

Workforce Assurance Committee  
26 May 2022

Item No 10

<b>Title</b>	Safe Nurse Staffing Report
<b>Area Lead</b>	Tracy Fennell Chief Nurse, Executive Director of Midwifery and Allied Health Professionals, Director of Infection Prevention and Control
<b>Author</b>	Johanna Ashworth-Jones, Programme Developer
<b>Report for</b>	Information

### Report Purpose and Recommendations

This monthly report provides the Workforce Assurance Committee with information regarding safe nurse staffing for February (M11) & March 2022 (M12) and the actions to improve the vacancy rates.

It is recommended the Committee:

- Note the report

### Key Risks

- Staffing pressures are evident due to a requirement to open additional escalation areas
- CSW sickness rate increased to 11.5% in M12
- Agency use has increased to 15.33% in Month 12 to support the opening of escalation areas.

### Which strategic objectives this report provides information about:

<b>Outstanding Care:</b> provide the best care and support	Yes
<b>Compassionate workforce:</b> be a great place to work	Yes
<b>Continuous Improvement:</b> Maximise our potential to improve and deliver best value	Yes
<b>Our partners:</b> provide seamless care working with our partners	No
<b>Digital future:</b> be a digital pioneer and centre for excellence	Yes
<b>Infrastructure:</b> improve our infrastructure and how we use it.	No

### Governance journey

Date	Forum	Report Title	Purpose/Decision
NA	NA	NA	NA

1	Narrative
1.1	<p><b>Vacancies</b></p> <p>There was a 0.06% increase in the registered nurse (RN) band 5 vacancy rate in M11 compared with M9 this increase remained static in M12 providing a vacancy rate of 6.94%. WUTH achieved its target for international recruitment (IR) programme for 2021 which had a target of 180 arrivals. As a result of this successful recruitment programme WUTH will aim to recruit a further 100 IR nurses between January 2022 – March 2023.</p> <p>WUTH continues with its ambition to maintain a 0% rate for CSW vacancies with its continued recruitment drive. Vacancies are currently below 1% with rates of 0.13%(M11) and 0.92% M12.</p>
1.2	<p><b>Absence</b></p> <p>In M10 a rise in staff isolation and absence figures were noted to be a challenge putting significant staffing pressures on the Trust. There was a slight improvement in these areas for both RNs &amp; CSWs in M11 &amp; M12 as displayed in the safe staffing dashboard (Appendix1).</p> <p>RN Sickness improved by 2.43% compared with M10 (9.77% (M10) decreasing to 7.34% (M12)). CSW sickness reduced to 10.17% (M11) compared with 13.58% (M10) however increased again in M12 to 11.5%.</p>
1.3	<p><b>Safe Staffing Oversight Tracker (SSOT) Review</b></p> <p>The decrease in RN sickness and RN absences resulted in a decrease in the number of shifts reported as falling below minimum RN staffing levels in M11 with a reduction of 123 shifts compared with M10.</p> <p>To manage the risks in areas with reduced staffing levels 158 staff were relocated from other areas (M11) and 226 (M12).</p> <p>In M11 there was 1 shift and M12, 3 shifts were assessed by the senior nursing team as a professional judgement (PJ) of red (high risk of care standards falling below expected levels).</p> <p>The 1 shift in M11 and 3 in M12 PJ red shifts occurred due to short notice sickness and unfilled NHSP shifts. No actual harm occurred during the shifts as a result, two of the shifts in M12 did results in delays in Medications, observations, and pressure care.</p> <p>Standard mitigation across divisions continues to be used:</p> <ul style="list-style-type: none"> <li>• Divisional reviews of ward staffing numbers across the week to redeploy staff where there is greater assessed risk due to known staffing gaps.</li> <li>• Divisional reviews and alignment of skill mix to support staff at ward level.</li> <li>• Cross divisional staffing review at daily senior oversight staffing meeting.</li> <li>• Daily reviewing of shifts with NHSP fill and escalation to agency where appropriate.</li> <li>• Matron and / or ward managers work clinically and additional hours, when necessary, by staying on shift later to provide senior support.</li> <li>• Associate Directors of Nursing removed from the manager on – call rota to enable an increase in the direct clinical support.</li> <li>• Trust wide support via enactment of Winter Nurse Staffing Escalation Plan.</li> </ul>

<b>1.4</b>	<p><b>Actions to Mitigate Risks</b></p> <p>NHSP RN demand continued to increase for the fourth consecutive month as can be seen in the safe staffing dashboard appendix 1. M12 reported 39643 hours requested the highest recorded demand over the last twelve months, this is influenced by the number of additional escalation areas required to be open.</p> <p>NHSP percentage fill rates decreased slightly however this decrease is proportionate to the increase in required hours requested.</p> <p>To support the increased demand in RN requested shifts and the NHSP fill rate percentage remaining static an increase in the number of shifts filled by agency staff significantly increased during M11 and M12. The reported agency usage was reported at the highest rate in 12 months at 14.34% (M11) and 15.33% (M12) compared with 8.28% M10.</p> <p>Demand for CSWs reduced in M11 (35541) compared with M10 (38400). Demand increased again M12 to 39454 hours required.</p> <p>The releasing time to care initiatives, approved by the Executive Management Team on 12 October 2021, continued to support safe staffing during these unprecedented times of pressure by reducing audit processes and nursing care requirements whilst maintaining assurance for all essential areas.</p>
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<b>2</b>	<b>Children's and Maternity Staffing</b>
<b>2.1</b>	<p><b>Neonates</b></p> <p>Neonatal staffing continues to be managed shift by shift depending on acuity of babies and availability of cots. There were no diverts due to acuity of the Neonatal Unit in M11. During M12 the unit had 2 closures one day and one at night due to unforeseen staffing challenges. The correct escalation process was utilised for closures.</p> <p>The ratio of staff in the Neonatal Unit who hold a qualification in speciality (QIS) certificate continues to meet the compliance threshold of over 70%. Further QIS training will be identified to support an increase in the number of staff with this certificate.</p> <p>Neonatal staffing was variable in both M11 &amp; M12 due to long term sickness, this is being managed via human resource processes.</p> <p>The neonatal service has been successful in their bid to the NHSE/I and will receive additional funding for the provision of qualified nursing staff. The funding is required to support Operational Delivery Network recommendations for nurse patient ratios. In the exploration of this funding one-year full time fixed term education roles will be established. Following a recruitment campaign 5 WTE band 7 team leaders have been employed (four internal and one external candidate). This has enabled recruitment of internal band 3, 14 WTE band 6 staff and 6.61 WTE band 5. Neonatal activity across the Cheshire and Merseyside region has been stable with a minimal number of transfers out of region.</p>
<b>2.2</b>	<p><b>Children's Services</b></p> <p>The Children's ward staffing in M11 saw an improved picture with a reduction in COVID related illness and short-term sickness however this increased significantly again in M12.</p>

	<p>A service review of the community, specialist nurses and out-patient services, education and skill set requirements is currently being completed. The aim of this is to have a concise understanding of the workforce, education, and training requirements for this division.</p> <p>Work has commenced on a review of the recruitment and retention of nursing staff across children's services. This will involve exploring the processes for preceptorship, induction, rotation, and development opportunities for all staff. The aim being, to support development processes for all staff within children's service, reduce attrition and encourage empowerment. A pilot of RN rotation of newly employed nurses will be facilitated in the next few months.</p> <p>Children's nurse staffing in the Emergency Department continues to be a challenge. Compliance with Royal College of Paediatrics and Child Health and Care Quality Commission standards are currently not being met. A business case has been developed outlining the need for additional children's nurse staffing to meet national standards within the Emergency Department.</p>
2.3	<p><b>Maternity</b></p> <p>The Trust Maternity vacancy rate rose from 1% in M11 to 4% M12 for band 5 and 6 staffing groups. Adverts are out for all posts and interest has been registered from midwives qualifying in September 2022. Daily situational reports remain in place across the seven-day week and twice weekly meetings continue, supported by the Director of Midwifery and Head of Midwifery.</p> <p>The close monitoring of acuity and senior support in and out of hours has been provided. The Birth Rate Plus Acuity tool is in use both on delivery suite and the ward.</p> <p>Maternity staff sickness fluctuated between 7 &amp; 9 % during M11 &amp; M12, all return to work interviews and Long-Term sickness procedures are being adhered to, to help reduce this.</p>

<b>3</b>	<b>Impact on Care</b>
3.1	<p><b>Impact of Care</b></p> <p>During M11 there was no reported impact on care measure for the following:</p> <ul style="list-style-type: none"> <li>• Falls with Harm</li> <li>• Medication errors/ misses</li> <li>• 1:1 specials uncovered</li> <li>• Missed patient observations</li> </ul> <p>There was also a reduction on all remaining care impact measures during M11 compared with month 10.</p> <p>Correlation with the increase of red RN shifts in M12 showed a correlated increase in the number of care impact measures reported as follows:</p> <ul style="list-style-type: none"> <li>• Falls: 9 (M12) compared with 8 (M11)</li> <li>• Falls with harm 2 (M12 compared with 0 (M11).</li> <li>• Number of 1:1 special not covered: 5 (M12) compared with 0 (M11).</li> <li>• Delayed / Missed NEWS: 208 (M12) compared with 23 (M11).</li> <li>• Staff missed break: 65 (M12) compared with 5 (M11).</li> </ul>

	<ul style="list-style-type: none"> <li>• Delayed / Missed observations: 159 (M12) compared with 0 (M11).</li> <li>• Delayed / Missed Pressure Care: 116 (M12) compared with 6 (M11).</li> <li>• Delayed / Missed Medication: 77 (M12) compared with 0 (M11)</li> </ul> <p>Care hours per patient day (CHPPD) increased slight during M11 (8.4) &amp; M12 (8.3) compared with M10 (8). The number of wards below the locally agreed target of 6.1 remained static with 2 M11 and 3 M12. This demonstrates the continued effectiveness of dynamically managing staffing risks across divisions.</p>
<b>3.2</b>	<p><b>Patient Experience</b></p> <p>There was one formal complaint in each month for M11 &amp; M12 received in relation to a perception of reduced staffing. There were no informal concerns received in relation to a perception of reduced staffing during M11 &amp; M12.</p> <p>6 Friends and Family test FFT responses in M11 out of 5,480 received and 5 in M12 out of 6,512 responses provided feedback that it was their perception that staffing was reduced.</p>

<b>3</b>	<b>Conclusion</b>
3.1	<p>Vacancy rates for both RN &amp; CSW's have remained static at &lt;1% CSW and &lt;7% RN, whilst the Trust aspires to continually decrease these vacancy rates the static position is considered as encouraging given the significant care system wide pressures.</p> <p>The significant health and care system pressures resulting in high bed occupancy throughout the hospital and COVID-19 community prevalence has created challenges in relation to patient acuity, staff sickness, and staff absence due to isolation.</p> <p>Mitigations are in place across the Trust; enhanced monitoring, escalation processes, NHSP, agency staffing, and absence monitoring processes. Resilience planning continues locally and regionally to be proactive in response to the health and care system pressures over the forthcoming months.</p> <p>Despite the significant safe staffing challenges during M11 &amp; particularly M12 the impact on patient safety remains minimal, however it is acknowledged this is known to impact on the experience of patients in our care.</p>

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Safe Staffing Board Assurance Dashboard 2020 /21 - 2021/2022															
Data Source	Indicator	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Spark line
Corporate Nursing	Care Hours Per Patient Day - Total	9	8.7	8.3	8.8	8.5	8.4	8.2	8.2	7.6	8.1	8	8.4	8.3	
Corporate Nursing	Care Hours Per Patient Day - Registered Nurses	4.4	4.1	4.1	4.4	4.1	4.2	4	4.1	3.8	4.1	4.1	4.2	4.3	
Corporate Nursing	Care Hours Per Patient Day - CSW's	3.8	3.5	3.5	3.6	3.6	3.6	3.4	3.5	3	3.3	3.3	3.5	3.4	
Corporate Nursing	Number of ward below 6.1 CHPPD	0	1	4	1	3	2	3	1	11	3	3	2	3	
Corporate Nursing	National Fill rates RN Day	83%	84%	83%	84%	82%	83%	82%	81%	85%	83%	84%	84%	84%	
Corporate Nursing	National Fill rates CSW Day	91%	92%	93%	100%	97%	98%	95%	102%	97%	89%	88%	95%	93%	
Corporate Nursing	National Fill rates RN Nights	78%	84%	80%	82%	78%	81%	81%	79%	82%	83%	82%	90%	87%	
Corporate Nursing	National Fill rates CSW Nights	101%	98%	99%	98%	96%	103%	103%	99%	97%	98%	100%	107%	97%	
Informatics	Trust Occupancy Rate	80.80%	81.40%	83.90%	82.30%	81.50%	84.10%	85.50%	88.10%	88.80%	88.40%	88.94%	88.80%	89.70%	
Informatics	Occupancy Rate - APH	83.50%	83.90%	86.70%	85.00%	84.80%	87.30%	88.90%	90.30%	91.10%	89.71%	90.07%	91.57%	91.33%	
Informatics	Occupancy Rate - CBH	52.30%	54.70%	55.30%	53.20%	50.50%	54.20%	55.90%	65.20%	65.70%	71.19%	69.02%	62.73%	70.07%	
Workforce	Vacancy Rate ( Band 5 RN's )	18.57%	15.92%	13.97%	13.10%	13.44%	14.56%	14.41%	12.90%	10.35%	11.14%	9.40%	9.50%	10.05%	
Workforce	Vacancy rate ( Band 5 inpatient wards )	17.92%	15.35%	12.59%	11.47%	12.31%	13.94%	13.16%	11.08%	7.93%	9.17%	6.88%	6.94%	6.94%	
Workforce	Vacancy Rate - All RN (All grades)	9.69%	8.26%	7.47%	7.15%	6.97%	7.69%	7.44%	6.41%	4.85%	5.28%	4.81%	5.00%	4.80%	
Workforce	Vacancy Rate ( CSW's )	5.97%	5.82%	2.99%	3.08%	0.49%	0.21%	-1.09%	-0.41%	1.83%	1.59%	0.23%	0.13%	0.92%	
Workforce	Sickness Rate - RN	6.01%	5.96%	5.92%	5.51%	6.79%	6.01%	6.43%	6.63%	6.05%	8.22%	9.77%	7.13%	7.34%	
Workforce	Sickness Rate - CSW	8.11%	8.46%	10.04%	9.89%	9.16%	9.68%	9.63%	9.64%	10.30%	12.31%	13.58%	10.17%	11.50%	
Workforce	Absences Rate - RN	2.24%	0.07%	0.03%	0.30%	1.12%	0.40%	0.35%	0.42%	0.45%	1.68%	1.03%	0.42%	0.55%	
Workforce	Absences Rate - CSW	2.47%	0.05%	0.14%	0.50%	1.88%	0.67%	0.44%	0.60%	0.48%	1.81%	1.90%	0.59%	0.57%	
Corporate Nursing	Number of Professional Judgment Red Shifts	0	0	0	2	11	6	2	10	15	12	9	1	3	
Corporate Nursing	Number of RN Red Shifts *	383	323	427	446	614	545	495	434	332	468	403	280	404	
Corporate Nursing	RN Red Shift Impact : Number of Falls	16	16	21	19	29	17	22	9	14	13	18	8	9	
Corporate Nursing	RN Red Shift Impact : Number of Falls with Harm	1	0	0	3	1	1	4	0	4	1	0	0	2	
Corporate Nursing	RN Red Impact : Meds Errors / Misses	27	2	2	1	2	2	3	2	0	2	6	0	0	
Corporate Nursing	RN Red Impact : Patient relative complaints	0	0	1	2	2	0	5	3	1	1	1	1	0	
Corporate Nursing	RN Red Impact : Staffing incident submitted	14	14	9	4	7	15	13	10	6	14	10	2	7	
Corporate Nursing	RN Red Impact : Special 1:1 (uncovered)	3	1	10	2	12	4	11	3	1	12	10	0	5	
Corporate Nursing	RN Red Impact: Missed Breaks	41	42	71	57	100	50	89	73	55	93	56	5	65	
Corporate Nursing	RN Red Impact: Delayed / Missed Obs	126	75	248	74	198	129	223	168	107	328	247	0	159	
Corporate Nursing	RN Red Impact: Delayed / Missed nMEWS	286	90	226	120	367	222	265	191	153	248	239	23	208	
Corporate Nursing	RN Red Impact: Delayed / Missed Pressure Care	58	15	43	44	82	64	96	176	31	228	375	6	116	
Corporate Nursing	RN Red Impact : Delayed Meds	193	55	199	79	263	248	217	192	90	128	93	0	77	
Governance support	Number of SI's where staffing has been a contributing factor	1	0	0	0	0	0	0	0	0	0	1	2	2	
Corporate Nursing	Total Number of staffing incidents	57	48	93	80	105	92	134	82	54	78	97	48	71	
Complaints team	Formal complaints in relation to staffing issues	0	0	1	0	0	0	0	1	1	0	0	1	1	
Complaints team	Informal Concerns raising staffing levels as an issue	1	0	0	1	0	0	0	1	0	0	2	0	0	
Corporate Nursing	Patient Experience feedback raising staffing levels as a concern	0	0	1	1	1	0	2	5	5	4	1	6	5	
Corporate Nursing	Staff Moves	337	288	341	302	407	301	299	281	259	178	256	158	226	
NHS Professionals	Number of RN hours requested	34182	24465	24192	24382	27501	28042	24544	28055	27507	26713	32318	33382	39643	
NHS Professionals	Number of CSW hours requested	30218	24122	24171	23421	25435	25286	25635	30971	34417	34719	38400	35541	39454	
NHS Professionals	% of requested filled RN's	62.80%	64.50%	68.22%	65.90%	59.00%	61.30%	67.40%	68.80%	68.80%	58.99%	65.37%	61.31%	61.48%	
NHS Professionals	% of requested CSW filled	75.00%	77.60%	84.20%	86.20%	84.00%	85.60%	84.10%	84.00%	77.00%	72.36%	75.52%	79.24%	72.90%	
NHS Professionals	% of Agency staff used RN	7.00%	5.00%	1.70%	4.80%	6.00%	7.00%	3.20%	3.40%	5.00%	4.50%	8.28%	14.34%	15.33%	
NHS Professionals	% of Agency staff used CSW	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	

\* The National Safe Staffing submission reports the total actual hours filled against the agreed funded establishment. RN Red shifts are defined as shifts that are below both the agreed funded establishment and below the agreed minimum staffing model.

\*Blue text denotes where an amendment to the previous figures has been made following a review of establishment figures. These figures are correct at the time of the divisional sign off process at the beginning of each month for the retrospective month