

<b>Report Title</b>	Safe Staffing through Covid 19 Pandemic		
<b>Sponsoring Executive</b>	Mel Roberts, Acting Chief Nurse		
<b>Report Author</b>	Diane Eltringham, Interim Deputy Chief Nurse		
<b>Meeting</b>	Public Trust Board	<b>Date</b>	4 <sup>th</sup> March 2021

### 1. Suggested discussion points *[two or three issues you consider the Urgent Care Board should focus on]*

This paper triangulates information to achieve effective staff deployment and meets the requirements of the Well-Led framework for NHSI and CQC. This report highlights the following key issues for the Board as we continue to operate in response to the COVID 19 pandemic.

The pandemic has required an immediate and flexible response to multi-professional staffing whilst maintaining safety. Increasing capacity demands in regard to critical care and inpatient beds, staff sickness and social isolation has required the Trust to respond with fluctuating staffing ratios.

The pandemic has resulted in an increase in nurse staffing turnover and identified a need to robustly plan a recruitment and retention strategy.

A Quality Impact Assessment is attached in Annex 1 which has been established to outline the actions of escalation that should be undertaken when there is deviation from the recommended nurse to patient ratio. The actions ensure a consistent monitoring approach and provide an assurance framework.

### 2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	<input checked="" type="checkbox"/>	Public Health Plan	<input type="checkbox"/>	People Plan & Education Plan	<input checked="" type="checkbox"/>
Quality Plan	<input checked="" type="checkbox"/>	Research and Development	<input type="checkbox"/>	Estates Plan	<input type="checkbox"/>
Financial Plan	<input type="checkbox"/>	Digital Plan	<input type="checkbox"/>	Other <i>[specify in the paper]</i>	<input type="checkbox"/>

### 3. Previous consideration *[where has this paper been previously discussed?]*

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### 4. Recommendation(s)

Public Trust Board is asked to:

- |           |                                       |
|-----------|---------------------------------------|
| <b>a.</b> | Note and accept the report            |
| <b>b.</b> | Discuss and Approve QI assessment     |
| <b>c.</b> | Support recommendations going forward |

### 5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register	<input type="checkbox"/>				
Board Assurance Framework	<input type="checkbox"/>				
Equality Impact Assessment	Is this required?	<input type="checkbox"/> Y	<input type="checkbox"/> N		If 'Y' date completed
Quality Impact Assessment	Is this required?	<input type="checkbox"/> Y	<input type="checkbox"/> N		If 'Y' date completed

# SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

## Report to the Public Trust Board

### Safe Staffing through Covid 19 Pandemic

#### 1. Introduction

- 1.1 The National Quality Board (NQB) expects that 'Boards take full responsibility for the quality of care provided'. This means ensuring that agreed staffing establishments are met on a shift by shift basis and decisions about setting this establishment must be evidenced based and allow nursing and care staff sufficient time to undertake their duties.
- 1.2 This report forms part of the Trust's continued commitment to provide open, honest and transparent information in regard to safe staffing and aims to provide this committee with assurance around the statutory reporting requirements, as outlined in the Developing Workforce Safeguards document (NHS Improvement, 2018), a document developed to support organisations to utilise effective staff deployment by adopting a "triangulated approach" to manage common workforce problems and comply with the Care Quality Commission (CQC) well-lead framework (2018).
- 1.3 In addition, this report provides a high level summary of the key measures taken to ensure safe staffing during the Covid-19 pandemic and highlight any significant changes related to safer staffing which have occurred during this time.

#### 2. Safe Staffing Position: Jan 2021

- 2.1 Since the beginning of January 2021 nurse to patient staff ratios have derogated from the recommended one of 1:8 (daytime) and 1:10 (night). This has been a result of competing workforce demands:
  - Capacity – CCU on both sites have expanded their capacity to over 230%. Staff have been mobilised from areas such as theatres, CNs and community services and a number of staff were deployed from wards due to existing skills and competencies.
  - Sickness – Current nurse sickness accounts for 40% of the Trust's overall sickness figure.
  - Social Isolation and high risk staff isolating at home.
  - Recruitment – recruitment position across the region has been in flux due to pandemic.

This has resulted in a number of ward areas deviating to a 1:10 (or in extreme cases 1:12) during the day and a 1:12 -1:15 at night.

- 2.2 The Safer Nursing Care Tools (SNCT) calculates clinical staffing requirements based on patients' needs (acuity and dependency) which, together with professional judgement, guide Chief Nurses in their safe staffing decisions. These are challenged both within group and by the deputy Chief nurses before being finalised. Ward visits are also undertaken to check acuity to ensure accuracy and to ensure those areas are being supported.
- 2.3 During January 2021, the inpatient wards were asked to input their acuity data using SNCT per shift. Table 1 is the overall report for January 2021 which shows the wards against the number of audits completed (a min of 20 audits is required to validate the data).
- 2.4 The Trust Safer Staffing report is reviewed daily to support effective deployment and staffing manpower decisions and to monitor hotspot areas:

**Table 1: Safer Staffing Acuity Report (SWB)**

Report : 01/01/21 -31/01/21		Averages / Totals			
Site	Ward	Acuity	Staff Req.	Total Staff	Audits Done
City Hospital	AMU - City	68	18	13	30
	City Surgical Unit (CSU)	25	4	4	31
	D11 - Male Older Adult	29	5	4	58
	D12	10	2	3	25
	D15 - Gastro/Resp/Haem (Male)	23	4	4	20
	D17 - Resp (Female)	36	6	8	15
	D17 (Gynae Ward)	32	6	9	6
	D25 - Admissions Unit	25	5	4	55
	D26 - Female Older Adult	25	4	4	56
	D28	22	4	3	17
	D30	29	6	4	29
	D43 - Community RTG	40	7	6	47
	D47 - City	29	5	4	32
	D5 - Cardiology (Female)	23	4	4	26
	D7 - Cardiology (Male)	26	5	5	32
Leasowes Intermediate Care Centre	Leasowes	26	5	5	58
Rowley Hospital	Eliza Tinsley Ward - Community RTG	17	4	5	29
	Henderson	26	5	5	5
	McCarthy - Rowley	29	5	5	29
Sandwell Hospital	AMU A - Sandwell	66	25	16	18
	Lyndon 2 - Surgery	38	7	7	18
	Lyndon 3 - T&O/Stepdown	38	7	6	42

Lyndon 4	43	8	7	41
Lyndon 5 - Acute Medicine	48	8	7	55
Newton 2	26	5	6	6
Newton 3 - T&O	42	10	7	16
Newton 4 - Stroke and Neurology Rehab	32	6	6	8
Newton 5	22	4	4	24
Newton 5 - Haematology	22	4	4	24
Priory 2 - Colorectal/General Surgery	36	6	7	22
Priory 4 - Stroke/Neurology	30	7	7	39
Priory 5 - Gastro/Resp	35	10	6	34

Please note: - Amber denotes the wards/departments with insufficient audit data.

- 2.5 Analysis of the data has identified a significant increase in acuity for both AMUs throughout Jan. Sandwell General Hospital (SGH) wards have a higher level of nurse acuity to that of City Hospital wards. This was also reflected in site walk-rounds conducted by the senior nursing team.

### 3. Safer Staffing Monitoring

- 3.1 Twice daily Safe Staffing meeting are undertaken at 0900hrs and 1600hrs. The meeting is chaired by a senior nurse and all clinical groups are represented. Staffing ratios, acuity and changes to workload or bed base are reviewed and hotspots discussed. Plan are put in-place to mitigate shortfalls.
- 3.2 GDONs and Matrons review shift fill, nursing ratios and acuity, and deploy staff in line with service need across sites and group pathways.
- 3.3 Incident forms are completed where wards deviate from Safer Staffing funded establishments and nurse to patient ratios.
- 3.4 Safe staffing acuity data is recorded by shift and reviewed daily, weekly and monthly. This internal report enables the Trust to triangulate patient acuity and nursing wte (whole time equivalent) need, as well as track acuity hotspots and provide support as required.
- 3.5 Weekly Winter Staffing meetings – chaired by the Chief Nurse and attended by Trust recruitment and temporary staffing team and clinical group senior nurses.
- 3.6 Safe staffing Unity Report -National Staffing data base which is published monthly. The report pulls actual wte data (staff rostered on duty rather than the funded establishment) directly from E Roster to calculate shift fill. Data is currently verified by the Matron and Group Director of Nursing (GDON) and moving forward will be reviewed by the corporate nursing team before the Unify upload.

- 3.7 Work has been completed to electronically collect actual staffing levels against planned establishments/per shift from the 1<sup>st</sup> March to support the validation of Unify data as part of the daily acuity report. This will enable RAG rating of safe staffing for all adult inpatient wards.
- 3.8 Due to the pandemic the need to re-configure inpatient services as resulted in fast pace change which often creates a data lag in the unify (Safe Staffing - Summary - Report Manager). January 2021 is currently not available; the Unify Safer staffing report will be correlated against the Trust Acuity Safer Staffing Care Tool report when available.
- 3.9 The Nurse staffing risk assessment has been updated and a Quality Impact Assessment (annex A) has been established to outline the actions of escalation that should be undertaken when there is deviation from the recommended nurse to patient ratio. The actions will ensure a consistent monitoring approach and provide an

#### **4. Workforce Mitigation:**

- 4.1 The following workforce mitigations have been implemented during the COVID 19 pandemic to support safe staffing.
- Reservists deployed to Critical Care have been offered training and support in regard to knowledge and skills and wellbeing.
  - For the winter months bank rates have been uplifted across the Trust for HCSW and RNs. Specialist rates have been agreed for hard to fill areas and incentives are in place for staff working bank shifts in CC departments
  - Employed additional HCSW teams at night and weekends to support areas out of hours
  - Ward Manager – temporary review of supervisory status to 7.5 shifts per week (review 28th Feb)
  - A range of well-being services have been put in place to support staff during the pandemic (psychology support, well-being rooms, Trust Sanctuary).
  - Non clinical Military staff have been deployed to support CC and AMUs on both sites
  - Range of student teams are anticipated to join the Trust throughout February 2021– nursing (33), paramedic (25) and medical students (20 placed and a further 30 going through the recruitment process). A number of these staff have already joined the Trust and have been too deployed to Critical Care, AMU and ward areas.
  - The Trust has recruited a temporary cohort of staff to undertake new roles to support ward/departmental services (Ward Liaison Support: Runners /Admin). These staff are

being deployed across a wide range of wards and departments – with 25 shifts filled over the week of the 26<sup>th</sup> Feb. 2021

- Recruitment: The Trust is working in partnerships with The Royal Wolverhampton NHS Trust Clinical Fellows Programme and seeking to recruit 75 overseas RN staff over the next 6 months. Recruitment supported by McKinley Health Care (GO LIVE project) – 60 overseas nurses will join the Trust in April and May 2021 and commence on the Clinical Fellowship Programme. HCA recruitment is underway supported by Indeed and it is anticipated all substantive vacancies (primarily in Surgical Services and PCT) will be filled through recruitment events held in March.

## **Summary / Conclusions**

- 4.1 In summary a number of actions have been implemented to manage staffing across the inpatient wards on a daily basis including an acuity tool
- 4.2 In addition a number of workforce mitigations to increase staffing across the wards using different roles to support have been actioned
- 4.3 A quality Impact assessment has also been written to highlight the risks and assure the committee that the risks are being managed in several different ways
- 4.4 Future staffing reports will also include any wards/services where there may have been concerns raised or data such as complaints, incidents points to an area we need to do more focussed work with.

## **5. Recommendations**

- 5.1 Public Trust Board are asked to:
  - a. Note and accept the report
  - b. To approve the Nursing Workforce QIA Assessment (Working with Lower than Planned Staffing Levels) and the associated escalation action and Safe Staffing in DN Services
  - c. To discuss the content of future staffing reports and the frequency of these reports

**Annex A:** The Nursing Workforce QIA Assessment: Working with Lower than Planned Staffing Levels

**Annex B:** Safe Staffing in District Nursing Services

Mrs Diane Eltringham,

Interim Deputy Chief Nurse

February 2021

**Title**