NHS
The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors on 1st June 2017

TITLE:	Monthly Nurse/Midwife Staffing Position - May 2017 report containing April 2017 data			
AUTHOR:	Siobhan Jordan Interim Chief Nurse Derek Eaves Professional Lead for Quality	PRESENTER:		Siobhan Jordan Interim Chief Nurse

CORPORATE OBJECTIVE:
SO1: Deliver a great patient experience   SO2:   Safe and Caring Services

SUMMARY OF KEY ISSUES:

The attached paper contains the actual and planned hours for qualified and unqualified staff for both day and night shifts for each area of the hospital. The fill rates and the Care Hours per Patient Day (CHPPD) are also tabled. It can be seen that in general the fill rates are generally close to but less that one hundred percent.

With regards to the CHPPD some comparative data with two local Trusts is provided and discussed. It is clear that this is useful data but, at this stage, must be interpreted with caution as areas may not be directly comparable.

The recently commenced staffing review undertaken by the new Interim Chief Nurse is using this information and other data from a wide variety of sources to form a firm foundation for nursing and midwifery staffing at the Trust. The outcomes of the review will be reported, as agreed, to the Board of Directors in due course.

IMPLICATIONS OF PAPER:

RISK			Risk Description:	
	Risk Register		Risk Score:	
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	N	Details:	
	Monitor	Y	Details:	
	Other	Y	Details: Internal Audit	

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
		✓	

RECOMMENDATIONS FOR THE BOARD: To note and consider the safe staffing data and conclusion of the report.

Monthly Nurse/Midwife Staffing Position

June 2017 Report containing April 2017 data

The attached Safer Staffing Summary (Appendix1) shows the actual and planned hours for four categories of staff, qualified and unqualified staff for both day and night shifts, for each area of the Trust for April 2017 (B6 and Evergreen wards have been omitted for this month as B6 was only open for part of the time and Evergreen's data was not initially reliable). As well as showing the actual and planned hours the report shows the fill rate for each of the four categories. The totals for the Trust are also indicated. In addition, the last four columns show the actual Care Hours Per Patient Day (CHPPD). We provide this information to NHS Improvement and part of it is utilised in the National Model Hospital dataset.

The report shows that the overall fill rates for the Trust are nearly 100% but this has been achieved by using the present establishments and a significant reliance on temporary staff (bank and agency). A number of factors make it unlikely that a full fill rate will always be achieved although this is the aim. These factors include long term issues such as vacancies, short term issues such as sickness and maternity leave, the unavailability of temporary staff and unexpected numbers of patients requiring enhanced care.

It can be seen that for individual wards the fill rates vary although in the main they are close to 100%. On occasion, the fill rate is over 100%. C2, the paediatric ward, is a particular exception with regards to this as the planned hours are derived from the RCN dependency tool. Each shift the planned hours are determined by the acuity of the children on the ward. Sometimes there are occasions (as for example with C4 and C5) when the fill rate of unqualified staff goes above 100%. This occurs when it is recognised that there will be a reduction in qualified staff.

With regards to the CHPPD, as has been explained in previous reports this is a new indicator that can be used to benchmark the Trust.

Table 1. Care Hours Per Patient Day (CHPPD) – Overall Trust Regional Comparators

2017 Month	TRUST Nurse & Midwife	Midlands & East Median	National Median	TRUST Care Support Workers	Midlands & East Median	National Median	TRUST Total number	Midlands & East Median	National Median
January	4.30	4.7	4.7	3.50	2.9	2.9	7.8	7.7	7.6
February	4.34	N/A	N/A	3.63	N/A	N/A	7.97	N/A	N/A
March	4.44	N/A	N/A	3.74	N/A	N/A	8.18	N/A	N/A
April	4.55	N/A	N/A	3.73	N/A	N/A	8.28	N/A	N/A

N/A = Data not yet available

As discussed last month, a more detailed exercise has occurred this month to further analyse this data (Table 2). As the CHPPD data is in the public domain, the results of two local hospitals for February 2017 (latest data) have been considered and compared to the Trust for April. It is important to note that although the speciality of the wards are named in the published data they may not be directly comparable and so the charts below must be interpreted with caution. For instance, obstetrics has been fully omitted from this exercise as

it is clear from the data that some hospitals publish their pre and post natal wards separately compared to ourselves.

Table 2. Care Hours Per Patient Day (CHPPD) – Trust and Local Comparators

SURGERY			
Organisation	Qualified RN/RM	Unqualified CSW	Total
DGFT	2.8 – 3.6	2.8 - 3.4	6.2 (B4/C6)
Trust 1	2.7 – 2.9	2.9 – 3.6	5.6 – 6.5
Trust 2	2.9 – 3.9	2.4 – 2.6	5.4 – 6.5

GENERAL MEDICINE (GASTRO)			
Organisation	Qualified RN/RM	Unqualified CSW	Total
DGFT	3.2	2.8	6 (C7)
Trust 1	2.5	2.9	5.4
Trust 2	3	2.8	5.8

CRITICAL CARE			
Organisation	Qualified RN/RM	Unqualified CSW	Total
DGFT	23.2	2	25.2
Trust 1	26.6	0	26.6
Trust 2	25.9	2.2	28.1

CARE OF THE ELDERLY CSW			
Organisation	Qualified RN/RM	Unqualified CSW	Total
DGFT	2.5	5.7	8.2 (C3)
Trust 1	2.2	3.1	5.2
Trust 2	3.1 – 3.4	2.8 - 3	6.1 – 6.2

GENERAL MEDICINE (NEPHROLOGY)			
Organisation	Qualified RN/RM	Unqualified CSW	Total
DGFT	2.6	4.1	6.7 (C1)
Trust 1	2.6	4.1	6.7
Trust 2	2.6 – 2.7	2.2	4.8 – 4.9

TRAUMA AND ORTHOPAEDICS			
Organisation	Qualified RN/RM	Unqualified CSW	Total
DGFT	2.7 – 2.8	4.4 – 4.8	7.1 – 7.6 (B2H/B2T)
Trust 1	2.5 – 3.3	2.3 – 3.1	5.7
Trust 2	2.9 – 3.4	4 – 4.2	6.8 - 7.6

PAEDIATRICS			
Organisation	Qualified RN/RM	Unqualified CSW	Total
DGFT	8	2.6	10.6 (C2)
Trust 1	7	0	7
Trust 2	7.1	1.4	8.5

Although there are similarities in the above data, there are areas with significant differences. For instance, those in paediatrics may be explained by the Trust's inpatient facility having a paediatric assessment unit which requires higher staffing that a general paediatric ward.

This is the first time that the Trust has started to use this comparative data and this will continue and become more refined as time progresses.

Conclusion

This report demonstrates that we are achieving nearly 100% fill rate and there is a continued commitment to do so. Benchmarking the Trust workforce data using the CHPPD is informative and will continue.

The staffing review which commenced in May is using data from a wide variety of sources to inform and ensure the required outcome. As well as considering the above data, the review is structured discussions with senior nurses from each area together with their managers using information on establishments, staffing ratios and vacancy, sickness and temporary staffing rates. It is also considering the outcome of the most recent six monthly Safer Nursing Tool exercise. The outcome of the review will be reported, as agreed, to the Board of Directors in due course.

Safer Staffing Summary   **Apr**   **Days in Month** 30

Ward	Specialty	Day RN Day RM Plan	Day RN Day RM Actual	Day CSW Day MSW Plan	Day CSW Day MSW Actual	Night RN Night RM Plan	Night RN Night RM Actual	Night CSW Night MSW Plan	Night CSW Night MSW Actual		Qual Day	UnQual Day	Qual N	UnQual N		Sum 24:00 Occ	Actual CHPPD Registered	Care staff	Total
A2	Short Stay	240	231	210	199	150	147	184	180		96%	95%	98%	98%		1,114	4.07	4.08	8.15
A3	Medical Short Stay /Frail Elderly	64	63	59	56	60	58	32	31		98%	95%	97%	97%		405	3.51	2.58	6.09
B1	Orthopaedics	113	110	63	60	68	68	59	58		98%	96%	100%	98%		530	3.94	2.68	6.62
B2(H)	Orthopaedics	118	117	185	186	84	84	157	155		99%	101%	100%	99%		846	2.78	4.84	7.61
B2(T)	Trauma Orthopaedics	90	89	138	137	60	60	108	109		99%	99%	100%	101%		659	2.65	4.48	7.13
B3	Gen Surgery and Vascular	188	178	190	179	142	135	154	150		95%	94%	95%	97%		1,095	3.35	3.60	6.95
B4	General Surgery	180	173	218	200	150	138	162	160		96%	92%	92%	99%		1,286	2.83	3.36	6.19
B5	Female Surgery	180	175	90	90	150	150	90	90		97%	100%	100%	100%		1,091	3.49	1.98	5.47
C1	General Medicine	180	170	317	291	150	135	198	189		94%	92%	90%	95%		1,410	2.60	4.09	6.68
C2	Paediatrics	161	217	80	79	149	172	59	56		135%	99%	115%	95%		557	7.99	2.62	10.62
C3	Care of the Elderly	183	176	376	362	156	152	380	375		96%	96%	97%	99%		1,550	2.48	5.70	8.18
C4	Oncology	150	130	60	62	90	89	90	86		87%	103%	99%	96%		641	4.00	2.77	6.77
C5	Respiratory Medicine	180	164	239	247	150	127	179	185		91%	103%	85%	103%		1,377	2.47	3.76	6.24
C6	Urology/Surgery	90	84	60	59	60	60	60	59		93%	98%	100%	98%		504	3.35	2.81	6.15
C7	GI Medicine	180	177	131	128	120	118	130	130		98%	98%	98%	100%		1,091	3.16	2.84	6.00
C8	Stroke Rehab	196	185	279	279	180	177	281	281		94%	100%	98%	100%		1,233	3.37	5.45	8.82
CCU/PCCU	Coronary Care	210	174	35	35	150	149	1	2		83%	100%	99%	200%		0			#VALUE!
Critical Care	Critical Care	322	320	63	61	324	324	-	-		99%	97%	100%			326	23.21	1.97	25.18
EAU	Emergency Assessment	180	175	150	136	150	145	150	133		97%	91%	97%	89%		653	5.88	4.94	10.82
Maternity	Maternity	528	525	210	195	510	501	150	142		99%	93%	98%	95%		499	20.46	7.91	28.37
MHDU	Medical High	107	107	46	38	108	110	18	15		100%	83%	102%	83%		192	13.29	3.21	16.50
NNU	Neo Natal	186	176	-	-	170	166	-	-		94%		97%			382	10.27	0.00	10.27
TOTAL		**4,025**	**3,913**	**3,199**	**3,078**	**3,331**	**3,265**	**2,642**	**2,586**		**97%**	**96%**	**98%**	**98%**		**17,441**	**4.55**	**3.73**	**8.28**