

MEETING OF THE TRUST BOARD OF DIRECTORS – July 2020			
Safe Staffing Report for July 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 July 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	Mandated levels of safe staffing have been maintained within the RSU, Stroke, Oncology and Midwifery. '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. Work is being undertaken to address funding these beds permanently and to review the bed base across the organisation in preparation for Winter post COVID.		
Recommendation	The Board of Directors are asked to note the content of this report and to be assured that there are systems and process in place to ensure nursing, midwifery and AHP staffing levels are sufficient to deliver safe, high quality care.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF		
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"/>		

Executive Summary

From April 2019 all staffing reports presented to the Board must comply with NHSI Workforce Safeguards and require a signed declaration by the Director of Nursing or appropriate Director for the staff group (s).

Monitoring of AHP workforce levels is included within this report and is based on planned v actual fill rates to align with the nursing report. More meaningful KPI's need to be developed for future months so that the report provides the detail required for this staff group.

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. Work is on-going to review training and education around safe medication administration and will form part of the medication safety week in September.

Ward Manager Supervisory time has improved during July

The pipeline from India and the Philippines has also reopened and we are planning to welcome the first group from the remaining 35 to travel in early September.

1. Recommendation

The Board of Directors are asked to note the content of this report and to be assured that there are systems and process in place to ensure nursing, midwifery and AHP staffing levels are sufficient to deliver safe, high quality care.

Workforce Safeguard Compliance and Governance

Signature

Date August 2020

Deirdre Fowler, Director of Nursing and Midwifery

Nursing, Midwifery and AHP Workforce Report

August 2020 based on July 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.

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

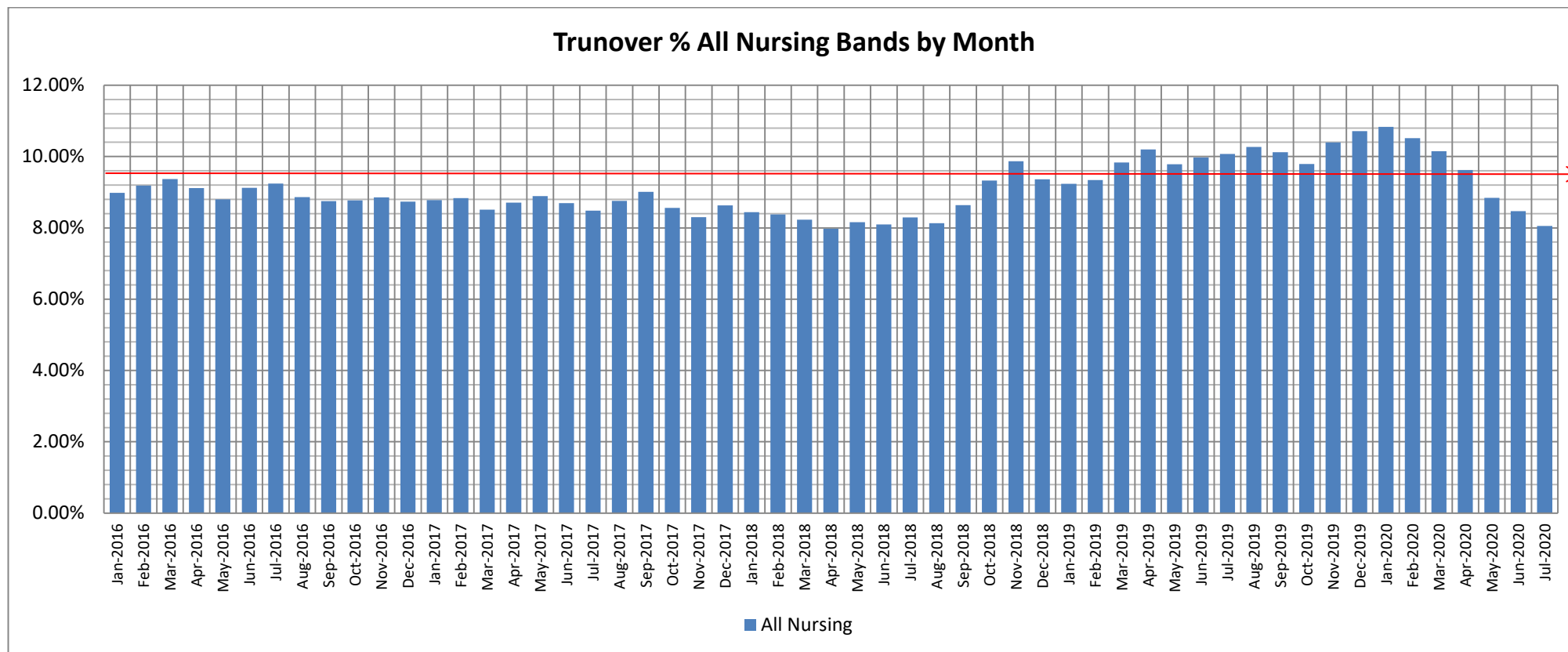
Overall Ward Fill Rate		June 2020	July 2020	Activity is beginning to increase across the patient pathways. Student nurses remained in paid placements with some leaving at the end of July, end of August and September for the Aspirant nurses who will transition to band 5 at this point. The effects of the student contribution can be seen in the HCA fill rates attached for July.
	RN/RMs (%) Average fill rate - DAYS	90.4%	88.7%	
	HCA (%) Average fill rate - DAYS	103.3%	120.4%	
	NA (%) Average fill rate - DAYS	100.0%	100%	
	TNA (%) Average fill rate - DAYS	100.0%	100%	
	RN/RMs (%) Average fill rate - NIGHTS	92.2%	99.7%	
	HCA (%) Average fill rate - NIGHTS	100.0%	119.4%	
	NA (%) Average fill rate - NIGHTS	100.0%	100%	
	TNA (%) Average fill rate - NIGHTS	100.0%	100%	
Total % of Overall planned hours	98.2%	103.5%		

Vacancy and Turnover

Turnover for the month of July for all Nursing and Midwifery has improved and is at 8.05% (Previously 9.62%) this will be refreshed within the report quarterly.

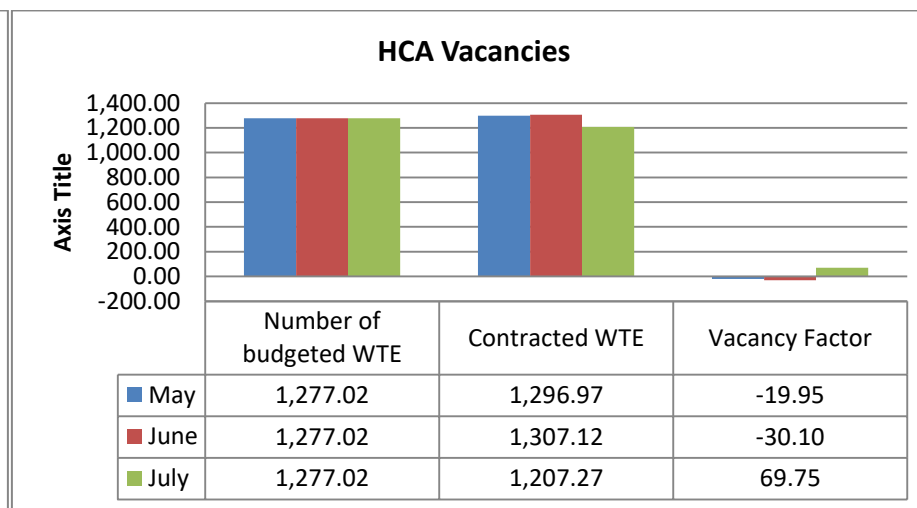
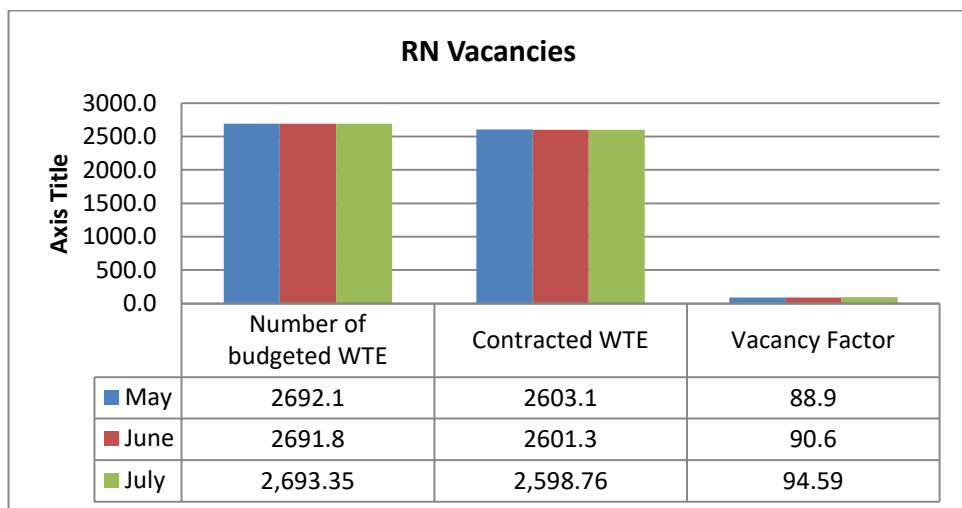
The total current nursing and midwifery vacancy rate against the financial ledger for all nursing and midwifery staff is sitting at 6% for July 2020 which equates to approximately 161 WTE. Extra vacancies have been approved to staff ward 12 who had a smaller establishment on ward 25 than required to staff all of the beds on ward 12 and for orthopaedics at FHN to enable Gara ward to fully reopen. Student appointments are being processed for September which should lower the %.

HCA rates have increased due to student nurses returning to supernumerary placements.



International nurses who have been delayed through COVID will begin to arrive again from mid-September with the current group of 27 taking their OSCE exams the week of 17th August 2020.

A new recruitment process of ‘Assessment Centre’ interviews will be piloted in late August. The process includes discussion around ‘Hot Topics’, ‘The Deteriorating Patient’, Recognition and Treatment of Sepsis’ and may incorporate the Medication Calculation Test’. If successful this will be developed for all nursing recruitment from September 2020 and will create a pool of staff waiting to start as and when vacancies arise within their area of interest– this should significantly speed up the recruitment process.

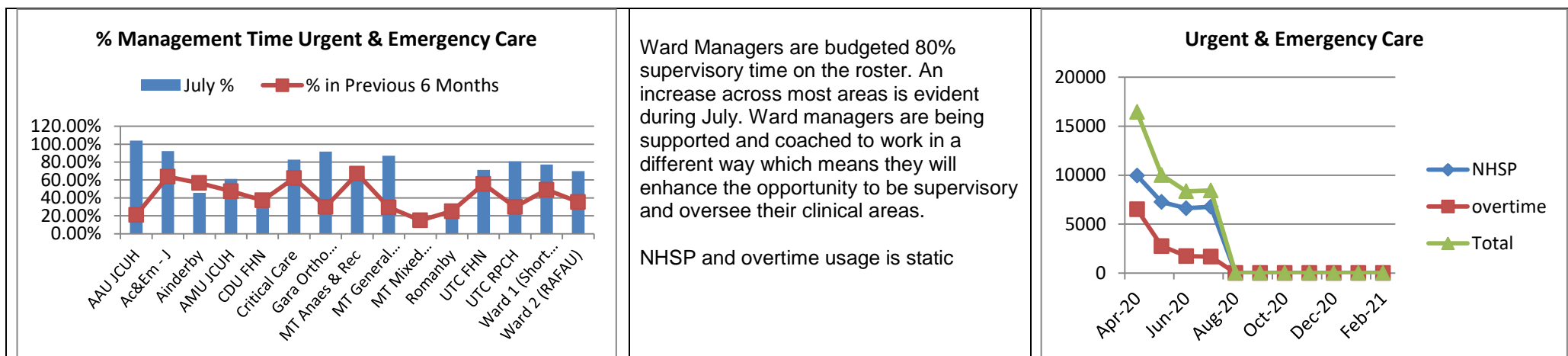


Urgent and Emergency Care Centre actual worked hours against planned and professional judgement template numbers for June 2020

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 +12	28 + 4	28 + 8	24	6	0	4	1	0		Student nurses on paid placements have increased worked hours
RAFAU	4 + 3	4 + 5	3 + 3	3 + 4	22	0	0	0	6	0		
Short Stay (JC02)	5 + 3	4 + 4	3 + 3	3 + 3	14	1	0	5	3	0		
AMU JCUH	5 + 3	6 + 4	4 + 3	5 + 4	13	0	0	3	3	0		
AAU JCUH	5 + 3	7 + 5	4 + 3	4 + 3	11	0	0	1	7	1		
CDU FHN	5 + 3	4 + 4	3 + 2	3 + 2	8	0	0	0	2	0		
Ainderby FHN	4 + 3	3 + 4	2 + 2	2 + 3	14	3	0	1	3	0		
Romanby FHN	4 + 3	3 + 3	2 + 2	2 + 2	15	0	0	0	3	0		
Ac&Em -J	17 + 7	16 + 9	16 + 7	15 + 8	NA	1	0	21	1	0		SI instigated for medication incidents

Medication incidents have increased again this month within the centre and in A+E in particular resulting in a Serious Incident review. Focused plans have been instigated to address these errors with retraining and education for all staff. A Medication Safety Week is planned for WC 14th September with staff booking places on the World Café Learning events planned throughout the week the impact of this process will be evaluated through the Safer Medication Practice Group .

Extra HCA's in the rosters are predominately student nurses on paid placements who will return to supernumerary status in September. Some areas with lower occupancy have run with reduced staffing to match the acuity and dependency of their case load or redeployed staff to support elsewhere across the centre.

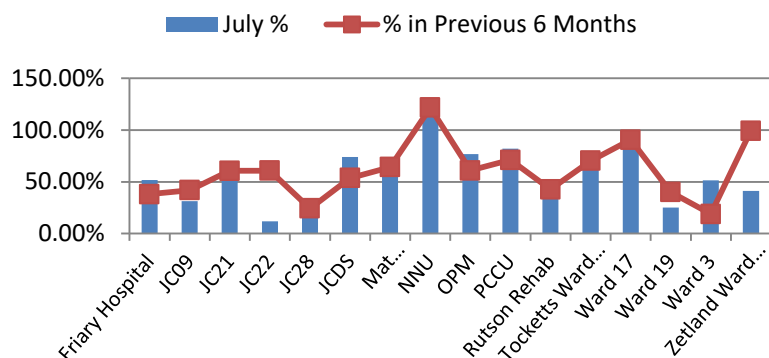


Community Care Centre actual worked hours against planned and professional judgement template numbers for May 2020 can we account for the variance in shifts worked against planned as above

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	8	0	0	6	2	1		
JC09 (Ward 9)	5 + 5	5 + 4	3 + 3	3 + 4	22	4	0	6	1	0		
OPM (Older Persons Medicine)	4 + 4	4 + 6	3 + 3	3 + 4	25	4	0	3	4	0		
Rutson FHN	3 + 4	2 + 4	2 + 2	2 + 2	10	1	0	1	0	0		
Tocketts Ward	4 + 5	3 + 5	3 + 4	2 + 4	17	2	0	0	6	0		
Zetland	4 + 6	4 + 7	3 + 3	3 + 3	10	0	0	0	1	0		
Friary Community Hospital	3 + 4	2 + 3	2 + 1	2 + 2	11	0	0	0	0	0		
JC21 (Ward 21)	5 + 2	5 + 3	5 + 2	5 + 2	6	0	0	2	0	0		
JC22 (Ward 22)	5 + 2	3 + 2	3 + 1	3 + 1	7	0	0	0	0	0		
JCDS (Central Delivery Suite)	10 + 2 M- F	10 + 2	11 + 2	11 + 2	10	0	0	0	0	0		
Neonatal Unit	15 + 1	13 + 2	15 + 1	12 + 1	18	0	0	4	0	0		

Paediatric Intensive Care Unit (PICU)	4 + 0	4 + 1	4 + 0	3 + 0	1	0	0	0	0	0		
Ward 17 JCUH	6 + 2	6 + 3	4 + 2	4 + 2	21	0	0	5	0	0		
Ward 19 Ante Natal	3 + 1	2 + 1	2 + 0	2 + 0	8	0	0	1	0	0		
Maternity FHN	2 + 0	2 + 1	2 + 0	2 + 0	0	0	0	0	0	0		
Mat Assessment Unit	4 + 1	5 + 2	1 + 0	2 + 0	1	0	0	0	0	0		

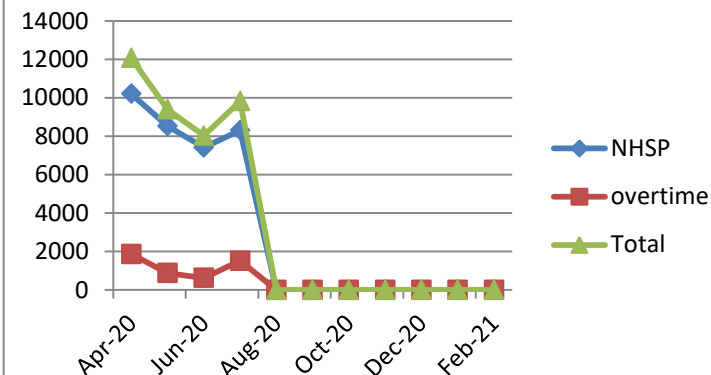
% Management Time Community Care



Management time is improving but remains variable. ADoN's and Matrons are working with managers to understand any potential barriers. Annual leave is not counted and may lower % Supervisory model changing as above

NHSP and overtime usage has seen an upward trend during July.

NHSP and Overtime Community Care



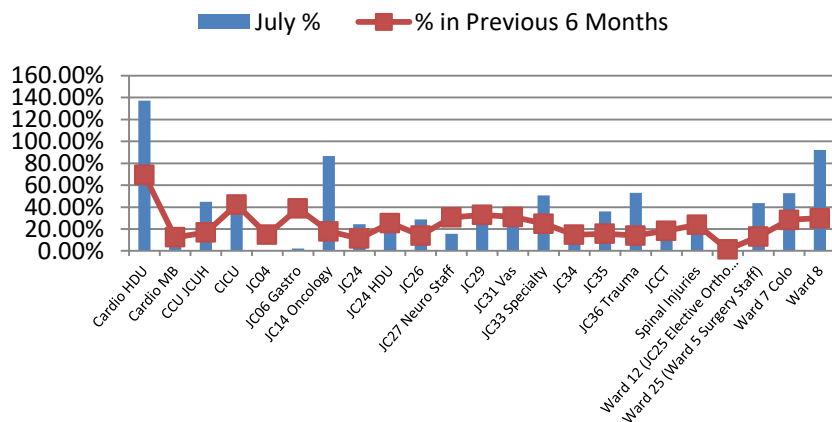
Specialist and Planned Care Centre actual worked hours against planned and professional judgement template numbers for June 2020 – as above

May 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 + 4	3 + 2	3 + 3	18	0	0	2	5	0		
Ward 5 Surgery (on Ward 25)	4 + 3	4 + 4	3 + 3	2 + 3	10	0	0	0	2	0		
JC06 Gastro	3 + 4	3 + 5	3 + 2	2 + 4	23	1	0	0	5	0		
Ward 7 Colo	5 + 4	4 + 5	3 + 3	4 + 4	23	0	0	0	1	0		
Ward 8	5 + 4	4 + 5	3 + 3	3 + 3	23	0	0	3	2	1		
Ward 12 (Ward 25 Staff)	5 + 4	4 + 5	3 + 3	3 + 4	18	2	1	1	4	0		
Ward 14	4 + 3	3 + 3	2 + 2	2 + 2	10	1	0	2	2	0		

JC24 (Ward 24)	4 + 3	4 + 4	3 + 2	3 + 3	17	0	0	1	6	0		
Neuro HDU	4 + 1	4 + 2	4 + 1	4 + 1	4	0	0	1	0	0		
JC25 Elective Ortho												
JC26 (Ward 26)	3 + 2	3 + 3	2 + 2	2 + 2	16	0	0	0	4	0		
JC27 Neuro Staff	3 + 2	4 + 4	2 + 2	2 + 3	12	0	0	0	3	0		
JC28 (Ward 28)	5 + 3	4 + 4	4 + 2	4 + 2	18	0	0	0	3	0		
JC29 (Ward 29)	4 + 3	4 + 4	3 + 2	3 + 2	20	0	0	1	2	1		
Cardio MB	2 + 1	2 + 1	2 + 0	2 + 0	9	0	0	0	0	0		
JC31 Vas	3 + 4	3 + 4	3 + 2	2 + 2	10	3	0	2	1	2		
JCCT (Ward 32)	4 + 3	4 + 4	3 + 2	2 + 2	16	0	0	1	2	0		
JC33 Specialty	4 + 4	4 + 4	3 + 3	3 + 2	15	0	0	1	1	0		
JC34 (Ward 34)	5 + 5	4 + 6	4 + 3	3 + 4	25	1	0	0	4	0		
JC35 (Ward 35)	4 + 4	4 + 5	3 + 3	3 + 3	17	0	0	0	1	0		
JC36 Trauma	5 + 5	5 + 6	3 + 3	3 + 4	30	1	0	9	2	0		
Spinal Injuries	8 + 5	6 + 5	7 + 5	4 + 3	18	1	0	1	2	0		
CCU JCUH	8 + 2	6 + 2	6 + 0	5 + 0	7	0	0	0	1	0		
CICU JCUH	11 + 2	9 + 2	11 + 1	9 + 2	6	0	0	3	0	0		
Cardio HDU	6 + 1	5 + 1	5 + 1	4 + 1	5	0	0	0	0	0		
Gara Orthopaedic FHN	2 + 2	2 + 1	2 + 2	1 + 0	1	0	0	0	0	0		

Movement of wards and staff continues across the centre and may account for some increased incidents. Bed occupancy remains variable and staff have been redeployed to meet the acuity and dependency of the patients. Black beds remain open on wards 34 and 36 which are not budgeted.

% Management Time Specialist & Planned Care



Management time across the centre is improving. The manager for MB is also the manager for ward 29. The Manager for ward 7 has retired and the new manager has not started. As above

NHSP and overtime has seen a slight increase during July

Red Flags raised during July 2020

Red flags	Open	Resolved	Grand Total
AMBER Beds Open		1	1
Delay in providing pain relief	1	1	2
Less than 2 RNs on shift	3	2	5
Missed 'intentional rounding'	7	1	8
Shortfall in RN time	15	11	26
Vital signs not assessed or recorded	2		2
Grand Total	28	16	44

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.

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

Ward 12 staffing is being regularly reviewed by the ADoN as there are a combination of wards contributing to the skill mix

A total of hours 324 hours were redeployed through SafeCare during June to maintain safe staffing where red flags have been raised around staffing.

4 Weekly Hours Balance Against Peers

Temporary Staffing usage against other Allocate Peers

Best practice is to maintain the 4 weekly hours balance between + and – 2%. Last report was at 3.4% so a great effort from everyone has reduced our % back to a pre COVID state.



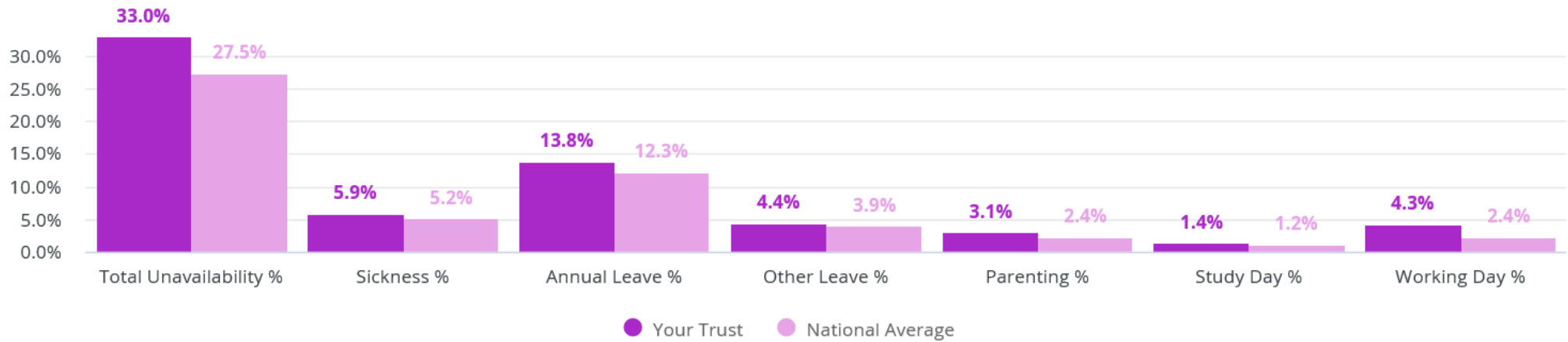
Overall unavailability of staff was 32% (28% last report) against standard Trust 21% headroom. A targeted piece of work will be undertaken later in the year to understand the position and opportunities.

Sickness and other leave % remains slightly higher but are now in line with the National trend. Annual leave remains constantly well managed at 13.8% against a 14% KPI target. Parenting leave is not included in the 21 % headroom but is held centrally instead. Staff working from home or shielding are encouraged to take leave as planned during this period.

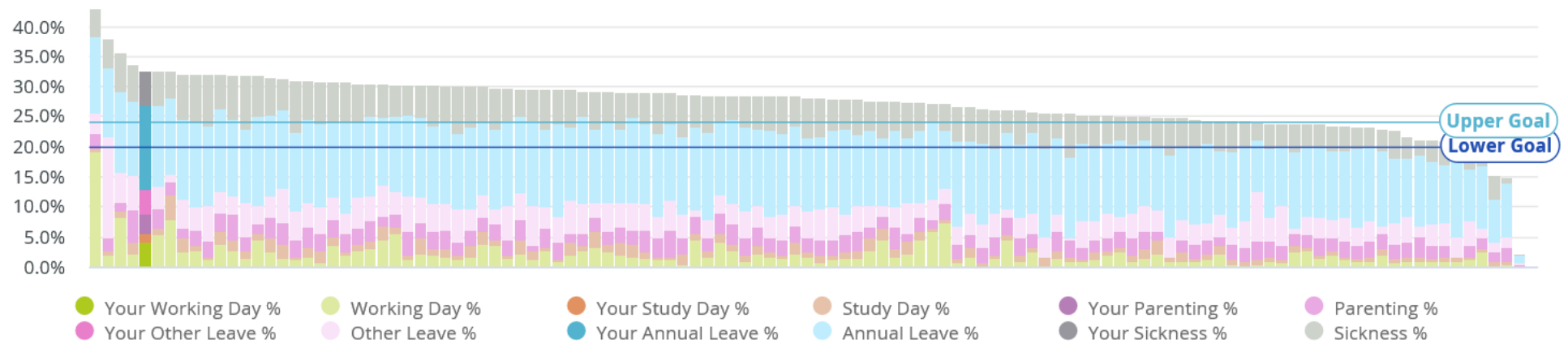
Working Day for July remains higher than the National average. Roster KPI meetings have restarted and discussions with roster managers has begun to address individual ward metrics.

Unavailability Compared to Allocate National Average 6th July – 2nd August 2020

Trust Unavailability Against National Averages by Type



Unavailability by Leave Type



N&M - Registered

Hours Performance



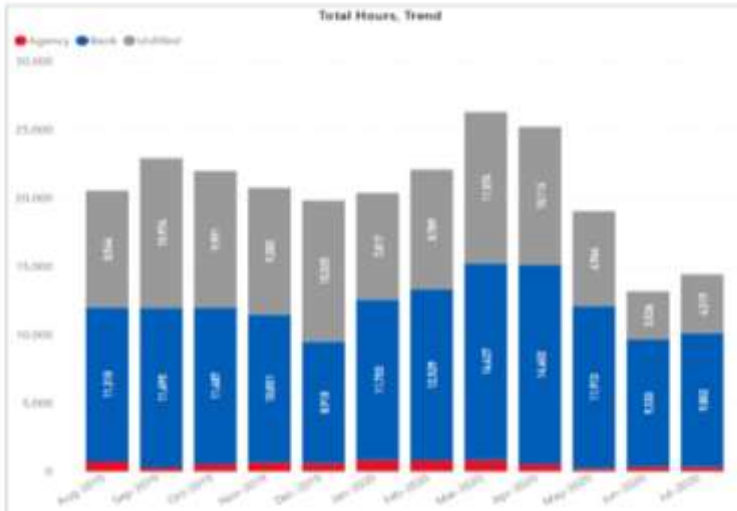
RN hours worked through NHSP and agency was 70.1% against a reduced demand of 14,431 hours which equates to 88 WTE

Agency (33 shifts) have been utilised to support anaesthetics



YOY Comparison for Jul-2020

WTE	88.81 115.2
% Total Fill	70.1% 51.9%
% Bank Fill	67.9% 51.6%
% Agency Fill	2.1% 3.9%
% Unfilled	29.9% 44.9%



Demand: In Jul-2020 totalled 14,431 hours (1,646 shifts), a change of 9.4% on Jun-2020

Bank: In Jul-2020 totalled 9,802 hours (1,068 shifts), a change of 5.0% on Jun-2020

Unfilled: In Jul-2020 totalled 4,379 hours (545 shifts), a change of 22.5% on Jun-2020

Agency: In Jul-2020 totalled 310 hours (33 shifts), a change of -5.8% on Jun-2020

N&M - Unregistered

Hours Performance



HCA hours worked through NHSP was 87.9% against a demand of 19,022 hours

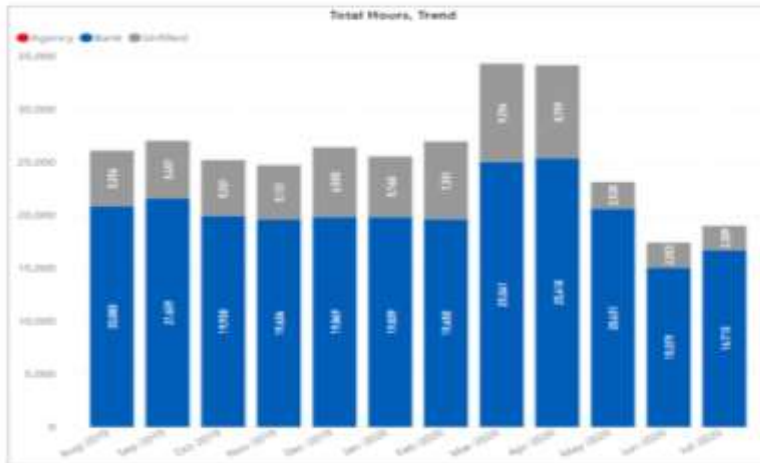
There was no agency usage for HCA.

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



YOY Comparison for Jul-2020

WTE	117.1 145.4
% Total Fill	87.9% 74.3%
% Bank Fill	87.9% 74.3%
% Agency Fill	(Bank)
% Unfilled	12.1% 25.7%



Demand: In Jul-2020 totalled 19,022 hours (2,120 shifts), a change of 9.7% on Jun-2020

Bank: In Jul-2020 totalled 16,713 hours (1,823 shifts), a change of 10.8% on Jun-2020

Unfilled: In Jul-2020 totalled 2,309 hours (297 shifts), a change of -1.9% on Jun-2020

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

AHP Staffing

AHP staffing throughout July has mostly matched the demands placed on the various services. All outpatient services have now been switched on since the beginning of the month (July). The capacity in AHP services is likely going to be impacted by space due to need for social distance, the use of PPE and other COVID related IPC procedures. There has been an additional demand on non-qualified staff due to the need to assist with COVID screening at entrance points in outpatient departments. Some services are currently strained due to the number of staff who are shielding in these teams.

Most services have now returned to their base wards apart from ward 25 which continues to operate as a surgical ward. The skill mix on this ward has been aligned to the patient group on the ward to ensure patient safety and that patients are managed by the right person. Where some services are not back to baseline, staff have been moved to support other acute services who are under increased demand. Appropriate training was provided and continues to be provided, to support staff working within different areas of normal practice.

To ensure suitable staff allocation, senior leads still meet weekly for staffing reviews. Staff are allocated depending on skill set, expertise and availability which at times is significantly affected by COVID related absence. The Professional leads lead the operational meetings with service leads so any staffing issues can be escalated promptly for review and this provides assurance that the staffing establishment is maintained.

UNIFY reports for July show the following against baseline staffing;

- Critical care has had enhanced provision to meet demand
- Compared to last month, the demand for stroke services has increased. The fill rate remains low due to some long term sickness absences and is supported as needed by services which haven't fully reopened.
- Community teams have also adapted to demand and have been enhanced with support from other teams. There was a 19% increase in referrals in July and the service is actively recruiting into vacant posts.
- Speech and language therapy services continue to have difficulty filling the rota despite the use of agency staff in order to meet demand. The service is actively recruiting into vacant posts.
- The overall Dietetic service has met demand for July; however, some of the smaller teams within the service including Head and Neck and Oncology have had a very high staff turnover in a very short period of time. There will be a reduction in service for the next three months whilst the service actively recruits into vacant posts.

<u>AHPS</u>		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	1,384.00	1,334.75	172.50	105.00	96.4%	60.9%
UEC	UECC Therapists Critical Care - Cardio	689.25	715.00	172.50	131.50	103.7%	76.2%
SP&PL	SPCT Acute Stroke	1,267.50	772.00	675.00	577.50	60.9%	85.6%
SP&PL	SPCT Spinal Injuries	1,417.50	957.00	277.50	222.50	67.5%	80.2%
COMM	Community Therapists Stroke & RPCH	3,442.50	2,141.50	1,597.50	1,208.50	62.2%	75.6%
COMM	Community Therapists Rutson	765.00	511.17	307.50	218.00	66.8%	70.9%
SP&PL	Speech & Language Therapy	2,475.00	1,300.92	172.50	141.50	52.6%	82.0%
SP&PL	Dietitians JCUH	3,648.50	2,723.50	0.00	0.00	74.6%	-
						76.5%	73.6%

Summary

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. Work is on-going to review training and education around safe medication administration and will form part of the medication safety week in September.

Ward Manager Supervisory time has improved during July although variable possibly due to sickness, holiday and ward closures.

Student nurses continue to support wards on paid placements which will end on 31st August as part from the Aspirant Nurses who will remain as employed band 4 until they register with the NNC in September/October. All appointments have been made with 118 posts offered and accepted across adult, paediatrics and midwifery.

International nurses who have currently stepped onto the NMC temporary COVID19 register have now all been rebooked to sit their OSCE exams in August and the OSCE training programme restarted via mixed medium due to social distancing. The pipeline from India and the Philippines has also reopened and we are planning to welcome the first group from the remaining 35 to travel in early September. Accommodation issues may delay arrivals as quarantine rules have been enforced.

Twice weekly staffing meetings have continued throughout July with professional staffing templates agreed and monitored in line with ward movements as part of ongoing recovery. The agreed July nursing planned templates (Option 3) have been agreed to reflect the risk assessments undertaken for social distancing. Sickness and self isolation of staff is reducing and support remains ongoing for staff health and wellbeing through psychology input and 'Project Wingman'.

A 'Staffing Through COVID' paper will be submitted through SLT followed by a six monthly safe staffing paper once wards have settled into their final pathways. The Shelford Group have publicised a new 'Professional Judgement Tool' which calculated additional WTE required staff for PPE. These calculations will be added to the SNCT data to formulate new ward establishment requirements.

A+E still await the SNCT tool which has been delayed due to COVID PPE requirement calculations which will be added to the calculation capability of the final version. This will now not be released until the end of September/October 2020. Community Nursing, Paediatrics, Theatres and Midwifery Safe Staffing Reviews from January data are all due to be submitted in August FOR September Board.

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