






Workforce Committee (WFC) – 26.7.23

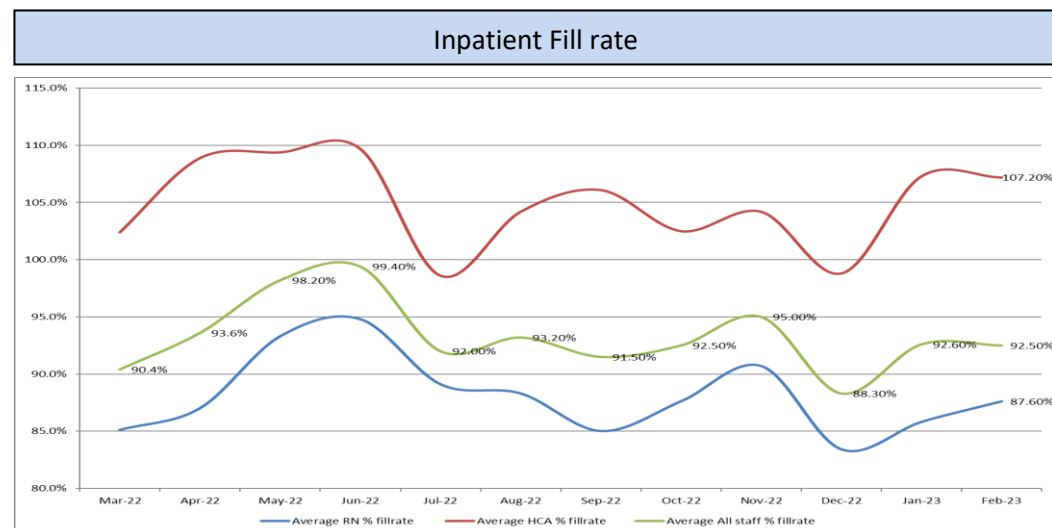
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|--|---|--|--|--|--|
| Agenda item: Presented by: Prepared by: Date prepared: Subject / title: | 2.12 Sharon McNally – Chief Nurse and Deputy CE Sarah Webb – Deputy Chief Nurse 16.2.2023 Report on Nursing and Care Staff Levels for February 2023– Hard Truths Report | | | | |
| Purpose: | Approval | | Decision | | Information x Assurance x |
| Key issues: please don't expand this cell; additional information should be included in the main body of the report | The overall fill rate for February was 92.5%. RN fill rate increasing by 1.8% to 87.6% and care staff fill rates decreased by 0.1% to 107.2% . The report includes the fill rate for Critical Care for the first time. This will be a regular inclusion to meet NQB requirements to report on Trustwide nurse staffing fill rates. | | | | |
| Recommendation: | The committee is asked to note the information within this report. | | | | |
| Trust strategic objectives: please indicate which of the five Ps is relevant to the subject of the report |  Patients |  People |  Performance |  Places |  Pounds |
| | x | x | x | | x |
| Previously considered by: | NA | | | | |
| Risk / links with the BAF: | BAF: 2.1 Workforce capacity All Divisions have both recruitment and retention on their risk registers | | | | |
| Legislation, regulatory, equality, diversity and dignity implications: | NHS England and CQC letter to NHSFT CEOs (31.3.14): Hard Truths Commitment regarding publishing of staffing data. NHS Improvement letter: 22.4.16 NHS Improvement letter re CHPPD: 29/6/18 | | | | |
| Appendices: | Appendix 1: Registered fill rates by month against adjusted standard planned template. RAG rated. Appendix 2a: Ward staffing exception reports. Appendix 3: ITU / HDU compliance with Guidelines for the provision of Intensive Care Services | | | | |

There was an upward trend in average fill rates in February; with the overall fill rates for February being 92.5%. RN fill rate increasing by 1.8% to 87.6% and care staff fill rates decreasing by 0.1% to 107.2%. Nightingale ward continues to be open as part of winter escalation plans.

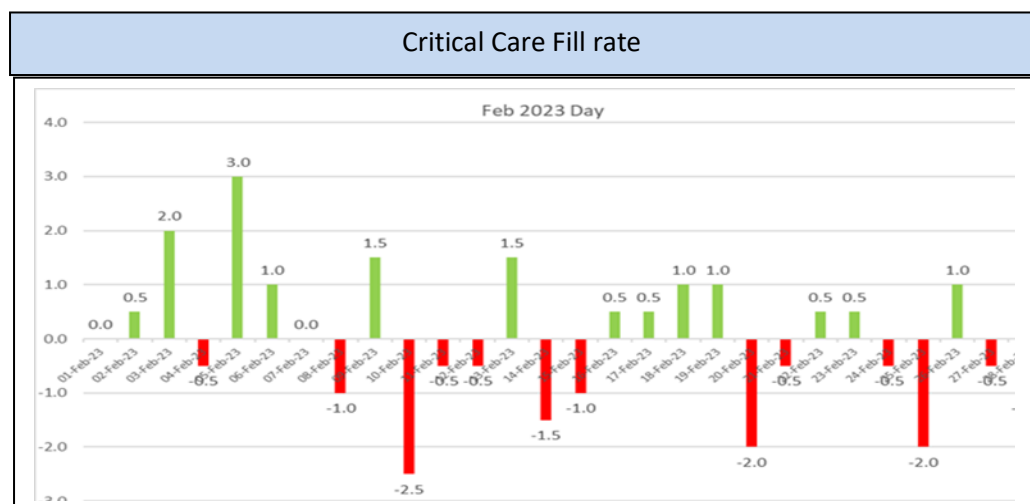
AAU continues to be an area of concern with 39% Band 5 vacancy rate. The ward is being supported and prioritised for new starters from International pipeline and as well a number of other measures to ensure fill rates and skill mix meet demand and acuity.

ED fill reduced in increased in February although day fill remained low at 76.5%. Overall vacancy in ED continues to reduce and care staff fill rates have increased are were both green. The Red ED area closed in February and this has supported safer staffing.

Critical care fill rates are reported in this paper for the first time in this format. See Appendix 3 for background on how safe staffing is calculated for critical care areas. In February the unit had more than the required numbers of staff for acuity of patients on 13 occasions (green bars). The numbers on the left of the graph and strength of the bars denotes by how many staff. There were 12 occasions in the month when staffing fell below the required staffing levels. On three occasions this was by 2 staff. Regular reporting and comparison month on month will help to provide a bench mark for this variation.



| ED Fill rate | | | | |
|---------------|--|------------------------------------|--|------------------------------------|
| A&E Nursing | Day | | Night | |
| | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) |
| December 22 | 77.2% | 79.3% | 84.3% | 73.9% |
| January 23 | 74.5% | 86.8% | 86.4% | 84.6% |
| February 2023 | 76.5% | 93.4% | 91.4% | 95.3% |



The number of occasions/shifts where the reported fill rate has fallen below 75% across the wards (excluding Maternity) decreased to 239 (↓40) against January, (December had 383 occasions). If a nursing red flag event occurs for number of staff on duty to meet the care needs of patients, staff escalate the situation and if appropriate complete a Datix.

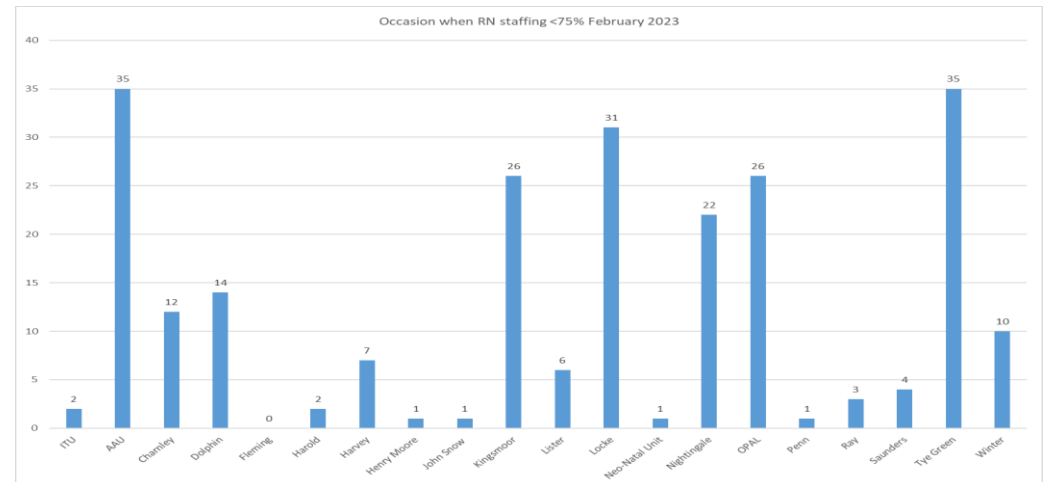
Datix reports in relation to staffing levels decreased to 38 (↓24) against January and 82 in December. Tye Green raised 6, AAU 7, with Kingsmoor and Ray raising 4 each. If a nursing red flag event occurs for number of staff on duty to meet the care needs of patients, staff escalate the situation and if appropriate complete a Datix.

Nightingale, Locke and Tye Green reported average fill rates below 75% for RN against the standard planned template during February. This is the sixth consecutive month overall fill rates have been below 75% for Tye Green. Details on the impact on care can be found below.

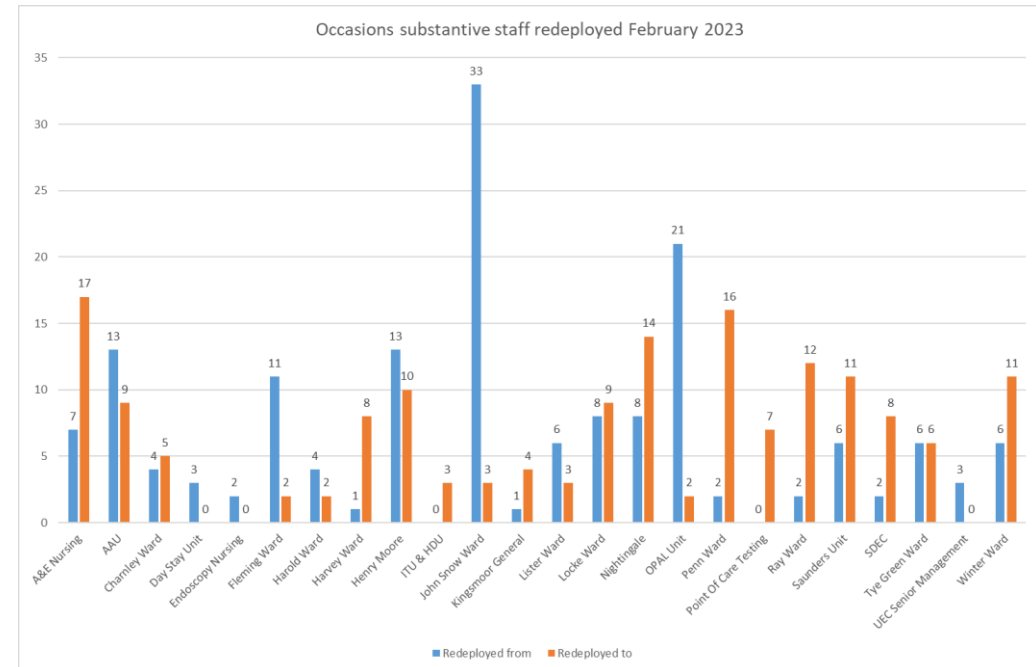
Redeployment of staff continues to be undertaken to support SafeCare as part of the daily huddles. In February staff were moved from elective surgical wards (JSU and HMU) followed by Opal and Fleming both wards that have very low vacancies or are over establishment as well as fluctuating acuity of patients based on bookings. Highest net receivers of staff were Nightingale (winter escalation), Penn and A&E.

Following the ward managers awayday a small working group are developing the redeployment SOP

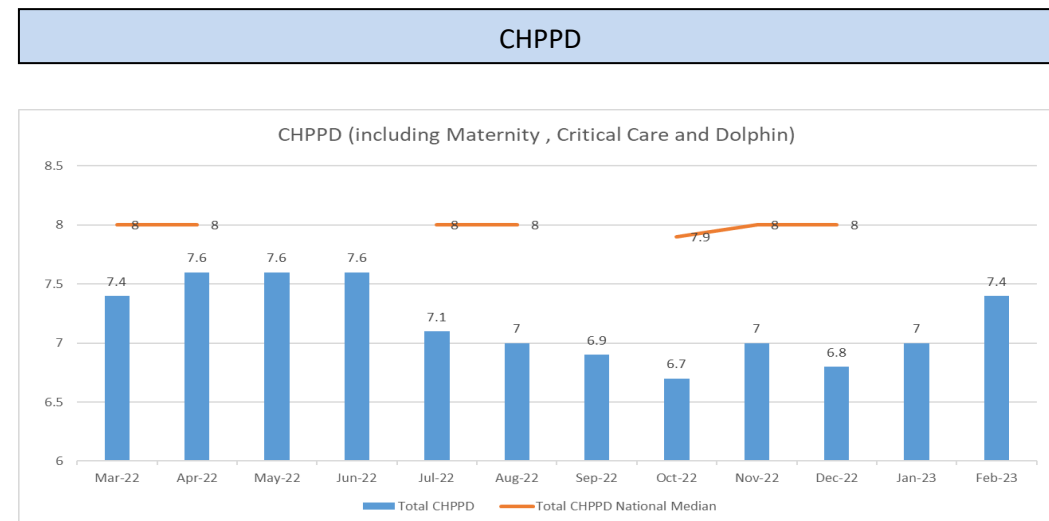
Occasion when RN staffing <75%



Redeployment



Overall Care Hours Per Patient Day (CHPPD) was 7.4 for February 2023. The Model Hospital data for December 2022 shows the Trust with a CHPPD of 6.8 against the national median of 8.



Appendix.1. Ward level data: fill rates February 2023. (Adjusted Standard Planned Ward Demand)

| Ward name | Day | | Night | | % RN overall fill rate | % overall HCSW fill rate | % Overall fill rate |
|-------------------|--|------------------------------------|--|------------------------------------|------------------------|--------------------------|---------------------|
| | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | | | |
| ITU & HDU | 93.0% | 109.5% | 97.0% | 131.5% | 95.0% | 120.5% | 97.3% |
| Saunders Unit | 83.5% | 107.6% | 93.8% | 112.4% | 87.8% | 109.4% | 95.6% |
| Nightingale | 72.2% | 66.6% | 69.0% | 76.7% | 70.7% | 71.4% | 71.0% |
| Penn Ward | 89.3% | 121.4% | 96.3% | 150.2% | 92.3% | 132.4% | 106.6% |
| Henry Moore Ward | 100.1% | 148.6% | 103.9% | 117.9% | 101.9% | 134.5% | 113.0% |
| Harvey Ward | 87.7% | 124.1% | 123.9% | 120.1% | 102.4% | 122.2% | 109.6% |
| John Snow Ward | 103.8% | 50.3% | 96.7% | 32.1% | 100.4% | 44.6% | 76.3% |
| Charnley Ward | 81.5% | 104.8% | 77.8% | 119.1% | 79.7% | 111.6% | 88.9% |
| AAU | 97.9% | 148.5% | 94.9% | 183.8% | 96.4% | 165.4% | 114.2% |
| Harold Ward | 91.9% | 92.3% | 93.9% | 136.3% | 92.9% | 113.3% | 99.7% |
| Kingsmoor General | 62.6% | 119.2% | 99.5% | 123.9% | 76.6% | 121.4% | 93.3% |
| Lister Ward | 79.6% | 123.0% | 91.9% | 122.2% | 84.8% | 122.6% | 99.9% |
| Locke Ward | 70.2% | 96.3% | 68.3% | 120.0% | 69.3% | 107.6% | 83.7% |
| Ray Ward | 98.2% | 102.0% | 121.1% | 178.2% | 107.9% | 130.9% | 116.2% |
| Tye Green Ward | 67.8% | 97.0% | 70.4% | 125.6% | 68.9% | 108.6% | 84.4% |
| OPAL | 91.7% | 179.5% | 114.7% | 96.3% | 100.4% | 125.7% | 109.8% |
| Winter Ward | 79.4% | 112.0% | 90.3% | 130.5% | 84.0% | 120.9% | 98.7% |
| Fleming Ward | 96.3% | 103.1% | 103.2% | 103.4% | 99.3% | 103.3% | 100.6% |
| Neo-Natal Unit | 106.4% | 74.6% | 100.8% | 92.9% | 103.6% | 83.7% | 100.3% |
| Dolphin Ward | 84.2% | 86.0% | 84.0% | 94.6% | 84.1% | 88.9% | 85.3% |
| Total | 87.6% | 107.2% | 92.5% | 120.1% | 89.9% | 113.0% | 97.2% |
| | | | | | | | |

Appendix.2. Ward staffing exception reports for 3 areas where fill was below 75% NB In graphs below bars = staff on shift; blue line = staffing required based on acuity and dependency recorded twice a day and the green line = demand template based on establishment review.

| Report from the Associate Director of Nursing for the Division | | | | | | | |
|--|---------------------------|-------|----------------|--|-------------|------------|--|
| Ward | Analysis of gaps | | | Impact on Quality / outcomes | | | Actions in place |
| This is the 6th consecutive month that Tye Green overall RN fill rate has been below 75% | RN overall Fill: 68.9% | | | Increase in falls and pressure injuries but low or no harm as a result | | | <ul style="list-style-type: none">WM worked clinically in the numbersOPD supportPDN SupportAdditional support from HCSWSupport from Matron |
| | HCSW Overall Fill: 108.6% | | | | | | |
| | Overall Fill: 84.4% | | | | | | |
| Quality Metric | PU | Falls | Staffing Datix | Sis | Drug Errors | Complaints | PALS |
| Number in month | 9 | 8 | 6 | 0 | 0 | 0 | 0 |

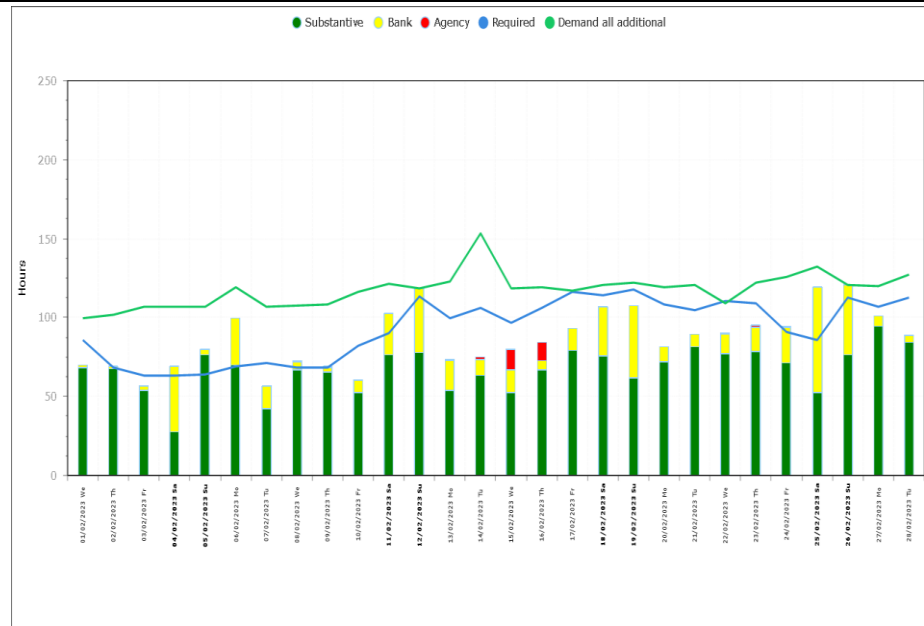
Required vs Actual Day

Required vs Actual Day

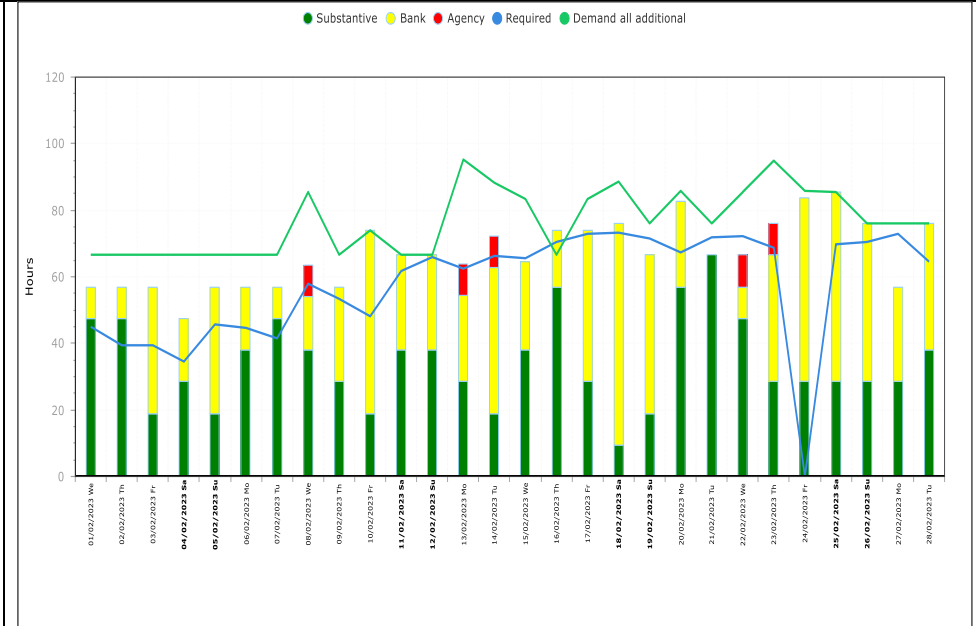
Report from the Associate Director of Nursing for the Division

| Ward | Analysis of gaps | | | Impact on Quality / outcomes | | | | Actions in place |
|-----------------|--|-------|----------------|------------------------------|-------------|------------|------|---|
| Locke | RN overall Fill: 69.3% HCSW Overall Fill: 107.6% Overall Fill: 83.7% | | | Nil | | | | <ul style="list-style-type: none"> Locke had an outbreak of Norovirus in Feb which accounts for the low fill rate as beds closed and empty and staff re-deployed to other areas. |
| Quality Metric | PU | Falls | Staffing Datix | Slis | Drug Errors | Complaints | PALS | |
| Number in month | 5 | 8 | 0 | 0 | 1 | | 1 | |

Required vs Actual Day



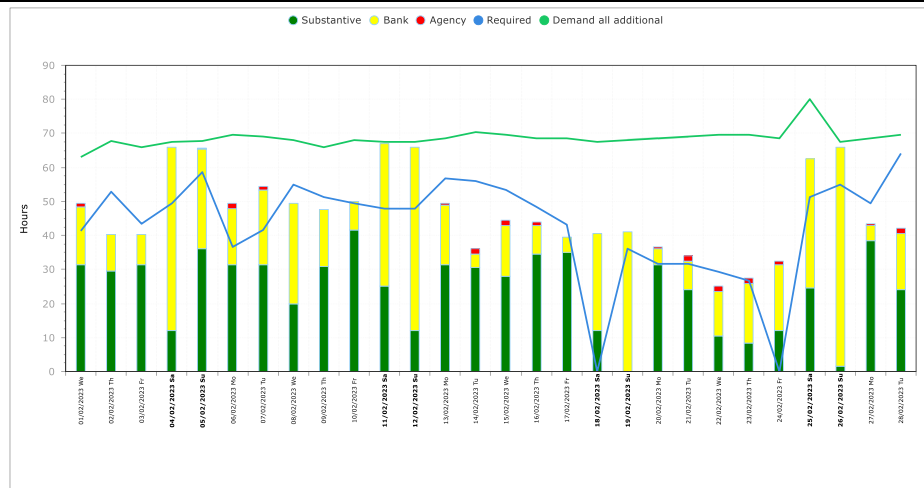
Required vs Actual Day



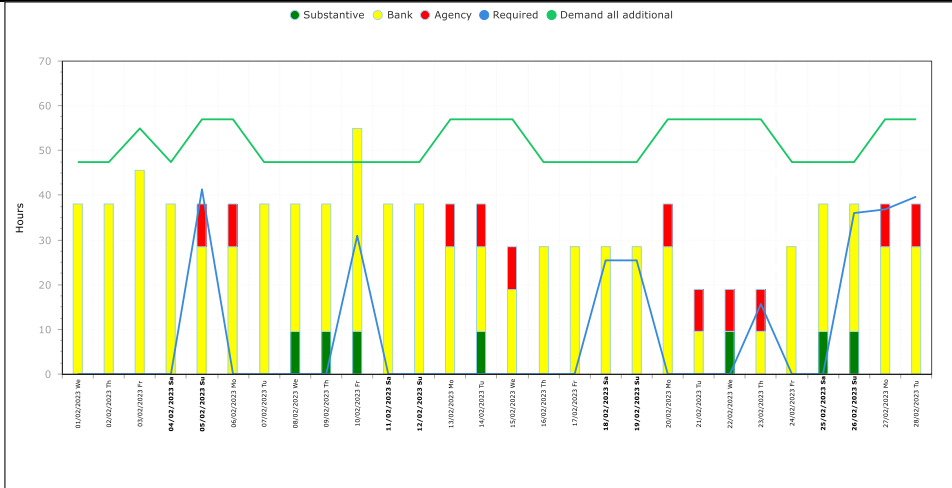
Report from the Associate Director of Nursing for the Division

| Ward | Analysis of gaps | | | | Impact on Quality / outcomes | | | Actions in place |
|-----------------|---|-------|----------------|------|---|------------|------|---|
| Nightingale | RN overall Fill: 70.7% HCSW Overall Fill: 71.4% Overall Fill: 71.0% | | | | Staffing levels were maintained above the reported level as the ward manager worked to support in the nursing numbers, Safecare should be updated to reflect this. As there are only a small number of substantive staff and reduced bed numbers this is appropriate. | | | <ul style="list-style-type: none">WM worked in numbers to ensure minimum staffing levels achieved |
| Quality Metric | PU | Falls | Staffing Datix | SlIs | Drug Errors | Complaints | PALS | |
| Number in month | 3 | 4 | 0 | 0 | 1 | 0 | 2 | |

Required vs Actual Day



Required vs Actual Day



Appendix 3: ITU / HDU compliance with Guidelines for the provision of Intensive Care Services (Version 2.1 July 2022)

To ensure that the Board is given an overview of departments other than the inpatient wards and ED and to strengthen our compliance with the NQB 2013 and NQB 2016 , this report will be looking at other metrics going forward.

Registered nurse staffing standards published within the Core Standards for Intensive Care Units , state

- Level 3 patients must have a registered nurse/patient ratio of a minimum 1:1 to deliver direct care
- Level 2 patients must have a registered nurse/patient ratio of a minimum of 1:2 to deliver direct care

The graph shows the actual staffing levels against the required number for the patients within the department each day shift. Red bars indicate when shifts had less than the recommended staffing numbers. The strength of the bar indicates how many shift short it was. The green bars indicate when there were more staff than the patient numbers required.

All shifts include a supervisory nurse.