MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS - May 2022			
Safe Staffing Report for April 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 April 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 decreased slightly to 96.4% 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 of 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 March, these shifts are promoted daily via ward manager platforms and NHSp text messaging. This model has been followed in community with impactful pick up Nursing Turnover for April 22 has increased to 9.26%.		
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
April 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 448 total shifts (4667.33 hours) logged via SafeCare during April which was an increase on March 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 April.
Nursing turnover increased from 8.78% to 9.26%.

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 April 2022.

4. Red Flags Raised through SafeCare Live

Appendix 3 shows 189 red flags remain open relating to workforce, with shortfall in RN time being the most common (144).
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 April.

5. Datix Submissions

There were 89 datix submissions relating to staffing in April. The majority of datixs were for staff shortages within Critical Care Outreach, CYPED, A&E 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 Matrons chaired by a Senior Nurse.

6. Vacancy Turnover

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

International Nurse Recruitment:

The 12 nurses for Cohort 1 arrived on the 27th of April 2022.5 of the nurses have been appointed at the Friarage site.
Cohort 2 will be 13 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 SafeCare meetings will now be chaired by a clinical matron with nurse manager representatives from very collaborative this will positively impact on out of collaborative re-deployment whilst retaining specialist skills and knowledge within collaborative areas. A buddying system will commence over the initial weeks and the escalation process to senior nurses will continue.
Registered nurse vacancies have decreased in April with successful recruitment of two nurses from out of area. 78 applications have been received from the September cohort of student nurses with interviews booked for June. Agreement has been reached for the recruitment of a mobile HealthCare Support Worker team, this will reduce NHSp spend and provide a resource for safe care at short notice.

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

		February 22	March 22	April 22
Overall, Ward Fill Rate	RN/RMs (%) Average fill rate - DAYS	87.5%	87.3%	85.7%
	HCA (%) Average fill rate - DAYS	99.0%	93.4%	94.8%
	NA (%) Average fill rate - DAYS	100%	100%	100.0%
	TNA (%) Average fill rate - DAYS	100%	100%	100.0%
	RN/RMs (%) Average fill rate - NIGHTS	90.3%	89.4%	86.6%
	HCA (%) Average fill rate - NIGHTS	105.1%	103.4%	103.8%
	NA (%) Average fill rate - NIGHTS	100%	100%	100.0%
	TNA (%) Average fill rate - NIGHTS	100%	100%	100.0%
	Total % of Overall planned hours	**97.7%**	**97.7%**	**96.4%**

Appendix 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 – April 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	820	27	84.1%	93.4%	-	100.0%	72.0%	91.6%	-	100.0%	Short Term Sickness
Ward 2 AAU (Short Stay Staff)	28	28	783	26	84.0%	93.4%	100.0%	100.0%	88.0%	95.8%	100.0%	100.0%	
Ward 3 (COVID)	28	28	602	20	94.2%	166.9%	100.0%	100.0%	96.7%	124.9%	-	100.0%	
Ward 4	23	23	633	21	76.1%	103.0%	-	-	67.6%	138.7%	-	-	Staff for dialysis bay occupancy fluctuates
Ward 5	28	22	489	16	80.7%	64.7%	-	100.0%	74.3%	91.4%	-	-	Redeployment to other areas due to low occupancy
Ward 6 Gastro	30	30	845	28	90.4%	115.3%	-	-	89.4%	109.3%	-	-	
Ward 7 Colo	30	30	855	29	95.5%	87.3%	-	100.0%	94.4%	106.2%	-	-	
Ward 8	30	30	816	27	85.2%	108.9%	100.0%	100.0%	88.8%	108.3%	100.0%	-	
Ward 9	28	28	662	22	74.8%	136.5%	-	-	75.6%	97.0%	-	-	Amber RSU low occupancy staffing adapts to demand
Ward 10 (Short Stay RAFAU Staff)	30	30	851	28	74.4%	89.8%	-	-	63.3%	111.5%	-	-	Short Term Sickness
OPM (Ward 11)	28	28	775	26	70.9%	89.6%	-	100.0%	78.9%	100.6%	-	100.0%	Short Term Sickness
Ward 12	26	26	740	25	102.4%	129.6%	-	-	74.6%	150.0%	-	-	Increased HCA Support
Ward 14 Oncology Staff	23	21	566	19	103.0%	91.6%	-	-	68.9%	128.4%	-	-	Increased HCA Support
Ward 24	23	23	638	21	92.0%	131.3%	-	100.0%	72.3%	162.0%	-	-	Increased HCA Support
Ward 25 Neuro	21	21	320	11	132.9%	204.7%	-	-	99.2%	160.3%	-	-	
Ward 26	18	19	513	17	94.5%	130.2%	-	-	100.0%	163.5%	-	-	
Ward 27 Elective Ortho	15	15	598	20	66.1%	58.8%	-	100.0%	96.4%	51.9%	-	-	Extreme low occupancy of elective pathway staffing reduced in response

Ward 28	30	30	687	23	75.5%	83.8%	-	-	89.6%	94.0%	-	-	Short Term Sickness
Ward 29	27	27	944	31	95.9%	82.4%	-	100.0%	80.0%	137.5%	-	100.0%	
Cardio MB	9	9	240	8	98.1%	91.7%	-	-	98.3%	-	-	-	
Ward 31 Vas	35	26-31	616	21	108.2%	105.5%	100.0%	-	82.3%	128.7%	100.0%	-	
Ward 32	22	21	586	20	108.6%	102.1%	-	-	100.0%	96.5%	-	-	
Ward 33 Specialty	19	19	509	17	68.6%	92.1%	-	-	60.0%	124.3%	-	-	Providing staff to other medical services of priority
Ward 34	34	34	937	31	84.7%	91.6%	-	100.0%	69.7%	102.5%	-	-	Unresolved vacancies and sickness
Ward 35	26	26	653	22	98.4%	93.9%	-	-	75.2%	99.7%	-	-	Short Term Sickness
Ward 36 Trauma	34	34	912	30	91.0%	86.9%	-	100.0%	73.4%	141.1%	-	100.0%	Unresolved Vacancies
Ward 37 - AMU	30	30	800	27	89.1%	87.4%	-	100.0%	84.2%	91.7%	-	-	
Critical Care + Surge	33	33	815	27	94.0%	91.3%	-	-	92.3%	90.0%	-	-	
CICU JCUH	12	10	209	7	74.8%	60.8%	-	-	74.5%	100.0%	-	-	Full adherence to GPIX standards
Cardio HDU	10	10	187	6	76.7%	92.2%	-	-	66.7%	96.7%	-	-	Full adherence to GPIX standards
Ward 24 HDU	8	8	179	6	87.5%	106.4%	-	-	89.2%	116.7%	-	-	
Ainderby FHN	27	22	604	20	70.3%	99.2%	-	-	91.7%	95.4%	-	-	Unresolved Vacancies
Romanby FHN	26	26	627	21	47.6%	50.7%	-	-	80.7%	46.7%	-	-	Unresolved Vacancies
Gara Orthopaedic FHN	21	16	169	6	63.5%	76.1%	-	-	80.7%	31.2%	-	-	Redeployment to other areas due to low occupancy
Rutson FHN	17	17	484	16	74.1%	110.5%	-	-	98.4%	86.4%	-	-	Redeployment to other areas due to low occupancy
Friary Community Hospital	18	18	450	15	102.0%	97.6%	-	-	88.8%	83.6%	-	-	
Zetland	31	29	829	28	89.5%	76.1%	-	100.0%	92.2%	138.9%	-	-	
Tocketts Ward	30	26	715	24	74.9%	103.1%	-	-	73.3%	116.7%	-	-	Short Term Sickness
Ward 21	25	25	407	14	77.0%	71.5%	-	-	74.4%	65.7%	-	-	Vacancies – Newly appointed staff qualify in September 22
Ward 22	17	17	191	6	82.9%	59.6%	-	-	76.5%	41.7%	-	-	Vacancies – Newly appointed staff qualify in September 22
JCDS (Central Delivery Suite)	-	-	269	9	92.0%	76.2%	-	-	89.5%	95.0%	-	-	

Neonatal Unit (NNU)	35	35	594	20	78.3%	88.3%	-	-	81.7%	-	-	-	Short Term Sickness
Paediatric Intensive Care Unit (PCCU)	6	6	53	2	71.2%	49.1%	-	-	69.4%	-	-	-	Vacancies – Newly appointed staff qualify in September 22
Ward 17 JCUH	-	-	845	28	95.2%	78.7%	-	100.0%	97.5%	88.2%	-	100.0%	
Ward 19 Ante Natal	-	-	304	10	77.5%	81.8%	-	-	98.3%	-	-	-	
Maternity Centre FHN	-	-	14	0	106.0%	21.2%	-	-	84.3%	-	-	-	
Spinal Injuries	24	24	684	23	126.4%	128.1%	-	-	200.0%	95.0%	-	-	
CCU JCUH	14	14	289	10	83.1%	118.2%	-	-	80.6%	-	-	-	

Appendix 3 - Red flag reporting April 2022

Red Flag Type	Open – Day	Open – Night	Grand Total
Less than 2 RNs on shift	17	28	**45**
Shortfall in RN time	103	41	**144**
Grand Total	**120**	**69**	**189**

Appendix 4 - Registered Nursing Vacancy Rate April 2022

RN + RM Vacancy Rates agains the financial ledger

	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Budget	2,850.	2,843.	2,842.	2,848.	2,870.	2,881.	2,893.	2,900.	2,928.	2,916.	2,918.	2,857.
Contracted	2,739.	2,745.	2,748.	2,747.	2,738.	2,759.	2,768.	2,767.	2,778.	2,783.	2,807.	2,793.
Vacancy	111.62	97.71	94.13	100.90	131.73	121.88	124.89	132.80	150.29	133.11	110.12	64.10
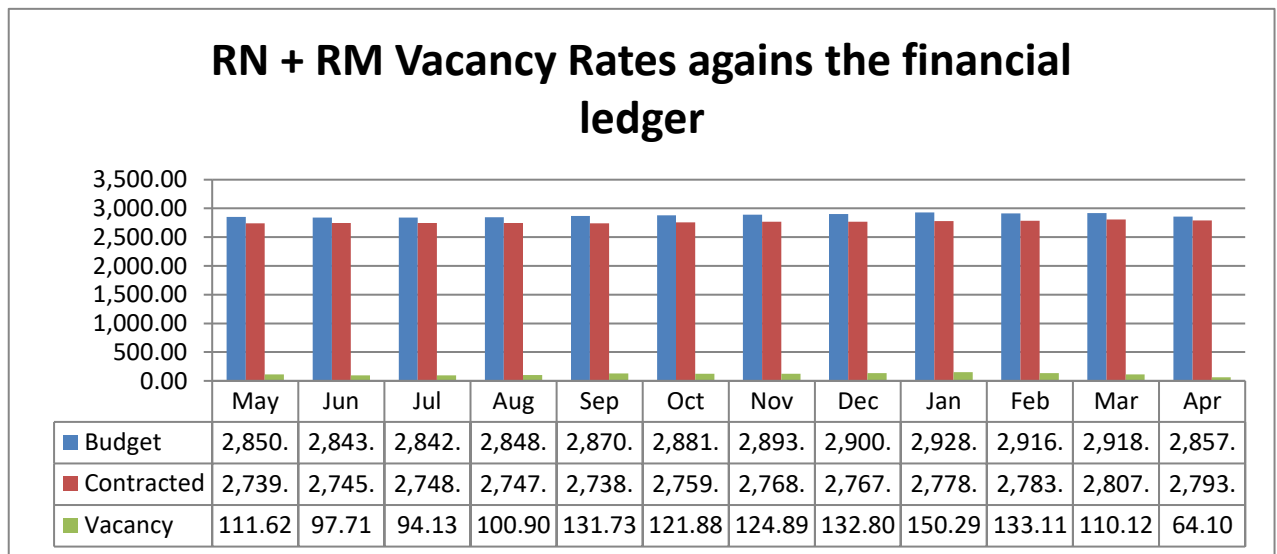
Appendix 5 - Health Care Assistant Vacancy Rate April 2022

HCA Vacancy Rates agains the financial ledger

	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Budget	1,358.	1,337.	1,339.	1,339.	1,341.	1,342.	1,340.	1,360.	1,365.	1,367.	1,375.	1,284.
Contracted	1,414.	1,397.	1,388.	1,369.	1,392.	1,357.	1,340.	1,325.	1,357.	1,379.	1,358.	1,339.
Vacancy	-55.82	-59.83	-49.36	-30.60	-50.10	-15.16	-0.01	34.89	7.81	-12.36	16.42	-54.97
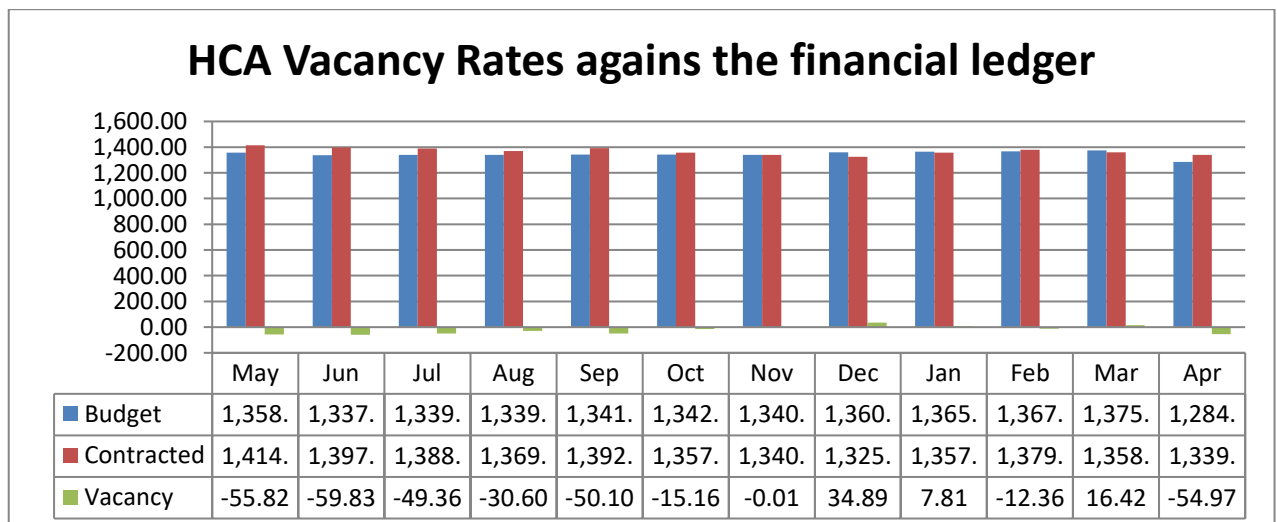
Appendix 6 - Nursing Turnover April 2022

Turnover April 2022

	Apr-2021	May-2021	Jun-2021	Jul-2021	Aug-2021	Sep-2021	Oct-2021	Nov-2021	Dec-2021	Jan-2022	Feb-2022	Mar-2022	Apr-2022
■ Turnover	7.70%	7.63%	7.41%	7.65%	8.02%	8.13%	8.40%	8.40%	8.21%	8.26%	8.67%	8.78%	9.26%