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| **Committee, Date:** | |
| People and Culture Committee, 24th August 2023 | |
| **Author:** | **Contributors:** |
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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:** | |
| |  |  | | --- | --- | | **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 | | |
| **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. | |
| **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 July 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 July 2023, shows staffing fill rates are above the Trust target thereby providing assurance that wards were sufficiently staffed. July, saw a reduction in agency spend for both divisions, this is reflective of a reduction in activity, ward closures and indrustrial action.

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 HCSW fill-rate for both day and night, again remains static due to increased levels of supervision, enhanced care needs and additional support for Mental Health care. However, to note, updated templates are expected for Specialist Unit to address the enhanced care needs of patients.

The sickness rates for all HCSW’S and RN’s within Specialist unit remain above the Trust target of 4%.

The nursing team continue to support and take action at pace on the joint work to address the absences and recruitment and retention work.

July saw further progress being made to deliver a pipeline of nurses, with the recruitment of 10 additional nurse associate roles, commencing in September.

Safe Staffing Data Analysis and Findings

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| --- | --- | --- | --- | --- |
|  | **MEASURE** | **TARGET** | **June 23** | **July 23** |
| 1 | CHPPD TRUST |  | 8.7 | 8.8 |
| 2 | CHPPD MSK |  | 8.0 | 8.2 |
| 3 | CHPPD SPEC |  | 9.2 | 9.2 |
| 4 | RN FILL RATES DAY TRUST | 95% | 100.3% | 100.2% |
| 5 | UNREGISTERED FILL RATES DAY TRUST | 95% | 107.6% | 112.3% |
| 6 | RN FILL RATES NIGHT TRUST | 95% | 102.4% | 103.8% |
| 7 | UNREGISTERED FILL RATES NIGHT TRUST | 95% | 100.0% | 106.5% |
| 8 | RN VACANCY TOTAL | 0 | 47.38FTE | 42.61FTE |
| 9 | HCSW VACANCY TOTAL | 0 | 16.16FTE | 18.44FTE |
| 10 | RN VACANCY MSK | 0 | 23.86FTE | 21.02FTE |
| 11 | HCSW VACANCY MSK | 0 | 10.39FTE | 11.03FTE |
| 12 | RN VACANCY SPEC | 0 | 21.76FTE | 19.83FTE |
| 13 | HCSW VACANCY SPEC | 0 | 6.57FTE | 8.21FTE |
| 14 | RN SICKNESS TOTAL | 4% | 3.87% | 5.20% |
| 15 | HCSW SICKNESS TOTAL | 4% | 10.07% | 8.99% |
| 16 | RN SICKNESS MSK | 4% | 3.96% | 3.56% |
| 17 | HCSW SICKNESS MSK | 4% | 9.17% | 8.74% |
| 18 | RN SICKNESS SPEC | 4% | 4.13% | 7.71% |
| 19 | HCSW SICKNESS SPEC | 4% | 11.03% | 9.40% |
| 16 | RN Maternity MSK |  | 3.71% | 3.51% |
| 17 | HCSW Maternity MSK |  | 1.12% | 1.13% |
| 18 | RN MATERNITY SPEC |  | 3.78% | 3.70% |
| 19 | HCSW MaternitySPEC |  | 1.05% | 1.06% |
| 20 | AGENCY SPEND RN MSK |  | £71,982 | £56,382 |
| 21 | AGENCY SPEND HCSW MSK |  | £777 | £285 |
| 22 | AGENCY SPEND RN SPEC |  | £198,214 | £134,910 |
| 23 | AGENCY SPEND HCSW SPEC |  | £1,385 | £261 |
| 24 | NUMBER OF OPEN RED FLAGS PER MONTH MSK | 0 |  | 0 |
| 25 | NUMBER OF OPEN RED FLAGS PER MONTH SPEC | 0 |  | 1 |
| 26 | NUMBER OF FALLS MSK |  | 4 | 6 |
| 27 | NUMBER OF FALLS SPEC |  | 3 | 9 |
| 28 | NUMBER OF MEDICATION INCIDENTS MSK |  | 14 | 8 |
| 29 | NUMBER OF MEDICATION INCIDENTS SPEC |  | 15 | 10 |
| 30 | NUMBER OF ACQUIRED PU MSK |  | 0 | 1 |
| 31 | NUMBER OF ACQUIRED PU SPEC |  | 0 | 0 |
| 32 | NUMBER OF COMPLAINTS (STAFFING RELATED) MSK |  | 2 | 0 |
| 33 | NUMBER OF COMPLAINTS (STAFFING RELATED) SPEC |  | 0 | 0 |
| 34 | NUMBER OF NEG FFT COMMENTS (STAFFING RELATED) MSK |  | 2 | 5 |
| 35 | NUMBER OF NEG FFT COMMENTS (STAFFING RELATED) SPEC |  | 0 | 1 |
| 36 | NUMBER OF RESOURCE INCIDENTS TRUST |  | 8 | 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.

|  |  |  |
| --- | --- | --- |
| **July 23 Trust fill** | **Day % fill** | **Night % fill** |
| **RN** | 100.2% | 103.8% |
| **HCA** | 112.3% | 106.5% |

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** | 8.8 |
| **CHPPD MSK** | 8.2 |
| **CHPPD SPEC** | 9.2 |

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 June 462 available beds were closed, this increased by a further 70 beds for July, totalling 532. There was also an increase in full ward closures, June recorded 262 beds on closed wards which rose to 492 in July, equating to an increase of 230 beds.

Once again July was an unusual month in that there were 7 industrial strike action days, 5 for Junior Doctors and 2 for Consultants. The strike action resulted in 101 elective patient cancellations.

As a result the elective inpatient bed base was flexed to meet the reduced demand and Powys and Kenyon were closed.

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| --- | --- | --- | --- |
| **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** |
| **1024** |
| **26** | **492** | **532** |

1. **Governance - Quality and safety**

## Current Governance and Oversight

Twice 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 was only 1 unresolved red flag for the month of of July, that being on Sheldon ward. However, the data shows shows that they were infact fully staffed on the day in question, therefore a request has been made for its removal.

Once again this 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 continues to work towards a reduction in agency HCA cover.

Theatres have offered 7.25 WTE from interviews last week, which utilised all Theatre Scrub post approvals. Moving attention to other departments with HCSW vacancies; The ACNs have been asked confirm for their respective units the HCSW WTE that they wish to go out to external recruitment so that advertising can be placed without delay.

As mentioned previously, July, saw a reduction in agency spend for both divisions, this is reflective of a reduction in activity, ward closures and indrustrial action. MSK division also reported a continued decrease in RN sickness levels, another contributing factor relative to agency spend. .

The Task and finish group will continue support in the reduction in agency spend.

## Registered Nurses

Vacancies of registered nurses (RN) has decreased since June with 42.61WTE vacancies recorded for July, of those 33.08 WTE are in the recruitment pipeline with firm job offers, 7 of those offers being internationally recruited. There are 4 International vacancies remaining to fill and land by November with interviews arranged for August in line with NHSE funding.

The current fill rates are above target, this continues to be mitigated by the use of bank and agency staffing and internal staff movements until appointments start in post. The review of safer staffing requirements and nurse patient ratios will continue as business as usual and where required, block booking of on-framework agency staff and in some cases off framework agency staff will occur,

to ensure continuity of care where there are known vacancies to ensure consistency and continuity of staff. The recent implementation of bank payment incentives continues to be monitored in relation to impact.

The sickness rates for RN’s within Specialist unit 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 Assistants (HCAs)

As per the last report the National target of zero HCA vacancies is not being met with an increase if 1.48 WTE reported for July taking the vacancy position from 16.96 to 18.44 WTE. However we have 6.6wte ready to start with the Trust of which 4.64 WTE have confirned start dates for August. 2.28wte recruited and currently at conditional offer stage and pre-employment checks are in progress.

In addition, Theatres have offered 7.25 WTE from interviews that took place last week, that utilised all Theatre Scrub post approvals. Moving attention to other departments with HCSW vacancies; The ACNs have been asked confirm 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 8% sickness target. Maternity leave remains fairly consistent month on month.

Recruitment and retention actions are included below.

* Continue with the rolling advert for HCAs.
* Backfill recently appointed Nurse Associate with new to care apprentice’s. (Awaiting post approval).
* Continue to compile and report the weekly pipeline figures that supplements the NHSE weekly return.
* Learning and development: Launch the new Support Worker Learning and Development roadmap and career progression toolkit.

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.



The heat map above shows an increase in all indicators with the exception of Acquired Pressure Ulcers. The medication issues are being followed up by the medicines safety officer and the unit ACNs. All falls have been investigated and actions developed and shared locally and with ACN’s. Non of the falls required escalation.

**Complaints related to staffing:**

No complaints in month relating to staff however it should be noted 6 negative comments related to staffing have been submitted in July as part of the FFT feedback received across wards- All 6 were in relation to staff attitude, all have action plans created but remain unresolved at the time of writing this report.

**3. Proposed next steps**

* Fulfil NHSE International Recruitment (IR) requirements:

Interviews planned to taking place throughout August with a view to recruit within the given timeline and fulfill the NHSE commitment to land candidates by November. There is no accomodation challenge foreseen for these nurses however OSCE provision could be compromised therefore weekly meetings with SATH in place to monitor and action. Negotoiation with Worcester currently underway as an alternative OSCE provider. The further expression of interest to land a further 12 International nurses to land by December23 has been agreed by NHSE, this will be taken to the next investment panel for formal agreement.

* Backfill the vacant HCSW Posts for the Trainee Nurse Associates post with new to care apprentices. Start recruitment process.
* Support learning and development opportunities for our HCSW’s:

Work is underway 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 are in the process of updating preceptorship provision in order to align with the National Allied Health Professionals Preceptorship and Foundation Support programme and step to work.

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.