

MEETING OF THE TRUST BOARD OF DIRECTORS –NOVEMBER 2020			
Safe Staffing Report for September 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 September 2020.		
Background	The requirement to publish nursing, midwifery and AHP staffing levels on a monthly basis is explicit and is one of the ten expectations specified by the National Quality Board (2013 and 2016).		
Assessment	<p>Mandated levels of safe staffing have been maintained within the RSU, Stroke, Oncology and Midwifery.</p> <p>There have been no reported episodes for lack of supervisory co-ordinator shifts across ITU/GHCU or CICU.</p> <p>‘Black Beds’ – unfunded winter pressure beds remain open on wards 34 and ward 35 and have been staffed through a combination of NHSP and overtime. Recruitment has begun to substantively fill the extra posts required</p> <p>Staffing issues have been raised by ward 34 regarding pressure ulcers. A dedicated action plan is in place and redeployment of staff is undertaken on a daily basis across the centre to maintain safety.</p> <p>Nursing and Midwifery Turnover is currently 8.0%</p> <p>Vacancy against financial ledger is 6% /106wte</p> <p>Nurse Staffing throughout September has matched the acuity, dependency and numbers of patients.</p> <p>Ward managers remaining supervisory remains a challenge but has been improving</p> <p>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.</p> <p>International Nurse cohorts have restarted and monthly arrivals are expected, dependant on travel restrictions.</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 outline	BAF risk 5.1 Demographic changes, shifting cultural attitudes to careers, capacity and capability of staff combined with employment market factors resulting in critical workforce gaps in some clinical and non clinical services	
Legal and Equality and Diversity implications	<ul style="list-style-type: none"> • Care Quality Commission • NHS Improvement • NHS England 	
Strategic Objectives	Excellence in patient outcomes and experience <input checked="" type="checkbox"/>	Excellence in employee experience <input checked="" type="checkbox"/>
	Drive operational performance <input type="checkbox"/>	Long term financial sustainability <input type="checkbox"/>
	Develop clinical and commercial strategies <input type="checkbox"/>	

Nursing, Midwifery and AHP Workforce Report

October 2020 based on September 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 September 2020

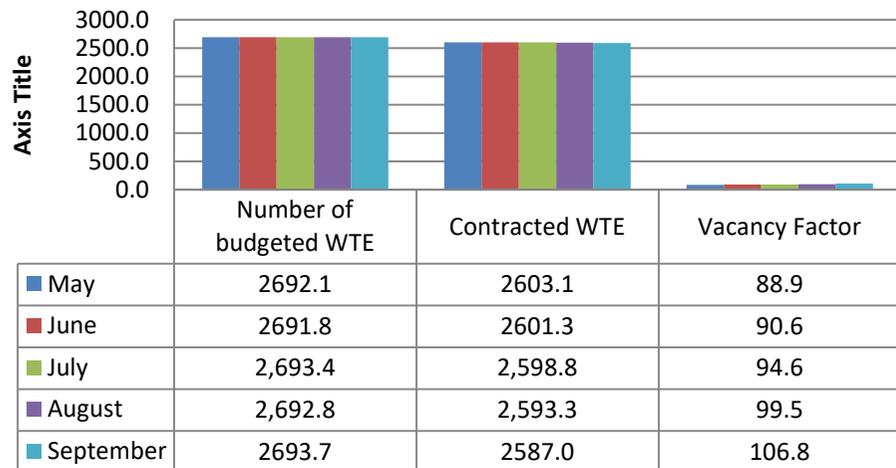
Overall Ward Fill Rate		August 2020	September 2020	<p>HCA % includes Registered Nursing Associates (Band 4), Assistant Practitioners (Band 4), Trainee Nursing Associates (Band 3) and HCA's Bands 2 and 3.</p> <p>Therapeutic Care Support Workers (TCSW Band 2) support wards on the JCUH site with enhanced observation for level 3 patients presenting with challenging behaviour.</p> <p>HCA % has decreased as students return to supernumerary placements.</p>
	RN/RMs (%) Average fill rate - DAYS	87.8%	89.6%	
	HCA (%) Average fill rate - DAYS	117.6%	95.4%	
	NA (%) Average fill rate - DAYS	100.0%	100%	
	TNA (%) Average fill rate - DAYS	100.0%	100%	
	RN/RMs (%) Average fill rate - NIGHTS	98.6%	97.6%	
	HCA (%) Average fill rate - NIGHTS	114.2%	107.7%	
	NA (%) Average fill rate - NIGHTS	100.0%	100%	
	TNA (%) Average fill rate - NIGHTS	100.0%	100%	
Total % of Overall planned hours	102.28%	99.79%		

Vacancy and Turnover

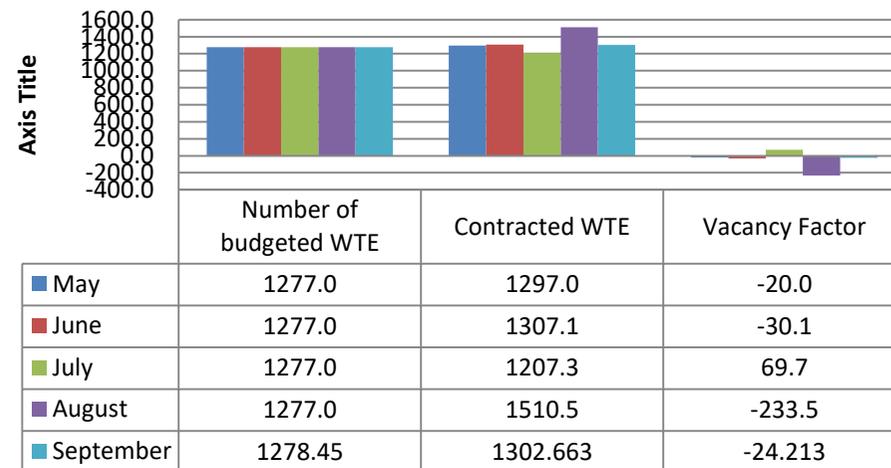
The total current nursing and midwifery vacancy rate against the financial ledger for all nursing and midwifery staff remains at 6% for September 2020 which equates to approximately 106 WTE. HCA vacancy rates remain skewed by some student nurses and midwives on paid placement.

Nursing and Midwifery Turnover for September was 8.0% which has exceeded the NHSI 1% reduction agreed as part of the Trust retention strategy.

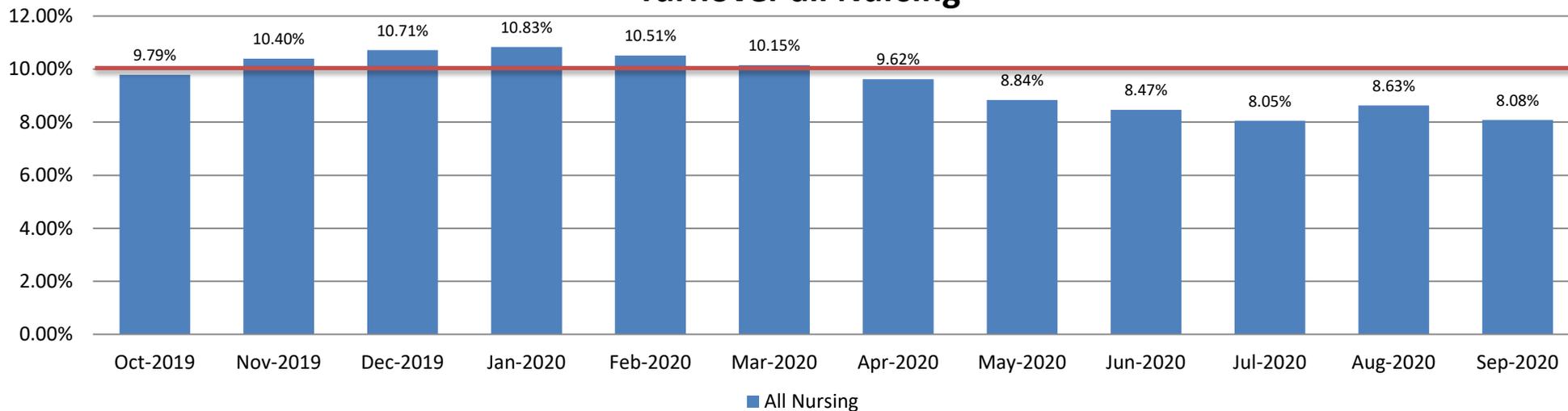
RN Vacancies



HCA Vacancies



Turnover all Nursing



The international nurses delayed through COVID have arrived in September (*n*10) with and end of October (*n*7) and end of November (*n*14) group now arranged to travel. NHSE/I bids for funding to support international recruitment have been submitted and await outcome.

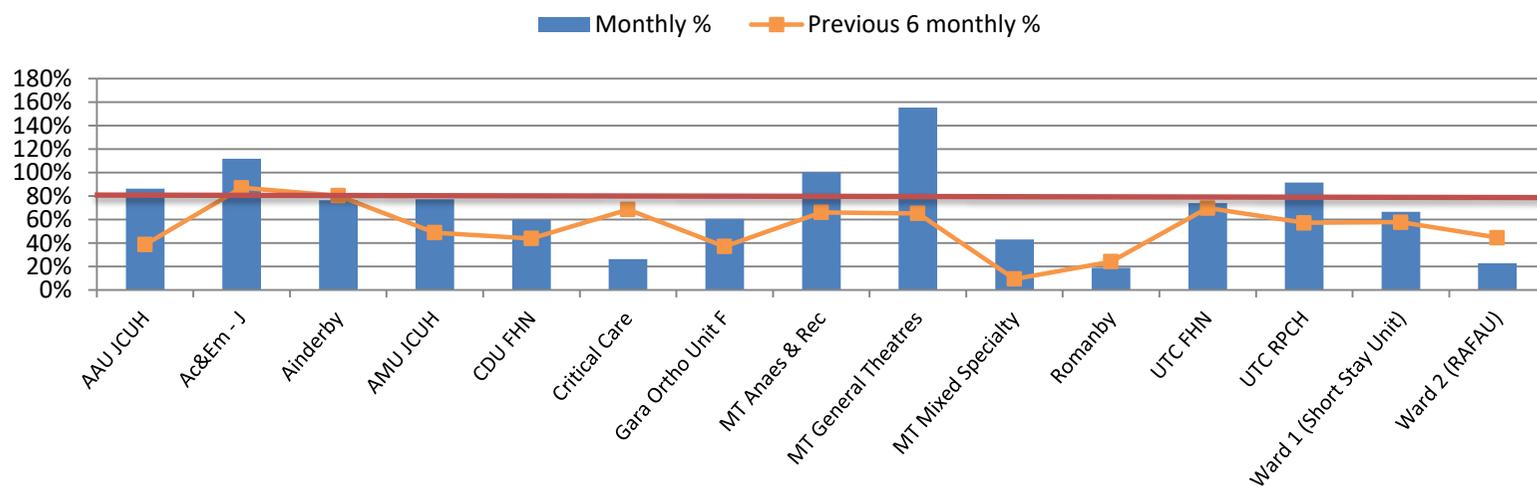
All student nurses who qualified in September and October have started to take up substantive posts and those qualifying in January 2021 (*n* 65) and have been appointed to posts across the Trust for January/March starts. Most students have been working as Aspirant Nurses or Band 3 HCA's through COVID and were welcomed by teams as a huge benefit and will make excellent additions to our nursing family.

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	28 + 6	28 + 4	28 + 3	26	9	0	9	0	2	9.5	
RAFAU (On Ward 2)	4 + 3	4 + 4	3 + 3	3 + 3	26	1	0	3	7	0	9.6	
Short Stay (On Ward 1)	5 + 3	5 + 4	3 + 3	3 + 3	20	1	0	0	3	0	-	
AMU JCUH	5 + 3	6 + 4	4 + 3	6 + 5	14	0	0	5	3	0	8.0	
AAU JCUH	5 + 3	8 + 4	4 + 3	6 + 4	15	0	0	5	4	0	9.8	
CDU FHN	5 + 3	3 + 3	3 + 2	3 + 2	7	2	0	2	6	0	9.4	
Ainderby FHN	4 + 3	3 + 3	2 + 2	2 + 2	16	2	0	0	6	0	7.8	
Romanby FHN	4 + 3	4 + 3	2 + 2	2 + 2	16	0	0	2	3	0	-	
Ac&Em -J	17 + 7	16 + 7	16 + 7	18 + 7	/	0	0	2	3	2	-	

There have been no reported episodes for lack of supervisory co-ordinator shifts across ITU/GH DU or CICU. NHDU have reported shifts with no co-ordinator. 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.

% Management Time Urgent & Emergency Care



Ward Managers are budgeted 80% supervisory time on the roster. Most areas have returned or improved on pre COVID levels.

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

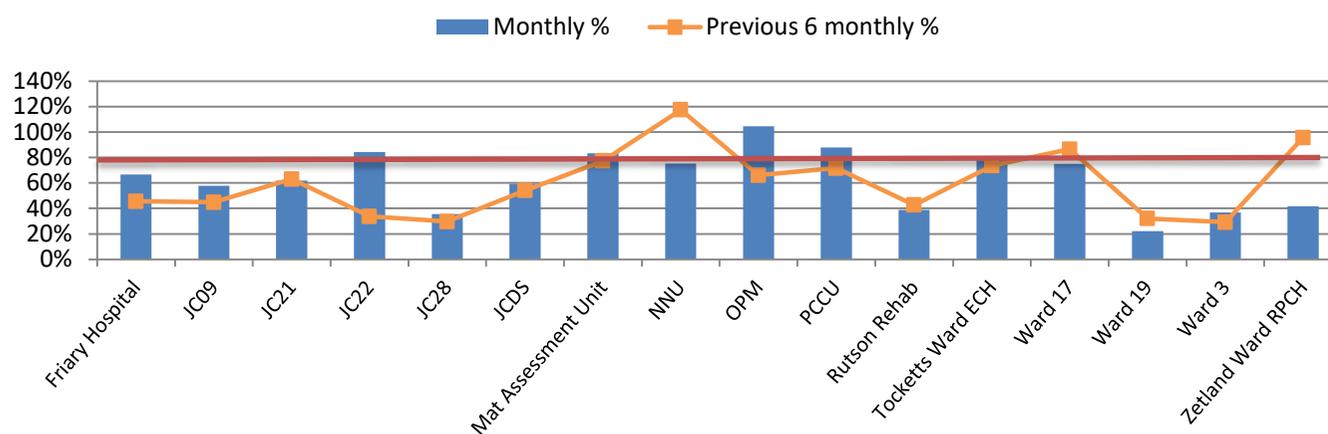
May 2020 Data	Planned Day	Worked Day	Planned N	Worked N	Bed Occ	PU 2's	PU 3's	Medication Incidents	Patient Falls	Complaints	1000 voices	Quality Impacts
Ward 3	4 + 1 + 4	4 + 5	3 + 3	3 + 3	17	0	0	1	6	1	9.6	COVID Pathway
JC09 (Ward 9)	5 + 5	5 + 4	3 + 3	3 + 3	24	4	0	6	7	1	8.8	Staffing impacting on harm
Ward 11 (Older Persons Medicine OPM)	5 + 5	4 + 7	3 + 3	3 + 5	27	5	0	6	5	1	9.3	
Rutson FHN	3 + 4	2 + 3	2 + 2	2 + 2	11	0	0	0	0	0	-	
Tocketts Ward	4 + 5	3 + 5	3 + 4	2 + 4	23	0	0	0	7	0	9.3	
Zetland Ward	4 + 6	4 + 7	3 + 3	3 + 3	25	0	0	1	3	0	-	
Friary Community Hospital	3 + 4	2 + 3	2 + 1	2 + 2	7	0	0	1	0	0	9.2	
Ward 21 – Paeds	5 + 2	5 + 2	5 + 2	5 + 2	11	0	0	0	0	0	8.9	
Ward 22 – Paeds	5 + 2	3 + 2	3 + 1	3 + 1	7	0	0	0	1	0	9.1	
Central Delivery Suite	10 + 2 M- F	10 + 2	11 + 2	10 + 2	9	0	0	0	0	0	-	
Neonatal Unit	15 + 1	13 + 1	15 + 1	13 + 0		0	0	1	0	0	-	

Paediatric Intensive Care Unit (PICU)	4 + 0	3 + 0	4 + 0	3 + 0	2	0	0	0	0	0	-
Ward 17 JCUH	6 + 2	6 + 3	4 + 2	4 + 3	23	0	0	0	0	0	9.7
Ward 19 Ante Natal	3 + 1	3 + 1	2 + 0	2 + 0	6	0	0	1	0	0	9.2
Maternity FHN	2 + 0	3 + 1	2 + 0	2 + 0	0	0	0	0	0	0	-
Mat Assessment Unit	4 + 1	4 + 2	1 + 0	2 + 0	1	0	0	0	0	0	-

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

A dedicated swabbing POD team have been recruited to undertake this activity with help from wards and departments to fill any roster gaps. Staff should be in post by the end of September/October.

% Management Time Community Care



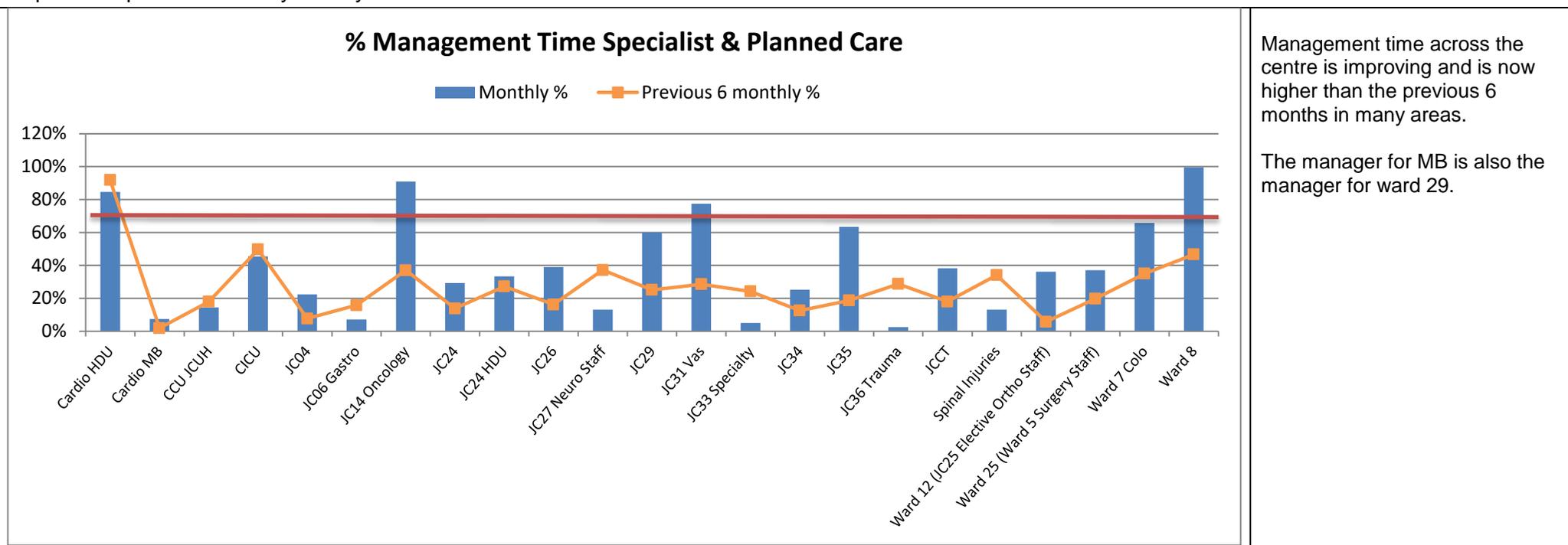
Management time is improving with many areas now higher than in the previous 6 months but remains variable.

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 + 2	3 + 2	2 + 2	12	1	0	1	4	0	-	Ward closed for part of month due to outbreak
Ward 5 Surgery (on Ward 25)	4 + 3	3 + 3	3 + 3	2 + 2	10	0	0	0	0	0		

JC06 Gastro	3 + 4	3 + 4	3 + 2	2 + 4	24	2	1	2	10	0	9.2	Increase in falls
Ward 7 Colo	5 + 4	4 + 4	3 + 3	3 + 3	25	4	0	4	3	1	9.0	
Ward 8	5 + 4	4 + 4	3 + 3	3 + 3	23	0	0	2	2	3	9.0	
Ward 12 (Ward 25 Staff)	5 + 4	3 + 3	3 + 3	2 + 3	12	0	0	2	4	0	9.5	
Ward 14	4 + 3	3 + 3	2 + 2	2 + 2	12	0	1	0	3	0	9.3	
JC24 (Ward 24)	4 + 3	4 + 4	3 + 2	3 + 3	19	2	0	3	3	0	9.1	
Neuro HDU	4 + 1	4 + 1	4 + 1	4 + 1	7	0	0	1	0	0	-	
JC26 (Ward 26)	3 + 2	3 + 3	2 + 2	2 + 2	17	0	0	1	0	1	8.7	
JC27 Neuro Staff	3 + 2	4 + 4 inc day unit	2 + 2	2 + 3	12	0	0	2	9	0	-	
JC28 (Ward 28)	5 + 3	4 + 3	4 + 2	4 + 3	14	2	0	0	3	0	8.6	
JC29 (Ward 29)	4 + 3	4 + 3	3 + 2	3 + 2	22	0	0	2	2	0	9.3	
Cardio MB	2 + 1	2 + 1	2 + 0	2 + 0	6							
JC31 Vas	3 + 4	3 + 3	3 + 2	2 + 2	16	2	0	3	4	0	9.1	
JCCT (Ward 32)	4 + 3	4 + 3	3 + 2	2 + 2	18	0	0	1	1	0	9.1	
JC33 Specialty	4 + 4	4 + 4	3 + 3	3 + 2	18	0	0	2	5	0	9.3	
JC34 (Ward 34)	5 + 5	4 + 5	4 + 3	3 + 4	25	3	0	4	7	1	9.1	Staffing concerns raised
JC35 (Ward 35)	4 + 4	3 + 4	3 + 3	2 + 3	16	0	0	2	3	0	-	
JC36 Trauma	5 + 5	5 + 5	3 + 3	3 + 4	29	0	0	0	0	0	-	
Spinal Injuries	8 + 5	6 + 4	7 + 5	3 + 3	17	0	0	2	0	1	9.0	
CCU JCUH	8 + 2	6 + 1	6 + 0	5 + 0	8	1	0	0	1	0	9.4	
CICU JCUH	11 + 2	8 + 1	11 + 1	8 + 1	6	0	0	1	0	0	-	
Cardio HDU	6 + 1	4 + 1	5 + 1	4 + 1	5	0	0	0	0	0	9.4	
Gara Orthopaedic FHN	2 + 2	2 + 2	2 + 2	2 + 1	9	0	0	1	0	0	9.6	

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



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 Raised during September	Early	Late	Long Day	Night	Night Duty	Ward Clerk	Grand Total
AMBER Beds Open	1	2		1			4
Less than 2 RNs on shift	4	2		1	1		8
Missed 'intentional rounding'	4						4
RED Beds Open	1	1	1			2	5
Shortfall in RN time	26	16	2	13		1	58
Grand Total	36	21	3	15	1	3	79

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

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

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

4 Weekly Hours Balance Against Peers



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

Temporary Staffing usage against other Allocate Peers



Although higher than normal al our temporary staffing remains well managed

Overall unavailability of staff was 32% (same as last report) against standard Trust 21% headroom. Parenting leave is not included in the headroom.

Sickness and other leave % remains slightly higher but are now in line with the National trend. Annual leave remains well managed at 15.3% against a 14% - 16% KPI target. Total unavailability includes COVID self isolation

Unavailability Compared to Allocate National Average 31st August – 27th September 2020

Multi-Trust Comparators

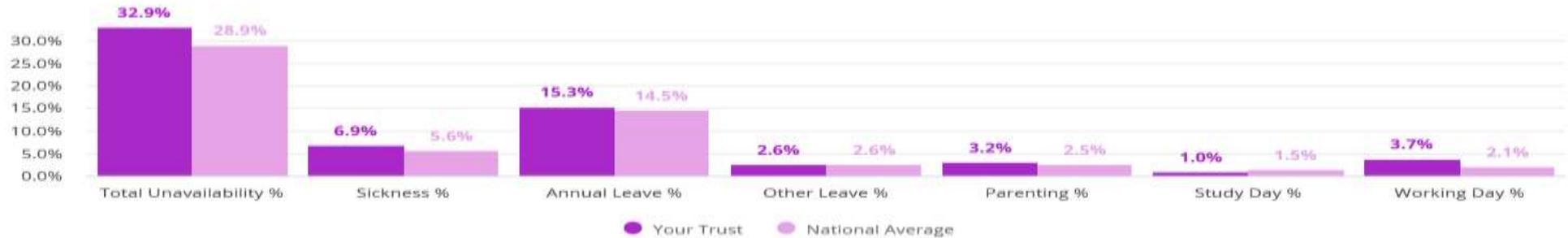
Internal Comparators

Unavailability - Multi-Trust Comparators

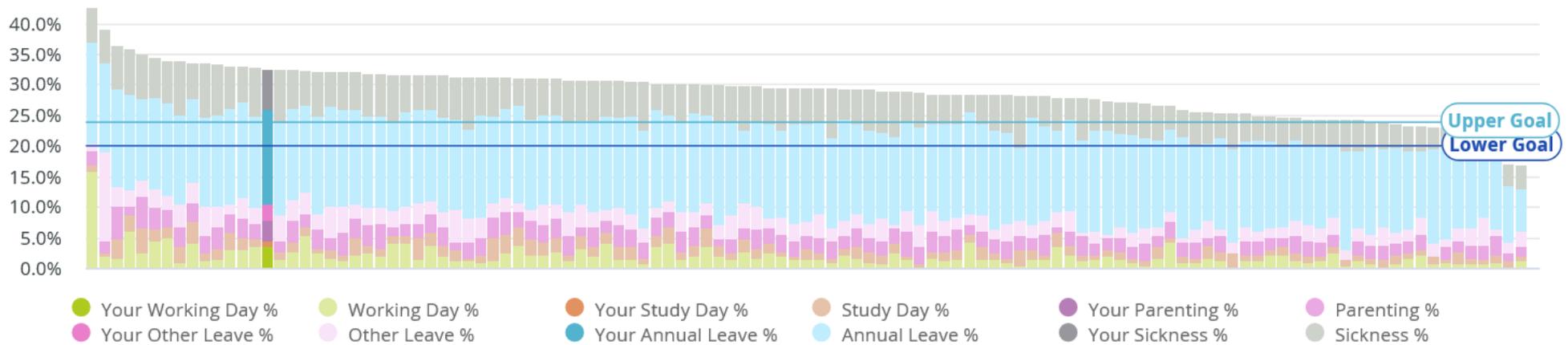
31 Aug 2020 - 27 Sep 2020

just now

Trust Unavailability Against National Averages by Type



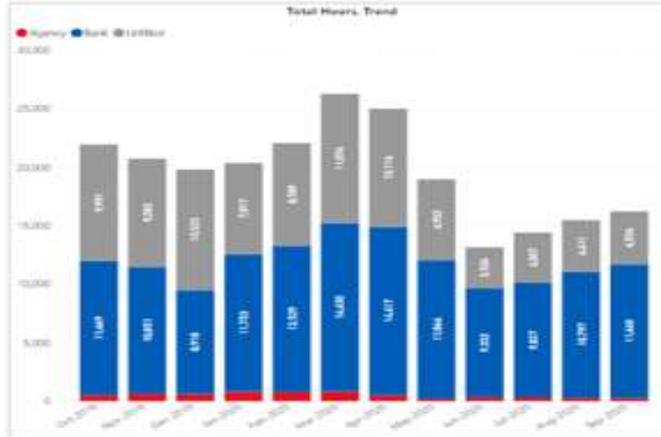
Unavailability by Leave Type



N&M - Registered Hours Performance

YOY Comparison for Sep-2020

WTE	100.0% 141.0
% Total Fill	72.1% 52.1%
% Bank Fill	70.4% 50.2%
% Agency Fill	1.7% 1.2%
% Unfilled	27.9% 47.9%



Demand: in Sep-2020 installed 16,246 hours (7,819 shifts), a change of 4.8% on Aug-2020

Bank: in Sep-2020 installed 11,440 hours (7,257 shifts), a change of 6.0% on Aug-2020

Unfilled: in Sep-2020 installed 4,526 hours (332 shifts), a change of 2.6% on Aug-2020

Agency: in Sep-2020 installed 280 hours (30 shifts), a change of -5.1% on Aug-2020



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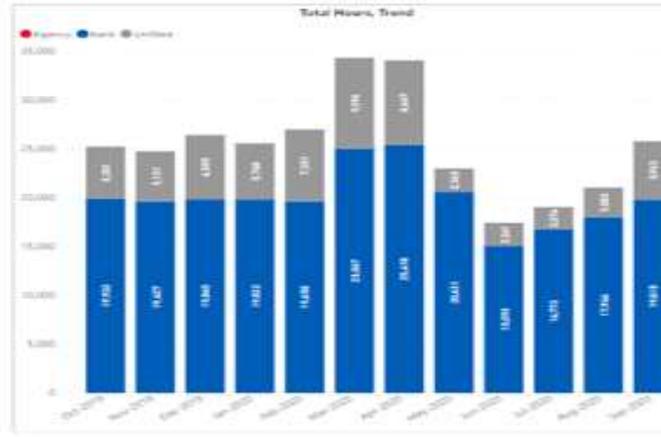
RN hours worked through NHSP and agency was 72.1% against a demand of 16,246 hours which equates to 100 WTE. This is an increase of 1000 hours in demand from last month and is directly related to COVID19 self-isolation

Agency (30 shifts) have been utilised to support anaesthetics

N&M - Unregistered Hours Performance

YOY Comparison for Sep-2020

WTE	158.6% 184.5
% Total Fill	76.9% 75.2%
% Bank Fill	76.9% 75.8%
% Agency Fill	0%
% Unfilled	23.1% 20.2%



Demand: in Sep-2020 installed 25,778 hours (2,881 shifts), a change of 22.5% on Aug-2020

Bank: in Sep-2020 installed 19,815 hours (2,755 shifts), a change of 10.3% on Aug-2020

Unfilled: in Sep-2020 installed 5,963 hours (726 shifts), a change of 93.4% on Aug-2020

Agency: in Sep-2020 installed 0 hours (0 shifts), a change of -100.0% on Aug-2020



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HCA hours worked through NHSP was 76.9% against a demand of 25,778 hours. This is a 4,000 hour increase in demand from the previous month and is directly related to COVID 19 activity such as the swabbing pods and self-isolation

There was no agency usage for HCA.

Student nurses have now returned to supernumerary placements and are no longer employed by the Trust as they were from June.

AHP Staffing report.

The Unify report shows that staffing levels ranged from 28.1% at the Friary and 97.4% in critical care. Critical care teams have been better staffed than other areas but they all remain GPCs compliant. The Neuro HDU areas are the least compliant with GPCs standards. The critical care areas remain a high priority within therapies and resources are often redirected to cover gaps on the rota.

<u>AHPS</u>	Total monthly planned staff hrs	Total monthly actual staff hrs	Total monthly planned staff hrs	Total monthly actual staff hrs	fill rate - Reg AHP (%)	fill rate - Non-AHP (%)
UECC Therapists Critical Care - ICU	1,334.00	1,103.00	165.00	90.00	82.7%	54.5%
UECC Therapists Critical Care - Cardio	652.50	635.75	165.00	117.00	97.4%	70.9%
UECC Therapists Front of House	2,317.25	1,727.00	763.00	621.00	74.5%	81.4%
UECC Therapists JCUH Inpatients	1,991.00	1,760.08	1,515.00	781.67	88.4%	51.6%
SPCT Acute Outpatients	4,259.25	2,925.08	367.50	217.25	68.7%	59.1%
SPCT Acute Stroke	1,215.00	863.25	652.50	412.50	71.0%	63.2%
SPCT Oncology	1,097.00	571.25	253.00	228.50	52.1%	90.3%
SPCT Spinal Injuries	1,357.50	1,040.50	270.00	165.25	76.6%	61.2%
SPCT Tees MSK	780.00	478.00	0.00	0.00	61.3%	-
SPCT Trauma & Orthopaedics	3,390.00	1,935.75	2,326.00	886.50	57.1%	38.1%
SPCT Vascular/Walking Training/DSC	880.25	500.00	614.00	337.75	56.8%	55.0%
Community Therapists Stroke & RPCH	2,985.00	1,683.50	1,601.50	1,357.50	56.4%	84.8%
Community Therapists Falls & Osteo	779.50	694.50	637.50	402.50	89.1%	63.1%
Community Therapists Falls H&R	270.00	213.00	330.00	97.50	78.9%	29.5%
Community Therapists Friary	397.50	111.50	105.00	0.00	28.1%	0.0%
Community Therapists Rutson	727.50	570.60	300.00	161.25	78.4%	53.8%
Community Therapists School & OT	1,102.30	1,046.00	727.50	409.00	94.9%	56.2%
Community Therapists Social Services	1,935.00	1,346.00	292.50	82.50	69.6%	28.2%
Community Therapists South Tees	6,496.50	4,587.50	3,971.25	2,018.25	70.6%	50.8%
Community Therapists ECPCH	1,320.00	802.50	510.00	387.75	60.8%	76.0%
Speech & Language Therapy	2,363.00	1,527.75	330.00	225.00	64.7%	68.2%
Dietitians FHN	952.50	541.50	0.00	0.00	56.9%	-
Dietitians JCUH	3,525.00	2,566.92	0.00	0.00	72.8%	-
Dietitians Langbaugh	1,911.50	864.67	0.00	0.00	45.2%	-
					68.9%	56.8%

There also needs to be consistency around annual leave within some therapy teams, especially those providing five day services, which appear to have an uneven distribution of annual leave throughout the month. Referrals into outpatient services have increased as the number of elective procedures has also increased. The more specialist services within therapies are also now offering some face to face contacts for those who cannot be managed remotely. The default for all outpatient services remains "remote first"

Within Dietetics, the average fill rate was 58.3%. This service is spread throughout all sites and all specialties. The service has been having difficulties recruiting into specialist posts with a high number of vacancies in specialist areas including diabetes and Specialist weight management. Although services are being provided throughout most specialties, the level of the service is reduced and mostly criteria led, in order to safely meet demand.

Referrals to community services remain higher than last year although the complexity of these patients is yet to be established. Anecdotal evidence suggests that the complexity of patients has increased with a number of referrals also being linked to the indirect effects of COVID.

Summary

Nurse Staffing throughout September has matched the acuity, dependency and numbers of patients. There does not appear to be any direct correlation between patient harms and safe staffing levels this month although staffing issues have been raised by ward 34 regarding pressure ulcers. A dedicated action plan is in place and redeployment of staff is undertaken on a daily basis across the centre to maintain safety.

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

Students qualifying in January 2021 have all been appointed to posts and 10 international Nurses arrived in mid-September and have been self isolating as per Government guidance in Trust accommodation with increased pastoral support. Staff have been deployed into Critical Care (4), Surgery (2), Medicine (2) Ward 12 (1) and Cardiac Cath Lab (1). Monthly groups are now expected to arrive dependent on travel restrictions.

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

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. A Care Support Programme has been activated through NHSP with 30 HCSW joining the bank in January on 30 -37.5 hrs per week for 12 weeks

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