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| **Committee, Date:** |
| People and Culture Committee, 21st September 2023 |
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| **Report sign-off:** |
| Name: Paul Kavanagh- Fields Role/Title:Chief Nurse and Patient Safety Officer |
| **Is the report suitable for publication?:** |
| Yes |
| **Key issues and considerations:** |
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| **Financial** | Robust safe staffing and recruitment processes ensure appropriate and efficient use of available resources |
| **Patients Safety or Quality** | Safe staffing and correlation to nurse sensitive indicators provides assurance regarding patient safety events which may relate to nurse staffing |
| **Workforce** | Providing a positive experience for new recruits and supporting staff well-being promotes RJAH as an employer of choice |
| **Operational** | Safe staffing processes supports operational delivery and patient flow as well as patient experience |

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| **Strategic objectives and associated risks:** |
| The key risks to note from this report are as follows:* Inability to recruit registered nursing staff against national picture of increasing vacancies
* Inability to meet safer staffing requirements leading to bed closures and impact on patient waiting lists
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| **Recommendations:** |
| Any increase into nurse vacancy position is unlikely to improve without effective recruitment and retention measures as part of the strategy review. It is therefore recommended:* Progress actions through recruitment and retention task and finish group led by Chief People Officer/Chief Nursing Officer
* Safer staffing report to come to people committee monthly

The Committee is asked to note and receive assurance from the report and analysis therein that the organisation has fulfilled its obligations in relation to Nurse safer staffing.  |

**1. Background / context**

The workforce Staffing Safeguards have been reviewed and assessments are in place to report to the People Committee on the staffing position for Nursing for August 2023.

This assessment is in line with Health and Social care regulations:

Regulation 12: Safe Care and treatment

Regulation 17: Good Governance

Regulation 18: Safe Staffing

The committee is asked to note and receive assurance from the report and analysis therein that the organisation has fulfilled its obligations in relation to Nurse safer staffing.

The report provides an overview of the nurse staffing levels and skill mix for August 2023. It details staffing fill rates, care hours per day, current arrangements for oversight and governance, use of bank/agency staffing, an update on targeted areas to support the pipeline for nurse staffing.

Data for August 2023, shows staffing fill rates are above the Trust target thereby providing assurance that wards were sufficiently staffed. August saw a reduction in agency spend for both divisions. This is reflective of indrustrial action, reduction in activity and ward closures.

Care hours per day are in line with expectations with nurse-to-patient ratios and acuity levels as monitored through the daily safer care meetings.

The sickness rates for RN’s and HCSW’S across both units (MSK &Specialist) remain above the Trust target of 4%. To note, Specialist Unit has seen a reduction and improvement on last month, but sickness rates within MSK had increased. The nursing team will continue to support and take action on the joint work to address the absences and recruitment and retention work.

August saw further progress being made to deliver a pipeline of nurses, with 15 international nurses now within the recruitment pipeline.

Safe Staffing Data Analysis and Findings

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|  | **MEASURE** | **TARGET**  | **July 23**  | **August 23**  |
| 1 | CHPPD TRUST  | No  | 8.8 | 7.5 |
| 2 | CHPPD MSK  | No  | 8.2 | 7.8 |
| 3 | CHPPD SPEC | No  | 9.2 | 7.3 |
| 4 | RN FILL RATES DAY TRUST | 95% | 100.2% | 98.1% |
| 5 | UNREGISTERED FILL RATES DAY TRUST | 95% | 112.3% | 113.0% |
| 6 | RN FILL RATES NIGHT TRUST | 95% | 103.8% | 102.7% |
| 7 | UNREGISTERED FILL RATES NIGHT TRUST | 95% | 106.5% | 115.8% |
| 8 | RN VACANCY TOTAL | 0 | 42.61FTE | 40.15FTE |
| 9 | HCSW VACANCY TOTAL | 0 | 18.44FTE | 23.46FTE |
| 10 | RN VACANCY MSK | 0 | 21.02FTE | 19.82FTE |
| 11 | HCSW VACANCY MSK | 0 | 11.03FTE | 13.41FTE |
| 12 | RN VACANCY SPEC | 0 | 19.83FTE | 19.47FTE |
| 13 | HCSW VACANCY SPEC | 0 | 8.21FTE | 10.85FTE |
| 14 | RN SICKNESS TOTAL | 4% | 5.20% | 5.49% |
| 15 | HCSW SICKNESS TOTAL | 4% | 8.99% | 7.78% |
| 16 | RN SICKNESS MSK | 4% | 3.56% | 4.10% |
| 17 | HCSW SICKNESS MSK | 4% | 8.74% | 10.93% |
| 18 | RN SICKNESS SPEC | 4% | 7.71% | 7.59% |
| 19 | HCSW SICKNESS SPEC  | 4% | 9.40% | 5.02% |
| 16 | RN Maternity MSK |  |    3.51% | 3.16% |
| 17 | HCSW Maternity MSK |  | 1.13% | 1.81% |
| 18 | RN MATERNITY SPEC |  | 3.70% | 4.40% |
| 19 | HCSW MaternitySPEC  |  | 1.06% | 1.05% |
| 20 | AGENCY SPEND RN MSK  |   | £56,382 | £39,468 |
| 21 | AGENCY SPEND HCSW MSK  |   | £285 | -£56 |
| 22 | AGENCY SPEND RN SPEC |   | £134,910 | £125,402 |
| 23 | AGENCY SPEND HCSW SPEC |   | £261 | -£0 |
| 24 | NUMBER OF OPEN RED FLAGS PER MONTH MSK | 0 | 0 | 0 |
| 25 | NUMBER OF OPEN RED FLAGS PER MONTH SPEC | 0 | 1 | 0 |
| 26 | NUMBER OF FALLS MSK |   | 6 | 7 |
| 27 | NUMBER OF FALLS SPEC |   | 9 | 6 |
| 28 | NUMBER OF MEDICATION INCIDENTS MSK  |   | 8 | 9 |
| 29 | NUMBER OF MEDICATION INCIDENTS SPEC |   | 10 | 29 |
| 30 | NUMBER OF ACQUIRED PU MSK |   | 1 | 0 |
| 31 | NUMBER OF ACQUIRED PU SPEC  |   | 0 | 0 |
| 32 | NUMBER OF COMPLAINTS (STAFFING RELATED) MSK |   | 0 | 0 |
| 33 | NUMBER OF COMPLAINTS (STAFFING RELATED) SPEC |   | 0 | 3 |
| 34 | NUMBER OF NEG FFT COMMENTS (STAFFING RELATED) MSK |   | 5 | 1 |
| 35 | NUMBER OF NEG FFT COMMENTS (STAFFING RELATED) SPEC |   | 1 | 1 |
| 36 | NUMBER OF RESOURCE INCIDENTS TRUST |   | 5 | 5 |
|  |  |  |  |  |
|  |  |  |  |  |

Fill rates

The reporting of nurse staffing ‘fill rates’ was mandated since June 2014 and is described as follows:

“*This measure shows the overall average percentage of planned day and night hours for registered and unregistered care staff and midwifes in hospitals which*

*are filled*”.

National rates are aimed at 95% fill across day and night for Registered Nurses (RNs) and Health Care Assistants (HCAs). Mitigation in staff absences is supported with the use of temporary staffing and redeployment where safe to do so. This is supported through an assessment of ‘Safe Care’ which considers staffing numbers alongside the acuity and dependency of patients and the skill mix of staff available. Whilst moving staff from their base wards is not ideal, sometimes it is necessary to maintain safer staffing levels and minimize the use of bank and agency staff which is more costly. Variance in fill rates are reported on monthly by the ACN’s. Almost always the variance is caused by Patients requiring 1-1 care.

|  |  |  |
| --- | --- | --- |
| **July 23 Trust fill** | **Day % fill** | **Night % fill** |
| **RN** | 98.1% | 102.7% |
| **HCA**  | 113.0% | 115.8% |

Care Hours Per patient per day

Care Hours Per Patient Day (CHPPD) is a measure of workforce deployment that can be used at both ward and service level or be aggregated to Trust level. It provides a view of all professions that deliver care in a ward-based setting and differentiates registered clinical staff from non-registered clinical staff.

This ensures skill-mix is well-described, that nurse-to-patient ratio is considered when deploying the clinical professionals to provide the planned care, and that this is reflected alongside an aggregated overall actual CHPPD.

CHPPD is the principal measure of workforce deployment in ward-based settings and forms an integral part of any ward/unit/Trust review along with oversight of quality and performance indicators. All of which combined, inform on the quality of care, patient outcomes, people productivity and financial sustainability.

The table below provides a summary of the August rates by unit/Trust.

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| --- | --- |
| **CHPPD TRUST**  | 7.5 |
| **CHPPD MSK**  | 7.8 |
| **CHPPD SPEC** | 7.3 |

Care hours per day are in line with expectations with nurse-to-patient ratios and acuity levels as monitored through the daily safer care meetings.

3 Bed closures

In August full ward closures were experienced on Kenyon, Powys and Sheldon Rheumatology resulting in 626 bed closures. Once again, August was an unusual month in that there was yet more strike action resulting in patient cancellations. As a result the elective inpatient bed base was once again flexed to meet the reduced demand on Powys and Kenyon ward. When wards are closed, shifts are cancelled or staff are redeployed to vacant shifts elsewhere and as such will not effect reporting metric’s for this paper.

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Number of Days Closed in Month (All Wards)** | **Total Number of Beds on Closed Wards** | **Total Number of Beds Closed on Open Wards** | **Grand Total** |
| **1044** |
| **33** | **626** | **418** |

1. **Governance - Quality and safety**

## Current Governance and Oversight

Twice daily assurance on staffing levels for nursing is provided by staffing ‘State of Play’ meetings which addresses any staffing issues on the day such as short notice sickness, absence, acuity/dependency of the patients. The units/wards work together to address any staffing gaps with last resort of escalation to agencies. The use of the Safe Care software program at the state of play meetings supports the managers to understand where to deploy staff to ensure all areas are as safely staffed as possible.

Prior to each weekend, discussions are held at the State of Play meetings to assure the staffing for the week and weekend takes place Lead by the Unit Matrons. Any escalation for additional staffing is requested through these meetings, usually related to increased levels of supervision, enhanced care needs or additional support for Mental Health care. The opening and closure of any beds due to outbreaks or other needs are discussed and staffing levels are agreed appropriately to ensure safety and quality of care for patients.

## Open Red flags

In line with the safer staffing requirements, red flags are reported where there is a shortfall of more than eight hours or 25% (whichever is reached first) of registered nurse time available compared with the actual requirement for the shift or where fewer than two registered nurses are present on a ward during any shift.

There were no unresolved red flags for either Unit.

Bank and agency spend

Overall both divisions saw a reduction in agency spend, this is reflective of a reduction in activity, ward closures and indrustrial action and decreased vacancy rates.

The trust has eliminated HCSW agency spend within in- patient clinical area’s due to successful recruitment within this staff group and expansion of HCSW numbers on the Bank.

## Registered Nurses

Vacancies of registered nurses (RN) remained static during August with 42.5 WTE vacancies recorded, however of those 33.08 WTE are in the recruitment pipeline with firm job offers, 15 of those offers being internationally recruited and 12 student offers. There are 10 International vacancies remaining to fill and land by January in line with NHSE funding.

The current RN fill rates are very slightly above target, this is due to the complex requirements of an individual patient within Specialist Unit needing addition Registered Nurse 1-1 care.

The sickness rates for RN’s within unit divisions remain above the Trust target of 4%.

As noted previously within this paper, the nursing team will continue to support and take action on the joint work to address the absences and recruitment and retention work.

## Healthcare Support Workers (HCSWs)

As per the last report the National target of zero HCSW vacancies is not being met with another increase reported for August. The total WTE vacancy position recorded for August stood at 22.72 WTE’s, of those 22.72 vacancies there were 11.77 WTE sat within the recruitment pipeline, with the remaining vacancy positions of 9.48 WTE within specialist Unit (predominantly within MCSI) and 2.28 within MSK.

(It is important to note that August did see an increase in budgeted establishment within the Specialist Unit due to a service level review within MCSI, adding an additional 4.46 WTE to the vacancy position).

The ACNs have confirmed for their respective units the HCSW WTE that they wish to go out to external recruitment so that advertising can be placed without delay.

HCSW sickness across both units still requires the need for review as both units sit at above the 4% sickness target and Maternity leave remains fairly consistent month on month.

Quality and Safety

From reviewing the high level quality data for each ward/unit, below is an overview of the key metrics for quality and safety in month related to staffing. 

Quality and safety metric’s in relation to Nuse staffing are discussed at unit governance meetings and patient safety meetings.

Current concerns relate to an increase in medication errors, non of which have caused harm to patients and a focused piece of work is currently being undertaken by the ACN’s.

**Complaints related to staffing:**

There were 3 complaints in month recorded within Specialist Unit however none were related to safe staffing or indeed related to Nursing.

As part of the FFT feedback, Both MSK and Specialist Unit recieved one negative comment however both reports were not related to safe staffing, they were in relation to staff attitude.

**3. Proposed next steps**

* Fulfil NHSE International Recruitment (IR) requirements with a view to recruit within the given timeline and fulfill the NHSE commitment to land candidates by November.
* A further expression of interest to land a further 12 International nurses to land by December23 has been agreed by NHSE, and has now been approved at investment pane.
* Backfill the vacant HCSW Posts for the Trainee Nurse Associates post with new to care apprentices. Recruitment in process.
* Support learning and development opportunities for our HCSW’s:

Continue preparations to launch NHSE Support Worker Learning and Development roadmap and career progression. The roadmap comprises of a wealth of supportive materials for HCSW’s that includes skills for life, wellbeing and resilience, personal skills, technical skills and career progression that includes apprenticeships.

* Update and refreash HCSW job descriptions to align with the Support Worker Competency, Education, and Career Development Framework to ensure clear and consistent access to high-quality learning and career progression by defining clear pathways into and through

support worker roles, This will not only increase job satisfaction and opportunities for support workers, but also support building workforce capacity, creating a more diverse workforce, and help to secure future workforce supply.

* Support for early career’s: The L & D team continue to update the preceptorship provision in order to align with the National Allied Health Professionals Preceptorship and Foundation Support programme and step to work.
* Introduce newly qualified nurse associate roles in to hard to fill areas. A review of the budgeted establishments will be required.
* Continue with the rolling advert for HCAs.
* Promote HSCW roles/ vacancy at the next recruitment day.
* Continue to compile and report the weekly pipeline figures that supplements the NHSE weekly return.
* Promote careers, roles and apprenticeship opportunities within local schools and colleges to support a grow our own workforce from within the local community.

Continue with the Trusts targeted actions to help support retention .

* Investing in education and career development and opportunities.
* Rotational post opportunities
* Career conversations
* Educational offers and apprenticeships
* Use of the PNAs in the trust to support Restorative clinical supervision and signposting to Quality improvement and educational opportunities.
* Reviewing with the ICS legacy mentors and support with new to post staff from a band 7 and up.

4. Recommendation

The ongoing challenges around the increasing nurse vacancy position is unlikely to improve without significant action being taken to improve our recruitment and retention strategies. The nursing team are looking to deploy qualifying nurse associate roles and international recruits into hard to fill areas and the focus on recruitment actions continues.

* Safer staffing report to come to people committee monthly
* Progress actions through recruitment and retention task and finish group led by Chief People Officer/Chief Nursing Officer

The Committee is asked to note and receive assurance from the report and analysis therein that the organisation has fulfilled its obligations in relation to Nurse safer staffing.