

<b>MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS - October 2022</b>			
Safe Staffing Report for September 2022			<b>AGENDA ITEM:</b> <b>[PA insert number]</b>
<b>Report Author and Job Title:</b>	Debi McKeown Interim NMAHP Workforce Lead	<b>Responsible Director:</b>	Dr Hilary Lloyd Chief Nurse
<b>Action Required</b>	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
<b>Situation</b>	This report details nursing and midwifery staffing levels for September 22 for inpatient wards.		
<b>Background</b>	The requirement to publish nursing & midwifery staffing levels monthly is one of the ten expectations specified by the National Quality Board (2013 and 2016).		
<b>Assessment</b>	<p>The percentage of shifts filled against the planned nurse and midwifery staffing across the trust has increased again to 96.3% 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>Nursing Turnover for September 22 has decreased to 9.25%.</p>		
<b>Level of Assurance</b>	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>		
<b>Recommendation</b>	Members of the Trust Board are asked to: Note the content of this report		
<b>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</b>	<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>		

	Failure to have effective workforce plans that anticipate and prevent shortages arising from retirements, shortfalls in all recruitment and retention plans	
<b>Legal and Equality and Diversity implications</b>	<ul style="list-style-type: none"> <li>• Care Quality Commission</li> <li>• NHS Improvement</li> <li>• NHS England</li> </ul>	
<b>Strategic Objectives</b>	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

September 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**

	July 22	Aug 22	Sep 22	
Overall, Ward Fill Rate	RN/RMs (%) Average fill rate - DAYS	79.5%	79.4%	80.3%
	HCA (%) Average fill rate - DAYS	93.5%	96.8%	98.6%
	NA (%) Average fill rate - DAYS	100%	100.0%	100.0%
	TNA (%) Average fill rate - DAYS	100%	100.0%	100.0%
	RN/RMs (%) Average fill rate - NIGHTS	83.6%	83.8%	85.7%
	HCA (%) Average fill rate - NIGHTS	102.6%	106.1%	105.6%
	NA (%) Average fill rate - NIGHTS	100%	100.0%	100.0%
	TNA (%) Average fill rate - NIGHTS	100%	100.0%	100.0%
	<b>Total % of Overall planned hours</b>	<b>94.9%</b>	<b>95.8%</b>	<b>96.3%</b>

Redeployment of staff has taken place on a regular basis to ensure wards are safely staffed with 272 total shifts (2622.56 hours) logged via SafeCare during September which was an increase on August 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 September.

Nursing turnover has decreased from 9.28% to 9.25% (**Appendix 4**).

## 2. Nurse Sensitive Indicators

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

### **3. Red Flags Raised through SafeCare Live**

There were 306 red flags relating to workforce, with shortfall in RN time being the most common (257). 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 September. As part of the revised KPI collaborative staffing meetings additional information has been provided regarding the appropriate use of red flags and the importance of closing red flags to provide correct data.

### **4. Datix Submissions**

There were 85 datix submissions relating to staffing in September. The majority of datixs were for staff shortages in Ward 33, Ward 7 and Ainderby at the Friarage. These were all escalated through the SafeCare call and logged by a daily SafeCare chair.

Redeployment decisions were made following safer staffing discussions with ward managers and matron agreement.

The Nursing Workforce Team continues to work closely with HR senior team and the temporary staffing providers (NHSp) 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 Sep 22. **Appendix 3** shows healthcare assistant vacancy rate for Sep 22 which is a positive position. **Appendix 4** shows the nursing turnover for Sep 22.

International Nurse Recruitment:

14 nurses arrived in September as part of cohort 3; cohort 4 will arrive November 2022 number to be confirmed. Support offer has now been received from NHS England which will give the opportunity to recruit a further 24 international nurses before the end of March 2023.

Student nurse recruitment is complete for September qualifiers, 73 newly qualified nurses joined the organisation. January 2023 student cohort have been interviewed and 62 new nurses offered positions so far.

The new mobile HCSW team complete their full training and induction in October. The team have 20 new appointments with a second advert now live.

### **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

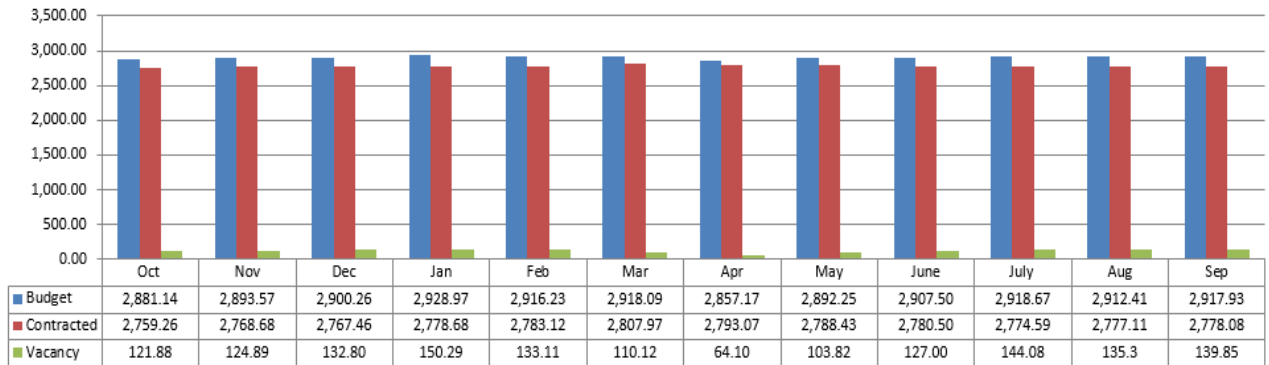
Wards	Physical Bed Capacity	Open Bed Capacity	Total CHPP	Occupied Bed No – Aug 22 (at midnight)	Average fill rate - Days RN/ RM (%)	Average fill rate - Days HCA (%)	Average fill rate – Days NA (%)	Average fill rate – Days TNA (%)	Average fill rate - Nights RN/ RM (%)	Average fill rate - Nights HCA (%)	Average fill rate – Nights NA (%)	Average fill rate - Nights TNA (%)	
Ward 1	30	30	684	22	79.8%	111.7%	-	100.0%	74.8%	96.7%	-	100.0%	Short term sickness
Ward 2	28	28	602	19	81.3%	101.8%	-	100.0%	85.0%	111.7%	-	100.0%	19.09.22 moved to ward 31
Ward 3	28	28	674	22	95.5%	145.8%	100.0%	100.0%	94.9%	132.3%	-	100.0%	
Ward 4	23	23	640	21	67.9%	103.5%	-	-	72.3%	132.4%	-	-	Staff deployed based on demand of inpatient dialysis
Ward 5	28	22	714	23	78.4%	86.7%	100.0%	100.0%	86.7%	146.1%	-	100.0%	Short term sickness
Ward 6	31	31	878	28	84.5%	109.2%	100.0%	-	84.4%	104.6%	-	-	
Ward 7	32	32	913	29	86.1%	106.2%	100.0%	100.0%	84.4%	100.6%	-	-	
Ward 9	32	28	897	29	68.5%	163.2%	-	-	68.4%	160.8%	-	-	RN vacancies
Ward 10	24	24	708	23	62.4%	54.3%	-	-	65.5%	87.5%	-	-	6 beds transferred to ward 9 19.09.22 moved to ward 38 with reduction to 10 beds
Ward 11	28	28	812	26	79.9%	105.3%	-	100.0%	74.5%	114.2%	-	100.0%	Short term sickness
Ward 12	26	26	758	24	83.4%	104.9%	-	-	76.6%	103.7%	-	-	RN vacancies - HCA backfill provided
Ward 14	23	21	582	19	80.2%	87.5%	-	100.0%	82.3%	111.0%	-	100.0%	
Ward 24	23	23	646	21	98.8%	107.1%	-	100.0%	88.9%	141.0%	-	-	
Ward 25	21	21	511	16	82.6%	122.8%	-	-	79.6%	131.7%	-	-	RN short term sickness - HCA backfill provided
Ward 26	18	19	547	18	90.3%	140.1%	-	-	100.0%	106.7%	-	-	
Ward 27	15	15	340	11	68.9%	86.5%	-	100.0%	99.3%	91.4%	-	-	Short term sickness
Ward 28	26	26	731	24	76.1%	94.6%	100.0%	-	81.7%	90.6%	100.0%	-	Short term sickness
Ward 29	27	27	778	25	94.2%	86.6%	-	100.0%	90.1%	120.7%	-	-	
Cardio MB	9	9	240	8	100.0%	96.1%	-	100.0%	96.7%	-	-	100.0%	
Ward 31	35	31	697	22	76.0%	85.1%	100.0%	-	86.7%	97.1%	100.0%	-	19.09.22 moved to Ward 10
Ward 32	22	21	601	19	106.2%	103.0%	-	-	99.9%	103.8%	-	-	

Ward 33	21	21	547	18	65.7%	100.0%	-	-	71.7%	103.2%	-	-	Provided support to medicine as acuity of patients allowed
Ward 34	34	34	851	27	61.7%	118.4%	-	100.0%	72.5%	152.2%	-	-	RN vacancies
Ward 35	26	26	655	21	85.8%	104.7%	-	-	82.6%	102.8%	-	-	
Ward 36	34	34	892	29	91.5%	118.3%	-	100.0%	74.1%	131.8%	-	100.0%	RN short term sickness - HCA backfill provided
Ward 37 - AMU	30	30	817	26	81.1%	97.0%	-	100.0%	75.8%	98.7%	-	100.0%	Short term sickness
Critical Care	33	33	798	26	102.0%	124.0%	-	-	102.8%	124.4%	-	-	
CICU JCUH	12	10	225	7	81.8%	102.6%	-	-	79.1%	136.7%	-	-	Short term sickness
Cardio HDU	10	10	196	6	81.1%	99.4%	-	-	78.0%	100.2%	-	-	Staffed according to occupancy – mirrors elective programme e.g., low Sunday and Monday
Ward 24 HDU	8	8	192	6	101.6%	123.4%	-	-	99.0%	153.3%	-	-	
Ainderby FHN	27	22	525	17	63.4%	121.8%	-	-	93.4%	90.3%	-	-	RN vacancies – HCA backfill Reduced beds
Romanby FHN	26	22	290	9	60.1%	71.0%	-	-	92.7%	68.4%	-	-	RN vacancies Reduced Beds
Gara FHN	21	16	230	7	80.2%	106.4%	-	-	92.7%	45.6%	-	-	
Rutson FHN	17	17	493	16	71.4%	132.2%	-	-	100.1%	97.0%	-	-	RN vacancies
Friary	18	18	-	-	-	-	-	-	-	-	-	-	Closed - Staff at FHN
Zetland Ward	31	29	869	28	84.3%	78.5%	-	100.0%	72.8%	113.1%	-	100.0%	Short term sickness
Tocketts Ward	30	26	715	23	78.6%	104.1%	-	-	76.0%	128.2%	-	-	Short term sickness
Ward 21	25	25	437	14	74.6%	75.6%	-	100.0%	71.4%	78.3%	-	100.0%	Fluctuates based on surgical occupancy
Ward 22	17	17	239	8	97.3%	53.8%	-	-	87.8%	50.0%	-	-	
JCDS (Central Delivery Suite)	-	-	329	11	91.4%	83.9%	-	-	93.1%	98.3%	-	-	
Neonatal Unit (NNU)	35	35	580	19	70.6%	77.8%	-	-	74.7%	-	-	-	Low occupancy
Paediatric Intensive Care Unit (PCCU)	6	6	102	3	81.0%	87.5%	-	-	83.0%	10.0%	-	-	
Ward 17	-	-	788	25	88.1%	82.5%	-	-	100.8%	81.6%	-	-	
Ward 19 Ante Natal	-	-	234	8	73.7%	100.0%	-	-	70.6%	-	-	-	Reduced beds
Maternity Centre FHN	-	-	6	0	50.3%	26.4%	-	-	79.9%	-	-	-	Low occupancy

Spinal Injuries	24	24	665	21	89.0%	80.2%	-	-	100.0%	100.0%	-	-	
CCU	14	14	280	9	81.9%	56.9%	-	-	82.2%	-	-	-	

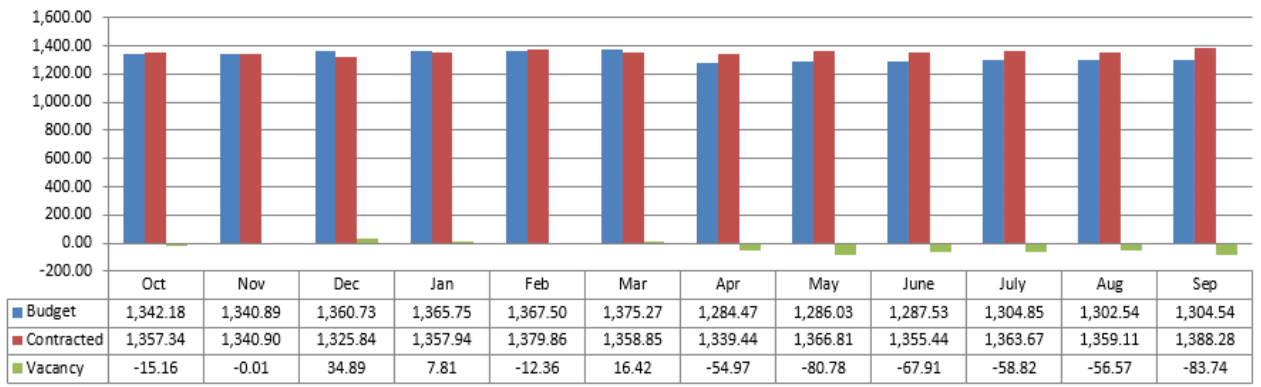
## Appendix 2 - Registered Nursing Vacancy Rate Sep 2022

### RN + RM Vacancy Rates against the financial ledger



## Appendix 3 - Health Care Assistant Vacancy Rate Sep 2022

### HCA Vacancy Rates against the financial ledger



## Appendix 4 - Nursing Turnover Sep 2022

### Turnover Sep 2022

