

Cover page	
Meeting	<i>Trust Board</i>
Paper Title	6 MONTH REVIEW OF MONTHLY STAFFING REPORT & CARE HOURS PER PATIENT DAY (June 2019 - November 2019)
Date of meeting	6 February 2020
Date paper was written	27 January 2020
Responsible Director	Barbara Beal, Interim Director of Nursing
Author	Clair Hobbs, Deputy Director of Nursing

Executive Summary

The purpose of this paper is to provide an overview for assurance to the Board in relation to Nurse staffing on in-patient wards. The paper headlines the reviews performed monthly on Care Hours per Patient Day (CHPPD) information, quality metrics and exception reports from the Care Groups over the last 6 months.

Summary of Key issues:

- Fill rates for Registered Nurses (RNs) has improved overall since June 2019.
- August saw lower fill rates which is believed to be due to the main school summer holidays.
- Telford site fill rates are lower than the Shrewsbury site.
- Healthcare Assistants (HCAs) are regularly filled above agreed establishments in a number of ward areas.
- Areas that have improved their fill rates have not always reflected an improvement in quality indicators.
- HCA fill rates have not dropped as RN rates have increased.
- Those wards with the fewest substantive staff have worse quality and safety metrics likely due to the numbers of temporary staff and their transient workforce.

Recommendations:

- The Board is asked to consider and note the paper, and the action being taken.
- The Board is asked to note that the statutory bi-annual nurse staffing report is to be presented at the March Public Board

Previously considered by	<i>N/A</i>
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The Board is asked to:

<input type="checkbox"/> Approve	<input type="checkbox"/> Receive	<input checked="" type="checkbox"/> Note	<input type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input type="checkbox"/> Well-led
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Link to strategic objective(s)

Select the strategic objective which this paper supports

	<input checked="" type="checkbox"/> PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare <input checked="" type="checkbox"/> SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care <input checked="" type="checkbox"/> HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities <input checked="" type="checkbox"/> LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions <input type="checkbox"/> OUR PEOPLE Creating a great place to work
Link to Board Assurance Framework risk(s)	RR 561 RR1134 RR668 RR 423 RR 859

Equality Impact Assessment	<input type="radio"/> Stage 1 only (no negative impact identified) <input checked="" type="radio"/> Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)
Freedom of Information Act (2000) status	<input type="radio"/> This document is for full publication <input checked="" type="radio"/> This document includes FOIA exempt information <input type="radio"/> This whole document is exempt under the FOIA
Financial assessment	NA

Main Paper

Situation

This paper provides a summary overview to the Board of the Nurse staffing on inpatient adult wards for the 6 month period of June 2019 to November 2019 as requested by the Director of Nursing.

Background

1. BACKGROUND

The Trust is required to submit data monthly to Unify, detailing ward nursing and midwifery staffing fill rates and bed days; this information is also displayed on the Trust website.

The staffing fill rates are RAG rated as:

- Red 85% or lower
- Amber 86 – 89%
- Green 90 – 100%
- Purple over 100%

The numbers of falls with serious harm, hospital acquired pressure ulcers, never events, serious incidents, infection prevention and control and patient experience data are also reviewed monthly to support the triangulation of levels of safety and quality linked to staffing levels.

2. STAFFING LEVELS

Fill rates for staffing levels on inpatient areas are submitted to NHSE/I. The overall rates for non-registered and registered nurses are detailed in table A below.

Table A: Registered Nursing & Non Registered Nursing Fill Rates (days/nights) Overall Trust position

Table A	Registered Nurse Day	Registered Nurse Night	Non Registered Nurse Day	Non Registered Nurse Night
June 2019	95.5%	97.2%	103%	108.5%
July 2019	94.9%	98.7%	103.4%	112.3%
August 2019	87.4%	96.7%	96.5%	107.0%
September 2019	93.7%	95.2%	102.6%	110.8%
October 2019	97.1%	97.9%	105.2%	113.4%
November 2019	97.7%	99.9%	105.4%	117.4%

SOURCE: Unify submission June 2019 - November 2019

RN day shifts have been green for the 6 months apart from August 2019 where they were amber. This is a similar position to that of the HCA fill rates in August and is believed to be linked to the main summer holidays. There were no overall quality and safety concerns to patients as a result of these drops in fill rates in August 2019 apart from ward 9 which showed an increase in falls at Telford (This was reviewed, action taken and monitoring is ongoing and aligned to the review of falls commissioned by the DON) Throughout the 6 months there have been some ward areas that have been red or amber for fill rates (these are detailed later in this report (tables D, E and F).HCA fill rates have been above funded establishment on day and night shifts apart from days in August where they were green at 96.5%.

The increased fill rates for HCAs has been attributed to the increased demand of enhanced supervision or where additional beds have been opened. There are some wards that have had recent changes to changes to skill mix and

templates on a temporary basis due to quality and safety concerns and deep dive reviews (These are being addressed with the HON in the care groups and monitored by the DON and Trust Clinical Governance Executive and Quality and Safety Committee).

Due to the increased requests for enhanced observation across Scheduled and Unscheduled Care Groups; a Trust wide policy is in draft form and due for agreement in February 2020. This will help standardise SaTH's approaches to this care requirement. Alongside this, since 13/1/20, further controls have been put into place so that enhanced care shifts that require approval for agency are scrutinised by the Deputy Director of Nursing or Director of Nursing in a bid to understand the true requirement of enhanced care across the organisation and to assure patient safety.

Table B shows fill rates overall for days and nights, registered and unregistered staff at **Royal Shrewsbury Hospital (RSH)**.

Table B	Registered Nurses		HCA	
	Day	Night	Day	Night
RSH June 2019	91.9%	98.5%	105.5%	110.4%
RSH July 2019	92.7%	98.7%	98.7%	111.7%
RSH August 2019	90.5%	101.0%	97.4%	112.0%
RSH September 2019	92.5%	96.6%	101.4%	107.2%
RSH October 2019	96.3%	97.6%	105.5%	119.9%
RSH November 2019	97.7%	99.2%	112.5%	119.3%

Table C shows fill rates overall for days and nights, registered and unregistered staff at **Princess Royal Hospital (PRH)**.

Table C	Registered Nurses		HCA	
	Day	Night	Day	Night
PRH June 2019	97.5%	92.2%	96.3%	93.2%
PRH July 2019	94%	93.1%	91.9%	93.2%
PRH August 2019	84.4%	89.3%	93.7%	96.1%
PRH September 2019	91.3%	91.7%	94.1%	99.2%
PRH October 2019	98.0%	98.2%	104.5%	107.1%
PRH November 2019	98.6%	100.3%	92.1%	111.1%

For the months of June 2019-November 2019, RSH fill rates for both registered and unregistered nursing staff was above 90% on both days and nights. All night shifts for unregistered nurses were above 100% and 4 out of the 6 months for days were also above 100%. Further work is underway to understand if this is a requirement for the organisation moving forward.

Staffing levels for the reviewed 6 months shows that for both registered and unregistered staff on days and nights fill rates are lower at PRH. November 2019 night shifts had the highest fill rates for registered staff at 100.3%. August fill rates on days were red and nights were amber. There were no obvious quality and safety issues as a result of these lower staffing levels. It is worth noting however that ward 9 had higher patient falls in August and September 2019 when their RN staffing levels were amber and red accordingly (refer to note in above section on the action being taken).

The red level (PRH) will account for the overall drop in unregistered nurses on days in August for the organisation as depicted in table A. Unregistered shifts for days and nights were all above 90% and in some cases over 100%.

The Deputy Director of Nursing is conducting establishment reviews for all inpatient adult areas during the month of January 2020 to assess current budgeted establishments whilst triangulating with quality and safety data and acuity data. This will provide an understanding of the workforce requirements for individual ward areas and help determine if the over filling of shifts is a necessity. Oversight is being provided by the NHSI National lead for safer staffing as requested by the DON.

Variance Report by Wards that had a variance in fill rates and vacancies.

Tables D, E and F identify wards that have featured regularly in the monthly staffing reports as an area of concern by Care Group. The ward/s identified in blue are those deemed to be “red flags” and ones where additional scrutiny/focused recruitment and support should be targeted to ensure quality and safety to staff and patients.

Scheduled Care - table D

Ward	Comments
Ward 25 Colorectal and Gastro enterology	Features in 4 out of the 6 reports August-November (inclusive). August report showed red fill rates for RNs on days and amber on nights with HCA fill rates being over 100%. September showed red fill rates for RNs on days with an improvement on nights to green levels. HCA fill rates were once again over 100%. October and November both showed RN fill rates for days and nights was green but HCA fill rates did not reduce as a result and remained above 100%. It appears from the quality data triangulated that there has been little positive impact as a result of the improved/exceeded staffing levels with the number of falls increasing in October and November similar to that of June where there were red and amber levels.
Ward 26 Surgical	Ward 26 features in 4 out of the 6 month’s reports. August and September shows red levels for RN fill rates on days and green on nights. October and November show green fill rates for RNs on days and nights. HCA fill rates have been over 100% fill throughout. Quality metrics appear varied on this ward with difficulty linking this to staffing per se.
ITU/HDU RSH	Showing red and amber on all reports. There are however no concerns regarding staffing levels as matched to the dependency of patients.

Unscheduled care – table E

Ward	Comments
Ward 22 Respiratory	Features every month in the reports. For June, July and August this was because RN fill rates on days were red, in September; they became amber and then from October have been green. The ward featured for November data as the fill rates for HCAs had exceeded the 100% maximum fill rate. Whilst fill rates appear to have improved over the 6 months there is a small change to quality metrics within this ward although falls do appear to have reduced. Pressure Ulcers appear to be static averaging 2 a month at grade 2.
Ward 27	This ward has featured in 4 out of the 6 reports (August to November (inclusive) due to it reporting on having green and over 100% fill rates for HCA and RNs days and nights. This ward has had no substantive band 5 staff and has relied heavily on staff being moved from other ward areas and temporary staffing to fill shifts. The area has increased its substantive band 6 staff to try and attract suitably experienced RNs to the area. The Corporate Education Team have been supporting where possible. This area is an example whereby quality and safety metrics remain a concern and are likely to be linked to the numbers of temporary staffing being utilised. Whilst the fill rates appear good, the changeability of the workforce on this ward is likely to be significantly contributing to the quality of care in this area.
Ward 28 Nephrology / Medicine	This ward had amber staffing for RN days in June and red for RN days in July and August. All RN shifts were then green thereafter for days and nights. HCA shifts throughout the reports have been green or purple indicating shifts have been overfilled or filled to agreed establishments. Quality metrics have not improved as a result of increased staffing fill, in fact September reported the worst set of metrics even though RN days and nights were green and HCAs days and nights were overfilled. This ward also relies heavily on temporary staffing due to the number of vacancies. The ward quite often has a high number of Dementia patients requiring additional supervision.
Ward 9 Respiratory	Featured in all 6 reports. HCA levels have been green or over 100% fill each of the months on days and nights. RN fill rates have varied. June was green, July was red, August was amber, September was red, October was green and November was purple on days. On nights June and July were purple, August,

	September and October was green and November was purple. Falls numbers have remained static during this time. This area uses large numbers of temporary staff due to vacancies.
Ward 10 Frail and complex	This ward has had green and purple fill rates but quality metrics remain a concern. The ward has circa 9WTE vacancies and runs high temporary staffing levels.
Ward 11 Gastroenterology	This ward has run on green and purple levels but uses high temporary staffing due to vacancies. Quality metrics are periodically a concern.

Women's and Children's – table F

Ward	Comments
Ward 19 Children's	Children's ward has featured in every report over the last 6 months due to the red and amber fill rates. There are 10wte band 5 vacancies. Staffing is reviewed daily and beds flexed to meet demand and acuity. This flexing ensures the risks associated with low fill rates is addressed.

3. CARE HOURS PER PATIENT DAY (CHPPD).

Lord Carter highlighted in February 2016, the need to eliminate unwarranted variation in the distribution of nursing and care staff within the NHS. There was an absence of a single means of consistently recording, reporting and monitoring staff deployment. This led to the development of benchmarks and indicators to enable comparison across peer trusts as well as wards and to the development of the care hours per patient day (CHPPD) measure. CHPPD has since become the principal measure of Nursing, Midwifery and healthcare support staff deployment within in-patient facilities.

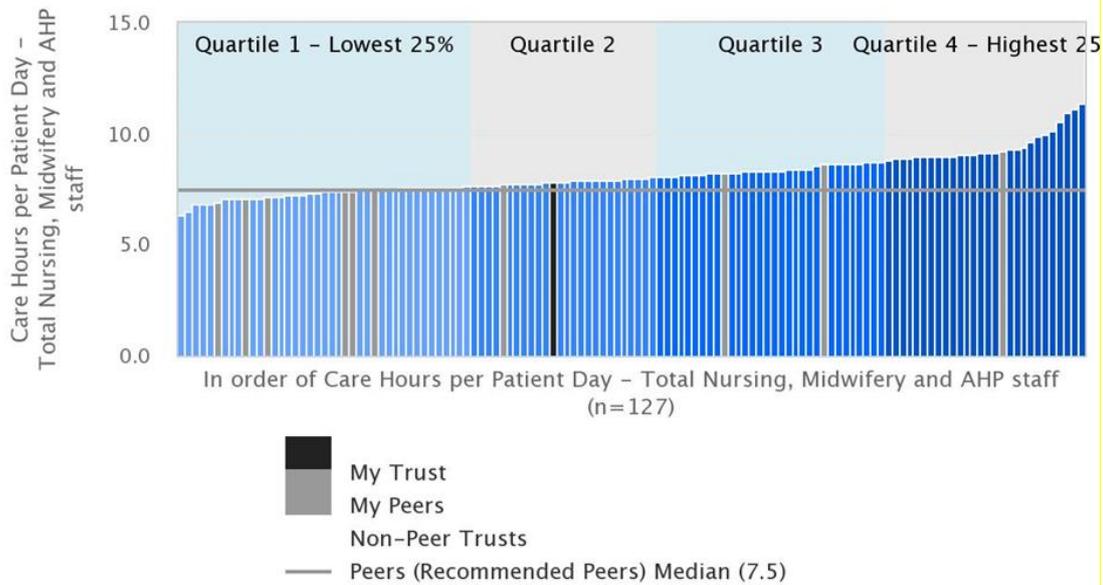
Care hours per patient day are calculated by dividing the total numbers of nursing hours on a ward or unit by the number of patients in beds at the midnight census. This calculation provides the average number of care hours available for each patient on the ward or unit.

The below chart (chart 1) shows the Trust for CHPPD for October 2019 on model hospital. It identifies the Trust position in relation to CHPPD nationally and identifies that we are mid-point of quartile 2.

Trust value	Peer median	National median
Quartile 2	Quartile 1	
7.8	7.5	8.0

Chart 1

Care Hours per Patient Day – Total Nursing, Midwifery and AHP staff, National Distribution



4. RECRUITMENT & RETENTION UPDATE – January 2020

The Trust welcomed the first overseas nurses from India on the 5 December 2019. The 6 staff that commenced in December are progressing well and are due to take their OSCE on 31/1/20. Cohort 2 are due to take their OSCE on 14/2/20. There are a total of 26 overseas nurses that are in the UK being prepared for OSCE. The original plan is still on track to receive 30 each month. Further interviews will be arranged to ensure the agreed 176WTE nurses remains on track. Currently there is still a total of 172 staff that are at various stages of checks to commence with us; some have dropped out of the process for various reasons (e.g.: pregnancy, change of mind). The OSCE team is fully recruited to accept for the fixed term post. There are internal bank staff at band 6 level currently available to support if there are any delays.

36 OSCE ready candidates from an additional overseas pipeline are to be offered positions within the Trust with 32 of these being suitable for ED. Those that accept will be joining and taking their OSCE in April.

Additional controls have been set up from 13/1/20 for executive level approval for tier 4 and 5 and HCA agency shifts. A Bank enhancement has also been agreed for HCA shifts in specific areas also to try and encourage SaTH staff to fill necessary shifts.

Further future pipelines for recruitment are under review with workforce colleagues which include several opportunities to recruit once again from overseas.

All work streams are reported through the workforce committee.

Assessment

The staffing fill rates are generally above 90% which support the wards to deliver safe patient care. For areas with high fill rates; this is sometimes due to shifts being covered by temporary staffing, in particular agency staff which does not demonstrate the expected improvements in quality and safety metrics as would be expected with green and purple fill levels.

August was the lowest month for fill. PRH have lower fill rates than RSH overall. ITU and Women's & Children's areas show amber and red levels frequently but patient activity is flexed to ensure that there are no quality and safety risks as the nurse to patient ratios adjust in line with numbers on duty.

It should be noted that the opening of additional beds on both sites is likely to add to the increasing staffing demand and is a risk in regards to ensuring green fill rates across the organisation.

The Deputy Director of Nursing for workforce is conducting establishment reviews throughout January for all inpatient adult ward areas. This will provide the Trust with a level of assurance that recruitment is occurring to the correct number of vacancies for each inpatient area.

There is then a plan to do an establishment review for emergency portal areas such as ED and SAU, the paediatric ward area and the Clinical Nurse Specialists.

Recommendation

The Board is asked to consider and note the paper.