MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS - April 2022		
Safe Staffing Report for March 2022		**AGENDA ITEM:** **[PA insert number]**
Report Author and Job Title:	Debi McKeown Interim NMAHP Workforce Lead	**Responsible Director:** Dr Hilary Lloyd Chief Nurse
Action Required	Approve ☐ Discuss ☒ Inform ☒	
Situation	This report details nursing and midwifery staffing levels for March 22	
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 nurse and midwifery staffing across the trust remains at 97.7% as per Appendix 1 demonstrating good compliance with safer staffing. Staffing has continued to be a challenge across the trust with short notice unavailability associated with Covid isolation and Covid related absence. Stretch staffing ratios in line with national guidance have been implemented where necessary based on skill mix, acuity and occupancy levels, all of these actions agreed by senior nurse through safe care. The introduction of allocate on arrival shifts for RNs and HCAs (5 per day and night at JCUH and FHN) has seen improved pick up in March, these shifts are promoted daily via ward manager platforms and NHSp text messaging. This model has been followed in community with impactful pick up Nursing Turnover for March has increased slightly to 8.78%; there has been an increase number of retirements in March.	
Level of Assurance	Level of Assurance: Significant ☐ Moderate ☒ Limited ☐ None ☐	
Recommendation	Members of the Trust Board 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 Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit.	

Registers? please outline	Threat - Ability to attract and retain good staff resulting in critical workforce gaps in some clinical services and impact on use of resources. Failure to have effective workforce plans that anticipate and prevent shortages arising from retirements, shortfalls in all recruitment and retention plans	
Legal and Equality and Diversity implications	- Care Quality Commission - NHS Improvement - NHS England	
Strategic Objectives	Best for safe, clinically effective care and experience ☒	A great place to work ☒
	Deliver care without boundaries in collaboration with our health and social care partners ☐	Make best use of our resources ☒
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond ☐	

Nursing and Midwifery Workforce Exception Report
March 2022

The purpose of the report is to provide the data to enable the Board to understand the Trust's nursing and midwifery staffing situation by ward/department.

It provides an overall picture of nurse staffing in the inpatient areas at South Tees. Twice daily safe care meetings explore staffing and need for deployment. Staff sickness is higher than average which has caused some challenges and there are lower than average temporary staffing fill rates. The Nursing Workforce Team continues to working closely with HR senior teams and the temporary staffing providers to improve fill rates and maintain safe staffing.

Band 5 RN vacancies continue to be monitored as the most fluctuating and largest group within the nursing workforce.

1. 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 weekly on a Wednesday 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 (**Appendix 1 & Appendix 2**)

Redeployment of staff has taken place on a regular basis to ensure wards are safely staffed with 390 total shifts (3929.75 hours) logged via SafeCare during March which was a slight decrease on February hours.

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

Increased staff sickness and COVID isolation continues to be significant during March. Nursing turnover increased slightly from 8.67% to 8.78%.

2. NHSp Vs Overtime

In order to mitigate staffing gaps additional resource is used to provide a safe and effective workforce. Collaborative working with NHSp allows for a more cost effective provision of staffing. It also allows for a centralised system pairing NHSp and ERoster interface as a single booking point enabling rapid redeployment.

3. Nurse Sensitive Indicators

No staffing factors were identified as part of the SI review process in March 2022.

4. Red Flags Raised through SafeCare Live

Appendix 3 shows 143 red flags remain open relating to workforce, with shortfall in RN time being the most common (104).

In relation to red flags for less than 2 RNs on shift the solution was not documented within the comments section however the introduction of the SafeCare log provides a documented resolution to this particular red flag therefore no shift had less than 2 RNs throughout March.

5. Datix Submissions

There were 51 datix submissions relating to staffing in March. The majority of datixs were for staff shortages within Critical Care Outreach and Friarage inpatient areas (Ainderby and Romanby), all escalated through the SafeCare call and logged by a daily SafeCare chair. Redeployment decisions were made following safe staffing discussions with Matrons chaired by a Senior Nurse.

6. Vacancy Turnover

Recruitment of nursing staff continues as vacancies arise. **Appendix 4** shows registered nursing and midwifery vacancy rate for March 22. **Appendix 5** shows healthcare assistant vacancy rate for March 22. **Appendix 6** shows the nursing turnover for March 22.

International Nurse Recruitment:

In March 2022 NHSp International confirmed that the 40 requested posts have been interviewed and appointed to support the registered nurse vacancy gap.
The 12 nurses for Cohort 1 will arrive on the 27th of April 2022.
Cohort 2 will be 14 nurses; target date for their arrival is on the 6th of July 2022.
Cohort 3 will arrive in September; cohort 4 will arrive November 2022 completing this year's recruitment

7. RECOMMENDATIONS

Staffing remains a priority focus on a daily basis, the twice daily SafeCare meetings identifies redeployment to support safe care across the sites. Registered nurse vacancies have decreased in March.
The trust held a successful recruitment event in March for soon to be qualified nurses. This refreshed recruitment process and early on boarding will provide a boost to the nursing workforce from September onwards.
Allocate on arrival shifts continue to provide an essential resource that gives additional support for critical shifts across the sites.

The Board is asked to:
Note the content of this report and the progress in relation to key nursing workforce issues.
Gain insight and assurance regarding daily processes to monitor and manage nurse staffing levels at ward level through the SafeCare.
Be assured that arrangements are in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to Patient safety.

APPENDICES
(List any appendices)

Appendix 1 – Trust wide Monthly Fill Rates

		January 22	February 22	March 22
Overall Ward Fill Rate	RN/RMs (%) Average fill rate - DAYS	85.4%	87.5%	87.3%
	HCA (%) Average fill rate - DAYS	94.3%	99.0%	93.4%
	NA (%) Average fill rate - DAYS	100%	100%	100%
	TNA (%) Average fill rate - DAYS	100%	100%	100%
	RN/RMs (%) Average fill rate - NIGHTS	87.7%	90.3%	89.4%
	HCA (%) Average fill rate - NIGHTS	98.9%	105.1%	103.4%
	NA (%) Average fill rate - NIGHTS	100%	100%	100%
	TNA (%) Average fill rate - NIGHTS	100%	100%	100%
	Total % of Overall planned hours	**95.8%**	**97.7%**	**97.7%**

Appendix 2 - Nursing and Midwifery Planned Vs Actual hours % and Care Hours Per Patient Day

Wards	Physical Bed	Open Bed Capacity	Total CHPPD	Occupied Bed No – March (at	Average fill rate - Days RN/RM (%)	Average fill rate - Days HCA (%)	Average fill rate – Days NA (%)	Average fill rate – Days TNA (%)	Average fill rate - Nights RN/RM (%)	Average fill rate - Nights HCA (%)	Average fill rate – Nights NA (%)	Average fill rate - Nights TNA (%)	
Ward 1 (COVID Assessment)	28	28	802	26	80.1%	107.5%	-	100.0%	74.2%	104.4%	-	-	Amber RSU facility providing additional pressure on occasions/partial month
Ward 2 AAU (Short Stay Staff)	28	28	775	25	83.1%	92.6%	100.0%	100.0%	85.0%	105.4%	100.0%	100.0%	
Ward 3 (COVID)	28	28	601	19	96.6%	159.3%	100.0%	100.0%	91.4%	120.6%	100.0%	100.0%	
Ward 4	23	23	659	21	82.0%	106.3%	-	-	76.8%	139.8%	-	-	Staff for dialysis bay occupancy fluctuates
Ward 5	28	22	427	14	81.6%	67.8%	-	100.0%	74.3%	100.5%	-	100.0%	Redeployment to other areas due to low occupancy
Ward 6 Gastro	30	30	872	28	95.1%	118.2%	-	-	92.6%	105.3%	-	-	
Ward 7 Colo	30	30	862	28	87.6%	94.4%	100.0%	100.0%	97.2%	98.7%	-	-	
Ward 8	30	30	838	27	86.4%	108.0%	-	100.0%	95.6%	97.8%	-	100.0%	
Ward 9	28	28	723	23	82.9%	141.6%	-	-	78.6%	106.1%	-	100.0%	Amber RSU low occupancy staffing adapts to demand
Ward 10 (Short Stay RAFAU Staff)	27	27	773	25	73.8%	75.5%	-	-	65.4%	109.0%	-	-	Short Term Sickness
OPM (Ward 11)	28	28	785	25	80.1%	77.0%	-	100.0%	82.2%	99.6%	-	-	
Ward 12	26	26	762	25	95.5%	117.9%	-	-	70.8%	128.8%	-	-	Increased HCA Support
Ward 14 Oncology Staff	23	21	542	17	100.0%	98.0%	-	100.0%	67.0%	133.0%	-	100.0%	Increased HCA Support
Ward 24	23	23	637	21	93.1%	123.6%	-	100.0%	77.8%	173.7%	-	-	Increased HCA Support
Ward 25 Neuro	21	21	263	8	150.2%	195.7%	-	-	90.6%	182.1%	-	-	
Ward 26	18	19	558	18	88.9%	142.7%	-	-	98.5%	175.7%	-	-	
Ward 27 Elective Ortho	15	15	610	20	65.3%	47.0%	-	100.0%	92.3%	53.5%	-	-	Extreme low occupancy of elective pathway staffing reduced in response
Ward 28	30	30	664	21	76.8%	90.9%	-	-	94.6%	100.6%	-	-	Short term sickness
Ward 29	27	27	762	25	92.3%	92.0%	-	-	82.7%	130.5%	100.0%	100.0%	

Cardio MB	9	9	248	8	99.7%	103.0%	-		98.1%		-	-	
Ward 31 Vas	35	26-31	796	26	112.1%	99.4%	100.0%	-	87.1%	138.3%	100.0%	-	
Ward 32	22	21	600	19	105.3%	99.1%	-	-	100.0%	99.9%	-	-	
Ward 33 Specialty	19	19	474	15	69.2%	102.0%	-	-	69.9%	90.3%	-	-	Providing staff to other medical services of priority
Ward 34	34	34	960	31	86.8%	99.5%	-	100.0%	71.7%	112.0%	-	-	Unresolved vacancies and sickness
Ward 35	26	26	632	20	95.4%	106.2%	-	-	79.6%	101.1%	-	-	Short Term Sickness
Ward 36 Trauma	34	34	864	28	94.9%	92.6%	-	100.0%	75.1%	105.8%	-	100.0%	Unresolved Vacancies
Ward 37 - AMU	30	30	799	26	89.2%	87.0%	-	100.0%	81.7%	94.7%	-	-	
Critical Care + Surge	33	33	871	28	97.5%	101.3%	-	-	98.1%	97.3%	-	-	
CICU JCUH	12	10	209	7	74.0%	66.1%	-	-	71.0%	112.9%	-	-	Full adherence to GPIX standards
Cardio HDU	10	10	188	6	77.4%	96.4%	-	-	74.2%	100.0%	-	-	Full adherence to GPIX standards
Ward 24 HDU	8	8	218	7	98.2%	83.9%	-	-	98.3%	106.5%	-	-	
Ainderby FHN	27	22	551	18	77.1%	91.9%	-	-	90.5%	88.0%	-	-	Unresolved Vacancies
Romanby FHN	26	26	669	22	60.6%	54.6%	-	-	96.8%	51.7%	-	-	Unresolved Vacancies
Gara Orthopaedic FHN	21	16	211	7	80.8%	81.9%	-	-	96.8%	34.5%	-	-	
Rutson FHN	17	17	478	15	80.8%	110.9%	-	-	100.1%	91.9%	-	-	
Friary Community Hospital	18	18	412	13	99.1%	96.3%	-	-	90.9%	72.8%	-	-	
Zetland	31	29	911	29	90.6%	81.0%	-	100.0%	89.2%	116.0%	-	100.0%	
Tocketts Ward	30	26	827	27	83.9%	106.1%	-	-	79.4%	118.1%	-	-	Short Term Sickness
Ward 21	25	25	397	13	78.3%	71.4%	-	-	77.3%	87.1%	-	-	Staff redeployed due to reduced acuity on base ward
Ward 22	17	17	216	7	91.5%	64.5%	-	-	83.6%	46.8%	-	-	
JCDS (Central Delivery Suite)	-	-	330	11	93.8%	79.8%	-	-	93.3%	83.3%	-	-	
Neonatal Unit (NNU)	35	35	591	19	79.3%	75.3%	-	-	78.4%	-	-	-	Short Term Sickness
Paediatric Intensive Care Unit (PCCU)	6	6	53	2	73.3%	35.9%	-	-	67.7%	-	-	-	Staff redeployed due to reduced acuity on base ward
Ward 17 JCUH	-	-	797	26	78.5%	76.9%	-	100.0%	88.0%	83.8%	-	100.0%	

Ward 19 Ante Natal	-	-	306	10	79.9%	86.7%	-	-	98.4%	-	-	-
Maternity Centre FHN	-	-	8	0	105.1%	29.6%	-	-	78.5%	-	-	-
Spinal Injuries	24	24	610	20	118.9%	128.6%	-	-	196.8%	98.8%	-	-
CCU JCUH	14	14	313	10	84.6%	126.7%	-	-	82.2%	-	-	-

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Appendix 3 - Red flag reporting March 2022

Red Flag Type	Open – Day	Open – Night	Grand Total
Less than 2 RNs on shift	25	14	**39**
Shortfall in RN time	69	35	**104**
Grand Total	**94**	**49**	**143**

Appendix 4 - Registered Nursing Vacancy Rate March 2022

RN + RM Vacancy Rates agains the financial ledger

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Budget	2,780.4	2,850.8	2,843.0	2,842.2	2,848.3	2,870.6	2,881.1	2,893.5	2,900.2	2,928.9	2,916.2	2,918.0
Contracted	2,731.1	2,739.1	2,745.3	2,748.1	2,747.4	2,738.9	2,759.2	2,768.6	2,767.4	2,778.6	2,783.1	2,807.9
Vacancy	49.35	111.62	97.71	94.13	100.90	131.73	121.88	124.89	132.80	150.30	133.11	110.12
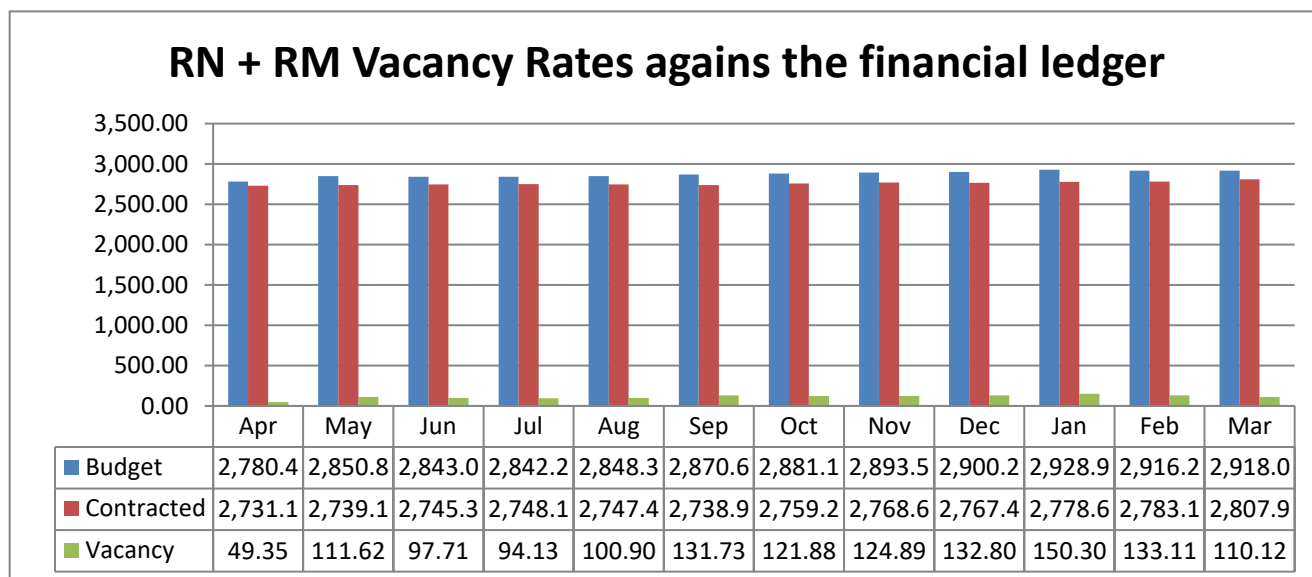
Appendix 5 - Health Care Assistant Vacancy Rate March 2022

HCA Vacancy Rates agains the financial ledger

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Budget	1,362.6	1,358.4	1,337.4	1,339.2	1,339.2	1,341.9	1,342.1	1,340.8	1,360.7	1,365.7	1,367.5	1,375.2
Contracted	1,445.6	1,414.2	1,397.3	1,388.6	1,369.8	1,392.0	1,357.3	1,340.9	1,325.8	1,357.9	1,379.8	1,358.8
Vacancy	-83.07	-55.82	-59.83	-49.36	-30.60	-50.10	-15.16	-0.01	34.89	7.81	-12.36	16.42

Safety and Quality First
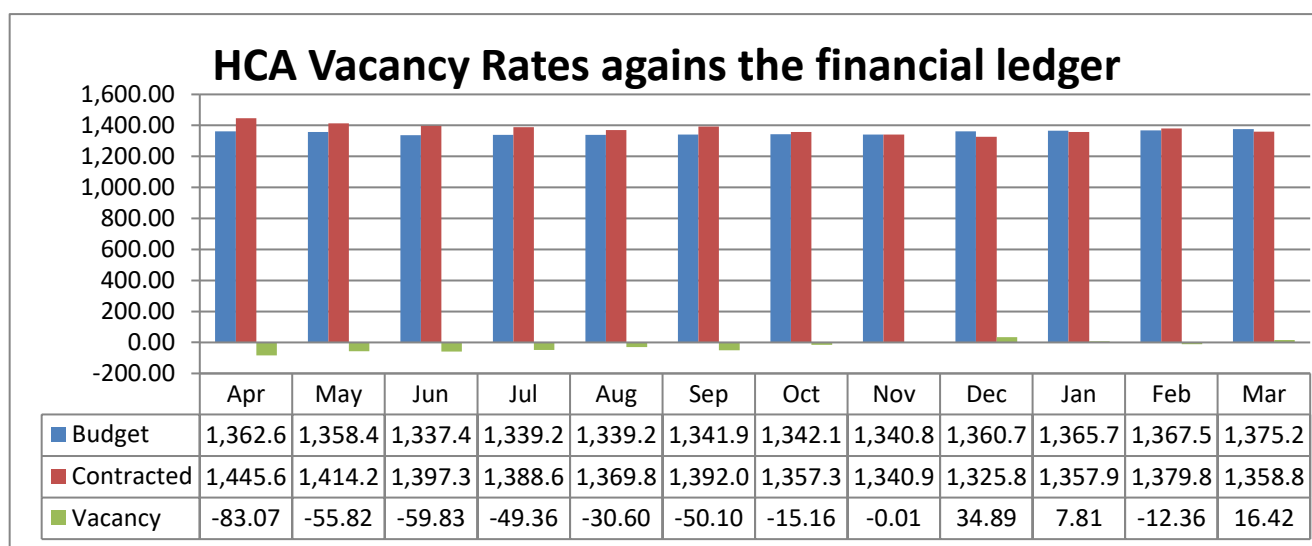
Appendix 6 - Nursing Turnover March 202

Turnover March 2022

	Mar-2021	Apr-2021	May-2021	Jun-2021	Jul-2021	Aug-2021	Sep-2021	Oct-2021	Nov-2021	Dec-2021	Jan-2022	Feb-2022	Mar-2022
■ Turnover	7.29%	7.70%	7.63%	7.41%	7.65%	8.02%	8.13%	8.40%	8.40%	8.21%	8.26%	8.67%	8.78%