing Report for reporting period October - November 2020

5. Temporary Staffing

The total number of shifts requested has increased from 2572 in October to 2616 in November, with bank usage increased 7% from 80% to 87%, and agency usage dropped from 1% to 0%. Overall the unfilled shifts between October and November 2020 fell by 6%, from 19% to 13%. Bank usage increased for a number of reasons during this period including patient acuity, self-isolation, high maternity rates and staff sickness.

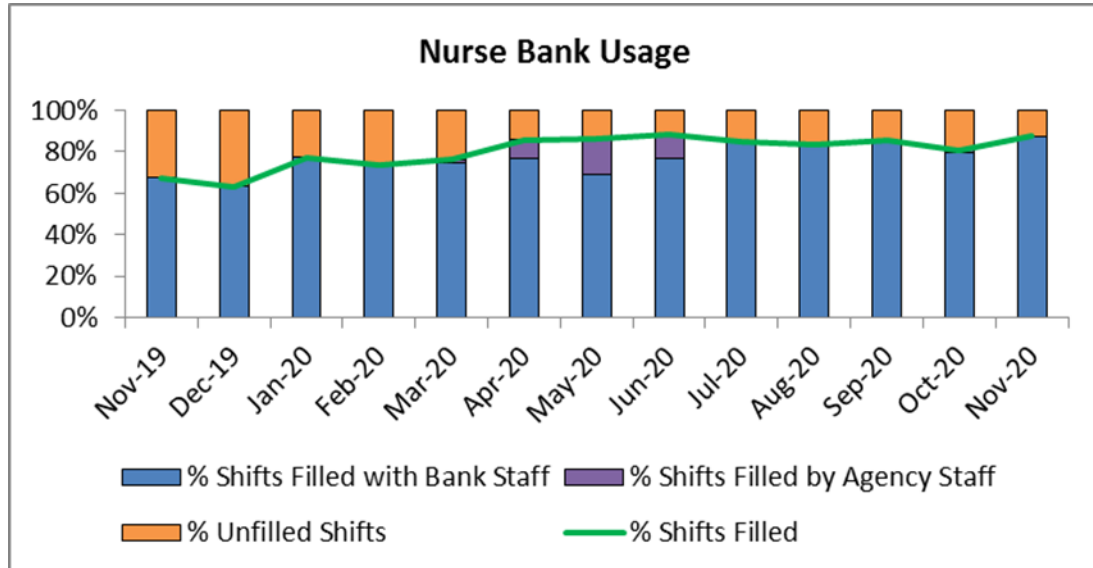


Fig.2 Nurse Bank Usage (13 month view)

6. Incident Reporting

There was one datix incident in October for the International and Private Care (IPC) directorate and two datix incidents in November, one for the Heart & Lung (H&L) directorate and one for the Sight & Sound (S&S) directorate, all of which were categorised as a safe staffing incidents. All have been investigated and closed with no patient harm, and assurance from Heads of Nursing that appropriate mitigation has been put in place.

7. Care Hours Per Patient Day (CHPPD)

CHPPD is calculated by adding the hours of RNs and HCAs available in a 24 hour period and dividing the total by the number of patients at midnight. CHPPD is reported 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.

CHPPD includes total staff time spent on direct patient care but also on activities such as preparing medicines, updating patient records and sharing care information with other staff and departments. It covers both temporary and permanent care staff but excludes nursing students and staff working across more than one ward. CHPPD relates only to hospital wards where patients stay overnight. When we report CHPPD we exclude the 3 ICUs to give a more representative picture across the Trust. The reported CHPPD for October 2020 was 13.6 made up of 11.18 Registered Nurses and 2.46 HCA hours. This increased slightly in November 2020 to 14.3, 11.65 Registered Nurses and 2.62 HCA hours.

Safe Nurse Staffing Report for reporting period October - November 2020

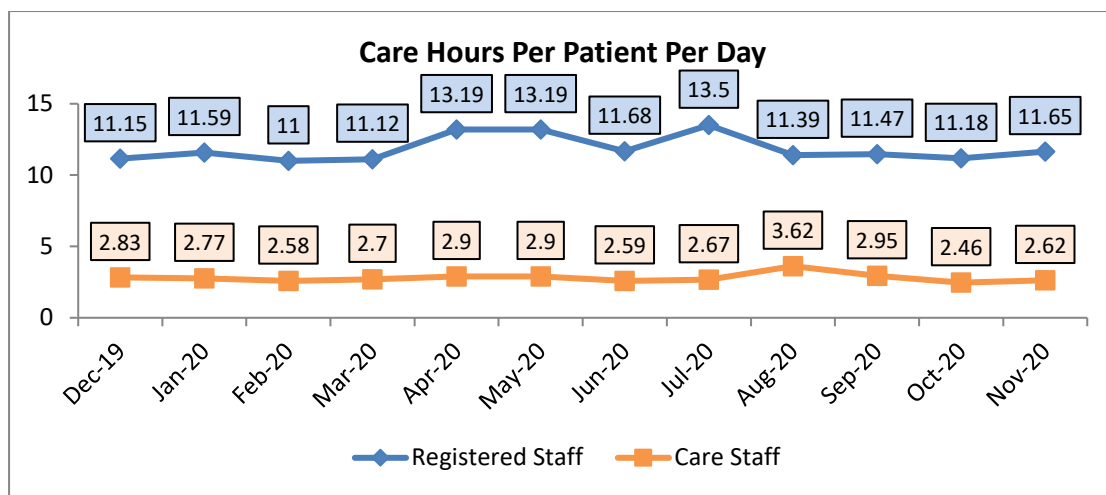


Fig. 3 Care Hours per Day – Breakdown (12 month view)

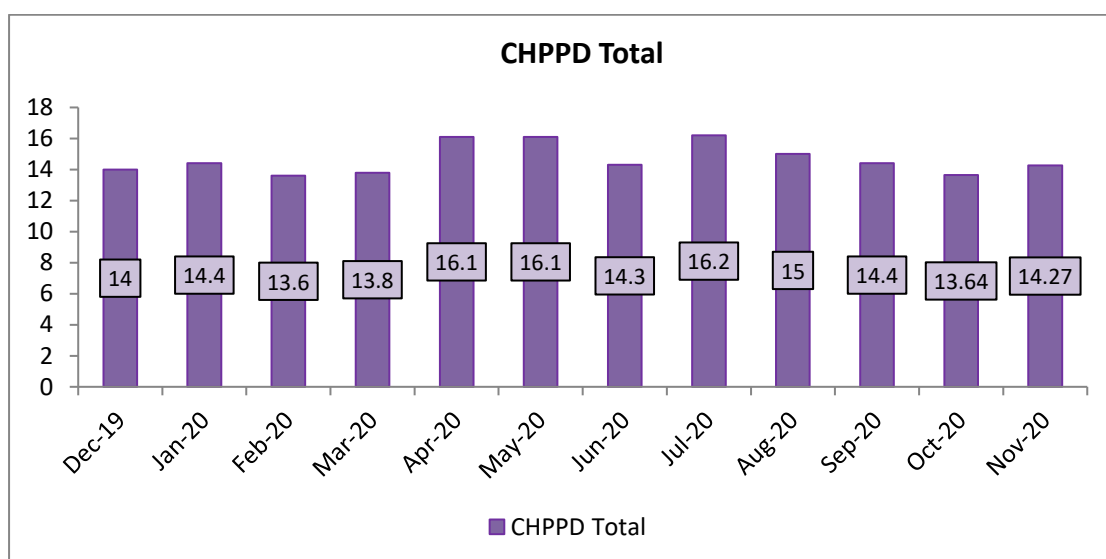


Fig. 4 Care Hours per Day - Total (12 month view)

8. Summary

Due to the current situation and the redeployment of Nursing Workforce Team to the Staff Vaccination Clinic, some usual activity has been paused. The Nursing Workforce Assurance Group (NWAG) meeting which was also scheduled for the first week in January was postponed due to conflicting priorities. However nursing levels and deployments are reviewed on a daily basis and with greater scrutiny due to the rapidly changing situation. The Safer Nursing Care (SNCT) biannual establishment review will also be rescheduled due to nursing staff capacity, ward mergers, redeployments and unusual service activity which will provide inaccurate and misleading data. This will be reinstated at the earliest possible opportunity.

Safe Nurse Staffing Report for reporting period October - November 2020

Appendix 1: October & November Workforce metrics by Directorate

Oct-20						
Directorate	Actual vs Planned %	CHPPD (exc ICUs)	RN Vacancies (FTE)	RN Vacancies (%)	Voluntary Turnover* %	Sickness (1 mnth) %
Blood, Cells & Cancer	85.2%	13.5	3.29	1.40%	7.84%	2.41%
Body, Bones & Mind	93.6%	12.7	19.63	7.90%	17.93%	1.42%
Brain	91.7%	14.3	6.99	4.99%	10.09%	1.84%
Heart & Lung	80.3%	13.7	6.88	1.26%	14.21%	3.74%
International	77.5%	15.7	19.66	18.82%	16.48%	3.90%
Operations & Images	N/A	N/A	21.30	8.27%	13.94%	3.76%
Sight & Sound	94.0%	12.7	0.68	1.37%	6.25%	3.43%
Research & Innovation	N/A	N/A	N/A	23%	9.52%	4.28%
Trust	86.3%	13.6	79.32	4.85%	12.74%	3.16%

October Nursing Workforce Performance relates to all RN grades. Trust totals may include nursing posts from some non-clinical directorates not be listed above.
NB. The high vacancy rate in IPP does not impact on patient care. Due to the closure of Hedgehog Ward, the staff have been deployed to Bumblebee Ward therefore high nursing/patient ratios are maintained.

Nov-20						
Directorate	Actual vs Planned %	CHPPD (exc ICUs)	RN Vacancies (FTE)	RN Vacancies (%)	Voluntary Turnover* %	Sickness (1 mnth) %
Blood, Cells & Cancer	89.4%	14.8	5.98	2.54%	6.98%	3.55%
Body, Bones & Mind	99.7%	13.5	19.42	7.35%	16.28%	1.79%
Brain	94.5%	14.0	6.26	4.47%	9.19%	1.91%
Heart & Lung	82.8%	13.5	14.88	2.73%	14.66%	4.34%
International	83.2%	16.4	18.13	16.87%	15.16%	4.03%
Operations & Images	N/A	N/A	14.50	5.87%	15.18%	3.55%
Sight & Sound	104.5%	15.0	0.68	1.37%	6.25%	3.60%
Research & Innovation	N/A	N/A	N/A	18%	8.39%	0.71%
Trust	90.9%	14.3	75.18	4.59%	12.73%	3.40%

November Nursing Workforce Performance Relates to all RN grades. Trust totals may include nursing posts from some non-clinical directorates not listed above.