Safer Staffing Trust Report March 2021

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 patient demand and capacity. This report covers the reporting period for December 2020 – January 2021 and includes measures to ensure the health and well-being of staff following the pandemic surge during this period. It also updates on 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 second surge of the pandemic, GOSH nursing staff were required to work in new ways and across different wards, departments and organisations, cover during this reporting period. 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 previous reports. We are now working towards recovery and restoration of staff and services.

2.1 Deployment

Internal deployment - Nursing staff continue to be deployed to Pelican (Covid) and the Staff Vaccination Clinic to support new services in response to the pandemic.
External deployment - Over the full period of the second surge a total of 126 individual nurses supported a range of services across NCL including the South Hub General Paediatrics, adult ICUs, mental health units and emergency departments at the Royal Free, Whittington, University College, North Middlesex and Barnet Hospitals. At time of reporting the majority of all deployment staff have returned with 15 nurses remaining and due to return by the 28th March.

2.2 Health and Well-being

In addition to the preparedness and the Health and Well-being offer outlined in the previous report, and as we work towards restoration and recovery, there has been an emphasis on ensuring all deployed staff are debriefed, TRiM (Trauma Risk Management) assessed, rested and sign posted to resources and support as appropriate. We will also build on lessons learnt and feedback from the experiences of those who have been previously deployed, to ensure we are ready to rapidly mobilise if required and to maintain skills developed.

3. Recruitment

Throughout this period we continue to grow and develop our nursing workforce. A total of 86 nursing staff/apprentices were appointed in January 2021 which was fully outlined in the previous report. In addition to local recruitment activity, the following staff are in the pipeline and will commence in post between March and May:

- 12 international nurses arriving on the 19th March
- 13 newly qualified nurses (NQNs), in April
- 1 ‘Return to Practice’ Registered Nurse (Child Health)
- 6 -10 new Band 2 Health Care Support Worker Apprentices (HCSW)

4. Nursing Vacancy and Voluntary Turnover Rate

The Trust registered nursing vacancy rate has steadily declined since reaching its peak of 10.10% in August 2020. After a brief increase to 5.70% in December, the vacancy rate reduced to 4.82% in January. The trust is currently at the second lowest vacancy rate since the start of the financial year. The vacant full time equivalent (FTE) during this period fell by 14.3 FTE from 90.4 to 76.1, continuing the trusts positive trajectory.

Voluntary turnover improved consistently throughout the calendar year however has started to show signs of increasing rises in December (12.82%) and January (12.92%) but remains within the trust target.

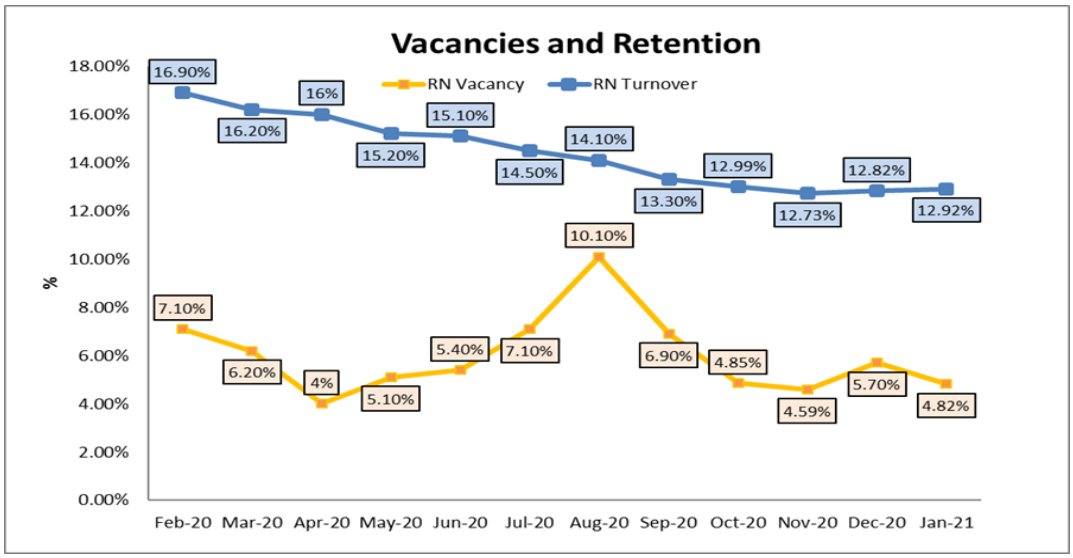

Fig.1 Registered Nurse vacancy and voluntary turnover rate (12 month view)

5. Temporary Staffing

The total shifts requested excluding shifts requested then subsequently cancelled has increased month on month with 2682 in December and 3347 in January. During this period bank shifts increased by 6% from 78% to 84%, whilst agency usage remained very low at 1%. Overall the unfilled shifts moved in a positive direction between December 2020 and January 2021 falling by 6%, from 22% to 16%. Bank usage increased for a number of reasons during this period including back fill to support NCL deployments, patient acuity, self-isolation, high maternity rates and staff sickness.

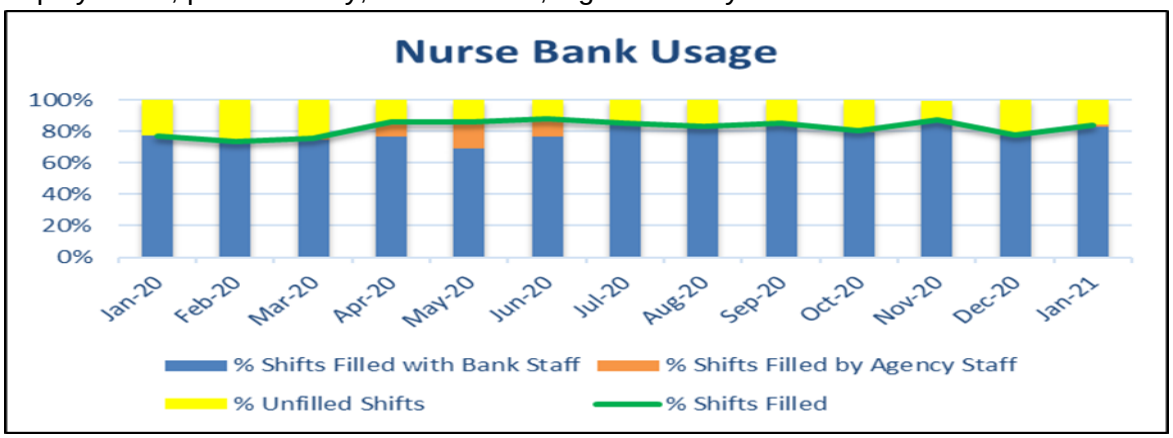

Fig.2 Nurse Bank Usage (13 month view)

6. Incident Reporting

There were four Datix incidents in December 2020, one in the Ops and Imaging (O&I) directorate, two in the Heart & Lung (H&L) directorate and one in the Brain directorate. All have been investigated and closed with no patient harm, and assurance from Heads of Nursing that appropriate mitigation has been put in place.

There were nine Datix incidents in January 2021, one in Ops and Imaging (O&I) directorate, six in the Heart & Lung (H&L) directorate (four of these specifically relate to Cardiology Outpatients), one in International Private Care (IPC) and one in the Body, Bones and Mind (BBM) directorate. All incidents have now been investigated. The incident on BBM resulted in patient deterioration and subsequently readmission to critical care. The investigation highlighted a breakdown in communication between the discharging unit and admitting ward and also that patient acuity was higher than expected. Several learning points have been identified as a result with new processes in place to mitigate against re-occurrence.

The incidents in Cardiology Outpatients related to reduced Clinical Nurse Specialist (CNS) resource and has now been addressed. The remaining incidents have been closed with no patient harm, and assurance from Heads of Nursing that appropriate mitigation has been put in place. The main themes from the incidents were in relation to short notice staff shortages due to staff sickness, Covid related self-isolation and lack of specialist skill mix requirements.

7. Care Hours Per Patient Day (CHPPD)

CHPPD is calculated by adding the hours of Registered Nurses (RNs) and Healthcare Assistants (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 Model Hospital 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 December 2020 was 14.2 made up of 11.56 Registered Nurses and 2.63 HCA Hours. This decreased slightly in January 2021 to 13.40, 10.91 Registered Nurses and 2.45 HCA Hours. Actual vs Planned CHPPD has not been reported due to budgeted establishment templates not being updated during this financial year which would lead to misleading information. We have been advised that this will be updated for the coming new financial year.

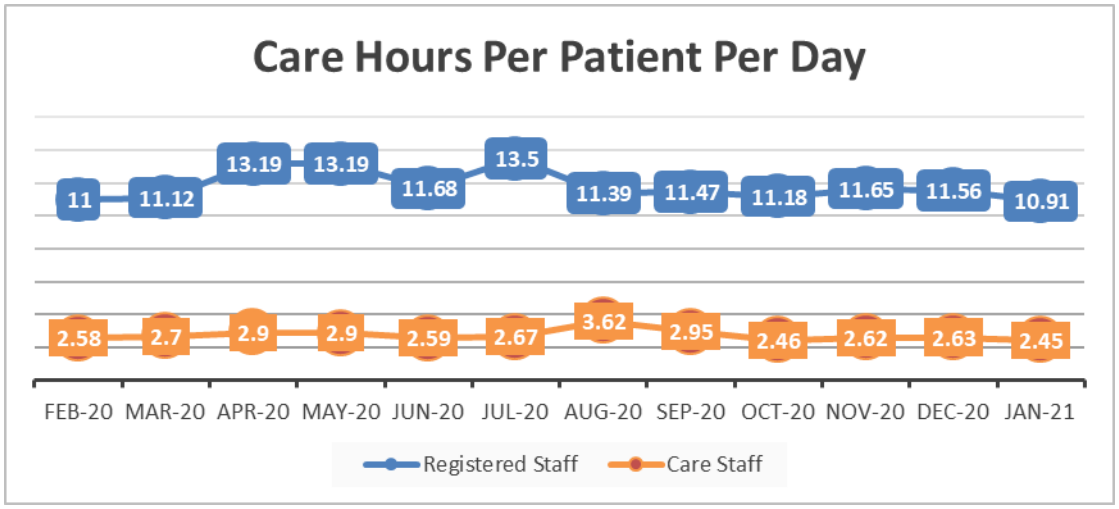

Fig. 3 Care Hours per Day – Breakdown (12 month view)

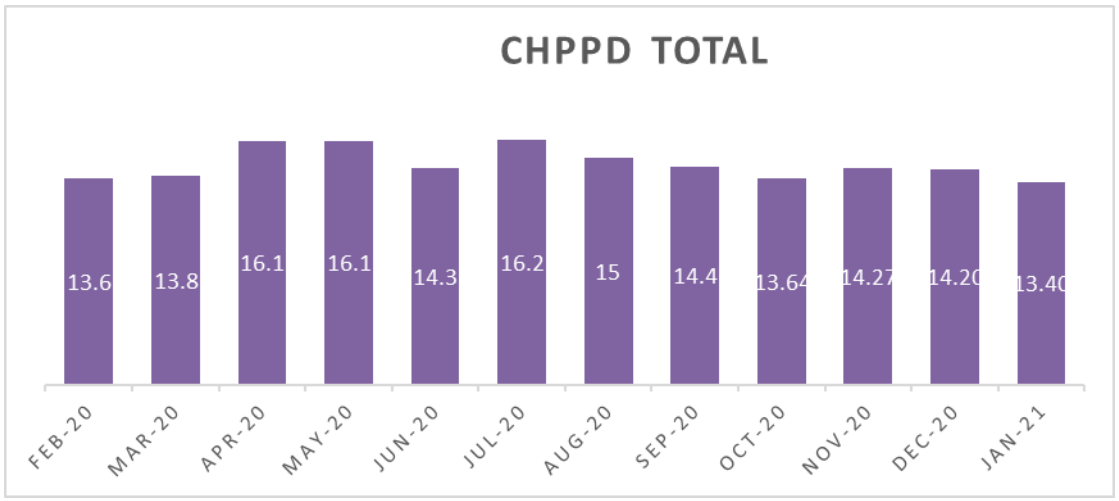

Fig. 4 Care Hours per Day - Total (12 month view)

8. Updates

8.1 Nursing Workforce Assurance Group (NWAG)

Following the second surge which covers this reporting period, the monthly Nursing Workforce Assurance Group (NWAG) meeting resumed in February having been postponed in January due to conflicting priorities.

8.2 Safe Staffing Establishment Review

The Safer Nursing Care (SNCT) biannual staffing establishment review also commenced mid-February and is being conducted over a four week period and will conclude in March with reporting to Trust Board in May 2021.

8.3 Accuracy of Data and Bed Closures

Clinical Operations, EPR and Workforce are working on an ongoing electronic solution, with the Epic team leading on providing a 'beds staffed' functionality to allow for more accurate reporting. This will be taken into account when calculating Actual vs Planned CHPPD and the refinement in the reporting methodology.

Appendix 1: December 2020 & January 2021 Workforce metrics by Directorate

Dec-20					
Directorate	**CHPPD (exc ICUs)**	**RN Vacancies (FTE)**	**RN Vacancies (%)**	**Voluntary Turnover* %**	**Sickness (1 mth) %**
Blood, Cells & Cancer	14.2	5.98	2.5%	7.0%	3.5%
Body, Bones & Mind	13.1	16.72	7.4%	16.3%	1.8%
Brain	14.3	6.26	4.5%	9.2%	1.9%
Heart & Lung	14.3	14.88	2.7%	14.7%	4.3%
International	16.8	18.13	16.9%	15.2%	4.0%
Operations & Images	N/A	14.45	5.9%	15.2%	3.5%
Sight & Sound	13.1	0.68	1.4%	6.2%	3.6%
Research & Innovation	N/A	10.78	18.3%	8.4%	0.7%

December nursing workforce performance relates to all RN grades. Trust totals may include nursing posts from some other directorates not 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. Research vacancy rates are determined by research activity.

Jan-21					
Directorate	**CHPPD (exc ICUs)**	**RN Vacancies (FTE)**	**RN Vacancies (%)**	**Voluntary Turnover* %**	**Sickness (1 mnth) %**
Blood, Cells & Cancer	14.4	9.59	4.1%	6.9%	4.5%
Body, Bones & Mind	13.8	13.99	7.0%	16.8%	2.6%
Brain	14.0	5.26	3.8%	7.5%	2.0%
Heart & Lung	14.2	23.72	4.3%	15.4%	4.9%
International	15.0	20.13	18.7%	10.3%	4.5%
Operations & Images	N/A	16.16	6.6%	15.4%	3.1%
Sight & Sound	4.5	6.92	8.7%	10.9%	2.7%
Research & Innovation	N/A	10.28	17.4%	10.6%	2.0%

January nursing workforce performance relates to all RN grades. Trust totals may include nursing posts from some other directorates not 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. Research vacancy rates are determined by research activity.