| MEETING OF THE TRUST BOARD OF DIRECTORS –NOVEMBER 2020 | | | |
|---|---|---|---|
| Safe Staffing Report for October 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 month of October 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** | Nursing and Midwifery Turnover is currently 7.34%<br>Vacancy against financial ledger is 6% /96wte<br>Mandated levels of safe staffing have been maintained where possible within the RSU, Stroke, Oncology and Midwifery. COVID outbreaks and short notice unavailability have on occasions led to stretch staffing ratios.<br>There have been no reported episodes for lack of supervisory co-ordinator shifts across ITU/GHDU or CICU. COVID cases in Critical Care have increased requiring surge plans to be enacted and ex critical care staff return to support. This has been difficult due to continued activity across all pathways.<br>Emergency Department staffing requirements have increased significantly due to a red ED pathway being opened. Overtime for all staff groups was supported by Strategic and additional hours worked through NHSP to support this activity but numbers have remained challenging.<br>Nurse Staffing throughout October has generally matched the acuity, dependency and numbers of patients as new RN's took up post.<br>Ward managers supervisory time remains a challenge and Clinical Matrons have begun to work a shift per week to support clinical areas.<br>The risk to safe staffing due to the requirements for self-isolation have again increased this month and is impacting on short notice unavailability particularly within the HCA numbers and have resulted in temporary bed closures.<br>Rapid recruitment of HCA's was undertaken at the end of October and a Care Support Worker Programme to bolster NHSP temporary workforce is planned for November. | | |

<table>
<tr><td></td><td colspan="2">NHSE/I bids have been successful for Strand A and B funding with Strand C still to be finalised. 41 international nurses will arrive between September and January 2021.</td></tr>
<tr><td>Recommendation</td><td colspan="2">The Board of Directors are asked to note the content of this report</td></tr>
<tr><td>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</td><td colspan="2">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</td></tr>
<tr><td>Legal and Equality and Diversity implications</td><td colspan="2">• Care Quality Commission<br>• NHS Improvement<br>• NHS England</td></tr>
<tr><td rowspan="3">Strategic Objectives</td><td>Excellence in patient outcomes and experience ☒</td><td>Excellence in employee experience ☒</td></tr>
<tr><td>Drive operational performance ☐</td><td>Long term financial sustainability ☐</td></tr>
<tr><td>Develop clinical and commercial strategies ☐</td><td></td></tr>
</table>

# Nursing, Midwifery and AHP Workforce Report

## November 2020 based on October 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. Safe staffing is reviewed twice weekly and is reactive to changes in patient pathways.

The risks to safe staffing due to track and trace and the requirements for self-isolation have increased and we are beginning to see an impact on short notice unavailability particularly within the HCA numbers. The probability of a second surge in COVID19 cases requiring ITU is becoming a reality and an increase in workforce to support this activity a clear priority for the organisation.

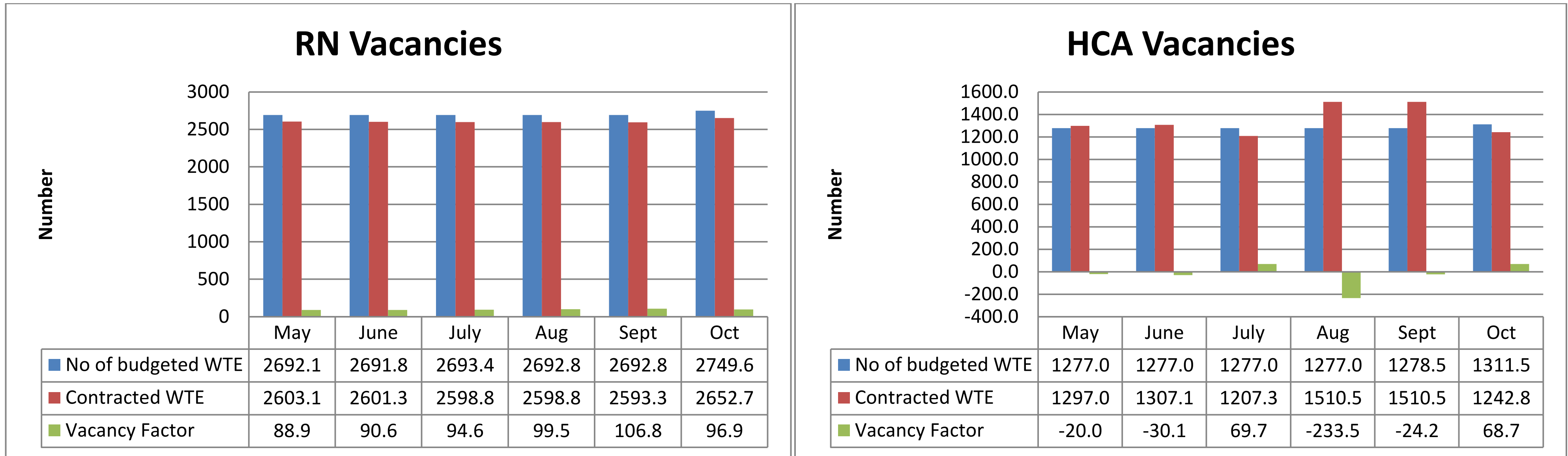
**Table 1 – Overall UNIFY fill Rate based on planned vs worked hours for October 2020**

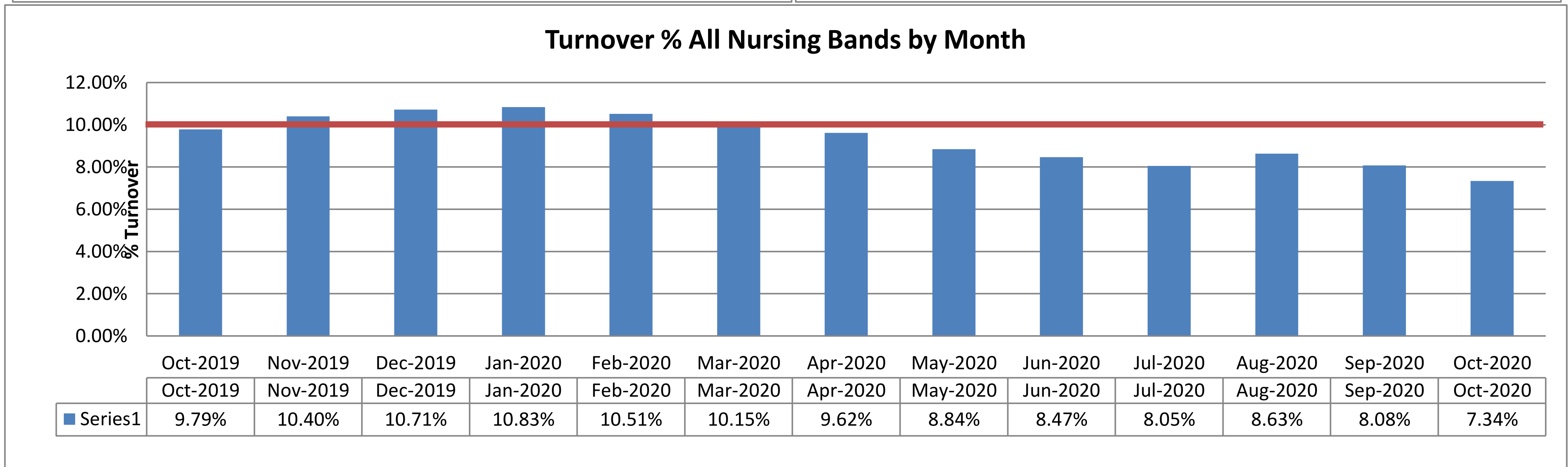
| Overall Ward Fill Rate | | September 2020 | October 2020 | |
|---|---|---|---|---|
| | RN/RMs (%) Average fill rate - DAYS | 89.6% | 93.8% | HCA % includes Registered Nursing Associates (Band 4), Assistant Practitioners (Band 4), Trainee Nursing Associates (Band 3) and HCA's Bands 2 and 3. Therapeutic Care Support Workers (TCSW Band 2) support wards on the JCUH site with enhanced observation for level 3 patients presenting with challenging behaviour. |
| | HCA (%) Average fill rate - DAYS | 95.4% | 94.9% | |
| | NA (%) Average fill rate - DAYS | 100% | 100% | |
| | TNA (%) Average fill rate - DAYS | 100% | 100% | |
| | RN/RMs (%) Average fill rate - NIGHTS | 97.6% | 98.1% | |
| | HCA (%) Average fill rate - NIGHTS | 107.7% | 106.3% | |
| | NA (%) Average fill rate - NIGHTS | 100% | 100% | |
| | TNA (%) Average fill rate - NIGHTS | 100% | 100% | |
| | **Total % of Overall planned hours** | **99.79%** | **99.1%** | |

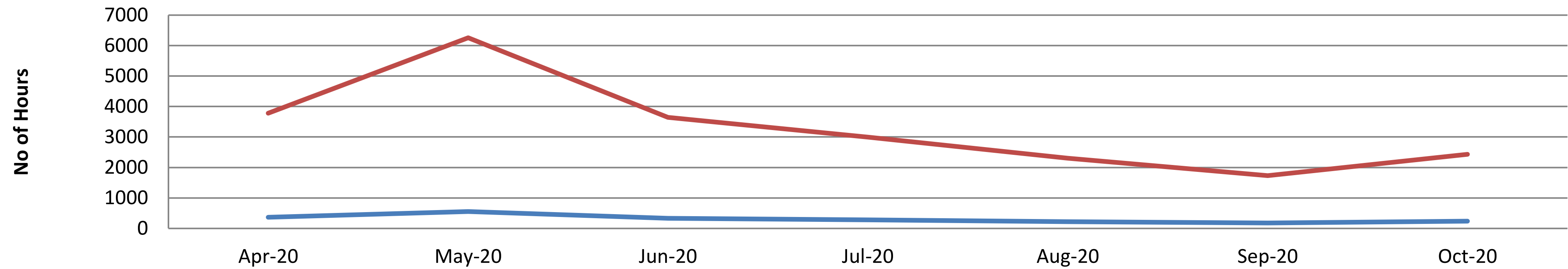
### Vacancy and Turnover

The total current nursing and midwifery vacancy rate against the financial ledger for all nursing and midwifery staff remains at 6% for October 2020 which equates to approximately 96 WTE although budgeted WTE has increased. HCA vacancy rates have risen due student leaving the workforce at the end of the emergency standards and an increase in budgeted WTE. Nursing and Midwifery Turnover for October has reduced

to 7.34%. The latest publicised CHPPD for Nursing, Midwifery and AHP was August 2020 and was12.2 against a Peer of 10.1 and a National of 9.7






| | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 |
|---|---|---|---|---|---|---|---|
| Shift Count | 368 | 550 | 332 | 279 | 221 | 182 | 234 |
| No of Hours | 3779.53 | 6252.55 | 3646.53 | 2999.67 | 2300.69 | 1732.88 | 2432.4 |

## Urgent and Emergency Care Centre actual worked hours against planned and professional judgement template numbers for September 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 | 29 + 6 | 28 + 4 | 29 + 4 | 27 | 6 | 0 | 6 | 0 | 0 | 10 | |
| RAFAU (On Ward 10) | 4 + 3 | 4 + 4 | 3 + 3 | 3 + 3 | 23 | 0 | 0 | 2 | 2 | 1 | 9.5 | |
| Short Stay (On Ward 2) | 5 + 3 | 5 + 4 | 3 + 3 | 2 + 3 | 11 | 0 | 0 | 2 | 6 | 1 | 8.3 | |
| AMU JCUH | 5 + 3 | 6 + 4 | 4 + 3 | 5 + 3 | 15 | 1 | 0 | 2 | 4 | 1 | | |
| AAU JCUH (Ward 1) | 5 + 3 | 7 + 4 | 4 + 3 | 4 + 3 | 11 | 0 | 0 | 0 | 3 | 0 | | |
| CDU FHN | 5 + 3 | 4 + 2 | 3 + 2 | 2 + 2 | 8 | 1 | 0 | 9 | 2 | 0 | 9.2 | |
| Ainderby FHN | 4 + 3 | 3 + 3 | 2 + 2 | 2 + 2 | 17 | 0 | 0 | 2 | 4 | 0 | 8.8 | |
| Romanby FHN | 4 + 3 | 3 + 3 | 2 + 2 | 2 + 2 | 18 | 2 | 0 | 0 | 2 | 0 | 8.7 | |
| Ac&Em -J | 17 + 7 | 17 + 5 | 16 + 7 | 16 + 5 | - | 0 | 0 | 3 | 4 | 3 | | |

Emergency Department Staffing

Current ED staffing model is aligned to the BEST tool supported by the RCN and RCEM in the absence of a Shelford Safer Nursing Care Tool which is imminently awaited.

The ratios used by BEST are broken down into 4 levels

- Total dependency – 2 nurses for each patient (e.g. Cardiac Arrest)
- High dependency – 1 nurse to 1 patient (e.g. Patient undergoing procedural sedation for joint manipulation)
- Moderate dependency – 1 nurse to 2 patients (e.g. Patient with high level of care needs due to incontinence and dementia, combined with acute illness) This ratio reflects the nursing workload for initial assessment and ongoing patient monitoring and care
- Low dependency – 1 nurse to 3.5 patients (e.g. isolated limb fracture patient)

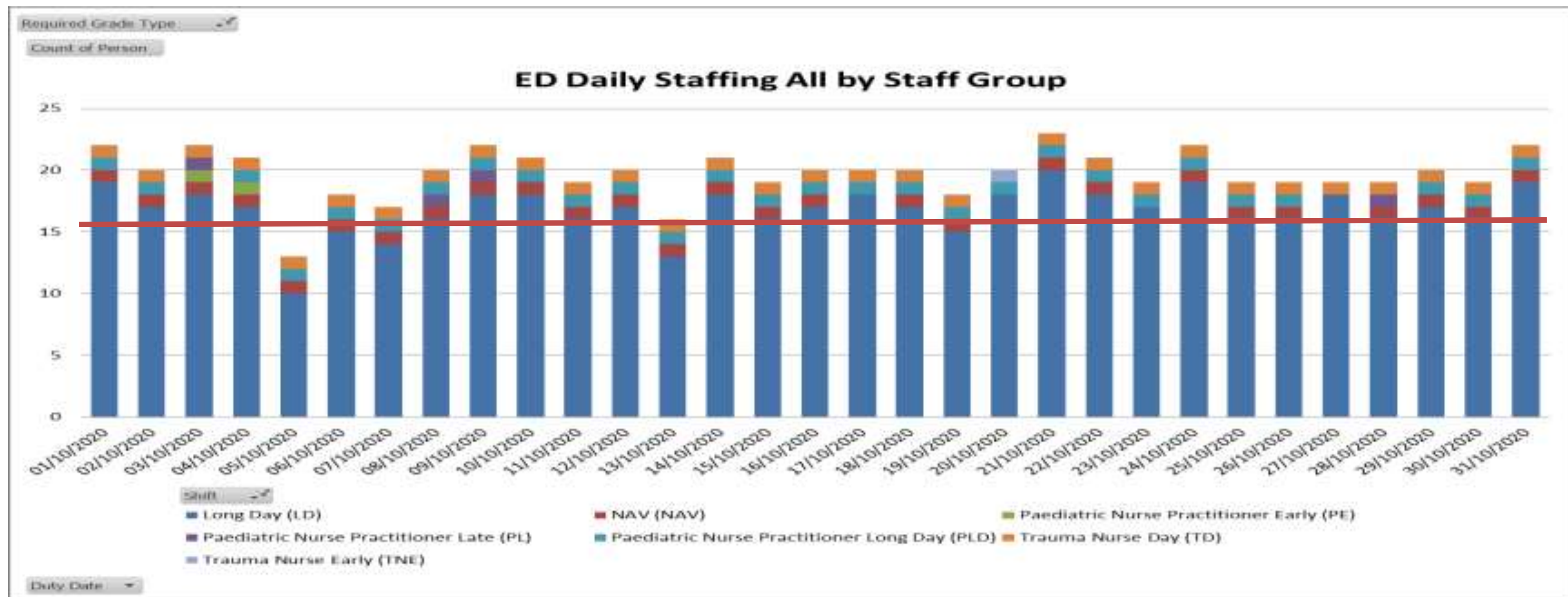
The hourly data sets used by BEST are:

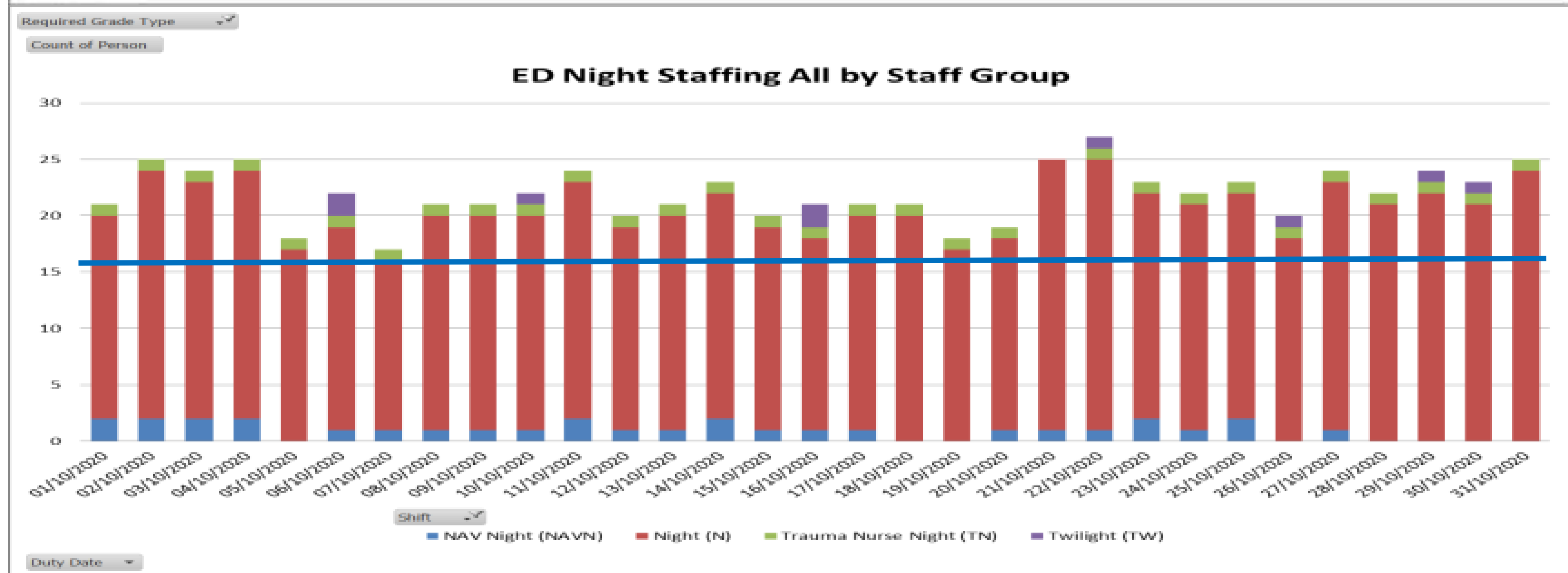
- Patient dependency volume in the department using the validated Jones Dependency tool (JDT)
- The total number of staff rostered to be clinical on shift in the department

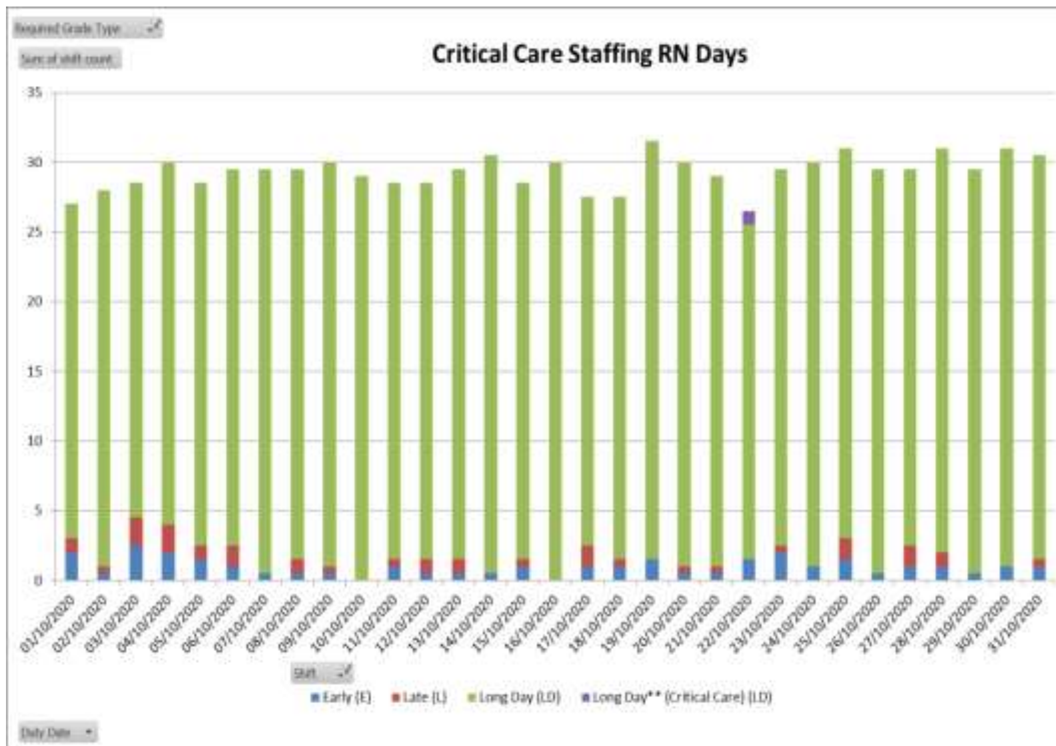
An indication of the skill mix breakdown required of the whole time equivalent (WTE) workforce in the ED is then provided based on the RCN National Curriculum and Competency Framework.

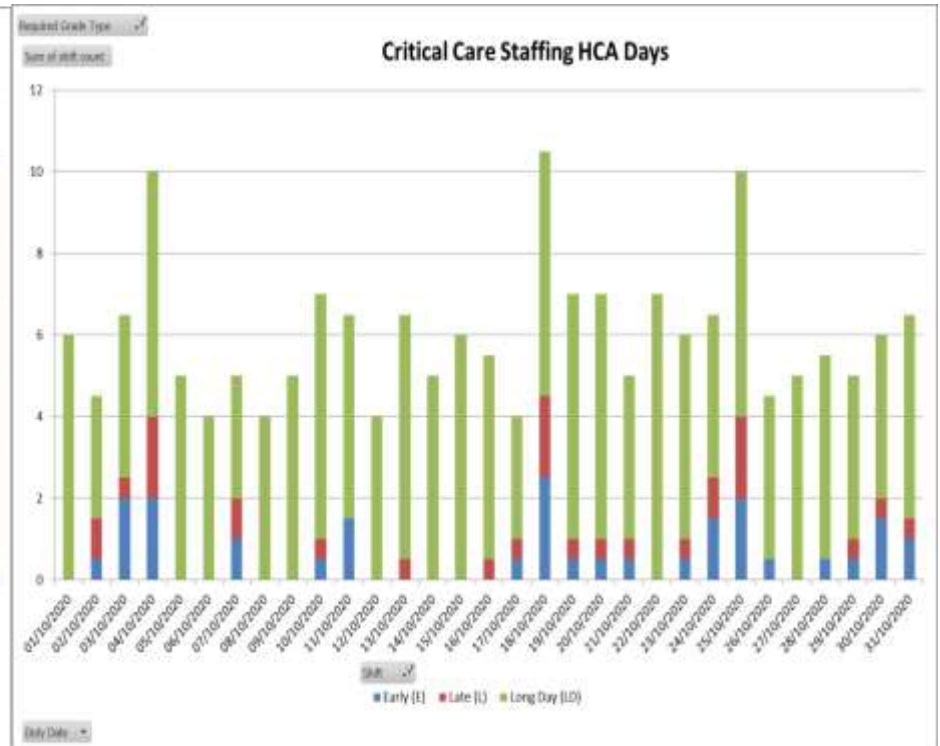
A new shift pattern was introduced during October to mirror activity. Numbers build during the day to support the increased activity levels experienced around 7pm and into the evening. This will be monitored by overlaying staffing with activity trend data and reviewed regularly against professional judgement templates and nurse sensitive indicators.

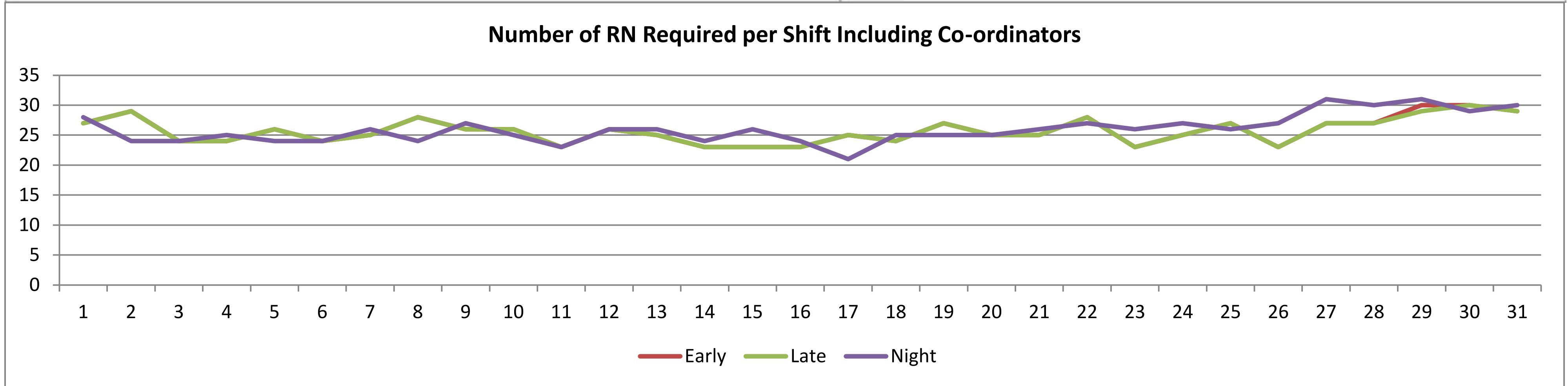
Nursing Associates and Assistant Practitioners compliment the A+E team and sit in the HCA numbers. Activity has increased across the centre on the JCUH site during September.


Required Grade Type
Count of Person
ED Daily Staffing All by Staff Group
25
20
15
10
5
0
01/10/2020
02/10/2020
03/10/2020
04/10/2020
05/10/2020
06/10/2020
07/10/2020
08/10/2020
09/10/2020
10/10/2020
11/10/2020
12/10/2020
13/10/2020
14/10/2020
15/10/2020
16/10/2020
17/10/2020
18/10/2020
19/10/2020
20/10/2020
21/10/2020
22/10/2020
23/10/2020
24/10/2020
25/10/2020
26/10/2020
27/10/2020
28/10/2020
29/10/2020
30/10/2020
31/10/2020
Shift
Long Day (LD)
NAV (NAV)
Paediatric Nurse Practitioner Early (PE)
Paediatric Nurse Practitioner Late (PL)
Paediatric Nurse Practitioner Long Day (PLD)
Trauma Nurse Day (TD)
Trauma Nurse Early (TNE)
Duty Date


Required Grade Type
Count of Person
ED Night Staffing All by Staff Group
30
25
20
15
10
5
0
01/10/2020
02/10/2020
03/10/2020
04/10/2020
05/10/2020
06/10/2020
07/10/2020
08/10/2020
09/10/2020
10/10/2020
11/10/2020
12/10/2020
13/10/2020
14/10/2020
15/10/2020
16/10/2020
17/10/2020
18/10/2020
19/10/2020
20/10/2020
21/10/2020
22/10/2020
23/10/2020
24/10/2020
25/10/2020
26/10/2020
27/10/2020
28/10/2020
29/10/2020
30/10/2020
31/10/2020
Shift
NAV Night (NAVN)
Night (N)
Trauma Nurse Night (TN)
Twilight (TW)
Duty Date


Critical Care Staffing RN Days
Early (E)
Late (L)
Long Day (LD)
Long Day** (Critical Care) (LD)


Critical Care Staffing HCA Days
Early (E)
Late (L)
Long Day (LD)


Number of RN Required per Shift Including Co-ordinators
Early
Late
Night

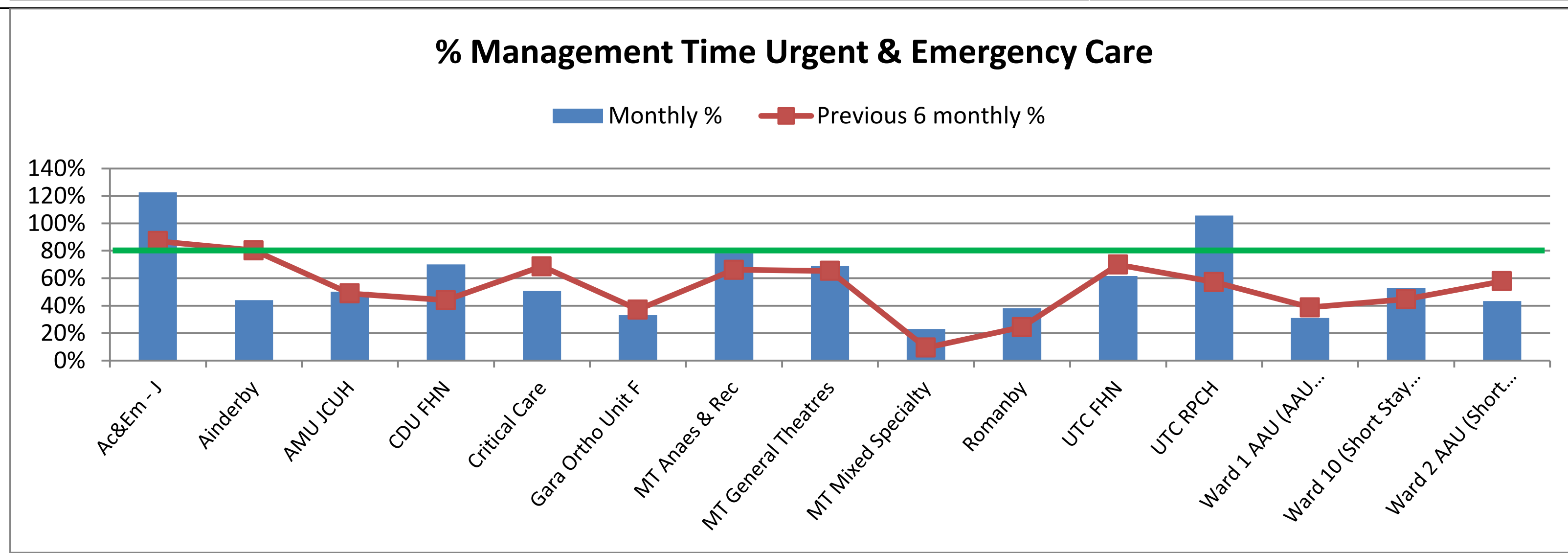
There have been no reported episodes for lack of supervisory co-ordinator shifts across ITU/GHDU or CICU. NHDU have reported shifts with no co-ordinator through Datix. HCA requirement has increased due to staff working in full PPE and this requirement has not been achieved.

**Critical Care Staffing RN Nights**

Night (N)

**Critical Care Staffing HCA Nights**

Night (N)



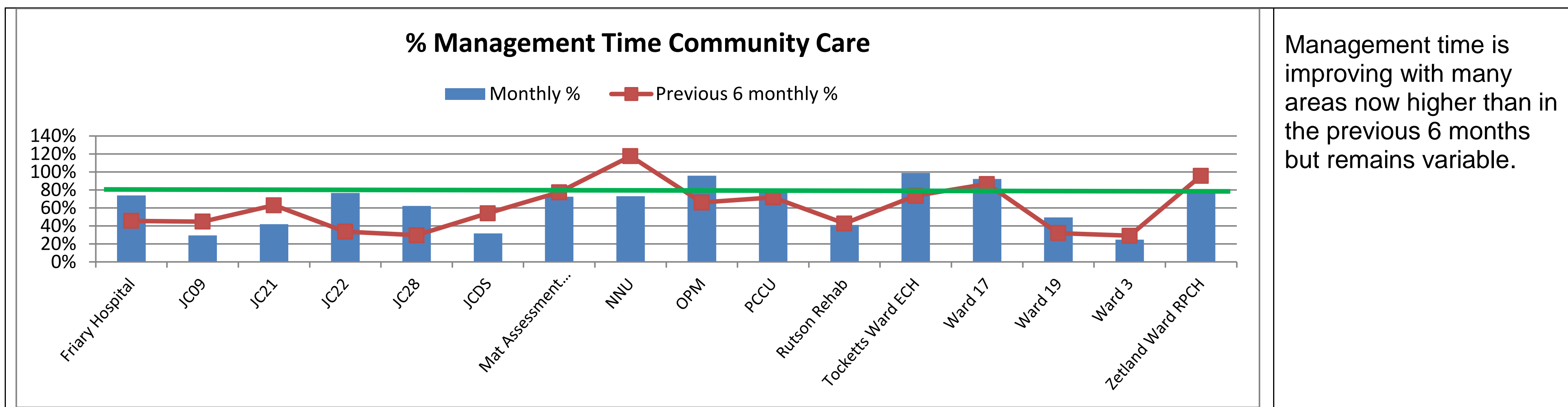

Ward Managers are budgeted 80% supervisory time on the roster but have this has been difficult to maintain due to working clinically to support short notice unavailability and self isolation.

## Community Care Centre actual worked hours against planned and professional judgement template numbers for September 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 | 4 + 5 | 3 + 3 | 3 + 3 | 20 | 1 | 0 | 0 | 7 | 1 | 9.1 | COVID Pathway |
| JC09 (Ward 9) | 5 + 5 | 5 + 4 | 3 + 3 | 3 + 3 | 22 | 3 | 1 | 3 | 4 | 1 | 8.7 | Increased RSU activity |
| Ward 11 (Older Persons Medicine OPM) | 5 + 5 | 4 + 5 | 3 + 3 | 3 + 4 | 20 | 3 | 0 | 0 | 2 | 1 | 9.0 | |
| Rutson FHN | 3 + 4 | 2 + 4 | 2 + 2 | 2 + 2 | 13 | 0 | 0 | 1 | 1 | 0 | 8.6 | |
| Tocketts Ward | 4 + 5 | 3 + 4 | 3 + 4 | 2 + 4 | 17 | 1 | 0 | 1 | 6 | 1 | 8.7 | |
| Zetland Ward | 4 + 6 | 4 + 8 | 3 + 3 | 3 + 4 | 23 | 0 | 0 | 1 | 6 | 1 | 9.2 | |
| Friary Community Hospital | 3 + 4 | 2 + 3 | 2 + 1 | 2 + 2 | 9 | 0 | 0 | 2 | 0 | 0 | 9.7 | |
| Ward 21 – Paeds | 5 + 2 | 5 + 2 | 5 + 2 | 5 + 2 | 8 | 0 | 0 | 2 | 0 | 0 | 9.5 | |
| Ward 22 – Paeds | 5 + 2 | 3 + 1 | 3 + 1 | 3 + 1 | 5 | 0 | 0 | 0 | 0 | 0 | 9.5 | |
| Central Delivery Suite | 10 + 2 M- F | 9 + 2 | 11 + 2 | 10 + 2 | 4 | 0 | 0 | 0 | 0 | 0 | | |
| Neonatal Unit | 15 + 1 | 13 + 1 | 15 + 1 | 13 + 1 | 24 | 0 | 0 | 6 | 0 | 0 | | |
| Paediatric Intensive Care Unit (PICU) | 4 + 0 | 3 + 0 | 4 + 0 | 3 + 0 | 1 | | | | | | | |
| Ward 17 JCUH | 6 + 2 | 6 + 3 | 4 + 2 | 4 + 2 | 20 | 0 | 0 | 0 | 0 | 0 | 9.3 | |
| Ward 19 Ante Natal | 3 + 1 | 3 + 1 | 2 + 0 | 2 + 0 | 7 | 0 | 0 | 0 | 0 | 0 | 9.0 | |
| Maternity FHN | 2 + 0 | 3 + 0 | 2 + 0 | 2 + 0 | 1 | | | | | | | |
| Mat Assessment Unit | 4 +1 | 4 + 2 | 1 + 0 | 2 + 0 | 1 | | | | | | | |

There has been increased activity through the Respiratory Support Unit (RSU) with some staffing issues identified due to staff self -isolation. No same sex accommodation breaches reported during October.

The swabbing POD's are now fully staffed following recruitment. Experienced retire and return and return to the NHS staff have joined this team and a Matron allocated.




Management time is improving with many areas now higher than in the previous 6 months but remains variable.

## Maternity services staffing report for JCUH site

### Situation

Maternity services are facing both a short term and long term staffing issue. This is due to the following:

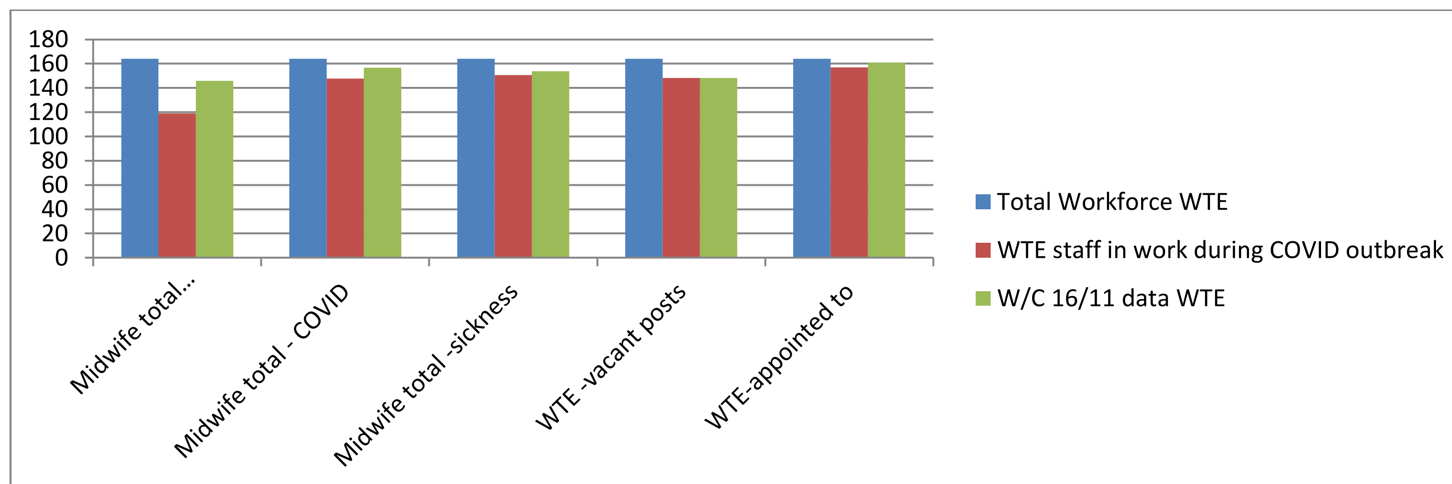
- staff vacancies
- Increased general sickness/maternity leave
- Wave 2 COVID 19 sickness

**Total clinical midwives at JCUH =163.95 WTE**

**Table 1b Todays levels in detail**

| | Total workforce WTE | Current WTE in work | Current WTE in work as % |
|---|---|---|---|
| Midwife total deficit | 163.95 | 145.83 | 11% |
| Midwife COVID absence | 163.95 | 156.76 | 4.39% |
| Midwife general sickness | 163.95 | 153.67 | 6.27% |
| WTE vacant posts | 163.95 | 148.3 | 9.54% |
| Appointed to | 163.95 | 160.95 | 98.17% |

### Table 1a beginning of October at period of outbreak v todays staffing




**Background**

Maternity has faced a number of issues with recruitment and frequently has a recruitment gap, this is due to the national shortage of midwives from insufficient numbers of midwives training/qualifying and our high levels of staff reaching retirement age. Newly qualified midwives take a post and then cancel due to being employed in their local home area

This, with the inclusion of COVID sickness, higher than usual levels of general sickness, maternity leave and a COVID outbreak in maternity has exacerbated the issue .

We have a significant number of staff of with stress and anxiety that is resulting in longer term absences, short term sickness is within normal levels.

**Assessment**
Midwifery service operates a safer staffing policy based on OPEL levels which includes escalation procedures and in addition we have a COVID staffing contingency plan (see embedded document)

**Short term measures:**

- In order to maintain safety in the unit we require staff to return to work as soon as possible from their period of sickness
- Ensure clear PPE messages are in place and spot checks are in place across the unit for social distancing, uniform and PPE to prevent further outbreaks
- To work closely with HR and Occupational health to ensure staff are all on correct pathway and have the correct support in place

| Recovery action plan for reduced staffing levels in maternity services (COVID 19 outbreak)<br>Due to the fluctuation of activity and acuity this would be evaluated on a daily basis, any unsafe staffing would invoke escalation policy and potentially closure of the unit | |
|---|---|
| **Option order** | **Action** |
| 1 | Replete staff to safe staffing numbers through NHSP/Overtime/ voluntary cancellation of holiday/project midwives, where possible |
| 2 | Reduce qualified midwives on post- natal floor through utilisation of Band 4 students awaiting PINS and redeploy to area of need (maintain safe skill mix) |
| 3 | Utilise staff from Project/specialist posts and redeploy to area of need (to replete safe staffing numbers and on an ad hoc basis as required) |
| 4 | Utilisation of community midwives/specialist posts where workload allows (e.g. clinical educator/PH team/risk etc.) |
| 5 | Utilise sonographer to undertake EPAU scan list to free up midwife, if service allows |
| 6 | Utilisation of band 7 team leaders onto clinical floor |
| 7 | Utilise staff from/cancel OETC training as required |
| 8 | Utilisation of neonatal staff to support transitional care (agreed), and redeploy midwife to area of need, if service allows |
| 9 | Request release of research/safeguarding staff to support the service |
| 10 | Consider closure of the Friarage and utilise Midwives at JCUH |
| 11 | Band 8's to work clinically |
| 12 | Consider re-direction of elective low dependency IOL to another Tees Valley service |

**We are current at point 3 on the above attached recovery action plan**

**Long term measures**:

- to train more student midwives
- review skill mix within the unit across the maternity floor to replace midwife vacancies with Band 4 Associate nurses
- work with North Tees to facilitate sharing of elective programme

**Recommendations**

- To work closely with HR and Occupational health in line with updated pathways
- To discuss capacity for additional training places with Teesside university (completed)
- Advertise Band 4 associate nurse roles to support gap in service (in progress)

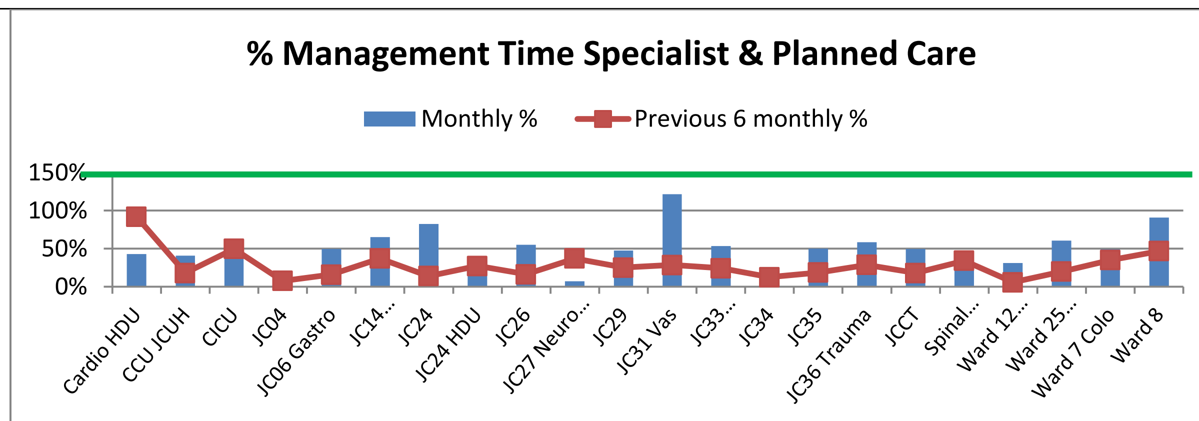
**Outpatient Departments**

Outpatient staffing has been reviewed and staff are supporting inpatient areas, swabbing teams and ED as well as working differently to support patient activity. Due to social distancing some areas have been split across two footprints. Very few RN's work within these departments with a majority HCA work force.

**Specialist and Planned Care Centre actual worked hours against planned and professional judgement template numbers for September 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 + 2 | 17 | 1 | 1 | 0 | 7 | 1 | 8.6 | |
| Ward 5 Surgery (on Ward 25) | 4 + 3 | 4 + 4 | 3 + 3 | 2 + 2 | - | | | | | | | |
| JC06 Gastro | 3 + 4 | 3 + 4 | 3 + 2 | 2 + 3 | 22 | 1 | 1 | 3 | 3 | 0 | 8.4 | |
| Ward 7 Colo | 5 + 4 | 5 + 5 | 3 + 3 | 3 + 3 | 26 | 0 | 0 | 4 | 4 | 0 | 9.1 | |
| Ward 8 | 5 + 4 | 5 + 4 | 3 + 3 | 3 + 3 | 24 | 0 | 0 | 2 | 2 | 0 | | |
| Ward 12 (Ward 25 Staff) | 5 + 4 | 4 + 3 | 3 + 3 | 3 + 3 | 15 | 0 | 0 | 0 | 1 | 0 | 9.3 | |
| Ward 14 | 4 + 3 | 3 + 3 | 2 + 2 | 2 + 2 | 11 | 2 | 0 | 0 | 3 | 0 | 8.9 | |
| JC24 (Ward 24) | 4 + 3 | 4 + 4 | 3 + 2 | 3 + 3 | 18 | 2 | 0 | 2 | 4 | 1 | 9.9 | |
| Neuro HDU | 4 + 1 | 4 + 1 | 4 + 1 | 4 + 1 | 6 | 0 | 0 | 1 | 0 | 0 | | |
| JC26 (Ward 26) | 3 + 2 | 3 + 3 | 2 + 2 | 2 + 2 | 17 | 0 | 0 | 0 | 2 | 0 | 9.2 | |
| JC27 Neuro Staff | 3 + 2 | 4 + 4 inc day unit | 2 + 2 | 2 + 4 | 13 | 1 | 0 | 1 | 1 | 0 | 8.2 | |
| JC28 (Ward 28) | 5 + 3 | 5 + 3 | 4 + 2 | 4 + 2 | 16 | 2 | 0 | 2 | 7 | 1 | 7.7 | |
| JC29 (Ward 29) | 4 + 3 | 4 + 3 | 3 + 2 | 3 + 2 | 20 | 1 | 0 | 4 | 2 | 2 | 9.1 | |
| Cardio MB | 2 + 1 | 2 + 1 | 2 + 0 | 2 + 0 | 8 | | | | | | | |
| JC31 Vas | 3 + 4 | 4 + 3 | 3 + 2 | 2 + 2 | 17 | 5 | 0 | 1 | 2 | 1 | 9.2 | |
| JCCT (Ward 32) | 4 + 3 | 4 + 3 | 3 + 2 | 2 + 2 | 18 | 1 | 0 | 0 | 2 | 0 | 9.1 | |
| JC33 Specialty | 4 + 4 | 4 + 3 | 3 + 3 | 3 + 2 | 16 | 0 | 0 | 5 | 2 | 0 | 9.0 | |
| JC34 (Ward 34) | 5 + 5 | 4 + 5 | 4 + 3 | 3 + 4 | 26 | 1 | 1 | 3 | 2 | 0 | 8.9 | |
| JC35 (Ward 35) | 4 + 4 | 4 + 3 | 3 + 3 | 3 + 3 | 16 | 1 | 0 | 0 | 0 | 0 | 9.2 | |
| JC36 Trauma | 5 + 5 | 5 + 4 | 3 + 3 | 3 + 4 | 26 | 0 | 0 | 5 | 5 | 0 | 9.1 | |
| Spinal Injuries | 8 + 5 | 6 + 4 | 7 + 5 | 4 + 3 | 17 | 0 | 0 | 2 | 0 | 0 | | |
| CCU JCUH | 8 + 2 | 6 + 1 | 6 + 0 | 5 + 0 | 8 | 0 | 0 | 0 | 0 | 0 | 9.7 | |

| CICU JCUH | 11 + 2 | 8 + 2 | 11 + 1 | 8 + 1 | 6 | 0 | 0 | 0 | 0 | 0 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Cardio HDU | 6 + 1 | 5 + 1 | 5 + 1 | 4 + 1 | 5 | 1 | 0 | 0 | 1 | 0 | 9.4 | |
| Gara Orthopaedic FHN | 2 + 2 | 2 + 2 | 2 + 2 | 2 + 1 | 10 | 0 | 0 | 0 | 3 | 0 | 9.6 | |




Management time across the centre is improving and is now higher than the previous 6 months in many areas.

The manager for MB is also the manager for ward 29.

**Red flags**

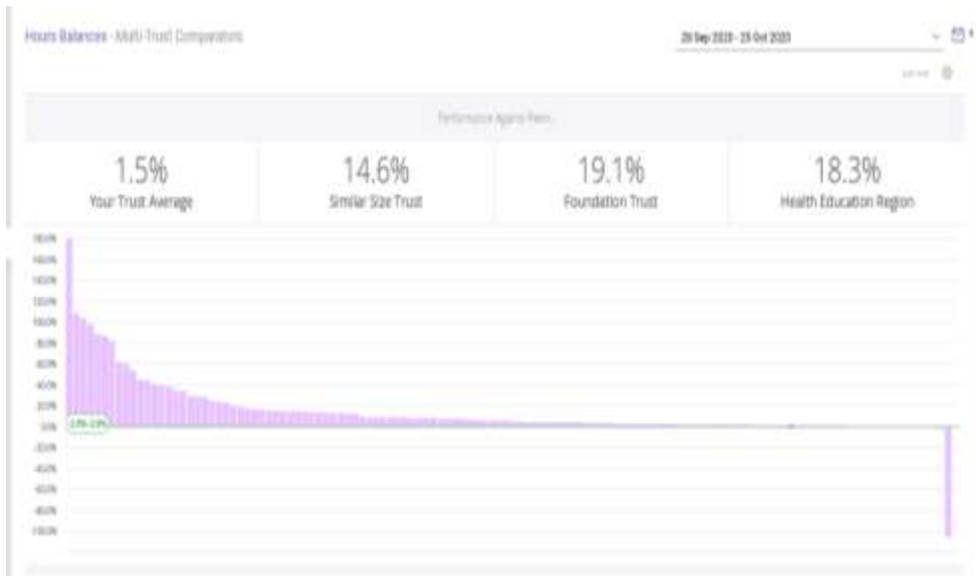
| Row Labels | Day | Night |
|---|---|---|
| AMBER Beds Open | 1 | |
| Delay in providing pain relief | | 1 |
| Less than 2 RNs on shift | 8 | 5 |
| Missed 'intentional rounding' | 11 | 2 |
| RED Beds Open | | 1 |
| Shortfall in RN time | 26 | 11 |
| Vital signs not assessed or recorded | 1 | |
| **Grand Total** | **47** | **20** |

There were 67 red flags logged on SafeCare during October

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.

**4 Weekly Hours Balance Against Peers**




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

**Temporary Staffing usage against other Allocate Peers**

Although higher than norm al our temporary staffing remains well managed

Overall unavailability of staff was 30.7% against standard Trust 21% headroom. Parenting leave is not included in the headroom.

Sickness and other leave % remains slightly higher than the National trend at 7.4%. Annual leave remains well managed although slightly lower at 11.4% against a 14% -16% KPI target. Total unavailability includes COVID self isolation .

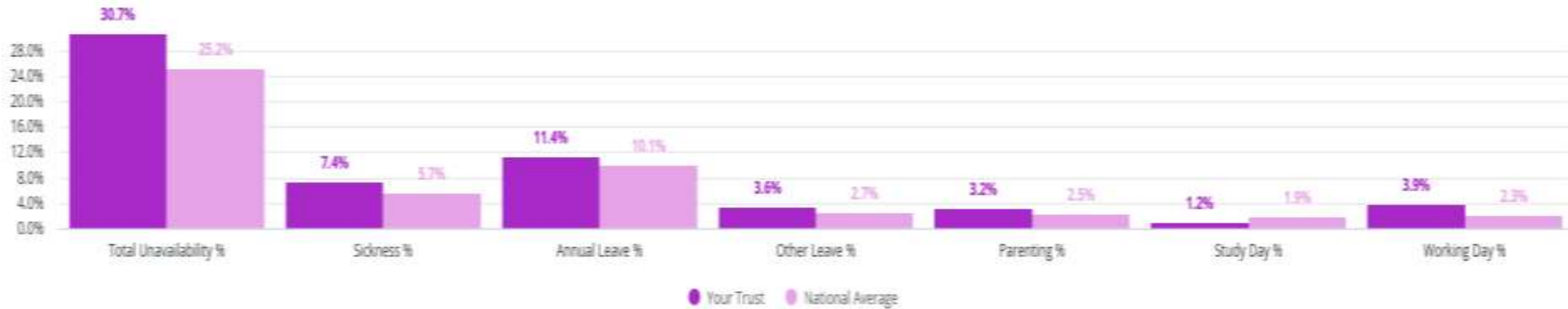
## Unavailability Compared to Allocate National Average

Unavailability - Multi-Trust Comparators

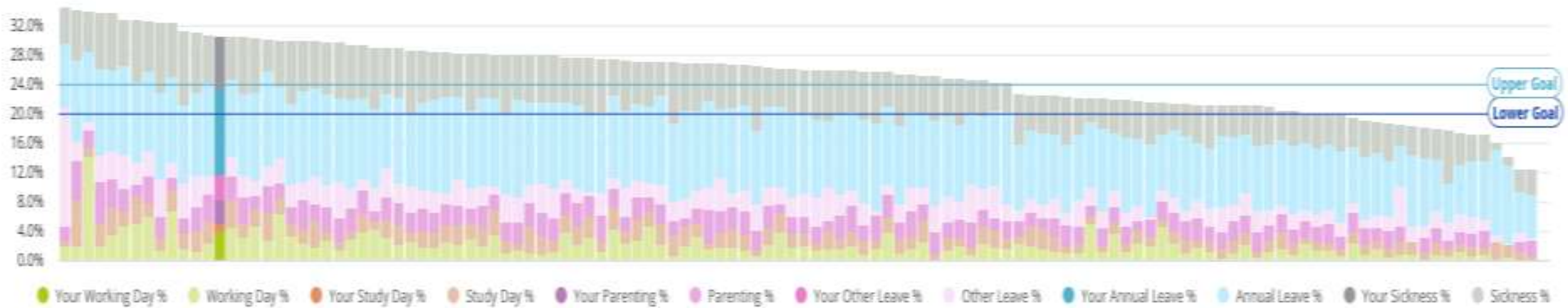
28 Sep 2020 - 25 Oct 2020

just now

Trust Unavailability Against National Averages by Type




Unavailability by Leave Type



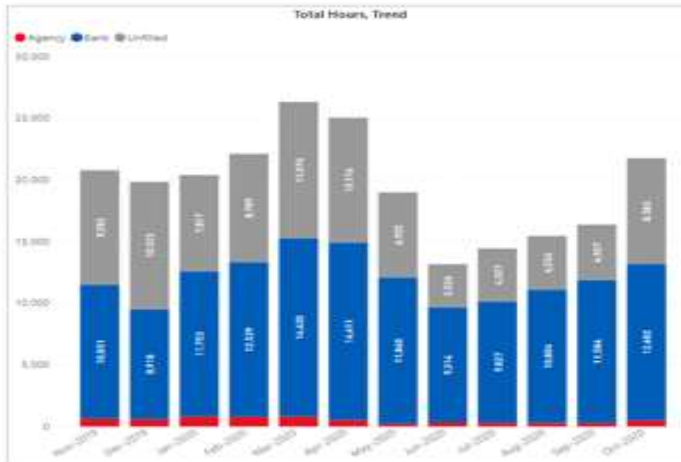
## N&M - Registered

Hours Performance

NHS Professionals

**YOY Comparison for Oct-2020**

| Measure | Oct-2020 | Comparison |
|---|---|---|
| WTE | 133.9 | 135.3 |
| % Total Fill | 60.6% | 54.6% |
| % Bank Fill | 58.3% | 52.2% |
| % Agency Fill | 2.3% | 2.4% |
| % Unfilled | 39.4% | 45.4% |




Demand: in Oct-2020 totalled 21,761 hours (2,397 shifts), a change of 32.9% on Sep-2020

Bank: in Oct-2020 totalled 12,682 hours (1,352 shifts), a change of 9.5% on Sep-2020

Unfilled: in Oct-2020 totalled 8,583 hours (993 shifts), a change of 90.4% on Sep-2020

Agency: in Oct-2020 totalled 495 hours (52 shifts), a change of 77.2% on Sep-2020

© NHS Professionals 2020

12,682 (133.9 WTE) RN hours were worked through NHSP and agency (60.6%) against an increase demand of 21,761 hrs.

This is an increase of 32% in demand from last month and is directly related to COVID19

495 hrs Agency (52 shifts) have been utilised to support anaesthetics and ITU

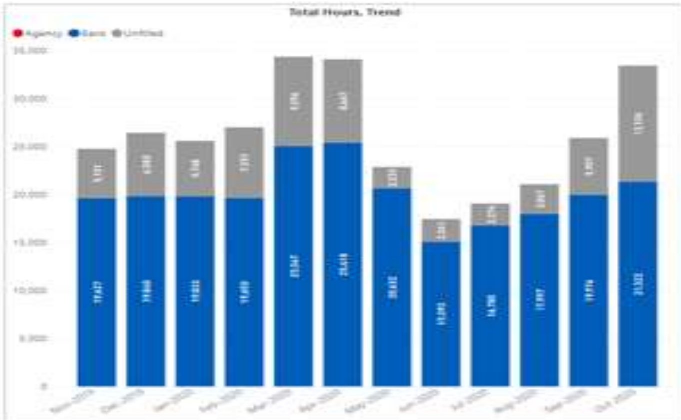
## N&M - Unregistered

Hours Performance

NHS Professionals

**YOY Comparison for Oct-2020**

| Measure | Oct-2020 | Comparison |
|---|---|---|
| WTE | 205.7 | 155.3 |
| % Total Fill | 63.8% | 79.0% |
| % Bank Fill | 63.8% | 79.0% |
| % Agency Fill | (Blank) | |
| % Unfilled | 36.2% | 21.0% |




Demand: in Oct-2020 totalled 33,425 hours (3,760 shifts), a change of 29.7% on Sep-2020

Bank: in Oct-2020 totalled 21,322 hours (2,263 shifts), a change of 6.7% on Sep-2020

Unfilled: in Oct-2020 totalled 12,104 hours (1,497 shifts), a change of 104.9% on Sep-2020

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

© NHS Professionals 2020

21,302 (205.7 WTE) HCA hours were worked through NHSP (63.8%) against a 21% increase in demand (33,425 hours).

This increase is directly related to COVID 19 activity such as the swabbing pods and self-isolation

There was no agency usage for HCA.

Therapists Unify Report

The following is an extract of the monthly Therapies Unify report. Whist some work is ongoing with regards standardisation of the rotas with, the staffing levels in the critical care areas are worse this month than previously. Prior to restarting activities in September critical care areas were supported by other areas and this support is no longer available. This data does not include the Neuro HDU or spinal HDU. Of all the critical care areas, the Neuro HDU has the lowest staffing levels despite housing the most complex rehabilitation patients. None of the critical care areas are GPICs compliant from a therapy point of view with dietetic services having the lowest level of input. Neuro HDU staffing does not meet the British Society of Rehabilitation Medicine guidance either.

| | | Day Hours | | | | Day (%) | |
|---|---|---|---|---|---|---|---|
| | | Registered AHPs | | Non-Registered AHPs | | | |
| | **AHPS** | 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 | **UECC Therapists Critical Care - ICU** | 1,357.50 | 1,113.75 | 163.50 | 126.00 | 82.0% | 77.1% |
| UEC | **UECC Therapists Critical Care - Cardio** | 682.50 | 565.00 | 165.00 | 120.00 | 82.8% | 72.7% |
| UEC | UECC Therapists Front of House | 2,399.50 | 1,959.17 | 774.50 | 512.00 | 81.6% | 66.1% |
| UEC | UECC Therapists JCUH Inpatients | 2,055.00 | 1,830.75 | 1,529.50 | 1,037.08 | 89.1% | 67.8% |
| SP&PL | **SPCT Acute Stroke** | 1,222.50 | 821.25 | 660.00 | 507.50 | 67.2% | 76.9% |
| SP&PL | SPCT Community Outpatients | 2,119.12 | 1,357.00 | 645.50 | 266.50 | 64.0% | 41.3% |
| SP&PL | SPCT Neuro | 2,558.25 | 1,769.25 | 1,388.75 | 843.50 | 69.2% | 60.7% |
| SP&PL | SPCT Oncology | 940.00 | 638.75 | 260.50 | 181.50 | 68.0% | 69.7% |
| SP&PL | **SPCT Spinal Injuries** | 1,350.00 | 1,145.00 | 267.25 | 159.25 | 84.8% | 59.6% |
| SP&PL | SPCT Tees MSK | 776.25 | 527.50 | 0.00 | 0.00 | 68.0% | - |
| SP&PL | SPCT Trauma & Orthopaedics | 3,413.00 | 1,921.67 | 2,404.75 | 998.92 | 56.3% | 41.5% |
| COMM | Community Therapists FHN Inpatients | 907.50 | 690.75 | 840.00 | 403.50 | 76.1% | 48.0% |
| COMM | **Community Therapists Stroke & RPCH** | 3,030.00 | 1,754.00 | 1,680.00 | 1,512.50 | 57.9% | 90.0% |
| COMM | **Community Therapists Friary** | 390.00 | 90.00 | 97.50 | 36.00 | 23.1% | 36.9% |
| COMM | **Community Therapists Rutson** | 727.50 | 520.33 | 292.50 | 188.25 | 71.5% | 64.4% |
| COMM | Community Therapists South Tees | 6,654.75 | 4,684.25 | 3,984.00 | 1,980.00 | 70.4% | 49.7% |
| COMM | **Community Therapists ECPCH** | 1,320.00 | 930.50 | 660.00 | 494.25 | 70.5% | 74.9% |
| SP&PL | Speech & Language Therapy | 2,361.50 | 1,587.83 | 330.00 | 135.00 | 67.2% | 40.9% |
| SP&PL | Dietitians FHN | 971.00 | 692.25 | 0.00 | 0.00 | 71.3% | - |
| SP&PL | Dietitians JCUH | 3,524.50 | 2,487.08 | 0.00 | 0.00 | 70.6% | - |
| SP&PL | Dietitians Langbaurgh | 1,905.00 | 680.25 | 0.00 | 0.00 | 35.7% | - |
| | | | | | | 68.0% | 61.1% |

Staff reviews are conducted weekly by the service and Professional leads to ensure that inpatients with the highest acuity levels and patient flow are prioritised and staff are also supported accordingly. All acute post-surgical patients have also needed to be prioritised with the restarting of activity within the different specialities. September and October have been used by the teams to bring patients who are not responding to or cannot be managed remotely for face to face contacts. Patient safety procedures have reduced the capacity of the clinics.

Although staffing levels appear significantly low in some services including the Friary (23%), this is a very small team and any staff absences contribute to a large percentage of staff not being able to provide a service.

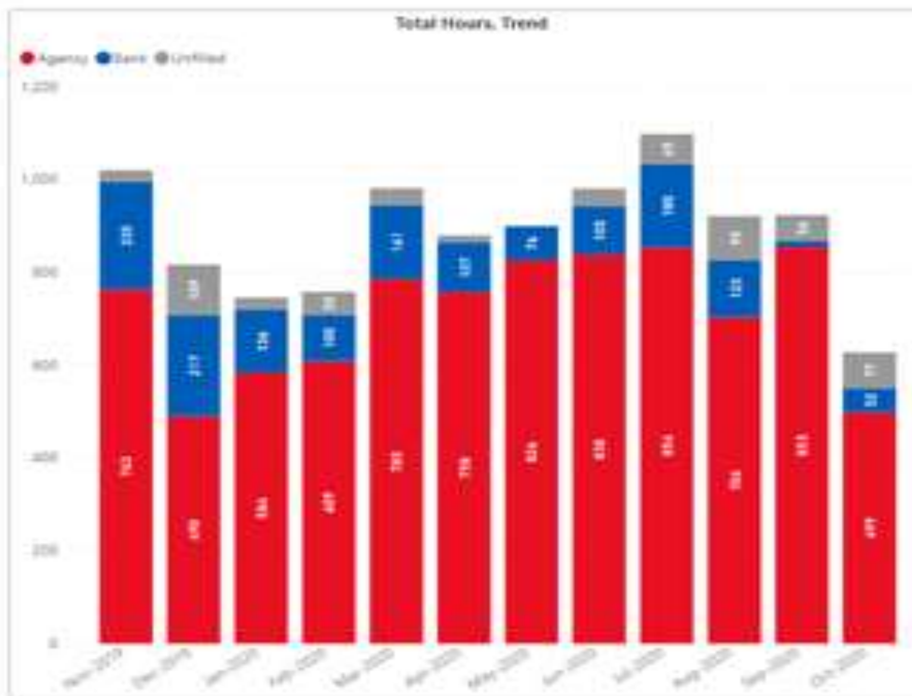
The report does not highlight the specialist skills that are required within certain services including Speech and language therapy voice and dysphagia management for which the services have difficulty recruiting into and managing demand. This service is currently being provided through the employment of a member of staff on a fixed term contract to cover maternity leave.

## AHP and HCS

### Hours Performance

**YOY Comparison for Oct-2020**

| Measure | Oct-2020 | Previous year |
|---|---|---|
| WTE | 3.9 | 6.4 |
| % Total Fill | 87.7% | 99.3% |
| % Bank Fill | 8.2% | 8.3% |
| % Agency Fill | 79.5% | 91.0% |
| % Unfilled | 12.3% | 0.7% |




Demand: in Oct-2020 totalled 627 hours (69 shifts), a change of -32.0% on Sep-2020

Bank: in Oct-2020 totalled 52 hours (06 shifts), a change of 329.2% on Sep-2020

Unfilled: in Oct-2020 totalled 77 hours (09 shifts), a change of 37.8% on Sep-2020

Agency: in Oct-2020 totalled 499 hours (54 shifts), a change of -41.7% on Sep-2020

© NHS Professionals 2020

**Summary**

Nurse Staffing throughout October has generally 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 levels of safe staffing have been maintained where possible within the RSU, Stroke, Oncology and Midwifery. COVID outbreaks and short notice unavailability have on occasions led to stretch staffing ratios.

There have been no reported episodes for lack of supervisory co-ordinator shifts across ITU/GHDU or CICU. COVID cases in Critical Care have increased requiring surge plans to be enacted and ex critical care staff return to support. This has been difficult due to continued activity across all pathways.

Emergency Department staffing requirements have increased significantly due to a red ED pathway being opened. Overtime for all staff groups was supported by Strategic and additional hours worked through NHSP to support this activity but numbers have remained challenging.

Nurse Staffing throughout October has generally matched the acuity, dependency and numbers of patients as new RN's took up post. NHSP demand has increased and more hours have been filled even though % has reduced. Rapid recruitment of HCA's was undertaken at the end of October and a Care Support Worker Programme to bolster NHSP temporary workforce is planned for November.

Ward managers supervisory time remains a challenge and Clinical Matrons have begun to work a shift per week to support clinical areas.

The risk to safe staffing due to the requirements for self-isolation have again increased this month and is impacting on short notice unavailability particularly within the HCA numbers and have resulted in temporary bed closures in some areas.

Three time's weekly Safe staffing meetings are being held to review workforce demands and agree stretch ratio's for areas going into November. This is a working document and will be utilised to produce the Biannual Safe Staffing Board Paper following SNCT data collection during November as per the North East and Cumbria Nursing and Midwifery workforce Group recommendations agreed by the Regional Directors of Nursing Group in October. (Appendix 1)

**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

Appendix 1

# PROCESS FOR RAPIDLY AGREEING NEW WARD AND DEPARTMENT ESTABLISHMENTS

## Background

The arrival of Covid-19 has meant many wards and departments in Trusts across North East and North Cumbria have been required to change configuration and patient demographic at short notice. This in some cases has been temporary but in others has led to medium or long term service redesign. To ensure compliance with national guidance in relation to safe and sustainable staffing and more importantly to safeguard patients and staff, a robust process needs to be in place to agree staffing establishments when out-with the normal annual review process. The following process is recommended to be adopted in such cases.

## Process

- The Workforce Lead should meet with the Matron and Ward Manager to agree based on professional judgement what staff are required to be on shift. From this a rostering demand template should be created, skill mix agreed and establishment uplift added. This should create a registered and non-registered whole time equivalent figure. This can be costed as required
- Alongside this, the Workforce Lead and most appropriate clinical lead (Matron/Ward Manager) should agree what the total number of beds will be, expected bed occupancy and based on previous workforce reviews, what the predicted patient acuity and dependency will be. This data should then be inputted into the relevant acuity and dependency tool (SNCT/MHOST/Dinning). Based on expected acuity and dependency this will also create a whole time equivalent figure
- The two figures should be compared. It there is less than a 10% variance the professional judgment demand template can be assumed as being broadly fit for purpose in the short term and can be agreed. Any greater variance, specifically where the demand template is under resourced should be reviewed and altered. This process and it’s outcomes should be documented for audit purposes
- The ward or department clinical outcomes/workforce metrics should be closely monitored for the first three months and any concerning metrics should trigger a responsive review
- At three months (or sooner if a normal workforce review is planned) a formal acuity and dependency data capture exercise should be undertaken to validate the new establishment. This provides additional assurance and any variance can be evaluated in line with normal processes
- The process should be acknowledged and reported to Board via the normal safe staffing board report in line with national guidance

## Review

It is recommended that where possible this process is followed. This process will be reviewed by the Regional Nursing and Midwifery Workforce Group on an annual basis to ensure it is fit for purpose


**Ian Joy**

**Associate Director of Nursing NUTH (Chair of Regional N&M Workforce Group)**


**September 2020**