NHS
Great Western Hospitals
NHS Foundation Trust

Meeting:	Board of Directors	**Date:**	4th January 2017
Title:	**SAFER STAFFING BI-MONTHLY EXCEPTION REPORT**		

Summary of paper:

This paper provides a bi-monthly exception report, advising Trust Board of the actual Registered Nurse (RN), Midwifery, and Care Staff fill rates compared to that planned, and any associated impacts. While fill rates continue to vary from month to month, there is no evidence of direct correlation to quality outcomes.

In November the Trust wide proportion of actual versus planned nursing hours (fill rate) was as follows:

Day shift: RN ……..91.2% Care staff ……107.9%
Night shift: RN ……..……96.3% Care staff ……..……112%

In November the RN day fill rate increased by 3.5% and by 0.7% (night). There has also been an increase in the care staff fill rate by 2.9% (day) and 2.2% (night).

In October the Trust wide proportion of actual versus planned nursing hours (fill rate) was as follows:

Day shift: RN ……..87.7% Care staff ……105%
Night shift: RN ……..……95.6% Care staff ……..……109.8%

In October the RN day fill rate increased significantly by 3.1% and by 0.8% (night). There has also been an increase in the care staff fill rate by 2% (day) and 0.8% (night).

Key nursing quality indicators:
There was one case of C Diff' in October; none in November. There was an increase in falls (October x 1; November x 2); and hospital acquired category two pressure ulcers (five in both October and November). Average call bell response times were up 0.8% October (89.2%) and 1.4% November (90.6%). We have reported nil cases of acquired category 3 pressure ulcers for the 12th consecutive month.

Consultation / other committee views:	The report was reviewed at the Quality & Governance Committee meetings held on 23rd November and 21st December 2017.
Assurances:	
Recommendations/ decisions required:	***That the Board notes the contents of this report.***

Link to Trust Priorities	**Link to Quality**
(1) We will make the patient the centre of everything we do. (2) We will work smarter not harder to make best use of existing resource. (3) We will innovate and identify new ways of working. (4) We will build capacity and capability by investing in our staff, infrastructure and partnerships.	(1) Safety (staffing, falls, never events, handover, SI, safeguarding, infection control, environment, medicines, equipment). (2) Effectiveness (HMSR, SHMI, Mortality, Clinical audits, care bundles, deteriorating patient). (3) Caring (patient experience, patient surveys, friends and family test, patient stories, response to call bells). (4) Responsiveness (complaints, waiting times, cancelled operations, ambulance stays, translation services, comfort factors – TV and seating). (5) Well led (staff survey, staffing levels, sickness rates, flu vaccinations rates, board/ward interactions, staff reports, governance and reporting, risk management, financial control).

Risk issues:	**Risk Register Ref No:**	**Risk Score:**
Registered nurse vacancies – failure to effectively control pay and agency costs. The impact of vacancies on patient safety is captured via the Divisional risk registers	1071	15

Resource Implications: Expenditure / Income net value	**Regulations and legal considerations:**	**Quality consideration and impact on patient and carers:**
Significant human resource continues to be required to establish reliable and robust systems and processes for the collation and validation of Safer Staffing data	CQC Regulation 18 - Staffing	Safe staffing is a key determinant of high quality care.

Report Sign Off:		
Financial	**Operational**	**HR**
xxx	xxx	xxx

Confidentiality: This report does not contain any confidential information.

Equality Impact Assessment

Great Western Hospitals NHS Foundation wants its services and opportunities to be as accessible as possible, to as many people as possible, at the first attempt.
This report has been assessed against the Trust's Equality Impact Assessment Tool and there are no proposals or matters which affect any persons with protected characteristics.

Lead Executive Director:	Hilary Walker	Title:	Chief Nurse
Report Author:	Julie Brown	Title:	Senior Nurse, Safer Nursing Care

1. Introduction

This report provides a summary overview of Safer Staffing. The detailed Safer Staffing data by Division and Ward is accessible on the Trust's T drive (http://www.gwh.nhs.uk/about-us/our-staff/safer-staffing/unify/), as well as being published on NHS Choices. Therefore, the report that follows identifies the key issues only.

2. Publication of data

The planned and actual hours of nursing and midwifery staffing continue to be reported monthly to NHS England via UNIFY and published on NHS Choices. October data was made public on 15th November and November data made public on 15th December 2017. The associated Trust Board report (this one) will continue to be available via a link from the Trust's internet page to provide a narrative to the figures published.

3. Fill Rate

The chart below, figure 1, shows the Trust wide fill rates from October 2016 to November 2017. In November the RN day fill rate increased by 3.5% to 91.2%, which is the highest since March 2017 and by 0.7% (night). There has also been an increase in the care staff fill rate by 2.9% (day) to 107.9%, which is the highest rate over the past year and 2.2% (night).

In October the RN fill rate increased significantly, 3.1% (day) and 0.8% (night). There has also been an increase in the care staff fill rate by 2% (day) and 0.8% (night).

The fill rate for care staff remains in excess of 100%. Some wards continue to work to agreed, amended staffing models. Some care staff roles are used to back fill RN gaps. For example, international nurses who are awaiting NMC registration and trainee Assistant Practitioners. Professional judgement is applied in the day to day operational planning by Divisional Directors of Nursing (DDoN) and Matrons. Electronic rostering, with its' suite of easily accessible reports, supports the close monitoring of staffing.

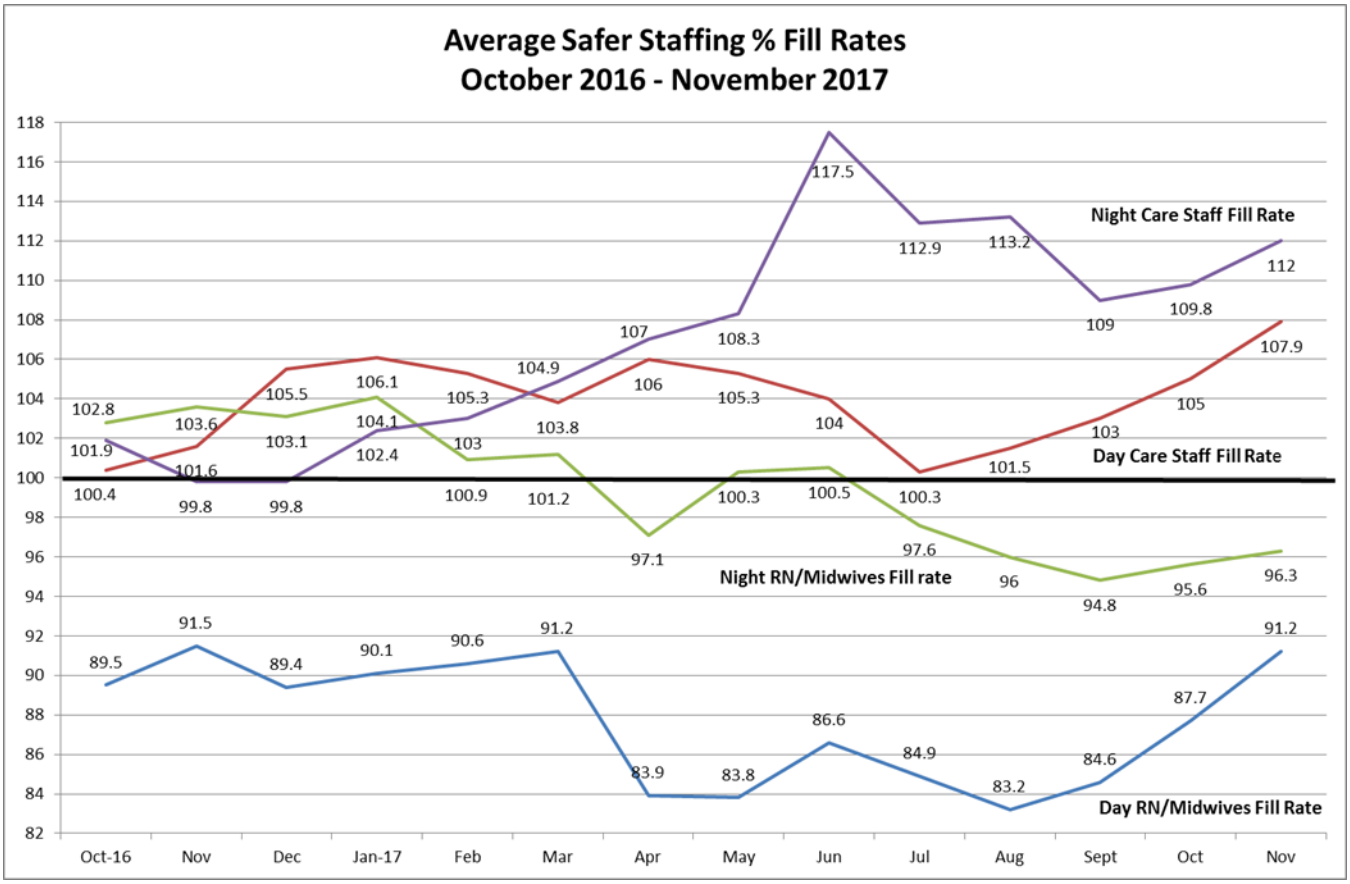

Figure 1

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4. Divisional Director of Nursing Fill Rate and Quality Reports

We are reporting exceptions for fill rates falling outside a range of 85-120%; of the 23 wards and departments included in this report, October (n=17) and November (n=17) and RN: Care staff ratio less than 60:40 October (n=11) and November (n=11), an overall increase on the preceding months. The ratios are affected by the increased Care Staff fill rate, the provision of close support and RN fill rates of less than 100%, many as a result of Band 4 Assistant Practitioners filling an RN shift and professional judgement.

Detailed narrative from the Divisional Directors of Nursing provides triangulation against key nursing quality indicators is reported in the monthly dashboard (please see Appendices 1 and 2).

5. Temporary staffing fill rate

Controls for the use of temporary staff have increased, supported by the Chief Nurse's direct scrutiny of electronic rostering. October and November fill rate data is shown in the run chart (figure 2). Rates have increased for both RN (3% to 92%, the highest since December 2016) and Care Staff (3% to 74%, the highest since July 2016).

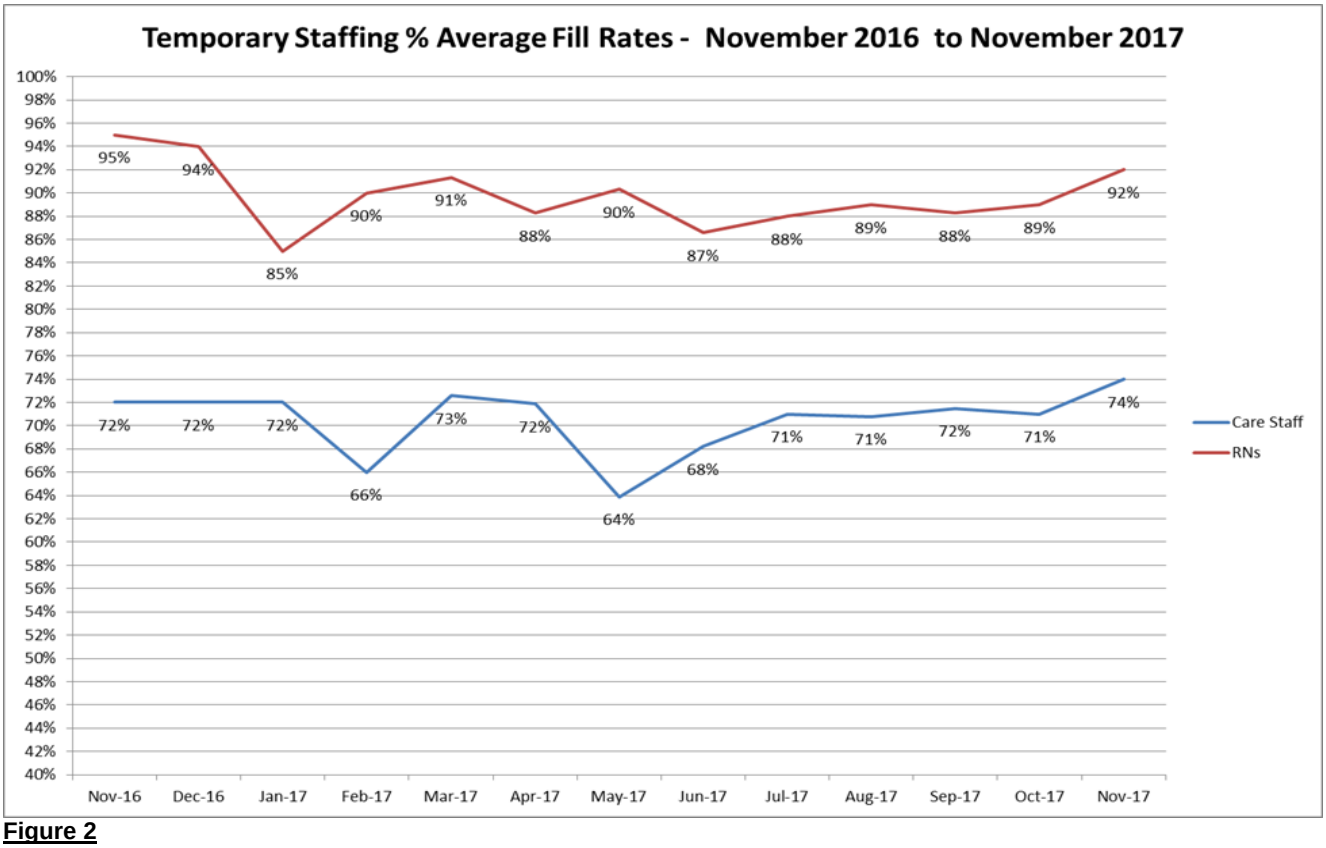

Figure 2

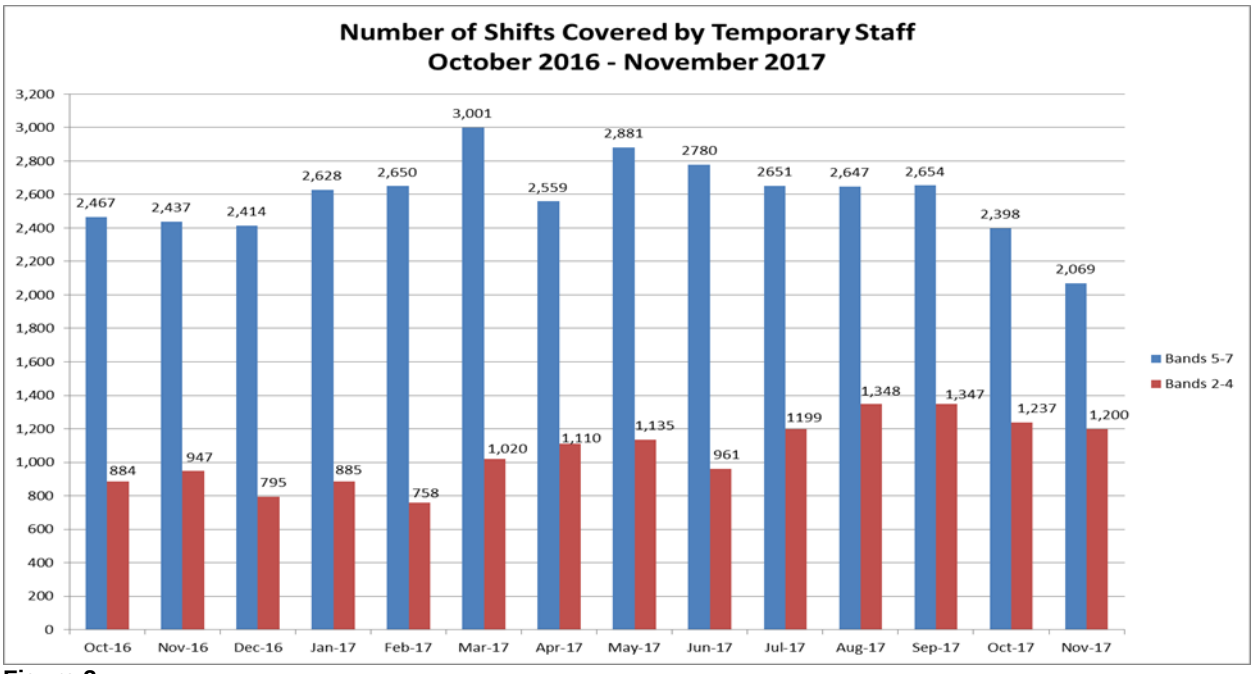

Figure 3

Figure 3 shows the number of shifts covered. This data is significant, as whilst the fill rate has increased (figure 2), the actual number of shifts covered, by both RNs and Care Staff, has reduced.

6. Average Skill Mix Ratio

Ratio	October 2017	November 2017
RN	62.2%	62.2%
Care staff	37.8%	37.8%

Table 1

Registered Nurse: Care Staff ratio has remained stable, within 0.1% in November and slightly below the 65:35 RN/Care. Adapted and accepted models; increased care staff for close support; Nurses awaiting NMC registration and RN vacancies continue to impact individual wards' ratios. This data is triangulated with safety and quality harms, and patient experience, in DDoN quality reports.

7. Care Hours per Patient Day (CHPPD)

The total CHPPD has increased further to 7.7 hours per patient day, the highest level since reporting commenced in May 2016. Individual wards vary from month to month. However, Intensive Care Unit and Surgical Assessment Unit (SAU) have increased in November (by 3.4 to 25.3; and by 5 to 13.4). For SAU, this was due to reduced bed stock during refurbishments. Figure 4 shows, by month, from November 2016 to November 2017.

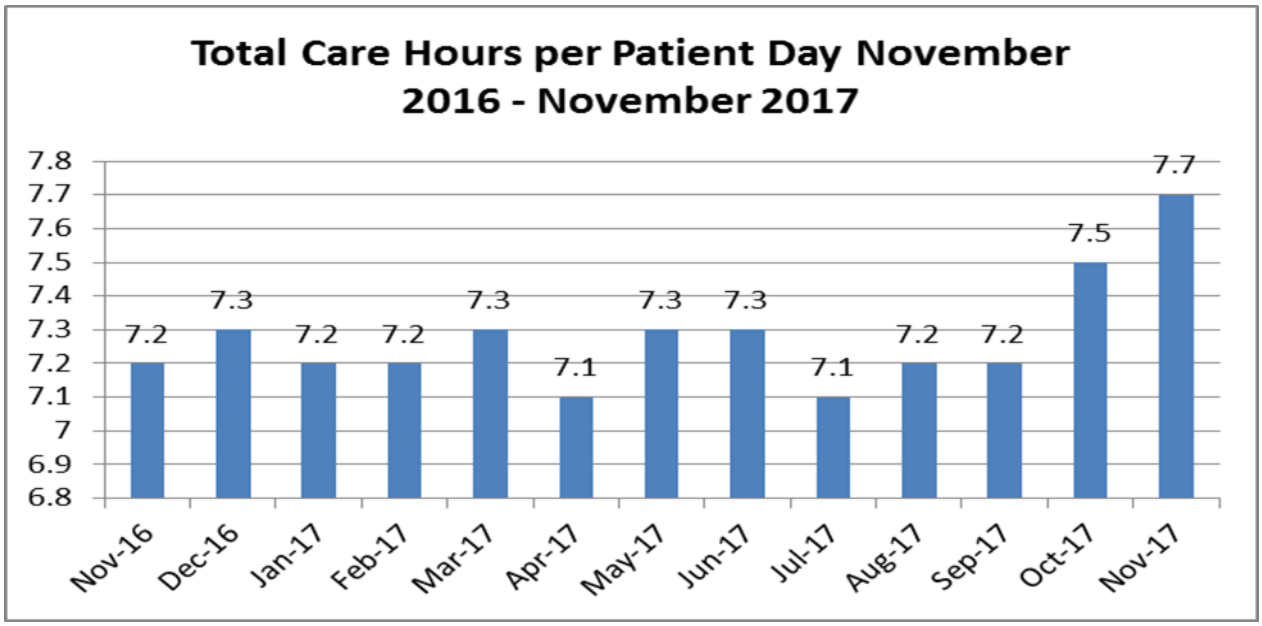

Figure 4

8. Conclusion

In November the RN day fill rate increased by 3.5% and by 0.7% (night). There has also been an increase in the care staff fill rate by 2.9% (day) and 2.2% (night). There was an associated increase in Temporary staffing fill rate. This needs to be viewed against the overall number of shifts covered by temporary staff. Although the fill rate increased, the total number of shifts covered went down.

There was an increase in CHPPD to 7.7. Model Hospital data is awaited to benchmark with our peers; August data is currently being reported nationally.

Some wards are continuing to work to an approved, revised skill mix model. The low RN fill rate in some areas is directly impacted by Assistant Practitioners, Trainee Assistant Practitioners and international nurses, without NMC registration.

Close daily monitoring and risk assessment of staffing by Matrons and Divisional Directors of Nursing/Associate Director of Community Services and Head of Midwifery continues. This "professional judgement" is a key element of effective staffing and ensures the appropriate allocation of staffing resources. Allocate e-Roster reporting functionality also supports this.