

Date of Meeting:	29 January 2020			
Report Title:	Report on Safer Nursing and Midwifery Staffing			
Purpose of Report:	Provide assurance to the Board on nursing and midwifery staffing requirements are being met			
	Decision: <input type="checkbox"/>	Discussion: <input type="checkbox"/>	Assurance: <input checked="" type="checkbox"/>	Information: <input type="checkbox"/>
Trust Goals that the report relates to: (Including reference to any specific risk)	<p>Goal 2 All the services we deliver will be good or outstanding when assessed against being safe, effective, caring, responsive, and well-led.</p> <p>Goal 3 In all locations and settings of delivery, our patients will experience excellent, timely and seamless care that meets their individual needs.</p> <p>Goal 5 All our services will be effective: we will reduce unwarranted variation, ensure our practice is consistent with recognised best practice 7 days a week, and improve outcomes for patients.</p>			
Recommendations: (Action required by Board of Directors)	The Board are asked to receive the report for assurance			
Financial Implications:	Nurse agency and nurse bank costs to provide cover for maternity leave , vacancies and sickness			
Risk Management Implications:	Risk of inability to provide safe staffing numbers across all wards. Mitigation through the implementation of robust staffing plans, risk assessments, deployment of addition healthcare assistant and recruitment and retention			
Human Resource Implications:	Nurse recruitment and retention continues to be a challenge; however the Trust is being proactive and innovative in terms of recruitment solutions			
Diversity and Inclusion Implications:	<p>Objective 3 Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve</p>			
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Gateshead Health NHS Foundation Trust

Report on Safe Nursing and Midwifery Staffing

January 2020

1. Introduction

This report is to provide assurance to the Board on nursing and midwifery staffing levels for November and December 2019. The report presents the number of actual staff on duty during each month, compared to the planned staffing level, the reasons for any gaps and the actions being taken to address these.

Care hours per patient day (CHPPD) provide a single consistent way of recording and reporting deployment of staff working on inpatient wards/units and are now seen as the national measure for safer staffing and are submitted by the Trust in line with national reporting requirements. The Trust has published this information on our website for the public, and provided a link from NHS Choices to this report.

2. Care Hours Per Patient Day (CHPPD)

Care hours per patient day (CHPPD) are the unit of measurement recommended in the Carter Report (2016) to record and report deployment of staff working on inpatient wards. As stated previously, this became the primary benchmarking metric from September 2019.

It is calculated by combining the total number of registered nurse and healthcare assistant hours on each ward and dividing by the number of patients. The aim of this is to enable national benchmarking, reduce variation and increase efficiency. We will be doing work in the coming months to benchmark our data against national indicators.

All acute trusts have been required to report their actual **monthly** CHPPD, based on the midnight census per ward to NHS Improvement since May 2016. It is calculated using the formula below.



At present there is no set requirement for CHPPD and therefore there is no comparison of actual figures against those required. It is noted that a higher number may represent a more positive position or inefficiency and in the coming months the trust will work to further understand the variation.

The trust is part of a regional workforce group developing a system for benchmarking, reviewing data accuracy and developing a set of standards across the ICS.

Our data demonstrates that CHPPD is relatively stable month on month but can show variation due to a number of factors including:

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

Table 2a and 2b show the CHPPD for November and December along with ward by ward fill rates.

3. Staffing Fill Rates

The trust calculates staffing fill rates by the percentage actual nurses on duty against planned (funded establishments). These planned establishments were reviewed and presented to the board in November 2019.

The overall trust fill rate for November and December is presented in Table 1a and 1b.

Table 1a: Whole Trust wards staffing November 2019

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 (%)
87.7%	124.6%	101.8%	135.1%

Table 1b: Whole Trust wards staffing December 2019

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 (%)
89.8%	123.1%	99.5%	140.6%

Ward by ward staffing fill rates, alongside CHPPD for November and December are presented Tables 2a and 2b:

As part of the winter plan we have opened ward 12 as an additional winter ward, due to the temporary nature of this ward it has no fixed establishment. In addition, we have flexed beds up in a number of areas including wards 4, 6, and 9 so that we can safely respond to patient demand. This has required a significant amount of flexibility with staff moving around on a day to day basis, especially healthcare assistants, resulting in higher than usual fill rates for this group of staff. Furthermore, non-ward based nurses have supported ward areas providing additional resilience.

Healthcare assistant fill rates also continue to be high on both days and nights due to patients requiring enhanced care: additional care support for example for mental health observations or high risk of falls.

Appendix 1 illustrates both CHPPD and staffing fill rates over the past 12 months.

Table 2a: Ward by Ward Staffing November 2019

Ward	Day fill rate - nurses/midwives (%)	Day fill rate - care staff (%)	Night fill rate - nurses/midwives (%)	Night fill rate - care staff (%)	Care Hours Per Patient Per Day (CHPPD)
General Medicine					
Ward 1	88.7%	123.6%	100.0%	98.3%	5.6
Ward 4	158.9%	63.0%	101.8%	129.0%	5.8
Ward 8	84.2%	123.8%	100.1%	101.4%	5.6
Ward 9	86.6%	106.5%	102.0%	104.5%	7.3
Ward 11	92.4%	126.9%	110.8%	136.0%	6.3
Care of the Elderly					
Ward 22	85.5%	172.0%	98.6%	182.7%	8.1
Ward 23	71.3%	126.2%	100.1%	140.8%	5.3
Ward 24	70.5%	155.2%	100.0%	154.1%	5.7
Ward 25	84.0%	95.6%	98.8%	102.1%	6.5
Surgery					
Ward 6	59.7%	229.7%	103.0%	96.2%	6.8
Ward 14 Surgery	139.8%	118.7%	117.7%	253.5%	9.5
Ward 14 Trauma	86.6%	106.5%	102.0%	104.5%	7.3
Ward 21	57.3%	142.1%	89.9%	138.3%	5.1
Ward 26	74.8%	78.7%	103.8%	116.4%	5.6
Ward 27	78.3%	142.9%	100.1%	129.0%	5.8
Specialist Areas					
CCD	79.1%	92.9%	89.0%	87.7%	32.1
EAU/SSU	109.1%	182.2%	95.9%	145.1%	8.2
Maternity	118.3%	94.6%	113.9%	130.6%	27.7
Paediatrics	84.3%	88.8%	139.7%	-	51.7
SCBU	80.5%	70.3%	124.2%	96.6%	24.5
St Bede's	89.3%	92.6%	100.2%	101.0%	9.6
Mental Health					
Cragside Court	83.3%	234.3%	95.3%	182.9%	13.2
Sunniside Unit	106.5%	107.8%	103.7%	141.7%	10.1

Table 2b: Ward by Ward staffing December 2019

Ward	Day fill rate - nurses/midwives (%)	Day fill rate - care staff (%)	Night fill rate - nurses/midwives (%)	Night fill rate - care staff (%)	Care Hours Per Patient Per Day (CHPPD)
General Medicine					
Ward 1	85.9%	131.6%	100.0%	117.5%	5.9
Ward 4	198.5%	34.7%	100.4%	158.3%	6.1
Ward 8	88.2%	118.1%	100.0%	101.0%	5.5
Ward 9	76.3%	100.8%	101.8%	98.8%	6.9
Ward 11	90.5%	148.3%	104.1%	159.8%	6.7
Care of the Elderly					
Ward 22	73.2%	170.4%	98.1%	175.9%	7.7
Ward 23	87.4%	142.5%	102.0%	180.7%	6.2
Ward 24	70.5%	173.2%	101.8%	169.5%	6.0
Ward 25	75.0%	97.6%	100.1%	115.7%	6.1
Surgery					
Ward 6	102.3%	90.6%	103.5%	87.3%	7.0
Ward 14 Surgery	114.2%	109.7%	103.8%	268.6%	8.0
Ward 14A Trauma	76.3%	100.8%	101.8%	98.8%	6.9
Ward 21	66.1%	145.0%	101.8%	144.8%	5.4
Ward 26	93.9%	85.8%	85.6%	108.9%	6.2
Ward 27	78.7%	161.4%	101.1%	158.3%	6.1
Specialist Areas					
CCD	83.9%	95.6%	93.7%	109.5%	28.8
EAU/SSU	107.1%	194.1%	91.4%	155.7%	8.5
Maternity	102.3%	87.2%	117.4%	129.5%	26.3
Paediatrics	90.3%	81.2%	101.6%	-	45.5
SCBU	94.6%	72.3%	103.3%	90.3%	14.9
St Bede's	97.4%	115.2%	100.7%	136.1%	10.8
Mental Health					
Cragside Court	75.4%	169.6%	97.3%	168.9%	12.2
Sunniside Unit	99.7%	115.3%	98.0%	112.5%	10.0

3. Exceptions:

The Board will be advised of those wards where staffing fill rates notably fall short of what is planned, the reasons why, any impact on quality and the actions taken to address the gaps in staffing. In terms of exception reporting, we will report to the Board if planned staffing drops below 75%.

The exceptions to report for November and December are as below:

November 2019			December 2019	
Qualified Nurse Days	%		Qualified Nurse Days	%
Ward 22	57.3%		Ward 22	66.1%
Ward 24	71.3%		Ward 23	73.2%
Ward 25	70.5%		Ward 25	70.5%
Ward 27	74.8%			
Ward 8	59.7%			
Nursing Assistant Days	%		Nursing Assistant Days	%
SCBU	70.3%		SCBU	72.3%
Ward 6	63.0%		Ward 6	34.7%
Nursing Assistant Nights	%		Nursing Assistant Nights	%
Ward 6	71.5%			

Qualified Nurses

Wards above had low fill rates on day shift in November and December due to vacancies, sickness and maternity leave. Ward 8 staffing establishment has been reviewed and adjusted for December.

Healthcare Assistants

Nursing assistants on ward 6 for days and nights showed low fill rates due to the specialised rostering practices on this ward which can mean that Rehab assistants also rostered depending on staff availability. We intend to review the how this is calculated for future reports.

SCBU nursing assistant nights were low for November and December due to high sickness levels. Activity and acuity was closely monitored, maternity unit provided internal support when required.

4. Monitoring Nurse Staffing

Actual staff on duty on a shift to shift basis compared to planned staffing is clearly displayed on the ward 'time to care' boards alongside key quality and outcome metrics i.e. safety thermometer and infection measures. These 'time to care' boards are all located in an area clearly visible to the public.

A safe and sustainable staffing group has been established in the trust to make better use of this information, develop metrics on bank and agency staffing, review enhanced care provision and maximise the use of Health Roster.

The trust has in place a process for reporting and monitoring any concerns regarding nurse staffing levels. This is via the Datix incident reporting system. A report is generated on a monthly basis and actioned by the Chief Matrons. This report helps identify areas where nurse staffing may have fallen below planned levels and what actions were taken to manage the situation. It is also helpful in identifying trends and organisational learning. There were 7 incidents reported in November and 9 incidents reported in December 2019.

5. Recruitment and Retention

At the end of December 2019, we had a total of 51.24 qualified nurse vacancies across the medical and surgical wards, supported by a slight over establishment of 4.48 unqualified staff. We have successfully recruited 24 qualified nurses and 20 healthcare assistants and will see these new staff joining wards up to April 2020, leaving 27.24 qualified nurse vacancies and over establishment of healthcare assistants 24.48.

We have a robust nurse bank with over 1000 staff who cover any gaps in rotas, and have had a successful campaign to increase this over winter. Furthermore we have 7 nursing associates qualifying in March 2020, and 3 BSc Nurse Apprentices qualifying in June 2020, which will reduce this gap further.

Work is ongoing to retain staff with well-being initiatives including 'Gateshead Guardians' which gained national recognition, a menopause support group, and welcome events for new starters.

6. Quality

It is important for any staffing review to take into consideration the quality of the care provided including patient experience and patient safety. Table 3 provides a breakdown by ward of the following information:

- Patient experience – the Friends and Family Test
- Patient safety – Falls per 1000 bed days and in month
- Patient Safety – Pressure damage per 1000 bed days and in month (Cat 2 and above)
- Incident reporting per 1000 beds days and in month
- No of staffing incidents in month

There are trust wide improvement plans for reducing falls and pressure damage.

Work is in progress to determine the most useful quality metrics to report and future reports will include formal complaints and staffing red flags.

7. Recommendations

This paper provides an exception report for staffing in November and December 2019.

The Board is asked to receive this report for assurance and acknowledge the plan for further work identifying for future reporting.

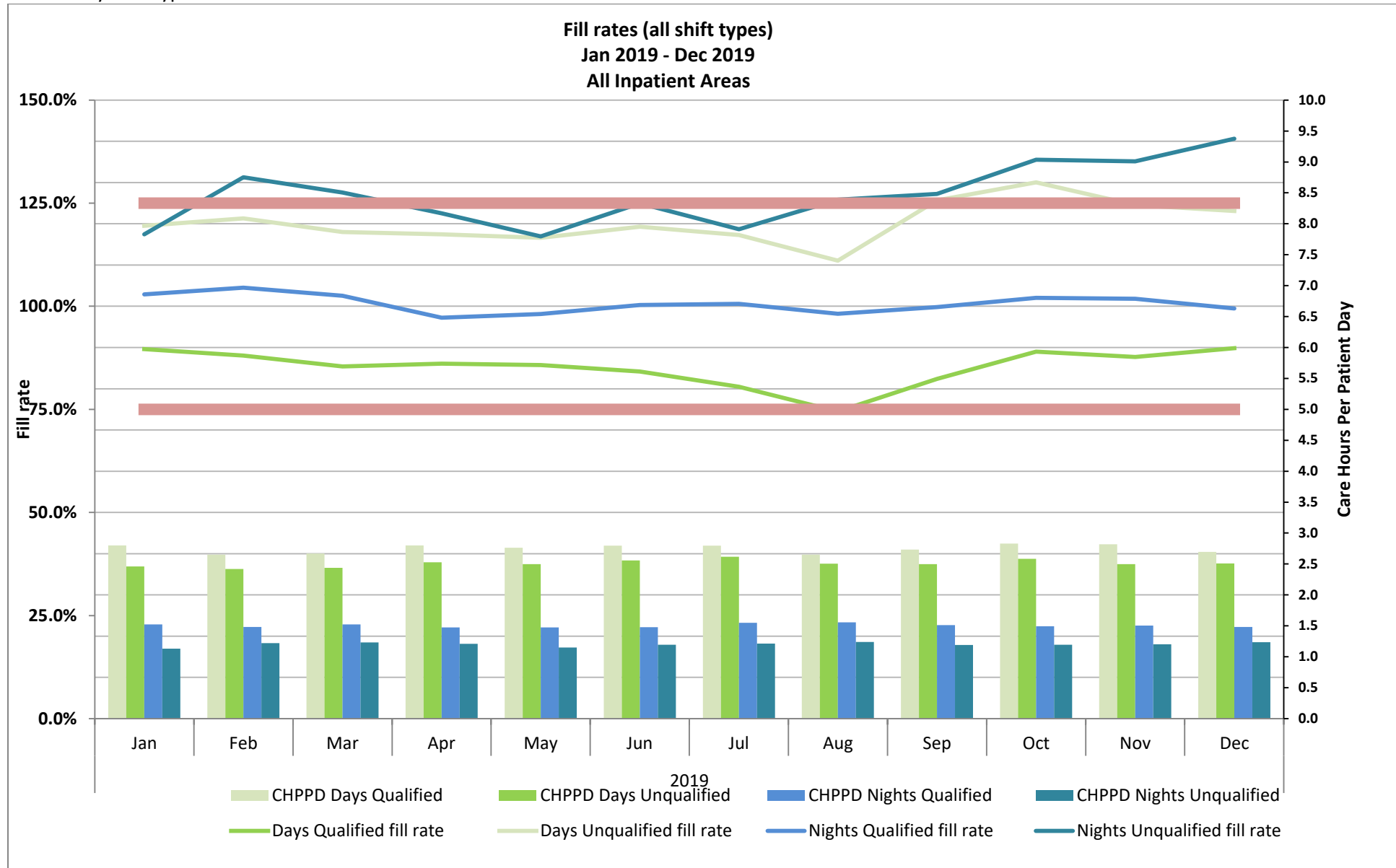
Gareth Armstrong, Chief Matron Surgery
Hilary Lloyd, Director of Nursing, Midwifery and Quality

Table 3

Ward	F&F	Falls rate per 1000 bed days	No of reported patient falls in month	PD rate per 1000 bed days	No of reported PD in month - Cat 2 and above	Incident reporting per 1000 bed days	No of patient safety incidents in month	No of Staffing incidents in month
Medicine								
Ward 1	-	12.8	9	0	0	17.1	12	0
Ward 4	83.3%	14.7	15	1.0	1	19.6	20	1
Ward 8	100.0%	16.8	9	0	0	33.6	18	2
Ward 9	92.0%	1.8	2	0	0	8.1	9	1
Ward 11	100.0%	6.2	5	1.2	1	28.6	23	0
Care of the Elderly								
Ward 22	93.3%	6.8	6	0	0	7.9	7	0
Ward 23	100.0%	12.6	9	0	0	21.1	15	0
Ward 24	100.0%	25.3	22	1.2	1	28.8	25	0
Ward 25	92.9%	16.6	15	0	0	32.0	29	0
Surgery								
Ward 6	100.0%	11.3	9	1.3	1	15.1	12	0
Ward 14 Surgery	93.8%	5.5	3	0	0	11.0	6	0
Ward 14A Trauma	88.9%	7.8	5	1.6	1	18.7	12	2
Ward 21	95.5%	0	0	0	0	4.5	2	0
Ward 26	100.0%	0	0	4.4	3	11.7	8	0
Ward 27	95.0%	3.7	3	0	0	7.4	6	1
Specialist Areas								
CCD		0	0	3.2	1	51.6	16	0
EAU/SSU	99.0%	5.6	4	0	0	12.7	9	1
St Bede's	-	10.2	3	3.4	1	27.3	8	1
Mental Health								
Cragside Court	-	34.9	14	0	0	62.3	25	0
Sunniside	100.0%	14.6	5	0	0	32.1	11	0

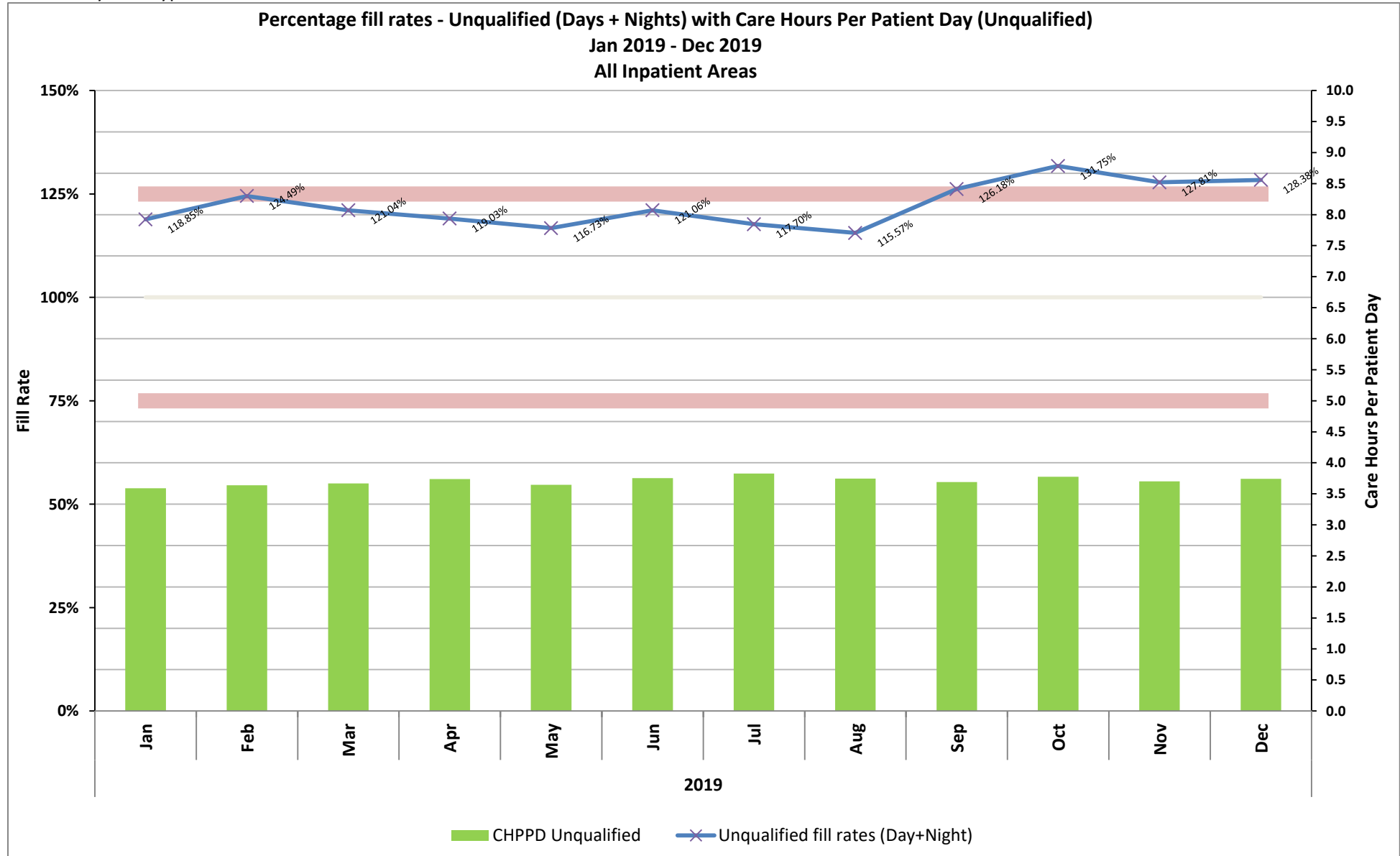
Appendix 1

Fill rates by shift type



Appendix 1

Fill rates by shift type



Appendix 1

Fill rates by shift type

