DATE OF MEETING	**26th July 2016**
REPORT FOR	**Trust Board of Directors – Public**
REPORT FROM	**Tara Filby, Chief Nurse**
CONTACT OFFICER	**Diane Hughes- Nurse Staffing Improvement Manager**
SUBJECT	**Update to the Board relating to nursing, midwifery and care staffing capacity and capability**
BACKGROUND DOCUMENT (IF ANY)	***National Quality Board (NQB) report "How to ensure the right people, with the right skills, are in the right place at right time"* 2013 (NHS England).**
REPORT PREVIOUSLY CONSIDERED BY & DATE(S)	
EXECUTIVE COMMENT (INCLUDING KEY ISSUES OF NOTE OR, WHERE RELEVANT, CONCERN AND / OR NED CHALLENGE THAT THE BOARD NEED TO BE MADE AWARE OF)	**This is the monthly report outlining those wards where staffing capacity and capability fell short of what was planned and any risks were mitigated.**
HAVE THE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	**No**
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	**No**
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	**No**
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	**No**
ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?	**No**
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?	**Yes**
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO SUSTAINABILITY IMPLICATIONS (QUALITY & FINANCIAL) & CLIMATE CHANGE?	**Yes**
THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S) AND COMPLIANCE WITH THE REGULATORY STANDARDS LISTED	**N/A**
ACTION REQUIRED BY THE BOARD	**The Trust Board is asked to note the report and support any further action required**

Report From: Tara Filby, Chief Nurse

Date: July 2016

Subject: Expectations relating to nursing, midwifery and care staffing capacity and capability

Purpose: This report provides an overview of nursing and midwifery staffing and advises the Board of those wards where staffing capacity and capability fell short of what was planned and any mitigation.

1.1 Background

This report will advise the Trust Board of those wards where staffing capacity and capability fell short of what was planned, the reason why and any impact on quality and the action taken to mitigate any risk in staffing from 1 June to 30 June 2016.

The organisation's expectations around safe nurse staffing have been defined as follows:

- 1 RN to 8 patients (minimum) for standard acuity wards on days
- 2 registered nurses on each shift as a minimum on inpatient wards
- Establishments based on a headroom allowance of 23.8% for sickness, absence, training and leave is built into the plan

The Trust website publishes all ward by ward data on planned versus actual numbers of staff by registered nurse/midwife and health care staff by day duty and night duty. A summary of this fill rate can be found in appendix A of this report.

NHS England has requested exception reporting around those areas where compliance around expected hour's vs actual hours for registered nurses (aggregated monthly data) are less than 80%. This report provides details of where compliance was less than 85%, our Trust internal target (Amber rated) along with those areas where compliance was less than 80%, national target (Red rated) - **10** from 38 wards fall into this red rated category, a decline in fill rate from previous month

To support the achievement of safe staffing and to take account of the daily fluctuating patient care needs there is a daily, ward by ward, review of staffing levels. It is at these group meetings that senior nurse decisions and management of risk is made to ensure patient safety and appropriate skill mix of registered to unregistered nurses is facilitated. The WebV clinical system is being used by Operational teams to support the allocation/redeployment of resources according to patient acuity and dependency.

2.0 Deviations in staffing capacity and capability

The table below demonstrates the site level fill rates illustrating that the planned establishments were maintained on average across the sites. The arrows indicate movement in month.

	Day		Night		Day	Night	Overall
Site	Fill rate - registered nurses/midwives	Fill rate - care staff	Fill rate - registered nurses/midwives	Fill rate - care staff	Average Nurse fill rate		Total average fill rate
Grimsby	86.0%↓	97.4%↓	92.2%	102.1.%↓	90.3%↓	96.8%↓	96.3%↑
Goole	87.7%↓	102.0%↓	92.7%	140.6%↑	93.6%↑	102.2%↑	96.5%↑
Scunthorpe	88.1%↑	102.9%↑	95.8%↑	101.3%↓	93.7%↑	97.7%↑	93.9%↑

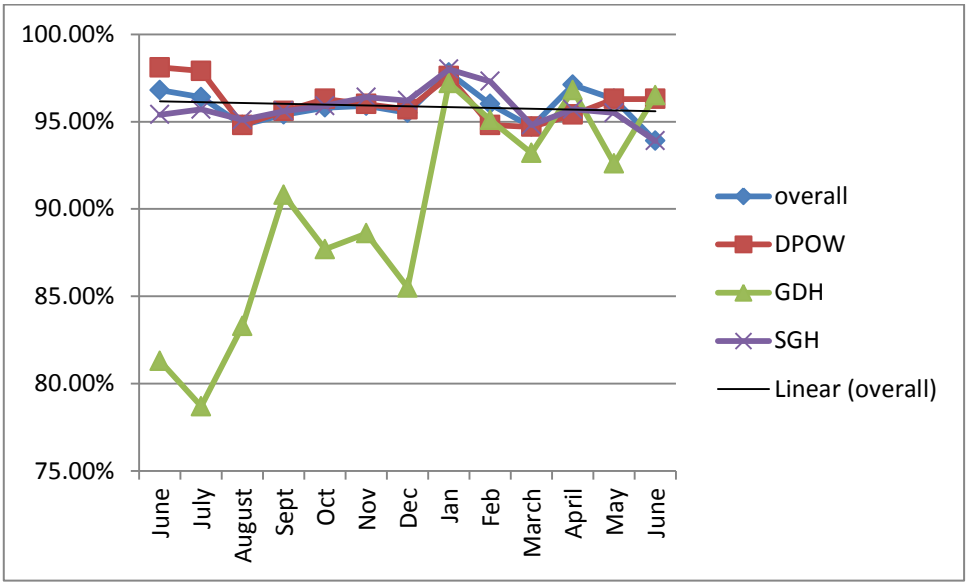
The Trust Overall % fill rates are calculated using the combined total raw data from the 3 hospital sites. These show overall that shifts are filled above the national 80% fill rate.

	Day		Night		Day	Night	Overall
Site	Fill rate - registered nurses/midwives	Fill rate - care staff	Fill rate - registered nurses/midwives	Fill rate - care staff	Average Nurse fill rate		Total average fill rate
Trust Overall	87.0%↓	100.2%↓	93.9%↓	102.4%↓	92.1%↓	96.8%↓	93.9%↓

Overall the Trust position in terms of fill rate has continued in month however this has been achieved by continued reliance on temporary staff, e.g. bank and agency (see Appendix A). It is pleasing to see that for the month of June there continued to be a 'nil' expenditure on agency HCA shifts. The Trust has also not filled any of the roster gaps with agency nurses from off framework agencies since 29 February 2016. From the 1st July all nurse agency shifts are paid at the April Cap rate.

In response to a request from the Trust Board, detailed information is included below in relation to trends in these fill rates from June 2015 – June 2016.

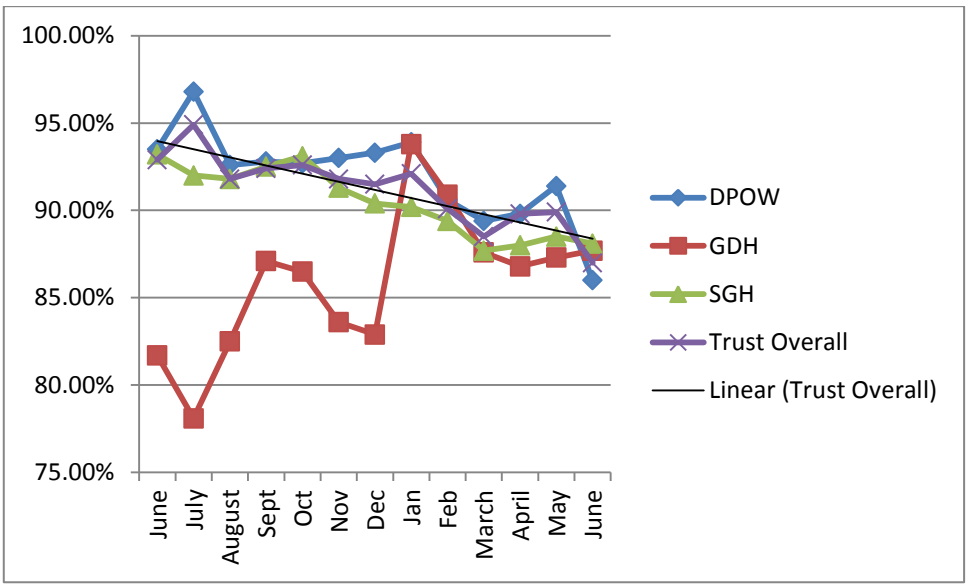
Overall fill rate



This month does show a slight decline across the trust in overall fill rate.

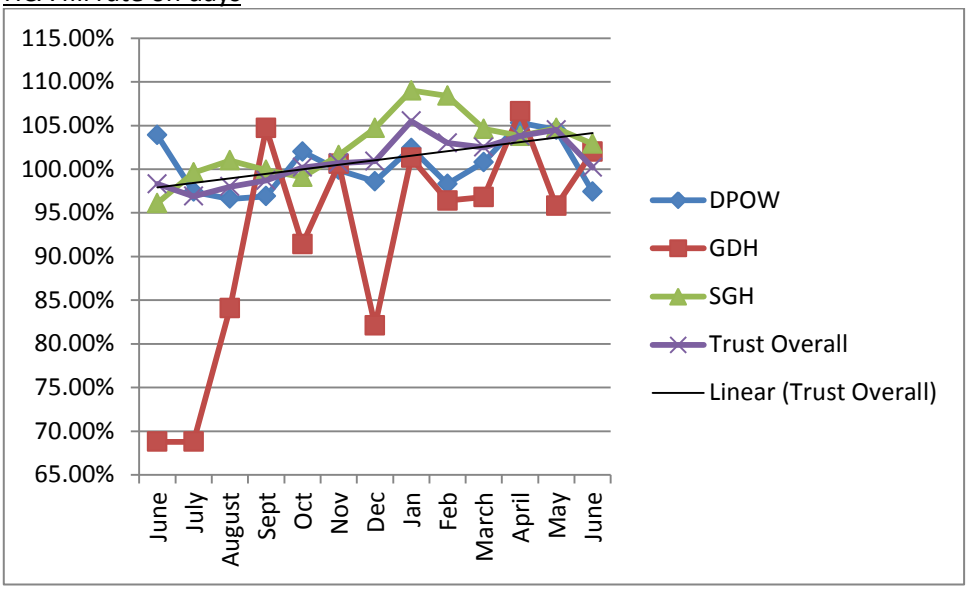
Breaking the fill rate down further into RN/HCA shifts on day/night duty provides additional insight into fill rates:

RN fill rate on days



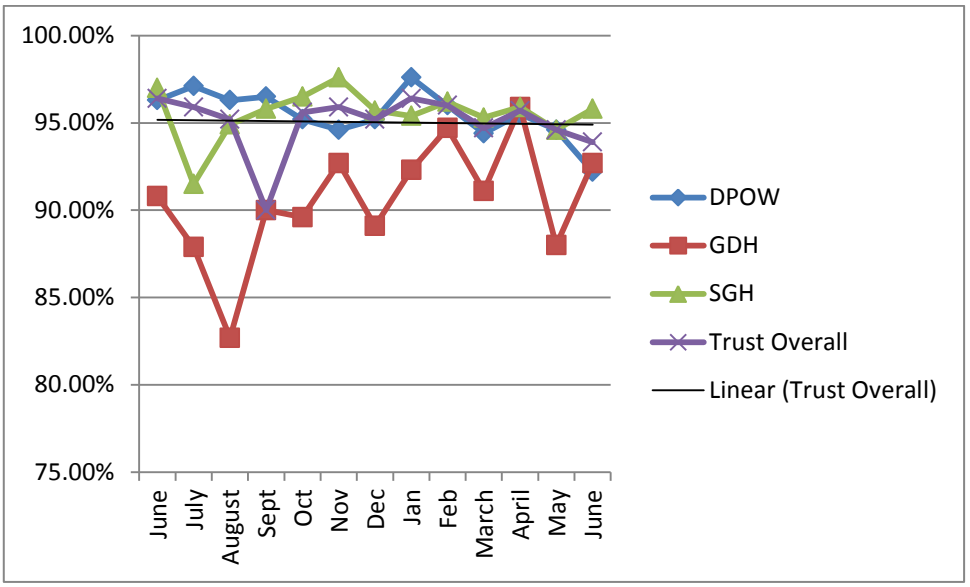
This shows an overall deteriorating trend-line in relation to filling day shifts with registered nurses . This correlates with a positive fill rate position for HCAs, where posts have been easier to recruit to:

HCA fill rate on days

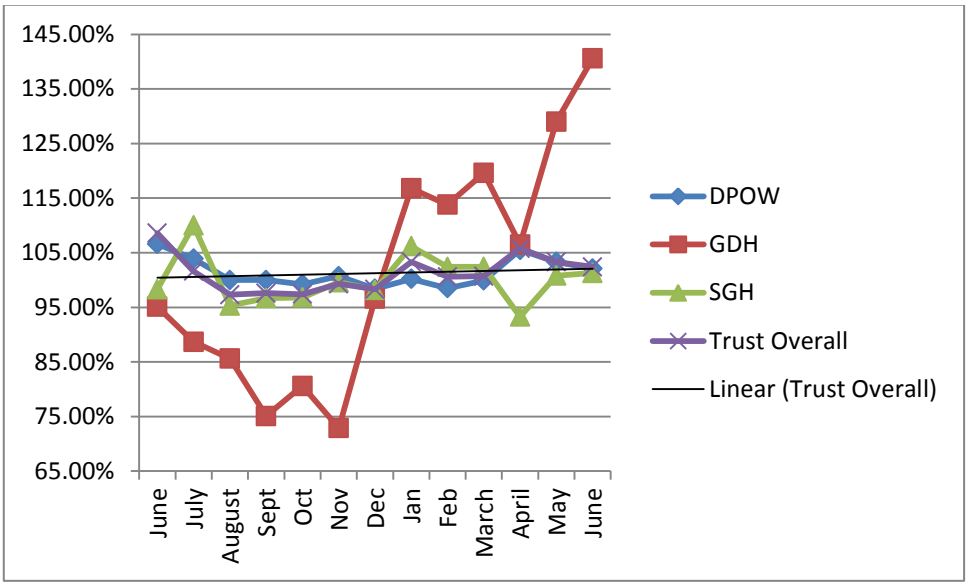


The night fill rate position is more stable and this reflects the commitment of senior nursing management teams to prioritise the night shift for both RNs and HCAs as there is less support available from other staff groups out of hours and also the positive uptake of agency/bank shifts. The increase seen at Goole is due to HCA required to work on ward 6 at night to care for a dependant patient, this was booked additional to establishment for patient safety.

RN fill rate on nights



HCA fill rate nights



Care Hours Per Patient Day

The fill rate data provides an overview of the position however it does not provide an indication of how effectively the actual filled shifts meet the needs of patients. NHS Improvement now requires us to report data in a different way, i.e. care hours per patient day, which will be reported nationally from June 2016.

CHPPD is calculated by adding the hours of registered nurses to the hours of healthcare support workers and dividing the total by every 24 hours of in-patient admissions (or approximating 24 patient hours by counts of patients at midnight**).**

CHPPD reports split out registered nurses and healthcare support workers to ensure skill mix and care needs are met. From May 2016, CHPPD has become the principle measure of nursing and care support deployment, with the expectation that it will form part of an integrated ward/unit level quality framework and dashboard encompassing patient outcomes, people productivity and financial sustainability.

To make this collection as easy as possible, one new field has been included into the UNIFY safe staffing return which is completed every day. The new field – Patient count **at midnight** – is the total number of patients on the ward at 23.59 and then totalled for the month for the return.

CHPPD will automatically be calculated by taking the actual hours worked (split into registered nurses/midwives and healthcare support workers) divided by the number of patients at midnight.

The data for our organisation is populated in the table below:

	Care Hours Per Patient Day (CHPPD)		
	Nurses	**HCAs**	**Overall**
DPOW	4,1	2.7	6.8 ↓
SGH	4.6	3.0	7.6↓
GDH	4.8	3.0	7.8↓
Overall	4.4	2.8	7.2↓

This data indicates that between 6.8 and 8 Care Hours Per Patient Per Day is provided across the two major sites with the majority of the care being provided by Registered Nursing staff. This correlates with the RCN's assertions that the number of RN's involved in care increases patient safety. It should be noted that CHPPD is a crude measure, does not account for skill mix differences and does not take into account the acuity and dependency of patients which differ greatly from ward to ward. It is also based on bed occupancy at midnight which does vary from the mid-day bed occupancy and does not take patient outcomes into consideration. This shows a slight decrease from last month

The % ratio of registered to non-registered workforce as evidenced through the CHPPD is:

- **Trust Overall** 64% RN's to HCA's
- **DPoW** 66% RN's to HCA's
- **SGH** 65% RN's to HCA's
- **GDH** 64% RN's to HCA's

These figures are an average and therefore the detail ward to ward is important (see Appendix 1).

Below is demonstration of how the CHPPD is calculated. This is taken from the Carter report.

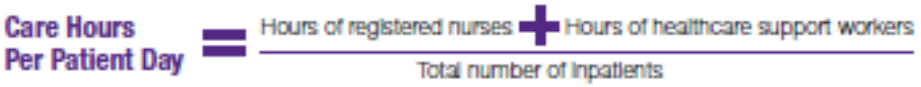


Figure 2.6 – Method of calculation of Care Hours Per Patient Day

The Chart below shows the variation found in CHPPD

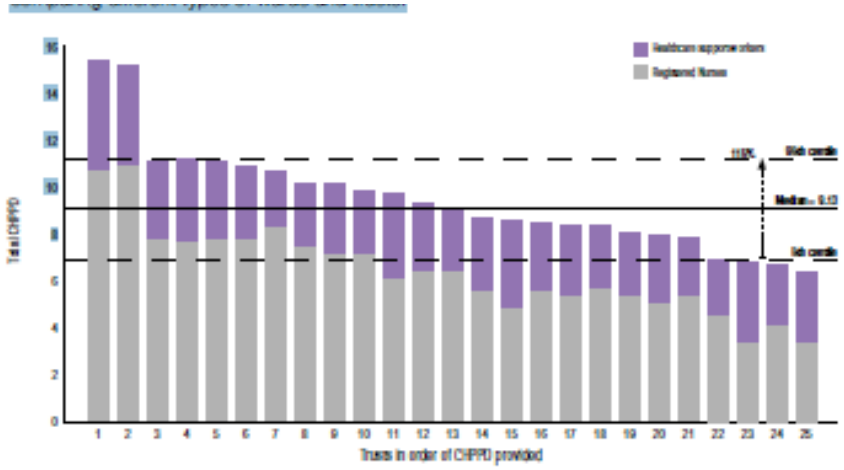


Figure 2.7 – A distribution of CHPPD across a sample of 25 trusts, for October 2015

Acuity/dependency

Senior nurses continue to employ the Safer Nursing Care Tool (SNCT) via the Safe Care Live module of Health Roster to review the acuity and dependency of patients in our care. Senior nurses in NLaG now use data from the SNCT to review establishments and coordinate the effective deployment of staff. Front-line nurses assess each patient at least daily, preferably each shift and attribute a score based on the SNCT model (category 0, 1a, 1b or 2). This information is input into the WebV solution and viewed by Operational Matrons as an acuity score.

The detail is then pulled from the system by the Roster team who can produce graphs to compare the number of **hours required** to care for the patients (based on their needs) with the **planned hours** on the agreed roster template. Data is then added that shows the **actual hours worked** and broken down into **substantive** staff, **bank** and **agency**.

Impact of staffing on patient care

It is imperative that we triangulate the new CHPPD and the staffing fill rates with patient outcomes/nurse sensitive indicators, e.g. pressure ulcers and falls. The nursing dashboard outcomes, falls and pressure ulcer data are provided in Appendix A. This provides a level of assurance in relation to the quality impact in association with nurse staffing levels. None of the dashboards are RAG rated red.

3.0 Reasons for the gap

The following table summarises the gap and the action taken to address the gaps in fill rate for each of the red rated exception wards in order to ensure the wards remain safe.

<80% compliance was reported in **10** wards:

Ward	**Gap**	Action taken	Is it safe?
DPOW			
NICU	Reduction in RN & HCA on day and night duty	Long term & short term sickness are contributing factors. Shifts have been supported by the community team. NICU staff have also supported Rainforest when cot occupancy falls - redeployment was facilitated and both areas safe.	Yes

B4	Reduction in RN on day duty	Reduction in bed base to ensure 1:8 patient ratio, from 24 beds to 16.	YES
Rainforest	Reduction in RN on day duty	2 new starters due to start in august, which will bring to full establishment. 3 staff currently on long term sick. Cover provided by other areas with paediatrics and bank/agency as appropriate.	Yes
C1H	Reduction in RN on day duty	High level of sickness amongst trained staff, the ward is supported with the APiN (Band 4) and staff redeployed on a daily basis to minimise the risks reviewing acuity and dependency of patients using SNCT.	Yes
C6	Reduction in RN on day and Night duty	A Member of staff was redeployed to the Stroke unit on a short term basis as the Stroke unit was deemed to be more at risk due to poor staffing, this member of staff has now gone back to C6 gaps were plugged with agency wherever possible and staff were redeployed on a daily basis	yes
ITU SGH	Reduction in HCA on day duty and RN Night duty.	We have HCA vacancy and have been unable to fill; this does not affect the nursing ratio of 1:1. The night shift RN fill is based on the level and number of patients within the ITU.	yes
SGH			
Disney	Reduction in RN on day duty	The gaps on Disney are due to the establishment review re-deployment of NICU staff not being totally complete and the ongoing 2.9wte temporary RN vacancies that we are unable to fill. This should improve temporarily once the establishment review changes are fully implemented. There is also the usual short term sickness on top of the vacancy position	Yes
Ward 17	Reduction in RN on day duty	Vacancies being proactively managed, e.g. HCA backfill cover as appropriate. Daily review by Matron. Staff redeployed from other areas to cover and bank and agency staff used. Ward 17 review patient dependency and acuity - have 23 beds so choose to have 3 RN's on the late still giving a ratio of 1 RN to 8 patients to prioritise higher risk early and night shift.	yes

Ward 18	Reduction in RN on day duty	Shortfalls within medicine are covered through bank and agency wherever possible .Should this not occur staff are redeployed across the floor based on numbers available and the acuity and dependency of patients using SNCT.HCA 's are used to supplement those areas demonstrating high demand	yes
Ward 23	Reduction in RN on day duty	Shortfalls within medicine are covered through bank and agency wherever possible .Should this not occur staff are redeployed across the floor based on numbers available and the acuity and dependency of patients using SNCT.HCA 's are used to supplement those areas demonstrating high demand	Yes

It is evident that where it is safe to do so, HCA shifts are used to backfill shortages in RN shifts on the roster. This correlates with an overfill rate on the template as evidenced in Appendix A, e.g. in several areas.

The rationale for apparent overfill rates in other areas includes:

Ward name	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Ward 2	84.7%	116.3%	99.7%	94.2%
Additional HCA are booked to support the ward when unable to fill the 3 RN required.				

Wards that have not flagged as Red but are a cause for concern due to the low % fill rate by substantive registered nurses include:

C1K
Ward 22
Ward 24

Priority focus has been given to these areas for booking temporary staff due to the need for continuity of care. They also feature within the top 10 on the ward risk profile as a focus for the recruitment of experienced nurses.

4.0 Summary

- Each ward is reviewed daily by the operational matrons and Associate Chief Nurses and any redeployment of staff is undertaken on a shift by shift basis. The operational matrons plan the next day staffing requirements by reviewing the acuity and dependency of the wards they are responsible for and in conjunction with the ward sister/charge nurse. An additional weekly meeting is being held to proactively look ahead at roster shortages and consider mitigation including block booking of staff from framework agencies
- The skill mix of the nursing workforce is taken into account daily especially in light of recent successful recruitment initiatives locally and overseas. We make conscious decisions to move nurses by ward or within their own ward according to competency and skills
- Where we have vacancies in ward areas we are actively recruiting to these posts and this is monitored by the operational groups and through a Nurse staffing group which meets weekly. A ward risk profile is regularly updated and used in accordance with targeted recruitment activity to suit the needs of each ward
- Where we have fluctuations in activity we flex the nursing staff to patient need and support other ward areas.
- Associate Chief Nurses and their operational matrons meet every Ward Sister/Charge Nurse across their areas to ensure that all staffing is in line with rosters and agreed budgets.
- Nursing dashboard data is monitored by exception at NMAF.

5.0 Conclusions

The Board are asked to note the report and support any further action required.

Appendix A – Fill rates Nursing, Midwifery and Care staff

	Day		Night		Day		Night		Care Hours Per Patient Day			Number of Avoidable Falls	Number of Avoidable PU	Nursing Dashboard %
Ward name	Av. fill rate - RNs (%)	Av. fill rate - care staff (%)	Av. fill rate – RN (%)	Av. fill rate - care staff (%)	Av. fill rate - substantive RN (%)	Av. fill rate – Substantive care staff (%)	Av. fill rate – substantive RN (%)	Av. fill rate - substantive care staff (%)	RN	Care Staff	Overall			
AMETHYST & D1	90.4%	100.9%	101.3%	111.5%	**80.5%**	**89.9%**	**76.3%**	**73.47%**	3.0	2.6	5.6	0	0	92.1%
Blueberry /Holly	99.3%	99.1%	104.0%	100.9%	94.7%	96.6%	90.2%	96.16%	10.7	5.3	16.0	0	0	97.6%/97.6%
C1 KENDALL	81.7%	93.8%	92.9%	94.2%	63.6%	63.1%	41.7%	66.67%	2.3	2.1	4.4	0	0	96.5%
CORONARY CARE UNIT	99.7%	113.4%	84.6%	-	83.0%	88.9%	60.1%	-	7.1	3.1	10.2	0	0	98.8%
Honeysuckle/ Jasmine	89.9%	99.5%	85.4%	99.1%	80.1%	97.9%	59.4%	99.13%	12.8	5.9	18.6	0	0	97.6%/100%
ITU	91.4%	105.2%	94.1%	-	84.8%	85.1%	81.8%	-	25.8	2.5	28.3	0	0	100.0%
LAUREL WARD	99.3%	96.9%	97.0%	109.4%	96.6%	81.8%	88.6%	86.67%	4.0	2.6	6.7	0	0	90.0%
NICU	78.6%	60.0%	71.9%	56.7%	78.0%	60.0%	71.9%	56.67%	9.8	1.5	11.4	0	0	100%
Rainforest	73.3%	88.1%	84.1%	128.1%	71.0%	84.8%	80.8%	121.45%	6.7	2.8	9.5	0	0	90.3%
STROKE UNIT	80.5%	100.6%	96.7%	87.8%	78.5%	83.5%	65.0%	63.33%	2.4	3.1	5.5	0	0	91.2%
WARD B2 SAU	95.8%	107.5%	98.8%	138.8%	88.2%	106.4%	84.4%	120.00%	3.2	2.2	5.4	0	0	91.8%
WARD B3	85.8%	121.7%	97.0%	125.5%	78.8%	114.3%	83.7%	96.67%	3.9	1.7	5.6	0	0	92.1%
WARD B4	76.4%	103.9%	100.2%	96.5%	50.0%	101.6%	33.3%	85.00%	3.0	3.0	6.0	0	0	93.5%
WARD B6/B7	88.2%	92.7%	96.7%	95.0%	82.0%	86.7%	89.2%	89.44%	2.9	2.6	5.5	0	0	92.6%/92.9%
WARD C1 HOLLES	73.7%	97.5%	95.1%	90.6%	65.3%	77.7%	53.3%	77.78%	2.2	3.0	5.2	0	0	99.1%
WARD C5	86.1%	90.9%	96.2%	99.5%	84.8%	85.4%	75.2%	90.00%	2.7	2.4	5.1	0	0	96.8%
WARD C6	75.7%	79.2%	91.9%	109.2%	70.6%	66.5%	62.0%	69.85%	2.4	2.2	4.6	0	0	93.5%
CCU	83.8%	108.5%	100.0%	100.0%	68.7%	102.3%	100.0%	76.67%	5.6	2.4	8.0	0	0	99.7%
Disney	72.1%	93.3%	90.0%	103.3%	71.1%	86.7%	90.0%	103.33%	6.1	2.4	8.5	0	0	95.5%
ITU	96.6%	64.2%	94.6%	-	89.8%	64.2%	80.9%	-	29.8	0.7	30.5	0	0	100%
NICU	87.1%	93.3%	92.1%	73.8%	86.1%	93.3%	90.5%	-	9.7	2.3	12.0	0	0	96.2%
SGH GYNAECOLOGY WARD	89.2%	102.0%	91.0%	-	68.0%	101.4%	40.5%	-	8.8	3.0	11.8	0	0	98.2%
SSRU	87.5%	110.9%	92.1%	105.0%	85.5%	103.9%	76.1%	100.00%	6.0	3.4	9.4	0	0	98.7%
WARD 10/11	98.0%	103.8%	98.0%	118.3%	94.8%	94.7%	69.1%	101.67%	4.1	3.4	7.5	0	0	99.2%/99.7%
WARD 16	91.3%	102.2%	102.8%	100.7%	75.1%	94.2%	57.6%	63.33%	3.4	3.0	6.4	0	0	98.5%
WARD 17	76.7%	108.6%	101.6%	98.3%	64.6%	104.4%	63.3%	85.00%	3.0	3.1	6.1	0	0	99.0%
WARD 18	78.3%	93.7%	100.2%	99.4%	74.0%	79.0%	75.2%	86.06%	4.4	3.0	7.3	0	0	94.6%

WARD 2	84.7%	116.3%	99.7%	94.2%	62.9%	96.6%	66.7%	60.00%	3.8	2.9	6.7	0	0	97.1%
WARD 22	94.5%	94.8%	92.2%	108.3%	62.6%	81.8%	40.0%	85.00%	3.3	3.1	6.4	0	0	96.3%
WARD 23	79.2%	107.6%	98.4%	98.9%	76.0%	107.2%	56.7%	97.78%	2.5	3.5	5.9	0	0	96.6%
WARD 24	81.1%	106.1%	100.0%	98.9%	57.9%	97.8%	48.3%	71.11%	2.6	3.5	6.1	0	1	98.8%
WARD 25	95.9%	99.2%	96.8%	100.0%	72.3%	95.7%	48.5%	95.00%	3.3	3.8	7.1	0	0	95.4%
WARD 26	88.9%	100.0%	94.4%	98.4%	78.7%	96.7%	88.9%	88.41%	6.2	2.0	8.2	0	0	100.0%
WARD 28	97.7%	101.6%	100.0%	103.3%	83.9%	94.6%	84.5%	95.00%	3.6	2.8	6.4	0	0	95.6%
WARD 6	96.9%	87.0%	91.8%	-	86.1%	83.0%	91.8%	-	5.0	2.3	7.3	0	0	98.1%
WARD 3	81.5%	113.0%	93.5%	101.2%	81.5%	109.9%	78.0%	101.21%	4.6	3.6	8.2	0	0	100.%

Fill rate key

<85%	
<80%	
>115%	

Nursing Dashboard Key

Calculated Thresholds	
Over	95%
Over	85%
Under	85%