

**NURSE SAFER STAFFING REPORT DECEMBER 2024**

**Meeting date: 26<sup>th</sup> February 2025**

**Reporting to: People Committee / Board**

**Agenda item No:**

**Report authors:**

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**Action required:  
Information**

**Delegation status (Board only):  
Jointly delegated item to Group  
Board**

**Previously presented to:  
*n/a***

**NTHFT strategic objectives supported:**

Putting patients first

Valuing our people

Transforming our services

Health and wellbeing

**STHFT strategic objectives supported:**

Best for safe, clinically effective care and experience

A great place to work

A centre of excellence, for core and specialist services, research, digitally supported healthcare, education and innovation in the Northeast of England, North Yorkshire and beyond

Deliver care without boundaries in collaboration with our health and social care partner's

Make best use of our resources

**CQC domain link:**

Well-led

**Board assurance / risk register  
this paper relates to**



5.1 Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit.

## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

Ability to attract and retain good staffing resulting in critical workforce gaps in some clinical services and impact on use of resources.

Failure to have effective nursing workforce plans that anticipate and prevent shortages arising from retirements, shortfalls in all recruitment and retention plans.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

This report details nursing staffing levels for December 2024 for inpatient wards. The report provides assurance that arrangements are in place to provide a workforce with the right skills in the right place to provide safe, sustainable and productive staffing. Daily Safe Care Staffing meetings provide assurance that inpatient areas have been assessed, staffing levels reviewed, and staff deployed where necessary to mitigate risk to the lowest level.

This assessment is based on skill mix, patient acuity and dependency, and occupancy levels. All actions are agreed by the Safe Care Chair and escalated to Senior Nurses as required.

The percentage of shifts filled against the planned nurse staffing across South Tees for December 24 has decreased slightly to 95.5%. At North Tees the overall planned nurse fills for December 2024 is 99% which appears to demonstrate a good compliance with safer staffing. However, further examination of this data confirms that this due to a reduced fill rate in the RN line due to sickness and maternity leave and an over fill in the HCSW line due to increasing enhanced care requirements. In summary, despite a Trust wide compliance of 99%, there remains a continued reliance on temporary staffing for both RN and HCSW.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

At South Tees, registered nurse turnover for December 24 has decreased to 5.4% and HCSW turnover decreased to 10.7%.

At North Tees the monthly turnover for Registered Nursing in December 2024 is 0.46% and for HCSW is 0.48%. (Appendix 1).

## Recommendations:

Members of the Trust Board are asked to: Note the content of this report and to note the significant work to ensure safe staffing across the nursing and midwifery workforce throughout December 2024.

This exception report provides the People Committee with the monthly, Group wide, nursing safer staffing position across all in patient areas. The report provides the People Committee with the assurance that arrangements are in place to staff services with the right skills in the right place to provide safe, sustainable and productive staffing.

## 1. Safer Staffing Governance

At University Hospitals Tees, Safer Staffing is maintained through twice daily safer staffing meetings (using SafeCare Live) to address any immediate safe staffing concerns (on the day) and to ensure that suitable safer staffing arrangements are in place in line with patient acuity and dependency levels. Staff redeployment is co-ordinated to ensure patient safety is prioritised and at the forefront of decision making in line with the agreed SOP's. All staffing plans are shared through OPEL meetings and SafeCare meetings.

Across the Group, all elements of safer staffing are reviewed at the site led workforce group meetings. Any unresolved concerns are escalated to the Tactical and Strategic Group and Site Leadership Team as required. Both sites undertake a look forward exercise to the week ahead, to ensure that a plan is in place to support any gaps in the nursing workforce. The monthly collaborative assurance meetings at both sites have full participation from all senior nurses including Heads of Nursing, Clinical Matrons and Service Managers to ensure all decision making is appropriate.

Monthly workforce assurance - check and challenge meetings are now embedded in practice to ensure compliance with rostering and safer staffing key performance indicators.

**Table 1a and Table 1b** show overall planned versus actual fill across the group. Any areas showing less than 80% for registered nurses are highlighted and rationale provided as to why this has occurred.

The following areas at South Tees, during December 2024 showed a fill rate of less than 80% due to patient acuity levels and staff sickness:

- Ward 11 & 12 – Older person's medicine
- Ward 31 - AAU short stay
- CICU - Cardio HDU
- CDU - Friarage
- Zetland - Stroke rehabilitation
- Maternity – Friarage

The following areas had less than 80% fill due to a reduced elective programme during the period of reporting:

- Ward 27 – Elective Ortho
- Ward 22 – Paediatric surgical

The following areas at North Tees, across December 2024, showed a fill rate of less than 80%.

- Elective care RN and HCA fill reduced which is reflective of low patient occupancy at the time of reporting.

- Delivery suite and ward 22 RM fill reduced due to increased sickness and high levels of RM maternity leave. During December 2024, safe staffing was managed via the agreed escalation plans and the subsequent utilisation of specialist and community midwives.
- Emergency Assessment Unit and SDU's HCA's was reduced due to short term sickness during December 2024.
- Wards 26, 36 and 37 RN fill was reduced due to increased vacancy during this time period of reporting due to vacancy and staff sickness.
- Wards 24, 37, 38, 40, 41 and 42 had an increase in HCA fill of 120- 270%. Due to the increasing demands of enhanced care in all of the above areas.

All safe staffing concerns were escalated to the daily safer staffing meetings, where appropriate redeployment was carried out based on patient acuity and dependency.

**Table 1a Trust Planned versus Actual fill – South Tees**

Overall Ward Fill Rate		December 24
	RN/RMs (%) Average fill rate - DAYS	86.4%
	HCA (%) Average fill rate - DAYS	84.8%
	NA (%) Average fill rate - DAYS	100%
	SNA (%) Average fill rate - DAYS	100%
	RN/RMs (%) Average fill rate - NIGHTS	92.3%
	HCA (%) Average fill rate - NIGHTS	100.3%
	NA (%) Average fill rate - NIGHTS	100%
	SNA (%) Average fill rate - NIGHTS	100%
	<b>Total % of Overall planned hours</b>	<b>95.5%</b>

**Table 1b Trust Planned versus Actual fill – North Tees and Hartlepool**

Overall Ward Fill Rate		December 2024
	RN/RMs (%) Average fill rate - DAYS	86%
	HCA (%) Average fill rate - DAYS	97%
	NA (%) Average fill rate - DAYS	100%
	SNA (%) Average fill rate - DAYS	100%
	RN/RMs (%) Average fill rate - NIGHTS	95%
	HCA (%) Average fill rate - NIGHTS	119%
	NA (%) Average fill rate - NIGHTS	100%
	SNA (%) Average fill rate - NIGHTS	100%
<b>Total % of Overall planned hours</b>	<b>99%</b>	

At South Tees, the percentage of overtime proportionate to temporary staff for inpatient areas for all staff groups including AHP's, Midwifery and Administration and Clerical has decreased year on year since 2021. The current overtime percentage based on the NHSP vs Overtime report is 3.6% and is lower compared to last year's 5.3% in December.

The current NHSP vs Overtime report for December 2024 at North Tees is currently being reviewed via the temporary staffing focus group. Initial calculations of this report remain to be validated so will be presented from March 2025.

## **2. Nurse Sensitive Indicators**

An agreement is to be reached in relation to the future reporting content for Nurse sensitive indicators as part of the Group review.

## **3. Red Flags Raised through Safe Care Live**

At South Tees, during December 2024, there were a total of 3 red flags raised relating to staffing. The themes identified were shortfall in RN time (2) and less than 2 RN's on shift (1). For red flags indicating less than 2 RN's, the Safe Care log provides a documented resolution. Therefore, no shifts had less than 2 RNs throughout December. Reminders are sent weekly via the E-Rostering team to Clinical Matrons to review and close any resolved Red Flags.

At North Tees, during December 2024 there were a total of 10 red flags raised relating to safe staffing. Flags were raised predominately by Critical Care, Emergency Assessment and ward 36 in anticipation of, or confirmed shortfall in RN time. The staffing levels across all areas were reviewed at the safer staffing meeting on these days and following review of patient acuity and dependency in the areas at the time.

To safely manage the shortfalls, Ward Matrons and Senior Clinical Matrons worked clinically within the teams and following further staff redeployment there was no further escalation, and the red flags were closed down. It was not specified at the time of reporting that the flags raised by Critical Care were due to non-compliance with GPICs guidance.

## **4. Datix/In-Phase Submissions**

At South Tees during December 24, there were 88 Datix submissions relating to staffing. Staff are encouraged to Datix any staffing related issues as part of workforce assurance and governance. The majority of Datix submissions, highlights staff shortages in Ward 12, Ward 9, ED and Critical Care Outreach. All shortages raised were managed through the SafeCare process. Redeployment took place and where there was reduced Critical Care Outreach cover – risk was mitigated by the Critical Care registrar covering the bleep and by enacting the escalation plan at the FHN.

At North Tees, in December 2024 there were a total of 9 in-phase reports submitted by the Care Groups due to concerns relating to safe staffing or skill mix. 5 of these reports were submitted by ward 41 due to unfilled HCA shifts or a lack of enhanced care workers to support patients known to the case load. All staffing concerns were appropriately escalated through SCM or CSM at the time of the event and all In-Phase reports were discussed in the safer staffing meetings to ensure Senior Clinical Matrons are fully informed and can make safe staffing decisions based on the concerns raised by clinical teams.

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.

## **5. Vacancy & Turnover**

Across the group, the vacancy position continues to be positive. Both sites have been successful with recruitment and continue to evolve plans to support and future proof the nursing workforce. The ongoing development of staff including investing in health care support

workers, trainee nurse associates is supporting the recruitment and retention of the nursing workforce. Collectively North and South Tees will work together to establish a central point for the collection of vacancy and retention related data.

As per the South Tees financial ledger, RN and RM vacancies for December 2024, show as 3.95 WTE and HCSW 120.56 WTE.

At North Tees, the band 5 RN vacancy position across the in-patient wards for December 2024 is 30.45wte with most of these vacancies already appointed to from January 2025 following the recruitment of the January 2025 cohort from both Teesside and Sunderland Universities. Further forecasting to the end February 2024 sees the B5 RN vacancy position move to 1.54wte.

At North Tees, the HCSW vacancy position, equally, has a positive trajectory and is forecasting a vacancy position of 7.63wte by end of February 2025. Regular recruitment centres continue to appoint into both RN and HCSW vacancies and pool successful applicants to await future vacancies and recruitment.

## 6. Care Hours Per Patient Day (CHPPD)

CHPPD is rolling data updated monthly, to show staffing levels in relation to patient numbers on an inpatient ward. This relates to the associated variance between the required care hours to safely care for patients and the actual care hours delivered by individual ward nursing workforce models. Table 2 and Table 3 show the overall average CHPPD for the group. Most recent breakdown by ward for December 2024 can be reviewed in Appendix 2.

Table 2 South Tees site

	<b>Required CHPPD (Average)</b>	<b>Actual CHPPD (Average)</b>	<b>Variance</b>
October 2024	8.73	8.48	-0.25
November 2024	8.97	8.66	-0.31
December 2024	8.83	8.94	+0.11

December 24 shows that 19 inpatient areas are above the required average of CHPPD provision (>1). Those that are below the required CHPPD are reflective of the current sickness and vacancy rates for staff and increased patient acuity. Twice daily safe care reviews plan and implement redeployment into unfilled shifts. Temporary nurse staffing initiatives continue at South Tees that are managed via safe care and the Nurse Workforce lead. The initiatives in place are to support and fill critical shifts due to December average sickness rate of 9.71 %. Due to the changing demands temporary staffing is variable, with a concerted effort made to redeploy before exploring NHSP. A weekly look forward review and monthly Workforce Assurance meetings with each collaborative allows triangulation of data including sickness and turnover rates. The wards and departments with the largest NHSP spend relate to those areas that have been highlighted as requiring an adjustment in establishment in the biannual SNCT establishment reviews.

Table 3 North Tees site

	<b>Required CHPPD (Average)</b>	<b>Actual CHPPD (Average)</b>	<b>Variance</b>
October 2024	8.45	8.96	+0.54
November 2024	8.76	8.20	-0.56

December 2024	8.70	8.58	-0.12
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In December 2024, the areas highlighting a higher variance level (>1) at North Tees, and thus, not delivering the required CHPPD were wards 24, 25, 26, 36, 40 and 41, EAU and ACU. This is reflective of the current sickness absence levels of 7.46% within the nursing workforce and the vacancy positions at the time of reporting. This is also reflective of the increased acuity levels of patients within the respiratory wards during December 2024.

All unfilled duties within rosters have been managed via the twice daily safer staffing meetings and suitable re-deployment to the areas made. The use of temporary nurse staffing continues at North Tees due to sickness levels that exceed 4% (allocated within headroom) and maternity leave that is not backfilled consistently. A full review of all wards and departments temporary staffing use, with full triangulation with sickness and turnover is now being prepared as part of the bi-annual nurse establishment review.

## **7. Nurse Recruitment and Retention**

Nurse recruitment and vacancy fill remains healthy across the group. Both sites have recruited predominantly from the cohorts of newly qualified nurses from Teesside University, Sunderland University and York University. Over establishment with newly qualified nurses at South Tees has created a ready to go workforce that will support turnover and future proof the nursing workforce.

Nursing, Midwifery and HCSW turnover continues to decrease month on month. August and September did show a slight increase in HCSW turnover in relation to career development to university (Appendix 1).

Currently North Tees is not in an over recruited RN position which will create an increasing vacancy position month on month as natural turnover occurs. Recruitment centres are scheduled bi-monthly where successful candidates are currently being pooled to await a vacancy. If successful candidates sit in a pool too long there is a risk that they will withdraw and move to another Trust.

At both sites, the allocation of all pre-registered nurses who are due to qualify in January 2025 is now complete. The newly qualified nurses have regular KIT sessions in place to support positive on-boarding prior to them taking up their positions and starting preceptorship.

Safer Staffing workforce initiatives continue to be implemented. At both sites the monthly nursing workforce assurance meetings provide a platform to fully explore all recruitment and retention issues as well as highlighting best practice for safe and effective rostering.

## **8. Temporary Staffing**

At South Tees bank and agency demand for December 24 has decreased by 21% compared to December 23. Bank filled hours have also decreased by 15% when compared to December 23.

Nursing agency use continues to be minimal at South Tees. December 24 showed there was 60 hours of nursing agency utilised in Orthopaedic Theatres. This is 194 hours less than

December 23. Bank spend decreased by £133,588 when compared to December 23. Agency spend decreased by £7,174 when compared to December 23.

The overall fill rate for bank and agency in December 24 was 77.9% This has increased by 11% compared to the same period last year. The reduction in demand year on year provides a more reliable reflection of the requirements of the wards and therefore a more accurate fill rate.

This is also attributable to the tighter controls which are established within the collaboratives for requesting bank and agency shifts via the monthly workforce assurance meetings. During December 24, the wards with the highest temporary staffing demand were ED, Zetland, Ward 1, Ward 7 and Ward 31. The temporary staffing demand was related to staff sickness (61%) and vacancies(20%).

North Tees:

Agency spend YTD is £1,655k lower than previous year. Some swap out to bank spend, but has increased from the September low by £72k month on month (Wd37 now open for winter).

Bank spend YTD is £957k higher than previous year. Includes £178k of pay award in M7 relating to prior months, but otherwise is up £97k on average.

Locum spend YTD is £382k lower than previous year, fluctuates significantly with service need, is up £47k on prior month.

Overtime spend YTD is £269k higher than previous year. Likely attributable to HCA strikes YTD but is down £17k in December compared to average.

## **9. Key Priorities**

At North Tees the current key priorities are as follows:

- Continued monitoring of temporary staffing use, sickness/absence and turnover
- SNCT data analysis for adult ED which was collected in Jan/Feb 2024
- SNCT data collection for adult in-patient wards and CYPED to be taken in March 2025
- Continued review of site level compliance with Guidelines for the Provision of Intensive Care Services (GPICS)
- To propose over-recruitment to support vacancy position month on month in 2025/26, in line with South Tees
- Bi-annual nurse establishment review to be presented to Board in April 2025
- Nursing workforce matrix added as priority work stream with BI – phase 1 to commence

At South Tees the current key priorities are as follows:

- Continuation of monthly collaborative assurance rounds to review all staffing issues including temporary staffing initiatives and Net Hour and Annual Leave accuracy
- Revision of SNCT process to improve compliance and accuracy for March 2025 data collection
- Further review of workforce assurance dashboard in collaboration with CIP and BIU
- Ongoing review of establishment and deployment of newly qualified nurses into permanent posts in light with turnover

- Further development of the Developing Workforce Safeguards portfolio

## **10. RECOMMENDATIONS**

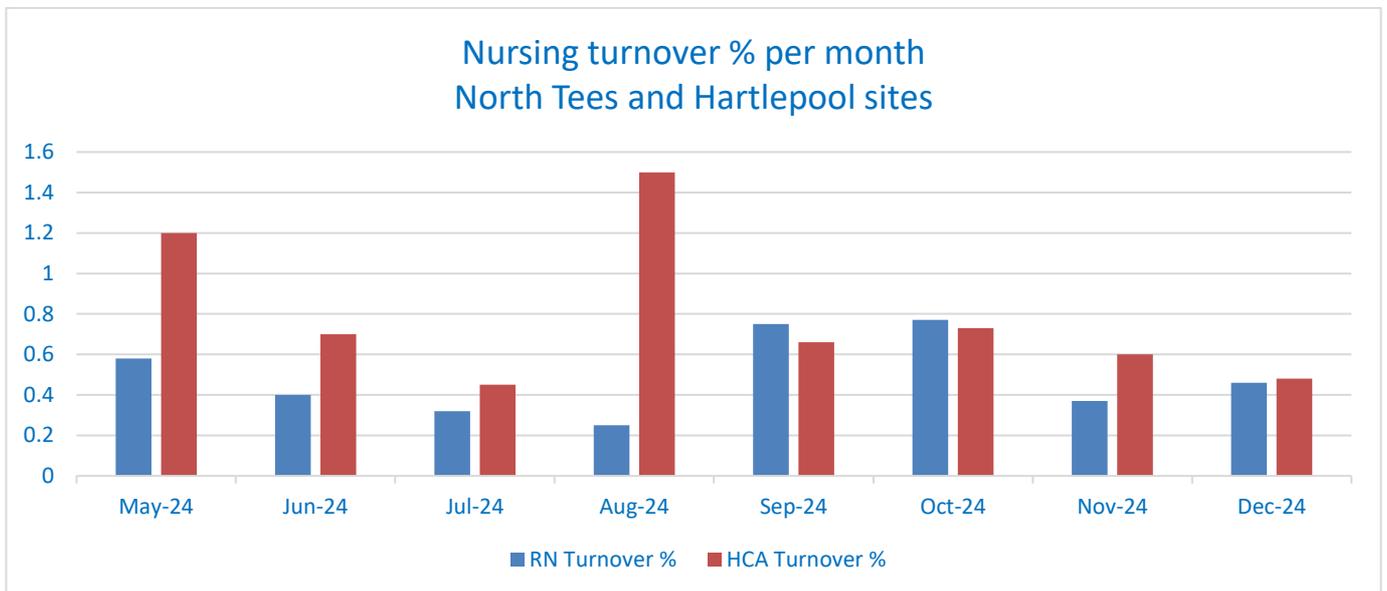
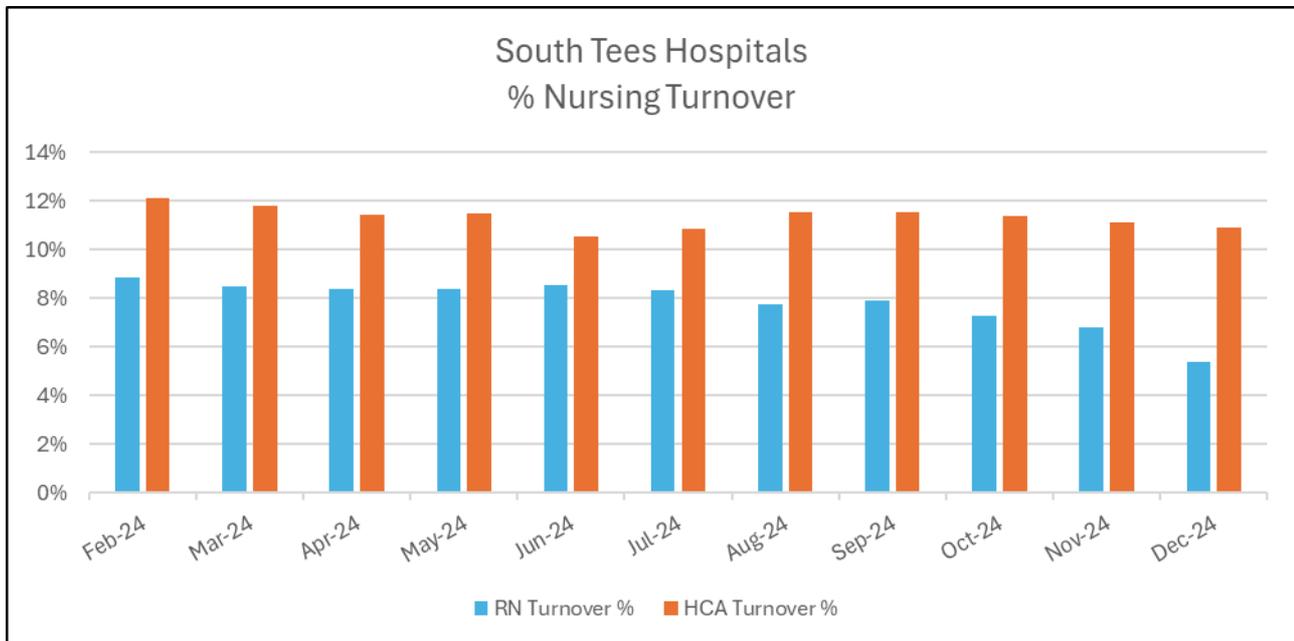
The Board is asked to read the content of this report and to note the progress made across both sites in relation to developing and retaining the nursing workforce.

The Board are asked to note the assurance presented that arrangements are in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.

The Board are asked to acknowledge the development of this report in the coming months to ensure that the two current reporting methods across both site teams continue to align. This will provide the continued assurance that arrangements are in place to staff services with the right skills in in the right place to provide safe, sustainable and productive staffing.

## Appendix 1

### Nursing Turnover



## Appendix 2

### South Tees Average CHPPD Breakdown by Ward (December 2024):

<b>Ward</b>	<b>Average of Required CHPPD</b>	<b>Average of Actual CHPPD</b>	<b>Variance</b>
Ward 1	7.77	7.03	-0.74
Ward 31	9.69	8.27	-1.42
Ward 2	6.50	5.97	-0.53
Ward 3	7.40	5.12	-2.28
Ward 4	8.40	7.16	-1.25
Ward 5	5.44	5.00	-0.44
Ward 6	4.96	5.42	+0.47
Ward 7	5.13	4.06	-1.07
Ward 8	5.02	4.57	-0.45
Ward 9	8.89	3.72	-5.17
Ward 10	5.70	8.35	+2.65
Ward 11	8.25	6.42	-1.83
Ward 12	9.22	5.97	-3.25
Ward 14	6.53	5.83	-0.70
Ward 24	7.62	7.22	-0.40
Ward 25	9.83	7.81	-2.02
Ward 26	9.70	7.62	-2.08
Ward 27	4.79	10.53	+5.74
Ward 28	8.70	5.85	-2.85
Ward 29	6.12	5.30	-0.83
Cardio MB	5.16	5.93	+0.77
Ward 32	6.41	6.17	-0.24
Ward 33	6.75	5.75	-1.01
Ward 34	7.85	5.84	-2.01
Ward 35	8.45	7.80	-0.65
Ward 36	5.74	4.95	-0.79
Ward 37 - AMU	11.49	8.20	-3.29
Spinal Injuries	10.14	7.02	-3.12
CCU	15.56	13.61	-1.95

Critical Care	18.88	24.07	+5.19
CICU JCUH	24.39	34.70	+10.31
Cardio HDU	10.66	15.82	+5.16
Ward 24 HDU	10.65	22.09	+11.44
CDU FHN	8.15	7.22	-0.93
Ainderby FHN	7.62	6.27	-1.35
Romanby FHN	7.36	6.45	-0.91
Gara FHN	6.70	11.03	+4.33
Rutson FHN	8.15	7.23	-0.92
Friary	8.15	9.37	+1.21
Zetland Ward	8.96	6.59	-2.36
Tocketts Ward	7.79	6.09	-1.70
Ward 21	8.44	9.71	+1.27
Ward 22	12.43	14.33	+1.89
Neonatal Unit (NNU)	11.52	11.56	+0.04
Paediatric Critical Care (PCCU)	8.25	6.42	-1.83
<b>Grand Total (Average)</b>	<b>8.83</b>	<b>8.94</b>	<b>+0.11</b>

### North Tees Site - CHPPD by ward for December 2024

Row Labels	Average of Required CHPPD	Average of Actual CHPPD	Variance
Acute Cardiology Unit	7.48	5.69	1.79
Critical Care North Tees	20.83	21.82	-1.00
Elective Care Unit	5.36	16.31	-10.96
Emergency AMB	7.33	8.91	-1.58
Neonatal Unit	10.73	10.04	0.69
Paediatrics	10.18	11.53	-1.35
SDU	11.06	10.73	0.33
Ward 24 (Respiratory)	7.50	5.33	2.17
Ward 24 RSU	10.29	10.10	0.19
Ward 25 (Respiratory)	8.38	5.94	2.44
Ward 25 RSU	9.63	9.42	0.21
Ward 26	6.98	5.37	1.61
Ward 27 (Gastroenterology)	6.72	5.78	0.94
Ward 28 (Surgery)	6.72	6.43	0.29
Ward 31 (Surgical Observation Unit)	8.60	8.42	0.18

Ward 32 (Fragility Fracture)	8.37	7.57	0.80
Ward 33 (Orthopaedic & Spinal)	6.23	5.80	0.43
Ward 36	7.84	5.59	2.24
Ward 37 (Resilience)	6.60	6.67	-0.07
Ward 38	6.64	5.59	1.05
Ward 40 (Acute Elderly)	9.48	7.98	1.50
Ward 41 (Stroke Unit)	8.18	6.94	1.23
Ward 42 (Elderly Rehabilitation)	9.08	9.40	-0.33
<b>Grand Total</b>	<b>8.70</b>	<b>8.58</b>	<b>0.12</b>