

Workforce Assurance Committee
18 July 2022

Item No 15

Title	Safe Nurse Staffing Report - April 2022 (M1) and May 2022 (M2)
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Report for	Information

Report Purpose and Recommendations
<p>This report provides the Workforce Assurance Committee with information regarding the provision of safe nurse staffing, identifying areas of risk for escalation and outlines the quality impact that has occurred because of reduced staffing.</p> <p>It is recommended that the Committee:</p> <ul style="list-style-type: none"> Note the report

Key Risks
<p>This report relates to these key risks:</p> <ul style="list-style-type: none"> 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
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	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 supports Wirral University Teaching Hospital's (WUTH) adherences to the regulatory requirements in line with NHSI Developing Workforce Safeguards, CQC

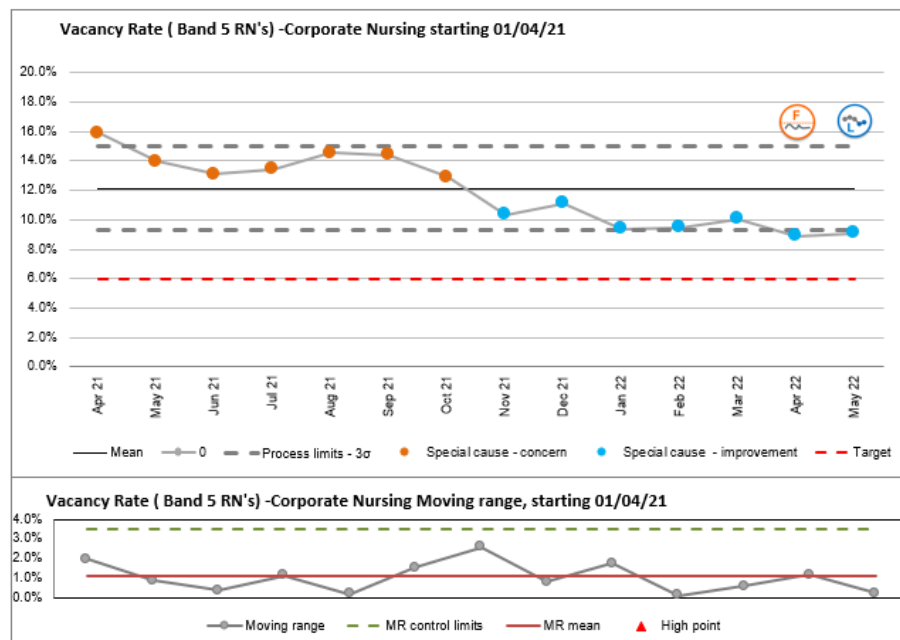
Essential Standards and the National Quality Board's Safe Sustainable and Productive Staffing Guidance.

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).

2 Implications

2.1 Vacancies
 The RN vacancy rate continues to reduce with a position of 4.27% in M1 and 4.23% M2. RN vacancy for inpatient band 5 position in M1 was 6.48% reducing to 5.82% in M2. The Trust has made a sustained improvement to RN vacancy position, which is predicted to continue with the proactive recruit campaign. As previously reported the international recruitment of nurses (IR) campaign has been a significant success with a total of 180 nurses recruited in 2021 and a further recruitment ambition of 100 nurses in 2022: 31 are in place at the end of May 2022.

Chart 1: Registered Nurse (RN) Vacancy Data



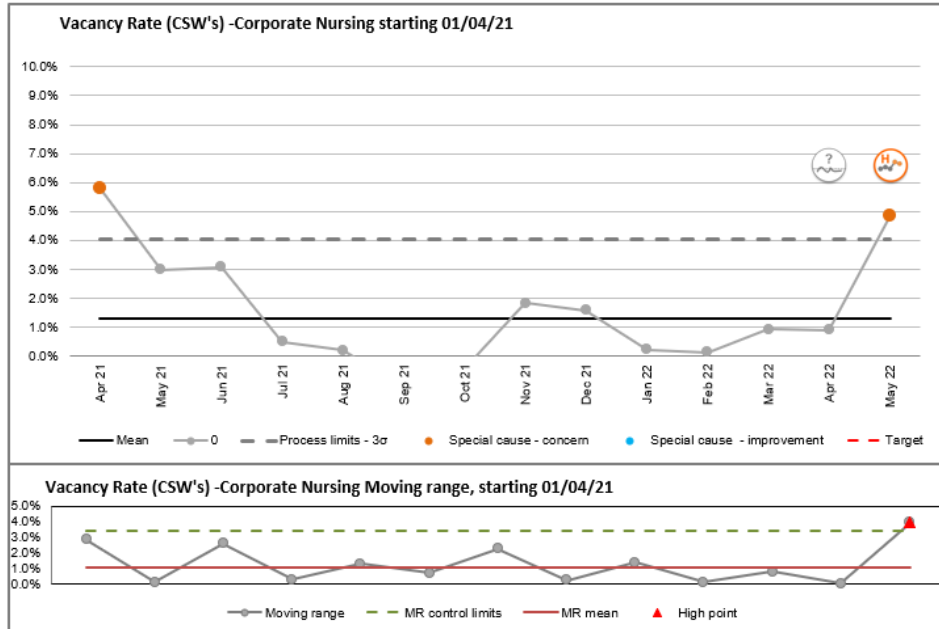
CSW vacancy increased to 4.86% during M2: this is the highest rate since May 2021 and above the process limit of 4%. Investigation into this increase has identified a special cause variation due to the overall increase in establishment, creating a percentage increase in the vacancies that is not considered to be a present performance concern. Further review confirmed 20 CSW leavers in M2 across the Trust.

Retention and recruitment campaigns continue:

- Weekly CSW advert
- Specific placement of CSW apprentices

- 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.

Chart 2: Clinical Support Worker (CSW) Vacancy Data

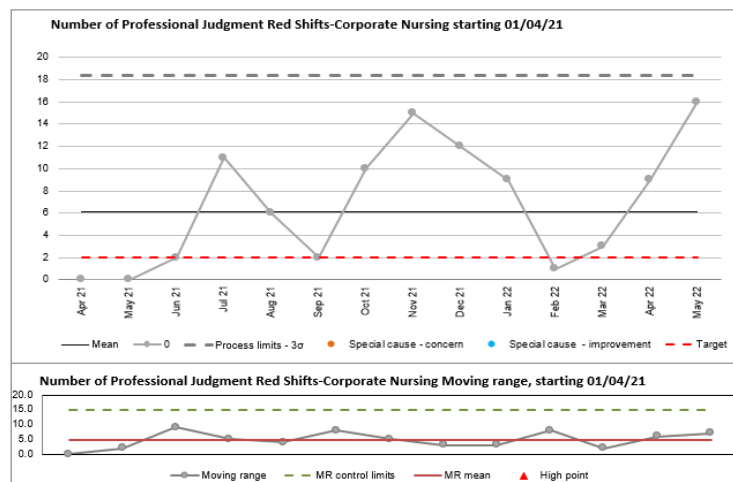


*NB: The moving range is the difference between two successive data points. For a data set the moving range is a list of values. The moving range shows the stability of the data and is often presented in a moving range chart to more clearly illustrate this.

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 M1 there were 9 PJ red shifts, these were across 3 divisions: Acute, Medicine and Surgical. M2 there were 16 PJ red shifts which were all within the Medical Division.

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 45 nurse staffing metrics, providing a holistic presentation of aspects that influence safe staffing provision and impact measures. To summarise there has been a reduction of 1 red indicator from M1 to M2, an increase by 3 indicators into green, and 9 indicators remained in red (table 1). 7 of these showed an improvement in comparison to M1 (table 2).

Table 1: Safe Nurse Staffing Dashboard Summary

		Safe staffing (Nursing) Dashboard summary		
		Indicator RAG status		
		Red	Amber	Green
Qrt 1	April	10	17	18
	May	9	15	21

Table 2: Red Indicators Summary

Red indicators	April	Comparison to last month	May	Comparison to last month
Trust Occupancy Rate	90.70%	Declined	92.00%	Declined
Occupancy Rate - APH	92.70%	Declined	92.60%	Improved
Sickness Rate - CSW	11.41%	Improved	10.32%	Improved
Number of Professional Judgment Red Shifts	9	Declined	16	Declined
RN Red Shift Impact : Number of Falls	19	Improved	7	Improved
Number of SI's where staffing has been a contributing factor	2	Static	1	Improved
Number of RN hours requested	32877	Improved	Not a Red indicator	
Number of CSW hours requested	35620	Improved	32429	Improved
% of requested filled RN's	59.97%	Declined	67.89%	Improved
% of Agency staff used RN	15.74%	Declined	15.06%	Improved

	<p>Occupancy</p> <p>The national recommended safe bed occupancy is 85%. WUTH has had an occupancy rate consistently above this since September 2021. M1 2022 is the first time the overall Trust figures have hit above 90%. 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. M2 (92%) saw a further increase in occupancy compared with M1 (90.7%).</p> <p>Sickness:</p> <p>CSW sickness remains higher than RN sickness. In M1 and M2 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. This requires an increased focus on retention; the commencement of a CSW facilitator in July 2022 is planned whose key focus will be to act as a pastoral lead for this group of staff enabling greater awareness and response to the specific needs of this staff group.</p> <p>Falls</p> <p>There was a reduction from 19 (M1) to 7 (M2) in the number of falls that occurred when RN shifts were reduced. A full review of these falls will be undertaken to ascertain if reduced staffing played a contributing factor to any of these falls, this will be completed as part of a wider falls review July 2022.</p> <p>NHSP</p> <p>The number of requested NHSP hours for both RN's and CSW's decreased in M1: however, remain significant at 32977 and 35620. The ability to fill these requested hours improved in M1 from 59.97% to 67.89% in M2. However, agency staff usage did not reduce at the same level. A review of agency usage will be undertaken in the forthcoming months.</p>
2.4	<p>Women's & Children's Services</p> <p>In M1 and M2 there were no vacancies in line with the current model of practice. 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.</p>
3	<p>Conclusion</p>
3.1	<p>The Trust is in a sustained position of improvement for RN vacancies at 4.2% (M2) and 5.82 for band 5 RN inpatients. Whilst this improvement is a significant achievement, operational factors such as the continuously high bed occupancy, short notice sickness and an inability to fill NHSP rates above 70% continues to provide challenges to ensure safe staffing.</p> <p>A significant increase in CSW vacancy rate is recognised to be a special cause variation influenced by a change in an increased establishment. However, the number of CSW leavers within one month is a concern, recruitment and retention measures are in place to address this.</p>

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