

MEETING OF THE TRUST BOARD OF DIRECTORS – March 2022			
Safe Staffing Report for February 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 February 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 97.7% 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 (5 per day and night at JCUH and FHN) has seen improved pick up in February, 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 February has increased slightly to 8.67%</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 February 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 391 total shifts (3934.07 hours) logged via SafeCare during February which was a decrease on January 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 February 2022

The breakdown by ward is in Table 2

Table 1 – Trust wide Monthly Fill Rates

		December 21	January 22	February 22
Overall Ward Fill Rate	RN/RMs (%) Average fill rate - DAYS	84.9%	85.4%	87.5%
	HCA (%) Average fill rate - DAYS	92.2%	94.3%	99.0%
	NA (%) Average fill rate - DAYS	100%	100%	100%
	TNA (%) Average fill rate - DAYS	100%	100%	100%
	RN/RMs (%) Average fill rate - NIGHTS	85.8%	87.7%	90.3%
	HCA (%) Average fill rate - NIGHTS	100.2%	98.9%	105.1%
	NA (%) Average fill rate - NIGHTS	100%	100%	100%
	TNA (%) Average fill rate - NIGHTS	100%	100%	100%
	Total % of Overall planned hours	95.4%	95.8%	97.7%

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	Total CHPPD	Occupied Bed No – February (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)	28	28	694	25	79.3%	102.0%	-	100.0%	71.5%	88.5%	-	-	Amber RSU facility providing additional pressure on occasions/partial month
Ward 2 AAU (Short Stay Staff)	28	28	702	25	78.7%	95.0%	100.0%	-	88.7%	109.6%	-	-	
Ward 3 (COVID)	28	28	485	17	97.3%	131.6%	-	100.0%	93.1%	116.6%	-	100.0%	
Ward 4	23	23	648	23	70.7%	120.1%	-	-	72.9%	130.3%	-	-	Staff for dialysis bay occupancy fluctuates
Ward 5	28	22	451	16	82.7%	78.2%	-	100.0%	75.6%	96.4%	-	-	Redeployment to other areas due to low occupancy
Ward 6 Gastro	30	30	815	29	87.4%	122.0%	-	-	95.0%	103.7%	-	-	
Ward 7 Colo	30	30	786	28	82.5%	104.4%	100.0%	100.0%	85.8%	108.3%	100.0%	-	
Ward 8	30	30	782	28	82.6%	112.1%	-	100.0%	91.1%	100.0%	-	100.0%	
Ward 9	28	28	638	23	78.9%	126.7%	-	-	77.1%	99.4%	-	-	Amber RSU low occupancy staffing adapts to demand
Ward 10 (Short Stay RAFAU Staff)	27	27	725	26	74.9%	86.5%	-	-	79.2%	131.0%	-	-	
OPM (Ward 11)	28	28	727	26	79.2%	81.3%	-	100.0%	71.4%	84.5%	-	-	
Ward 12	26	26	673	24	91.8%	114.8%	-	-	67.3%	141.0%	-	-	
Ward 14 Oncology Staff	23	21	486	17	102.5%	96.0%	-	100.0%	75.6%	127.9%	-	-	
Ward 24	23	23	598	21	93.4%	146.0%	-	-	81.4%	188.1%	-	-	
Ward 25 Neuro	21	21	209	7	141.2%	242.7%	-	-	102.2%	186.6%	-	-	Enhanced observation? impact on HCA ++hours
Ward 26	18	19	505	18	91.4%	142.6%	-	-	96.5%	171.4%	-	-	Enhanced observation? impact on HCA ++hours

Ward 27 Elective Ortho	15	15	554	20	65.5%	49.8%	-	100.0%	95.4%	39.4%	-	100.0%	Extreme low occupancy of elective pathway staffing reduced in response
Ward 28	30	30	609	22	80.8%	89.3%	-	-	99.1%	96.0%	-	-	
Ward 29	27	27	697	25	94.3%	95.2%	-	-	76.2%	130.4%	-	-	Increased HCA support
Cardio MB	9	9	224	8	96.7%	112.8%	-	-	96.4%	-	-	-	
Ward 31 Vas	35	19	750	27	117.3%	117.4%	100.0%	-	87.0%	133.8%	100.0%	-	
Ward 32	22	21	553	20	100.0%	106.4%	-	-	98.1%	100.0%	-	-	
Ward 33 Specialty	19	19	426	15	75.6%	99.0%	-	-	66.7%	100.0%	-	-	Providing staff to other medical services of priority
Ward 34	34	34	882	32	81.3%	105.8%	-	-	71.9%	96.6%	-	-	Unresolved vacancies and sickness
Ward 35	26	26	614	22	99.2%	111.0%	-	100.0%	79.8%	102.4%	-	-	
Ward 36 Trauma	34	34	860	31	89.4%	99.9%	-	100.0%	72.3%	119.7%	-	100.0%	Unresolved Vacancies
Ward 37 - AMU	30	30	750	27	89.8%	77.7%	-	100.0%	82.1%	93.7%	-	100.0%	
Critical Care + Surge	33	33	760	27	98.7%	111.0%	-	-	96.6%	101.5%	-	-	
CICU JCUH	12	10	198	7	77.5%	71.4%	-	-	75.0%	147.1%	-	-	Full adherence to GPIX standards
Cardio HDU	10	10	154	6	79.8%	95.4%	-	-	73.6%	85.7%	-	-	Full adherence to GPIX standards
Ward 24 HDU	8	8	176	6	95.9%	92.3%	-	-	97.5%	71.4%	-	-	
Ainderby FHN	27	22	519	19	71.7%	102.1%	-	-	91.1%	109.9%	-	-	Unresolved Vacancies
Romanby FHN	26	26	635	23	79.2%	109.4%	-	-	101.8%	116.5%	-	-	Unresolved Vacancies
Gara Orthopaedic FHN	21	16	207	7	77.4%	98.3%	-	-	96.5%	36.7%	-	-	Unresolved Vacancies but low occupancy
Rutson FHN	17	17	455	16	78.0%	112.9%	-	-	98.4%	87.6%	-	-	Unresolved Vacancies
Friary Community Hospital	18	18	379	14	106.3%	86.1%	-	-	95.3%	71.7%	-	-	
Zetland	31	29	785	28	96.4%	84.6%	-	-	94.8%	123.8%	-	-	

Tocketts Ward	30	26	763	27	81.6%	115.5%	-	-	82.3%	129.8%	-	-	
Ward 21	25	25	375	13	79.8%	85.1%	-	-	78.6%	94.6%	-	-	Staff redeployed due to reduced acuity on base ward
Ward 22	17	17	164	6	83.9%	49.7%	-	-	80.4%	44.6%	-	-	
JCDS (Central Delivery Suite)	-	-	296	11	94.8%	54.0%	-	-	96.0%	83.1%	-	-	
Neonatal Unit (NNU)	35	35	572	20	81.7%	110.7%	-	-	83.0%	-	-	-	
Paediatric Intensive Care Unit (PCCU)	6	6	67	2	69.2%	103.3%	-	-	74.5%	-	-	-	Staff redeployed due to reduced acuity on base ward
Ward 17 JCUH	-	-	668	24	94.6%	76.9%	-	-	99.6%	73.6%	-	-	
Ward 19 Ante Natal	-	-	271	10	81.3%	61.6%	-	-	94.6%	-	-	-	
Maternity Centre FHN	-	-	10	0	113.6%	12.0%	-	100.0%	97.9%	-	-	-	
Spinal Injuries	24	24	559	20	112.5%	117.0%	-	-	200.0%	98.8%	-	-	
CCU JCUH	14	14	304	11	86.4%	132.3%	-	-	81.0%	-	-	-	

Increased staff sickness and COVID isolation continues to be significant during February. Nursing turnover increased slightly from 8.26% to 8.67%.

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 February 2022

Red Flags Raised through SafeCare Live

Table 5 below shows 89 red flags remain open relating to workforce, with shortfall in RN time being the most common (73).

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 February.

Table 5 - Red flag reporting February 2022

Red Flag Type	Open – Day	Open – Night	Grand Total
Less than 2 RNs on shift	3	13	16
Shortfall in RN time	45	28	73
Grand Total	48	41	89

There were 64 datix submissions relating to staffing in February. 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.

Vacancy and Turnover

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

Figure 1 Registered Nursing Vacancy Rate February 2022

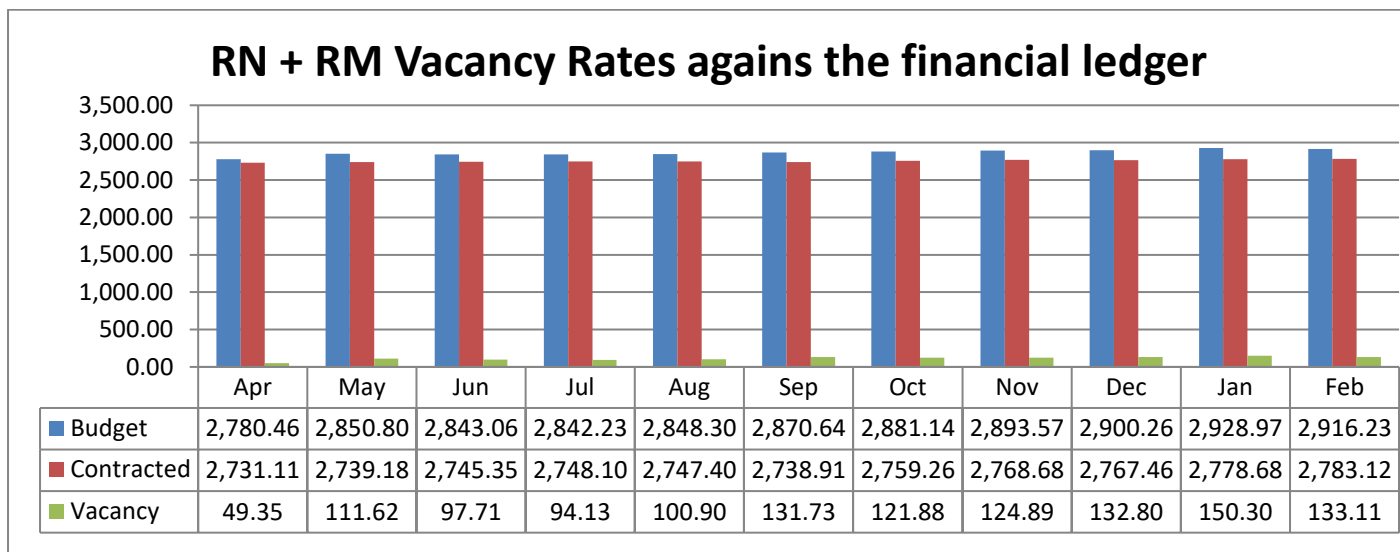


Figure 2 Health Care Assistant Vacancy Rate February 2022

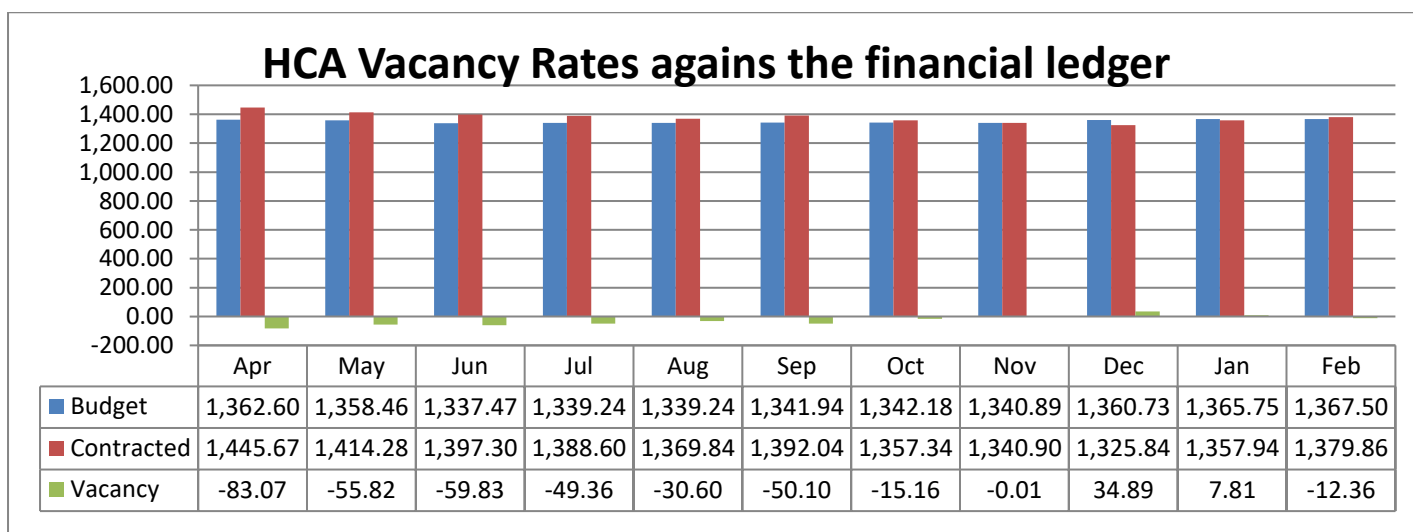
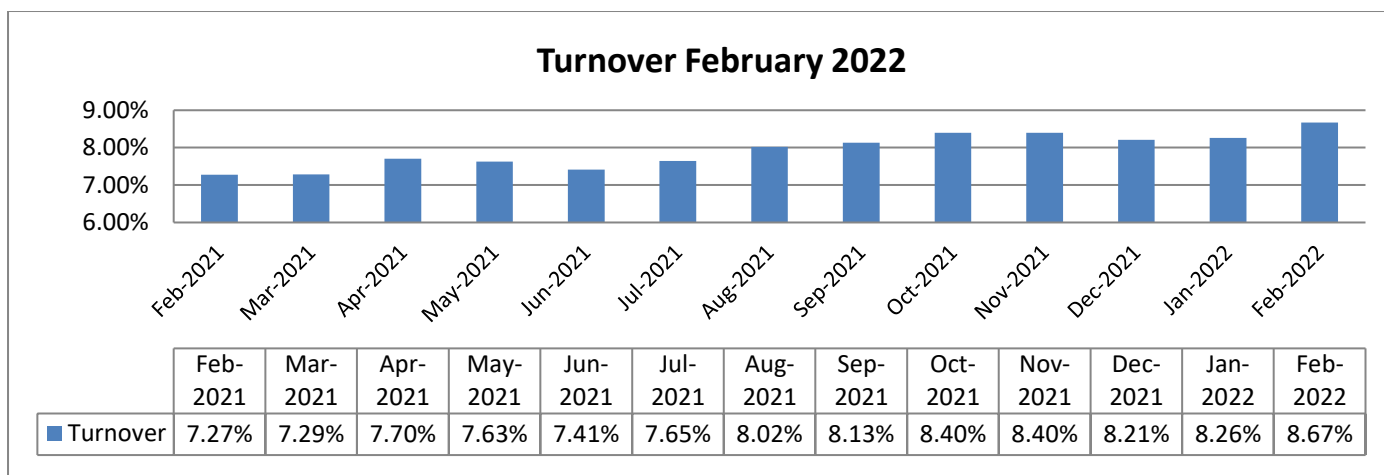


Figure 3 Nursing Turnover February 2022



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