

Report to:	Public Board of Directors	Agenda item:	14
Date of Meeting:	6 March 2024		

Title of Report:	Mid-Year review of Nursing Staffing levels
Status:	For approval
Board Sponsor:	Toni Lynch, Chief Nursing Officer
Author:	Jason Lugg, Deputy Chief Nursing Officer Simon Andrews, Interim Divisional Director of Nursing for Medicine
Appendices	None

1. Executive Summary of the Report
<p>The purpose of the review was to determine the Trust's position in relation to the safe staffing principles outlined by the National Quality Board Supporting NHS Providers to deliver the right staff, with the right skills, in the right place at the right time (2016), Developing Workforce Safeguards (NHSI 2018).</p> <p>The purpose of this paper is to provide assurance to the Board of Directors that wards and departments have been safely staffed over the six month period from June 2023 to November 2023. It provides information on work undertaken to ensure safe staffing levels have been maintained and any current and emerging risks related to nurse staffing.</p> <p>The planned skill mix review for Registered Nurses and Health Care Support Workers was completed in October 2023 and has aligned the agreed skill mix approved by the Board of Directors in May 2022.</p> <p>In July 2023, the Executive team agreed to an establishment change across all inpatient wards to provide a band 6 Sister/Charge Nurse, 24 hours per day where this did not already exist. The aim of this is to enhance patient and workforce safety by enhancing clinical expertise and leadership. The implementation of this will be achieved without additional investment and will be funded by using existing nursing budget. There were no other significant changes to nursing establishments or skill mix for the period of this report and no substantive changes to the principles of staffing ratios for inpatient areas.</p> <p>The Care Quality Commission undertook an unannounced inspection of Medical Care in July and August 2023, the report was published on 18 October 2023 which included a 'should take' action which stated 'the trust should continue to recruit additional health care assistants (known as Health Care Support Workers within the Trust) to ensure establishment levels are met'.</p> <p>Key headlines include:</p> <ul style="list-style-type: none"> • Inpatient fill rates for Registered Nurses and Health Care Support Workers have continued to improve during the period of this report • The number of reported incidents relating to safe staffing remain broadly stable

Author: Jason Lugg, Deputy Chief Nursing Officer & Simon Andrews, Interim Divisional Director of Nursing, Medicine Document Approved by: Toni Lynch, Chief Nursing Officer Agenda Item: 14	Date: 27 February 2024 Version: Page 1 of 11
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- Red flag reporting has implemented over the period and is being embedded
- The vacancy and turnover position has improved for Registered Nurses which contributes significantly to safe staffing
- It has been challenging to obtain data for HCSWs and further work is underway to reconcile data sets.

The June 2023 to November 2023 nursing safe staffing report provides a range of data and information to provide assurance to the Board of Directors that there are no thematic issues relating to nursing staffing.

This paper does not include midwifery and neonatal staffing, the six month review for these specialities was presented to the Board of Directors on 6 September 2023.

2. Recommendations (Note, Approve, Discuss)

The Board of Directors are asked to **approve** the paper for onward submission to the Board of Directors.

3. Legal / Regulatory Implications

The National Quality Board (NQB) guidance (2013) requires Trusts' to undertake a full nursing and midwifery safe staffing review annually, and at least every six months to review nursing, midwifery and care staffing capacity and report this to a public Board meeting. The midwifery staffing report has been submitted separately as part of the standard midwifery reporting schedule.

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)

There are no risks arising or identified in this report. The content of the report link directly to the risk register and BAF risk 2.2.

5. Resources Implications (Financial / staffing)

There are no resource implications related to this paper.

6. Equality and Diversity

There are no issues raised in this paper relating to equality and diversity.

7. References to previous reports/Next steps

Annual Nursing and Midwifery Establishment Review, Private Board of Directors, January 2021

Annual Nursing and Midwifery Safe Staffing Report, Public Board of Directors, May 2022

Bi-annual, Maternity and Neonatal Staffing Report, Public Board of Directors, September 2023

8. Freedom of Information

This paper is a public document.

9. Sustainability

Author: Jason Lugg, Deputy Chief Nursing Officer & Simon Andrews, Interim Divisional Director of Nursing, Medicine

Document Approved by: Toni Lynch, Chief Nursing Officer

Agenda Item: 14

Date: 27 February 2024
Version:

Page 2 of 11

This paper does not impact the trusts sustainability strategy.

10. Digital

There are no issues raised in this report that impact the Trust's Digital Strategy

1. Purpose of paper

- 1.1 The purpose of this paper is to provide assurance to the Board of Directors with an assessment of the Nursing staffing levels at Royal United Hospitals Bath from the six month period June 2023 to November 2023 and assess compliance with Developing Workforce Safeguards (NHSI 2018) which build on on the National Quality Board (NQB) standards and the National Institute of Health and Care Excellent Guidance (DH 2014).
- 1.2 This paper provides oversight of the mid-year review which compares data, patient outcomes and professional judgement. The annual staffing reviews have commenced and the outcomes will be featured in the annual Nursing and Midwifery Staffing reviews in due course.

2. Nursing Staffing Overview

- 2.1 The planned skill mix review of Registered and Health Care Support Workers was completed in October 2023 and has aligned the agreed skill mix within the bi-annual establishment review. In June 2023, the Executive team agreed to change the ward establishments to provide a band 6 Sister/Charge Nurse on all wards 24 hours per day to enhance clinical leadership and patient safety which is being funded through changes to two ward establishments a) reduction in beds in the elective orthopaedic ward and b) implementation from day surgery reducing the requirement for 24 hour staffing levels. There have been no other no substantive changes to the principles of staffing ratios for inpatient areas. The nursing annual bi-annual establishment reviews are currently being undertaken to ensure alignment with the 2024-2025 operational planning. The outcomes of this review will be reported in the subsequent paper.
- 2.2 The Trust continued to recruit with a successful international recruitment campaign for registered nurses. The international recruits have a bespoke welcome, training and education package to support successful integration to the community and completion of the assessments to register with the Nursing and Midwifery Council. The Clinical Practice Facilitator team responsible for the Internationally Educated Nurses was nominated at the Nursing Times Workforce Awards.
- 2.3 The Trust has continued to invest in the Trainee Nursing Associate programme; this apprenticeship is run through the University of West of England, 31 trainees are supported per annum and thus far 90% of the Nursing Associates who qualify continue their career development through the Registered Nurse Degree Apprenticeship to become Registered Nurses. This provides the most successful and reliable domestic route into nursing for the local population. Further workforce planning will be undertaken to align the nursing and midwifery workforce strategy to the NHS Long Term Workforce Plan (NHSE 2023).
- 2.4 The Trust has a number of nursing and midwifery staff working out of hour's shifts only, namely night shifts. It has been identified that the staff working solely night shifts may not receive the level of leadership, supervision and training (beyond mandatory training) compared to staff who rotate between day, nights and

Author: Jason Lugg, Deputy Chief Nursing Officer & Simon Andrews, Interim Divisional Director of Nursing, Medicine Document Approved by: Toni Lynch, Chief Nursing Officer Agenda Item: 14	Date: 27 February 2024 Version: Page 4 of 11
--	--

weekends. The senior nursing team, led by the Chief Nurse commenced a series of night shifts and observed differences in ward culture between the night and the day teams, this was also reported by some patients. As such, a number of safeguards were put in place:

- 2.4.1 All staff were asked to rotate onto day shifts, this is negotiated with individual colleagues
- 2.4.2 All staff undertaking appraisals must work with the staff member to provide a meaningful and holistic appraisal
- 2.4.3 As stated in section 2.1, band 6 Sister/Charge Nurses will be rostered 24/7 per day to enhance clinical leadership and standards. The transition to 24 hour band 6s continues to progress, converting existing band 5 posts to band 6 posts, this will take approximately 12 months to achieve. In addition, the Clinical Site Management Team has been enhanced to provide senior nurse leadership at night at band 8a to support the delivery of the Hospital at Night service.

2.5 The Nursing and Midwifery team have continued to focus on efficient use of resources, balancing clinical risk, delivering safe staffing levels and financial accountability. Agency usage reduced marginally during this time from £392,021 to £328,128. There are four key drivers for agency spend:

- 2.5.1 Patients presenting with either a primary mental health condition or those who have a physical illness whilst having mental health needs. The Trust does not employ Registered Mental Health Nurses and secures this expertise through an agency.
- 2.5.2 Patients presenting with a cognitive impairment requiring one to one care to keep them and other patients safe. Patients who fall into this category require a trained Health Care Support Worker.
- 2.5.3 The Trust has invested in nursing staffing levels in paediatrics to safely staff the Paediatric Assessment Unit and inpatient ward as detailed in the Board report in May 2022. Recruiting children’s trained nurses has proved to be a challenge, therefore gaps have been filled by temporary staff which consists of a mix of bank and agency workers. A number of initiatives are being enacted to close the vacancy gap.
- 2.5.4 The Trust has a shortfall of 4 WTE Operating Department Assistants, these have been filled by agency staff
- 2.5.5 The Trust has one ward which has been used for winter escalation, this has been staffed using a mixture of substantive, bank and agency workers. This ward is scheduled to close in March 2024.

3. Nursing Staff Planned Versus Actual (Inpatient beds)

3.1 The Trust submits monthly returns to the Department of Health via the NHS national staffing return (Unify). This return details the overall Trust position with actual hours worked versus expected hours worked for all inpatient areas, the percentage fill rate for Registered Nurses (RN) and Health Care Support Workers (HCSW) for day and night shifts; together with the overall Trust percentage fill rate. This return also includes the Care Hours per Patient Day (CHpPD).

3.2 Inpatient fill rates for RNs and HCSWs have continued to improve during the period of this report. It is anticipated that the Trust will see an improving picture for RN

Author: Jason Lugg, Deputy Chief Nursing Officer & Simon Andrews, Interim Divisional Director of Nursing, Medicine Document Approved by: Toni Lynch, Chief Nursing Officer Agenda Item: 14	Date: 27 February 2024 Version: Page 5 of 11
--	--

and HCSW day fill rates due to anticipated improvements in recruitment to the nursing teams. There remains a level of fluctuation in relation to: increased operational activity to deliver planned care, requirements to support the enhanced care of vulnerable patients.

3.3 The following are the fill rates for RNs and HCSWs for the period December 2022 to November 2023:

	Dec	Jan	Feb	Mar	Apr	May	June	July	August	September	October	November
Total monthly actual staff Day hours- RN	87%	83%	82%	84%	79%	75%	77%	74%	79%	83%	83%	90%
Total monthly actual staff day hours- HCA	86%	87%	82%	83%	90%	83%	77%	72%	78%	82%	80%	88%
Total monthly actual staff night hours- RN	91%	92%	82%	87%	89%	95%	89%	91%	94%	97%	99%	109%
Total monthly actual staff night hours -HCA	82%	87%	89%	92%	99%	98%	95%	89%	95%	91%	94%	100%

Table 1: RN and HCSW fill rates from December 2022 to November 2023

Table 1 demonstrates that daytime fill rates for both RNs and HCSWs have been above 80% since September 2023 and above 90% for night shifts since August 2023.

3.4 Any variations/risks in staffing establishment and skill mix on a day to day basis are managed via well-established Trust wide processes which include:

- 3.4.1 The SafeCare module on HealthRoster is used to assess planned vs actual staffing levels across all wards and departments to support the most effective use of resources
- 3.4.2 A minimum of twice daily, 7 days per week staffing meetings to review clinical areas acuity and dependency, staffing levels and skill mix; this permits a dynamic risk-based approach to staffing allocation by a senior nurse.
- 3.4.3 Site Clinical Site Managers have oversight of staffing out of hours.

4. Nursing Staffing Incidents (including red flags)

4.1 All staffing related incidents are reported on the Trust incident reporting system (Datix). Incidents are reviewed by the appropriate line-managers/senior nurses and actions taken both in response to the incident and any future proactive preventative measures. Staffing incidents are also reviewed in Divisional Governance meetings.

4.2 There was a 0.6% increase in the number of staffing incidents reported as follows:

Time Range	Number of low staffing incidents reported	% of all reported incidents
December 2022 to May 2023	232	3.8%
June 2023 to November 2023	282	4.4%

Table 2: Reported incidents due to low staffing levels (Datix and Red Flags)

4.3 The purpose of the Red Flag system (on Health Roster) set out within national safe staffing guidance is to have a consistent approach to reporting a shortage of registered nurse time. If an area is red flag reported, this should prompt an immediate escalation response and mitigating actions.

4.4 Staff are encouraged to raise a red flag, either because they are short in terms of numbers of staff or the acuity or dependency is greater than the agreed establishments. A system to ensure red flags are reported, and reviewed, as per the national guidance is in place for nursing. The process is still being embedded and additional red flag training was delivered in 2023 alongside the increased focus on e-rostering oversight, together with fully embedding the SafeCare system.

Unit History Safety Metrics for RUH (23 January 2023 - 21 January 2024)

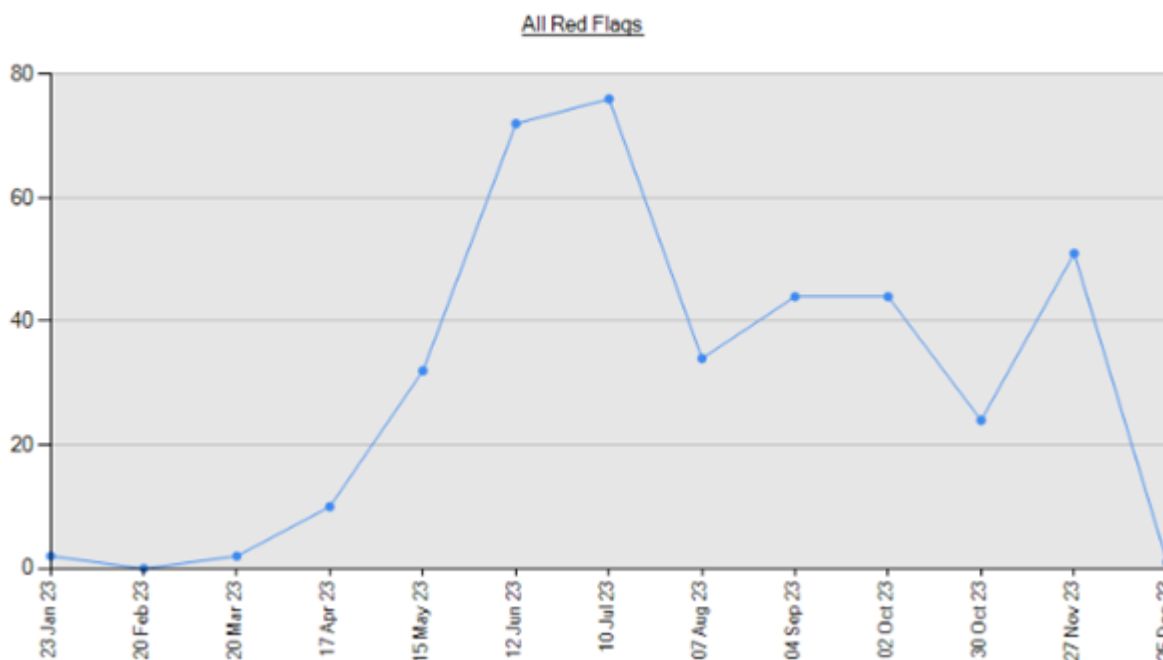


Figure 1: The number of red flags reported Trust wide, January 2023 to January 2024

4.5 Figure 1 shows red flag reporting from June 2023. The increase in red flag demonstrates the work to develop and embed the process which is now beginning to stabilise.

4.6 The inability to support enhanced nursing care (one to one nursing care or additional staff to care for a cohort of patients requiring enhanced care) for patients remains the most common reason for raising a red flag. A Trust wide programme of work has commenced which is focused on ensuring that our most vulnerable and at risk patients receive the right level of care and support in order to maintain their safety and the safety of others whilst using our resources in the most efficient and effective way.

5. National Benchmarking

5.1 Weighted Activity Unit (WAU) and Care Hours per Patient Day (CHpPD) continue to be the main source of external benchmarking in the NHS Model Health System. There remains a historical lag in the Model Health reporting and the data is not

always directly comparable with other Trusts, so whilst helpful, this data should be triangulated against other data sources, intelligence and professional judgement.

5.2 The Weighted Activity Unit (WAU) is a case mix-adjusted measure of the clinical output of each organisation. It is the primary output measure used within the Model Health System and used as a denominator when assessing an organisation's productivity.

5.3 WAU is a measure of efficiency; more productive Trusts will have a lower cost per WAU and less productive Trusts will have a higher cost per WAU. The WAU metric does not directly correlate to the quality of care.

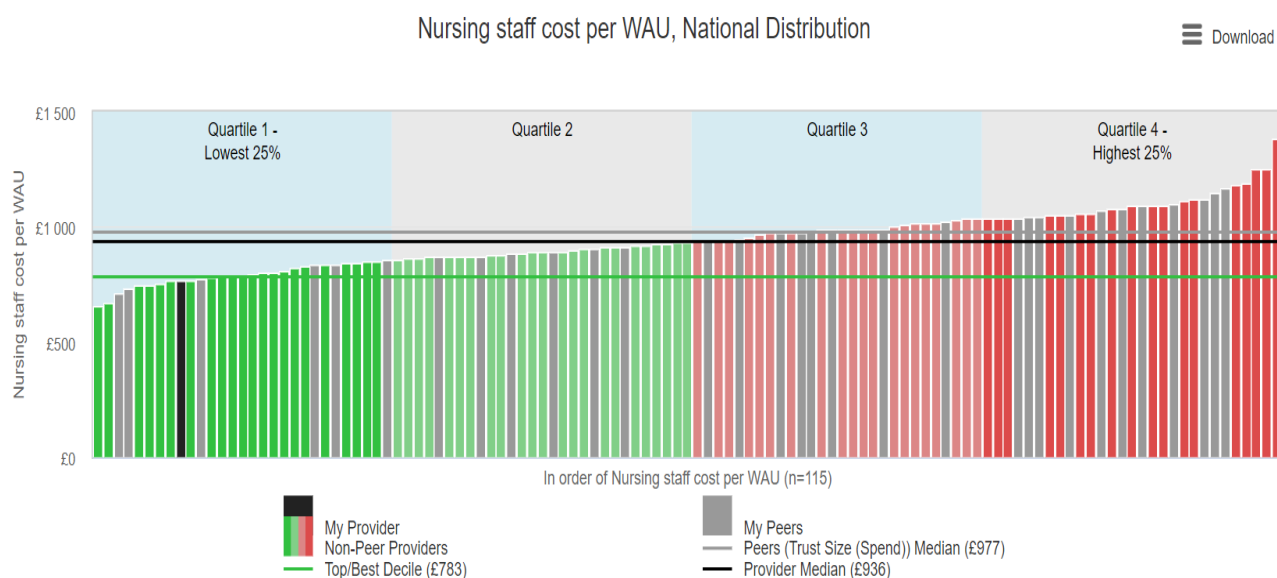


Figure 2: Trust wide – Nursing staff cost per WAU

5.4 Figure 2 provides the latest available data from Model Hospital which has not been updated since 2022. From this data the cost per WAU data for the RDUH was within quartile 1, with a nursing staff cost per WAU of £768 against the peer median of £977.

5.5 Care Hours per Patient Day (CHpPD) for Nursing Inpatient areas is a measure of actual daily nursing staffing levels in relation to daily patient numbers on inpatient wards. There is no set standard of what good looks like for CHpPD; it should reflect the activity, acuity and dependency of the clinical ward and the hospital services.

5.6 CHpPD is not applicable to Emergency Departments which have a specific Safer Nursing Care Tools (SNCT) which is undertaken twice year. The data provided from these exercises are used within Trust and Divisional governance processes to support staffing assessments and establishment reviews. The Board of Directors approved investment in ED nursing phased over two years, year one investment was completed, year two was not completed and another assessment has been

undertaken using the SNCT. The results of this are being assessed through Divisional Governance and will feature as part of business planning for 2024/25. The outputs of this review will feature in the annual staffing review.

5.7 Compliance with acuity and dependency data capture and reporting continue to slowly improve this period. A programme of training and education focussed on raising awareness, alongside timely acuity and dependency data entry and professional judgement was successfully undertaken over summer 2023.

5.8 The following represents the latest available data from Model Hospital and was published in October 2023.

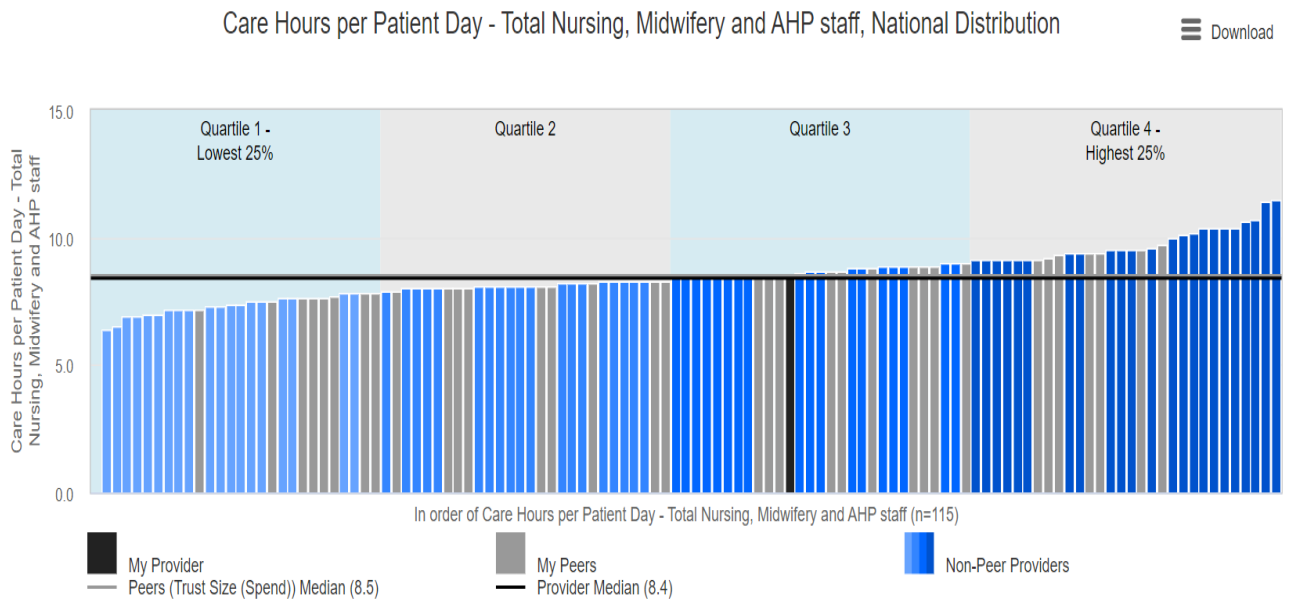


Figure 3: Care Hours per Patient Day, comparison between RUH and peer organisations

Figure 3: The Trust is in quartile 3 with a CHpPD at 8.6, which is broadly in line with both the peer and national medians which is 8.4.

6. Vacancy/Turnover

6.1 There has been a focussed effort on reducing both turnover and vacancy across the nursing workforce. This has resulted in an overall improved trajectory over the period of this report which contributes significantly to the provision of safe staffing. The following graphs demonstrate the current position for band 5 nursing:



Figure 4: The number of WTE band 5 staff who have started and left the Trust

Author: Jason Lugg, Deputy Chief Nursing Officer & Simon Andrews, Interim Divisional Director of Nursing, Medicine	Date: 27 February 2024
Document Approved by: Toni Lynch, Chief Nursing Officer	Version:
Agenda Item: 14	Page 9 of 11

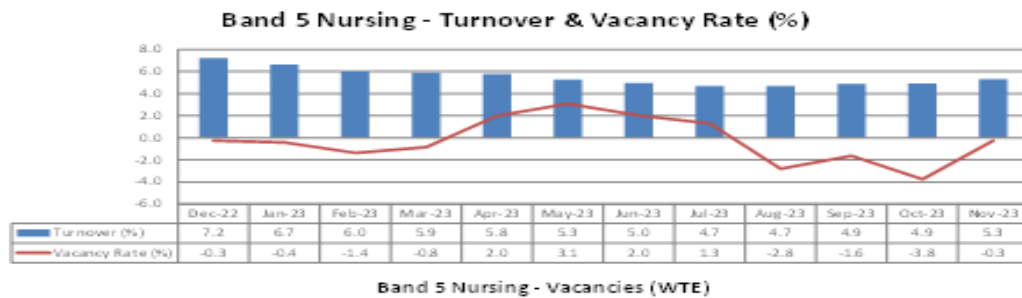


Figure 5: Turnover and vacancy rate for band 5 nursing staff

6.2 The above graphs support the reduction in vacancy and overall improvements in registered nursing, supported significantly by international nursing recruitment. It has been challenging to obtain accurate data for nursing overall and in particular HCSWs and further work is required for the next report.

7. Performance against key quality metrics

7.1 The organisational quality performance for the last six months indicates that there have been no overall changes to the patient safety and care quality metrics that relate to nursing staffing.

8. Nursing Staffing Risks

8.1 During the six month period, 2 nursing staffing risks exist on the risk register with a current score of 16 or above as follows:

Risk ID	Division	Description	Current Risk Score	Action
2631	FaSS	Paediatric Assessment Unit Staffing	16	7 actions 2 completed
2124	FaSS	Workforce vacancy in cancer services	16	19 actions 17 completed

Table 3: Risk register entries relating to nurse staffing levels

8.2 Risk 2631 is as detailed in section 2.5.3. Risk 2124 related to vacancy for chemotherapy trained nurses, this risk has now been closed from a nursing perspective.

9. Annual Staffing Review (ASR)

9.1 The next ASRs are being undertaken through December 23 and January 24 to inform 2024/25 Operating Plans.

9.2 The key outcomes of this review will be included in the next 6 monthly report on safe staffing to the People Committee in May 2024.

10. Conclusion

- 10.1 This report on nursing safe staffing provides a range of data and information that provides assurance to the People Committee that there are no current safety themes relating to nursing staffing during the period of June 2023 to November 2023.
- 10.2 During the period, there continues to remain an ongoing improvement in recruitment and retention across nursing, highlighting the substantial work being undertaken to maintain control on vacancies; resulting in an improved daily staffing picture.
- 10.3 The next report will cover the period of December 2023 to May 2024 and will cover nursing and midwifery in a single report.
- 10.4 The Senior Nursing team are working with the Allied Health Team to provide an integrated report for all professional groups reporting to the Chief Nurse.