

NLG(17/451)

DATE OF MEETING	28 th November 2017
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).
PURPOSE OF THE PAPER:	For Assurance
EXECUTIVE SUMMARY (PLEASE INCLUDE A BRIEF SUMMARY OF THE PAPER, KEY POINTS & ANY RISK ISSUES AND MITIGATING ACTIONS WHERE APPROPRIATE)	<p>This is the monthly report outlining those wards where staffing capacity fell short of what was planned and any risks were mitigated. This shows an overall achievement of fill rate for inpatient wards with a continued high reliance on the use of temporary staff including agency staff (both on and off framework).</p> <p>p.4 The overall fill rates show an increase in month to 98.3% across the trust..</p> <p>p.8 Midwife to birth ratios in month are 1:30 DPOW, 1:23 SGH</p> <p>p.9 Only 1 ward is showing fill rate of less than 80%</p>
HAVE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	NOT APPLICABLE
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	NOT APPLICABLE
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?	NOT APPLICABLE
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 &	YES

FINANCIAL) & CLIMATE CHANGE?	
THE PROPOSALS OR ARRANGEMNTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S)	To ensure safe and effective Nurses staffing levels
THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER ENSURE COMPLIANCE WITH THE REGULATORY OR GOVERNANCE REQUIREMENTS LISTED	NOT APPLICABLE
THE PROPOSALS OR ARRAGEMENTS OUTLINED IN THIS PAPER TAKE ACCOUNT OF REQUIREMENTS IN RESPECT OF EQUALITY & DIVERSITY	NOT APPLICABLE
ACTION REQUIRED BY THE BOARD	The Board is asked to note the report and support any further action required.

Report From: Tara Filby, Chief Nurse

Date: November 2017

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 revised 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 1st October – 31st October 2017.

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 21.8% 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 hours 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) – 1 of the 38 wards fall into this red rated category which is the first time this has been achieved. Overall the trust fill rates have increased to 98.3% fill rate.

2.0 Deviations in staffing capacity and capability

The table below demonstrates the site level fill rates. A number of wards (highlighted in Grey), especially at SGH, have a substantive fill rate of <60% and give cause for concern in relation to continuity and skill mix however in the majority of these areas, the use of temporary staff supports the overall fill rate to be within acceptable parameters. Many ward sisters choose to reduce fill rate by substantive staff on night shifts as it is more likely that night shifts will be picked up by agency staff. There is a balance of risk that is considered when doing this in relation to skill mix.

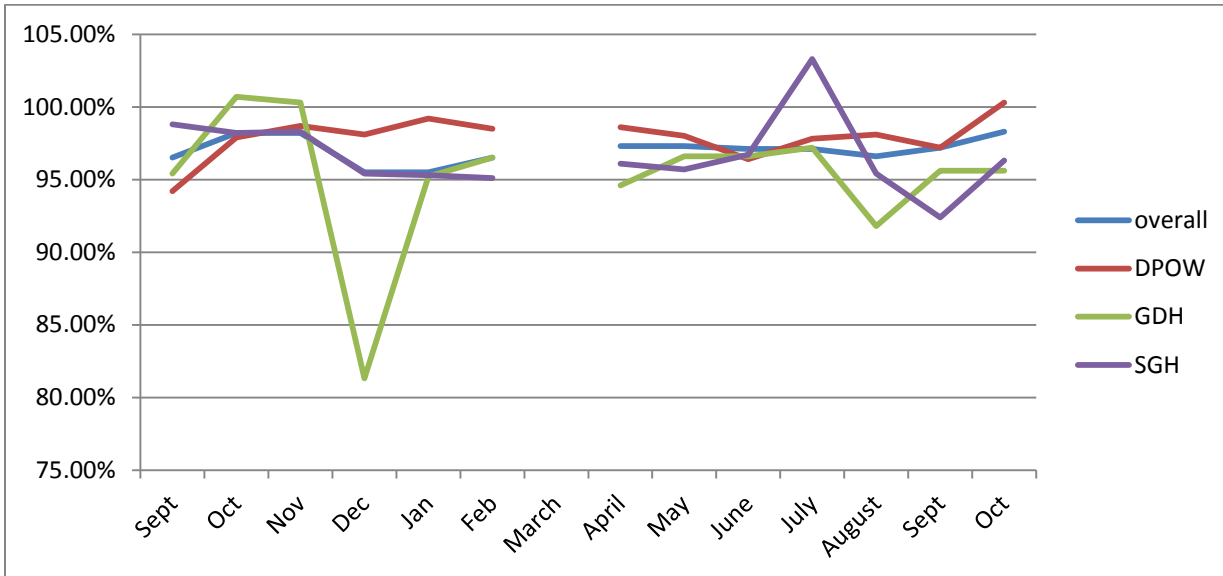
The arrows indicate movement in month:

	Day	Day	Night	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	Average Nurse fill rate	Average fill rate
Grimsby	99.0%↑	99.6%↓	99.7%↑	108.6%↑	99.2%↑	102.0%↑	100.3%↑
Scunthorpe	90.6%↑	96.8%↓	97.1%↑	112.4%↑	92.9%↑	101.9%↑	96.3%↑
Goole	97.3%↑	91.8%↑	96.8%↓	97.1%↓	94.9%↑	96.9%↓	95.6%

	Day	Day	Night	Night	Day	Night	Overall
	Fill rate registered nurses/midwives	Fill rate – care staff	Fill rate - registered nurses/midwives	Fill rate - care staff	Average Nurse fill rate	Average Nurse fill rate	Average fill rate
Trustwide	95.0%↑	98.0%↓	98.4%↑	108.6%↑	96.1%↑	101.8%↑	98.3%↑

3.0 Overall fill rates.

The overall fill rates are shown in the run chart below:



The overall trust-wide fill rate has to 98.3%, this will be attributed to the 68 newly qualified nurses who have started in the trust.

4.0 Care Hours Per Patient Day (CHPPD)

CHPPD is part of the data provided from the model hospital. 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). The new field – Patient count at midnight – is the total number of patients on the ward at 23.59 and then totaled for the month for the return.

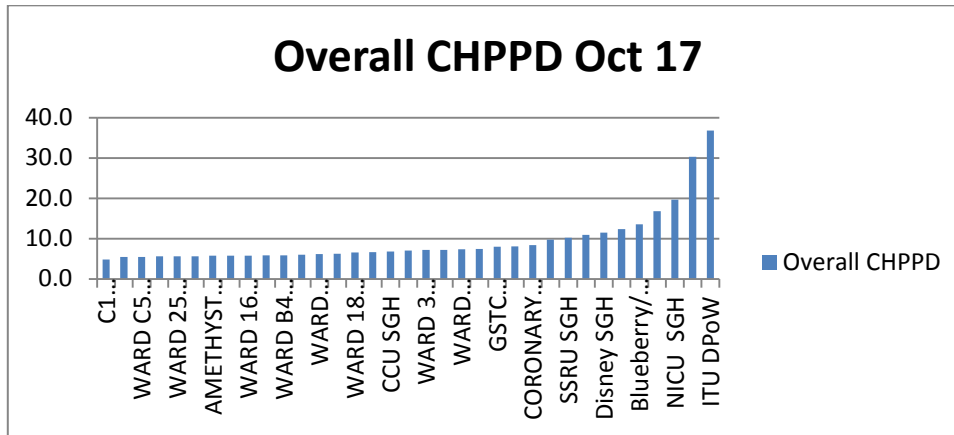
CHPPD reports split out registered nurses and healthcare support workers to ensure skill mix and care needs are met. From May 2016, CHPPD has become the principle measure of nursing and care support deployment, with the expectation that it will form part of an integrated ward/unit level quality framework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

	Care Hours Per Patient Day (CHPPD)			% Ratio RN 's to HCAs
	Nurses	HCAs	Overall	
DPOW	4.5↑	2.7↓	7.2	60%↓
SGH	5.0	2.9	7.9	58%
GDH	4.9↑	2.6↑	7.5↑	53%↑
Overall	4.7	2.8	7.5↓	60%

This month's data indicates that between 7.2 and 7.9 Care Hours per Patient per Day is provided across the three sites with the majority of the care being provided by Registered Nursing staff. There is an increase seen overall to the position seen last month.

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

The chart below demonstrates the range of Care Hours per patient day across areas:



5.0 Acuity/dependency

During November a trust wide daily data collection of the Safer Nursing Care Tool (SNCT) will take place on all the wards. Training has taken place with ward nurses and has seen good attendance. Follow up sessions will be delivered in the ward areas. The evidence will be used to support the annual establishment review process that has been brought forward to December, to ensure staffing levels are adequate for the needs of the patients on the ward and to inform the budget setting process for the next financial year.

6.0 Inpatient wards

6.1 Bed reduction

When all options to fill vacant shifts have been exhausted, to ensure patient safety, decisions are made to temporarily close beds. Ward 2 at Scunthorpe General Hospital has been closed since August 2016 to allow staff to be temporarily redeployed to other wards within the medicine division. 4 beds have been temporarily reduced on ward 25 due to significant vacancy issues and a pilot of a care navigator role is underway. 4 beds have been temporarily reduced since June 2017 on ward 22 due to the significant vacancy position of Registered Nurses and deterioration in a number of quality indicators. Ward 24 has been reduced by 6 beds due to the current vacancy position. Patient care quality and safety is being closely monitored and beds will remain closed until the position improves. These changes have been endorsed via the Trust Management Board.

6.2 Escalation beds

Escalation beds have been opened to cope with the increasing demand in admissions. At DPoW site this is primarily on ward C2. An escalation area has been set up for these areas on e-roster. The continued use of escalation beds has put additional pressure on nurse staffing and the use of high cost agencies. Ward B2 and B3 have seen an intermittent increase in their bed base by 4 beds each frequently throughout the month.

8.0 Maternity

The chart below demonstrates the midwife/birth ratios calculated using the Birth Rate Tool for October 2017:

Month October 17	DPOW	SGH	Trust-wide
Staffed to full Establishment	29.33	23.57	26.79
Excluding mat leave and vacancies	32.75	26.22	29.87
With gaps filled through NLAG Bank/Agency	29.37	22.90	26.47

A daily risk assessment is in place to empower midwives to escalate concerns re: staffing levels and the acuity and

complexity of women in their care. Mitigating actions are then put in place as per the Trust escalation policy, including calling in supportive resource from the community midwifery team. All vacant posts are filled; the newly qualified midwives at Scunthorpe are currently going through their supernumerary supervision. Support has been received from Claire Keegan NHS England to review current Staffing and proposed change in model at SGH. Birthrate Plus was commissioned by the Trust and a report received in March 2017. This has been reviewed and a plan put in place to match midwifery resource to patient need.

9.0 Paediatrics

An increase in fill rates is seen this month in paediatrics. A daily risk assessment is carried out to assist this decision-making and capture the rationale. An establishment review has been undertaken for the paediatric wards due to changes in national guidance. This will be subject to confirm and challenge on the 16th October. The outcome from the staffing establishment is to be taken to the Trust Management Board.

10.0 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 and safety thermometer data are provided in Appendix A. This provides a level of assurance in relation to the quality impact in association with nurse staffing levels. There is 1 ward which is RAG rated red for RN fill rates in September. We are comparing staffing fill rates with safety thermometer data which reports new harm to patients. This includes pressure ulcers, falls, UTI and DVT/PE and therefore is attempting to triangulate a wider set of nurse sensitive indicators with nurse staffing fill rates. There is no correlation seen between fill rates and harm free care. 4 of the wards showing red for safety thermometer are small units where using a percentage as the measure pushing the ward immediately into red with one harm. There are no wards red this month for nursing dashboards; this is an improvement from last month. There were no avoidable pressure ulcers or falls in September.

New for the November we have included the red flag nurse staffing incident data, it appears that some wards report all staffing shortages others are not actively reporting staffing shortage. This needs further review and refreshing of ward staff of when to report red flag incidents, further analysis will be done for net month to look at the detail of the reports.

11.0 Reasons for the gap

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. Additional HCA shifts have also been authorized to cover escalation beds opened within a number of wards including B2, B3. Additional HCA shifts have been authorized to cover a high proportion of 1:1 shifts for high risk patients and/or outliers. The rationale for under fill of RN shifts is demonstrated in the table below.

Ward name	Average fill rate - registered nurses/midwives (%) Days	Average fill rate - care staff (%) Days	Average fill rate - registered nurses/midwives (%) nights	Average fill rate - care staff (%) Nights
WARD 24	79.7%	99.9%	78.2%	124.3%
The number of beds on ward 24 has been reduced by 6 . The correct fill rate will be demonstrated when the e roster template is amended to reflect the new bed base.				

The fill rate that has been achieved overall at the SGH site is heavily reliant on temporary staffing including high cost agency fill. This position will not change in the immediate term as the majority of new starters are taking up post at the DPOW site. Work is ongoing with the ACN to consider the most effective use of the resources. The Nurse Staffing Workstream is being supported by Ernst & Young to develop a recovery plan to limit the use of off framework and high cost agency nurses by increasing grip and control measures at operational level. Clinical Nurse Specialists and senior nurses have been asked to support the wards over the winter period by working clinical shifts. This will provide the ward staff with experienced knowledgeable staff that can support them and is being implemented through a

supported engagement process.

12.0 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.
- The skill mix of the nursing workforce is taken into account daily. 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 using social media, filming of ward staff talking about benefits of working in the ward and through Trust and NHS Jobs website.
- Nursing dashboard quality data is monitored by exception at NMAF.
- Additional monitoring of roster approval processes has been implemented and a dashboard created – this is reviewed at the Finance Improvement Board bi-weekly as well as at the nursing sustainability meeting

13.0 Recommendation

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

Appendix A – Fill rates Nursing, Midwifery and Care staff & Safety Thermometer data

DPOW	Day		Night		Day		Night		CHHPD			Nursing dashboard	% safety thermometer harm free care	Falls	Pressure Ulcers	Staffing incidents red flag
	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	100.0%	88.4%	101.8%	97.2%	94.2%	67.9%	87.2%	73.34%	3.4	2.4	5.8	93.6%	78.3%	0	0	0
Blueberry /Holly	98.5%	99.8%	97.5%	102.0%	91.5%	90.8%	79.3%	101.96%	9.0	4.6	13.6	97.6%	100%	0	0	3
C1 KENDALL	96.7%	101.2%	100.1%	105.7%	81.6%	86.2%	54.8%	80.65%	2.6	2.3	4.9	100%	96.3%	0	0	0
Coronary care unit	99.5%	99.5%	100.1%	95.3%	89.2%	93.0%	92.9%	54.84%	6.1	2.3	8.4	98.4%	80%	0	0	0
Honeysuckle /Jasmine	96.0%	96.6%	98.2%	98.8%	86.1%	87.0%	80.6%	82.54%	12.0	4.8	16.8	97.6%	100%	0	0	10
ITU	107.5%	66.3%	99.0%	-	96.5%	41.9%	87.2%	-	35.0	1.7	36.8	98.7%	80%	0	0	0
LAUREL WARD	103.5%	89.2%	107.0%	92.6%	91.9%	74.9%	81.2%	71.25%	4.5	2.5	7.0	97.6%	94.1%	0	0	0
NICU	97.7%	92.1%	98.0%	66.8%	93.2%	90.4%	98.0%	61.92%	8.8	3.6	12.4	100%	100%	0	0	0
Rainforest	104.9%	105.3%	103.3%	107.0%	101.0%	102.1%	100.0%	107.01%	5.5	1.7	7.2	80.9%	N/A	0	0	0
STROKE UNIT	90.1%	96.0%	100.0%	125.4%	75.5%	88.1%	61.3%	73.53%	2.7	3.1	5.8	97.6%	66.7%	0	0	1
WARD B2 SAU	99.9%	111.7%	100.1%	183.9%	83.8%	96.2%	72.1%	161.29%	3.8	2.9	6.7	94.4%	92.6%	0	0	0
WARD B3	100.7%	133.2%	96.8%	93.5%	80.9%	100.1%	62.2%	61.29%	4.3	1.7	6.0	96.8%	92.0%	0	0	0
WARD B4	93.5%	106.7%	98.5%	113.9%	77.8%	86.0%	25.8%	80.65%	3.0	2.9	5.9	98.8%	83.3%	0	0	0
WARD B6/B7	99.3%	110.6%	102.5%	126.1%	82.0%	92.7%	71.0%	67.94%	3.2	2.9	6.2	97.7%/90.5%	77.3%/94.4%	0	0	1
WARD C1 HOLLES	102.5%	88.0%	100.0%	91.4%	98.9%	80.5%	80.6%	54.84%	2.9	3.0	5.9	99.2%	92.3%	0	0	6
WARD C5	98.8%	97.3%	99.9%	100.0%	79.3%	88.6%	48.5%	91.94%	3.0	2.5	5.5	96.0%	79.3%	0	0	0
WARD C6	91.4%	93.9%	98.4%	117.8%	85.7%	85.2%	59.7%	75.81%	2.9	2.6	5.5	95.2%	83.3%	0	0	7
AMU												99.2%	79.3%	0	0	0
ECC DPOW																0
C2 escalation																2

Fill rate key

<85%	
<80%	
>115%	

Nursing Dashboard and Safety therm.	
Over	95%
Over	85%
Under	85%

SGH/Goole	Day		Night		Day		Night		CHHPD			Nursing dashboard	% safety thermometer harm free care	Falls	Pressure Ulcers	Staffing incidents red flag
	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					
CCU	88.1%	100.7%	100.8%	100.3%	77.4%	73.0%	76.5%	100.34%	4.9	1.9	6.9	100%	84.6%	0	0	0
Disney	85.8%	93.1%	103.2%	106.5%	79.4%	93.1%	100.0%	106.45%	8.2	3.2	11.5	92.0%	N/A	0	0	1
ITU	90.8%	27.3%	95.3%	-	80.7%	27.3%	73.8%		30.0	0.3	30.3	100%	80.8%	0	0	0
NICU	100.2%	83.1%	95.5%	86.5%	93.9%	75.1%	89.2%	84.92%	12.5	7.2	19.7	100%	100%	0	0	0
SGH Gynaecology	95.4%	96.1%	99.9%	-	90.3%	95.3%	82.3%		7.6	2.2	9.8	96.8%	100%	0	0	1
Stroke	89.3%	99.2%	98.1%	96.8%	70.2%	88.2%	58.8%	95.16%	6.8	3.4	10.2	99.2%	94.7%	0	0	1
WARD 10/11	95.3%	94.5%	99.1%	94.9%	78.8%	87.2%	40.4%	79.49%	4.7	2.6	7.3	96.8%/100%	100%/100%	0	0	1
Ward 16	94.1%	98.9%	96.6%	103.2%	75.0%	89.2%	49.9%	103.23%	3.1	2.7	5.8	99.2%	60.9%	0	0	0
Ward 17	87.4%	92.8%	98.4%	101.6%	45.1%	89.9%	51.8%	83.87%	3.0	2.6	5.6	98.4%	82.6%	0	0	0
Ward 18	98.6%	97.9%	99.7%	100.0%	77.5%	94.6%	99.7%	96.77%	3.7	2.9	6.6	97.6%	85.7%	0	0	0
WARD 22	85.2%	96.4%	101.3%	168.7%	50.0%	89.6%	34.8%	99.67%	4.2	3.9	8.1	96.0%	84.0%	0	0	1
WARD 23	91.7%	113.3%	97.5%	124.1%	82.4%	112.8%	35.8%	119.24%	2.9	2.7	5.7	95.2%	90.0%	0	0	0
WARD 24	79.7%	99.9%	78.2%	124.3%	59.9%	90.9%	21.1%	101.69%	3.1	3.1	6.3	96.0%	54.2%	0	0	2
WARD 25	80.6%	91.7%	99.8%	93.5%	63.7%	68.8%	65.9%	69.35%	3.0	2.7	5.6	99.2%	91.7%	0	0	1
WARD 26	95.6%	90.3%	96.4%	99.4%	73.9%	87.1%	78.9%	99.44%	8.9	2.1	11.0	95.2%	83.3%	0	0	1
WARD 28	102.8%	100.4%	99.5%	146.8%	94.1%	76.0%	58.1%	77.42%	4.0	3.4	7.5	97.6%	96.2%	0	0	0
WARD 3	98.4%	94.1%	95.2%	93.8%	98.4%	90.7%	49.0%	84.16%	4.4	2.8	7.2	98.4%	75.0%	0	0	0
Ward 6	95.9%	88.6%	98.5%	-	93.5%	85.8%	82.3%	-	5.9	2.2	8.0	98.4%	88.9%	0	0	0
EC SGH														0	0	1
CDU-SGH												99.2%	95.0%	0	0	0
MIU GDH														0	0	0

Fill rate key

<85%	Yellow
<80%	Red
>115%	Blue

Nursing Dashboard and Safety therm.	
Over	95%
Over	85%
Under	85%