

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS - July 2022			
Safe Staffing Report for June 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 <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This report details nursing and midwifery staffing levels for June 22		
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	<p>The percentage of shifts filled against the planned nurse and midwifery staffing across the trust has increased slightly to 97.1% 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 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.</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, 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.</p> <p>Nursing Turnover for June 22 has increased to 11.79%.</p>		
Level of Assurance	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>		
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	<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	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>
	Deliver care without boundaries in collaboration with our health and social care partners <input type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>
	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 <input type="checkbox"/>	

Nursing and Midwifery Workforce Exception Report

June 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	April 22	May 22	June 22
Overall, Ward Fill Rate	RN/RMs (%) Average fill rate - DAYS	85.7%	86.0%	83.8%
	HCA (%) Average fill rate - DAYS	94.8%	95.9%	96.8%
	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	86.6%	86.3%	87.6%
	HCA (%) Average fill rate - NIGHTS	103.8%	104.3%	108.6%
	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		96.4%	96.6%

Redeployment of staff has taken place on a regular basis to ensure wards are safely staffed with 603 total shifts (6284.53 hours) logged via SafeCare during June which was a significant increase on May 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 June.

Nursing turnover has increased from 9.39 % to 11.79% (**Appendix 4**).

2. NHSp

To mitigate staffing gaps additional resource is used to provide a safe and effective workforce. Collaborative working with NHSp enables flexible staffing and a centralised system with NHSp and our ERoster interface as a single booking point enables rapid redeployment.

Key Headlines:

- Overall demand increased 3.3% MoM and overall bank hours filled also increased by 3.7%
- Agency hours decreased by 3.5% overall to a total of 4,686 hours
- Registered demand increased by 9.4% MoM with total bank hours filled increasing by 4.8%
- Registered agency hours decreased by 16.6% MoM to an overall total of 600 hours. In A&E agency hours reduced to 180 from 372 in May. Agency cascade lead time changed to 48 hours from 72 hours at the end of June as requested
- Savings of £897 through bank workers bumping agency workers out of shifts in June – 19 shifts in total bumped
- Unregistered demand decreased by 2.1% MoM with a 4% increase in bank hours filled
- A&C demand increased by 7.1% MoM with bank hours decreasing by 1.8% and agency hours decreasing only slightly by 0.9% to 2,829

3. Nurse Sensitive Indicators

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

4. Red Flags Raised through SafeCare Live

There were 93 red flags relating to workforce, with shortfall in RN time being the most common (75). 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 June.

5. Datix Submissions

There were 59 datix submissions relating to staffing in June. The majority of datixes were for staff shortages in Critical Care Outreach. 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.

6. 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. Appendix 4 shows the nursing turnover for June 22.

Date for each year from July – June, Flexi Retirement has almost doubled this year compared to last. 33 in the last 6 months have Flexi Retired with a peak in March of 12

Year	Flexi Retirement
17/18	29
18/19	40
19/20	33
20/21	28
21/22	53

Leavers by month below. March seen the peak for B6 and B7. Turnover has been gradually increasing since then and we are just now noticing the effects.

Years	Month	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8d	Band 9	Grand Total
2021	Jul	13	6	3					22
2021	Aug	31	4	8		1			44
2021	Sep	17	4	9					30
2021	Oct	22	7	3					32
2021	Nov	19	4	5					28
2021	Dec	15	3	1	1			1	21
2022	Jan	24	6	6					36
2022	Feb	20	2	2		1			25
2022	Mar	14	14	12	1				41
2022	Apr	24	6	6	1	1	1		39
2022	May	19	6	6	1	1			33
2022	Jun	15	6	2		1			24
Total		233	68	63	4	5	1	1	375

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.

Student nurse recruitment is underway for September qualifiers.

Adverts are live for a mobile HealthCare Support Worker team to support reduction in staff movement further.

Refreshed recruitment resource and videos are being produced with a focus on "South Tees yes please" strap line to use for all future career promotion.

7. RECOMMENDATIONS

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

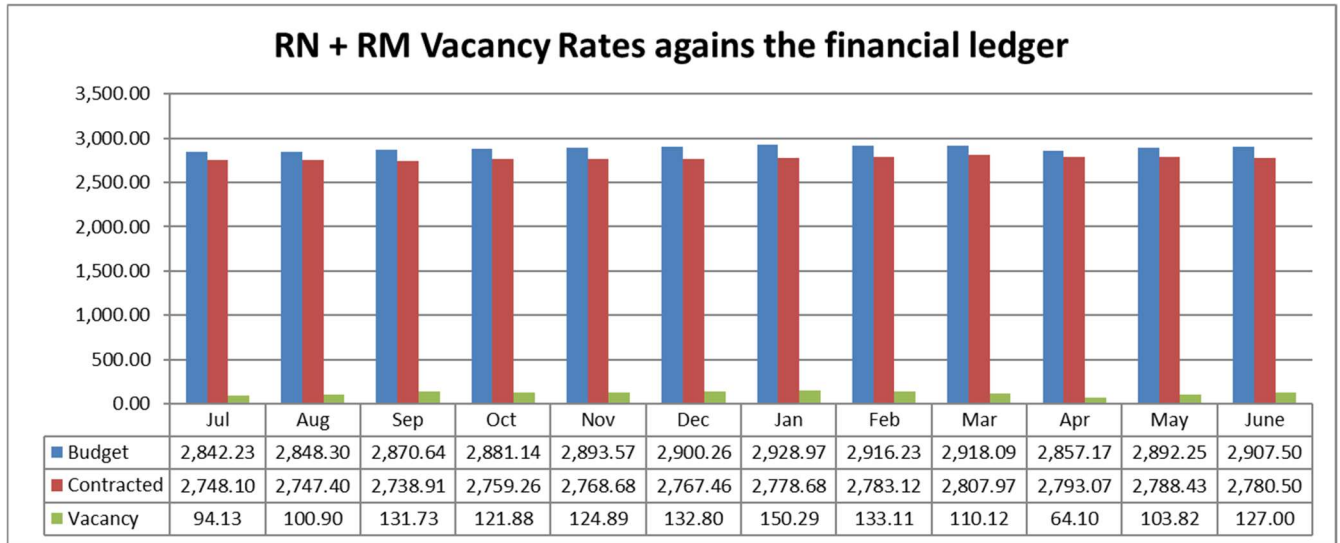
Be assured that arrangements are in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.

Appendix 1 - Nursing and Midwifery Planned Vs Actual hours % and Care Hours Per Patient Day

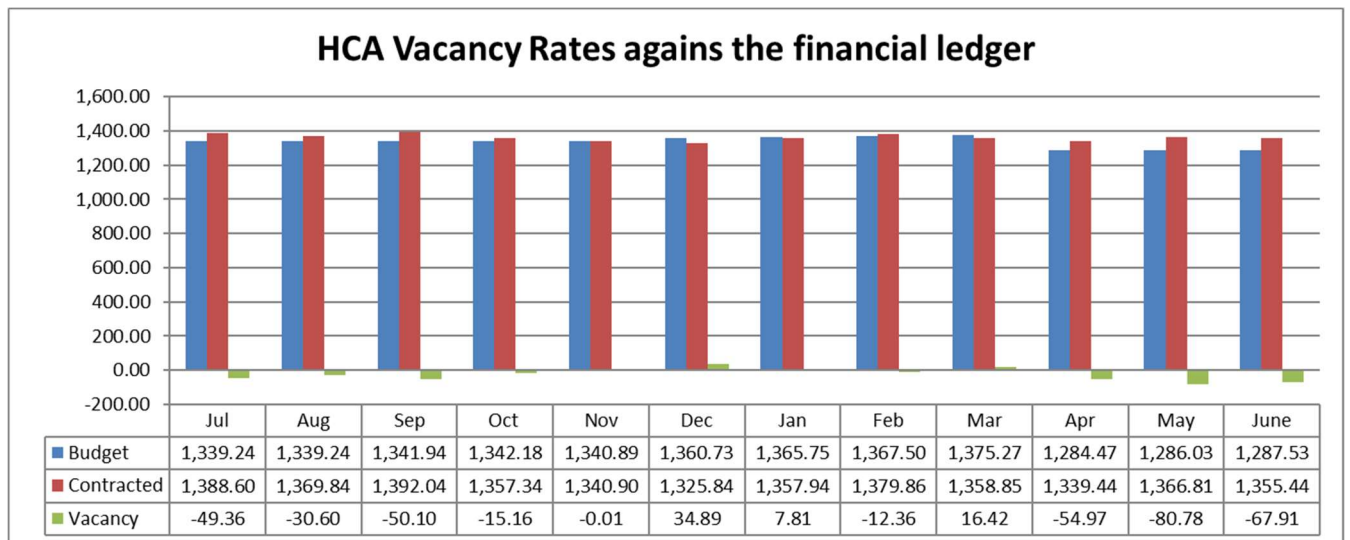
Wards	Physical Bed Capacity	Open Bed Capacity	Total CHPP	Occupied Bed No - June 22 (at midnight)	Average fill rate - Days RN/ RM (%)	Average fill rate - Days HCA (%)	Average fill rate - Days NA (%)	Average fill rate - Days TNA (%)	Average fill rate - Nights RN/ RM (%)	Average fill rate - Nights HCA (%)	Average fill rate - Nights NA (%)	Average fill rate - Nights TNA (%)	
Ward 1	30	30	767	26	83.3%	101.8%	-	100.0%	71.9%	90.7%	-	100.0%	Short Term Sickness
Ward 2	28	28	797	27	81.2%	86.4%	-	100.0%	92.3%	94.8%	-	100.0%	
Ward 3	28	28	632	21	93.2%	142.4%	100.0%	100.0%	92.9%	128.7%	100.0%	100.0%	
Ward 4	23	23	662	22	79.8%	86.7%	-	-	71.6%	129.3%	-	-	Staff for dialysis bay occupancy fluctuates
Ward 5	28	22	625	21	89.5%	69.7%	100.0%	100.0%	82.8%	106.8%	-	100.0%	
Ward 6	31	31	796	27	95.3%	100.8%	-	-	91.3%	106.3%	-	-	
Ward 7	32	32	882	29	90.6%	82.4%	100.0%	100.0%	99.1%	95.6%	-	100.0%	
Ward 8	-	-	-	-	-	-	-	-	-	-	-	-	Ward closed / staff deployed to Ward 31
Ward 9	28	28	854	28	84.5%	147.1%	-	-	81.2%	156.7%	-	-	
Ward 10	30	30	704	23	63.4%	99.8%	-	-	61.1%	126.2%	-	-	Short Term Sickness. Unfilled vacancies. ^ unfunded beds open
Ward 11	28	28	797	27	73.8%	99.1%	-	100.0%	75.0%	104.8%	-	100.0%	Short Term Sickness
Ward 12	26	26	759	25	88.8%	132.6%	-	-	72.3%	145.2%	-	-	Increased HCA Support
Ward 14	23	21	586	20	90.8%	83.9%	-	100.0%	80.6%	114.8%	-	-	
Ward 24	23	23	645	22	90.7%	137.9%	-	100.0%	86.2%	199.5%	-	100.0%	Increased HCA Support
Ward 25	21	21	257	9	121.7%	186.0%	-	100.0%	88.8%	157.9%	-	-	
Ward 26	18	19	554	18	88.2%	143.1%	-	-	95.0%	104.6%	-	-	
Ward 27	15	15	401	13	65.9%	63.6%	-	100.0%	95.7%	78.5%	-	100.0%	Extreme low occupancy
Ward 28	30	30	686	23	72.5%	95.1%	-	-	86.6%	142.6%	-	-	Short Term Sickness
Ward 29	27	27	754	25	95.3%	95.6%	-	100.0%	86.3%	132.9%	-	100.0%	
Cardio MB	9	9	240	8	100.0%	82.7%	-	100.0%	99.2%	-	-	100.0%	
Ward 31	35	26-31	925	31	137.1%	172.3%	100.0%	-	128.5%	219.4%	100.0%	-	Additional staff from Ward 8
Ward 32	22	21	589	20	100.9%	103.7%	-	-	100.0%	104.3%	-	-	

Ward 33	19	19	531	18	71.0%	100.5%	-	-	68.8%	133.8%	-	-	Short Term Sickness
Ward 34	34	34	881	29	78.8%	103.6%	-	-	65.9%	102.5%	-	-	Staff absence
Ward 35	26	26	687	23	86.9%	110.4%	-	-	78.9%	101.0%	-	-	Short Term Sickness
Ward 36	34	34	947	32	87.6%	87.4%	-	100.0%	73.1%	118.9%	-	100.0%	Staff absence
Ward 37 - AMU	30	30	793	26	84.8%	86.9%	-	100.0%	83.5%	95.0%	-	100.0%	
Critical Care	33	33	734	24	92.1%	83.4%	-	-	91.2%	80.6%	-	-	
CICU JCUH	12	10	203	7	77.3%	90.7%	-	-	77.3%	120.0%	-	-	Full adherence to GPIX standards
Cardio HDU	10	10	183	6	79.4%	88.3%	-	-	75.3%	100.0%	-	-	Full adherence to GPIX standards
Ward 24 HDU	8	8	162	5	88.3%	134.9%	-	-	86.3%	129.8%	-	-	
Ainderby FHN	27	22	638	21	76.1%	107.0%	100.0%	-	96.8%	96.7%	-	-	Short Term Sickness
Romanby FHN	26	26	650	22	49.2%	35.3%	-	-	83.4%	38.6%	-	-	Short Term Sickness & unfilled vacancies
Gara FHN	21	16	188	6	65.6%	52.9%	-	-	83.4%	25.7%	-	-	Redeployment due to low occupancy
Rutson FHN	17	17	430	14	76.6%	115.2%	-	-	96.7%	90.0%	-	-	Redeployment due to low occupancy
Friary	18	18	489	16	106.5%	118.1%	-	-	94.1%	90.3%	-	-	
Zetland Ward	31	29	871	29	87.2%	85.4%	100.0%	100.0%	80.0%	116.7%	-	-	
Tocketts Ward	30	26	809	27	79.3%	123.2%	-	-	81.8%	129.8%	-	-	Increased HCA Support
Ward 21	25	25	438	15	75.9%	63.9%	-	100.0%	74.0%	70.0%	-	100.0%	Newly appointed staff qualify in Sept 22
Ward 22	17	17	262	9	90.0%	61.0%	-	-	80.5%	49.2%	-	-	Newly appointed staff qualify in Sept 22
JCDS (Central Delivery Suite)	-	-	278	9	89.0%	75.2%	-	-	89.9%	88.3%	-	-	
Neonatal Unit (NNU)	35	35	611	20	77.1%	66.7%	-	-	78.8%	-	-	-	Staff Sickness
Paediatric Intensive Care Unit (PCCU)	6	6	95	3	77.3%	79.8%	-	-	76.7%	-	-	-	Newly appointed staff qualify in September 22
Ward 17	-	-	614	20	85.3%	86.2%	-	100.0%	93.6%	82.4%	-	100.0%	
Ward 19 Ante Natal	-	-	208	7	66.9%	92.8%	-	-	63.9%	-	-	-	
Maternity Centre FHN	-	-	5	0	99.6%	38.5%	-	-	72.8%	-	-	-	
Spinal Injuries	24	24	736	25	116.3%	142.8%	-	-	196.7%	116.2%	-	-	
CCU	14	14	293	10	80.2%	110.0%	-	-	80.6%	-	-	-	

Appendix 2 - Registered Nursing Vacancy Rate June 2022



Appendix 3 - Health Care Assistant Vacancy Rate June 2022



Appendix 4 - Nursing Turnover June 2022

