Report Cover Sheet   Agenda Item:

Report Title:	**Nursing Staffing Exception Report**
Name of Meeting:	Quality Governance Committee
Date of Meeting:	20th April 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 AHP's
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.

March continued with significant staffing challenges as we experienced a surge on 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.

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. |

	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 as the group progresses.
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 nine staffing incidences raised via datix throughout the month of March, of which there was one moderate harm staffing incident 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
March 2022

1. **Introduction**

2. **Staffing**

The actual ward staffing against the budgeted establishments from March 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 March 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 (%)**
85.1%	103.7%	92.6%	112.2%

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 high sickness absence rate for registered nurses, at 13.9%. They currently have 10.0 registered WTE vacancies within the department and continuous active recruitment into the department remains.

JASRU continue to have significant vacancy rates, equating to 3.86 WTE registered staff. JASRU continue to support ward 12 medicine with two registered staff. They are also running with a higher than average sickness absence rate at 14.1% for registered nurses and 15.0% for unregistered nurses.

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. They experienced sickness absence rates of 10.0% for registered staff throughout March.

Ward 9 currently have 9.0 WTE registered nurse vacancies, of which 3.0 WTE staff have been recruited into. They have also been supporting Ward 10 who have experienced increased sickness absence rates of 8.7%.

Ward 11 experienced 19.2% sickness absence overall for the month of March. They currently have 2.0 WTE registered nurse vacancies.

Ward 22 currently have 4.45 WTE registered staff vacancies. They have demonstrated 4.8% sickness absence for registered nurses in March.

Ward 4 have been receiving registered non ward based nursing support.

Emergency care centre wards 1 and 2 staff have supported ECC escalation area throughout March.

The exceptions to report for March are as below:

March 2022	
Qualified Nurse Days	**%**
Critical Care Department	72.7%
JASRU	68.6%
Ward 08	65.7%
Ward 09	58.4%
Ward 11	72.0%
Ward 22	72.1%
Qualified Nurse Nights	**%**
Emergency Care Centre – Wards 1 & 2	73.4%
Healthcare Assistant Days	**%**
JASRU	69.2%
Ward 04	63.9%
Qualified Nurse Nights	**%**
N/A	

In March 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 March, 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 March, the Trust total CHPPD was 9.1. This compares well 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 nine staffing incidents in March. Of the identified staffing incidents within March, there was one moderate harm incident, relating to a violence and aggression incident to staff. Of the other eight incidences there was no harm 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. Patient Safety Incidences

The below table outlines patient safety incidences via ward areas as reported via Datix. They are categorised in no/low harm, moderate harm, and severe harm/death. The culture of reporting within each area may impact on the data presented below. The information outlined below does not include incidences affecting staff.

Ward	No/low harm	Moderate harm	Severe Harm/Death
Cragside Court	9	0	0
Critical Care Dept	15	0	0
Emergency Care Centre - Ward 01 & 02	45	1	2
JASRU	8	0	0
Maternity Unit	28	1	0
Paediatrics	5	0	0
Special Care Baby Unit	1	0	0
St. Bedes	4	0	0
Sunniside Unit	16	0	0
Ward 04 Winter	22	1	0
Ward 08 Cardiology	9	0	0
Ward 09 Respiratory	13	0	0
Ward 10	20	0	0
Ward 11 Gen Medicine	9	0	1
Ward 12	20	1	0
Ward 14 Medicine	10	0	0
Ward 14A Trauma	11	0	0
Ward 21 Elective Ortho	2	0	0
Ward 22 Gen Medicine	12	1	0
Ward 23 Jubilee Wing	10	0	1
Ward 24 Jubilee Wing	17	0	0
Ward 25 Jubilee Wing	36	0	0
Ward 26 Gynae	7	0	0
Ward 27 Treat/Centre	16	0	0

6. 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.

7. Conclusion

This paper provides an exception report for nursing and midwifery staffing in March 2022.

8. Recommendations

The Board is asked to receive this report for assurance.

Gill Findley

Appendix 1- Table 3: Ward by Ward staffing March 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
Wards 1 & 2	83.8%	102.3%	73.4%	104.9%	1238	6.3	4.1	10.4
Ward 4	92.7%	63.9%	78.2%	97.3%	750	2.7	2.6	5.4
Ward 8	65.7%	82.2%	102.5%	101.3%	573	3.5	3.0	6.5
Ward 9	58.4%	99.2%	83.1%	117.7%	590	3.7	3.7	7.4
Ward 10	82.5%	132.5%	76.7%	132.1%	460	3.8	5.2	9.0
Ward 11	72.0%	106.9%	102.7%	157.1%	477	3.7	5.4	9.1
Ward 12	90.5%	200.3%	112.3%	148.5%	671	2.8	3.9	6.7
Ward 14 Medicine	79.8%	120.4%	109.1%	127.0%	562	3.4	4.2	7.6
Ward 14A	75.8%	116.0%	101.9%	91.3%	508	3.7	4.9	8.6
Ward 21	96.6%	87.1%	102.8%	124.2%	236	7.7	6.6	14.3
Ward 22	72.1%	105.1%	99.7%	93.8%	681	2.8	4.1	6.9
Ward 23	86.1%	129.4%	107.0%	108.9%	607	3.0	4.7	7.7
Ward 24	84.7%	108.3%	129.0%	114.4%	800	2.9	3.9	6.7

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	85.0%	94.8%	131.4%	125.7%	834	2.8	3.5	6.3
Ward 26	92.4%	119.4%	126.1%	115.8%	743	3.3	3.8	7.1
Ward 27	83.0%	95.8%	101.3%	104.9%	784	2.7	3.0	5.7
Cragside Court	78.5%	89.5%	113.5%	141.1%	275	6.7	7.6	14.3
Critical Care	72.7%	81.0%	80.3%	89.0%	232	28.0	4.7	32.7
JASRU	68.6%	69.2%	101.2%	113.2%	521	3.3	4.1	7.4
Maternity	119.0%	143.1%	90.6%	95.1%	547	13.0	5.3	18.4
Paediatrics	129.6%	129.8%	101.5%		39	63.2	18.9	82.1
SCBU	94.5%	113.1%	96.6%	90.1%	160	10.8	3.9	14.7
St Bedes	93.5%	102.9%	93.1%	78.1%	235	6.2	4.9	11.1
Sunniside	109.5%	78.8%	94.5%	110.5%	252	7.3	3.9	11.2
QUEEN ELIZABETH HOSPITAL - RR7EN	**85.1%**	**103.7%**	**92.6%**	**112.2%**	**12775**	**4.9**	**4.2**	**9.1**