

Report Cover Sheet

Agenda Item:

Report Title:	Nursing Staffing Exception Report			
Name of Meeting:	Quality Governance Committee			
Date of Meeting:	23 rd March 2022			
Author:	Karen Roberts, Deputy Director of Nursing 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.</p> <p>February continued with significant staffing challenges as we move into recovery of elective programmes. The organisation continued to manage the COVID-19 activity that 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</p>			

	<p>number of staffing incident reports raised within the Datix system.</p> <p>Ongoing concentrated work continues within the safe staffing Task and Finish Group to review staffing establishments, managing sickness absence, recording and escalation of staffing challenges. Regular updates are shared with the executive team as the group progresses.</p>				
<p>Recommended actions for this meeting: <i>Outline what the meeting is expected to do with this paper</i></p>	<p>The Board are asked to:</p> <ul style="list-style-type: none"> • receive the report for assurance • note the work being undertaken to address the shortfalls in staffing 				
<p>Trust Strategic Aims that the report relates to:</p>	<p>Aim 1 <input checked="" type="checkbox"/></p>	<p>We will continuously improve the quality and safety of our services for our patients</p>			
	<p>Aim 2 <input checked="" type="checkbox"/></p>	<p>We will be a great organisation with a highly engaged workforce</p>			
	<p>Aim 3 <input checked="" type="checkbox"/></p>	<p>We will enhance our productivity and efficiency to make the best use of resources</p>			
	<p>Aim 4 <input type="checkbox"/></p>	<p>We will be an effective partner and be ambitious in our commitment to improving health outcomes</p>			
	<p>Aim 5 <input type="checkbox"/></p>	<p>We will develop and expand our services within and beyond Gateshead</p>			
<p>Trust corporate objectives that the report relates to:</p>					
<p>Links to CQC KLOE</p>	<p>Caring <input checked="" type="checkbox"/></p>	<p>Responsive <input checked="" type="checkbox"/></p>	<p>Well-led <input type="checkbox"/></p>	<p>Effective <input checked="" type="checkbox"/></p>	<p>Safe <input checked="" type="checkbox"/></p>
<p>Risks / implications from this report (positive or negative):</p>					
<p>Links to risks (identify significant risks and DATIX reference)</p>	<p>There were 6 safe staffing incidences raised via datix throughout the month of February. From these 6 incidences there was no patient harm identified.</p>				
<p>Has a Quality and Equality Impact Assessment (QEIA) been completed?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>Not applicable <input checked="" type="checkbox"/></p>		

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

1. Introduction

2. Staffing

The actual ward staffing against the budgeted establishments for 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 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 (%)
83.9%	109.0%	93.0%	115.4%

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 pandemic 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%.

A Safer Nursing Care Tool (SNCT) data collection was undertaken throughout the month of January and will be 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 will be presented at Trust Board in April.

Contextual information and actions taken

Critical care department have shown low fill rates due to lower bed occupancy rates accompanied by higher sickness absence rate, at 17.5%. There are currently 3.7 registered WTE vacancies within the department and continuous active recruitment into the department remains.

JASRU continue to have significant vacancy rates, equating to 3.92 WTE registered staff. JASRU continue to support ward 12 medicine with two registered staff.

Ward 8 demonstrates ongoing reduced registered fill rates as they continue to support areas across the trust with 2.85 WTE registered staff. The ward also supports acute outpatient services which are currently under review.

Ward 9 is currently running at reduced bed capacity due to maintaining 2m distance between bed space in bays following covid outbreak in January. They also currently have 5.66 WTE registered nurse vacancies.

Ward 11 are also operating at a reduced bed capacity following an outbreak at the beginning of February. They had a period of closure where staff were redeployed to support other clinical areas within the Trust.

Ward 22 have experienced higher sickness absence rates in February, accumulating to 9.9% within the area. They also demonstrate significant registered nurse vacancies, requiring 6.5 WTE to meet the establishment model.

Cragside have experienced an above target registered nurse sickness absence at 13.69% for February. They have also had a significant reduction in bed occupancy.

The exceptions to report for February are as below:

February 2022	
Qualified Nurse Days	%
Cragside Court	66.3%
Critical Care Dept	73.3%
JASRU	69.0%
Ward 08	70.2%
Ward 09	61.6%
Ward 11	73.6%
Ward 22	65.0%
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 8.3. This compares favourably when benchmarked with other peer reviewed hospitals.

4. Monitoring Nurse Staffing via Datix

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 discussed at the Nursing and Midwifery Professional Forum. This report helps identify areas where nurse staffing may have fallen below planned levels and what actions were taken to manage the situation.

There were 6 staffing incidents in February. Of the identified staffing incidents within February, there were no patient harms relating to reduced staffing numbers.

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.

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 nursing and midwifery staffing in February 2022.

7. Recommendations

The Board is asked to receive this report for assurance.

Gill Findley

Appendix 1- Table 3: Ward by Ward staffing February 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
Wards 1 & 2	86.5%	115.8%	75.4%	110.4%	1238	5.8	4.0	9.9
Ward 4	99.1%	77.7%	96.7%	146.8%	750	2.8	3.1	5.9
Ward 8	70.2%	99.4%	101.6%	103.0%	573	3.3	3.1	6.4
Ward 9	61.6%	93.4%	86.9%	123.9%	590	3.5	3.3	6.8
Ward 10	77.8%	133.7%	80.7%	120.8%	460	3.4	4.6	8.0
Ward 11	73.6%	98.8%	98.4%	109.0%	477	3.3	4.0	7.4
Ward 12	89.7%	215.4%	105.6%	143.1%	671	2.4	3.7	6.1
Ward 14 Medicine	76.4%	115.4%	102.2%	132.3%	562	2.9	3.8	6.7
Ward 14A	80.4%	119.8%	94.8%	95.0%	508	3.4	4.6	8.0
Ward 21	77.5%	93.9%	93.1%	107.4%	236	5.9	6.1	12.0
Ward 22	65.0%	101.4%	102.1%	93.9%	681	2.4	3.6	6.0
Ward 23	92.3%	124.9%	105.5%	113.6%	607	2.8	4.2	7.1
Ward 24	79.7%	111.1%	114.7%	116.0%	800	2.4	3.6	5.9

	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	86.1%	96.2%	116.2%	113.1%	834	2.4	3.0	5.5
Ward 26	84.5%	153.8%	126.1%	130.9%	743	2.8	4.2	7.1
Ward 27	76.9%	106.2%	111.2%	114.8%	784	2.4	3.0	5.4
Cragside Court	66.3%	107.3%	90.6%	168.6%	275	5.0	8.2	13.2
Critical Care	73.3%	91.9%	83.2%	89.4%	232	25.8	4.6	30.4
JASRU	69.0%	75.5%	102.1%	103.9%	521	3.0	3.8	6.8
Maternity	115.1%	127.7%	89.8%	98.1%	547	11.5	4.5	16.0
Paediatrics	117.5%	91.5%	105.2%		39	54.2	12.0	66.2
SCBU	89.5%	122.3%	94.7%	92.9%	160	9.4	3.7	13.1
St Bedes	104.0%	104.2%	98.9%	147.8%	235	6.2	5.3	11.5
Sunnside	114.9%	87.8%	115.1%	102.0%	252	7.3	3.7	11.0
QUEEN ELIZABETH HOSPITAL - RR7EN	83.9%	109.0%	93.0%	115.4%	12775	4.4	3.9	8.3