






## People Committee

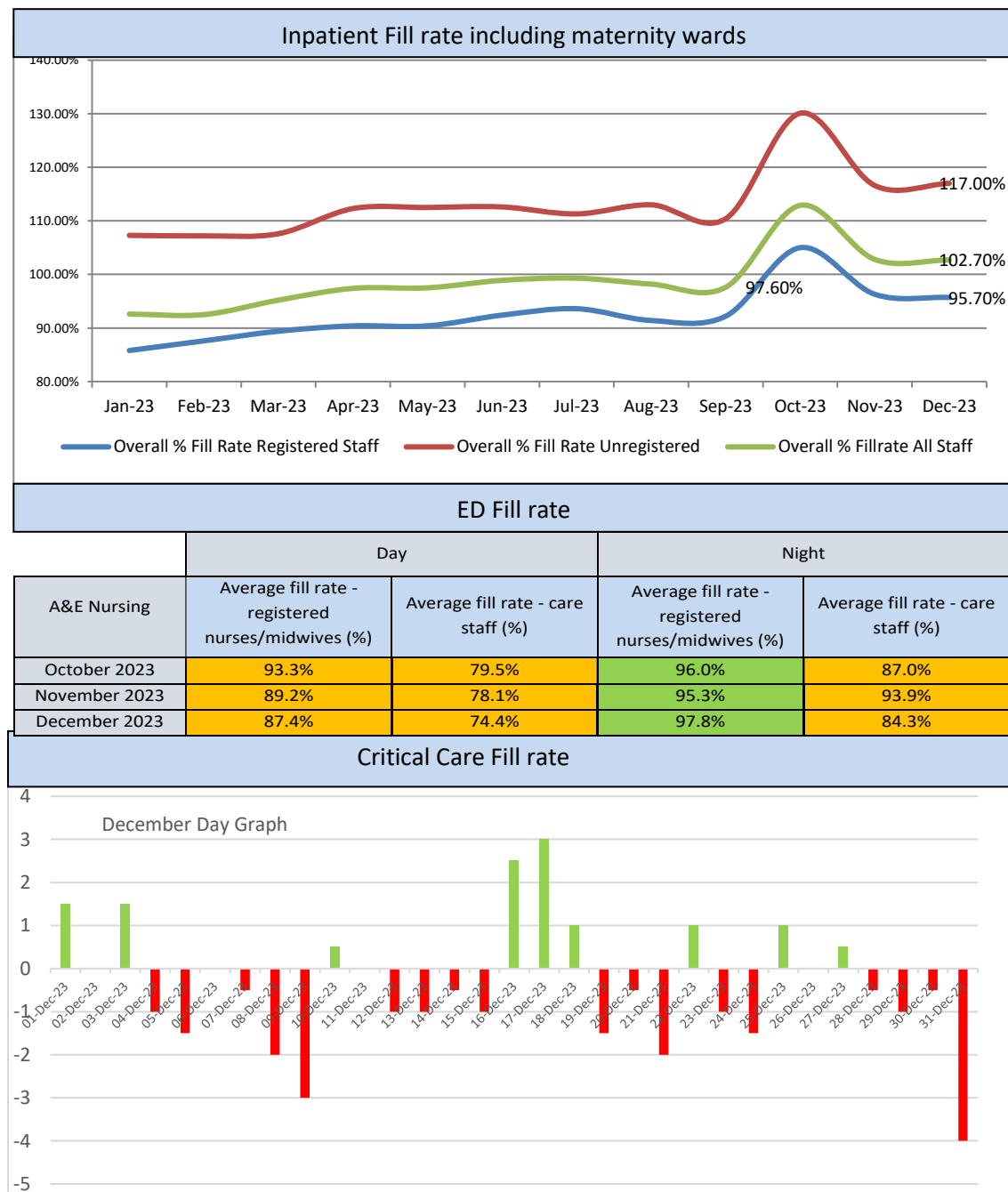
<b>Agenda item:</b>								
<b>Presented by:</b>	Giuseppe Labriola – Deputy Chief Nurse							
<b>Prepared by:</b>	David Dellow – Safe Staffing Lead and Giuseppe Labriola – Deputy Chief Nurse							
<b>Date prepared:</b>	16.1 2024							
<b>Subject / title:</b>	Report on Nursing and Care Staff Levels for November 2023.							
<b>Purpose:</b>	<b>Approval</b>		<b>Decision</b>		<b>Information</b>	x	<b>Assurance</b>	x
<b>Key issues:</b>	The overall fill rate for December has remained stable for Registered Nurses and Healthcare support workers  No ward reported average fill rates below 75% for RN against the standard planned template during December.							
<b>Recommendation:</b>	The committee are asked to note the information within this report.							
<b>Trust strategic objectives:</b> please indicate which of the five Ps is relevant to the subject of the report								
	<b>Patients</b>	<b>People</b>	<b>Performance</b>	<b>Places</b>	<b>Pounds</b>			
	x	x	x		x			
<b>Previously considered by:</b>	NA							
<b>Risk / links with the BAF:</b>	BAF: 2.1 Workforce capacity All Divisions have both recruitment and retention on their risk registers							
<b>Legislation, regulatory, equality, diversity and dignity implications:</b>	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							
<b>Appendices:</b>	<b>Appendix 1:</b> Registered fill rates by month against adjusted standard planned template. RAG rated. <b>Appendix 2:</b> ITU / HDU compliance with Guidelines for the provision of Intensive Care Services <b>Appendix 3:</b> Nightingale Ward SafeCare AM Census data (required vs actual hours)							

There was a decrease in the Registered Nurse and the overall average fill rates in December; with the overall fill rate decreasing to 102.7% (↓0.1%). Registered fill rate fell by 0.6% to 95.7% with care staff fill rates increasing by 0.4% to 117%.

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. There are planned recruitment events throughout January for healthcare support workers to recruit into vacant posts.

Emergency Department (ED) Registered fill decreased for RN Day, fill was 87.4%, (↓1.8%) with RN Night increasing to 97.8%. (↑2.5%) There was a fall in fill rates for care staff in December Days (↓3.7%) to 74.1% and nights decreasing by 9.6% to 84.3%. There has been an increase in unavailability during December (sickness and annual leave) which the deputy chief nurse is monitoring through divisional roster governance meetings. Matrons and the practice development nurse supported the department during this period.

Critical care fill rates in December - the unit had more than the required numbers of staff for acuity of patients on 9 occasions during the day (green bars) and 8 occasions at night. The numbers on the left of the graph and strength of the bars denotes by how many staff. There were 37 occasions in the month when staffing fell below the required staffing levels across day and night. There were 11 occasions when this was by 2 or more staff with 2 occasions when this was 4. On occasions when staffing fell below the required levels, the Intensive Therapy Unit (ITU) team were supported by the Critical Care Matron, Practice development nurse and the supervisory nurse in charge working in the clinical numbers to support delivery of safe patient care. This was due to increased capacity within the department. See Appendix 2 for background on how safe staffing is calculated for critical care areas.



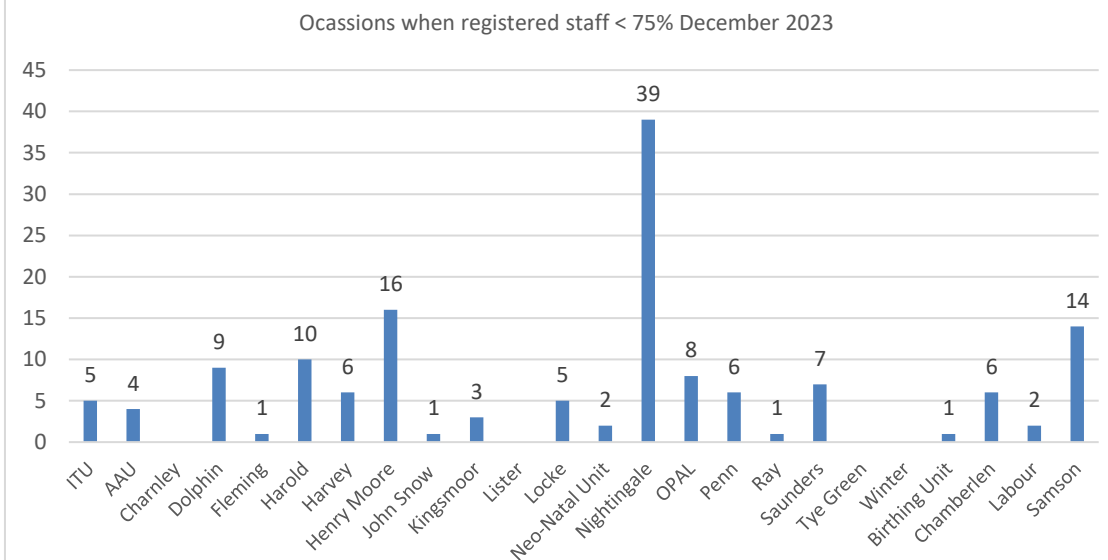
The number of occasions/shifts where the reported fill rate has fallen below 75% across the wards increased by 2 occasions in December, though Nightingale Ward alone had 39 shifts at <75%. If Nightingale Ward was excluded then the number would have increased by 13 to 107. This report now includes Maternity (23). If a nursing red flag event occurs for the number of staff on duty unable 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 49 (↓6) against November. Tye Green Ward raised 8 with Penn Ward and Tye Green Ward 6 each.

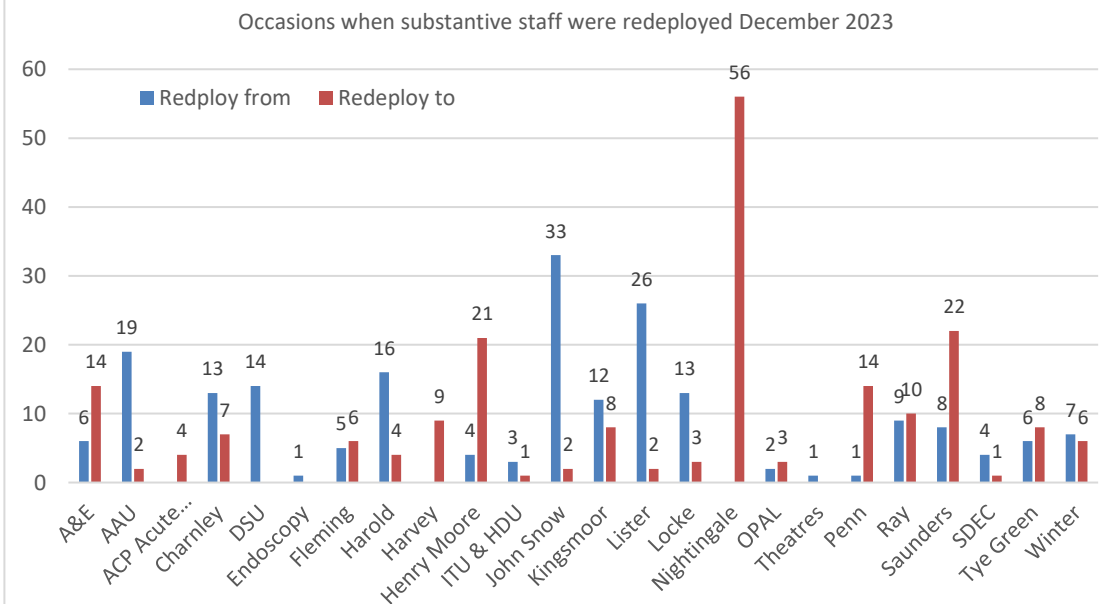
No wards reported average fill rates below 75% for RN against the standard planned template during December. Nightingale Ward Registered Nurse Day staffing was 71.3% on average, SafeCare data from the morning census shows that on 50% of occasions even though the staffing did not meet the standard templated demand, the staffing was sufficient to meet the required patient hours. **(Appendix 3)** Staffing is reviewed a minimum of 3 times a day and Registered Nurse staffing is always at a minimum of 2 RNS against the template of 3. Depending on the patient acuity and dependency staffing levels are reviewed and adjusted. There has been no significant change in patient outcomes. Staff redeployment demonstrates Nightingale to be the highest receiver of staff.

Redeployment of staff continues to be undertaken to support SafeCare as part of the daily staffing huddles. In December, John Snow Ward remained the ward who redeployed the highest number of substantive staff. This is an elective orthopaedic ward and had reduced inpatients due to Industrial Action. The highest net receiver of staff were Nightingale Ward, with Saunders Ward and Henry Moore Ward being the next highest. During Industrial Action, outpatient department staff

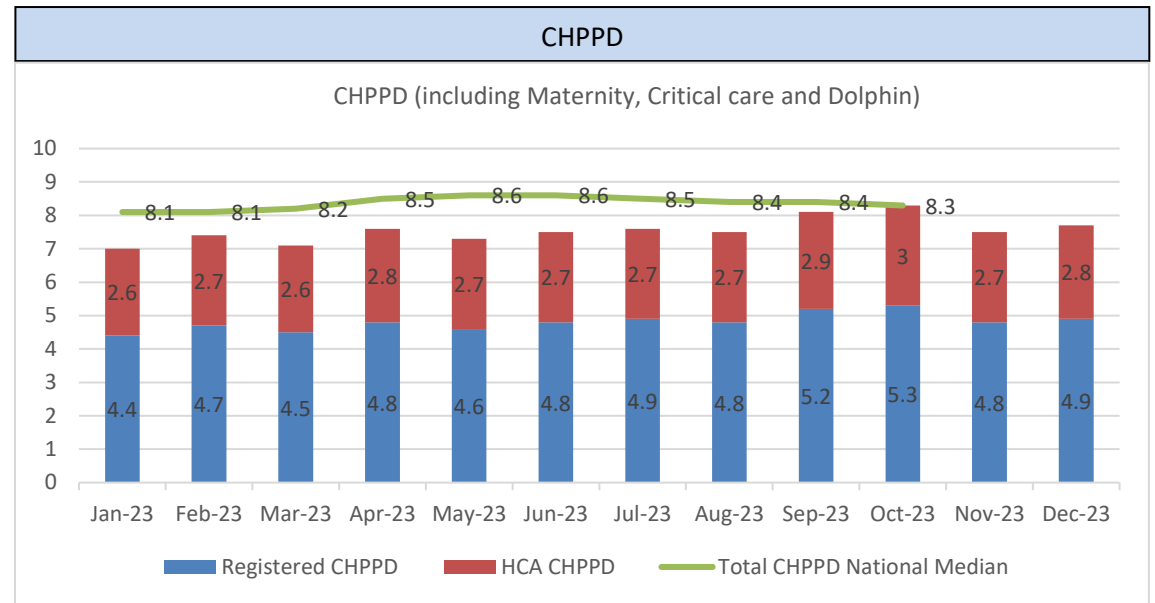
### Occasion when RN staffing <75%



### Redeployment



Overall Care Hours Per Patient Day (CHPPD) was 7.7 for November 2023. The Model Hospital data for October 2023 shows the Trust with a CHPPD of 8.3 against the national median of 8.3.



**Appendix.1. Ward level data: fill rates December 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%	72.8%	92.3%	105.7%	92.6%	89.2%	92.3%
Saunders Unit	82.0%	121.4%	120.3%	178.0%	96.3%	142.9%	113.9%
Penn Ward	85.2%	124.0%	101.5%	170.3%	92.1%	141.6%	109.8%
Henry Moore Ward	79.9%	104.8%	123.8%	107.8%	97.4%	106.2%	101.2%
Harvey Ward	82.1%	143.5%	116.8%	134.0%	96.2%	139.0%	111.7%
John Snow Ward	91.0%	42.8%	83.8%	47.3%	87.6%	44.2%	68.8%
Charnley Ward	96.9%	122.9%	97.3%	127.5%	97.1%	125.1%	105.1%
AAU	90.2%	106.5%	101.0%	118.4%	95.0%	112.2%	98.6%
Harold Ward	83.5%	107.5%	98.0%	117.2%	89.9%	112.1%	96.9%
Kingsmoor General	90.9%	136.3%	129.5%	114.0%	105.5%	125.6%	113.0%
Lister Ward	89.8%	112.9%	104.1%	132.8%	95.8%	122.4%	106.4%
Locke Ward	92.5%	127.1%	100.9%	149.2%	96.0%	137.7%	112.6%
Ray Ward	88.3%	100.8%	105.4%	158.9%	95.6%	122.9%	105.3%
Tye Green Ward	92.9%	110.8%	108.6%	133.6%	99.7%	120.1%	107.6%
Nightingale	71.3%	76.5%	83.4%	101.1%	77.1%	88.2%	81.6%
Opal Unit	99.6%	112.6%	92.3%	115.0%	96.1%	113.8%	103.2%
Winter Ward	86.0%	126.0%	102.2%	136.7%	92.8%	131.1%	108.1%
Fleming Ward	86.1%	114.5%	100.0%	108.2%	92.0%	111.5%	98.0%
Neo-Natal Unit	103.1%	50.1%	98.2%	93.3%	100.7%	71.7%	95.9%
Dolphin Ward	87.6%	75.2%	85.9%	88.0%	86.8%	79.5%	85.0%
Labour Ward	113.2%	110.1%	98.8%	108.1%	106.3%	109.2%	107.0%
Birthing Unit	134.8%	102.2%	120.3%	96.7%	127.9%	99.6%	118.4%
Samson Ward	92.7%	173.6%	95.7%	120.0%	94.1%	148.0%	115.7%
Chamberlen Ward	99.5%	86.7%	97.8%	96.7%	98.7%	91.4%	96.9%
<b>Total</b>	<b>91.7%</b>	<b>111.0%</b>	<b>101.2%</b>	<b>124.3%</b>	<b>95.9%</b>	<b>117.0%</b>	<b>102.7%</b>

## **Appendix 2: 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.

### Appendix.3. Nightingale SafeCare AM Census data (required vs actual: Hours)

