

MEETING OF THE TRUST BOARD OF DIRECTORS – 6 OCTOBER 2020			
Safe Staffing Report for August 2020 – Nursing, Midwifery and Allied Health Professionals (AHP)			AGENDA ITEM:
Report Author and Job Title:	Eileen Aylott, Assistant Director of Nursing Education and Workforce	Responsible Director:	Deirdre, Director of Nursing and Quality
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This report details nursing, midwifery and AHP staffing levels for the month of August 2020.		
Background	The requirement to publish nursing, midwifery and AHP staffing levels on a monthly basis is explicit and is one of the ten expectations specified by the National Quality Board (2013 and 2016).		
Assessment	<p>Mandated levels of safe staffing have been maintained within the RSU, Stroke, Oncology and Midwifery.</p> <p>‘Black Beds’ – unfunded winter pressure beds remain open on wards 34 and ward 35 and have been staffed through a combination of NHSP and overtime.</p> <p>Reopening of closed beds has been agreed from the end of August through a paper presented to Workforce Assurance and Strategic Working Groups and includes a request to permanently fund the black beds on wards 34 and 35. Additional staffing to open beds on ward 12 have been advertised</p> <p>Nursing and Midwifery Turnover is currently 8.6%</p> <p>Vacancy against financial ledger is 6% /99wte</p> <p>Nurse Staffing throughout July has matched the acuity, dependency and numbers of patients. There does not appear to be any direct correlation between patient harms and safe staffing levels although medication incidents have increased.</p> <p>NHSE/I have announced funding opportunities to support Band 2/3 HCA’s to undertake 4 year RN apprenticeships and for Nursing Associates and Assistant Practitioners to undertake 2 year RN apprenticeships. The Trust has submitted expressions of interest for both routes and will be informed in October if successful. This is a very exciting opportunity to develop our own staff and to ‘grow our own’ nursing workforce.</p> <p>There have been no reported episodes for lack of supervisory co-ordinator shifts across ITU/GH DU or CICU.</p> <p>Ward managers remaining supervisory remains a challenge</p>		

	The risk to safe staffing remains from COVID self-isolation and sickness for all staff groups which is as yet unknown. Close monitoring and agile actions will be required to mitigate risks. This action may include the requirement to over recruit for a short period of time which will have obvious financial implications.	
Recommendation	The Board of Directors are asked to note the content of this report	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk 5.1 Demographic changes, shifting cultural attitudes to careers, capacity and capability of staff combined with employment market factors resulting in critical workforce gaps in some clinical and non clinical services	
Legal and Equality and Diversity implications	<ul style="list-style-type: none"> • Care Quality Commission • NHS Improvement • NHS England 	
Strategic Objectives	Excellence in patient outcomes and experience <input checked="" type="checkbox"/>	Excellence in employee experience <input checked="" type="checkbox"/>
	Drive operational performance <input type="checkbox"/>	Long term financial sustainability <input type="checkbox"/>
	Develop clinical and commercial strategies <input type="checkbox"/>	

Nursing, Midwifery and AHP Workforce Report

September 2020 based on August 2020 Data

Safe Staffing Governance

Clinical Matron Huddles and Ward Manager Briefings have been utilised to ensure full communication of plans and to gain feedback from teams to inform decision making.

Staff redeployment has taken place to ensure patient safety with twice daily SafeCare meetings to address any immediate issues and robust plans for overnight and weekend staffing shared with patient flow. Review of beds closed due to COVID social distancing have been reviewed and agreed through Workforce Assurance and the Strategic Group.

There is a potential risk to safe staffing due to the unknown nature of track and trace and the requirements for self-isolation and unexpected childcare unavailability at short notice. There is also a risk of a second surge in COVID19 cases requiring ITU and an increase in workforce to support this activity.

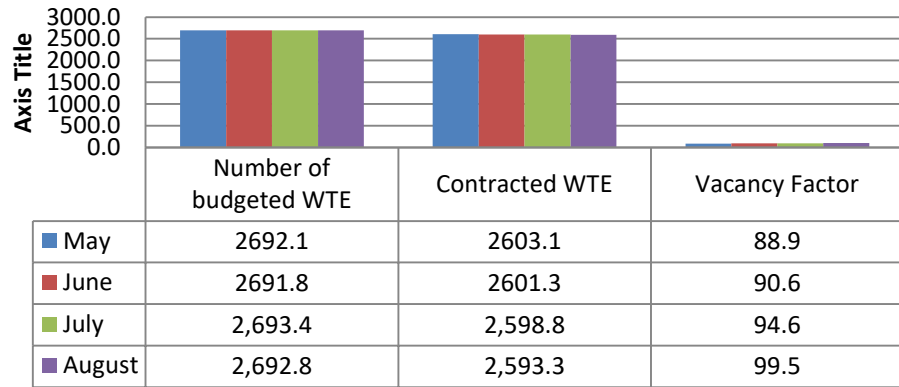
Table 1 – Overall UNIFY fill Rate based on planned vs worked hours for August 2020

Overall Ward Fill Rate		July 2020	August 2020	<p>HCA % includes Registered Nursing Associates (Band 4), Assistant Practitioners (Band 4), Trainee Nursing Associates (Band 3) and HCA's Bands 2 and 3.</p> <p>Therapeutic Care Support Workers (TCSW Band 2) support wards on the JCUH site with enhanced observation for level 3 patients presenting with challenging behaviour.</p> <p>Students have remained in paid placements until the end of August and will return to supernumerary placements from September.</p>
	RN/RMs (%) Average fill rate - DAYS	88.7%	87.8%	
	HCA (%) Average fill rate - DAYS	120.4%	117.6%	
	NA (%) Average fill rate - DAYS	100%	100.0%	
	TNA (%) Average fill rate - DAYS	100%	100.0%	
	RN/RMs (%) Average fill rate - NIGHTS	99.7%	98.6%	
	HCA (%) Average fill rate - NIGHTS	119.4%	114.2%	
	NA (%) Average fill rate - NIGHTS	100%	100.0%	
	TNA (%) Average fill rate - NIGHTS	100%	100.0%	
Total % of Overall planned hours	103.5%	102.28%		

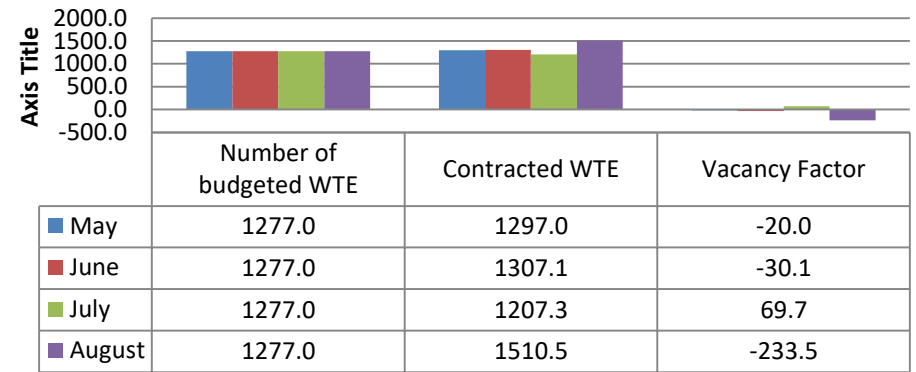
Vacancy and Turnover

The total current nursing and midwifery vacancy rate against the financial ledger for all nursing and midwifery staff remains at 6% for August 2020 which equates to approximately 99 WTE. HCA vacancy rates have been skewed by student nurses and midwives on paid placement. Nursing and Midwifery Turnover for August was 8.6% and will be refreshed within the report quarterly.

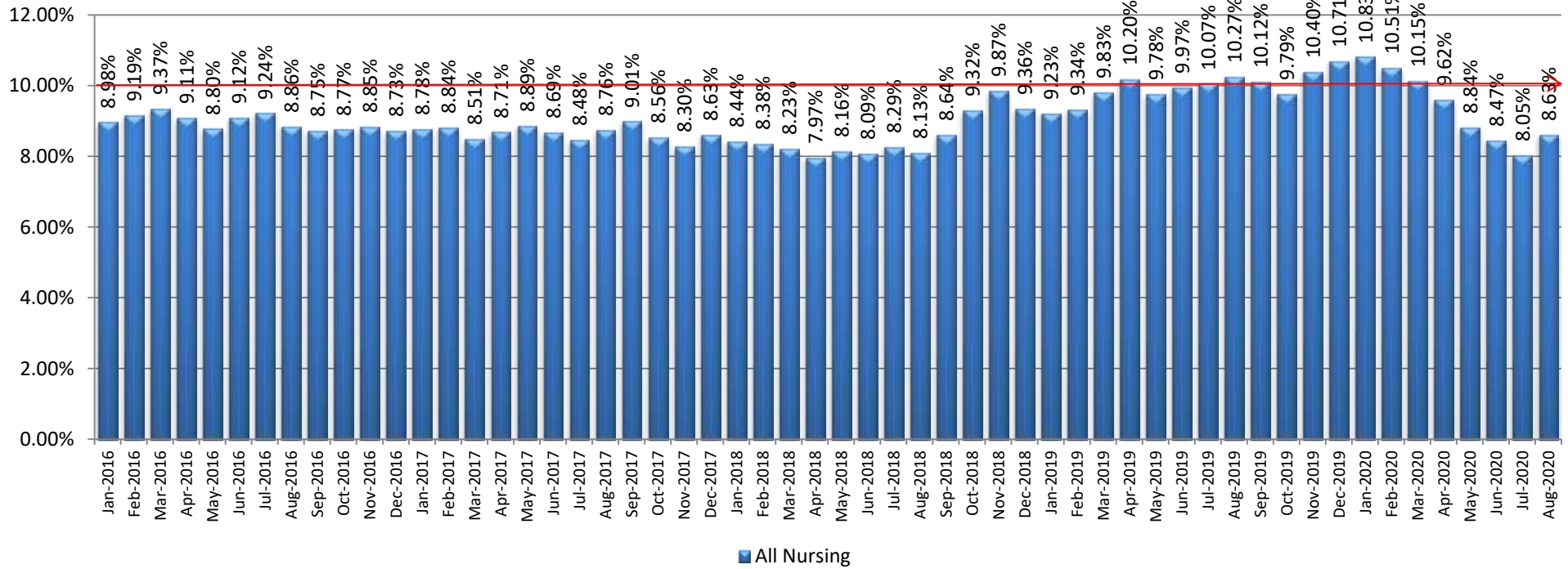
RN Vacancies



HCA Vacancies



Turnover all Registered Nurses



International nurses who have taken their OSCE exams the week of 17th August 2020 have now completed and are progressing to full NMC registration. The international nurses delayed through COVID begin to arrive again in September (*n*10) with and end of October (*n*9) and end of November (*n*12) group now arranged to travel.

The new recruitment process of 'Assessment Centre' interviews were piloted in late August and proved to be very successful with all applicants being appointed. Students qualifying in January will have their assessment centres across 2 days in September with centre representation and will include our revised 'values and behaviours'

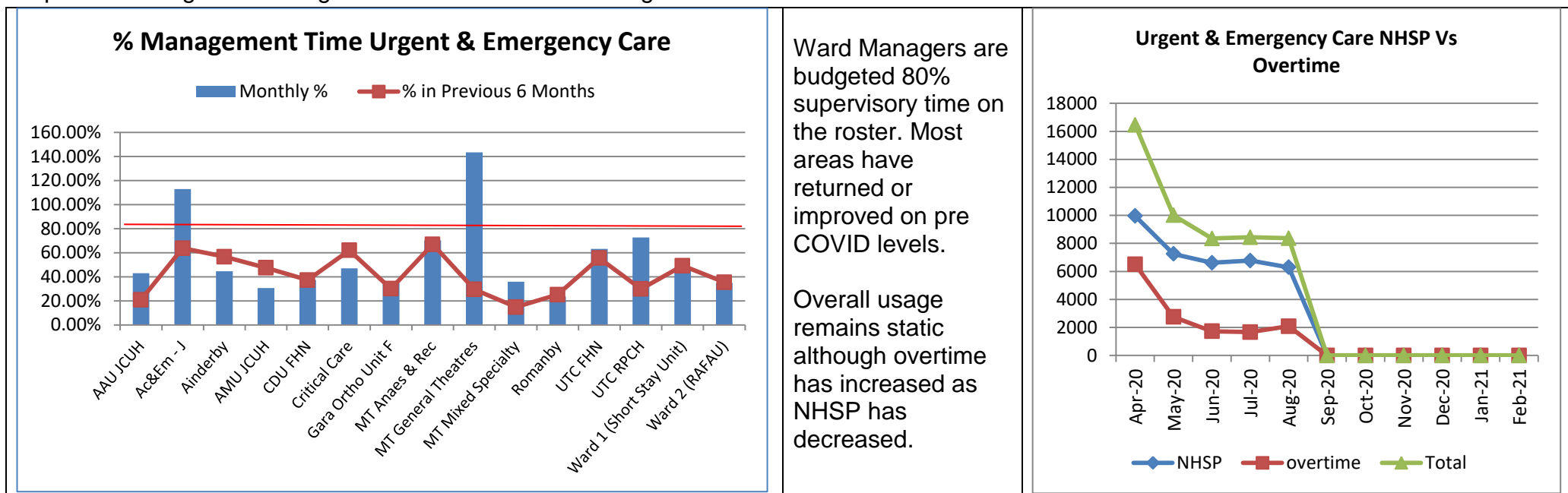
NHSE/I have announced funding opportunities to support Band 2/3 HCA's to undertake 4 year RN apprenticeships and for Nursing Associates and Assistant Practitioners to undertake 2 year RN apprenticeships. The Trust has submitted expressions of interest for both routes and will be informed in October if successful. This is a very exciting opportunity to develop our own staff and to 'grow our own' nursing workforce.

Urgent and Emergency Care Centre actual worked hours against planned and professional judgement template numbers for August 2020

May 2020 Data	Planned Day	Worked Day	Planned N	Worked N	Bed Occ	PU 2's	PU 3's	Medication Incidents	Patient Falls	Formal Complaints	1000 voices	Quality Impact
Critical Care	28 + 6	28 +10	28 + 4	27 + 5	24	6	0	1	0	0	9.04	
RAFAU (On Ward 2)	4 + 3	4 + 6	3 + 3	3 + 4	21	1	0	0	10	0	-	SI- Fractured neck of femur
Short Stay (On Ward 1)	5 + 3	5 + 5	3 + 3	3 + 4	20	1	0	2	9	0	-	
AMU JCUH	5 + 3	6 + 5	4 + 3	5 + 4	13	0	0	2	3	0	-	
AAU JCUH	5 + 3	7 + 4	4 + 3	5 + 3	12	0	0	2	5	0	-	
CDU FHN	5 + 3	4 + 4	3 + 2	2 + 2	7	1	0	1	3	0	-	One bay of 4 beds converted into resus bay for patients awaiting transfer to JCUH
Ainderby FHN	4 + 3	3 + 4	2 + 2	2 + 3	14	0	0	0	3	0	-	
Romanby FHN	4 + 3	3 + 3	2 + 2	2 + 2	14	1	0	3	4	0	-	
Ac&Em -J	17 + 7	16 + 8	16 + 7	15 + 8	/	0	0	5	4	2	-	

Staffs have been encouraged to attend the learning café events during medication safety week 14th September to support learning from incidents. The impact of the loss of the RAFAU on rates of falls requires ongoing review.

There have been no reported episodes for lack of supervisory co-ordinator shifts across ITU/GHCU or CICU. Nursing Associates and Assistant Practitioners compliment the A+E team and sit in the HCA numbers. Activity has increased across the centre during August with large number of patients being seen through the AAU and AMU's overnight.



Community Care Centre actual worked hours against planned and professional judgement template numbers for August 2020

May 2020 Data	Planned Day	Worked Day	Planned N	Worked N	Bed Occ	PU 2's	PU 3's	Medication Incidents	Patient Falls	Complaints	1000 voices	Quality Impacts
Ward 3	4 + 1 + 4	3 + 5	3 + 3	3 + 2	13	0	0	0	1	0	9.2	
JC09 (Ward 9)	5 + 5	4 + 5	3 + 3	3 + 3	23	4	0	4	9	1	8.9	No RSU staffing breaches
Ward 11 (Older Persons Medicine OPM)	5 + 5	4 + 7	3 + 3	3 + 5	26	4	0	2	8	0	9.1	SI – Fractured humerus.
Rutson FHN	3 + 4	2 + 3	2 + 2	2 + 2	10	0	0	0	0	0	8.7	
Tocketts Ward	4 + 5	3 + 5	3 + 4	2 + 4	20	4	0	1	5	0	9.2	
Zetland Ward	4 + 6	4 + 9	3 + 3	3 + 3	25	0	0	0	5	0	9.6	
Friary Community Hospital	3 + 4	3 + 3	2 + 1	2 + 2	11	0	0	0	1	0	9.0	

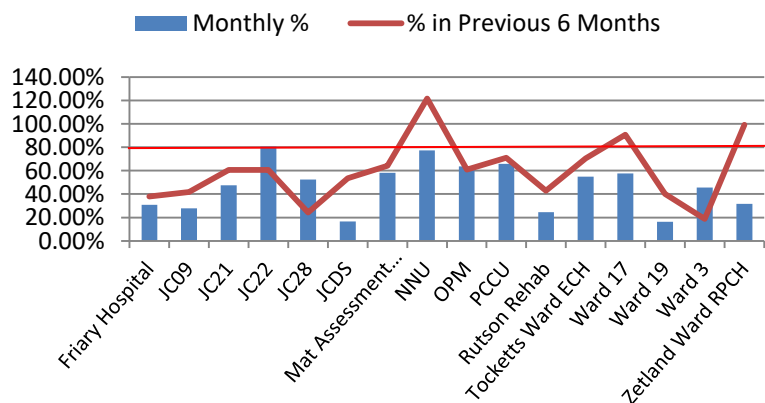
Ward 21 – Paeds	5 + 2	5 + 2	5 + 2	5 + 2	9	0	0	2	0	0	9.4
Ward 22 – Paeds	5 + 2	3 + 2	3 + 1	3 + 1	6	0	0	2	0	0	9.4
Central Delivery Suite	10 + 2 M- F	10 + 2	11 + 2	11 + 2	6	1	0	0	0	0	
Neonatal Unit	15 + 1	13 + 1	15 + 1	13 + 1	22	0	0	9	0	1	
Paediatric Intensive Care Unit (PICU)	4 + 0	3 + 1	4 + 0	3 + 0	1	0	0	0	0	0	
Ward 17 JCUH	6 + 2	6 + 3	4 + 2	4 + 2	23	0	0	1	0	0	9.4
Ward 19 Ante Natal	3 + 1	3 + 1	2 + 0	2 + 0	9	0	0	0	0	0	9.2
Maternity FHN	2 + 0	2 + 1	2 + 0	2 + 0	1	0	0	0	0	0	
Mat Assessment Unit	4 + 1	5 + 2	1 + 0	2 + 0	1	0	0	0	0	0	

Patient dependency on ward 11 OPM has been higher during August and has required extra HCA and TCSW input for level 3 enhanced observation patients and those at risk of falls. Staff have been encouraged to attend the medication safety events during September.

There have been no reported Respiratory Support Unit (RSU) staffing or same sex accommodation breaches during August.

The teams manning the swabbing pods are returning to their substantive activity and a dedicated POD team will be recruited to undertake this activity with help from wards and departments to fill any roster gaps. Staff should be in post by the end of September.

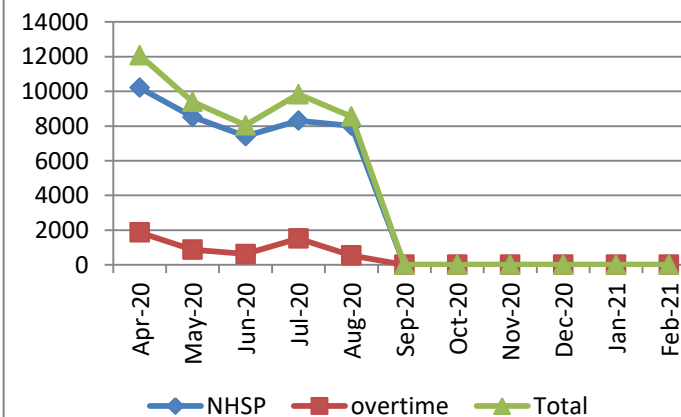
% Management Time Community Care



Management time is improving but remains variable.

Overall NHSP and overtime usage has seen a downward trend during August due to reduction in overtime.

Community Care

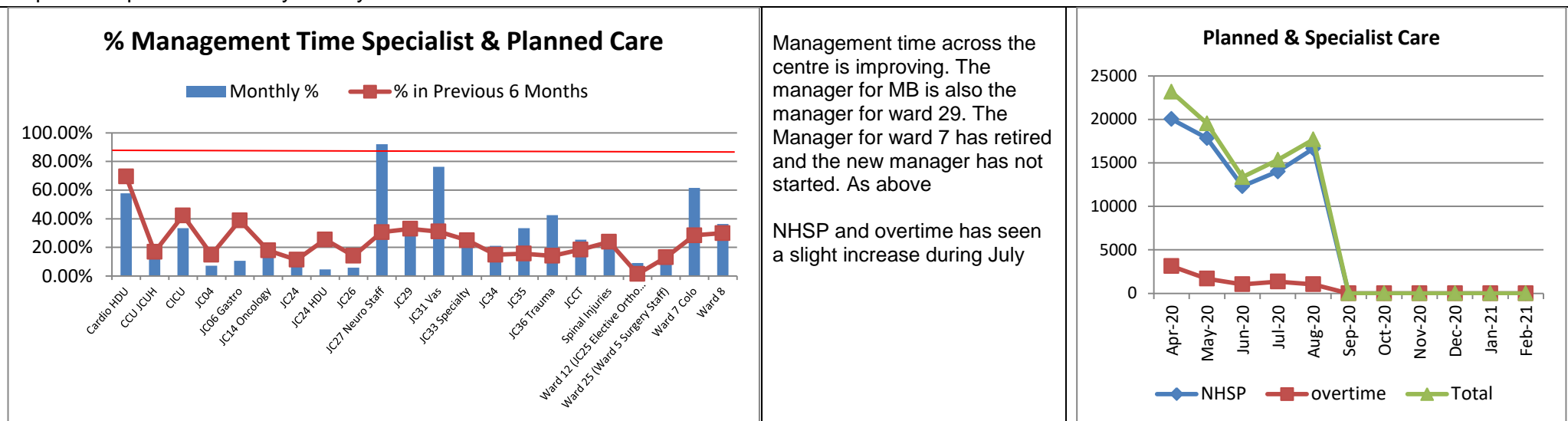


Specialist and Planned Care Centre actual worked hours against planned and professional judgement template numbers for August 2020

August 2020 Data	Planned Day	Worked Day	Planned N	Worked N	Bed occ	PU 2's	PU 3's	Medication Incidents	Falls	Complaints	1000 voices	Quality Impacts
JC04 (Ward 4)	5 + 3	4 + 3	3 + 2	3 + 3	15	1	0	0	3	0	9.6	
Ward 5 Surgery (on Ward 25)	4 + 3	3 + 4	3 + 3	2 + 2	11	0	0	0	0	0	9.5	
JC06 Gastro	3 + 4	3 + 5	3 + 2	2 + 3	24	3	0	0	6	0	8.6	
Ward 7 Colo	5 + 4	4 + 5	3 + 3	3 + 3	23	0	0	5	2	0	8.9	
Ward 8	5 + 4	4 + 5	3 + 3	3 + 3	23	2	0	3	1	0	8.7	
Ward 12 (Ward 25 Staff)	5 + 4	3 + 5	3 + 3	3 + 3	16	3	0	0	6	0		
Ward 14	4 + 3	3 + 4	2 + 2	2 + 2	12	0	0	0	3	0	8.8	
JC24 (Ward 24)	4 + 3	4 + 5	3 + 2	3 + 3	17	1	0	0	1	0	9.2	
Neuro HDU	4 + 1	4 + 2	4 + 1	4 + 1	5	0	0	0	0	0		Datix have been submitted from Neuro HDU when a co-ordinator has not been present although not currently in budget it is a breach of GPICS recommendation.
JC26 (Ward 26)	3 + 2	3 + 4	2 + 2	2 + 3	14	0	0	0	1	0	9.3	
JC27 Neuro Staff	3 + 2	4 + 4 inc day unit	2 + 2	2 + 4	12	0	0	0	6	0	9.2	
JC28 (Ward 28)	5 + 3	4 + 4	4 + 2	4 + 2	12	1	0	1	1	1	9.4	
JC29 (Ward 29)	4 + 3	3 + 4	3 + 2	3 + 2	18	0	0	0	4	1	9.5	SI - Fractured humerus
Cardio MB	2 + 1	2 + 1	2 + 0	2 + 0	6	0	0	0	0	0		
JC31 Vas	3 + 4	3 + 4	3 + 2	2 + 2	17	1	0	0	4	0	9.3	
JCCT (Ward 32)	4 + 3	4 + 3	3 + 2	2 + 2	17	0	0	1	0	0	9.2	
JC33 Specialty	4 + 4	4 + 4	3 + 3	3 + 3	17	0	0	1	5	0	9.0	
JC34 (Ward 34)	5 + 5	4 + 6	4 + 3	4 + 4	26	0	0	1	2	0	9.5	
JC35 (Ward 35)	4 + 4	3 + 5	3 + 3	3 + 4	20	0	0	2	1	0	9.0	
JC36 Trauma	5 + 5	5 + 5	3 + 3	3 + 4	27	1	0	2	6	0	8.8	
Spinal Injuries	8 + 5	7 + 4	7 + 5	4 + 3	17	0	0	0	2	0		

CCU JCUH	8 + 2	6 + 2	6 + 0	5 + 0	8	0	0	0	1	0	9.7
CICU JCUH	11 + 2	8 + 4	11 + 1	8 + 3	6	1	0	1	0	0	
Cardio HDU	6 + 1	5 + 1	5 + 1	4 + 1	5	0	0	1	0	0	9.3
Gara Orthopaedic FHN	2 + 2	2 + 2	2 + 2	2 + 0	6	0	0	1	0	0	9.7

Inpatient surgical activity has increased during August with bed occupancy returning to pre COVID figures. Ward Managers do support staffing where required as part of their daily activity.



Red Flags raised during August 2020	Day	Night	Grand Total
AMBER Beds Open	2	1	3
Delay in providing pain relief	1		1
Less than 2 RNs on shift	7	1	8
Missed 'intentional rounding'	2	2	4
RED Beds Open	1		1
Shortfall in RN time	30	4	34
Vital signs not assessed or recorded		2	2
Grand Total	43	10	53

Matrons reviewed all red flags and solutions sought through in centre redeployment or professional discussion considering patient acuity and dependency and bed occupancy. Any unresolved issues were taken to SafeCare meetings for escalation to ADoN and group support for cross centre redeployment.

Amber beds are opened within staffing limits and red beds are unstaffed. All shifts with less than 2 RN on duty have been mitigated. Shortfall in RN time has been due in part to COVID self isolation and short term sickness.

Missed international rounding's, pain relief and vital signs have been logged retrospectively and cannot therefor be resolved.

4 Weekly Hours Balance Against Peers



Best practice is to maintain the 4 weekly hours balance between + and - 2%.

Temporary Staffing usage against other Allocate Peers

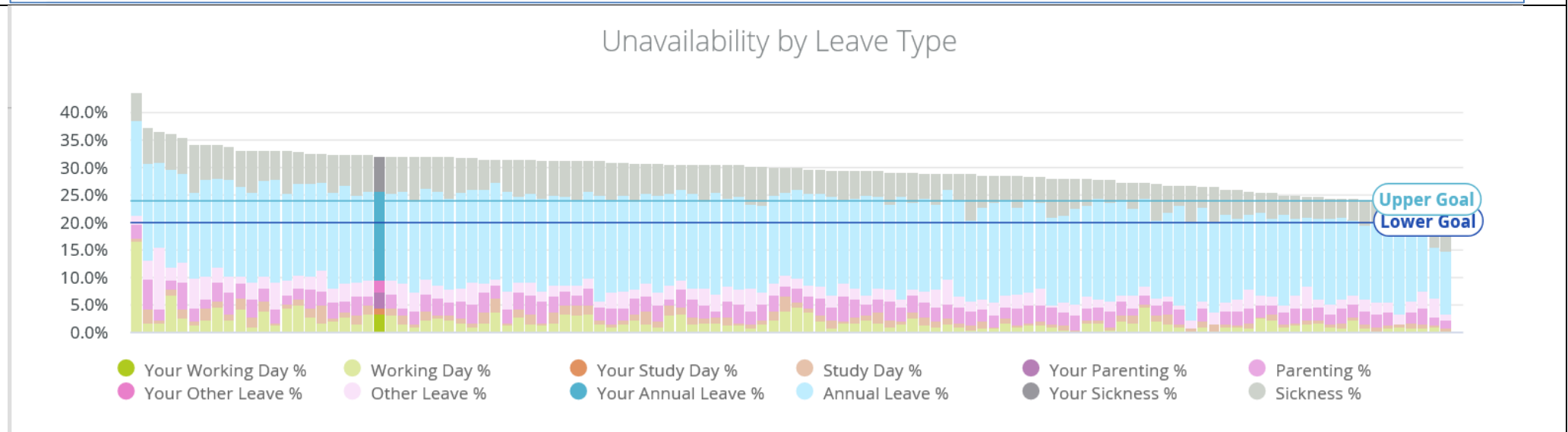


Although higher than normal our temporary staffing remains well managed

Overall unavailability of staff was 32% (same as last report) against standard Trust 21% headroom. Parenting leave is not included in the headroom and is held centrally. A targeted piece of work will be undertaken later in the year to understand the position and opportunities.

Sickness and other leave % remains slightly higher but are now in line with the National trend. Annual leave remains well managed at 16.5% against a 14% - 16% KPI target.

Unavailability Compared to Allocate National Average 3rd – 30th August 2020

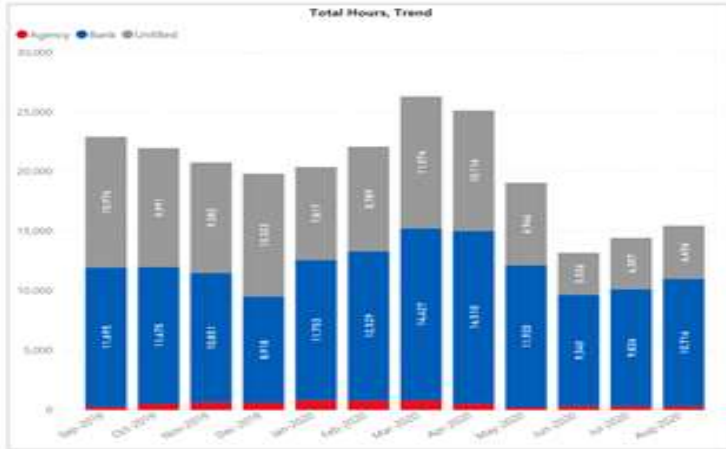


N&M - Registered Hours Performance



YOY Comparison for Aug-2020

WTE	95.21 126.3
% Total Fill	71.2% 58.5%
% Bank Fill	69.3% 55.0%
% Agency Fill	1.9% 3.5%
% Unfilled	28.8% 41.5%



Demand: in Aug-2020 totalled 15,465 hours (1,757 shifts), a change of 7.1% on Jul-2020

Bank: in Aug-2020 totalled 10,714 hours (1,182 shifts), a change of 9.0% on Jul-2020

Unfilled: in Aug-2020 totalled 4,456 hours (544 shifts), a change of 3.5% on Jul-2020

Agency: in Aug-2020 totalled 295 hours (31 shifts), a change of -5.0% on Jul-2020



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RN hours worked through NHSP and agency was 71.2% against a demand of 15,465 hours which equates to 95.2 WTE

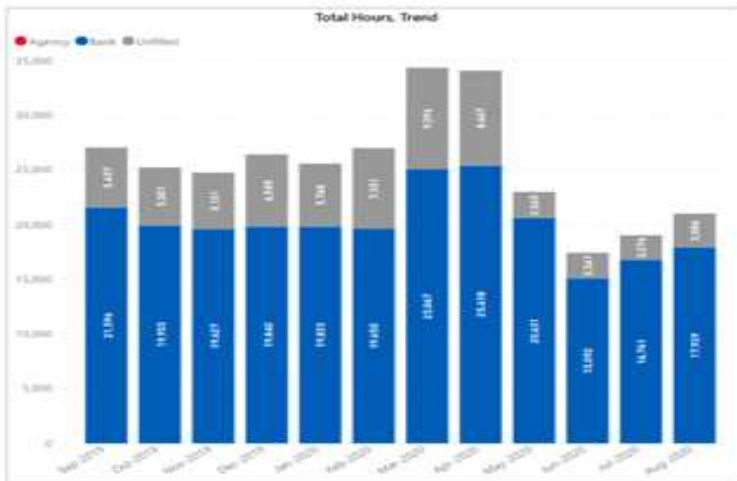
Agency (31 shifts) have been utilised to support anaesthetics

N&M - Unregistered Hours Performance



YOY Comparison for Aug-2020

WTE	129.31 160.7
% Total Fill	85.3% 77.9%
% Bank Fill	85.3% 77.9%
% Agency Fill	(Blank)
% Unfilled	14.7% 20.1%



Demand: in Aug-2020 totalled 21,015 hours (2,292 shifts), a change of 10.4% on Jul-2020

Bank: in Aug-2020 totalled 17,529 hours (1,936 shifts), a change of 7.0% on Jul-2020

Unfilled: in Aug-2020 totalled 3,086 hours (356 shifts), a change of 35.7% on Jul-2020

Agency: in Aug-2020 totalled hours (shifts), a change of -100.0% on Jul-2020



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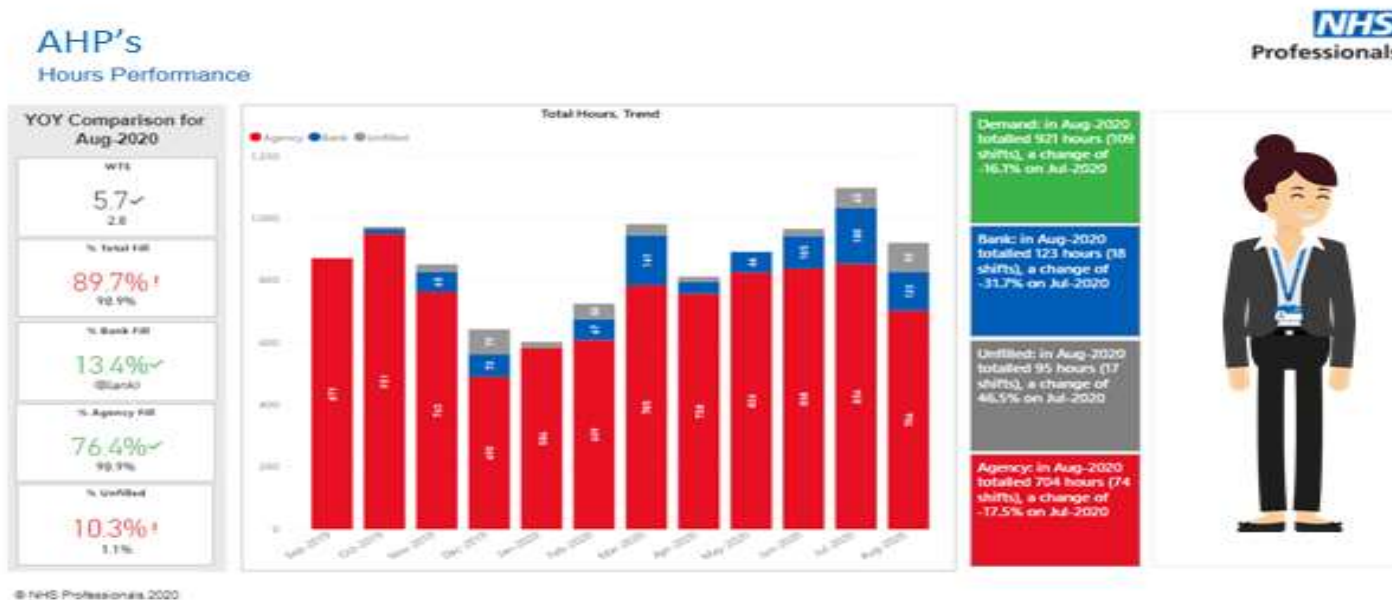
HCA hours worked through NHSP was 85.3% against a demand of 21,015 hours

There was no agency usage for HCA.

Second and 3rd year student nurses continue on paid extended placements and have contributed to reduced demand.

AHP Staffing

All AHP services utilised 5.7 wte of agency staff. This is more than AHP services have previously utilised and is attributed to difficulties in recruiting into the specialist roles and delays to recruitment logistics due to COVID -19. The expectation was that AHP staffing levels would have been better in August as a number of staff have now returned to work from shielding. The teams have however also been encouraged to use their annual leave as most of them had not done so, and the difference in staffing levels has been minimal. The capacity in outpatient AHP services remains impacted by space due to need for social distance, the use of PPE and other COVID related IPC procedures. There has been an increase in the number of face to face contacts in order to minimise harm to patients.



The physiotherapy rotational band 5 staff turnover rate since January is 50%. Most of the bands 5s have been promoted, into both permanent and fixed term posts throughout the organisation. There has also been a high staff turnover within Dietetics and it has been noted that most of the staff have left for promotion elsewhere. The services are looking to work with regional peers so that bandings for specialist services are rationalised. Appropriate training was provided and continues to be provided, to support staff working within different areas of normal practice.

The Professional leads and operational service leads work collaboratively and discuss staffing concerns whilst ensuring to ensure safe staffing establishment is maintained in all areas.

UNIFY reports for August show the following against baseline staffing;

- Critical care staffing levels are less than in the last few months. This is attributed to redeployed staff being moved back to their base areas and some sickness absences.
- Stroke services remain impacted by some long term sickness absences and other services support as needed.
- Community teams continue to see an increase in the number of referrals to services and are now actively recruiting into vacant posts.
- Speech and language therapy services continue to have difficulty filling the rota with the departure of agency staff adding to the concerns around dysphagia trained staff. The service is actively recruiting into vacant posts.
- The overall Dietetic service has met demand for August with some services continuing to provide criteria led services due to staffing constraints.

	Included in Staffing Return NHSI Submission					< 80	80-95
AHPs		Day Hours				Day (%)	
		Registered AHPs		Non-Registered AHPs		Average fill rate - Reg AHP (%)	Average fill rate - Non-AHP (%)
		Total monthly planned staff hrs	Total monthly actual staff hrs	Total monthly planned staff hrs	Total monthly actual staff hrs		
UEC	UECC Therapists Critical Care - ICU	1,327.50	1,084.75	157.50	120.00	81.7%	76.2%
UEC	UECC Therapists Critical Care - Cardio	637.50	587.00	157.50	135.50	92.1%	86.0%
UEC	UECC Therapists Front of House	2,379.50	1,891.75	754.50	612.50	79.5%	81.2%
SP&PL	SPCT Acute Stroke	1,177.50	562.50	645.00	330.00	47.8%	51.2%
SP&PL	SPCT Trauma & Orthopaedics	3,287.00	1,951.25	2,335.50	891.50	59.4%	38.2%
COMM	Community Therapists South Tees	6,218.00	3,844.25	3,828.00	1,661.50	61.8%	43.4%
COMM	Community Therapists ECPCH	1,260.00	866.50	517.50	431.25	68.8%	83.3%
SP&PL	Speech & Language Therapy	2,230.50	1,082.25	157.50	146.25	48.5%	92.9%
SP&PL	Dietitians JCUH	3,345.00	2,188.17	0.00	0.00	65.4%	-
						65.2%	69.4%

Summary

Nurse Staffing throughout August has matched the acuity, dependency and numbers of patients. There does not appear to be any direct correlation between patient harms and safe staffing levels this month.

Mandated staffing for Critical Care, RSU and Stroke have been maintained although Neuro HDU has not had a shift co-ordinator on every day. Redeployment has been undertaken to support safe staffing across all centres and student nurses are returning to supernumerary placements from the 1st September. The deployment of students has been a successful activity and very much appreciated by ward/dept staff during COVID.

Students qualifying in January 2021 will attend an assessment centre in September and the lifting of International travel bands will see the arrival of 10 nurses in September. These staff will be deployed into Critical Care, Surgery and Medicine.

Review of beds closed due to COVID social distancing have been undertaken as part of our Staffing through COVID process and agreed through Workforce Assurance and the Strategic Group.

There is a risk to safe staffing from COVID self-isolation and sickness for all staff groups which is as yet unknown. Close monitoring and agile actions will be required to mitigate risks. This action may include the requirement to over recruit for a short period of time which will have obvious financial implications.

References

Department of Health (2016) Operational productivity and performance in English NHS acute hospitals: Unwarranted variations. An independent report for the Department of Health by Lord Carter of Coles

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf

NHS Improvement (2018). Developing Workforce Safeguards: Supporting providers to deliver high quality care through safe and effective staffing. NHS Improvement London

NQB (2013) How to ensure the right people, with the right skills, are in the right place at the right time – A guide to nursing, midwifery and care staffing capacity and capability. <https://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf>

NQB (2016) Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time – Safe sustainable and productive staffing. <https://www.england.nhs.uk/wp-content/uploads/2013/04/nqb-guidance.pdf>

Safe, sustainable and productive staffing in maternity services

https://nhsicorporatesite.blob.core.windows.net/green/uploads/documents/Safe_Staffing_Maternity_final_2.pdf

Safe, sustainable and productive staffing for neonatal care and children and young people's services

https://nhsicorporatesite.blob.core.windows.net/green/uploads/documents/Safe_Staffing_Neonatal_mYLJCHm.pdf

Safe, sustainable and productive staffing in urgent and emergency care

https://nhsicorporatesite.blob.core.windows.net/green/uploads/documents/Safe_Staffing_urgent_and_emergency_care.pdf