



The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors on 6th July 2017

TITLE:	Monthly Nurse/Midwife Staffing Position - June 2017 report containing May 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:			
<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 and there has been some improvement in these figures from January.</p> <p>The ongoing staffing review being undertaken by the Interim Chief Nurse has nearly completed the surgical areas and some comparative CHPPD data from the National Model Hospital is included for those wards here. The comparative data must be interpreted with caution as areas may not be directly comparable. However, the data does suggest that there are a number of areas that are staffed overall and, in particular by qualified staff, lower than the regional and national medians. This is confirmed by the ongoing review that is being undertaken which is showing staff to patient ratios less than national standards.</p> <p>The staffing review is using this information and other data from a wide variety of sources to gain a firm foundation to inform 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.</p>			
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 July 2017 Report containing May 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 May 2017 (B6 and A3 wards have been omitted as they were both closed part way through the month). 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 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.

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%

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 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	N/A	N/A	3.73	N/A	N/A	8.28	N/A	N/A
May	4.38	N/A	N/A	3.83	N/A	N/A	8.22	N/A	N/A

N/A = Data not yet available

As part of the staffing review being undertaken the comparative data in the Model Hospital has been considered. The examples below are for surgery as the review has nearly been completed for these wards.

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

Speciality/ Staffing Type							
T AND O	B1	B2H	B2T	Peer Median	National Median		
Total	5.65	8.23	6.92	6.48	6.87		
Registered	3.21	2.78	2.59	3.42	3.63		
HCSW	2.44	5.45	4.32	3.05	3.08		
SURGERY							
	B3	B4	B5	Peer Median	National Median		
Total	6.71	5.71	5.53	6.52	7.00		
Registered	3.47	2.62	3.55	3.79	4.17		
HCSW	3.23	3.09	1.98	2.62	2.77		
UROLOGY							
	C6				Peer Median	National Median	
Total	5.78				6.11	6.36	
Registered	3.22				3.45	3.52	
HCSW	2.56				2.69	2.50	
PAEDIATRICS							
	C2	NEONATAL				Peer Median	National Median
Total	8.41	8.98				10.99	12.01
Registered	6.76	8.98				8.56	9.97
HCSW	1.65	0				2.26	2.25

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

Again, it has to be stressed that these figures need to be interpreted with caution. For instance, 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. Also, with regards to trauma and orthopaedics the median figures are for all of these wards, the majority of which will be general T&O wards like B1 while comparing these median figures is less applicable to, say, B2 hip suite a specialised area having many elderly and patients with dementia.

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 the majority of the qualified staffing and many of the total staffing figures are less than both medians. This is confirmed by the ongoing review that is being undertaken which is showing 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 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.

APPENDIX 1

Safer Staffing Summary		May		Days in Month 31										
Ward	Day RN	Day RN	Day CSW	Day CSW	Night RN	Night RN	Night CSW	Night CSW			UnQual		UnQual	
	Day RM	Day RM	Day MSW	Day MSW	Night RM	Night RM	Night MSW	Night MSW	Qual Day	Day	Qual N	N	Qual N	N
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual						
Evergreen	117	117	261	252	117	117	229	222	100%	96%	100%	97%		
A2	248	245	217	206	155	154	186	182	99%	95%	99%	98%		
A3														
A4														
B1	122	122	68	66	71	72	67	68	100%	97%	101%	101%		
B2(H)	124	115	199	193	93	91	162	158	93%	97%	98%	98%		
B2(T)	93	93	167	163	62	62	135	135	100%	97%	100%	100%		
B3	194	190	174	168	161	159	139	138	98%	97%	99%	99%		
B4	186	178	233	218	155	149	175	169	96%	94%	96%	97%		
B5	186	176	124	121	155	155	95	93	95%	98%	100%	98%		
B6														
C1	186	176	349	321	155	143	239	226	95%	92%	92%	95%		
C2	192	220	72	64	183	181	42	41	115%	89%	99%	98%		
C3	198	186	406	399	173	162	415	414	94%	98%	94%	100%		
C4	155	137	80	79	93	92	103	100	88%	99%	99%	97%		
C5	186	167	252	266	155	137	191	199	90%	106%	88%	104%		
C6	93	91	62	61	62	62	66	66	98%	98%	100%	100%		
C7	186	183	133	132	124	123	134	130	98%	99%	99%	97%		
C8	217	201	260	261	186	184	266	268	93%	100%	99%	101%		
CCU_PCCU	217	180	35	35	155	153	-	-	83%	100%	99%			
Critical Care	297	293	57	56	295	294	-	-	99%	98%	100%			
EAU	186	185	155	150	155	155	155	151	99%	97%	100%	97%		
Maternity	550	545	217	204	527	521	155	148	99%	94%	99%	95%		
MH DU	120	117	42	39	121	122	15	13	98%	93%	101%	87%		
NNU	155	184	-	-	151	186	-	-	119%		123%			
TOTAL	4,207	4,099	3,563	3,453	3,504	3,474	2,969	2,921	97%	97%	99%	98%		