

<b>MEETING OF THE TRUST BOARD OF DIRECTORS – May 2021</b>			
Safe Staffing Report for April 2021 – Nursing, Midwifery and Allied Health Professionals (AHP)			<b>AGENDA ITEM:</b>
<b>Report Author and Job Title:</b>	Eileen Aylott, Assistant Director of Nursing Education and Workforce	<b>Responsible Director:</b>	Dr Hilary Lloyd Chief Nurse
<b>Action Required</b>	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
<b>Situation</b>	This report details nursing, midwifery staffing levels for April 2021		
<b>Background</b>	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).		
<b>Assessment</b>	<p>The percentage of shifts filled against the planned staffing across the trust is 97.7%, demonstrating good compliance with safer staffing.</p> <p>Critical care is beginning to retract into their pre COVID footprint with staff from other areas still supporting activity. There have been no reported episodes for lack of supernumerary co-ordinators during April 2021.</p> <p>Staffing during April has effectively supported the acuity and dependency of patients.</p> <p>Nursing Turnover for April is currently 7.7% and the vacancy rate is 1% (20.96 whole time equivalents) against the financial ledger.</p> <p>Monthly International RN recruitment continued however, three nurses due to arrive from India have been delayed due to the country being added to the 'Red travel list'</p> <p>HCA rapid recruitment targets were achieved and redeployment of temporary COVID staff has begun starting with ED with Critical Care requirements currently being reviewed.</p> <p>Student nurses who entered the workforce as HCAs during the last surge have now returned to supernumerary placements. Interviews are planned for May for student nurse who qualify in September</p>		
<b>Recommendation</b>	The Board of Directors are asked to note the content of this report		
<b>Does this report mitigate risk included in the BAF or Trust Risk Registers? please</b>	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 and non clinical services		

<b>outline</b>		
<b>Legal and Equality and Diversity implications</b>	<ul style="list-style-type: none"> <li>• Care Quality Commission</li> <li>• NHS Improvement</li> <li>• NHS England</li> </ul>	
<b>Strategic Objectives</b>	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 April 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)

Redeployment of staff has taken place on a regular basis with:

272 shifts/2886.88 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 has scaled following over 70,000 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 April 2021**

Overall Ward Fill Rate		January 2021	February 2021	March 2021	April 2021
	RN/RMs (%) Average fill rate - DAYS	95.1%	93.6%	90.7%	90.8%
	HCA (%) Average fill rate - DAYS	96.4%	94.2%	90.3%	94.8%
	NA (%) Average fill rate - DAYS	100%	100%	100%	100%
	TNA (%) Average fill rate - DAYS	100%	100%	100%	100%
	RN/RMs (%) Average fill rate - NIGHTS	98.7%	95.5%	90.2%	91.8%
	HCA (%) Average fill rate - NIGHTS	109.3%	104.6%	102.0%	104.7%
	NA (%) Average fill rate - NIGHTS	100%	100%	100%	100%
	TNA (%) Average fill rate - NIGHTS	100%	100%	100%	100%
<b>Total % of Overall planned hours</b>	<b>99.9%</b>	<b>98.7%</b>	<b>96.6%</b>	<b>97.7%</b>	

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 April 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	25		94.3%	87.6%	100.0%	-	80.8%	100.5%	100.0%	-	
Ward 3	28	27	10		83.9%	91.4%	-	100.0%	80.2%	78.3%	-	100.0%	
JC04	21	21	19		104.2%	96.0%	-	-	80.9%	107.0%	-	-	
Ward 5	28	22	11		87.9%	54.5%	-	100.0%	70.0%	51.1%	-	100.0%	Bed occupancy reduced by 11 beds in April. Planned 3 RN on nights and working 2 (1:6)
JC06 Gastro	30	30	27		97.5%	154.3%	-	-	73.4%	169.2%	-	-	Bed occupancy reduced by 3 beds in April Planned 3 RN working 2 (1:14) with additional HCA support.(4)
Ward 7 Colo	30	30	26		113.4%	90.2%	100.0%	100.0%	100.0%	98.9%	-	-	
Ward 8	30	30	19		82.4%	92.2%	-	100.0%	94.6%	82.5%	-	100.0%	
JC09	28	28	22		96.5%	78.6%	-	100.0%	88.0%	104.7%	-	-	
Ward 10 (Short Stay RAFAU Staff)	27	27	22		104.5%	100.2%	-	-	94.4%	109.5%	-	-	
OPM (Ward 11)	28	28	25		124.3%	148.5%	-	-	104.5%	143.6%	-	-	
Ward 12	26	20	16		111.3%	125.8%	-	100.0%	106.9%	159.1%	-	-	
JC14 Oncology Staff	23	21	17		94.2%	91.1%	-	100.0%	83.3%	123.4%	-	100.0%	
JC24	23	23	18		98.3%	104.4%	100.0%	100.0%	98.9%	119.4%	100.0%	-	
Ward 25	21	21	6		71.3%	70.1%	-	100.0%	96.3%	63.1%	-	-	Opened on 5 <sup>th</sup> April Bed occupancy reduced by 15 beds in April Planned 3 RN working 2 (1:3)
JC26	18	18	16		99.6%	134.6%	-	-	98.7%	116.8%	-	-	
JC27 Neuro Staff	15	15	14		142.9%	204.8%	-	-	100.3%	149.4%	-	-	Day case unit staffed at 2 RN and 1 HCA 8am – 6pm on top of ward establishment of 3 RN and 3 HCA

JC28	30	30	21		99.3%	89.2%	-	-	99.2%	79.8%	-	-	
JC29	27	27	25		98.5%	88.4%	100.0%	100.0%	96.6%	100.0%	100.0%	-	
Cardio MB	9	9	7		100.0%	107.6%	-	-	100.0%	-	100.0%	-	
JC31 Vas	35	26	20		86.7%	112.0%	100.0%	-	88.9%	122.4%	100.0%	-	
JCCT (Ward 32)	22	21	19		114.1%	93.1%	-	-	100.0%	103.2%	-	-	
JC33 Specialty	19	19	16		86.0%	115.5%	-	-	87.3%	70.1%	-	-	
JC34	34	34	30		99.5%	216.3%	-	-	101.1%	154.1%	-	-	
JC35	26	26	17		106.6%	135.9%	-	100.0%	80.0%	159.9%	-	-	
JC36 Trauma	34	34	27		97.1%	120.1%	-	100.0%	99.1%	111.7%	-	100.0%	
Critical Care + Surge	32	32	26		92.6%	90.8%	-	-	94.6%	110.9%	-	-	
CICU JCUH	8	8	9		90.3%	98.4%	-	100.0%	92.2%	160.0%	-	-	
Cardio HDU	10	10	5		70.0%	98.8%	-	-	64.0%	96.7%	-	-	Bed occupancy reduced by 5 beds in April Planned 6 RN Days working 4 (1:2 Ratio) Planned 5 RN nights working 3 (1:2 Ratio)
JC24 HDU	8	8	5		102.1%	96.7%	-	-	95.9%	109.7%	-	-	
Ainderby FHN	27	27	17		78.5%	103.7%	-	-	103.3%	101.7%	-	-	Bed occupancy reduced by 10 beds in April Planned 4 RN days working 3 (1:6)
Romanby FHN	26	27	19		94.5%	68.9%	-	-	70.0%	62.7%	-	-	Bed occupancy reduced by 3 beds in April Planned 3 RN Nights working 2 (1:10 Ratio)
Gara Orthopaedic FHN	16	16	8		74.2%	133.0%	-	-	100.0%	61.5%	-	-	Opened on 26 <sup>th</sup> April with an average of 8 patients over the 5 days.
Rutson FHN	17	15	15		83.3%	74.3%	-	-	100.0%	98.5%	-	-	
Friary Community Hospital	18	18	13		78.6%	72.3%	-	-	100.3%	167.4%	-	-	Bed occupancy reduced by 5 in April. Planned 3 RN working 2 (1:7 ratio)
Zetland	31	29	21		100.3%	81.6%	-	100.0%	64.5%	138.9%	-	-	Bed occupancy reduced by 8 in April. Planned 4 RN nights working 2 (1:11 ratio) with extra HCA support
Tocketts Ward	30	30	22		79.0%	83.4%	-	-	78.9%	99.9%	-	-	Bed occupancy reduced by 8 in April. Planned 4 RN days working 3 (1:7) 3 RN nights working 2 (1:11) with 3-5 HCA
JC21	25	25	11		68.7%	87.8%	-	100.0%	72.2%	84.5%	-	100.0%	Bed occupancy reduced by 14 in April. Planned 6 RN day and night working 4 (1:3 ratio)

JC22	17	17	7		96.7%	78.0%	-	-	97.6%	48.3%	-	-	
JCDS (Central Delivery Suite)	-	-	4		91.7%	59.6%	-	-	95.7%	98.3%	-	-	
Neonatal Unit (NNU)	35	35	19		90.2%	86.7%	-	-	85.6%	-	-	-	
Paediatric Intensive Care Unit (PCCU)	6	6	2		79.4%	48.0%	-	-	75.8%	-	-	-	Bed occupancy reduced by 4 in April. Planned 4 RN day and night working 3 (1:1 ratio)
Ward 17 JCUH	-	-	22		92.0%	82.2%	-	-	68.8%	85.5%	-	-	Bed occupancy reduced by 7 in April. Planned 4 RN night working 3 (1:7 ratio)
Ward 19 Ante Natal	-	-	4		70.5%	96.7%	-	-	80.0%	-	-	-	Average of 4 patients at midnight during April
Maternity Centre FHN	-	-	0		73.6%	25.7%	-	-	92.6%	-	-	-	Average 1 patient at midnight during April
Spinal Injuries	24	24	19		87.9%	80.9%	-	100.0%	100.0%	98.9%	-	-	
CCU JCUH	14	14	9		75.2%	58.7%	-	-	83.3%	-	-	-	Bed occupancy reduced by 5. Planned 8 RN working 6 (1:2 ratio)

During the month of April 2021 Ward 9 maintained staffing ratio of 1:2 RNs for level 2 patients with two Assistant Practitioners (Band 4) experienced in NIV supporting the ward.

The emergency department continues to require 18 RNs during the day as building work takes place. A safe staffing review is being undertaken as part of the new ED SNCT work.

## Nurse Sensitive Indicators April 2021

Ward/Area Name	New or Deteriorating PU 2's (Inpatient)	New or Deteriorating PU 3's (Inpatient)	Medication Incidents	Falls	Complaints	Inpatient Survey	Reported Serious Incidents
A&E JCUH	49	4	3	1	3	-	
CARDIO HIGH DEPENDENCY	0	0	0	0	0	9.48	
AINDERBY WARD	0	0	1	5	0	8.77	
CDU	12	0	1	2	1	9.01	
GARA WARD	0	0	0	0	0	9.84	
ROMANBY WARD	0	0	0	3	0	8.72	
WARD 2 COVID	0	0	2	5	0	-	
WARD 3	0	0	0	6	0	8.60	
WARD 4	1	0	4	9	0	8.73	
WARD 5	0	0	0	0	0	-	
WARD 6	1	0	1	4	0	8.30	
WARD 7	0	0	1	3	2	9.08	
WARD 8	1	1	0	1	1	8.72	Grade 3 new or deteriorating PU
WARD 9	0	0	4	2	1	9.29	
WARD 10	2	0	0	13	1	9.29	
WARD 11	1	0	4	6	0	8.76	
WARD 12	0	0	5	6	1	9.27	
WARD 14	0	0	2	0	0	-	
WARD 15	0	0	0	0	0	-	
WARD 17	0	0	1	0	0	9.26	
Ward 19 ANTENATAL WARD	0	0	0	0	0	-	
WARD 21	0	0	1	0	0	9.45	
WARD 22	0	0	1	0	0	9.30	
WARD 24	1	0	0	3	0	9.11	
WARD 25	2	0	2	2	0	8.63	
WARD 26	0	0	0	3	0	8.52	
WARD 27	0	0	0	4	0	9.30	
WARD 28	1	0	1	12	0	9.33	
WARD 29	2	0	1	2	0	9.31	
WARD 31	1	1	4	6	0	7.94	Grade 3 new or deteriorating PU
WARD 32	0	0	0	1	0	9.03	
WARD 33	1	1	0	4	0	9.15	
WARD 34	1	0	3	4	2	9.26	
WARD 35	0	0	1	3	0	9.33	
WARD 37 (AAU)	14	0	4	1	1	9.01	
CORONARY CARE	1	0	0	2	0	9.91	
CENTRAL DELIVERY	0	0	3	0	0	-	
TRAUMA WARD 36	1	0	4	2	0	9.09	
GENERAL HIGH DEPENDENCY	0	1	3	1	0	-	
GENERAL ICU2	0	0	0	0	0	-	
GENERAL ICU3	1	0	1	0	0	-	
CARDIOTHORACIC ITU	0	0	0	0	0	-	
SPECIAL CARE BABY UNIT	0	0	4	0	0	-	
SPINAL INJURY HDU	2	1	1	0	0	8.38	
WARD 1	22	2	6	9	0	-	
VICTORIA WARD (Friary)	3	0	0	0	0	8.89	
RUTSON WARD	0	0	0	1	0	8.41	
ZETLAND WARD	0	0	0	2	0	9.24	
TOCKETTS WARD	0	0	3	1	0	9.34	
<b>TOTAL</b>	<b>128</b>	<b>10</b>	<b>129</b>	<b>133</b>	<b>28</b>	<b>8.94</b>	

Good progress is being made with the reduction in pressure ulcers through the pressure ulcer collaborative. Focused work on falls is also ongoing with the STAQC team.

SI reports have been made by two wards (Ward 8 and Ward 31) for grade 3 new/deteriorating pressure ulcers during April. Staffing factors are always considered as part of the SI review process.

### Red flag reporting April 2021

Red Flags	Early	Late	Long Day	Night	Grand Total
AMBER Beds Open				1	1
Delay in providing pain relief	1			3	4
Less than 2 RNs on shift				3	3
Missed 'intentional rounding'	4	4		4	12
Shortfall in RN time	5	5	2	9	21
<b>Grand Total</b>	<b>10</b>	<b>9</b>	<b>2</b>	<b>20</b>	<b>41</b>

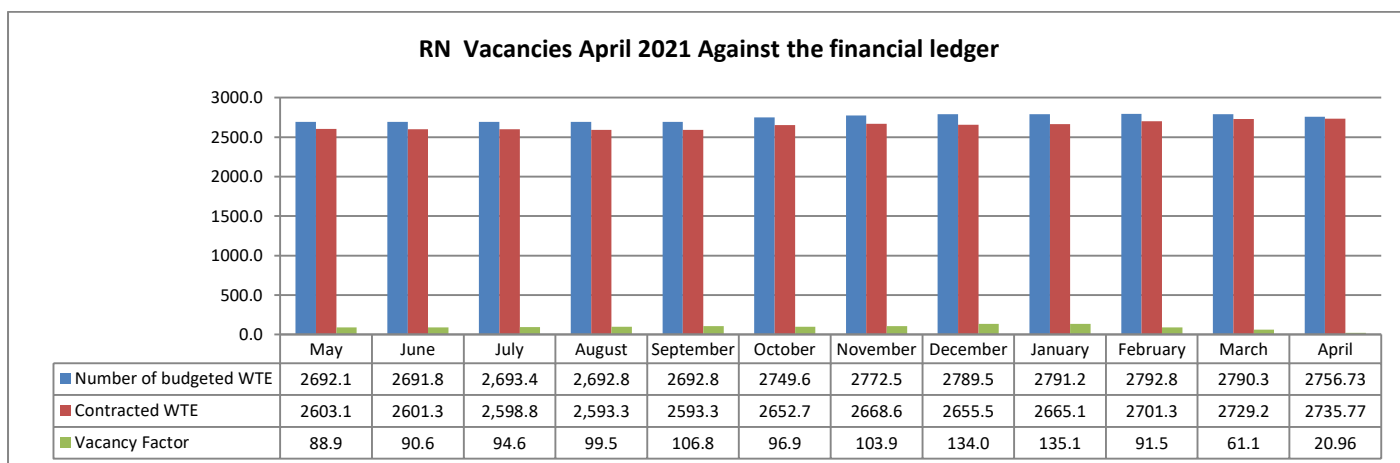
A total of 41 red flags were reported during April with shortfall of RN being the most common (21). No wards were left with less than two RNs on duty at any time as these flags were resolved by Matrons or patient flow.

Retrospective red flags have been raised for missing intentional rounding and delays in pain relief. These can be due to short periods of increased acuity and dependency and should be datix.

### Vacancy and Turnover

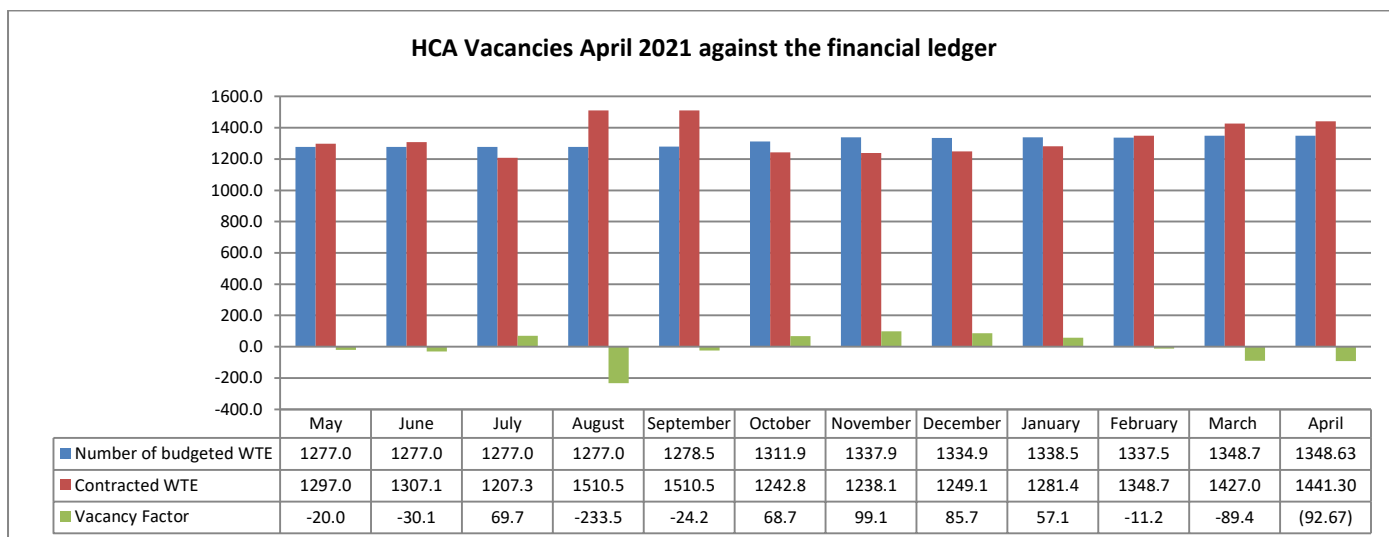
The total current nursing and midwifery vacancy rate for all nursing and midwifery staff is currently at 1% at the end of April 2021 against the financial ledger which equates to 20.9 WTE (Figure 1). Critical Care and ED are currently over established. ED has a large number of staff going on parenting leave.

**Figure 1 Registered Nursing Vacancy Rate**





**Figure 2 - Health Care Assistant Vacancy Rate**

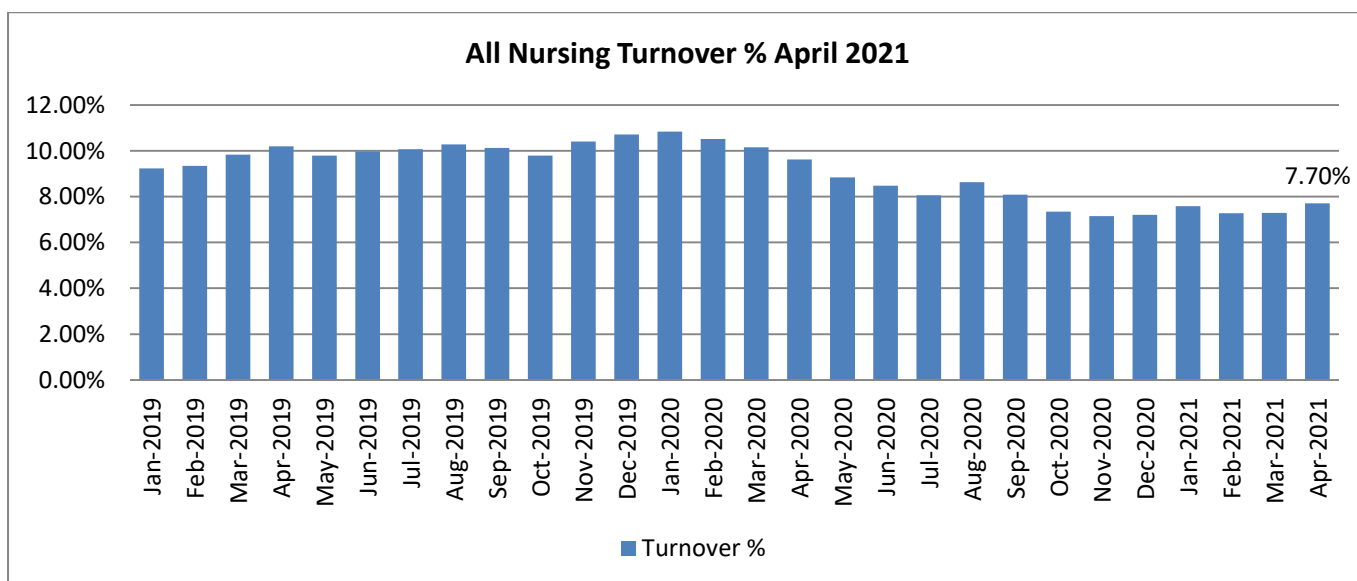


Health Care Assistant (HCA) vacancy rates are showing as over recruited by 92.7 WTE at the end of April 2021 (Figure 2). This is due to 60.8 student nurses on short term paid placements as part of the national COVID response until 25<sup>th</sup> April and extra COVID HCA appointments to ED and Critical Care.

Rapid HCA recruitment centres achieved the planned target to recruit to all vacant posts by 31<sup>st</sup> March.

**Nursing Turnover**

Turnover for April 2021 was 7.7% which is lower than the National average.



## **Conclusion**

During April nurse and midwifery staffing has mostly matched the acuity and dependency of the patients within agreed staffing ratios. The highest impact on staffing during the month has been sickness and increased critical care activity resulting in the requirement for redeployment from other areas to support particularly overnight.

There have been no reported episodes for lack of supernumerary co-ordinators during April 2021.

Monthly International RN recruitment continued with 11 arrivals due in April reduced by 3 as the RNs from India were unable to travel.

HCA rapid recruitment to achieve a 0% vacancy by 31<sup>st</sup> March 2021.

One hundred and five (105) adult branch student nurses have applied for posts within the trust for September/October and interviews are underway.