

MEETING OF THE TRUST BOARD OF DIRECTORS – December 2021			
Safe Staffing Report for November 2021 – Nursing and Midwifery			AGENDA ITEM:
Report Author and Job Title:	Debi McKeown NMAHP Workforce Lead	Responsible Director:	Dr Hilary Lloyd Chief Nurse
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This report details nursing and midwifery staffing levels for November 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	<p>The percentage of shifts filled against the planned nurse and midwifery staffing across the trust is 98.8% as per table 1 demonstrating good compliance with safer staffing.</p> <p>Staffing has continued to be a challenge across the trust with short notice unavailability associated with Covid isolation and Covid related absence.</p> <p>Nursing Turnover for November has reduced to 7.73%</p>		
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 Registers? please outline	<p>BAF risk 5.1 Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit.</p> <p>Threat - Ability to attract and retain good staff resulting in critical workforce gaps in some clinical services and impact on use of resources.</p> <p>Failure to have effective workforce plans that anticipate and prevent shortages arising from retirements, shortfalls in all recruitment and retention plans</p>		
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 November 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 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 (Table 1 & 2)

Redeployment of staff has taken place on a regular basis to ensure wards are safely staffed with 332 total shifts (3406.47 hours) logged via SafeCare during November which was a decrease on October hours.

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

Reporting fill Rate based on planned vs worked hours for November 2021

The breakdown by ward is in Table 2

Table 1 – Trust wide Monthly Fill Rates

		September 2021	October 2021	November 2021
Overall Ward Fill Rate	RN/RMs (%) Average fill rate - DAYS	86.7%	87.4%	90.5%
	HCA (%) Average fill rate - DAYS	91.1%	88.9%	93.3%
	NA (%) Average fill rate - DAYS	100%	100%	100%
	TNA (%) Average fill rate - DAYS	100%	100%	100%
	RN/RMs (%) Average fill rate - NIGHTS	89.6%	89.8%	92.4%
	HCA (%) Average fill rate - NIGHTS	105.3%	104.2%	109.2%
	NA (%) Average fill rate - NIGHTS	100%	100%	100%
	TNA (%) Average fill rate - NIGHTS	100%	100%	100%
	Total % of Overall planned hours	96.59%	96.3%	98.8%

Table 2 provides details by ward and these are overlaid with bed occupancy and nurse sensitive indicators to triangulate data in Table 3.

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

Wards	Physical Bed Capacity	Open Bed Capacity	Occupied Bed No – November (at midnight)	Total CHPPD	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 (%)	Reason for exception (when less than 80%) for RN's
Ward 1 (COVID Assessment)	28	28	22	670	110.6%	87.1%	-	100.0%	115.6%	111.8%	-	100.0%	
Ward 2 AAU (Short Stay Staff)	28	28	25	774	88.7%	132.5%	100.0%	-	63.6%	108.7%	100.0%	-	Planned 5 RN nights and working 3 (1:11 ratio)
Ward 3 (COVID)	28	28	14	436	97.7%	93.0%	-	100.0%	90.5%	124.3%	-	100.0%	
Ward 4	23	23	21	637	105.5%	88.6%	-	-	72.2%	113.3%	-	-	Planned 3 RN on nights and working with 2 (1:11 ratio)
Ward 5	28	22	23	724	82.0%	88.6%	-	100.0%	72.9%	132.7%	-	100.0%	Planned 3 RN on nights and working with 2 (1:13 ratio)
Ward 6 Gastro	30	30	27	852	84.4%	124.2%	-	-	88.1%	123.7%	-	-	
Ward 7 Colo	30	30	27	825	79.6%	98.0%	100.0%	100.0%	85.1%	110.1%	100.0%	-	Planned 5 RN days and working with 4 (1:8 ratio)
Ward 8	30	30	27	824	80.7%	106.3%	-	100.0%	77.9%	110.2%	-	-	Planned for 3 RN nights and working with 2 (1:13 ratio)
Ward 9	28	28	20	629	107.9%	98.7%	-	-	118.5%	147.0%	-	-	
Ward 10 (Short Stay RAFAU Staff)	27	27	24	736	84.2%	99.1%	-	-	80.7%	115.1%	-	-	
OPM (Ward 11)	28	28	29	903	95.2%	119.6%	-	100.0%	102.1%	136.3%	-	-	
Ward 12	26	16	16	505	103.6%	93.2%	-	-	107.4%	124.2%	-	-	
Ward 14 Oncology Staff	23	21	16	489	127.8%	81.9%	-	100.0%	74.8%	102.0%	-	100.0%	Planned 3 RN nights and working with 2 (1:10 ratio)
Ward 24	23	23	19	589	98.3%	135.2%	100.0%	100.0%	79.5%	188.4%	100.0%	-	Planned 3 RN nights and working with 2 (1:10 ratio)
Ward 25	21	16	12	363	66.3%	71.6%	-	100.0%	96.7%	61.5%	-	100.0%	Planned 4 RN days and working with 2 (1:11 ratio)
Ward 26	18	18	17	538	99.0%	91.1%	-	-	100.3%	100.0%	-	-	

Ward 27 Neuro Staff	15	15	14	420	139.0%	193.8%	-	-	100.3%	176.1%	-	-	
Ward 28	30	30	22	676	107.6%	104.4%	-	-	98.3%	111.9%	-	-	
Ward 29	27	27	25	779	91.3%	89.6%	-	-	75.6%	150.1%	100.0%	-	Planned 3 RN nights and working with 2 (1:12 ratio)
Cardio MB	9	9	8	240	100.0%	179.7%	100.0%	-	100.0%	-	-	-	
Ward 31 Vas	35	19	16	497	115.2%	114.0%	100.0%	-	98.4%	95.0%	-	-	
Ward 32	22	21	19	589	105.1%	100.9%	-	-	99.9%	104.9%	-	-	
Ward 33 Specialty	19	19	16	500	96.1%	88.3%	-	-	105.9%	98.4%	-	-	
Ward 34	34	34	30	945	84.1%	106.8%	-	-	98.9%	109.0%	-	-	
Ward 35	26	26	20	626	102.6%	98.9%	-	-	91.1%	95.7%	-	-	
Ward 36 Trauma	34	34	28	860	91.2%	115.6%	-	100.0%	100.2%	125.4%	-	100.0%	
Ward 37 - AMU	30	30	25	768	90.3%	97.6%	-	100.0%	83.9%	99.6%	-	100.0%	
Critical Care + Surge	33	33	27	852	99.9%	104.5%	-	-	100.6%	107.7%	-	-	
CICU JCUH	12	10	7	208	77.2%	97.7%	-	-	74.9%	140.1%	-	-	Planned 11 RN days and nights and working with 8 (1:1 ratio) elective program activity prioritised.
Cardio HDU	10	10	6	186	78.3%	96.7%	-	-	73.3%	93.3%	-	-	Planned 6 RN days and working with 5 (1:2 ratio) Planned 5 RN nights and working with 4 (1:3 ratio)
Ward 24 HDU	8	8	6	197	98.2%	115.4%	-	-	95.8%	136.7%	-	-	
Ainderby FHN	27	22	20	633	73.2%	99.4%	-	100.0%	97.0%	101.5%	-	-	Planned 4 RN days and working with 3 (1:9 ratio)
Romanby FHN	26	26	20	633	91.0%	66.2%	-	-	98.3%	101.7%	-	-	
Gara Orthopaedic FHN	21	16	9	264	78.2%	79.2%	-	-	98.7%	63.5%	-	-	Planned 3 RN days and working with 2 (1:9 ratio)
Rutson FHN	17	17	15	466	81.1%	90.2%	-	-	100.0%	100.0%	-	-	
Friary Community Hospital	18	18	14	424	113.6%	69.7%	-	-	95.5%	98.0%	-	-	
Zetland	31	29	26	791	76.7%	86.6%	-	100.0%	104.5%	134.1%	-	-	Planned 5 RN days and working with 4 (1:8 ratio)

Tocketts Ward	30	26	25	767	71.2%	86.4%	-	-	80.1%	131.7%	-	-	Planned 4 RN days and working with 3 (1:11 ratio)
Ward 21	25	25	15	476	78.0%	93.3%	-	100.0%	79.5%	73.3%	-	100.0%	Planned 6 RN days and nights and working with 5 (1:1 ratio)
Ward 22	17	17	7	212	86.6%	64.2%	-	-	83.0%	49.6%	-	-	
JCDS (Central Delivery Suite)	-	-	9	288	93.4%	57.5%	-	-	93.2%	92.7%	-	-	
Neonatal Unit (NNU)	35	35	25	789	88.8%	123.3%	-	-	90.5%	-	-	-	
Paediatric Intensive Care Unit (PCCU)	6	6	3	88	73.6%	97.1%	-	-	77.2%	-	-	-	Planned 4 RN days and nights and working with 3 (1:1 ratio)
Ward 17 JCUH	-	-	26	792	91.1%	76.0%	-	100.0%	93.9%	76.5%	-	100.0%	
Ward 19 Ante Natal	-	-	7	230	86.3%	75.4%	-	-	95.5%	-	-	-	
Maternity Centre FHN	-	-	0	12	130.3%	11.5%	-	-	96.7%	-	-	-	
Spinal Injuries	24	24	18	560	90.3%	76.0%	-	-	100.8%	96.7%	-	-	
CCU JCUH	14	14	10	317	82.9%	89.5%	-	-	98.3%	-	-	-	

Increased staff sickness and COVID isolation continues to be significant during November. Nursing turnover decreased from 8.39% to 7.73%.

Table 3 below shows recorded nurse sensitive indicators during November with 5 Serious Incident (SI) reported. No staffing factors were identified as part of the SI review process.

Table 3 – Nurse sensitive indicators and 1000 voices scores November 21

Ward/Area Name	New or Deteriorating PU 2's (Inpatient)	New or Deteriorating PU 3's (Inpatient)	Medication Incidents	Falls	Complaints	Inpatient Survey	SI's Reported in November
Ward 1 (COVID Assessment)	2	-	-	3	-	-	Pressure Ulcer – Cat 3
Ward 2 AAU	2	-	3	5	-	8.40	
Ward 3	-	-	-	3	-	9.16	
Ward 4	3	-	-	7	1	8.69	
Ward 5	-	-	2	-	1	8.61	
Ward 6 Gastro	5	-	4	5	-	8.66	
Ward 7 Colo	-	-	3	2	-	8.32	
Ward 8	-	-	1	5	-	8.78	
Ward 9	5	-	4	1	-	8.90	
Ward 10 (Short Stay)	4	-	1	6	-	8.66	
Ward 11 (OPM)	3	-	5	4	-	8.60	
Ward 12	-	-	1	2	-	8.28	
Ward 14 Oncology	-	-	2	5	1	8.75	
Ward 24	1	-	1	4	-	8.94	
Ward 25	-	-	-	3	-	9.26	
Ward 26	-	-	-	-	-	8.77	
Ward 27 Neuro	1	-	1	6	-	8.99	
Ward 28	5	-	-	8	-	9.02	
Ward 29	-	-	1	-	-	9.35	
Cardio MB (29 – Monitored Bay)	2	-	-	-	-	8.45	
Ward 31 Vas	5	-	2	-	-	8.90	
Ward 32	-	-	-	-	-	8.65	
Ward 33 Specialty	-	-	3	3	-	9.39	
Ward 34	5	-	4	5	-	9.01	
Ward 35	4	-	-	4	-	9.17	
Ward 36 Trauma	2	-	5	10	-	8.59	
Ward 37 - AMU	3	-	3	10	1	8.81	Pressure Ulcer – Cat 3
General High Dependency	13	-	2	-	1	-	
General ICU 2	7	-	2	-	-	-	
General ICU 3	9	-	2	1	-	-	
Cardiothoracic ITU (CICU)	1	-	-	-	-	-	
Cardio HDU	-	-	1	-	-	9.31	
Neuro HDU (JC24 HDU)	-	-	1	-	-	9.36	
Ainderby Ward FHN	5	1	3	7	1	8.42	Pressure Ulcer – Cat 3
Romanby Ward FHN	-	-	1	-	-	9.18	
Gara Orthopaedic Ward FHN	-	-	1	1	-	9.47	
Rutson FHN	-	-	-	2	-	8.89	Fractured NOF
Friary Victoria Ward	4	-	1	1	-	9.26	
Zetland Ward	2	-	2	3	-	9.57	
Tocketts Ward	1	1	2	3	-	8.88	
Ward 21	-	-	3	-	1	9.21	
Ward 22	-	-	-	-	-	9.35	
Central Delivery Suite (JCDS)	-	-	1	-	-	-	
Special Care Baby Unit (NNU)	-	-	5	-	-	8.65	Pressure Damage
Paediatric Critical Care Unit	-	-	-	-	-	9.48	
Ward 17	-	-	3	-	-	9.08	
Ward 19 Ante Natal	-	-	-	-	-	9.81	
Maternity Centre FHN	-	-	-	-	-	-	
Spinal Injuries (HDU & Rehab)	1	-	-	-	-	9.07	
Coronary Care Unit (CCU)	-	-	1	-	-	9.64	

Table 4 below shows a total of 157 red flags relating to workforce were reported during in November 21. Of the 157 raised 23 were resolved. 5 red flags raised in error. 129 red flags remain open as shown in table 4 below, with shortfall in RN time being the most common (88).

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 daily log will provide information from the January report.

Table 4 - Red flag reporting November 2021

Red Flag Type	Open – Day	Open – Night	Grand Total
Less than 2 RNs on shift	8	16	18
Shortfall in RN time	85	29	88
Grand Total	72	34	106

There were 81 datix submissions relating to staffing in November. The lack of a Cardio nurse at CDU in FHN remains to present the highest number of datixs, this has been escalated appropriately and remains on the risk register. 3 datixs relating to staff shortages with ITU, all escalated through the SafeCare call. ED adult & paediatrics has 14 datix submissions relating to staff shortages, SNCT data collection was completed in November and results have supported ongoing recruitment.

Redeployment decisions were made following safe staffing discussions with Matrons chaired by a Senior Nurse.

Vacancy and Turnover

The total nursing and midwifery vacancy rates remain static in November, however the recruitment of newly qualified nurses does not appear on this month’s financial ledger, in total 71 newly qualified nurses have been appointed into substantive posts within the organisation.

Recruitment of nursing staff continues as vacancies arise with vacancies being filled quickly. (Fig 1 and 2)

Figure 1 Registered Nursing Vacancy Rate November 2021

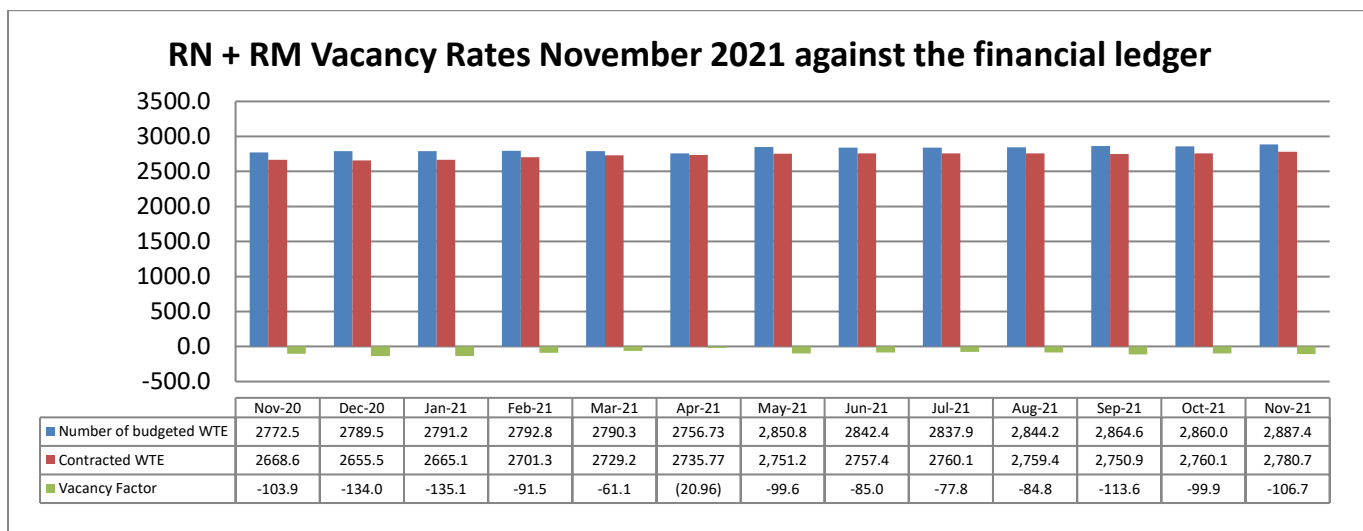


Figure 2 Health Care Assistant Vacancy Rate November 2021

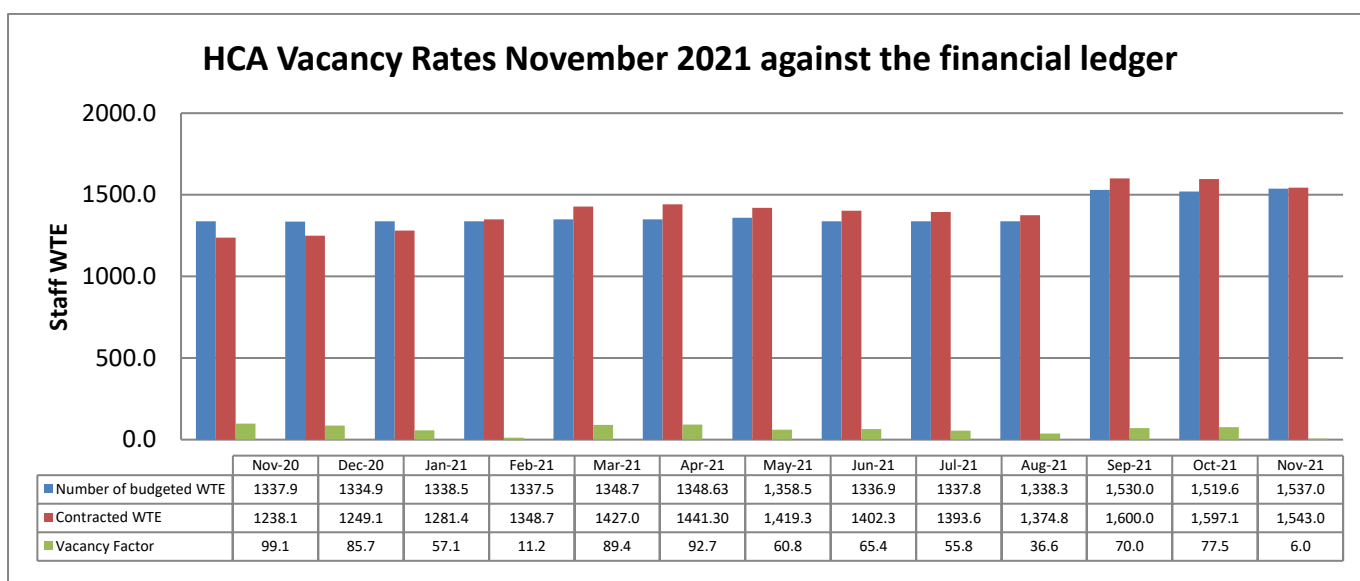
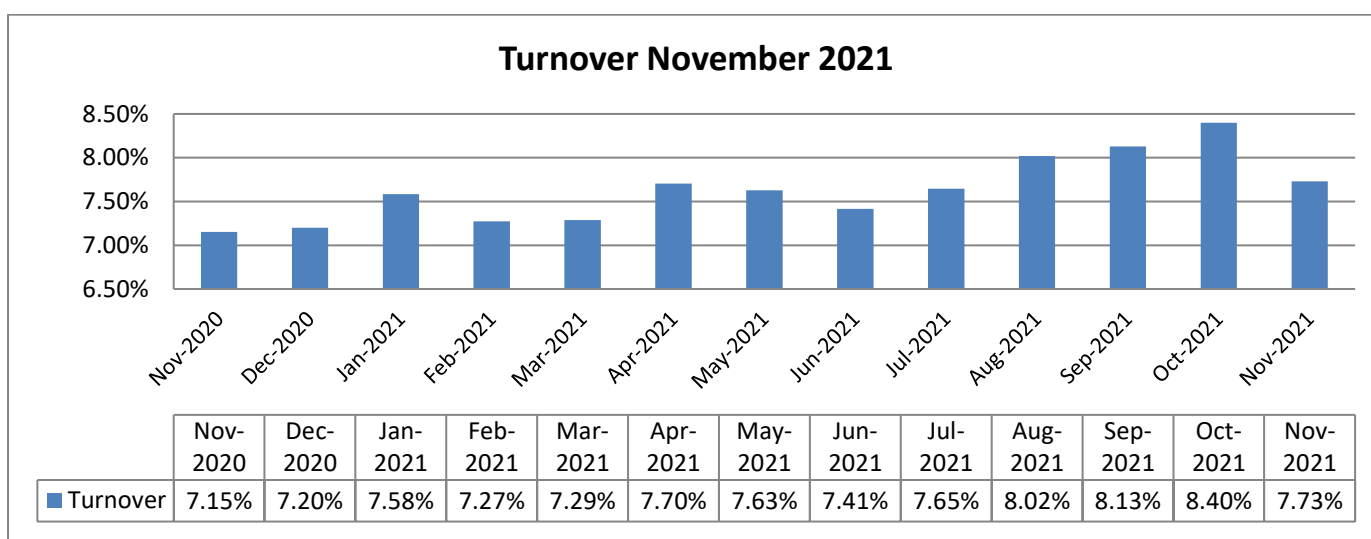


Figure 3 Nursing Turnover November 2021



Conclusion

November has continued to present challenges in relation to staffing. Stretch staffing ratios 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 number of DATIX submissions has decreased in November; staff has been actively encouraged to complete the full red flag template highlighting what solution was achieved particularly when the concern was less than 2 RNs.

The introduction of allocate on arrival shifts for RNs (6 per day and night at JCUH and 1 per day and night at FHN) has seen moderate pick up in week 2, these shifts are promoted daily via ward manager platforms and NHS text messaging.