

## Report Cover Sheet

## Agenda Item:

<b>Report Title:</b>	<b>Nursing Staffing Exception Report</b>			
<b>Name of Meeting:</b>	Board of Directors			
<b>Date of Meeting:</b>	September 2022			
<b>Author:</b>	Karen Roberts, Deputy Chief Nurse Laura Edgar, People Data and Information Lead			
<b>Executive Sponsor:</b>	Gillian Findley, Chief Nurse and Professional Lead for Midwifery and AHP's			
<b>Report presented by:</b>				
<b>Purpose of Report</b> <i>Briefly describe why this report is being presented at this meeting</i>	<b>Decision:</b>	<b>Discussion:</b>	<b>Assurance:</b>	<b>Information:</b>
	<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.			
<b>Proposed level of assurance – <u>to be completed by paper sponsor:</u></b>	<b>Fully assured</b>	<b>Partially assured</b>	<b>Not assured</b>	<b>Not applicable</b>
	<input checked="" 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"/>
<b>Paper previously considered by:</b> <i>State where this paper (or a version of it) has been considered prior to this point if applicable</i>				
<b>Key issues:</b> <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"> <li>• Finance</li> <li>• Patient outcomes / experience</li> <li>• Quality and safety</li> <li>• People and organisational development</li> <li>• Governance and legal</li> <li>• Equality, diversity and inclusion</li> </ul>	<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>August demonstrated some improvement in staffing fill rates compared to June and July. There are still ongoing staffing challenges as we experience the continuation of managing COVID-19 activity within the organisation, 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 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</p>			

	<p>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 through the Datix system.</p> <p>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 from this work.</p>				
<p><b>Recommended actions for this meeting:</b>  <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"> <li>• receive the report for assurance</li> <li>• note the work being undertaken to address the shortfalls in staffing</li> </ul>				
<p><b>Trust Strategic Aims that the report relates to:</b></p>	<p><b>Aim 1</b>  <input checked="" type="checkbox"/></p>	<p>We will continuously improve the quality and safety of our services for our patients</p>			
	<p><b>Aim 2</b>  <input checked="" type="checkbox"/></p>	<p>We will be a great organisation with a highly engaged workforce</p>			
	<p><b>Aim 3</b>  <input checked="" type="checkbox"/></p>	<p>We will enhance our productivity and efficiency to make the best use of resources</p>			
	<p><b>Aim 4</b>  <input type="checkbox"/></p>	<p>We will be an effective partner and be ambitious in our commitment to improving health outcomes</p>			
	<p><b>Aim 5</b>  <input type="checkbox"/></p>	<p>We will develop and expand our services within and beyond Gateshead</p>			
<p><b>Trust corporate objectives that the report relates to:</b></p>					
<p><b>Links to CQC KLOE</b></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><b>Risks / implications from this report (positive or negative):</b></p>					
<p><b>Links to risks (identify significant risks and DATIX reference)</b></p>	<p>There were 6 staffing incidences raised via datix throughout the month of August of which there was no moderate harm incident identified.</p>				
<p><b>Has a Quality and Equality Impact Assessment (QEIA) been completed?</b></p>	<p><b>Yes</b>  <input type="checkbox"/></p>	<p><b>No</b>  <input type="checkbox"/></p>	<p><b>Not applicable</b>  <input checked="" type="checkbox"/></p>		

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

**1. Introduction**

This report details the staffing exceptions for Gateshead Health NHS Foundation Trust during the month of September 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. 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 August 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 August 2022

<b>Day</b>	<b>Day</b>	<b>Night</b>	<b>Night</b>
<b>Average fill rate - registered nurses/midwives (%)</b>	<b>Average fill rate - care staff (%)</b>	<b>Average fill rate - registered nurses/midwives (%)</b>	<b>Average fill rate - care staff (%)</b>
<b>79.5%</b>	<b>116.3%</b>	<b>91.4%</b>	<b>104.0%</b>

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 removed covid 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 again in July (collected on bi annual basis). Data was triangulated with key performance indicators and professional judgement templates in line with the Developing Workforce safeguards and safe staffing recommendations (NHSi 2018). The outcome and recommendations from the January review were presented at Trust Board in May 2022.

The Community Business Unit received training on the Mental Health Optimal Staffing Tool (MHOST) in July. The first data collection for a staffing establishment review is planned throughout October following the roll out of the tool.

## **Contextual information and actions taken**

Cragside have demonstrated fill rates of 68.7% throughout August. They have a sickness absence rate of 28% in August, of which is predominantly long-term sickness absence.

JASRU have 4.87 WTE registered staff vacancies. JASRU continue to support ward 12 medicine with one registered nurse. They demonstrate sickness absence rates throughout August at 15.8% for registered staff. JASRU have two registered staff due to start in post in September. Bespoke support is in place from the matron, OH and POD to manage attendance.

Ward 25 currently have 3.32 WTE registered vacancies. They also demonstrated 7.5% sickness absence throughout August.

Ward 10 have 3.99 WTE Registered Nurse vacancies, contributing to reduced fill rates throughout August. They demonstrated an increase in staff annual leave percentage due to previously honoured annual leave requests.

Ward 11 experienced 8.83% sickness absence for registered staff and they currently have 3.55 WTE registered vacancies.

Emergency Care Centre 01 & 02 demonstrated 75% fill rate in August. They have been supporting other areas within the trust throughout August, with 42 registered nurse redeployments.

The exceptions to report for August are as below:

<b>August 2022</b>	
<b>Qualified Nurse Days</b>	<b>%</b>
Cragside	68.7%
Emergency Care Centre 01 & 02	75.0%
JASRU	67.4%
Ward 10	63.8%
Ward 11	71.8%
Ward 25	68.1%
<b>Qualified Nurse Nights</b>	<b>%</b>
N/A	
<b>Healthcare Assistant Days</b>	<b>%</b>
N/A	
<b>Healthcare Assistant Nights</b>	<b>%</b>
N/A	

In August, 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 August, 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 August, the Trust total CHPPD was 7.9. 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.

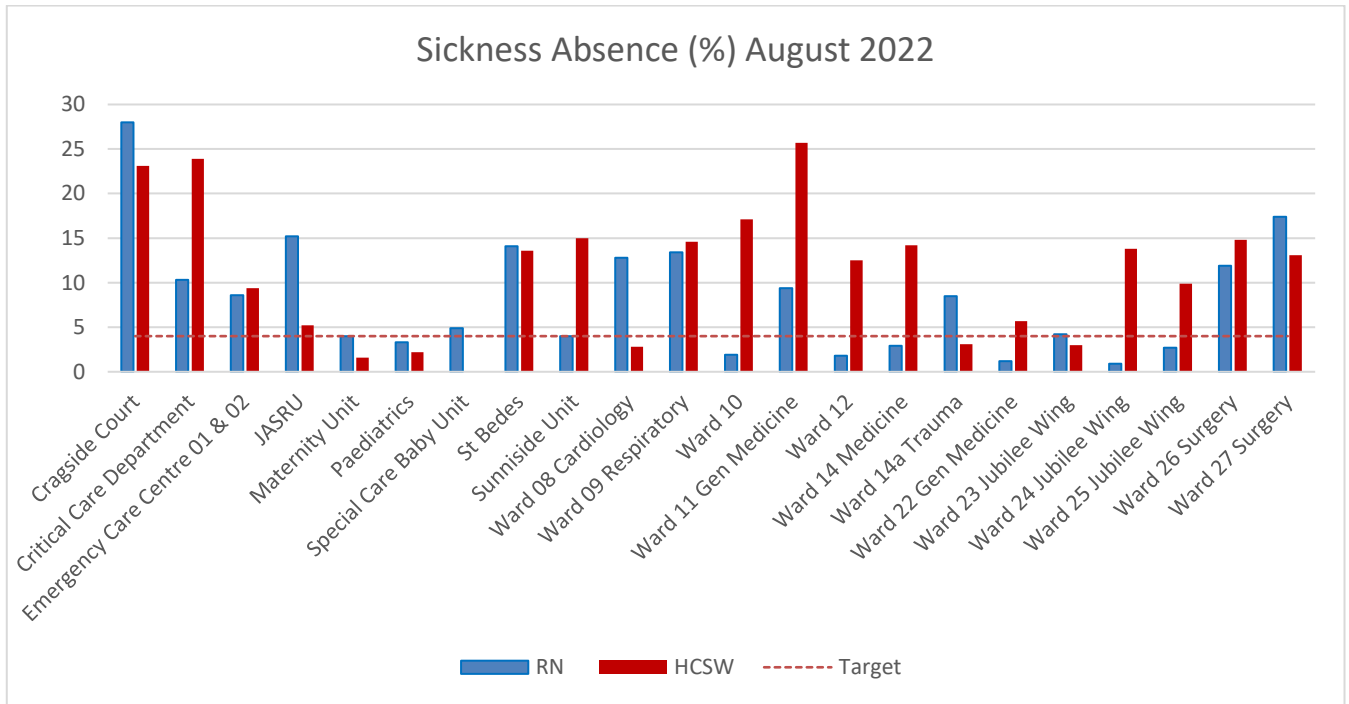
A task and finish group to streamline data capture and explore these potential emerging themes is being set up, alongside reviewing the potential to triangulate this data against a number of potential care quality measures to truly explore any impacts of staffing challenges on patient care, and to enable targeted support for staff.

A report of staffing concern related incidents is generated monthly and discussed at the Nursing Professional Forum.

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 fourth wave of COVID 19. The number of Registered Nurse vacancies also contribute to this.

### **5. Attendance of Nursing workforce**

The below table displays the percentage of sickness absence per staff group for August. This includes Covid-19 Sickness absence.



**6. Governance**

Actual staff on duty on a shift-to-shift basis compared to planned staffing is demonstrated within the Safecare 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 August 2022, 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 August 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
Cragside Court	68.7%	170.4%	86.7%	214.4%	316	4.8	11.5	16.3
Critical Care Dept	80.5%	112.0%	89.2%	70.7%	276	26.1	4.8	30.9
Emergency Care Centre - Ward 01 & 02	75.0%	117.5%	75.2%	114.0%	1351	5.5	4.2	9.7
JASRU	67.2%	114.2%	100.6%	125.8%	586	2.9	5.3	8.2
Maternity Unit	128.0%	143.5%	98.0%	95.8%	596	12.9	4.9	17.8
Paediatrics	102.3%	136.4%	100.8%		32	66.0	24.9	90.9
Special Care Baby Unit	91.6%	112.0%	99.9%	93.1%	99	17.4	6.4	23.7
St. Bedes	81.7%	121.9%	99.1%	127.7%	290	4.8	5.1	9.9
Sunniside Unit	105.0%	99.5%	102.6%	127.9%	214	8.6	5.6	14.2
Ward 08 Cardiology	88.6%	126.1%	102.8%	100.5%	631	3.2	3.4	6.6
Ward 09 Respiratory	79.1%	159.2%	140.4%	88.7%	854	2.5	2.9	5.3
Ward 10	63.8%	126.0%	107.1%	109.6%	707	2.4	3.1	5.5

	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 Gen Medicine	71.8%	118.4%	107.9%	126.4%	855	2.1	2.9	5.0
Ward 12	86.3%	134.4%	101.7%	136.8%	839	2.4	3.4	5.7
Ward 14 Medicine	82.4%	128.3%	134.9%	118.3%	663	3.2	3.7	6.9
Ward 14A Trauma	81.5%	166.1%	103.6%	105.7%	837	2.4	4.0	6.3
Ward 22 Gen Medicine	75.5%	110.8%	114.1%	89.4%	862	2.4	3.3	5.7
Ward 23 Jubilee Wing	76.8%	154.6%	100.5%	99.3%	708	2.4	4.4	6.8
Ward 24 Jubilee Wing	85.6%	101.1%	103.7%	93.8%	907	2.4	3.0	5.4
Ward 25 Jubilee Wing	68.1%	106.8%	103.0%	95.9%	951	1.9	3.0	4.9
Ward 26 Gynae	83.3%	110.5%	104.6%	111.1%	811	2.7	3.2	5.9
Ward 27 Treat/Centre	75.5%	94.9%	102.1%	95.7%	886	2.3	2.5	4.8
<b>QUEEN ELIZABETH HOSPITAL - RR7EN</b>	<b>79.5%</b>	<b>116.3%</b>	<b>91.4%</b>	<b>104.0%</b>	<b>14271</b>	<b>4.1</b>	<b>3.9</b>	<b>7.9</b>