

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

TITLE:	Monthly Nurse/Midwife Staffing Position – March 2018 report containing January 2018 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 future reports.</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

March 2018 Report containing January 2018 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 January 2018 (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.

Table 1 shows there was some improvement as 2017 progressed and the previously noted reduction last month has reversed slightly in January. There is still a need to move staff to support additional capacity. 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/neonates actually on the ward/unit. 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. C8). 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.

Table 1. Percentage fill rates January 2017 to the present

	Qualified Day	Unqualified Day	Qualified Night	Unqualified Night
January	94%	96%	94%	99%
February	93%	95%	96%	99%
March	95%	97%	97%	100%
April	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%
January 2018	95%	94%	97%	97%

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

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	4.6	4.7	4.0	3.0	3.1	8.5	7.8	7.8
December	4.8	N/A	N/A	4.1	N/A	N/A	8.9	N/A	N/A
January 2018	4.72	N/A	N/A	3.86	N/A	N/A	8.58	N/A	N/A

N/A = Data not available.

Compared to last month's report, this report contains updated regional and national average figures for November 2017 which have only just been made available this month. 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. Nursing and Finance Division staff are still in the process of exploring whether these calculations are directly comparable. So far we have been informed that the CHPPD figures in the Model Hospital should not include both adult and children critical care, but we know for instance that that is not the case for our figures e.g. the 8.5 CHPPD in November. We await the response from our latest query on this issue.

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). The reduction in the figures in December have improved slightly but not to previous levels reflecting the need to move staff to support additional capacity. Benchmarking the Trust workforce data using the CHPPD can be informative and will continue on the basis of discovering whether the Trust and regional/national medians are directly comparable.

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 also 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 is near conclusion.

Safer Staffing Summary		Jan		Days in Month					31									
Ward	Day RN	Day RN	Day CSW	Day CSW	Night RN	Night RN	Night CSW	Night CSW	Qual Day	UnQual Day	Qual N	UnQual N	Sum	Actual CHPPD				
	Day RM	Day RM	Day MSW	Day MSW	Night RM	Night RM	Night MSW	Night MSW						24:00 Occ	Registered	Care staff	Total	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual										
Evergreen																		
A2	249	224	219	207	155	139	187	179	90%	95%	90%	96%	1,220	3.57	3.80	7.37		
A3																		
A4																		
B1	118	105	72	64	70	71	73	70	89%	89%	101%	96%	563	3.56	2.86	6.42		
B2(H)	124	116	248	231	93	88	216	204	93%	93%	95%	94%	888	2.68	5.88	8.56		
B2(T)	93	89	128	123	62	64	98	97	96%	96%	102%	99%	692	2.58	3.81	6.39		
B3	236	208	184	159	191	179	157	149	88%	86%	94%	95%	1,071	4.23	3.38	7.61		
B4	186	169	257	229	155	141	192	188	91%	89%	91%	98%	1,356	2.68	3.69	6.37		
B5	186	180	137	133	157	156	109	104	97%	97%	99%	95%	976	4.04	2.91	6.95		
B6																		
C1	186	164	293	273	155	141	163	157	88%	93%	91%	96%	1,473	2.42	3.50	5.92		
C2	179	234	67	66	170	187	37	35	131%	99%	110%	95%	723	6.83	1.45	8.27		
C3	189	189	396	381	155	151	387	381	100%	96%	97%	98%	1,578	2.59	5.79	8.38		
C4	155	149	63	61	93	93	93	92	96%	97%	100%	99%	659	4.18	2.79	6.97		
C5	189	186	254	250	155	146	185	179	98%	98%	94%	97%	1,399	2.78	3.59	6.36		
C6	93	88	67	68	62	62	64	65	95%	101%	100%	102%	509	3.45	3.14	6.59		
C7	186	156	146	144	124	115	138	133	84%	99%	92%	96%	1,078	2.86	3.01	5.87		
C8	205	190	217	246	186	175	217	251	93%	113%	94%	116%	661	6.34	9.02	15.36		
CCU_PCCU	217	176	31	30	155	150	-	-	81%	97%	97%		650	5.88	0.55	6.44		
Critical Care	389	390	65	60	394	395	-	-	100%	92%	100%		330	27.94	2.00	29.94		
EAU	279	242	341	257	279	261	341	308	87%	75%	94%	90%	1,474	4.01	4.60	8.61		
Maternity	549	545	217	206	527	520	155	147	99%	95%	99%	95%	543	19.52	7.61	27.13		
MH DU	126	104	37	29	125	114	6	5	83%	78%	91%	83%	148	17.32	2.53	19.85		
NNU	169	171	-	6	159	157	-	-	101%		99%		383	9.83	0.19	10.02		
TOTAL	4,303	4,072	3,438	3,220	3,622	3,504	2,818	2,744	95%	94%	97%	97%	18,374	4.72	3.86	8.58		