

NLG(18)073

DATE OF MEETING	27th February 2018
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 are maintained across the trust with some reduction at SGH.</p> <p>p.6 Midwife to birth ratios in month are 1:29 DPOW, 1:23 SGH</p> <p>p.7 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)	<b>To ensure safe and effective Nurses staffing levels</b>
THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER ENSURE COMPLIANCE WITH THE REGULATORY OR GOVERNANCE REQUIREMENTS LISTED	<b>NOT APPLICABLE</b>
THE PROPOSALS OR ARRAGEMENTS OUTLINED IN THIS PAPER TAKE ACCOUNT OF REQUIREMENTS IN RESPECT OF EQUALITY & DIVERSITY	<b>NOT APPLICABLE</b>
ACTION REQUIRED BY THE BOARD	<b>The Board is asked to note the report and support any further action required.</b>

**Report From:** Tara Filby, Chief Nurse

**Date:** February 2018

**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 1<sup>st</sup> January – 31<sup>st</sup> January 2018.

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 for January.

## 2.0 Deviations in staffing capacity and capability

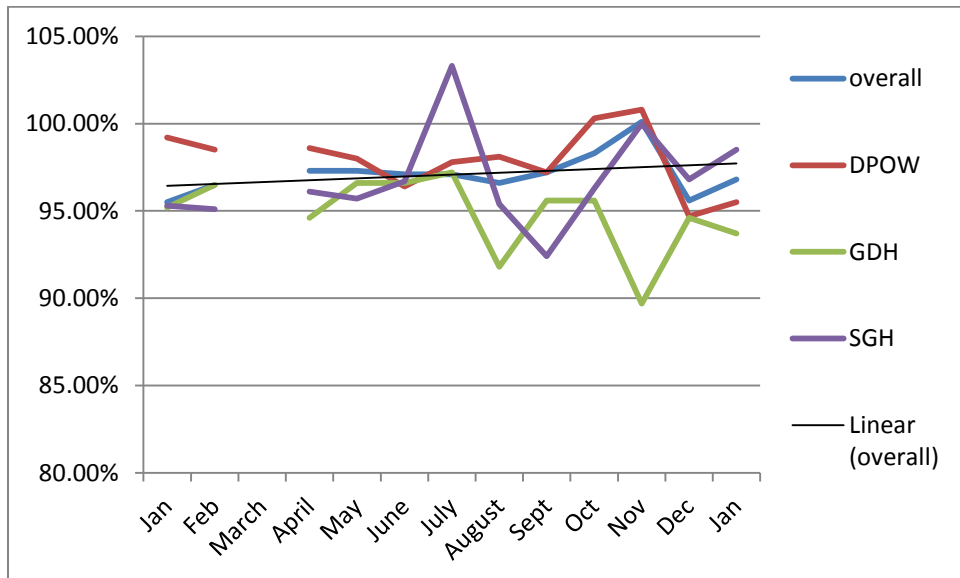
The table below demonstrates the site level fill rates.

The arrows indicate movement in month:

December	Day		Night		Day	Night	Overall	Care Hours Per Patient Per Day (CHPPD)			Ratio RN's to HCA's
	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	Nurses	
<b>Grimsby</b>	94.3%↑	92.1%↑	98.4%↑	99.2%↑	93.4%↑	98.7%↑	95.5%↑	4.5	2.8	7.4↑	62%
<b>Scunthorpe</b>	93.7%↑	101.4%↑	99.5%↓	106.2%↑	96.5%↑	101.7%↑	98.5%↑	4.6↓	2.7↓	7.3↓	59%
<b>Goole</b>	91.7%↓	90.4%↓	95.2%↑	112.3%↓	91.1%↓	98.6%↑	93.7%↓	4.3↑	2.4↑	6.8↑	56%↑
<b>Trust Overall</b>	93.9%↑	96.1%↑	98.8%↑	102.3%↑	94.7%↑	100.1%↑	96.8%↑	4.6↓	2.8	7.3↓	61%↑

**3.0 Overall fill rates.**

The combined RN and HCA overall fill rates are shown in the run chart below:



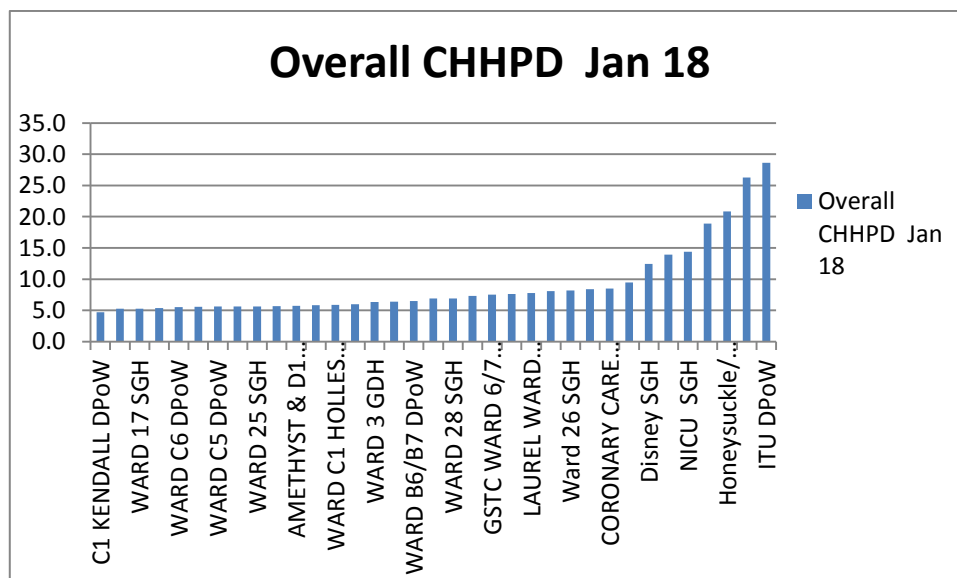
The overall Trust fill rates have seen a slight increase from December

**4.0 Care Hours Per Patient Day (CHPPD)**

This month's data indicates that between 6.8 and 7.4 Care Hours per Patient per Day is provided across the three hospital sites with the majority of the care being provided by Registered Nursing staff.

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

Daily trust wide data collection of the Safer Nursing Care Tool (SNCT) is taking place on all the wards, and recorded on safe care live. The establishment reviews have been completed however were delayed due to the OPEL 3 status of the trust. The findings are currently being costed and prepared to go to the Chief Nurse for review and then to TMB for approval.

## 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 were temporarily reduced on ward 25 due to significant vacancy issues and a pilot of a care navigator role commenced. 4 beds were temporarily reduced in June 2017 on ward 22 due to the significant vacancy position of Registered Nurses and deterioration in a number of quality indicators. Ward 24 was also reduced by 6 beds due to the vacancy position. Patient care quality and safety is being closely monitored. These changes have been endorsed via the Trust Management Board. However during periods of OPEL 3, all of these beds (excluding ward 2) have been re-opened to help cope with bed flow pressures. The beds have been re-opened for prolonged periods over the winter months and supplementary staffing has been provided from existing wards, bank and agency staff and from corporate nursing resources where available.

### 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 (12 beds) and ward C8 (4 beds). 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. Additional reconfiguration of B4 & B6 to medical wards has occurred to help manage periods of medical flow demand. In addition, extra beds have been opened on ward 10 and PIU at SGH has been opened on a number of occasions overnight, to respond to the increased demand for inpatient beds. The use of escalation beds is captured on the daily sit rep and monitored via the operations centre. The Director of Strategy & Planning is leading a piece of bed modelling work to inform the required bed state. This will include the likelihood for escalation beds for advance winter planning purposes. Staffing establishments will need to be revisited accordingly. In the interim, this additional demand places extra pressure on the deployment of nurse staffing, which has been further compounded by staff sickness absence over the winter months.

## 8.0 Maternity

The chart below demonstrates the midwife/birth ratios calculated using the Birth Rate Tool for January 2018:

	<b>DPOW</b>	<b>SGH</b>	<b>Trust-wide</b>
Staffed to full Establishment	<b>29.13</b>	<b>23.24</b>	<b>26.52</b>
Excluding mat leave and vacancies	<b>31.19</b>	<b>25.27</b>	<b>28.60</b>
With gaps filled through NLAG Bank/Agency	<b>29.41</b>	<b>22.99</b>	<b>26.64</b>

A 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 and informing the Matrons; Birthrate Plus was commissioned by the Trust and a report received in March 2017. Like all staffing establishments a 6 month review is advised. This has been reviewed and a plan put in place to match midwifery resource to patient need it was mainly funded from a small over establishment in some areas. The non-midwifery posts however, still need attention. This will be considered in the context of Safe Care. Recommendations from the CCG report are still to be considered such as a Guidelines coordinator and a clinical Educator to help embed the safety culture. A proposal will need to go to TMB for consideration of these posts in February 2018.

**9.0 Paediatrics**

An establishment review has been undertaken for the paediatric wards due to changes in national guidance. This was subject to confirm and challenge on the 16th October. The outcome from the staffing establishment to meet CQC and national guidance was to take options to the Trust Management Board. The Trust Management Board approved an increase of band 6 senior nurses out of hours but requested further analysis to be undertaken of the staffing requirements.

**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 was RAG rated red for RN fill rates in January:

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 25	76.1	93.8	100	96.8

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. For January there were no quality dashboards completed to allow the quality matrons to support the operational pressures in-particular when the trust was declaring OPEL 3. This month’s safety thermometer shows SGH CCU 46.2%. This has been found to be an issue with the interpretation of the New VTE part of safety thermometer. Quality matrons are refreshing all wards on how to accurately complete the safety thermometer to ensure the data is accurate.

N.B. Appendix A for this month’s report does not include the split of substantive, bank and agency fill rates or data on pressure ulcer and falls avoidable harms as this information was not available at the time of submitting this report.

**11.0 Additional actions**

The fill rate has been achieved overall across the trust however this has been a daily challenge to maintain and has been reliant on support from corporate staff as well as temporary bank and agency nurses. The Department of Health issued a directive that all routine elective operations would be cancelled in January 2018. This directive has helped to plug some of the gaps with staff redeployed from clinics, theatres and day surgery. The trust remains 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 have taken up posts at the DPOW site so the vacancy position at SGH persists. Work is ongoing with the

ACNs to consider the most effective use of resources. The Nurse Staffing work-stream is being supported by the Improvement Delivery Team and Trust Turnaround Director 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 supporting the wards over the winter period by working clinical shifts with particular success in surgery. However this has a possible knock on effect on the CNS developing a back log of patients therefore a full review needs to be undertaken to determine long term impact and plans for going forward. Feedback so far suggests the ward staff are grateful for the CNS input. The Safety thermometer performance for pressure ulcers and VTE remains below the standards expected. There are measures in place to improve the pressure ulcer position such as further hybrid mattresses and pumps and roll out of a new document to improve monitoring and documentation. VTE improvement work is being managed by the medical director and colleagues.

### **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
- Theatre staff have been redeployed to support wards and emergency departments whilst elective activity is stood down

### **13.0 Recommendation**

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

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

January 2018

DPOW	Day			Night		Day		Night		CHHPD			% safety thermometer harm free care	Falls	Pressure Ulcers	Staffing incidents red flag
	RN WTE established wte	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	24.23	100.9%	92.4%	101.8%	99.4%					3.3	2.4	5.8	95%			
Blueberry /Holly	23.64	95.8%	95.7%	99.9%	101.5%					12.9	6.0	18.9	100%			
C1 KENDALL	17.28	92.3%	97.2%	98.4%	100.0%					2.5	2.2	4.7	92.6%			
Coronary care unit	13.73	99.0%	93.4%	100.0%	100.3%					6.2	2.3	8.5	100%			
Honeysuckle /Jasmine	27.36	95.2%	95.5%	98.3%	97.5%					15.0	5.9	20.9	100%			
ITU	36.40	100.7%	100.0%	98.8%	-					26.6	2.0	28.6	100%			
LAUREL WARD	16.25	97.5%	106.0%	98.4%	113.5%					4.5	3.2	7.8	90%			
NICU	20.91	98.8%	70.7%	93.7%	51.6%					10.6	3.4	13.9	100%			
Rainforest	21.01	92.9%	90.3%	94.6%	99.7%					6.2	1.9	8.1	N/A			
STROKE UNIT	16.42	86.5%	90.5%	98.4%	125.2%					2.6	2.9	5.6	80%			
WARD B2 SAU	20.01	97.9%	74.2%	96.2%	97.3%					4.4	3.2	7.6	94.7%			
WARD B3	24.05	98.1%	90.4%	100.4%	95.2%					3.9	2.0	6.0	100%			
WARD B4	16.42	85.2%	97.2%	100.0%	100.0%					2.8	2.6	5.4	100%			
WARD B6/B7	27.45	88.8%	92.1%	98.5%	96.4%					3.2	3.2	6.5	75/100%			
WARD C1 HOLLES	16.42	95.5%	93.2%	100.0%	90.9%					2.8	3.1	5.9	96.2%			
WARD C5	16.52	90.0%	96.6%	98.7%	126.8%					2.8	2.8	5.6	95.8%			
WARD C6	16.42	87.3%	100.1%	100.4%	107.8%					2.9	2.6	5.5	100%			
AMU	32.22												100%			
ECC DPOW	52.16															
C2 escalation	-												83.3%			

Fill rate key

<85%	
<80%	
>115%	

Safety thermometer.	
Over	95%
Over	85%
Under	85%



January 2018

SGH/Goole		Day		Night		Day		Night		CHHPD						
Ward name	RN WTE established wte	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	% safety thermometer harm free care	Falls	Pressure Ulcers	Staffing incidents red flag
CCU	15.15	97.2%	97.6%	101.1%	100.3%					5.4	1.9	7.3	46.2%			
Disney	21.95	94.9%	94.6%	94.6%	100.0%					9.0	3.4	12.5	n/a			
ITU	41.56	96.5%	96.5%	98.9%	-					25.5	0.8	26.3	100%			
NICU	15.75	98.2%	90.9%	101.2%	89.9%					9.0	5.4	14.4	100%			
SGH Gynaecology	15.33	92.1%	105.5%	98.4%	-					6.4	2.0	8.4				
Stroke	29.21	83.4%	104.2%	96.2%	101.6%					6.1	3.3	9.5	100%			
WARD 10/11	21.48	111.8%	114.6%	99.6%	215.5%					3.8	2.6	6.4	100%			
Ward 16	16.87	88.5%	94.6%	98.3%	98.4%					3.0	2.6	5.7	100%			
Ward 17	16.87	82.4%	89.0%	96.9%	101.3%					2.8	2.5	5.3	100%			
Ward 18	16.40	97.0%	98.2%	96.6%	87.1%					3.3	2.6	5.9	100%			
WARD 22	18.89	105.8%	104.0%	101.3%	126.1%					3.9	3.0	6.9	92.6%			
WARD 23	20.46	92.8%	114.1%	96.8%	101.9%					3.0	2.6	5.6	100%			
WARD 24	16.42	96.8%	128.9%	138.6%	116.4%					2.7	2.5	5.3	100%			
WARD 25	16.87	76.1%	93.8%	100.0%	96.8%					2.9	2.8	5.6	100%			
WARD 26	17.50	94.6%	89.3%	92.3%	95.2%					6.3	1.8	8.2	100%			
WARD 28	20.46	96.0%	88.6%	96.8%	95.7%					3.7	3.2	6.9	95.8%			
WARD 3	12.60	97.1%	94.0%	96.3%	93.5%					3.8	2.5	6.3	92.3%			
Ward 6	13.20	84.7%	85.4%	94.1%	-					5.2	2.3	7.5	100%			
EC SGH	51.72															
CDU-SGH	24.69												93.3%			
MIU GDH	9.04															

Fill rates

<80%	
<85%	
86-114%	
>115%	

Safety thermometer.	
Over	95%
Over	85%
Under	85%