**People Committee 20th July 2023 .**

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| **Report sign-off:** |
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| **Is the report suitable for publication?:** |
| YES / NO  |
| **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 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 off framework agency staff with correct skill and competency for a further 4 weeks.
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| **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
* 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.  |

**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 May 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 May 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 May 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.

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. Although review of the MSK and specialist needs to be reviewed as HCA usage for MSK for both day and night is well over 100%.

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 but with significant reduction in agency HCA , 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

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| --- | --- | --- | --- | --- |
|  | **MEASURE** | **TARGET**  | **April 23**  | **May 23**  |
| 1 | CHPPD TRUST  |   | 9.0 | 8.9 |
| 2 | CHPPD MSK  |   | 8.5 | 8.4 |
| 3 | CHPPD SPEC |   | 9.4 | 9.3 |
| 4 | RN FILL RATES DAY TRUST | 95% | 102% | 101.38% |
| 5 | UNREGISTERED FILL RATES DAY TRUST | 95% | 103.2% | 101.42% |
| 6 | RN FILL RATES NIGHT TRUST | 95% | 107.9% | 106.25% |
| 7 | UNREGISTERED FILL RATES NIGHT TRUST | 95% | 103.6% | 99.13% |
| 8 | RN VACANCY TOTAL | 0 | 57.36FTE | 53.06 FTE |
| 9 | HCSW VACANCY TOTAL | 0 | 20.77FTE | 16.75 FTE |
| 10 | RN VACANCY MSK | 0 | 34.29FTE | 26.90 FTE |
| 11 | HCSW VACANCY MSK | 0 | 13.49FTE | 9.35FTE |
| 12 | RN VACANCY SPEC | 0 | 23.16FTE | 24.4 FTE  |
| 13 | HCSW VACANCY SPEC | 0 | 7.28FTE | 7.4FTE  |
| 14 | RN SICKNESS TOTAL | 4% | 4.92% | 3.4% |
| 15 | HCSW SICKNESS TOTAL | 4% | 7.06% | 8.4% |
| 16 | RN SICKNESS MSK | 4% | 3.78% | 2.98% |
| 17 | HCSW SICKNESS MSK | 4% | 4.04% | 6.6% |
| 18 | RN SICKNESS SPEC | 4% | 5.34% | 3.97% |
| 19 | HCSW SICKNESS SPEC  | 4% | 9.94% | 10.06% |
| 16 | RN Maternity MSK |  | 4.28% | 3.92% |
| 17 | HCSW Maternity MSK |  | 1.14% | 1.12% |
| 18 | RN MATERNITY SPEC |  | 3.10% | 3.83% |
| 19 | HCSW MaternitySPEC  |  | 1.06% | 1.06% |
| 20 | AGENCY SPEND RN MSK  |   | 128,917 | 74,697 |
| 21 | AGENCY SPEND HCSW MSK  |   | 18,424 | -1,135 |
| 22 | AGENCY SPEND RN SPEC |   | 170,606 | 150,755 |
| 23 | AGENCY SPEND HCSW SPEC |   | 7,690 | 1,055 |
| 24 | NUMBER OF OPEN RED FLAGS PER MONTH MSK | 0 | 1 | 0 |
| 25 | NUMBER OF OPEN RED FLAGS PER MONTH SPEC | 0 | 1 | 3 |
| 26 | NUMBER OF FALLS MSK |   | 7 | 8 |
| 27 | NUMBER OF FALLS SPEC |   | 3 | 3 |
| 28 | NUMBER OF MEDICATION INCIDENTS MSK  |   | 13 | 15 |
| 29 | NUMBER OF MEDICATION INCIDENTS SPEC |   | 19 | 14 |
| 30 | NUMBER OF ACQUIRED PU MSK |   | 1 | 2 |
| 31 | NUMBER OF ACQUIRED PU SPEC  |   | 1 | 1 |
| 32 | NUMBER OF COMPLAINTS (STAFFING RELATED) MSK |   | 1 | 1 |
| 33 | NUMBER OF COMPLAINTS (STAFFING RELATED) SPEC |   | 1 | 2 |
| 34 | NUMBER OF NEG FFT COMMENTS (STAFFING RELATED) MSK |   | 3 | 5 |
| 35 | NUMBER OF NEG FFT COMMENTS (STAFFING RELATED) SPEC |   | 3 | 3 |
| 36 | NUMBER OF RESOURCE INCIDENTS TRUST |   | 6 | 1 |

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.

|  |  |  |
| --- | --- | --- |
| **May 23 Trust fill** | **Day % fill** | **Night % fill** |
| **RN** | 101.38% | 106.25% |
| **HCA**  | 101.42% | 99.13% |

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.

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| --- | --- |
| **CHPPD TRUST**  | 8.9 |
| **CHPPD MSK**  | 8.4 |
| **CHPPD SPEC** | 9.3 |

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

There has been a large reduction in bed closures we are at 12% of all available beds closed . May was an unusual month in that there were 3 bank holidays, a nurses strike (affecting the first 2 days in May) and a 'rolling half day.'   This means that elective inpatient activity was reduced (with a corresponding increase in elective daycase activity where appropriate).  As a result the elective inpatient bed base was flexed to meet the reduced demand. Powys and Clwyd were amalgamated from the 29-31 May, and Kenyon was amalgamated with the main wards on the 1 and 2nd May.

Additionally, available bed numbers were amended to reflect those that were actually required as a result of the reduced activity.  When this happened, all excess shifts are cancelled from the system, and as such will not impact on Safe Care fill rates.

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |
| **694** |
| **7** | **154** | **540** |

1. **Governance - Quality and safety**

## 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.

## 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 May all of them being on Sheldon so a review of these will be undertaken and in line 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.

Bank and agency spend

The trust is working towards a reduction in agency HCA cover going forward due to vacancies for HCAS being reduced with staff in the pipeline ready to start in post.

A significant reduction is seen in the HCA agency spend this month with also a reduction in RN agency spend also.

A Task and finish group has been setup to support in the reduction in agency spend.

## Registered Nurses

Vacancies of registered nurses (RN) are increasing with 53.06WTE vacancies 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 has decreased in month due to RN sickness levels decreasing. HCA agency spend has also decreased inline with the recruitment pipeline beginning to bear fruit, the aim is that this will reduce with the reducing HCSW vacancies.

Where required, block booking of on-framework agency staff and in some cases off framework agency staff to ensure continuity of care 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. HCA sickness across both units needs to be reviewed as both units sit at above 8% sickness. Maternity leave remains fairly consistent month on month.

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

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

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.

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| **No. of Incidents relating to;** |
| **Ward**  | **Falls** | **Acquired Pressure Ulcers** | **Medication**  | **Deteriorating Patient**  |
| Clwyd | 1 | 0 | 4 | 1 |
| Gladstone | 0 | 0 | 2 | 0 |
| High Dependency Unit | 0 | 0 | 1 | 1 |
| Kenyon | 1 | 0 | 4 | 0 |
| Ludlow | 0 | 1 | 1 | 1 |
| Oswald | 0 | 0 | 0 | 0 |
| Powys | 1 | 0 | 3 | 1 |
| Sheldon | 1 | 0 | 2 | 1 |
| Wrekin | 0 | 1 | 4 | 1 |

The heat map shows above shows an increase in medication issues this is being followed up by the medicines safety officer and the unit ACNs.

**Complaints related to staffing:**

No complaints in month relating to staff however it should be noted 8 negative comments related to staffing have been submitted in May as part of the FFT feedback received across wards- this has been reviewed. The comments are around the staff being busy and short staffed but on review of the unify data this may be perceptual.

**3. Proposed next steps**

* International Recruitment (IR): a business case is with NHS England for 12 nurses to start by November 24 has been agreed with funding at £5K per nurse. The trust is due to complete its IR recruitment supported by NHSE for 22/23 financial year by June 23 and then a further 12 nurses to land by November 23. Accommodation is an issue for these nurses and the hope is that we can secure this onsite to help facilitate their arrival- 12 have arrived so far with a further 3 for June and 2 currently for July. The Trust have put a further expression of interest to land a further 12 International nurses to land by December23 still awaiting a NHSE decision.
* Trainee Nursing Associates (NA’s): there are 15 interviews to be conducted with the university for the September cohort. 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.
* Generic HCA adverts have been well received across the organisation and we are hoping to appoint to the last vacant posts this month with an agreed 10% over recruitment.
* 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 Nursing and AHP so far 15 golden tickets have been offered of staff to commence in September 23.
* Advanced Care Practitioners (ACP): A review as part of the national framework for ACP’s is currently being worked through with job planning and job description review against national standards.
* 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 Q3 2023. So far, 2 staff members have completed the PNA course successfully and will join the existing two PNA’s making 4 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 open day/recruitment day will be held on the 15th July In the veterans centre- with the Sim suite hopefully set as a theatre Virtual reality environment and we will be hosting as a whole trust event with facilities and pharmacy having market stalls

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 July and October 2023.

The Trust has 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 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
* 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.