

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

TITLE:	Monthly Nurse/Midwife Staffing Position – December 2017 report containing October 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:			
<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 based on the present establishments and having a significant reliance on temporary staff (bank and agency). 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 close to but less than 100 percent of the current establishment and there has been improvement in these figures from early in the year (January/February).</p> <p>With regards to the CHPPD, from an in depth analysis of both the submitted data and the latest available figures in the Model Hospital (for August) it has come to light that since June the Trust has been using the incorrect monthly number of patients. This has now been corrected and the reasons are explained in the paper.</p> <p>Under the guidance of the new Chief Nurse, the Trust has been undertaking a detailed, extensive staffing review of each of the wards and departments. To date all of the medical and surgical wards have been reviewed and the community and other specialised areas of the Trust e.g. out-patients are in the process of being reviewed.</p>			
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 for October.			

a) Monthly Nurse/Midwife Staffing Position

December 2017 Report containing October 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 October 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, and NNU (neonatal unit) are exceptions with regards to this as the planned hours are derived from the dependency tools used for each shift. 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/C6 at night). The low fill rate during the days in CCU/PCCU reflects the problems in recruiting staff to this particular area. The new recruitment drive by the department mentioned in the last report resulted in four new staff starting but unfortunately four staff are also leaving (two promotions, one to the community and one for family reasons) so further recruitment is ongoing. The low fill rates for B3 are due to that ward now starting to use the new planned levels following the recent staffing review.

The chart below shows that the percentage fill rates have generally 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%
September	96%	97%	98%	100%
October	96%	97%	97%	99%

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 and Regional/National 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*	4.7	N/A	N/A	3.8	N/A	N/A	8.5	N/A	N/A
July*	4.5	N/A	N/A	3.9	N/A	N/A	8.4	N/A	N/A
August*	4.6	4.7	4.7	3.9	3.1	3.1	8.4	7.9	7.9
Sept.*	4.5	N/A	N/A	3.7	N/A	N/A	8.2	N/A	N/A
October	4.6	N/A	N/A	3.8	N/A	N/A	8.4	N/A	N/A

N/A = Data not available. * Adjusted figures from previous reports (see explanation below).

This report contains the latest newly published regional and national average figures which are for August. Over time, it can be seen that the Trust's CHPPD for qualified staff has been increasing but still below the regional and national medians. The unqualified CHPPD remains above the comparators so that the overall CHPPD remains above the regional and national medians.

Two errors in some of the previously published data on safer staffing have been discovered this month as some of the recently available comparative information in the Model Hospital did not seem correct which led to a detailed review of the figures. The safer staffing figures originate from two sources: a) Lead nurses complete daily figures of planned and actual staff into individual ward/department spreadsheets. The total figures per ward/department flow into an overall spreadsheet (see Appendix 1) and b) the number of patient days per month or occupancy (column called Sum 24.00 Occ) is imported by the use of a software 'routine' into the spreadsheet from the OASIS system at the end of the month.

The first error discovered is because at the beginning of a month the summary spreadsheet rolls over the patient days of the previous month. At the end of the month when the Nursing Division confirms the staffing figures to the Finance Directorate, it is only after this confirmation that Finance Directorate staff update the patient day numbers from the previous month. The Nursing Directorate was unaware that that patient data is only updated after they confirm the staffing figures and so sometimes have immediately printed off the data for the Board at the same time as confirming the staffing figures to the Finance Directorate. Sometimes they have printed off the data later when preparing the report. This means that on some months the CHPPD data is based on the occupancy of the previous month. This error has now been corrected.

The second error discovered has come from the software routine that imports the data from OASIS into the occupancy figures used to calculate the CHPPD. It has been found that since June this routine has been importing incorrectly due to the closure of B6. The routine sometimes misses out the occupancy of one ward in particular and less often duplicates some of the data of that ward. This has either resulted more often in an increased or occasionally on a decreased CHPPD figure from the true value. This error has now been corrected. It is appreciated that the corrected figures need to be retrospectively imported

into the Model Hospital and communication has been sent to the national data centre asking if this is possible. An answer is awaited.

Conclusion

This report demonstrates that we are achieving nearly 100% fill rate using the present establishments and a significant reliance on temporary staff (bank and agency).

Benchmarking the Trust workforce data using the CHPPD can be informative and will continue, although our own experience of the data inputted indicates that comparisons should be undertaken with caution.

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 Matrons and senior nurses from each area together with their managers using information on establishments, staffing ratios and vacancy, sickness and temporary staffing rates. It has considered the outcome of the most recent six monthly Safer Nursing Tool exercise and patient acuity.

Both the main medical and surgical ward areas, NNU and Critical Care reviews have been completed and decisions made following discussion and approval at Director level and the Finance and Performance Committee. Staff from a number of specialist areas have now been seen (e.g. Main Out Patients Department (OPD), Renal Unit) and requested information is awaited from those areas. Due to the number of smaller, specialist OPD areas, an initial questionnaire has been sent to these areas and the completed returns are awaited. A further meeting has been arranged for the emergency care/assessment areas due to the recent and imminent changes in configuration. All of the community localities and specialist teams (except one specialist team due to unavailability) have been seen and the report commenced.

The whole review will be concluded and presented to the Board by January 2018.

Safer Staffing Sun		Days in Month													
		31										Actual CHPPD			
Ward	Day CSW	Day CSW	Night RN	Night RN	Night CSW	Night CSW	UnQual		UnQual		Sum				
	Day MSW	Day MSW	Night RM	Night RM	Night MSW	Night MSW	Qual Day	UnQual Day	Qual N	UnQual N		24:00 Occ	Registered	Care staff	Total
	Plan	Actual	Plan	Actual	Plan	Actual									
Evergreen															
A2	217	224	155	153	187	212	97%	103%	99%	113%	1,160	4.07	4.51	8.58	
A3															
A4															
B1	68	64	66	67	67	64	95%	94%	102%	96%	561	3.62	2.75	6.37	
B2(H)	253	230	93	91	221	211	94%	91%	98%	95%	874	2.79	5.92	8.71	
B2(T)	126	124	62	61	94	91	96%	98%	98%	96%	595	2.90	4.32	7.22	
B3	185	157	203	179	159	148	80%	85%	88%	93%	1,058	4.32	3.38	7.70	
B4	240	219	156	141	183	175	94%	91%	90%	96%	1,372	2.70	3.45	6.15	
B5	126	122	158	159	113	121	97%	97%	101%	107%	972	4.10	3.00	7.10	
B6															
C1	313	283	155	140	191	176	96%	90%	90%	92%	1,450	2.64	3.80	6.43	
C2	69	65	146	163	40	38	147%	94%	112%	95%	626	7.26	1.77	9.03	
C3	389	387	156	155	391	386	99%	100%	99%	99%	1,584	2.57	5.86	8.42	
C4	65	63	94	94	96	90	92%	97%	100%	94%	670	4.03	2.74	6.77	
C5	241	251	155	132	166	183	93%	104%	85%	110%	1,446	2.51	3.60	6.11	
C6	70	67	62	61	72	75	99%	96%	98%	104%	513	3.49	3.32	6.81	
C7	145	147	124	118	155	156	91%	101%	95%	101%	1,117	3.02	3.26	6.27	
C8	247	249	186	180	264	263	95%	101%	97%	100%	1,288	3.33	4.77	8.10	
CCU_PCCU	31	40	155	154	-	-	80%	129%	99%		700	5.50	0.69	6.18	
Critical Care	62	59	305	305	12	12	100%	95%	100%	100%	305	23.58	2.03	25.61	
EAU	155	148	155	155	155	153	97%	95%	100%	99%	734	5.35	4.92	10.28	
Maternity	217	211	527	486	155	138	95%	97%	92%	89%	568	17.59	7.19	24.78	
MHDU	35	31	123	116	3	3	90%	89%	94%	100%	231	11.58	1.76	13.34	
NNU	-	-	152	165	-	-	112%		108%		417	9.56	0.00	9.56	
TOTAL	3,254	3,140	3,388	3,274	2,724	2,695	96%	97%	97%	99%	18,241	4.6	3.8	8.4	