NHS
James Paget
University Hospitals
NHS Foundation Trust

Chief Nurse Report

Jan-25

1 Quality and Safety

2 Operational Performance

3 People and Culture

4 Finance

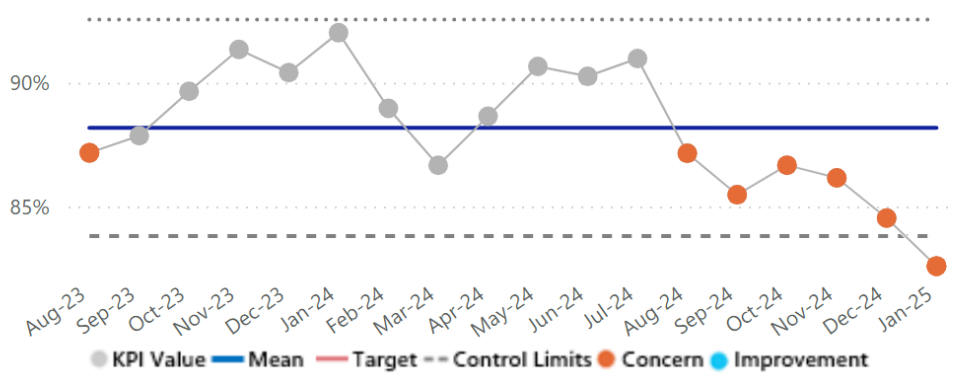
Chief Nurse Report

Summary - Shift Fill - Planned vs Actual

Metric Name	Current Month	Actual	Change	Target	Variation	Assurance
Planned v Actual Shift Fill - RN + HCA + RM + MSW	Jan-25	82.6%	-1.94%	None	Change	N/A
Planned v Actual Shift Fill - Registered Nurses	Jan-25	79.0%	-1.93%	None		N/A
Planned v Actual Shift Fill - Health Care Assistant	Jan-25	88.5%	-2.46%	None	Change	N/A
Planned v Actual Shift Fill - RN + HCA	Jan-25	83.1%	-2.12%	None	Change	N/A
Planned v Actual Shift Fill - Registered Midwife	Jan-25	76.9%	-3.24%	None		N/A
Planned v Actual Shift Fill - Midwifery Support Worker	Jan-25	75.0%	8.24%	None	Change	N/A
Planned v Actual Shift Fill - RM + MSW	Jan-25	76.4%	-0.21%	None		N/A
Planned v Actual Day Shift Fill - Registered Nurses	Jan-25	77.4%	-1.58%	None	Change	N/A
Planned v Actual Day Shift Fill - Health Care Assistant	Jan-25	80.8%	-2.18%	None		N/A
Planned v Actual Day Shift Fill - RN + HCA	Jan-25	78.9%	-1.84%	None		N/A
Planned v Actual Night Shift Fill - Registered Nurses	Jan-25	80.9%	-2.35%	None	Change	N/A
Planned v Actual Night Shift Fill - Health Care Assistant	Jan-25	97.7%	-3.04%	None		N/A
Planned v Actual Night Shift Fill - RN + HCA	Jan-25	88.1%	-2.56%	None		N/A
Planned v Actual Day Shift Fill - Registered Midwife	Jan-25	78.8%	-2.07%	None		N/A
Planned v Actual Night Shift Fill - Registered Midwife	Jan-25	75.0%	-4.47%	None		N/A
Planned v Actual Day Shift Fill - Midwifery Support Worker	Jan-25	65.6%	3.90%	None		N/A
Planned v Actual Night Shift Fill - Midwifery Support Worker	Jan-25	90.8%	15.80%	None		N/A

Planned v Actual Shift Fill - RN + HCA + RM + MSW — Jan-25

Target	Actual	Previous	Assurance	Variation
None	82.6%	84.5%	N/A	↘



The summary position for the combined registered RN/RM and unregistered HCA/MSW planned shift fill was 82.59% This is a decrease of 1.9% and the lowest reported level since March 23 (81.26%). The variation pattern has moved from common cause to special cause concern this month. There have been six changes in variation pattern and 14 out of the 17 metrics observed a degree of deterioration. The three that increased were all midwifery support worker shifts.

There were 10 wards that didn't achieve 80% RN/RM shift fill on days and seven on nights. The same measure for HCA/MSW was six wards on days and one on nights. Of note, the wards below 70% were; Ward 10 RN day shift 54%, RN night shifts on Neonatal Unit 63%, Ward 12 66% and Ward 3 69%. Unregistered day shifts were Core Maternity 66%, ICU 43% and Ward 1 66% and Ward 5 69.%.

NHSi SPC Icon Key

Variation				Assurance		
Common cause - no significant change	Special cause of concerning nature due to (H)igher or (L)ower values	Special cause of improving nature due to (H)igher or (L)ower values	Special cause neither improvement or concern	Variation indicates inconsistently passing/failing target	Variation indicates consistently passing target	Variation indicates consistently failing target

Chief Nurse Report

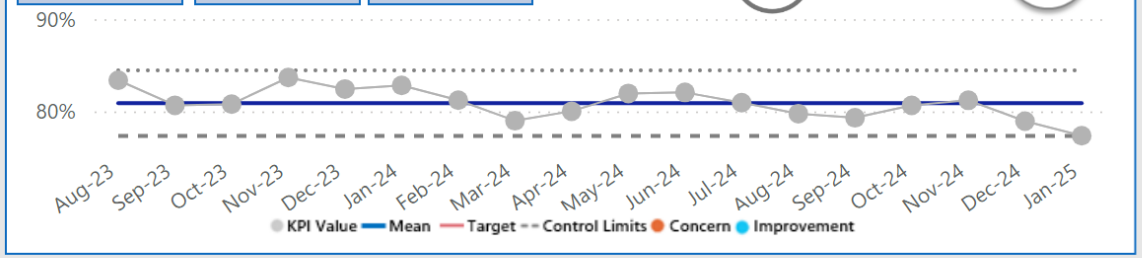
NHS James Paget University Hospitals NHS Foundation Trust

1 Quality and Safety

Planned vs Actual Shift Fill

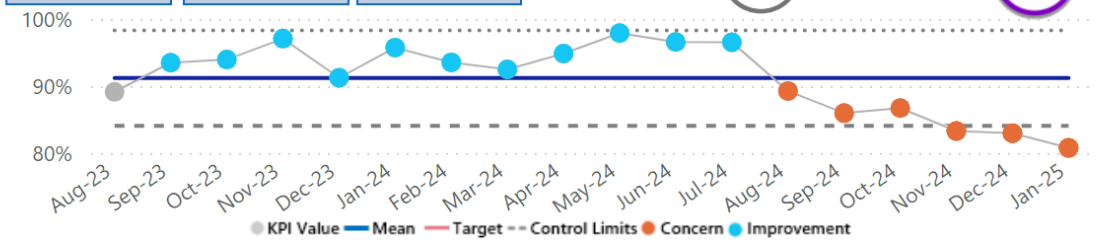
Planned v Actual Day Shift Fill - Registered Nurses — Jan-25

Target	Actual	Previous	Assurance	Variation
None	77.4%	78.9%	N/A	



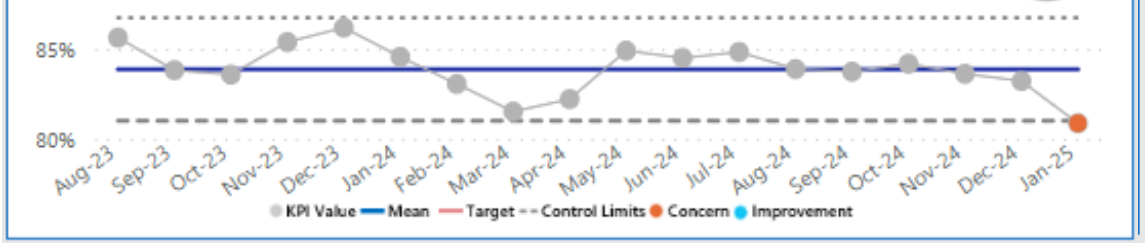
Planned v Actual Day Shift Fill - Health Care Assistant — Jan-25

Target	Actual	Previous	Assurance	Variation
None	80.8%	83.0%	N/A	



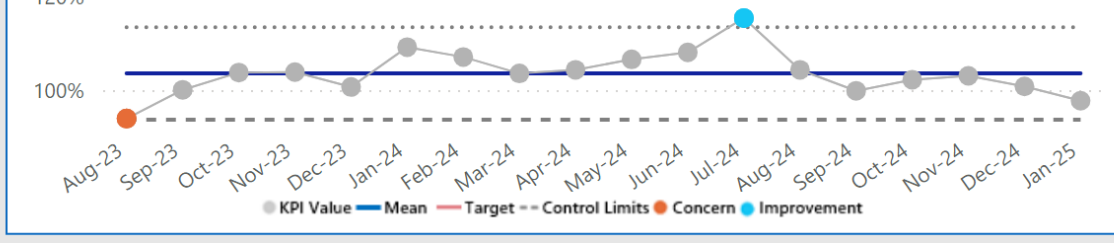
Planned v Actual Night Shift Fill - Registered Nurses — Jan-25

Target	Actual	Previous	Assurance	Variation
None	80.9%	83.2%	N/A	



Planned v Actual Night Shift Fill - Health Care Assistant — Jan-25

Target	Actual	Previous	Assurance	Variation
None	97.7%	100.8%	N/A	



What the data tells us

RN day shift fill has moved from a pattern of concern to common cause variation with a shift fill reduction of 1.5%. RN night fill moved into a pattern of concern and observed a decrease of 2.3%. Shift fill ranges were;

- days 71 – 100% nights 66 – 100%

HCA shift decreased by 2.2% on days and 3.1% on nights. There was no change in the variation pattern for either shift. Shift fill ranges were;

- days 66 – 126% nights 86 – 126%

Skill mix changes and enhanced supervision care needs account for HCA percentages greater than 100%.
Shift fill capability was challenged throughout the month due to escalation capacity requirements.

Next steps and planned impact

Business as usual actions continue to be implemented and reviewed daily;

- dynamic risk assessments across the 24-hour period at ward, divisional and Trust level including escalation, and deployment decision outcomes from each staffing review touchpoint. This includes patient acuity and dependency assessments, and staffing skill mix considerations
- roster controls continue to be monitored including Executive approval for over template requests

A new step this month will be to revisit discussions regarding sickness management and potential options to work differently to reduce the volume of short-term sickness absence which is a constant challenge to achieving safe staffing template numbers and consequently, CHPPD available to patients.

Risks

Shift fill gaps and unplanned skill mix variances continue to contribute to the following risks:

- compromise to patient safety and experience, reputational – regulatory, professionally and service user confidence, recruitment and retention impact
- impact on staff health and wellbeing, moral injury risk, stress induced behaviours, increase in short term absence
- risk of short cuts in working practice leading to new norms being created – impact on effectiveness and general standards of care
- financial risks associated with temporary staffing use if backfill staffing required
- decreased efficiencies and delays in patient care delivery and pathway progression
- Impact of stretching available staffing capacity to support escalation areas

Chief Nurse Report

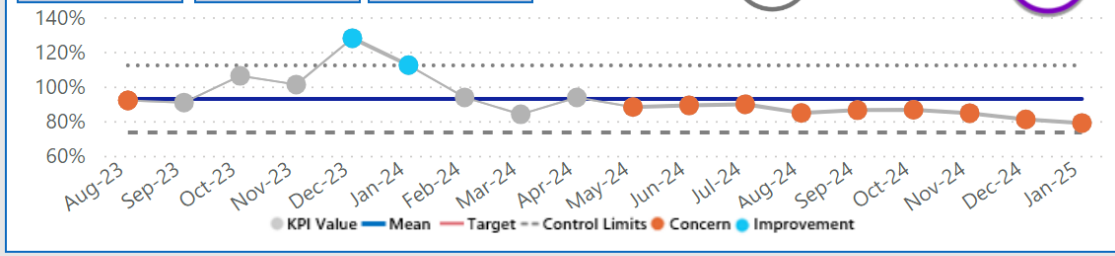
NHS James Paget University Hospitals NHS Foundation Trust

1 Quality and Safety

Planned vs Actual Shift Fill

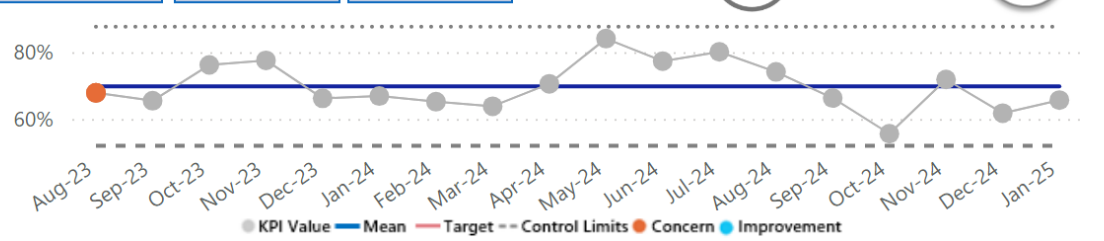
Planned v Actual Day Shift Fill - Registered Midwife — Jan-25

Target	Actual	Previous	Assurance	Variation
None	78.8%	80.9%	N/A	↘



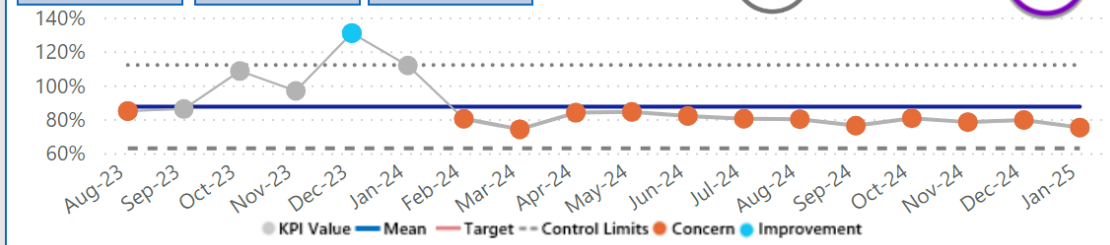
Planned v Actual Day Shift Fill - Midwifery Support Worker — Jan-25

Target	Actual	Previous	Assurance	Variation
None	65.6%	61.7%	N/A	



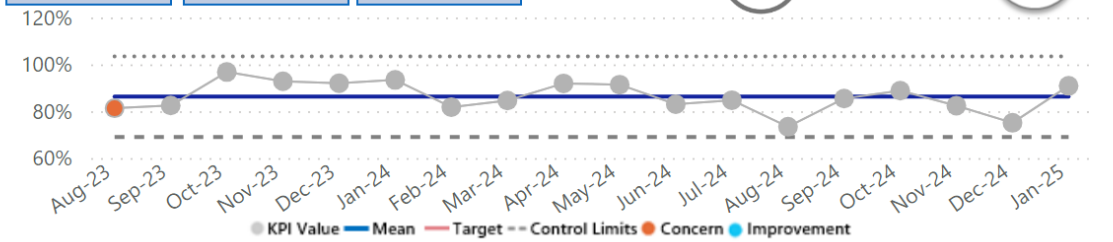
Planned v Actual Night Shift Fill - Registered Midwife — Jan-25

Target	Actual	Previous	Assurance	Variation
None	75.0%	79.5%	N/A	↘



Planned v Actual Night Shift Fill - Midwifery Support Worker — Jan-25

Target	Actual	Previous	Assurance	Variation
None	90.8%	75.0%	N/A	



What the data tells us

Registered midwife (RM)shift fill continues to demonstrate a pattern of concern for both day and night shifts. There was a decrease of 1.4% on days and 4.5% on nights.

Increases in fill of 3.9% and 15.8% on days and nights respectively were observed for midwifery support workers. Both shifts maintained common cause variation.

Next steps and planned impact

Sickness continues to be a main contributory factor to midwifery shift fill levels. Sickness management is a focus for the leadership team currently and a deep dive will be performed within the first three months of the upcoming new Head of Midwifery.

Risks

Risks associated with shortfalls in planned shift fill contextually include all those noted on slide 3. Specific to patient safety and experience in the midwifery setting, this includes potential;

- delay in vital sign monitoring
- delays in antenatal CTG monitoring / reviews /interpretations
- delays in feeding support/advice/guidance
- Inability to provide 121 care in labour
- Matrons/specialist midwives required to redeploy to shop floor

Established escalation and deployment processes are in place. Midwifery form part of the Chief Nurse daily staffing summit meeting.

Chief Nurse Report

NHS James Paget University Hospitals NHS Foundation Trust

1 Quality and Safety

Summary - Temporary Staffing

Metric Name	Current Month	Actual	Change	Target	Variation	Assurance
Nursing Temporary Staffing Request v Actual Shift Fill	Jan-25	96.7%	-0.29%	None		N/A
HCA Temporary Staffing Request v Actual Shift Fill	Jan-25	98.7%	0.78%	None		N/A
Midwives Temporary Staffing Request v Actual Shift Fill	Jan-25	52.9%	-0.06%	None		N/A
MSW Temporary Staffing Request v Actual Shift Fill	Jan-25	53.2%	17.36%	None		N/A

Staff Group (days and nights combined)	Funded Planned v Actual Fill Gap (hours)	Temporary Staffing Requests	Difference
Registered Nurse	16,098	11,456	- 4642
Healthcare Assistant	6709	16,707	+ 9998
Registered Midwife	1924	2325	+ 401
Midwifery Support Worker	759	1062	+ 303

NHSi SPC Icon Key

Variation				Assurance		
Common cause - no significant change	Special cause of concerning nature due to (H)igher or (L)ower values	Special cause of improving nature due to (H)igher or (L)ower values	Special cause neither improvement or concern	Variation indicates inconsistently passing/failing target	Variation indicates consistently passing target	Variation indicates consistently failing target

What the data tells us

There were no variation pattern changes in month for temporary staffing metrics. There was some small movement in shift fill levels apart from midwifery support worker fill, which increased by 17.36%.

RN requests increased by 1476 hours with an overall total of 11475 hours being requested. The combined bank and agency temporary staffing fill was 97%, with 54% bank and 43% agency, the latter representing an increase of 583.66 hours compared to December.

HCA shift requests increased by 2043 hours and fill was maintained at 98%.

Registered midwife requests increased by 639 hours and midwifery support workers decreased by 948. Temporary staffing shift fill for both staff groups was 53%.

Next steps and planned impact

Further work is required to better understand the gap between actual shift fill and the temporary staffing requests. The table to the left outlines the differences in January 25. Whilst enhanced supervision, skill mix changes, and sickness will mostly account for the HCA additional hours and similarly sickness in midwifery, it is not clear why there is a deficit with RN requests. This will be reviewed in more detail with the Lead Nurses in the next month.

Risks

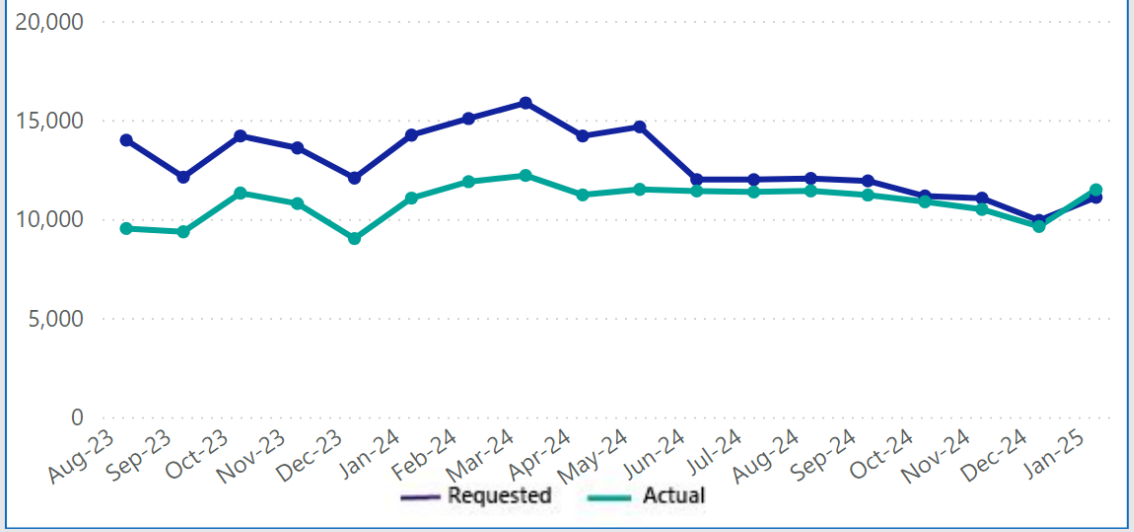
Risks and impact from the temporary staffing fill position reflect those outlined on slide 3.

Work continues to minimise the known risks of having a reliance on a transient workforce. This will include reviewing agency nurse induction packs and a continuation of the corporate nursing team supporting practice discussions when concerns are raised. Health and wellbeing factors affecting shift of bank workers are managed through the Digital Workforce Team.

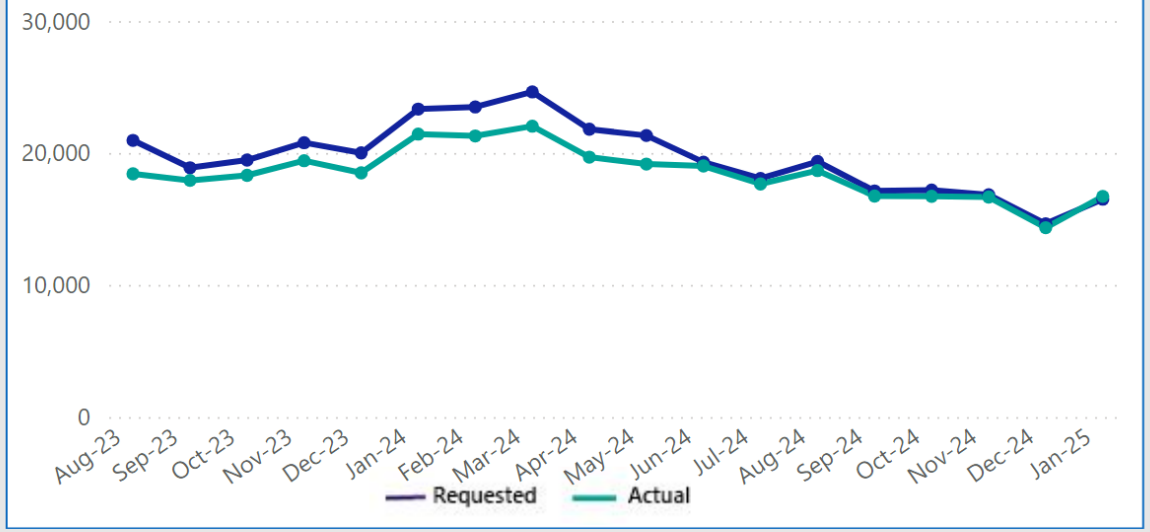
Chief Nurse Report

Temporary Staffing Shift Requests/Fill

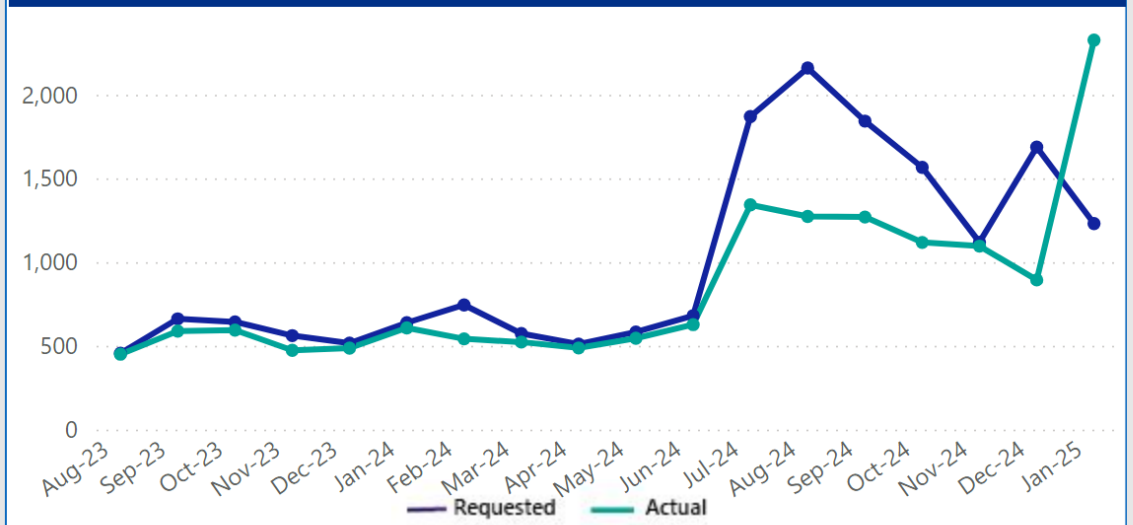
Nursing Temporary Staffing Request v Actual Shift Fill — Jan-25



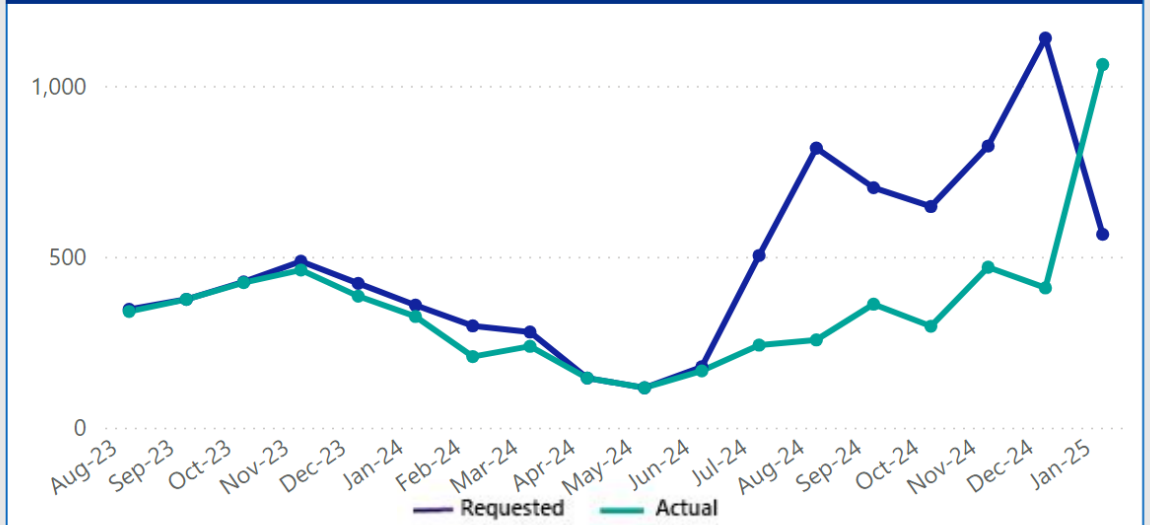
HCA Temporary Staffing Request v Actual Shift Fill — Jan-25



Midwives Temporary Staffing Request v Actual Shift Fill — Jan-25



MSW Temporary Staffing Request v Actual Shift Fill — Jan-25



Chief Nurse Report

Summary - Care Hour Per Patient Day (CHPPD)

Metric Name	Current Month	Actual	Change	Target	Variation	Assurance
CHPPD - Overall	Jan-25	7.85	-0.24	None		N/A
CHPPD - Registered Nurses / Midwife	Jan-25	4.35	-0.17	None		N/A
CHPPD - HCA / MSW	Jan-25	3.50	-0.06	None		N/A
CHPPD - CDS	Jan-25	35.11	-25.38	None	Change	N/A
CHPPD - Ward 11	Jan-25	10.31	-1.24	None		N/A
CHPPD - ICU/HDU	Jan-25	26.83	0.50	None		N/A
CHPPD - Paediatric (Ward 10, Neonatal)	Jan-25	15.08	2.79	None		N/A
CHPPD - Non Specialist Ward	Jan-25	7.69	0.36	None	Change	N/A

NHSi SPC Icon Key

Variation				Assurance		
Common cause - no significant change	Special cause of concerning nature due to (H)igher or (L)ower values	Special cause of improving nature due to (H)igher or (L)ower values	Special cause neither improvement or concern	Variation indicates inconsistently passing/failing target	Variation indicates consistently passing target	Variation indicates consistently failing target

Summary

Overall available CHPPD decreased by 0.24 in January 25.

Six metrics maintained the same variation pattern. CDS changed from common cause to special cause and non specialist wards moved from special to common cause variation.

Five areas observed reductions in CHPPD, most notably CDS and three areas had increases.

This month Ward 22 escalation has been included in the data analysis which highlights CHPPD of 3.3 for registered nurses and 3.0 for HCAs. Ward 22 is usually staffed with a mixture of Ward 21, bank and agency staff which significantly reduces capacity to support gaps in other areas. Additionally, we also on occasion need to deploy from funded areas to ensure adequate skill mix is available which also impacts negatively on either available resource in those areas or depletes skill mix. Ward 22 is included in normal, established processes for minimising risks relating to safe staffing levels however as previously noted there are inherent risks associated with a transient workforce. In addition to this there is temporary ward based leadership arrangements in place. These are monitored by the divisional nurse leadership team

CHPPD Definition

CHPPD is the measure used as recommended in the Carter Report (2016) to give consistency to the picture of the total nursing workforce on a ward/unit. It is split between registered nurses and unregistered support workers but reported as an overall combined figure. It is a useful metric but not one to be used in isolation.

A simple 'ready reckoner' conversion to support the identification of obvious anomalies and aid understanding is the working down from higher to lower intensity wards/units. A unit such as ICU, which provides 1:1 care, would have a RN- CHPPD of at least 24 (for every 24 hours of patient care hours, 24 hours of RN is required). Halving that (2 patients to 1 nurse) is an actual RN-CPPHD of at least 12, halving again (four patients to one nurse) is an actual RN-CHPPD of 6, halving again (8 patients to 1 nurse) is an RN-CHPPD of 3.

Chief Nurse Report

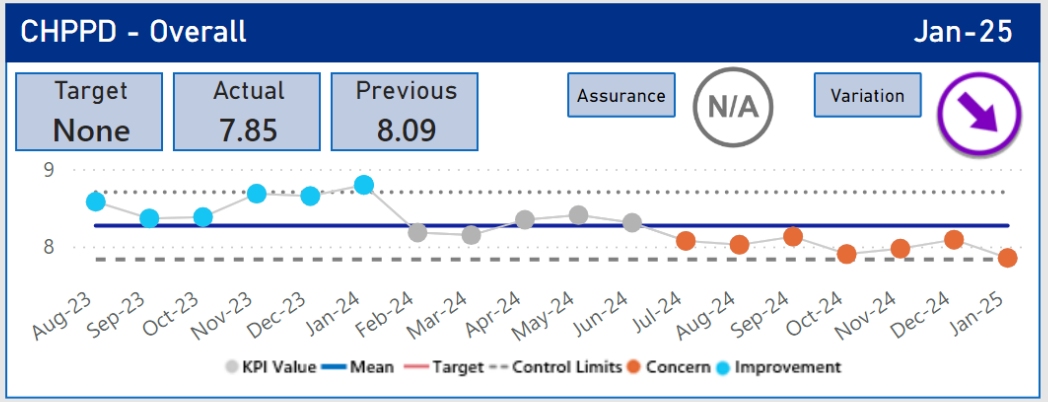
Care Hour Per Patient Day (CHPPD)

What the data tells us

The overall combined CHPPD (all inpatient wards and departments across nursing and midwifery) continues with a pattern of concern this month with seven months below the mean. The average registered v unregistered CHPPD distribution was 4.3 and 3.5 respectively.

The non specialist wards/depts have moved from a pattern of concern to common cause variation and for the first time in eight months are above the mean. The average CHPPD of 5.77 across the inpatient wards/depts is a deterioration from last month by 1.76 CHPPD.

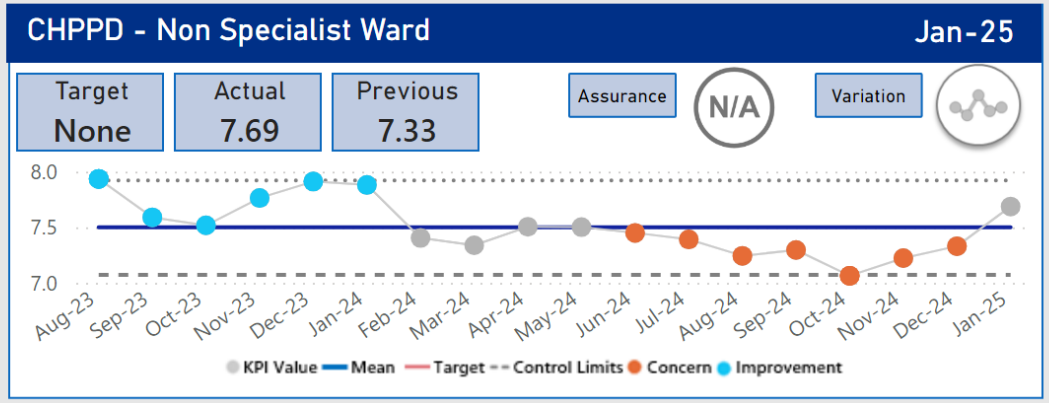
CHPPD levels ranged from 5.8 (Ward 2) to 8.5 (Carlton Court). 13 wards did not achieve a CHHPD of 7.5 or above. Six wards, 12, 3, 6, 18, 15 and 4 did not achieve a RN CHPPD of 3 or more. As previously reported the former three are because of intentional skill mix changes. The latter three are not intentional and ward 15 in particular, are a concern due to a consistent number of level 2 patients they care for who have a higher level of acuity and require more intensive input from registered staff.



Next steps and planned impact

As previously reported the Annual Safe Staffing and Nurse Establishment Review was presented to Hospital Management Group on 7th January 2025. The review will be presented for information the Patient Safety and Quality and People and Culture Committees in February. The financial decision discussions regarding the recommendations from the review are yet to take place but will form part of the overall investment priorities discussions in the next few weeks.

In the meantime, current processes will continue to inform safe staffing decisions regarding mitigation actions required to maintain patient safety and experience and staff experience considerations.



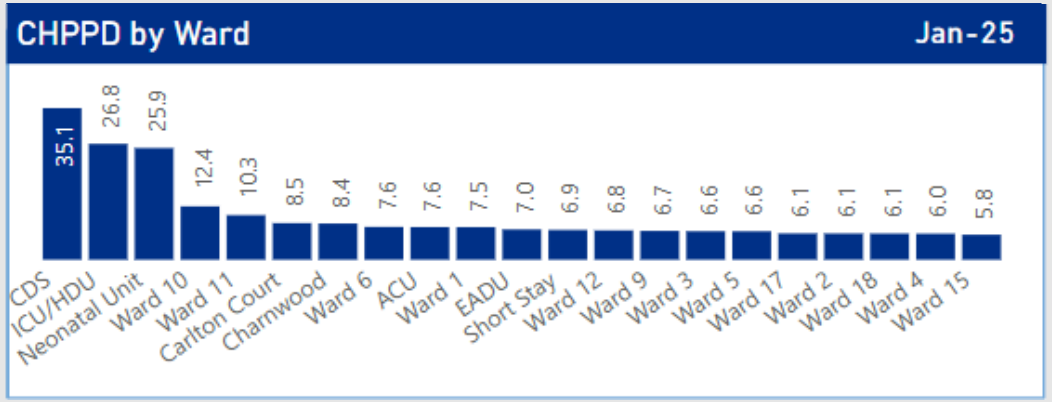
Risks

As a direct correlation to shift fill, the risks associated with CHPPD are the same as have been described throughout this report and specifically whereby the there is a level of unmet planned demand, or inability to meet enhanced supervision care needs.

Unmet demand this month is as follows;

- 16,098 hours for registered nurses (increase of 4622 hours from December)
- 6709 hours for healthcare assistants (increase of 1788 hours from December)
- 1924 hours for registered midwives increase of 278 hours from December)
- 759 hours for midwifery support workers (reduction of 232 hours from December)

A further risk is that the recommendations of the Annual Safe Staffing and Nurse Establishment review will not be supported.



Chief Nurse Report

Red Flag Index - Adults

Red Flag Descriptions and Totals

Unplanned omission in providing patient medications	2
Delay of more than 30 minutes in providing pain relief	7
Delay in the administration of IV antibiotics of > 60 mins	5
Patient observations not assessed or recorded as planned	1
Omission of planned intentional rounding	17
Less than 2 RN's present on the ward during any shift	0
No substantive RN available on any shift	0
Unavailability of planned 1:1 Enhanced Care (specials)	264
Shortfall of 8 hours or 25% (whichever is reached first) of RN time available compared with actual requirement for shift	237
Total Adult Red Flags	533

Chief Nurse Report

NHS James Paget University Hospitals NHS Foundation Trust

1 Quality and Safety

Adult Red Flag Index

What the data tells us

Following review, the total number of red flag reports in January 25 was 533. This is an increase of 138 compared to December 24.

Red flag 8 continues to be the highest reported incident with 264 occurrences. This is an increase of 40 from last month and approximately 75% of the reports relate to the day shift timings. Seventeen areas experienced this red flag across the month including the Emergency Department. In line with previous updates wards 12, 18, 4, 6 are high reporting areas. This continues to align to the clinical presentation of the patients cared for in these areas. In addition to this, wards 5 and 15 also had higher than normal occurrences this month and ward 1 reported 15 red flag occasions but only during the day shift. There were 24 new Deprivation of Liberty (DOLs) applications during January and 14 carried over from October, November and December.

There were 237 red flag 9 reports in December. This is an increase of 75 from December. This continues to be an under representation of the actual position against funded templates but remains indicative of the shift fill challenges experienced throughout the month. More detail will be shared in the next reporting period with triangulated data from the updated safe staffing data base used at the Chief Nurse daily staffing summit. Although there were no red flag 6 and 7 reports there were occasions when substantive RNs had to be deployed from other areas to be the nurse in charge on wards with depleted skill mix and escalation areas.

The EPMA (electronic prescribing and administration) experienced a system failure on 22nd January which meant that some medications were inadvertently omitted whilst business continuity plans were being activated. This scenario would have met red flag 1 criteria in some areas but has been underreported compared to the two flags that have been submitted. There are no exceptions to escalate from the remaining red flag categories.

Next steps and planned impact

Business as usual practice continues by the Trust Matrons and Senior Nurses to review and assess all red flag occurrences with actions being taken to minimise the potential for patient harm events and staff health and wellbeing compromise.

There remains work to undertake to improve accuracy of the pre validation red flag report submissions.

A review of the enhanced supervision and engagement risk assessment process took place in the last reporting period. This facilitated an opportunity to revisit the roles, responsibilities and expectations in the assessment and approval processes

Risks

It continues to be evident from the month-on-month patterns of red flag reports that our greatest risks are related to our ability to adequately manage and provide the care needs of patients requiring enhanced supervision and engagement with below template staffing levels. Both these factors are a direct triangulation with previously noted risks to quality and safety, performance and finance. The impact of reduced shift of registered nurses is also an emerging concern in relation to the accuracy of the assessment, planning, implementation and evaluation processes which inform nursing care prescriptions

Chief Nurse Report

Red Flag Index - Paediatrics

Red Flag Descriptions and Totals

Observations not assessed or recorded hourly in PAU	0
Planned observations or interventions missed in HDU	0
Less than 4 RN's on weekday day shift	1
Less than 3 RN's on weekend day shift	0
Less than 3 RN's on a night shift	0
Zero nursery nurses on a day shift	0
1:1 Care of children with mental health needs	5
Cross cover to another paediatric area	0
Total Paediatric Red Flags	6

What the data tells us

There were six reported red flags in January, five of which related to 121 care of children with mental health needs. One template gap was reported however, this is a misrepresentation of the extent of registered nurse template gaps. This has been discussed with the Matron and request made to discuss red flag reporting criteria with the teams.

Next steps and planned impact

There are no new steps to report this month regarding paediatric red flags.

The Paediatric Safe Staffing and Nurse Establishment Review has now been presented to Hospital Management Group but was not supported in its current form. Further discussions are planned to help inform decision making.

Risks

There are no new risks to escalate this month regarding paediatric red flags.

Chief Nurse Report

NHS James Paget University Hospitals NHS Foundation Trust

1 Quality and Safety

Red Flag Index - Maternity

Red Flag Descriptions and Totals

Delayed or cancelled time critical activity	1
Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	1
Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0
Delay in providing pain relief	0
Delay between presentation and triage	2
Full clinical examination not carried out when presenting in labour	0
Delay between admission for induction and beginning of process	0
Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0
Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	0
Coordinator unable to maintain supernumerary status - NOT providing 1:1 care	4
Coordinator unable to maintain supernumerary status and providing 1:1 care	1
Total Maternity Red Flags	9

What the data tells us

A total of nine RED flags were raised in January. There was one occasion (11%) where delayed or time critical activity was documented and one occasion (11%) where missed or delayed care was noted. This related to availability of an appropriately skilled individual able to perform post-delivery suturing. Two occasions (22%) were pertaining to the delay between admission for induction and beginning of process. Four occasions (44%) was in respect of the labour ward coordinator unable to remain fully supernumerary but not providing 1:1 care. There was also one occasion (11%) noted where the labour ward coordinator was unable to maintain supernumerary status and was providing 1:1 care. However, this has subsequently been investigated, and it has been established that the coordinator was in fact able maintain their supernumerary position.

Next steps and planned impact

There are no new steps to report this month regarding midwifery red flags.

Risks

There were ninety-five occasions during January where staffing factors were recorded during assessment. 51% of occasions were due to unexpected absence/sickness, 4% included redeployment of staff, 28% of occasions where there were vacant shifts, registered and unregistered. There was also 3% of patient transfers, meaning a reduction in midwifery staffing in the unit. Eighteen clinical actions were recorded, 100% of which were a delay in commencing or continuation of IOL. Whilst this is not the chosen outcome, these clinical decisions are always risk assessed and based upon safety.

All descriptions above are representative of the staffing related risks being managed on a day by day basis.

Chief Nurse Report

Summary - Harm Events

Metric Name	Current Month	Actual	Change	Target	Variation	Assurance
Patient falls	Jan-25	71	2	None		N/A
Patient falls requiring professional intervention (Moderate Harm and above)	Jan-25	3	1	2		?
Patient falls - Delerium	Jan-25	8	0	None		N/A
Patient falls - Dementia	Jan-25	8	-2	None		N/A
Patient Falls - Inpatient	Jan-25	56	0	None		N/A
Patient falls requiring professional intervention (Moderate Harm and above) - Inpatient	Jan-25	3	1	None		N/A
Hospital Acquired Unstageable Pressure Ulcers	Jan-25	1	-1	None		N/A
Hospital Acquired Category 1 Pressure Ulcers	Jan-25	1	-1	None		N/A
Hospital Acquired Category 2 Pressure Ulcers	Jan-25	11	-2	0		F
Hospital Acquired Category 3 Pressure Ulcers	Jan-25	0	0	0		?
Hospital Acquired Category 4 Pressure Ulcers	Jan-25	0	0	0		?
Hospital Acquired Deep Tissue Injury	Jan-25	6	3	0		?
Hospital Acquired Moisture Lesions	Jan-25	10	-1	0		F
Medicine Management Incidents	Jan-25	29	2	None		N/A
Medicine Management Incidents with Moderate Harm and Above	Jan-25	0	-1	None		N/A

Summary

All harm metrics are demonstrating common cause variation except for two in special cause variation, these being falls with patient with delirium and unstageable pressure ulcers. All variation patterns are unchanged from last month.

Compared to December 24 the volume of actual/potential harm incidents changed by;

- 6 categories decreased
- 5 categories increased
- 4 categories remained the same

Inpatient falls increased by 2 compared to last month. There was a decrease of 2 patient falls involving patients living with dementia or experiencing delirium.

There were two (one of the three reported has subsequently been downgraded) moderate harm or above incidents requiring professional intervention.

There were no significant changes in the volume of skin integrity incidents.

There were 29 medicines management incidents, an increase of 2 from last month.

There continues to be QSAFE submissions this month which included reference to delays in care delivery resulting in fundamental care needs not being dealt with in a timely way eg unwitnessed falls, delays in medications, ability to respond to enhanced supervision and engagement needs. Red flag reports are not being used to supplement the QSAFE reports describing the actual patient care/safety/experience impact. Work is ongoing to improve this position.

NHSi SPC Icon Key

Variation				Assurance		
	H L	H L		?	P	F
Common cause - no significant change	Special cause of concerning nature due to (H)igher or (L)ower values	Special cause of improving nature due to (H)igher or (L)ower values	Special cause neither improvement or concern	Variation indicates inconsistently passing/failing target	Variation indicates consistently passing target	Variation indicates consistently failing target

Chief Nurse Report

NHS James Paget University Hospitals NHS Foundation Trust

1 Quality and Safety

Harm Events - Falls

What the data tells us

The overall incidence of inpatient falls has moved from special cause improvement to common cause this month. The rate of falls remained the same however this differs slightly compared to Divisional DPM data. This will be reviewed to achieve data accuracy for this and the DPM reports.

Moderate and above harms falls occurred on Wards 18 and Carlton Court. Both patients sustained fractures (1 x spine and 1 x trochanter). One of the patients were assessed as requiring a level of enhanced supervision. Staffing shortfalls were reported as a contributory factor.

There were no specific staffing concerns noted for any of the remaining falls that occurred in either Division however staffing shortfalls occurred throughout the month in some of the ward areas where falls occurred.

The three highest reporting inpatient areas for falls were: EADU (6), Ward 15 (7) and Ward 3 (6). The associated average shift fill for those areas were; 93.8%, 84.9%, 87.3%, respectively. The Emergency Department also reported six falls and had an average shift fill rate of 85.5%

Next steps and planned impact

Business as usual activities and actions via the PSIRF Insight and Improvement Group continue to progress falls prevention actions with input from the corporate and divisional teams:

- continuous, dynamic risk assessments regarding staffing levels and any impact on our ability to deliver safe and effective care
- staffing touch points throughout the day including the Chief Nurse daily staffing summit all of which include staff deployment decisions
- raising awareness of staffing and patient safety/experience in the operational meetings

As previously noted, staffing template gaps have started to be QSAFE reported by the Duty Matron/Site Team at the end of each shift and a record kept as part of the daily staffing summit shift (live document, used 24 hours a day)

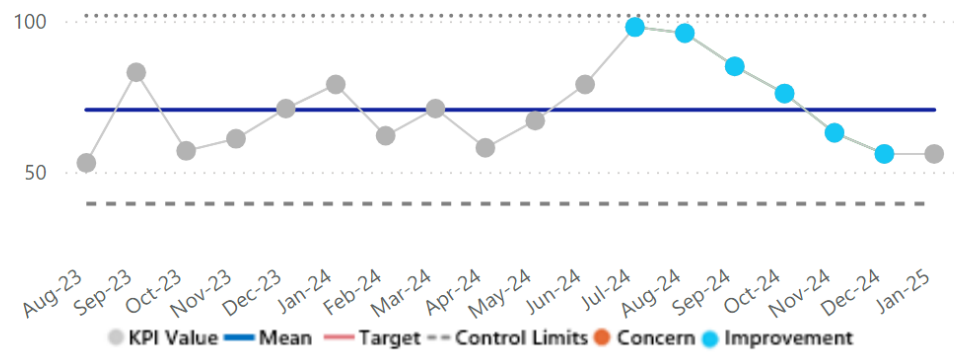
Risks

There are no new risks to escalate regarding falls and safe staffing this month. In addition to impact risks highlighted on slide 3, the following additional existing risks remain;

- impact on CHPPD and skill mix due to short notice absence and unfilled template gaps
- missed care due to reduced available CHPPD capacity
- impact of care diversion for patients who have enhanced supervision and engagement needs
- impact of theory practice gaps in care delivery
- patient compliance factors
- physical and psychological impact on patient recovery and reconditioning capability
- ongoing and consistent levels of enhanced supervision, specifically wards 12, 4 and 1
- lack of dedicated falls prevention specialist/team
- financial impact of treating injuries from falls including increased length of stay costs

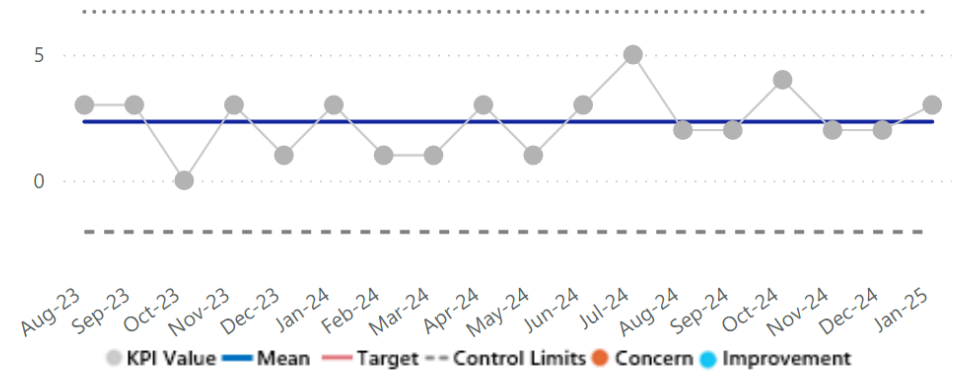
Patient Falls - Inpatient — Jan-25

Target	Actual	Previous	Assurance	Variation
None	56	56	N/A	



Patient falls requiring professional intervention (Moderate Harm and above) - Inpatient

Target	Actual	Previous	Assurance	Variation
None	3	2	N/A	



Chief Nurse Report

Harm Events - Skin Integrity

What the data tells us

Skin integrity/tissue viability incidents remain in a pattern of improvement which has been sustained for a period of eight months. Including moisture lesions, the current validated position for these incidents is each clinical Division in December is;

Division of Medicine x 24
Division of Surgery x 2

There are no themes identified regarding volumes of skin integrity incidents on specific wards. Staffing shortfalls occurred throughout the month on the wards reporting pressures ulcers and moisture lesions and although not necessarily on the days where reports were submitted there are correlations in the days prior.

Next steps and planned impact

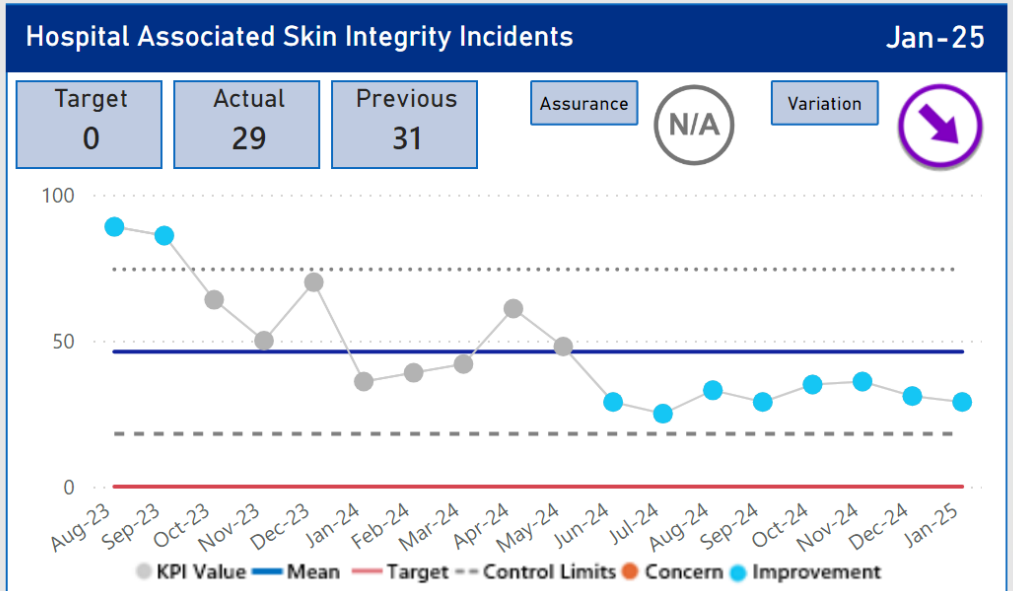
The action noted last month to review data accuracy of following Divisional validation of incident numbers has not yet taken place. The Deputy Chief Nurse will action this in the next reporting period.

Work continues between the PSIRF Level 3 Insight and Improvement Group and the Tissue Viability Nurse Specialist to develop and agree an updated education resource for ward-based education via the Quality Trolley.

Risks

There are no new risks to report regarding pressure ulcer incidents/harms and safe staffing factors. Existing risks, contextual to pressure ulcers, reflect those outlined for falls on the previous slide (slide 14) and slide 3.

As noted last month , the lack of capacity within the Tissue Viability Team, specifically the Tissue Viability Nurse Specialist, means that specialist advice and guidance is not always available at the level and time required. This is especially pertinent to Carlton Court who do not receive input form the TVN Team and therefor validation of incident reports do not take place. Also, of note there is no education being delivered by the team due to the operational demands on available capacity.



Chief Nurse Report

Harm Events - Medicines Management

What the data tells us

Medicine management incidents remain in a pattern of common cause variation with an increase of two incidents from last month. Incident categories include; drug administration errors, controlled drugs, missed doses and insulin/diabetes related incidents.

There were no moderate or above harm incidents reported in this period and the variation pattern remains common cause variation.

There is no reported correlation between the medicines management incidents and to safe staffing or skill mix concerns however, as noted previously the EPMA experienced a system failure on 22nd January which would have impacted on staffing capacity to administered medicines in a timely way.

Next steps and planned impact

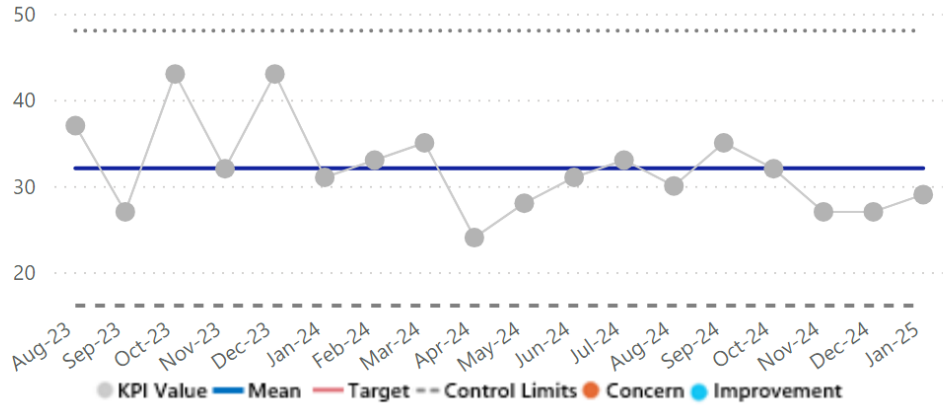
There are no new steps to report this month regarding safe staffing and medicines safety. However, improvement actions continue to be implemented via the PSIRF Level 3 Insight and Improvement Group.

Risks

There are no new risks to report regarding medicines management incidents and safe staffing/skill mix issues. Existing risks, contextual to medicines management, reflect those outlined on slides 3, 14, and 15

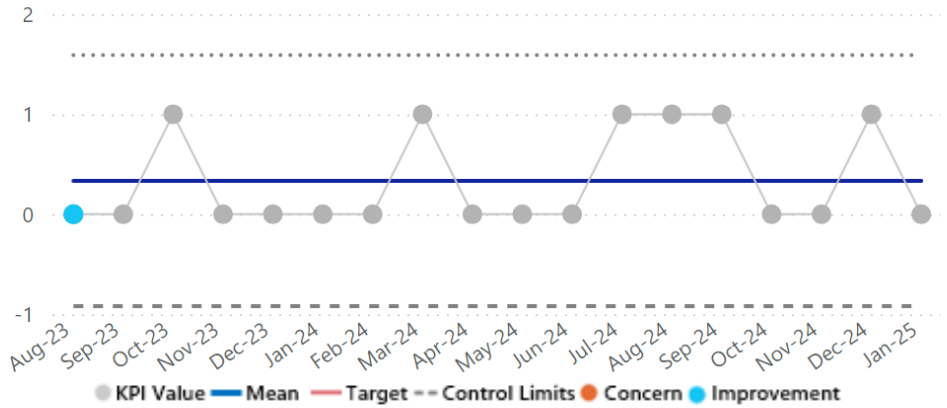
Medicine Management Incidents — Jan-25

Target	Actual	Previous	Assurance	Variation
None	29	27	N/A	



Medicine Management Incidents with Moderate Harm and Above — Jan-25

Target	Actual	Previous	Assurance	Variation
None	0	1	N/A	



Chief Nurse Report

Vacancies - Registered Nurses / Nursing Associates / Healthcare Assistants

NB A minus figure indicates an over-establishment

What the data tells us

The overall vacancy position for period ending January 2025 was an over establishment of 3.22 wte. Both Clinical Divisions have reported over establishments however there continues to be some data anomalies which will impact on the overall figure once corrected. For example, Ward 10 is reported to be 11.68 wte over established but local intelligence suggests there is an approximate 2wte over establishment across the ward and Paediatric ED. This is currently being reviewed. At band 5 level wards 5, 6 and 9 hold are carrying the biggest over establishments, whereas Carlton Court, Ward 12 and ICU have the larger number of vacancies. Some over establishment in corporate departments continue to include externally funded posts.

Healthcare Assistant recruitment continues with support from the workforce team.

Maternity leave levels remain consistent this month at 62.89 wte. This includes 49.73 wte band 5 nurses of which circ 33 are ward based. Ten areas have two or more wte on maternity leave. In particular, Ward 4 (4.61), Ward 2 (3.6) Theatres (4) ICU (3), NNU (2.8), ED (7.21 and Ward 15 (3) are impacting on shift fill and available CHPPD.

Next steps and planned impact

There continues to be data anomalies with the vacancy position for nursing associates. Currently data is suggesting there are 9.02 wte vacancies. Records currently indicate that we have 17.23 in post and 9 apprentice nursing associates in training. Combined, this represents approximately 50% of the wte funded establishment for nursing associates. This position will be unpicked during the next reporting period and updated next month.

There are also some recorded overall healthcare assistant establishments within the Department of Medicine (10.05 wte) and CT/MRI Scanners (10.3) which need to be reviewed to ensure data accuracy.

Following a delay in implementing the Band 2 – 3 transition competency framework, tarining commences on March 3rd.,

Risks

Current risks associated with vacancy levels remain as previously reported and are;

- impact on overall available CHPPD from both RN and nursing associate vacancies
- impact on overall available CHPPD from maternity leave template gaps
- impact on corporate nursing team(s) outcomes where vacancies have not been supported to back fill into, mainly quality and education and practice development
- financial impact of cover to shifts related to template gaps from unfilled/waiting to be filled vacancies

Registered Nurses — Jan-25

Overall	Corporate	Medicine	Surgery
Over Established	-19.53	-36.07	-33.57
Vacancies	9.50	43.69	32.76
Net Balance	-10.03	7.62	-0.81
Maternity Leave	5.00	38.86	19.03
Overall	-5.03	46.48	18.22

Inpatient Areas Only	Corporate	Medicine	Surgery
Over Established	-4.01	-15.16	-26.87
Vacancies	0.00	14.99	7.25
Net Balance	-4.01	-0.17	-19.62
Maternity Leave	2.00	23.82	12.71
Overall	-2.01	23.65	-6.91

Nursing Associates — Jan-25

	Medicine	Surgery
Over Established	-3.98	-2.00
Vacancies	3.76	11.24
Net Balance	-0.22	9.24

Healthcare Assistants — Jan-25

	Corporate	Medicine	Surgery
Over Established	0.00	-41.92	-0.83
Vacancies	11.81	33.50	18.28
Net Balance	11.81	-8.42	17.45

Chief Nurse Report

NHS James Paget University Hospitals NHS Foundation Trust

1 Quality and Safety

Vacancies - Midwives and MSW's

NB A minus figure indicates an over-establishment

What the data tells us

The midwifery band 5 over establishment continues to be aligned to the vacancy levels at band 6. The transition of band 5 midwifery preceptees to band 6 continues to progress and will balance out in the coming weeks. This will leave an overall vacancy level of 1.55 wte.

Maternity leave has further increased this month to 7.44 wte.

Midwifery support worker vacancies have increased this month by 1 wte at band 3. There is no change at band 2 level.

Next steps and planned impact

There are no new steps to report this month regarding midwifery vacancies. However, work continues to progress the telephone triage service which has now been fully funded by the LMNS. This equates to 5.24 wte midwives with 2.56 recruited and started in post with the remaining commencing on the 31st March.

Risks

There are no new risks to escalate this month regarding midwifery vacancy levels.

Recruitment delays from the February 25 cohort of newly qualified midwives have been experienced as they all wanted to take some time out prior to commencing in post. Associated template gaps have been managed using additional hours for part staff or bank/overtime via the current escalation and approval processes.

Registered Midwives — Jan-25

	Band 5	Band 6	Band 7
Over Established	-6.08	0.00	-0.41
Vacancies	0.00	7.56	0.48
Net Balance	-6.08	7.56	0.07
Maternity Leave	0.96	5.12	1.36

Midwife Support Workers — Jan-25

	Band 2	Band 3
Over Established	0.00	0.00
Vacancies	0.40	3.49
Net Balance	0.40	3.49

Chief Nurse Report

Summary - Starters and Leavers

Metric Name	Current Month	Actual	Target	Variation	Assurance
Registered Nurse Starter - In Month	Jan-25	0.0	None		N/A
Registered Nurse Leavers - In Month	Jan-25	4.7	None		N/A
Registered Nurse FTE Growth Cumulative - Last 18 Months	Jan-25	-9.0	None		N/A
Registered Nurse % FTE Turnover rolling 12 months	Jan-25	4.7%	10.0%	Change	P
Registered Midwife Starter - In Month	Jan-25	0.6	None		N/A
Registered Midwife Leavers - In Month	Jan-25	0.5	None		N/A
Registered Midwife FTE Growth Cumulative - Last 18 Months	Jan-25	5.8	None		N/A
Registered Midwife % FTE Turnover rolling 12 months	Jan-25	4.6%	10.0%		P
Midwifery Support Worker Starter - In Month	Jan-25	0.0	None		N/A
Midwifery Support Worker Leavers - In Month	Jan-25	0.0	None		N/A
Midwifery Support Worker FTE Growth Cumulative - Last 18 Months	Jan-25	3.8	None		N/A
Midwifery Support Worker % FTE Turnover rolling 12 months	Jan-25	3.2%	10.0%	L	?
Health Care Assistant Starter - In Month	Jan-25	0.0	None		N/A
Health Care Assistant Leavers - In Month	Jan-25	1.2	None		N/A
Health Care Assistant FTE Growth Cumulative - Last 18 Months	Jan-25	43.8	None		N/A
Health Care Assistant % FTE Turnover rolling 12 months	Jan-25	4.7%	10.0%	L	P

Summary

Registered nurse turnover moved from a special cause improving variation to common cause this month. There has also been a further increase in leaver rates. The month on month change in leaver rates is outlined below and illustrates an overall pattern on increased numbers of leavers as the year progresses. That said, the position is still positive compared to April 2023 which saw a 12-month cumulative rate of 64 wte leavers.

Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
36.62	34.91	36.73	38.83	36.11	42.28	41.25	41.45	43.09	45.69
3.85	3.67	3.86	4.06	3.77	4.35	4.26	4.25	4.41	4.69

NHSi SPC Icon Key

Variation				Assurance		
Common cause - no significant change	Special cause of concerning nature due to (H)igher or (L)ower values	Special cause of improving nature due to (H)igher or (L)ower values	Special cause neither improvement or concern	Variation indicates inconsistently passing/failing target	Variation indicates consistently passing target	Variation indicates consistently failing target

Chief Nurse Report

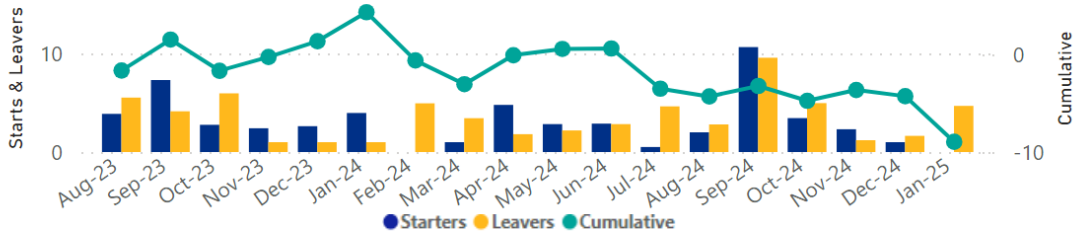
NHS James Paget University Hospitals NHS Foundation Trust

1 Quality and Safety

Starters and Leavers - Registered Nurses & Health Care Assistants

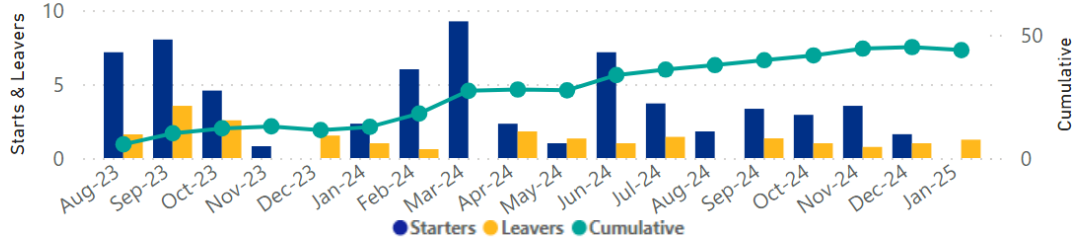
Registered Nurse FTE Growth Cumulative - Last 18 Months — Jan-25

Target	Actual	Previous
None	-9.0	-2.4



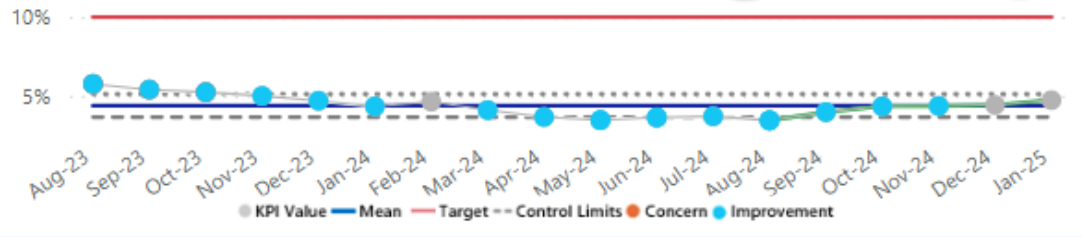
Health Care Assistant FTE Growth Cumulative - Last 18 Months — Jan-25

Target	Actual	Previous
None	43.8	42.5



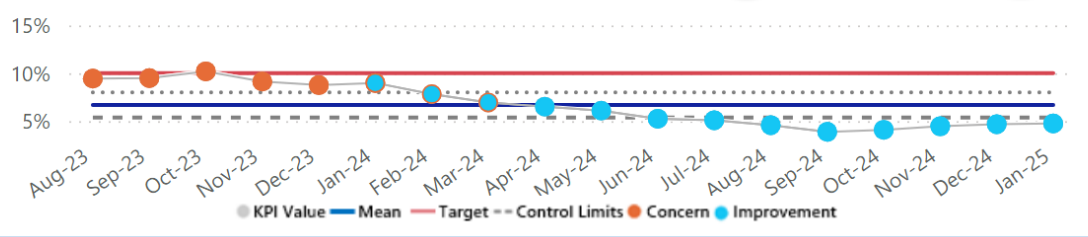
Registered Nurse % FTE Turnover rolling 12 months — Jan-25

Target	Actual	Previous	Assurance	Variation
10.0%	4.7%	4.4%	P	



Health Care Assistant % FTE Turnover rolling 12 months — Jan-25

Target	Actual	Previous	Assurance	Variation
10.0%	4.7%	4.7%	P	L



What the data tells us

The 18-month growth demonstrates a further reduction this month and a continuation of the below zero growth rate seen over the past few months. Healthcare assistant 18-month growth increased slightly to 43.8 when compared to the last reporting period. Regular recruitment and induction for HCAs continues.

RN 12-month turnover remains in common cause variation with an increase as noted on slide 19. There was no change in the same metric for HCAs which continues to demonstrate an stable position. The 12-month average starter rate for RNs was 27.75 wte and leavers 45.69 wte. This equates to an in-month decease of 3.96 for starters and an increase if 2.6 leavers.
There were zero HCA starters and one leaver.

Next steps and planned impact

There are no new steps to report this month.

Risks

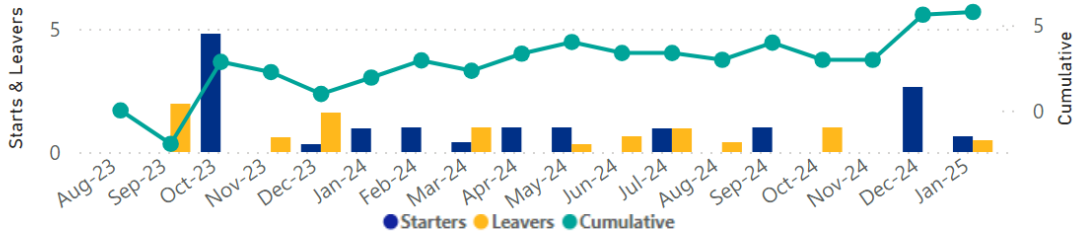
There are no new risks to escalate in regard of starter and leaver levels for registered nurses and healthcare assistants this month.

Chief Nurse Report

Starters and Leavers - Registered Midwives & Midwifery Support Workers

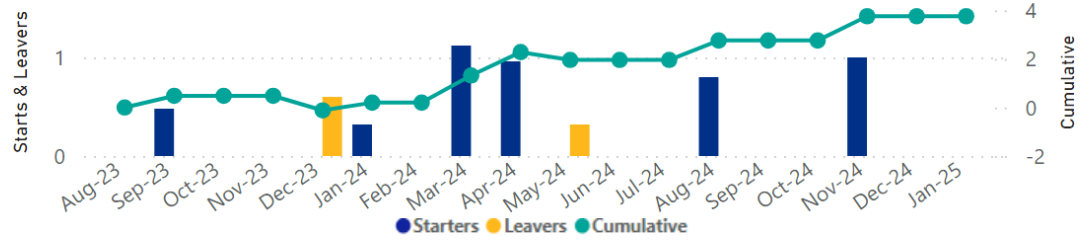
Registered Midwife FTE Growth Cumulative - Last 18 Months — Jan-25

Target	Actual	Previous
None	5.8	3.0



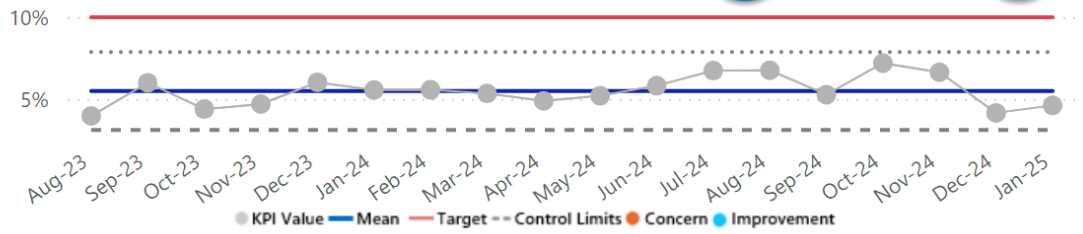
Midwifery Support Worker FTE Growth Cumulative - Last 18 Months — Jan-25

Target	Actual	Previous
None	3.8	3.4



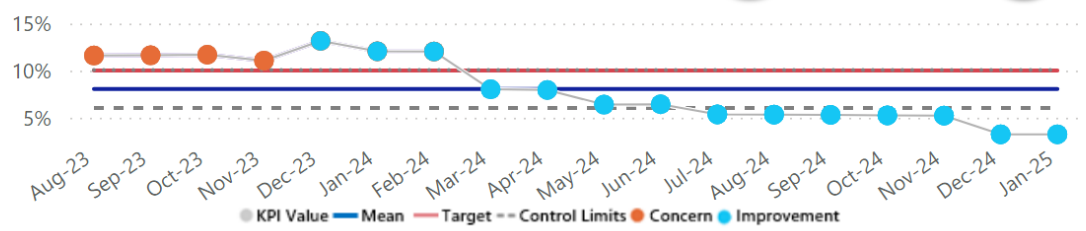
Registered Midwife % FTE Turnover rolling 12 months — Jan-25

Target	Actual	Previous	Assurance	Variation
10.0%	4.6%	4.2%	P	



Midwifery Support Worker % FTE Turnover rolling 12 months — Jan-25

Target	Actual	Previous	Assurance	Variation
10.0%	3.2%	3.2%	?	L



What the data tells us

The 18-month growth rate for registered midwives grew by 2.8 wte this month. Midwifery support worker for the same period increased by 0.6 wte.

The 12-month rolling turnover for both staff groups increased by 0.4 and 0% respectively. There is no change to the variation patterns for either this month.

There were 2.6 wte RM starters and 0.48 wte leavers. Midwifery support worker starters and leavers were both zero.

0 leavers and starters for MSW

Next steps and planned impact

There are no new steps to report this month regarding midwifery workforce growth and turnover.

Risks

There are no new risks to escalate this month regarding midwifery workforce growth and turnover.

Chief Nurse Report

Nursing and Midwifery Pipeline and Workforce Planning

What the data tells us	There has been no change to the pipeline and workforce plans for nursing and midwifery during this reporting period. However, some nursing degree graduates qualifying in August/September 2025 have started to approach the Trust (via the Clinical Educators and Practice Development Team) regarding job opportunities when they qualify. An open day is in the process of being arranged to meet invite all the relevant learners and gather intelligence regarding the level of interest in working at the Trust.
Next steps and planned impact	An update will be provided in the next report regarding the outcome of the recommendations from the Annual Safer Staffing and Nurse Establishment Review.
Risks	There are no new risks to escalate this month regarding nursing and midwifery pipeline and workforce planning.