MEETING OF THE TRUST BOARD OF DIRECTORS – January 2021

Safe Staffing Report for December 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 ☐ Discuss ☒ Inform ☒		
Situation	This report details nursing and midwifery staffing levels for December 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 nurse and midwifery staffing across the trust is 95.4% as per table 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 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 (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. Nursing Turnover for December has reduced to 8.21%		
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	BAF risk 5.1 Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit. 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	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☒
	Drive operational performance ☐	Long term financial sustainability ☐
	Develop clinical and commercial strategies ☐	

Nursing and Midwifery Workforce Exception Report
December 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 459 total shifts (4785.07 hours) logged via SafeCare during December which was an increase on November 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 December 2021

The breakdown by ward is in Table 2

Table 1 – Trust wide Monthly Fill Rates

		October 2021	November 2021	December 21
Overall Ward Fill Rate	RN/RMs (%) Average fill rate - DAYS	87.4%	90.5%	84.9%
	HCA (%) Average fill rate - DAYS	88.9%	93.3%	92.2%
	NA (%) Average fill rate - DAYS	100%	100%	100%
	TNA (%) Average fill rate - DAYS	100%	100%	100%
	RN/RMs (%) Average fill rate - NIGHTS	89.8%	92.4%	85.8%
	HCA (%) Average fill rate - NIGHTS	104.2%	109.2%	100.2%
	NA (%) Average fill rate - NIGHTS	100%	100%	100%
	TNA (%) Average fill rate - NIGHTS	100%	100%	100%
	Total % of Overall planned hours	**96.3%**	**98.8%**	**95.4%**

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 – December (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	21	657	84.4%	84.9%	-	100.0%	68.5%	83.7%	-	100.0%
Ward 2 AAU (Short Stay Staff)	28	28	25	778	75.4%	90.5%	100.0%	-	78.6%	112.2%	100.0%	-
Ward 3 (COVID)	28	28	12	383	79.0%	120.6%	-	100.0%	77.0%	110.2%	-	100.0%
Ward 4	23	23	21	649	78.7%	93.2%	-	-	69.7%	115.6%	-	-
Ward 5	28	22	22	681	79.6%	74.5%	-	100.0%	76.9%	125.5%	-	-
Ward 6 Gastro	30	30	27	836	88.6%	106.1%	-	-	76.6%	115.9%	-	-
Ward 7 Colo	30	30	24	729	74.1%	94.1%	100.0%	100.0%	81.9%	96.4%	100.0%	-
Ward 8	30	30	26	818	74.7%	100.8%	-	100.0%	67.4%	96.7%	-	100.0%
Ward 9	28	28	16	490	82.9%	100.8%	-	-	77.7%	90.9%	-	-
Ward 10 (Short Stay RAFAU Staff)	27	27	24	751	82.5%	89.1%	-	-	72.0%	111.9%	-	-
OPM (Ward 11)	28	28	26	817	87.6%	99.6%	-	-	85.4%	105.4%	-	-
Ward 12	26	16	22	694	86.0%	117.7%	-	-	70.3%	147.5%	-	-
Ward 14 Oncology Staff	23	21	17	522	90.9%	92.3%	-	100.0%	75.3%	100.9%	-	100.0%
Ward 24	23	23	17	542	90.2%	150.6%	100.0%	100.0%	70.1%	213.9%	-	-

Ward 25 Neuro	21	16	10	311	129.3%	212.5%	-	-	98.7%	138.7%	-	-
Ward 26	18	18	17	541	101.2%	93.0%	-	-	95.2%	96.8%	-	-
Ward 27 Elective Ortho	15	15	10	311	51.9%	38.6%	-	100.0%	65.3%	29.5%	-	100.0%
Ward 28	30	30	22	671	89.0%	84.7%	-	-	96.8%	101.7%	-	-
Ward 29	27	27	26	805	91.6%	111.9%	100.0%	-	74.2%	141.0%	-	-
Cardio MB	9	9	8	248	100.0%	231.1%	-	-	98.4%	-	-	-
Ward 31 Vas	35	19	17	523	89.5%	85.2%	100.0%	-	65.2%	89.7%	100.0%	-
Ward 32	22	21	19	601	96.2%	93.9%	-	-	100.0%	100.0%	-	-
Ward 33 Specialty	19	19	16	506	74.9%	100.0%	-	-	71.0%	112.4%	-	100.0%
Ward 34	34	34	31	956	83.4%	96.3%	-	-	73.8%	93.5%	-	-
Ward 35	26	26	19	596	100.3%	102.9%	-	-	91.1%	90.4%	-	-
Ward 36 Trauma	34	34	27	828	83.4%	88.0%	-	100.0%	71.2%	121.8%	-	100.0%
Ward 37 - AMU	30	30	24	732	84.1%	77.0%	-	100.0%	83.3%	86.7%	-	100.0%
Critical Care + Surge	33	33	28	864	98.2%	103.2%	-	-	97.5%	97.8%	-	-
CICU JCUH	12	10	6	195	68.4%	87.3%	-	-	67.4%	155.4%	-	-
Cardio HDU	10	10	6	182	76.0%	67.7%	-	-	67.7%	90.3%	-	-
Ward 24 HDU	8	8	7	206	96.4%	99.3%	-	-	95.0%	94.3%	-	-
Ainderby FHN	27	22	19	600	73.4%	79.8%	-	-	98.9%	100.6%	-	-
Romanby FHN	26	26	19	600	89.1%	93.9%	-	-	100.0%	95.1%	-	-

Gara Orthopaedic FHN	21	16	7	221	68.1%	86.0%	-	-	85.6%	39.0%	-	-
Rutson FHN	17	17	14	434	73.9%	106.2%	-	-	100.0%	89.8%	-	-
Friary Community Hospital	18	18	13	416	106.2%	84.1%	-	-	100.5%	80.5%	-	-
Zetland	31	29	26	817	87.5%	74.9%	-	100.0%	74.2%	117.2%	-	100.0%
Tocketts Ward	30	26	27	826	78.9%	99.9%	-	100.0%	68.8%	119.9%	-	-
Ward 21	25	25	12	386	76.6%	93.0%	-	100.0%	76.8%	90.3%	-	100.0%
Ward 22	17	17	4	134	74.5%	56.7%	-	-	70.6%	37.1%	-	-
JCDS (Central Delivery Suite)	-	-	9	270	91.1%	57.5%	-	100.0%	93.0%	83.9%	-	-
Neonatal Unit (NNU)	35	35	24	753	86.1%	79.0%	-	-	90.3%	-	-	-
Paediatric Intensive Care Unit (PCCU)	6	6	2	67	75.6%	75.7%	-	-	76.2%	-	-	-
Ward 17 JCUH	-	-	20	613	96.9%	69.8%	-	-	96.9%	70.6%	-	100.0%
Ward 19 Ante Natal	-	-	9	285	80.3%	43.4%	-	-	93.5%	-	-	-
Maternity Centre FHN	-	-	0	11	122.6%	16.5%	-	-	93.5%	-	-	-
Spinal Injuries	24	24	14	437	101.9%	96.3%	-	-	193.5%	91.2%	-	-
CCU JCUH	14	14	10	309	84.5%	125.0%	-	-	79.6%	-	-	-

Increased staff sickness and COVID isolation continues to be significant during December. Nursing turnover decreased from 8.40% to 8.21%.

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 December 2021

Table 5 below shows 123 red flags remain open relating to workforce, 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 log provides a documented resolution to this particular red flag therefore no shift had less than 2 RNs throughout December.

Table 5 - Red flag reporting December 2021

Red Flag Type	Open – Day	Open – Night	Grand Total
Less than 2 RNs on shift	11	11	**22**
Shortfall in RN time	74	27	**88**
Grand Total	**85**	**38**	**123**

There were 34 datix submissions relating to staffing in December. 11 datixs relating to staff shortages with ED, all escalated through the SafeCare call and logged by a daily SafeCare chair.
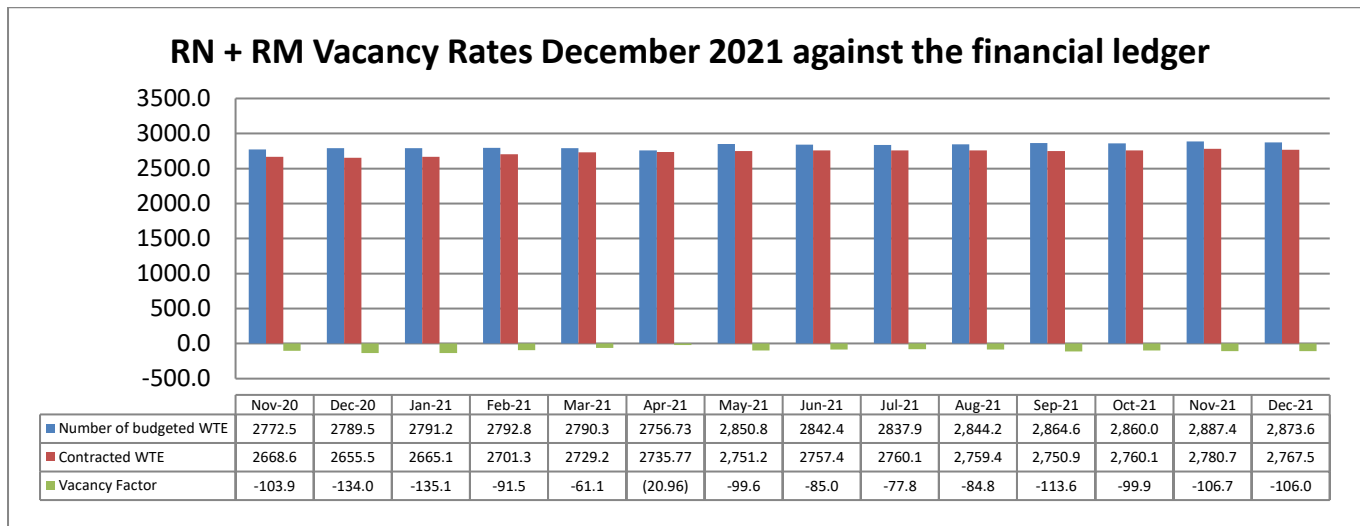
Redeployment decisions were made following safe staffing discussions with Matrons chaired by a Senior Nurse.
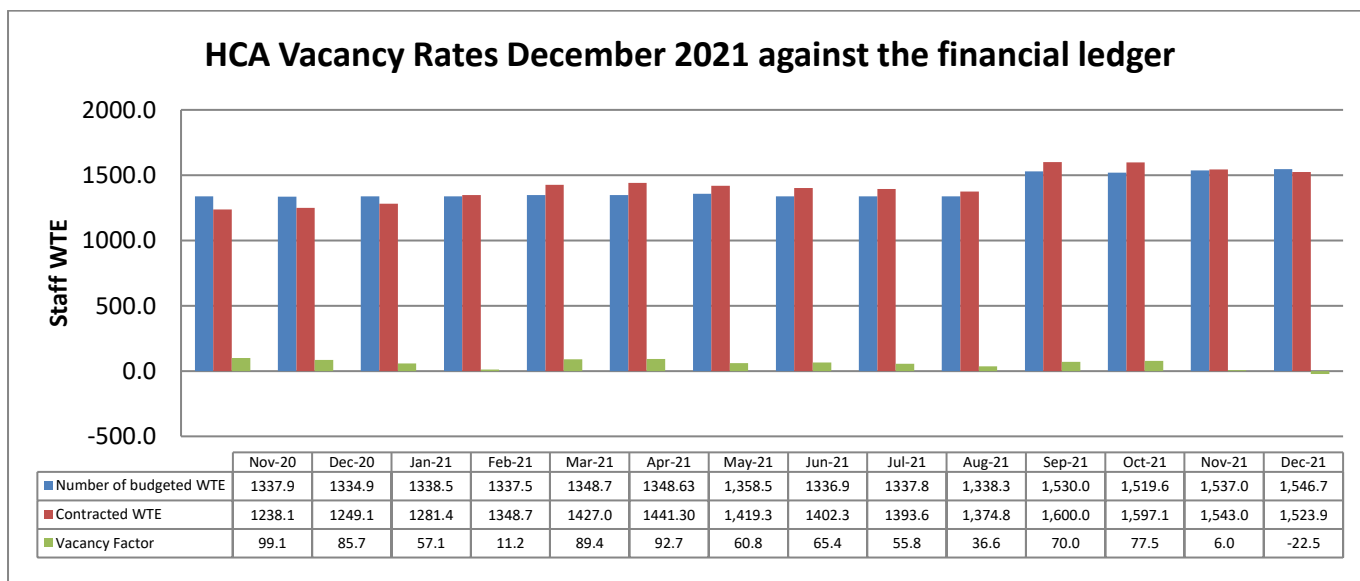
Vacancy and Turnover

The total nursing vacancy rates has reduced in December.

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

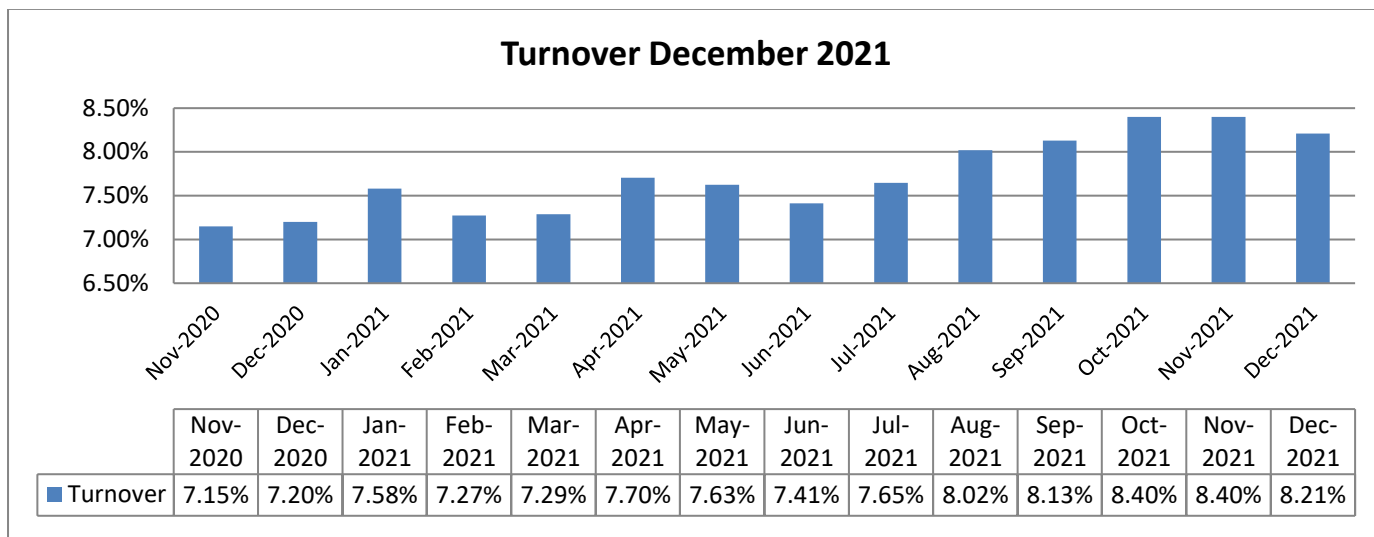**Figure 1 Registered Nursing Vacancy Rate December 2021**

RN + RM Vacancy Rates December 2021 against the financial ledger

	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Number of budgeted WTE	2772.5	2789.5	2791.2	2792.8	2790.3	2756.73	2,850.8	2842.4	2837.9	2,844.2	2,864.6	2,860.0	2,887.4	2,873.6
Contracted WTE	2668.6	2655.5	2665.1	2701.3	2729.2	2735.77	2,751.2	2757.4	2760.1	2,759.4	2,750.9	2,760.1	2,780.7	2,767.5
Vacancy Factor	-103.9	-134.0	-135.1	-91.5	-61.1	(20.96)	-99.6	-85.0	-77.8	-84.8	-113.6	-99.9	-106.7	-106.0

Figure 2 Health Care Assistant Vacancy Rate December 2021

HCA Vacancy Rates December 2021 against the financial ledger

	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Number of budgeted WTE	1337.9	1334.9	1338.5	1337.5	1348.7	1348.63	1,358.5	1336.9	1337.8	1,338.3	1,530.0	1,519.6	1,537.0	1,546.7
Contracted WTE	1238.1	1249.1	1281.4	1348.7	1427.0	1441.30	1,419.3	1402.3	1393.6	1,374.8	1,600.0	1,597.1	1,543.0	1,523.9
Vacancy Factor	99.1	85.7	57.1	11.2	89.4	92.7	60.8	65.4	55.8	36.6	70.0	77.5	6.0	-22.5

Figure 3 Nursing Turnover December 2021

Turnover December 2021

	Nov-2020	Dec-2020	Jan-2021	Feb-2021	Mar-2021	Apr-2021	May-2021	Jun-2021	Jul-2021	Aug-2021	Sep-2021	Oct-2021	Nov-2021	Dec-2021
Turnover	7.15%	7.20%	7.58%	7.27%	7.29%	7.70%	7.63%	7.41%	7.65%	8.02%	8.13%	8.40%	8.40%	8.21%

Key actions Winter 2021 preparedness Update: Nursing and midwifery safer staffing

Key actions to be taken related to winter preparedness were published by NHS England November 2021. The actions focus on preparedness, decision making and escalation processes to support safer nursing and midwifery staffing as the winter period approaches. They build on the previous guidance issued in relation to COVID-19 workforce models and the fundamental principles for the nursing and midwifery workforce as set out in the National Quality Board (NQB) Safe Sustainable and Productive staffing guidance. An assurance framework has been populated detailing staffing escalation / surge plans, operational delivery, daily governance, reporting via the EPRR route and the board oversight of this. Following NHSE/I guidance this will be presented to the QEIA panel.