TITLE:	**Monthly Nurse/Midwife Staffing Position – October 2017 report containing August 2017 data**		
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CLINICAL STRATEGIC AIMS

Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.

CORPORATE OBJECTIVE: Deliver a great patient experience, Safe and Caring Services, Be the place people choose to work, Make the best use of what we have

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 of the current establishment and there has been some improvement in these figures from early in the year (January/February). With regards to the staffing review:

• Phase 1 covered the Surgical Wards and is now complete.

• Phase 2 covered Paediatrics and the Neonatal Unit. The Neonatal Unit review is complete while the Paediatric review is undergoing amendments as requested by the Executive Director meeting.

• Phase 2a covered the Critical Care Unit and is complete.

• Phase 3 covering the Medical Wards is being finalised with a paper being taken shortly to the Executive Director meeting.

• Phase 4 will consist of the other areas within the hospital.

• Phase 5 will consist of the Community which will commence in October 2017.

Following the completion of the initial phases the Chief Nurse and the Human Resources Director have drawn up an implementation plan to ensure effective recruitment and retention in order to have a substantive workforce providing high quality patient care.

IMPLICATIONS OF PAPER:

RISK	**Y**		**Risk Description:** Safe Staffing	
	Risk Register: Y		**Risk Score:**	
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** Safe, Effective, Caring, Responsive Well Led	
	NHSI	**Y**	**Details: Safe Staffing**	
	Other	**N**	**Details:**	

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
		✓	

RECOMMENDATIONS FOR THE BOARD: To note and consider the safe staffing data and the position with the ongoing staffing review.

Monthly Nurse/Midwife Staffing Position

October 2017 Report containing August 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 August 2017 (wards that have been fully or partially closed in the month are omitted). 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 actually on the ward. Also, sometimes there are occasions 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 (e.g. C5 at night).   The low fill rate during the days in CCU/PCCU reflects the problems in recruiting staff to this particular area. A new recruitment drive by the department has commenced and as well as appointing four of the recent graduates a further two individuals have been offered posts and two more are being interviewed shortly.

The chart below shows that the percentage fill rates have been improving over the year.

Table 1. Percentage fill rates January 2017 to the present

	Qualified Day	**Unqualified Day**	**Qualified Night**	**Unqualified Night**
Jan	94%	96%	94%	99%
Feb	93%	95%	96%	99%
Mar	95%	97%	97%	100%
Apr	97%	96%	98%	98%
May	97%	97%	99%	98%
June	96%	96%	98%	99%
July	96%	97%	98%	100%
August	96%	97%	97%	101%

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

Table 2. 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	4.8	4.8	3.73	3.1	3.1	8.28	7.8	7.9
May	4.4	4.9	4.8	3.8	3.1	3.1	8.2	7.9	7.9
June	4.36	N/A	N/A	3.58	N/A	N/A	7.95	N/A	N/A
July	4.23	N/A	N/A	3.65	N/A	N/A	7.88	N/A	N/A

N/A = Data not available

The latest published regional and national average figures for May indicate that the Trust is below these averages for qualified staff but higher for care support workers (these figures were provided in last month's report and no more recent data is available).

As part of the staffing review being undertaken the comparative data in the Model Hospital has been considered. The examples from surgery and NNU/paediatrics/ITU that were in this paper in the last two months provided useful comparative information when formulating proposed staffing levels for those areas. The next stage of the staffing review has looked at medicine. In Table 3 below, example data of some of these wards is outlined.

Table 3. Care Hours Per Patient Day (CHPPD) for Medical Wards – Trust and Regional and National Medians

Speciality/ Staffing Type				
Nephrology	C1		**Peer Median**	**National Median**
Total	7.21		7.59	7.13
Registered	*2.62*		4.13	3.96
HCSW	4.59		3.01	2.72
Respiratory	C5		**Peer Median**	**National Median**
Total	*6.33*		6.35	6.36
Registered	*2.43*		3.60	3.46
HCSW	3.90		2.68	2.87
Haematology	C4		**Peer Median**	**National Median**
Total	7.31		7.04	7.31
Registered	*4.01*		4.72	5.09
HCSW	3.30		2.23	2.30
Cardiology	CCU		**Peer Median**	**National Median**
Total	*6.26*		7.05	8.00
Registered	5.66		4.86	5.80
HCSW	0.60		2.20	2.14

(Peer Median is for NHSI Region) (These figures from May 2017 are the latest available)

It is not possible to include all of the wards in the above table due to the nature of some areas not being comparable to other Trusts e.g. due to MHDU having the flex beds and the Stroke Unit having a mixture of Hyperacute/Acute/Rehabilitation beds.

All Trust figures that are less than both the peer and national median have been put into bold and italics and it can be seen that for three areas qualified staffing is less than both medians. For one of these areas and the fourth area, the total staffing is less than both medians. The review findings have confirmed staff to patient ratios less than national standards.

The Trust is just starting to use this comparative data and this will continue and become more refined as time progresses. A visit from NHSI specialists on both nurse staffing and this data has now been arranged.

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 can be 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 five phases of the review (1 Surgery, 2 Neonates and Paediatrics, 2a Critical Care, 3 Medicine, 4 Rest of the Hospital and 5 Community) will be reported, as agreed, to the Board of Directors as each phase is completed. The first phase outcome has been agreed at the Finance and Performance Committee in July and at the Board of Directors in August. An element of the second phase requires amendment (paediatrics), but both critical care and neonates has been agreed. The third phase is now nearing completion.

APPENDIX 1

Safer Staffing Summary | **Aug** | Days in Month | 31

Ward	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
Evergreen																
A2	248	232	217	217	155	145	186	181	94%	100%	94%	97%	1,130	3.90	4.23	8.13
A3																
A4																
B1	123	120	70	67	69	68	70	69	97%	96%	99%	99%	591	3.71	2.76	6.48
B2(H)	124	112	231	213	93	91	201	199	90%	92%	98%	99%	891	2.73	5.54	8.27
B2(T)	92	88	144	140	62	61	113	112	96%	97%	98%	99%	694	2.51	4.35	6.86
B3	189	172	167	155	158	148	135	135	91%	93%	94%	100%	999	3.75	3.40	7.15
B4	186	170	218	207	155	146	148	144	91%	95%	94%	97%	1,364	2.78	3.09	5.87
B5	185	178	124	119	155	151	93	95	96%	96%	97%	102%	1,008	3.83	2.55	6.38
B6																
C1	186	173	340	305	155	144	228	220	93%	90%	93%	96%	1,418	2.62	4.44	7.06
C2	146	223	81	79	127	155	46	44	153%	98%	122%	96%	710	6.23	1.86	8.09
C3	188	182	347	337	159	152	387	386	97%	97%	96%	100%	1,587	2.53	5.47	7.99
C4	155	130	78	78	93	93	93	93	84%	100%	100%	100%	665	3.83	3.09	6.91
C5	186	175	240	257	155	126	174	200	94%	107%	81%	115%	1,393	2.47	3.94	6.40
C6	94	91	65	60	62	62	64	62	97%	92%	100%	97%	506	3.54	2.89	6.43
C7	186	177	129	129	124	122	127	127	95%	100%	98%	100%	1,109	3.16	2.77	5.93
C8	205	185	217	246	186	181	217	262	90%	113%	97%	121%	2,510	1.68	2.43	4.10
CCU_PCCU	217	168	54	54	155	151	17	19	77%	100%	97%	112%	671	5.70	1.31	7.01
Critical Care	303	303	68	67	295	295	-	-	100%	99%	100%		284	24.74	2.48	27.21
EAU	186	167	155	149	155	149	155	150	90%	96%	96%	97%	710	5.22	5.05	10.28
Maternity	550	535	217	199	527	506	155	141	97%	92%	96%	91%	576	17.51	6.91	24.42
MHDU	124	113	39	31	119	109	7	8	91%	78%	92%	114%	222	11.75	2.01	13.76
NNU	183	182	-	-	180	184	-	-	99%		102%		493	8.72	0.00	8.72
TOTAL	**4,056**	**3,875**	**3,201**	**3,107**	**3,339**	**3,239**	**2,616**	**2,647**	**96%**	**97%**	**97%**	**101%**	**19,531**	**4.17**	**3.51**	**7.68**