

Report Cover Sheet

Agenda Item: 17

Report Title:	Nursing Staffing Exception Report			
Name of Meeting:	Board of Directors in Public			
Date of Meeting:	29 th March 2023			
Author:	Andrew Rayner, Deputy Chief Nurse Laura Edgar, People Data and Information Lead			
Executive Sponsor:	Gillian Findley, Chief Nurse and Professional Lead for Midwifery and AHP's			
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 checked="" 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	Partially assured	Not assured	Not applicable
	<input type="checkbox"/> <i>No gaps in assurance</i>	<input type="checkbox"/> <i>Some gaps identified</i>	<input type="checkbox"/> <i>Significant assurance gaps</i>	<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 within the month of February 2023.</p> <p>February has continued with ongoing staffing challenges compared to January. We continue to experience periods of increased patient activity with surge pressure resulting in escalation areas alongside managing delays in transfers of care. This has affected staffing resource and the clinical operating model, which is supportive of maintaining elective recovery. Staffing challenges remain due to nursing vacancies; however, we continue focused work around the recruitment and retention of staff and managing staff attendance.</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</p>			

	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.				
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 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 5 staffing incidences raised via datix throughout the month of February of which there was no moderate harm incident 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
February 2023

1. Introduction

This report details the staffing exceptions for Gateshead Health NHS Foundation Trust during the month of February 2023. 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. Maternity use the Birth Rate Plus tool and this has been reported to Quality Governance Committee and the Trust Board separately.

2. Staffing

The actual ward staffing against the budgeted establishments from February 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 February 2023

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 (%)
80.6%	116.7%	86.3%	97.8%

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-19 and operational pressures to maintain adequate staffing levels.

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%.

Safer Nursing Care Tool (SNCT) data collection is completed bi-annually in January and July each year. Patient acuity and dependency data is triangulated with key performance indicators and professional judgement templates in line with the Developing Workforce Safeguards and Safe Staffing Recommendations (NHSi 2018).

The Community Business Unit implemented the Mental Health Optimal Staffing Tool (MHOST) from October and have now aligned with the data collection schedule as above.

Contextual information and actions taken

Ward 9 have six wte Registered Nurse vacancies, inclusive of maternity leave, with 11.9% sickness absence rate for the registered workforce.

Ward 11 currently have five wte Registered Nurse vacancies and demonstrated a sickness absence rate of 8.2% for their Registered workforce.

The exceptions to report for February are as below:

February 2023	
Qualified Nurse Days	%
Ward 9	73.5%
Ward 11	73.7%
Qualified Nurse Nights	%
N/a	
Healthcare Assistant Days	%
N/a	
Healthcare Assistant Nights	%
N/a	

In February, 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 February, 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 February, the Trust total CHPPD was 8.6. This compares well when benchmarked with other peer-reviewed hospitals.

4. Monitoring Nurse Staffing via Datix

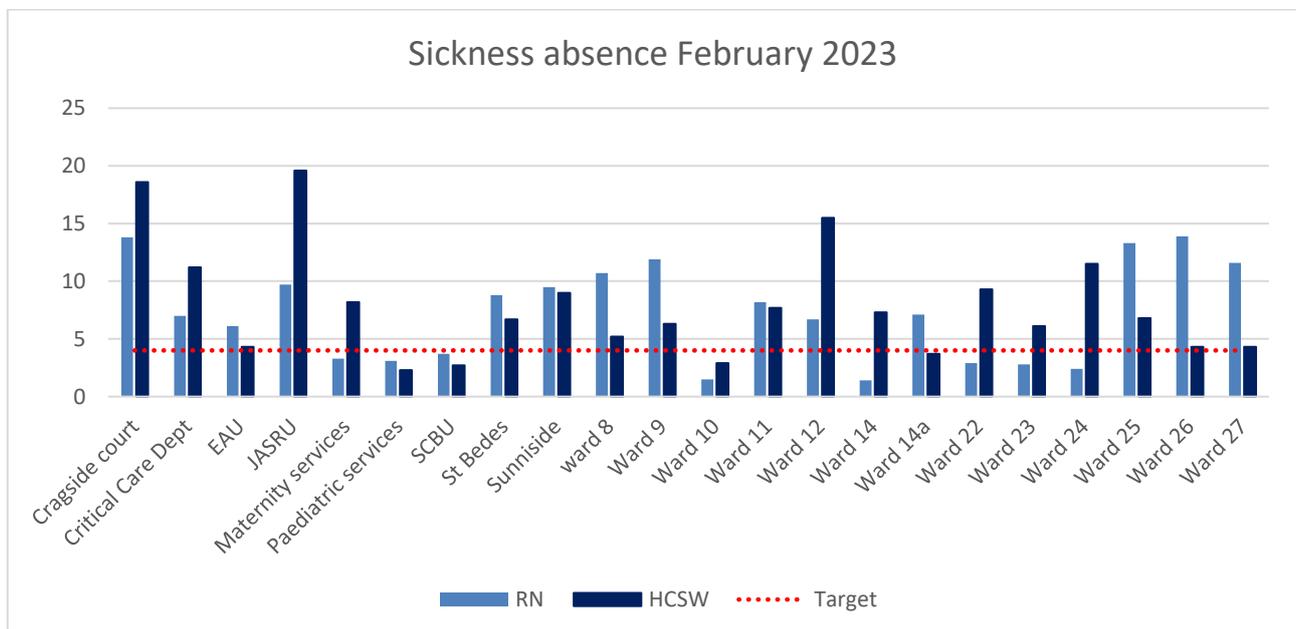
The Trust has an escalation process in place for addressing staffing shortages with identified actions to be taken. Further discussion is to take place to scope the potential for identifying thresholds that trigger when a staffing related DATIX should be submitted to provide reporting consistency. In 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 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 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. There were 5 staffing incidents on areas included within this paper, raised within Datix throughout the month of February. All incidents were reported as no/low harm.

5. Attendance of Nursing workforce

The below table displays the percentage of sickness absence per staff group for February. This includes Covid-19 Sickness absence. Data extracted from Health Roster.



6. Governance

Actual staff on duty on a shift-to-shift basis compared to planned staffing is demonstrated within the Safe care 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 February 2023 and 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.

Dr Gill Findley
Chief Nurse and Professional Lead for Midwifery and AHP's

Appendix 1- Table 3: Ward by Ward staffing February 2023

	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
Cragside Court	79.0%	127.6%	81.9%	100.4%	242	6.1	8.3	14.4
Critical Care Dept	81.7%	128.7%	90.9%	75.6%	251	26.3	5.4	31.8
Emergency Care Centre - EAU	75.6%	123.0%	75.4%	127.6%	1222	5.5	4.5	10.0
JASRU	78.8%	97.5%	103.9%	119.4%	504	3.4	4.9	8.3
Maternity Unit	151.3%	150.7%	101.4%	99.0%	495	15.9	5.6	21.4
Paediatrics	125.3%	134.3%	113.3%		33	68.6	20.9	89.5
Special Care Baby Unit	91.6%	120.2%	100.6%	100.3%	88	17.7	6.9	24.7
St. Bedes	83.0%	102.3%	97.6%	102.3%	253	5.0	4.3	9.3
Sunniside Unit	85.5%	154.3%	113.7%	102.1%	261	5.6	4.8	10.3
Ward 08	93.0%	160.9%	102.1%	106.2%	571	3.3	4.1	7.4
Ward 09	73.5%	166.8%	78.7%	119.8%	719	2.0	3.4	5.5
Ward 10	88.9%	141.0%	106.0%	132.7%	658	2.8	3.5	6.3

	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 11	73.7%	156.3%	104.4%	162.4%	588	2.8	5.1	7.8
Ward 12	77.0%	132.5%	110.7%	105.1%	711	2.4	3.3	5.7
Ward 14 Medicine	86.8%	107.0%	103.3%	113.8%	365	4.9	5.2	10.2
Ward 14A Trauma	88.8%	168.1%	107.2%	118.6%	760	2.5	4.1	6.6
Ward 22	77.5%	115.4%	106.8%	95.0%	805	2.3	3.4	5.6
Ward 23	83.6%	142.7%	101.6%	111.7%	632	2.5	4.4	6.9
Ward 24	80.8%	115.9%	103.6%	95.5%	789	2.4	3.5	5.8
Ward 25	76.4%	108.0%	106.2%	96.8%	855	2.1	3.0	5.1
Ward 26	84.5%	146.0%	126.0%	120.1%	765	2.8	3.9	6.6
Ward 27	87.2%	131.2%	118.0%	109.2%	767	2.7	3.5	6.2
QUEEN ELIZABETH HOSPITAL - RR7EN	80.6%	116.7%	86.3%	97.8%	12334	4.4	4.2	8.6