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| **Author:** | Louise Pearson, Assistant Chief Nurse | **Paper date:** | 16th February 2023 |
| **Senior Leader Sponsor:** | Sara Ellis-Anderson, Chief Nurse and Patient Safety Officer | **Paper written on:** | 9th February 2023 |
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**KEY IMPLICATIONS**

|  |  |
| --- | --- |
| **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 |

## Purpose of Paper

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 December 2022.

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.

## Executive Summary

The report provides an overview of the nurse staffing levels and skill mix for January 2023. It details of 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 January 2023 shows staffing fill rates are above the Trust target thereby providing assurance that wards were sufficiently staffed, but the use of agency to safely staff the areas does also impact on the wider skill mix of the wards, sometimes being 50% agency cover. January saw the closure for the whole month of Kenyon due to Christmas closure and also estates work for Sheldon ward. Beds are also closed to ensure safe staffing levels where possible. A number of beds were closed throughout the month of January to ensure safer staffing levels were met.

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 HCA fill-rate at both day and night, remains static due to increased levels of supervision, enhanced care needs and additional support for Mental Health care.

Bank and agency use remains high, and the nursing team continue to support and take action at pace on the joint work to address the absences, recruitment and retention work. Progress is being made to deliver a pipeline for nurses through the recruitment of nurse associate roles in hard to fill areas and international recruitment actions continue.

## Safe Staffing Data Analysis and Findings

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **MEASURE** | **TARGET** | **DEC** | **Jan 23** |
| 1 | CHPPD TRUST |  | 9.4 | 9.1 |
| 2 | CHPPD MSK |  | 8.1 | 8.2 |
| 3 | CHPPD SPEC |  | 10.4 | 9.9 |
| 4 | RN FILL RATES DAY TRUST | 95% | 99.2% | 98.7% |
| 5 | UNREGISTERED FILL RATES DAY TRUST | 95% | 115% | 109% |
| 6 | RN FILL RATES NIGHT TRUST | 95% | 105% | 106.4% |
| 7 | UNREGISTERED FILL RATES NIGHT TRUST | 95% | 123% | 119.9% |
| 8 | RN VACANCY TOTAL | 0 | 48.44FTE | 51.08 |
| 9 | HCSW VACANCY TOTAL | 0 | 33.21FTE | 25.36 |
| 10 | RN VACANCY MSK | 0 | 25.56FTE | 29.19 |
| 11 | HCSW VACANCY MSK | 0 | 16.88FTE | 14.46 |
| 12 | RN VACANCY SPEC | 0 | 24.23FTE | 23.84 |
| 13 | HCSW VACANCY SPEC | 0 | 16.33FTE | 10.90 |
| 14 | RN SICKNESS TOTAL | 4% | 9.83% | 6.51% |
| 15 | HCSW SICKNESS TOTAL | 4% | 10.82% | 8.45% |
| 16 | RN SICKNESS MSK | 4% | 9.8% | 6.49% |
| 17 | HCSW SICKNESS MSK | 4% | 9.05% | 6.08% |
| 18 | RN SICKNESS SPEC | 4% | 9.03% | 6.35% |
| 19 | HCSW SICKNESS SPEC | 4% | 12.75% | 10.96% |
| 16 | RN Maternity MSK |  |  | 4.64% |
| 17 | HCSW Maternity MSK |  |  | 1.2% |
| 18 | RN MATERNITY SPEC |  |  | 3.67% |
| 19 | HCSW MaternitySPEC |  |  | 1.69% |
| 20 | AGENCY SPEND RN MSK |  | £88,042 | 114,025 |
| 21 | AGENCY SPEND HCSW MSK |  | £19,103 | 30,812 |
| 22 | AGENCY SPEND RN SPEC |  | £88,599 | 117,748 |
| 23 | AGENCY SPEND HCSW SPEC |  | £35,292 | 42,901 |
| 24 | NUMBER OF OPEN RED FLAGS PER MONTH MSK | 0 | 0 | 3 |
| 25 | NUMBER OF OPEN RED FLAGS PER MONTH SPEC | 0 | 2 | 0 |
| 26 | NUMBER OF FALLS MSK |  | 7 | 8 |
| 27 | NUMBER OF FALLS SPEC |  | 4 | 8 |
| 28 | NUMBER OF MEDICATION INCIDENTS MSK |  | 10 | 2 |
| 29 | NUMBER OF MEDICATION INCIDENTS SPEC |  | 7 | 5 |
| 30 | NUMBER OF ACQUIRED PU MSK |  | 1 | 1 |
| 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 | 0 |
| 34 | NUMBER OF NEG FFT COMMENTS (STAFFING RELATED) MSK |  | 2 | 3 |
| 35 | NUMBER OF NEG FFT COMMENTS (STAFFING RELATED) SPEC |  | 1 | 2 |
| 36 | NUMBER OF RESOURCE INCIDENTS TRUST |  | 14 | 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.

|  |  |  |
| --- | --- | --- |
| **December 22 Trust fill** | **Day % fill** | **Night % fill** |
| **RN** | 98.7% | 106.4% |
| **HCA** | 107% | 119.9% |

## 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 January rates by unit/Trust

|  |  |
| --- | --- |
| **CHPPD TRUST** | 9.1 |
| **CHPPD MSK** | 8.2 |
| **CHPPD SPEC** | 9.9 |

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

During January Kenyon ward remained closed due to estates works to be carried out on Sheldon ward. This equates to approximately 19% of the bed base closed in month which is a reduction from 24% in December.

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |
| **1029** |
| **53** | **704** | **325** |

## .4 Current Governance and Oversight

Daily assurance on staffing levels for nursing is provided by a daily staffing ‘State of Play’ meeting 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.

Each Wednesday and Friday, a forward look meeting to assure the staffing for the week and weekend takes place with the Assistant Chief nurse and Matron in attendance. 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.

## .5 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 remain 3 open red flags for January – 1 being on Kenyon which was closed so a review of these will be undertaken and inline with previous months a triangulation against datix and patient harms will be undertaken to see if these red flags can be closed.

The number of open red flags is an improving picture from previous months giving some assurance the daily state of play meeting is addressing and closing red flags ensuring wards are safely staffed.

.6 Bank and agency fill rates

As part of this paper and going forward a table will cover the bank and agency requirements with filled and unfilled shifts and a triangulation of data for sickness and vacancy as reasons for cover. It should be noted RN sickness increased to 9.83% for the month of January and HCSW sickness remained above 10% both exceeding the Trust target.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **MSK UNIT** | | **SPECIALIST UNIT** | |
| **Temporary Staffing Requirements JANUARY** | **Registered Nurses** | **Healthcare Support Workers** | **Registered Nurses** | **Healthcare Support Workers** |
| Total Shifts requested - January | 214 | 284 | 368 | 576 |
| Total Shifts requested - December | 282 | 234 | 317 | 522 |
| Variance | -68 | 50 | 51 | 54 |
| Number of shifts filled by BANK | 81 | 167 | 140 | 372 |
| Number of shifts filled by AGENCY | 116 | 86 | 196 | 142 |
| Total filled shifts | 197 | 253 | 336 | 514 |
| % filled by BANK | 38% | 59% | 38% | 65% |
| % filled by Agency | 54% | 30% | 53% | 25% |
| Unfilled shifts | 17 | 31 | 32 | 62 |
| % of requests unfilled | 8% | 11% | 9% | 11% |

.7 Professional Recruitment and Retention Updates:

## Registered Nurses

Vacancies and turnover are both of registered nurses (RN) are increasing with 51.08 FTE vacancies and turnover at 14.55% across the organisation creating a constant review of safer staffing requirements and nurse patient ratios. The current fill rates are above target, this is being mitigated by extensive use of bank and agency staffing and internal staff movements.

RN agency spend is increasing in line with increased RN vacancy and sickness absence above target levels. HCA agency spend is also increasing , the aim is that this will reduce with the reducing HCSW vacancies.

Where required, block booking of on-framework agency staff where there are known vacancies to ensure consistency and continuity of staff is supported and bank payment incentives has been implemented with weekly monitoring of impact.

## Healthcare Assistants (HCAs)

Currently the National target of zero HCA vacancies is not being met although number of vacancies across the organisation is improving incrementally. Recruitment and retention actions are included below.

* A rolling advert for HCAs.
* A weekly pipeline report which supplements the NHSE weekly return.
* Learning and development: New HCA development day launched and use of HCA system academy for new starters.
* Signposting to support substantive HCAs to be able to have career progression within the Trust by engaging them in level 2 functional skills training.
* Apprenticeships: Advertising for new to care and apprenticeship HCA opportunities

Apprentices

The Trust currently has in post for all disciplines

Band 2 - 15

Band 3 - 29

Band 4 - 3

Band 5 - 12

Band 6 - 9

Band 7 - 2

There is a need to grow our own workforce from within the local community with an infrastructure of staff to facilitate.

**The Trust has targeted actions to help support recruitment**

* International Recruitment (IR): a business case is with NHS England for 12 nurses to start by March 23. Further interviews have been undertaken in collaboration with SATH. Interviews have taken place and 10 nurses have been appointed so far. The pastoral support role has been appointed to this is an important role for these nurses. There are also discussions with RJAH charity as to how they can support this role. Accommodation is an issue for these nurses and the hope is that we can secure this onsite to help facilitate their arrival- potentially 6 in March.
* Trainee Nursing Associates (NA’s): a business case has been taken and accepted by the local investment panel to progress with a second cohort of 10 nurse associates for training. The Trust currently has 11 Training NAs and this business case will support growing our own workforce from within the local community with an infrastructure of staff to facilitate. There has been 1 successful applicant for the March cohort so this will also be utilized for the September 23 cohort
* A Registered Nurse Associate advert has been put out for hard to fill areas.
* Generic HCA adverts have been well received across the organisation and the recent interviews the trust has appointed 14 new HCAs to wards and theatre. Theatre has an interview date of the 13th February so are hopeful of closing the gap with their vacancies.
* Learning and development: A review is underway of the current Trust offer for learning and development, including clinical professional development, alignment to the multi- professional preceptorship standards and the Accredited Orthopaedic Course. The SIM suite is due to open shortly with a suite of training offers including full days and bite size training.
* L and D are also helping to facilitate annual training into a day long study day and dates posted for the year to enable ward managers to book staff in a timely fashion
* Watch this space for Awareness Wednesdays coming to you from the PDN team- combining clinical skills and up to date knowledge on education.
* Apprenticeship offers within the trust to be reviewed.
* Golden tickets for pre- reg students
* Advanced Care Practitioners (ACP): A review as part of the national framework for ACP’s is due in Q4.
* Professional Nurse Advocate (PNA): Roll-out of the training program is progressing, a PNA network is in place and restorative supervision is being offered for staff with areas for targeted support. A recruitment campaign aiming for one PNA per ward/department has commenced with training due to start in Q4. So far, 3 staff members are to be trained and will join the existing two PNA’s making 5 in total.
* Digital recruitment campaign -Nurse recruitment: Adverts for RNs have been refocused/refreshed with support from the communications team to showcase the Trust and what it has to offer nurses.

Preview link [https://fb.me/260emMqIYQQaYbk](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffb.me%2F260emMqIYQQaYbk&data=05%7C01%7Clouise.pearson11%40nhs.net%7C03265fda57ce49d3f0fe08dadd259960%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638065450796580281%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=2%2FdUFoAeeAWjIqP2PQe85AeuslKz77IbtY%2BMaJBe6F0%3D&reserved=0)

* The recruitment day on the 28th January 2023, was a great success with appointed staff and golden tickets being awarded to 6 pre-reg and Return to Practice (RTP) students all wishing to work here, they have been offered band 3 posts on completion of University whilst awaiting PIN. 2 further offers of Golden tickets have been offered to theater students due to qualify in September. 3 RNS were also offered substantive contracts on the day. And not with holding an RN and HCA appointed to the bank also confirmed on the day. Please get prepared for the next one 16th April 2023.
* A stand was booked with the veteran’s center on the 7th February and a good day was had by the team, loads of discussions about RJAH could offer staff coming out of the armed forces.
* The paediatric nursing team attended a new rotational post recruitment event 10th February to showcase why RJAH is part of a paediatric rotational offer across the region – we look forward to welcoming our new staff on rotation
* A stand booked at Staffordshire University 13th March to showcase the Trust.

The medical illustrations team have supported with new recruitment designs following on from the digital campaign to give the trust a corporate image for recruitment. Further open days will be booked for April July and October 2023.

The Trust has targeted actions to help support retention

* Cake and coffee with band 7 and 6 from ward areas – informal chat around what do they think will support staff 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.

## 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No. of Incidents relating to;** | | | | |
| **Ward** | **Falls** | **Acquired Pressure Ulcers** | **Medication** | **Deteriorating Patient** |
| Ludlow | 2 | 0 | 2 | 1 |
| Oswald | 2 | 0 | 0 | 0 |
| High Dependency Unit | 2 | 0 | 0 | 0 |
| Powys | 2 | 0 | 0 | 1 |
| Clwyd | 2 | 1 unclassified | 0 | 2 |
| Wrekin | 2 | 0 | 1 | 1 |
| Gladstone | 2 | 0 | 2 | 3 |
| Sheldon | 2 | 0 | 2 | 2 |

**Complaints related to staffing:**

No complaints in month relating to staff however it should be noted 5 negative comments related to staffing have been submitted in January as part of the FFT feedback received across wards- this will be reviewed and narrative added.

## Risks

The key risks to note from this report are as follows:

* Inability to recruit registered nursing staff against picture of increasing vacancies
* Inability to meet safer staffing requirements leading to bed closures and impact on patient waiting lists
* Increased risk added for increasing MCSI RN vacancies and specialist nature of role – this has been mitigated with the decision taken to block book agency staff with correct skill and competency for 4 months.

## Recommendations:

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 introduce nurse associate roles in to hard to fill areas and the focus on recruitment actions continues.

* Safer staffing report to come to people committee monthly – this is an evolving report and retention metrics will be added going forwards
* Progress actions through recruitment and retention task and finish group led by Chief People Officer/Chief Nursing Officer
* Deep dive into use of off framework agency and self-assessment against NHSE Off Framework removal checklist in January 23 and complete actions by 31/03/23

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.