

1.0 Introduction

This paper illustrates how PAHT's nursing and midwifery staffing has been deployed for the month of June 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 June 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 June 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.

Due to fluctuating capacity John Snow Ward has not consistently been sending 1 of the 2 day HCA shifts to NHSP. The fluctuating capacity has also impacted on the number of HCA shifts being redeployed from the ward during June, both of these factors have impacted the HCA fill rate for day and night.

Maternity are robustly reviewing staffing through twice weekly staffing reviews and use of Birthrate Plus. Safety is maintained by daily staffing huddles and staff deployment according to acuity, while support is provided by specialist practitioners and Matrons being redeployed as required but this is not always captured in Health Roster or reflected in the fillrate.

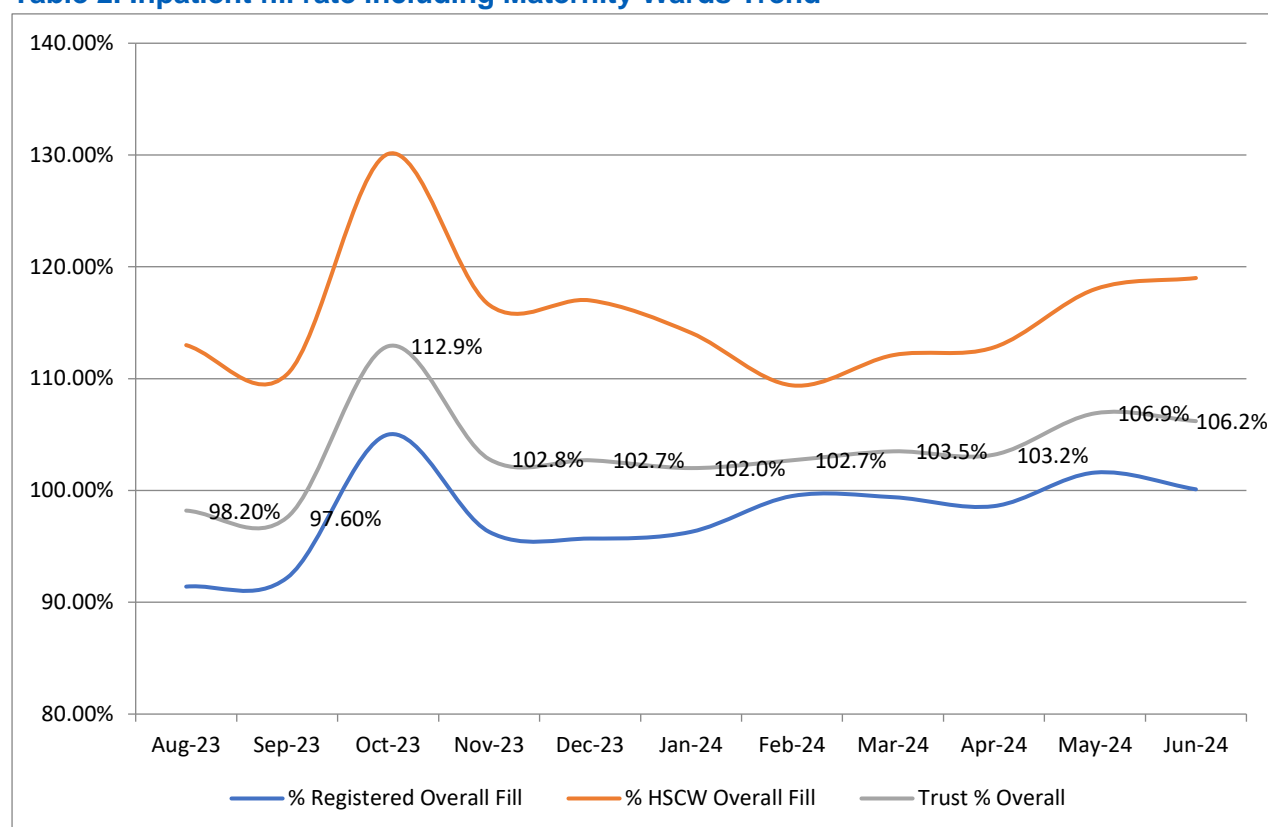
The impact of staffing requirements for patients requiring enhanced care is shown in the number of wards which have greater than 100% fillrate, this is especially demonstrated in wards such as Penn, Nightingale and Ray night fillrate for HCAs. The fillrate is based against the standard ward template.

We continue to utilise NHS Professionals (NHSP) and agency to mitigate vacant shifts, though we continue to reduce our temporary staffing pools. 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
96.7%	110.6%	104.4%	129.5%	100.1%	119.0%	106.2%

Table 2. Inpatient fill rate including Maternity Wards Trend



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.

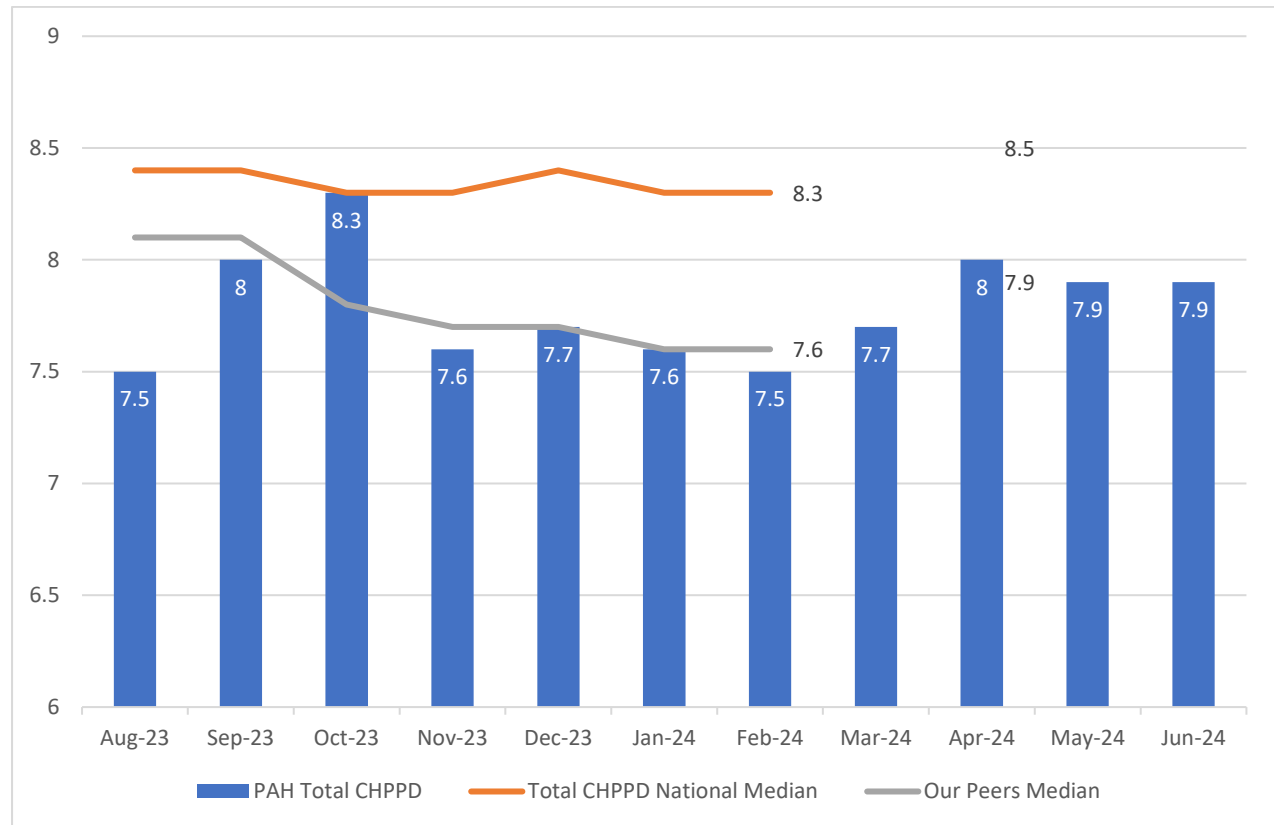
Table 3. Overall Care Hours Per Patient Day (CHPPD) June 2024

Registered CHPPD	Unregistered CHPPD	Total CHPPD
5.1	2.9	7.9

The Model Hospital data for April 2024 shows the Trust with a CHPPD of 8 against the national median of 8.5. 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 June 2024

Table 4. CHPPD Trend



5.0 Quality Indicators

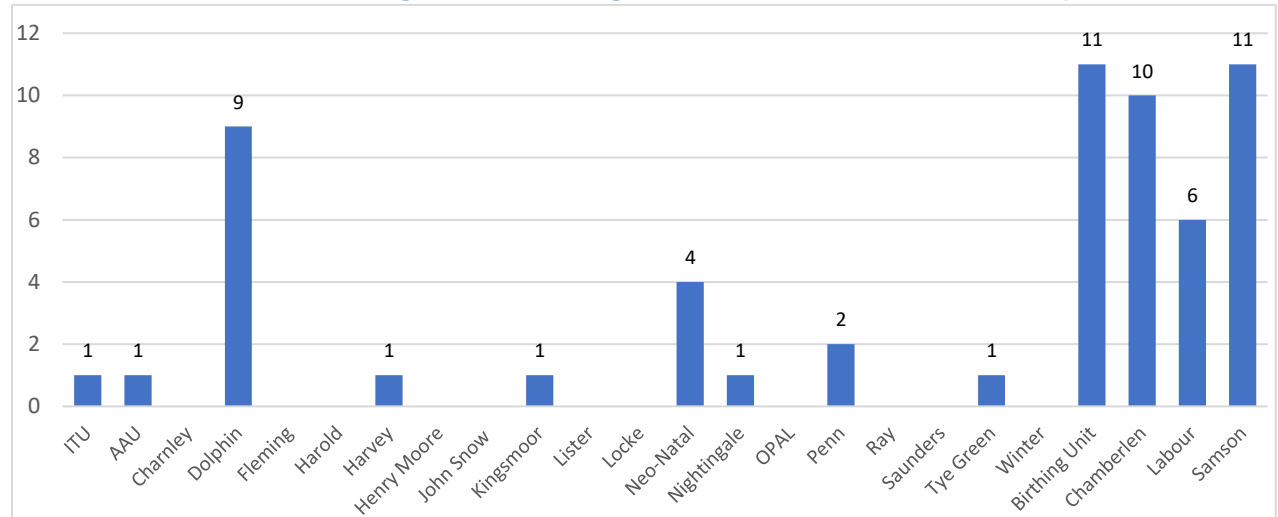
5.1 Nursing Red Flags

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 Safe Staffing Lead, who will provide an update on progress in the next report

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 increased by 4 occasions in June to 59 and now includes Maternity which had 38 in month, an increase of 2. Nightingale Ward template has been reviewed and the ward only fell below their standard template on one occasion in June. 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



5.2 Falls

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

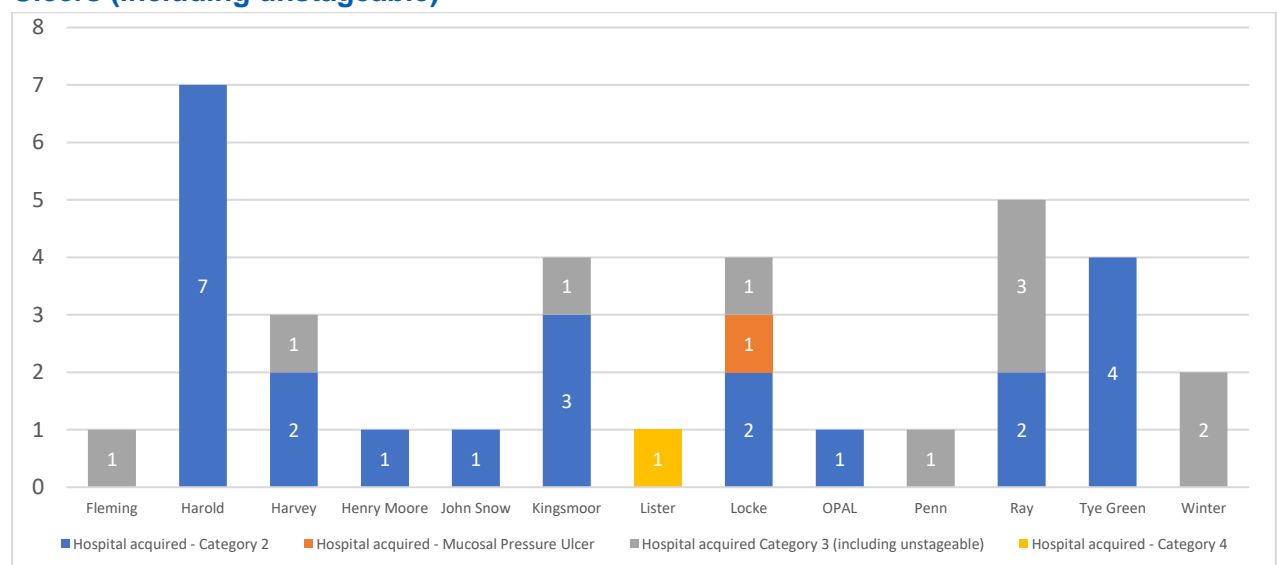
	Total falls in month	Top 3 wards		
Total falls	89	Winter 11	Locke 8	Kingsmoor, Lister, Ray 7
Unwitnessed falls	65	Winter 8	Locke 7	Ray 6
Falls with harm *	18	Winter 4	Locke 2	Ray 2

*subject to change following review at Falls Incident Oversight Group

The Trust falls reduction strategy and workplan (2024/2025) remains in place and mandatory falls training is currently at 94%.

5.3 Pressure Ulcers

Table 7. Number of Hospital Acquired Pressure Ulcers (HAPU) Cat 2 and Cat 3 Pressure Ulcers (including unstageable)



In June there were 35 HAPU's compared to 27 last month.

This month, the highest number of HAPUs developed on Harold (7) and Ray (5), followed by Tye Green, Locke & Kingsmoor (all with 4). The majority of HAPUs were found on the sacrum, similar to previous months.

Tissue viability continue to collate monthly data from auditing on the wards with higher incidence of HAPU's. The findings are shared with the relevant members of staff, ward manager and matron, to ensure all are captured in the local quality improvement action plan.

5.4 Complaints, PALS and Compliments

Table 8. Number of new Complaints, PALS and Compliments in June with top three wards highlighted

	Total in month	Top 3 wards		
New complaints	3	Chamberlen 2	Harold 1	
PALs	88	A&E 17	Ray 7	Penn 6
Compliments	28	Henry Moore 13	A&E 3	Tye Green 3

The 3 main PALS themes for June were:

- Delay – 42.6%, Communication – 18%, Medical Care - 8.4%

Complaints themes for June were as follows

- Nursing Care - 25%, Attitude – 25%, with 12.5% relating to medical care and following guidance

Appendix 8 shows the trend for complaints, PALs and compliments.

6.0 Redeployment

Redeployment of staff continues to be undertaken to support safe staffing as part of the daily staffing huddles. Table 9 details the trend in June with Harold redeploying the highest number of substantive staff with Kingsmoor being the next highest. The 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 and Penn ward. Appendix 5 demonstrates the number of substantive staff redeployments per month trend.

Table 9. Hours of substantive staff redeployed

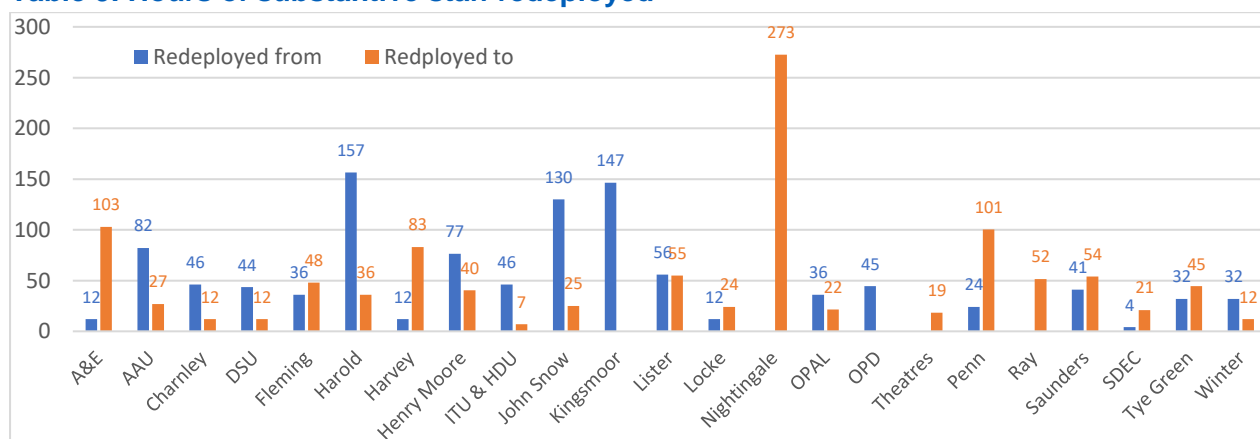


Table 10 shows the hours of substantive staff moved as a percentage of total hours worked.

Table 11 shows the hours of all staff including bank and agency, excluding the Enhanced Care Team, Bank Pool and Rapid Response Pool staff.

Table 10. % 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
1068	133788	0.79%

Table 11. % of staff redeployed as % of total hours worked

All staff hours redeployed (including bank and agency but excluding Enhanced Care Team, Bank Pool and Rapid Response Pool)	Total hours worked (inc bank and agency)	% of total hours worked / staff redeployed (including bank and agency but excluding Enhanced Care Team, Bank Pool and Rapid Response Pool)
2085	133788	1.56%

The data detailing nurse redeployment indicates that the numbers of staff reassigned are minimal and not a cause of concern. The redeployment process is efficiently managed with improved governance and oversight.

7.0 Conclusion

This paper will evolve in the future to include the impact of staffing including additional nursing and midwifery sensitive indicators such as 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.

8.0 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 June 2024. (Adjusted Standard Planned Ward Demand)

>95%	75 – 95%	< 75%
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	Day		Night				
Ward name	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	% Registered overall fill rate	% HCSW overall fill rate	% Overall fill rate
Harvey	83.7%	125.3%	102.2%	116.6%	91.2%	121.1%	102.1%
Henry Moore	112.6%	133.3%	145.1%	129.7%	125.6%	131.6%	128.2%
ITU & HDU	95.1%	99.9%	98.9%	100.0%	97.0%	99.9%	97.3%
John Snow	110.3%	57.7%	101.7%	70.0%	106.2%	61.6%	86.9%
Penn	96.9%	121.7%	103.3%	186.8%	99.6%	146.4%	116.4%
Saunders	91.3%	112.2%	126.3%	151.4%	104.4%	127.1%	113.0%
Surgery Total	96.1%	110.4%	107.9%	133.7%	101.3%	120.1%	107.0%
Fleming	89.8%	95.0%	100.1%	106.1%	94.1%	100.3%	96.0%
Harold	94.0%	94.7%	102.8%	119.5%	97.9%	106.5%	100.6%
Kingsmoor	94.0%	98.3%	106.0%	137.0%	98.5%	116.8%	105.4%
Lister	104.4%	126.3%	103.3%	136.0%	103.9%	130.9%	114.7%
Locke	106.6%	111.7%	115.0%	128.6%	110.2%	119.8%	114.0%
Nightingale	121.2%	95.6%	143.6%	199.8%	131.9%	128.3%	130.4%
Opal	107.5%	123.8%	102.2%	128.1%	105.0%	125.8%	113.3%
Ray	118.9%	113.1%	139.1%	206.9%	127.5%	148.7%	135.1%
Tye Green	91.6%	107.0%	101.4%	137.2%	95.9%	119.3%	105.0%
Winter	95.3%	120.0%	100.8%	129.2%	97.6%	124.4%	108.3%
Medicine Total	100.2%	108.9%	109.4%	137.8%	104.1%	121.9%	110.8%
AAU	92.9%	136.4%	104.8%	146.4%	98.2%	141.2%	107.2%
Charnley	98.8%	129.9%	106.7%	146.4%	102.6%	137.8%	112.6%
UEC Total	95.1%	133.1%	105.6%	146.4%	99.9%	139.5%	109.5%
Birthing	94.4%	87.9%	86.9%	93.3%	90.8%	90.5%	90.7%
Chamberlen	93.8%	93.8%	94.8%	86.7%	94.3%	90.4%	93.3%
Dolphin	80.8%	93.1%	93.7%	94.4%	86.5%	93.6%	88.3%
Labour	97.7%	98.0%	90.9%	95.5%	94.4%	96.8%	95.0%
Neo-Natal Unit	85.8%	86.7%	94.0%	73.3%	89.9%	80.0%	88.2%
Samson	95.4%	138.1%	91.2%	104.4%	93.4%	122.0%	107.7%
CHAWS Total	91.0%	106.7%	92.2%	94.6%	91.6%	101.1%	94.3%
Total	96.7%	110.6%	104.4%	129.5%	100.1%	119.0%	106.2%

Appendix 2: Ward level data: CHPPD June 2024.

Care Hours Per Patient Day (CHPPD)			
Ward	Registered Nurses/Midwives	Non-registered Nurses/Midwives	Overall
Trust Total	5.1	2.9	7.9
ITU & HDU	3.8	2.9	28.4
Harvey Ward	4.2	3.4	6.1
Henry Moore Ward	26.2	2.7	6.2
John Snow Ward	5.9	2.6	5.7
Penn Ward	3.8	3.1	6.9
Saunders Unit	3.8	2.8	9.7
Surgery Total	5.8	3.0	8.8
Fleming Ward	3.8	1.8	5.6
Harold Ward	4.8	2.4	7.2
Kingsmoor General	3.7	2.6	6.3
Lister Ward	3.9	3.3	7.2
Locke Ward	4.1	3.0	7.1
Nightingale Ward	3.9	2.9	6.8
Opal Unit	4.6	3.7	8.3
Ray Ward	4.8	3.2	8.0
Tye Green Ward	4.2	3.4	7.6
Winter Ward	3.7	3.1	6.7
Medicine Total	4.2	2.9	7.1
AAU	6.8	2.6	9.4
Charnley Ward	4.7	2.5	7.2
UEC Total	5.7	2.6	8.3
Birthing Unit	9.1	4.6	13.7
Chamberlen Ward	6.1	1.9	8.0
Dolphin Ward	6.8	2.4	9.2
Labour Ward	12.2	3.6	15.8
Neo-Natal Unit	9.2	1.6	10.8
Samson Ward	2.5	3.3	5.8
CHAWS Total	6.6	2.8	9.5

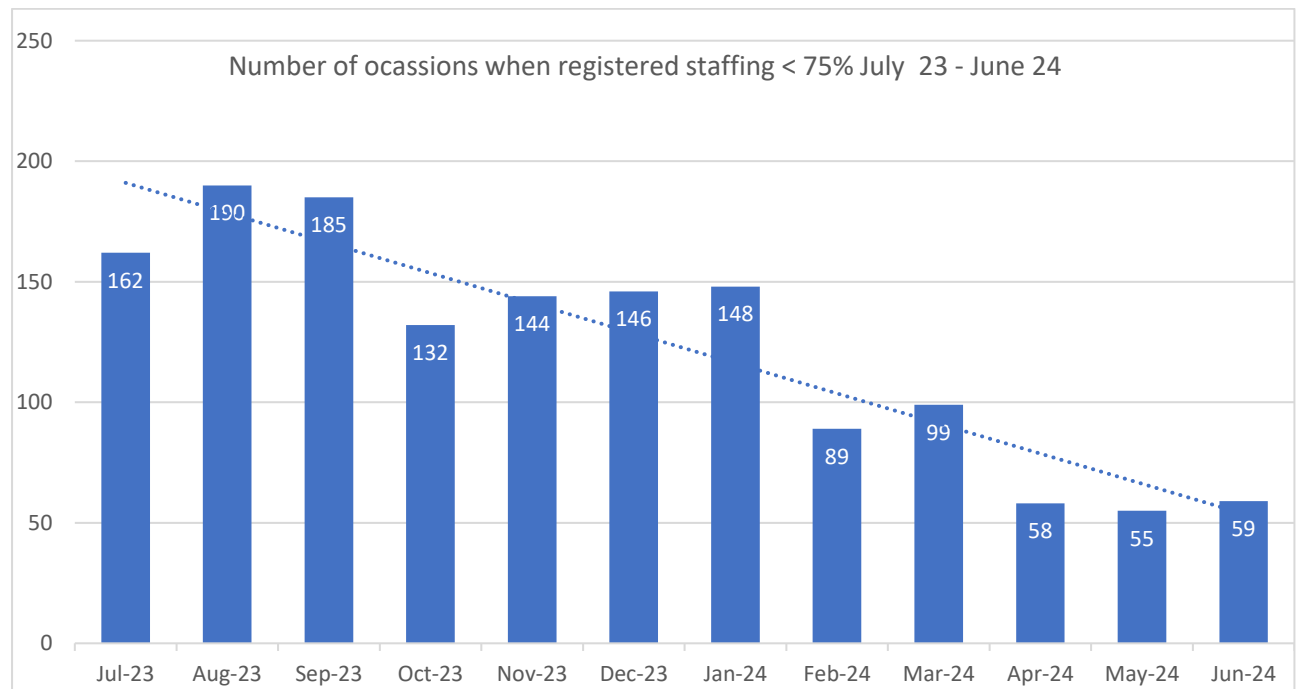
Appendix 3. Nursing Red Flags (NICE 2014)

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.

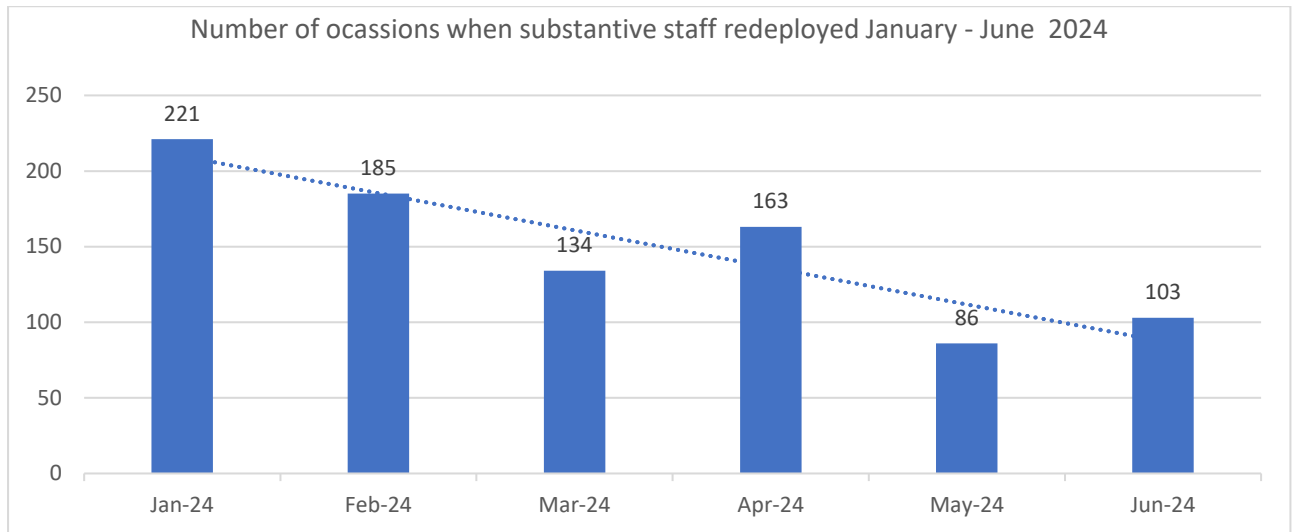
Note: other red flag events may be agreed locally.

Appendix 4: Staffing Red Flags Trend Data

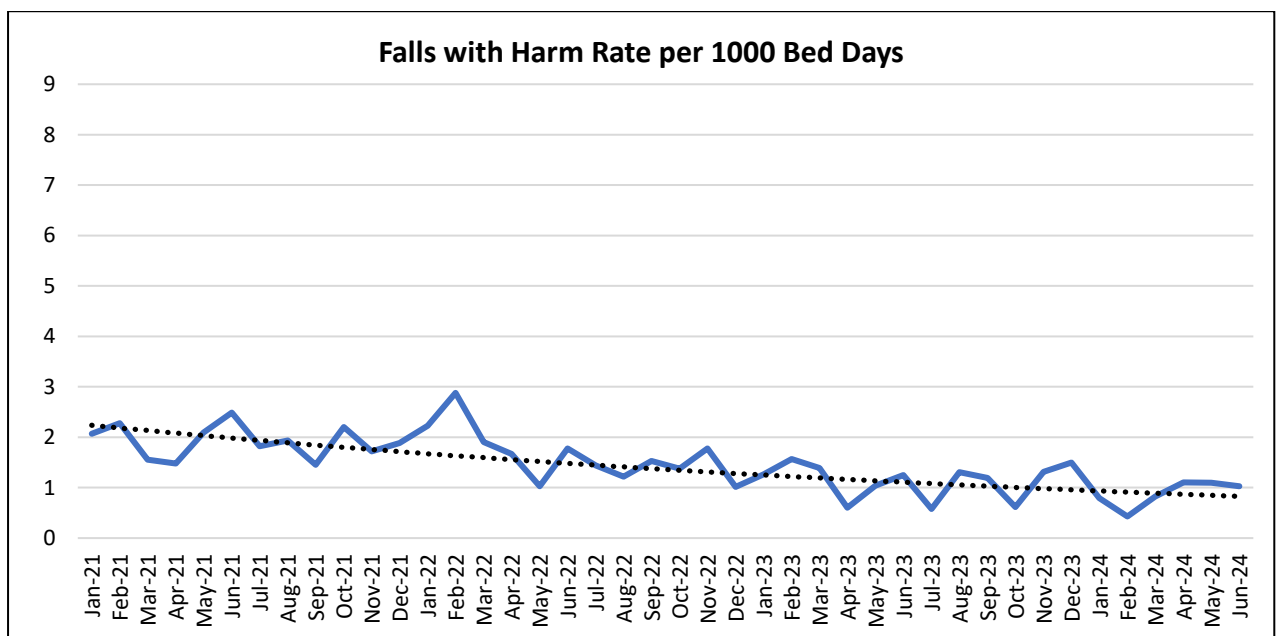
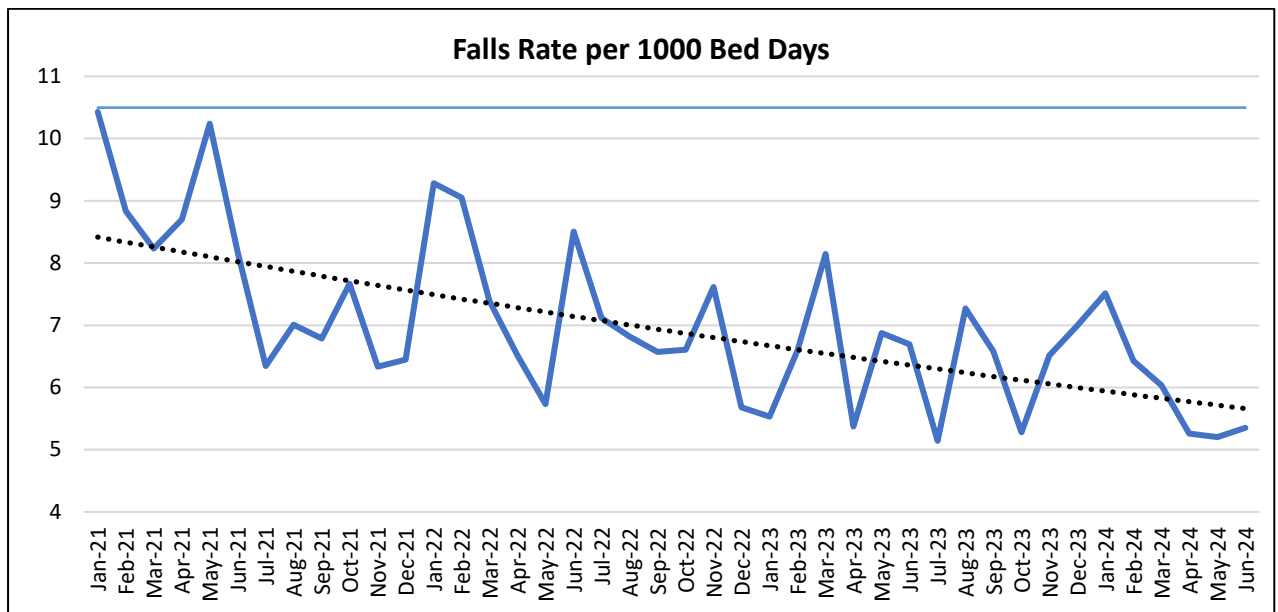


Appendix 5: Substantive staff redeployment trend

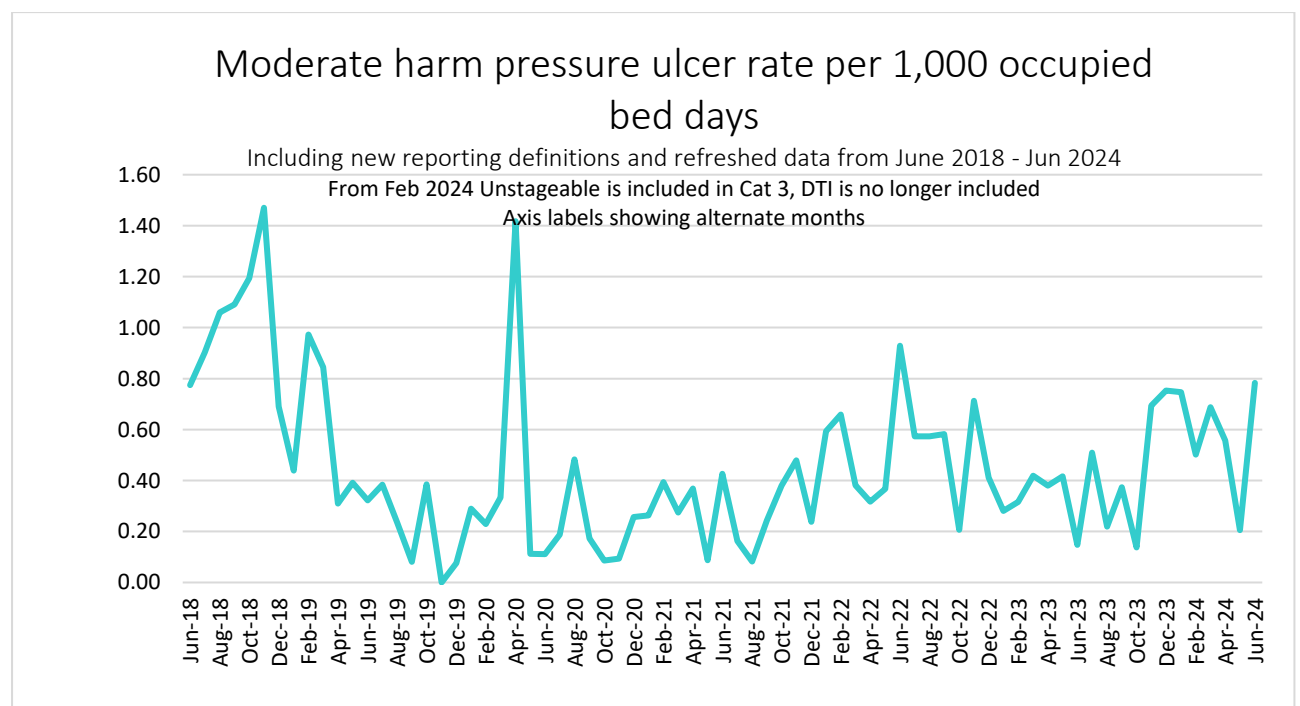
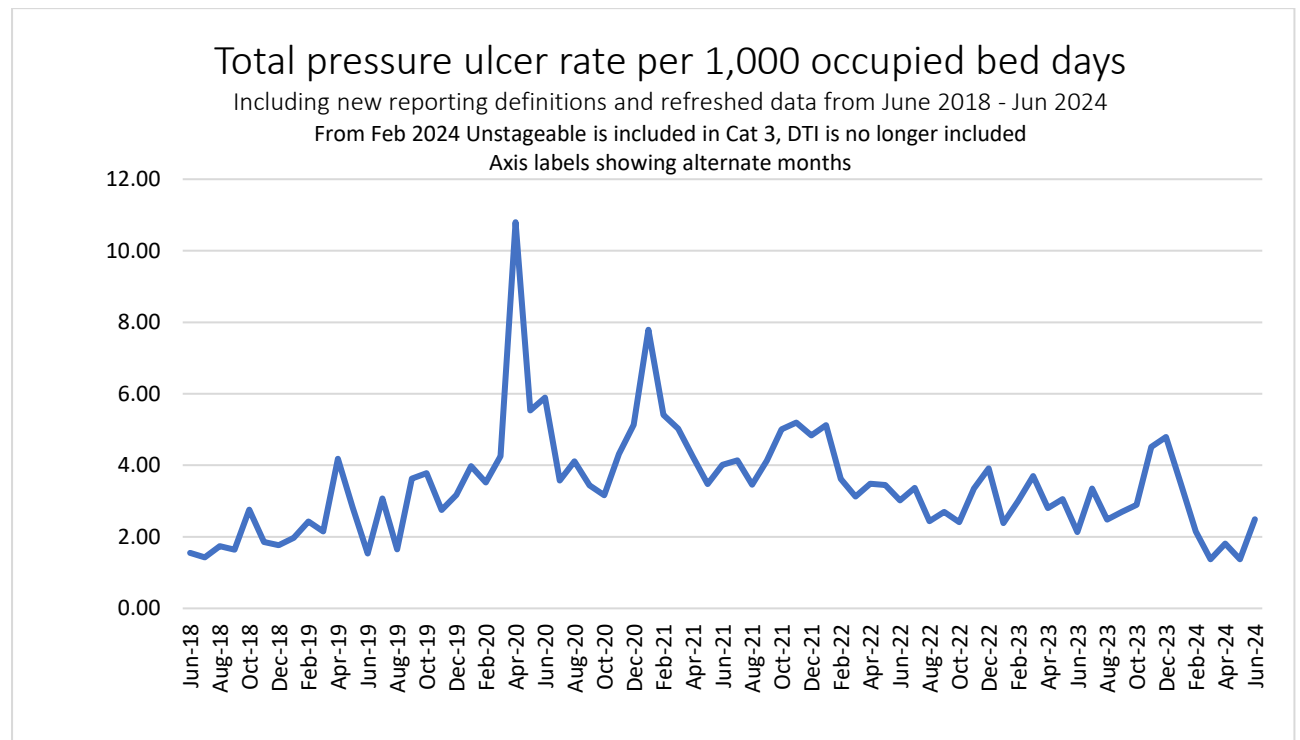
This reports looks at the number of shifts substantive staff working a shift are redeployed, it does not include the shifts when agency, bank or multi post holders are redeployed.



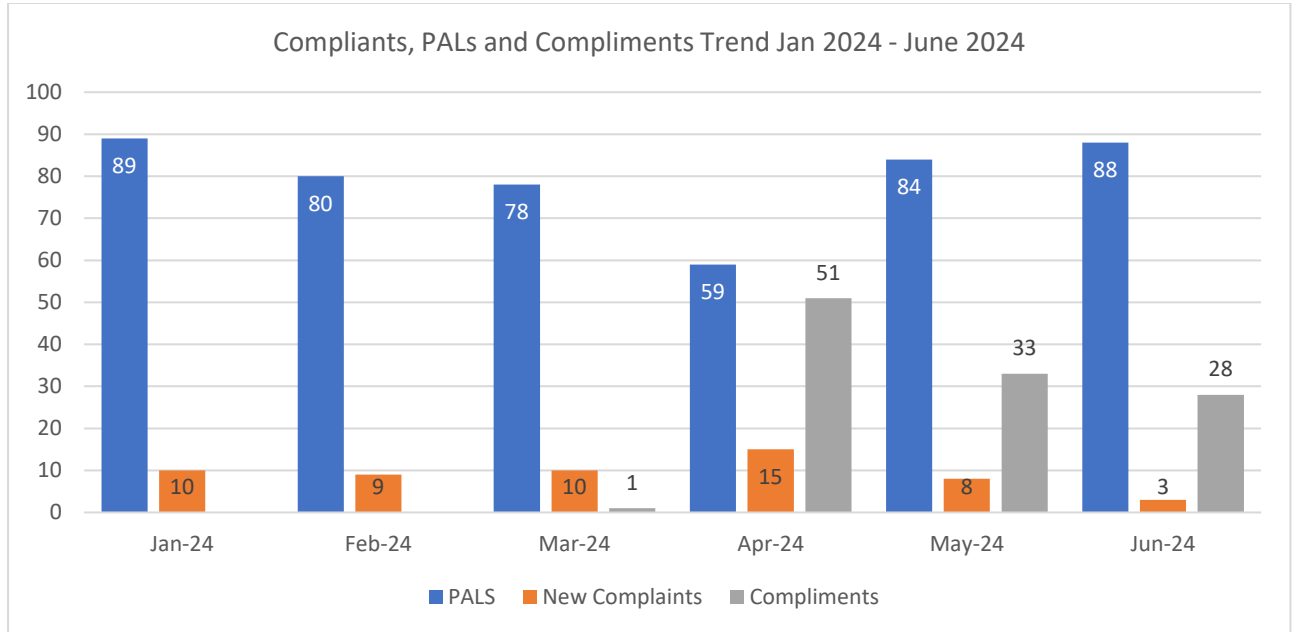
Appendix 6: Falls Rate per 1000 bed days



Appendix 7: Total Pressure Ulcer Rate per 1000 bed days and Moderate Harm Pressure Ulcer Rate per 1000 bed days trend.



Appendix 8: Complaints, PALS and Compliments Trend Data



No compliment data was collected during January and February 2024