MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS - August 2022			
Safe Staffing Report for July 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 July 22 for inpatient wards.		
Background	The requirement to publish nursing & midwifery staffing levels monthly 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 to 94.9% 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 in line with national guidance have been implemented where necessary based on skill mix, acuity, and occupancy levels, all these actions agreed by senior nurses through safe care meetings. The introduction of allocate on arrival shifts for RNs and HCAs has seen improved pick up, these shifts are promoted daily via ward manager platforms and NHSp text messaging. The demand from July is 5 long days, nights and twilights for RN and HCA at JCUH and 3 long days, nights and 2 twilights for RN and HCA at FHN. An evening shift was introduced from 29th July for RN's at JCUH (5) and FHN (2). This model has been followed in community and Paeds with impactful pick up. Nursing Turnover for July 22 has decreased to 9.72%.		
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 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	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

July 2022

This report provides a monthly update to the Board on nursing and midwifery staffing. It provides an overall picture of staffing in the inpatient areas as an exception report.

1. Safer Staffing Governance

Safer staffing is maintained through twice daily SafeCare (staffing review) meetings to address any immediate issues (on the day) 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.

Table 1 shows overall planned versus actual across the trust. **Appendix 1** shows a detailed breakdown for each ward.

Table 1 Trust Planned versus Actual

		May 22	June 22	July 22
Overall, Ward Fill Rate	RN/RMs (%) Average fill rate - DAYS	86.0%	83.8%	79.5%
	HCA (%) Average fill rate - DAYS	95.9%	96.8%	93.5%
	NA (%) Average fill rate - DAYS	100.0%	100.0%	100%
	TNA (%) Average fill rate - DAYS	100.0%	100.0%	100%
	RN/RMs (%) Average fill rate - NIGHTS	86.3%	87.6%	83.6%
	HCA (%) Average fill rate - NIGHTS	104.3%	108.6%	102.6%
	NA (%) Average fill rate - NIGHTS	100.0%	100.0%	100%
	TNA (%) Average fill rate - NIGHTS	100.0%	100.0%	100%
	Total % of Overall planned hours	**96.6%**	**97.1%**	**94.9%**

Redeployment of staff has taken place on a regular basis to ensure wards are safely staffed with 455 total shifts (4588.22 hours) logged via SafeCare during July which was a significant decrease on June hours. Work is ongoing to reduce redeployment further as absence due to COVID reduces. In agreement with the clinical matrons and ward managers the twice daily Safe Care meetings are now chaired by a clinical matron with nurse manager representatives from every collaborative. The intention is to reduce staff redeployment to a minimum and within own collaborative (Zoning)

Staff COVID unavailability is reported daily from the electronic roster data and is broken down by area and staff group.

Staff sickness and COVID isolation continues to have an impact during July.

Nursing turnover has decreased from 11.79 % to 9.72% (**Appendix 4**).

2. Nurse Sensitive Indicators

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

3. Red Flags Raised through SafeCare Live

There were 219 red flags relating to workforce, with shortfall in RN time being the most common (170). For red flags for less than 2 RNs, the SafeCare log provides a documented resolution to this red flag, therefore no shifts had less than 2 RNs throughout July.

4. Datix Submissions

There were 119 datix submissions relating to staffing in July. The majority of datixs were for staff shortages in A&E, Ward 33, and ward 35. These were all escalated through the SafeCare call and logged by a daily SafeCare chair.
Redeployment decisions were made following safe staffing discussions with ward managers and matron agreement.
Staff sickness remains higher than average which has caused some challenges. 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 closely as the most fluctuating and largest group within the nursing workforce.

5. Vacancy Turnover

Active recruitment of nursing staff continues. Appendix 2 shows registered nursing and midwifery vacancy rate for June 22. Appendix 3 shows healthcare assistant vacancy rate for June 22 which is a positive position. Approximate RN and HCA vacancy rate provided for July as text below due to unavailability of data from financial ledger. Appendix 4 shows the nursing turnover for July 22.

RN and HCA approximate vacancy position data provided from Trac recruitment system and ADoN's:
RN's 165 vacant posts in process however 73 of these posts are now filled with newly qualified nurses therefore and approximate vacancy of 92.
HCA's 18 vacant posts currently advertised on Trac.

International Nurse Recruitment:
Cohort 2 will be 14 nurses; 14 arrived in July with 4 going to the Friarage.
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.

Student nurse recruitment is complete for September qualifiers, 73 newly qualified nurses appointed.
Interviews completed for mobile HealthCare Support Workers with 20 appointments, training to commence in September.

6. RECOMMENDATIONS

The Board is asked to note the content of this report and the progress in relation to key nursing workforce issues.
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.

Appendix 1 - Nursing and Midwifery Planned Vs Actual hours % and Care Hours Per Patient Day
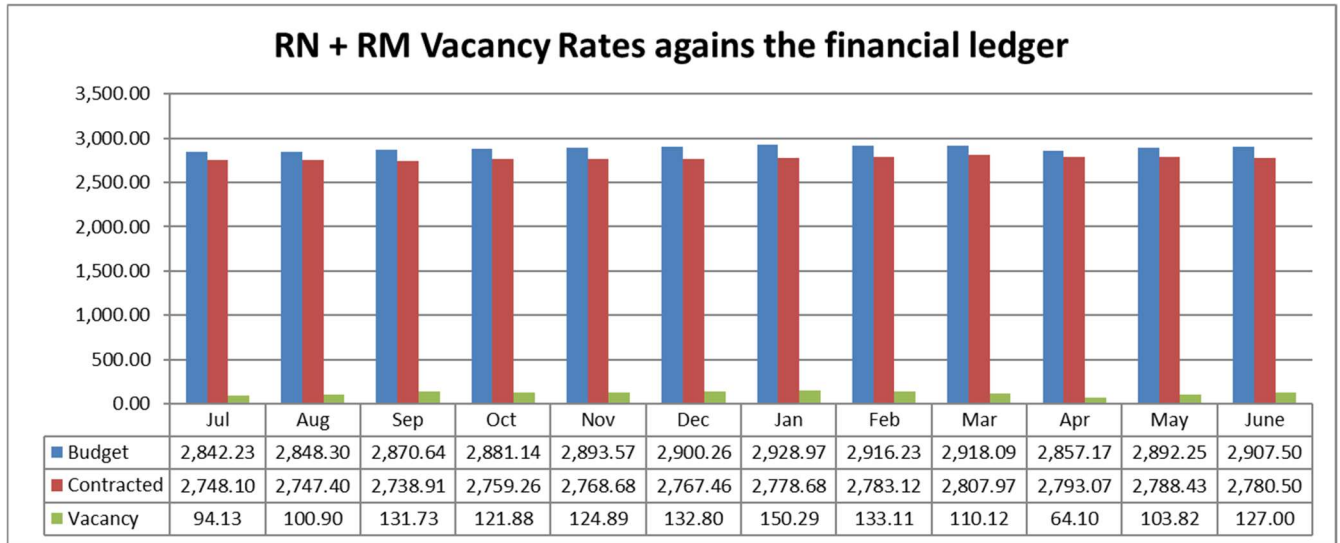
Semi reflective information due to revised establishments

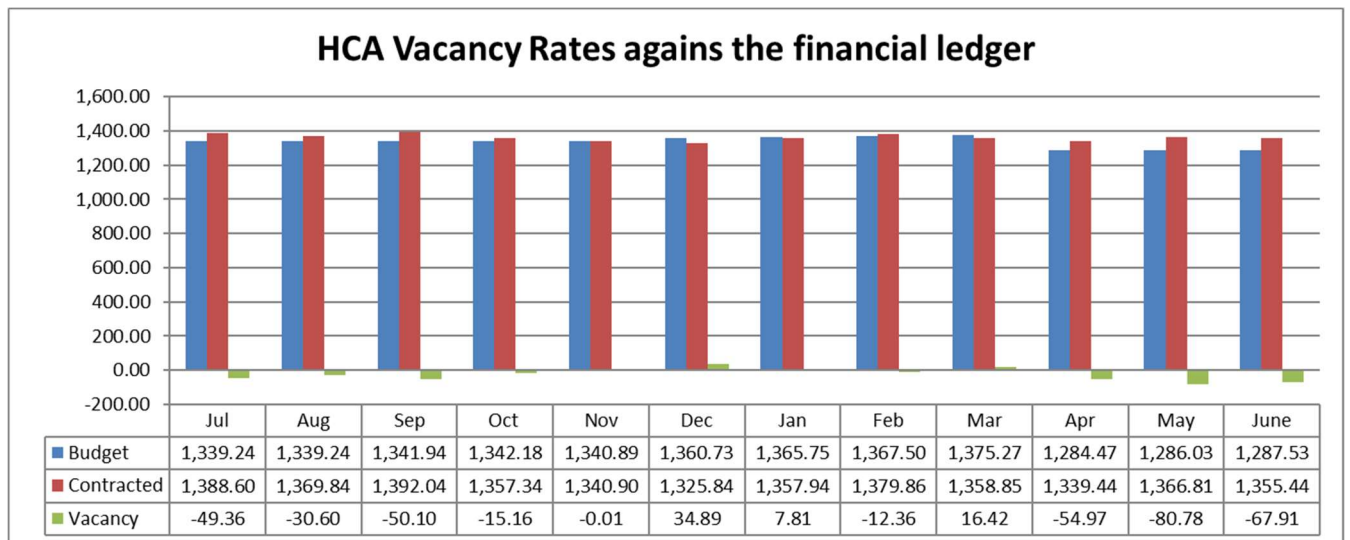| Wards	Physical Bed Capacity	Open Bed Capacity	Total CHPP	Occupied Bed No – July 22 (at midnight)	Average fill rate - Days RN/ RM (%)	Average fill rate - Days HCA (%)	Average fill rate – Days NA (%)	Average fill rate – Days TNA (%)	Average fill rate - Nights RN/ RM (%)	Average fill rate - Nights HCA (%)	Average fill rate – Nights NA (%)	Average fill rate - Nights TNA (%)	
Ward 1	30	30	823	27	82.5%	83.5%	-	100.0%	77.3%	82.1%	-	100.0%	Minus 1 RN nights led to less than 80%
Ward 2	28	28	808	26	76.2%	81.1%	-	100.0%	74.3%	115.6%	-	-	RN vacancies
Ward 3	28	28	715	23	85.0%	128.7%	100.0%	100.0%	84.2%	124.5%	-	100.0%	
Ward 4	23	23	638	21	67.5%	94.9%	-	-	70.6%	147.9%	-	-	Staff deployed based on demand of inpatient dialysis
Ward 5	28	22	738	24	83.1%	72.7%	100.0%	100.0%	87.3%	128.2%	-	-	
Ward 6	31	31	866	28	86.5%	115.5%	-	-	84.7%	112.9%	-	-	
Ward 7	32	32	925	30	87.4%	90.0%	100.0%	100.0%	93.7%	95.7%	100.0%	100.0%	
Ward 9	32	28	914	29	67.8%	160.2%	100.0%	-	66.1%	146.8%	-	-	RN vacancies
Ward 10	24	24	719	23	79.7%	69.3%	-	-	64.5%	123.0%	-	-	6 beds transferred to ward 9 – due to vacancies on ward 10
Ward 11	28	28	787	25	72.2%	78.1%	-	100.0%	65.0%	97.5%	-	100.0%	Peak in short term sickness associated with covid outbreak
Ward 12	26	26	788	25	88.6%	95.0%	-	-	66.1%	101.4%	-	-	RN vacancies - HCA backfill provided
Ward 14	23	21	604	19	74.7%	82.0%	-	100.0%	76.9%	125.0%	-	-	Short term sickness
Ward 24	23	23	666	21	92.8%	127.7%	-	-	76.2%	169.6%	-	-	RN nights short term sickness therefore HCA backfill provided
Ward 25	21	21	595	19	80.4%	142.8%	-	-	69.9%	145.4%	-	-	RN nights short term sickness therefore HCA backfill provided
Ward 26	18	19	586	19	87.1%	132.6%	-	-	98.8%	98.5%	-	-	
Ward 27	15	15	200	6	67.9%	46.0%	-	100.0%	101.9%	45.8%	-	-	Extreme low occupancy
Ward 28	26	26	820	26	86.1%	98.4%	100.0%	-	86.8%	108.3%	100.0%	-	
Ward 29	27	27	791	26	96.8%	93.0%	-	-	83.9%	103.5%	-	-	
Cardio MB	9	9	248	8	100.0%	87.1%	-	100.0%	98.4%	-	-	-	
Ward 31	35	31	590	19	62.0%	81.6%	100.0%	-	66.3%	79.3%	100.0%	-	Increased by 5 beds therefore staffing redeployed from within the collaborative to support

Ward													
Ward 32	22	21	612	20	98.3%	100.8%	-	-	96.7%	102.4%	-	-	
Ward 33	19	19	517	17	72.7%	78.6%	-	-	68.8%	131.5%	-	-	Supported medicine as acuity of patients allowed
Ward 34	34	34	800	26	85.9%	121.3%	-	100.0%	87.0%	121.1%	-	-	
Ward 35	26	26	699	23	89.9%	112.7%	-	-	72.1%	109.1%	-	-	Skilled HCA's enhanced skills support RN vacancies
Ward 36	34	34	975	31	92.0%	128.1%	-	100.0%	78.4%	127.5%	-	100.0%	RN nights short term sickness therefore HCA backfill provided
Ward 37 - AMU	30	30	832	27	82.4%	90.9%	-	100.0%	80.3%	95.5%	-	-	
Critical Care	33	33	843	27	101.3%	108.3%	-	-	100.6%	127.4%	-	-	
CICU JCUH	12	10	234	8	80.7%	83.3%	-	-	78.9%	125.8%	-	-	Staffed according to occupancy – mirrors elective programme e.g., Sunday and Monday
Cardio HDU	10	10	203	7	79.6%	94.0%	-	-	74.2%	100.0%	-	-	Staffed according to occupancy – mirrors elective programme e.g., low Sunday and Monday
Ward 24 HDU	8	8	208	7	99.2%	139.8%	-	-	92.1%	145.2%	-	-	
Ainderby FHN	27	22	672	22	70.4%	114.4%	-	-	97.5%	96.1%	-	-	RN vacancies
Romanby FHN	26	22	686	22	53.6%	49.6%	-	-	95.0%	52.0%	-	-	RN vacancies
Gara FHN	21	16	231	7	71.5%	74.4%	-	-	95.0%	34.6%	-	-	RN vacancies
Rutson FHN	17	17	500	16	71.2%	117.0%	-	-	100.1%	99.9%	-	-	RN vacancies
Friary	18	18	481	16	69.8%	112.8%	-	-	92.6%	88.6%	-	-	RN vacancies
Zetland Ward	31	29	853	28	83.3%	86.2%	-	100.0%	79.5%	109.8%	-	-	RN vacancies
Tocketts Ward	30	26	763	25	72.8%	112.8%	-	-	78.1%	127.0%	-	-	RN vacancies
Ward 21	25	25	494	16	73.1%	62.9%	-	100.0%	70.5%	62.9%	-	100.0%	Floor concept when required, fluctuates based on surgical occupancy
Ward 22	17	17	255	8	87.6%	67.7%	-	-	80.7%	46.8%	-	-	
JCDS (Central Delivery Suite)	-	-	306	10	87.0%	86.8%	-	-	87.3%	91.6%	-	-	
Neonatal Unit (NNU)	35	35	698	23	72.2%	83.9%	-	-	76.2%	-	-	-	
Paediatric Intensive Care Unit (PCCU)	6	6	104	3	82.7%	73.3%	-	-	79.6%	10.7%	-	-	Low occupancy
Ward 17	-	-	711	23	93.8%	72.0%	-	-	98.2%	71.2%	-	-	

Ward 19 Ante Natal	-	-	255	8	77.4%	93.0%	-	-	68.2%	-	-	-	
Maternity Centre FHN	-	-	10	0	61.3%	32.9%	-	-	76.2%	-	-	-	
Spinal Injuries	24	24	711	23	84.9%	82.3%	-	-	100.0%	98.9%	-	-	
CCU	14	14	291	9	78.0%	64.1%	-	-	79.2%	-	-	-	Short term sickness

Appendix 2 - Registered Nursing Vacancy Rate June 2022

RN + RM Vacancy Rates agains the financial ledger

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Budget	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	2,907.50
Contracted	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	2,780.50
Vacancy	94.13	100.90	131.73	121.88	124.89	132.80	150.29	133.11	110.12	64.10	103.82	127.00

Appendix 3 - Health Care Assistant Vacancy Rate June 2022

HCA Vacancy Rates agains the financial ledger

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Budget	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	1,287.53
Contracted	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	1,355.44
Vacancy	-49.36	-30.60	-50.10	-15.16	-0.01	34.89	7.81	-12.36	16.42	-54.97	-80.78	-67.91

Appendix 4 - Nursing Turnover July 2022

Turnover July 2022

	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Turnover	7.65%	8.02%	8.13%	8.40%	8.40%	8.21%	8.26%	8.67%	8.78%	9.26%	9.39%	11.79%	9.72%