Agenda item:	
Presented by:	Giuseppe Labriola – Deputy Chief Nurse
Prepared by:	David Dellow – Safe Staffing Lead and Giuseppe Labriola – Deputy Chief Nurse
Date prepared:	18.5 2024
Subject / title:	Report on Nursing and Midwifery staff levels for April 2024.

Purpose:	**Approval**		**Decision**		**Information**	**x**	**Assurance**	**x**

Key issues:	There was an increase in the overall unregistered, registered and overall fillrate in April 2024 No ward reported average fill rates below 75% for RN against the standard planned template during the reporting period.
Recommendation:	The committee are asked to note the information within this report.

Trust strategic objectives:					
	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:** Ward and divisional fill rates by month against adjusted standard planned template. RAG rated. **Appendix 2**: Ward and divisional CHPPD data **Appendix 3:** Nursing Red Flags (NICE 2014) **Appendix 4:** Occasions when registered staffing fell below 75% trend **Appendix 5:** Substantive staff redeployment trend **Appendix 6:** Falls SPC charts **Appendix 7:** Pressure Ulcers SPC charts

1.0   Introduction

This paper illustrates how PAHT's nursing and midwifery staffing has been deployed for the month of April 2024. It evidences how planned staffing has been successfully achieved and how this is supported by nursing and midwifery recruitment and deployment.

2.0   Background

The National Quality Board (NQB 2016) recommend that monthly, actual staffing data is compared with expected staffing and reviewed alongside quality of care, patient safety, and patient and staff experience data. The trust is committed to ensuring that improvements are learned from and celebrated, and areas of emerging concern are identified and addressed promptly. This paper will identify safe staffing and actions taken in March 2024. The following sections identify the processes in place to demonstrate that the Trust proactively manages nursing and midwifery staffing to support patient safety.

3.0   Inpatient wards fill rate

The Trust's safer staffing submission has been submitted to NHS Digital for April 2024 within the data submission deadline. Table 1 shows the summary of the overall fill rate for this month. Appendix 1 illustrates a ward-by-ward breakdown for this period. Table 2 shows a summary of overall fill rate percentages for a rolling 12-month period.
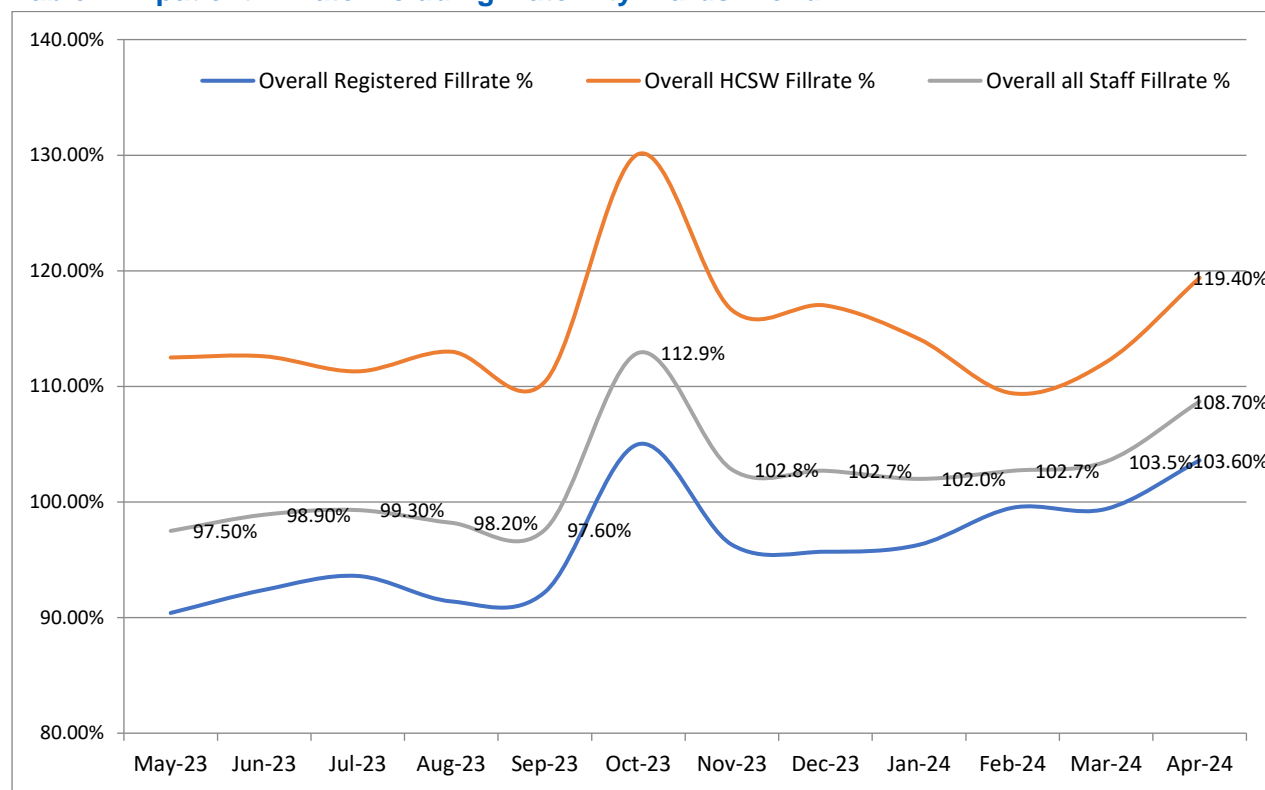
There was an increase in the overall unregistered, registered and overall fillrate in April 2024. With the overall fill rate increasing to 108.7% (↑5.2%), while the healthcare support worker fill rates also increased by 7.3% to 119.4%. While the overall registered fillrate also increased by 4.2% to 103.6%, the Registered fill rate for nights decreased by 1.1% to 102.1%.

Registered fill rate increased due to new joiners within the organisation who require a supernumerary period in clinical areas. Unregistered fill rate increased due to additional levels of enhanced care required across wards. We continue to utilise NHS Professionals (NHSP) and agency to mitigate vacant shifts. In addition, our senior nurses and midwives are also supporting individual areas. SafeCare data continues to be collected three times a day to improve staffing governance across the organisation.

Table 1. Overall fill rate

Average day fill rate - registered nurses/midwives	Average day fill rate - care staff	Average night fill rate - registered nurses/midwives	Average night fill rate - care staff	% Registered overall fill rate	% HCSW overall fill rate	% Overall fill rate
104.9%	116.6%	102.1%	122.8%	103.6%	119.4%	108.7%

Table 2. Inpatient fill rate including Maternity Wards Trend

Legend: Overall Registered Fillrate % — Overall HCSW Fillrate % — Overall all Staff Fillrate %

Data labels (Overall all Staff Fillrate %): 97.50%, 98.90%, 99.30%, 98.20%, 97.60%, 112.9%, 102.8%, 102.7%, 102.0%, 102.7%, 103.5%, 108.70%

Data labels (Overall HCSW Fillrate %): 119.40%

Data labels (Overall Registered Fillrate %): 103.60%

4.0 Care Hours Per Patient Day (CHPPD)

CHPPD allows comparison of a ward's CHPPD figure with that of other wards in the hospital, or with similar wards in other hospitals. It can be used to look at variation between similar wards to ensure the right staff are being used in the right way and in the right numbers.

The hours worked during day and night shifts by registered nurses and midwives and healthcare assistants are added together. This figure is then divided by the number of patients at midnight, this then gives the total CHPPD. The number of registered and unregistered hours can be divided by the number of patients to understand the registered and unregistered CHPPD.

By itself the CHPPD does not reflect the total amount of care provided on a ward nor does it directly show whether care is safe, effective or responsive. It should therefore be considered alongside measures of quality and safety.

Table 3. Overall Care Hours Per Patient Day (CHPPD) April 2024

Registered CHPPD	Unregistered CHPPD	Total CHPPD
5.1	2.8	8

The Model Hospital data for February 2024 shows the Trust with a CHPPD of 7.5 against the national median of 8.3**.** Table 4 also now shows the Trusts total CHPPD against our peers (East and North Hertfordshire NHS Trust and West Hertfordshire Teaching Hospitals NHS Trust)

Appendix 2 shows the individual ward and divisional CHPPD for April 2024

Table 4. CHPPD Trend

Chart legend: PAH Total CHPPD (blue bars) | Total CHPPD National Median (orange line) | Our Peers (green line)

| Month	PAH Total CHPPD
Mar-23	7.1
Apr-23	7.5
May-23	7.3
Jun-23	7.5
Jul-23	7.6
Aug-23	7.5
Sep-23	8
Oct-23	8.3
Nov-23	7.6
Dec-23	7.7
Jan-24	7.6
Feb-24	7.5
Mar-24	7.7
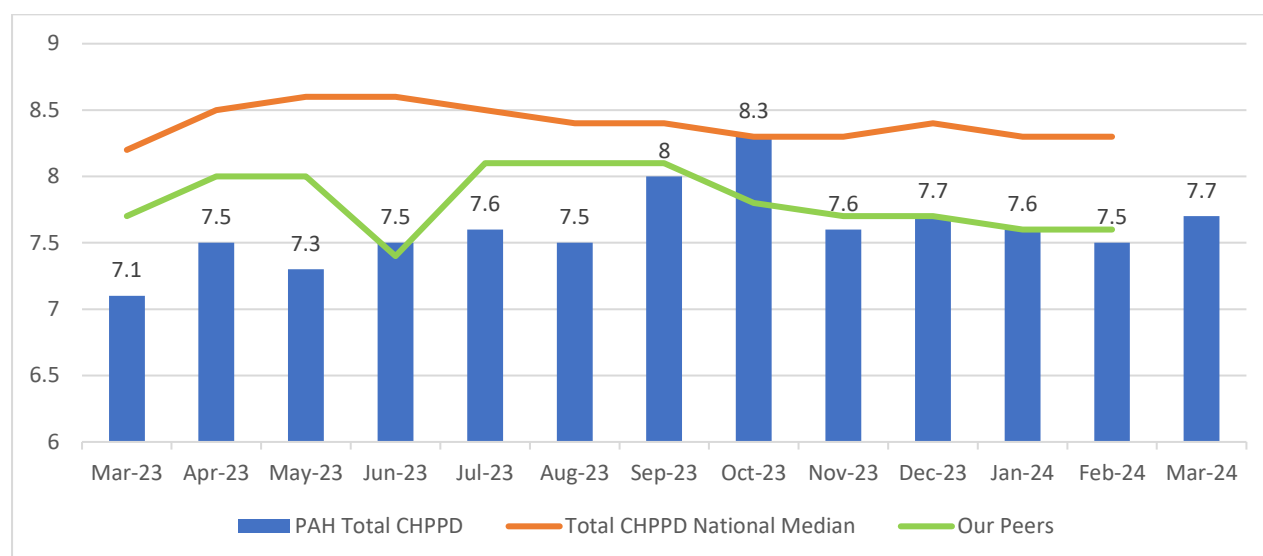
5.0 Quality Indicators

5.1 Nursing Red Flags

Nursing red flags prompt an immediate response by the registered nurse in charge of the ward. The response may include allocating additional nursing staff to the ward or other appropriate responses. Appendix 3 details the NICE (2014) definition of Nursing Red Flags. Currently this information cannot be monitored for all nursing red flags on DATIX. However, this is being investigated by the governance team and the deputy chief nurse.

A shortfall of more than 8 hours or 25% (whichever is reached first) of registered nurse time available, compared with the actual requirement for the shift is a nursing red flag.

The number of occasions/shifts where the reported fill rate has fallen below 75% across the wards is available in Table 5. This decreased by 41 occasions in April to 58 and now includes Maternity which had 26 in month, a decrease of 4. Nightingale Ward fell below their standard template on 22 occasions in April. The ward has a template, which is currently under review, for 3 registered staff both on a day and night. However, there is a review of patient acuity and dependency on a shift by shift basis to determine if the ward can be safely staffed with 2 registered staff, without affecting patient safety. In addition, John Snow Ward's healthcare support worker template is under review. This is part of a wider review of all ward rosters led by the deputy chief nurse. Appendix 4 details the staffing red flags trend.

Table 5. Occasions when registered staffing fell below 75% of standard template

Occasions when registered staffing fell below 75% of standard template
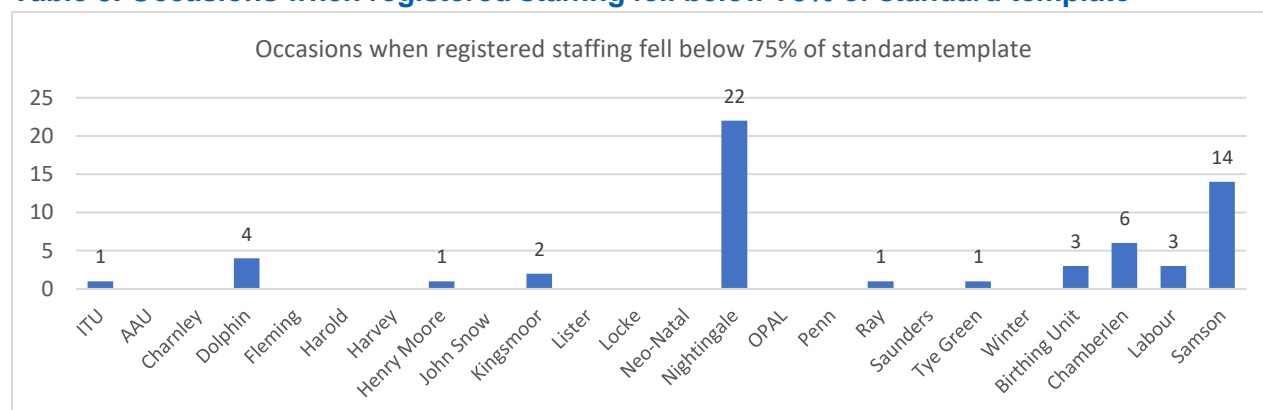
5.2 Falls

Table 6. Number of falls, unwitnessed falls and falls with harm in April, with the top 3 wards being highlighted

	Total falls in month	Top 3 wards		
Total falls	105	Kingsmoor 13	Locke 9	Charnley 9
Unwitnessed falls	74	Kingsmoor 8	Locke 7	Charnley 7
Falls with harm *	22	Locke 3	7 wards had 2	6 wards had 1

*subject to change following review at Falls Incident Oversight Group

The Trust falls reduction strategy and workplan (2024/2025) is in place and mandatory falls training is currently at 94%. Kingsmoor ward have a falls action plan in place, with Charnley ward having an improving essentials of care plan. The Trust Lead Nurse for Falls Reduction and Prevention is currently supporting Locke ward

5.3 Pressure Ulcers

Table 7. Number of Hospital Acquired Pressure Ulcers (HAPU) Cat 2 and Cat 3 Pressure Ulcers (including unstageable)
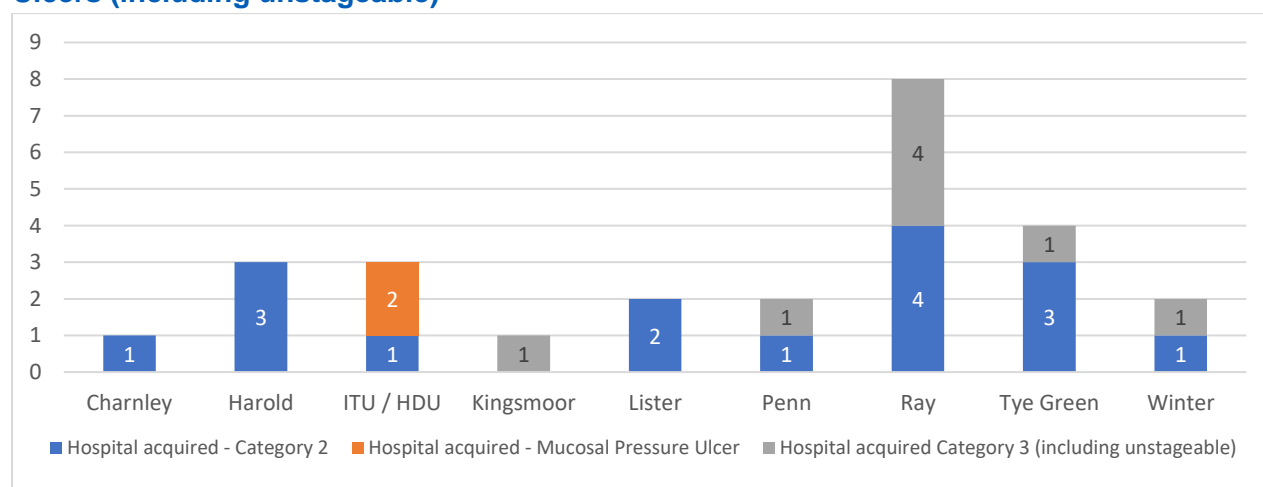
In April the highest number of HAPUs developed on Ray ward (8) and Tye Green (4).

- Tissue viability have collated monthly data from intense auditing including Ray ward
- Lack of bed linen, reduced staffing levels, complex patients and new inexperienced health care assistants were identified as contributory factors on Ray ward
- Other trends have been identified on Ray ward which will be discussed with ward manager, matron and head of nursing regarding next steps

Redeployment

Redeployment of staff continues to be undertaken to support safe staffing as part of the daily staffing huddles. Table 8 details the trend in April with Harold ward redeploying the highest number of substantive staff. John Snow ward was the next highest. Outpatient department staff continue to be redeployed to support wards but this is not consistently recorded in Health Roster. The highest net receiver of staff remains Nightingale ward alongside A&E. Appendix 5 demonstrates the number of substantive staff redeployments per month trend. Table 9 shows the hours of substantive staff moved as a percentage of total hours worked.

Table 8. Hours of substantive staff redeployed
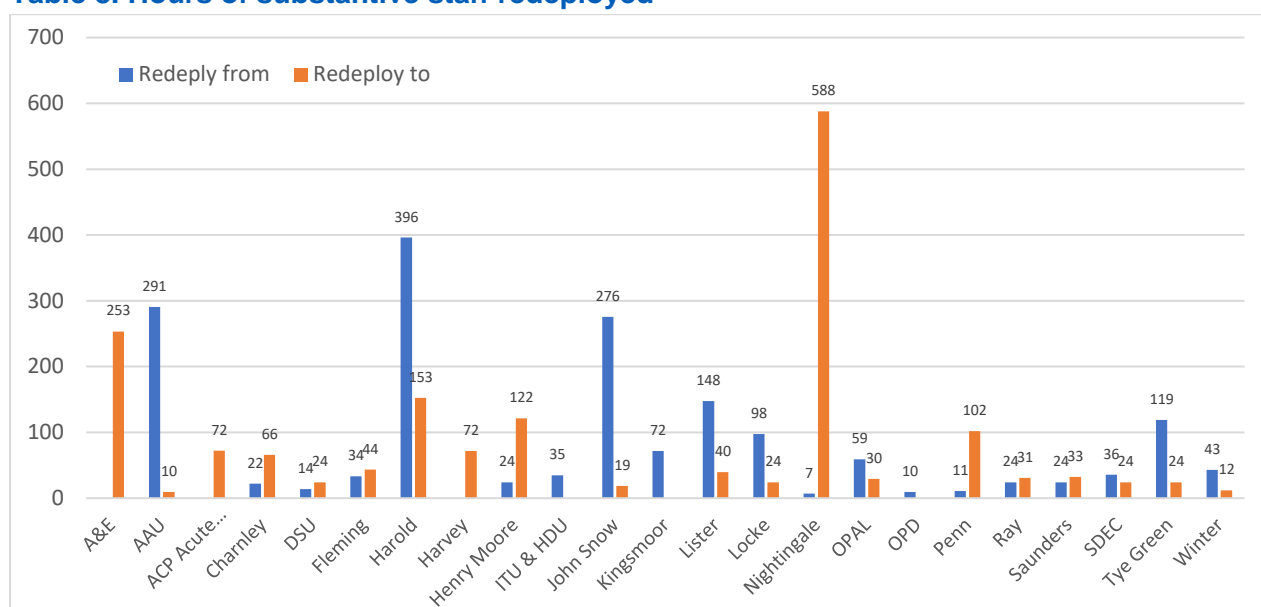
Table 9. % of substantive staff redeployed as % of total hours worked

Substantive staff hours redeployed	Total hours worked (inc bank and agency)	% of total hours worked / substantive staff redeployed
1,738	143,575	1.2%

6.0 Conclusion

This paper will evolve in the future to include the impact of staffing including additional nursing and midwifery sensitive indicators such as complaints and compliance with nationally mandated staffing such as CNST provision in midwifery. The paper will also demonstrate initiatives underway to review staffing establishments and activities to ensure nursing and midwifery workforce is deployed in the most cost-efficient way.

7.0 Recommendation

The committee are asked to note the information in this report to provide assurance on the daily mitigation of nursing and midwifery staffing.

Appendix 1: Ward level data: fill rates April 2024. *(Adjusted Standard Planned Ward Demand)*

>95%	75 – 95%	< 75%

Ward name	Day		Night		% Registered overall fill rate	% HCSW overall 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	104.1%	113.0%	103.2%	86.1%	103.7%	99.5%	103.3%
Saunders	105.0%	138.9%	121.3%	154.6%	111.1%	144.9%	123.8%
Penn	96.6%	116.8%	100.0%	167.3%	98.0%	136.0%	111.6%
Henry Moore	119.6%	104.3%	148.3%	114.2%	131.1%	109.1%	121.5%
Harvey	105.6%	151.9%	104.4%	104.7%	105.1%	129.3%	113.9%
John Snow	106.5%	33.7%	100.0%	33.6%	103.4%	33.7%	73.3%
Surgery Total	**105.0%**	**112.3%**	**108.9%**	**120.0%**	**106.7%**	**115.5%**	**109.4%**
Charnley	108.4%	135.8%	100.7%	136.0%	104.7%	135.9%	113.6%
AAU	103.0%	136.8%	106.7%	143.0%	104.6%	139.7%	112.0%
UEC Total	**105.1%**	**136.3%**	**104.2%**	**139.5%**	**104.7%**	**137.8%**	**112.7%**
Harold	101.3%	121.7%	102.8%	120.3%	102.0%	121.1%	108.0%
Kingsmoor	90.3%	158.4%	105.5%	143.9%	96.0%	151.5%	116.7%
Lister	107.1%	120.3%	104.2%	120.8%	105.8%	120.5%	111.7%
Locke	106.8%	138.4%	100.1%	133.8%	103.9%	136.2%	116.8%
Ray	125.5%	118.9%	100.0%	173.4%	114.7%	139.6%	123.6%
Tye Green	100.1%	105.2%	104.0%	140.8%	101.8%	119.7%	108.8%
Nightingale	82.6%	78.3%	88.5%	102.5%	85.4%	89.9%	87.2%
Opal	134.1%	117.6%	103.3%	145.7%	119.4%	131.0%	124.0%
Winter	101.1%	130.4%	99.2%	129.3%	100.3%	129.9%	112.1%
Fleming	97.0%	90.5%	100.0%	101.4%	98.3%	95.7%	97.5%
Medicine Total	**103.8%**	**119.9%**	**101.2%**	**131.3%**	**102.7%**	**125.1%**	**111.0%**
Neo-Natal Unit	95.3%	90.0%	95.4%	83.3%	95.3%	86.7%	93.9%
Dolphin	98.4%	76.4%	87.3%	72.0%	93.5%	75.0%	88.9%
Labour	115.7%	89.7%	99.0%	100.1%	107.7%	94.6%	104.8%
Birthing	118.6%	89.4%	101.1%	95.9%	110.3%	92.5%	104.3%
Samson	96.8%	149.8%	90.4%	102.1%	93.8%	127.0%	110.4%
Chamberlen	120.7%	85.0%	100.3%	94.8%	110.9%	89.7%	105.6%
CHAWS Total	**106.9%**	**104.9%**	**95.5%**	**94.6%**	**101.5%**	**100.2%**	**101.1%**
Total	**104.9%**	**116.6%**	**102.1%**	**122.8%**	**103.6%**	**119.4%**	**108.7%**

Appendix 2: Ward level data: CHPPD April 2024.

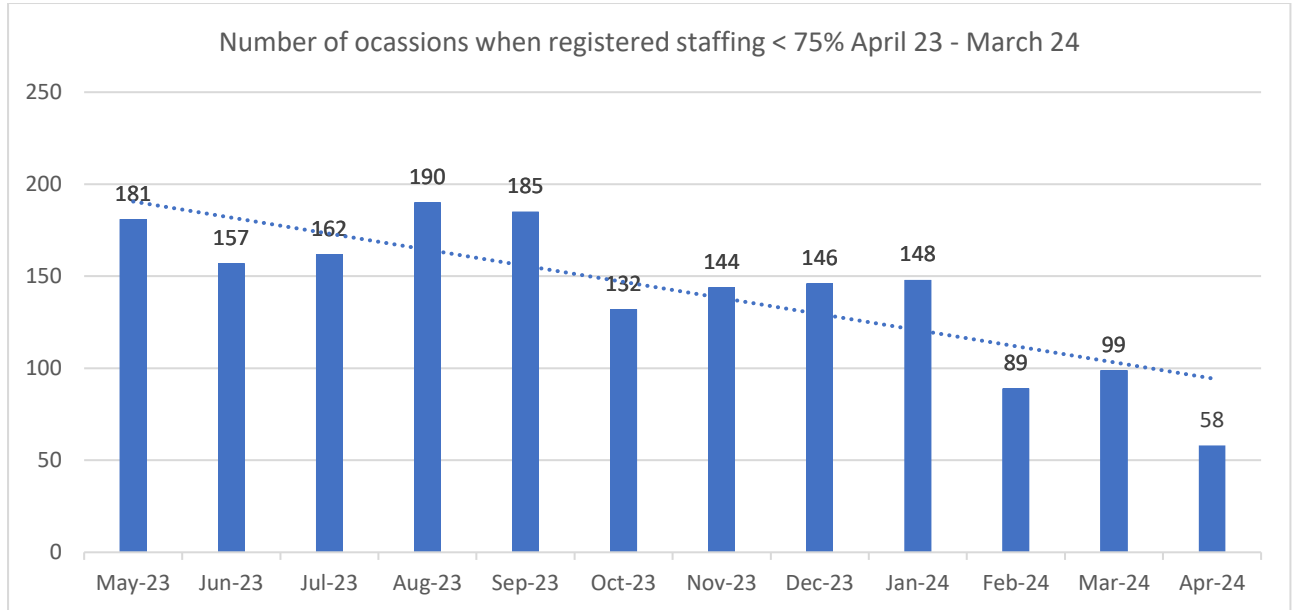| Care Hours Per Patient Day (CHPPD)			
Ward	Registered Nurses/Midwives	Non-registered Nurses/Midwives	Overall
Trust Total	5.1	2.8	8
ITU & HDU	27.9	2.7	30.6
Harvey Ward	4.3	3.0	7.3
Henry Moore Ward	3.7	2.4	6.1
John Snow Ward	7.8	1.9	9.7
Penn Ward	3.7	2.9	6.5
Saunders Unit	4.0	3.1	7.1
Surgery Total	6.0	2.8	8.8
AAU	6.9	2.4	9.3
Charnley Ward	4.5	2.4	6.9
UEC Total	5.7	2.4	8.1
Fleming Ward	4.0	1.7	5.7
Harold Ward	4.9	2.7	7.6
Kingsmoor General	3.5	3.3	6.8
Lister Ward	4.0	3.0	7.1
Locke Ward	3.9	3.4	7.3
Nightingale Ward	3.7	2.6	6.2
Opal Unit	5.2	3.8	9.0
Ray Ward	4.3	2.9	7.2
Tye Green Ward	4.3	3.2	7.5
Winter Ward	3.7	3.2	6.9
Medicine Total	4.1	3.0	7.1
Birthing Unit	10.1	4.3	14.4
Chamberlen Ward	6.5	1.7	8.2
Dolphin Ward	7.2	1.9	9.1
Labour Ward	15.1	3.8	18.9
Neo-Natal Unit	11.6	2.1	13.7
Samson Ward	2.1	2.8	4.9
CHAWS Total	6.9	2.7	9.6

Appendix 3. Nursing Red Flags (NICE 2014)

Box 2: Nursing red flags

- Unplanned omission in providing patient medications.

- Delay of more than 30 minutes in providing pain relief.

- Patient vital signs not assessed or recorded as outlined in the care plan.

- Delay or omission of regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan. Carrying out these checks is often referred to as 'intentional rounding' and covers aspects of care such as:

  - Pain: asking patients to describe their level of pain level using the local pain assessment tool.

  - Personal needs: such as scheduling patient visits to the toilet or bathroom to avoid risk of falls and providing hydration.

  - Placement: making sure that the items a patient needs are within easy reach.

  - Positioning: making sure that the patient is comfortable and the risk of pressure ulcers is assessed and minimised.

- A shortfall of more than 8 hours or 25% (whichever is reached first) of registered nurse time available compared with the actual requirement for the shift. For example, if a shift requires 40 hours of registered nurse time, a red flag event would occur if less than 32 hours of registered nurse time is available for that shift. If a shift requires 15 hours of registered nurse time, a red flag event would occur if 11 hours or less of registered nurse time is available for that shift (which is the loss of more than 25% of the required registered nurse time).

- Less than 2 registered nurses present on a ward during any shift.

Note: other red flag events may be agreed locally.

Appendix 4: Staffing Red Flags Trend Data

Number of ocassions when registered staffing < 75% April 23 - March 24

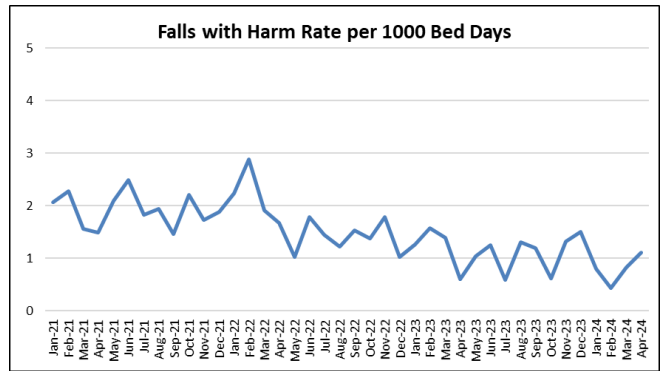| Month	Value
May-23	181
Jun-23	157
Jul-23	162
Aug-23	190
Sep-23	185
Oct-23	132
Nov-23	144
Dec-23	146
Jan-24	148
Feb-24	89
Mar-24	99
Apr-24	58

Appendix 5: Substantive staff redeployment trend

This reports looks at the number of shifts substantive staff working a shift are redployed, it does not include the shifts when agency, bank or multi post holders are redeployed.

Number of ocassions when substantive staff redeployed November 2023 - April 2024

Month	Number
Nov-23	229
Dec-23	203
Jan-24	221
Feb-24	185
Mar-24	134
Apr-24	163
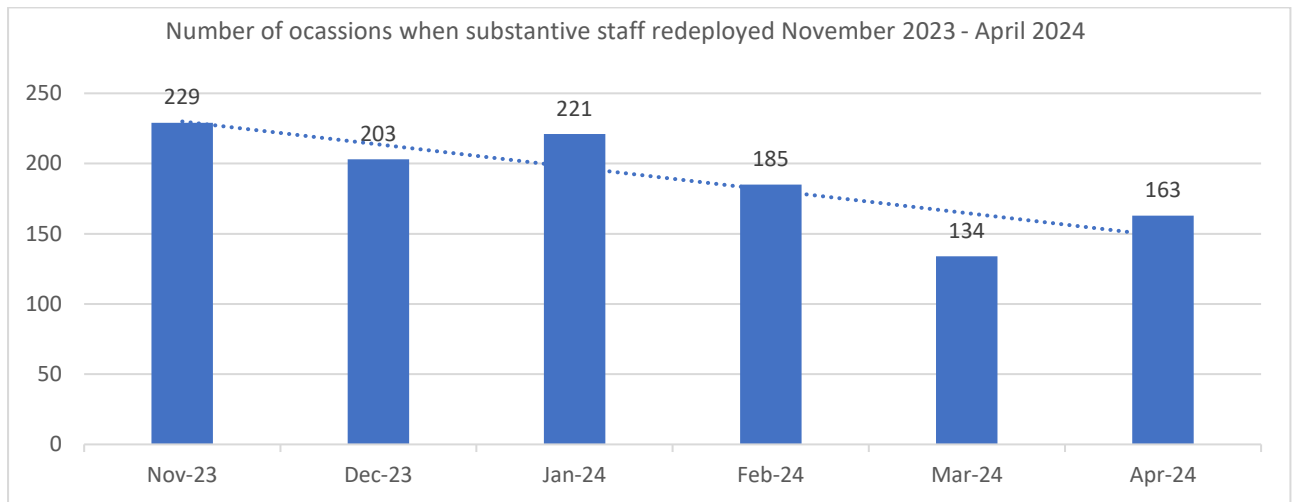
Appendix 6: Falls Rate per 1000 bed days

Falls Rate per 1000 Bed Days

Falls with Harm Rate per 1000 Bed Days
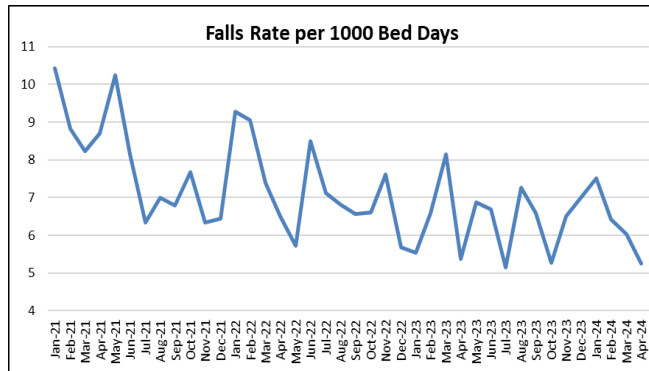
Appendix 7: Total Pressure Ulcer Rate per 1000 bed days and Moderate Harm Pressure Ulcer Rate per 1000 bed days trend

Total pressure ulcer rate per 1,000 occupied bed days
Including new reporting definitions and refreshed data from June 2018 - Apr 2024
From Feb 2024 Unstageable is included in Cat 3, DTI is no longer included
Axis labels showing alternate months

Moderate harm pressure ulcer rate per 1,000 occupied bed days
Including new reporting definitions and refreshed data from June 2018 - Apr 2024
From Feb 2024 Unstageable is included in Cat 3, DTI is no longer included
Axis labels showing alternate months