

MEETING OF THE TRUST BOARD OF DIRECTORS –March 2021

Safe Staffing Report for February 2021 – Nursing, Midwifery and Allied Health Professionals (AHP)

AGENDA ITEM:**Report Author and Job Title:**

Eileen Aylott, Assistant Director of Nursing Education and Workforce

Responsible Director:

Dr Hilary Lloyd Chief Nurse

Action RequiredApprove Discuss Inform **Situation**

This report details nursing, midwifery staffing levels for February 2021

Background

The requirement to publish nursing & midwifery staffing levels on a monthly basis is one of the ten expectations specified by the National Quality Board (2013 and 2016).

Assessment

The percentage of shifts filled against the planned staffing across the trust is 98.7%, demonstrating good compliance with safer staffing.

Demand for critical care beds remain high and staff from other areas to support continues. There have been no reported episodes for lack of supernumerary co-ordinators during February 2021.

The highest risk to safe staffing remains from COVID self-isolation and sickness for all staff groups and increased COVID activity resulting in stretch staffing ratios at times.

Patients requiring CPAP on ward areas have maintained staffing levels of 1:2 – 1:4 with critical care outreach support. It is recognised that during COVID this stretch ratio has been required to enable critical care beds to be fully utilised for the significant numbers of level 3 patients.

Nursing and Midwifery Turnover for February is currently 7.27%

Vacancy rate is 3.3% (96 whole time equivalents)

Monthly International RN recruitment continues with 7 -12 arrivals each month.

HCA rapid recruitment to achieve a 0 vacancy by 31st March 2021 is well underway.

Close monitoring and agile actions will be required to mitigate risks.

Recommendation

The Board of Directors are asked to note the content of this report

Does this report mitigate risk included in the BAF or Trust Risk

BAF risk 5.1 Demographic changes, shifting cultural attitudes to careers, capacity and capability of staff combined with employment market factors resulting in critical workforce gaps in some clinical

| | | |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Registers? please outline | and non clinical services | |
| Legal and Equality and Diversity implications | <ul style="list-style-type: none"> • Care Quality Commission • NHS Improvement • NHS England | |
| Strategic Objectives | Excellence in patient outcomes and experience <input checked="" type="checkbox"/> | Excellence in employee experience <input checked="" type="checkbox"/> |
| | Drive operational performance <input type="checkbox"/> | Long term financial sustainability <input type="checkbox"/> |
| | Develop clinical and commercial strategies <input type="checkbox"/> | |

Nursing and Midwifery Workforce Exception Report February 2021

Safe Staffing Governance

Safer staffing is maintained through twice daily SafeCare (staffing review) meetings to address any immediate issues and put robust plans in place. All elements of safer staffing are discussed at the Workforce Group which meets three times weekly and are escalated to the Tactical/Strategic Group as required. A look forward to the week ahead on Mondays and the weekends on Fridays takes place with Associate Directors of Nursing and Clinical Matrons.

Staff movement takes place to ensure patient safety with Clinical Matron Huddles and Ward Manager Briefings utilised to ensure full communication of plans and to gain feedback from teams to inform decision making.

Planned staffing templates, using professional judgement are reviewed monthly and when patient pathways change and are included in this report as planned versus actual (Table 1 & 2)

Critical Care and Emergency Department Staffing are reviewed using a one week look back and a two week forward view to ensure patient safety. Redeployment of staff has taken place on a regular basis with 475 shifts/5304 hours logged via SafeCare showing staff transferring to ITU roster to support the COVID response.

Staff COVID unavailability is reported daily from the electronic roster data and is broken down by area and staff group.

COVID vaccination programme continues with over 48,000 doses administered through the James Cook and Friarage Hospital Hubs since December 2020.

Table 1 – Overall UNIFY fill Rate based on planned vs worked hours for February 2021

| Overall Ward Fill Rate | | November 2020 | December 2020 | January 2021 | February 2021 |
|-----------------------------------------|---------------------------------------|---------------|---------------|--------------|---------------|
| | RN/RMs (%) Average fill rate - DAYS | 91.2% | 91.1% | 95.1% | 93.6% |
| | HCA (%) Average fill rate - DAYS | 93.1% | 96.2% | 96.4% | 94.2% |
| | NA (%) Average fill rate - DAYS | 100.0% | 100.0% | 100% | 100% |
| | TNA (%) Average fill rate - DAYS | 100.0% | 100.0% | 100% | 100% |
| | RN/RMs (%) Average fill rate - NIGHTS | 99.1% | 99.3% | 98.7% | 95.5% |
| | HCA (%) Average fill rate - NIGHTS | 103.9% | 101.7% | 109.3% | 104.6% |
| | NA (%) Average fill rate - NIGHTS | 100.0% | 100.0% | 100% | 100% |
| | TNA (%) Average fill rate - NIGHTS | 100.0% | 100.0% | 100% | 100% |
| Total % of Overall planned hours | 98.5% | 98.5% | 99.9% | 98.7% | |

The latest published Care Hours per Patient Day (CHPPD) for Nursing, Midwifery and AHP on the Model Hospital was in December 2020 and was 11.3 against a Peer of 9.8 and a National of 9.2. Higher number of hours of care per patient is good.

Table 2 provides details by ward and these are overlaid with bed occupancy and nurse sensitive indicators to triangulate data.

Nursing and Midwifery Planned Vs Actual hours % and Care Hours Per Patient Day

| Wards | Physical Bed Capacity | Open Bed Capacity | Occupied Bed No Feb 2021 | Total CHPPD | Average fill rate - Days RN/ Midwives (%) | Average fill rate - Days HCA (%) | Average fill rate – Days Reg Nursing Associates (%) | Average fill rate – Day Trainee Nursing Associates (%) | Average fill rate - Night RN/ Midwives (%) | Average fill rate - Night HCA (%) | Average fill rate – Night Reg Nursing Associates (%) | Average fill rate - Night Trainee Nursing Associates (%) | Reason for exception (when less than 80%) |
|-------------------------------------|-----------------------|-------------------|--------------------------|-------------|-------------------------------------------|----------------------------------|-----------------------------------------------------|--------------------------------------------------------|--------------------------------------------|-----------------------------------|------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Ward 2 AAU (Short Stay Staff) | 28 | 28 | 18 | 8.7 | 129.9% | 78.1% | 100.0% | - | 126.3% | 92.8% | 100.0% | - | Bed occupancy reduced by 10 beds in February |
| Ward 3 | 28 | 27 | 20 | 8.4 | 106.5% | 93.7% | - | 100.0% | 91.9% | 102.0% | - | - | |
| JC04 | 21 | 21 | 19 | 7.7 | 106.4% | 100.9% | - | - | 73.8% | 120.6% | - | - | Bed occupancy reduced by 2 beds in February. Planned 3 RN working 2 (1:9 Ratio) with HCA support |
| JC06 Gastro | 30 | 30 | 22 | 7.0 | 113.2% | 106.2% | - | - | 89.2% | 159.8% | - | - | |
| Ward 7 Colo | 30 | 30 | 18 | 6.4 | 114.9% | 96.9% | - | 100.0% | 94.8% | 96.6% | - | - | |
| Ward 8 | 30 | 30 | 21 | 7.5 | 111.2% | 104.6% | 100.0% | 100.0% | 85.6% | 140.7% | 100.0% | 100.0% | |
| JC09 | 28 | 28 | 17 | 10.8 | 103.5% | 82.3% | 100.0% | - | 105.3% | 98.8% | - | - | |
| Ward 10 (Short Stay RAFAU Staff) | 27 | 27 | 16 | 7.7 | 109.6% | 131.1% | - | - | 117.9% | 100.7% | - | - | |
| OPM (Ward 11) | 28 | 28 | 23 | 8.6 | 130.3% | 120.4% | - | - | 97.1% | 119.2% | - | - | |
| Ward 12 (JC25 Elective Ortho Staff) | 26 | 20 | 18 | 8.5 | 95.6% | 116.7% | - | - | 77.0% | 99.2% | - | - | Bed occupancy reduced by 8 beds in February. Planned 4 RN worked 3 (1:6 ratio) |
| JC14 Oncology Staff | 23 | 21 | 12 | 10.0 | 103.4% | 89.4% | - | 100.0% | 99.6% | 99.8% | - | - | |
| JC24 | 23 | 23 | 19 | 9.1 | 103.5% | 125.7% | 100.0% | - | 97.2% | 162.7% | 100.0% | - | |
| Ward 25 (Ward 5 Surgery Staff) | 21 | 21 | 7 | 16.3 | 103.9% | 57.2% | - | 100.0% | 75.0% | 35.7% | - | - | Bed occupancy reduced by 14 beds in February. Planned 3 RN worked 2 (Ratio 1:4 ratio) |
| JC26 | 18 | 18 | 16 | 7.6 | 101.2% | 94.5% | - | - | 100.0% | 98.3% | - | - | |
| JC27 Neuro Staff | 15 | 15 | 13 | 14.1 | 148.1% | 257.9% | - | - | 100.0% | 157.9% | - | - | |
| JC28 | 30 | 30 | 20 | 8.0 | 98.2% | 86.3% | - | - | 98.2% | 105.8% | - | - | |
| JC29 | 27 | 27 | 22 | 9.3 | 120.4% | 126.2% | 100.0% | - | 115.8% | 176.8% | 100.0% | - | |
| Cardio MB | 9 | 9 | 6 | 8.8 | 96.4% | 132.1% | - | - | 96.4% | - | - | - | |
| JC31 Vas | 35 | 26 | 22 | 7.3 | 150.5% | 127.7% | 100.0% | - | 136.4% | 135.3% | 100.0% | - | |
| JCCT (Ward 32) | 22 | 21 | 19 | 7.6 | 111.8% | 99.2% | - | - | 100.0% | 112.3% | - | - | |
| JC33 Specialty | 19 | 19 | 17 | 7.7 | 93.8% | 97.9% | - | - | 71.5% | 69.2% | - | - | Bed occupancy reduced by 2 beds in February. Planned 3 RN working 2 (1:9 Ratio) |
| JC34 | 34 | 34 | 28 | 7.4 | 121.1% | 93.3% | - | 100.0% | 95.2% | 112.7% | - | - | |

| | | | | | | | | | | | | | |
|---------------------------------------|----|----|----|-------|--------|--------|--------|--------|--------|--------|--------|--------|------------------------------------------------------------------------------------------------------------------------|
| JC35 | 26 | 26 | 21 | 8.1 | 97.1% | 109.3% | - | - | 78.7% | 115.6% | - | - | Bed occupancy reduced by 5 beds in February. Planned 3 RN working 2 (1:11 ratio) with additional HCA support |
| JC36 Trauma | 34 | 34 | 28 | 6.9 | 96.5% | 117.9% | - | 100.0% | 97.5% | 122.4% | - | 100.0% | |
| Critical Care | 32 | 32 | 41 | 42.0 | 94.0% | 102.1% | - | - | 92.4% | 78.7% | 100.0% | - | |
| CICU JCUH | 8 | 8 | 8 | 27.2 | 67.0% | 92.9% | - | - | 62.9% | 100.0% | - | - | Planned for 12 RN day and night working 10 during the day and 9 overnight to flex around level 2/3 patient requirement |
| Cardio HDU | 10 | 10 | 5 | 22.3 | 101.5% | 96.4% | - | - | 98.7% | 89.3% | - | - | |
| JC24 HDU | 8 | 8 | 5 | 21.8 | 93.6% | 120.2% | 100.0% | 100.0% | 111.3% | 101.5% | 100.0% | 100.0% | |
| Ainderby FHN | 27 | 27 | 14 | 9.5 | 102.4% | 123.3% | - | 100.0% | 130.4% | 107.3% | - | 100.0% | |
| Romanby FHN | 26 | 27 | 20 | 7.1 | 102.4% | 123.3% | - | 100.0% | 130.4% | 107.3% | - | 100.0% | |
| Gara Orthopaedic FHN | 0 | 0 | 0 | - | - | - | - | - | - | - | - | - | Closed |
| Rutson FHN | 17 | 15 | 8 | 16.5 | 78.9% | 72.9% | - | - | 100.0% | 90.8% | - | - | Bed occupancy reduced by 7 in February. Planned 3 RN working 2 (1:4 ratio) |
| Friary Community Hospital | 18 | 18 | 8 | 11.6 | 75.2% | 59.2% | - | - | 97.9% | 135.7% | - | - | Bed occupancy reduced by 10 in February. Planned 3 RN working 2 (1:4 ratio) |
| Zetland | 31 | 29 | 24 | 8.8 | 92.0% | 87.8% | - | - | 77.7% | 114.2% | - | - | Bed occupancy reduced by 5 in February. Planned 4 RN working 3 (1:8 ratio) |
| Tocketts Ward | 30 | 30 | 16 | 8.6 | 71.3% | 68.6% | - | - | 71.6% | 76.9% | - | - | Bed occupancy reduced by 14 in February. Planned 4 RN day and 3 nights working 3 and 2 (1:3 and 1:4 ratio) |
| JC21 | 25 | 25 | 10 | 16.7 | 71.2% | 92.9% | - | - | 71.4% | 63.1% | - | - | Bed occupancy reduced by 15 in February. Planned 6 RN day and night working 4 (1:4 ratio) |
| JC22 | 17 | 17 | 4 | 21.4 | 88.0% | 49.6% | - | - | 81.5% | 38.4% | - | - | Bed occupancy reduced by 13 in February. |
| JCDS (Central Delivery Suite) | - | - | 4 | 70.2 | 95.4% | 53.7% | - | - | 97.1% | 94.8% | - | - | |
| Neonatal Unit (NNU) | 35 | 35 | 15 | 21.0 | 82.4% | 125.0% | - | - | 82.3% | - | - | - | Bed occupancy reduced by 20 in February. |
| Paediatric Intensive Care Unit (PCCU) | 6 | 6 | 0 | 155.2 | 46.4% | 96.3% | - | - | 41.1% | - | - | - | Less than 1 patient on average Staff supporting Critical Care |
| Ward 17 JCUH | - | - | 27 | 6.8 | 87.4% | 65.1% | - | - | 89.8% | 87.8% | - | - | Bed occupancy reduced by 7 in February. Planned 3 RN working 2 (1:4 ratio) |
| Ward 19 Ante Natal | - | - | 3 | 15.7 | 53.2% | 88.1% | - | - | 53.6% | - | - | - | Average of 3 patients at midnight during February |
| Maternity Centre FHN | - | - | 1 | 112.4 | 69.3% | 62.3% | - | 100.0% | 200.0% | 96.4% | - | - | Average 1 patient at midnight during February |
| Spinal Injuries | 24 | 24 | 22 | 9.0 | 93.3% | 69.4% | - | - | 99.1% | 90.5% | - | - | |
| CCU JCUH | 14 | 14 | 9 | 15.5 | 71.6% | 49.7% | - | - | 80.4% | - | - | - | Bed occupancy reduced by 5 in February. Planned 8 RN working 6 |

Ward 9 now has two Respiratory Support Bays and two side wards (10 beds). During February there have been significant numbers of patients requiring admission to these beds to be supported on Continuous Positive Airway Pressure (CPAP) to release critical care beds for level 3 patients. Faculty of Intensive Care Medicine (FICM) and The British Thoracic Society (BTS) recommend a 1:2 to 1:4 nursing model, provision for 1:2 care for acutely unwell patients. However, it is recognised that in the present pandemic the ratio of 1:2 is not always achievable.

During the month of February 2021 Ward 9 maintained staffing ratio of 1:2 RNs for level 2 patients on all but one day shift were a 1:4 RN staffing ratio was achieved with two Assistant Practitioners (Band 4) experienced in NIV supporting the ward. Night shifts maintained staffing ratios of 1:2 for 17 nights and 1:4 RNs for 11 nights.

The emergency department continues to require 18 RNs during the day as building work takes place. Beta testing of the new ED Safer Nursing Care Tool (national project) has been undertaken and results are awaited to allow for an establishment review to be undertaken. An A&E transfer team has been implemented during COVID surge and requires review as we emerge into business as usual.

80 third year adult and 13 child branch student nurses have joined the workforce for the second time on an 11 week paid placement from 8th February 2021 to support practice. This activity has increased the fill rates for HCAs across most areas.

NHSP (Staff Bank) pay rates have been increased over the winter and will remain in place until the end of April. A small number of agency nurses worked in Critical Care, A+E and Theatres. A Care Support Worker (CSW) Programme has increased the HCA bank by 27 in February.

Nurse sensitive indicators report February 2021

| Ward/Area Name | New or Deteriorating PU 2's (Inpatient) | New or Deteriorating PU 3's (Inpatient) | Medication Incidents | Falls | Complaints | Inpatient Survey 1000 voices | Reported Serious Incidents |
|--------------------------------|-----------------------------------------|-----------------------------------------|----------------------|-------|------------|------------------------------|----------------------------|
| A&E JCUH | 1 | 0 | 5 | 2 | 1 | - | |
| CARDIO HIGH DEPENDENCY UNIT | 0 | 1 | 1 | 0 | 0 | 8.61 | |
| AINDERBY WARD FHN | 1 | 0 | 1 | 1 | 1 | - | |
| CLINICAL DECISIONS UNIT FHN | 1 | 0 | 2 | 3 | 0 | 9.45 | |
| ROMANBY WARD FNH | 3 | 0 | 0 | 6 | 0 | - | |
| WARD 2 COVID | 1 | 0 | 4 | 3 | 1 | - | |
| WARD 3 | 3 | 0 | 1 | 10 | 0 | 9.34 | |
| WARD 4 | 8 | 0 | 0 | 6 | 0 | - | |
| WARD 5 | 0 | 0 | 0 | 0 | 0 | - | |
| WARD 5 COVID | 1 | 0 | 0 | 0 | 0 | - | |
| WARD 6 | 1 | 2 | 0 | 2 | 1 | 9.88 | |
| WARD 7 | 0 | 1 | 1 | 2 | 0 | - | 1 PU (3) |
| WARD 8 | 1 | 0 | 0 | 5 | 1 | - | |
| WARD 9 | 2 | 0 | 1 | 1 | 0 | 8.73 | |
| WARD 10 | 0 | 1 | 0 | 4 | 0 | 9.35 | |
| WARD 12 | 1 | 0 | 0 | 5 | 1 | - | |
| WARD 14 | 1 | 0 | 1 | 0 | 0 | - | |
| WARD 17 | 1 | 0 | 0 | 0 | 0 | 8.99 | |
| ANTENATAL WARD | 0 | 0 | 0 | 0 | 0 | - | |
| WARD 21 | 0 | 0 | 0 | 0 | 0 | 9.44 | |
| WARD 22 | 0 | 0 | 0 | 0 | 0 | 9.73 | |
| WARD 24 | 5 | 0 | 0 | 4 | 0 | 9.91 | |
| WARD 25 | 0 | 0 | 1 | 0 | 0 | 9.42 | |
| WARD 26 | 0 | 0 | 0 | 2 | 0 | 8.52 | |
| WARD 27 | 0 | 0 | 0 | 2 | 0 | 8.68 | |
| WARD 28 | 0 | 0 | 2 | 14 | 0 | - | |
| WARD 29 | 4 | 0 | 2 | 4 | 1 | - | |
| WARD 31 | 2 | 1 | 0 | 10 | 0 | - | 1 PU (3) |
| WARD 32 | 1 | 0 | 1 | 2 | 0 | 9.08 | |
| WARD 33 | 0 | 0 | 2 | 5 | 0 | 9.13 | |
| WARD 34 | 5 | 1 | 2 | 11 | 1 | 8.37 | 1 PU (3) |
| WARD 35 | 2 | 0 | 0 | 4 | 0 | 9.03 | |
| JCUH ACUTE MED UNIT WARD 37 | 2 | 0 | 1 | 6 | 0 | - | |
| JCUH CORONARY CARE UNIT | 0 | 0 | 0 | 1 | 0 | 10.00 | |
| JCUH CENTRAL DELIVERY SUITE | 0 | 0 | 3 | 0 | 0 | - | |
| JCUH MATERNITY ASSESSMENT UNIT | 0 | 0 | 0 | 0 | 0 | - | |
| GENERAL HIGH DEPENDENCY UNIT | 21 | 0 | 2 | 0 | 0 | - | |
| GENERAL ICU2 | 6 | 1 | 2 | 0 | 1 | - | |
| GENERAL ICU3 | 6 | 0 | 3 | 0 | 0 | - | |
| CARDIOTHORACIC ITU | 2 | 0 | 0 | 0 | 0 | - | |
| JCUH SPECIAL CARE BABY UNIT | 0 | 0 | 6 | 0 | 0 | - | |
| SPINAL INJURY HDU | 0 | 0 | 1 | 4 | 0 | - | |
| JCUH TRAUMA OPD | 0 | 0 | 0 | 0 | 0 | - | |
| NEURO HIGH DEPENDENCY UNIT | 0 | 0 | 0 | 0 | 0 | 9.22 | |
| WARD 1 | 6 | 0 | 0 | 1 | 0 | - | |
| RICHMOND FRIARY VICTORIA WARD | 0 | 0 | 0 | 0 | 0 | 9.29 | |

| | | | | | | | |
|------------------------------|---|---|---|---|---|------|--|
| RUTSON FHN | 2 | 0 | 1 | 3 | 0 | 7.86 | |
| RPCH ZETLAND WARD | 0 | 0 | 3 | 5 | 0 | - | |
| EAST CLEVELAND TOCKETTS WARD | 0 | 0 | 0 | 1 | 0 | 9.01 | |

Both pressure ulcers and falls have increased with 3 Serious Incidents (SI) being reported in February for grade 3 pressure ulcers on wards 7, 31 and 34. Staffing does not appear to be a contributing factor but will be examined as part of the panel reviews.

Pressure ulcers in Critical care have remained high due to acuity of patients and proning of patients for respiratory support. Most beds have been utilised by level 3 patients across ITU and GHDU.

A pressure ulcer collaborative is being planned to refocus pressure ulcer activity and prevention as this has demonstrated positive reduction in the past.

Red flag reporting February 2021

| Red flags | Early | Late | Long Day | Night | Night Duty | Grand Total |
|--------------------------------------|-----------|-----------|----------|-----------|------------|-------------|
| AMBER Beds Open | | | | | 1 | 1 |
| Delay in providing pain relief | | 1 | | 1 | | 2 |
| Less than 2 RNs on shift | 1 | | | 4 | 1 | 6 |
| Missed 'intentional rounding' | 1 | | | 3 | | 4 |
| RED Beds Open | | 1 | | | | 1 |
| Shortfall in RN time | 13 | 9 | 2 | 16 | | 40 |
| Vital signs not assessed or recorded | | | | 3 | | 3 |
| Grand Total | 15 | 11 | 2 | 27 | 2 | 57 |

A total of 57 red flags were reported during February with shortfall of RN being the most common (40). No wards were left with less than two RN's on duty at any time as these flags were resolved by Matrons or patient flow.

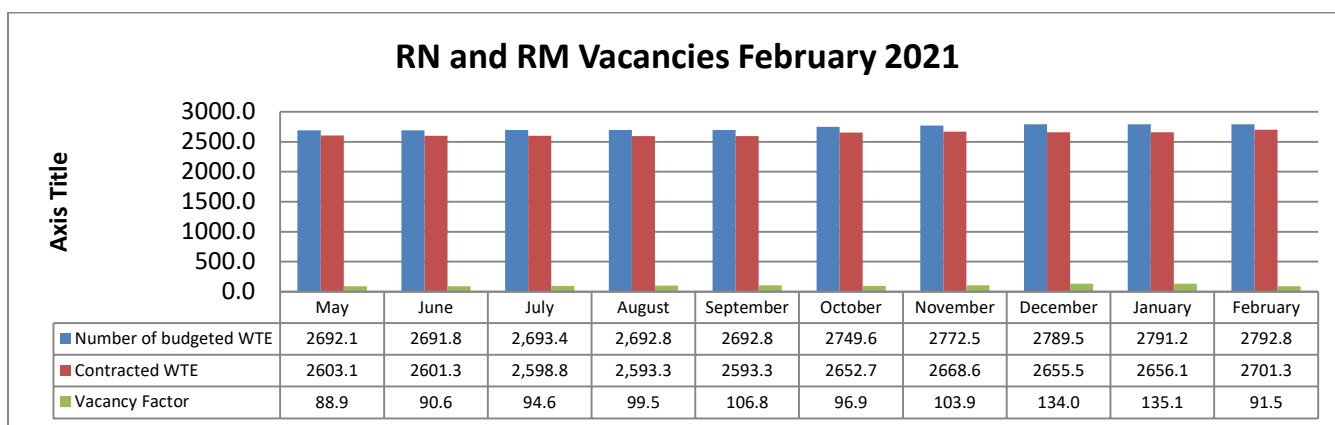
Retrospective red flags have been raised for missing intentional rounding, delays in pain relief and missing vital signs. These can be due to short periods of increased acuity and dependency and should be datix if likely to cause patient harm.

There were 9 Datix reported related to staffing mostly overnight when wards were at stretched ratios. No patient harm related incidents reported within these.

Vacancy and Turnover

The total current nursing and midwifery vacancy rate for all nursing and midwifery staff is currently at 3.3% at the end of February 2021 this equates to 91.5 WTE (Figure 1).

Figure 1 Registered Nursing and Midwifery Vacancy Rate

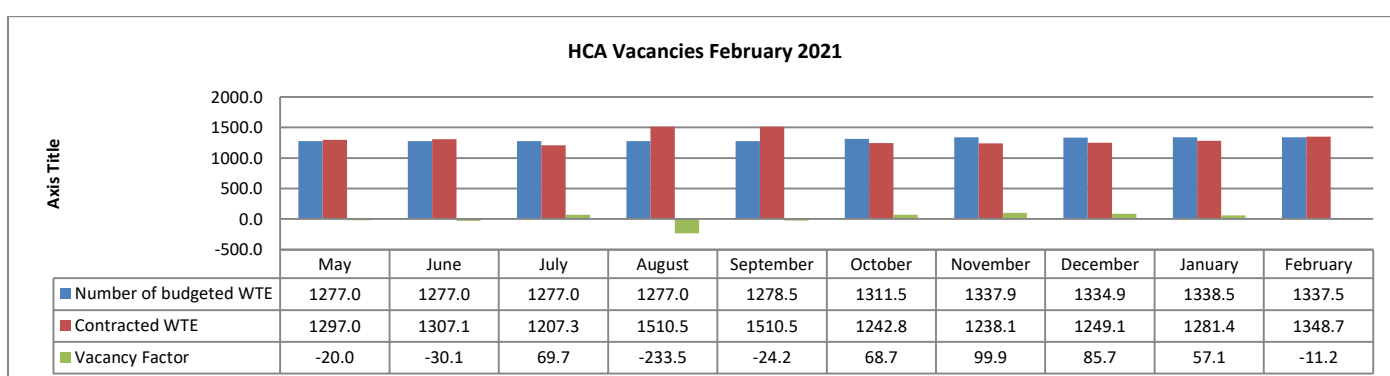


The reduction in vacancies is due to recruitment of student qualifying in January and international recruitment which continues with our NHS Professionals partners with nurses arriving from India and the Philippines monthly. Bids to support our international recruits have been successful and will support the extra processes involved in on-boarding and pastoral support. A number of these are critical care nurses with 6 deploying to ITU in February/March.

The Observed Structured Clinical Exam (OSCE) dates have been delayed due to the significant numbers of nurses nationally accessing these exams to gain entry on to the Nursing and Midwifery (NMC) Register. To support Trusts the NMC have offered temporary COVID19 Pin Numbers to these nurses to allow them to work as band 5 nurses whilst awaiting exam dates. Extra pastoral care is in place to support this extended period and help with transition to UK working.

A third Practice Placement Facilitator post has been advertised as part of successful placement expansion funding with Health Education England to support students being placed on our e-roster. This process has already begun with the students currently on paid placements and the BSc Trust students and is working well for ward managers who can put individuals onto their rosters and improve visibility via SafeCare.

Figure 2 - Health Care Assistant Vacancy Rate



Health Care Assistant (HCA) vacancy rates are showing as over recruited by 11.2 WTE at the end of February 2021 (Figure 2). This may be due to student nurses who are now on short term paid placements as part of the national COVID response.

Rapid HCA recruitment centres have taken place during February and more are planned for March to ensure a 0% vacancy rate is achieved by 31st March, and ambition set by NHSE/I. Weekly returns are being submitted to NHSE/I to monitor progress and we are in discussion with Redcar College to provide a care certificate programme to run alongside Trust induction for these new staff members.

Nineteen Nursing Associates (Band 4 NMC Registered) and Assistant Practitioners (Band 4) have commenced a top up degree with Teesside University and the Open University and will complete in 18 month – 2 years dependent on the chosen route to become Registered Nurses.

Twenty HCAs will commence the 4 year Pre-Registration BSc Apprenticeship at the end of March 2021, working part time whilst studying a nursing degree. Two Clinical Placement Facilitators have been appointed to support this group in practice. They will ensure placements are arranged alongside our traditional student cohorts, ensuring that placements are staggered and teams are not overwhelmed by the increased numbers of learners in practice.

Monies have also been secured through NHSE/I to assist HCAs who have an international nursing qualification to undertake an English language programme and take the OET (English Language Exam) required by the NMC to progress to NMC application. One HCA from ward 34 has already passed and has joined our OSCE programme. This is a fantastic achievement and it has been a very long wait for progression for this group of staff but great to be able to ‘grow our own’ as we are now doing with our APs.

Nursing and Midwifery Turnover

Turnover for February 2021 was 7.27% which is significantly lower than the National average. Very little movement of staff has taken place during COVID.



Conclusion

During February nurse and midwifery staffing has mostly matched the acuity and dependency of the patients within agreed stretch staffing ratios. The highest impact on staffing continues to be COVID self-isolation and sickness and increased COVID activity resulting in stretch staffing ratios at times.

Demand for critical care beds remained high with ongoing additional staffing support required. There have been no reported episodes for lack of supernumerary co-ordinators during February 2021.

Student nurses coming into paid placements have given us the opportunity to maintain safe staffing levels.

Monthly International RN recruitment continues with 7 -12 arrivals each month and HCA rapid recruitment to achieve a 0% vacancy by 31st March 2021 is well underway.