MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – November 2022			
Safe Staffing Report for October 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 October 2022 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 slightly to 95.9% as per Table 1 demonstrating continued good compliance with safer staffing. Staffing has continued to be a challenge across the trust with short notice unavailability associated with Covid isolation, Covid related absence and non-covid sickness and vacancies. 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. Nursing Turnover for October 22 has decreased to 8.60%. this trust remains on of the lowest in the country for nursing turnover.		
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

October 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, Heads 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

		Aug 22	Sep 22	Oct 22
Overall, Ward Fill Rate	RN/RMs (%) Average fill rate - DAYS	79.4%	80.3%	79.5%
	HCA (%) Average fill rate - DAYS	96.8%	98.6%	97.3%
	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	83.8%	85.7%	85.7%
	HCA (%) Average fill rate - NIGHTS	106.1%	105.6%	104.5%
	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	**95.8%**	**96.3%**	**95.9%**

Redeployment of staff has taken place on a regular basis to ensure wards are safely staffed with 338 total shifts (3322.38 hours) logged via SafeCare during October which was an increase on September 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 SafeCare 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). Although there has been an increase in redeployment there has been a significant reduction in out of collaborative moves.

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 October.
Nursing turnover has decreased from 9.25% to 8.60% (**Appendix 4**).

2. Nurse Sensitive Indicators

No staffing factors were identified as part of any SI review process in October 2022.

3. Red Flags Raised through SafeCare Live

There were 338 red flags relating to workforce, with shortfall in RN time being the most common (278). 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 October. 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 131 datix submissions relating to staffing in October. The majority of datix were for staff shortages in Ward 33, A&E, CYPED, Critical Care and Ward 10. 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 October 22. **Appendix 3** shows healthcare assistant vacancy rate for October 22 which is a positive position. **Appendix 4** shows the nursing turnover for Oct 22.

International Nurse Recruitment: Cohort 4 will arrive on the 23 November - 6 nurses who will be based in the following areas, ward 35, ward 28, ward 9, ward 5 and theatres. A support offer has now been received from NHSE which will give the opportunity to recruit a further 24 international nurses before the end of March 2023. It has been agreed that we will recruit 12 international nurses for the Friarage Hospital inpatient wards.

January 2023 student qualifiers cohort have been interviewed and 62 new nurses offered positions so far.

The new mobile HCSW team with 17 staff have been deployed across the site supporting with gaps in health care assistant rotas. The second group are currently being trained ready for deployment in December.

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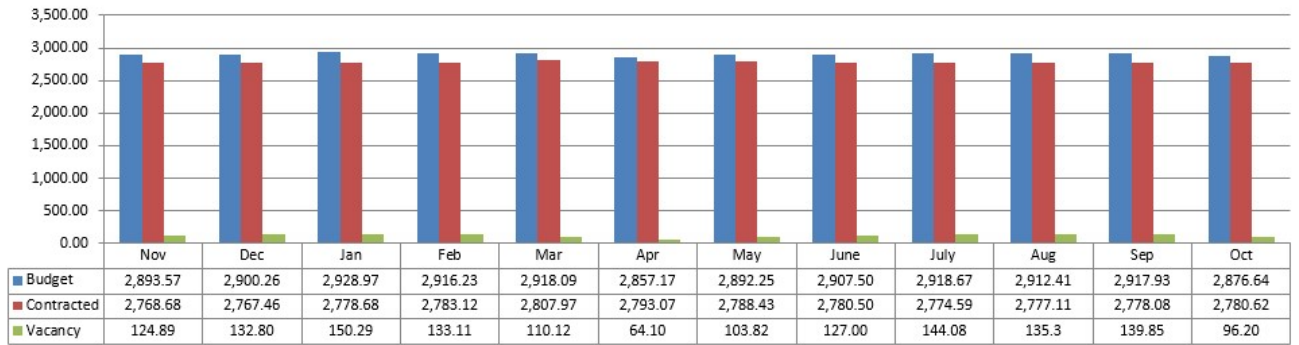
Appendix 1 - Nursing and Midwifery Planned Vs Actual hours % and Care Hours Per Patient Day

Wards	Physical Bed Capacity	Open Bed Capacity	Total CHPP	Occupied Bed No – Oct 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	640	21	76.8%	93.6%	-	100.0%	68.4%	84.5%	-	100.0%	Short term sickness
Ward 31 (2)	28	28	1019	33	88.7%	108.3%	-	100.0%	117.9%	115.0%	-	100.0%	
Ward 3	28	28	673	22	72.3%	121.3%	100.0%	100.0%	106.7%	150.8%	-	-	Short term sickness
Ward 4	23	23	662	21	63.4%	83.7%	-	-	64.8%	127.3%	-	-	Staff deployed based on demand of inpatient dialysis
Ward 5	28	22	777	25	80.5%	82.3%	100.0%	100.0%	81.7%	142.1%	-	-	
Ward 6	31	31	751	24	81.4%	106.6%	-	-	92.4%	102.4%	-	-	
Ward 7	32	32	905	29	80.4%	94.2%	100.0%	100.0%	79.0%	99.8%	-	-	RN vacancies
Ward 9	32	28	636	21	67.6%	168.6%	-	-	70.7%	163.3%	-	-	RN vacancies
Ward 10	35	31	819	26	75.7%	86.8%	-	100.0%	84.2%	99.5%	-	-	RN vacancies and short-term sickness
Ward 11	28	28	849	27	77.2%	78.6%	-	100.0%	83.8%	85.7%	-	100.0%	Short term sickness
Ward 12	26	26	794	26	83.0%	112.4%	-	-	67.9%	104.6%	-	-	RN vacancies - HCA backfill provided
Ward 14	23	21	604	19	72.1%	90.2%	-	-	68.4%	130.1%	-	-	Reduced bed occupancy - HCA backfill provided
Ward 24	23	23	679	22	96.2%	146.3%	-	-	78.4%	196.3%	-	-	HCA backfill provided
Ward 25	21	21	621	20	90.3%	123.9%	-	-	81.7%	141.1%	-	-	
Ward 26	18	19	553	18	99.6%	141.6%	-	-	100.0%	98.5%	-	-	
Ward 27	15	15	338	11	71.3%	74.7%	-	100.0%	95.4%	81.3%	-	-	Reduced bed occupancy
Ward 28	26	26	800	26	66.2%	93.2%	100.0%	-	84.4%	99.5%	100.0%	-	Short term sickness
Ward 29	27	27	784	25	92.5%	89.0%	-	100.0%	82.8%	130.4%	-	100.0%	
Cardio MB	9	9	248	8	95.2%	86.2%	-	100.0%	96.8%	-	-	-	
Ward 32	22	21	610	20	104.8%	99.3%	-	-	99.9%	104.7%	-	-	
Ward 33	21	21	568	18	59.6%	97.7%	-	-	77.9%	97.2%	-	-	Provided support to medicine as acuity of patients allowed
Ward 34	34	34	912	29	79.3%	98.3%	-	100.0%	86.5%	125.4%	-	-	RN vacancies

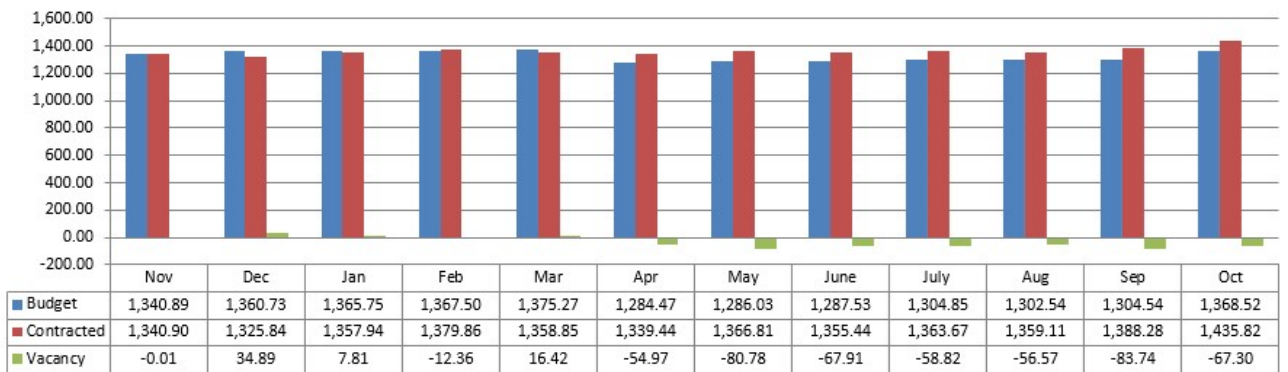|													
Ward 35	26	26	663	21	84.6%	101.9%	-	-	85.7%	97.3%	-	-	
Ward 36	34	34	928	30	94.5%	107.2%	100.0%	100.0%	74.9%	128.9%	100.0%	-	short term sickness - HCA backfill provided
Ward 37 - AMU	30	30	764	25	80.3%	89.5%	-	100.0%	77.3%	97.0%	-	100.0%	Short term sickness
Critical Care	33	33	798	26	99.5%	118.1%	-	-	95.0%	119.7%	-	-	
CICU JCUH	12	10	224	7	75.8%	102.7%	-	-	78.0%	171.0%	-	-	Agile workforce for elective programme
Cardio HDU	10	10	206	7	79.9%	95.2%	-	-	76.8%	94.1%	-	-	Mirrors elective programme e.g., low Sunday and Monday
Ward 24 HDU	8	8	207	7	100.9%	124.1%	-	-	95.6%	141.9%	-	-	
Ainderby FHN	27	22	425	14	78.2%	136.8%	-	-	101.8%	118.3%	-	-	RN vacancies –Reduced beds
Romanby FHN	26	22	566	18	65.7%	71.0%	-	-	89.6%	71.3%	-	-	RN vacancies - Reduced Beds
Gara FHN	21	16	273	9	87.6%	106.5%	-	-	89.6%	47.5%	-	-	
Rutson FHN	17	17	500	16	70.7%	118.3%	-	-	98.4%	100.0%	-	-	RN vacancies
Friary	18	18	-	-	-	-	-	-	-	-	-	-	Closed - Staff at FHN
Zetland Ward	31	29	921	30	83.3%	76.9%	-	100.0%	79.6%	109.7%	-	-	Short term sickness
Tocketts Ward	30	26	760	25	71.6%	112.1%	-	-	71.5%	110.3%	-	-	Short term sickness
Ward 21	25	25	524	17	73.7%	72.0%	-	100.0%	73.7%	80.6%	-	100.0%	Fluctuates based on surgical occupancy
Ward 22	17	17	215	7	84.9%	71.3%	-	-	88.0%	48.9%	-	-	
JCDS (Central Delivery Suite)	-	-	362	12	98.1%	59.1%	-	-	93.7%	82.3%	-	-	
Neonatal Unit (NNU)	35	35	646	21	75.4%	97.6%	-	-	77.1%	-	-	-	Low occupancy
Paediatric Intensive Care Unit (PCCU)	6	6	108	3	78.8%	130.8%	-	-	74.5%	35.5%	-	-	Low occupancy
Ward 17	-	-	707	23	89.5%	70.7%	-	-	88.4%	76.2%	-	-	
Ward 19 Ante Natal	-	-	292	9	77.1%	93.5%	-	-	98.4%	-	-	-	Reduced beds
Maternity Centre FHN	-	-	3	0	54.0%	24.4%	-	-	55.1%	-	-	-	Low occupancy
Spinal Injuries	24	24	654	21	80.1%	80.5%	-	-	96.2%	98.3%	-	-	
CCU	14	14	304	10	80.2%	61.3%	-	-	84.8%	-	-	-	

Appendix 2 - Registered Nursing Vacancy Rate Oct 2022

RN + RM Vacancy Rates agains the financial ledger

	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct
■ Budget	2,893.57	2,900.26	2,928.97	2,916.23	2,918.09	2,857.17	2,892.25	2,907.50	2,918.67	2,912.41	2,917.93	2,876.64
■ Contracted	2,768.68	2,767.46	2,778.68	2,783.12	2,807.97	2,793.07	2,788.43	2,780.50	2,774.59	2,777.11	2,778.08	2,780.62
■ Vacancy	124.89	132.80	150.29	133.11	110.12	64.10	103.82	127.00	144.08	135.3	139.85	96.20

Appendix 3 - Health Care Assistant Vacancy Rate Oct 2022

HCA Vacancy Rates agains the financial ledger

	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct
■ Budget	1,340.89	1,360.73	1,365.75	1,367.50	1,375.27	1,284.47	1,286.03	1,287.53	1,304.85	1,302.54	1,304.54	1,368.52
■ Contracted	1,340.90	1,325.84	1,357.94	1,379.86	1,358.85	1,339.44	1,366.81	1,355.44	1,363.67	1,359.11	1,388.28	1,435.82
■ Vacancy	-0.01	34.89	7.81	-12.36	16.42	-54.97	-80.78	-67.91	-58.82	-56.57	-83.74	-67.30

Appendix 4 - Nursing Turnover Oct 2022

Turnover Oct 2022

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
■ Turnover	8.40%	8.40%	8.21%	8.26%	8.67%	8.78%	9.26%	9.39%	11.79%	9.72%	9.28%	9.25%	8.60%