



### Report Cover Sheet

Report to:	Trust Board	
Date of the Meeting:	27th January 2021	
Agenda Item:	P1-009-21	
Title:	Nursing Safer Staffing Dashboards – Workforce Information	
Report prepared by:	Lauren Moreton; Workforce Systems Lead Karen Kay; Deputy Director of Nursing	
Executive Lead:	Jayne Shaw, Director of Workforce & OD Sheila Lloyd; Executive Director of Nursing & Quality	
Status of the Report:	Public	Private
		X

Paper previously considered by:	N/A
Date & Decision:	

Purpose of the Paper/Key Points for Discussion:	<p>The attached nursing dashboards provide an overview of the Trusts registered and non-registered nursing workforce for the period of 01<sup>st</sup> – 30<sup>th</sup> November 2020 (<i>extracted from ESR on 02/12/2020</i>). The dashboards display the in-month (November 2020) position including FTE/headcount and vacancies, starters and leavers by reason. In addition, the dashboard includes reasons for leavers within a rolling 12 month period and current professional revalidation position and projections. An overview by area to include; in month absence, top reasons and absence trend line is also included.</p> <p>The registered nursing dashboard also displays the Care Hours Per Patient Day (CHPPD), across a rolling 12 month period for the inpatient wards.</p> <p><b>Summary - CHPPD</b> As we continue to develop more accurate data, a clearer picture of Trust safe staffing linked to patient acuity/bed occupancy will be available and triangulated alongside patient safety metrics to achieve strengthened, dynamic, flexible safe staffing across the organisation. Graphs for Wards 4 &amp; 5 show strong compliance with safety staffing ratios based on actual CHPPD available delivered by permanent ward staff. Graphs for Wards 2 &amp; 3 show a more fluctuating picture. Ward 2 illustrates the demand on nursing hours exceeded the capacity available to be delivered by ward staff indicating that there were a number of shift gaps sent to NHSP. (A breakdown of this data is not currently available triangulated with patient acuity and bed occupancy, however further intelligence is expected to be available in the new year). There were no red flag staffing incidents raised to Deputy Director of Nursing during November</p>
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	2020. <b>The Trust % shift fill rate remains over the 90% national target. CCC is compliant for safer staffing.</b>
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Action Required:	Discuss	
	Approve	
	For Information/Noting	x

Next steps required	Trust Board are asked to; <ul style="list-style-type: none"> <li>• Note CCC is complaint with national safe staffing targets.</li> <li>• Note the current position and key trends highlighted within the supporting narrative.</li> <li>• Note acuity triangulation with planned/actual nurse staffing numbers will be utilised within future workforce planning exercises</li> <li>• Request further information as required</li> </ul>
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*The paper links to the following strategic priorities (please tick)*

Deliver <b>outstanding care locally</b>		Collaborative system <b>leadership to deliver better patient care</b>	
<b>Retain and develop outstanding staff</b>	X	Be <b>enterprising</b>	
<b>Invest in research &amp; innovation</b> to deliver <b>excellent patient care</b> in the future		Maintain <b>excellent</b> quality, operational and financial <b>performance</b>	X

*The paper relates to the following Board Assurance Framework (BAF) Risks*

BAF Risk	Please Tick
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	
2. If we do not prioritise the costs of the delivering the Transforming Cancer Care Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	
3. If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home.	
4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care.	X
5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce.	X
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	
7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future.	
8. If we do not retain system-side leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right	

influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside.	
9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	
10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services.	

### Equality & Diversity Impact Assessment

Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		X
Disability		X
Gender		X
Race		X
Sexual Orientation		X
Gender Reassignment		X
Religion/Belief		X
Pregnancy and Maternity		X

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.

Sickness Target	54%	4.1 - 4.99%	15.90%
Turnover Target	514%	14.1 - 14.99%	215.00%
Professional Registration Target		100%	



## Trust Non-Registered Nurses Dashboard

Dec-20	November Data extracted from ESR 02/12/2020
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### Headlines

#### Establishment

The Trusts non-registered nursing headcount has increased from 137 (120.78 WTE) to 142 (124.79 WTE) in November. This is due to 4 employees starting with the Trust this month and only 2 employees leaving, these figures also represent any changes in the workforce such as internal movements or contractual hour changes that have happened within the month which impacts the overall WTE and headcount

13.61 WTE non-registered nurse vacancies across the Trust, an increase of 1.16 WTE from last month;

8.21 WTE vacancies in Chemotherapy  
2.01 WTE in Integrated Care  
1.29 WTE in Haemato-oncology  
2.09 WTE in Radiation Services

#### Sickness

Sickness for November has increased by 0.36% to 11.93%, and is still significantly above Trust target of 4%.  
Sickness rolling 12 month % has also increased this month by 0.19% to 11.11% and is again significantly above the Trust Target

Top reasons for sickness absence for November are:  
Gastrointestinal problems - 12 occurrences  
Anxiety/ stress/ depression - 6 occurrences  
Chest & Respiratory - 6 occurrences (all related to COVID in ESR)  
Other Musculoskeletal - 4 occurrences

#### Stress

4 of the 6 non-registered nurses currently off with stress are in Integrated Care, the other 2 are in Haemato-oncology  
none are recorded in ESR as due to work related stress

#### Turnover

Turnover for November has decreased by 0.16% from October to 1.46%, however it remains above Trust target. The rolling 12 month turnover figure has increased by 1.11% from October to 16.70% WTE which also above Trust target of 14%.

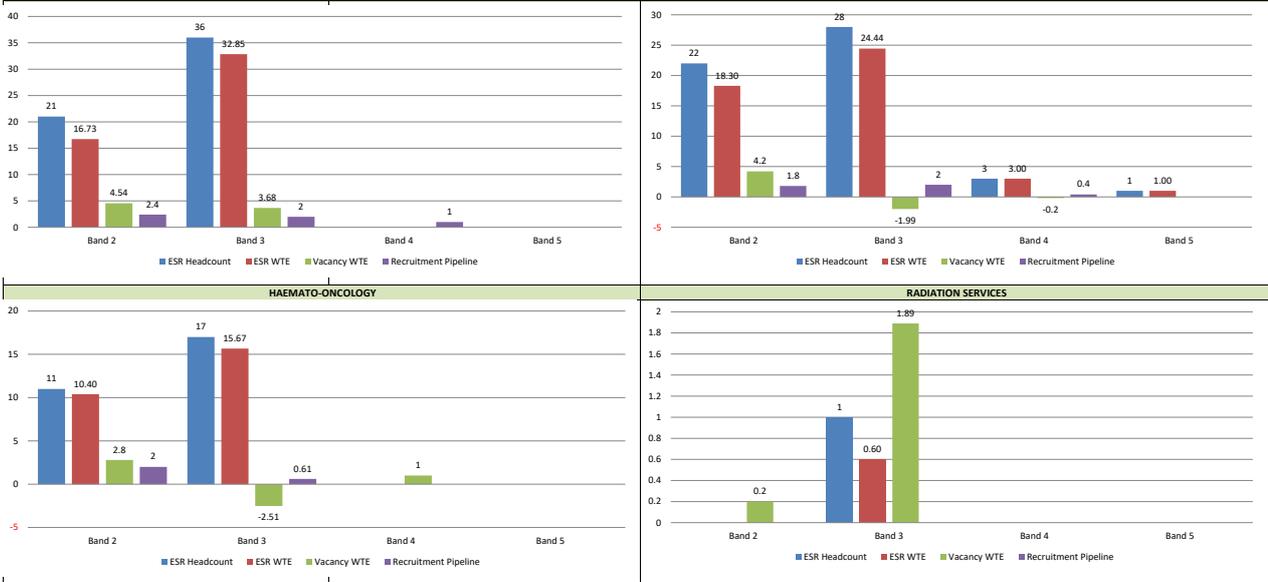
#### Starters

2 of the 4 new starters are band 3 healthcare assistants in Integrated Care  
The other 2 starters are within Haemato-oncology (1 x and 2 and 1 x band 3)

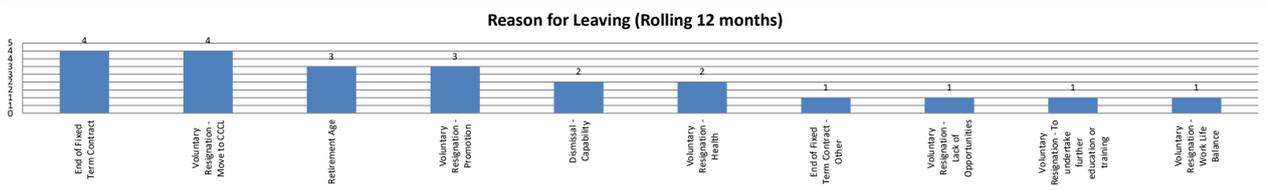
#### Leavers

Both of the leavers in November were within the inpatient wards in Integrated Care (1 x and 2 and 1 x band 3)  
One of the leavers left due to retirement, the other leaver was due to dismissal.

Establishment	
Non-Registered Nurses across the Trust WTE	Non-Registered Nurses across the Trust Headcount
124.79	142
New Starters November	Leavers November
3.80 WTE	1.64 WTE
4 Headcount	2 Headcount



Turnover	1.46% Turnover WTE November	16.70% Turnover WTE Rolling 12month
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### Absence

11.93% November WTE Absence	11.11% 12 month rolling WTE Absence	Top Reasons for Absence November
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Reason	Count
S25 Gastrointestinal problems	12
S10 Anxiety/stress/depression/other psychiatric illnesses	6
S15 Chest & respiratory problems	6
S12 Other musculoskeletal problems	4

### Recruitment

	Team	Job title	Band	Job ref	Booked Start Date	Vacancy Stage	Estimated Start Date Month	Recruitment Source
CHEMOTHERAPY	Aintree Hub	Health Care Assistant	2	2765808		Authorization: In Progress		Replacement Post
	Hallton Hub	Health Care Assistant	2	158-20-262-HAI		Offer: Ready for Start Date		Newly Created Post
	Royal Hub	Chemotherapy Support Worker	3	158-20-198-LMG	14.12.2020	Outcome: All Posts Filled		Replacement Post
	Outpatients CCCL	Cancer Support Worker	3	158-20-271-OPDL		Interview: Set Up		Replacement Post
	Outpatients CCCL	Nursing Associate	4	158-20-276-OPDL		Offer: Conditional Offer		Newly Created Post
EDUCATION	Education	Senior Macmillan Lecturer	7	158-20-278-EDU		Longlisting: Advertising		Replacement Post
CORPORATE	IM&T	Clinical Transformation Manager	8a	158-20-275-IMT		Shortlisting		Replacement Post
HAEMATO ONCOLOGY	Ward 7y	Health Care Assistant	2	158-20-247-7y		Interview: Set Up		Replacement Post
	Ward 7y	Health Care Assistant	2	158-20-096-7y-C	07.12.2020	Outcome: Recruited		Newly Created Post
	Ward 7y	Health Care Assistant	3	158-20-173-7y	04.01.2021	Starting		Replacement Post
INTEGRATED CARE	Ward 3	Health Care Assistant	2	158-20-248-CON	11.01.2021	Starting		Current Post Holder Reduced Hours
	Ward 2	Senior Health Care Assistant	3	158-20-238-MER		Offer: Ready for Start Date		Replacement Post
	Common Cancer	Cancer Support Worker - Care Coordinator	2	158-20-191-CCA	07.12.2020	Outcome: All Posts Filled		Current Post Holder Reduced Hours

Sickness Target	≤4%	4.1 - 4.99%	≥5.00%
Turnover Target	≤14%	14.1 - 14.99%	≥15.00%
Professional Registration Target	100%		

## Trust Registered Nurse Dashboard

Dec-20

November Data extracted from ESR 02/12/2020

### Headlines

#### Establishment

- The Trusts registered nursing headcount has increased by 7 within November to give a headcount of 377; the WTE has also increased by 6.41, to give a whole time equivalent of 352.81 .  
- This is due to 10 new starters and only 4 leavers, in addition any internal movements or contractual hour changes within the month will impact the overall WTE and headcount.

- Across the Trust there are 13.14 WTE registered nurse vacancies; a reduction of 5.21 WTE following the above establishment changes.

The vacancy split is as follows;  
5.41 WTE in Research  
2.00 WTE in Quality  
2.79 WTE in Haemato-oncology  
1.33 WTE in Integrated Care Directorate  
1.32 WTE in Chemotherapy  
0.00 WTE in Radiation Services  
0.30 WTE in Education

#### Turnover

- Turnover for November has increased by 0.14% from October to 0.95% WTE however is still within Trust in-month target. Turnover has decreased by 0.13% on the rolling 12 month figure to 14.69% WTE but is still within the amber limit of the Trust Target.

#### Starters

- 8 of the 10 new starters with the Trust were band 5 nurses (6 within inpatient wards and 2 in delamere hubs)  
- 1 was a band 6 Infection Prevention and Control Nurse  
- 1 was a band 7 Advanced Research Practitioner

#### Leavers

- 3 of the 4 leavers in November were within the Chemotherapy directorate (2 x band 5 and 1 x band 6).  
- The other leaver was a band 6 Deputy Ward Manager  
- 3 of the leavers had been with the Trust less than 2 years  
- 1 leaver was due to retirement, the other 3 due to voluntary resignation.

#### Absence

- Sickness for November has increased by 0.50% to 4.63%, this is just above Trust target of 4%.  
- Sickness rolling 12 month % has also increased this month by 0.07% to 3.97% however is still below Trust target  
- Top Reasons for sickness absence for November are;  
Anxiety/ stress/ depression – 13 occurrences  
Chest & respiratory problems – 7 occurrences (5 have been identified in ESR as relating to Coronavirus)  
Pregnancy Related - 7 occurrences  
Cold, Cough, Flu - 7 occurrences  
Gastrointestinal - 7 occurrences

#### Stress

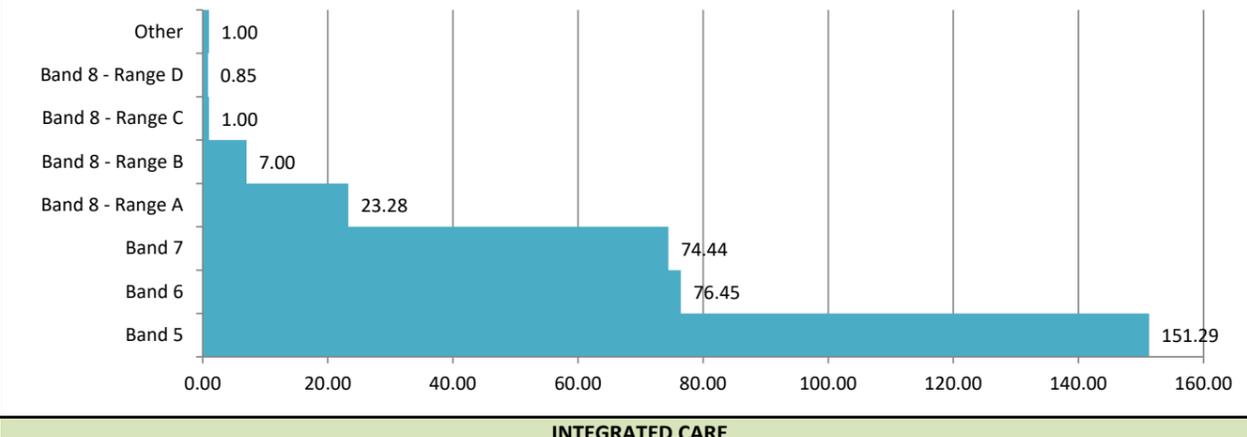
- Of the 13 off with Anxiety/Stress; 5 x band 5, 6 x band 6, 1 x band 7  
- 7 in Chemotherapy, 2 in Integrated Care, 1 in Haemato-oncology, 1 in Radiation Services, 1 in Research and 1 in Corporate  
- of the 13, 2 are recorded in ESR as work related (Chemotherapy Directorate)

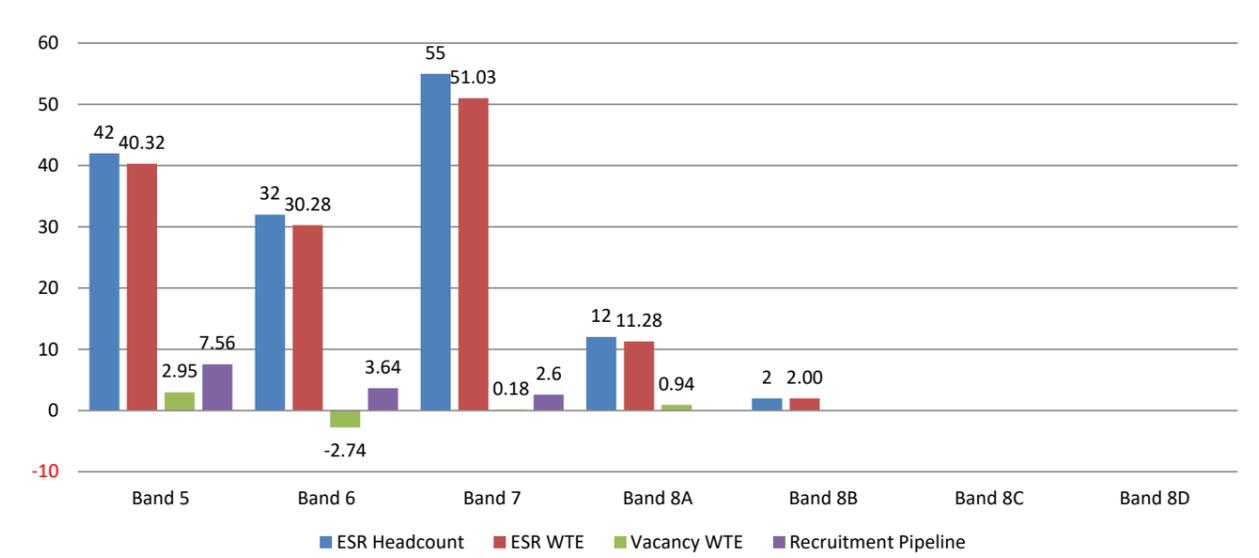
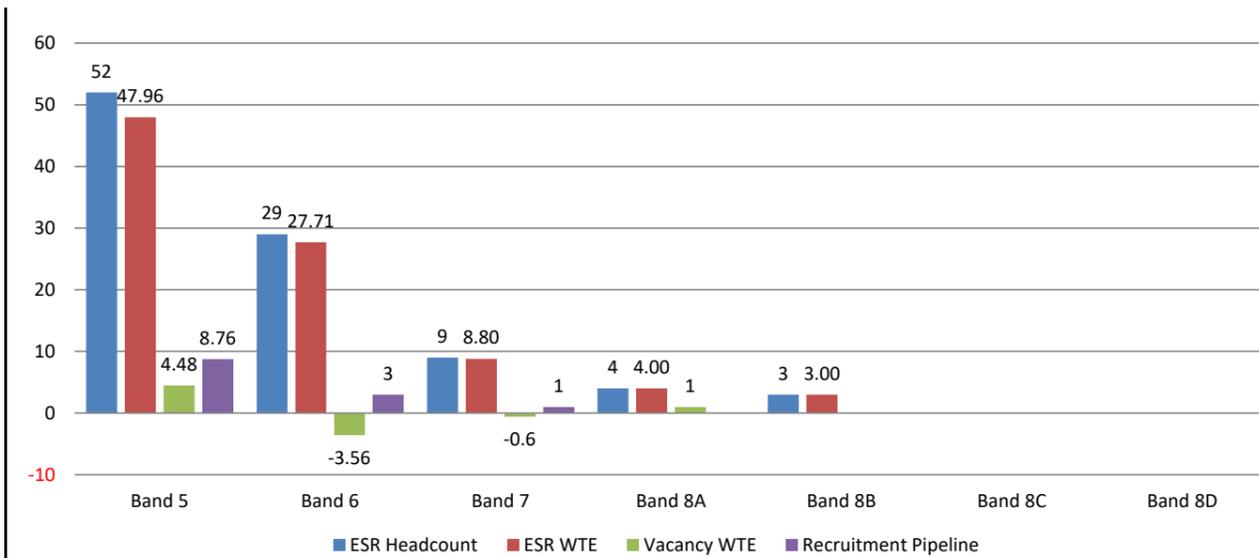
#### Action Taken;

- The introduction of a half a day Mental Health Awareness Course running virtually for staff throughout October and November 2020  
- The Trust has pledged its support to the [Nursing Times 'COVID-19: Are you OK?' campaign](#). The campaign recognises the impact that the pandemic has had on so many healthcare staff and the need for appropriate support to be in place for staff mental health and wellbeing  
- The Trust currently has 20 trained Mental Health First Aiders available for staff to contact for one to one support  
Health and wellbeing hub – available on the Trust Extranet which features supporting guides and resources  
- Team Time - a virtual forum of staff support. It is available for any team within the Trust to have a dedicated session (45 minutes) exploring the impact of COVID-19 on them, both professionally and personally. Team Time sessions are prepared, facilitated and supported by trained members of the Schwartz Round Steering Group

### Establishment

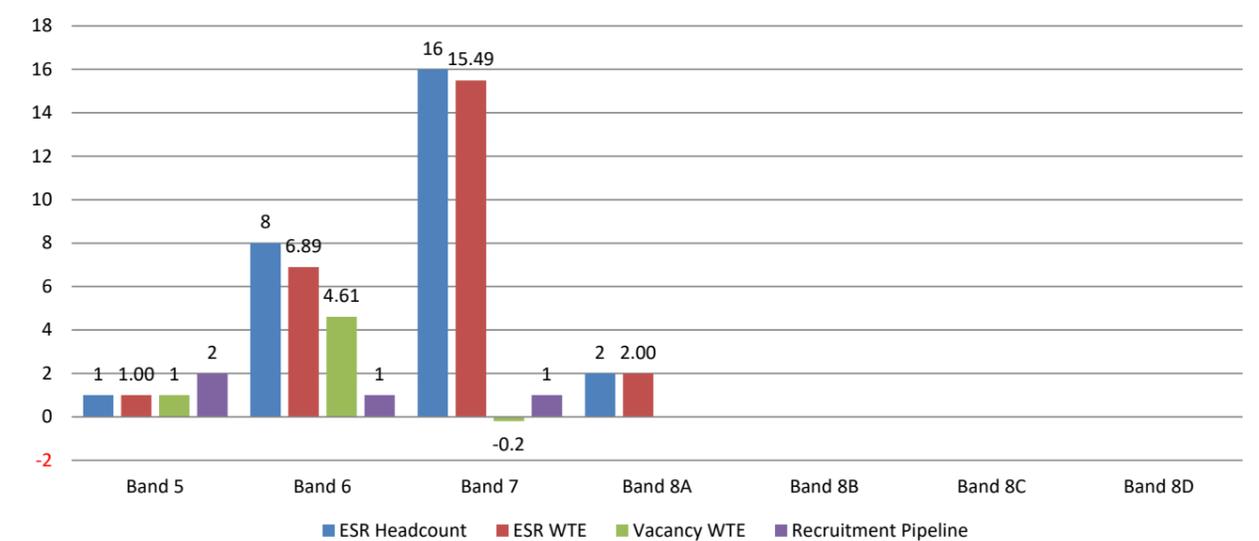
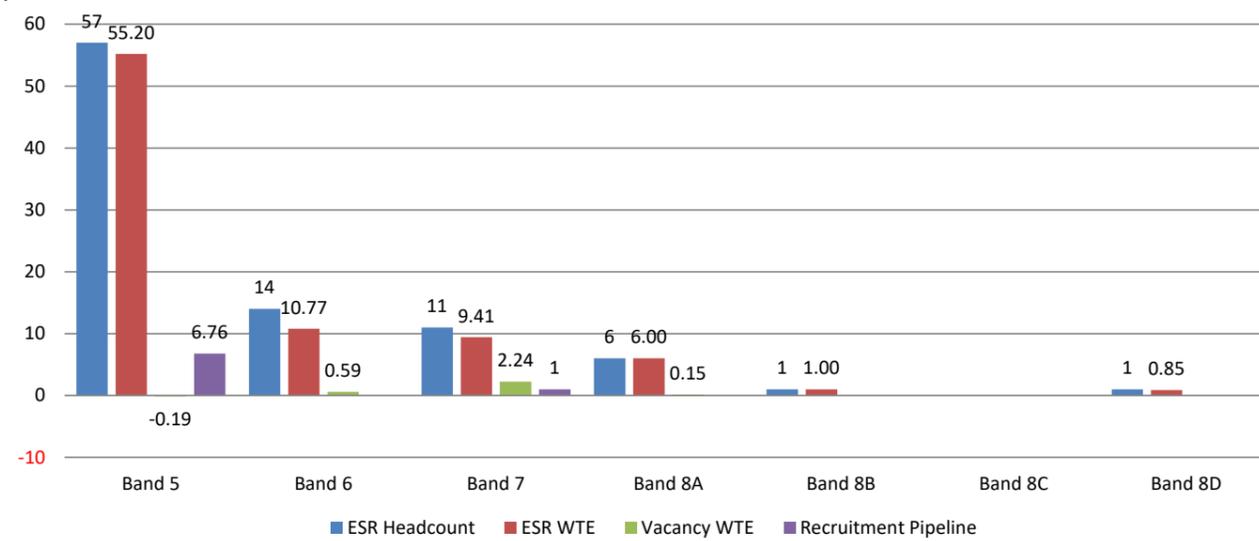
Registered Nurses across the Trust WTE	Registered Nurses across the Trust Headcount
352.81	377
New Starters November	Leavers November
9.28 WTE	3.27 WTE
10 Headcount	4 Headcount
<b>100% Professional Registrations</b>	
49 Registered Nurses to Revalidate in next 6 Months	60 Nurse Registrations Expire in next 3 months
CHEMOTHERAPY	





**HAEMATO-ONCOLOGY**

**RESEARCH**

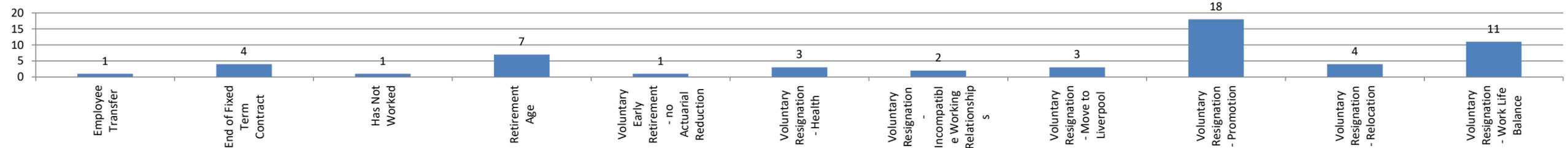


**Turnover**

**0.95 % Turnover WTE November**

**14.69% Turnover WTE Rolling 12month**

**Reason for Leaving (Rolling 12 months)**

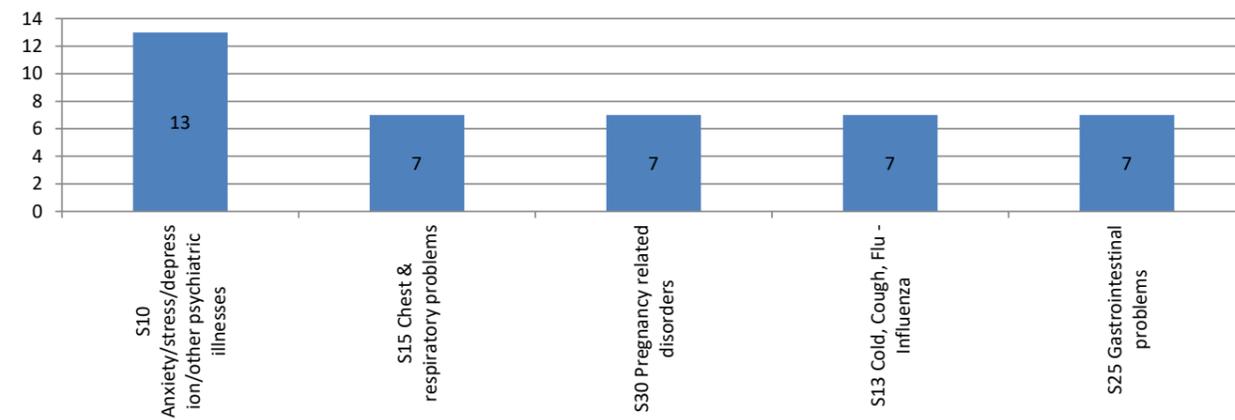
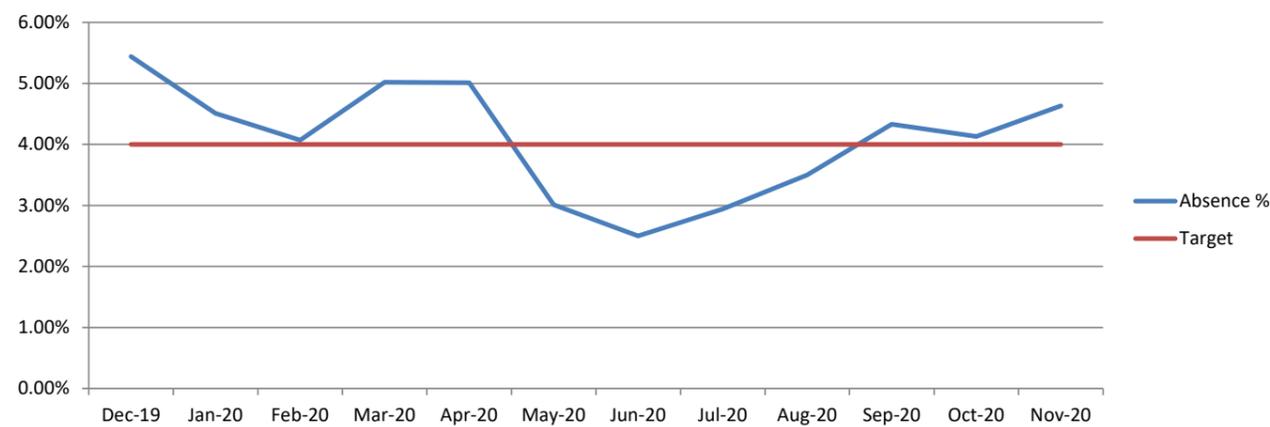


**Absence**

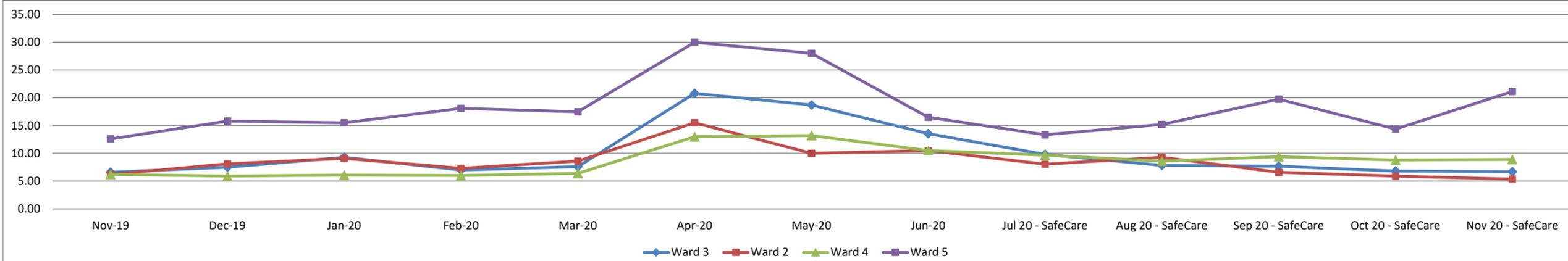
**4.63% November WTE Absence**

**3.97% 12 month rolling WTE Absence**

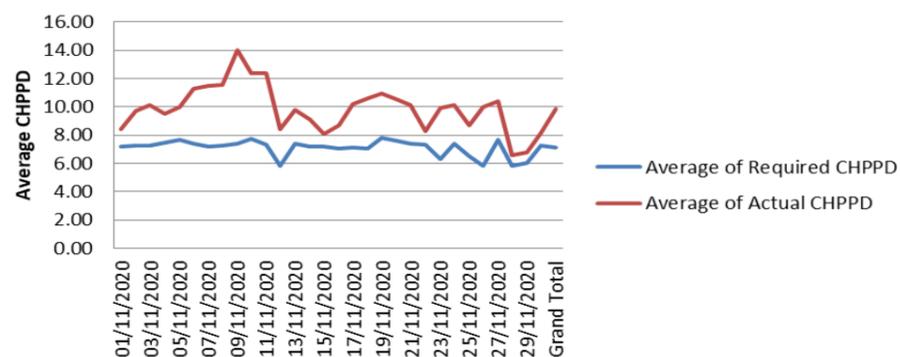
**Top Reasons for Absence November**



### Care Hours Per Patients By Day (CHPPD) (including Registered and Non-Registered Nurses)

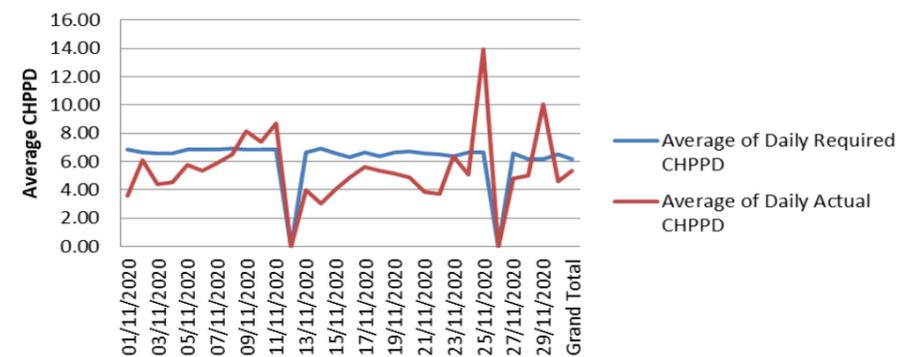


#### Trust CHPPD and Actual Comparison

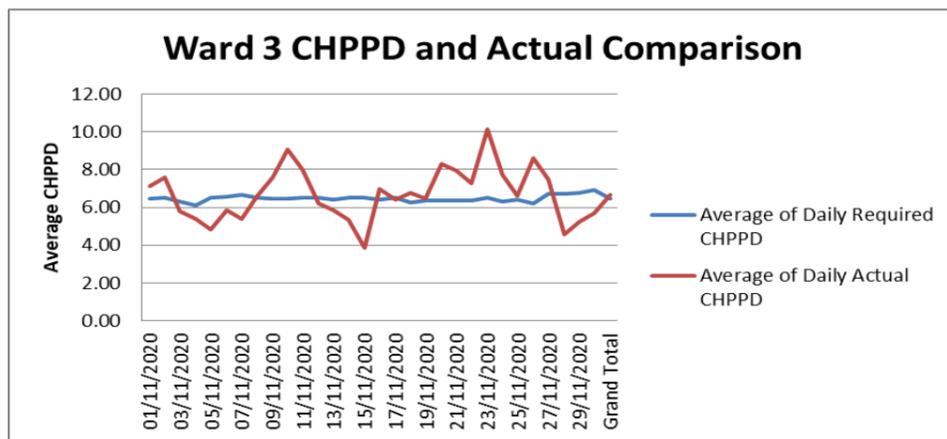


**Table 1:** The above graph shows the calculated average required care hours based on the levels of acuity entered on the 4 inpatient wards and is compared with the average calculated rostered care actually available during the same 30 day period. The required CHPPD remains at a steady level, between 5.81 and 7.75 hours, similar to the previous month and demonstrates a much closer correlation to the actual CHPPD hours available. The trough seen on 11/11 is directly linked to a gap in data submitted by Ward 2 with the same pattern repeated on 26/11. **Please note, the CHPPD on Safe Care does not include bank shifts that have been worked during this time. This will change once the NHSP and HealthRoster interface is implemented which is imminent.**

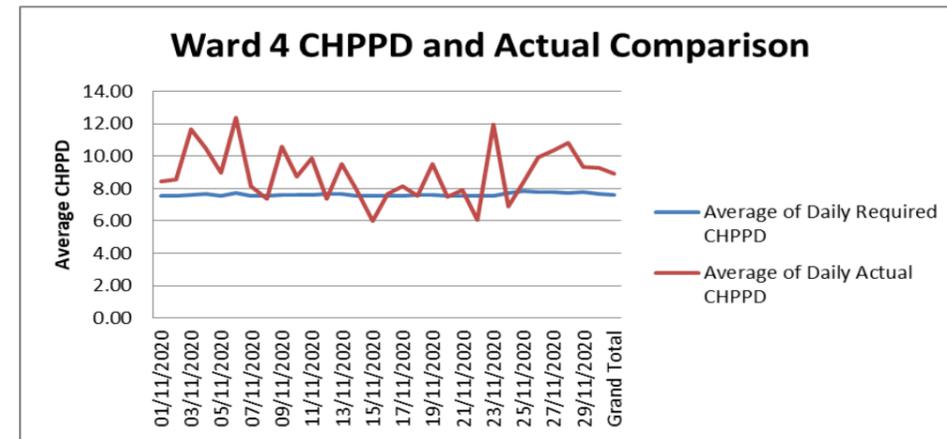
#### Ward 2 CHPPD and Actual Comparison



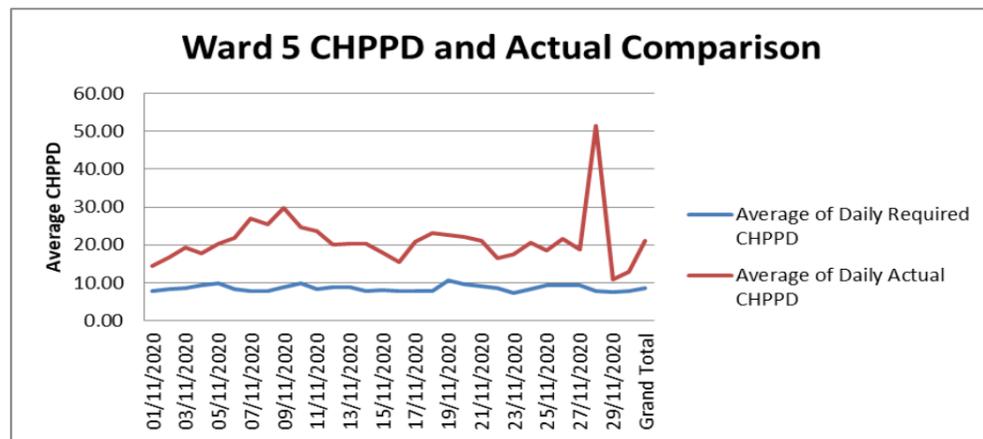
**Table 2:** Ward 2 has repeatedly had a number of days where the required CHPPD has exceeded the availability due to difficulty in securing nursing staff via NHSP to fill gaps in rotas. Spikes illustrated on 25/11 and 29/11 highlight actual CHPPD exceeds the total required to care for patients due to lower bed occupancy. Ward 2 data demonstrates overall that actual staffing available for the majority of the month was lower than the amount required. The graph demonstrates that staffing was tight throughout November 2020. **Please note however, the CHPPD on Safe Care does not include bank shifts that have been worked during this time. This will change once the NHSP and HealthRoster interface is implemented.**



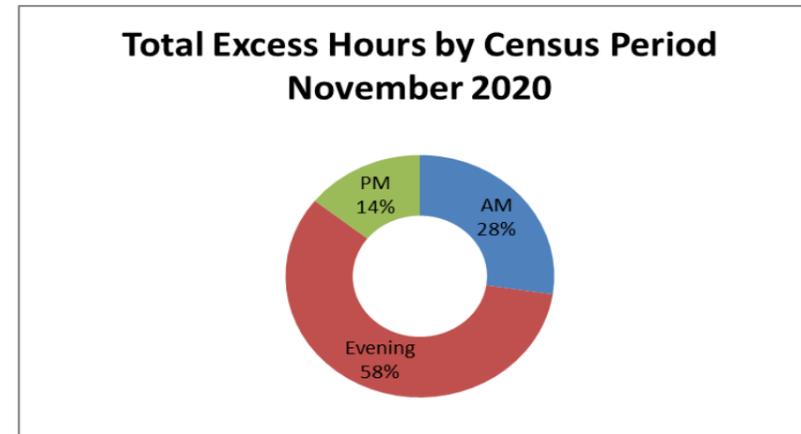
**Table 3:** Ward 3 required CHPPD has remained fairly static in November but has had several spikes where there Actual CHPPD has exceeded the required CHPPD and also where the Actual CHPPD was below the required CHPPD. The actual hours available across the month show a number of peaks 9/19/23/26 November due to reduced bed occupancy and improved staffing. There are three points where the actual hours available were less than the requirement 5/11, 15/11 and 28/11. **Please note, the CHPPD on Safe Care does not include bank shifts that have been worked during this time. This will change once the NHSP and HealthRoster interface is implemented.**



**Table 4:** During November, the Required CHPPD has remained fairly static and had a considerable number of occasions where the Actual CHPPD was higher than the required CHPPD. During November, Ward 4 CHPPD available was above the level required, particularly at the beginning and end of the month. The graph demonstrates a very consistent picture with the previous month and lower patient numbers towards the later part of the month releases more time to care. **Please note, the CHPPD on Safe Care does not include bank shifts that have been worked during this time. This will change once the NHSP and HealthRoster interface is implemented.**



**Table 5:** On Ward 5 during November, a continual excess of actual hours available is demonstrated. The acuity measurement in this area does not differ dramatically from patient to patient with the exception of the day of admission and 1 or 2 days leading up to discharge. The spike highlighted on 27/11 is due to reduced bed occupancy. The excess actual hours available is similar to last month and where the Actual/Required CHPPD are more closely aligned, this indicates a closer correlation between patient numbers, acuity and planned staffing has been achieved. **Please note, the CHPPD on Safe Care does not include bank shifts that have been worked during this time. This will change once the NHSP and HealthRoster interface is implemented.**



**Table 6:** The above chart shows the percentage of excess hours during November 2020 by shift. This chart is telling us that Evening(Night) shifts have tended to have more excess hours available than the AM or PM shifts and account for 58% of the excess hours which is consistent with last month. This could indicate that patient acuity may not be as high during evening/night shift so the gap between required and actual is higher or alternatively, staffing numbers on night duty are more resilient than during the day shifts resulting in less gaps. From a patient safety perspective this is preferable and deemed good practice as there are less staff available to help out during nightie/out of hours. **Please note, the CHPPD on Safe Care does not include bank shifts that have been worked during this time. This will change once the NHSP and HealthRoster interface is implemented.**

### Total Excess Hours by Ward November 2020

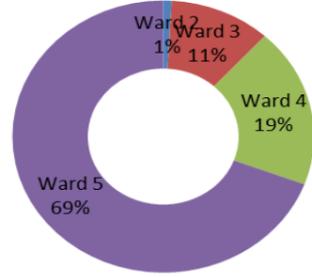


Table 7: The above chart details the excess hours by ward for November 2020. Ward 5 accounts for 69% of the overall excess hours during the month due to the need for higher staff ratios and fluctuating patient numbers, whereas Ward 2 has the least number of excess hours 1% and clearly demonstrates the significant pressures some of our nursing teams are experiencing during these challenging times. Any small changes in bed occupancy will have a significant impact on available care hours. **Please note, the CHPPD on Safe Care do not include bank shifts that may have been worked during this time. This will change once the NHSP and HealthRoster interface is implemented.**

### Recruitment

	Team	Job title	Band	Job ref	Booked Start Date	Vacancy Stage	Estimated Start Date Month	Recruitment Source
CHEMOTHERAPY	Outpatients CCCL	Staff Nurse	5	158-20-268-OPDL		Shortlisting		Replacement Post
	Delamere - Wirral Hub	Chemotherapy Staff Nurse	5	158-20-287-CHE		Interview: Set Up		Replacement Post
	Delamere - Wirral Hub	Deputy Ward Manager	6	158-20-234-CHE-A		Longlisting: Advertising		Replacement Post
	Royal Hub	Chemotherapy Staff Nurse	5	158-20-119-LMC-A		Offer: Conditional		Replacement Post
	Royal Hub	Chemotherapy Staff Nurse	5	158-20-119-LMC-A	04.01.2021	Starting		Replacement Post
	Royal Hub	Chemotherapy Staff Nurse	5	158-20-119-LMC	04.01.2021	Starting		Replacement Post
	Royal Hub	Senior Staff Nurse	6	158-20-235-LMC		Offer: Ready for Start Date		Replacement Post
	Wirral Hometreat	Chemotherapy Staff Nurse	5	158-20-165-CIC-A		Offer: Conditional		Newly Created Post
	Wirral Hometreat	Chemotherapy Staff Nurse	5	158-20-165-CIC-A		Offer: Conditional		Newly Created Post
	Wirral Hometreat	Chemotherapy Staff Nurse	5	158-20-165-CIC	04.01.2021	Starting		Newly Created Post
	Aintree Hub	Senior Staff Nurse	6	158-20-304-AIN		Longlisting: Advertising		Newly Created Post
	Immunotherapy Service	Service Senior Immuno-Oncology Nurse	6	158-20-288-IO		Longlisting: Advertising		Newly Created Post
Halton Hub	Senior Staff Nurse	6	158-217-HAL	04.01.2021	Starting		Secondment Cover	
PPJV Chemotherapy Wirral	Ward Manager	7	158-20-086-PPJV-B	17.12.2020	Starting		Secondment Cover	
HAEMATO ONCOLOGY	Ward 7y	Staff Nurse	5	158-19-452-7y-C		Offer: Conditional		Replacement Post
	Ward 7y	Staff Nurse	5	158-20-208-7y		Offer: Ready for Start Date		Maternity Cover
	Ward 7y Day Ward	Staff Nurse	5	158-20-233-7yday		Offer: Conditional		Current Post Holder Reduced Hours
	Ward 7y Day Ward	Staff Nurse	5	158-20-233-7yday		Offer: Ready for Start Date		Current Post Holder Reduced Hours
	Bone Marrow Transplant	Staff Nurse	5	158-20-242-BMT		Offer: Conditional		Newly Created Post
	Bone Marrow Transplant	Staff Nurse	5	158-20-092-BMT	04.01.2021	Starting		Newly Created Post
	Med Staff Clin Haemato-Oncology	Trainee Advanced Nurse Practitioner	7	158-20-253-MEDHAEM		Interview: Set Up		Secondment Cover
Ward 2	Ward 2	Staff Nurse	5	158-19-470-MER-A		Applicant Withdrew		Newly Created Post
	Ward 2	Staff Nurse	5	158-19-470-MER-A	18.01.2021	Starting		Newly Created Post
	Ward 2	Staff Nurse	5	158-20-203-MER	04.01.2021	Starting		Replacement Post
	Ward 2	Staff Nurse	5	158-20-203-MER	08.02.2021	Starting		Replacement Post
	Ward 2	Staff Nurse	5	158-20-259-MER		Offer: Conditional		Replacement Post
	Ward 2	Staff Nurse	5	158-20-169-MER	21.12.2020	Starting		Replacement Post
	Ward 2	Deputy Ward Manager	6	158-20-269-MER		Interview: Set Up		Replacement Post

INTEGRATED CARE	Ward 2	Deputy Ward Manager	6	158-20-277-MER		Interview: Set Up		Replacement Post
	Ward 3	Staff Nurse	5	158-20-062-CON	28.12.2020	Starting		Newly Created Post
	Ward 3	Staff Nurse	5	158-20-062-CON	12.01.2021	Starting		Secondment Cover
	Matron Services	Patient Flow Coordinator	6	158-20-177-MAT	11.01.2021	Starting		Secondment Cover
	Common Cancer	Colorectal CNS	7	158-20-144-CCA	04.01.2021	Starting		Newly Created Post
	Common Cancer	Colorectal CNS	7	158-20-190-CCA	04.01.2021	Starting		Retire & Return
	Rare Cancers	Clinical Nurse Specialist - Palliative Care	7	158-20-283-RCA		Offer: Conditional		Current Post Holder Reduced Hours
	Advanced Nursing Team	Trainee Advanced Nurse Practitioner - Acute Oncology	7	158-20-176-ANT	25.01.2021	Starting		Retire & Return
								Newly Created Post
RESEARCH	Commercial Trials	Research Chemotherapy Nurse	5	158-20-222-R&I		Applicant Withdrew		Newly Created Post
	Commercial Trials	Research Chemotherapy Nurse	5	158-20-222-R&I		Offer: Ready for Start Date		Newly Created Post
	Commercial Trials	Research Practitioner	6	158-20-300-R&I		Longlisting: Advertising		Secondment Cover
	Commercial Trials	Research Practitioner	6	158-20-297-R&I		Longlisting: Advertising		Replacement Post
	Commercial Trials	Research Practitioner	6	158-19-435-R&I-D	18.01.2021	Starting		Newly Created Post
	Commercial Trials	Advanced Research Practitioner	7	2817790		Authorisation: In Progress		Replacement Post
	Commercial Trials	Advanced Research Practitioner	7	158-20-223-R&I		Offer: Conditional		Replacement Post