

**MEETING OF THE TRUST BOARD OF DIRECTORS –NOVEMBER 2020**

Safe Staffing Report for November and December 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  Discuss  Inform

**Situation**

This report details nursing, midwifery and AHP staffing levels for the months of November and December 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 monitored within the RSU, Stroke, Oncology and Midwifery. During November and December the number of patients requiring BIPAP/CPAP has increased significantly and staffing levels have been stretched '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. Funding for these beds and closed beds on ward 28 and 6 has been agreed and will be substantively recruited to in an effort to open all physical bed spaces during the COVID surge.

Ward 31 has seen increased nurse sensitive indicators around inpatient falls and requires regular monitoring and review of staffing levels to maintain patient safety.

Nursing and Midwifery Turnover is currently 7.15%

Vacancy against the financial ledger is 4% /106wte against an increased budgeted WTE

There have been two reported episodes for lack of a second coordinator on GHDU One on 16<sup>th</sup> November when there was only one for the whole night and a 4 hour period on 8<sup>th</sup> December.

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.

Close monitoring and agile actions will be required to mitigate risks.

**Recommendation**

The Board of Directors are asked to note the content of this report

<b>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</b>	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	
<b>Legal and Equality and Diversity implications</b>	<ul style="list-style-type: none"> <li>• Care Quality Commission</li> <li>• NHS Improvement</li> <li>• NHS England</li> </ul>	
<b>Strategic Objectives</b>	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**

## **January 2021 based on November and December 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 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 with 5000 hours 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.

Midwifery and AHP staffing reviews have been included in this report provided by the Head of Midwifery and AHP Lead.

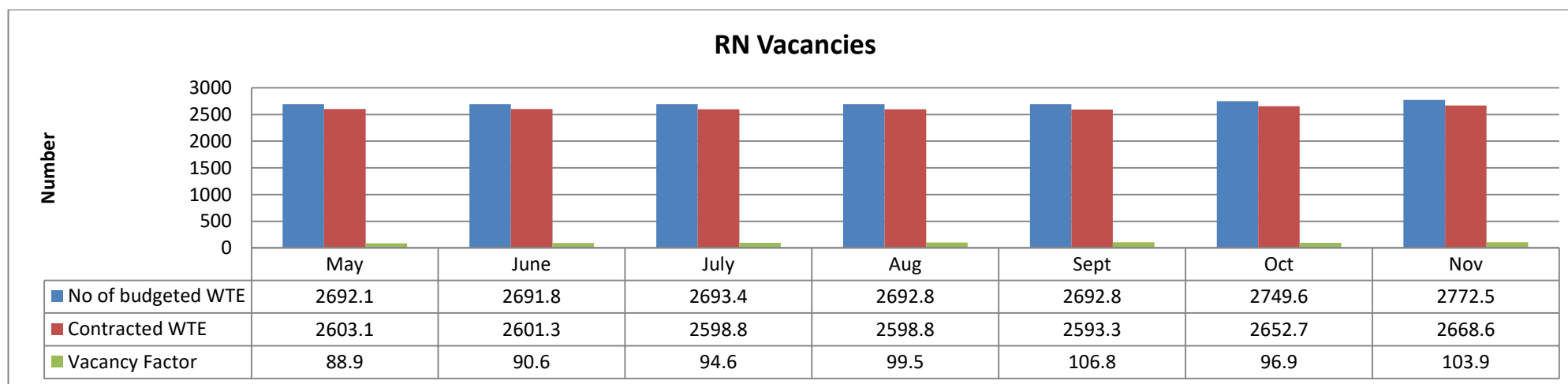
Staff COVID unavailability is reported daily via Allocate broken down by area and staff group. COVID vaccination programme began on 7<sup>th</sup> November and has increased in intensity throughout December, only closing for Christmas Eve, Christmas Day and Boxing Day.

**Table 1 – Overall UNIFY fill Rate based on planned vs worked hours for November and December 2020**

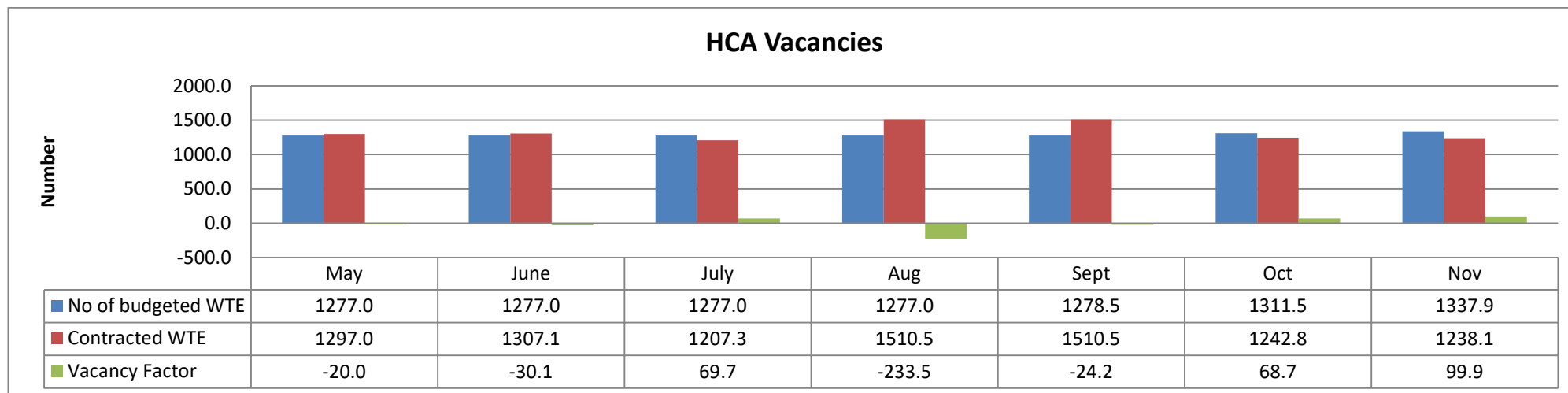
Overall Ward Fill Rate		November 2020	December 2020	HCA % includes Registered Nursing Associates (Band 4), Assistant Practitioners (Band 4), Trainee Nursing Associates (Band 3) and HCA's Bands 2 and 3.  Therapeutic Care Support Workers (TCSW Band 2) support wards on the JCUH site with enhanced observation for level 3 patients presenting with challenging behaviour.
	RN/RMs (%) Average fill rate - DAYS	91.2%	91.1%	
	HCA (%) Average fill rate - DAYS	93.1%	96.2%	
	NA (%) Average fill rate - DAYS	100.0%	100.0%	
	TNA (%) Average fill rate - DAYS	100.0%	100.0%	
	RN/RMs (%) Average fill rate - NIGHTS	99.1%	99.3%	
	HCA (%) Average fill rate - NIGHTS	103.9%	101.7%	
	NA (%) Average fill rate - NIGHTS	100.0%	100.0%	
	TNA (%) Average fill rate - NIGHTS	100.0%	100.0%	
<b>Total % of Overall planned hours</b>	<b>98.5%</b>	<b>98.5%</b>		

### Vacancy and Turnover

The total current nursing and midwifery vacancy rate against the financial ledger for all nursing and midwifery is currently at 4% at the end of November 2020 this equates to 103.9 WTE. The latest publicised Care Hours per Patient Day (CHPPD) for Nursing, Midwifery and AHP on the Model Hospital was in October 2020 and was 11.4 against a Peer of 9.1 and a National of 9.0.



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.

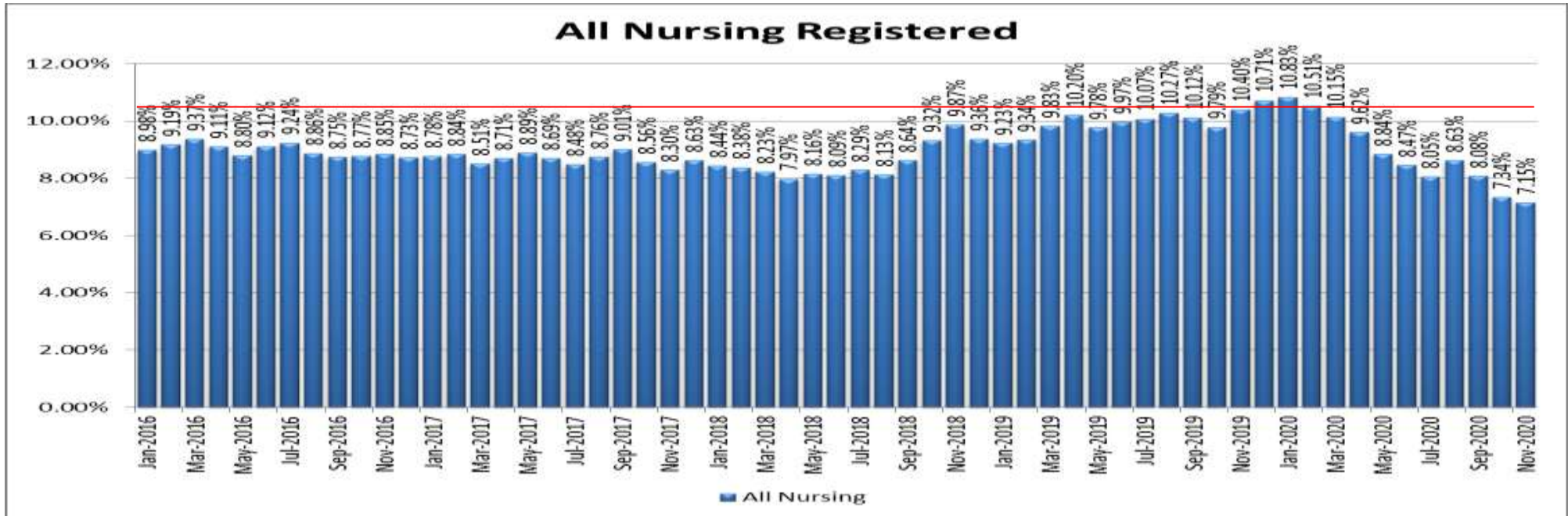


International recruitment continues with the successful Strand B funding approved to recruit 60 nurses by October 2021. Our September and October nurses are all now through their OSCE exams and in process of registering with the NMC. The new process takes up to 35 days which is adding a delay for the Trust. Help has been requested to expedite this process and the NMC have reopened the temporary COVID 19 register to support Trusts and future cohorts arriving over the next few months.

Sixty five newly qualified nurses will be taking up posts between January and March and 20 Nursing Associates/ Assistant Practitioners begin their conversion courses to transition to RN in January. Some will complete a full time 2 year programme whilst others will work part time over an 18 month period. 20 HCA's will also commence a 4 year part time BSc apprenticeship in March.

Funding to support HCA recruitment has been made available to enable the Trust to reach a 0% vacancy rate by 31<sup>st</sup> March – rapid recruitment will begin shortly with pastoral support to on-board these groups.

Nursing and Midwifery Turnover for November has reduced to 7.15% which is significantly lower than the National average.

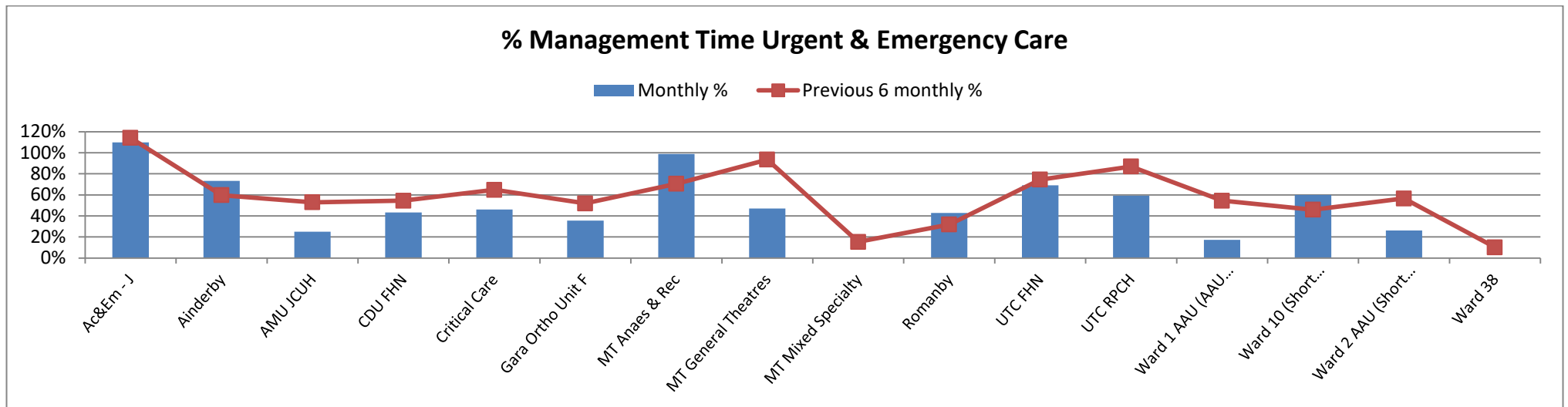


## Urgent and Emergency Care Centre actual worked hours against planned and professional judgement template numbers for November and December 2020

	Bed Occ	Planned Day Nov	Worked Day	Planned N Nov	Worked N	Bed Occ	Planned Day Dec	Worked Day	Planned N Dec	Worked N
Critical Care	25	35 + 12	34 + 8	35 + 8	32 + 6	24	35 + 12	31 + 6	35 + 8	31 + 5
Critical Care Surge			2 + 1		1 + 1	4		2 + 1		1 + 1
RAFAU (On Ward 10)	19	3 + 2	4 + 4	2 + 2	3 + 3	18	3 + 2	3 + 3	2 + 2	2 + 3
Short Stay (On Ward 2)	13	4 + 4	4 + 3	3 + 3	3 + 3	16	4 + 4	4 + 3	3 + 3	3 + 3
AMU JCUH	18	5 + 4	5 + 3	5 + 4	5 + 3	18	5 + 4	5 + 3	5 + 4	5 + 3
AAU JCUH (On Ward 1)	12	5 + 3	7 + 4	4 + 3	5 + 3	11	5 + 3	7 + 4	4 + 3	4 + 3
CDU FHN	7	5 + 3	3 + 3	3 + 2	2 + 2	8	5 + 3	4 + 3	3 + 2	2 + 2
Ainderby FHN	16	4 + 3	3 + 3	2 + 2	2 + 2	18	4 + 3	3 + 4	2 + 2	2 + 2
Romanby FHN	11	4 + 3	3 + 4	2 + 2	2 + 2	14	4 + 3	3 + 3	2 + 2	2 + 2
Ac&Em -J	/	17 + 7	17 + 7	15 + 7	17 + 5	/	17 + 7	17 + 7	15 + 7	16 + 6

## Nurse Sensitive Indicators November and December Data

	PU 2's	PU 3's	Medication Incidents	Patient Falls	Formal Complaints	Quality Impact
Critical Care	18 + 13 = 31	0 + 1 = 1	3 + 3 = 6	0 + 1 = 1	1 + 1 = 2	Increased PU due to proning
RAFAU (On Ward 10)	0 + 2 = 2	0	4 + 4 = 8	5 + 2 = 7	1	
Short Stay (On Ward 2)	1	0	0	2 + 8 + 10	0	
AMU JCUH	2 + 1 = 3	1	6 + 6 = 12	11 + 3 = 14	0 + 1 = 1	
AAU JCUH	0	0	0	0	0	
CDU FHN	1	0	2 + 2 = 4	0 + 4 = 4	0	
Ainderby FHN	2	0	2 + 2 = 4	2 + 7 = 9	0	
Romanby FHN	0	0	2 + 2 = 4	1 + 3 = 4	0	
Ac&Em -J	0 + 1 = 1	0	5 + 5 = 10	2 + 2 = 4	2 + 3 = 5	



#### Critical Care Staffing

Critical care staffing continues to be monitored on a daily basis with 2 supervisory co-ordinators required on each shift to support activity. There was one occasion where this number dropped to one on GHDU during both November and December.

Staff have returned to support staffing from across the trust and more recently theatres. A one week look back and two week look forwards is undertaken weekly to support the staffing requirements against patient need and capacity modelling.

Clinical Psychology are supporting staff and the health and wellbeing of staff is paramount. International nursing activity has been focused to support the increased critical care requirement.



## Community Care Centre actual worked hours against planned and professional judgement template numbers for November and December 2020

	Planned Day	Worked Day	Planned N	Worked N	Bed Occ	Planned Day	Worked Day	Planned N	Worked N	Bed Occ
Ward 3	4 + 5	4 + 4	3 + 3	3 + 3	20	4 + 5	4 + 5	3 + 3	3 + 3	19
JC09 (Ward 9)	5 + 4	5 + 3	4 + 3	3 + 3	21	5 + 4	5 + 4	4 + 3	4 + 3	21
Ward 11 (Older Persons Medicine OPM)	4 + 4	4 + 5	3 + 3	3 + 4	21	4 + 4	4 + 5	3 + 3	3 + 3	20
Rutson FHN	3 + 4	3 + 4	2 + 2	2 + 2	14	3 + 4	3 + 4	2 + 2	2 + 2	15
Tocketts Ward	4 + 5	3 + 5	3 + 4	3 + 4	20	4 + 5	3 + 5	3 + 4	2 + 3	18
Zetland Ward	4 + 8	4 + 6	4 + 3	3 + 4	13	4 + 8	4 + 6	4 + 3	3 + 3	15
Friary Community Hospital	3 + 4	2 + 3	2 + 1	2 + 2	9	3 + 4	2 + 2	2 + 1	2 + 1	5
Ward 21 – Paeds	5 + 2	5 + 2	5 + 2	5 + 2	11	5 + 2	5 + 3	5 + 2	5 + 2	10
Ward 22 – Paeds	5 + 2	3 + 1	3 + 1	3 + 1	5	5 + 2	3 + 1	3 + 1	3 + 1	5
Central Delivery Suite	10 + 2 M- F	10 + 2	11 + 2	10 + 2	5	10 + 2 M- F	10 + 2	11 + 2	10 + 2	6
Neonatal Unit	15 + 1	13 + 1	15 + 1	13 + 0	22	15 + 1	12 + 1	15 + 1	12 + 0	21
Paediatric Intensive Care Unit (PICU)	4 + 0	4 + 1	4 + 0	3 + 0	2	4 + 0	3 + 1	4 + 0	3 + 0	2
Ward 17 JCUH	6 + 2	6 + 3	4 + 2	4 + 3	23	6 + 2	6 + 3	4 + 2	4 + 2	20
Ward 19 Ante Natal	3 + 1	3 + 1	2 + 0	2 + 0	6	3 + 1	3 + 1	2 + 0	2 + 0	6
Maternity FHN	2 + 0	3 + 1	2 + 0	2 + 0	0	2 + 0	3 + 0	2 + 0	2 + 0	0
Mat Assessment Unit	4 + 1	4 + 2	1 + 0	2 + 0	1	4 + 1	4 + 2	1 + 0	2 + 0	1

### Nurse sensitive indicators November and December

Wards	PU 2's	PU 3's	Medication Incidents	Patient Falls	Complaints	1000 voices	Quality Impacts
Ward 3	1 + 5 = 6	0	0	4 + 7 = 11	0	8.54	
JC09 (Ward 9)	3 + 1 = 4	0	2 + 2 = 4	2 + 4 = 6	2	9.03	
Ward 11 (Older Persons Medicine OPM)	1 + 2 = 3	0	3 + 4 = 7	1	2	9.24	
Rutson FHN	0	0	1 + 1 = 2	2 + 5 = 7	0	9.23	
Tocketts Ward	3 + 1 = 4	0	0	2 + 3 = 5	0	8.93	
Zetland Ward	0	0 + 1 = 1	1 + 1 = 2	3 + 4 = 7	0 + 1 = 1	9.80	

Friary Community Hospital	0	0	0	1	0	8.50	
Ward 21 – Paeds	0	0	3 + 3 = 6	0	0	9.65	
Ward 22 – Paeds	0	0	1 + 1 = 2	0	0	9.32	
Central Delivery Suite	0	0	0	0	0 + 1 = 1		
Neonatal Unit	0	0	8 + 8 = 16	0	0	9.46	
Paediatric Intensive Care Unit (PICU)	0	0	0	0	0		
Ward 17 JCUH	0	0	0	0	0	9.25	
Ward 19 Ante Natal	0	0	0	0	0 + 2 = 2		
Maternity FHN	0	0	0	0	0		
Mat Assessment Unit	0	0	0	0	0		



## Maternity

Maternity is facing a number of issues with recruitment and has a recruitment gap of 16.15 WTE (16%) Band 5 & 6 and 12.14 WTE (24%) Bands 2,3 and 4. This gap is in part due to the national shortage of midwives from insufficient numbers of midwives in training/qualifying and high levels of staff reaching retirement age. Newly qualified midwives have not been retained on qualification due to a number returning to their home localities out of area to work.

Work has been ongoing with Teesside University to ensure that a fair distribution of out of area home trust students is allocated and practice placements have been increased.

There has been high COVID sickness/unavailability, maternity leave and short term sickness which have caused some staffing pressures. An action plan is in place to mitigate the risks to service provision and minimise any risk to patients and are managed through clear escalation processes which include unit closures.

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

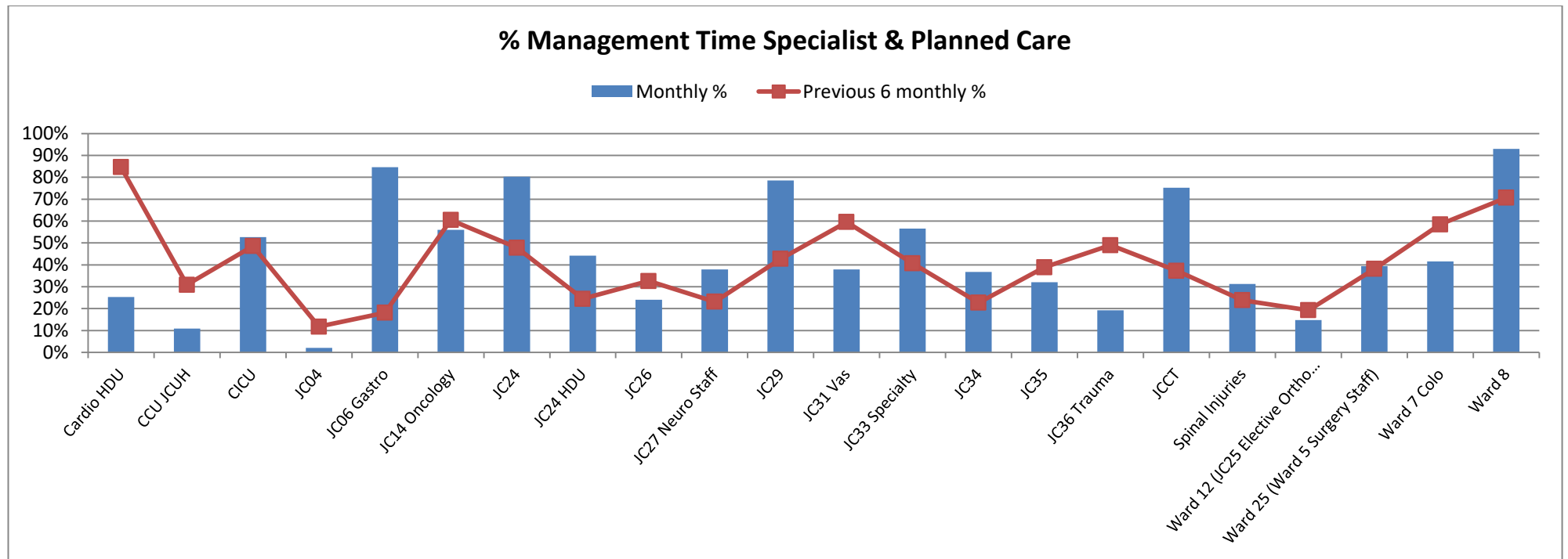
Wards	Planned Day Nov	Worked Day Nov	Planned N Nov	Worked N Nov	Bed occ	Planned Day Dec	Worked Day Dec	Planned N Dec	Worked N Dec	Bed occ
JC04 (Ward 4)	4 + 3	4 + 3	3 + 2	3 + 2	19	4 + 3	4 + 3	3 + 2	3 + 2	17
Ward 5 Surgery (on Ward 25)	3 + 4	4 + 3	3 + 3	2 + 2	6	3 + 4	2 + 2	3 + 3	2 + 2	14
JC06 Gastro	4 + 3	3 + 4	3 + 2	2 + 3	23	4 + 3	3 + 4	3 + 2	3 + 3	22
Ward 7 Colo	5 + 4	5 + 5	3 + 3	3 + 3	28	5 + 4	5 + 4	3 + 3	3 + 3	25
Ward 8	3 + 3	4 + 3	2 + 3	2 + 3	16	3 + 3	4 + 4	2 + 3	2 + 3	17
Ward 12 (Ward 25 Staff)	4 + 3	4 + 3	4 + 3	3 + 3	17	4 + 3	4 + 4	4 + 3	3 + 3	18
Ward 14	3 + 3	3 + 3	2 + 2	2 + 2	12	3 + 3	3 + 2	2 + 2	2 + 2	12
JC24 (Ward 24)	4 + 3	4 + 4	3 + 2	3 + 3	18	4 + 3	4 + 4	3 + 2	3 + 3	20
Neuro HDU	4 + 1	4 + 1	4 + 1	4 + 1	6	4 + 1	4 + 1	4 + 1	4 + 1	6
JC26 (Ward 26)	3 + 3	3 + 3	2 + 2	2 + 2	15	3 + 3	3 + 4	2 + 2	2 + 3	15
JC27 Neuro Staff	3 + 2	3 + 3	2 + 2	2 + 2	12	3 + 2	4 + 4	2 + 2	2 + 3	12
JC28 (Ward 28)	5 + 3	5 + 3	4 + 2	4 + 3	18	5 + 3	5 + 2	4 + 2	4 + 2	19
JC29 (Ward 29)	4 + 3	4 + 3	3 + 2	3 + 2	23	4 + 3	3 + 3	3 + 2	3 + 2	20
Cardio MB	2 + 1	2 + 1	2 + 0	2 + 0	6	2 + 1	2 + 1	2 + 0	2 + 0	5
JC31 Vas	3 + 3	5 + 4	2 + 2	3 + 3	23	3 + 3	4 + 4	2 + 2	3 + 3	20
JCCT (Ward 32)	4 + 3	4 + 3	3 + 2	2 + 2	18	4 + 3	5 + 3	3 + 2	2 + 2	18
JC33 Specialty	4 + 3	3 + 3	3 + 3	3 + 2	14	4 + 3	4 + 3	3 + 3	3 + 2	16
JC34 (Ward 34)	4 + 5	4 + 4	3 + 2	3 + 4	25	4 + 5	5 + 4	3 + 2	3 + 4	25
JC35 (Ward 35)	4 + 4	4 + 3	3 + 3	2 + 2	19	4 + 4	4 + 4	3 + 3	3 + 3	17
JC36 Trauma	5 + 4	5 + 5	3 + 3	3 + 4	28	5 + 4	5 + 4	3 + 3	3 + 3	28
Spinal Injuries	8 + 5	4 + 3	7 + 5	3 + 2	10	8 + 5	5 + 3	7 + 5	3 + 2	12
CCU JCUH	8 + 2	6 + 1	6 + 0	5 + 0	8	8 + 2	6 + 1	6 + 0	5 + 0	8

CICU JCUH	11 + 2	8 + 2	11 + 1	8 + 1	7	11 + 2	9 + 2	11 + 1	8 + 2	7
Cardio HDU	6 + 1	4 + 1	5 + 1	3 + 1	5	6 + 1	4 + 1	5 + 1	4 + 1	5
Gara Orthopaedic FHN	2 + 2	2 + 2	2 + 1	2 + 1	9	2 + 2	2 + 2	2 + 1	2 + 1	7

Nurse Sensitive Indicators November and December 2020

Wards	PU 2's	PU 3's	Medication Incidents	Falls	Complaints		Red Flags	Quality Impacts
JC04 (Ward 4)	5 + 4 = 9	0	0 + 4 = 4	1	0	9.05		
Ward 5 Surgery (on Ward 25)	1 + 3 = 4	0	2 + 2 = 4	3	0			
JC06 Gastro	1	0	2 + 2 = 4	6 + 2 = 8	1	8.28		
Ward 7 Colo	2	0 + 1 = 1	0	2 + 5 = 7	1	9.91		
Ward 8	1	0	1 + 1 = 2	9 + 6 = 15	0			
Ward 12 (Ward 25 Staff)	1 + 4 = 5	0	0	7 + 5 = 12	0	9.28		
Ward 14	0	0	1 + 1 = 2	1 + 3 = 4	1			
JC24 (Ward 24)	1 + 1 = 2	0	0	3 + 10 = 13	0	8.93		
Neuro HDU	0	0	0	0	0	9.42		
JC26 (Ward 26)	0 + 2 = 2	0	0	2 + 5 = 7	0	8.52		
JC27 Neuro Staff	2	0 + 1 = 1	1	1 + 3 = 4	0 + 1 = 1			
JC28 (Ward 28)	1 + 2 = 3	0 + 2 = 2	1 + 1 = 2	2 + 8 = 10	1	9.54		
JC29 (Ward 29)	1	0	1 + 1 = 2	2 + 7 = 9	1	8.96		
Cardio MB	0	0	0	0	0			
JC31 Vas	0 + 2 = 2	0	3 + 3 = 6	11 + 8 = 19	1	9.14	30	Extra beds have been opened
JCCT (Ward 32)	0	0	0	1	1	8.82		
JC33 Specialty	1	0	0	2 + 2 = 4	0	9.12		
JC34 (Ward 34)	2	0	5 + 5 = 10	8 + 5 + 13	0	9.07		

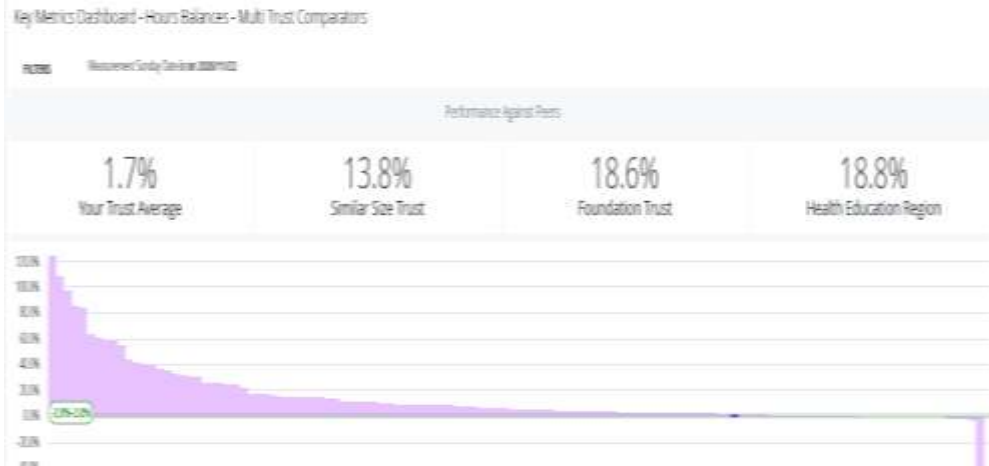
JC35 (Ward 35)	0 + 2 = 2	0	2 + 2 = 4	4	1	8.93		
JC36 Trauma	0	0	5 + 8 = 13	8 + 4 = 12	0 + 1 = 1	8.92		
Spinal Injuries	0 + 1 = 1	0	0	1	0 + 1 = 1			
CCU JCUH	0	0	1 + 1 = 2	2 + 1 = 3	0	9.69		
CICU JCUH	0	0	1 + 1 = 2	0	0	9.79		
Cardio HDU	0	0	3 + 3 = 6	0	0	9.47		
Gara Orthopaedic FHN	0	0	1 + 1 = 2	0	0	9.67		



Ward 31 have increased bed numbers into the previous SDU footprint Staffing numbers have been increased and require monitoring as nurse sensitive indicators have also shown an increase particularly around inpatient falls.

### 4 Weekly Hours Balance Against Peers

### Temporary Staffing usage against other Allocate Peers

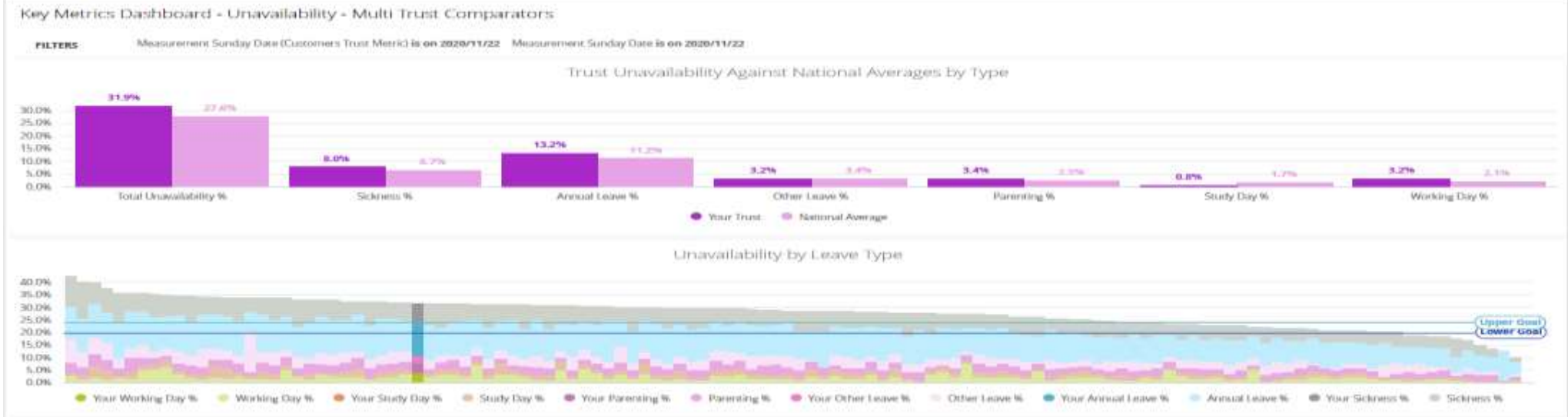


Best practice is to maintain the 4 weekly hours balance between + and - 2%. This demonstrates good management of staff hours



Although higher than normal our temporary staffing remains well managed

### Unavailability Compared to Allocate National Average November 2020



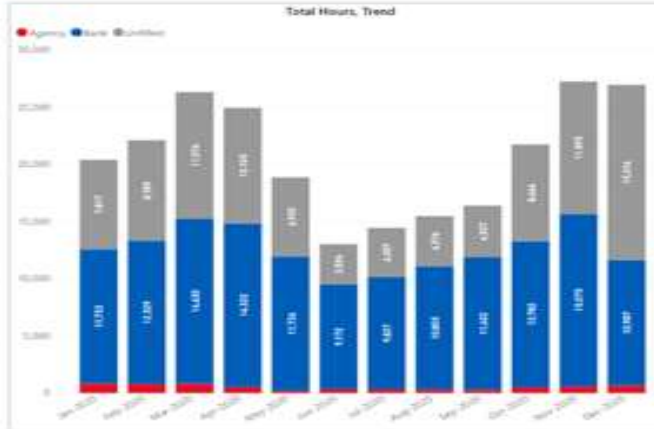
Overall unavailability of staff was 31% against standard Trust 21% headroom. Parenting leave is not included in the headroom. Sickness % remains slightly higher. Annual leave remains well managed at 13.2% against a 14% -16% KPI target.

## N&M - Registered Hours Performance



### YOY Comparison for Dec-2020

WTE	165.9 122.1
% Total Fill	43.2% 48.2%
% Bank Fill	40.8% 45.0%
% Agency Fill	2.4% 3.0%
% Unfilled	56.8% 52.0%



**Demand:** in Dec-2020 totalled 26,967 hours (3,903 shifts), a change of -1.7% on Nov-2020

**Bank:** in Dec-2020 totalled 10,907 hours (1,225 shifts), a change of -2.7% on Nov-2020

**Unfilled:** in Dec-2020 totalled 15,314 hours (1,908 shifts), a change of 32.1% on Nov-2020

**Agency:** in Dec-2020 totalled 655 hours (78 shifts), a change of 13.0% on Nov-2020



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The number of RN hrs worked in November was 15,075, the highest all year. Demand however was 27,000 hrs making the fill rate 57%

As per the National trend December saw a reduced number of hours filled at 10,900 hrs. Demand remained high resulting in a 43% fill rate.

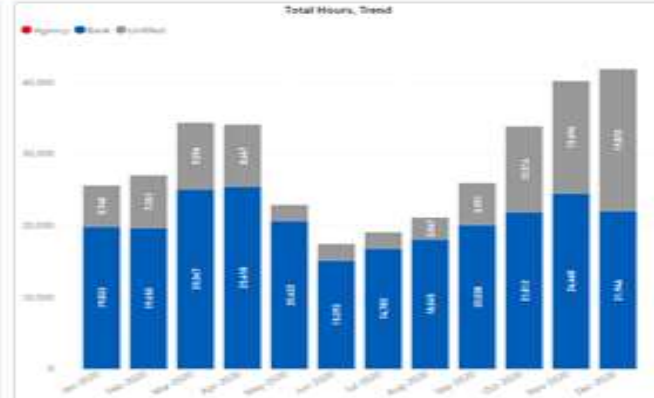
550 -655 hrs of Agency was worked

## N&M - Unregistered Hours Performance



### YOY Comparison for Dec-2020

WTE	257.3 142.8
% Total Fill	52.5% 75.3%
% Bank Fill	52.5% 75.1%
% Agency Fill	(Blank)
% Unfilled	47.5% 24.9%



**Demand:** in Dec-2020 totalled 46,879 hours (4,775 shifts), a change of 4.7% on Nov-2020

**Bank:** in Dec-2020 totalled 24,566 hours (2,366 shifts), a change of -30.3% on Nov-2020

**Unfilled:** in Dec-2020 totalled 19,873 hours (2,409 shifts), a change of 20.6% on Nov-2020

**Agency:** in Dec-2020 totalled hours ( shifts), a change of -100.0% on Nov-2020



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HCA worked hours increased in November to 24,600 but reduced back to 21,700 in December as per the National Trend.

There was no agency usage for HCA.

A programme has been running to recruit 27 new Care Support Workers who will be ready in January to work a minimum of 30hrs per week for 12 weeks to support Winter Pressures.

## AHP Staffing report.

The following is a redacted AHP Unify report. Of note is that the JCUH has been better staffed than all other Therapy teams. This is in line with the demand for therapies for covid patients who are in need of oxygen therapy, the majority of whom are managed by this team. The service and professional leads meet three times a week to allocate appropriately skilled staff to the areas with the highest need whilst also ensuring that other organisational priorities including patient flow are accommodated.

Due to the prioritising of recruitment into nursing and healthcare assistant posts, there has been a delay in the recruitment into some of the professions including dietetics. The team has struggled to recruit into some of the specialist posts and is now planning to recruit into locum posts to enable them to provide safe care to patients. The teams are currently working on a priority list to ensure those in most need of care are provided with care.

<b>AHPS</b>		Total monthly planned staff hrs	Total monthly actual staff hrs	Total monthly planned staff hrs	Total monthly actual staff hrs	Average fill rate - Reg AHP (%)	Average fill rate - Non-AHP (%)
UEC	<b>UECC Therapists Critical Care - ICU</b>	1,304.50	1,088.00	157.50	135.00	83.4%	85.7%
UEC	<b>UECC Therapists Critical Care - Cardio</b>	764.50	546.50	157.50	97.50	71.5%	61.9%
UEC	UECC Therapists Front of House	2,307.50	1,509.75	743.50	479.00	65.4%	64.4%
UEC	UECC Therapists JCUH Inpatients	2,110.25	2,075.25	1,447.50	950.17	98.3%	85.8%
SP&PL	SPCT Acute Outpatients	4,063.50	2,966.60	345.00	282.00	73.0%	81.7%
SP&PL	<b>SPCT Acute Stroke</b>	1,170.00	738.75	637.50	447.00	63.1%	70.1%
SP&PL	<b>SPCT H&amp;R MSK &amp; Outpatient Physiotherapy</b>	1,985.00	1,172.75	0.00	0.00	59.1%	-
SP&PL	SPCT Neuro	2,451.50	1,669.50	1,307.25	650.75	68.1%	40.8%
SP&PL	<b>SPCT Spinal Injuries</b>	1,313.00	1,031.75	247.50	154.50	78.6%	62.4%
SP&PL	SPCT Tees MSK	727.50	506.75	0.00	0.00	69.7%	-
SP&PL	SPCT Trauma & Orthopaedics	3,254.00	1,900.25	2,354.50	936.25	68.4%	39.8%
COMM	Community Therapists Elderly	795.00	538.50	727.50	358.00	67.7%	49.2%
COMM	Community Therapists FHN Inpatients	1,005.00	636.83	885.00	526.75	63.4%	59.5%
COMM	<b>Community Therapists Stroke &amp; RPCH</b>	3,022.50	1,849.00	1,590.00	1,057.00	61.2%	66.5%
COMM	Community Therapists Falls H&R	247.50	221.50	315.00	236.50	89.5%	75.1%
COMM	<b>Community Therapists Friary</b>	382.50	37.50	90.00	60.00	9.8%	66.7%
COMM	<b>Community Therapists Rutson</b>	670.00	520.40	285.00	186.75	77.7%	65.5%
COMM	Community Therapists South Tees	6,223.00	4,507.50	3,787.25	2,087.25	72.4%	55.1%
COMM	<b>Community Therapists ECPCH</b>	1,260.00	870.00	622.50	327.25	69.0%	52.6%
SP&PL	Speech & Language Therapy	2,232.78	1,626.75	315.00	69.08	72.9%	21.9%
SP&PL	Dietitians FHN	930.00	708.00	0.00	0.00	76.1%	-
SP&PL	Dietitians JCUH	3,365.50	2,483.33	0.00	0.00	73.8%	-
SP&PL	Dietitians Langbaugh	1,837.50	695.08	0.00	0.00	37.8%	-
						67.8%	60.8%

Due to vacancies and sickness absences, some teams, including stroke remain very short staffed. Staff continues to be moved daily in order to accommodate operational pressures. It has not been easy to move staff out of the outpatients due to ongoing elective work and associated skill sets to work in areas with a high acuity level.

The critical care team will be recruiting more band 5 physiotherapy posts to assist with winter pressures. These posts will be recruited into on a permanent



basis and the service is confident that this will be absorbed through staff turnover during the year. Consideration needs to be taken into account for all the other professions including dietetics and Speech and language therapy services which have struggled to provide cover into critical care as these services have had very limited funding into this area.

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Safe, sustainable and productive staffing in maternity services

[https://nhsicorporatesite.blob.core.windows.net/green/uploads/documents/Safe\\_Staffing\\_Maternity\\_final\\_2.pdf](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](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](https://nhsicorporatesite.blob.core.windows.net/green/uploads/documents/Safe_Staffing_urgent_and_emergency_care.pdf)