

**Paper for submission to the Board of Directors on 11<sup>th</sup> January 2018**

<b>TITLE:</b>	<b>Monthly Nurse/Midwife Staffing Position – January 2018 report containing November 2017 data</b>		
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<b>CLINICAL STRATEGIC AIMS</b>			
Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.			
<b>CORPORATE OBJECTIVE:</b> Deliver a great patient experience, Safe and Caring Services, Be the place people choose to work, Make the best use of what we have			
<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 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>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>			
<b>IMPLICATIONS OF PAPER:</b>			
<b>RISK</b>	<b>Y</b>		<b>Risk Description:</b> Safe Staffing
	<b>Risk Register: Y</b>		<b>Risk Score:</b>
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y</b>	<b>Details:</b> Safe, Effective, Caring, Responsive, Well Led
	<b>NHSI</b>	<b>Y</b>	<b>Details: Safe Staffing</b>
	<b>Other</b>	<b>N</b>	<b>Details:</b>
<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 for November.			

## a) Monthly Nurse/Midwife Staffing Position

### January 2018 Report containing November 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 November 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%. 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. C5/C7/C8 at night). 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 reflects when the four 'flexi' bed area is open 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
<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%
<b>August</b>	96%	97%	97%	101%
<b>September</b>	96%	97%	98%	100%
<b>October</b>	96%	97%	97%	99%
<b>November</b>	95%	97%	96%	101%

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

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

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.

### 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.

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.

As previously reported, 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. Progress this month includes draft reports produced on a number of specialist areas which include Main Out Patients Department (OPD), Renal Unit, Emergency Department and Medical Day Case. Due to the number of smaller, specialist OPD areas, an initial questionnaire has been sent to these areas and the completed returns are being analysed. A further meeting is to be arranged for the emergency assessment unit due to the recent 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 with a final outcome in January 2018. Work on assessing non ward based nurses across the organisation will commence in the New Year.

Safer Staffing Summary		Nov		Days in Month						30							
Ward	Day RN	Day RN	Day CSW	Day CSW	Night RN	Night RN	Night CSW	Night CSW					Sum	Actual CHPPD			
	Day RM	Day RM	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	Plan	Actual									
Evergreen																	
A2	240	223	226	230	150	147	203	210	93%	102%	98%	103%	1,181	3.76	4.47	8.23	
A3																	
A4																	
B1	114	110	61	59	67	68	59	57	97%	96%	101%	96%	536	3.77	2.59	6.36	
B2(H)	120	112	252	234	90	90	230	226	93%	93%	100%	98%	846	2.80	6.52	9.32	
B2(T)	91	91	135	129	60	60	104	103	100%	96%	100%	99%	660	2.68	4.22	6.90	
B3	247	198	176	155	188	177	151	147	80%	88%	94%	97%	973	4.52	3.64	8.16	
B4	180	169	240	213	150	140	183	181	94%	89%	93%	99%	1,305	2.78	3.62	6.40	
B5	182	176	145	129	151	150	109	106	97%	89%	99%	97%	948	4.03	2.97	7.01	
B6																	
C1	180	169	318	288	148	138	204	210	94%	91%	93%	103%	1,366	2.64	4.37	7.01	
C2	189	217	60	56	175	169	32	32	115%	93%	97%	100%	687	6.59	1.33	7.92	
C3	182	178	372	364	152	148	372	369	98%	98%	97%	99%	1,545	2.53	5.69	8.22	
C4	150	143	65	64	90	90	91	89	95%	98%	100%	98%	644	4.12	2.85	6.97	
C5	184	177	257	260	150	130	197	206	96%	101%	87%	105%	1,406	2.55	3.88	6.43	
C6	90	88	68	67	61	61	67	64	98%	99%	100%	96%	494	3.53	3.18	6.71	
C7	180	167	143	156	120	108	142	162	93%	109%	90%	114%	1,048	2.99	3.57	6.56	
C8	198	183	210	250	180	170	214	239	92%	119%	94%	112%	1,273	3.18	4.61	7.79	
CCU_PCCU	210	179	30	45	150	150	-	-	85%	150%	100%		681	5.67	0.79	6.46	
Critical Care	300	300	62	59	304	304	-	-	100%	95%	100%		260	27.30	2.50	29.80	
EAU	206	202	243	225	198	194	244	232	98%	93%	98%	95%	896	5.19	6.12	11.31	
Maternity	532	499	210	190	510	465	150	137	94%	90%	91%	91%	541	17.69	7.08	24.77	
MH DU	122	108	39	36	123	114	7	7	89%	92%	93%	100%	222	11.76	2.14	13.90	
NUU	172	171	-	-	172	167	-	-	100%		97%		446	8.70	0.00	8.70	
<b>TOTAL</b>	<b>4,068</b>	<b>3,859</b>	<b>3,311</b>	<b>3,207</b>	<b>3,388</b>	<b>3,239</b>	<b>2,759</b>	<b>2,776</b>	<b>95%</b>	<b>97%</b>	<b>96%</b>	<b>101%</b>	<b>17,958</b>	<b>4.5</b>	<b>4.0</b>	<b>8.5</b>	