

# People Committee 7 September 2022

Item No 15

Title	Safe Nurse Staffing Report - June 2022 (M3) and July 2022 (M4)
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Report for	Information

#### **Report Purpose and Recommendations**

This report provides the People Committee with information and assurance regarding the provision of safe nurse staffing, identifying areas of risk for escalation and outlines the quality impact that has occurred due to reduced staffing.

It is recommended that the Committee:

Note the report

## **Key Risks**

This report relates to these key risks:

 Risk 175: Nursing staffing levels are inadequate due to high levels of vacancies and sickness; having potential detrimental impact on patient safety, the delivery of fundamental care not being delivered to the desired standard, and staff / patient satisfaction.

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

Governance journey										
Date	Forum	Report Title	Purpose/Decision							
n/a	n/a	n/a	n/a							

1	Narrative
1.1	This report provides assurance that the Trust adherences to the regulatory requirements in line with NHSI Developing Workforce Safeguards (NHSI 2018), CQC

Essential Standards and the National Quality Board's Safe Sustainable and Productive Staffing Guidance (NQB 2016).

The data contained in this report provides the historical background to highlight themes, trends and supports the monitoring of four main key quality staffing metrics to monitor special cause variation and sustained improvements or declines. In addition, the narrative on mitigation and improvement actions will be provided by exception for any metrics that do not meet an established RAG rating of green or amber within the safe nurse staffing dashboard (appendix 1).

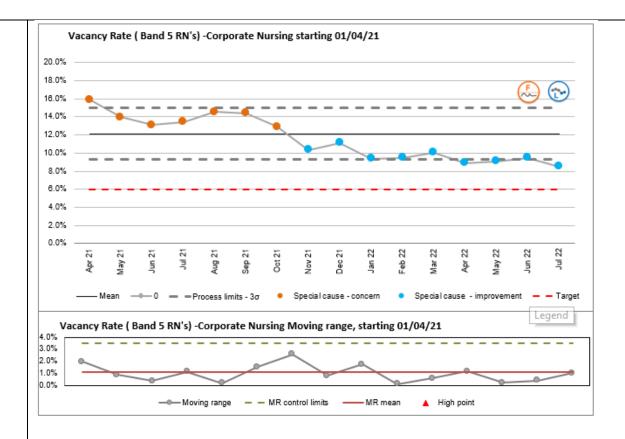
In conjunction with this report establishment reviews are completed 6 monthly in line with NQB guidance and NHSI (2018) Developing Workforce Safeguards. The establishment review for Q4 2021 / 22 and Q1 2022 / 23 has been undertaken; meeting the mandatory acuity, dependency and establishment review for adult wards and has identified 6 wards requiring staffing uplifts and a reconfiguration of two wards to reutilise staffing resources. The 6 Monthly Safe Staffing Report is presented in a separate paper to Trust Board in August 2022.

### 2 Implications

#### 2.1 Vacancies

The Trust has made a sustained improvement to the registered nurse (RN) vacancy position (chart 1), which is predicted to continue with the proactive recruit campaign. As previously reported the international recruitment of nurses has been a significant success with a total of 180 nurses recruited in 2021 and a further recruitment ambition of 100 nurses in 2022, which is on target to be achieved. In-patient RN vacancy has fluctuated since M1 (M1 6.48%, M2 5.82%, M3 6.86%); M4 remains within the same parameters at 6.21%. Overall, the vacancy rate for all band 5 RN posts demonstrates a special cause improvement since November 2021 (chart 1).

Chart 1: Band 5 RN Vacancy Data

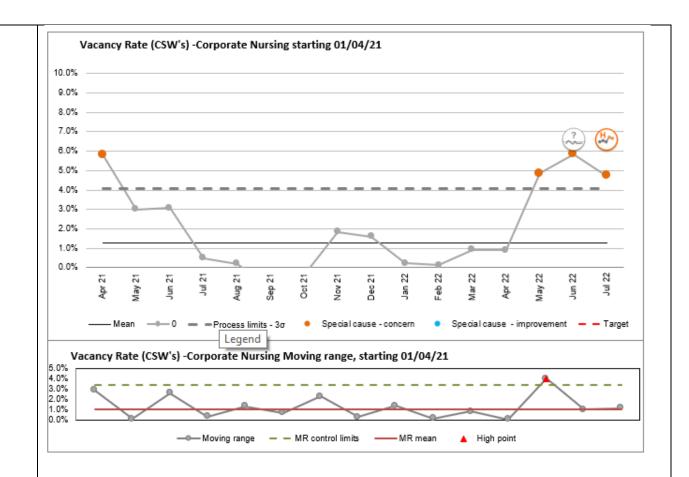


As highlighted in the previous report clinical support worker (CSW) vacancy rate increased due to an increase in the overall CSW establishment, resulting in a percentage increase in the number of vacancies. This report has identified the vacancy rate to be a special cause of concern, with 3 consistent months above the process limit (chart 2). However, the vacancy rate has begun to reduce from 5.85% (M3) to 4.75% (M4) in response to the recruitment campaign; this is demonstrated in the moving range (chart 2).

Retention and recruitment campaigns are continuing, inclusive of:

- Weekly CSW advert
- Specific placement of CSW apprentices, and introductory visits to areas prior to placement
- Exit interviews
- Escalation to a task and finish group where exit interviews are not undertaken
- All NHSP CSW's who undertake the care certificate programme are guaranteed an interview for a substantive post.
- Targeted recruitment led by divisions

Chart 2: CSW Vacancy Data

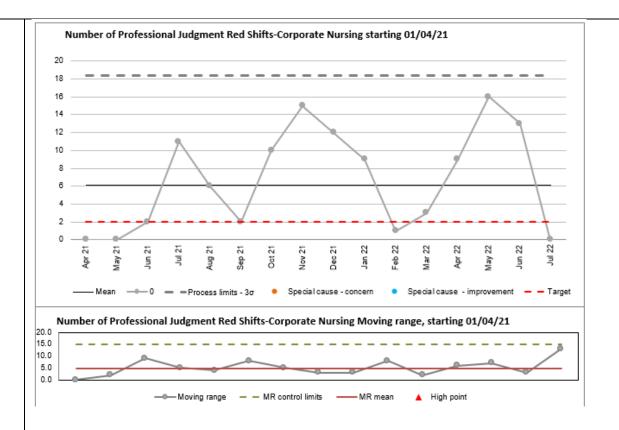


\*NB: The moving range is the difference between two successive data points. For a data set the moving range is a list of values. The moving range shows the stability of the data and is often presented in a moving range chart to more clearly illustrate this.

#### 2.2 Quality Impact data

The Safer Staffing Oversight Tool (SSOT) has the facility for shifts to be RAG rated applying professional and senior judgement (PJ). A red RAG rated shift is where there is a high risk of care standards falling below expected levels. The historical number of red PJ shifts is extremely variable and highlights the challenges in maintaining safe staffing, demonstrated in chart 3.

Chart 3: PJ Red Shifts



During M3 there were 13 PJ red shifts, these were all within the Medical Division. There were no PJ red shifts during M4.

Standard mitigation continues to be used as follows:

- Divisional reviews of ward staffing numbers across the week to redeploy staff where there is greater assessed risk due to known staffing gaps.
- Divisional reviews and alignment of skill mix to support staff at ward level.
- Cross divisional staffing review at daily senior oversight staffing meeting.
- Daily reviewing of shifts with NHSP fill and escalation to agency where appropriate.
- Matron and / or ward managers work clinically and additional hours, when necessary, by staying on shift later to provide senior support.
- Associate Directors of Nursing removed from the manager on call rota to enable an increase in the direct clinical support.
- Trust wide support via enactment of the Winter Nurse Staffing Escalation Plan.

#### 2.3 | Safe Nurse Staffing Dashboard

The Safe Nurse Staffing Dashboard (appendix 1) contains 46 nurse staffing metrics, providing a holistic presentation of aspects that influence safe staffing provision and impact measures. In summary, there has been a consistent reduction of red indicators during M3 to M4 compared with M2 and M1. This has impacted on an improved number of green indicators, with a total of 23 being achieved in M4.

Table 1: Safe Nurse Staffing Dashboard Summary

		Safe staffing (Nursing)  Dashboard summary Indicator RAG status  Red Amber Green							
1	April	10	17	18					
Qrt 1	May	9	15	21					
	June	7	18	20					
2	July	7	16	23					

Table 2: Red Indicators Summary

Red indicators		Comparison to last month	July	Comparison to last month	
Trust Occupancy Rate	93.30%	93.30% Declined		Improved	
Occupancy Rate - APH	94.60%	Declined	93.60%	Improved	
Sickness Rate - CSW		0.55% Declined 10		Declined	
Number of Professional Judgment Red Shifts		Improved	Not a Red indicator		
RN Red Shift Impact : Number of Falls	No	t a Red indicator	11	Declined	
Number of SI's where staffing has been a contributing factor		Static	Not a Red indicator		
Number of RN hours requested	No	t a Red indicator	No	t a Red indicator	
Number of CSW hours requested	32201	Improved	33987	Declined	
% of requested filled RN's	No	t a Red indicator	69.21%	Declined	
% of Agency staff used RN	8.99%	Improved	9.96%	Declined	

#### **Occupancy**

The Trust's occupancy rate remains high with rates of 93.3% M3 and 92.8% M4 compared with the national recommended safe bed occupancy of 85%. Bed occupancy rate has consistently been above 85% since September 2021. The increase in bed occupancy is reflective of the national bed occupancy data across the NHS with averages reported at 95%, 10% above the safe bed recommendation. The Trust continues to have a priority focus on improving patient flow.

#### Sickness:

CSW sickness remains higher than RN sickness. In M3 and M4 this does not appear to be due to Covid – 19 absences. It is recognised from staff feedback that resilience in this group of staff may be a contributing factor. A CSW facilitator, who commenced in July 2022, has a key focus as a pastoral lead for this group of staff enabling greater awareness and responds to the specific needs of this staff group. Understanding of themes and trends and associated improvements will be monitored and reported upon.

#### **Falls**

Falls was not highlighted as a red performance indicator in M3; in M4 there were 11 falls that occurred, demonstrating that RN reduction cannot be considered in isolation to other factors in the ambition to reduce falls. A full review of these falls will be undertaken to ascertain if reduced staffing was a contributory factor, this will be completed as part of a wider falls review in August 2022.

#### **NHSP**

The number of requested hours remained above 30 thousand for CSW's during M3 and M4 compared with RN hours which were below 30 thousand for the 3<sup>rd</sup> consecutive month. Fill rates for RN shifts improved during month M3 72.6%, reducing during M4 69.21%.

#### 2.4 Women's & Children's Services

There were no diverts or closures during M3 or M4 within the Women's and Children's division. Sickness levels within the Children's services reduced by 3.79% during M4 and all vacancies have been recruited to.

Maternity service vacancies remain <1%; recognition is given to the move to fulfil the requirements of Continuity of Carer identifying additional staffing requirements alongside the new model of practice. Progress is being made with staffing to enable successful transfer to the new model of care with regards to safe staffing. Maternity Escalation and Divert Policy and Birth Rate Plus Acuity Tool remains in place to manage staffing effectively.

#### 3 Conclusion

The Trust continues to maintain a position of sustained improvement for RN vacancies. Whilst this improvement is a significant achievement, operational factors such as the continuously high bed occupancy, the need to open additional escalation areas, short notice sickness, and an inability to fill NHSP rates above 70% continues to provide challenges to ensure safe staffing.

CSW sickness rates have increased further during M3 and M4 this has impacted on the increased number of required NHSP CSW shifts. The appointment of a CSW facilitator will concentrate on pastoral care for this staff group with a key focus to gain greater understanding of the needs of this staff group to support improvement. It is recognised that the significant increase in the CSW vacancy rate due to increased establishment will be an influencing factor on resilience within the staff group.

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# Appendix 1:

	Safe Staffing Board Assurance Dashboard 2021/2022													
Data Source	Indicator	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Spark line
Corporate Nursing	Care Hours Per Patient Day - Total	8.4	8.2	8.2	7.6	8.1	8	8.4	8.3	8.4	8.6	8.4	8	Sparkille
Corporate Nursing	Care Hours Per Patient Day - Registered Nurses	4.2	4	4.1	3.8	4.1	4.1	4.2	4.3	4.3	4.7	4.4	4.2	
Corporate Nursing	Care Hours Per Patient Day - Registered Norses	3.6	3.4	3.5	3.0	3.3	3.3	3.5	3.4	3.4	3.3	3.4	3.2	
Corporate Nursing	<u> </u>		3.4	1	11	3.3	3.3	2	3.4	1	4	5	4	
Corporate Nursing	National Fill rates RN Day	2 83%	82%	81%	85%	83%	84%	84%	84%	86%	86%	90%	88%	
Corporate Nursing	National Fill rates CSW Day	98%	95%	102%	97%	89%	88%	95%	93%	94%	90%	96%	92%	
Corporate Nursing	National Fill rates CSW Day  National Fill rates RN Nights	81%	81%	79%	82%	83%	82%	90%	87%	90%	90%	96%	92%	
Corporate Nursing	National Fill rates CSW Nights	103%	103%	99%	97%	98%	100%	107%	97%	98%	95%	99%	96%	
Corporate Nursing	Nurse Ratio Day : Number of Shifts above 1:8	103/0	103/6	131	113	112	52	80	124	117	98	78	106	
Corporate Nursing	Nurse Ratio Day : Number of Shifts above 1:30		196	225	198	223	238	145	209	180	126	126	137	- And
Informatics	Trust Occupancy Rate	84.10%	85.50%	88.10%	88.80%	88.40%	88.94%	88.80%	89.70%	90.70%	92.10%	93.30%	92.80%	
Informatics	Occupancy Rate - APH	87.30%	88.90%	90.30%	91.10%	89.71%	90.07%	91.57%	91.33%	92.70%	92.10%	94.60%	93.60%	
Informatics	Occupancy Rate - CBH	54.20%	55.90%	65.20%	65.70%	71.19%	69.02%	62.73%	70.07%	74.10%	80.20%	79.80%	80.30%	
Workforce	Vacancy Rate ( Band 5 RN's)	14.56%	14.41%	12.90%	10.35%	11.14%	9.40%	9.50%	10.05%	8.91%	9.10%	9,49%	8.50%	<b>.</b>
Workforce	Vacancy rate ( Band 5 inpatient wards )	13.94%	13.16%	11.08%	7.93%	9.17%	6.88%	6.94%	6.94%	6.48%	5.82%	6.86%	6.21%	
Workforce	Vacancy Fate ( Band 3 inpatient wards )  Vacancy Rate - All RN (All grades)	7.69%	7.44%	6.41%	4.85%	5.28%	4.81%	5.00%	4.80%	4.27%	4.23%	4.49%	3.30%	
Workforce	Vacancy Rate ( CSW's)	0.21%	-1.09%	-0.41%	1.83%	1.59%	0.23%	0.13%	0.92%	0.90%	4.25%	5.85%	4.75%	
Workforce	Sickness Rate - RN	6.01%	6.43%	6.63%	6.05%	8.22%	9.77%	7.13%	7.34%	6.03%	5.48%	5.61%	6.19%	
Workforce	Sickness Rate - KN	9.68%	9.63%	9.64%	10.30%	12.31%	13.58%	10.17%	11.50%	11.41%	10.32%	10.55%	10.91%	
Workforce	Absences Rate - RN	0.40%	0.35%	0.42%	0.45%	1.68%	1.03%	0.42%	0.55%	0.35%	0.11%	0.09%	0.11%	
Workforce	Absences Rate - RN Absences Rate- CSW	0.40%	0.35%	0.42%	0.48%	1.81%	1.90%	0.42%	0.57%	0.32%	0.11%	0.09%	0.11%	
Corporate Nursing	Number of Professional Judgment Red Shifts	6	2	10	15	1.81%	9	0.59%	3	9	16	13	0.04%	
Corporate Nursing	Number of Professional Judgment Red Shifts  Number of RN Red Shifts *	545	495	434	332	468	403	280	404	323	249	235	359	
Corporate Nursing	RN Red Shift Impact : Number of Falls	17	22	9	14	13	18	8	9	19	7	6	11	M 1 4 4
Corporate Nursing	RN Red Shift Impact : Number of Falls with Harm	1/	4	0	4	13	0	0	2	19	0	0	0	<del></del>
Corporate Nursing	RN Red Impact : Number of Fails with Harm  RN Red Impact : Meds Errors / Misses	2	3	2	0	2	6	0	0	0	0	1	0	
Corporate Nursing	RN Red Impact : Meds Errors / Misses  RN Red Impact : Patient relative complaints	0	5	3	1	1	1	1	0	1	0	2	0	
Corporate Nursing	RN Red Impact : Staffing incident submitted	15	13	10	6	14	10	2	7	4	1	8	4	
Corporate Nursing	RN Red Impact : Special 1:1 (uncovered)	4	11	3	1	12	10	0	5	9	2	7	0	
Corporate Nursing	RN Red Impact: Missed Breaks	50	89	73	55	93	56	5	65	26	11	11	23	
Corporate Nursing	RN Red Impact: Wissed Bleaks	129	223	168	107	328	247	0	159	97	44	61	108	
Corporate Nursing	RN Red Impact: Delayed / Missed Obs	222	265	191	153	248	239	23	208	112	43	77	107	
Corporate Nursing	RN Red Impact: Delayed / Missed Pressure Care	64	96	176	31	228	375	6	116	68	33	29	37	
Corporate Nursing	RN Red Impact : Delayed Meds	248	217	192	90	128	93	0	77	69	35	29	70	
Governance support	Number of SI's where staffing has been a contributing factor	0	0	0	0	0	1	2	2	2	1	1	0	
Corporate Nursing	Total Number of staffing incidents	92	134	82	54	78	97	48	71	62	49	44	102	
Complaints team	Formal complaints in relation to staffing issues	0	0	1	1	0	0	1	1	0	0	0	1	A X
Complaints team	Informal Concerns raising staffing levels as an issue	0	0	1	0	0	2	0	0	0	0	0	0	
Corporate Nursing	Patient Experience feedback raising staffing levels as a concern	0	2	5	5	4	1	6	5	3	2	1	6	
Corporate Nursing	Staff Moves	301	299	281	259	178	256	158	226	236	235	222	240	
NHS Professionals	Number of RN hours requested	28042	24544	28055	27507	26713	32318	33382	39643	32877	29141	27333	29853	
NHS Professionals	Number of CSW hours requested	25286	25635	30971	34417	34719	38400	35541	39454	35620	32429	32201	33987	++++++
NHS Professionals	% of requested filled RN's	61.30%	67.40%	68.80%	68.80%	58.99%	65.37%	61.31%	61.48%	59.97%	67.89%	72.60%	69.21%	
NHS Professionals	% of requested CSW filled	85.60%	84.10%	84.00%	77.00%	72.36%	75.52%	79.24%	72.90%	76.36%	80.34%	84.30%	81.91%	
NHS Professionals	% of Agency staff used RN	7.00%	3.20%	3,40%	5.00%	4.50%	8.28%	14.34%	15.33%	15.74%	15.06%	8,99%	9.96%	
NHS Professionals	Number of Agency RN hours	7.00%	3.20/0	3.40/6	3.00/6	4.30/0	2676	4787	6079	5174	4388	2456	2972	
NHS Professionals	% of Agency staff used CSW	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
ivi is Professionals	76 Of Agency Staff used CSVV	0/0	0/0	0/0	070	0/0	0/0	0/0	070	0/0	070	0/0	0/0	

<sup>\*</sup> 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.