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## NURSE STAFFING REPORT JUNE – AUGUST 2021

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Purpose of the paper	To provide an update on nurse staffing and assurance of the mitigation in place for June, July and August 2021		
Key control	This paper is a key control for the strategic objective to provide outstanding care for patients.		
Action required	To note		
Previously discussed at/ informed by			
Previously approved at:	Academy/Group	Date	
	People Academy PA.9.21.11	29 09 21	

### Key Options, Issues and Risks

This report provides an update on the mandatory nurse staffing data for June through to August 2021, in line with the requirements outlined in both the Hard Truths (2013) and the subsequent National Quality Board Report (2013). All NHS Trusts are required to provide monthly retrospective data via UNIFY to enable NHS England to publish Trust reports on NHS choices. This reporting was paused during wave 1-2 of the Covid-19 pandemic and has now recommenced.

Nurse staffing fill rates appears on the Chief Nurse and corporate risk register, with a range of actions in place to mitigate the risk of having insufficient staff to provide safe care on the wards and departments. These risks and mitigation are reviewed regularly as the part of the ongoing assessment of Covid-19 and regular activity on patients and staffing. There is a robust oversight and escalation process in place. As part of the escalation process staff are asked to record any staffing concerns through Datix. There is an increase in the number of the Datix reports and an increase in areas reporting incidents related to staffing and pressures in the areas. These are monitored daily at the Matron safety huddles; additionally the use of the Safecare tool to support decision making through the availability of patient acuity and dependency data is now established as an integral part of these safety huddles and is also used by the Clinical Site Team out-of-hours. There is a comprehensive recruitment and retention plan in place.

During the Covid-19 pandemic there has been a quality and safety tool deployed to all areas, completed by the nurse in charge with oversight from the matron, this remains in place. The report summary has been included in the report. From the data available the impact of the pandemic has led to high bed occupancy, ward reconfigurations to support red and green areas, staff redeployment and alternative ways of working to support all areas. Surge capacity to manage the numbers of Covid patients and the increase in activity in the trust remains in place. The quality and safety tool is now part of the ward accreditation process and will continue.

During September the final recommendations of the Nursing and Midwifery Strategic Staffing Review have been presented to Executive Directors and the Board of Directors for approval. This includes an increase in staffing to reflect the rise in acuity and dependency of the patients and deconditioning as a result of the pandemic. There is also a significant increase in respiratory nursing to support the requirement for red and green high dependency areas.

Themes from staff include low morale related to inability of nurses to provide high quality care. This is in relation to reduced staffing with sickness/isolation but an increase in the acuity, dependency and complexity of the patients in the hospital. There is a rise in complex physical and mental health, volume of patients accessing care and increased frailty and deconditioning in older adults. Interventions in the Trust

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are focused both on safeguarding staff morale and patient safety.

The last 3 months have felt significantly more challenging for nurse staffing and fill rates of staff per shift. This is due to enhanced care required for individual patients, increase nursing numbers to provide non-invasive ventilation support, increase in sickness, track and trace, vacancies and the need to support annual leave. There is an additional rate of pay in place for registered nurses and healthcare assistants (HCA) however the fill rate has not significantly increased and the number of shifts requested has increased, this is a similar picture across the region. In addition there is an increase in the number of paediatric attendances and predicted surge in Respiratory Syncytial Virus (RSV) for this patient group, seeing increased acuity and dependency in paediatric areas. September has seen an increase in nurses joining the organisation and our international recruits are arriving. There is significant work in place to recruit to HCA vacancies. It should be noted that with the addition of new starters, some new to healthcare, this requires additional support, pastoral care and development in the wards and departments.

### Ensuring appropriate staffing ratios

- a. SafeCare™ and associated escalation:  
Matron and Deputy Associate Director of Nursing (DADN) chaired daily meeting reviewing real time information on the actual staff levels together with the numbers and needs of patients, shift-by-shift view of required versus actual staffing across an organisation making it easier to be responsive to changes in demand or staff availability. This has increased to twice daily to assess and respond accordingly with the staff available.
- b. Staffing related incidents:
  - Between 01/06/2021-31/08/2021, 97 staffing or skill mix incidents were reported via Datix, compared with 34 incidents reported in the previous 3 months. The number of reports and range of areas these cover has increased.
  - Of the 97 reported, 81 are graded as no harm, 15 as low harm and 1 moderate harm. 35 of the reports are from maternity services related to closures due to staffing numbers and increased acuity. Critical care has reported occasions where there is no outreach provision due to staff supporting ICU. The 1 moderate harm reported is in relation to 2 patients with acute mental health illness cared for on the acute medicine unit prior to transfer to appropriate mental health placement. During this time there were pressures in nurse and security staffing to support these 2 patients. This was escalated at the time and the patients prioritised for placement however due to system pressures on mental health beds this care was required in the trust for a longer period without appropriately skilled and trained professional to deliver mental health care.
  - The low harm reports relate to short delays encountered by patients in receiving care as a result of staffing shortages, e.g. delay in medications. This is where a registered nurse has been to support another area or where there is a rise in acuity requiring additional support. Urgent care and maternity have reported the majority of these incidents. For maternity this is where the unit has been in escalation and closed. There is also an increase in the reports from the Accident and Emergency department in relation to delays in care as a result of staffing (both medical and nursing).

The Trust continues to encourage an open reporting culture. The feedback from matrons for staffing indicates the issues are raised at the time, however not always reported on the system. The language used in the report is reflective of the anxiety that nurses and other staff members feel when planned staffing numbers are not achieved or where additional resource is required due to acuity. The low harm reported is relation to pressures on nurse's experience and their well-being as well as the patient experience.

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Visibility of senior staff is vital to ensure staff feel supported and there is full commitment by all members of the senior nursing team to visit clinical areas. This has been maintained during this period and enables conversations, ability to raise concerns and assess areas safety, making decisions accordingly to support all areas of the Trust. This has also increased out of hours during this period to provide support.

There is ongoing conversation, risk assessment and regional review of the predicted Covid-19 numbers for winter and bed numbers required in the trust to support all activity, winter surge and critical care areas. This remains extremely challenging in terms of nurse staffing.

### Analysis

With the ongoing pressures due to Covid-19, the fill rates for registered nurses on days and nights are reduced, this is partly due to supporting additional registered nursing establishments in surge capacity and for the respiratory ward areas where there is an increased level of patient acuity and dependency. There are higher numbers of patients in the Trust in both red and green areas reducing the opportunity to redeploy nurses to higher acuity areas. The matron identified to support staffing each day works with all areas to ensure staff are redeployed according to patient acuity, dependency and nursing skill mix. There is an increase in the number of moves required to take place per shift to support safety across the trust which is negatively impacting on staff morale.

Additional information is being reviewed with the falls and pressure ulcer team to monitor the impact of a reduction in staffing across the trust. Additional support has been put in place where areas have seen a rise in these metrics.

With respect to the overall management of nurse staffing and patient safety, a robust oversight and escalation process is in place. As part of the escalation process staff are asked to record any staffing concerns through Datix. The numbers of datix reports are reduced for this period. Information has been captured on the quality and safety trigger tool utilised in clinical areas, this report summary can be found in Appendix 4. There are additional comments entered into the tool, due to the size of the document this has not been included however the themes are described below.

During March – May 2021 77% areas stated they were staffed to minimum numbers. Of the 23% that were not there is evidence this was escalated at the time to receive support from other areas of the Trust, the matron, and assessments of the acuity and dependency using the safecare tool and professional judgement took place.

Roster gaps identified 48 hours prior to shift on 58% occasions; this is reflective of the ever changing ward rosters due to sickness and staff movement to support all areas. There is evidence in the comments of actions taken at ward level to mitigate the gaps with use of ward staff, bank and agency. It is noted that the gaps are Registered Nurses (RN)/Midwives and health care assistants (HCA).

15% of the reports have recorded having less than 2 RN on duty. There have been times where a buddy system for two neighbouring wards has been used, e.g. F5 and F6 at St Luke's hospital, ward 24/33 where the acuity is lower but dependency higher and additional HCAs have been deployed to support. When these decisions are taken to support all areas of the Trust there is additional oversight from the matron/clinical site team to ensure support of those areas.

6% of responses indicated incidents related to staffing. Examples provided match up with the Datix reported during the same period where there has been delays in medications. There is evidence of increased complexity of drug rounds in some areas which has been escalated at the time for additional

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support; this has not always been able to be provided. This is a reduction from the previous reporting period.

At ward level 98% have confirmed a daily review/safety huddle of the patients in that area, this has reduced slightly and is an area of focus for ward assurance and review of the not applicable responses being reviewed. This has supported the identification of risk, any escalation required as a result and mitigation that can be put in place each day to best manage the patient acuity and dependency. In addition 97% of staff felt supported. There has been a significant effort to support both staff and patient safety throughout this period and 95% were able to take breaks. This has been paramount in supporting staff throughout this time.

Appendix 1, 2 and 3 shows each months heat map, this is circulated to all ward areas, it should be noted that due to the complexities of staffing currently and changes to roster, ward configuration and deployment of staff there are significant issues in providing accurate data. This will improve and mitigation is in place to provide the most reliable data sources currently available to support the national nurse staffing data returns.

To summarise key mitigation and developments for nurse staffing:

#### Mitigation

- Utilisation of staffing tools (safecare) with senior nursing oversight.
- Matron quality huddle.
- Matron dedicated to staffing deployment each shift.
- Process for escalation and responsiveness.
- Process for opening ward, assurance and leadership.
- Quality and safety trigger tool.
- Ward changes and establishment review (strategic staffing paper).
- Heat map and quality metric review.
- Increased rates of pay.

#### Developments

- Redeployment process and training.
- HCA recruitment development and continuation to support new staff into healthcare.
- Continuation of recruitment processes and new learners in practice.
- Overseas nursing approved and first cohort arrived, Nurse Apprenticeships, NA development and increase in student capacity.
- Recommenced ward accreditation assurance.

#### Learning

- Realistic, positive and responsive.
- Health and well-being conversations for staff.
- Face to face training in clinical areas.
- Continuation of learner support in practice.
- Responsiveness to areas of challenge.

### Recommendation

Recommendation to continue all the above intervention to support nurse staffing. This remains under constant review with the clinical areas and the feedback received by patients and the clinical teams.

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- a. Safecare® and associated escalation/regular senior nursing oversight.
- b. Existing governance structure and continued encouragement to report and escalate.
- c. Wellbeing support.
- d. Quality and safety tool and escalation processes.

**Continue with the following principles that have been in place throughout the pandemic;**

- a. Always one substantive member of staff in ward areas.
- b. Redeployed staff will not take charge unless competent and confident to do so.
- c. Always aim for 2 registered nurses on shift in ward areas.
- d. Always consider dependency and acuity in addition to numbers and optimise the use of the non-registered workforce.
- e. Adhere to the national recommendation for staffing ratios in critical areas.
- f. Respond and appropriate support for escalation of concerns.

Maintain the regular schedule of establishment review which has been presented to Board of Directors in September 2021.

**Actions:**

- a. Facilitate movement and redeployment of staff that both ensure areas are supported and staff are working where they feel confident and comfortable, this may involve 2 or 3 way swaps.
- b. Enable staff in understanding differences between 'unsafe' and 'busy' whilst allowing a route for frustration and discussion that is human nature when in a stressful situation; regular Teams meetings, high visibility of senior staff.
- c. Clear and repeated communication re how to escalate concerns in addition to daily processes
- d. Revisiting and embedding accreditation with longer term use of the quality and safety tool.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers					g	
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated.	Low		Moderate	High	Significant	

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Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	<b>Risk (*)</b>
<b>Explanation of variance from Board of Directors Agreed General risk appetite (G)</b>	

<b>Benchmarking implications (see section 4 for details)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>Risk Implications (see section 5 for details)</b>	<b>Yes</b>	<b>No</b>
Corporate Risk register and/or Board Assurance Framework Amendments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Regulation, Legislation and Compliance relevance</b>
<b>NHS Improvement: (please tick those that are relevant)</b>
<input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
<b>Care Quality Commission Domain: Safe</b>
<b>Care Quality Commission Fundamental Standard: Staffing</b>
<b>NHS Improvement Effective Use of Resources: Clinical Services</b>
<b>Other (please state):</b>

<b>Relevance to other Board of Director's academies: (please select all that apply)</b>			
<b>People</b>	<b>Quality</b>	<b>Finance &amp; Performance</b>	<b>Other (please state)</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<b>Appendices</b>
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Appendix 1 - Heat Map June2021

Appendix 2 - Heat Map July 2021

Appendix 3 - Heat Map August 2021

Appendix 4 - Quality and Safety tool summary June-August 2021