Report Cover Sheet

Agenda Item:

Report Title:	**Nursing Staffing Exception Report**
Name of Meeting:	Quality Governance Committee
Date of Meeting:	24th August 2022
Author:	Janet Thompson, Head of Nursing Laura Edgar, People Data and Information Lead
Executive Sponsor:	Gillian Findley, Chief Nurse and Professional Lead for Midwifery and AHPs
Report presented by:	

Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☒
	This report is to provide assurance to the Board that staffing establishments are being monitored on a shift-to-shift basis.			

Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☒ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐

Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	This report provides information relating to ward staffing levels (funded against actual) and details of the actions taken to address any shortfalls. June and July continued with significant staffing challenges as we experience the continuation of managing COVID-19 activity within the organisation, periods of increased patient activity with surge pressure resulting in escalation areas alongside managing delays in transfers of care. This has impacted on staffing resource and the clinical operating model which is supportive of maintaining elective recovery. Significant staffing challenges remain due to vacancies however we continue focused work around the recruitment and retention of staff and managing staff attendance. Wards where staffing fell below 75% of the funded establishment are shown within the paper. Detailed context and actions taken to mitigate risk are

	documented. A staffing escalation protocol is now in operation across all areas within the organisation and assurance of this operating as expected, is provided by the number of staffing incident reports raised through the Datix system. Ongoing concentrated work continues within the safe staffing Task and Finish Group to review staffing establishments, recruitment, managing sickness absence, recording and escalation of staffing challenges. Regular updates are shared with the executive team from this work.
Recommended actions for this meeting: *Outline what the meeting is expected to do with this paper*	The Board are asked to: • receive the report for assurance • note the work being undertaken to address the shortfalls in staffing

Trust Strategic Aims that the report relates to:	**Aim 1** ☒	We will continuously improve the quality and safety of our services for our patients
	Aim 2 ☒	We will be a great organisation with a highly engaged workforce
	Aim 3 ☒	We will enhance our productivity and efficiency to make the best use of resources
	Aim 4 ☐	We will be an effective partner and be ambitious in our commitment to improving health outcomes
	Aim 5 ☐	We will develop and expand our services within and beyond Gateshead

Trust corporate objectives that the report relates to:					
Links to CQC KLOE	Caring ☒	Responsive ☒	Well-led ☐	Effective ☒	Safe ☒

Risks / implications from this report (positive or negative):			
Links to risks (identify significant risks and DATIX reference)	There were five staffing incidences raised via datix throughout the month of June and eight throughout the month of July. There were no moderate harm incidents identified.		
Has a Quality and Equality Impact Assessment (QEIA) been completed?	**Yes** ☐	**No** ☐	**Not applicable** ☒

Gateshead Health NHS Foundation trust
Nursing and Midwifery Staffing Exception Report
June and July 2022

1. Introduction

This is the regular staffing report showing the fill rates and care hours per day for each of the Trust's inpatient ward areas.

2. Staffing

The actual ward staffing against the budgeted establishments from June and July are presented in Table 1. Whole Trust wards staffing are presented within this report in appendix 1, broken down into each ward areas staffing. In addition, the Trust submit monthly care hours per patient day (CHPPD) as a national requirement to NHS Digital.

Table 1: Whole Trust wards staffing June 2022

Day	Day	Night	Night
Average fill rate - registered nurses/midwives (%)	**Average fill rate - care staff (%)**	**Average fill rate - registered nurses/midwives (%)**	**Average fill rate - care staff (%)**
79.7%	121.5%	91.1%	108.3%

Table 2: Whole Trust wards staffing July 2022

Day	Day	Night	Night
Average fill rate - registered nurses/midwives (%)	**Average fill rate - care staff (%)**	**Average fill rate - registered nurses/midwives (%)**	**Average fill rate - care staff (%)**
80.8%	124.5%	93.7%	104.6%

The Trust is required to present information on funded establishments (planned) against actual nurses on duty. The above figures are average fill rates and thus do not reflect the daily challenges experienced during covid and operational pressures. It can be seen above that in some cases where Registered Nurses are unavailable wards are using more Healthcare Assistants to maintain adequate staffing levels. Such changes are assessed by the Ward Managers and agreed with the matrons.

Exceptions:

The guidance on safe staffing requires that the Board will be advised of those wards where staffing capacity and capability frequently falls short of what is planned, the reasons why, any impact on quality and the actions taken to address gaps in staffing. In terms of exception reporting, Gateshead Health NHS Foundation Trust reports to the Board if the planned staffing in any area drops below 75%.

A Safer Nursing Care Tool (SNCT) data collection was undertaken throughout the month of January and again in July (collected on bi annual basis). Data was triangulated with key performance indicators and professional judgement templates in line with the Developing Workforce Safeguards and Safe Staffing recommendations,(NHSi 2018). The outcome and recommendations from this review were presented at Trust Board in May 2022.

The Community Business Unit received training on the Mental Health Optimal Staffing Tool (MHOST) in July. The first data collection for a staffing establishment review is planned throughout October following the roll out of the tool.

Contextual information and actions taken

Critical care department have shown low fill rates as they currently have 5.12 WTE registered nurse vacancies. There are nine new registrants due to commence post in September and one internationally trained registered nurse. Sickness absence for the department for registered nurses in June was 7.9% and 10.9% in July.

JASRU have 4.87 WTE registered staff vacancies. JASRU continue to support ward 12 medicine with one registered nurse. They demonstrate sickness absence rates throughout June were 27.3% but dropped to 22.2% in July for registered staff. JASRU have four registered staff due to start in post in September. Bespoke support is in place from the matron, Occupational Health and P & OD to manage attendance.

Ward 8 demonstrates ongoing reduced registered fill rates as they have 4.68 WTE registered nurse vacancies. There have been four registered band 5 nurses recruited and two will start August followed by two in September. They experienced sickness absence rates of 19.1% for registered staff throughout July. They have utilised additional healthcare support workers to support dayshift. Bespoke support is in place from the matron, Occupational Health and P & OD to manage attendance.

Ward 9 currently have 6.61 WTE registered nurse vacancies. They have also experienced a sickness absence rate of 15.6% for registered nurses. The NIV nurse has supported with ward-based care during staffing shortfalls and during nightshift. They have utilised additional healthcare support workers to backfill registered nursing gaps. Ward 10 are also experiencing 3.79 WTE registered nurse vacancies. Respiratory medicine has recruited six registered nurses due to start in September.

Ward 11 experienced 16.4% sickness absence in July for registered staff and they currently have 3.4% WTE registered vacancies. There have been 3.5 WTE registered band 5 nurses recruited. Of those, three will commence in September and one is an internationally trained registered nurse. The ward has received additional specialist mental health nursing support as well as an increased number of patients requiring enhanced care. This is reflected in the additional healthcare support.

Ward 25 currently have 3.32 WTE registered vacancies of which have been recruited to start in September.

Emergency Care Centre 01 & 02 demonstrated reduced fill rates on nightshift as they have been supporting escalation areas within POD 1 and ward 21 escalation.

The exceptions to report for June are as below:

June 2022	
Registered Nurse Days	**%**
Critical Care	74.2%
JASRU	50.9%
Ward 08	58.8%
Ward 09	57.0%
Ward 11	73.7%
Ward 12	70.3%
Ward 22	73.5%
Ward 25	67.4%
Registered Nurse Nights	**%**
Ward 10	71.2%
Healthcare Assistant Days	**%**
N/A	
Healthcare Assistant Nights	**%**
N/A	

The exceptions to report for July are as below:

July 2022	
Registered Nurse Days	**%**
Critical Care	73.9%
JASRU	64.6%
Ward 08	77.1%
Ward 09	72.7%
Ward 10	68.0%
Ward 11	69.4%
Ward 25	69.1%
Registered Nurse Nights	**%**
Emergency Care Centre 01 & 02	71.3%
Healthcare Assistant Days	**%**
N/A	
Healthcare Assistant Nights	**%**
N/A	

In June and July the Trust worked to the agreed clinical operational model which meant at times some wards listed above had lower patient occupancy and staff were redeployed appropriately to areas with the greatest clinical need. Throughout June and July, areas of deficit were escalated as per staffing policy and mitigations were put in place by the Matron teams using professional judgement as to the acuity and demand in each area, which included:

- Redeployments of Registered Nurses and HealthCare assistants on a daily and at times hourly basis between wards according to patient acuity and demand.
- Concentrated support from the Matrons and the People and Organisational Development team to address the sickness absence levels within the divisions and to recruit to vacant posts.

3. Care Hours Per Patient Day (CHPPD)

Following the Lord Carter Cole report, it was recommended that all trusts start to report on CHPPD this is to provide a single consistent way of recording and reporting deployment of staff working on inpatient wards/units. It is calculated by adding the hours of registered nurses to the hours of support workers and dividing the total by every 24 hours of inpatient admissions. CHPPD is relatively stable month on month but they can show variation due to a number of factors including:

- Patient acuity and dependency
- Patients required enhanced care and support
- Bed occupancy (activity)

Ward level CHPPD is outlined in Appendix 1. For the month of June and July, the Trust total CHPPD was consistent at 8.2. This compares well when benchmarked with other peer reviewed hospitals.

4. Monitoring Nurse Staffing via Datix

The Trust has an escalation process in place for addressing staffing shortages with identified actions to be taken. Further discussion is to take place to scope the potential for identifying whether triggers as to when a staffing related DATIX should be submitted could be added to this process to provide reporting consistency. In addition to this the ongoing work to triangulate fill rates and care hours against reported staffing and patient safety incidents, has highlighted that the subcategories available to the reporter within DATIX requires review to streamline and enable an increased understanding of the causes of the shortages, e.g., short notice sickness, staff moves or inability to fill the rota.

A task and finish group streamline data capture and explore these potential emerging themes is being set up, alongside reviewing the potential to triangulate this data against a number of potential care quality measures to truly explore any impacts of staffing challenges on patient care, and to enable targeted support for staff.

A report of staffing concern related incidents is generated monthly and discussed at the Nursing Professional Forum.

The numbers of staffing incidents are an effect of the Global COVID19 pandemic and subsequent government guidelines around self-isolation when staff have tested positive or had significant contact throughout the 4th wave of COVID 19. The number of Registered Nurse vacancies also contribute to this.

5. Attendance of Nursing workforce

The below table displays the percentage of sickness absence per staff group for June and July. This includes Covid-19 Sickness absence.

June-Sickness absence (%)

July- Sickness absence (%)
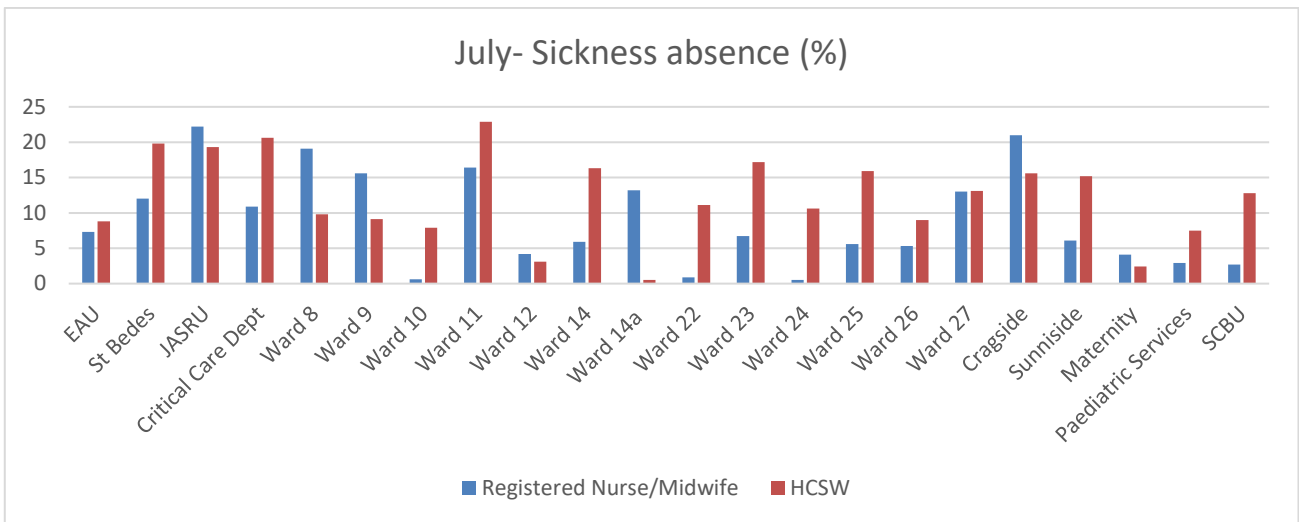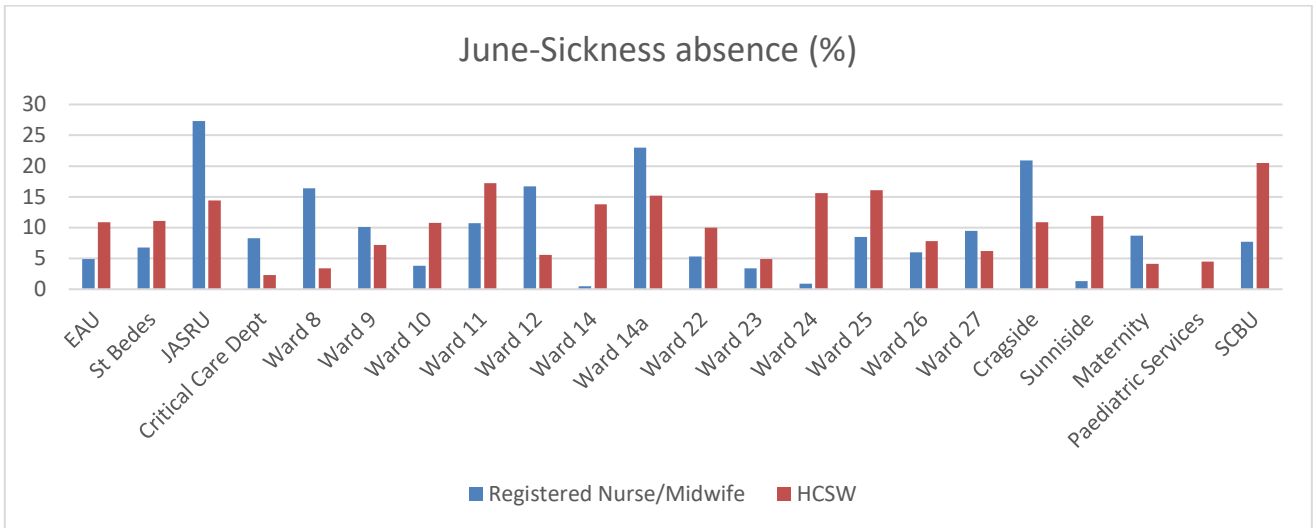
6. Governance

Actual staff on duty on a shift-to-shift basis compared to planned staffing is demonstrated within the Safecare Live system. Staff are required to enter twice daily acuity and dependency levels for actual patients within their areas/department, to support a robust risk assessment of staff redeployment.

7. Conclusion

This paper provides an exception report for nursing and midwifery staffing in June and July 2022, and also provides assurance of ongoing work to triangulate workforce metrics against staffing and care hours.

8. Recommendations

The Board is asked to receive this report for assurance.

Gill Findley

Chief Nurse and Professional Lead for Midwifery and Allied Health Professionals

Appendix 1- Table 3: Ward by Ward staffing June 2022

Ward	Day		Night		Care Hours Per Patient Per Day (CHPPD)			
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative patient count over the month	Registered midwives / nurses	Care Staff	Overall
Emergency Care Centre - EAU	78.3%	109.8%	76.7%	103.5%	1314	5.6	3.9	9.5
Ward 8	58.8%	128.2%	100.2%	101.7%	616	2.9	3.6	6.5
Ward 9	57.0%	125.4%	79.2%	120.0%	800	2.6	3.1	5.6
Ward 10	95.5%	135.0%	71.9%	109.0%	614	2.9	3.6	6.5
Ward 11	73.7%	108.1%	108.2%	118.4%	777	2.3	2.9	5.2
Ward 12	70.3%	138.9%	108.3%	123.4%	742	2.3	3.6	6.0
Ward 14 Medicine	79.3%	122.7%	110.0%	129.2%	718	2.6	3.3	5.9
Ward 14A	76.9%	132.2%	102.3%	93.1%	702	2.6	3.8	6.4
Ward 22	85.0%	145.9%	101.4%	122.9%	852	2.5	4.5	7.0
Ward 23	86.9%	110.2%	111.2%	96.9%	692	2.5	3.3	5.8
Ward 24	79.3%	122.7%	110.0%	129.2%	856	2.6	3.3	5.9

Ward	Day		Night		Care Hours Per Patient Per Day (CHPPD)			
	Average fill rate - nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative patient count over the month	Registered midwives / nurses	Care Staff	Overall
Ward 25	67.4%	124.5%	121.6%	86.7%	904	2.1	3.3	5.3
Ward 26	88.9%	118.1%	106.2%	117.2%	815	2.7	3.3	6.0
Ward 27	88.1%	96.7%	100.5%	118.2%	835	2.6	2.8	5.4
Cragside Court	91.4%	184.5%	101.4%	301.8%	350	5.4	12.1	17.4
Critical Care	74.2%	143.3%	90.2%	82.4%	251	26.6	6.4	33.0
JASRU	50.9%	109.2%	103.2%	97.0%	551	2.5	5.0	7.5
Maternity	117.8%	170.6%	91.2%	96.7%	445	15.4	7.2	22.6
Paediatrics	111.3%	135.7%	102.5%		37	58.6	20.1	78.8
SCBU	88.6%	125.7%	97.0%	83.5%	163	9.9	3.8	13.7
St Bedes	92.4%	119.3%	97.1%	108.6%	246	5.8	5.4	11.3
Sunniside	122.9%	127.3%	118.2%	145.4%	303	6.9	4.7	11.6
QUEEN ELIZABETH HOSPITAL - RR7EN	**79.7%**	**121.5%**	**91.1%**	**108.3%**	**13794**	**4.2**	**4.1**	**8.2**

Appendix 1- Table 3: Ward by Ward staffing July 2022

Ward	Day		Night		Care Hours Per Patient Per Day (CHPPD)			
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative patient count over the month	Registered midwives / nurses	Care Staff	Overall
Emergency Care Centre - EAU	77.4%	115.6%	71.3%	106.0%	1358	5.4	4.0	9.4
Ward 8	77.1%	131.5%	106.0%	77.0%	593	3.1	3.4	6.6
Ward 9	72.7%	162.7%	134.4%	106.7%	778	2.5	3.3	5.9
Ward 10	68.0%	145.9%	104.5%	106.7%	668	2.6	3.5	6.1
Ward 11	69.4%	149.8%	105.5%	138.1%	735	2.4	4.1	6.5
Ward 12	82.7%	131.7%	106.2%	122.6%	806	2.4	3.3	5.7
Ward 14 Medicine	80.0%	126.7%	110.8%	107.8%	736	2.6	3.2	5.8
Ward 14A	78.6%	152.3%	101.6%	99.7%	748	2.6	4.1	6.7
Ward 22	76.0%	120.3%	105.1%	85.8%	891	2.2	3.4	5.6
Ward 23	78.0%	129.9%	103.5%	91.8%	708	2.4	3.8	6.2
Ward 24	80.1%	112.7%	101.9%	96.1%	895	2.3	3.3	5.6

Ward	Day		Night		Care Hours Per Patient Per Day (CHPPD)			
	Average fill rate - nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative patient count over the month	Registered midwives / nurses	Care Staff	Overall
Ward 25	69.1%	112.9%	114.1%	76.6%	946	2.0	2.9	4.9
Ward 26	94.7%	112.3%	106.6%	108.5%	861	2.8	3.1	5.8
Ward 27	75.1%	93.0%	106.4%	95.2%	887	2.3	2.5	4.8
Cragside Court	89.5%	191.3%	106.0%	239.6%	368	5.3	11.0	16.3
Critical Care	73.9%	122.2%	90.9%	91.8%	271	25.5	5.5	31.0
JASRU	64.6%	99.6%	100.4%	124.0%	592	2.8	4.8	7.5
Maternity	123.0%	197.4%	94.6%	123.9%	463	15.9	8.5	24.5
Paediatrics	111.3%	129.2%	100.9%		44	50.6	17.0	67.6
SCBU	92.6%	139.4%	98.2%	93.1%	94	18.3	7.5	25.9
St Bedes	84.7%	109.4%	99.6%	104.6%	271	5.3	4.7	10.0
Sunniside	99.8%	138.7%	101.0%	146.0%	287	6.2	5.4	11.7
QUEEN ELIZABETH HOSPITAL - RR7EN	**80.8%**	**124.5%**	**93.7%**	**104.6%**	**14214**	**4.2**	**4.1**	**8.2**