The Leeds Teaching Hospitals
NHS Trust

TRUST BOARD

26 May 2022

Nursing and Midwifery Quality and Safety Staffing Report

Presented for:	Assurance and information
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Previous Committees:	None

Trust Goals	
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	

Trust Risks (Type & Category)				
Level 1 Risk	(✓)	**Level 2 Risks**	**(Risk Appetite Scale)**	**Risk**
Workforce Risk	✓	Workforce Supply Risk - We will deliver safe and effective patient care through having adequate systems and processes in place to ensure the Trust has access to appropriate levels of workforce supply	Cautious	↔ (same)
Operational Risk			Choose an item	Choose an item.
Clinical Risk	✓	We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients.	Minimal	↔ (same)
Financial Risk			Choose an item	Choose an item.
External Risk	✓	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law	Averse	↔ (same)

Key points	
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 the programmes in place to close the registered nurse and unregistered vacancy shortfalls are effective.	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 and March 2022.

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.
- Trust wide reporting of Red Flags
- Registered nurse (RN) recruitment trajectory and Clinical Support Worker (CSW) trajectory
- Biannual Safer Nursing Care Tool (SNCT) Audit
- Nursing and Midwifery Bank and Agency Pay Rates

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. This includes wards J11, J29, J34 and X37 for February and March 2022.

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 and March 2022 has been included and is showing data within expected limits.
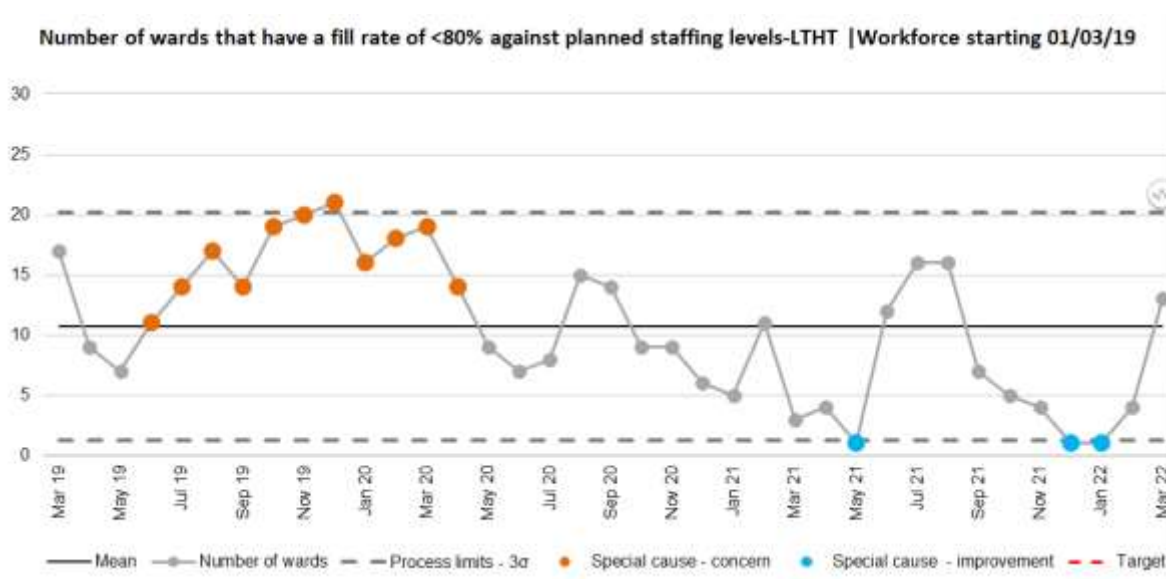
3.0   February 2022 Results

Of the 90 inpatient areas reviewed, four areas reported less than an average of 80% fill rate against their planned staffing levels during the month of February for unregistered staff on day shifts.

3.1   Exception Report

There were no clinical areas highlighted for the month of February as falling below the planned 80% staffing trajectory whilst also entering the escalation process of the

Ward Healthcheck. Two wards, C06 and L30 reported below the planned 80% staffing trajectory and reported an amber rating in the Ward Healthcheck metrics.

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

3.2 March 2022 Results

Of the 90 inpatient areas reviewed, 13 areas reported less than an average of 80% fill rate against their planned staffing levels during the month of March for a combination of registered and unregistered staff on day and night shifts.

3.3 Exception Report

There was one clinical area highlighted for the month of March as falling below the planned 80% staffing trajectory whilst also entering the escalation process of the Ward Healthcheck - J47.

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

4.0 Maternity Services

The Birthrate Plus (BR+) workforce acuity tool continues to be used to monitor midwifery staffing versus patient acuity in conjunction with professional judgement. The midwife to birth ratio remains consistent at 1:25 for February and March 2022.

Safe staffing levels have been maintained during the reporting period. One to one care in labour has been maintained at 100% and the delivery suite coordinator, without exception, has remained supernumerary to enable them to maintain operational oversight of the service.

4.1 Maternity Red Flags

Red Flags continue to be monitored via the BR+ acuity tool and are reported every four hours daily.

A total of 86 Red Flags were reported across the maternity services in February and March 2022, an increase of 14 from the previous reporting period.

The greatest numbers of Red Flags continue to be in relation to delays between admission for induction and beginning of process. Despite the delays there were no recordable harms.

4.3 Birthrate plus (staffing vs. workload) February and March 2022

The BR+ staffing vs. workload tables are available in **Appendix 3.** Analysis of this data illustrates that overall workforce availability meets acuity demands.
The leadership team continue to review all reported Datix. During this reporting period there have been no incidents reported associated with red flags.

5.0 Strengthening the Escalation and Reporting of Safety and Quality

The Trust has an internal reporting system that is completed for all wards once per day; SafeCare Professional Judgement (SCPJ). The single system provides a Trust wide overview of available workforce against the acuity and dependency needs of patients.

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 'red' shift in SafeCare 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 using the SafeCare professional judgement submission. The meeting is chaired by a Director of Nursing (Operations) or the on-call Head of Nursing out of hours to mitigate any staffing shortfalls.

For any unmitigated red shift's, a Stop the Line (STL) safety review is completed on the next shift led by the CSU Head of Nursing or designated deputy. Corporate Nursing Workforce team coordinate the review and submit as part of the SafeCare professional judgement report to the Weekly Quality Meeting (WQM) chaired by the Chief Nurse and Chief Medical Officer and a monthly report is shared with Executive Directors.

5.1 February 2022 SafeCare Red Shifts

In February 2022 there were 34 red shifts across five CSU's reporting unmitigated safety concerns via SafeCare. The majority of shifts were reported in Speciality Integrated Medicine (SIM).

Table 1 - Number of STL by CSU, ward or team

Number	CSU	Ward/team
24	Speciality Integrated Medicine (SIM)	J14, J15, J16, J17, J19, J20, J21, J27, J28 and J29
5	Urgent Care (UC)	Emergency Departments
3	Abdominal Medicine and Surgery (AMS)	SAU and J43
1	Cardio-Respiratory	L18
1	Neurosciences	L24

5.2 Exception report

Red shifts during February 2022 share the same theme across the CSU's as a consequence of short term staff absence, cancellation of bank and agency shifts and increased patient numbers.

There were delays during these shifts to meet enhanced care needs and to administer some medications, recording observations and re-positioning of patients was delayed in some instances. Staff also reported delays in being able to take breaks.

5.3 March 2022 SafeCare Red Shifts

In March 2022 there was a significant increase in red shifts reported, particularly in SIM. In total there were 82 red shifts in SafeCare reporting unmitigated safety concerns.

Table 2 - Number of STL by CSU, ward or team

Number	CSU	Ward/team
54	Speciality Integrated Medicine (SIM)	J14, J15, J16, J17, J21, J26, J27, J28, J29, J34
14	Cardio-Respiratory	J06, L14, L18, L19, L20
6	Urgent Care (UC)	Emergency Departments
3	Abdominal Medicine and Surgery (AMS)	J44, J46, J47
2	Neurosciences	L24
2	Trauma Related Services (TRS)	L22, L34
1	Head and Neck	L23

5.4 Exception report

All CSU's reporting red shifts in March 2022 share the same themes as a consequence of short term staff absence, cancellation of bank and agency shifts and increased patient acuity and dependency; particularly enhanced care requirements.

Bank and agency rates were temporarily escalated during the reporting period on a shift by shift basis to encourage shifts to be filled at short notice.

All shifts with unmitigated safety concerns in February and March 2022 were escalated appropriately in and out of hours. Despite delays to provide enhanced care and some clinical interventions during the reporting period no serious incidents were reported.

5.5 Red Flag Escalation

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.

All CSU's record and capture Red Flags in the SafeCare system (with the exception of Womens CSU reporting Red Flags via Birthrate Plus). Red Flags reported through SafeCare are reviewed as part of the daily staffing meeting with the Directors of Nursing (Operations).

5.6 Red Flags Reported Trust wide in February and March 2022.

The Trust has now recorded sufficient Red Flag data points to use a Statistical Process Control (SPC) chart to show the number of total Red Flags per month Trust wide.

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 and March 2022 has been included and is showing data within expected limits.
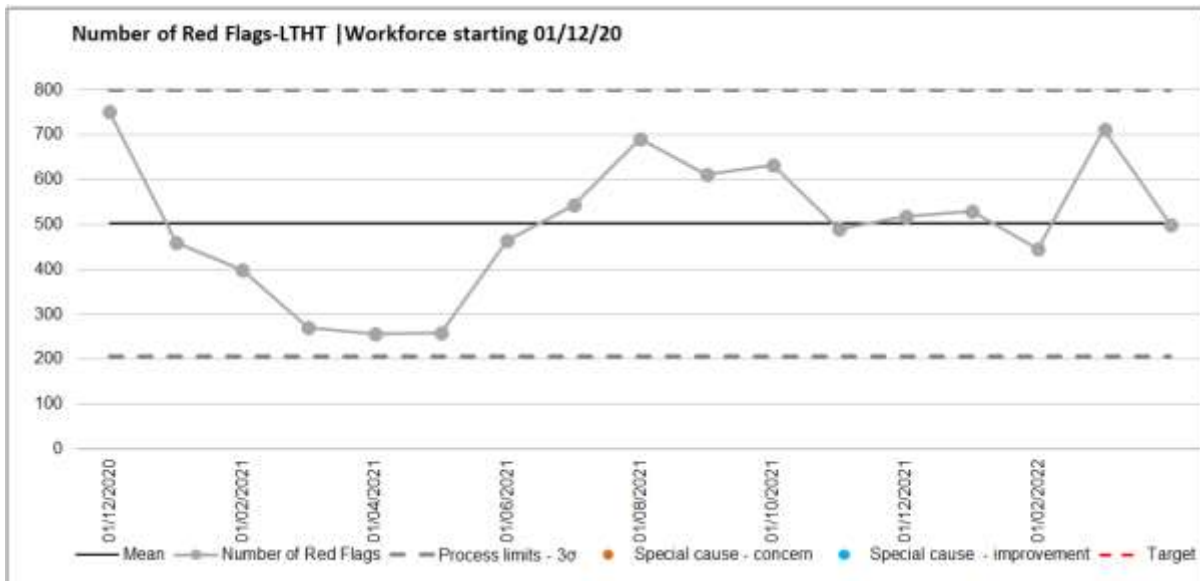
A total of 1159 Red Flags were reported across the Trust in February and March 2022.

The chart below (figure 1) presents the total number of 1159 Red Flags in each month, by Red Flag category.

Figure 1 - Red Flag by Month and Category
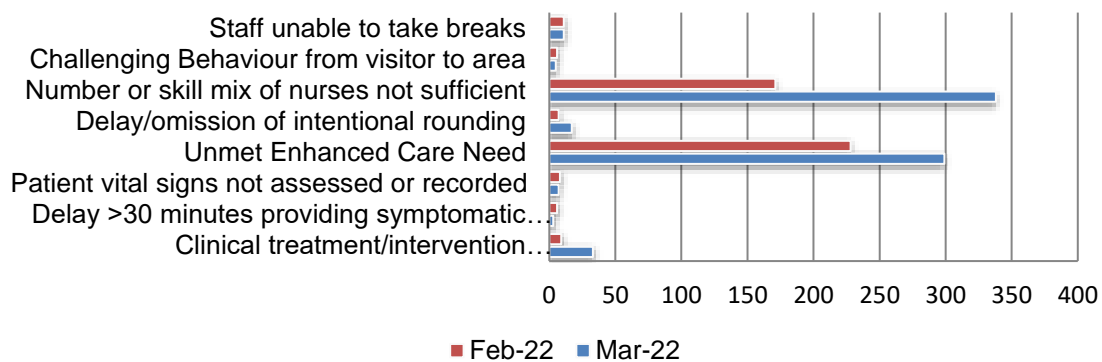
During the reporting period the greatest numbers of Red Flags are in relation to:
- Unmet Enhanced Care Need (527)
- Number or skill mix of nurses not sufficient (509)

5.7 Analysis of Red Flags

The greatest number of Red Flags is in relation to 'Unmet Enhanced Care Needs.' Demand for enhanced care remains increased and consistent throughout February and March 2022. The SIM CSU continues to utilise 700-800 hours per week of Mental Health CSW agency support in addition to the planned nursing establishment.

The second greatest number of Red Flags is in relation to 'Number or skills mix of nurses not sufficient.' The Trust continues to make progress towards reducing the Registered Nurse vacancy gap however the Red Flags in relation to number or skills mix of nurses has increased in March 2022.

Additional support is provided using temporary staffing resources and enhanced bank and agency rates. TFS Healthcare agency continues to provide focused nursing support to Urgent Care, Adult Critical Care, Respiratory, Abdominal Medicine and Surgery and Speciality Integrated Medicine with a phased reduction plan in line with international nurse recruitment.

All Red Flags were escalated to the Matron or Clinical Site Manager out of hours and mitigated or responded to where unable to entirely mitigate.

6.0   Recruitment and Registered Nurse Trajectory

In March 2022 the financial ledger showed that the Trust had a Whole Time Equivalent (WTE) registered nursing, midwifery and operating department practitioner vacancy of 7.35%. This is an improvement of 2.26% when compared against the vacancy position in March 2021. The current registered nursing turnover rate is 7.77%. Progress against the registered nurse trajectory is reported through the Resource Management Group.

7.0   Recruitment and Clinical Support Worker trajectory

In March 2022 the financial ledger showed that the Trust had a WTE Clinical Support Worker (CSW) vacancy of 7.89%, the current CSW turnover rate is 11.21%. The Trust board has approved an increase of 221 WTE CSW over the next three years to support the provision of enhanced care required by patients. Enhanced care is predominantly provided by the CSW workforce and the increased demands will further increase the vacancy position.

The first system wide recruitment event took place on the 25/26 April 2022; over 1000 CSW candidates were interviewed with 507 offers for LTHT. The majority of applicants requested part time or temporary hours. From experience of previous CSW recruitment events there is historically a low conversion rate from offer to appointment of around 20-30%. Therefore, the number of offers made will not exceed the WTE vacancy gap. Progress against reducing the CSW vacancy gap and staffing trend is reported through the Resource Management Group.

8.0 Safer Nursing Care Tool (SNCT)

SNCT is a National Institute for Health and Care Excellence (NICE) endorsed evidence based tool designed to guide nurse staffing requirements for inpatient ward areas in the UK, in particular assisting in decision making around setting safe and effective nursing establishments.

The Trust undertakes the SNCT audit twice per year to provide an evidenced based assessment of the nursing establishment required in a particular ward area. SNCT recommends the number of Whole Time Equivalent (WTE) staff required to safely care for patients on an individual ward based on acuity and dependency classifications of patients.

The classifications support measurement across a range of specialties and range from level 0 that indicates needs met by provision of normal ward care to levels 1a, 1b, 2 and 3 that indicate higher levels of dependency, specific expertise and or intensive levels of care. SNCT is used as part of a triangulated approach combined with professional judgement, nurse sensitive indicators and patient and service outcomes.

The SNCT audit has been completed for February 2022; the data collection period covered 24 January to 20 February 2022.

The February 2022 results reported a decrease of 8.5% of level 0 patients than in the collection in October 2021. The number of level 1a patients increased by 15% (increased acuity needs) and results show a further increase, by 7%, of patients in the level 1b dependency group (increased dependency needs) when compared to the previous October 2021.The number of level 2 patients increased by 14% (patients requiring higher dependency care) and level 3 patients decreased by 2.5%.

Trust wide Red Flag and red shift reports confirm there has been a consistent increase in patients requiring enhanced care support as a result of the Covid-19 pandemic which would support the findings of the audit. The results of the SNCT audit will be used as part of the bi-annual establishment reviews planned for May and June 2022. Any changes to the planned nursing establishments require authorisation and sign off by the Chief Nurse.

The ward area SNCT classifications have been adapted and are now licensed to support measurement across Emergency Departments (ED). The new ED tool has been piloted, for the 12 recommended days, through the data collection period of 24 January to 5 February 2022. In addition to the classifications and triangulated approach the tool requires an hourly record of staff on shift and in which area of the

ED for example, number of staff in resus and number of staff in initial assessment area.

The following four ED areas participated in the data collection; St. James's Hospital ED, Leeds General Infirmary Adult ED, Minor Injuries Unit at Leeds General Infirmary and Children's ED. All areas completed 100% data collection and the initial SNCT results are being reviewed and validated with the CSU. It is important to note this is the first data collection for EDs and further guidance for interpretation of results will be shared by The Shelford Group alongside future collections for a more detailed understanding and analysis of the ED SNCT data.   The data will be reviewed as part of the Urgent Care CSU establishment review in May 2022.

9.0   International Nurse Recruitment

There are 497 WTE internationally recruited nurses in post with an additional 85 WTE internationally trained nurses arriving in June 2022. Of the nurses arrived, 420 have gained UK registration with the Nursing and Midwifery Council (NMC).

10. Nursing and Midwifery bank and agency pay rates

The Trust has introduced a new Agenda for Change (AfC) pay framework for both bank and substantive staff. The purpose of the framework is to ensure equity of pay across all AfC staff groups and bands, a consistent % increase is applied in line with the Standard, Enhanced and Surge rates giving staff the flexibility to choose how and when they undertake additional hours. The accountability for rate escalations has also changed with additional controls in place. Escalation from Standard to Enhanced will be approved through Directors of Nursing (Ops) or the out of hours on call team. Escalation to Surge rates requires Chief Nurse approval or Executive Director on call when out of hours.

The aim is to move CSU's back to Standard bank rates with escalation to Enhanced for short term pressures and Surge only in Extremis. Following the most recent rate review, the Nursing and Midwifery bank rates will move to 'Standard' for all registered and unregistered shifts, effective from the 16 May 2022.

11.0   Risk

The Workforce Committee provides oversight of the workforce supply and deployment of registered nurses, midwives, operating department practitioner and unregistered workforce. The Quality Assurance Committee provides oversight of the regulatory, quality and safety patient indicators. There was no material change to the risk appetite statement related to the level 2 risk categories and the Trust

continues to operate within the risk appetite for the level 1 risk categories (workforce, clinical and external risks) set by the Board.

12.0 Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000

13.0 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 SafeCare system and Red Flag escalation process.
- 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.

13.0 Supporting information

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) Appendix A - Nursing workforce quality and safety indicators

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Date: 3 May 2022

Appendix 1

February 2022

| Feb-22	Day		Night		Care Hours Per Patient Day (CHPPD)							Nurse Staffing Status Report (SJPC)	Ward Healthcheck	
	Registered	Care	Registered	Care									In Escalation - Stage 1, 2 3)	Overall ward Metrics %
Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Planned Registered	Actual Registered midwives / nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number of Red Shifts SafeCare			
C06 Stroke Rehab	99.0%	74.0%	100.0%	128.0%	3.06	3.04	4.2	4.0	7.3	7.0			0	80.6%
L30 Childrens Respiratory/CF	98.0%	68.0%	90.0%	89.0%	7.44	7.01	2.3	1.8	9.8	8.9			0	88.9%

March 2022

Mar-22	Day		Night		Care Hours Per Patient Day (CHPPD)							Nurse Staffing Status Report (SJPC)	Ward Healthcheck	
	Registered	Care	Registered	Care									In Escalation - Stage 1, 2 3)	Overall ward Metrics %
Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Planned Registered	Actual Registered midwives/ nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number of Red Shifts SafeCare			
J47 Colorectal Surgery	84.0%	111.0%	78.0%	111.0%	9.91	8.08	10.8	11.9	20.7	20.0	1		1	78.3%

Appendix 2
February 2022 review of quality indicators

C06 - Stoke Rehabilitation (23 beds)
In February 2022, C06 did not reach the planned number of Clinical Support Workers (CSW) on a day shift. Recruitment to vacant posts continues and support has been provided through bank and agency.

The February 2022 ward Healthcheck metrics results of 80.6% indicated gaps in nursing documentation relating to the on-going management of patient care. The incidence of falls were below the rolling year average, with three falls reported, all of which were deemed no harm. C06 have not reported any developed pressure ulcers since November 2021. Similarly, there were no reported PALS or 2222 calls for the month of February 2022.
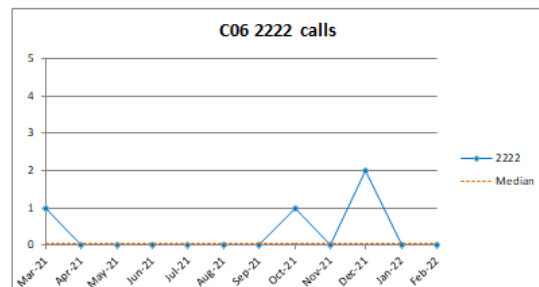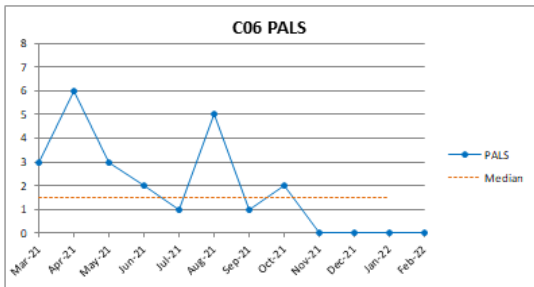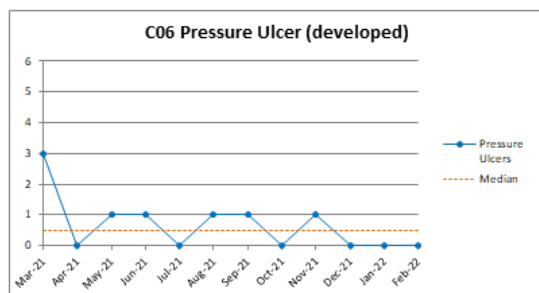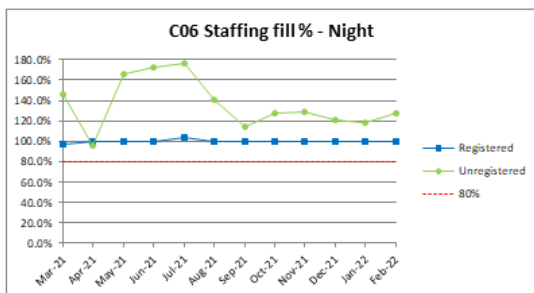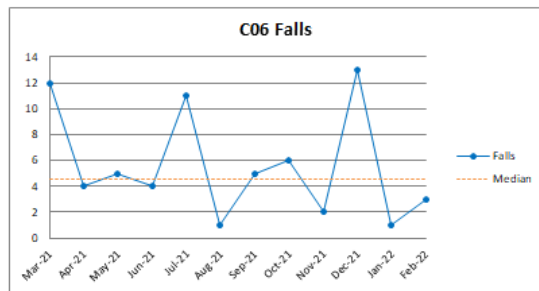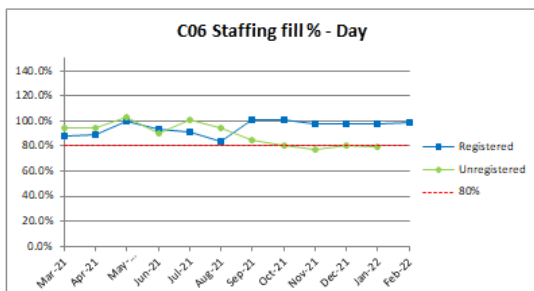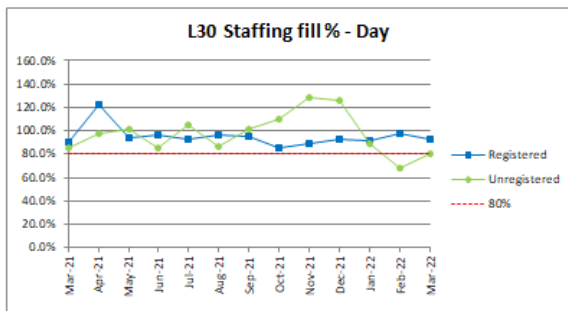
February 2022 review of quality indicators

L30 - Children's Medicine (10 beds)
In February 2022, L30 did not reach the planned number of Clinical Support Workers (CSW) on a day shift. Bank and agency support was utilised to mitigate CSW shortfalls and re-distribution of staff within the CSU.

The February 2022 ward Healthcheck metrics results of 88.9% indicated gaps in nursing documentation relating to the on-going management of patient care pertaining to continence and nutrition. L30 report a low number of incidences, with no falls, developed pressure ulcers or 2222 calls in February 2022. Additionally, there were no PALS received for February 2022.
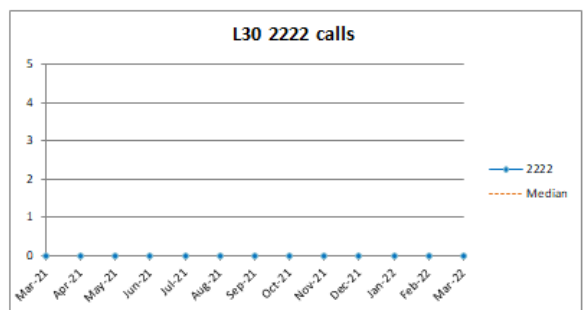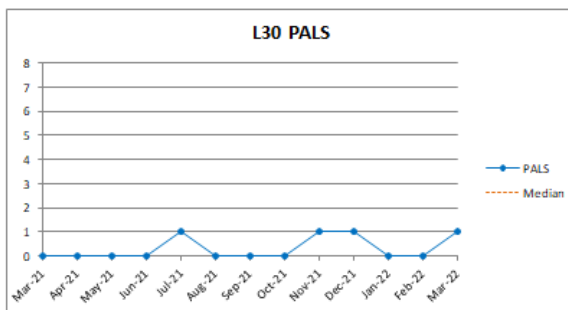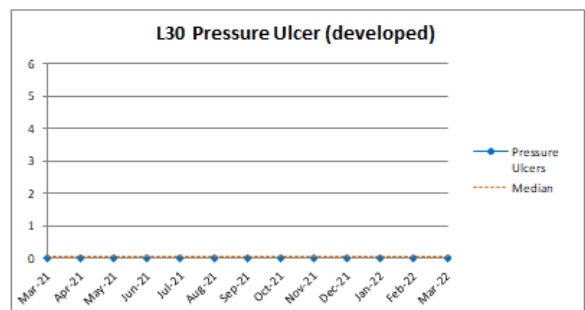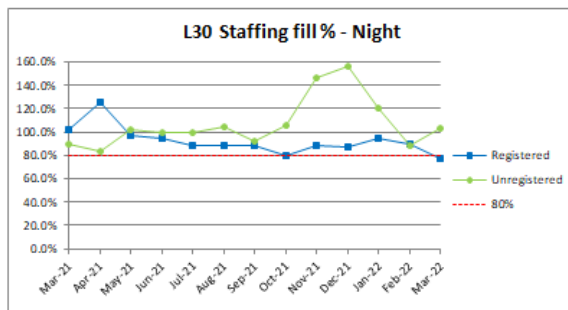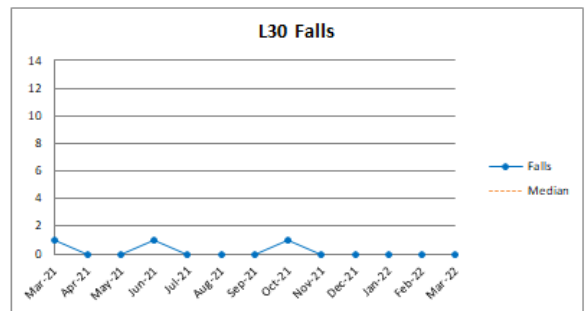
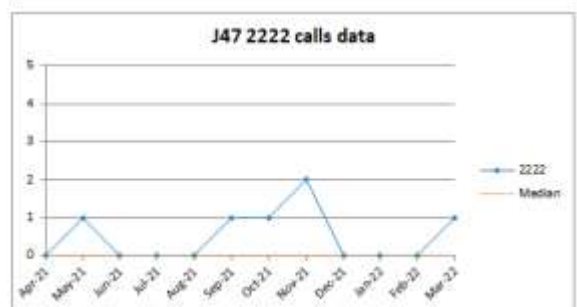**March 2022 review of quality indicators**
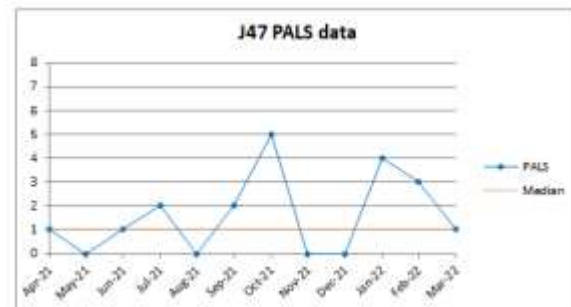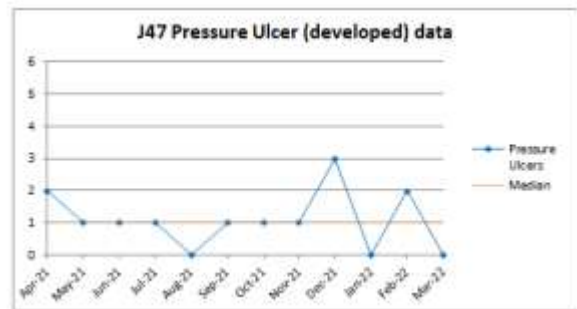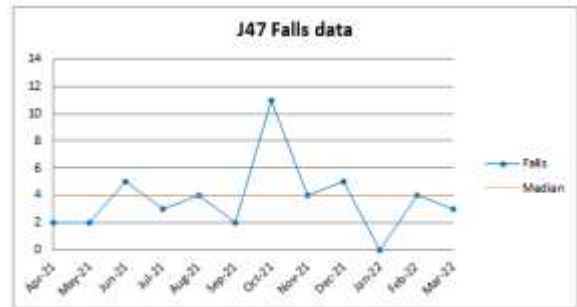
J47 - Colorectal (25 beds)
In March 2022, J47 did not reach the planned number of Registered Nurses on a night shift. Re-distribution of staff within the CSU and bank and agency support were utilised to mitigate staffing shortfalls.

The March 2022 ward Healthcheck metrics results of 78.3% indicated some gaps in nursing documentation, emergency equipment checks and issues related to safe storage of medicines.

In March 2022, J47 moved into stage 1 of the escalation process of the ward Healthcheck owing to a combination of overall metrics score, and non-completion of the monthly compassion audit.

J47 have reported lower than average falls and developed pressure ulcers for March. There was one PALS received for March and one 2222 call made regarding a deteriorating patient.

An assurance visit from corporate nursing was carried out and findings shared with the CSU.
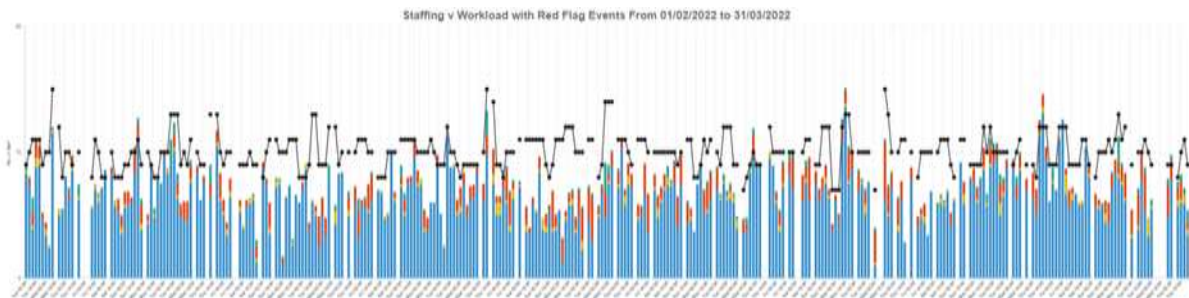
J47 Staffing fill % - Day

J47 Falls data

J47 Staffing fill % - Night

J47 Pressure Ulcer (developed) data

J47 PALS data

J47 2222 calls data

Appendix 3

The following tables show BR+ (staffing vs. workload reported at 4 hourly intervals) data for February and March 2022 for both delivery suites.

Key for interpretation of BR+ graphs:

L45 February and March 2022

J03 February and March 2022