

Report Cover Sheet

Agenda Item:

Report Title:	Nursing Staffing Exception Report			
Name of Meeting:	Quality Governance Committee			
Date of Meeting:	16 th February 2022			
Author:	Janet Thompson, Head of Nursing Laura Edgar, People Information and Data 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 <input type="checkbox"/> <i>No gaps in assurance</i>	Partially assured <input type="checkbox"/> <i>Some gaps identified</i>	Not assured <input type="checkbox"/> <i>Significant assurance gaps</i>	Not applicable <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>January continued with significant staffing challenges following on from December as the Organisation managed the COVID-19 activity that impacted on staffing resource and the clinical operating model. Significant staffing challenges were faced due to the community peak of Omicron.</p> <p>Wards where staffing fell below 75% of the funded establishment are shown within the paper. Actions taken are documented. Assurance that the escalation process is operating as expected is provided via the number of Datix reports relating to staffing.</p> <p>Assurance will be strengthened going forward as a safe staffing task and finish group has been initiated to review</p>			

	staffing establishments, managing sickness absence, as well as reporting, recording and escalation of staffing challenges. Quality Governance Committee will be updated as the group progresses.				
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 8 safe staffing incidences raised via datix throughout the month of January. From these 8 incidences there was no patient harm identified. Datix reference ID 93168, 93177, 93233, 93247, 93363, 93841, 93316, 94158.				
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
January 2022

1. Introduction

2. Staffing

The actual ward staffing against the budgeted establishments for January 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 has published this information on our website for the public, and provided a link from NHS Choices to this information.

Table 1: Whole Trust wards staffing January 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 (%)
82.7%	96.9%	93.5%	103.4%

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 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.

Contextual information and actions taken

Our critical care department have faced staffing challenges throughout January with a 12.25% sickness absence rate. 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 5.2 WTE registered staff. Unregistered fill rates for JASRU have improved within the month of January from previous due to the successful recruitment into these posts. JASRU are also continuing to support ward 12 medicine with two registered staff. Ward 8 demonstrates ongoing reduced registered fill rates as they also continue to support areas across the trust with 2.85 WTE registered staff.

Due to Covid outbreaks, ward 9 has experienced a period of reduced bed capacity and relocation to ward 4. This is displayed in the reduced registered day fill rates, however ward staff were redeployed according to ensure patient safety using Safecare live updates and professional judgement from the senior team. Ward 11 has also experienced bed closures due to covid outbreaks.

Currently ward 14 have 4.83 WTE registered vacancies, ward 22 have 9.61 WTE registered vacancies which includes the winter uplift of 3.94 WTE registered gaps and ward 25 have 8.41 WTE registered vacancies also including the winter uplift of 3.94 WTE.

Throughout January, ward 4 has flexed their capacity between 24 and 36 beds open depending upon patient flow demands within the trust. Non ward based registered nursing support has been utilised throughout the month of January, supporting the non-registered workforce. They continue to remain a daily priority within the senior nursing teams to ensure safe staffing and now have a designated winter matron in post to directly support the area.

The exceptions to report for January are as below:

December 2021	
Qualified Nurse Days	%
Critical Care	72.2%
JASRU	61.9%
Ward 8	66.2%
Ward 9	60.2%
Ward 11	73.7%
Ward 14 Medicine	73.8%
Ward 22	66.5%
Ward 23	73.0%
Ward 25	72.3%
Qualified Nurse Nights	%
N/a	
Healthcare Assistant Days	%
Ward 4	55.7%
Healthcare Assistant Nights	%
N/a	

In January the Trust worked to the agreed clinical COVID 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 January, 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.
- Mobilisation of part of the non-ward based nurse workforce away from normal duties to support areas most in need of support as detailed in the Trust's winter surge plans.

Work is continuing with the Matrons and the People and Organisational Development team to address the sickness levels within the divisions and to recruit to any vacancies.

3. Care Hours Per Patient Day (CHPPD)

Following the Lord Carter Cole report, it was recommended that all trusts start to report on care hours per patient per day (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)

Work is ongoing to use the CHPPD metric to monitor and provide assurance in relation to the safe staffing of our ward areas. In line with this review more information will be provided in future board papers.

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 8 staffing incidents in January. Of the identified staffing incidents within January, there were no patient harms relating to reduced staffing.

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 December 2021.

7. Recommendations

The Board is asked to receive this report for assurance.

Gill Findley

Appendix 1- Table 3: Ward by Ward staffing January 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	84.4%	96.4%	77.8%	92.2%	1344	6.0	3.4	9.4
Ward 4	107.1%	55.7%	91.3%	111.7%	796	3.0	2.4	5.4
Ward 8	66.2%	84.0%	98.5%	98.7%	636	3.1	2.7	5.8
Ward 9	60.2%	87.2%	81.3%	106.7%	694	3.2	2.8	6.0
Ward 10	90.4%	120.5%	75.2%	103.7%	668	2.7	3.1	5.8
Ward 11	73.7%	81.4%	108.9%	106.9%	638	2.9	2.9	5.8
Ward 12	90.6%	205.3%	104.8%	110.3%	776	2.3	3.1	5.4
Ward 14 Medicine	73.8%	83.1%	102.6%	107.5%	653	2.7	2.7	5.4
Ward 14A	75.6%	117.8%	100.6%	91.2%	616	3.0	4.1	7.1
Ward 21	79.4%	103.2%	108.7%	140.1%	396	4.2	4.6	8.8
Ward 22	66.5%	97.0%	100.7%	88.1%	843	2.1	3.1	5.2
Ward 23	73.0%	120.1%	104.3%	115.3%	623	2.6	4.5	7.1
Ward 24	82.5%	92.6%	100.4%	90.1%	870	2.4	2.9	5.3

	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 25	72.3%	81.2%	103.7%	94.5%	878	2.2	2.7	4.9
Ward 26	79.3%	119.8%	103.3%	123.3%	819	2.6	3.5	6.0
Ward 27	78.2%	85.8%	99.7%	95.8%	861	2.4	2.4	4.8
Cragside Court	88.2%	104.0%	112.0%	160.8%	322	6.1	7.5	13.6
Critical Care	72.2%	86.0%	89.9%	97.2%	298	22.7	3.9	26.6
JASRU	61.9%	76.2%	103.4%	96.5%	594	2.7	3.6	6.4
Maternity	113.7%	115.5%	89.5%	97.7%	574	12.0	4.5	16.4
Paediatrics	115.8%	101.5%	105.1%	N/A	67	34.6	8.6	43.2
SCBU	90.5%	117.5%	100.5%	101.6%	222	7.7	3.0	10.7
St Bedes	97.4%	96.3%	99.8%	101.1%	264	5.9	4.4	10.3
Sunnside	109.0%	90.7%	116.9%	107.0%	287	6.9	3.7	10.6