



Paper for submission to the Board of Directors on 7th September 2017

<b>TITLE:</b>	Monthly Nurse/Midwife Staffing Position – September 2017 report containing July 2017 data		
<b>AUTHOR:</b>	Derek Eaves Professional Lead for Quality	<b>PRESENTER:</b>	Siobhan Jordan Interim Chief Nurse
<b>CORPORATE OBJECTIVE:</b>			
SO1: Deliver a great patient experience		SO2: Safe and Caring Services	
<b>SUMMARY OF KEY ISSUES:</b>			
<p>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 than one hundred percent of the current establishment and there has been some improvement in these figures from early in the year (January/February).</p> <p>With regards to the staffing review:</p> <ul style="list-style-type: none"> <li>• Phase 1 covering the Surgical Wards is now complete. The proposed increase in staffing was discussed at the Finance and Performance Committee in July.</li> <li>• Phase 2 covering Paediatrics and the Neonatal Unit is complete.</li> <li>• Phase 2a covering the Critical Care Unit is complete.</li> <li>• Phase 3 covering the Medical Wards is part completed with all wards/areas now having their initial meetings.</li> <li>• Phase 4 will consist of the other areas within the hospital.</li> <li>• Phase 5 the Community.</li> </ul> <p>Following the completion of Phase 1 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.</p>			
<b>IMPLICATIONS OF PAPER:</b>			
<b>RISK</b>			<b>Risk Description:</b>
	<b>Risk Register</b>		<b>Risk Score:</b>
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	N	<b>Details:</b>
	<b>Monitor</b>	Y	<b>Details:</b>
	<b>Other</b>	Y	<b>Details:</b> Internal Audit
<b>ACTION REQUIRED OF BOARD:</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		✓	
<b>RECOMMENDATIONS FOR THE BOARD:</b> To note and consider the safe staffing data and the position with the ongoing staffing review.			

## Monthly Nurse/Midwife Staffing Position

### September 2017 Report containing July 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 July 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 on the ward. 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 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
<b>Jan</b>	94%	96%	94%	99%
<b>Feb</b>	93%	95%	96%	99%
<b>Mar</b>	95%	97%	97%	100%
<b>Apr</b>	97%	96%	98%	98%
<b>May</b>	97%	97%	99%	98%
<b>June</b>	96%	96%	98%	99%
<b>July</b>	96%	97%	98%	100%

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 yet 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.

As part of the staffing review being undertaken the comparative data in the Model Hospital has been considered. The examples for surgery that were in this paper last month provided useful comparative information when formulating proposed staffing levels for those areas. The next stage of the staffing review has looked at some of the specialist areas and the usefulness of the comparative data is less obvious. In Table 3 below the data for these specialised areas is outlined.

**Table 3. Care Hours Per Patient Day (CHPPD) for Specialist Areas – Trust and Regional and National Medians**

Speciality/ Staffing Type			Peer Median	National Median
<b>Paediatrics</b>	<b>C2</b>	<b>NUU</b>		
Total	<b>7.34</b>	<b>10.75</b>	11.69	12.45
Registered	<b>5.95</b>	10.75	8.91	4.89
HCSW	<b>1.39</b>	<b>0</b>	2.35	2.24
<b>Critical Care</b>	<b>ITU/SHDU</b>		<b>Peer Median</b>	<b>National Median</b>
Total	<b>25.18</b>		27.27	25.99
Registered	<b>23.21</b>		25.08	23.84
HCSW	<b>1.97</b>		2.3	2.37

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

The paediatric figures need to be interpreted with caution as the Model Hospital has only a single median figure for both paediatrics and neonates and one would expect these to be different based on the different nature of a specialist unit compared to a general paediatric ward.

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 all three areas all of total staffing are less than both medians. This also applies to unregistered staff in all three areas and registered staff in both

paediatrics and critical care. The higher than the median registered staff in NNU can be explained by there just being one median for both NNU and general paediatrics. 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 is being 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. The second phase has been completed and is awaiting agreement.

APPENDIX 1

<b>Safer Staffing Summary</b>		<b>Jul</b>		Days in Month 31													
<b>Ward</b>	<b>Day RN</b>	<b>Day RN</b>	<b>Day CSW</b>	<b>Day CSW</b>	<b>Night RN</b>	<b>Night RN</b>	<b>Night CSW</b>	<b>Night CSW</b>	<b>Qual Day</b>	<b>UnQual</b>		<b>UnQual</b>		<b>Sum</b>	<b>Actual CHPPD</b>		
	<b>Day RM</b>	<b>Day RM</b>	<b>Day MSW</b>	<b>Day MSW</b>	<b>Night RM</b>	<b>Night RM</b>	<b>Night MSW</b>	<b>Night MSW</b>		<b>Day</b>	<b>Qual N</b>	<b>N</b>	<b>N</b>		<b>24:00 Occ</b>	<b>Registered</b>	<b>Care staff</b>
	<b>Plan</b>	<b>Actual</b>	<b>Plan</b>	<b>Actual</b>	<b>Plan</b>	<b>Actual</b>	<b>Plan</b>	<b>Actual</b>									
Evergreen																	
A2	248	241	220	212	156	154	191	191	97%	96%	99%	100%	1,130	4.09	4.28	8.37	
A3																	
A4																	
B1	117	112	66	64	69	69	65	62	96%	97%	100%	95%	591	3.58	2.55	6.13	
B2(H)	124	118	248	223	93	92	216	212	95%	90%	99%	98%	891	2.83	5.86	8.69	
B2(T)	93	89	169	162	62	62	138	140	96%	96%	100%	101%	694	2.55	5.21	7.76	
B3	191	182	203	188	157	149	178	170	95%	93%	95%	96%	999	3.88	4.21	8.09	
B4	186	178	219	197	155	152	157	149	96%	90%	98%	95%	1,364	2.90	3.04	5.95	
B5	186	174	123	120	158	153	93	93	94%	98%	97%	100%	1,008	3.81	2.54	6.34	
B6																	
C1	186	176	323	296	155	145	203	194	95%	92%	94%	96%	1,418	2.65	4.15	6.80	
C2	194	220	93	81	166	170	62	62	114%	87%	103%	100%	710	6.44	2.19	8.63	
C3	189	184	393	387	157	154	385	383	97%	98%	98%	99%	1,587	2.56	5.82	8.37	
C4	155	139	72	72	93	92	93	93	90%	100%	99%	100%	665	3.96	2.98	6.94	
C5	186	167	242	285	155	137	177	225	90%	118%	88%	127%	1,393	2.50	4.39	6.89	
C6	93	94	89	75	62	62	89	82	101%	84%	100%	92%	506	3.61	3.72	7.33	
C7	186	178	136	138	124	121	135	135	96%	101%	98%	100%	1,109	3.16	2.95	6.11	
C8	203	191	217	226	186	180	217	217	94%	104%	97%	100%	2,510	1.70	2.12	3.82	
CCU_PCCU	217	177	56	57	155	153	25	26	81%	101%	99%	104%	671	5.89	1.48	7.37	
Critical Care	295	295	60	60	293	293	-	-	100%	100%	100%		284	24.31	2.22	26.52	
EAU	186	179	155	145	155	155	155	150	96%	94%	100%	97%	710	5.52	4.99	10.51	
Maternity	548	529	217	206	527	518	155	152	97%	95%	98%	98%	576	17.68	7.28	24.96	
MH DU	122	111	38	35	121	111	6	5	91%	92%	92%	83%	222	11.75	2.09	13.84	
NNU	192	187	6	6	191	184	-	-	97%	105%	96%		493	8.83	0.12	8.95	
<b>TOTAL</b>	<b>4,096</b>	<b>3,919</b>	<b>3,344</b>	<b>3,233</b>	<b>3,390</b>	<b>3,306</b>	<b>2,740</b>	<b>2,741</b>	<b>96%</b>	<b>97%</b>	<b>98%</b>	<b>100%</b>	<b>19,531</b>	<b>4.23</b>	<b>3.65</b>	<b>7.88</b>	