

MEETING OF THE TRUST BOARD OF DIRECTORS – February 2021

Safe Staffing Report for January 2021 – Nursing and Midwifery		AGENDA ITEM:	
Report Author and Job Title:	Eileen Aylott, Assistant Director of Nursing Education and Workforce	Responsible Director:	Dr Hilary Lloyd, Chief Nurse
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 January 2021.		
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 monitored within the RSU, Stroke, Oncology and Midwifery. During January the number of patients requiring BIPAP/CPAP remained high and staffing levels have been stretched at times.</p> <p>Critical Care remains under pressure with the numbers of COVID and non COVID patients requiring beds. 51 RN's have been required daily to staff the extended footprint. No reported co-ordinator breaches reported. Theatre staff continue to support and ex critical care nurses have been redeployed.</p> <p>Nursing and Midwifery Turnover is currently 7.5%</p> <p>Vacancy against the financial ledger is 4.8% /135wte against an increased budgeted WTE.</p> <p>Student nurses will be returning to paid placements from 8th February for 11 weeks to support the workforce.</p> <p>Rapid HCA recruitment is planned for February to bring the vacancy rate to 0 by 31st March 2021.</p> <p>The risk to safe staffing remains from COVID self-isolation and sickness for all staff groups and increased COVID activity resulting in stretch staffing ratios.</p> <p>Close monitoring and agile actions will be required to mitigate risks.</p>		
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	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		

outline		
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

February 2021 based on January 2021 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 staffing oversight introduced to look forward to the week ahead on Monday's and the weekends on Friday with Associate Directors of Nursing and Clinical Matrons. All elements of safe staffing are discussed at the Workforce Assurance Group which meets three times weekly and are escalated to the Strategic Group as required.

Professional judgement planned staffing templates are reviewed monthly or if patient pathways change and are included in this report as planned versus actual. These are depicted as numbers of staff and are overlaid with occupied bed numbers and nurse sensitive indicators.

Critical Care and Emergency Department Staffing has been reviewed using a one week look back and a two week forward view to ensure patient safety. Redeployment of staff has taken place on a regular basis logged via SafeCare with other staff members transferring to ITU roster to support the COVID response.

An SNCT data collection was undertaken in November and will be repeated in February to triangulate the Professional Judgement Templates in line with the rapid staffing review through COVID regional document agreed by the Directors of Nursing.

Staff COVID unavailability is reported daily via Allocate broken down by area and staff group. COVID vaccination programme continues with most staff having received their first vaccination in line with current guidelines. Second doses are due to commence in late February.

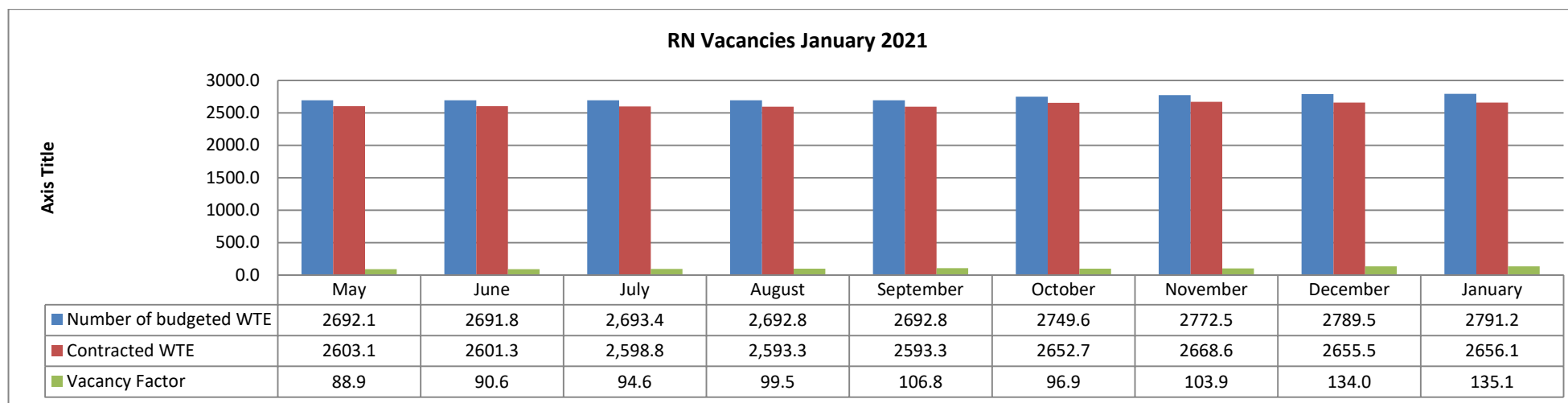
This report demonstrates that staffing meets the acuity and dependency of patients during January 2021. Staffing is continuously monitored and response to demand is agile and robust.

Table 1 – Overall UNIFY fill Rate based on planned vs worked hours for January 2021

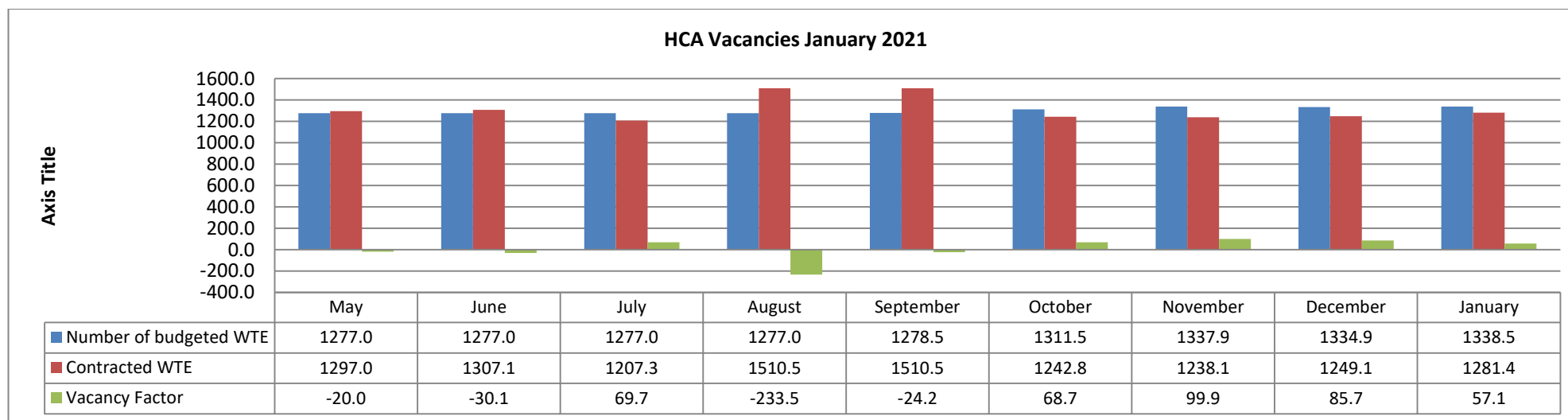
Overall Ward Fill Rate		November 2020	December 2020	January 2021
	RN/RMs (%) Average fill rate - DAYS	91.2%	91.1%	95.1%
	HCA (%) Average fill rate - DAYS	93.1%	96.2%	96.4%
	NA (%) Average fill rate - DAYS	100.0%	100.0%	100%
	TNA (%) Average fill rate - DAYS	100.0%	100.0%	100%
	RN/RMs (%) Average fill rate - NIGHTS	99.1%	99.3%	98.7%
	HCA (%) Average fill rate - NIGHTS	103.9%	101.7%	109.3%
	NA (%) Average fill rate - NIGHTS	100.0%	100.0%	100%
	TNA (%) Average fill rate - NIGHTS	100.0%	100.0%	100%
Total % of Overall planned hours	98.5%	98.5%	99.9%	

Vacancy and Turnover

The total current nursing and midwifery vacancy rate against the financial ledger for all nursing and midwifery is currently at 4.8% at the end of January 2021 this equates to 1035.1 WTE across all bands (104 WTE Band 5 = 3.7%). The latest publicised Care Hours per Patient Day (CHPPD) for Nursing, Midwifery and AHP on the Model Hospital was in November 2020 and was 11.6 against a Peer of 8.9 and a National of 9.5.



HCA vacancy rates have risen due to an increase in budgeted number, partially due to the increased demand from Critical Care and the red and amber pathways in ED.

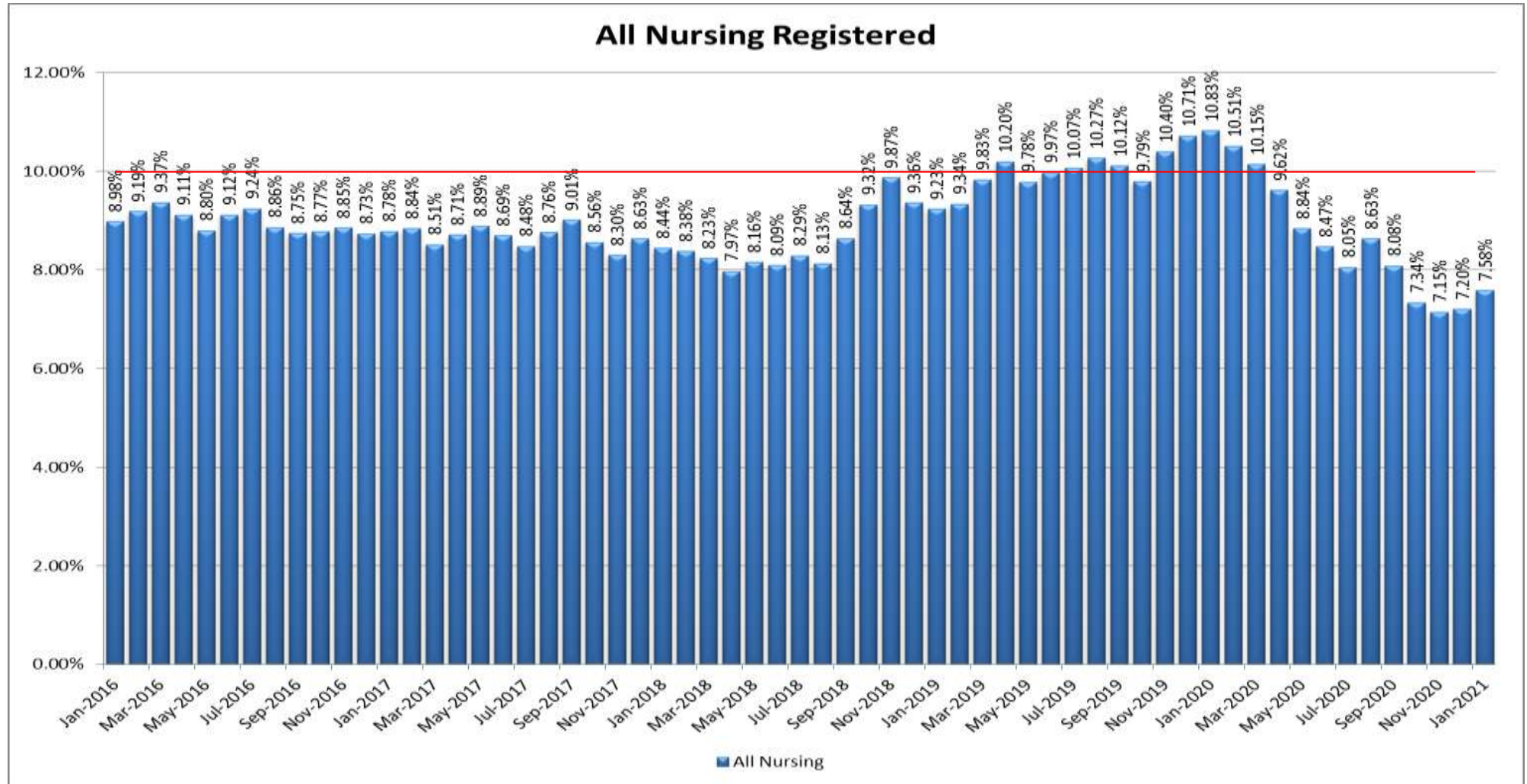


International recruitment continues with the successful Strand B funding approved to recruit 60 nurses by October 2021. Twelve nurses arrived in January and are preparing for OSCE in March. All are able to join the NMC Temporary COVID19 register whilst awaiting OSCE outcome. A further 7 are due to arrive at the end of February and will be subject to the new Government self isolation and are required to take a PCR test on day 2 and 8 following arrival.

HCA rapid recruitment is underway with 4 assessment centres planned during February. Application numbers are high and of good quality for these posts and will be appointed to apprenticeship and Band 2 vacancies. There is high confidence in achieving our zero vacancy goals by the end of March 2021.

Student nurses have again opted into paid placements and will be joining the workforce from 8th February. We are expecting 81 Adult and 6 Child branch students.

Nursing and Midwifery Turnover January 2021



Nursing turnover remains low at 7.5% at the end of January 2021 which is well below the 10% national figure.

Urgent and Emergency Care Centre actual worked hours against planned and professional judgement template numbers for January 2021

	Planned Day Dec	Worked Day	Planned N Dec	Worked N	Bed Occ	PU 2's	PU 3's	Medication Incidents	Patient Falls	Formal Complaints	1000 voices
Critical Care	35 + 12	31 + 6	35 + 8	31 + 5	24	31	0	4	1	0	
Critical Care Surge		2 + 1		1 + 1	4						
RAFAU (On Ward 10)	3 + 2	3 + 3	2 + 2	3 + 3	22	0	0	0	2	0	
Short Stay (On Ward 2)	4 + 4	3 + 4	3 + 3	3 + 3	15	1	0	1	7	1	
AMU JCUH	5 + 4	5 + 4	5 + 4	5 + 4	20	0	0	1	3	0	
AAU JCUH (On Ward 1)	5 + 3	5 + 3	4 + 3	5 + 3	16	3	0	2	1	0	
CDU FHN	5 + 3	4 + 2	3 + 2	2 + 2	10	1	0	6	4	1	
Ainderby FHN	4 + 3	3 + 4	2 + 2	2 + 2	18	3	0	4	7	0	9.33
Romanby FHN	4 + 3	4 + 3	2 + 2	2 + 2	19	1	0	0	3	0	8.96
Ac&Em -J	17 + 7	16 + 7	15 + 7	16 + 7	/	0	0	4	2	3	

Pressure ulcers on Critical care are predominantly from proning of COVID patients

Critical Care

Skill mix stretch has been undertaken to optimise Critical Care admitting capacity with all RNs counted within overall Critical Care nursing numbers with supernumerary nurses commencing WC 25th January 2021 with Military provision - 4.8 WTE within existing roster.

Review of service provision is being undertaken to determine ability to release ex critical care staff in order to support skill mix across 6 (increasing to 7) areas. Additional response approach to last minute shortfall in staffing as 51 nurses per shift required

Cardio ICU contributed to senior cover CCS area 3 from Monday 25th January 2021 – backfill of Cat B staff – skill mix stretch to be monitored and issues escalated in the same manner as GCC

Skill mix stretch presents greater challenge with the opening of 3rd critical care surge area which was initially 4 level 2 beds but then increased to 8. De-escalation will be planned and managed in line with reduction of surge areas & level of acuity.

Clinical Psychology is supporting staff and the health and wellbeing of staff is paramount.

Emergency Department

Staffing continues to be difficult at times with both red and amber pathways in use. Agency usage and A+E transfer team in place to support activity throughout January.

The new ambulatory care area has opened and the department is fully staffed to establishment.

Community Care Centre actual worked hours against planned and professional judgement template numbers for January 2021

	Planned Day	Worked Day	Planned N	Worked N	Bed Occ	PU 2's	PU 3's	Medication Incidents	Patient Falls	Complaints	1000 voices
Ward 3	4 + 5	4 + 4	3 + 3	3 + 3	23	6	0	0	7	1	9.78
JC09 (Ward 9)	5 + 4	5 + 4	4 + 3	4 + 3	19	2	0	3	4	1	8.46
Ward 11 (Older Persons Medicine OPM)	4 + 4	4 + 5	3 + 3	3 + 4	20	1	0	3	0	1	9.75
Rutson FHN	3 + 4	2 + 3	2 + 2	2 + 1	12	2	0	0	5	0	8.95
Tocketts Ward	4 + 5	2 + 2	3 + 4	2 + 2	12	1	0	1	3	0	9.91
Zetland Ward	4 + 8	4 + 7	4 + 3	4 + 4	25	0	0	1	4	0	
Friary Community Hospital	3 + 4	3 + 3	2 + 1	2 + 2	14	0	0	0	0	0	8.72
Ward 21 – Paeds	5 + 2	5 + 3	5 + 2	4 + 2	9	0	0	0	0	0	9.32
Ward 22 – Paeds	5 + 2	3 + 1	3 + 1	2 + 1	5	0	0	0	0	0	9.66
Central Delivery Suite	10 + 2 M- F	10 + 2	11 + 2	11 + 2	5	0	0	0	0	1	
Neonatal Unit	15 + 1	12 + 1	15 + 1	11 + 0	15	0	0	4	0	0	
Paediatric Intensive Care Unit (PICU)	4 + 0	2 + 1	4 + 0	2 + 0	1	0	0	0	0	0	
Ward 17 JCUH	6 + 2	5 + 3	4 + 2	4 + 3	21	0	0	1	0	1	9.37
Ward 19 Ante Natal	3 + 1	2 + 1	2 + 0	2 + 0	4	0	0	0	0	0	8.53
Maternity FHN	2 + 0	2 + 1	2 + 0	2 + 0	0	0	0	0	0	0	
Mat Assessment Unit	4 + 1	4 + 2	1 + 0	2 + 0	1	1	0	0	0	0	

Staffing has matched acuity and dependency of patients throughout January with the new RSU nearing completion on ward 9. RSU has reported one breach in staffing during January.

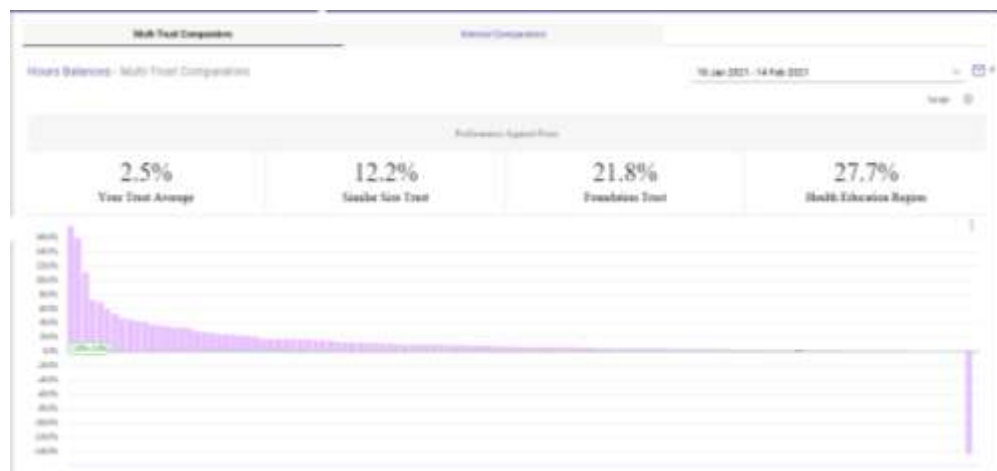
Midwifery staffing levels have been maintained with no breaches in 1:1 care in labour during the month.

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

Wards	Planned Day Jan 21	Worked Day Jan 21	Planned N Jan 21	Worked N Jan 21	Bed occ	PU 2's	PU 3's	Medication Incidents	Falls	Complaints	1000 voices
JC04 (Ward 4)	4 + 3	4 + 3	3 + 2	2 + 2	17	4	0	1	4	1	8.46
Ward 5 Surgery (on Ward 25)	3 + 4	2 + 1	3 + 3	2 + 1	9	0	0	0	0	0	
JC06 Gastro	4 + 3	4 + 4	3 + 2	2 + 3	21	0	0	0	2	0	8.38
Ward 7 Colo	5 + 4	3 + 3	3 + 3	2 + 2	15	3	0	1	5	0	
Ward 8	3 + 3	4 + 4	2 + 3	2 + 3	17	1	0	0	6	0	
Ward 12 (Ward 25 Staff)	4 + 3	4 + 4	4 + 3	3 + 3	17	2	0	2	5	0	
Ward 14	3 + 3	3 + 2	2 + 2	2 + 2	13	0	0	1	3	0	
JC24 (Ward 24)	4 + 3	4 + 4	3 + 2	3 + 3	18	1	0	2	9	0	9.29
Neuro HDU	4 + 1	4 + 1	4 + 1	4 + 1	7	0	0	0	0	1	9.35
JC26 (Ward 26)	3 + 3	3 + 2	2 + 2	2 + 1	9	0	0	0	5	0	9.75
JC27 Neuro Staff	3 + 2	4 + 4	2 + 2	2 + 3	12	3	0	0	2	0	
JC28 (Ward 28)	5 + 3	5 + 2	4 + 2	4 + 2	19	1	1	1	8	0	
JC29 (Ward 29)	4 + 3	4 + 3	3 + 2	3 + 3	21	3	0	0	7	1	
Cardio MB	2 + 1	2 + 1	2 + 0	2 + 0	6	0	0	0	0	0	
JC31 Vas	3 + 3	4 + 4	2 + 2	3 + 3	23	0	0	1	7	0	
JCCT (Ward 32)	4 + 3	4 + 3	3 + 2	2 + 2	17	1	0	1	0	0	
JC33 Specialty	4 + 3	3 + 3	3 + 3	2 + 2	17	1	0	3	2	0	9.15
JC34 (Ward 34)	4 + 5	5 + 4	3 + 2	3 + 3	28	7	1	2	5	1	9.19
JC35 (Ward 35)	4 + 4	4 + 3	3 + 3	2 + 3	20	1	0	0	0	0	9.14
JC36 Trauma	5 + 4	5 + 4	3 + 3	3 + 4	30	1	0	3	4	0	
Spinal Injuries	8 + 5	5 + 3	7 + 5	5 + 3	15	0	0	0	0	0	9.36
CCU JCUH	8 + 2	6 + 1	6 + 0	5 + 0	9	1	0	0	1	0	
CICU JCUH	11 + 2	8 + 1	11 + 1	8 + 2	8	4	0	0	0	0	9.46

Cardio HDU	6 + 1	4 + 1	5 + 1	3 + 1	5	1	0	0	0	0	10.0
Gara Orthopaedic FHN	2 + 2	x	2 + 1	x	x	-	-	-	-	-	

4 Weekly Hours Balance Against Peers January 18th – 14th February 2021



Best practice is to maintain the 4 weekly hours balance between + and - 2%. This demonstrates good management of staff hours despite being slightly higher than usual.

Temporary Staffing usage against other Allocate Peers January 18th – 14th February 2021



Although higher than normal our temporary staffing remains well managed

Unavailability Compared to Allocate National Average January 18th – 14th February 2021

Overall unavailability of staff was 34.3% against standard Trust 21% headroom. Parenting leave is not included in the headroom.

Sickness % remains high at 8.3%. Annual leave remains well managed at 12.9% against a 14% -16% KPI target.

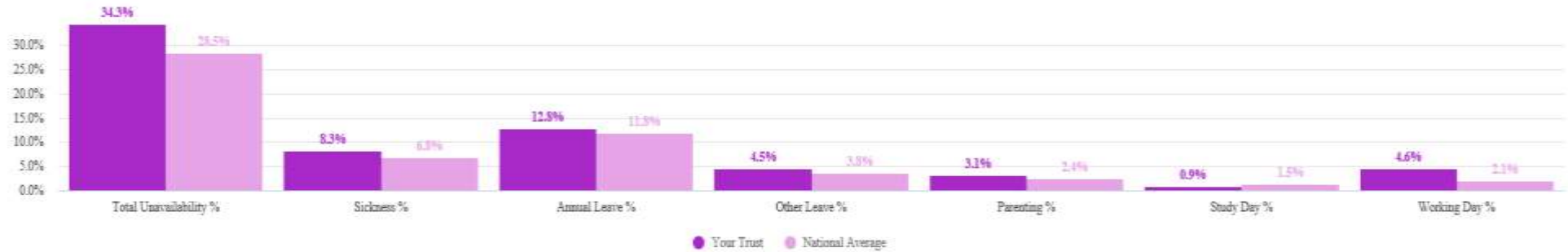
Working day remains high at 4.6% and includes those in household isolation or COVID self isolation. 12 International nurses have isolated for travel on arrival for 10 days.

Unavailability - Multi-Trust Comparators

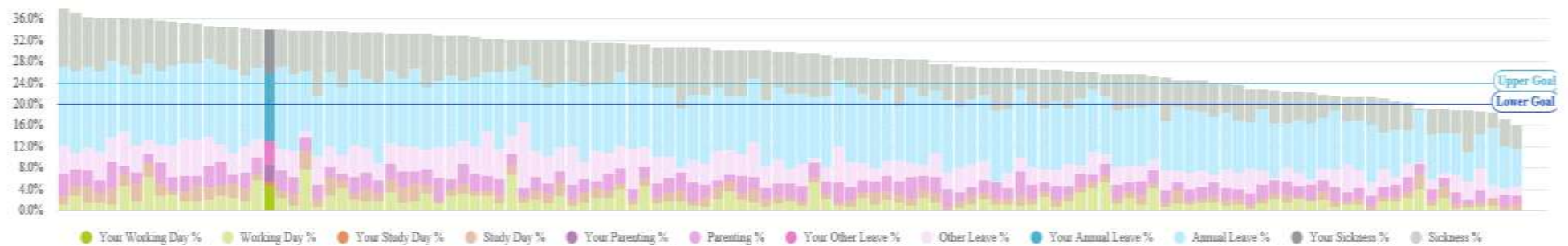
18 Jan 2021 - 14 Feb 2021

just now

Trust Unavailability Against National Averages by Type



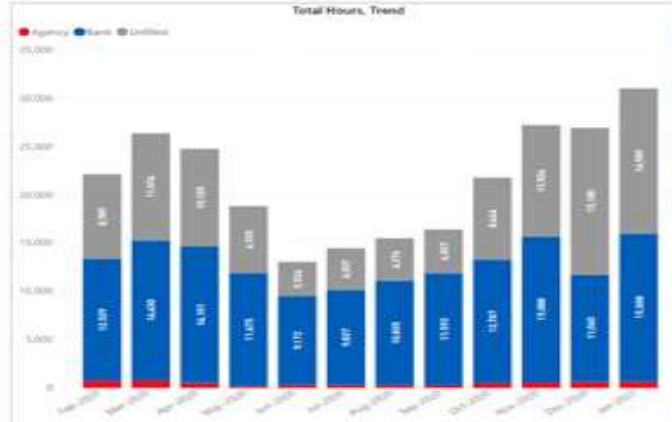
Unavailability by Leave Type



N&M - Registered Hours Performance

YOY Comparison for Jan-2021

WTE	190.6 125.7
% Total Fill	51.6% 43.6%
% Bank Fill	49.4% 57.6%
% Agency Fill	2.2% 4.0%
% Unfilled	48.4% 38.4%



Demand: in Jan-2021 totalled 30,968 hours (3,460 shifts), a change of 15.1% on Dec-2020

Bank: in Jan-2021 totalled 15,308 hours (1,733 shifts), a change of 38.4% on Dec-2020

Unfilled: in Jan-2021 totalled 14,989 hours (1,656 shifts), a change of -1.3% on Dec-2020

Agency: in Jan-2021 totalled 670 hours (71 shifts), a change of 2.2% on Dec-2020



RN NHSP Activity January 2021

The number of RN hrs worked in January was 15,308. Demand was 30,968 hrs making the fill rate 49%.

It should be noted that the actual hours worked has increased month on month with January being the highest in the past 12 months.

670 hrs of Agency was worked predominately in Critical Care (ITU and ED)

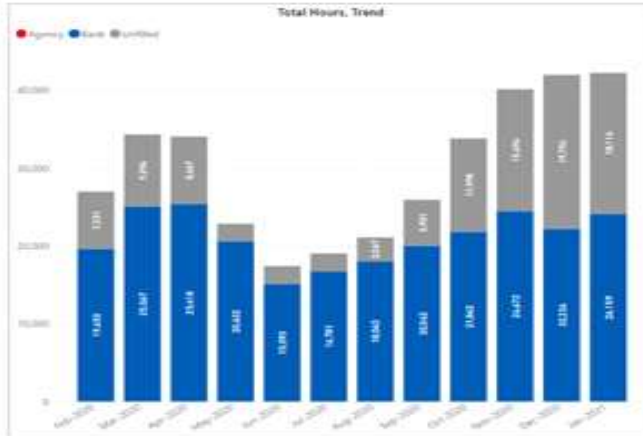
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4

N&M - Unregistered Hours Performance

YOY Comparison for Jan-2021

WTE	260.2 157.0
% Total Fill	57.1% 77.5%
% Bank Fill	57.1% 77.5%
% Agency Fill	(0.0%)
% Unfilled	42.9% 22.5%



Demand: in Jan-2021 totalled 42,275 hours (4,684 shifts), a change of 0.6% on Dec-2020

Bank: in Jan-2021 totalled 24,159 hours (2,582 shifts), a change of 8.7% on Dec-2020

Unfilled: in Jan-2021 totalled 18,116 hours (2,112 shifts), a change of -8.5% on Dec-2020

Agency: in Jan-2021 totalled 0 hours (0 shifts), a change of -100.0% on Dec-2020



HCA NHSP Activity January 2021

HCA worked hours increased in November to 24,159 with a demand of 42,275hrs resulting in a 57.1% fill rate

There was no agency usage for HCA.

27 new Care Support Workers will be ready at the end of January to work a minimum of 30hrs per week for 12 weeks to support Winter Pressures. Wards have been allocated.

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5

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

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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