

| MEETING OF THE TRUST BOARD OF DIRECTORS – February 2022 | | | |
|---|--|------------------------------|-----------------------------|
| Safe Staffing Report for January 2022 – Nursing and Midwifery | | | AGENDA ITEM: |
| Report Author and Job Title: | Debi McKeown Interim 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 January 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 | <p>The percentage of shifts filled against the planned nurse and midwifery staffing across the trust is 95.8% 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>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.</p> <p>The introduction of allocate on arrival shifts for RNs and HCAs (6 per day and night at JCUH and 1 per day and night at FHN) has seen improved pick up in January, these shifts are promoted daily via ward manager platforms and NHSp text messaging. This model has been followed in community with impactful pick up</p> <p>Nursing Turnover for January has increased slightly to 8.26%</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 January 2022

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 532 total shifts (5542.45 hours) logged via SafeCare during January which was an increase on December 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 January 2022

The breakdown by ward is in Table 2

Table 1 – Trust wide Monthly Fill Rates

| Overall Ward Fill Rate | | November 2021 | December 21 | January 22 |
|---|---------------------------------------|---------------|--------------|------------|
| | RN/RMs (%) Average fill rate - DAYS | 90.5% | 84.9% | 85.4% |
| | HCA (%) Average fill rate - DAYS | 93.3% | 92.2% | 94.3% |
| | NA (%) Average fill rate - DAYS | 100% | 100% | 100% |
| | TNA (%) Average fill rate - DAYS | 100% | 100% | 100% |
| | RN/RMs (%) Average fill rate - NIGHTS | 92.4% | 85.8% | 87.7% |
| | HCA (%) Average fill rate - NIGHTS | 109.2% | 100.2% | 98.9% |
| | NA (%) Average fill rate - NIGHTS | 100% | 100% | 100% |
| | TNA (%) Average fill rate - NIGHTS | 100% | 100% | 100% |
| Total % of Overall planned hours | 98.8% | 95.4% | 95.8% | |

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 – January (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 (%) | |
|----------------------------------|-----------------------|-------------------|---|-------------|-------------------------------------|----------------------------------|---------------------------------|----------------------------------|---------------------------------------|------------------------------------|-----------------------------------|------------------------------------|---|
| Ward 1 (COVID Assessment) | 28 | 28 | 20 | 623 | 77.5% | 86.7% | - | 100.0% | 72.8% | 82.8% | - | 100.0% | Amber RSU facility providing additional pressure |
| Ward 2 AAU (Short Stay Staff) | 28 | 28 | 25 | 771 | 74.3% | 84.8% | 100.0% | - | 74.1% | 108.5% | 100.0% | - | |
| Ward 3 (COVID) | 28 | 28 | 17 | 528 | 94.7% | 124.7% | - | 100.0% | 96.6% | 101.8% | - | 100.0% | |
| Ward 4 | 23 | 23 | 21 | 647 | 74.8% | 98.5% | - | - | 66.5% | 104.8% | - | 100.0% | |
| Ward 5 | 28 | 22 | 14 | 430 | 73.4% | 75.7% | - | 100.0% | 73.1% | 98.4% | - | - | Redeployment to other areas due to low occupancy |
| Ward 6 Gastro | 30 | 30 | 27 | 848 | 85.7% | 111.2% | - | - | 90.2% | 98.3% | - | - | |
| Ward 7 Colo | 30 | 30 | 25 | 765 | 76.5% | 98.4% | 100.0% | 100.0% | 84.6% | 93.4% | 100.0% | - | |
| Ward 8 | 30 | 30 | 27 | 844 | 79.9% | 103.3% | 100.0% | 100.0% | 76.3% | 94.3% | - | 100.0% | |
| Ward 9 | 28 | 28 | 20 | 628 | 78.4% | 106.4% | 100.0% | - | 78.2% | 91.4% | - | - | |
| Ward 10 (Short Stay RAFAU Staff) | 27 | 27 | 24 | 740 | 79.9% | 69.4% | - | - | 72.0% | 113.9% | - | - | Temporary reduction from 28 beds to 25, returned to 28 at time of report. |
| OPM (Ward 11) | 28 | 28 | 22 | 684 | 82.4% | 74.1% | - | 100.0% | 80.6% | 84.7% | - | - | |
| Ward 12 | 26 | 26 | 24 | 730 | 101.5% | 108.3% | - | - | 67.3% | 127.0% | - | - | |
| Ward 14 Oncology Staff | 23 | 21 | 19 | 577 | 100.4% | 88.6% | - | 100.0% | 75.4% | 104.6% | - | - | |
| Ward 24 | 23 | 23 | 20 | 612 | 90.9% | 153.4% | - | 100.0% | 72.4% | 211.0% | - | 100.0% | |
| Ward 25 Neuro | 21 | 16 | 8 | 244 | 136.3% | 246.0% | - | - | 103.4% | 163.5% | - | - | |
| Ward 26 | 18 | 18 | 18 | 543 | 92.4% | 92.1% | - | - | 100.1% | 111.0% | - | - | |
| Ward 27 Elective Ortho | 15 | 15 | 19 | 599 | 60.1% | 52.7% | - | 100.0% | 85.1% | 54.3% | - | - | Extreme low occupancy of elective pathway |

| | | | | | | | | | | | | | |
|---------------------------|----|----|----|-----|--------|--------|--------|--------|--------|--------|--------|--------|---|
| Ward 28 | 30 | 30 | 22 | 694 | 78.9% | 76.9% | - | - | 90.3% | 94.8% | - | - | Flexibility with monitored bay teams supporting ward due to fluctuating occupancy |
| Ward 29 | 27 | 27 | 23 | 712 | 96.2% | 98.9% | 100.0% | - | 78.2% | 130.0% | - | - | |
| Cardio MB | 9 | 9 | 8 | 248 | 99.8% | 202.6% | - | - | 98.4% | - | - | - | |
| Ward 31 Vas | 35 | 19 | 24 | 747 | 107.2% | 116.7% | 100.0% | - | 80.9% | 128.9% | 100.0% | - | |
| Ward 32 | 22 | 21 | 18 | 570 | 97.9% | 98.5% | - | - | 99.9% | 99.9% | - | - | |
| Ward 33 Specialty | 19 | 19 | 16 | 487 | 75.7% | 96.2% | - | - | 67.8% | 99.9% | - | - | Providing staff to other medical services of priority |
| Ward 34 | 34 | 34 | 30 | 926 | 87.0% | 99.1% | - | - | 67.2% | 95.9% | - | - | Unresolved vacancies and sickness |
| Ward 35 | 26 | 26 | 20 | 610 | 88.1% | 107.7% | - | - | 82.2% | 102.8% | - | - | |
| Ward 36 Trauma | 34 | 34 | 29 | 888 | 87.3% | 87.8% | - | 100.0% | 71.2% | 111.6% | - | 100.0% | Unresolved Vacancies |
| Ward 37 - AMU | 30 | 30 | 24 | 741 | 83.5% | 83.2% | - | 100.0% | 81.0% | 86.1% | - | 100.0% | |
| Critical Care + Surge | 33 | 33 | 27 | 845 | 97.1% | 98.4% | - | - | 96.1% | 90.4% | - | - | |
| CICU JCUH | 12 | 10 | 7 | 228 | 75.7% | 97.6% | - | - | 75.1% | 158.1% | - | - | Full adherence to GPIX standards |
| Cardio HDU | 10 | 10 | 6 | 191 | 76.4% | 86.8% | - | - | 71.2% | 85.6% | - | - | Full adherence to GPIX standards |
| Ward 24 HDU | 8 | 8 | 7 | 221 | 104.8% | 88.6% | - | - | 98.7% | 64.5% | - | - | |
| Ainderby FHN | 27 | 22 | 19 | 594 | 69.8% | 95.3% | - | - | 94.2% | 92.7% | - | - | Unresolved Vacancies |
| Romanby FHN | 26 | 26 | 17 | 515 | 66.2% | 82.9% | - | - | 95.4% | 88.7% | - | - | Unresolved Vacancies |
| Gara Orthopaedic FHN | 21 | 16 | 6 | 195 | 71.5% | 74.8% | - | - | 85.6% | 21.5% | - | - | Unresolved Vacancies |
| Rutson FHN | 17 | 17 | 15 | 468 | 70.2% | 107.8% | - | - | 100.0% | 92.0% | - | - | Unresolved Vacancies |
| Friary Community Hospital | 18 | 18 | 11 | 348 | 107.2% | 93.1% | - | - | 102.0% | 74.9% | - | - | |

| | | | | | | | | | | | | | |
|---------------------------------------|----|----|----|-----|--------|--------|---|--------|--------|--------|---|--------|---|
| Zetland | 31 | 29 | 29 | 888 | 97.5% | 77.1% | - | 100.0% | 112.9% | 142.7% | - | 100.0% | |
| Tocketts Ward | 30 | 26 | 28 | 865 | 76.6% | 99.3% | - | - | 72.9% | 107.1% | - | - | Unresolved Vacancies |
| Ward 21 | 25 | 25 | 10 | 295 | 77.6% | 89.8% | - | - | 71.7% | 88.7% | - | - | Staff redeployed due to reduced acuity on base ward |
| Ward 22 | 17 | 17 | 5 | 150 | 83.8% | 55.1% | - | - | 77.1% | 37.1% | - | - | Staff redeployed due to reduced acuity on base ward |
| JCDS (Central Delivery Suite) | - | - | 10 | 315 | 92.4% | 48.5% | - | 100.0% | 90.6% | 78.9% | - | - | |
| Neonatal Unit (NNU) | 35 | 35 | 21 | 655 | 82.9% | 96.8% | - | - | 87.0% | - | - | - | |
| Paediatric Intensive Care Unit (PCCU) | 6 | 6 | 2 | 71 | 76.9% | 69.5% | - | - | 77.5% | - | - | - | Staff redeployed due to reduced acuity on base ward |
| Ward 17 JCUH | - | - | 24 | 733 | 90.8% | 68.0% | - | 100.0% | 95.2% | 66.6% | - | - | |
| Ward 19 Ante Natal | - | - | 7 | 232 | 79.3% | 61.6% | - | - | 98.4% | - | - | - | |
| Maternity Centre FHN | - | - | 0 | 9 | 117.7% | 20.9% | - | 100.0% | 91.3% | - | - | - | |
| Spinal Injuries | 24 | 24 | 17 | 522 | 98.7% | 123.0% | - | - | 200.0% | 96.8% | - | - | |
| CCU JCUH | 14 | 14 | 10 | 318 | 79.2% | 145.8% | - | - | 77.4% | - | - | - | |

Increased staff sickness and COVID isolation continues to be significant during January. Nursing turnover increased slightly from 8.21% to 8.26%.

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.

Nurse sensitive indicators

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

Red Flags Raised through SafeCare Live

Table 5 below shows 156 red flags remain open relating to workforce, with shortfall in RN time being the most common (127).

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 January.

Table 5 - Red flag reporting January 2022

| Red Flag Type | Open – Day | Open – Night | Grand Total |
|--------------------------|------------|--------------|-------------|
| Less than 2 RNs on shift | 11 | 18 | 29 |
| Shortfall in RN time | 86 | 41 | 127 |
| Grand Total | 97 | 59 | 156 |

There were 87 datix submissions relating to staffing in January. 11 datixes relating to staff shortages in ED and Ainderby, 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.

Vacancy and Turnover

Recruitment of nursing staff continues as vacancies arise. (Fig 1 and 2)

Figure 1 Registered Nursing Vacancy Rate January 2022

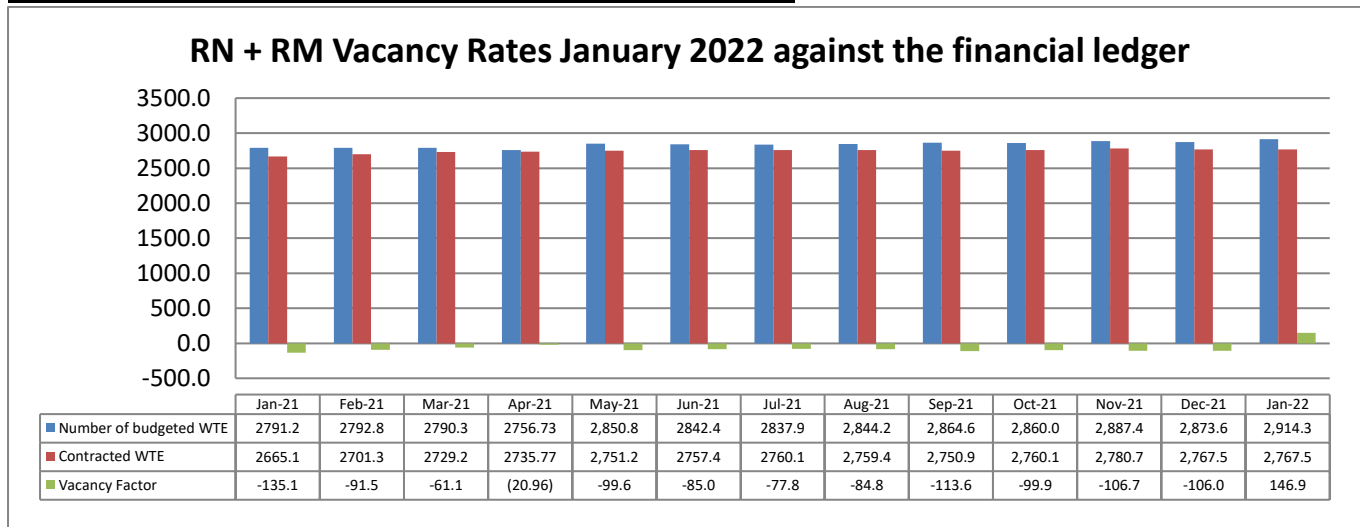


Figure 2 Health Care Assistant Vacancy Rate January 2022

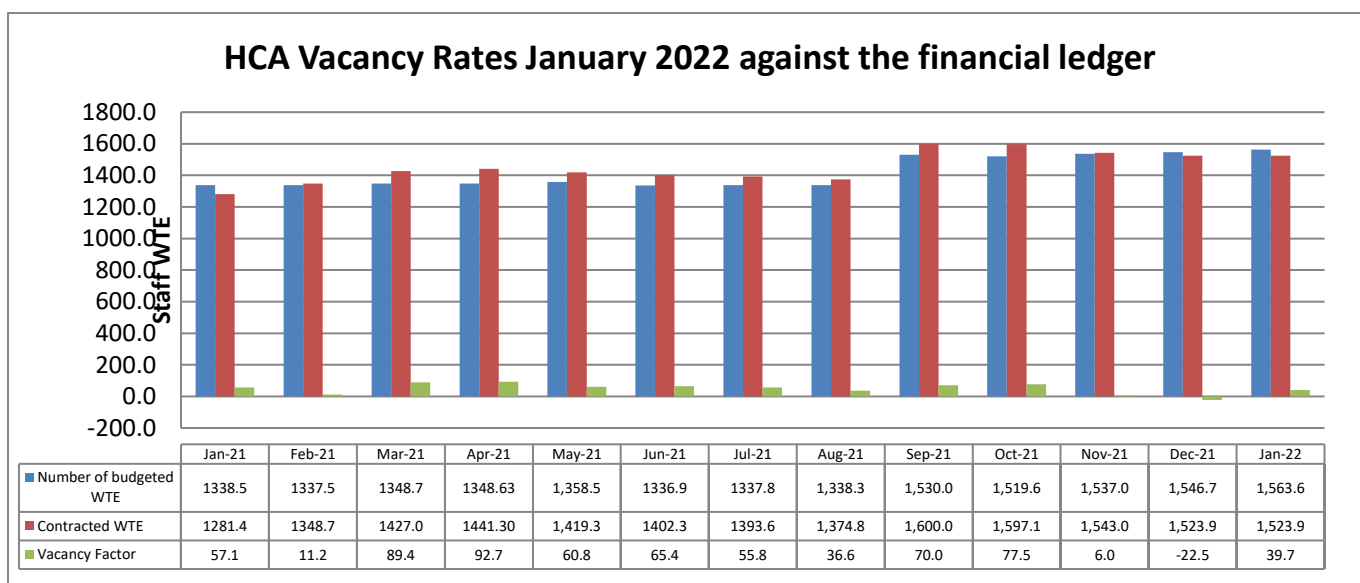
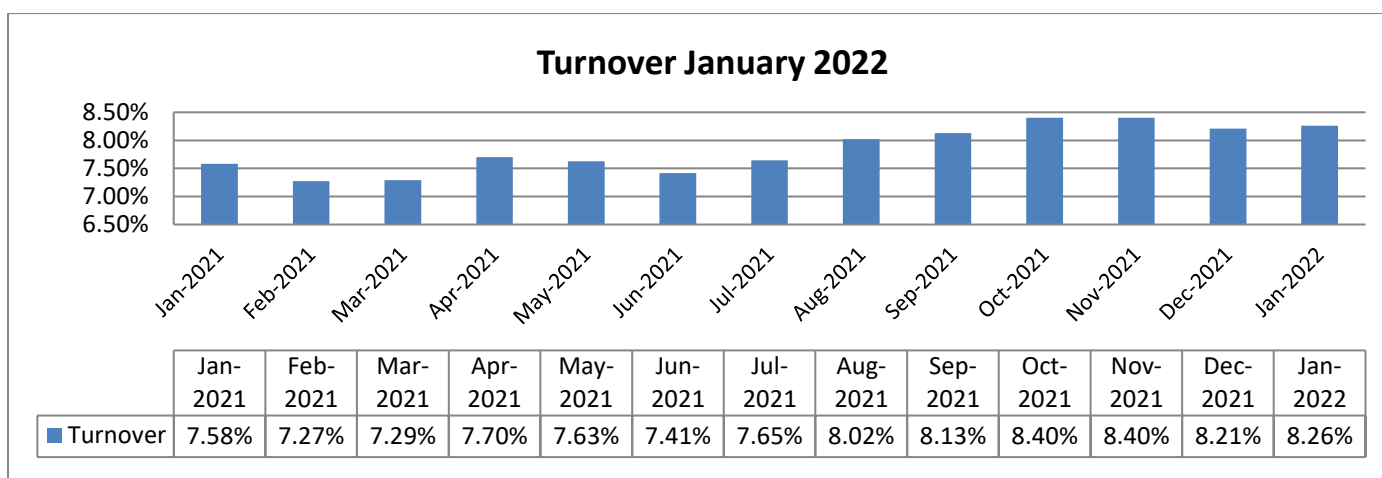


Figure 3 Nursing Turnover January 2022



Summary

This remains a challenging period for all staff working with reduced staffing levels at times Unresolved vacancies and increased Covid related sickness continues to cause difficulties at the Friarage site. A specific social media recruitment campaign agreed with public relations and 6 international nurses secured in April 2022 for the site all with experience in the areas of deployment

SafeCare staffing review takes place each day to ensure all patients can be cared for safely, this does result in a consistent number of staff moves to manage risk within areas of higher patient acuity