

Paper for submission to the Board of Directors on 8th February 2018

TITLE:	Monthly Nurse/Midwife Staffing Position – February 2018 report containing December 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 historic establishments as agreed by the previous Chief Nurse and the continuing 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 some improvement as the year progresses although a reduction in December has occurred, particularly in the unqualified figures.</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 specialist areas of the Trust e.g. out-patients are in the process of being reviewed.</p> <p>Following the query on data accuracy that was raised and discussed last month, this has all been rectified for this month and the future.</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 December.			

Monthly Nurse/Midwife Staffing Position

February 2018 Report containing December 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 December 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 in general the fill rates are close to but less than 100 percent of the current establishment and there has been some improvement as the year progresses although a reduction in December, particularly in the unqualified figures. The reduction reflects the need to move staff to support additional capacity and the fewer temporary staff available over the holiday period. On occasion, the fill rate is over 100%. This tends to occur with C2, the paediatric ward, and NNU (neonatal unit) 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. C7 and CCU). The low fill rate during the days in a) CCU/PCCU reflects the problems in recruiting staff to this particular area and b) in MHDU and EAU reflects the winter pressures and opening the new larger EAU and the four 'flexi' bed area in MHDU for capacity reasons. 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%
November	95%	97%	96%	101%
December	95%	93%	95%	96%

With regards to the CHPPD, as has been explained in previous monthly reports this is the national indicator that can be used to benchmark the Trust. This is outlined in Table 2.

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
November	4.5	N/A	N/A	4.0	N/A	N/A	8.5	N/A	N/A
December	4.8	N/A	N/A	4.1	N/A	N/A	8.9	N/A	N/A

N/A = Data not available. * Adjusted figures from previous reports (as explained last month)

This report contains the latest 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 has generally remained below the regional and national medians. The unqualified CHPPD remains above the comparators which may be explained by the number of patients that require specialising (1:1 patients) and we are confirming whether other Trusts include the extra care assistants required for these patients as it may be that other Trusts do not include these in their returns to the centre.

Conclusion

This report demonstrates that we are achieving nearly 100% fill rate using the historic establishments and a significant reliance on temporary staff (bank and agency) although there has been a reduction in December reflecting the need to move staff to support additional capacity and the fewer temporary staff available over the holiday period.. Benchmarking the Trust workforce data using the CHPPD can be informative and will continue.

The staffing review which commenced in May 2017 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 area, NNU and Critical Care reviews have been completed and decisions made following discussion and approval at Director level and the Finance and Performance Committee. The NNU staffing review took place in August 2017 and it was noted at the time that that the Trust's overall staffing compliance with the British Association of Perinatal Medicine (BAPM) Service Standards was 28.9% compared to the national average of 57.37%. The review detailed what action would be required to be compliant. The executives agreed to increase staffing incrementally to reach 66% compliance with a further review. The NNU Peer Review took place in January of this year and both nurse and medical staffing was raised as a concern and work is underway within the Division to review the staffing.

Reports have been produced on a number of specialist areas which include Main Out Patients Department (OPD), Renal Unit, Emergency Department, Emergency Assessment Unit and Medical Day Case and will be available for consideration shortly. The review of the Community services continues.

Ward	Safer Staffing		Summan		Dec		Days in Month				31							
	Day RN	Day RN	Day CSW	Day CSW	Night RN	Night RN	Night CSW	Night CSW					Actual CHPPD					
	Day RM	Day RM	Day MSW	Day MSW	Night RM	Night RM	Night MSW	Night MSW	UnQual	UnQual	Sum	Registered	Care staff	Total				
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Day	Day	24:00 Occ							
Evergreen																		
A2	249	233	222	205	155	140	194	192	94%	92%	90%	99%	1,230	3.64	3.87	7.51		
A3																		
A4																		
B1	96	90	49	48	66	64	43	42	94%	99%	96%	98%	439	4.00	2.47	6.47		
B2(H)	124	117	249	226	93	86	224	213	94%	91%	92%	95%	851	2.79	6.19	8.98		
B2(T)	93	92	146	141	62	63	116	112	99%	97%	102%	96%	669	2.71	4.53	7.24		
B3	260	197	186	150	192	168	152	139	76%	81%	88%	91%	939	4.55	3.61	8.17		
B4	186	170	250	219	155	137	192	190	91%	88%	88%	99%	1,290	2.79	3.80	6.59		
B5	186	178	125	121	156	151	97	96	96%	97%	97%	99%	935	4.13	2.79	6.91		
B6																		
C1	187	172	296	283	155	137	181	173	92%	95%	88%	96%	1,410	2.57	3.88	6.45		
C2	200	228	62	55	198	183	34	33	114%	89%	93%	97%	705	6.83	1.30	8.14		
C3	182	176	395	389	159	155	389	379	96%	98%	97%	97%	1,549	2.56	5.95	8.50		
C4	155	146	65	64	93	93	93	88	94%	98%	100%	95%	675	4.03	2.70	6.73		
C5	186	171	299	288	155	141	230	219	92%	96%	91%	95%	1,440	2.54	4.12	6.66		
C6	90	83	71	63	62	62	72	71	92%	89%	100%	99%	465	3.65	3.46	7.11		
C7	186	160	124	150	124	112	124	147	86%	121%	90%	119%	1,084	2.86	3.22	6.08		
C8	203	188	225	223	186	178	225	225	93%	99%	96%	100%	701	6.00	7.67	13.67		
CCU_PCCU	212	188	31	44	155	153	-	-	89%	142%	99%		682	5.86	0.77	6.64		
Critical Care	344	345	67	63	343	343	-	-	100%	94%	100%		241	33.52	2.85	36.37		
EAU	256	233	319	247	258	230	321	277	91%	77%	89%	86%	1,036	5.25	6.07	11.32		
Maternity	546	541	217	200	527	504	155	148	99%	92%	96%	95%	512	20.27	7.96	28.23		
MH DU	124	114	45	39	122	109	17	14	92%	87%	89%	82%	240	10.91	2.49	13.40		
NNU	141	175	-	-	149	175	-	-	123%		118%		380	10.58	0.00	10.58		
TOTAL	4,206	3,995	3,442	3,216	3,565	3,383	2,859	2,758	95%	93%	95%	96%	17,473	4.8	4.1	8.9		