

**TRUST BOARD**

**20 May 2021**

**Nursing and Midwifery Quality and Safety Staffing Report**

|                             |   |
|-----------------------------|---|
| <b>Presented for:</b>       | Assurance and information                 |
| <b>Presented by:</b>        | Lisa Grant, Chief Nurse                   |
| <b>Author:</b>              | Helen Christodoulides, Deputy Chief Nurse |
| <b>Previous Committees:</b> | None                                      |

|  |   |
|--|---|
| <b>Trust Goals</b>   |   |
| The best for patient safety, quality and experience            | ✓ |
| The best place to work   | ✓ |
| A centre for excellence for research, education and innovation |   |
| Seamless integrated care across organisational boundaries      |   |
| Financial sustainability                                       | ✓ |

|   |           |
|---|-----------|
| <b>Key points</b>   |           |
| 1. Provide assurance of quality indicators in relation to wards that have reported less than an average of 80% against planned staffing levels and a corresponding reduction in performance in the Ward Health check process.   | Assurance |
| 2. Provide assurance that nursing and midwifery workforce establishments are reviewed utilising best practice guidance and that daily monitoring of patient safety and quality risks in relation to the workforce are in place. | Assurance |
| 3. Provide assurance that planning to mitigate risks associated with the delivery of nursing and midwifery care and patient safety during Covid-19 pandemic is in place.  | Assurance |

## **1.0 Introduction**

The purpose of the nursing and midwifery quality and safety staffing report is to provide the Board with key nursing and midwifery workforce data which describes staffing levels in relation to the safety and quality of care provided.

Data in this report is provided for February 2021 and March 2021.

This report provides assurance of quality indicators in relation to wards that have reported less than an average of 80% against their planned nurse establishment staffing levels, and have a corresponding reduction in performance in the Ward Healthcheck process.

Further information is presented in the blue box to provide assurance that the Trust is responding to National Quality Board (NQB) 2016 guidance in relation to: *Safe, Sustainable and Productive staffing*, and the required safety standard of *NHS Resolution Maternity Incentive Scheme*.

Wards that have reported less than an average of 80% against their planned nurse staffing levels have been extrapolated from the submission in the blue box and are shown against a range of key staffing and ward health check indicators in **Appendix 1**.

This report also provides a brief narrative on the progress made to date in response to:

- Strengthening the escalation and reporting of safety and quality concerns.
- Registered nurse recruitment trajectory and Clinical Support Worker (CSW) trajectory.
- Trust wide reporting of Red Flags.

## **2.0 Hard Truths Data**

The Trust reports nursing and midwifery staffing numbers including registered, unregistered, substantive and temporary to NHS England via a monthly Nurse Staffing Return (Hard Truths).

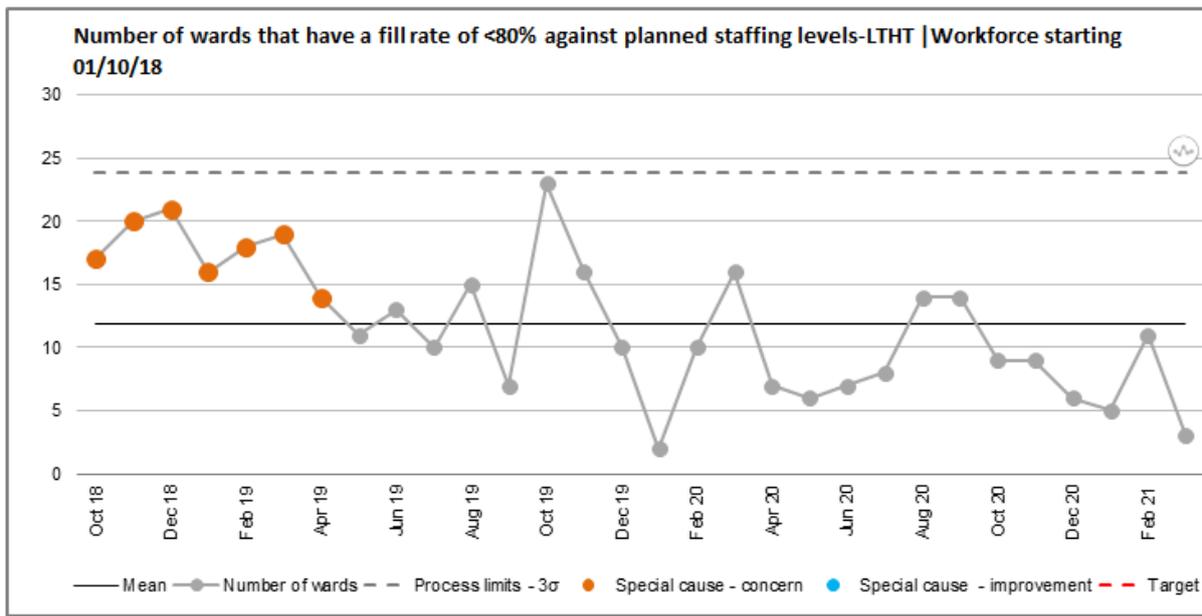
The Trust has set a threshold of 80% with regards to achieving its planned nursing numbers by shift. Any ward that falls below 80% will be reviewed in line with a number of quality metrics to see if patient care and outcomes has been affected due to the planned establishment not being fully met.

The Hard Truths report reviews inpatient areas; wards that were closed during the reporting period have not been included in the submission. Wards that are opened on a temporary basis to create additional capacity are not required to form part of the national submission. All temporary wards opened for seasonal and surge capacity and remain open for more than one roster period of six weeks are included in this

report. L26 closed in February and has been removed from the return, L27 and J25 closed in March, they have also been removed. J11 is the only remaining surge ward.

A Statistical Process Control (SPC) chart is used to show the number of wards that have a fill rate of less than 80% against the planned staffing levels.

This type of chart allows you to see statistically significant changes in data. The dotted lines (process limits) represent the expected range of data points if variation is within expected limits - that is normal. The data for February 2021 and March 2021 has been included and is within normal variation.



### 3.0 February 2021 Results

Of the 89 inpatient areas reviewed, 11 areas reported less than an average of 80% fill rate against their planned staffing levels during the month of February either on a day or night shift in either registered or unregistered staff or a combination of the above.

### 3.1 Exception Report

There was one clinical area (J11) highlighted for the month of February as falling below the planned 80% staffing trajectory whilst also triggering the safety and quality requirements in the formal escalation process of the Ward Healthcheck.

Analysis of the ward quality indicators and further information is shown in **Appendix 2**.

### **3.2 March 2021 Results**

Of the 87 inpatient areas reviewed, three areas reported less than an average of 80% fill rate against their planned staffing levels during the month of March either on a day or night shift in either registered or unregistered staff or a combination of the above.

### **3.3 Exception Report**

There were no clinical areas highlighted for the month of March as falling below the planned 80% staffing trajectory whilst also triggering the safety and quality requirements in the formal escalation process of the Ward Healthcheck or scored amber or red in the ward metrics audit.

### **4.0 Maternity Services**

One to one care in labour has been maintained at 100% across both delivery suites. The delivery suite coordinators remain in a supernumerary role to enable them to maintain a 'helicopter view' of the service.

The Birthrate Plus workforce acuity tool continues to be used to monitor staffing versus acuity in conjunction with professional judgement. The midwife to birth ratio remains consistent at 1:28 in February 2021 and 1:27 in March 2021. The maternity services have commissioned a full midwifery workforce review using Birthrate Plus which is aligned with the Ockendon Review (2020) recommendations.

Due to capacity issues in the Birthrate Plus team to support the review, data collection will now commence in May 2021 with analysis of data from Q4 2020/21; once completed it is anticipated the results will be available to be reported to the Board in September 2021. Additionally the maternity unit is working with the NHS England/Improvement Continuity of Care lead who has developed a workforce tool to support the implementation of Continuity of Care. The initial analysis of this data indicates that additional midwives may be required to achieve full roll out of Continuity of Care.

### **4.1 Maternity Red Flags**

Red Flags continue to be monitored twice a day via the Birthrate Plus acuity tool. Work is progressing in using the Red Flag functionality of SafeCare to record maternity Red Flags and the actions taken to mitigate them with a provisional launch date across the CSU of 4 May 2021.

There were eight Red Flags in February 2021 and 10 Red Flags in March 2021. Eight Red Flags were related to single site diversions, one delayed care episode and nine Red Flags (two in February and seven in March) were raised in relation to a delay in induction of labour. These delays were related to patient flow due to unavailability on delivery suites. There remain more delays for induction of labour at the LGI site (6) in comparison to SJUH (3). There was one case where a delay was

associated with an adverse outcome. This case was escalated as a potential serious incident and a level two investigation is being undertaken. The initial review of this case highlighted all care was aligned with local guidance. The induction of labour coordinators, continue to use quality improvement methodology to understand the challenges associated with delays in the induction of labour pathway. This incorporates an audit analysing the delays between the decision to artificially rupture membranes and this intervention being undertaken. The findings and an associated action plan will be presented at the CSU Quality Assurance Group in May 2021.

The senior management team continue to review all reported Datix daily. There have been no clinical incidents relating to workforce issues.

### **5.0 Critical Care nurse staffing models**

Throughout the reporting period the demand for level two and level three beds due to Covid-19 has steadily reduced enabling the Adult Critical Care (ACC) CSU to work within the Guidelines for the Provision of Intensive Care Services (GPICS), and significantly reduced the need to work within the 'pod' staffing model as outlined by the national framework 'Advice on acute sector workforce models during Covid-19' released on 10 December 2020. From the 17 March 2021 the ACC CSU fully returned to working within the GPICS recommendations.

As a result of the NHS England/Improvement winter support funding, 30 international nurses with critical care experience commenced in post in March 2021. A further 30 international nurses will join the ACC CSU in June 2021.

### **6.0 Safer Nursing Care Tool (SNCT)**

The Trust undertakes the SNCT audit twice per year to provide an evidence based assessment of the required nurse establishment for a particular in patient ward/team. The SNCT provides a Whole Time Equivalent (WTE) number of staff required to safely care for the dependency and acuity needs of the in patients per ward. The WTE nursing establishment is used alongside professional judgement and patient outcomes to support nurse establishment setting. Due to Covid-19 pandemic surge the planned data collection for January 2021 was delayed, this will now take place in May 2021.

### **7.0 Strengthening the Escalation and Reporting of Safety and Quality**

The Trust has an internal reporting tool that is completed for all wards once per day: Nurse Staffing Status Report (NSSR). Wards rate the safety of the early shift, and the predicted status for the late and night shift by 11.00hrs each day in relation to available staff and patient acuity and dependency using professional judgement.

A rating of a BLUE shift status indicates unmitigated safety concerns. These concerns are raised to the Head of Nursing and escalated to the Directors of Nursing (Operations) in hours and to the Clinical Site Manager and on call team out of hours. A report is circulated to the Chief Nurse, Deputy Chief Nurse, Directors and Heads of Nursing three times per day.

Daily staffing meetings are in place to monitor and mitigate nurse staffing shortfalls across the Trust for the 24 hour period ahead. The meeting is chaired by a Director of Nursing (Operations) and any staffing shortfalls are mitigated.

### **7.1 February 2021 Blue Shifts on NSSR (unmitigated safety concerns)**

No wards reported any blue shifts in February.

### **7.2 March 2021 Blue Shifts on NSSR (unmitigated safety concerns)**

No wards reported any blue shifts in March.

### **7.3 Red Flag Escalation**

To supplement the above process of rating the current status of staffing requirements on the NSSR a system of Red Flag escalation has been implemented in the organisation. Nursing Red Flags are events that have an impact on the way care is delivered to patients, therefore requiring a prompt response by the Nurse in Charge or a more senior nurse to mitigate patient safety concerns. Nursing Red Flags can be raised at any point during any shift.

For those CSUs who have implemented the electronic deployment tool: Allocate SafeCare, Red Flags are being recorded and captured in the SafeCare system. Remaining CSU's are reporting Red Flags in Datix. Red Flags reported through SafeCare are reviewed as part of the daily staffing meeting with the Directors of Nursing (Operations).

This report presents combined Red Flag information from Datix and SafeCare. The method for recording Red Flags in SafeCare is more accessible for staff than Datix, resulting in a significant increase in reporting. Staff in areas using SafeCare report significantly more Red Flag concerns than similar areas using Datix.

### **7.4 Red Flags Reported Trust wide in February 2021 and March 2021**

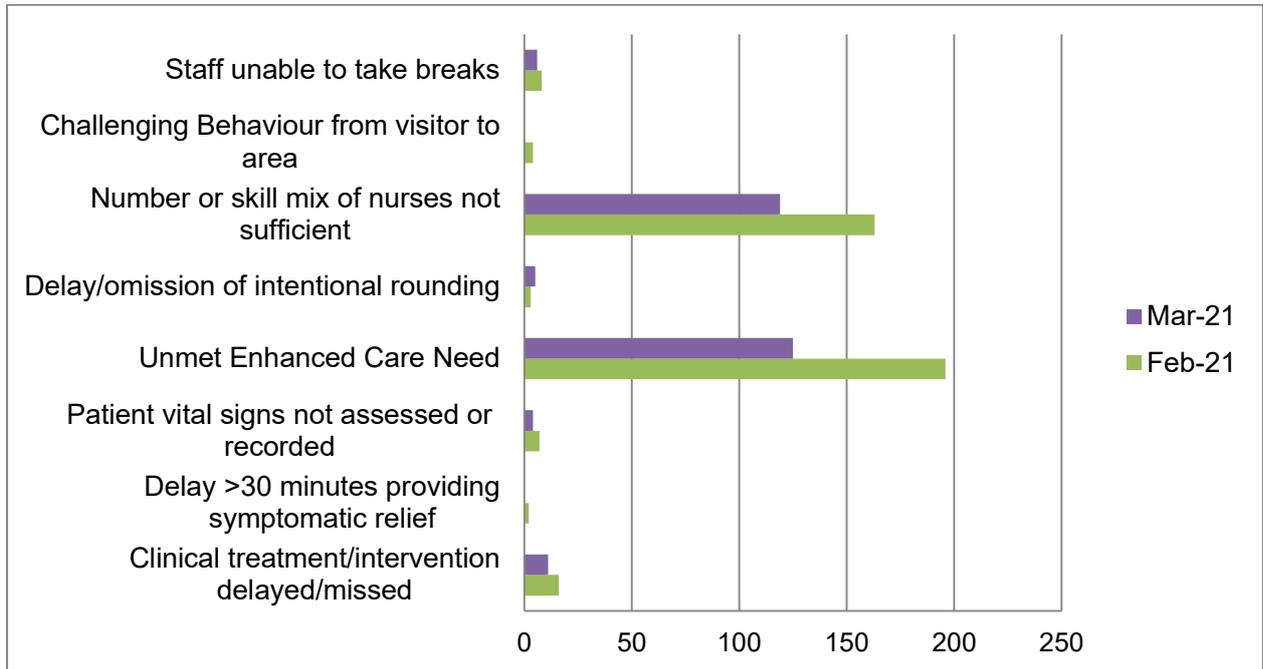
A total of 669 Red Flags were reported across the Trust in February 2021 and March 2021. The chart below (figure 1) presents the total number of Red Flags in each month, by Red Flag category.

During the reporting period the greatest numbers of Red Flags are in relation to:

- Number or skill mix of nurses on duty is not sufficient (282)
- Unmet enhanced care needs (321)

It is anticipated that when there is sufficient data points to display that future reports will contain Red Flags within a Statistical Process Control (SPC) chart.

Figure 1 - Red Flag by month and category

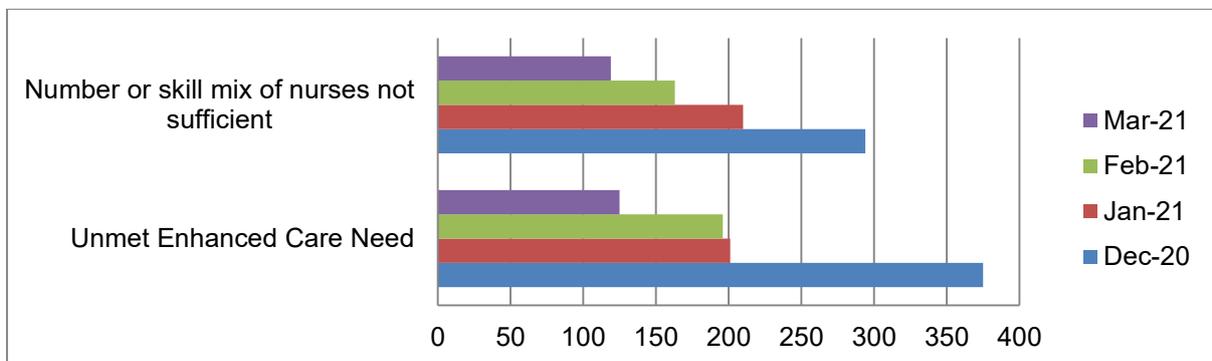


7.5 Analysis of Red Flags

The largest proportion of Red Flags are in relation to ‘unmet enhanced care needs’. There has been a reduction month on month as the Clinical Support Worker (CSW) vacancy position has improved and additional surge wards have closed.

The second highest category of Red Flags are in relation to ‘Number or skill mix of nurses on duty is not sufficient’. The Trust is making good progress to close the registered nursing shortfall and additional support continues from temporary staffing with an additional 2000 registered nursing hours per week provided by TFS Healthcare agency. The number of Red Flags in this category has also decreased. Figure two presents the two highest categories of Red Flags by month.

Figure 2 - Overview of top two Red Flags by month (Dec 2020 - Mar 2021)



## **8.0 SafeCare system**

SafeCare roll out recommenced in March 2021 following a pause in the implementation plan due to the Covid-19 pandemic. The Oncology CSU has now been completed and implementation will move to the Leeds General Infirmary (LGI) site from May 2021. It is anticipated that the Nurse Staffing Status Report (NSSR) will be turned off for the St James's site with SafeCare being used as the main platform for assessing staffing levels against patient acuity and dependency needs. NSSR will continue to be used for all other sites until implementation is complete Trust wide.

## **9.0 Recruitment and Registered Nurse Trajectory**

In March 2021 the financial ledger showed that the Trust had a registered nursing, midwifery and operating department practitioner substantive WTE workforce in bands five and above across all CSU's of 4458, against a substantive establishment of 4932 creating a vacancy of 9.6%. This is an improvement of 1.8% against the vacancy position in January 2021.

## **10.0 Recruitment and Clinical Support Worker trajectory**

In March 2021 the Trust had a Clinical Support Worker (CSW) vacancy of 8.4% and 187 WTE. This is an improvement of 3.3% from January 2021.

The Trust has agreed a trajectory with NHS E/I to close the vacancy gap by April 2021, however this will not be reflected in the financial ledger until June 2021. Progress against the trajectory will also be reported bi-monthly through the Resource Management Group.

## **11.0 International Nurse Recruitment**

Cohort five and six (86 nurses) arrived in March and April from India, Philippines and the Middle East. The March cohort has decreased in size from the planned 120 nurses due to delays in visa's being issued and red list countries (flight cancellations and departure delays). The nurses that were unable to travel will now join the final cohort in June 2021. To date there are 204 international nurses in post with a further 136 due to arrive in June 2021.

## **12.0 Recommendations**

The Board is asked to:

- Note the content of this report and the progress in relation to key work streams.
- Gain insight and assurance regarding daily processes to monitor and manage nurse staffing levels at ward level through the NSSR and Red Flag escalation process.

## **Agenda Item 12.3(i)**

- Be assured that arrangements are in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.

Supporting Nursing and Midwifery quality and staffing information can be found in the following:

- 12.2(ii) Supplementary Information Quality & Safety Staffing Report
- 12.2(ii A) Bi-annual AHP Workforce Report
- 12.2(ii B) Appendix B Nursing workforce quality and safety indicators

Appendix 1  
February 2021

| Feb                               | Day  |                                    | Night  |                                    | Care Hours Per Patient Day (CHPPD) |                                   |                    |                   |                 |                | Staffing Status Report (NSSR) |
|-----------------------------------|--|------------------------------------|--|------------------------------------|------------------------------------|-----------------------------------|--------------------|-------------------|-----------------|----------------|-------------------------------|
|                                   | Registered   | Care                               | Registered   | Care                               | Planned Registered                 | Actual Registered midwives/nurses | Planned Care Staff | Actual Care Staff | Planned overall | Actual Overall | Number Blue status Shifts     |
| Ward name                         | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) |                                    |                                   |                    |                   |                 |                |                               |
| L42 Paediatric Surgery            | 98.0%  | 74.0%                              | 91.0%  | 88.0%                              | 9.11                               | 8.59                              | 2.0                | 1.6               | 11.1            | 10.2           | 0                             |
| L51 Childrens Cardiac Surgery     | 99.0%  | 75.0%                              | 100.0%   | 75.0%                              | 8.81                               | 8.77                              | 0.7                | 0.5               | 9.5             | 9.3            | 0                             |
| J07 General Admissions (inc HOBS) | 80.0%  | 82.0%                              | 76.0%  | 99.0%                              | 5.11                               | 3.98                              | 6.7                | 6.1               | 11.8            | 10.0           | 0                             |
| J08 Medical Admissions Unit       | 85.0%  | 118.0%                             | 78.0%  | 93.0%                              | 3.41                               | 2.78                              | 4.6                | 4.7               | 8.0             | 7.5            | 0                             |
| (New) J11 Surge                   | 87.0%  | 79.0%                              | 78.0%  | 93.0%                              | 3.27                               | 2.69                              | 4.9                | 4.2               | 8.1             | 6.9            | 0                             |
| J17 Older Peoples Services        | 117.0%   | 114.0%                             | 79.0%  | 116.0%                             | 3.48                               | 3.46                              | 5.1                | 5.8               | 8.5             | 9.3            | 0                             |
| J28 Older Peoples Services        | 90.0%  | 107.0%                             | 79.0%  | 119.0%                             | 2.83                               | 2.40                              | 4.0                | 4.5               | 6.8             | 6.9            | 0                             |
| L25 Neuro/Spines                  | 88.0%  | 104.0%                             | 76.0%  | 117.0%                             | 3.69                               | 3.07                              | 4.8                | 5.4               | 8.5             | 8.4            | 0                             |
| J23 Breast Surgery                | 96.0%  | 89.3%                              | 77.0%  | 105.0%                             | 6.52                               | 5.85                              | 9.0                | 8.4               | 15.5            | 14.2           | 0                             |
| L10 Major Trauma Ward             | 73.0%  | 93.0%                              | 106.0%   | 99.0%                              | 4.05                               | 3.41                              | 6.4                | 6.1               | 10.4            | 9.5            | 0                             |
| L15 Vascular                      | 90.0%  | 82.0%                              | 79.0%  | 101.0%                             | 3.17                               | 2.69                              | 4.0                | 3.7               | 7.2             | 6.4            | 0                             |

| Ward Healthcheck              |                        |
|-------------------------------|------------------------|
| In Escalation - Stage 1, 2 3) | Overall ward Metrics % |
|                               | 98.4%                  |
|                               | 94.5%                  |
|                               | 95.5%                  |
|                               | 97.0%                  |
| 3                             | 65.6%                  |
|                               | 99.0%                  |
|                               | 95.7%                  |
|                               | 96.1%                  |
|                               | 97.2%                  |
|                               | 97.5%                  |
|                               | 95.3%                  |

March 2021

| March                 | Day  |                                    | Night  |                                    | Care Hours Per Patient Day (CHPPD) |                                   |                    |                   |                 |                | Staffing Status Report (NSSR) |
|-----------------------|--|------------------------------------|--|------------------------------------|------------------------------------|-----------------------------------|--------------------|-------------------|-----------------|----------------|-------------------------------|
|                       | Registered   | Care                               | Registered   | Care                               | Planned Registered                 | Actual Registered midwives/nurses | Planned Care Staff | Actual Care Staff | Planned overall | Actual Overall | Number Blue status Shifts     |
| Ward name             | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) |                                    |                                   |                    |                   |                 |                |                               |
| J16 Acute Medicine    | 79.0%  | 103.0%                             | 78.0%  | 106.0%                             | 3.59                               | 2.82                              | 4.9                | 5.1               | 8.5             | 7.9            | 0                             |
| L10 Major Trauma Ward | 78.0%  | 100.0%                             | 100.0%   | 109.0%                             | 13.36                              | 11.38                             | 21.8               | 22.8              | 35.2            | 34.2           | 0                             |
| L15 Vascular          | 78.0%  | 93.0%                              | 87.0%  | 113.0%                             | 4.56                               | 3.74                              | 5.9                | 6.0               | 10.4            | 9.7            | 0                             |

| Ward Healthcheck              |                        |
|-------------------------------|------------------------|
| In Escalation - Stage 1, 2 3) | Overall ward Metrics % |
|                               | 96.6%                  |
|                               | 97.6%                  |
|                               | 94.4%                  |

**Appendix 2**  
**February 2021 review of quality indicators**

**J11 - Emergency & Speciality Medicine - (30 beds)**

In February, J11 did not reach the planned number of Clinical Support Workers (CSU) on day shifts and registered nurses on night shifts. Staffing shortfalls have been mitigated through redistribution of staff within the CSU. Additional CSW have been allocated to J11 as part of the increased recruitment of CSW posts across the Trust.

The February ward Healthcheck metrics results indicated gaps in nursing documents relating to initial patient assessments; documentation standards relating to on-going care of patients, and gaps in checks on emergency equipment. The initial spike of falls observed in January has now resolved to normal variation in February and March. J11 have been in receipt of Corporate Nursing support in the form of training and education pertaining to documentation and ward standards. This support has been delivered in line with the Trusts ward Healthcheck escalation procedure as J11 is in stage three of the procedure. This process has been overseen and supported by the Chief Nurse, with collaborative work from the ward leaders, CSU Management Team and Corporate Nursing.

