

**TRUST BOARD**

Thursday, 30 July 2020

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

<b>Presented for:</b>	Assurance and information
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<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 those arrangements for 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
4. Annual Nursing Workforce report 2019/20 is presented for information and assurance	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 May 2020.

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

Wards that have reported less than an average of 80% against their planned registered 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**.

An annual nursing workforce report is also included in **Appendix 3** of this paper.

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.
- Safe staffing reviews and establishment setting.
- Safer Nursing Care Tool audit.
- Recruitment.
- Annual Nursing Workforce report for 2019/20 in **Appendix 3**.

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*.

## **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). On the advice of NHS England submissions were paused from April 2020 until June 2020. Submissions have recommenced from June 2020 and retrospective submissions are also required for April and May 2020.

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

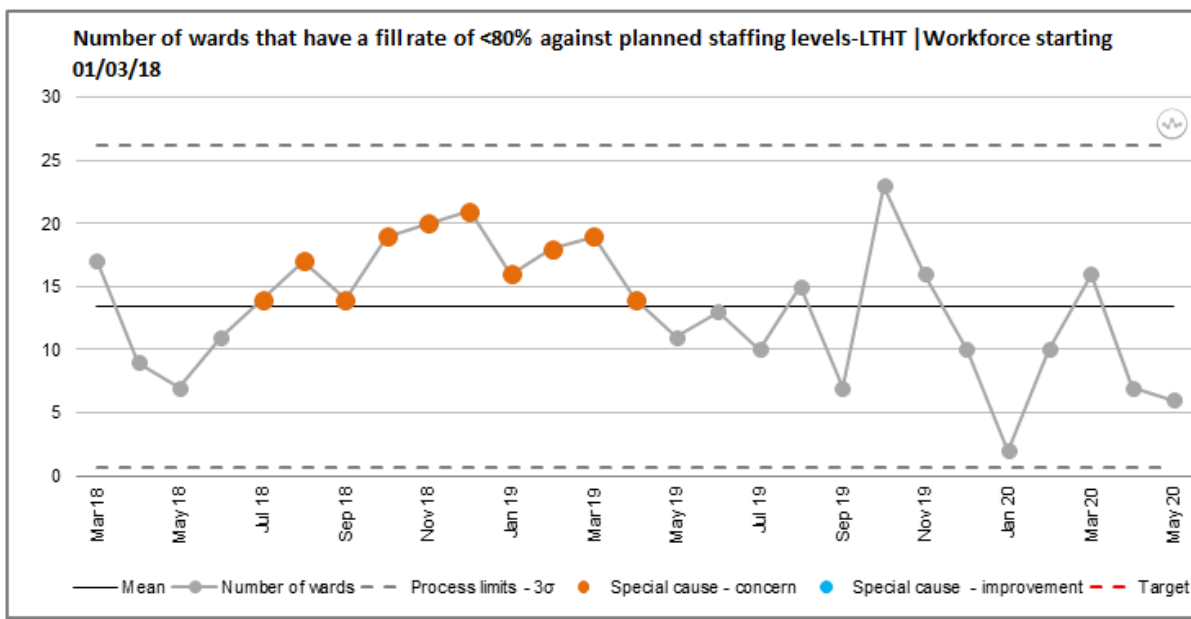
During May 2020 wards and services have changed their function in response to the Covid-19 pandemic. Where a ward has been closed it has been omitted from the Hard Truths return for the reporting period. Any ward which has been partially open during the reporting period has had a fill rate calculated from the roster and validated by the clinical area.

The Hard Truths report reviews 87 inpatient areas; five of these wards were closed during the reporting period.

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. As further data points are included, the mean recalculates, in the chart below we can see that from July 2018 to April 2019 there are a series of data points that are above the mean, as time has progressed the mean has shifted down to 14 indicating an improving position with regard to fill rate.

The data for May has been included and is within normal variation. The only change has been the total number of wards included in the Hard Truths return. The denominator is usually 87 wards however for May this is 82.



### 3.0 May 2020 Results

Of the 82 inpatient areas reviewed, six areas reported less than an average of 80% fill rate against their planned staffing levels during the month of May either on a day or night shift in either registered or unregistered staff or a combination of the above.

### **3.1 Exception Report**

There were no clinical areas highlighted for the month of May 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. Therefore, there has also been a review of any wards below their planned 80% staffing who have scored amber (<90%) or red (<80%) in the ward metrics audit which is part of the overall Ward Healthcheck process. Of the six wards falling below 80%, two wards rated as being in amber in the ward metrics audit in May: J82 which scored 88.9%, and L12 which scored 89.9%

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

### **4.0 Maternity Services**

The Birthrate Plus workforce acuity tool continues to be used to monitor staffing vs acuity in conjunction with professional judgement. The midwife: birth ratio remains consistent at 1:28 in May. There are a number of midwives working in a non-direct patient facing role due to Covid-19. However, they are still contributing to safe care through the provision of virtual clinics.

One to one care has been maintained at 100% across both delivery suites.

The use of digital platforms, advice lines and virtual clinics continues to receive excellent feedback from service users.

The maternity Red Flags continue to be monitored twice daily. There have been a total of 23 Red Flags reported in May, 19 were associated with a delay in induction of labour of more than six hours. This was primarily due to issues with patient flow across the maternity pathway. Delays in induction of labour remains a focus of quality improvement within the Women's CSU and a number of strategies have been implemented to reduce delays and improve the service user's experience.

There have been three occasions where labouring women were diverted from St James' University Hospital (SJUH) to Leeds General Infirmary (LGI), and one occasion from LGI to SJUH. The diversions were in place and resolved within four to six hours. One Red Flag was reported for a delay in care at the SJUH site. There were no adverse outcomes associated with any of the reported Red Flags.

The daily review of all reported Datix by the Senior Management team continues. There have been no clinical incidents related to workforce issues.

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

The Trust has an internal reporting tool that is completed for all wards three times a day: Nurse Staffing Status Report (NSSR). Wards rate the safety of each shift 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 a day.

Daily staffing meetings have been initiated since 9th April to monitor nurse staffing levels 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.

### **5.1 May 2020 Blue Shifts on NSSR (unmitigated safety concerns)**

No wards reported any blue shifts in May.

### **5.2 Red Flag Escalation**

To supplement the above process of rating each shift on the NSSR a system of Red Flag escalation has been tested 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 CSU's that 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. CSU's in SafeCare areas are testing a reliable process for reporting, reviewing and monitoring of these Red Flags.

### **5.3 SafeCare evaluation (Red Flags) outcome**

Due to the Covid-19 pandemic the SafeCare Project Board took the decision to temporarily pause the roll out of SafeCare to further CSU's. The project team utilised the pause in the project to fully evaluate the function of SafeCare.

Since the implementation of Red Flags in July 2019, Datix has been used in areas that do not have SafeCare. Datix is a system that is well used to report risk and incidents. Its governance framework provides a structure that ensures that there is an owner, investigations are undertaken, actions are agreed and outcomes recorded and lessons learnt are disseminated.

The recording system within SafeCare for Red Flags is easier to use and all of the information is available in one place making real time reporting more consistent. The challenges of recording Red Flags in SafeCare are that the governance and oversight of the system is still in the early stages and not as well established as Datix.

The Operational SafeCare group led by the Director of Nursing (Operations) will develop and embed the governance and assurance requirements for Red Flags within SafeCare commencing at the next group meeting in July 2020. Once this is

established a summary of Red Flags from SafeCare will be provided in future reports.

#### **5.4 Red Flags Reported May (Datix)**

During May one Red Flag event was reported in Datix from the following CSU: Cardio-Respiratory (1).

The Red Flag was categorised as number or skill mix of nurses not sufficient (J10). The incident related to the Respiratory Care Unit (RCU) and an increase in patients requiring non-invasive ventilation during the shift. The Red Flag was appropriately escalated to the Matron and resolved at ward level. The acuity and dependency of patients on J10 can fluctuate depending on demand; the CSU has increased the number of registered nurses required for J10 to reflect this, as part of the establishment setting process. The ward does have significant registered nursing vacancies and is receiving support through temporary staffing until international nurse recruitment resumes.

#### **6.0 Safe Staffing - Phase one Nurse Establishment reviews**

The Trust is required to review nurse establishments twice a year, following the Chief Nurse led review of nurse establishments in May 2019, phase one of the establishment review process for 2020/21 has been completed. The establishment reviews led by the Deputy Chief Nurse and Director of Nursing (Operations) in partnership with the Heads of Nursing and Matrons for each CSU reviewed the following:

- Whole time equivalents (WTE) required by each ward, and shift in relation to 'stop the line' staffing requirements the required 'nursing establishment' and the 'Covid-19 staffing requirements'.
- Current position in relation to service changes as a result of Covid-19 including any reduction in beds or roster amendments.
- Workforce review in relation to staff shielding, sickness/absence and vacancy position against the April 2020 financial ledger.
- Bank and agency utilisation and winter planning requirements.
- Safer staffing metrics (Red Flags, Safer Nursing Care Tool, Hard Truths return, and Ward Healthcheck).
- Recruitment pipeline including deployment of work based learners due to qualify in the next six months.

All CSU's received a data pack containing ward level data in relation to agreed roster templates, WTE for each establishment level and safer staffing metrics. On completion of the review the actions and updates are recorded, agreed and signed off with the Deputy Chief Nurse and Head of Nursing. The Corporate Nursing Workforce team will collate any agreed actions and monitor progress against these with the CSU. Actions will be monitored and reviewed through the monthly Nursing, Midwifery and Allied Health Professionals Workforce Group (NMAWG).

## **6.1 Outcome of External Nurse Establishment reviews**

There are no significant changes required to the nursing establishments. All ward areas are operating to the agreed nursing establishments and stop the line staffing numbers agreed as part of the 2019/20 establishment review. All roster templates are set to the agreed establishments and this is also reflected in the financial ledger.

Phase one of the establishment review process took place during the recovery phase of the pandemic. Many wards and services have undergone significant changes in function and there has been an increased need for flexibility with the deployment of staff both within, and across CSU's. Some CSU's have experienced higher numbers of staff shielding and have appropriately mitigated any staffing shortfalls as demand within some services has decreased or through redistribution of staff. Where the changes to wards will continue for a longer period of time the roster and nursing establishment will be updated to reflect the changes required.

Through the establishment review process all wards and services have been able to mitigate any staffing short falls and maintained patient safety. No significant concerns have been raised in relation to staffing, or the required nursing establishment.

All of the external staffing reviews in relation to the Surgical Assessment Unit (SAU) and the Emergency Departments (ED) are complete. The CSU's have reviewed the data and any recommendations made. There are no immediate patient safety concerns in relation to these areas. Based on the recommendations the Emergency and Specialty Medicine CSU have increased the number of band seven nurses and Abdominal Medicine and Surgery CSU have reviewed the recommendations and concluded that the nursing establishment in SAU does not need any further investment but there needs to be a drive to recruit to establishment numbers. The CSU will work with the corporate Workforce and Education Team to review the International Recruitment allocation for SAU to help reduce the current vacancy position.

## **6.2 Phase two Nurse Establishment reviews**

In Q3 the second phase of reviews will commence led by the Chief Nurse. The second phase of the establishment review process will review the actions and outcomes of phase one. The process will involve Heads of Nursing, Matrons and Ward Leaders to review and discuss the safer staffing requirements for the new financial year 2021/22.

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

The SNCT is one evidence based decision support tool endorsed by the National Institute Clinical Excellence (NICE) that demonstrates acuity and dependency aligned to staffing resource requirements. Used alongside professional judgement, patient outcomes and other evidence based tools it can provide robust establishment recommendations. The SNCT is undertaken twice a year, in winter and summer over a 28 day period in inpatient and assessment areas.

The SNCT audit was most recently undertaken in January 2020 with the results being used to inform the nursing establishment review process as outlined in Section six.

As part of the establishment review process any SNCT results were reviewed against the WTE required to staff the roster. In the majority of wards and services the SNCT score closely aligned to the required nursing establishment. There were a small number of results that were higher or lower than the nursing establishment that will be reviewed and undergo further data analysis.

The next SNCT audit is due to commence in July 2020, with changes to wards and services as part of the recovery phase of the pandemic, the audit will be moved to September 2020 to ensure, as far as possible that the audit is undertaken once wards and services resume their usual functions.

## **8.0 Recruitment and Registered Nurse Trajectory**

In May 2020 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 4246.78, against a substantive establishment of 4915.34 creating a vacancy of 13.6%. This is a slight increase of 1.14% against the vacancy position in April 2020.

### **8.1 International Nurse Recruitment**

The Corporate Nursing Workforce team continue to monitor the situation in relation to international flights and the opening of visa offices globally. At present the Trust is unable to fly any nurses out of India, Dubai or the Philippines. As soon as flights resume and visas can be issued, plans are in place to resume our international nurse programme. Recovery plans are in place with an anticipated date of August 2020 for the next cohort of international nurses to arrive.

## **9.0 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.
- 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.
- Note the progress made in relation to safer staffing requirements through the Annual Nursing Workforce report 2019/20

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) Appendix A Nursing workforce quality and safety indicators

Appendix 1

May-20	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR)
	Registered Average fill rate - registered nurses/ midwives (%)	Care Average fill rate - care staff (%)	Registered Average fill rate - registered nurses/ midwives (%)	Care Average fill rate - care staff (%)	Planned Registered	Actual Registered midwives/ nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	
J82 UGI & HPB Surgery	88.5%	113.5%	76.6%	108.2%	6.65	5.6	6.0	6.6	12.7	12.2	0
J12 Respiratory Medicine	101.7%	114.5%	76.7%	90.8%	6.48	5.8	7.6	7.8	14.1	13.6	0
J09 Respiratory Medicine	101.0%	117.5%	78.9%	90.2%	9.92	9.0	13.6	14.2	23.5	23.3	0
L12 Stroke Rehab	74.5%	104.1%	97.2%	142.1%	3.98	3.2	4.9	5.7	8.9	8.9	0
L25 Neuro/Spines	86.3%	129.5%	78.6%	127.9%	4.40	3.7	6.2	8.0	10.6	11.7	0
L15 Vascular	86.4%	97.0%	76.4%	101.6%	NA	3.0	NA	5.6	NA	8.6	0

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
0	88.9%
0	91.4%
0	95.7%
0	89.9%
0	94.2%
0	95.8%

**Appendix 2**

**May 2020 review of quality indicators**

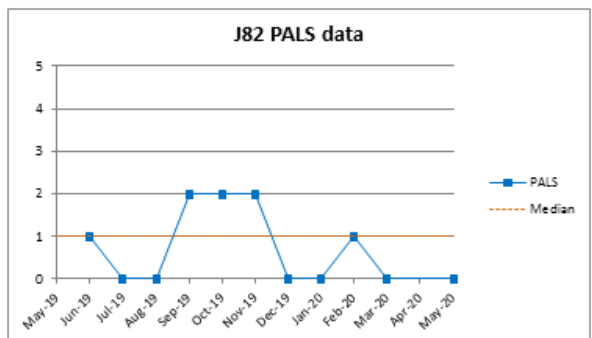
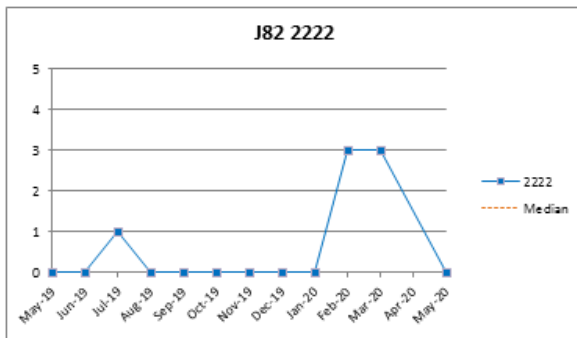
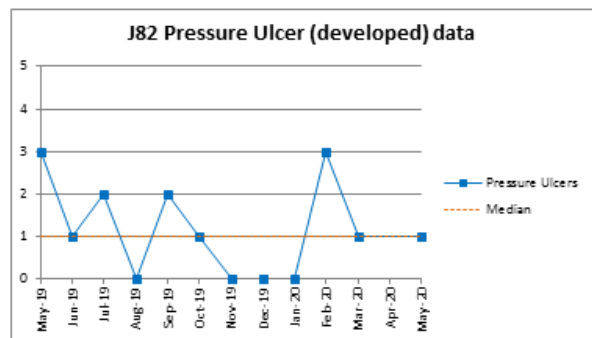
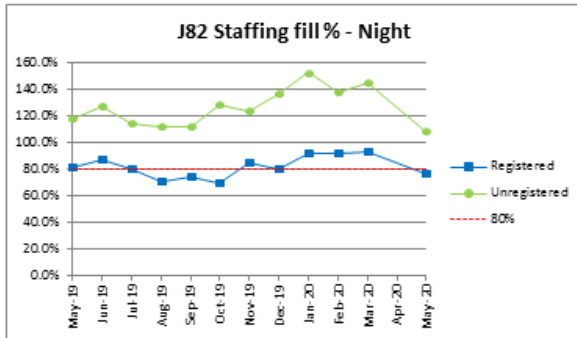
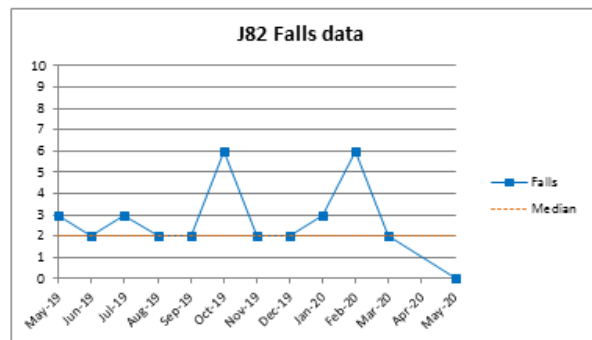
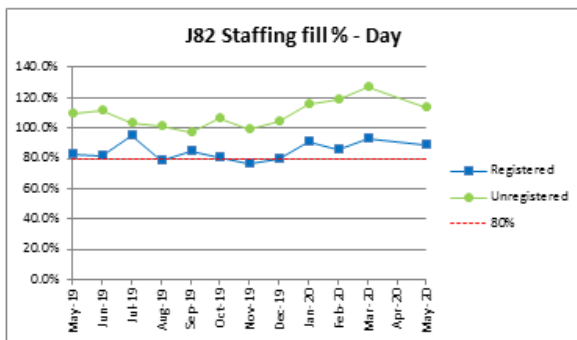
J82 Hepato-biliary & Upper Gastro-intestinal (31 beds)

Covid-19 designation: Shielded elective surgery (23 beds)

In May, J82 did not achieve the planned number of registered nurses on night shifts. J82 has seen a reduction in patient flow during the recovery phase, staffing levels have been at 'stop the line' however with the reduced demand the ward has safely cared for all patients.

J82 scored 88.9% (amber) on their ward metrics audit; this was due to gaps in documentation and assessment on admission. This will be addressed and monitored through the perfect ward governance framework.

There has been no increase in patient falls, pressure ulcers, or PALS as a result of falling below the planned 80% staffing trajectory.



**May 2020 review of quality indicators**

L12 - Stroke Rehabilitation (27 beds)

Covid-19 designation - Respiratory admissions ward

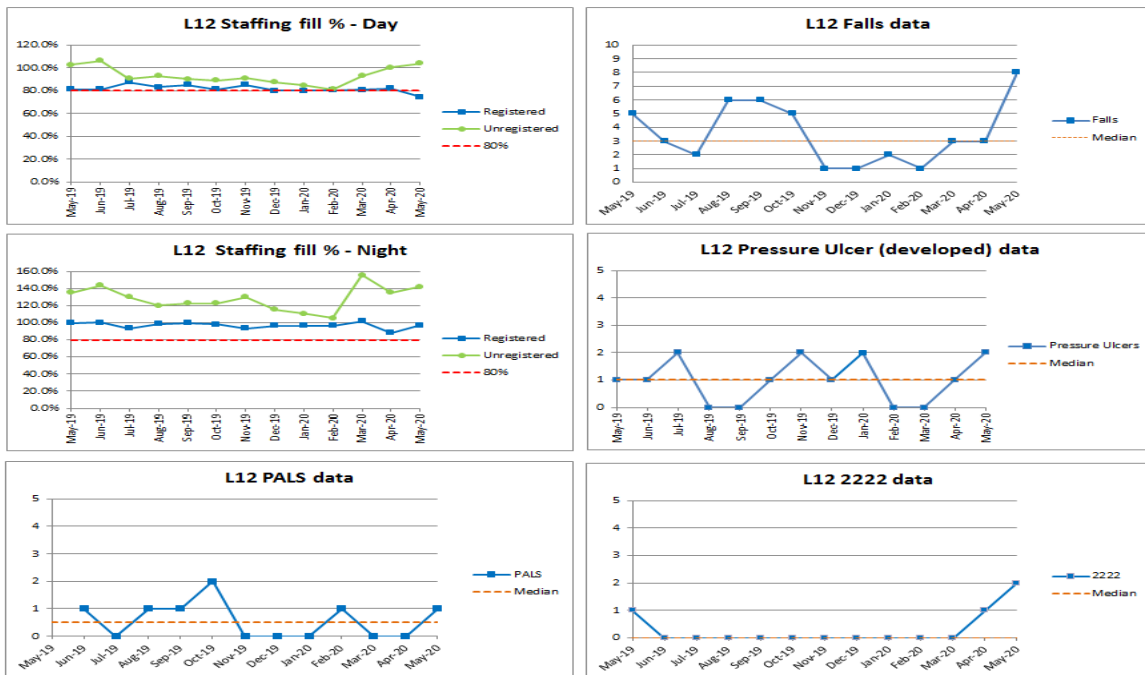
In May, L12 did not achieve the planned number of registered nurses on day shifts. As part of the pandemic response L12 is operating as a respiratory admissions ward. Due to the change in function from stroke rehabilitation to respiratory admissions acuity and patient flow significantly increased. Staffing has been at ‘stop the line’ however due to other temporary ward closures staff are supporting from across the CSU.

L12 scored 89.9% (amber) on their ward metrics audit; this was due to gaps in nursing documentation and assessment.

There was a significant increase in falls on L12 for the month of May, with eight falls in total, up from a median of three falls per month. A review of the Datix system revealed that no patients suffered moderate harm or above. Further investigation revealed that six out of the eight falls occurred between the hours of 22:00 and 08:00 hrs. An increase in falls may be related to the changes to the patient demographic however some gaps in the documentation related to falls risk assessments were noted on the audit. There were no concerns noted relating to night shift staffing fill rate.

The increase in falls has been escalated to the falls collaborative and support provided to the ward leader in relation to gaps in documentation. Patient safety metrics will continue to be monitored through the perfect ward and health check metrics.

There has been no increase in pressure ulcers, or PALS as a result of falling below the planned 80% staffing trajectory.



## Appendix 3

### Nursing Workforce (Annual report) 2019/20

#### 1.0 Introduction

Over the last 12 months there has been a significant focus and strengthening of governance and assurance in relation to safer staffing requirements led by the Chief Nurse.

Safer staffing was also a key focus of the 2018 CQC inspection, the Trust has made significant progress against the actions outlined in regulation 18 (1) to provide sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people using the service at all times.

This has been supported by the most recent release of additional safer staffing guidance by NHS Improvement (2018) *Developing workforce safeguards - supporting providers to deliver high quality care through safe and effective staffing*.

In November 2019 the first bi-annual 'Midwifery Workforce, Quality and Safety Report' was included in the Board report. This was followed by the first bi-annual summary report in relation to 'Staffing and Quality Indicators for Allied Health Professionals' in March 2020.

This report will focus on the progress and achievements of the registered nursing workforce over the last 12 months in relation to safer staffing requirements.

#### 2.0 Safer Staffing

Safer Staffing policy has significantly progressed since 2013 with the National Quality Board (NQB), National Institute Clinical Excellence (NICE) and NHS improvement (NHSi) all adding to the body of evidence in relation to safer staffing policy and guidance for a variety of health care settings.

NQB (2016) *Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time: Safe, sustainable and productive staffing*, sets out the key principles and tools that Trusts should use to measure and improve their use of staffing resources to ensure safe, sustainable and productive service, including introducing the Care Hours Per Patient Day (CHPPD) metric.

Building on the principles of the NQB guidance, 'Developing workforce safeguards' (NHSi 2018) highlights policy that supports organisations to use best practice in effective staff deployment and workforce planning.

The Chief Nurse on commencing in post reviewed the establishment process to ensure full compliance with the safer staffing guidance and recommendations. A

new establishment setting process was launched in May 2019 as part of the Chief Nurse review.

On undertaking the review it was recognised that:

- Terminology used to describe staffing levels was not well understood
- Lack of understanding in the application and use of evidence based tools to support safer staffing and establishment setting
- Ward level budgets did not reflect the required nursing establishment

It is important that the language used to describe the staffing required for a safely managed ward environment is clearly understood across the Trust; in May 2019 the Trust revised the language used to describe staffing requirements as follows:

**Nursing Establishment:** based on a combination of evidence based tools and professional judgement. This is the baseline planned number of nurses and unregistered staff required to effectively manage the area.

**Stop the Line staffing numbers:** this is the minimum number of nurses and unregistered staff agreed with Ward Managers that if is further reduced requires a review by a Matron, Head of Nursing, Clinical Site Manager and/or Director of Nursing.

However it is recognised that at any point if the daily establishment does not reflect the acuity and dependency needs of the patients that a Red Flag can be raised.

## **2.1 Increasing awareness and application of evidence based tools**

To support ward leaders in understanding and applying the safer staffing evidence based tools, the Corporate Nursing Workforce team delivered a series of workforce master classes for all Matrons across the Trust. The master classes covered all elements of safer staffing requirements, policy/guidance updates and utilisation of evidence based tools.

## **1.2 Aligning ward level budgets to the nursing establishment**

In recent years ward level budgets had been set based on a combination of run rate, anticipated recruitment and turnover. The impact of this approach was that the budgeted establishments did not always align with the required nursing establishment and subsequent roster shift calculators.

This had resulted in ward staffing budgets that ward leaders found difficult to understand, monitor and manage. The Director of Finance and Chief Nurse agreed that budgets should be set at ward level based on the agreed nursing establishment and the staffing numbers required on each shift. This has been successfully aligned for the 2020/21 establishments.

By aligning the ward level budget to the required nursing establishment for 2020/21 the demand and supply of the registered nursing workforce can be accurately assessed.

### **2.3 External reviews**

In addition to the establishment setting work undertaken internally, a nationally recognised workforce analyst led an external nursing workforce review for the Emergency Departments (ED) and the Surgical Assessment Unit (SAU).

#### **External review - ED**

In August 2019 patients attending the ED on the St James and the Leeds General Infirmary sites were sampled twice daily for 12 consecutive days in accordance with the workforce review tool. Following the initial data collection the review was repeated in October and February 2020 to ensure a robust data set taking into account seasonal variances.

A key finding from the external review based on daily attendance, dependency and acuity mix of patients and quality indicators drawn from 56 best practice ED's indicated that the Emergency and Speciality Medicine CSU should review the provision of band seven nursing leadership within the departments.

The CSU has recruited an additional 6.0 WTE band seven nurses into the adult ED's and reviewed working patterns to increase the provision of band seven staff over the out of hours periods.

The CSU triumvirate team are now focused on increasing the band seven nurses in the paediatric ED by 2.0 WTE with recruitment commencing in July 2020.

#### **External review - SAU**

The external review of SAU commenced in January 2020 with an audit capturing patient acuity and dependency over a 21 day period. The outcome of the initial audit demonstrated low acuity of patients attending SAU when compared to other SAU's nationally. A second data collection commenced in April 2020 alongside a quality audit in May 2020 to ensure a robust data set to benchmark more accurately against other SAU's.

The CSU triumvirate team have reviewed the recommendations from the external review and concluded that the nursing establishment in SAU does not need any further investment but there needs to be a drive to recruit to establishment numbers.

The CSU will work with the corporate Workforce and Education Team to review the International Recruitment allocation for SAU to help reduce the current vacancy position.

### **3.0 Registered Nurse trajectory**

The NHS is currently facing a nursing workforce shortfall of over 40,000 unfilled nursing posts across England. The interim NHS people plan has been launched to address the workforce challenges however it acknowledges the scale of the challenge and the need for multiple approaches to recruit, retain and develop more staff.

Over the last 12 months the Trust has been reviewing the registered nursing vacancy gap and developed short, medium and long term plans to address the registered nursing short fall.

A registered nursing trajectory has been created based on future supply (international nurse recruitment, clinical apprenticeships and focused band five recruitment) and historical data for recruitment, turnover and churn of the registered workforce in the Trust. The trajectory projects forward to establish the effectiveness of the predicted supply. Progress against the registered nurse trajectory is reported through the Resource Management Group (RMG).

A number of work streams are underway to address the current gaps in the registered nursing workforce:

- 84 apprentice nurses in training with the first cohort due to qualify in June 2022.
- 145 trainee nursing associates in post, with 53 due to qualify in Q3 2020.
- Bespoke Children's rotation developed for nursing associates in neonates and the Children's Hospital.
- 30 places offered on the transfer to nursing programme in September 2020 (shortened apprentice nurse pathway adult and child for registered nursing associates and assistant practitioners).
- 200 international nurses to arrive throughout 2020/21 with 17 in post, further 100 planned to arrive by December 2020.
- Focus on place based recruitment events within the West Yorkshire and Harrogate area and bespoke CSU recruitment.
- Review of bank and agency management to support short term fill rates.
- LTHT (project lead) for increasing pre-registration nursing placement capacity across the Leeds system. The target of creating an additional 75 student placements has been achieved.

#### **4.0 Safer Staffing return - 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). Over the last 12 months the numbers of wards reporting less than 80% fill for registered and unregistered against their planned staffing levels has remained within normal variation.

As part of the winter surge planning for 2019/20 additional registered nursing hours were provided for three CSU's that were experiencing significant registered nurse vacancies. From December 2019 to March 2020 an additional 1500 registered nursing hours a week were provided to Emergency Speciality Medicine (ESM),



Abdominal Medicine and Surgery (AMS) and Cardio Respiratory. The additional hours were provided by an external framework approved agency as part of a winter planning initiative. All three CSU's had a significant improvement in their registered nurse fill rate on days and nights over this period.

From the bank and agency management information report for Q4 2019/20 the band five fill rate improved by 10-12% in all three CSU's.

## **5.0 Temporary staffing**

The Trust has a temporary staff bank to provide clinical support workers, registered nurses, midwives, peri-operative practitioners and peri-operative assistants. The temporary staff bank is outsourced to Reed Talent Solutions and they also manage agency provision.

Additional work has been undertaken to review the LTHT bank rates to attract more staff to join and to replace a range of bonus and incentive schemes. The new band five rates (standard, enhanced and surge) were implemented in December 2019 and in Q4 (2019/20) there was a 22% increase in short notice shifts being picked up by bank workers rather than agency. The band two clinical support worker rates have been increased to top of band to further move away from agency to bank fill.

Since the introduction of the new rates in December 2019, an additional 17,340 registered and unregistered hours have been worked through bank rather than agency in Q4 2019/20.

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

The Nurse Staffing Status Report (NSSR) was developed in order to provide the Trust with a 'real time' picture of current staffing status, along with mitigating actions to provide safe levels of nursing care. An internal system was developed in partnership with Corporate Nursing and Workforce Systems team that captured staffing levels of registered and unregistered staff (including temporary staffing) for all shifts seven days a week.

Governance, assurance, compliance and escalations within NSSR are well established across the Trust since its implementation in late 2018. It has provided a tool to risk assess staffing levels ensuring compliance with the CQC safer staffing regulation 18(1).

To further strengthen assessment of safe staffing requirements in real time based on patient acuity and dependency data, a new system was implemented in the Trust. Allocate SafeCare was selected as the most appropriate tool.

### **6.1 SafeCare project**

SafeCare is an additional module to the Allocate Roster system used within the Trust (Health Roster). The module supports increased functionality of the roster system and the deployment of staff based on the acuity and dependency needs of the patient.

A pilot project was launched on 13th May 2019 in the Cardio-Respiratory CSU to test SafeCare's functionality prior to committing to a fully implemented system. The SafeCare pilot was well received by the five Cardiac wards, with high compliance of data entry.

Following a successful pilot it was agreed to continue implementation to the Respiratory wards in advance of a wider roll out.

To date Cardio Respiratory, Emergency Speciality Medicine and Abdominal Medicine and Surgery have the system fully implemented. Women's, Adult Critical Care and Oncology are at different stages of implementation due to the pandemic interrupting the planned system roll out. Full implementation will restart in July 2020.

Feedback from the clinical CSU's has been positive in relation to the increased speed of roster functions and the deployment of staff across rosters:

- The number of unfinalised shifts for bank and agency staff has significantly reduced ensuring bank and agency workers are paid on time.
- Roster management has improved in SafeCare areas as the deployment of staff is updated during the shift rather than retrospectively.
- Increased visibility of staffing requirements against patient acuity and dependency needs out of hours for the Clinical Site Manager (CSM) team.

### 6.2 Red Flags

The National Institute for Health and Care Excellence (NICE) developed a set of indicators referred to as Red Flags in July 2014. The Red Flags are designed to act as an alert to indicate if patient care might be compromised due to staffing levels. In July 2019 the Trust implemented a system of Red Flags based on the recommendations by NICE.

Moving and deploying staff is based on staffing numbers, patient acuity and dependency and professional judgement. Red Flags allow staff to clearly articulate the impact of the staffing pressures to ensure the areas in most need are prioritised.

Red Flags were implemented Trust wide and wards using SafeCare agreed to test recording and review these within the SafeCare system. In wards without SafeCare, Datix was the primary platform for the recording and reviewing of Red Flags.

All staff have been provided with a visual reminder of the Red Flags and escalation process via a card that fits within the staff badge holder. Since the introduction of Red Flags there has been a significant increase in the reporting and escalating of staffing concerns. Increased reporting allows the Trust to review themes and trends and to direct support in a focused and responsive way. Red Flags are regularly reviewed at CSU level through the Perfect Ward, at Board level through the Nursing and Midwifery Quality and Safe Staffing report and through the bi-annual establishment review process.

### 6.3 Daily process to manage staffing and escalations

In April 2020 a daily staffing meeting led by the Director of Nursing (Operations) was introduced. All CSU's have plans in place to manage the daily staffing requirements with concerns being escalated through the Red Flag process or reported through NSSR. In addition to this, concerns and escalations for the current shift and next 24-48 hours can be raised in the meeting for appropriate support, escalation or mitigation.

The daily staffing meeting has been particularly beneficial during the pandemic and recovery phase, as services are changing and adapting in response to increased demands.

### **7.0 Jamaica project**

In partnership with Health Education England (HEE) the Trust welcomed 15 Jamaican Nurses in June 2019 to undertake a five month rotational placement within critical care environments for adults and paediatrics. Whilst on placement within LTHT the nurses worked in a supernumerary capacity and worked towards achieving selected competencies as part of the 'Step Programme' which is a UK recognised framework for critical care nurses.

The nurses had the opportunity to meet representatives from the Leeds Jamaica society, and fully embraced opportunities outside of work to experience life in the UK. At the end of the project the nurses all increased their knowledge, skills and expertise within critical care environments and identified quality improvement initiatives they wanted to develop and implement once back in Jamaica. Plans for a second cohort of nurses to undertake a placement are currently on hold due to the pandemic.

### **8.0 Pandemic response**

During the Covid-19 pandemic the Trust needed to respond to regional, national and government requirements in relation to creating additional critical care capacity and changes to services and departments.

In addition to service reconfiguration there was also a requirement to increase the available nursing workforce.

The Trust successfully achieved the following:

- Over 400 nurses attended an 'essential nursing care' programme to prepare nurses in non-direct patient facing roles to be deployed clinically.
- Developed a clinical availability and deployment tool to show the availability of non-direct patient facing staff that could be deployed to support staffing requirements.
- Stream lined the bank recruitment process to two weeks to ensure that any available staff could commence as quickly as possible.
- Created and managed an LTHT internal staff bank for deployment of volunteers and staff allocated to the Trust by the Bring Back Scheme (BBS).
- Recruited and deployed over 550 student nurses and midwives into extended paid placements from 11 different Universities.

- Every student was provided a bespoke induction and essential care programme to prepare them for placement. The Practice Learning Facilitator team have introduced learner hubs across both site (virtual and face to face) to provide additional support and guidance. Virtual meetings have been provided for students and ward managers to keep everyone updated in relation to policy and guidance changes.
- International nurses have been supported to enter the NMC temporary register and transition into clinical practice. On-going educational support continues remotely via Google classrooms.

## **9.0 Conclusion**

The Trust has made significant progress in relation to safer staffing requirements over the last 12 months. There is an increased awareness of safer staffing policy, guidance and evidence based tools at ward to board level. Escalation processes are embedded within the CSU's and the implementation of SafeCare is progressing well.

Plans are in place to close the registered nursing vacancy gap addressed through multiple work streams using a combination of new clinical roles and international recruitment.

Over the next 12 months the Trust will continue to:

- Embed the new establishment setting process, review governance and assurance processes in the daily management of staffing and escalation of staffing concerns.
- Fully implement the SafeCare system to give organisational oversight Trust wide.
- Significantly reduce the registered nurse vacancy gap through the deployment, support and retention of 200 international nurses.
- Ensure the safe deployment of the registered nursing associate role and considerations in relation to safer staffing guidance and policy as larger numbers enter the workforce.
- Decrease agency spend and ensure effective utilisation of the staff bank.
- Embed the business partner model of support from the Corporate Nursing Workforce team at ward level to increase knowledge and awareness of safer staffing requirements; bench marking progress against safer staffing key performance indicators.
- Ensure robust processes are in place for governance and assurance of Red Flags in the SafeCare system.
- Launch a retention strategy for the registered nursing workforce