

Agenda Item: WAC21-22/092

Workforce Assurance Committee

29 March 2022

Title	Monthly Safe Nurse Staffing Report (M10)
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Executive Summary

Staffing has been a challenge during January 2022 (M10). Significant health and care system pressures continued to have an impact on staffing demands due to the opening of escalation areas that are not included within the current establishment.

The red flag registered nurse (RN) shifts within M10 were due to short notice absence and unfilled NHSP shifts. Mitigations are in place to dynamically manage staffing risks across divisions. Care hours per patient day (CHPPD) remain static at 8.0 with a reduced number of wards (3 compared to 11 M8) below the locally agreed target of 6.1.

Maternity staffing continues to be reviewed on a regional basis via the Maternity Escalation and Divert Policy with oversight from NHS England / Improvement (NHS E/I) through daily situational reporting. For the 3rd consecutive month, the Trust has not made requests for regional support and is in a positive staffing position with < 1 % maternity vacancies.

Recommendation:

To note the content of the report.

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
Continuous Improvement: 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	No
Infrastructure: improve our infrastructure and how we use it.	No

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)

BAF references 1,2,4,6.

Positives.

- In year sustained reduction in RN band 5 vacancies, currently 6.88% (M9) compared to 19.89% (Jan 2021).
- CHPPD achieved 8.0; above local target of 6.1.

Gaps.

- 9 shifts had a professional judgement of red in M10.
- 1 patient indicated a perception of reduced staffing through submission of Friends and Family Test (FFT) responses.
- Staff isolating due to increasing COVID -19 community prevalence continued to impact staffing during M10.
- 3 wards had a CHPPD below 6.1

Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)

NHSI – Developing Workforce Safeguards, CQC Essential Standards

Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)

Nursing expenditure

Specific communications and stakeholder /staff engagement implications

Stakeholder confidence

Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)

NMC Code, NHS Constitution, NHS People Plan

Council of Governors implications / impact (e.g. links to Governors statutory role, significant transactions)

NA

Previous considerations by the Board / Board sub-committees

Monthly safe nurse staffing report to Board since October 2020

Background papers / supporting information

Workforce Assurance Committee

Monthly Safe Nurse Staffing Report

Purpose

This monthly report provides the Workforce Assurance Committee with information regarding safe nurse staffing for January 2022 (M10) and the actions to improve the vacancy rates.

1 Current Position

1.1 Vacancies

The registered nurse (RN) band 5 vacancy rate reduced from 9.17% (M9) to 6.88% (M10): achieving the lowest vacancy level for band 5 RN within the previous 12 months. The international recruitment (IR) programme for 2021 target of 180 arrivals has been achieved. Progress is being made with the IR programme for 100 nurses from January 2022 – March 2023.

Clinical support worker (CSW) vacancy rate is recorded to be 0.23% (M10); an improvement from 1.59% (M9). It is recognised that clarification of the data is required to enable the separation of the number of nurses waiting for Nursing and Midwifery Council (NMC) registration from the CSW numbers. However, collective consideration of RN and CSW vacancies demonstrate an overall improved position for M10. This reflects the continued recruitment drive for RN's and CSW's to achieve an ambition of 0 CSW vacancies.

1.2 Absence

Sickness, isolation, and absence figures have been a particular challenge in M10 with both RN and CSW sickness rising. RN from 8.2% (M9) to 9.7% (M10), which is a significant rise from the average of 6%, and CSW from 12.3% (M9) to 13.5% (M10), which is a significant rise from the average of 9% (appendix 1). Absence due to Covid – 19 increased during M10 as a direct consequence of increased community transmission, which has provided significant pressure on staffing across the Trust.

The incentive scheme for NHSP shifts, which commenced in M7, has remained in place. Allocate on arrival enhanced pay rates continue in M10 with the outcome of increasing staffing flexibility whilst managing staff expectations: This has been of success for CSW staffing.

1.3 Safe Staffing Oversight Tracker (SSOT) Review

During M10, 403 shifts fell below minimum RN staffing levels as reported on the SSOT. This is a reduction of 65 in comparison to M9 (468).

To manage the risks in areas with reduced staffing levels 256 staff were relocated from other areas (M10). This is an increase of 65 staff moves in comparison to M9 (178), halting a previous continued reduction over the last 5 months. The increased in staff moves has been as consequence of short-term sickness associated with Covid – 19 absences.

In M10, 9 shifts were assessed by the senior nursing team as a professional judgement (PJ) of red (high risk of care standards falling below expected levels), which is a reduction compared to the previous 3 months (M9 12; M8 15; M7 10).

The 9 RN PJ red shifts occurred due to short notice sickness and unfilled NHSP shifts.

Standard mitigation across divisions continues to be used:

- 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 Winter Nurse Staffing Escalation Plan.

The SSOT has been strengthened to enable the daily risks and mitigations to be captured at two points in the day; from the outputs of the daily staffing meeting by the Divisional Nurse Director responsible for staffing and in the evening by the Matron for staffing.

1.4 Impact on Care

3 of 8 impact on care measures significantly increased in M10 compared to M9:

- Delayed / Missed Pressure Care: 375 (M10) compared with 228 (M9).
- Falls: 18 (M10) compared with 13 (M9).
- Missed Meds: 6 (M10) compared with 2 (M9).

5 of 8 impact on care measures in M10 decreased or remained the same compared to M9:

- Patient relative complaints: 1 (M10) compared with 1 (M9).
- Staff missed break: 56 (M10) compared with 93 (M9).
- Delayed / Missed observations: 247 (M10) compared with 328 (M9).
- Number of 1:1 special not covered: 12 (M10) compared with 12 (M9).
- Delayed / Missed NEWS: 239 (M10) compared with 248 (M9).

1 serious incident (SI) has been declared in M10 related to staffing skill mix within the surgical division.

Care hours per patient day (CHPPD) remained the same in M10 (8.0 compared to 8.1 in M9). This is reflective of the reported CHPPD for January 2021 and is the second lowest reported figure within the previous 12 months. Number of wards below the locally agreed target of 6.1 remained at 3 (M10 and M9) compared to 11 (M8). This demonstrates the continued effectiveness of dynamically managing staffing risks across divisions.

1.5 Patient Experience

During M10 0 formal complaint were reported in relation to a perception of reduced staffing. 2 informal concerns have been received in relation to a perception of reduced staffing.

There was 1 FFT feedback form received during M10 that indicated people felt staffing was reduced.

2 Actions to Mitigate Risks

NHSP CSW demand increased for the fifth consecutive month from 25286 (M5) to 38400 (M10); combined with an improved fill rate in M10 to 75.5% compared to 72.36% in M9. This demonstrates an improved position to meet demand; robust recruitment of CSW's continues. Due to extremis health and care system pressures resulting in increased number of patients with no criteria to reside, associated patient dependency, and the increased number of escalation areas open M10 unmet need for CSW's continued despite the improving position.

RN demand significantly increased from 26713 (M9) to 32318 (M10) with NHSP fill rates increasing by 6.38% (58.99% in M9 to 65.37% M10). Due to the increased demand the overall position remains relatively static despite the improved fill rate. This was reflected by an RN agency usage increase by 3.78% in M10 (from to 4.50% in M9 to 8.28% M10).

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.

3 Children's and Maternity Staffing

3.1 Neonates

Neonatal staffing continues to be managed shift by shift depending on acuity of babies and availability of cots. 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% of RN's holding this qualification. Further QIS training will be identified to support an increase in the number of staff with this certificate.

Neonatal activity across the Cheshire and Merseyside region has been stable with a minimal number of transfers out of region.

There has been no feedback to date regarding the outcome of the workload / staffing analysis that was submitted to the Neonatal Operational Delivery Network. Outcomes of this submission are expected before the end of the month.

3.2 Children's Services

Staffing within the Children's Services continues to be stable with variable short-term absence impacting on staffing levels at times. There are minimal vacancies currently within the service. The Associate Director for Nursing for Children's Services started in post in M9; a priority will be to review smaller nursing teams. M10 (similarly to M9) saw no significant increase in RSV, which is comparative to the rest of Cheshire and Merseyside.

3.3 Maternity

The Trust has <1% vacancy rate of band 5 and 6 staffing groups. Cheshire and Merseyside staffing position is much improved without any request for mutual support in M10. 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.

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.

4. Conclusions

Staffing within M10 has been challenging. Both CSW and RN vacancy rates have reduced but the extremis health and care system pressures have remained.

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. Mitigations are in place across the Trust; enhanced monitoring, escalation processes, NHSP, agency staffing, and absence monitoring processes. Due to this, wards and Maternity Services have remained safe, yet significantly challenged in M10.

Resilience planning continues locally and regionally to be proactive in response to the health and care system pressures over the forthcoming months.

4. Recommendations to the Board

The Workforce Assurance Committee are requested to note the contents of this report.

Appendix 1 – Safe staffing dashboard Jan 2021- Jan 22

Safe Staffing Board Assurance Dashboard 2020 /21 - 2021/2022															
Data Source	Indicator	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Spark line
Corporate Nursing	Care Hours Per Patient Day - Total	8.1	8.9	9	8.7	8.3	8.8	8.5	8.4	8.2	8.2	7.6	8.1	8	
Corporate Nursing	Care Hours Per Patient Day - Registered Nurses	4	4.3	4.4	4.1	4.1	4.4	4.1	4.2	4	4.1	3.8	4.1	4.1	
Corporate Nursing	Care Hours Per Patient Day - CSW's	3.4	3.7	3.8	3.5	3.5	3.6	3.6	3.6	3.4	3.5	3	3.3	3.3	
Corporate Nursing	Number of ward below 6.1 CHPPD	1	1	0	1	4	1	3	2	3	1	11	3	3	
Corporate Nursing	National Fill rates RN Day	79%	81%	83%	84%	83%	84%	82%	83%	82%	81%	85%	83%	84%	
Corporate Nursing	National Fill rates CSW Day	86%	91%	91%	92%	98%	100%	97%	98%	95%	102%	97%	89%	88%	
Corporate Nursing	National Fill rates RN Nights	77%	84%	78%	84%	80%	82%	78%	81%	81%	79%	82%	83%	82%	
Corporate Nursing	National Fill rates CSW Nights	95%	71%	101%	98%	99%	98%	96%	103%	103%	99%	97%	98%	100%	
Informatics	Trust Occupancy Rate	83.50%	80.20%	80.80%	81.40%	83.90%	82.30%	81.50%	84.10%	85.50%	88.10%	88.80%	88.40%	88.94%	
Informatics	Occupancy Rate - APH	82.30%	80.30%	83.50%	83.90%	86.70%	85.00%	84.80%	87.30%	88.90%	90.30%	91.10%	89.71%	90.07%	
Informatics	Occupancy Rate - CBH	50%	50%	52%	55%	55%	53%	51%	54%	56%	65%	66%	71%	69%	
Workforce	Vacancy Rate (Band 5 RN's)	19.42%	18.81%	18.57%	15.92%	13.97%	13.10%	13.44%	14.56%	14.41%	12.90%	10.35%	11.14%	9.40%	
Workforce	Vacancy rate (Band 5 inpatient wards)	19.89%	19.01%	17.92%	15.35%	12.59%	11.47%	12.31%	13.94%	13.16%	11.08%	7.93%	9.17%	6.88%	
Workforce	Vacancy Rate - All RN (All grades)	10.79%	10.03%	9.69%	8.26%	7.47%	7.15%	6.97%	7.69%	7.44%	6.41%	4.85%	5.28%	4.81%	
Workforce	Vacancy Rate (CSW's)	6.79%	5.94%	5.97%	5.82%	2.99%	3.08%	0.49%	0.21%	-1.09%	-0.41%	1.83%	1.59%	0.23%	
Workforce	Sickness Rate - RN	9.17%	7.14%	6.01%	5.96%	5.92%	5.51%	6.79%	6.01%	6.43%	6.63%	6.05%	8.22%	9.77%	
Workforce	Sickness Rate - CSW	12.34%	9.47%	8.11%	8.46%	10.04%	9.89%	9.16%	9.68%	9.63%	9.64%	10.30%	12.31%	13.58%	
Workforce	Absences Rate - RN	2.39%	1.78%	2.24%	0.07%	0.03%	0.30%	1.12%	0.40%	0.35%	0.42%	0.45%	1.68%	1.03%	
Workforce	Absences Rate - CSW	2.64%	2.71%	2.47%	0.05%	0.14%	0.50%	1.88%	0.67%	0.44%	0.60%	0.48%	1.81%	1.90%	
Corporate Nursing	Number of Professional Judgment Red Shifts	0	0	0	0	0	2	11	6	2	10	15	12	9	
Corporate Nursing	Number of RN Red Shifts*	689	330	383	323	427	446	614	545	495	434	332	468	403	
Corporate Nursing	RN Red Shift Impact : Number of Falls	26	36	16	16	21	19	29	17	22	9	14	13	18	
Corporate Nursing	RN Red Shift Impact : Number of Falls with Harm	0	1	1	0	0	3	1	1	4	0	4	1	0	
Corporate Nursing	RN Red Impact : Meds Errors / Misses	2	1	27	2	2	1	2	2	3	2	0	2	6	
Corporate Nursing	RN Red Impact : Patient relative complaints	1	2	0	0	1	2	2	0	5	3	1	1	1	
Corporate Nursing	RN Red Impact : Staffing incident submitted	33	6	14	14	9	4	7	15	13	10	6	14	10	
Corporate Nursing	RN Red Impact : Special 1:1 (uncovered)	38	2	3	1	10	2	12	4	11	3	1	12	10	
Corporate Nursing	RN Red Impact: Missed Breaks	119	34	41	42	71	57	100	50	89	73	55	93	56	
Corporate Nursing	RN Red Impact: Delayed / Missed Obs	278	31	126	75	248	74	198	129	223	168	107	328	247	
Corporate Nursing	RN Red Impact: Delayed / Missed nMEWS	237	72	286	90	226	120	367	222	265	191	153	248	239	
Corporate Nursing	RN Red Impact: Delayed / Missed Pressure Care	46	23	58	15	43	44	82	64	96	176	31	228	375	
Corporate Nursing	RN Red Impact : Delayed Meds	299	88	193	55	199	79	263	248	217	192	90	128	93	
Governance support	Number of SI's where staffing has been a contributing factor	1	0	1	0	0	0	0	0	0	0	0	0	1	
Corporate Nursing	Total Number of staffing incidents	102	42	57	48	93	80	105	92	134	82	54	78	97	
Complaints team	Formal complaints in relation to staffing issues	0	1	0	0	1	0	0	0	0	1	1	0	0	
Complaints team	Informal Concerns raising staffing levels as an issue	1	0	1	0	0	1	0	0	0	1	0	0	2	
Corporate Nursing	Patient Experience feedback raising staffing levels as a concern	0	0	0	0	1	1	1	0	2	5	5	4	1	
Corporate Nursing	Staff Moves	606	337	337	288	341	302	407	301	299	281	259	178	256	
NHS Professional	Number of RN hours requested	43952	35299	34182	24465	24192	24382	27501	28042	24544	28055	27507	26713	32318	
NHS Professional	Number of CSW hours requested	42759	33056	30218	24122	24171	23421	25435	25286	25635	30971	34417	34719	38400	
NHS Professionals	% of requested filled RN's	57.50%	54.60%	62.80%	64.50%	68.22%	65.90%	59.00%	61.30%	67.40%	68.80%	68.80%	58.99%	65.37%	
NHS Professionals	% of requested CSW filled	62.80%	68.00%	75.00%	77.60%	84.20%	86.20%	84.00%	85.60%	84.10%	84.00%	77.00%	72.36%	75.52%	
NHS Professionals	% of Agency staff used RN	2.30%	7.00%	7.00%	5.00%	1.70%	4.80%	6.00%	7.00%	3.20%	3.40%	5.00%	4.50%	8.28%	
NHS Professionals	% of Agency staff used CSW	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	