

Report Cover Sheet

Agenda Item:

Report Title:	Nursing Staffing Exception Report			
Name of Meeting:	Quality Governance Committee			
Date of Meeting:	22 nd June 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 <i>Briefly describe why this report is being presented at this meeting</i>	Decision:	Discussion:	Assurance:	Information:
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	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 <input type="checkbox"/> <i>No gaps in assurance</i>	Partially assured <input checked="" type="checkbox"/> <i>Some gaps identified</i>	Not assured <input type="checkbox"/> <i>Significant assurance gaps</i>	Not applicable <input type="checkbox"/>
Paper previously considered by: <i>State where this paper (or a version of it) has been considered prior to this point if applicable</i>				
Key issues: <i>Briefly outline what the top 3-5 key points are from the paper in bullet point format</i> <i>Consider key implications e.g.</i> <ul style="list-style-type: none"> • Finance • Patient outcomes / experience • Quality and safety • People and organisational development • Governance and legal • Equality, diversity and inclusion 	<p>This report provides information relating to ward staffing levels (funded against actual) and details of the actions taken to address any shortfalls.</p> <p>May continued with significant staffing challenges as we experienced ongoing COVID-19 activity within the organisation. This has impacted on staffing resource and the clinical operating model. Significant staffing challenges remain due to vacancies and we continue focused work around the recruitment and retention of staff.</p> <p>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 within the Datix system.</p>			

	Ongoing concentrated work continues within the 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: <i>Outline what the meeting is expected to do with this paper</i>	The Board are asked to: <ul style="list-style-type: none"> • 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 <input checked="" type="checkbox"/>	We will continuously improve the quality and safety of our services for our patients			
	Aim 2 <input checked="" type="checkbox"/>	We will be a great organisation with a highly engaged workforce			
	Aim 3 <input checked="" type="checkbox"/>	We will enhance our productivity and efficiency to make the best use of resources			
	Aim 4 <input type="checkbox"/>	We will be an effective partner and be ambitious in our commitment to improving health outcomes			
	Aim 5 <input type="checkbox"/>	We will develop and expand our services within and beyond Gateshead			
Trust corporate objectives that the report relates to:					
Links to CQC KLOE	Caring <input checked="" type="checkbox"/>	Responsive <input checked="" type="checkbox"/>	Well-led <input checked="" type="checkbox"/>	Effective <input checked="" type="checkbox"/>	Safe <input checked="" type="checkbox"/>
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks and DATIX reference)	There were 8 staffing incidences raised via datix throughout the month of May, of which there was no harm identified.				
Has a Quality and Equality Impact Assessment (QEIA) been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input checked="" type="checkbox"/>		

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

1. Introduction

This report details the staffing levels for Gateshead Health NHS Foundation Trust during the month of May 2022. The staffing establishments are set by use of the Safer Nursing Care staffing tool (SNCT). This is a recognised, nationally used tool that matches the acuity of patients with the staffing requirements for acute medical and surgical wards. It also includes the emergency assessment unit. Separate staffing tools are available for the emergency department, and mental health units. The senior nursing team are currently being trained to use these tools and as soon as the assessment has been completed the Board will be presented with the results for these areas. Maternity use the Birth Rate Plus tool and this has been reported to Quality Governance Committee and the Trust Board separately.

2. Staffing

The level of staff available for shifts within the ward areas is monitored and reported in real time within the Safecare Live system. Matrons and Ward Managers have access to this system, and they adjust staffing accordingly with the use of professional judgement. Table 1 shows the overall actual ward staffing against the budgeted establishments from May for the wards. Appendix 1 shows the fill rate figures broken down for every ward area. In addition to the fill rate calculation, the Trust submit monthly “care hours per patient day” (CHPPD) as a national requirement to NHS Digital (see section3).

Table 1: Whole Trust wards staffing May 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 (%)
83.5%	116.7%	93.5%	124.3%

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 and operational pressures to maintain adequate staffing levels.

2.1 Exceptions

The guidance on safe staffing requires that the Board are 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% (see table 2).

A Safer Nursing Care Tool (SNCT) data collection was undertaken throughout the month of January and has been triangulated with key performance indicators and professional judgement templates in line with the National Staffing review from the National Quality Board. The outcome and recommendations from this review were presented to Trust Board in March 2022.

2.2 Contextual information and actions taken

Critical care department has shown low fill rates as they currently have 11 registered WTE vacancies. 5.0 WTE new Registered Nurses have been appointed and are due to start in September 2022. There are two unregistered vacancies, which are within the recruitment process. There have also been numerous redeployments of unregistered staff to support areas within the trust based on professional judgement on the day.

JASRU have 4.87 WTE registered staff vacancies. JASRU continue to support ward 12 (medicine) with one Registered Staff as a semi-permanent arrangement, until ward 12 is fully recruited. JASRU has high sickness absence rates this month for registered staff at 34.6%. They are receiving support from the POD team for long-term sickness absence management.

Ward 8 demonstrates ongoing reduced registered fill rates as they support ward 12 with a registered staff member. They experienced sickness absence rates of 15.1% for registered staff throughout May. They currently have 6.64 WTE registered vacancies.

Ward 9 currently have 8.45 WTE registered vacancies, of which 4.0 WTE have been recruited. They have also had 8.5% sickness absence for registered staff.

Ward 22 currently have 6.31 WTE registered vacancies. Ward 22 have flexed bed occupancy throughout May due to working to a hybrid covid model.

Ward 12 (which was the winter ward) is still being supported from areas across the organisation for registered staff, as they currently have 15 WTE registered vacancies against the new operating model. They are fully established for unregistered staff.

Ward 10 currently have 4.43 WTE registered vacancies and are supporting ward 12 with one registered staff member.

Ward 21 elective orthopaedics operated with reduced bed capacity throughout May. There has been redeployments of unregistered staff to support other areas due to this reason. One area within ward 21 has been designated the escalation area and has been staffed with nurses from medicine.

Table 2: Wards where the average fill rate falls below 75%

May 2022	
Registered Nurse Days	%
Critical Care	72.9%
JASRU	58.5%
Ward 08	60.9%
Ward 09	58.3%
Ward 22	66.5%
Ward 12	75.0%
Registered Nurse Nights	%
Ward 10	71.2%
Unregistered Days	%
Critical Care	58.7%
Unregistered Nights	%
Ward 21 Elective Ortho	62.8%

In May 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 May, 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 unregistered staff 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 May, the Trust total CHPPD was 8.3. 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.

Further drill down into DATIX data has been able to show that of the 8 reported staffing incidents, one related to delay of clinical assistance therefore seven relate to nursing, demonstrating the need for more granular information going forward. All staffing incidents were reported as no/low harm incidents. Table 3 below shows the 8 staffing incidents in yellow, and in blue, patient safety incidents reported by these areas within the month. This table appears to show some potential correlation particularly in relation to ward 12 on the 30th May 2022, however this will require some further exploration to confirm this.

Table 3: staffing and patient safety incidents reported for these areas

Service	Business Unit	Ward/Dept	Incident date	Time of incident	Category	Sub category
Med 2	Medical Services	Ward 12 (Escalation)	01/05/2022	Day	Discharge or transfer issue	Discharge - planning failure
Med 2	Medical Services	Ward 12 (Escalation)	01/05/2022	Day	Discharge or transfer issue	Discharge - unexpected re-admission or re-attendance
Med 2	Medical Services	Ward 14 (General Medicine)	02/05/2022	Day	Patient falls	Fall on same level - cause unknown
Med 2	Medical Services	Ward 14 (General Medicine)	02/05/2022	Day	Discharge or transfer issue	Discharge - planning failure
Med 2	Medical Services	Ward 12 (Escalation)	03/05/2022	Day	Discharge or transfer issue	Discharge - delayed
Med 2	Medical Services	Ward 14 (General Medicine)	03/05/2022	Night	Patient falls	Fall on same level - cause unknown
Med 2	Medical Services	Ward 14 (General Medicine)	03/05/2022	Night	Patient falls	Fall on same level - cause unknown
Med 2	Medical Services	Ward 12 (Escalation)	03/05/2022	Day	Medication	Non-controlled drug incident
Med 2	Medical Services	Ward 12 (Escalation)	04/05/2022	Day	Pressure damage	Trust acquired - Category 3 (Moderate harm)
Med 2	Medical Services	Ward 14 (General Medicine)	04/05/2022	Day	Discharge or transfer issue	Discharge - inappropriate
Med 2	Medical Services	Ward 12 (Escalation)	04/05/2022	Day	Discharge or transfer issue	Transfer - inappropriate handover of care
Med 2	Medical Services	Ward 12 (Escalation)	05/05/2022	Day	Staffing / resource issue	Staffing - insufficient nurses (other reason)
Med 2	Medical Services	Ward 12 (Escalation)	06/05/2022	Night	Patient falls	Fall on same level - cause unknown
Med 2	Medical Services	Ward 12 (Escalation)	07/05/2022	Day	Staffing / resource issue	Insufficient nurses (due to staff shortages/unfilled shifts)
Med 2	Medical Services	Ward 12 (Escalation)	07/05/2022	Night	Patient falls	Fall from height - bed
Med 2	Medical Services	Ward 14 (General Medicine)	08/05/2022	Day	Patient falls	Fall from height - bed
Med 2	Medical Services	Ward 14 (General Medicine)	08/05/2022	Night	Patient falls	Fall on same level - cause unknown
Med 2	Medical Services	Ward 12 (Escalation)	11/05/2022	Night	Patient falls	Fall on same level - cause unknown
Med 2	Medical Services	Ward 14 (General Medicine)	11/05/2022	Day	Patient falls	Fall from height - commode
Med 2	Medical Services	Ward 14 (General Medicine)	12/05/2022	Day	Staffing / resource issue	Staffing - insufficient nurses (other reason)
Med 2	Medical Services	Ward 12 (Escalation)	12/05/2022	Day	Discharge or transfer issue	Discharge - self discharge against medical advice
Med 2	Medical Services	Ward 12 (Escalation)	12/05/2022	Day	Patient falls	Fall from height - chair
Med 2	Medical Services	Ward 12 (Escalation)	12/05/2022	Day	Patient falls	Fall from height - chair
Med 2	Medical Services	Ward 12 (Escalation)	12/05/2022	Day	Patient falls	Fall on same level - cause unknown
Med 2	Medical Services	Ward 14 (General Medicine)	13/05/2022	Night	Pressure damage	Deep Tissue Injury during trust care (Low Harm)
Wraparound Services	Community Services	Bladder & Bowel Service	13/05/2022	Day	Discharge or transfer issue	Transfer - inappropriate handover of care
Med 2	Medical Services	Ward 12 (Escalation)	14/05/2022	Day	Discharge or transfer issue	Discharge - self discharge against medical advice
Med 2	Medical Services	Ward 12 (Escalation)	17/05/2022	Day	Medication	Non-controlled drug incident
Med 2	Medical Services	Ward 12 (Escalation)	17/05/2022	Day	Patient falls	Fall on same level - cause unknown
Med 2	Medical Services	Ward 14 (General Medicine)	19/05/2022	Night	Patient falls	Fall from height - bath
Med 1	Medical Services	Same Day Emergency Care (SDEC)	22/05/2022	Day	Discharge or transfer issue	Discharge - self discharge against medical advice
Med 1	Medical Services	Same Day Emergency Care (SDEC)	23/05/2022	Day	Staffing / resource issue	Insufficient nurses (due to staff movements)
Med 2	Medical Services	Ward 14 (General Medicine)	25/05/2022	Day	Patient falls	Fall on same level - cause unknown
Med 2	Medical Services	Ward 14 (General Medicine)	25/05/2022	Day	Patient falls	Fall on same level - cause unknown
Med 2	Medical Services	Ward 12 (Escalation)	25/05/2022	Day	Medication	Non-controlled drug incident
Med 2	Medical Services	Ward 14 (General Medicine)	26/05/2022	Day	Delay / failure to treat / monitor	Treatment / procedure - delay / failure
Wraparound Services	Community Services	Bladder & Bowel Service	27/05/2022	Day	Staffing / resource issue	Staffing - insufficient nurses (other reason)
Wraparound Services	Community Services	Bladder & Bowel Service	27/05/2022	Day	Staffing / resource issue	Staffing - insufficient nurses (other reason)
Med 2	Medical Services	Ward 14 (General Medicine)	27/05/2022	Day	Medication	Non-controlled drug incident
Med 2	Medical Services	Ward 14 (General Medicine)	27/05/2022	Night	Patient falls	Fall from height - bed
Med 2	Medical Services	Ward 12 (Escalation)	27/05/2022	Night	Violence, abuse and harassment	Lone worker incident
Med 2	Medical Services	Ward 12 (Escalation)	28/05/2022	Day	Violence, abuse and harassment	Actual physical assault - on staff
Med 2	Medical Services	Ward 14 (General Medicine)	28/05/2022	Day	Discharge or transfer issue	Transfer - inappropriate handover of care
Med 2	Medical Services	Ward 14 (General Medicine)	28/05/2022	Night	Patient falls	Fall from height - bed
Med 2	Medical Services	Ward 14 (General Medicine)	29/05/2022	Day	Patient falls	Fall from height - bed
Med 2	Medical Services	Ward 12 (Escalation)	29/05/2022	Day	Discharge or transfer issue	Discharge - planning failure
Med 2	Medical Services	Ward 12 (Escalation)	30/05/2022	Day	Staffing / resource issue	Insufficient nurses (due to staff shortages/unfilled shifts)
Med 2	Medical Services	Ward 12 (Escalation)	30/05/2022	Day	Violence, abuse and harassment	Disorder and intimidation - on other
Med 2	Medical Services	Ward 12 (Escalation)	30/05/2022	Day	Violence, abuse and harassment	Actual physical assault - on staff
Med 2	Medical Services	Ward 12 (Escalation)	30/05/2022	Day	Violence, abuse and harassment	Actual physical assault - on staff
Med 2	Medical Services	Ward 12 (Escalation)	30/05/2022	Night	Violence, abuse and harassment	Threat of physical assault - on staff
Locality Teams	Community Services	East Locality	14/05/2022	Day	Staffing / resource issue	Staffing - delay / difficulty in obtaining clinical assistance

A task and finish group to 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 measure 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 currently generated monthly and discussed at the Nursing and Midwifery Professional Forum. The report currently helps identify areas where nurse staffing may have fallen below planned levels and what actions were taken to manage the situation and the ongoing work of the task and finish, will enhance this understanding.

The impact of covid 19 continues to be felt with staff isolating and removed from work in line with existing guidelines in addition to the high number of vacancies on the wards.

5. Governance

Actual staff on duty on a shift-to-shift basis compared to planned staffing is displayed on the ward boards alongside key quality and outcome metrics i.e. safety thermometer, infection measures.

6. Conclusion

This paper provides an exception report for nurse staffing on inpatient ward areas in May 2022, and also provides assurance of ongoing work to triangulate quality and safety metrics against staffing and care hours.

7. 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 May 2022

	Day		Night		Care Hours Per Patient Per Day (CHPPD)			
Ward	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	76.3%	111.3%	75.4%	125.3%	1359	5.5	4.2	9.7
Ward 8	60.9%	106.2%	107.1%	126.9%	616	3.1	3.5	6.7
Ward 9	58.3%	109.6%	100.0%	111.4%	849	2.8	2.7	5.4
Ward 10	96.3%	133.3%	71.2%	147.0%	561	3.3	4.5	7.8
Ward 11	76.9%	98.4%	105.5%	125.4%	721	2.6	3.1	5.7
Ward 12	75.0%	142.5%	109.6%	141.7%	824	2.2	3.6	5.8
Ward 14 Medicine	81.3%	120.1%	107.6%	171.4%	795	2.4	3.3	5.8
Ward 14A	89.5%	145.4%	101.8%	116.0%	846	2.5	3.7	6.2
Ward 21 Elective Ortho	94.5%	92.6%	99.1%	62.8%	192	9.2	7.0	16.2
Ward 22	66.5%	104.9%	101.3%	91.8%	801	2.2	3.5	5.7
Ward 23	80.4%	142.0%	101.6%	119.9%	726	2.4	4.3	6.7
Ward 24	83.4%	108.8%	103.8%	125.3%	913	2.3	3.5	5.8

	Day		Night		Care Hours Per Patient Per Day (CHPPD)			
Ward	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	76.3%	121.9%	113.5%	120.6%	997	2.1	3.3	5.4
Ward 26	88.7%	114.5%	107.6%	135.9%	799	2.9	3.6	6.4
Ward 27	95.7%	101.9%	105.7%	126.9%	850	2.8	3.0	5.9
Cragside Court	82.4%	170.2%	101.3%	242.2%	412	4.4	9.2	13.6
Critical Care	72.9%	58.7%	84.3%	107.0%	221	30.0	4.2	34.2
JASRU	58.5%	78.3%	97.2%	97.9%	537	2.8	4.1	7.0
Maternity	131.7%	178.8%	93.2%	97.1%	541	14.2	6.3	20.6
Paediatrics	112.3%	146.9%	108.0%		51	45.1	16.3	61.4
SCBU	97.4%	125.7%	103.7%	90.0%	103	17.6	6.4	24.0
St Bedes	105.5%	128.7%	98.7%	158.7%	283	5.7	5.8	11.5
Sunnside	92.4%	142.9%	125.8%	150.5%	300	6.2	5.4	11.6
QUEEN ELIZABETH HOSPITAL - RR7EN	83.5%	116.7%	93.5%	124.3%	14539	4.3	4.1	8.3