

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS - September 2022			
Safe Staffing Report for August 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 August 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	<p>The percentage of shifts filled against the planned nurse and midwifery staffing across the trust has increased to 95.8% 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 August 22 has decreased to 9.28%.</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 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>		

	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	<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

August 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

	June 22	July 22	Aug 22	
Overall, Ward Fill Rate	RN/RMs (%) Average fill rate - DAYS	83.8%	79.5%	79.4%
	HCA (%) Average fill rate - DAYS	96.8%	93.5%	96.8%
	NA (%) Average fill rate - DAYS	100.0%	100%	100.0%
	TNA (%) Average fill rate - DAYS	100.0%	100%	100.0%
	RN/RMs (%) Average fill rate - NIGHTS	87.6%	83.6%	83.8%
	HCA (%) Average fill rate - NIGHTS	108.6%	102.6%	106.1%
	NA (%) Average fill rate - NIGHTS	100.0%	100%	100.0%
	TNA (%) Average fill rate - NIGHTS	100.0%	100%	100.0%
	Total % of Overall planned hours	97.1%	94.9%	95.8%

Redeployment of staff has taken place on a regular basis to ensure wards are safely staffed with 240 total shifts (2238.36 hours) logged via SafeCare during August which was a significant decrease on July 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 August.

Nursing turnover has decreased from 9.72% to 9.28% (**Appendix 4**).

2. Nurse Sensitive Indicators

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

3. Red Flags Raised through SafeCare Live

There were 224 red flags relating to workforce, with shortfall in RN time being the most common (189). 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 August. As part of the revised KPI collaborative 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 87 datix submissions relating to staffing in August. The majority of datixes were for staff shortages in A&E 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 safe staffing discussions with ward managers and matron agreement.

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 Aug 22. Appendix 3 shows healthcare assistant vacancy rate for Aug 22 which is a positive position. Appendix 4 shows the nursing turnover for Aug 22.

International Nurse Recruitment:

Cohort 3 will be 14 nurses who arrive in September; 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 appointed.

Mobile HCSW's complete full training and induction in September (20 appointed/2nd 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

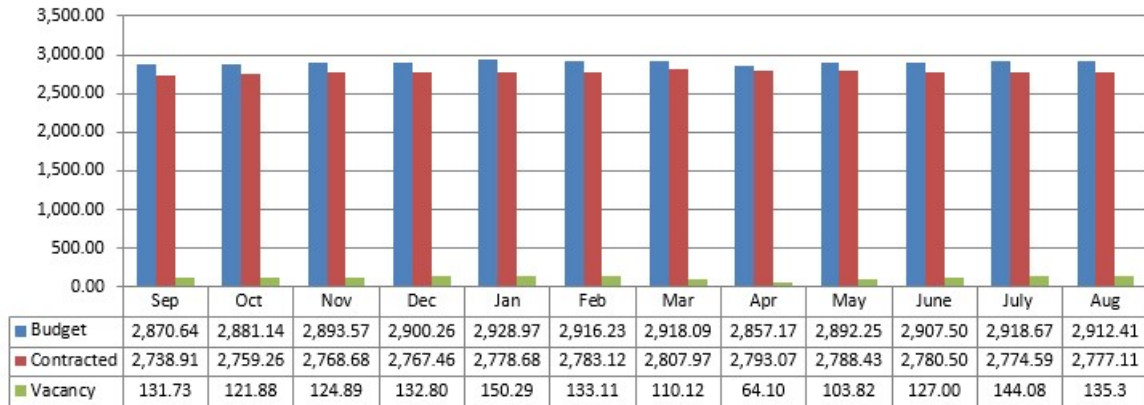
Wards	Physical Bed Capacity	Open Bed Capacity	Total CHPP	Occupied Bed No – Aug 22 (at midnight)	Average fill rate - Days RN/ RM (%)	Average fill rate - Days HCA (%)	Average fill rate – Days NA (%)	Average fill rate – Days TNA (%)	Average fill rate - Nights RN/ RM (%)	Average fill rate - Nights HCA (%)	Average fill rate – Nights NA (%)	Average fill rate - Nights TNA (%)	
Ward 1	30	30	769	25	78.4%	112.1%	-	-	72.2%	100.3%	-	-	Short term sickness
Ward 2	28	28	798	26	73.6%	100.7%	-	100.0%	82.6%	113.5%	-	100.0%	RN vacancies
Ward 3	28	28	618	20	92.6%	152.4%	100.0%	100.0%	85.7%	145.5%	-	100.0%	
Ward 4	23	23	648	21	66.4%	106.5%	-	-	68.6%	135.6%	-	-	Staff deployed based on demand of inpatient dialysis
Ward 5	28	22	672	22	78.9%	78.7%	100.0%	100.0%	83.9%	127.2%	-	-	Short term sickness
Ward 6	31	31	913	29	91.0%	108.6%	-	-	85.7%	110.2%	-	-	
Ward 7	32	32	914	29	80.3%	107.0%	100.0%	100.0%	82.8%	96.6%	100.0%	-	
Ward 9	32	28	883	28	70.5%	157.1%	100.0%	-	69.1%	154.7%	-	-	RN vacancies
Ward 10	24	24	713	23	77.8%	79.2%	-	-	54.8%	143.0%	-	-	6 beds transferred to ward 9 – due to vacancies on ward 10
Ward 11	28	28	731	24	71.1%	74.8%	-	100.0%	65.1%	89.8%	-	100.0%	Short term sickness
Ward 12	26	26	790	25	79.5%	99.5%	-	-	70.0%	100.7%	-	-	RN vacancies - HCA backfill provided
Ward 14	23	21	527	17	66.5%	94.5%	-	100.0%	80.6%	135.1%	-	100.0%	Short term sickness
Ward 24	23	23	663	21	93.7%	110.5%	-	100.0%	82.0%	158.1%	-	-	
Ward 25	21	21	587	19	83.7%	127.5%	-	-	76.3%	145.1%	-	-	RN nights short term sickness therefore HCA backfill provided
Ward 26	18	19	594	19	89.1%	142.8%	-	-	96.8%	95.2%	-	-	
Ward 27	15	15	286	9	66.4%	68.0%	-	100.0%	99.0%	75.3%	-	100.0%	Short term sickness
Ward 28	26	26	740	24	76.9%	95.0%	100.0%	-	80.8%	96.1%	100.0%	-	Short term sickness
Ward 29	27	27	742	24	93.8%	90.3%	-	-	81.6%	118.6%	-	100.0%	
Cardio MB	9	9	248	8	98.4%	82.3%	-	100.0%	98.4%	-	-	-	
Ward 31	35	31	825	27	82.2%	105.7%	100.0%	100.0%	86.7%	110.7%	-	-	
Ward 32	22	21	610	20	99.6%	97.3%	-	-	99.9%	109.5%	-	-	

Ward 33	19	19	476	15	63.9%	90.4%	-	-	65.6%	135.5%	-	-	Supported medicine as acuity of patients allowed
Ward 34	34	34	870	28	82.8%	140.8%	-	100.0%	95.5%	136.6%	-	-	
Ward 35	26	26	677	22	84.9%	95.9%	-	-	80.0%	97.2%	-	-	
Ward 36	34	34	1001	32	92.8%	124.8%	-	100.0%	77.3%	147.4%	-	100.0%	RN nights short term sickness therefore HCA backfill provided
Ward 37 - AMU	30	30	825	27	81.1%	92.0%	-	-	79.6%	98.4%	-	-	Short term sickness
Critical Care	33	33	810	26	101.2%	128.7%	-	-	100.8%	121.5%	-	-	
CICU JCUH	12	10	230	7	80.1%	74.2%	-	-	82.2%	109.7%	-	-	
Cardio HDU	10	10	206	7	83.0%	88.2%	-	-	76.1%	109.7%	-	-	Staffed according to occupancy – mirrors elective programme e.g., low Sunday and Monday
Ward 24 HDU	8	8	196	6	97.8%	128.2%	-	-	94.8%	116.2%	-	-	
Ainderby FHN	27	22	658	21	59.8%	121.0%	-	-	85.7%	88.7%	-	-	RN vacancies
Romanby FHN	26	22	647	21	64.1%	71.7%	-	-	100.0%	81.5%	-	-	RN vacancies
Gara FHN	21	16	293	9	85.5%	107.5%	-	-	100.0%	54.4%	-	-	
Rutson FHN	17	17	486	16	70.9%	128.2%	-	-	100.2%	104.8%	-	-	RN vacancies
Friary	18	18	32	1	57.4%	112.8%	-	-	73.6%	92.2%	-	-	Closed staff on SDU at FHN
Zetland Ward	31	29	819	26	83.0%	73.5%	-	-	89.2%	106.5%	-	-	
Tocketts Ward	30	26	800	26	79.6%	123.5%	-	-	84.0%	135.5%	-	-	Short term sickness
Ward 21	25	25	399	13	75.0%	69.9%	-	100.0%	72.1%	84.7%	-	100.0%	Floor concept when required, fluctuates based on surgical occupancy
Ward 22	17	17	227	7	93.3%	53.2%	-	-	85.1%	38.7%	-	-	
JCDS (Central Delivery Suite)	-	-	190	6	91.8%	85.7%	-	-	91.3%	90.3%	-	-	
Neonatal Unit (NNU)	35	35	572	18	70.9%	80.6%	-	-	73.1%	-	-	-	Low occupancy
Paediatric Intensive Care Unit (PCCU)	6	6	102	3	82.7%	71.3%	-	-	75.8%	9.7%	-	-	Low occupancy
Ward 17	-	-	675	22	84.9%	75.4%	-	-	94.8%	74.7%	-	-	
Ward 19 Ante Natal	-	-	293	9	73.9%	100.0%	-	-	66.7%	-	-	-	
Maternity Centre FHN	-	-	6	0	48.5%	24.6%	-	-	74.9%	-	-	-	

Spinal Injuries	24	24	705	23	88.9%	76.6%	-	-	100.0%	101.1%	-	-	
CCU	14	14	299	10	83.3%	48.1%	-	-	82.0%	-	-	-	

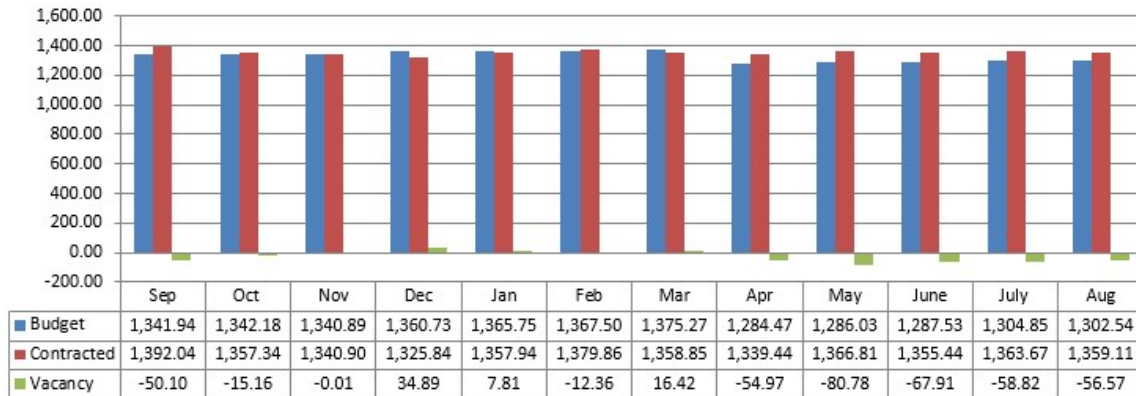
Appendix 2 - Registered Nursing Vacancy Rate Aug 2022

RN + RM Vacancy Rates against the financial ledger



Appendix 3 - Health Care Assistant Vacancy Rate Aug 2022

HCA Vacancy Rates against the financial ledger



Appendix 4 - Nursing Turnover Aug 2022

Turnover Aug 2022

