MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS - June 2022			
Safe Staffing Report for May 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 May 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 has increased slightly to 96.6% 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 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 May, these shifts are promoted daily via ward manager platforms and NHSp text messaging. The demand has decreased so a summer reduction in shifts will occur in July This model has been followed in community with impactful pick up Nursing Turnover for May 22 has increased to 9.39%.		
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
May 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 is lower than average temporary staffing fill rates. The Nursing Workforce Team continues to work 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 weekend 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 389 total shifts (3972.27 hours) logged via SafeCare during May which was a decrease on April 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 May.
Nursing turnover increased from 9.26% to 9.39%.

2. NHSp Vs Overtime

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 May 2022.

4. Red Flags Raised through SafeCare Live

Appendix 3 shows 144 red flags remain open relating to workforce, with shortfall in RN time being the most common (106).
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 red flag therefore no shift had less than 2 RNs throughout May.

5. Datix Submissions

There were 87 datix submissions relating to staffing in May. The majority of datixs were for staff shortages in Critical Care, A&E, Ward 10, Ward 28 and Friarage inpatient area Ainderby, all escalated through the SafeCare call and logged by a daily SafeCare chair. Redeployment decisions were made following safe staffing discussions with ward managers chaired by a matron.

6. Vacancy Turnover

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

International Nurse Recruitment:

Cohort 2 will be 14 nurses; target date for their arrival is on the 6th of July 2022. Cohort 3 will be 14 nurses who arrive in September; cohort 4 will arrive November 2022 number to be confirmed and this will complete this year's recruitment.

7. RECOMMENDATIONS

Staffing remains a daily priority. In agreement with the clinical matrons and ward managers the twice daily Safe Care meetings is now be chaired by a clinical matron with nurse manager representatives from every collaborative. This has proven successful in keeping redeployment to a minimum and within collaborative
Adverts live for mobile HealthCare Support Worker team to support reduction in NHSP spend
Refreshed recruitment resource and videos currently being produced with a focus on "South Tees yes please" strap line to use for all future career promotion events

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

		March 22	April 22	May 22
Overall, Ward Fill Rate	RN/RMs (%) Average fill rate - DAYS	87.3%	85.7%	86.0%
	HCA (%) Average fill rate - DAYS	93.4%	94.8%	95.9%
	NA (%) Average fill rate - DAYS	100.0%	100.0%	100.0%
	TNA (%) Average fill rate - DAYS	100.0%	100.0%	100.0%
	RN/RMs (%) Average fill rate - NIGHTS	89.4%	86.6%	86.3%
	HCA (%) Average fill rate - NIGHTS	103.4%	103.8%	104.3%
	NA (%) Average fill rate - NIGHTS	100.0%	100.0%	100.0%
	TNA (%) Average fill rate - NIGHTS	100.0%	100.0%	100.0%
	Total % of Overall planned hours	**97.7%**	**96.4%**	**96.6%**

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

Wards	Physical Bed Capacity	Open Bed Capacity	Total CHPP	Occupied Bed No - May 22 (at midnight)	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)	30	30	782	25	80.2%	95.3%	-	-	69.9%	91.5%	-	-	Short Term Sickness
Ward 2 AAU (Short Stay Staff)	28	28	789	25	81.3%	89.6%	-	100.0%	90.5%	97.6%	-	100.0%	
Ward 3 (COVID)	28	28	648	21	100.6%	149.5%	100.0%	-	93.8%	132.3%	-	-	
Ward 4	23	23	667	22	78.5%	90.7%	-	-	72.4%	113.7%	-	-	Staff for dialysis bay occupancy fluctuates
Ward 5	28	22	611	20	86.3%	66.4%	100.0%	100.0%	81.7%	93.2%	-	100.0%	
Ward 6 Gastro	30	30	907	29	94.6%	105.4%	100.0%	-	80.3%	132.0%	-	-	
Ward 7 Colo	30	30	910	29	97.0%	91.4%	-	100.0%	90.4%	95.6%	-	100.0%	
Ward 8	30	30	546	18	63.4%	64.4%	-	100.0%	55.9%	78.5%	-	-	Staff deployed to Ward 31
Ward 9	28	28	722	23	81.0%	137.9%	-	-	79.0%	116.2%	-	-	Amber RSU low occupancy staffing adapts to demand
Ward 10 (Short Stay RAFAU Staff)	30	30	850	27	67.2%	93.5%	-	-	63.0%	129.7%	-	-	Short Term Sickness and Unfilled Vacancies
OPM (Ward 11)	28	28	843	27	76.8%	100.1%	-	100.0%	84.5%	119.2%	-	100.0%	Short Term Sickness
Ward 12	26	26	761	25	88.7%	121.4%	-	-	62.3%	139.4%	-	-	Increased HCA Support
Ward 14 Oncology Staff	23	21	591	19	98.9%	84.7%	-	100.0%	76.5%	106.5%	-	-	Increased HCA Support
Ward 24	23	23	675	22	95.3%	123.0%	-	100.0%	81.1%	182.6%	-	-	
Ward 25 Neuro	21	21	302	10	140.0%	219.1%	-	100.0%	96.0%	196.2%	-	-	
Ward 26	18	19	548	18	89.1%	139.1%	-	-	98.5%	113.8%	-	-	
Ward 27 Elective Ortho	15	15	629	20	66.0%	69.0%	-	100.0%	95.3%	77.1%	-	-	Extreme low occupancy of elective pathway staffing reduced in response

Ward 28	30	30	684	22	79.8%	96.5%	-	-	95.2%	108.1%	-	-	Short Term Sickness
Ward 29	27	27	783	25	97.9%	101.7%	-	100.0%	88.2%	108.1%	-	-	
Cardio MB	9	9	248	8	98.5%	106.4%	-	-	95.2%	-	-	-	
Ward 31 Vas	35	26-31	913	29	112.7%	117.7%	100.0%	-	86.8%	154.4%	100.0%	-	Additional staff from Ward 8
Ward 32	22	21	624	20	104.1%	102.9%	-	-	100.0%	104.7%	-	-	
Ward 33 Specialty	19	19	547	18	68.8%	100.5%	-	-	66.7%	133.2%	-	-	Short Term Sickness
Ward 34	34	34	991	32	78.7%	96.7%	-	-	75.0%	97.7%	-	-	Unresolved vacancies and sickness
Ward 35	26	26	714	23	91.4%	106.1%	-	-	71.0%	106.5%	-	-	Short Term Sickness
Ward 36 Trauma	34	34	961	31	90.8%	97.2%	-	100.0%	74.8%	161.9%	-	100.0%	Unresolved Vacancies
Ward 37 - AMU	30	30	821	26	90.5%	95.8%	-	100.0%	81.1%	85.5%	-	-	
Critical Care + Surge	33	33	818	26	96.8%	94.2%	-	-	93.0%	77.4%	-	-	
CICU JCUH	12	10	193	6	75.6%	80.6%	-	-	72.7%	116.1%	-	-	Full adherence to GPIX standards
Cardio HDU	10	10	178	6	78.0%	93.5%	-	-	69.7%	90.3%	-	-	Full adherence to GPIX standards
Ward 24 HDU	8	8	202	7	100.3%	98.4%	-	-	99.0%	96.8%	-	-	
Ainderby FHN	27	22	649	21	70.3%	100.8%	-	-	84.0%	97.6%	-	-	Unresolved Vacancies
Romanby FHN	26	26	689	22	59.4%	47.0%	-	-	94.0%	51.6%	-	-	Unresolved Vacancies
Gara Orthopaedic FHN	21	16	261	8	79.2%	70.6%	-	-	94.0%	34.4%	-	-	Redeployment to other areas due to low occupancy
Rutson FHN	17	17	512	17	76.3%	107.6%	-	-	100.0%	97.1%	-	-	Redeployment to other areas due to low occupancy
Friary Community Hospital	18	18	509	16	105.2%	102.3%	-	-	90.4%	84.4%	-	-	
Zetland	31	29	839	27	81.7%	74.8%	-	100.0%	82.8%	120.4%	-	-	
Tocketts Ward	30	26	857	28	72.8%	111.5%	-	-	81.4%	114.5%	-	-	Short Term Sickness
Ward 21	25	25	455	15	79.4%	54.2%	-	100.0%	73.7%	58.1%	-	100.0%	Vacancies – Newly appointed staff qualify in September 22
Ward 22	17	17	216	7	91.7%	72.7%	-	-	77.4%	51.6%	-	-	Vacancies – Newly appointed staff qualify in September 22
JCDS (Central Delivery Suite)	-	-	365	12	93.1%	71.9%	-	-	93.7%	83.9%	-	-	

Neonatal Unit (NNU)	35	35	719	23	83.8%	93.5%	-	-	84.9%	-	-	-	
Paediatric Intensive Care Unit (PCCU)	6	6	70	2	71.6%	35.3%	-	-	69.4%	-	-	-	Vacancies – Newly appointed staff qualify in September 22
Ward 17 JCUH	-	-	743	24	79.4%	85.5%	-	100.0%	71.2%	95.1%	-	100.0%	
Ward 19 Ante Natal	-	-	286	9	70.3%	83.5%	-	-	71.8%	-	-	-	
Maternity Centre FHN	-	-	6	0	102.2%	31.4%	-	-	79.1%	-	-	-	
Spinal Injuries	24	24	746	24	121.7%	155.1%	-	-	198.4%	109.6%	-	-	
CCU JCUH	14	14	299	10	85.3%	107.6%	-	-	81.7%	-	-	-	

Appendix 3 - Red flag reporting May 2022

Red Flag Type	Open – Day	Open – Night	Grand Total
Less than 2 RNs on shift	10	28	**38**
Shortfall in RN time	71	35	**106**
Grand Total	**81**	**63**	**144**

Appendix 4 - Registered Nursing Vacancy Rate May 2022

RN + RM Vacancy Rates agains the financial ledger

	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Budget	2,843.06	2,842.23	2,848.30	2,870.64	2,881.14	2,893.57	2,900.26	2,928.97	2,916.23	2,918.09	2,857.17	2,892.25
Contracted	2,745.35	2,748.10	2,747.40	2,738.91	2,759.26	2,768.68	2,767.46	2,778.68	2,783.12	2,807.97	2,793.07	2,788.43
Vacancy	97.71	94.13	100.90	131.73	121.88	124.89	132.80	150.29	133.11	110.12	64.10	103.82
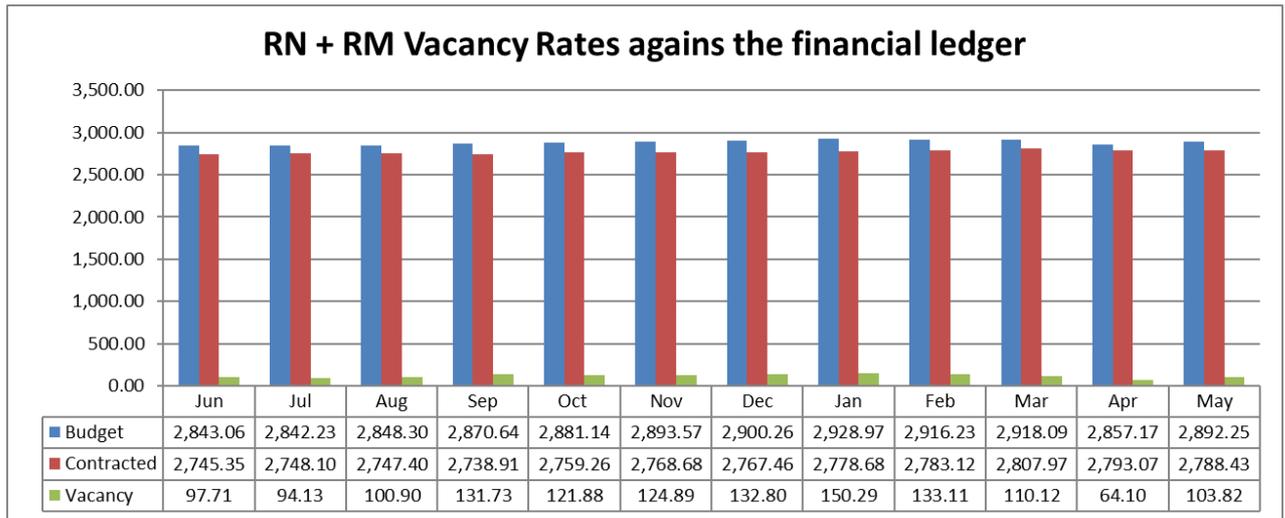
Appendix 5 - Health Care Assistant Vacancy Rate May 2022

HCA Vacancy Rates agains the financial ledger

	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Budget	1,337.47	1,339.24	1,339.24	1,341.94	1,342.18	1,340.89	1,360.73	1,365.75	1,367.50	1,375.27	1,284.47	1,286.03
Contracted	1,397.30	1,388.60	1,369.84	1,392.04	1,357.34	1,340.90	1,325.84	1,357.94	1,379.86	1,358.85	1,339.44	1,366.81
Vacancy	-59.83	-49.36	-30.60	-50.10	-15.16	-0.01	34.89	7.81	-12.36	16.42	-54.97	-80.78
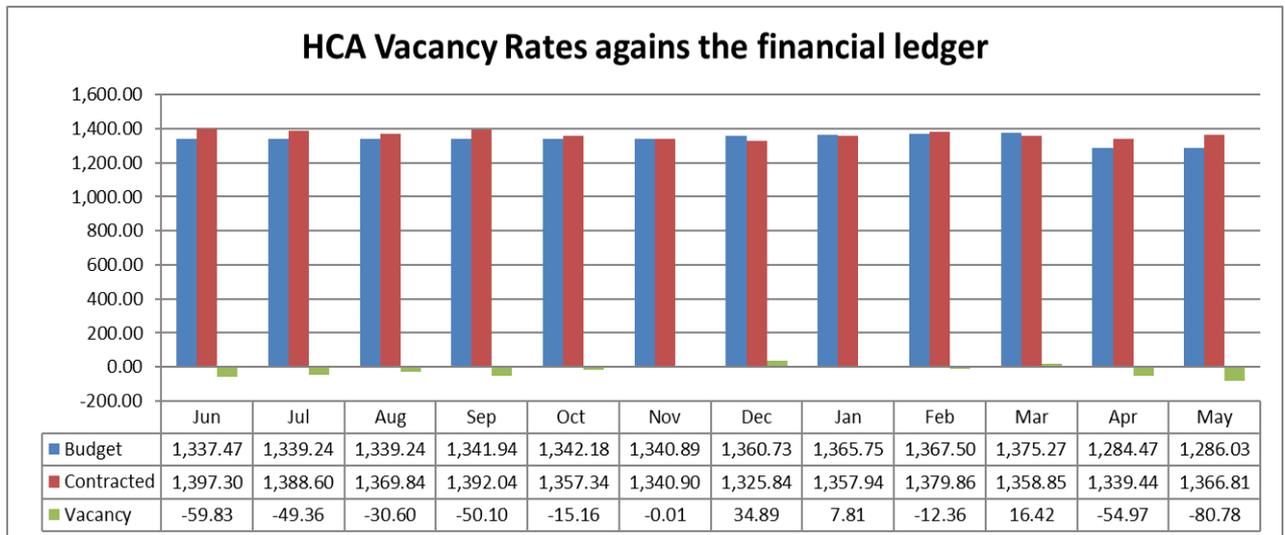
Appendix 6 - Nursing Turnover May 2022

Turnover May 2022

	May-2021	Jun-2021	Jul-2021	Aug-2021	Sep-2021	Oct-2021	Nov-2021	Dec-2021	Jan-2022	Feb-2022	Mar-2022	Apr-2022	May-2022
■ Turnover	7.63%	7.41%	7.65%	8.02%	8.13%	8.40%	8.40%	8.21%	8.26%	8.67%	8.78%	9.26%	9.39%